Board of Directors - Part 1 - 29/05/2024

Wed 29 May 2024, 08:30 - 11:45

Trust HQ Boardroom and via MS Teams

Agenda

08:30 - 08:55
25 min

1. Staff Story

Presentation

08:55 - 09:00
5 min

2. Formalities

- 1a DRAFT Agenda BoD Part 1 29 May 2024.pdf (3 pages)
- 1b Draft Minutes BOD Part 1 27 03 2024 - DCS.pdf (18 pages)
- 1c Action Log BoD PART 1 May 2024 - DCS.pdf (1 pages)

09:00 - 09:10
10 min

3. Chair's Comments

Verbal

09:10 - 09:25
15 min

4. CEO Update

- 4. CEO Board report May24 FINAL DCH v2 pre-election edits.pdf (7 pages)

09:25 - 09:40
15 min

5. Balanced Scorecard and System Performance Update

- 5a. Balanced Scorecard- An integrated report for the reporting month of April 2024 final.pdf (11 pages)
- 5b. NHS Dorset Integrated Care Board System performance report.pdf (8 pages)

09:40 - 09:55
15 min

6. Finance Report

- 6a. Front Sheet Finance Report FPC Month 1.pdf (3 pages)
- 3b. Finance Report April 2024v1.pdf (11 pages)

09:55 - 10:10
15 min

Break

10:10 - 10:20
10 min

7. Safe Staffing Annual Review

- 10a. Bi-annual Safe Staffing Report Front SheetMay 2024 Board.pdf (3 pages)
- 10b. Bi-Annual Safe Staffing Report 20232024.pdf (8 pages)

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10:20 - 10:35
15 min

8. Maternity Update

- 11a. Maternity Front sheet May 2024 Board.pdf (3 pages)

- 11b. Maternity Report Board May 2024.pdf (26 pages)

10:35 - 10:45
10 min

9. Learning from Deaths Q4 Report

- 12. 23-24 Q4 Learning from Deaths Report Final.pdf (21 pages)

10:45 - 11:00
15 min

10. Governance Report

- 14 Front Sheet Governance Report.pdf (2 pages)
- 14 Governance Report v2.pdf (5 pages)

11:00 - 11:10
10 min

11. One Dorset Provider Collaborative Highlight Report

Verbal

11:10 - 11:20
10 min

12. Social Value Report

- 17a. Social Value Programme Report (6mth May 2024) front sheet (Board 29.5.24).pdf (2 pages)
- 17b. DCH Social Value Programme report (May 2024) (Board 29.5.24).pdf (3 pages)
- 17c. Social Value Activity Report 2023-24.pdf (6 pages)
- 17d. Tilbury Douglas South Walks House Social Value Report Final.pdf (6 pages)

11:20 - 11:35
15 min

13. Board Sub-Committee Escalation Reports

- Escalation Report QC April 2024 CL.pdf (2 pages)
- Escalation Report QC May 2024 DD.pdf (2 pages)
- Escalation Report FPC April 2024 JW AT.pdf (2 pages)
- Escalation Report FPC May 2024 AT CH.pdf (2 pages)
- Escalation Report PCC April 2024 EH.pdf (1 pages)
- Escalation Report PCC May 2024 EH.pdf (2 pages)
- 18d. DCH Charitable Funds Committee - Escalation Report (22.5.24).pdf (2 pages)
- Escalation Report WTC April 2024 FW.pdf (2 pages)

11:35 - 11:40
5 min

14. Questions from the Public

Verbal

11:40 - 11:45
5 min

15. Consent - Guardian of Safe Working Annual Report

- 20a. GoSW 2324 Annual Report Front Page.pdf (2 pages)
- 20b. GoSW_MAINPAPER_2324_Annual.pdf (6 pages)
- 20c. GoSW_APPENDICES_2324_Annual.pdf (3 pages)

11:45 - 11:45
0 min

16. Consent - Communications Activity Update

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- 21a. DCHFT Communications Activity Report - PCC Front Sheet - May 2024.pdf (2 pages)
- 10b. DCHFT Communications Activity Report Oct 2023 - March 2024.pdf (18 pages)

11:45 - 11:45

17. Consent - ICB Board Part 1 Minutes

0 min

22. ICB Board Minutes Part 1 070324 v1 LB approved.pdf (11 pages)

11:45 - 11:45
0 min

18. Any Other Business

Verbal

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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 May 2024** at **8.30am to 11.45am** 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

1.	**Staff Story** • Improvements to food and drink provision	Presentation	Jo Howarth Tom Cooper, Catering Manager	Note	8.30-8.55
2.	**FORMALITIES** to declare the meeting open.	Verbal	David Clayton-Smith Trust Chair	Note	8.55-9.00
	a) Apologies for Absence: Anita Thomas, Nicola Plumb, Alastair Hutchison	Verbal	David Clayton-Smith	Note	
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Note	
	c) Minutes of the Meeting dated 27th March 2024	Enclosure	David Clayton-Smith	Approve	
	d) Matters Arising: Action Log	Enclosure	David Clayton-Smith	Approve	
3.	**Chair's Comments**	Verbal	David Clayton-Smith	Note	9.00-9.10
4.	**CEO Update**	Enclosure	Matthew Bryant	Note	9.10-9.25
5.	**Balanced Scorecard** • System Performance Update	Enclosure	Adam Savin Executives	Note	9.25-9.40
6.	**Finance Report**	Enclosure	Chris Hearn	Note	9.40-9.55
Coffee Break 9.55-10.10					
7.	**Safe Staffing Annual Review** (April QC)	Enclosure	Dawn Dawson Jo Howarth	Approve	10.10-10.20
8.	**Maternity Update** (May QC)	Enclosure	Dawn Dawson Jo Hartley	Note	10.20-10.35
9.	**Learning from Deaths Q4 Report** (May QC)	Enclosure	Julie Doherty	Approve	10.35-10.45
10.	**Governance Report:** • Fit and Proper Persons Compliance	Enclosure	Jenny Horrabin	Note	110.45-11.00

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	• Code of Governance • Provider License • Leadership Competency Framework				
11.	**Our Dorset Provider Collaborative Report**	Verbal	Nick Johnson	Note	11.00-11.10
12.	**Social Value Report**	Enclosure	Nick Johnson Simon Pearson	Note	11.10-11.20
13.	**Board Sub-Committee Escalation Reports** (April and May 2024) a) Quality Committee b) Finance and Performance Committee c) People and Culture Committee d) Charitable Funds Committee e) Working Together Committee in Common	Enclosures	Committee Chairs and Executive Leads	Note	11.20-11.35
14.	**Questions from the Public**	Verbal	David Clayton-Smith	Note	11.35-11.40
	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				
	CONSENT SECTION				All items 11.40-11.45
	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.				
15.	**Guardian of Safe Working Annual Report** (May PCC)	Enclosure	Kyle Mitchell	Approve	
16.	**Communications Activity Update** (May PCC)	Enclosure	Nicola Plumb	Note	
17.	**ICB Board Part 1 Minutes**	Enclosure		Note	
18.	**Any Other Business** Nil notified	Verbal	David Clayton-Smith	Note	-
19.	**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 July 2024** in the **Board Room, Trust Headquarters, Dorset County Hospital, Dorchester** and via **MS Teams.**				

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Part 2 Items

- Chair's Update
- CEO's Update

- Electronic Health Records Outline Business Case
- Joint Five-Year Strategy – Status Update
- Working Together Programme Highlight Report

Consent Items:
- Draft Annual Report and Accounts 2023-24
- Draft Quality Account 2023-24
- Remuneration and Terms of Service Committee Escalation Report

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Minutes of a public (Part 1) meeting of the Board of Directors of Dorset County Hospital NHS Foundation Trust held at 8.30am on 27th March 2024 at Board Room, Trust Headquarters, Dorset County Hospital and via MS Teams videoconferencing.

Present:		
David Clayton-Smith	DCS	Trust Chair
Margaret Blankson	MB	Non-Executive Director (via videoconference)
Matthew Bryant	MBr	Chief Executive
Chris Hearn	CH	Joint Chief Finance Officer
Jenny Horrabin	JHor	Joint Director of Corporate Affairs
Jo Howarth	JH	Chief Nursing Officer
Nick Johnson	NJ	Deputy Chief Executive and Joint Chief of Strategy, Transformation and Partnership
Eiri Jones	EJ	Non-Executive Director (Deputy Chair)
Claire Lehman	CL	Non-Executive Director
Stuart Parsons	SP	Non-Executive Director
Nicola Plumb	NP	Joint Chief People Officer (via videoconference)
Anita Thomas	AT	Chief Operating Officer
David Underwood	DU	Non-Executive Director
In Attendance:		
Abi Baker	AB	Deputy Trust Secretary (Minutes)
Phil Davis	PD	Head of Strategy and Corporate Planning (item BoD23/183)
Dawn Dawson	DD	Chief Nurse, Dorset Healthcare
Jo Hartley	JHa	Head of Midwifery (via videoconference)
James Metcalfe	JM	Divisional Director, Urgent and Integrated Care Division
Kyle Mitchell	KM	Guardian of Safe Working (item BoD23/186)
Juliet Sturgess	JS	Associate Director of Allied Health Professions (item BoD23/173)
Members of the Public (attending via videoconference):		
Kathryn Harrison	KH	Lead Governor
Jean-Pierre Lambert	JPL	Governor
David Taylor	DT	Governor
Lynn Taylor	LT	Governor
Apologies:		
Trevor Hughes	TH	Head of Corporate Governance
Alastair Hutchison	AH	Chief Medical Officer
Stephen Tilton	ST	Non-Executive Director

BoD23/173	**Staff Story**	
Baker,Abi 24/05/2024 16:15:38	JS shared a presentation outlining her first 100 days in post as Associate Director for Allied Health Professionals. The presentation detailed events JS had attended to explain and promote the role of Allied Health Professionals, both locally and across Dorset. The presentation further detailed the Allied Health Professional roles across the Trust and what they needed to be stabilised, mobilised and optimised, with JS paying particular attention to the roles of dietetics and orthotics. Within dietetics JS described the need: • For a permanent lead as the team had been without one for a number of months. An interim lead was in post whilst the recently recruited permanent lead was on maternity leave. • To review vacancies and to improve culture in the service.	

- To build a flexible workforce that was not siloed in specific specialities, including the option of shared roles with Dorset HealthCare (DHC).

JS described that that, nationally, orthotics was the smallest Allied Health Profession with one in eight leaving the profession within four years. JS reflected positively on how well the team was operating and noted the evolving nature of apprenticeships to grow our own workforce. The unique skill set of the service to generate income was also noted. The Trust had been approached to review another hospital's orthotics services, reflecting that peers looked to the Trust's orthotics service for expertise.

The presentation further detailed areas of focus for each profession in relation to a number of workstreams that JS was involved with, including the pathway home hub, research, and elective recovery.

Finally, JS outlined the support that she needed in her role, including the need to continue to ask questions and the need to develop knowledge around some workflows. JS also noted the need for stability of the role; hers was currently a fixed-term role but she was looking ahead to the next five to ten years for the Allied Health Professional workforce. JS welcomed questions from Board members.

JS described that key Allied Health Professionals worked across community and acute services but felt that it would be beneficial to work more closely with DHC. JS was in discussion with her counterpart at DHC to provide greater support to patients and to bridge the gap between the two trusts, for example through joint posts.

MBr reflected on the importance of Allied Health Professionals in the provision of care and the need to bring the Allied Health Professional voice to the centre of discussions. On a personal level, he thanked JS for her work in her first 100 days and to JH for her vision and support in developing this role. JS's visibility since being in post was noted.

Board members echoed the importance of Allied Health Professionals noting the demographics of the population the Trust served. EJ noted the benefit of having a senior leader in this space and the need to value this part of the workforce.

Asked about training opportunities across the Dorset trusts, JS noted the benefits of rotational placements early in people's careers to give them a rounded skillset and to provide varied roles which will help to retain staff.

NJ asked JS what her personal experience of joining the Trust had been like. JS described the experience positively, noting that she would say if there was an issue. It had helped that she had worked at the Trust before and so knew the organisation and many people within it. JS's focus was on maximising the contributions of Allied Health Professionals and including them in a number of projects and workstreams, not just Allied Health Professional specific ones.

NP highlighted the importance of retention in Allied Health Professions, noting that career development could be limited in some of them. Being

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	able to offer staff wider pathways across services in both trusts would be critical in retention and career development. The Board considered that Allied Health Professionals were often quoted as being the third largest workforce in the NHS, after nurses and medics. They were a significant portion of the workforce and needed the opportunities to innovate and grow their voice and roles. JH voiced that thought needed to be given to the commitment of Allied Health Professional leadership, given the great opportunities it provided. DCS thanked JS for her helpful presentation, and she left the meeting.	
	Resolved that: the Patient Story be heard and noted.	
BoD23/174	**Formalities**	
	The Chair declared the meeting open and quorate and welcomed governors to the meeting. Apologies for absence were received from Trevor Hughes, Alastair Hutchison, and Stephen Tilton. The Chair welcomed JHor to her first board meeting as Joint Director of Corporate Affairs. The Chair further welcomed JS who was attending in AH's absence and would present the Learning from Deaths report. This was currently in the consent section of the agenda but would be brought above the line and formally discussed. JH noted that she would periodically be absent from the meeting to attend a regional quality meeting.	
BoD23/175	**Conflicts of Interest**	
	There were no conflicts of interest declared in the business to be transacted on the agenda.	
BoD23/176	**Minutes of the Meeting held on the 31st January 2024**	
	The Minutes of the meeting dated 31st January 2024 were approved as an accurate reflection of the meeting.	
	Resolved: that the minutes of the meeting held on 31st January 2024 were approved.	
BoD23/177	**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. BoD23/139: AT updated on these two actions, confirming the development of productivity metrics which would be included in future iterations of the scorecard, and the deep dive in to cancer performance at the February Finance and Performance Committee meeting, with further detail presented in March.	

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	AB noted a comment in the Teams chat from KH relating to an outstanding action regarding car parking. CH confirmed that he would circulate the awaited response to KH.	
	Resolved: that updates to the action log be noted with approval given for the removal of completed items.	
BoD23/178	**Chair's Comments**	
	Noting the imminent end of the financial year, DCS reflected on how challenging the last year had been with the hospital being extremely busy especially recently. DCS noted the year-end financial challenges for the Trust and the Dorset system and the disappointing recent national survey results about the public's view of the NHS. He noted that we were coming in to an election period and the health service would be mentioned continuously throughout. This would likely be difficult for members of staff and the Board needed to do their best to support them throughout this. DCS reflected that the Trust had achieved an awful lot over the last year and had a lot to be proud of, although there was further work to do. The joint working with DHC had progressed over the year, with JHor recently joining the Board and DD joining the DCH Board from the 1st April. These two joined CH, NP, and NJ as joint executives for the two trusts. DCS impressed that the work of the two organisations must not get in the way of providing care needed to patients and residents. DCS congratulated CL on taking on as chair of Quality Committee from 1st April and noted that work was underway to develop a joint people committee. DCS thanked EJ for the work she had put in to the Quality Committee during her tenure as committee chair and noted her involvement in the joint people committee. DCS welcomed governor observers to the meeting and described the development of a good joint working relationship between the two councils over the year and particularly recently in the development of the joint strategy. Looking ahead DCS felt that 2024/25 would be an even more difficult year, but he wanted the two trusts to be in a position to enjoy the challenge and that this was more possible due to how they were working together. EJ left the meeting.	
	Resolved: that the Chair's Comments be noted.	
BoD23/179	**CEO Update**	
	MBr took the paper as read and further reflected on the theme of the current operating environment. Whilst the meeting today should consider areas where progress was being made and areas for celebration, these needed to be considered within the context of colleagues working incredibly hard in difficult circumstances to provide the best care possible. The context for patients should also be considered, including patients coming in to an often-crowded emergency department or waiting longer	

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than ideal for surgery. The positives and challenges of the moment needed to be considered jointly.

With reference to the previously circulated report, MBr highlighted the following points:

- The progress of Martha's rule across the NHS
- The national focus on a dental plan, which was a vital population health matter particularly for children and young people
- The continued uncertainty of industrial action and the impact on the staff and patients affected
- The development of the Electronic Health Record outline business case, which would be further discussed in part two of the meeting
- The continued importance of the Working Together Programme and a welcome to JHor
- Positive maternity feedback from patients and families
- The opening of South Walks House
- The celebration of apprenticeship roles in the Trust
- Continued partnership working with University Hospitals Dorset (UHD) with leadership on provider collaboratives from NJ

MBr further fed back on a national meeting he and DCS had attended with NHS Providers, in which the three areas of focus for the organisation were laid out. Firstly, recovering the NHS as a healthcare system after the Covid-19 pandemic and the impact on population health. Secondly, the ambitions regarding transforming the healthcare system with a particular focus on the relationship with primary and integrated care. Thirdly, the infrastructure required for the future in relation to buildings, digital, artificial intelligence technology, and workforce. MBr reflected that the Trust was seeing signs of recovery in performance, was driving forwards transformation, had a focus on infrastructure not least with the New Hospital Programme development, all within an incredibly difficult operating environment.

Board members considered the need to lead by example for colleagues on the level of transformation and change, focusing on the areas that the Trust believed would make the biggest difference and balancing this against the operational demand. The Board needed to be clear and demonstrate to colleagues that it was cognisant of those pressures and clearly articulate why certain choices were being made. NJ noted the ongoing work around the one transformation approach and that this would be presented to committees and board in the coming months, which would help determine how transformational priorities were decided upon.

SP noted the positive work in reducing turnover and vacancies, improving retention, and celebrating apprenticeships. This should be celebrated and publicised. The benefits of staff being able to work across different settings with DHC was also noted.

With reference to paragraph 2.5 of the report DCS drew attention to the need for the Trust and members of staff to remain impartial in relation to the upcoming local elections.

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	MB noted the need to translate in to a way which was relevant to staff the broader transformational work that was happening within the Trust. This was important for them to understand the connection to their roles. The way in which this could be communicated could be considered by the awaited joint people committee.	
	Resolved that the CEO Update be noted.	
BoD23/180	**Balanced Scorecard**	
	AT outlined that whilst the national guidance for financial planning for 2024/25 had been received, the guidance for operational planning was awaited and expected to be received tomorrow. AT referred to the following key performance metrics: • Increased demand; 8% for non-elective care and 4% for elective care. This was not the same as UHD. The difference between DCH and UHD was believed to be partly due to the fact that some DCH services were directly bookable by patients, but not at UHD. Work was underway to consider how to even out waiting times with system partners. • The cumulative impact of industrial action was being felt. Whilst some aspects of activity were protected, particularly cancer services, the ability to stand up extra activity or be flexible in providing care was reduced NP highlighted the following key people metrics: • Lowest turnover and vacancy rates for two years, aligned with an increase in substantive whole-time equivalent (WTE) in the same period • Sickness levels slowly increasing but overall, much lower than they had been over the last two years • Continued focus on improving compliance with appraisals and mandatory training • Work continued to reduce agency spend; high spend correlated to high demand in the hospital CH would provide full detail on financial performance in the next agenda item but noted some positive metrics relating to social value. Board members discussed the finer details of some of the statistical process control (SPC) charts, reflecting that the charts were not ideal for every metric and consideration would continue to be given to how to provide a better descriptor for some metrics. A further board development session on the use of SPC charts would be considered. MBr reflected on the progress that was being made in a number of areas. Where there were questions around performance MBr felt that the Board could be assured that the necessary teams were working on those issues, such as a deep dive in to cancer performance, theatre productivity, and no criteria to reside rates. SP asked whether the matter of patients not being able to directly book appointments with UHD was negatively impacting the population in the	**JHor**

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	west of Dorset, and whether UHD were being asked to resolve the issue. AT noted that the work of the provider collaborative with UHD was looking in to waiting times and the impact of direct booking. It was important for the two trusts to work together to address the issue. JM described the balance of making appointments directly bookable to patients whilst also ensuring that clinicians could book in high-risk patients at short notice. MBr noted the need, when working with system colleagues, to have conversations in an exploratory and curious way in order to understand different perspectives and to make the biggest difference for the populations health. He described that those conversations were happening and the discussions at the recent three-way board meeting with DHC and UHD had set the tone for those discussions. <u>System Performance Update</u> The report was noted with no questions asked.	
	Resolved that: the Balanced Scorecard and System Performance Update be received and noted.	
BoD23/181	**Finance Report**	

	CH outlined the Month 11 position:
	• A year-to-date deficit of £8.9m; an improvement of £900,000 compared to the month 10 deficit position
	• Drivers of the deficit are as previously reported:
	  ○ Significant agency spend in line with the number of escalated beds operating in the Trust linked to the no criteria to reside numbers.
	  ○ Inflationary pressures. While inflation had subsided over the year there was still an overspend in utilities including a 25% increase for gas and 65% increase for electricity
	  ○ Efficiency delivery. An ambitious efficiency target had been set at the beginning of the year and the Value Delivery Board was leading a good focus on recurrent savings, but the Trust was still not delivering efficiencies as it set out to do. An even more ambitious target was being developed for 2024/25.
	• Interventions had been put in place to secure the Trust's cash position.
	• During half-two planning the Trust had forecast a deficit of £7.5m after taking in to consideration additional income streams to support with industrial action. Forecasting to year end the Trust expected to achieve this deficit. There was broad agreement in the ICS that if this deficit position was achieved funding would be reallocated to bridge the Trust to a breakeven position.
	• The Dorset system was looking at a deficit of between £15m and £20m, but this would not impact the reallocation for DCH
	• The capital spend position was currently £0.6m behind plan but the plan was expected to be met by year end.
	
	DU acknowledged the huge amount of work between the operational and finance teams to reach the deficit position. The Trust should be proud that it had consistently met and delivered against the targets it had set, which	

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	had built a reputation that the controls in place were good. DD echoed this, further commending the work undertaken to improve the nursing agency spend position. Asked about the day-to-day financial controls, CH described an improvement over the past year in the control, visibility and understanding of the financial position. He reflected on the need to find further recurrent savings in 2024/25 but noted the good foundations to be able to do this. MBr commended the work and progress of the finance team, noting the need to consider the financial position in the context of patient care. He echoed CH that a great deal of progress had been made in the last year and described the challenges of the next year, including the core run rate of the Trust and increasing the Cost Improvement Plan. The Board heard that the building blocks for transformation work were in place and work was focusing on delivering those workstreams to improve care and finances across the system. CH described the perpetual challenge of short-term efficiencies versus long term transformation and the need not to do anything in the short term that would inhibit substantial sustainable change needed to improve the quality of care for patients, finances and operational performance.	
	Resolved: that the Finance Report be received and noted.	
BoD23/182	**Maternity Update**	
	EJ returned to the meeting. JHa highlighted the following key matters from the report: • Improvements in smoking data and an improving picture overall for post-partum haemorrhage (PPH) rates. • The Trust had been identified as an outlier for third- and fourth-degree tears. A detailed review of every such case was being reviewed and a new training programme, OASI, had been introduced to reduce the frequency of those tears. • Two baby losses in month; one due to significant foetal abnormality and one due to prematurity. • The Trust had now achieved 62% compliance with the Saving Babies Lives Care Bundle (SBLBC) • One HSIB case under review; the findings would be returned to Board when received. • All maternity risks had bene reviewed and while some risks still remained significant some ratings had been improved due to the mitigations in place. • Two complaints received in month • The service continued to carry vacancies, but there had been an overall improvement in staffing. Recruitment efforts continued. • The service continued to struggle to meet the required training figures. Some improvement in attendance was noted with anaesthetist attendance at PROMPT training which was now mandatory. Details around Maternity Incentive Scheme (MIS) funding had been received but were currently embargoed.	

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	JHa noted that the Trust had had a quality review yesterday with NHS England and the ICS which had been positive. They had acknowledged the significant improvement in completing the CQC action plan and incorporating a rapid review provided by Maternity Improvement Advisor, Neil Tomlin. A further meeting was expected in June where the possibility of closing the actions relating to the 29a warning notice would be considered. The CQC had not been explicit about when they would return to reinspect the service in relation to the 29a warning notice, but it was anticipated this may be in quarter one of the new financial year. The Trust's initiative in resolving the issues had been noted and commended at yesterday's meeting. The Trust was now moving to completion of actions and some of the early actions completed would be revisited to ensure that they were embedded as business as usual. DD had attended the meeting and took great assurance from what she had heard. SP and EJ noted the continued focus at Finance and Performance Committee and Quality Committee around mandatory training compliance. SP asked what the Trust was doing to ensure that those anaesthetists outstanding mandatory training did undertake the training. MBr suggested that AH provide an update at the next Board meeting.	**AH**
	Resolved: that the Maternity Update be received and noted.	
BoD23/183	**Board Assurance Framework**	
	PD referred to the January Board Development Session which had reviewed the Board Assurance Framework and Corporate Risk Register and noted that the current iteration of the Board Assurance Framework had been reported through committees in March. There had been some changes to scores, particularly risk PL1.3 from a score of 16 to 12 as there were controls and mitigations in place to manage this risk. MBr referred to risk PL1.2 and asked whether the risk score should be increase given the operational pressures experienced at present. JH agreed, noting that the score had been set before the acute pressures were experienced in March. This could be reviewed when the Board Assurance Framework was next reviewed at Quality Committee. Board members noted that the quarterly cycle of reporting the Board Assurance Framework and Corporate Risk Register did not always reflect the operational pace of change. PD referred to the four lines of defence agreed at the January Board Development Session which would be adopted once the Board Assurance Framework was revised in line with the new strategic objectives. CL asked how the Trust managed risks that were not in our control to resolve, e.g. risks owned by the ICB, but that nonetheless impacted the Trust, such as the issues with renal transport where the contract was owned by the ICB but affected DCH patients. DCS advised that, following a discussion he had had with her, the ICB chair was considering how to	

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	manage system risks that were impacting providers. The meeting further heard that there were mechanisms through which risks could be escalated to the system, such as the System Quality Group. NJ suggested that there should be a way to capture system risks within the Corporate Risk Register and cautioned that the Trust did not continue to look for mitigations to system risks even if they did not own such risks. Using the renal transport issue as an example MBr first described the Trust's duty of care to patients and to mitigate any risks they may be affected by. Secondly, he described the Trust's responsibility to escalate any risks that were outside of its control. Thirdly, the Trust needed to look for more strategic solutions as an Integrated Care System (ICS) through the system architecture; this was described as a working progress. SP noted discussions at the recent Risk and Audit Committee meeting which had suggested that a shared Board Assurance Framework could be helpful in resolving some of the system risks. DCS and MBr undertook to raise the issue of system risks with their counterparts.	**DCS MBr**
	Resolved: that the Board Assurance Framework be received and noted.	
BoD23/184	**Corporate Risk Register**	
	JH highlighted the following key points from the report: • A new risk associated with pool car arrangements, following a counter fraud audit .The monetary value risk was low but the likelihood was high. • The report had been re-enforced following the work and discussions of the January Board Development Session with each risk clearly allocated to an executive, and a primary and secondary Board Sub-Committee. • New and significant risks were now presented to the Senior Leadership Group (SLG) for greater operational oversight. • The Trust continued to work with DHC to standardise reporting and language, in advance of developing a single local risk management system and in alignment with broader joint work on the strategy and Board Assurance Framework. EJ sought assurance that the awaited and developing joint work with DHC on the strategy, Board Assurance Framework and Corporate Risk Register was not halting the Trust from dealing with risks, particularly as there were a number of new risks this month. NJ confirmed he was not aware of any existing processes around the Board Assurance Framework or Corporate Risk Register that had not been completed as a result of the joint work around the strategy. EJ further asked whether the Trust had lost any money from the risk relating to pool cars, how that gap was identified, and whether there were any other gaps that the Board were not sighted on. CH clarified that this risk was identified through the work of the Trust's counter fraud team, TIAA. No incidents of concern had been identified, but TIAA had noted that the policies had not kept up with the expanded processes offered in relation to pool cars and fuel cards. The Trust would continue to work with auditors and TIAA to ensure that there were no other gaps in assurance.	

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	EJ queried whether risk 1819 should be allocated to Finance and Performance Committee with Quality Committee as the secondary committee as the risk related to a performance issue with quality impacts. AT and JH would review this risk and confirm which committee should hold oversight. MBr thanked colleagues for their work on the Board Assurance Framework and Corporate Risk Register since the January Board Development Session, noting the progress made. It was a sign of a good Board with an effective and open culture that a product that was a working progress could still be reviewed and discussed. MBr made a number of suggestions on the presentation of the Corporate Risk Register: • Noting the number of risks on the register MBr suggested a future Board Development Session could undertake a thematic analysis of the risks. • The secondary committee should be clearly identified in the register to make it clear that they were being viewed with a number of lenses • A minor wording change to the risk 1814 from "insufficient due diligence will have been applied" to "may have been applied". NJ felt that a broader review of the risk was needed and undertook to do this. The improving connection between the Board Assurance Framework and Corporate Risk Register was commended but noted that further work was needed. The Board further discussed and noted the operational detail and progress of some other risks.	**JH AT** **NJ**
	Resolved: that the Corporate Risk Register be received and noted.	
BoD23/185	**Gender Pay Gap Report**	
	NP outlined that the report detailed the proportional pay gap between men and women in the organisation and that the Trust's gender pay gap had reduced slightly this year. Of note, NP highlighted that there was not proportional representation of women in the highest pay band. Secondly a higher number of men were consultants and so a higher number of men received the clinical excellence award. This was the only bonus the Trust paid. It was positive that the gender pay gap was decreasing, but NP noted the challenge of the NHS being a positive employer of choice. She described the work needed around women's networks and the benefits of flexible working in providing work-life balance. The reduction in the gender pay gap may not be closing fast enough but this would be supported by service redesign work that was already ongoing. NP raised that there more genders in the workplace than the binary the report presented, and this needed further understanding in order to take positive action.	

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	Noting the difference in bonus payments between men and women, NP felt that a contributing factor was that women's careers were less likely to be linear due to maternity breaks. Asked how the Trust compared to others, NP described that the Trust's median pay gap was 5.53%. UHD's was slightly lower than this and DHC's was less than 5%. NP reflected that progress had been made in recent years, but that further work was needed. The way in which the data was skewed by the male-dominated medical workforce was also noted. Flexible working and positive support for various groups in the workplace was needed to get to an equitable position. Positively JM noted that more than half of the medics he had recruited in his six years at the Trust had been women. It was expected that this would reduce the gap in bonuses over the coming years. The impact of unconscious biases was also noted. NP stressed the fundamental point that there were more women in lower paid roles, and more men in senior roles. Whilst the improvement in recent years should be celebrated there was more work to do, including the need to include those who did not identify with gender binaries.	
	Resolved: that the Gender Pay Gap Report be approved.	
BoD23/186	**Guardian of Safe Working Report**	
	KM outlined that the report showed the Trust was complying with the safeguarding aspects of the junior doctor contract, that there were appropriate mechanisms for reporting in place, and that they were accessible and utilised. The level of reporting was equal amongst the two divisions but there were a few clinical areas to highlight. Trauma and orthopaedics, and some medical specialities, had been identified as an area at risk of exposing junior doctors to the unpredictable and excessive demands of sick and frail patients. This was reflected in the number of exception reports received. These issues were discussed at the Foundation and Junior Doctors Forum, which KM and divisional leadership also attended. DCS noted that three exception reports had been raised in paediatrics and that three remained outstanding and sought further detail around this. KM explained that the areas that saw the lowest number of exception reports often had less-effective mechanisms to resolve them. He would be liaising with paediatrics to ensure that the outstanding reports were resolved. Asked how the Trust ensured safe working for employed, staff-grade doctors KM confirmed that any doctor working at junior doctor level with an education supervisor was permitted to use this exception reporting mechanism. However, there was a minority of staff-grade doctors who did not have an education supervisor, but it was believed that the need for exception reporting was less applicable for them. It was good practice for all junior grade doctors to be able to raise exception reports and the amount of overtime paid was minimal. Board members shared anecdotal feedback about the support offered to junior doctors but recognised that this was not a complete picture. This was likely to be KM's penultimate report as he was stepping down from the	

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	Guardian of Safe Working role. DCS thanked KM for his work as guardian and for the report.	
	Resolved: that the Guardian of Safe Working Report be approved.	
BoD23/187	**Staff Survey Results**	
	NP drew the Board's attention to the key highlights of the report: • The response rate had reduced slightly, and the Trust was slightly below the average. This was comparable to DHC. • Positively, the engagement rate had recovered slightly at 7.1 • Significant improvement against some of the people promise elements and themes • No data around the 'safe and healthy' element, due to a national issue with the survey • New questions about unwanted sexual behaviour in the workplace indicated that, negatively, the Trust scored higher than the benchmark in this regard. A local, anonymous survey to better understand this issue had been launched. • Workforce Race and Disability Equality Standard (WRES) and (WDES) data indicated that there continued to be a difference in the quality of experience for people from diverse backgrounds. • An overall positive position reflecting a more stable workforce position. Further work required in some areas. MB noted that all NEDs now had an objective relating to equality, diversity and inclusion, to ensure that this topic was at the heart of the organisation. EJ asked what support was being offered to those staff who would not recommend the Trust as a place to work. NP discussed the need to address all facets of leadership culture and that there was not a single linear answer to the question. Work continued in this regard. The report was approved.	
	Resolved: that the Staff Survey Results be approved.	
BoD23/188	**Walkarounds Outputs Report**	
	JH described that the report was a first attempt at summarising the findings of the executive walkarounds and had been discussed at December's Quality Committee meeting, with recommendations to include actions and all learning, not just positive findings. It was expected that the presentation of the report would change over time. The tool used for executive walkarounds was partly based on the 15-steps challenge and included other aspects such as the Institute of Healthcare Improvement Patient Safety Walkaround and there were plans to use some of the quality statements from the CQC as prompts to inform the walkarounds. The tool was being reviewed this week and would be shared with DHC. The annual schedule for walkarounds for the next year was in development and the Council of Governors had recently been invited to join walkarounds. JH described that the Trust was committed to putting the best effort in to this and to capture what could be done to drive improvements.	

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	Resolved: that the Walkarounds Outputs Report be received and noted.	
BoD23/189	**Going Concern Report**	
	CH outlined that the report was presented to the March Risk and Audit Committee meeting, where there had been a robust discussion, and now needed Board approval as part of the audited accounts preparation. As Chair of Risk and Audit Committee SP noted that the committee had approved the report. No further questions or comments were made and the Board approved the report.	
	Resolved: that the Going Concern Report be approved.	
BoD23/190	**Learning from Deaths**	
	This item was on the agenda as a consent item but was brought above the line for discussion. JM presented the report on AH's behalf and highlighted: • Positively, the SHMI was within, but at the upper end of the national range • Coding continued to be a concern and a risk, particularly in relation to the coding of the first diagnosis and how that determines high or low mortality e.g. abdominal pain • Readmission data. The Trust used Dr Foster for this data but there appeared to be some discrepancies in this data compared to the Trust's own internal systems. This was being investigated further with the development of a dashboard to further understand the data. Of note this was showing adjacent postcodes with very little difference in demographics having hugely different readmission rates. Asked about the issue around first coding, JM gave an example that abdominal pain was associated with a low mortality rate, but the data was indicating the Trust had a higher mortality rate than it should do for this complaint. On interrogating the data it had become clear that what was coded as abdominal pain should have been coded as ruptured aneurysm, which had a higher mortality rate. There had been recent improvements in staffing in the coding team, but they remained underrecruited. DD and NJ expressed an interest in the postcode readmission data and that it could be explored in the integrated neighbourhood communities workstream. NJ provided assurance that he and AH met with the Chief Information Officer and Coding Manager every two weeks to review the coding recovery plan. The coding backlog was reducing, and recruitment efforts remained ongoing. There was however a question about the longer-term sustainability of the department.	

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	It was hoped that the Electronic Health Record, if developed at the Trust, would support with ensuring more accurate documentation early on to support with accurate coding. JM described that each time a potential underlying issue to coding was found it was explored and resolved. EJ confirmed that the Quality Committee discussed each Learning from Deaths report and reflected that the regional medical director had recently visited and been impressed with the diligence of the work. There was good assurance that the processes around learning from deaths was robust, although further detail about what was learned was requested in the report. The Board heard that the Quality Committee were already cited on the readmission issue.	
	Resolved: that the Learning from Deaths Report be approved.	
BoD23/191	**Committee Effectiveness Review Timeline**	
	JHor outlined that the annual committee effectiveness review process was underway. AB had circulated a questionnaire to committee members and responses should be returned to her. These would be collated and would inform the review and the work of the committees in to 2024/25.	
	Resolved: that the Committee Effectiveness Review Timeline be received and noted.	
BoD23/192	**Board Subcommittee Escalation Reports**	
	The following subcommittee Escalation Reports were taken as read. Committee Chairs drew attention to the following key points: **Quality Committee** • Assurance being sought regarding ophthalmology, particularly regarding outcomes for glaucoma and wet macular degeneration patients • Ongoing review by NHS England of an optometrist who is no longer employed by the Trust • The committee was aware of the dialysis transport issue and was receiving monthly updates in the quality report • Broadly a steady state with good practice and positive improvements • MBRRACE data for 2022 published in March 2024 indicated that the Trust's stabilised and adjusted neonatal mortality rate excluding deaths due to congenital abnormalities was more than 5% higher than the average for similar Trusts. Work was underway to review this including a five-year review of neonatal mortality. • Increase in reported incidents but that many of these were low or no harm, indicating a good reporting culture. • Delays in the completion of electronic discharge summaries, with a possible cause identified due to different systems in the emergency department DCS thanked EJ for her chairing of Quality Committee over the last few years, noting the quality, focus, and connectivity of the work. EJ would continue to be a member of the committee when CL took over as chair.	

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Finance and Performance Committee

- The committee remained concerned about the oral maxillofacial (OMF) contract position with UHD and wanted to review it early to ensure that the Trust was on track to exit at the end of the contract and to move the service in house. A project manager was in post to ensure traction with the service development. An update on the One Provider Collaborative, including the OMF contract was requested for the May Board meeting.
- Increase in waiting list and times, particularly in gynaecology. Good triangulation with Quality Committee
- Financial focus of the March meeting. The need for integrity and openness in financial reporting
- The risk of the increased CIP for 2024/25
- Draw down of cash to secure the Trust's cash position in quarter one
- Update received on the development of the stroke service, recognising the importance for the Somerset population. MBr added that a meeting with representatives from the DCH and Somerset boards and the Somerset ICS was being planned.

People and Culture Committee

- Update from the pharmacy team on the initiatives used to improve their recruitment and retention difficulties
- Equality, diversity and inclusion report following a maturity audit completed by the Trust's internal auditors, BDO
- Decrease in vacancy rate to 4.56%
- 301 international nurses in post with 90% retention rate
- Three issues escalated to Board from the March meeting, all discussed today (Board Assurance Framework, Gender Pay Report, Staff Survey)
- Thorough discussion re digital team staffing position, in light of the amount of digital change going on in the Trust
- Estates and facilities divisional update noting Shortage of and difficulty attracting trade professionals to the Trust, which was similarly experienced by other trusts.

It was expected that a joint people committee would commence in June 2024.

Risk and Audit Committee

- Focus on year-end requirements in the March meeting. No significant changes to the way the Trust is preparing the accounts for the year
- Internal audit of the CIP returned moderate assurance on process design and effectiveness, with a few areas for recommendation.
- Internal audit of recruitment returned significant assurance for process design and moderate assurance for effectiveness
- A request to other committees to place the Board Assurance Framework and Corporate Risk Register higher on their agendas to allow for good discussion

Charitable Funds Committee

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	• Chemotherapy Appeal major donor request for refund of donation(£30K+ £7.5K Gift Aid) due to significant delays to Fortuneswell Unit redevelopment. Charitable Funds Committee decision 'in principle' to refund donation if required. Head of Charity is liaising with donor who has agreed to receive the latest Chemotherapy Unit project progress update and will then consider if they still wish their donation to be returned. Head of Charity will inform Charity Chair of final decision accordingly. A robust and measured conversation had taken place around ensuring this did not happen again by providing updates to major donors. • Funds raised this year expected to be £550,000. The capital appeal stood just shy of £400,000 pledged out of £2.5m. The DCH 100 challenge would take place in May with a target to raise £100,000 • A targeted event taking place at Athelhampton House for potential major donors to the capital appeal **Working Together Committee in Common** • The developing maturity of the committee, having been running for nearly 12 months • Approval of benefits realisation metrics to measure outcomes of projects • Approval of a prioritisation framework • Discussions around the evolution of the committee to encompass a broader transformational remit. • A full discussion regarding the Joint Chief Nursing Officer proposal, with the committee endorsing the recommendation. • The limited capacity of digital colleagues due to the work of the Electronic Health Record.	
	Resolved that: Board subcommittee Escalation Reports be received and noted.	
BoD23/193	**Questions from the Public**	
	LT asked why some renal patients were going to Portsmouth when the Trust had a dialysis unit. JM clarified that the transplant service was delivered in Portsmouth and Bristol, so patients had to travel there for that service and early follow up appointments. Dialysis appointments took place within Dorset. JPL asked how the Trust managed the conflicting demands on staff between short term savings and long-term productivity. MBr reflected on the aspiration of the leadership team to cover both elements, in finding a balance between focusing on the present and shaping the future. He accepted that this was not an easy task but that the balance of these two factors varied depending on the role of executives and staff; operational staff would be more focused on the present, while transformation staff would be more focused on the future. This issue needed careful consideration and people needed to be given the space to tend to both elements. Noting the ongoing discussions about renal transport, KH expressed that she had not heard the impact on or experience of the patients themselves be discussed today. JH assured that the patient's experience was the	

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	priority and that those experiences were the basis of the concerns. The Board was sighted on those personal experiences, but this meeting was not the place for discussions about those individual cases. Finally, KH noted she had visited South Walks House yesterday for a tour and was hugely impressed with the service, noting how well it had been set up to care for patients. She felt this warranted further publicity.	
	CONSENT SECTION	
	The following items were taken without discussion. No questions had been previously raised by Board members prior to the meeting.	
BoD23/194	**SubCo Quarterly Performance Report**	
	Resolved: that the SubCo Quarterly Performance Report be received and noted.	
BoD23/195	**Working Together Programme Options Appraisal**	
	Resolved: that the Working Together Programme Options Appraisal be received and noted.	
BoD23/196	**Gifts and Hospitality Register**	
	Resolved: that the Gifts and Hospitality Register be received and noted.	
BoD23/197	**ICB Part 1 Board Minutes**	
	Resolved: that the ICB Part 1 Board Minutes be received and noted.	
BoD23/198	**Any Other Business**	
	MBr voiced his thanks to JM who was coming to the end of his role as Divisional Director for Urgent and Integrated Care Division, having been in post for nearly six years. MBr noted his contributions to the Trust and the value with which his colleagues held him. No other business was raised or notified. The items on the part 2 meeting agenda were summarised to promote openness and transparency.	
BoD23/199	**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 29th May 2024 in the Board Room, Trust Headquarters, Dorset County Hospital** and via **MS Teams.**	

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NHS
Dorset County Hospital
NHS Foundation Trust

Action Log – Board of Directors Part 1

Presented on: 29th May 2024

Minute	Item	Action	Owner	Timescale	Outcome	Remove? Y/N
Meeting dated: 27th March 2024						
BoD23/180	**Balanced Scorecard**	A further board development session on the use of SPC charts would be considered.	**JHor**	May 2024	Added to Board Development Session forward planner.	**Y**
BoD23/182	**Maternity Update**	Update on anaesthetists mandatory training to be provided.	**AH**	May 2024		
BoD23/183	**Board Assurance Framework**	DCS and MBr to raise the issue of system risks impacting providers with the CEO and Chair counterparts.	**DCS MBr**	May 2024		
BoD23/184	**Corporate Risk Register**	Risk 1819 to be reviewed; a suggestion that Finance and Performance Committee should be the responsible committee.	**JH AT**	June 2024	Not due	**N**
BoD23/184	**Corporate Risk Register**	Risk 1814 (relating to the Electronic Health Record) to be reviewed	**NJ**	June 2024	Not due	**N**

Actions from Committees…(Include Date)						

Actions to Committees…(Include Date)						

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Report Front Sheet

1. Report Details			
Meeting Title:	Board of Directors		
Date of Meeting:	Wednesday 29th May 2024		
Document Title:	CEO Report		
Responsible Director:	Matthew Bryant, CEO	Date of Executive Approval	22/05/2024
Author:	Jonquil Williams, Corporate Business Manager		
Confidentiality:			
Publishable under FOI?	Yes		
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

Strategic update – national topics of interest

- **Tabacco and Vapes Bill**

The Department of Health and Social Care are the leading department in the Tobacco and Vapes Bill, which passed its second vote in the House of Commons and is now at committee stage.

- **Health Inequalities 2040**

The Health Foundation's REAL centre published its report on Health Inequalities in 2024

- **The Cass Review**

The final report from the independent review of gender identity services for children and young people, conducted by Dr Hilary Cass, was published on 10 April 2024.

- **GP contract in 2024/25**

The Government and NHS England released arrangements for the GP contract in 2024/25. British Medical Association (BMA) consultation was conducted with more than 19,000 GPs and GP Registrars in England ahead of contractual changes being imposed on 1 April 2024.

NHS Dorset

- **2023/24 Financial and operational plan was submitted on 02 May 2024.**

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	• **Dorset local area partnership Special Educational Needs and Disabilities (SEND) Inspection** A joint Ofsted and Care Quality Commission inspection took place in March to assess the local arrangement for Dorset Council and NHS Dorset for children and young people with SEND **Partnership working** • On 16 May we welcomed the Secretary of State for Health and Social Care, Victoria Atkins, • Along with other NHS providers, Dorset Police, local councils and other agencies we have now formally adopted the 'Right Care, Right Person (RCRP)' approach to dealing with patients in a mental health crisis **Dorset County Hospital** • We have opened a new CT scanner suite in Weymouth as part of a national drive to offer tests closer to home and help shorten waiting lists. • The 2023 NHS Staff Survey was carried out between October and December last year. Our response rate was 41%, which was a slight drop from last year, and a little below the average response rate of our benchmark group of 45%. • Dorset County Hospital earned the NHS Pastoral Care Quality Award for the support we provide to international nurses and midwives. .
5. Action recommended	1. **NOTE**

6. Governance and Compliance Obligations				
Legal / Regulatory Link		**Yes**	**No**	*If yes, please summarise the legal/regulatory compliance requirement. (Please delete as appropriate)*
Impact on CQC Standards		**Yes**	**No**	*If yes, please summarise the impact on CQC standards. (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. (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?** *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?** *Please summarise how your report contributes to the Dorset ICS key goals.* *(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*

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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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)	**Yes**	**No**	
Quality Impact Assessment (QIA)	**Yes**	**No**	

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1. Background

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

2. Strategic update – national topics of interest

2.1 Tabacco and Vapes Bill

The Department of Health and Social Care are the leading department in the Tobacco and Vapes Bill, which passed its second vote in the House of Commons and is now at committee stage. There are a number of stages the bill needs to go through before Royal Assent.

At the April Integrated Care Partnership meeting Sam Crowe, Director of Public Health, set out the positive progress made in Dorset in its recent Swap to Stop smoking campaign building sustainable routes to support individuals who wish to quit smoking. This will remain a focus into the coming year as part of the transformation delivery plans for Dorset.

2.2 Health Inequalities 2040

The Health Foundation's REAL centre published its report on Health Inequalities in 2024: Current and projected patterns of illness by deprivation in England. This report highlights how we can expect our population need to change, and how inequalities in health are expected to continue over the next two decades. The report's key findings illustrate that we will need a cross-societal approach to the causes of ill health and deprivation, beyond that of just health. Our joint work as an Integrated Care System will be crucial in making an impact in this area.

2.3 The Cass Review

The final report from the independent review of gender identity services for children and young people, conducted by Dr Hilary Cass, was published on 10 April 2024. NHS England's response to the report sets out progress made following the interim report in 2022 and the next steps in response. This review is helping the NHS introduce a different model of care to improve and expand service provision.

3. Strategic update – local relevance

3.1 GP contract in 2024/25

The Government and NHS England released arrangements for the GP contract in 2024/25. British Medical Association (BMA) consultation was conducted with more than 19,000 GPs and GP Registrars in England ahead of contractual changes being imposed on 1 April 2024. BMA members voted to reject the GP contract changes and the BMA has now formally written to NHS England to confirm the profession is in dispute with NHS England. The referendum did not constitute a ballot on Industrial Action but NHS Dorset, along with other ICBs, has added this to the risk register.

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3.2 Industrial action

In April 2024 the BMA consultants' committee accepted the Government's offer on pay for consultants in England and reform to the pay review body. This brings to an end the Industrial Action by NHS consultants. BMA Junior Doctors have voted in favour of extending

their mandate for industrial action for a further six months from 3 April – 19 September 2024. No further industrial action dates have been announced at this time but arrangements are in place to respond if further action is planned.

4. NHS Dorset – latest update

4.1 2023/24 Financial and operational plan delivery

The last year has been exceptionally challenging, both financially and operationally, for the Dorset system, exacerbated partly by the impact of industrial action. While improvement was made on the financial position in the last quarter, the system ended the year in a deficit position. There has been significant improvement in operational performance across the year in delivery of key areas including improving access to primary care appointments, Dorset ambulance response times, A&E waiting times, diagnostic assessments and cancer treatment waiting times. The focus now turns to taking this momentum into the delivery of 2024/25 operational plan.

4.2 2024/25 Operational planning

NHS England released its much-anticipated 2024/25 priorities and operational planning guidance on 27 March 2024. The guidance recognises the challenges in 2024/25 but confirmed the focus on the recovery of our core services through continuous improvement in access, quality, and productivity following the pandemic.

The Dorset ICB made the final submission to NHS England on the 2 May 2024. The system is planning to deliver on all of the operational standards with the exception of Category 2 Response Times. This is a regional target that Dorset ICB submits as lead commissioner and is an area of continued improvement focus.

From a financial perspective, Dorset has submitted a deficit plan. This reflects the challenge in balancing the delivery of operational standards to support our recovery, achieving financial stability and transforming the way we deliver care. As part of the submission Dorset NHS partners met the NHS England national team on 14 May 2024 to discuss the Dorset system plans and understand the key risks and challenges.

4.3 Dorset local area partnership Special Educational Needs and Disabilities (SEND) Inspection

A joint Ofsted and Care Quality Commission inspection took place in March to assess the local arrangement for Dorset Council and NHS Dorset for children and young people with SEND. We recognise the importance of these inspections to inform how we can best deliver on the collective experience and outcomes for the children and young people who depend upon the vital services.

5. Partnership working

5.1 Working Together – Dorset County Hospital and Dorset HealthCare

We continue to develop our approach to working in a federated way, building on collaboration already taking place. This includes our clinical flagship programmes and case studies which demonstrate the benefits of joint working and are starting to make a real difference for patients, families and colleagues.

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We have five joint executives in post and they will now look to identify opportunities for closer working within their teams. A number of other joint posts have either been recruited or

are in planning, including a Joint Associate Chief Medical Officer for Transformation, a Joint Chief Information Officer and a Joint Director of Estates and Facilities.

5.2 Our Dorset Provider Collaborative (ODPC)

The ODPC has endorsed its strategic transformation priorities for 2024/25 which are:

- Workforce and Agency
- Procurement Shared Services
- Integrated Neighbourhood Teams
- CANDo, with an initial focus on dermatology, respiratory, ophthalmology and OMF (the latter light touch only).

A Dorset Acute Networked Services Board will have its first meeting on 1July to enable both acute trusts collectively monitor the performance of services which are already, or will become, networked.

There is an agreement in principle to create a programme director, and to prioritise existing resources to support the delivery of agreed priorities.

5.3 Visit by the Secretary of State for Health and Social Care

On 16 May we welcomed the Secretary of State for Health and Social Care, Victoria Atkins, as she met colleagues, patients and partners at three of our sites – Westminster Memorial Hospital in Shaftesbury (Dorset HealthCare), the Outpatient Assessment Centre at South Walks House and the construction site of the new Emergency Department and Critical Care Unit (both Dorset County Hospital). At Shaftesbury we demonstrated the value of multi-disciplinary working and the way we collaborate with partners like our hospital Leagues of Friends, and we were able to talk about the challenges we face as well as the progress we are making.

At the Outpatient Assessment Centre at South Walks House we showed how we are able to reduce waiting times by offering more outpatient clinics, diagnostics appointments and day case local anaesthetic procedures. And the New Hospital Programme (NHP) project shines a light on our work to transform our services for the future and continually improve the care we provide for local communities. The Health Secretary was very impressed with the plans and the difference they will make for people needing our Emergency Department and Critical Care services. We await the final national approval for this in the coming weeks.

5.4 Right Care, Right Person

Along with other NHS providers, Dorset Police, local councils and other agencies we have now formally adopted the 'Right Care, Right Person (RCRP)' approach to dealing with patients in a mental health crisis.

This is part of a national set of changes, which means that – instead of routinely calling in the police to deal with someone in a crisis situation relating to mental health – we will work to ensure the person receives appropriate support from the right agency. Police are often asked to attend situations which they are not trained to deal with and some people who have been through a mental health crisis can find police intervention unhelpful.

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24/05/2024 10:15:38

The first phase of RCRP relates to emergency calls people make with concerns for someone's welfare. The police may now contact health or social care staff to ensure the person involved receives the specialist care and support required in the first instance. We

have action cards in place for these situations and continue to monitor the impact this has one colleagues and partners.

6. Dorset County Hospital update

6.1 Operating environment

Demand for hospital services continues to be high. Emergency Department attendances in April were 3.3% above the position twelve months before, despite this ED performance has been maintained and the number of patients with no reason to reside has declined. More detail on this and planned care performance is in the integrated performance report.

6.2 DCH opens new CT scanner suite at Weymouth Community Diagnostic Centre

We have opened a new CT scanner suite in Weymouth as part of a national drive to offer tests closer to home and help shorten waiting lists. The new suite at Weymouth Community Hospital has been introduced as part of NHS England's Community Diagnostics Centre (CDC) programme and the Targeted Lung Health Check (TLHC) programme.

The project to install the CT scanner was carried out by DCH in collaboration with Dorset HealthCare, which runs Weymouth Hospital, and University Hospitals Dorset, the lead Trust for Dorset's CDC programme.

6.3 Staff survey

The 2023 NHS Staff Survey was carried out between October and December last year. Our response rate was 41%, which was a slight drop from last year, and a little below the average response rate of our benchmark group of 45%.

The questions in the survey are aligned to the People Promise and the additional themes of staff engagement and morale. Our scores have improved in all six reportable People Promise elements and the two themes, and all are above the NHS average.

Our score in the employee engagement index has risen to 7.07 out of 10, improving on a decline in scores over the last two years. We have also improved against the morale theme from last year.

Divisional leaders are cascading results and teams will now co-design, embed and own local action plans. From June to August the Executive team will be holding sessions open to colleagues across the trust to discuss some of the key themes that have emerged.

6.4 Pastoral Care Quality Award

Dorset County Hospital earned the NHS Pastoral Care Quality Award for the support we provide to international nurses and midwives. This award recognises the work being carried out in the Trust to ensure internationally-educated colleagues receive enhanced and tailored support as they start their career journey with the NHS. The NHS Pastoral Care Quality Award is part of NHS England's International Recruitment Programme, and was also achieved by Dorset HealthCare last year.

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24/05/2024 16:15:38

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Report Front Sheet

1. Report Details			
Meeting Title:	Board of Directors		
Date of Meeting:	29th May 20224		
Document Title:	Balanced Scorecard- An integrated report for the reporting month of April 2024		
Responsible Director:	Anita Thomas, Chief Operating Officer	Date of Executive Approval	23/05/2024
Author:	Adam Savin, Director of Operational Planning and Performance		
Confidentiality:	Non-confidential		
Publishable under FOI?	Yes		
Predetermined Report Format?	No		

2. Prior Discussion		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
N/A	N/A	N/A

3. Purpose of the Paper								
	The Trusts Balanced Scorecard brings together key indicators under four dashboards of Quality and Safety, performance, People and finance. All indicators are covered in detail in the respective sub-board committees and therefore, this paper does not attempt to duplicate the committees work or the deep dives, but rather provider an oversight of them combined. The pack of Board papers include the sub-board committee escalation reports, which have been written by each Chair and in conjunction with this report, provides the opportunity for triangulation.							
	Note (✓)	✓	*Discuss (✓)*	✓	*Recommend (✓)*		*Approve (✓)*	
4. Executive Summary	Key areas to highlight: **Quality** • Emergency readmissions within 30 days of discharge have risen to 9.74% year to date. • Electronic Discharge Summary sent within 24h of discharge remains below target at 76.53%. • SHMI has remained within the expected range further improved • There has been 1 never event in April **Performance** • UEC performance has improved, with a reduction in no criteria to reside and improved 4 hour ED performance • Cancer performance is being impacted by increasing demand, with 2 out of 2 targets not being met • Patients waiting the longest for elective treatment have reduced, but the total waiting list size continues to increase • Diagnostic performance has reduced in the reporting month							

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	People • Appraisal rate has reduced to 76% • Vacancy rate decreased to 3.47%, this is better than the target. • Turnover decreased to 9.1% and is now better than target. **Finance** • Adjusted financial plan showing a marginal overspend. • Agency spend reducing and with improved medical agency spend • Capital expenditure is on plan.
5. Action recommended	The Board of Directors are asked to Note this report.

6. Governance and Compliance Obligations			
Legal / Regulatory Link	**Yes**		*Report of the NHS constitutional standards and the oversight framework*
Impact on CQC Standards	**Yes**		*Safe, effective, responsive*
Risk Link	**Yes**		*Quality, patient experience and clinical outcome risks associated with under performance. Sustainability and reputation risks.*
Impact on Social Value		**No**	*Standard reporting paper on organisational performance*
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	N/A- Standard reporting paper on organisational performance		
Strategic Objectives – Place	N/A- Standard reporting paper on organisational performance		
Strategic Objectives – Partnership	N/A- Standard reporting paper on organisational performance		
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**	**No**	N/A- Standard reporting paper on organisational performance
Tackling unequal outcomes and access	**Yes**	**No**	N/A- Standard reporting paper on organisational performance
Enhancing productivity and value for money	**Yes**	**No**	N/A- Standard reporting paper on organisational performance
Helping the NHS to support broader social and economic development	**Yes**	**No**	N/A- Standard reporting paper on organisational performance
Assessments	**Have these assessments been completed?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)	**Yes**	**No**	N/A- Standard reporting paper on organisational performance
Quality Impact Assessment (QIA)	**Yes**	**No**	N/A- Standard reporting paper on organisational performance

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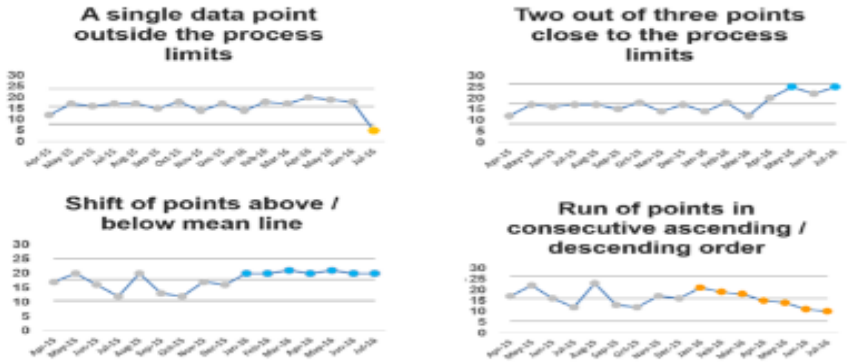
1) Understanding Statical Control Charts (SPC)

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?

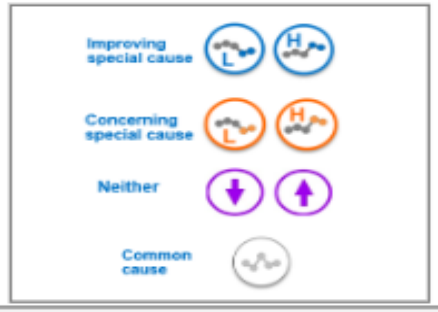
Blue icons indicate significant improvement or low pressure.

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.

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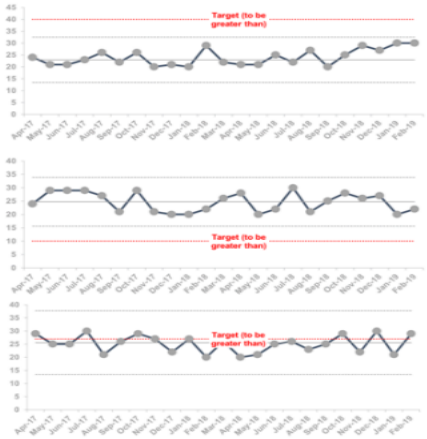
Assurance icon

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

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

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2) Executive Summary

Executive Summary

Variation | Assurance

PEOPLE

Metric Name	Assurance	Variation	Value	Target
Appraisal rate	F		76.13%	90%
Essential Skill Rate	F	H	89%	90%
Sickness Rate (1 month in arrears)	?		3.58%	3.75%
Staff Turnover Rate	P	L	9.1%	12%
Vacancy Rate	?	L	3.47%	5%

QUALITY

Metric Name	Assurance	Variation	Value	Target
Complaints - Formal Complaints Received			31	
Friends and Family - Overall % Recommendation Rate	?		91.28%	94%
Incidents - Confirmed Never Events	F	H	1	0.02
Incidents - Falls Resulting in Severe Harm or Death by Reported Date		L	0	
Incidents - Medication Incidents by Reported Date		H	75	
Incidents - Pressure Ulcers Reportable Confirmed Avoidable and Hospital Acquired (Category 3) by Reported Date			1	
Incidents - Serious Incidents Investigated and Confirmed Avoidable by Panel Date	?		1	0
Infection Control - C-Diff Hospital Onset Healthcare Associated Cases	?		1	3
Infection Control - Gram Negative Blood Stream Hospital Onset Infections	?		1	5
Inpatient - EDS % Available < 24 Hours of Discharge	F		76.53%	90%
Inpatient - EDS % Available < 7 Days of Discharge	F	L	84.2%	100%
Inpatient - Emergency Re-Admissions % (1 month in arrears)	P	H	9.74%	13%
Inpatient - SHMI Value		L	1.11	

PERFORMANCE

Metric Name	Assurance	Variation	Value	Target
Cancer - 28 Day Faster Diagnosis Standard Performance	?		70.3%	77%
Cancer - 31 Day Decision to Treatment Standard Performance	?		93.75%	96%
Cancer - Patients Waiting 62+ Days from Referral to Treatment			76	
Diagnostic - Percentage Patients Waiting <6 Weeks Test	F	H	81.52%	95%
ED - Ambulance Handovers Average (Minutes)	P	H	17	30
ED - DCH 4 Hour Performance %	?	L	65.98%	70%
ED - ED Attendances % Waiting 12+ Hours	?	H	6.57%	1.12%
ED - Overall 4 Hour Performance %	?		81.8%	78%
Inpatient - Adult General and Acute (G&A) % No Criteria to Reside Bed Occupancy			16.28%	
Inpatient - Average Number of No Criteria to Reside Patients	F	L	49	38
RTT - 65+ Week Waits		L	309	
RTT - 78+ Week Waits		L	29	
RTT - Waiting List Size		H	21839	
Theatres - Capped Utilisation	F	H	71.48%	85%
Theatres - Uncapped Utilisation	F	H	76.16%	85%

FINANCE

Metric Name	Assurance	Variation	Value	Target
Adjusted Financial Position	?		-1795	-1706
Agency Spend	F	L	658	833
Capital Expenditure	?		881	900
Cost Position			13650	6479
Efficiency Delivery	?	H	269	145
Local Supplier % of Catering Spend			26.44%	
Local Supplier % of Total Spend			7.81%	
Off Framework Agency Spend			52	83

Baker Ab
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For the reporting month of April 2024, there are 15 indicators that are failing the target or are unstable (hit or miss) and showing as special cause for concern, this compares to 19 in the reporting month of December 2023.

This may mean the process does not easily lend itself to representation as an SPC chart or that without intervention the process will not deliver the required outcome. Each is addressed below and where appropriate other measures described which give a more rounded perspective on the Trust performance within that section.

For the people dashboard, 40% of the indicators are classed as concern for variation and/ or fail for assurance. For performance it stands at 53%, finance at 25% and quality at 30%. There are 14 indicators, across all dashboards (therefore the balanced scorecard) that have not got a target, therefore assurance can not be given either way.

Work is underway to refine the Balance Scorecard further, which is now being led by the Director of Performance. This work will ensure all indicators have a target, that indicators used are appropriate for an SPC and where not, included in a different format and that the indicators are re-approved by the Executive team for the new financial year.

December 2023 data

Assurance

Variance	P	?	F		Total
H			3		3
L			3	3	6
		12	4	2	18
H	3	3		1	7
L	1	1	1	1	4
				3	3
Total	4	16	11	10	41

April 2024 data

Assurance

Variance	P	?	F		Total
H			4		4
L	1	1	2	4	8
		10	2	4	16
H	2	2	1	2	7
L		1	1		2
				4	4
Total	3	14	10	14	41

The matrix summaries the number of metrics (at Trust level) under each variance and assurance category. The Trust is aiming for the top left of the grid (special 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. The increase in the number of indicators without a target and therefore assurance cannot be provided, is due to the change of target in the new financial year and it not being reflected in the data set. This will be addressed for the next iteration.

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3) Quality and Safety dashboard

Metric Group	Metric	Group	Latest Month	Value	Target	Variance to Target	Mean	PY - Month Value	YTD Value	Variation	Assurance
Effectiveness	Inpatient - EDS % Available < 24 Hours of Discharge	0 - Total	Apr-24	76.53%	90%	-13.47%	77.64%	79.61%	76.53%		
Effectiveness	Inpatient - EDS % Available < 7 Days of Discharge	0 - Total	Apr-24	84.2%	100%	-15.80%	87.96%	87.17%	84.2%		
Effectiveness	Inpatient - Emergency Re-Admissions % (1 month in arrears)	0 - Total	Mar-24	9.74%	13%	-3.26%	8.18%	7.05%	9.74%		
Experience	Complaints - Formal Complaints Received	0 - Total	Apr-24	31			27.03	18	31		
Experience	Friends and Family - Overall % Recommendation Rate	0 - Total	Apr-24	91.28%	94%	-2.72%	91.57%	99%	91.28%		
Safety	Incidents - Confirmed Never Events	0 - Total	Apr-24	1	0.02	0.98	0.08	0	1		
Safety	Incidents - Falls Resulting in Severe Harm or Death by Reported Date	0 - Total	Apr-24	0			0.2	0	0		
Safety	Incidents - Medication Incidents by Reported Date	0 - Total	Apr-24	75			59.79	64	75		
Safety	Incidents - Pressure Ulcers Reportable Confirmed Avoidable and Hospital A...	0 - Total	Apr-24	1			0.67	1	1		
Safety	Incidents - Serious Incidents Investigated and Confirmed Avoidable by Pan...	0 - Total	Apr-24	1	0	1.00	0.46	1	1		
Safety	Infection Control - C-Diff Hospital Onset Healthcare Associated Cases	0 - Total	Apr-24	1	3	-2.00	2.59	1	1		
Safety	Infection Control - Gram Negative Blood Stream Hospital Onset Infections	0 - Total	Apr-24	1	5	-4.00	2.98	3	1		
Safety	Inpatient - SHMI Value	0 - Total	Nov-23	1.11			1.14	1.16	1.11		

The completion of electronic discharge <24 hours post discharge has recovered to 76.53% in April, having been below 70% for the previous two months. This improvement is only for one data point and is common cause variation, with no significant change and an assurance classification of failing, with no indication the target can be met without process redesign. Review of delays indicate no harm. Digital and clinical pathway review is in process for Radiology, Day Cases and EDAU, alongside a trial of 7-day ward clerk cover on the Mary Anning Unit.

Emergency re-admission within 30 days of discharge, is one month in arrears and therefore is for the month of March. The rate has risen from around 6% for the full year 2022/23 to 9.74% for the full year 2023/24, with a median of 8.17%. This means DCH is now comparable to the national average of 9.7% (DrFoster data), any further increases however will need close monitoring. The change correlates with improved flow (reduction of NRTR) and an improvement on the 4 hour ED standard.

Reportable infections (CDifficile, MSSA and Gram -ve Blood stream infections), friends and family test, remain within common cause variation and no significant change. There was however one never event in April, which was a grade 4 pressure ulcer on the Mary Anning Unit. The unit is being supported with a package of quality improvements, including Executive oversight and a bed base reduction. A full root cause analysis is underway.

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Summary Hospital Mortality Indicator has remained within the expected range and is predicted to fall further, as a result it is showing as special cause variation of an improving nature, the process is therefore capable and will consistently pass the target.

4) Performance dashboard

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	Apr-24	70.3%	77%	-6.70%	70.16%	65.76%	70.3%		
Cancer	Cancer - 31 Day Decision to Treatment Standard Performance	0 - Total	Apr-24	93.75%	96%	-2.25%	96.47%	94.95%	93.75%		
Cancer	Cancer - Patients Waiting 62+ Days from Referral to Treatment	0 - Total	Apr-24	76			79.98	74	76		
Elective	Theatres - Capped Utilisation	0 - Total	Apr-24	71.48%	85%	-13.52%	68.46%	67.44%	71.48%		
Elective	Theatres - Uncapped Utilisation	0 - Total	Apr-24	76.16%	85%	-8.84%	73.58%	71.57%	76.16%		
Outpatient	Diagnostic - Percentage Patients Waiting <6 Weeks Test	0 - Total	Apr-24	81.52%	95%	-13.48%	75.38%	67.09%	81.52%		
Outpatient	RTT - 65+ Week Waits	0 - Total	Apr-24	309			695.28	225	309		
Outpatient	RTT - 78+ Week Waits	0 - Total	Apr-24	29			326.69	10	29		
Outpatient	RTT - Waiting List Size	0 - Total	Apr-24	21839			19262.31	20353	21839		
UEC	ED - Ambulance Handovers Average (Minutes)	0 - Total	Apr-24	17	30	-13.00	13.55	10.74	17		
UEC	ED - DCH 4 Hour Performance %	0 - Total	Apr-24	65.98%	70%	-4.02%	70.27%	69.77%	65.98%		
UEC	ED - ED Attendances % Waiting 12+ Hours	0 - Total	Apr-24	6.57%	1.12%	5.45%	3.76%	2.12%	6.57%		
UEC	ED - Overall 4 Hour Performance %	0 - Total	Apr-24	81.8%	78%	3.80%	82.17%	82.84%	81.8%		
UEC	Inpatient - Adult General and Acute (G&A) % No Criteria to Reside Bed Occup...	0 - Total	Apr-24	16.28%			21.46%	19.15%	16.28%		
UEC	Inpatient - Average Number of No Criteria to Reside Patients	0 - Total	Apr-24	49	38	11.00	79.28	54	49		

For the reporting month of April 2024, the 28 and 31 day cancer indicators did not achieve the target, however were common cause variation, with no significant changes. The assurance is hit or miss for both metrics, which occurs when the target lies between the process limits. For 2024/25, the 62 day standard has moved away from the volume of patients in the backlog and returned to the percentage target, this has not been updated in the scorecard but will be for next month. For April, the trust achieved the 62 day target, with 76% of patients having started treatment within 62 days, against the target of 70%.

The two theatre utilisation indicators have improved, both capped and uncapped theatre utilisation is special cause of an improving nature, but with an assurance rating of fail, with the process not capable and will continue to fail the target without process redesign. The level of improvement has not kept pace with regional or national comparators and thus, DCH is in the lowest quartile of performance. By monthly meetings with COO set up to monitor delivery of agreed actions.

FOI 8 abi 12485/2024-06-12 12:30

The percentage of patients waiting 6 weeks or less for a diagnostic procedure has reduced in month, but due to consistent improvements prior to April, is showing as special cause of an improving nature but with assurance of fail. Cardiology continues to be the largest contributor of the underperformance, but backlogs have grown in month in Endoscopy. Full details of this and all metrics within the performance dashboard, are covered in the Finance and Performance Committee.

In terms of the elective waiting list, the number of patients waiting over 65 and 78 weeks is special cause variation of an improving nature as the cohort of patients that have been waiting the longest, continues to reduce. The total waiting list size shows special cause of a concerning nature as it continues to grow, with demand increasing (referrals) at a faster rate than activity can keep pace with without further investment in capacity.

Average ambulance handover times have improved in the last two months, but due to increases prior to this, the indicator is special cause of a concerning nature however, with assurance of pass, the process is capable of consistently passing the target. Performance of the ED 4-hour standard all (including MIUs) is common cause variation, with no significant changes and the process will continuously hit or miss the target. Performance over the last three months has improved, with April achieving 81.8% against the target of 78%. This has been possible due a reduction in the number of patients with no criteria to reside, which is now special cause of an improving nature, although still with an assurance classification of fail.

5) People dashboard

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	Apr-24	89%	90%	-1.00%	88.92%	90%	89%		
Looking After our People	Appraisal rate	0 - Total	Apr-24	76.13%	90%	-13.87%	75.67%	75.6%	76.13%		
Looking After our People	Sickness Rate (1 month in arrears)	0 - Total	Mar-24	3.58%	3.75%	-0.17%	4.01%	4.2%	3.58%		
Looking After our People	Staff Turnover Rate	0 - Total	Apr-24	9.1%	12%	-2.90%	9.73%	11.63%	9.1%		
Looking After our People	Vacancy Rate	0 - Total	Apr-24	3.47%	5%	-1.53%	6.34%	10.0...	3.47%		

Essential skills have improved to 89% and now only 1% short of achieving the target. The indicator is special cause of an improving nature, although due to the fluctuating nature of this indicator, the assurance classification remains as fail, without process redesign. The appraisal rate indicator had previously been special cause of an improving nature, but following two months of decline is now common cause variation with no significant change. The assurance classification is fail, the process is not capable of achieving the target without process redesign with the target not being met since before COVID.

Staff turnover rate has continued to fall and is now at a record low for DCH, the indicator is therefore special cause of an improving nature, and the process is capable of consistently passing the target. This improved position has contributed to an improved vacancy rate, also at a record low for DCH, with special cause variation of an improving nature.

Baks,Ali
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6) Finance dashboard

Metric Group	Metric	Group	Latest Month	Value	Target	Variance to Target	Mean	PY - Month Value	YTD Value	Variation	Assurance
Capital	Capital Expenditure	0 - Total	Apr-24	881	900	-19.00	1975.11	1392	881		
Revenue	Adjusted Financial Position	0 - Total	Apr-24	-1795	-1706	-89.00	-209.85	-481	-1795		
Revenue	Cost Position	0 - Total	Apr-24	13650	6479	7,171.00	13650		13650		
Sustainability	Local Supplier % of Catering Spend	0 - Total	Apr-24	26.44%			24.74%	28.36%	26.44%		
Sustainability	Local Supplier % of Total Spend	0 - Total	Apr-24	7.81%			6.83%	7.9%	7.81%		
Value Board	Agency Spend	0 - Total	Apr-24	658	833	-175.00	1131.04	1040	658		
Value Board	Efficiency Delivery	0 - Total	Apr-24	269	145	124.00	194.38	385	269		
Value Board	Off Framework Agency Spend	0 - Total	Apr-24	52	83	-31.00	127.85	136	52		

The adjusted financial position (against control total) has had marginal overspend against the planned deficit position linked to inflationary RPI costs above planned levels for provisions, catering, laundry, utilities, drugs, specifically Gastro and blood products. Re-banding payments made to IEN cohorts following pin and OSCE achievement and amendments to band 2 to band 3 payments recently made and not expected to generate further cost impacts. Future IEN cohorts potential re-band cost impact is under review with any further impact to be factored into forecasting.

The improved agency spend is driven by improved Nursing agency expenditure against plan, with a combination of outputs from Nursing and Temporary Workforce teams linked to High-Cost Agency Reduction Programme. Medical agency was less in month due to locum availability however this is expected to return to increased levels from May. The indicator is special cause variation of an improving nature, but with a fail assurance classification. Off framework spend has seen significant reduction, linked to High-Cost Agency Reduction programme action plan, noting areas of usage limited to Emergency Department, Critical Care, Kingfisher paediatric ward and Special Care Baby Unit (SCBU).

Capital expenditure is on target in line with the agreed capital programme and the cash position is more positive than expected, due to the Dorset ICB support of £6.1m being received earlier than originally expected. National revenue support was also received in April totalling £1.5m.

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7) All metric glossary

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 - Patients Waiting 62+ Days from Referral to Treatment	Number of patients waiting longer than 62 days from cancer referral to treatment following a screening service referral. Sourced from the DCH Manual Data Collection Portal via the Cancer Team.
Complaints - Formal Complaints Received	Number of formal and complex complaints raised based on received date. Sourced from Datix.
Diagnostic - Patients % Waiting < 6 Weeks for 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 Average (Minutes)	Average DCH ambulance handovers in Minutes against 30 Minute Average Target. Sourced from ED SWAST information.
ED - DCH 4 Hour Performance %	Percentage of patients with an unplanned DCH Emergency Department visits lasting longer than the 4 hour peformance standard. Sourced from ED Agyle/PAS.
ED - ED Attendances % Waiting 12+ Hours	Percentage of patients with an unplanned DCH Emergency Department visit lasting longer than 12 hours. Excludes patients marked as streamed. Sourced from ED Agyle/PAS 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.
Finance - Adjusted Financial Position	Finance Spend (£000) Adjusted financial performance surplus or deficit. Sourced from Finance team.
Finance - Agency Spend	Agency Spend (£000). Sourced from Finance team.
Finance - Capital Expenditure	Capital Expenditure (£000). Sourced from Finance team.
Finance - Cost Position	Cash position of the Trust (£000) noting this is a key risk area for 2024/25. Sourced from the Finance Team.
Finance - Efficiency Delivery	Paid CIP (£000) for efficiency delivery. Sourced from Finance team.
Finance - Local Supplier % of Catering Spend	Percentage of catering spend with local suppliers. Sourced from the Procurement team.
Finance - Local Supplier % of Total Spend	Percentage of total spend with local suppliers. Sourced from the Procurement team.
Finance - Off Framework Agency Spend	Off Framework Agency Spend (£000). Sourced from Finance team.
Friends and Family - Overall % Recommendation Rate	Percentage of overall Friends and Family recommendation. Sourced from the Patient and Public Experience team.
Incidents - Confirmed Never Events	Number of occurances of confirmed Never Events based on updated date excluding any rejected or duplicated incidents. Sourced from Datix.
Incidents - Falls Resulting in Severe Harm or Death by Reported Date	Number of occurances of falls catagorised as severe or death severity of harm caused, based on reported date excluding any rejected or duplicated incidents. Sourced from Datix.
Incidents - Medication Incidents by Reported Date	Number of occurances of medicine incidents based on reported date excluding any rejected or duplicated incidents. Sourced from Datix.
Incidents - Pressure Ulcers Reportable Confirmed Avoidable and Hospital Acquired (Category 3) by Reported Date	Number of occurances of hospital acquired (confirmed) category 3 pressure ulcers by panel date excluding any rejected or duplicated incidents. Sourced from Datix.
Incidents - Serious Incidents Investigated and Confirmed Avoidable by Panel Date	Number of occurances of serious incidents investigated and confirmed avoidable by panel date excluding any rejected or duplicated incidents. Sourced from Datix.
Infection Control - C-Diff Hospital Onset Healthcare Associated Cases	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 Hospital Onset Infections	Number of occurances of hospital onset gram negative blood stream infection incidents by specimen date. Sourced from HCAI data.
Inpatient - Adult General and Acute (G&A) % No Criteria to Reside Bed Occupancy	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 /
Inpatient - Average Number of No Criteria to Reside Patients	Number 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 /
Inpatient - EDS % Available < 24 Hours of Discharge	Percentage of electronic discharge summaries (EDS) available for GPs to access within 24 hours of discharge from an inpatient spell. Sourced from EDS reporting, original source ICE / PAS.
Inpatient - EDS % Available < 7 Days of Discharge	Percentage of electronic discharge summaries (EDS) available for GPs to access within 7 days of discharge from an inpatient spell. Sourced from EDS reporting, original source ICE / PAS.
Inpatient - Emergency Re-Admissions % (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
Inpatient - SHMI Value (5 months in arrears)	Ratio result of Summary Hospital-level Mortality Indicator (SHMI) which reports applicable deaths within hospital, or within 30 days post discharge against expected (does not include Covid related deaths). Results show the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of
RTT - 65+ Week Waits	Number of referral to treatment (RTT) patients on an admitted or non-admitted pathway waiting to start treatment for 65 weeks or longer. Sourced from PAS.
RTT - 78+ Week Waits	Number of referral to treatment (RTT) patients on an admitted or non-admitted pathway waiting to start treatment for 78 weeks or longer. Sourced from PAS.
RTT - Waiting List Size	Number of referral to treatment (RTT) patients on an admitted or non-admitted pathway waiting to start treatment. Sourced from PAS.
Theatres - Capped Utilisation	Percentage of planned theatre sessions that were utilised, based on Capped methodology for theatres within a Day Surgery or Main Theatres location. Sourced from Theatre Reporting, original source PAS.
Theatres - Uncapped Utilisation	Percentage of planned theatre sessions that were utilised, based on Uncapped methodology for theatres within a Day Surgery or Main Theatres location. Sourced from Theatre Reporting, original source PAS.
Workforce - Appraisal rate	Percentage of applicable appraisals completed within time frame expected. Sourced from Workforce team.
Workforce - Essential Skill Rate	Percentage of applicable essential skills completed within time frame expected. Sourced from Workforce team.
Workforce - Sickness Rate (1 month in arrears)	Sickness Rate. Full Time Equivalent (FTE) sick / FTE Days Available. Source ESR.
Workforce - Staff Turnover Rate	Percentage showing staff turnover rate based on a 12 month rolling view. Sourced from Workforce team, original source ESR.
Workforce - Vacancy Rate	Percentage showing Trust vacancy rate (budgeted FTE minus staff in post). Excludes positions with a frozen or proposed Hiring Status, positions with Org Level 2 of Honorary, Widows & Widowers, Dump Posts, Volunteers or Nurse Bank, positions with a Cost Centre of Nursing Relief Pool RN or HCA, and positions noted as Registered Nursing Degree Apprentices. Sourced from ESR.

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NHS Dorset Integrated Care Board

Meeting Title	ICB Board
Date of Meeting	16 May 2024
Paper Title	System Performance Report
Responsible Chief Officer	Dean Spencer, Chief Operating Officer
Author	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**
ICB Productivity and Performance Committee	18 April 2024	Noted.
Chief Operating Officer and Head of Planning and Oversight, NHS Dorset	11 April 2024	Approved.
Provider Performance Leads, Chief Operating Officers, and Delivery Group Senior Responsible Officers	March/April 2024	Paper developed in collaboration.
ICB Heads of Service and Deputy Directors	March/April 2024	Narrative for service areas written with the Heads of Service and/or Deputy Directors.

Purpose of the Paper	The purpose of this paper is to provide an overview of current system performance against the operating plan.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	The purpose of this paper is to provide an overview of performance against the H2 standards, a performance overview against all operating plan standards, and highlight areas of focus. An overview of the performance against all operating plan standards can be found in appendix 1. This is broken down by provider, where applicable. Performance progress reports in appendix 2 outline whether each standard is achieving trajectory and whether performance has deteriorated, improved, or maintained compared to the previous month. The performance progress reports (appendix 2) also contain statistical process control (SPC) charts along with associated actions. This report includes thirty-five standards, of which: • Nineteen areas are performing as expected when compared to the agreed operating plan trajectories.						

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	• Nine areas are not performing as expected when compared to the agreed operating plan trajectories, however performance was either maintained or improved. • Seven areas are not performing as expected when compared to the agreed operating plan trajectories and performance deteriorated. There are six standards at most risk of not achieving the H2 trajectories which are virtual wards (utilisation and capacity), 78-week waiters, cancer faster diagnosis standard, four-hour emergency department standard and category 2 ambulance response times. Appendix 3 provides a summary of performance at the end of March 2024. A 2023/24 overview will be presented to the ICB Board in July 2024. Appendix 4 provides an outline of the proposed approach for integrated performance reporting.
Action recommended	The ICB Board is recommended to: • **NOTE** the content of this paper.

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.
Tackling unequal outcomes and access	
Enhancing productivity and value for money	

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Helping the NHS to support broader social and economic development	Systems are expected to do this whilst considering the four fundamental purposes of Integrated Systems.

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.

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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 South West at the end of April 2023. It is important to note the submission assumed no impact of any industrial action during 2023/24.

1.3. In November 2023, upon request from NHS England following a letter regarding the impact of industrial action, the Dorset system submitted a revised operating plan for the remainder of 2023/24 (known as H2). Consequently, key performance standards were agreed.

1.4. The H2 submission committed to deliver the following standards by the end of March 2024:

Standard	End of March 2024
Virtual ward utilisation	80%
Virtual ward capacity	360 beds
78-week waiters	Zero
65-week waiters	1,053 (previously zero)
100% of 2019/20 activity (ERF)	100%
Faster diagnosis standard	75%
62-day cancer backlog	290
4-hour emergency department standard	76%
Category 2 ambulance response times	21 minutes

1.5. The submission did not commit to deliver the standard of zero patients waiting beyond 65-weeks.

1.6 The submission did not include any impact of further industrial action, however industrial action has occurred since and has impacted performance.

1.7 H2 operational standards are monitored through the System Recovery Group and Chief Executives Meeting on a weekly basis.

2. Performance Overview

2.1 An overview of the performance against all operating plan standards can be found in appendix 1. This is broken down by provider, where applicable.

2.2 Performance progress reports in appendix 2 outline whether the operating plan standards are achieving trajectory and whether performance has deteriorated, improved, or maintained compared to the previous month. This is summarised below showing **H2 standards** in **bold**. The reports in appendix 2 also contain statistical process control (SPC) charts along with associated actions and supporting narrative.

2.3 The following nineteen areas were performing as expected at the end of February 2024 when compared to the agreed operating plan trajectories:

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- 2-hour urgent community response contacts
- 2-hour urgent community response times
- Increase in primary care appointments
- **65-week waiters**
- **100% activity (ERF)**
- Elective recovery – first outpatient appointments
- Elective recovery – follow-up appointments
- Patient initiated follow-ups
- Theatre utilisation
- Day case rates
- Reduction in total waiting list
- Reduction in follow-up outpatients
- Diagnostics
- **62-day backlog**
- Bed occupancy
- 40-minute handover delays
- Perinatal mental health access
- NHS Talking Therapies
- Dementia diagnosis rates

2.4 The following nine areas were not performing as expected at the end of February 2024 when compared to the agreed operating plan trajectories, however performance was either maintained or improved compared to the previous month:

- **Virtual ward capacity**
- **78-week waiters**
- Advice and guidance
- **Faster diagnosis standard**
- **Category 2 ambulance response times**
- Children and young people mental health access
- Children and young people mental health – CAMHS Gateway
- Out of area placements
- Overall access to core community mental health services for adults and older adults with severe mental illness

2.5 The following seven areas are not performing as expected at the end of February 2024 when compared to the agreed operating plan trajectories and performance deteriorated compared to the previous month:

- **Virtual ward utilisation**
- Elective recovery – day case activity
- Elective recovery – inpatient ordinary activity
- **4-hour emergency department standard**
- No criteria to reside
- Children and young people mental health – urgent access to eating disorders
- Children and young people mental health – routine access to eating disorders

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3. Areas of Focus

3.1 The following areas have been identified through this report as requiring additional focus with actions addressing the challenges detailed in the performance progress reports (appendix 2).

3.2 There are six top standards at risk of achieving the H2 trajectories which are:

- **Virtual wards:** Performance did not achieve the required utilisation percentage or capacity numbers outlined in the H2 plan for the end of February 2024. Utilisation dipped to 52% which was 18% below trajectory, with the underperformance attributed to Dorset HealthCare. From a capacity perspective, the number of virtual ward beds increased by 21 to give a total of 165 beds plus 60 remote monitoring beds which are not included in the reported numbers (if included, the system would be closer to achieving the required number of beds, but it would reduce the utilisation further). Heart failure beds at University Hospitals Dorset and Dorset County Hospital are now live and the number of virtual ward beds at University Hospitals Dorset has increased to 75, however the trajectory of 360 beds at the end of March 2024 is not expected to be achieved. Virtual ward performance is monitored through the System Recovery Group and Chief Executives Meeting on a weekly basis and a virtual ward update was presented to the System Executive Group on 28 March 2024. It has been agreed, and confirmed with NHS England South West, the 2024/25 trajectory will see 250 virtual ward beds across the system by the end of March 2025.

- **78-week waiters:** Performance against the 78-week trajectory was not achieved in February 2024 however the number did drop to 100 from 150 in January. The H2 trajectories did not include the impact of any further industrial action, however further industrial action has since occurred. The national expectation of zero patients waiting beyond 78 weeks by the end of March 2024 was not achieved with 26 at Dorset County Hospital and 29 at University Hospitals Dorset. Conversations with the region continued throughout March through the tiering meetings. The region confirmed at the Operating Plan meeting on 10 April 2024 that Dorset County Hospital and University Hospitals Dorset are being removed from the elective tiering process.

- **Cancer faster diagnosis standard (FDS):** The backlog of patients waiting beyond 62 days for cancer treatment was previously identified as at risk of not achieving trajectory by the end of March, but a vast improvement in February sees the system now overperforming by 51 patients. However, the faster diagnosis standard was expected to recover in line with trajectory due to insourcing efforts in January, but performance only improved by 1% from December to January and remains below target at 71.5%. While this is only 1.7% below target, the trajectory rises to 74.5% in February (75.2% in March).

- **4-hour emergency department standard:** The system did not achieve trajectory at the end of February 2024. Performance at University Hospitals Dorset did improve to 63.8% but not at the rate required to achieve the trajectory of 76% treated or admitted within 4 hours by March 2024. University Hospitals Dorset are predicting 77% against this standard by the end of March 2025. Several actions are underway to improve performance.

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- **Category 2 ambulance response times:** In February, performance showed further improvement at 24 minutes. However, this was still 2 minutes below trajectory and the trajectory will lower again in March to 21 minutes.

3.3 Areas outside of the H2 standards which require additional focus are:

- **Outpatient follow-up waiting list:** The number of follow-up patients waiting past their clinical to be seen date continues to maintain at around 36,000. Both providers have plans in place to reduce the number of patients on their follow-up waiting lists with the System Quality Group planning to incorporate this cohort of the patients within a Quality and Safety Committee deep dive into the waiting list. A deep dive into ophthalmology follow-ups to identify harm because of delays was due to be presented by Dorset County Hospital at the System Quality Group on 27 March 2024.

- **Diagnostics:** Modalities of concern are highlighted in the performance progress reports (appendix 2). At University Hospitals Dorset, cystoscopy performance did improve slightly in February but remains low at 69%, however the small number of patients can make low numbers appear more significant. CT (computed tomography) imaging at University Hospitals Dorset showed further improvement and is now only slightly below target at 85%. Neurophysiology performance at University Hospitals Dorset also improved in February however remains below trajectory at 75%. It was previously noted that a consultant vacancy led to reduced capacity and longer waits, and the department was using locum cover and redistributing other clinical work to manage performance. Audiology at Dorset HealthCare deteriorated by 8.5% from January to February to 54.9%. An overview of progress against the recovery plan is due to be presented at the Planned Care Delivery Group in April. Colonoscopy and gastroscopy at Dorset County Hospital remain below target with a further deterioration in performance seen in gastroscopy, however performance is expected to improve in March and April. Insourcing continues at Dorset County Hospital for echocardiography and their plan has been revised to 66% of patients receiving a diagnostic test within 6 weeks expected to be achieved in March 2024. Improvement is hoped for in 2024/25 quarter 1 with trajectory achieved in quarter 2. Also at Dorset County Hospital, neurophysiology deteriorated further to 67% in February while respiratory physiology and urodynamics: pressures and flows both saw improvements of almost 40%. Respiratory physiology is now exceeding trajectory at 94% however urodynamics remains below at 62%.

- **No criteria to reside:** The number of patients with no criteria to reside increased again slightly to 302 in February 2024, 96 beyond trajectory. The majority of the delays in community beds which are contributing to this position are linked to the completion of Care Act assessments and plans are ongoing to reduce these delays. There has been no substantial improvement in weekly discharge rates in March, likely due to the Easter weekend, however some improvement has been seen in weekend discharges. Daily discharge targets have been set across seven days at University Hospitals Dorset and Dorset County Hospital. The first phase of place-based Transfer of Care Hubs in the East and West commenced in the last week of March. Early discharge planning work commenced during week commencing 18 March 2024 at University Hospitals Dorset with four wards. Evaluation of the pilot underway with University Hospitals Dorset and Community Hospitals to reduce processing time for trauma and orthopaedic transfers is now complete and the approach will be extended to include the orthopaedic ward at Dorset County Hospital.

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3.4 Another area to note outside of the H2 standards is:

- **Mental health out of area placements:** There was a significant reduction in out of area placements with 325 out of area bed days recorded in February 2024, down from 520 in January and the lowest number seen since August 2023. Dorset HealthCare did achieve zero out of area placements for half a day in March, however the final discharge was immediately followed by an admission so may not show in the reporting.

4. End of Quarter 4 Performance

4.1 Appendix 3 provides a summary of performance at the end of March 2024. A full 2023/24 performance overview will be presented to the ICB Board at the next meeting in July 2024.

5. Integrated Performance Report

5.1 Appendix 4 provides an outline of the proposed approach for integrated performance reporting.

6. Conclusion

6.1 The ICB Board is recommended to:

- **NOTE** the content of this paper.

Author's name and title: Rebekah Parrish, Planning and Oversight Officer

Date: 24 April 2024

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Report Front Sheet

1. Report Details			
Meeting Title:	Board of Directors, Part 1		
Date of Meeting:	29th May 2024		
Document Title:	Finance Report		
Responsible Director:	Chris Hearn, Chief Financial Officer	Date of Executive Approval	15th May 2024
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	20/05/2024	Noted

3. Purpose of the Paper	For Information – income & expenditure report on the finance position of the Trust for month one 2024/25 financial year							
	Note (✓)	✓	*Discuss (✓)*		*Recommend (✓)*		*Approve (✓)*	

4. Key Issues

Dorset County Hospital NHS Foundation Trust (DCHFT) submitted a break even plan to NHS England (NHSE) on 2nd May 2024 for the financial year 2024/25.

Month one delivered a deficit of £1.8 million after technical adjustments, being £0.1 million against plan of £1.7m deficit.

Factors driving the overspend include inflationary RPI costs above planned levels for provisions, catering, laundry, utilities and drugs, specifically Gastro and blood products.
The Trust has also seen heightened operational pressures and increased patient acuity throughout the month with escalated beds used of 10, and circa 60 no criteria to reside (NCTR) patients being supported during April.

Agency expenditure has continued to decrease with an improved total month spend of £0.658 million, being the lowest recorded for the Trust in recent years. This reflects the ongoing delivery work of the High Cost Agency Reduction Programme supported by all functions.
Medical agency usage was lower in month however largely due to the availability of locums for Dermatology and Acute Medicine, with an increase expected from May until a more sustainable recruitment solution is reached.
An estimated income position for elective recovery funding (ERF) following the national baseline target revision to 109% for Dorset has also been included in the position.

The Trust wide efficiency target for the year stands at £14.1 million and is circa 5% of expenditure budgets in line with peers and national planning expectations. Full year efficiency identification so far stands at £5.1 million with further identified placeholder schemes equating to £5.7 million under development. Cost avoidance and cost reduction data capture is being finalised which will lead

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	to an increase in the identified figure once confirmed. The unidentified gap is currently £3.3 million, with regular targeted Trust wide meetings taking place, led by the Chief Financial Officer across all areas to support delivery and closing the gap. Efficiency delivery remains a significant risk for the Trust in achieving the break even plan for the year, as such enhanced monitoring and reporting is underway, with detailed reporting currently under construction expected to be completed this month. Capital expenditure for month one stands at £0.9 million in line with plan. The 2024/25 capital programme is over subscribed, however is being closely monitored through Capital Planning and Space Utilisation Group (CPSUG) to ensure all risks are monitored and managed appropriately. The cash position to April amounts to £13.7 million and is £7.1 million above plan due to non-recurrent 2023/24 income from Dorset ICB received earlier than expected, in conjunction with £1.5m of national revenue support paid in April to facilitate repayment of working capital. Cash remains a high risk area for the Trust and is being closely monitored on a daily basis with key mitigating actions taking place to minimise this risk where appropriate.
5. Action recommended	The Board is recommended to: 1. **NOTE** the month one financial position for the financial year 2024/25

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?** *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?** *Please summarise how your report contributes to the Dorset ICS key objectives.* *(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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		

Equality Impact Assessment (EIA)		**No**	
Quality Impact Assessment (QIA)		**No**	

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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update 2024/25

April 2024 - Month 1

Chris Hearn
Chief Financial Officer

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Outstanding care for our patients in ways which matter to them

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024

Executive Summary

A summary of progress is presented for the period of April 2024 and is compared with the plan submitted to NHSE on the 2nd May 2024.

In April 2024, Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a month 1 deficit of £1.795 million after technical adjustments, an adverse performance of £0.089 million against plan of £1.706m deficit.

This overspend in month has been driven by inflationary RPI costs above planned levels for provisions, catering, laundry, utilities and drugs, specifically Gastro and blood products. A mitigating actions review is underway. The Trust has also seen heightened operational pressures and increased patient acuity throughout the monthx. Escalated beds stand at 10 with circa 60 no criteria to reside (NCTR) patients being supported during April. Agency expenditure has continued to decrease due to the impact of the agency rate reduction and increase in substantive recruitment. However, ongoing medical rota gaps across ED, General Medicine and Urology are being covered at higher rates than budgeted. The adverse position against plan includes an updated income position for elective recovery funding (ERF) following the national baseline target revision to 109% for Dorset.

The Trust wide efficiency target for the year stands at £14.1 million and is circa 5% of expenditure budgets in line with peers and national planning expectations. Draft full year efficiency identification so far stands at £5.1 million with contributing cost avoidance and cost reduction being finalised which will lead to an increase in the identified figure once confirmed.

Pay is over plan due to increase in successful registration of training nurses and the national/system agreed increase of Band 2 to Band 3 Agenda for change movement. Agency usage to cover vacancies and to support operational pressures has continued, albeit at a lower rate than previous months. 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.

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. A further deep dive in this area will be shared with the Committee as requested in the coming quarter.

The Trust is on target to deliver the capital programme for 2024/25, month 1 spend totalling £0.9 million in line with plan. Externally funded projects are £0.5 million behind plan due to the changes in the spend profile of the New Hospital Programme (NHP) offset by the internally funded projects being ahead of plan by £0.5 million relating to early spend on East Wing Theatre and 2023/24 rollover spend on Ridgeway.

The cash position to April amounts to £13.7 million (£7.1 million above plan) due to non-recurrent 2023/24 income from Dorset ICB received earlier than expected, in conjunction with £1.5m of national revenue support paid in April to facilitate repayment of working capital.

Baker,Abi
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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024

Key Risks

Red Risks:

Financial Forecast Risk
There is a risk of delivering the break even position. Drivers remain the escalated bed base, high cost agency usage, efficiency under delivery and inflationary costs above planned levels. 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
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 2024/25 national target aims to reach 109% of the activity levels seen in 2019/20 (pre-pandemic).

Dorset County Hospitals target is set at 109% of 2019/20 Elective Activity and as a Dorset system has an ambition to reach 109% of its 2019/20 activity, this will be to alleviate some of the financial pressures within the system and reducing the size of the Dorset waiting list.

Cash Position
While the current cash position has improved due to non-recurrent 2023/24 income received, there is a risk to cash levels throughout the year due to planned deficits in the first 5 months of the year and challenging efficiency targets. This risk has been highlighted to NHSE with a request for additional Provider Revenue Support successful for April, with £1.5 million drawn down in the form of Public Dividend Capital. Further requests will be made throughout the year if required. Ongoing mitigating solutions include review of local payment terms and driving income collection at pace which will continue to be used to minimise this risk. System conversations are also still active on this subject.

Baker, Philip
24/07/2024 15:38

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.

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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024

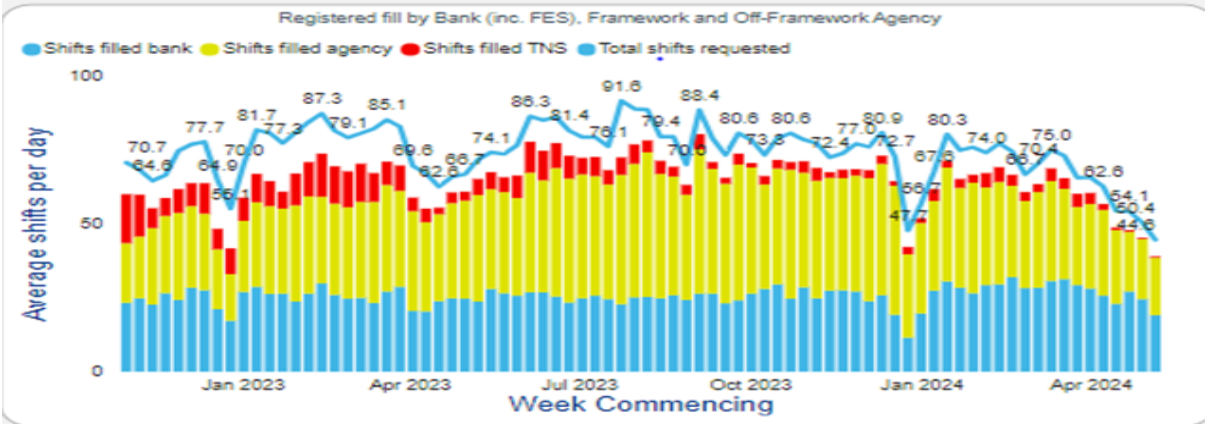
Key Risks

Red Risks:

The Trust has an efficiency delivery requirement of £14.1 million in order to reach the planned full year break even position. £5.1 million has been fully identified and detailed plans are being worked up placeholder schemes inclusing workforce review and productivity stretch totalling £5.7m leaving £3.9m as unidentified at present. Without these further developed schemes, 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 is led by the Value Delivery Board. This is designed to reinforce the accountability and deliverables of programmes across the Trust.

Agency expenditure continues to improve due to a combination of factors including system agency rate reduction and vacancy level decreases. Off Framework Agency spends is expected by NHSE to cease completely from 1st July 2024, where the Trust will aim to see a further FYE reduction of £1m on spend. Active plans in place as part of the internal High Cost Agency Reduction group, which is primarily focusing on nursing, are continuing to help prevent further deterioration of the position against plan and begin to work further on medical agency and locum spend. 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.



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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024

Key Risks

Amber Risk:

From 2023/24 NHS England introduced the Aligned Payment and Incentive (API) approach to all NHS standard contracts. This approach splits the payment mechanism for the majority of NHS contracts into two envelopes, Fixed and Variable.

The fixed element of the contract will be agreed between NHS providers and commissioners for the provision of specified services, this will be paid on a block basis across the year regardless of activity delivery. The fixed element of the contract will pay for any activity not covered under the variable element.

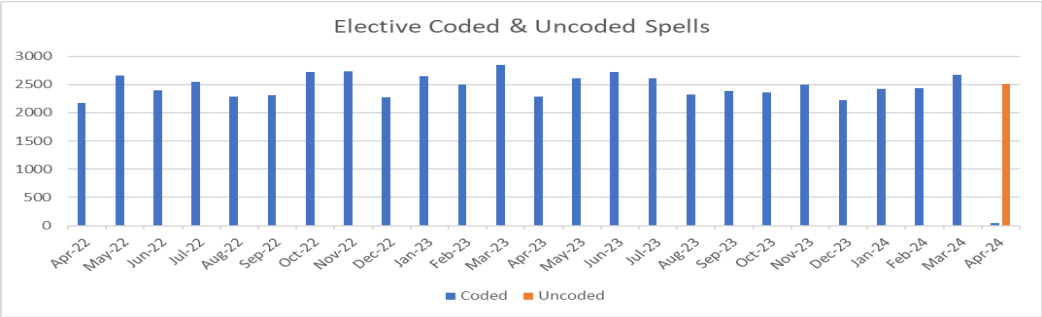
The variable element of the contract will cover most elective activity: Elective Inpatients, Day cases, Outpatient First Attendances, Outpatient Procedures, Chemotherapy delivery and Diagnostics.

An income envelope will be agreed between NHS commissioners and providers to an agreed baseline level of activity, this will then be adjusted for actual performance using the National Tariff. Any underperformance against baseline will be repaid at 100% of the national tariff and any over performance will be received at 100% of the national tariff.

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.

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

As at April 2024 the Trust has 5,228 uncoded spells, 2,512 are for Elective activity and 2,716 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.



2024/25 Flex Freeze Dates

Month	Flex	Freeze
Apr-24	20 May 24	19 Jun 24
May-24	19 Jun 24	17 Jul 24
Jun-24	17 Jul 24	19 Aug 24
Jul-24	19 Aug 24	18 Sep 24
Aug-24	18 Sep 24	17 Oct 24
Sep-24	17 Oct 24	19 Nov 24
Oct-24	19 Nov 24	17 Dec 24
Nov-24	17 Dec 24	20 Jan 25
Dec-24	20 Jan 25	19 Feb 25
Jan-25	19 Feb 25	19 Mar 25
Feb-25	19 Mar 25	17 Apr 25
Mar-25	17 Apr 25	20 May 25

Key Risk Status
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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024
Income & Expenditure

Income and Expenditure

The overall revenue position is a £1.8 million in month actual deficit, £0.089m adverse to plan YTD after technical adjustments. Ongoing run rates linked to inflationary pressures, sickness cover and demand requirements, as well as an escalated bed base and NCTR patients drive the adverse position.

The Operating Income from patient care activities in month variance is due to high cost drugs incomes offset with expenditure, out of contract income and estimated month 1 Elective Services Recovery Fund (ESRF) income.

Pay costs are over plan due to ongoing bank and agency usage covering vacancies, sickness and supporting operational pressures noting increased patient acuity and a number of patients requiring mental health support. April has again seen an improvement in agency costs incurred due to the agency rate reduction applied at the start of January and late March. Agreed increase in clinical banding from 2 to band 3 payments were made in March and a correction in month has seen a £0.050m cost pressure.

Non pay is over plan due to ongoing above plan inflationary pressures, in particular energy, catering supplies, blood products - specifically in Gastro and maintenance contracts and laundry. Drugs expenditure is also high linked to activity as is consumables.

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	21,266	22,127	861	21,266	22,127	861	255,194
Private Patients	87	76	(10)	87	76	(10)	1,039
Other clinical revenue	37	11	(26)	37	11	(26)	444
Other non-clinical revenue	1,976	2,019	43	1,976	2,019	43	26,476
Operating Income	**23,366**	**24,234**	**868**	**23,366**	**24,234**	**868**	**283,153**
Charitable income	0	0	0	0	0	0	
Total Income	**23,366**	**24,234**	**868**	**23,366**	**24,234**	**868**	**283,153**
Raw materials and consumables used	(4,043)	(4,546)	(503)	(4,043)	(4,546)	(503)	(43,194)
Employee benefit expenses:							
Substantive	(14,153)	(14,599)	(446)	(14,153)	(14,599)	(446)	(161,402)
Bank	(870)	(1,094)	(224)	(870)	(1,094)	(224)	(9,223)
Agency	(833)	(659)	174	(833)	(659)	174	(10,035)
Other operating expenses (excl. depreciation)	(3,688)	(3,747)	(58)	(3,688)	(3,747)	(59)	(41,446)
Operating Expenses	**(23,587)**	**(24,644)**	**(1,058)**	**(23,586)**	**(24,644)**	**(1,058)**	**(265,299)**
Profit/(loss) from Operations (EBITDA)	**(221)**	**(411)**	**(190)**	**(221)**	**(411)**	**(190)**	**17,854**
Other Non-Operating income (asset disposals)	0	0	0	0	0	0	0
Other Non-Operating expenses (Impairments)	0	0	0	0	0	0	0
Total Depreciation and Amortisation	(1,035)	(1,035)	0	(1,035)	(1,035)	0	(12,422)
PDC Dividend expense	(408)	(408)	(0)	(408)	(408)	(0)	(4,898)
Total finance income	23	75	53	23	75	53	240
Total interest expense	(64)	(52)	13	(64)	(52)	13	(773)
Total other finance costs	(0)	(0)	(0)	(0)	(0)	(0)	(0)
SURPLUS/ (DEFICIT)	**(1,706)**	**(1,830)**	**(124)**	**(1,706)**	**(1,830)**	**(124)**	**(0)**
Technical Items Adjusted for:							
Donations Non-Cash Assets	(40)	0	40	0	0	0	(480)
Depreciation Donated Assets	40	36	(4)	0	36	36	480
Reversal of Impairments	0	0	0	0	0	0	0
Profit on Disposal Leased Assets	0	0	0	0	0	0	0
Impairment of PPE (Purchased)	0	0	0	0	0	0	0
Impairement of PPE (Leased)	0	0	0	0	0	0	0
Impairement of Intangible (Purchased)	0	0	0	0	0	0	0
Loss on disposal of Intangibles	0	0	0	0	0	0	0
SURPLUS/ (DEFICIT)	**(1,706)**	**(1,795)**	**(89)**	**(1,706)**	**(1,795)**	**(89)**	**0**

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NHS Foundation Trust

Financial Position Update - April 2024
Trust Wide Performance: Agency

Pay Analysis - Agency

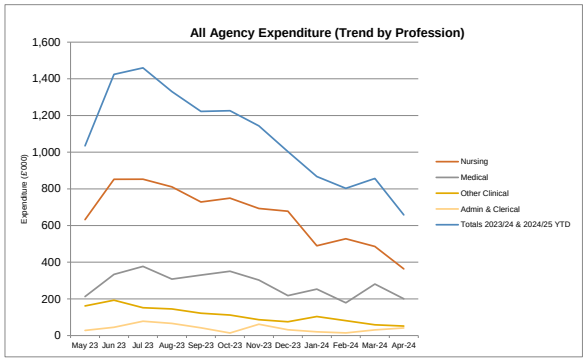
Agency costs equated to £0.7 million of actual expenditure in month against a plan of £0.8 million, again seeing improved performance month on month since Q4 of last year.

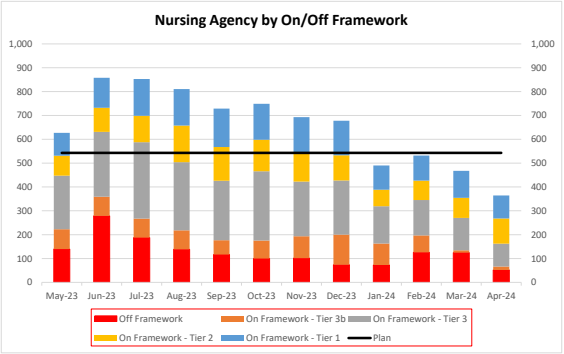
Agency expenditure is an improved 4.0% of total pay budgets, noting NHSE target is 3.7% for 2024/25.

April continues to see significant improvement in agency expenditure, however ED remains an area of focus to reduce spend.

Agency reduction remains a high priority for the Trust noting NHSE has applied a System spend cap or 3.2% of pay budget for 2024/25 and the expectation of no use of Off Framework from 1st July 2024.

System collaborative workstreams including a 15% agency rate reduction being applied from 2nd January 2024 by all organisations which has driven the improved position in conjunction with a decrease in overall vacancies for the Trust. A further % rate reduction has been applied as a system from the end of March 2024.





Areas Using Nursing Agency including Off Framework M1 - M12 (£'000):

Area	On Framework	Off Framework	of which: RNMH	Total Nursing Agency	%
CRCU	£18	£21		£39	11%
Kingfisher Ward	£5	£18		£23	6%
Emergency Dept Main Dept	£84	£4	£2	£89	24%
Day Surgery Unit	£17	£2		£19	5%
Moreton Ward - Respiratory	£32	£2		£34	9%
Fortuneswell Ward	£15	£1		£17	5%
Lulworth Ward	£17	£1		£18	5%
SCBU	£0	£1		£1	0%
Cardiology Care Ward	£3	£1		£4	1%
Ilchester Integrated Assessment	£8	£0		£8	2%
Purbeck Wd	£20	£0		£20	6%
Evershot Ward	£5	£0		£5	1%
Stroke Unit	£14	£0		£14	4%
Dch Dialysis	£15	£0		£15	4%
The Mary Anning Unit	£13	£0		£13	3%
Prince Of Wales	£10	£0		£10	3%
Theatre Suites	£9	£0		£9	3%
SDEC	£2	£0		£2	0%
Surge Area	£1	£0		£1	0%
B'Mth Dialysis	£0	£0		£0	0%
Abbotsbury Ward	£19			£19	5%
Ridgeway Wd	£4			£4	1%
Total Nursing Agency M1	**£312**	**£52**	**£2**	**£364**	
	Net OF excl MH:	**£50**			

Agency Spend by Profession (£'000)	May 23	Jun 23	Jul 23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	YTD Actual	YTD Plan	Variance
Nursing	633	852	853	811	728	749	693	678	490	528	486	364	364	606	242
Medical	213	334	377	308	329	351	303	218	253	179	281	201	201	248	47
Other Clinical	161	193	152	145	122	112	86	75	104	82	59	52	52	109	57
Admin & Clerical	28	45	78	67	42	14	62	32	20	15	31	42	42	36	-6
Totals 2023/24 & 2024/25 YTD	**1,034**	**1,425**	**1,460**	**1,330**	**1,222**	**1,226**	**1,144**	**1,003**	**867**	**803**	**857**	**658**	**658**	**999**	**341**

Nursing Agency Category	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Off Framework	140	279	188	139	116	100	102	74	73	126	125	52
On Framework - Tier 3b	83	81	80	80	60	76	92	126	90	71	10	15
On Framework - Tier 3	224	272	320	286	250	290	229	227	157	148	136	96
On Framework - Tier 2	84	101	111	154	141	133	120	106	69	81	84	106
On Framework - Tier 1	96	126	154	153	161	150	151	145	102	105	113	96
Plan	543	543	543	543	543	543	543	543	543	543	543	543
Orders awaiting allocation	6	-6	0	0	0	0	0	0	0	0	0	0
Totals 2022/23 & 2023/24 YTD	**633**	**852**	**853**	**811**	**728**	**749**	**693**	**678**	**490**	**532**	**467**	**364**

Pay Metrics	In Month Actual	YTD Actual
Agency expenditure as % of total pay	4.0%	4.0%
Off framework expenditure as % of total agency	7.9%	11.8%

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NHS
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NHS Foundation Trust

Financial Position Update - April 2024
COVID Expenditure

Covid Narrative

Covid spend decreased in April to £0.07 million from £0.09 million in March.

Covid funding will further reduce for 2024/25 (from £2.3 million) and all areas will be reviewed for only reasonable and expected Covid related 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 for the remainder of the financial year, however a working group has been instructed to review this led by Facilities.

	Description	2023/24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Plan:		**£2,287**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£187**
Expenditure:														
Pay	Substantive	£282	£1											
	Bank	£108	£0											
	Agency	£1	£0											
Total Pay		**£391**	**£1**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Non-pay	Clinical Supplies and Services	£223	£32											
	Other Non-Pay (security)	£472	£22											
	Premises and Fixed Plant	£162	£12											
Total Non-pay		**£863**	**£65**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Total Expenditure		**£1,254**	**£66**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Total Surplus/(Deficit)		**£1,033**	**£125**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£191**	**£187**

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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024
Sustainability & Efficiency - REVISED REPORTING FORMAT UNDER CONSTRUCTION

Efficiency & Sustainability Programme Update

The annual efficiency target for the Trust is circa 5% which equates to £14.1 million for the financial year.

£2.8 million has been planned as fully identified schemes and in progress.

£1.3 million of schemes are identified, but not yet started.

£1.0 million of opportunities have been identified and are in the process of being developed into tangible schemes for delivery, notably further agency spend reduction.

£5.7 million of stretch schemes have been identified linked to workforce reviews and productivity stretch with detailed plans currently being assessed.

£3.9m remains unidentified with the Trust looking at all options to close this gap via transformational means, cost reduction and cost avoidance initiatives. The CFO is leading regular support meetings with all areas.

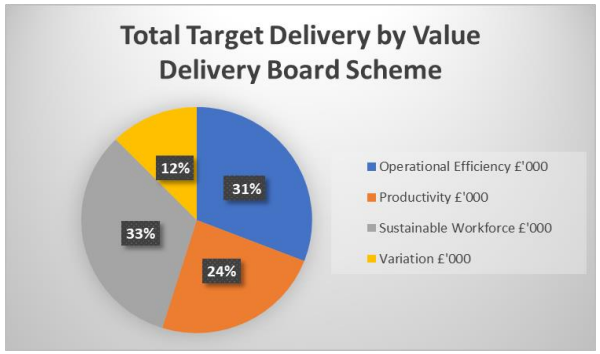
Efficiencies identified so far include further Covid reduction against plan, Procurement savings, Corporate savings generated from joint posts, Digital programme delivery, non recurrent slippage against existing planned budgets, agency spend reduction and Pharmacy review savings.

The Trust wide schemes are in the process of being split across the areas within the Trust they relate to and will be represented as such in future reporting.

This programme of work has been shared with the Dorset System with collaborative

Dorset County Hospital - By Area	2024/25 Indicative Summary			Apr-24		
	Plan £'000	Identified £'000	Variance £'000	Delivered £'000	Cost Reduction £'000	Total YTD £'000
Division A - Urgent and Integrated Care	2,879	223	(2,656)			
Division B - Family and Surgical Services	2,845	284	(2,561)			
	5,724	**507**	**(5,217)**			
Finance and Resources	633	230	(403)			
Digital	288	237	(51)			
Nursing	292	TBC	(292)			
Operations	90	TBC	(90)			
Human Resources	101	30	(71)			
Corporate	137	TBC	(137)			
Sub-total	**1,541**	**497**	**(1,044)**			
Trust Wide schemes; PENDING ALLOCATION:	3,516	3,055				
High cost agency reduction		1,000			175	
COVID				19		
Stretch Targets: *Workforce WTE Review*		3,922				
Productivity Stretch		1,800				
Revised Sub-Total Identified	**3,516**	**9,777**		**19**	**175**	**194**
Remaining Unidentified	**3,319**	**3,319**				
Total as at April 2024	**14,100**	**14,100**		**19**	**175**	**194**

Scheme Status	Sustainable Workforce £'000	Productivity £'000	Variation £'000	Operational Efficiency £'000	Total £'000
Delivered	0	0	0	0	**0**
Identified - in progress	1,000	195	417	1,155	**2,767**
Identified - not started	660	15	208	409	**1,292**
Opportunity	0	1,000	0	0	**1,000**
Identified	**1,660**	**1,210**	**625**	**1,564**	**5,059**
Total CIP 5%					**14,100**
Gap					**9,041**
Stretch Targets:					
Workforce WTE Review	3,922				**3,922**
Productivity Stretch		1,800			**1,800**
Remaining Unidentified					**3,319**



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NHS Foundation Trust

Financial Position Update - April 2024

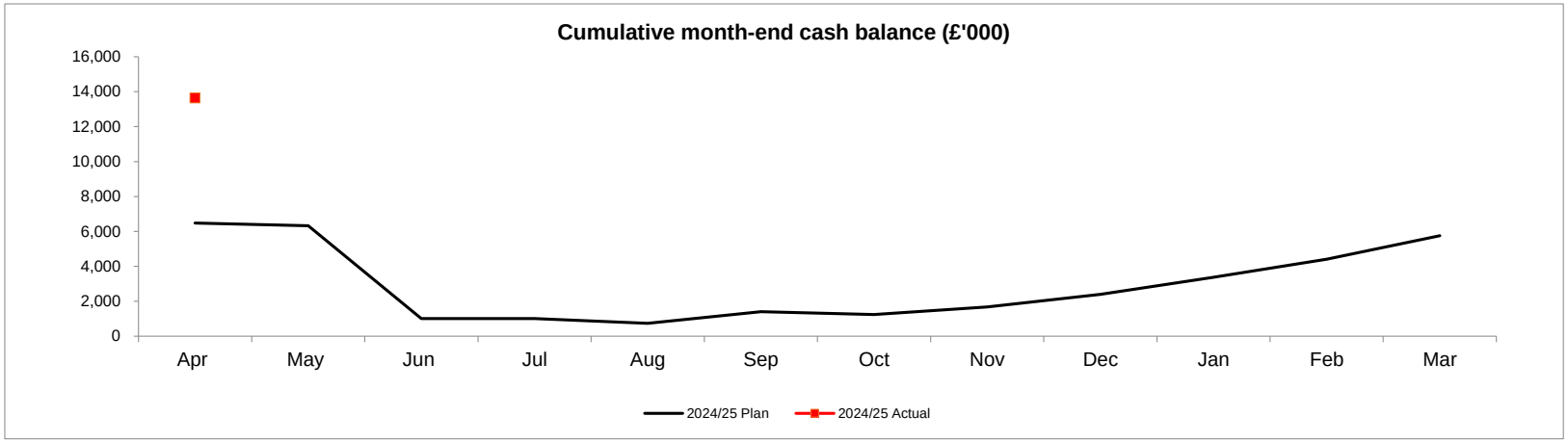
Cash

Cash Balance incl Forecast

The graph shows the trajectory of the actual year to date and forecast cash balance during the year, with identified direct intervention taking place to mitigate the shortfall in cash.

The cash position is currently £13.7 million at end of April. Funding was received earlier than planned in April from Dorset ICB in relation to contract support of £6.1m to deliver the break even position in 2023/24. The Trust also received the first instalment of revenue support funding in April totalling £1.5m which supports the repayment of working capital.

The Trust was notified that its revenue support request submitted in March had been approved for April. The Trust expects to draw down revenue support totalling £5.1m during 2024/25 linked to repayment plans and stability, however this will be closely monitored and adjusted as needed.
System conversations are active regarding further options for cash support however not finalised.



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
2024/25 Plan	6,479	6,323	1,005	1,005	737	1,401	1,243	1,669	2,394	3,374	4,410	5,759
2024/25 Forecast		6,323	1,005	1,005	737	1,401	1,243	1,669	2,394	3,374	4,410	5,759
2024/25 Actual	13,650											

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NHS
Dorset County Hospital
NHS Foundation Trust

Financial Position Update - April 2024

Capital

Capital Programme Narrative

Capital expenditure year to date to the end of April was on plan.

Internally Funded schemes are overall ahead of plan by £0.4 million.

Digital and Medical Equipment Schemes were ahead of plan year to date due to timing of the purchase of replacement items.

Estates schemes are ahead of plan year to date due to timings of expenditure on East Wing Theatres and Ridgeway Ward, which has caried over from 2023/24.

IFRS16 Lease Additions were ahead of plan due to timing of a lease car lease addition earlier than planned.

Externally Funded capital expenditure was behind plan due to timings of expenditure on NHP enabling works, this is expected to catch up over the next few months.

CAPITAL	CURRENT MONTH			YEAR TO DATE			FULL YEAR 2024/25			
	Actual	Plan	Variance	Actual	Plan	Variance	Committed Spend	Forecast	Annual Plan	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Estates										
Chemo	0	0	0	0	0	0	17	1,932	1,932	0
East Wing Theatre	150	0	(150)	150	0	(150)	1,419	1,527	0	(1,527)
Estates Schemes	330	**20**	(310)	330	**20**	(310)	978	2,112	1,650	(462)
Digital Services										
Digital Schemes	118	**164**	46	118	**164**	46	1,522	1,522	2,291	769
Equipment										
East Wing Theatre Equipping	0	0	0	0	0	0	0	295	295	0
Other Equipment	46	0	(46)	46	0	(46)	52	52	1,272	1,220
Sub-Total Internally Funded Expenditure	**644**	**184**	**(460)**	**644**	**184**	**(460)**	**3,988**	**7,440**	**7,440**	**0**
Donated										
Other Donations	0	0	0	0	0	0	0	0	0	0
Chemotherapy Unit Refurbishment	0	40	40	0	40	40	0	480	480	0
Sub-Total Planned Donated Expenditure	**0**	**40**	**40**	**0**	**40**	**40**	**0**	**480**	**480**	**0**
IFRS 16 Lease Additions										
Warehouse	0	0	0	0	0	0	0	480	480	0
MSCP Lease remeasurement	0	0	0	0	0	0	0	1,000	1,000	0
CEF Lease remeasurement	0	0	0	0	0	0	0	600	600	0
One Dorset Pathology	0	0	0	0	0	0	0	250	250	0
Accommodation & Vehicle Lease Additions	15	0	(15)	15	0	(15)	15	150	150	0
Sub-Total Planned IFRS 16 Expenditure	**15**	**0**	**(15)**	**15**	**0**	**(15)**	**15**	**2,480**	**2,480**	**0**
Total Internal & Leased Capital Expenditure	**659**	**224**	**(435)**	**659**	**224**	**(435)**	**4,003**	**10,400**	**10,400**	**0**
Additional funded schemes										
NHP Development	94	85	(9)	94	85	(9)	0	758	758	0
NHP Works	0	0	0	0	0	0	0	12,819	12,819	0
NHP Enabling	103	500	397	103	500	397	103	4,660	4,660	0
Digital EHR Funding	25	91	66	25	91	66	358	1,093	1,093	0
CDC Funding	0	0	0	0	0	0	0	16	16	0
Mental Health UEC Funding	0	0	0	0	0	0	0	257	257	0
Inventory Management System	0	0	0	0	0	0	285	285	0	(285)
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
Total Externally Funded Capital Expenditure	**222**	**676**	**454**	**222**	**676**	**454**	**746**	**19,888**	**19,603**	**(285)**
Total Capital Expenditure	**881**	**900**	**19**	**881**	**900**	**19**	**4,749**	**30,288**	**30,003**	**(285)**
Expenditure as a % of Plan			98%			98%				101%

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Report Front Sheet

1. Report Details			
Meeting Title:	Trust Board – Part 1		
Date of Meeting:	29 May 2024		
Document Title:	**Bi-Annual Safe Staffing Report**		
Responsible Director:	Dawn Dawson, Joint Chief Nursing Officer	Date of Executive Approval	10.05.2024
Author:	Trudy Goode Safe Staffing Lead & Emma Hoyle Deputy Director of Nursing and Quality (Acute Care)		
Confidentiality:	No		
Publishable under FOI?	Yes		
Predetermined Report Format?	No		

2. Prior Discussion		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Quality Committee	23.04.2024	To share with Trust Board for awareness

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

3. Executive Summary

This paper outlines the process and governance within inpatient services to ensure that the Board has assurance that Dorset County Hospital met all of the national workforce requirements for safe staffing within inpatient wards.
This bi-annual establishment review follows the National Quality Board (2016) requirements and the Developing Workforce Safeguards (2018) guidance and provides a comprehensive account which concludes with a series of recommendations to ensure safe staffing and enhance care provision in our inpatient wards.
In addition to the formal review, staffing levels, patient acuity and dependency, and effective utilisation of resources is discussed twice daily at the internal bed/operational flow meetings and twice daily strategic staffing reviews. Staff are requested to move area of work to ensure safe and effective care of our patients. This review is undertaken in conjunction with the Ward Sisters, Matrons and Heads of Nursing responsible for that area.

Since the Annual Safe Staffing Report (July 2023) the Safe Care project has commenced in line with recommendations from the previous report. The project commenced April 2024 with 4 wards initially before trust wide roll out. Acuity census will occur 3 times daily using the Safe Nursing Care Tool (SNCT 2023).

Alternative roles in the clinical area also been explored and a pilot project for Ward Housekeepers is being undertaken on 2 wards. Early indications are that this has been successful with improvement demonstrated during a PLACE assessment during the project. This has particularly been evident with bed area preparation, management of allergens and the support given to patients to remain on their wards and de-escalate anxiety. Food service and food safety is now a priority with food being seen as medicine (NHS 2023 National Standards for Healthcare Food and Drink) which support delivery of quality indicators such pressure ulcer management and patient experience. It is likely this will be a phased roll out recommendation.

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	Summary The Trust has reviewed the acuity and dependency audits results for the inpatient ward areas and has identified that this bi-annual review has not indicted the need for additional staff. The Trust also remains within the expected limits of the Model Hospital data in relation to nursing and midwifery staffing. A Lead Nurse for Safer Staffing has recently been recruited and commenced their role in October 2023. The 2023/2024 scheme to embed safe staffing methodology was as follows: • Invest in a Safe Staffing Clinical Lead role to develop and support the 'Safe Staffing Strategy' - Actioned and in place for 18 months and has successfully completed the Interrater Reliability Assessment for SNCT. • Embed 'Safe Care' assessment daily utilising current digital software to support and evidence movement of staff around the Trust to support areas of greatest need based on acuity and dependency alongside care hours per patient day. • The requirement to manage safe staffing via allocate and the rosters. • Encourage Safe Staffing Fellowship access by senior nurses – Deputy Chief Nurse successfully completed her Fellowship training. The recommendations of this report is to: • support the rollout of the housekeeper role • align the headroom Trust wide to meet national standard 22% • planned bi-annual review July 2024
4. Action recommended	The Quality Committee is recommended to: 1. **NOTE** the report. 2. **RECEIVE** assurance on actions to address any performance issues. 3. **AGREE** the key points, risks & concerns to be reported to the Board.

5. Governance and Compliance Obligations			
Legal / Regulatory Link	**Yes**		Inability to achieve progress or sustain set standards could lead to a negative reputational impact and inability to improve patient safety, effectiveness and experience.
Impact on CQC Standards	**Yes**		As this report incorporates standards outlined by the CQC it is important to note progress or exceptions to these standards.
Risk Link	**Yes**		Links to Board assurance Framework
Impact on Social Value	**Yes**		**PLACE action plan opportunities in relation to outside spaces**
Trust Strategy Link	The quality of our services in providing safe, effective, compassionate, and responsive care links directly with strategic objectives		
Strategic Objectives People			
Strategic Objectives Place			
Strategic Objectives Partnership			
Dorset Integrated Care System (ICS) Objectives	**Which Dorset ICS Objective does this report link to / support?**		
Improving population health and healthcare	**Yes**		

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Tackling unequal outcomes and access	**Yes**		
Enhancing productivity and value for money	**Yes**		
Helping the NHS to support broader social and economic development		**No**	
Assessments	**Have these assessments been completed?** *If yes, please include the assessment in the appendix to the report.* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)		**No**	
Quality Impact Assessment (QIA)		**No**	

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QUALITY COMMITTEE

Bi - Annual Safe Staffing Review 2023/2024

Inpatient Wards

Executive Summary

This report provides assurance in relation to Safer Staffing for acute ward-based nursing following the acuity and dependency audit completed February 2024 for a period of 30 days (31/1/2024 – 29/2/2024). The last audit was completed in June 2023 and that report was presented to Trust Board in September 2023. It is acknowledged that the audit should be twice yearly (January and June) which is the planned audit programme going forward.

Maternity staffing was subject to review using professional judgement and review of activity and complexity in Quarter 3 2023/24 and the Better Births 3 yearly staffing review will be undertaken in the second half of the financial year. The results and recommendations will be included in the Annual Safe Staffing report accordingly.

As this is the bi-annual report there are no financial requests and recommendations will be managed in budget by the Divisional Heads of Nursing.

This will meet the patient care and safety needs that the Trust is providing. This will be reviewed again in line with NICE requirements in June 2024.

1. Introduction

The National Quality Board (2016) and Developing Workforce Safeguards (2018) set out mandatory requirements of Trust Boards to ensure that staffing levels are based on patients' needs, acuity, and risks, which are monitored from 'ward to board' and will enable NHS provider boards to ensure that the right staff with the right skills are in the right place at the right time.

- Trust Boards must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month.
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.
- As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.
- Given day-to-day operational challenges, we expect Trusts to carry out business-as usual dynamic staffing risk assessments including formal escalation processes. Any

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risk to safety, quality, finance, performance, and staff experience must be clearly described in these risk assessments.

- Should risks associated with staffing continue or increase and mitigations prove insufficient, Trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.

As part of the establishment review, the Chief Nursing Officer must confirm in a statement to the Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

This review has included all inpatient wards at Dorset County Hospital.

Critical Care, Maternity, Special Care Baby Unit (SCBU), Emergency Department have not been included in this report. A separate review of Critical Care staffing and Emergency Department staffing is being conducted in recognition of the New Hospitals Build and remains in progress.

2. Methodology

The methodology for determining safer staffing has previously been approved by the Trust Board. This incorporates the use of an acuity and dependency evidence-based tool (Safer Nursing Care Tool (SNCT), The Shelford Group 2023), alongside any relevant benchmarking (such as Model Hospital or Royal College of Nursing recommendations), and professional judgement.

Safer staffing reviews are expected as part of the regulatory framework to ensure the organisation is meeting the needs of the patients that use our services. Lesson learnt from national reviews underpinned the need for staffing levels, and the outputs of regular safe staffing reviews, are overseen by Trust Boards (Francis Report (2013) and Keogh Review (2013)).

The assessment of safe staffing includes skill mix, leadership, and availability of any supporting roles in the form of professional judgement applied to the audit. Having the right number of nurses, with the right mix of skills and experience, is essential to support safe, high-quality care for patients. National Institute for Health Research (NICE 2019) notes that determining the right number of staff on the wards and mix of education and skills is not a precise science and depends on a risk assessment based on the best available evidence.

The Royal College of Nursing has set out detailed expectations for employers, national organisations, and regulators to support patient safety and enable the UK's nursing workforce to deliver safe and effective care. The 14 workforce standards, launched by the college in May 2021 are intended to bring the entire nursing community in the UK, under one set of standards for the benefit of staff and patient safety. The RCN have recently announced a review of guidance and consideration of best methodologies and benchmarking including nurse to patient ratios and Care Hours per Patient Day. The outputs

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of this review are outstanding but will form a revision of approaches at Dorset County Hospital to ensure audit against best evidence based practice.

Full engagement of the ward leaders was achieved to ensure the audit was complete and accurate, with the Matrons holding responsibility for ensuring that the data was collected and that the tool was being applied effectively and consistently across their inpatient wards.

All inpatient wards were required to collect data using the SNCT during the same period of time, to ensure consistency and allow benchmarking across the Trust. The audit took place in February 2024.

Triangulation was applied to ensure validation of information from the following sources.

- Patient Acuity and dependency
- Professional Judgement
- Quality indicators

Nurse to Patient ratios was also applied considering the ambition to achieve a higher staff to patient ratio. The ratio of 1:8 has broadly been applied and some areas, with recognised higher acuity, are demonstrating a ratio of 1:5/6.

Information regarding staffing vacancies, turnover and sickness rates were also used to inform the recommendations made within this paper.

Divisional analysis and additional information regarding the financial implications were applied.

Current uplift for ward establishments is 20.5% (for training, annual leave etc), of which 2% is kept centrally for sickness absence cover using temporary staffing. This uplift is currently below nationally recommended levels and Safe Staffing toolkits (including SCNT) are unable to accurately calculate below 22% uplift. The current uplift for the Critical Care and Emergency Departments is the same as the inpatient wards and below national benchmarks. The recommendations are to align budgeted establishments with the national recommendations (see below).

	NQB - Jan 18		NQB - Jun 18		RCEM & RCN	
	Wards		ED & CC		Type 1 ED	
	days	%	days	%	days	%
Annual Leave	29.9	11.6%	29.9	11.6%	29.9	11.6%
Bank Holidays	8.0	3.1%	8.0	3.1%	8.0	3.1%
Sickness	7.7	3.0%	10.3	4.0%	10.3	4.0%
Training/ study	7.7	3.0%	11.6	4.5%	16.8	6.5%
Parenting	2.6	1.0%	2.6	1.0%	2.6	1.0%
Other	1.3	0.5%	2.1	0.8%	2.1	0.8%
TOTAL	**57.3**	**22.2%**	**64.5**	**25.0%**	**69.7**	**27.0%**

[1] The National Quality Board, Safe, sustainable and productive staffing, An improvement resource for adult inpatient wards in acute hospitals, January 2018.
[2] The National Quality Board, Safe, sustainable and productive staffing, An improvement resource for urgent and emergency care, June 2018.
[3] The Royal College of Emergency Medicine together with the Royal College of Nursing, *Nursing Workforce Standards for Type 1 Emergency Departments*, October 2020.

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Business planning 2023/2024 has included a business case to request investment to align to national recommendations and thereby significantly reduce reliance on short-term agency use to cover planned leave and absences.

Since the annual review in July 2023, alternative roles in the clinical area have been explored and a pilot project for Ward Housekeepers is being undertaken on 2 wards. Early indications are that this has been successful with improvement demonstrated during a PLACE assessment during the project. This has particularly been evident with bed area preparation, management of allergens and the support given to patients to remain on their wards and de-escalate anxiety. Food service and food safety is now a priority with food being seen as medicine (NHS 2023 National Standards for Healthcare Food and Drink) which support delivery of quality indicators such pressure ulcer management and patient experience. It is likely this will be a phased roll out recommendation.

3. Additional In-Extremis Beds

Over 2023/2024 additional in-extremis beds have been open by exception to support additional admission demand. This has been fluctuating but presents an ongoing pressure to staff the wards to ensure patient safety. The February 2024 acuity and dependency audit reflected all of these beds being open and the below chart reflects the requirement to support this pressure. Action is taken to de-escalate the in-extremis beds as soon as possible.

Ward	Extremis Beds	Additional Staff Required
Mary Anning Unit	2 (closed as of 15/04/24)	1RN LD, 1 HCSW ND 7/7
Moreton Ward	3	1RN & 1 HCSW LD & ND 7/7
Fortuneswell Ward	3	1HCSW LD&1 RN ND 7/7
Purbeck Ward	2	1HCSW LD&1 RN ND 7/7

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4. Results

Several areas were identified as under established. This was identified following completion of the SNCT and professional judgement review with Divisional leads. It is noted that the ability to recruit into current vacancies and subsequently reduce the need for temporary staffing remains the highest challenge in current management of safer staffing.

Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22% uplift	Current Vacancies (WTE) **as at 15.4.24**	Recommendations
Abbotsbury Ward (29 Beds)	39.83	34.64	No vacancies	No change to current establishment but it is recommended that to improve the nurse-to-patient ratio there needs an off-duty review to achieve 4RN's both day and night.
Lulworth Ward (31 beds)	42.95	36.72	Vacancies HCA's 2.74	No change to current establishment but it is recommended that to improve the nurse-to-patient ratio there needs to be an off-duty review to achieve 4 RN's for both day and night shifts.
Purbeck Ward (27 beds) +additional 2 beds open for the duration of the audit	38.81	47.69	1.06 RN 0.41 HCSW	Close the in-extremis beds and configure the space to eliminate future use. This will form part of a wider bed configuration exercise across the Trust.
Portesham 14 beds (temporary ward during refurbishment of Ridgeway ward. Substantive staff currently re-deployed to other areas and vacancies held)	41.25	31.16 based on 24 beds 18.6 on 14 beds	2.48 HCSW vacancy	No change to current establishment Unable to recommend as tool recordings were based on 14 beds during a refurbishment of Ridgeway ward. When the ward becomes 24 beds, based on the SNCT submissions there should be no change but will remain under review.

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Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.5% uplift	Current Vacancies (WTE)	Recommendations
Kingfisher Ward (14 beds + PAU)	30.33	16.2	0.83 RN 0.69 HCSW	No change to current establishment – Smaller unit principles applied
Fortuneswell Ward (17 beds) + 3 additional beds open for the duration of the audit	27.86	34.73 17 beds would equal 29.52	0.78 RN 1.81 HCSW	Recommended increase to establishment of 2 RN's and 3 HCA's if beds are to remain open If at 17 beds, staff would need to be redeployed from other areas
Moreton Ward 23 beds + additional beds open for the duration of the audit and historically since Covid-19 pandemic began.	42.36	41.08	2.38 RN 0.00 HCSW	If 3 extra beds remain open, an additional 3 RN's and 3 HCA's are required to manage the geographical spread of the ward, the acuity of patients and to meet the nurse to patient ratio. Beds will be reviewed as part of bed reconfiguration plans.
Evershot Ward (14 beds)	31.40	19.02	No vacancies	Current ratio is 1:46 with 3 RN's and SV Sister–small ward principles applied however area is demonstrated via nurse ratios and SNCT as being over established. Divisional HoN to plan redeployment to support other areas and as a review of bed configuration.
Cardiac Care Ward (18 beds)	34.23	24.38	No vacancies	No change to current establishment – smaller unit principles applied area functions as ward and CCU.
Ilchester Ward (33 beds)	54.78 +NIC & Patient Flow	59.54	No vacancies	No changes to establishment required nurse: patient ratio currently 1:5.

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Ward	Current WTE Establishment (Excluding Band 7 and Admin Roles)	SNCT Results with 22.5% uplift	Current Vacancies (WTE)	Recommendations
Mary Anning Unit 46 beds audit completed on 48 beds	68.78	85.86	15.61 HCSW vacancies	Recommend staff to be redeployed to the Unit from within the Division and reduce the bed base back to footprint.
Maud Alexander Ward (10 beds)	18.26	12.59	No vacancies	No recommendations for change and small ward principles applied.
Stroke Unit (24 beds)	46.43 + ACP 9-5 Mon-Fri, Outreach B6 08:00-20:00 Daily Nurse Consultant M-F	41.14	9.14 HCSW Vacancies	Unit is in process of developing HASU model and to meet national stroke standards. Ward establishment will be adjusted accordingly, and any shortfalls identified. The Somerset developments will further inform staffing recommendations.
Prince of Wales Ward (13 beds)	31.81	19.01	No vacancies	No change to current establishment – smaller unit principles applied and noting regional emergency dialysis unit status.

Summary of Recommendations:

- Further investments required to increase budget uplift, increase substantive posts and offset agency use and spend to manage planned and predicted absence (Annual leave and Mandatory training).
- Review of redeployment opportunities to right size bed and staffing capacity and in line with planned bed reconfigurations
- Ongoing review and investment of stroke staffing in light of planned increased in HASU and Acute Stroke capacity, and in line with national Stroke Standards as measured by SSNAP Sentinel audit.
- Review of e-roster to ensure nighttime staffing levels are strengthened.
- Completion of Birth Rate Plus during Q3 24/25 for Maternity Services
- Completion of reviews for Critical Care and ED for assurance and noting the investment requirements for the New Hospitals Programme.

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Conclusion

There is a requirement by NHS England to submit information relating to Ward based Nursing Acuity and Dependency audits, recommended twice yearly. DCHFT nursing leads now have a clear and robust process in place to achieve this.

The Safer Nursing Care Toolkit is the recognised method for reviewing safe staffing at ward level and uses a triangulation of metrics to assist decision making and recommendations. The tool is not prescriptive and should be applied alongside the application of professional clinical judgement.

In addition to the formal review, staffing levels, patient acuity and dependency, and effective utilisation of resources is discussed twice daily at the internal bed/operational flow meetings. Twice daily Safe Staffing meetings are in place to support the Divisions with immediate staffing requirements. Staff are requested to move area of work to ensure safe and effective care of our patients. This review is undertaken in conjunction with the Ward Sister, Matron and Divisional Head of Nursing and Quality responsible for that area.

The Trust has reviewed the acuity and dependency audits results for the inpatient ward areas and there are no recommendations for increase to establishments in this report. The Trust also remains within the expected limits of the Model Hospital data in relation to nursing and midwifery staffing.

The 2023/2024 scheme to embed safe staffing methodology was as follows:

- Invest in a Safe Staffing Clinical Lead role to develop and support the Safe Staffing agenda – member of staff appointed as a secondment October 2023 for 18 months.
- Embed Allocate 'Safe Care' to complete twice daily acuity and dependency utilising digital software to support and evidence movement of staff around the Trust and to support areas of greatest need, alongside care hours per patient day. Safe Staffing Lead has commenced the implementation of the Safe Care project with 4 wards commenced on the project before further roll out trust wide.
- To manage safe staffing via allocate and scrutiny of rosters.
- Encourage Safe Staffing Fellowship access by senior nurses – Deputy Chief Nurse completed.

5. Recommendations

To acknowledge and accept the outcome of the Annual Safe Staffing Review 2023/24.

To acknowledge the uplift business case in headroom from **20.5 % to 22%** in inpatient areas

Trudy Goode, Safe Staffing Lead and Emma Hoyle, Deputy Chief Nursing Officer, March 2024

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Report Front Sheet

1. Report Details			
Meeting Title:	Board Report		
Date of Meeting:	29 May 2024		
Document Title:	**Maternity Quality and Safety Report**		
Responsible Director:	Dawn Dawson, 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 May 2024	

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 April 2024. 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 reproduced in report and can be viewed live during QC. CO at booking and smoking at time of delivery achieving compliance.
- PPH 1500mls and above and 3rd/4th degree tears, both below national average
- Only 2 datix submitted about maternity staffing and one escalation for SCBU relating to acuity
- The Safety Team had an away day to review and plan governance priorities. The focus was on aligning agendas and working smartly to satisfy competing priorities in an efficient way. In line with the organisational quality governance review actions, the maternity incentive scheme (MIS) year 6 and the organisational PSIRP, plans were made to review ToR, governance agendas and revised templates for M&M meetings, PSIRF reviews etc. to provide evidence for MIS and Saving Babies' Lives. ATAIN and PPH >1500mls are local PSIRP priorities and will therefore be expanded on to explore a systems approach which will be aligned with other organisational working groups such as the deteriorating patient. Work continues to integrate maternity into the wider organisational governance agenda.
- No incidents of moderate harm
- No babyloss incidents.
- MNSI case – final report received and safety recommendations as follows:

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	1.The Trust to ensure that all clinicians are aware of their roles and responsibilities, to ensure that there is full clinical oversight and escalation when there are concerns about fetal wellbeing during the second stage of labour.
	2.The Trust to ensure that the safety and working culture of the unit supports collaborative multi-professional team working to enable respectful discussion, escalation and shared clinical decision making.
	3.The Trust need to review their guidance to make it clear for clinicians to understand when a paediatrician would be expected to be called for the birth of a baby.
	• Risk register updated. Risks relating to consultant capacity will be combined. Call bell replacement due to commence in June 2024. Maternity staffing business case has been agreed and the risk is now moderate following a low number of datix in April. The risk relating to catheter and cannula use is now managed
	• Six complaints received with concerns around communication, particularly when births don't go to plan, clinical management of a caesarean and information provided about an intervention. All actions are discussed jointly with the MNVP and UHD
	• NED Safety Walkabout –
	  ○ No immediate safety concerns identified
	  ○ Good 'buzz' amongst the team
	  ○ Spoke with staff, parents and contractors
	  ○ Ongoing concerns about staffing
	  ○ Staff requested access to cold water machine and coffee machine
	  ○ Staff requested access to the balcony that adjoins their staff room
	• Workforce data. Midwives' sickness now 5.6%, MSW 4.3%, neonatal staff 8.2%. Improvement in number of hospital shifts fully staffed as 11.6% not covered
	• Training compliance remains challenging particularly for anaesthetic consultants attending PROMPT.
	• MIS reporting timeline, overall schedule and delivery plan included

4. Action recommended	The committee is recommended to: 1. **NOTE** the report 2. **DISCUSS** any performance issues 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

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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		
	Place	Serving the population of Dorset		
	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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)			**No**	
Quality Impact Assessment (QIA)			**No**	

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24/05/2024 16:15:38

Dorset County Hospital
NHS Foundation Trust

Maternity & Neonatal Quality and Safety report

May 2024

Submitted by Jo Hartley, Director of Midwifery & Neonatal Services

Executive sponsor: Dawn Dawson CNO

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24/05/2024 16:15:38

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Executive Summary

This report sets out to the Trust Quality Committee the quality and safety activity covering the month of April 2024. 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 reproduced in report and can be viewed live during QC. CO at booking and smoking at time of delivery achieving compliance.
- PPH 1500mls and above and 3rd/4th degree tears, both below national average
- Only 2 datix submitted about maternity staffing and one escalation for SCBU relating to acuity
- The Safety Team had an away day to review and plan governance priorities. The focus was on aligning agendas and working smartly to satisfy competing priorities in an efficient way. In line with the organisational quality governance review actions, the maternity incentive scheme (MIS) year 6 and the organisational PSIRP, plans were made to review ToR, governance agendas and revised templates for M&M meetings, PSIRF reviews etc. to provide evidence for MIS and Saving Babies' Lives. ATAIN and PPH >1500mls are local PSIRP priorities and will therefore be expanded on to explore a systems approach which will be aligned with other organisational working groups such as the deteriorating patient. Work continues to integrate maternity into the wider organisational governance agenda.
- No incidents of moderate harm
- No babyloss incidents.
- MNSI case – final report received and safety recommendations as follows:
  1. The Trust to ensure that all clinicians are aware of their roles and responsibilities, to ensure that there is full clinical oversight and escalation when there are concerns about fetal wellbeing during the second stage of labour.
  2. The Trust to ensure that the safety and working culture of the unit supports collaborative multi-professional team working to enable respectful discussion, escalation and shared clinical decision making.
  3. The Trust need to review their guidance to make it clear for clinicians to understand when a paediatrician would be expected to be called for the birth of a baby.
- Risk register updated. Risks relating to consultant capacity will be combined. Call bell replacement due to commence in June 2024. Maternity staffing business case has been agreed and the risk is now moderate following a low number of datix in April. The risk relating to catheter and cannula use is now managed.
- Six complaints received with concerns around communication, particularly when births don't go to plan, clinical management of a caesarean and information provided about an intervention. All actions are discussed jointly with the MNVP and UHD
- NED Safety Walkabout –
  - No immediate safety concerns identified
  - Good 'buzz' amongst the team
  - Spoke with staff, parents and contractors
  - Ongoing concerns about staffing
  - Staff requested access to cold water machine and coffee machine
  - Staff requested access to the balcony that adjoins their staff room
- Workforce data. Midwives' sickness now 5.6%, MSW 4.3%, neonatal staff 8.2%. Improvement in number of hospital shifts fully staffed as 11.6% not covered
- Training compliance remains challenging particularly for anaesthetic consultants attending PROMPT.
- MIS reporting timeline, overall schedule and delivery plan included

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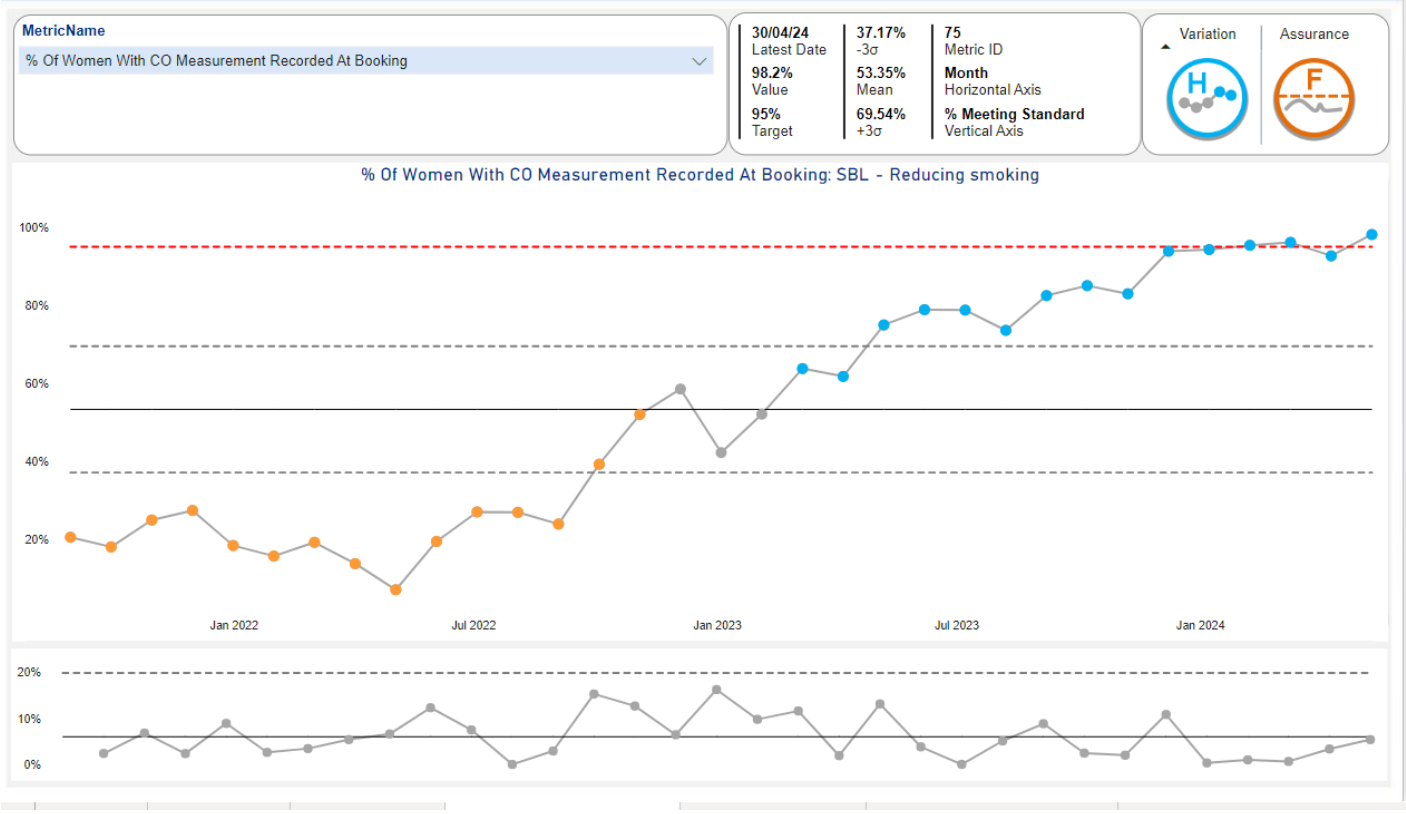
Activity

Exception report for SPC charts (NTI – no target identified)

Metric	Target	Current position and mitigation/actions
Smoking at time of delivery	6%	4.4%
CO recorded at booking	95%	98%
Stillbirth	NTI	nil
% babies >37 weeks admitted to SCBU	5%	10% - all cases will be reviewed by the ATAIN team
Rates per 1000 of PPH >1500mls	30	22
Rates per 1000 of 3rd/4th degree tears	25	22.5
% live births <37 weeks gestation	6%	2.9%
Babies transferred to a level 2 or 3 Neonatal unit	NTI	1
Hypoxic Ischemic Encephalopathy incidents		Nil



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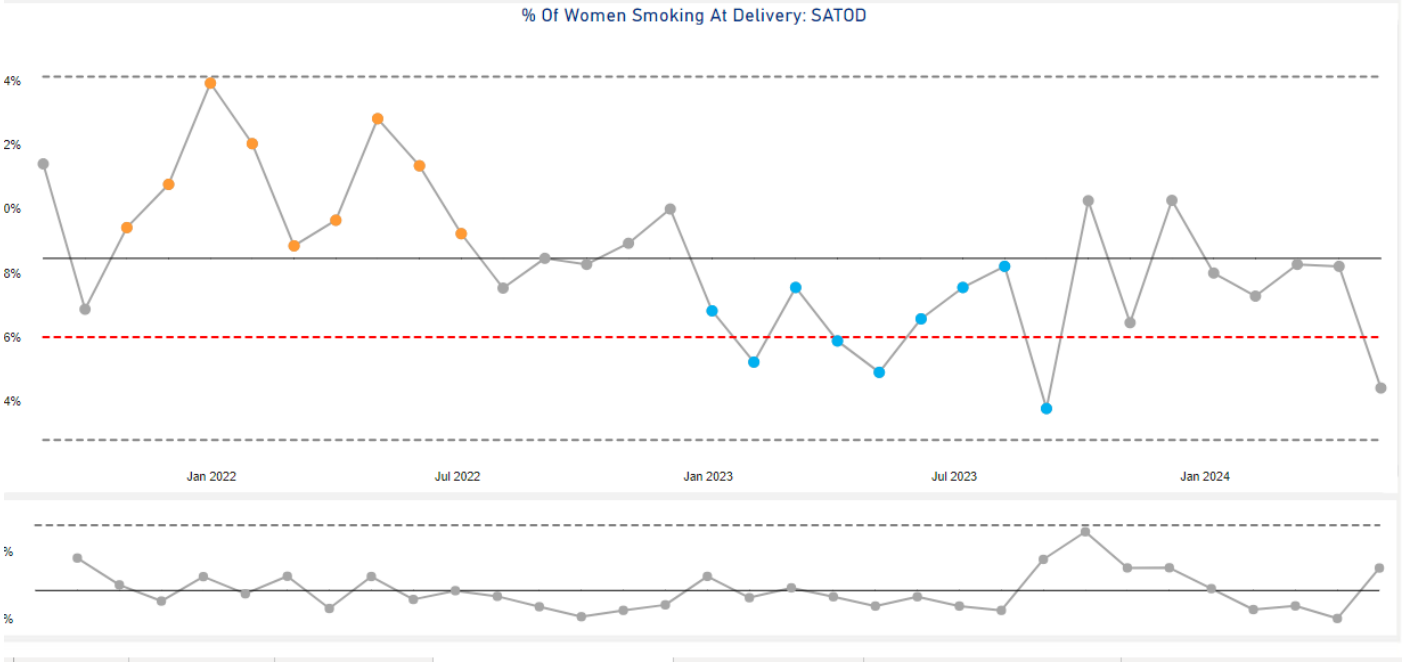
MetricName

% Of Women Smoking At Delivery

30/04/24 Latest Date	2.78% -3σ	56 Metric ID
4.4% Value	8.46% Mean	Month Horizontal Axis
6% Target	14.13% +3σ	% Meeting Standard Vertical Axis

Variation | Assurance

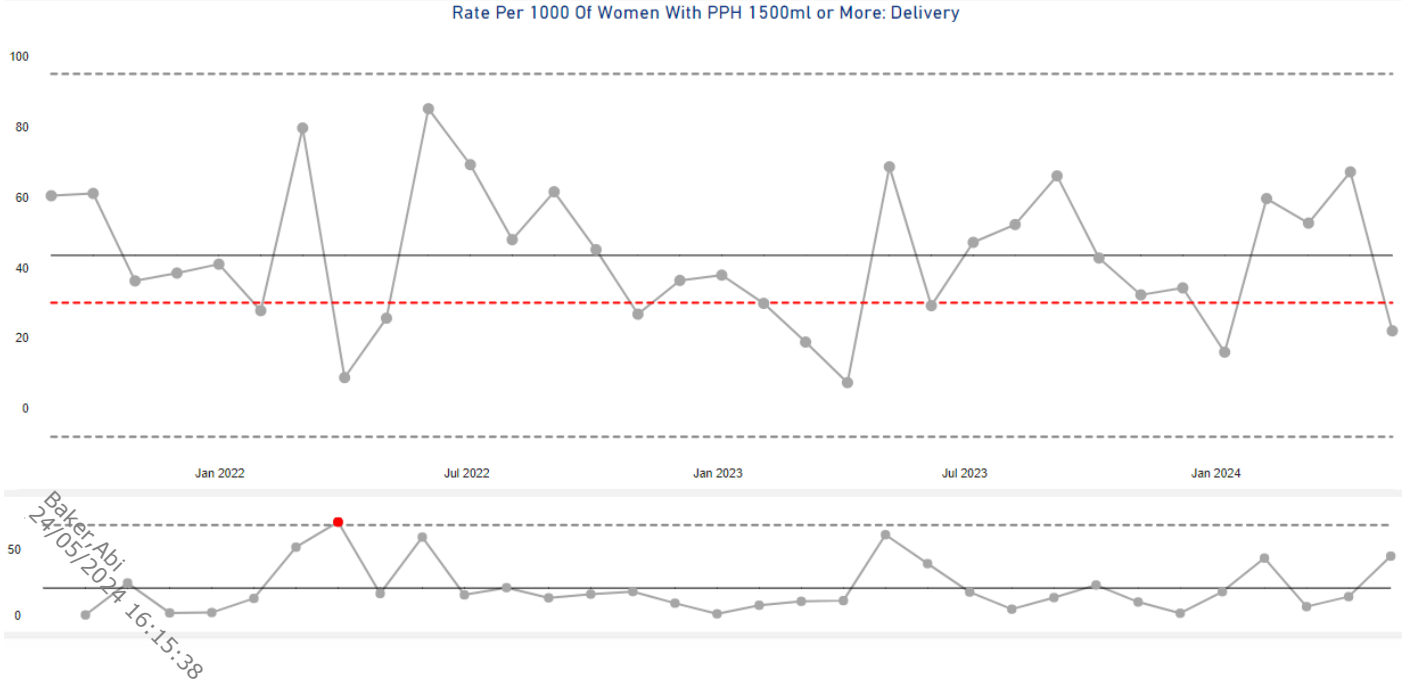


MetricName

Rate Per 1000 Of Women With PPH 1500ml or More

30/04/24 Latest Date	-8.05 -3σ	89 Metric ID
22.1 Value	43.48 Mean	Month Horizontal Axis
30 Target	95.02 +3σ	Rate Per 1000 Vertical Axis

Variation | Assurance



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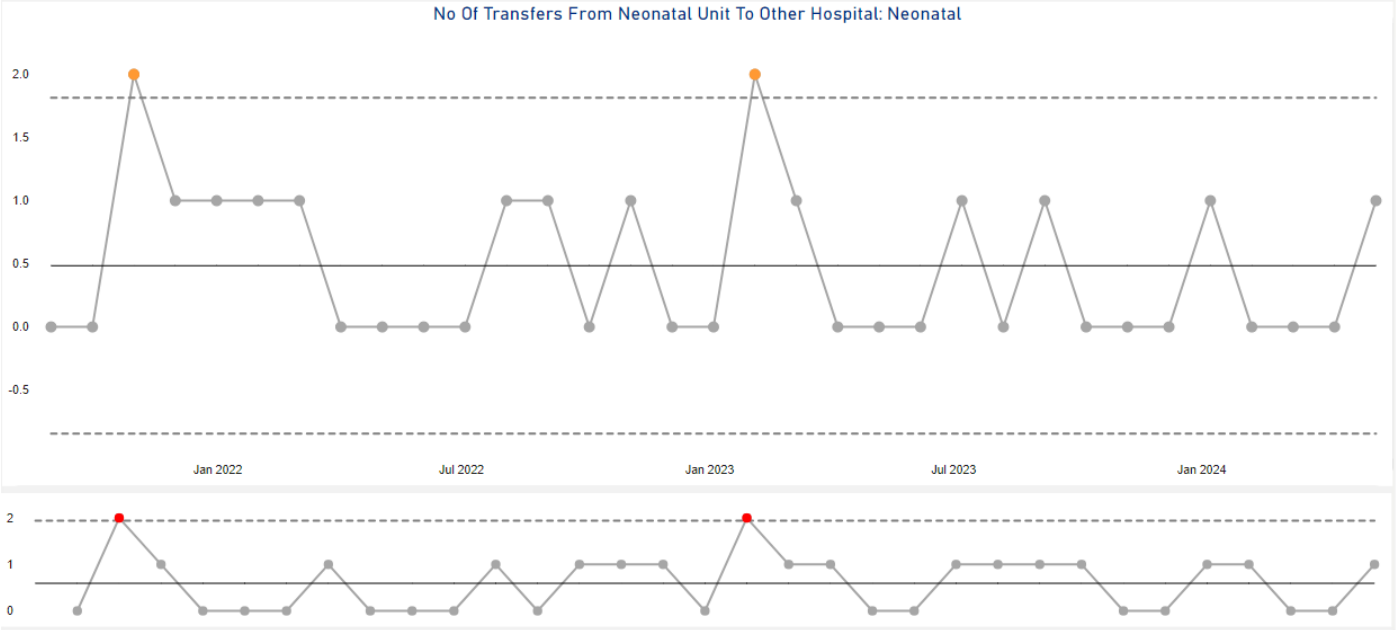
MetricName

No Of Transfers From Neonatal Unit To Other Hospital

30/04/24 Latest Date	**-0.85** -3σ	**91** Metric ID
1 Value	**0.48** Mean	**Month** Horizontal Axis
Target	**1.81** +3σ	**Babies Transferred** Vertical Axis

Variation | Assurance



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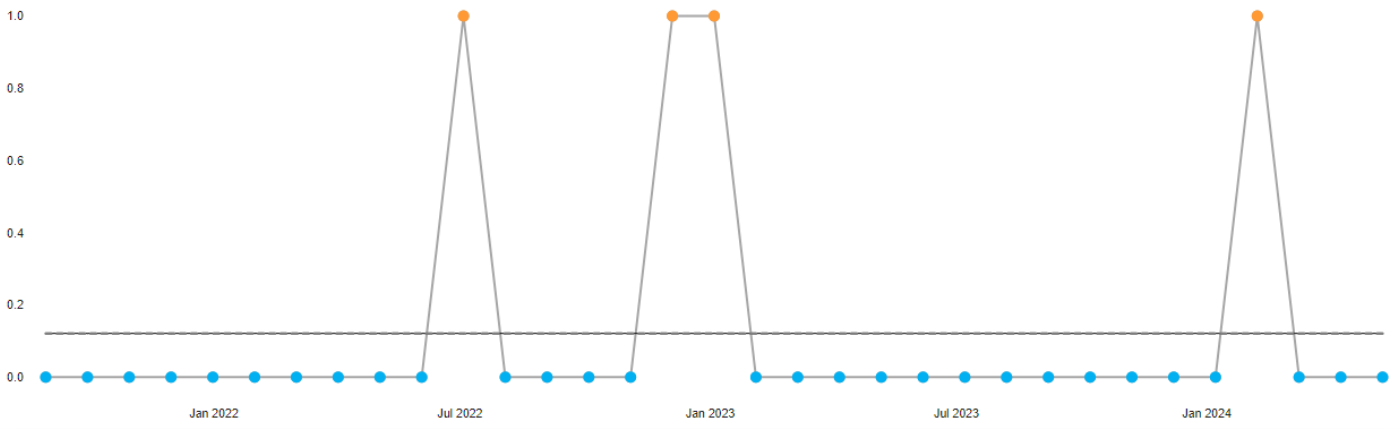
MetricName

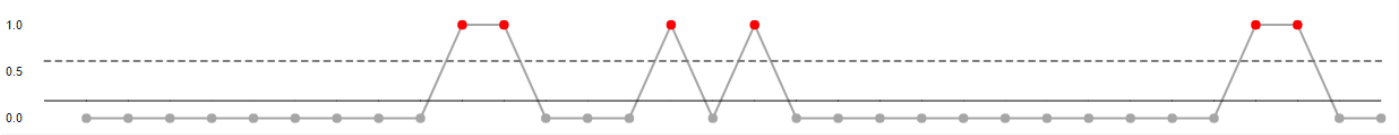
No Of Neonatal Deaths < 28 Days

30/04/24 Latest Date	**0.12** -3σ	**13** Metric ID
0 Value	**0.12** Mean	**Month** Horizontal Axis
Target	**0.12** +3σ	**Number Of Births** Vertical Axis

Variation | Assurance

No Of Neonatal Deaths < 28 Days: Births





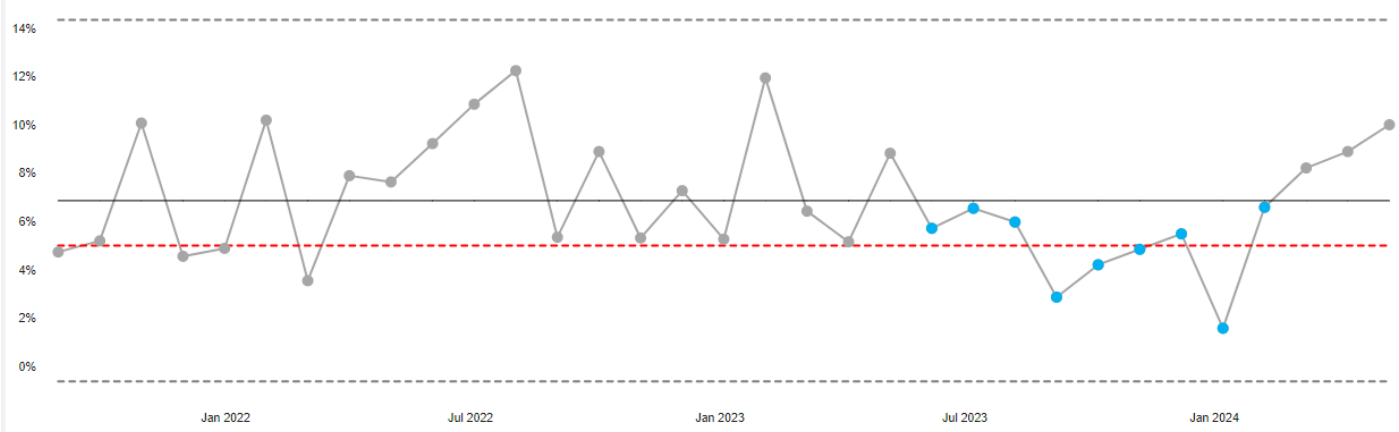
MetricName

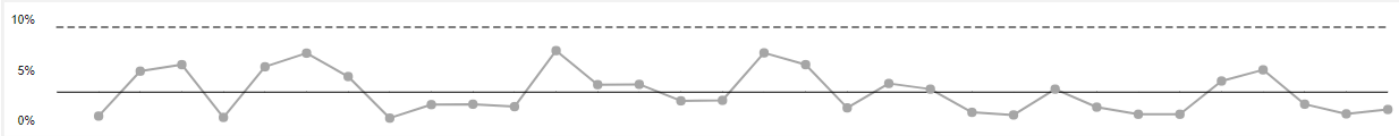
% Of Live Births >=37 Weeks Admitted To Neonatal Critical Care

30/04/24 Latest Date	**-0.63%** -3σ	**101** Metric ID
10% Value	**6.86%** Mean	**Month** Horizontal Axis
5% Target	**14.34%** +3σ	**% Meeting Standard** Vertical Axis

Variation | Assurance

% Of Live Births >=37 Weeks Admitted To Neonatal Critical Care: Neonatal





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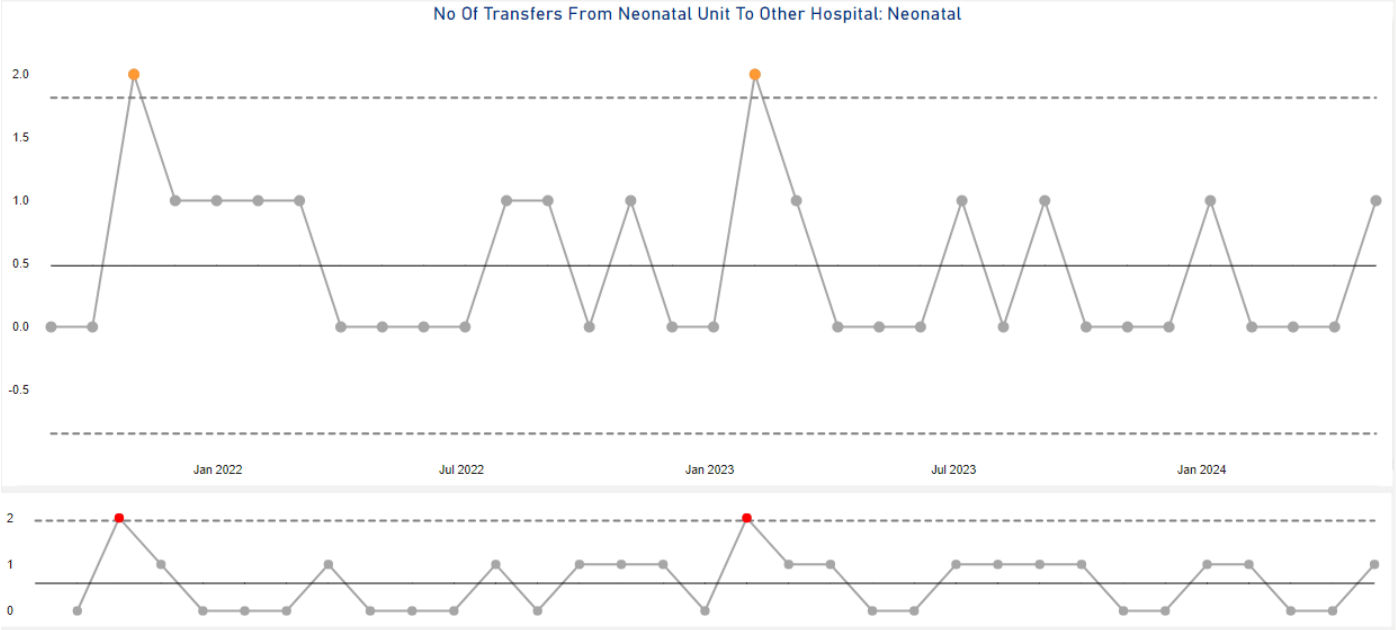
MetricName

No Of Transfers From Neonatal Unit To Other Hospital

30/04/24 Latest Date	**-0.85** -3σ	**91** Metric ID
1 Value	**0.48** Mean	**Month** Horizontal Axis
Target	**1.81** +3σ	**Babies Transferred** Vertical Axis

Variation | Assurance



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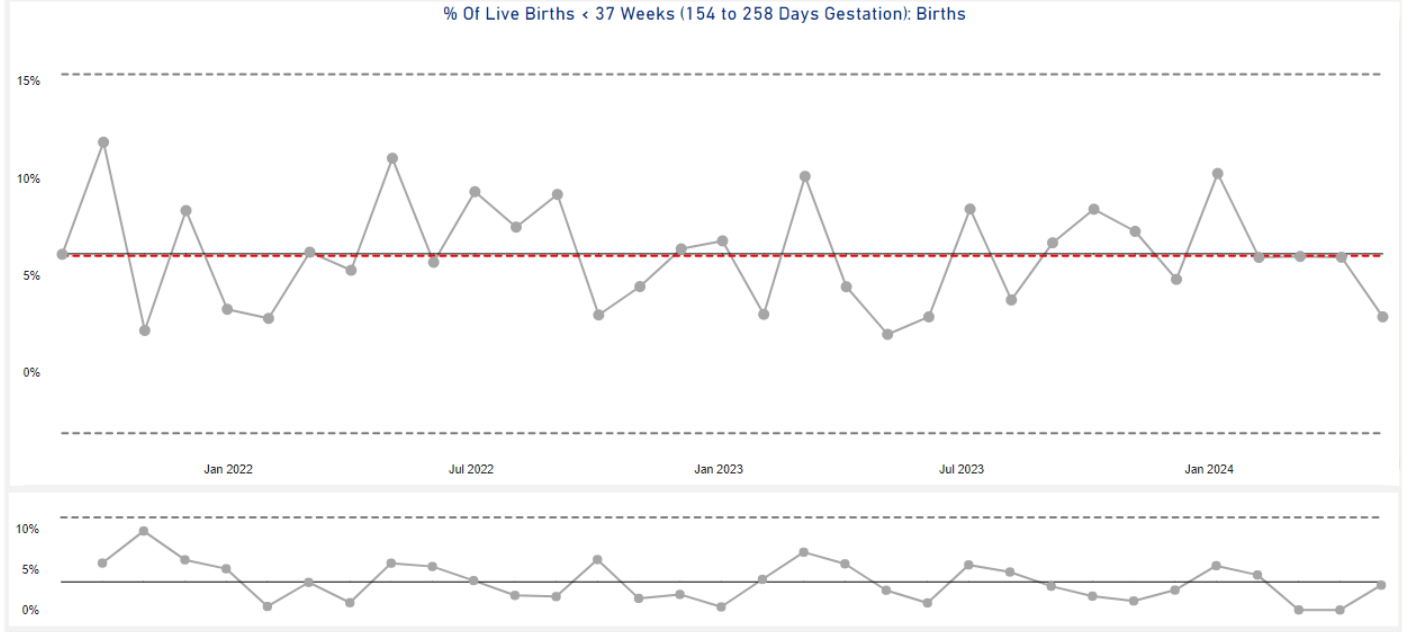
MetricName

% Of Live Births < 37 Weeks (154 to 258 Days Gestation)

30/04/24 Latest Date	**-3.13%** -3σ	**106** Metric ID
2.9% Value	**6.11%** Mean	**Month** Horizontal Axis
6% Target	**15.34%** +3σ	**% Meeting Standard** Vertical Axis

Variation | Assurance



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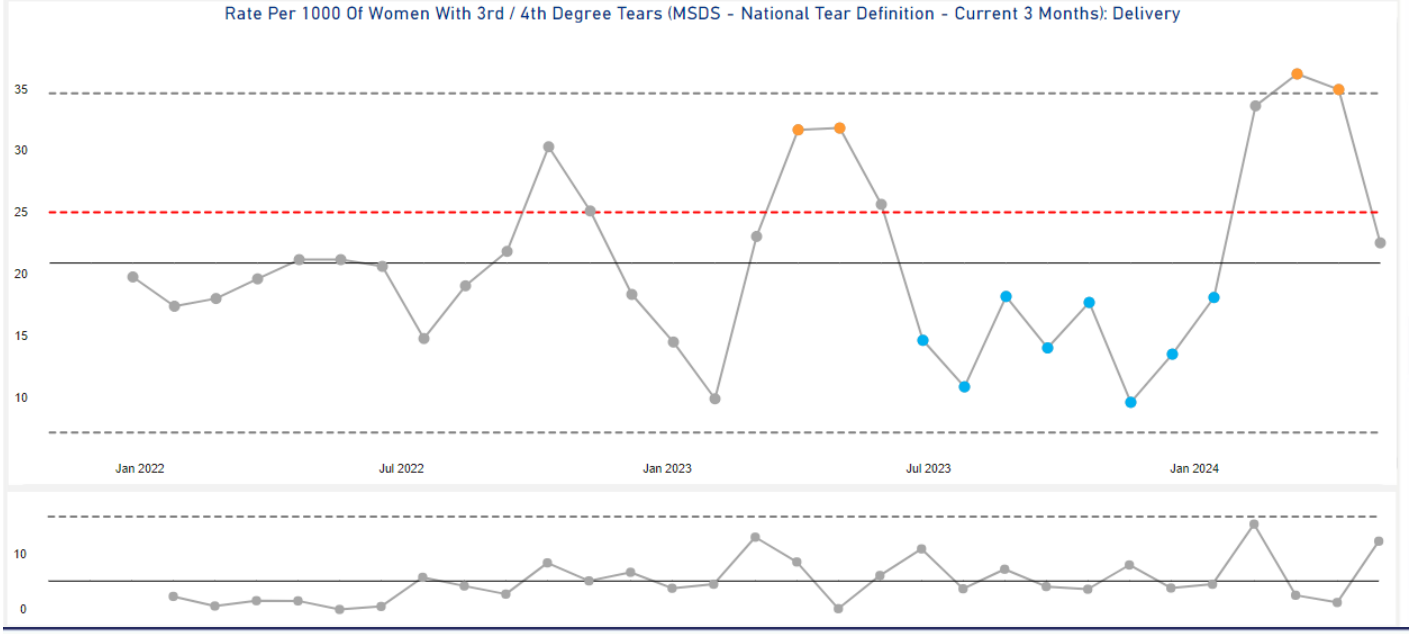
MetricName

Rate Per 1000 Of Women With 3rd / 4th Degree Tears (MSDS - National Tear Definition - Current 3 ...

30/04/24 Latest Date	**7.16** -3σ	**182** Metric ID
22.5 Value	**20.89** Mean	**Month** Horizontal Axis
25 Target	**34.62** +3σ	**Rate Per 1000** Vertical Axis

Variation | Assurance

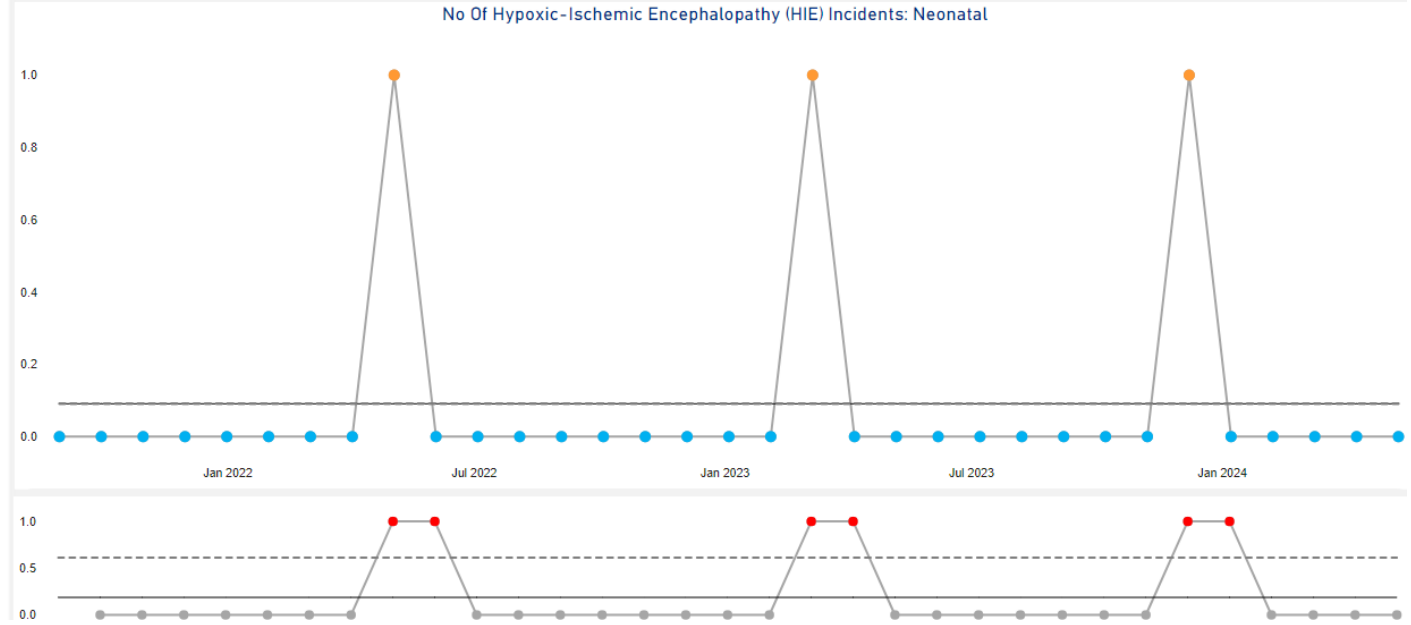


MetricName

No Of Hypoxic-Ischemic Encephalopathy (HIE) Incidents

30/04/24 Latest Date	**0.09** -3σ	**57** Metric ID
0 Value	**0.09** Mean	**Month** Horizontal Axis
Target	**0.09** +3σ	**Number Of Births** Vertical Axis

Variation | Assurance



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Total Number of Incidents submitted for April 2024

Maternity	Neonatal
77	4

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

Red flag	Descriptor	Incidents for April
RF1	Escalation to divert of maternity services & poor staffing numbers, including medical staffing and SCBU	2 maternity, 1 SCBU
RF2	Missed medication	0
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	1 (starting)
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	0
RF10	Delay of time critical activity	0

PPH ongoing QI project

Improvement : Reducing post-partum haemorrhage (PPH) cases with blood loss ≥1500mls
Project team: Lindsey Burningham, Linda Deadman, Liz Passells, Mamdouh Shoukrey, Katherine Barr, Vanessa Bartholomew, Frances Dubey, Sarah Dominey, Nicky Trent, Charley Scragg, Nichola Coliandris

NHS Dorset County Hospital NHS Foundation Trust

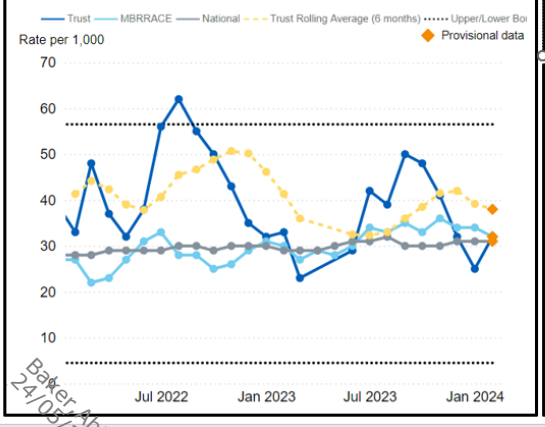
Position statement: National rate has seen a steady rise since July 2022 from 28 to current rate of 31. At the end of Q3 the NHS digital verified 6 month rolling average rate per 1000 for DCH was 42. DCH end of Q4, 6 month rolling average rate still unavailable from NHS digital but Feb 2024 6 month rolling average rate is 38. Rate in month for April = 22, this equated to 3 cases in total.

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 April roundup themes from review:

1. **Early detection and assessment**
2. **Clinical pathways and guidelines**
3. **Staff training and education**
   - Include SBAR use at theatre huddle in emergency skills drills and training
4. **Risk factors assessment**
   - Good compliance on admission
   - Good compliance in labour
   - Risk factors identified
5. **Communication and teamwork**
   - Theatre huddles not documented, and no framework used so information not captured or communicated effectively
6. **Service user engagement and involvement**
   - MNVP representative joined PROMPT training as the service user in the emergency scenario
7. **Data collection and analysis**
   - Theatre huddle not documented
   - PPH checklist not completed
8. **Feedback and continuous improvement**
   - Opportunity to improve personalised care planning if SBAR used for theatre huddle – structured format to capture all aspects of risk assessment and subsequent plan of care

Work underway and planned work:
- PPH 1500mls and above is a PSIRP priority for the Trust and across Dorset
- Continue to work with BI on local data metrics and SPC charts
- Monitor national position as PPH rates increasing
- Use Microsoft forms as an audit and screening tool to benchmark standards and filter cases into those requiring deep dive by MOH group and those which had MOH despite all standards being met, the latter are absorbed into PSIRP audit/thematic review.
- Consultant anaesthetist leading work on changing lab reporting parameters for pregnant women's ferratin levels as currently they are reported as non-pregnant meaning some results incorrectly deemed normal and unactioned.
- Discussed with PSIRF working group bringing project to an end point and how the new PSRIF templates/processes etc. will support this.

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The safety team had an away day offsite at Southwalks to review and plan governance priorities. The focus was on aligning agendas and working smartly to satisfy competing priorities in an efficient way. In line with the organisational quality governance review actions, the maternity incentive scheme (MIS) year 6 and the organisational PSIRP, plans were made to review ToR, governance agendas and revised templates for M&M meetings, PSIRF reviews etc. to provide evidence for MIS and Saving Babies' Lives. ATAIN and PPH

>1500mls are local PSIRP priorities and will therefore be expanded on to explore a systems approach which will be aligned with other organisational working groups such as the deteriorating patient. Work continues to integrate maternity into the wider organisational governance agenda.

Incidents graded as moderate harm or above for April - nil

Babyloss statistics in April - nil

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3rd & 4th degree tears – for March and April

OASI – obstetric anal sphincter injury

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In March and April of 2024, five women have experience obstetric anal sphincter injury during the birth of their baby.

The OASI Bundle, implemented by DCH on 29th January, has been shown nationally to reduce rates of OASI by up to 20%. Badgernotes now encourages discussion between care giver and woman prior to birth and the use of the principles used during birth are a requirement on the perineal repair proforma. This proforma should be completed for all women, even those with an intact perineum.

The following table demonstrates a summary of their respective cases.
Going forward these cases will be reviewed monthly in the same way we are currently reviewing MOH cases so that themes and learning opportunities can be identified and acted upon.

Respect
Integrity
Teamwork
Excellence

Pitch Deck 2

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	Parity	Ethnicity	Age	Grade of tear	Mode of birth	Length of 2nd stage	Birthweight/ centile	Hands on/off/ poised	OASI Principles used?	Position of woman	Blood loss	After-care pathway followed?
Case 1	0	Caucasian	32	4 Buttonhole	Forceps	4 hours 5 mins (One Passive hour)	2842g 22 cnt.	On	Yes	Semi recumbent	590mls	No
Case 2	2	Caucasian	34	3c	Vaginal	8 mins	3948g 60 cnt.	On (very rapid)	Yes	Semi recumbent	800mls	Yes
Case 3	0	Caucasian	22	3a	Vaginal	2 hours 7 mins	3238g 64 cnt.	On	Yes	Not Documented	841mls	Yes
Case 4	0	Indian	27	3a	Vaginal	27 Mins	3300g 52 cnt.	On	Yes	L.Lateral	486mls	Yes
Case 5	0	Caucasian	24	3c	Forceps	2 hours 58 mins	3632g 67 cnt.	On	Yews	Lithotomy	1873mls	Yes

Respect
Integrity
Teamwork
Excellence

Pitch Deck 3

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Dorset County Hospital
NHS Foundation Trust

According to RCOG, risk factors for OASI include nulliparous women, aged >40 years, women of South-Asian origin, instrumental birth, birthweight >4kg, malpresentation and prolonged 2nd stage.

Four out of five of the women were Primiparous with only one woman being a Para 2. Four of the women who sustained OASI injury were of White, European origin and one woman was of Indian origin. Two births were forceps births. Birthweights ranged between 22nd and 67th centiles and all were <4kg. All of the births were documented to have been "hands on" by the facilitating midwife with OASI principles having been implemented. The majority of the women did not have a prolonged 2nd stage of labour. The only woman whose 2nd stage of labour was prolonged, had a forceps birth. All women gave birth in a semi-recumbent position, lithotomy was used in the two forceps births. Two of the births were documented in the notes as having extremely rapid descent of the presenting part.

The OASI bundle was implemented by DCH on 29th January and training for staff is ongoing. There will be afternoon OASI Training sessions in April and May with the aim to train all outstanding staff. OASI has been added to yearly update days. The OASI Bundle will be evaluated by the Education Team in the future but a timescale has yet to be agreed.

Cases of OASI are currently reported by staff via the online DATIX system and investigated by members of the Risk Team. Going forward, cases shall be reviewed monthly so themes and learning can be identified and actioned. Review of electronic records will also help to evaluate staff's compliance with the use of the OASI Bundle.

Respect
Integrity
Teamwork
Excellence

Pitch Deck 4

SBLCB quarter 4 position – this will be reported at the June QC

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

DCH88563
Update Final report now received and safety recommendations as follows 1.The Trust to ensure that all clinicians are aware of their roles and responsibilities, to ensure that there is full clinical oversight and escalation when there are concerns about fetal wellbeing during the second stage of labour. 2.The Trust to ensure that the safety and working culture of the unit supports collaborative multi-professional team working to enable respectful discussion, escalation and shared clinical decision making. 3.The Trust need to review their guidance to make it clear for clinicians to understand when a paediatrician would be expected to be called for the birth of a baby.
DCH87453
Update Patient seen by consultant for debrief and letter sent and linked to datix
DCH85684
Learning If a woman is anaemic or 'borderline' anaemic at any stage in her pregnancy, she should individually risk assessed and if additional risk factors are present consider further investigations and treatment i.e iron infusion The CT scan should have been immediately arranged when the patient was showing signs of hypovolaemic shock and persistent pain. This however would not have altered the outcome in this case because the patient's HB remained stable and her BP had improved after fluid resuscitation and two units of blood. Hence there was no indication to take her back to theatre even after identifying the haematoma on CT scan. The complication of an intra-abdominal haemorrhage is an uncommon, recognised complication of caesarean section that was documented in the consent form which the patient signed. The caesarean section was documented to be difficult with adhesions on entry and the patient's BMI was elevated, all of which increase the risk of the patient developing a complication.

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Update Patient has met with the consultant who reviewed the case. Letter following appointment being reviewed by Risk Team prior to sending
DCH79162
Update Following LIP, a DoC letter has been sent from a consultant paedistrician. Key learning points identified in the letter below This incident will now be closed
DCH79954
. **Actions** Discussed with Neonatal Matron. She is reviewing how ward attenders are documented on SCBU and will be discussing with staff and sending out guidance for SCBU staff with regard to this and using Maternity Badgernet and SBAR function to ensure information is passed on correctly. If training is required she will ensure this is facilitated. **Update** LIP panel 22/02 not quorate so rescheduled for 11/04. Awaiting summary from LIP

Risk Register

ID	Title	Risk Statement	Open	Risk	responsibility
1861	Maternity and Neonatal Audit Capacity	Currently the maternity and neonatal service does not have an audit lead. The audit requirements for the service are extensive (approximately 100 a year) and fundamental to national KPIs including SBLCB and MIS. There is no capacity within the governance team to absorb this workstream **Update** business case has been agreed and new workforce plan coming into place. Once fully recruited, staffing should noticeably improve. of note, in April there was only two datix directly referencing maternity staffing	18/04/2024 managed by Jo Hartley, DoM monthly review	Moderate 12	division
1758	Compliance with catheter and cannula use in maternity	Following audit of EPR, it was identified that maternity does not always manage cannulas and catheters safely. there are omissions in the notes around VIP, insertion and removal. Significant ongoing work with the Education Team and Digital Team to raise the importance of this, including 1:1 training, safety reminder for maternity coordinators to check all patients with catheters and cannulas during the shift. Monthly audit via the EPR and an upcoming presentation at the IPC meeting to provide assurance around ongoing work **Update** Monitored monthly by IPC team and maternity digital team. Now a managed risk	16/11/23 managed by Matron Tara Pointer-Putt, quarterly	Managed risk	Care group

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1689	Opening a second theatre in an emergency	All incidents where a second theatre is required are reviewed by the Safety Team and where relevant through M&M or other specialist groups. Particular issues noted currently are the number of times a second theatre is required has increased - whilst still a low number, the increased use of maternity theatre for elective work results in there being less capacity for emergencies. Furthermore the availability of a second theatre team is proving challenging and there has been one occasion where the unavailability of a theatre team (including FSA) has resulted in a delay (but not a poor outcome). A second issue is the lack of a senior midwife to accompany the team to a second theatre out of hours (only one band 7 midwife overnight). This inevitably results in a midwife with considerably less experience coordinating a high risk situation (as the coordinator cannot leave labour ward). MBRRACE recommendation is all maternity services have a second dedicated theatre for elective work and this is being discussed in a preliminary manner. The SoP is being reviewed again by a coordinator following recent incidents **Update** discussions starting about establishing a pathway for elective theatre work - planned caesareans. This would require 4 split theatre sessions a week, a theatre team including surgical first assistant, anaesthetic and obstetric consultant availability	29/06/2023 managed by Jo Hartley DoM, quarterly review	moderate	division
1742 & 1759	additional obstetric consultant capacity required to meet national KPIs	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. **Update**: a ninth consultant appointed with a keen interest and significant experience in obstetrics. One she starts, it will be possible to review job planning in relation to specialist roles and responsibilities, both for patient facing and leadership **Update** Request to combine the two risk relating to consultant capacity and the impact on outpatient services, specialist services and f2f evening handover/ward round	013/10/2023, managed by James Male, service Manager, monthly review	Moderate - 12	Division

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1578	Triage and the use of BSOTS Birmingham Symptom Specific Obstetric Triage System	BSOTS was commenced in our DAU on Monday 11th November. It has been a challenging transition, but positive improvement is evident. Currently reviewing staffing in DAU to ensure triage can be facilitated. This remains high risk as we have not yet audited the process and further training is required for all midwives to be able to use BSOTS out of hours **Update** Progress reviewed. whilst BSOTS is being used, it is not effective yet due to the amount of elective & planned work also managed by ANDAU. Approx half the women triaged as requiring immediate review are not being reviewed within the timescale. Consideration of different ways to manage USS review considered but will not be an immediate improvement. Increasing the midwifery staffing to three midwives would allow for triage to continue uninterrupted by elective/planned work. This will be added to the workforce business plan. This is a CQC priority focusing on review times **Update** Staffing has been improved in ANDAU to facilitate more effective triaging. Training dates for all midwives confirmed for BSOTS	08/01/2023 Managed by Nichola Coliandris, Matron Monthly review	Moderate - 12	Corporate
1497	Emergency buzzers not heard consistently throughout the Maternity unit when activated	Awaiting commencement of work. Most recent costing significantly more than original costing causing a delay **Update:** workplan confirms June for the work to start	02/09/2022 Managed by Paul Daniell, Estates. quarterly review	moderate	divisional
871	Levels of Entonox Exposure on the maternity unit	rooms back in use. The next step is a review of Entonox levels using Cairns Technology devices. This is not a quick process as they have to be used for a minimum amount of time, whilst a woman is using Entonox. several test devices need to be collected from each room **Update:** The risk rating has been reduced as the work has now been completed. Whilst we await the results of the analysis from Cairns to confirm the results, the risk remains as moderate	24/12/2019 Managed by Nichola Coliandris, Matron, quarterly review	Moderate - 12	Corporate
876	Maternity Staffing	workforce business plan almost ready for submission and consideration. recent recruitment for band 6 midwives saw moderate success - however shortlisting will not cover all vacancies if all appointed. The majority of shifts have gaps for midwives and MSWs. Thus far in January, there have been 5 incidents of escalation to OPEL 3 and one to OPEL 4. **Update:** business case has been agreed and new workforce plan coming into place. Once fully recruited, staffing should noticeably improve. Of note, in April there was only two datix directly referencing maternity staffing	21/09/2021 Managed by Jo Hartley, Director of Midwifery, Monthly reviews	Moderate - 12	corporate

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Complaints

Total informal and formal

Month	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
total	1	2	0	1	2	0	3	2	1	2	2	6

There has been a significant increase in complaints received

Brief synopsis of complaint
Patient feels like their concerns are not being listened to for this pregnancy. They had recently attended DAU on 2 separate occasions with possible rupture of membranes and reduced fetal movements - the outcomes of these appointments have not been properly explained or communicated with no advice or follow up.
Concerns they have over the care they received throughout their pregnancy. Concerns are not limited to a specific occasion and include multiple professionals. Additionally, they are not limited to the treatment of the patient but their partner as well.
Concerns that the patient's caesarean section in 2022 has now resulted in infertility, and also request for reimbursement of subsequent private IVF costs and psychological injury.
Patient has a number of concerns regarding the events around the birth of their baby and following transfer to SCBU, the attitude and manner of a member of staff.
Patient provided with incorrect information regarding an injection, which meant a wasted journey to DCH.
Patient attended for an ultrasound and was assured all was well with the baby. A couple of weeks later, the patient required urgent transfer to Portsmouth and delivered a premature baby.

Non Executive Director Safety Walkabout – March 2024

Feedback provided to staff on the issues raised via the staff meeting on the 18th April 2024

No immediate safety concerns identified	
Good 'buzz' amongst the team	
Spoke with staff, parents and contractors	
Ongoing concerns about staffing	
Staff requested access to cold water machine and coffee machine	Explored with Estates and IPC. Advised cold water machines are not permitted due to infection risk
Staff requested access to the balcony that adjoins their staff room	This has been explored in the past in detail with Estates. It is possible but requires investment to ensure the balcony is safe

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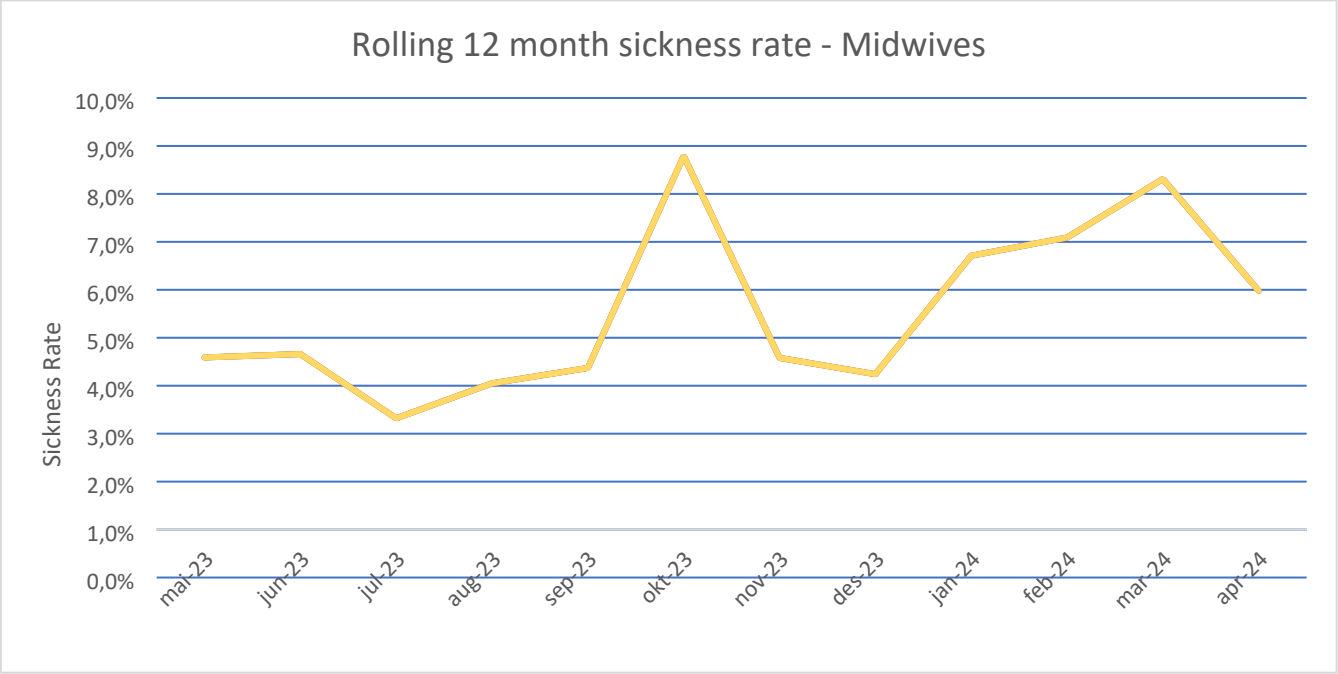
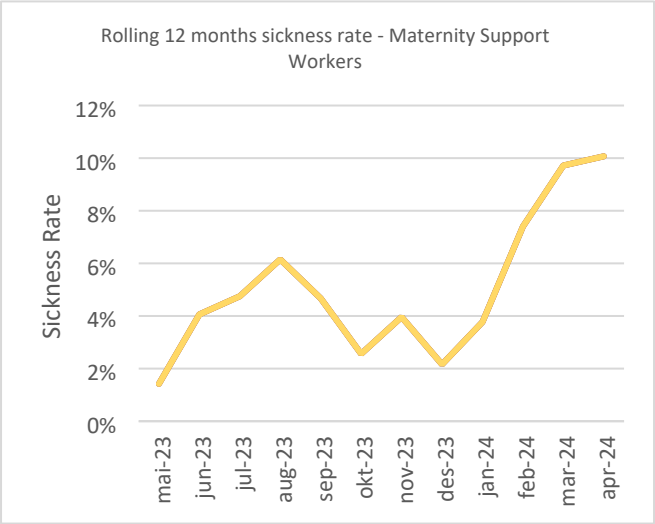
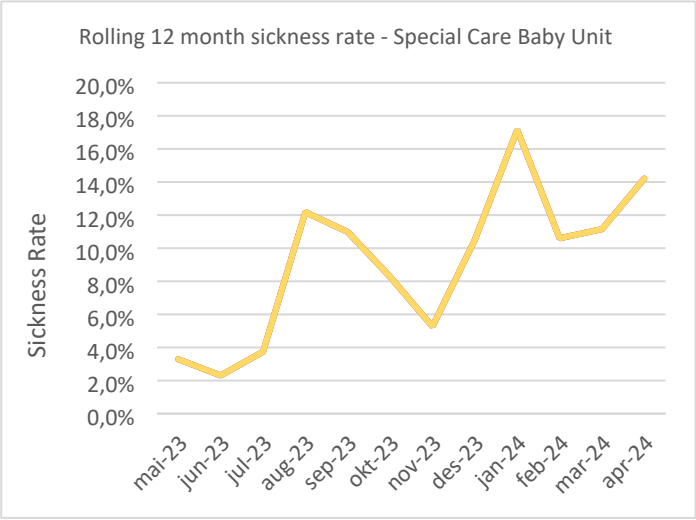
Workforce data

Overall Staffing Report – April 2024







Overall sickness rates from 1st April 2023 – 31st March 2024
Midwives – 5.64%
Maternity Support Workers – 4.29%
Special Care Baby Unit – 8.24%

April Call-Out Hours

Midwife call-out for the unit – **118.25 hours.**
Senior Midwives call-out – **58.25 hours**

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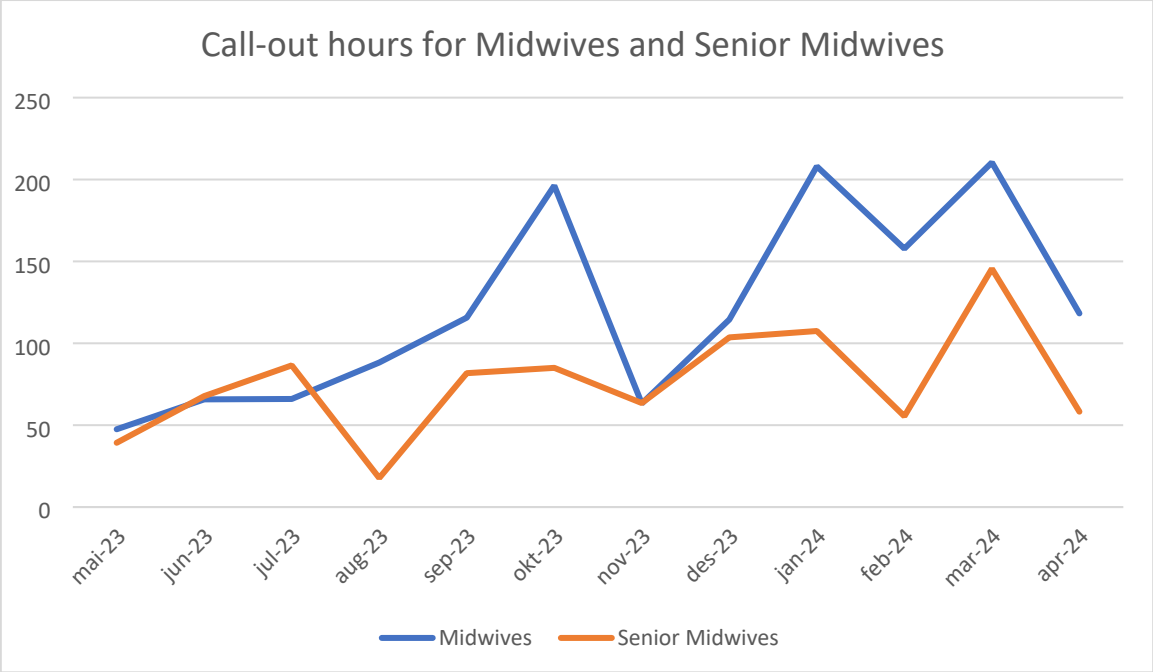

Bank and Excess hours

	Maternity Unit/ DAU	Community	MSW's / DAU	SCBU Band 5/6	SCBU Band 2
Bank	219 hrs /92.25 hrs	269.25 hrs	298.75	312.25 hrs	0 hrs
Incentives	15		2	7	0
Excess/Overtime	405.75		95	165.5	0

Shifts not covered by substantive or bank staff

Community		**Maternity Support Workers**	
Chesil	2.38 %	Including PM Shifts	20.9 %
Dorchester	8.4 %	Excluding PM Shifts	12.7 %
Cranberries	36.5 %		
Moonfleet	4.3 % (75 % covered by bank)		
Maternity Unit – based on 6 midwives per shift		**Special Care Baby Unit**	
Day Shift	10.5 %	Band 5/6	All covered
Night Shift	13.8 %	Band 2	All covered
Total	11.6 %		
ANDAU	14 shifts not covered		

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Neonatal transfer out data for April – 1 – verbal report to follow

Training compliance

MIS Year 6 Reportable Maternity and Neonatal Mandatory Training Compliance

Rolling 12-month period ending April 2024

Training	Role	Compliance (percentage)	Non-compliance (number)	Narrative
Practical Obstetric Emergency Procedure Training (PROMPT)	Obstetric Anaesthetist *regularly covering Obs	43.5%	13	Plan to mandate prompt for Anaesthetists within ESR due to go live in June 2024. Emma Wyatt asked for support with anaesthetic rota to support staff bookings.
	Obstetric Anaesthetist *contributing to obstetric rota*	26%	14	Target 70% MIS year 6 if working towards 90% MIS year 7. Staff have option to do half day or full day via ESR. Katharine Barr supporting comms to staff ref booking.
	Consultant Obstetrician	62.5%	3	Faculty now have to attend the full study day for compliance, Obs and Gynae Business Manager aware.
	Registrars	89%	1	Booked to attend in May.
	ST1/F2/GP Trainees	67%	3	All ST1/F2/GP trainees will be compliant in June 2024. New doctors starting in August will need onboarding for Prompt, plan in place via Obs Gynae Business Manager.
	Midwives	87%	15	Plan to roster staff on 10-month basis from February 2024 to improve compliance to consistently meeting 90% minimum.
	MSW	88%	4	1 due to attend in June.
Newborn life support (NLS) Yearly	Midwives	94%	7	BAU
	Neonatal nurses	94%	1	BAU
	Paediatric Consultants	75%	3	Neonatal Medical Lead to action pathway for this to be addressed.
	Paediatric Registrars	40%	3	Neonatal Medical Lead to action pathway for this to be addressed.
	ANNP	100%	0	BAU

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NLS 4 Yearly	Senior & Cygnet Midwives	100%	0	BAU
	Neonatal nurses	100%	0	BAU
	Paediatric Consultants	100%	0	BAU
	Paediatric Registrars	80%	1	Due to attend in June.
Saving Babies Lives study day	Midwives	94%	7	Plan in place to roster staff on 10-month rota to reduce compliance slippage when pulled to work clinically or sick.
	Obstetricians and Registrars	29%	12	All Doctors now booked to attend throughout the year.
SBLv3 Element 1	Intervention 1.8 – CO monitoring Midwives and MSWs giving AN care	93%	9	
	Intervention 1.9 – VBA all staff – m/w's, obstetricians and MSWs	79.5	37	Still pending consultant input regarding adding to doctor induction so new staff captured – will improve compliance. Midwives 94%, MSWs 60% up from 37% due to improved MSW attendance. Medical Team biggest risk for non-compliance.
K2 CTG & IA	Consultants	100%	0	
	Registrars	87.5%	1	MIS action plan: Managed by Fetal Monitoring Lead Midwife and Service Manager.
	Midwives	83%	15	14 due to complete by the end of May, 1 escalated to line manager.

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MIS Year 6 Trust Board / Quality Committee reporting timeline

2024

2 April
- Q1 PMRT report to board
- Board Safety Champions meeting with perinatal Quad summary report

May
- Q1 Trust claims scorecard reviewed alongside incidents & complaints
- Q1 Bi-annual staffing report to board
- Safety Champions report to board

June
- Board Safety Champions meeting with perinatal Quad summary report

July
- Safety Champions report to board
- Q2 PMRT report to board

Aug
- Q2 Trust claims scorecard review alongside incidents & complaints
- Board Safety Champions meeting with perinatal Quad summary report

Sept
- Safety Champions report to board

Oct
- Q3 PMRT report to board
- Board Safety Champions meeting with perinatal Quad summary report

Nov
- Safety Champions report to board
- Q3 Bi-annual staffing report to board
- Q3 Trust claims scorecard review alongside incidents & complaints

Dec
- Board Safety Champions meeting with perinatal Quad summary report

2025

Jan
- Safety Champions report to board
- Q4 PMRT report to board
- BDO audit final report to board

Feb
- Board Safety Champions meeting with perinatal Quad
- Final evidence submission report to board for agreement and sign off

12 noon 3 March
- MIS submission

By **30 Nov 2024** evidence to QC / Trust Board with acknowledgement in minutes

- Compliance with RCOG guidance on engagement of long-term locums
- Compliance of Consultant attendance (RCOG workforce document)
- Compliance with BAPM recommendations for nursing & medical workforce and subsequent agreed action plan if not
- Signed declaration from Exec Medical Director declaring SBLv3 is fully / will be in place as agreed with ICB
- Funded midwifery establishment being compliant with findings of BR+ or agreed plan with timescales to achieve uplift
- MNSI & NHSR EN Scheme cases reported

Maternity and Neonatal Quality and Safety report & dashboard/SPC review monthly, presented by a member of the perinatal leadership team. Inclusive of a review of thematic learning informed by PSIRF, themes and progress with plans following SCORE survey, training compliance, minimum staffing in maternity and neonatal unit and service user voice feedback

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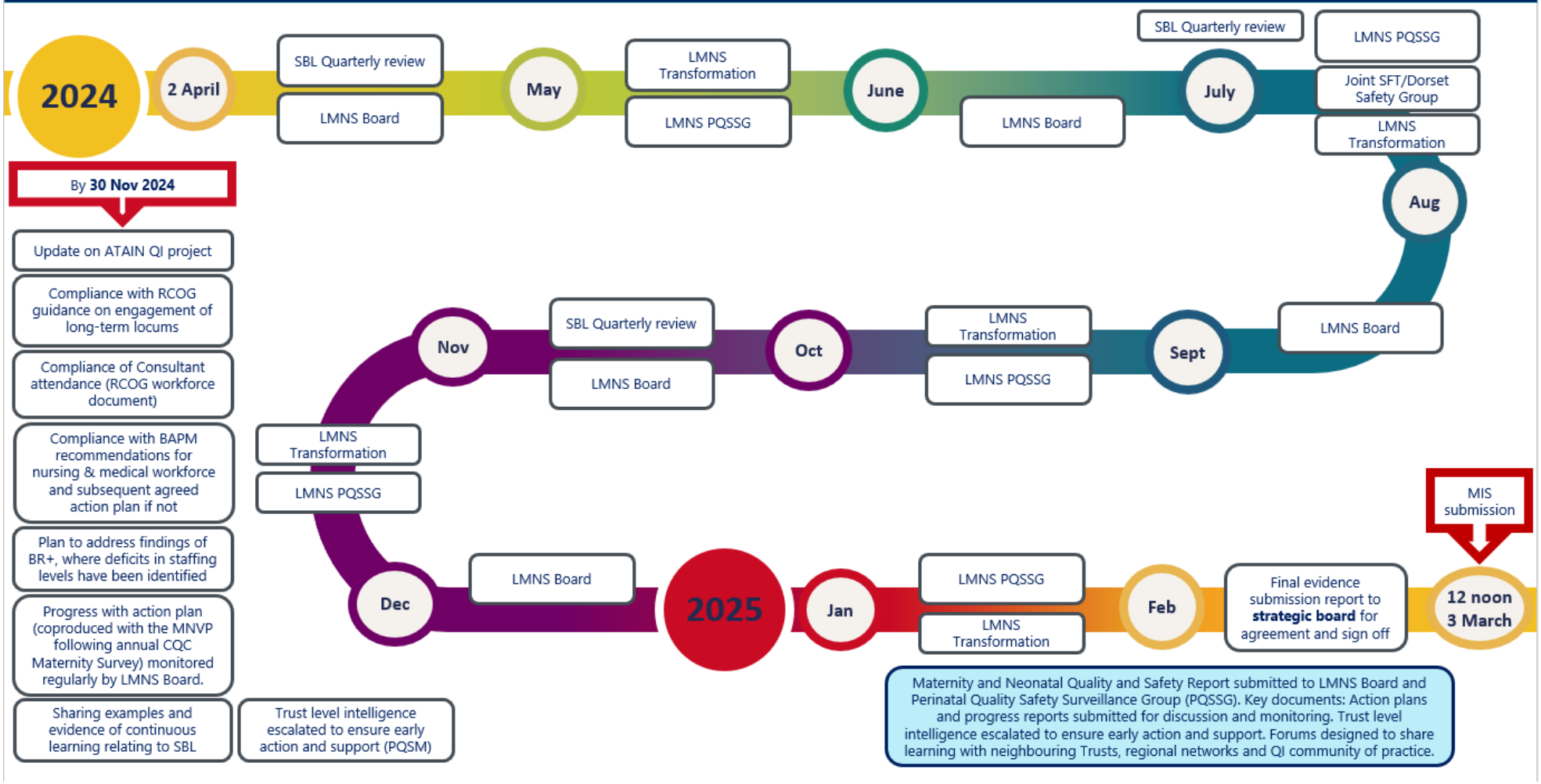
MIS Year 6 LMNS reporting timeline



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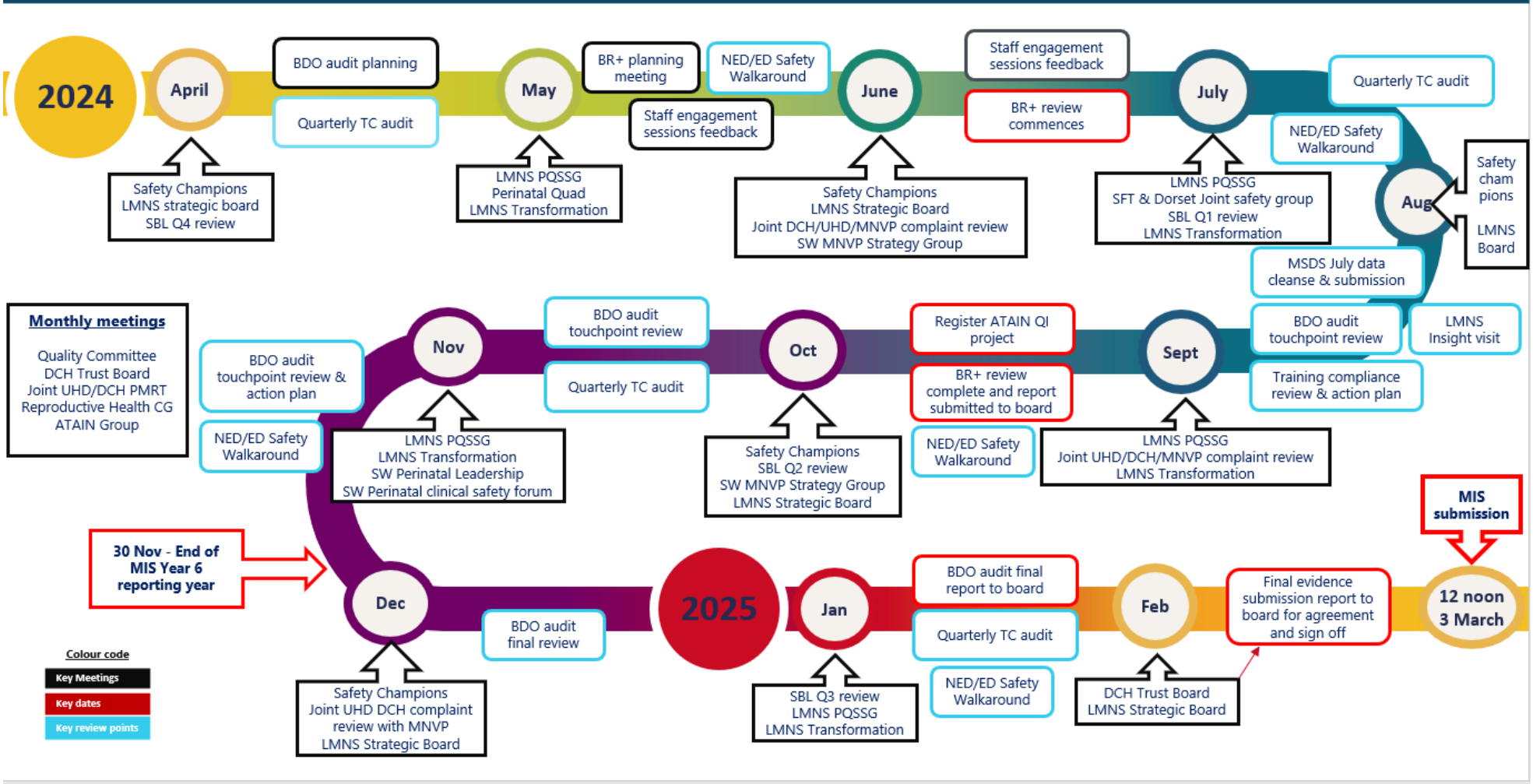
MIS Year 6 Key meetings, dates & review points



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MIS overarching reporting schedule 2024

Reporting requirement	Reporting to	Frequency	Lead	Details	
PMRT report	Trust Board/ QC Safety Champions	Quarterly	Lindsey Burningham	At least 95% of cases: parents' perspectives of care sought & opportunity to ask questions. Review using PMRT tool started within 2 months of death. At least 60% of reviews published within 6 months.	On Track
ATAIN QI project report	LMNS Safety Champions	By 30th Nov 2024	Nichola Coliandris	By 6 months (Sept) register QI project with Trust transformation team. Present an update of progress by end of MIS reporting year.	On Track
Obstetric workforce report Neonatal Medical workforce report Neonatal Nursing report	Trust Board/QC Safety Champions LMNS	By 30th Nov 2024	James Male Clare Hollingsworth Debora Horta	Implementation of RCOG guidance: engagement of long-term locums. Trust position with Consultant attendance compliance (RCOG workforce document). Formally record in TB minutes if BAPM standards are met for neonatal workforce. If not, TB should agree an action plan and evidence progress against any previous action plan.	On Track
Midwifery workforce review BR+ report	Trust Board/QC	MIS deadline 30/11/24 Trust deadline Sept 2024	Jo Hartley	Evidence in TB minutes of funded establishment being compliant with outcomes of BR+. Where Trusts are not compliant then minutes must reflect the agreed plan with timescale for achieving the appropriate uplift with mitigation to cover shortfalls.	On Track
BR+ plan to address findings of review (as agreed by Trust Board) – see above	LMNS	By 30th Nov 2024	Jo Hartley	Plan to address findings of BR+ and where deficits have been identified	On Track
Midwifery staffing oversight report	Trust Board/QC	6 monthly	Jo Hartley	Report that covers staffing/safety issues should be received by Trust Board every 6 months	On Track
Maternity and neonatal quality and safety report	Trust Board/QC	Monthly	Jo Hartley	Review using minimum dataset and must include thematic learning, score/pulse/NHS survey, training compliance, minimum staffing (mat/neo), staff engagement sessions & actions and service user voice.	On Track
Scorecard review & discussion by mat/neo & board level safety champions	Trust level (board or directorate) meeting	Quarterly		Trust claims scorecard review alongside incident and complaint data – used to agree targeted interventions and reflected in Trust PSIRP	On Track
CQC maternity survey action plan progress report	Safety Champions LMNS	By 30 Nov 2024	Jo Hartley	Progress against action plan	On Track
Formal plan for mandatory training requirements	Reproductive health	By 30 Nov 2024	Nicky Trent	Minimum of 90% of Paed/Neo medical staff having NLS certification by year 7 of MIS and ongoing	On Track
MNSI & NHSR EN scheme report	Trust Board/QC	Monthly	Elizabeth Passells / Linda Deadman	All qualifying cases, incidents and numbers reported with evidence of duty of candour, information about MNSI & NHSR EN scheme role(s)	On Track

Key
On Track
Expect Delay
Missed Deadline
Complete

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MIS Year 6 Delivery Plan

On Track
At Risk Of Delay
Missed Deadline
Complete

Safety Action(s)	Period	Evidence requirement	Progress update	RAG score
1. Are you using the National Perinatal Mortality Review Tool (PMRT to review perinatal deaths to the required standard?	Q1 Q2 Q3 Q4	Meet reporting timescales. Involve parents in review. Commence, complete & publish reviews within timescales. Submit Quarterly reports to Trust Board & discuss at safety champions meetings	Quarterly PMRT report submitted to Board via maternity and neonatal quality and safety report in April. All standards met.	On Track
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Q2	Achieve 10 of 11 MSDS only Clinical Quality Improvement Metrics (CQIMs) relating to activity in July 2024	Data quality checks undertaken by BI – July data will be reviewed, cleansed and submitted with final publication in October.	On Track
3. Can you demonstrate you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?	Q1 Q2 Q3 Q4	BAPM TC pathway embedded. Quarterly audits of compliance with policy. Register ATAIN QI project to minimise separation and present updates, developments and progress to LMNS and safety champions	Quarterly audits undertaken. Agendas for governance meetings revised to include quarterly review of audit findings. ATAIN Group meeting in April identified a QI initiative which requires formal registration with Trust Transformation.	On Track
4. Can you demonstrate an effective system of clinical workforce planning to the required standard?	Q2	Review RCOG, ACSA & BAPM guidance to benchmark against required standards. Share Trust position with Board & Board level safety champions, LMNS and ODN	Service manager benchmarking RCOG guidance. Obs Anaesthetic safety Champion benchmarking ACSA standard, Neonatal Matron undertaking BAPM nursing calculation, Neonatal Safety Champion benchmarking BAPM medical workforce standards results will be reported accordingly, and resultant action plans developed as required	On Track
5. Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Q2 Q3	Submit staffing oversight report to Board bi-annually. Undertake BR+ staffing establishment calculation exercise. Submit report to Board for funding agreement or plan to mitigate shortfall. Achieve 100% compliance with supernumerary status of labour ward co-Ordinator via acuity tool.	BR+ package procured to undertake establishment review and develop acuity tool. Planning meeting set for May in collaboration with DCH safer staffing fellow. Midwifery on-call system & rota under consultation with staff currently. Escalation policy under review to include definitive actions around supernumerary status of Co-Ordinator at start of every shift.	On Track
6. Can you demonstrate you are on track to compliance with all elements of the Saving Babies' Lives Bundle Version 3?	Q1 Q2 Q3 Q4	Agree local improvement trajectory with LMNS towards full implementation. Hold quarterly discussions with LMNS (minimum 2 in reporting year). Review of themes and trends about potential harm in each element. Share learning.	Q1 review underway in April, due for completion in May. Learning shared via LMNS PQSSG. Review and revision of all governance templates to incorporate SBL element specific benchmarking as a tool to collect themes and trends about potential harm.	On Track
7. Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Q3	MNVP engagement with communities as per LMNS Equity & Equality plan. ToR for Trust governance meetings to include MNVP. Infrastructure in place for MNVP with associated funding. Joint review of CQC maternity survey data & co-produced action plan. Progress shared with safety champions & LMNS.	MNVP strategy as per equity and equality plan underway. ToR under review in line with Trustwide governance review. LMNS undertaking necessary work around infrastructure and funding of MNVP. CQC survey action plan developed for MIS year 5 and steady progress being made. Review and action plan development scheduled in collaboration with MNVP for MIS year 6.	On Track
8. Can you evidence the following three elements of local training plans and 'in-house', one day multiprofessional training?	Q3	90% compliance for relevant cohorts in fetal monitoring and NLS. 90% for majority of cohorts for PROMPT and 70% for non-obstetric anaesthetists covering obstetric rota. 90% for SBL.	Revised rota schedule developed for respective disciplines. Work with education department ongoing to centralise booking and recording attendance. Significant challenges with anaesthetic department compliance with PROMPT identified and escalated. MIS year 5 action plan closed, and outstanding/ongoing actions transferred to new MIS year 6 action plan.	At risk of delay

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Learning from Deaths Report Q4 2023/24

1. Report Details			
Meeting Title:	Board of Directors, Part 1		
Date of Meeting:			
Document Title:	Learning from Deaths Q4 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	15 May 2024	
Quality Committee	21 May 2024	Recommended for approval

3. Purpose of the Paper	To inform the Board of the learning occurring from deaths beingreported, investigated and appropriate findings disseminated throughout the Trust.To also outline additional measures put in place to assure the Trust thatunnecessary deaths are not occurring at DCH despite a previously elevated SHMI.Presentation of the Learning from Deaths report at Quality Committee and Trust Board is a mandatory obligation for all Trusts.							
	Note (✓)		*Discuss (✓)*		*Recommend*		*Approve (✓)*	
4. Key Issues	The latest published SHMI data (5 months in arrears) for DCH was 110.9. This is slightly decreased from previous at 112.26 We do have re-emerging concerns that our SHMI will become adversely affected by the lack of resources within the clinical coding dept which is resulting in a significant backlog. Uncoded activity affects our expected mortality.							
5. Action recommended	The Board is recommended to: 1. **DISCUSS and NOTE** the findings of the report 2. **DISCUSS** the additional scrutiny occurring 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 • Poor data quality can result in poor engagement from clinicians, impairing the Trust's ability to undertake quality improvement • Clinical coding data quality is essential to the Trust's ability to assess quality of care. The Coding Dept is expecting to complete the full end of year update to NHSE on time this month (May 2024). The Dept is still short-staffed and depending on 2 agency coding staff to remain up to date. There is a risk around agency coders and compliance with NHS Framework.

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			• Clinical safety issues may be under-reported or unnoticed if data quality is poor 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?** 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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)		**No**	Not applicable
Quality Impact Assessment (QIA)		**No**	Not applicable

CONTENTS

1.0 DIVISIONAL LEARNING FROM DEATHS REPORTS
2.0 NATIONAL MORTALITY METRICS AND CODING ISSUES
3.0 OTHER NATIONAL AUDITS/INDICATORS OF CARE
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 Q4
8.0 SUMMARY

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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.

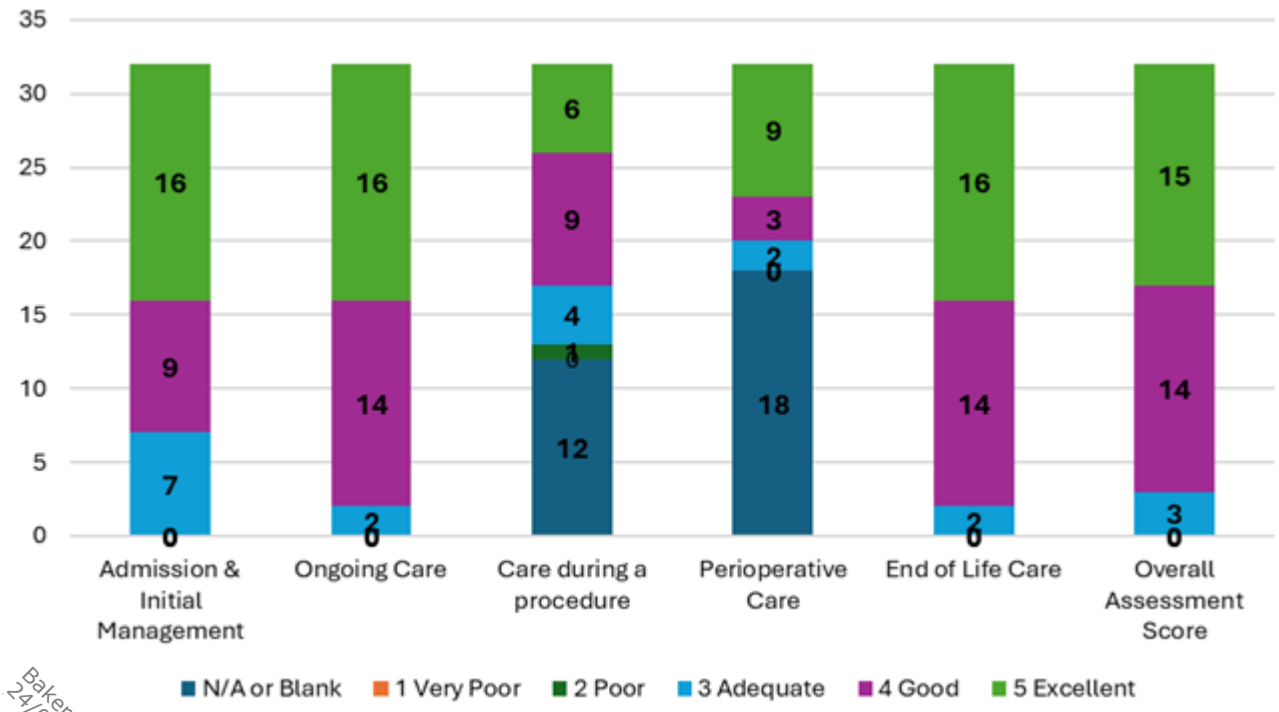
1.1 Family Services and Surgical Division Report - Quarter 4 2023/24 Report

Structured Judgement Review Results:
The Family Services & Surgery Division had 55 deaths in quarter 4, of which 46 that require SJR's to be completed. Within quarter 4 32 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 17/04/2024 is 23:

Feedback from SJR's Completed in Quarter 3:

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	0	12	18	0	0
1 Very Poor	0	0	0	0	0	0
2 Poor	0	0	1	0	0	0
3 Adequate	7	2	4	2	2	3
4 Good	9	14	9	3	14	14
5 Excellent	16	16	6	9	16	15



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Overall Quality of Patient Record:

Blank	Score 1 Very poor	Score 2 Poor	Score 3 Adequate	Score 4 Good	Score 5 Excellent
0	0	1	5	13	13

The Quality Manager continues to monitor when the Mortuary/Clinical Coding have released the records to obtain them before they go to the scanning team to try and mitigate being scanned to DPR before the SJR has been completed.

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	1	5	26

Actions:

Following completion of the 32 SJR's, 10 were highlighted as requiring actions.

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

Other actions:
- 2 for review and discussion at Specialty M&M meetings.
- 1 requested second SJR from specific specialty.

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.

Paediatric Mortality for Q4:
6 deaths - Combination of expected and unexpected deaths.

Child Death Overview Panel is Pan Dorset & Somerset to allow appropriate professional challenge and professional curiosity around child deaths in line with national expectations of the number of child deaths that should be reviewed by a CDOP for governance. CDOP also ensures appropriate learning from deaths and informs NCMD of death information to guide national child death data and learning/practice changes.

Ongoing work for improving service provision:
Processes of notification of a death has been streamlined to improve efficiency and timeliness of notification.
Working closely with Coroner for Pan-Dorset approaches and practice consistency.

Good Practice:
Excellent multi-agency response and coordination of support.

Challenges:
Ongoing delays in Child Death Reviews and therefore CDOP reviews due to timing for paediatric PMs

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1.2 Division of Urgent & Integrated Care – Quarter 4 Report 2023/24

In quarter 4 there were 193 deaths, 43 SJR's were requested from these deaths, and 20 SJR's were completed during this period (completed SJR's not necessarily from this quarter).

	Q4			Q1			Q2			Q3			Q4		
	Jan-23	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-24	Feb	Mar
Deaths	71	61	69	61	60	57	65	58	60	49	41	63	65	59	69
Deaths requiring SJR'S from Month	7	9	11	10	10	14	15	14	18	11	14	13	15	16	12
*Completed SJR'S	1	8	14	5	12	16	2	14	17	20	12	3	7	11	2

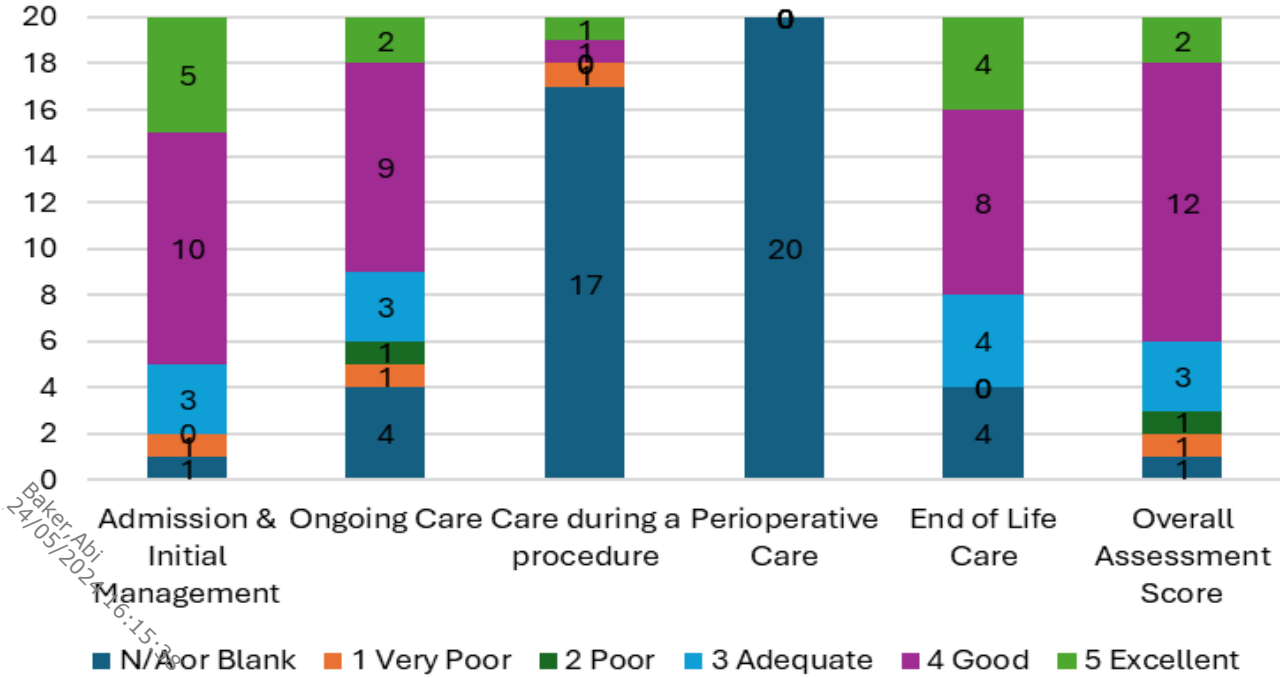
* Completed SJR'S not necessarily from that month's deaths

Outstanding SJRs for the Division as at 22/04/2024 is 52 including outstanding nosocomial reviews:

July	August	September	October	November	December	January
1	5	8	4	9	12	13

Phase score from 20 completed SJR's in quarter 4:

Phase Score	Admission & Initial Management	Ongoing Care	Care during a procedure	Perioperative Care	End of Life Care	Overall Assessment Score
N/A or Blank	1	4	17	20	4	1
1 Very Poor	1	1	1	0	0	1
2 Poor	0	1	0	0	0	1
3 Adequate	3	3	0	0	4	3
4 Good	10	9	1	0	8	12
5 Excellent	5	2	1	0	4	2



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Overall Quality of Patient Record:

Blank	Score 1 Very poor	Score 2 Poor	Score 3 Adequate	Score 4 Good	Score 5 Excellent
0	1	0	4	14	1

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	2	2	16

Actions:

Following completion of the 20 SJR's, 6 were highlighted as requiring actions:

- 1 was consideration for RCA and referred to Hospital Mortality Group (HMG).
- 1 was referred to Hospital Mortality Group (HMG).
- 1 was referred to ENT
- 1 was referred to SWASFT
- 1 referred back to the GP practice
- 1 referred for the acute medical M&M meeting

For further LfD and QIP see section 4.

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. It 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).

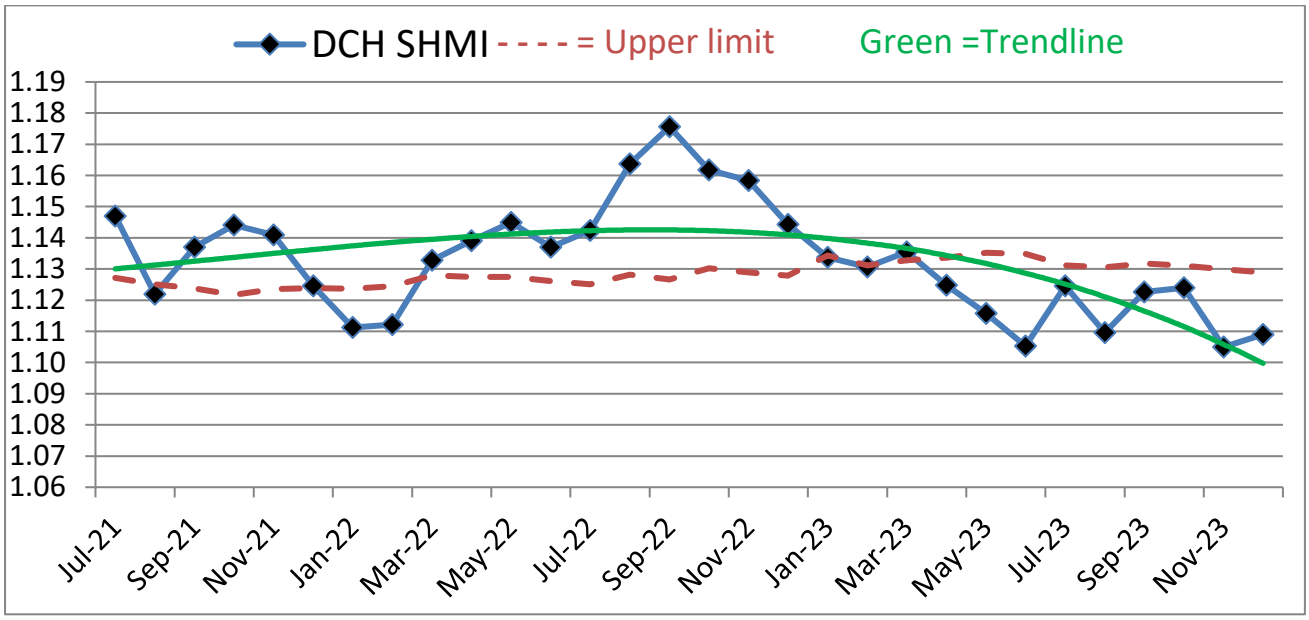
From the May 2024 publication onwards, the following changes will be made to the SHMI methodology:

- COVID-19 activity will be included if the discharge date is on or after 1 September 2021
- Hospice sites within non-specialist acute trusts will be excluded
- In the site level breakdown of the data, a SHMI value will only be calculated for a subset of sites
- The methodology for identifying the primary and secondary diagnoses for spells consisting of multiple episodes will be updated
- Activity with an invalid primary diagnosis will be moved to a separate diagnosis group.

Baker, Abi
24/05/2024 16:25:38

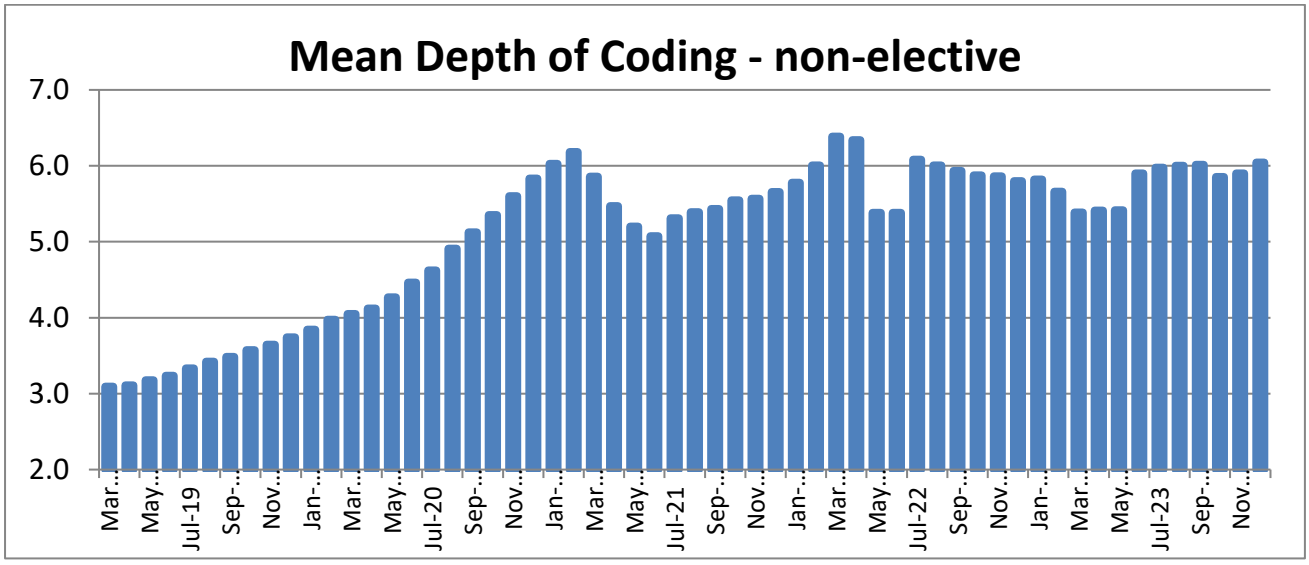
The latest SHMI publication from NHS England is for the period Jan 2023 – Dec 2023. **The Trust's figure is 1.1090 which is within the expected range** using NHS England's control limits.

We are aware that our data continues to be adversely influenced by staffing levels (though mitigations in place) in the Coding Department, and a possible under-reporting of 'sepsis' in the written medical record. Acute and unspecified renal failure is a relatively new alert and is being explored further by divisions. Coding of fluid and electrolyte imbalance/ AKI within medical records is also being reviewed at HMG.



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), and subsequent months show it has stabilised at around 6.0 – slightly above the national average. Dorset Healthcare have been able to provide an additional 20 hours/week of coding time which helps significantly.



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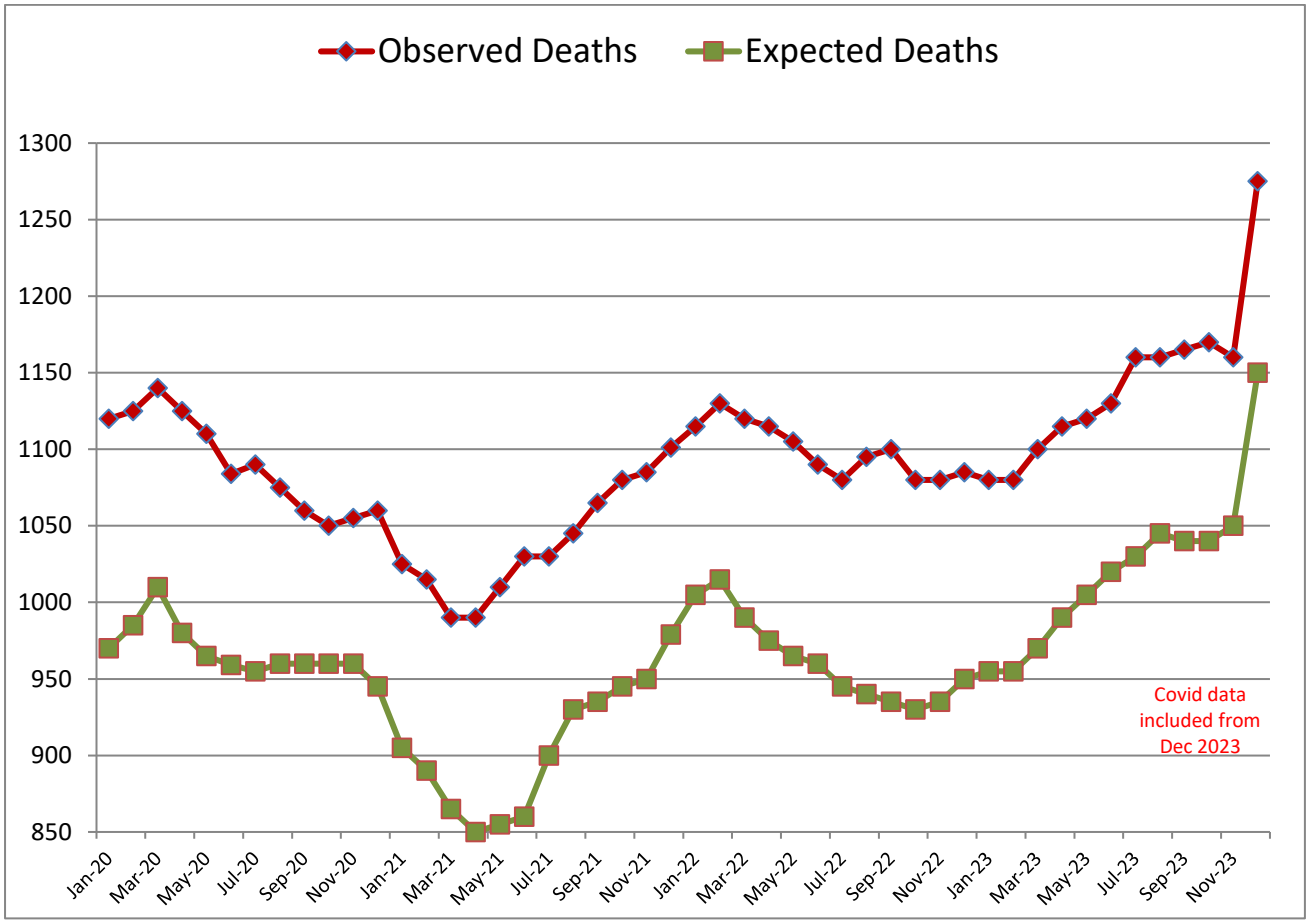
2.3 Expected Deaths (based on diagnoses across all admissions (except covid) per rolling 12 months):

The chart below shows observed (actual) and expected (calculated by NHS Digital) deaths over the past 4 years (rolling years from January 2020 to December 2023), 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 1,000 per 12 months. The latest figures include all covid-related data, hence the increase of around 100 in the 12 months to December 2023.



3.0 OTHER NATIONAL AUDITS/INDICATORS OF CARE

The DCH Hospital 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.

Of interest, included is the summary from the Jan-April 2023 HAT (hospital Acquired Thrombosis) readmission audit results:

- 9 readmissions during this period. Incidence is 1.3 per 1000 DCH admissions. GIRFT national average was 2.0 per 1000 hospital admissions. As before PE is the common VTE.
- Nil mortality due to HAT
- There is an increasing trend in HAT due to thromboprophylaxis failure. Current rate is 56% compared to 26% and 34% in the previous 2 audits. This can be considered a healthy trend as it indicates that we are getting better in doing all that we can in terms of VTE prevention, but HAT still occurred despite optimal management.
- HAT due to inadequate prophylaxis (poor care) was 2 of 9 giving 22% - was previously 28% and 58%. Improving but numbers are small, so unclear if significant improvement or not. But trend looks good.
- All potentially preventable HAT incidents are DATIXed for individual teams learning

Baker,Abi
24/05/2024 16:10:38

- Nil specific trends or specialities with HAT incidents – incidents remain random.

A Whole year review from Apr 2023 to March 2024 is in progress, with a full comparative report for years 2022, 2023 and 2024 to provide an indepth understanding expected in the next few months.

Currently only HAT readmissions are captured. There is ongoing work with BI team to capture all HATs during their index admissions.

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.

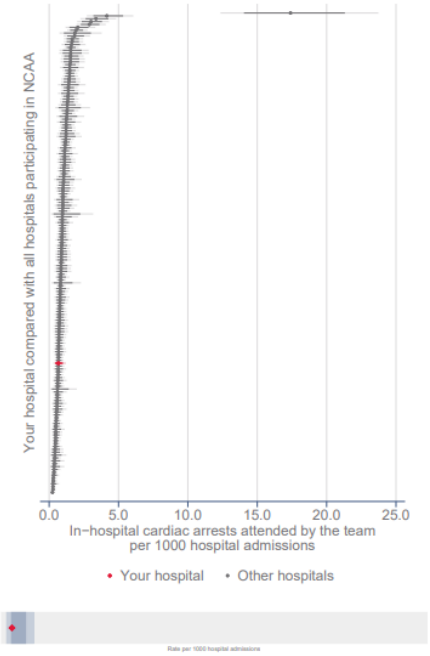
3.1 NCAA Cardiac Arrest data

The national Cardiac Arrest audit for DCH including data from April 2023 to Sept 2023 (quarters 1+2) was published on 17/01/24. 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.

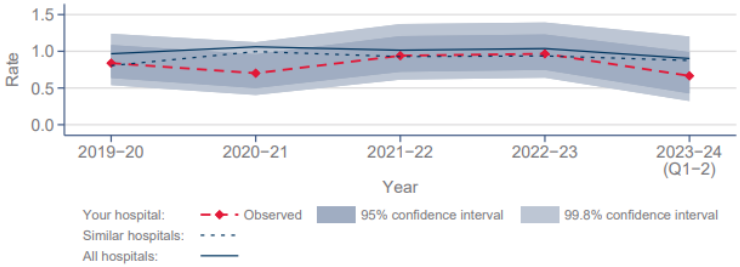
The graph below (left) represents the number of in-hospital cardiac arrest calls attended by the team per 1,000 admissions for all adult, acute care hospitals in the NCA Audit. DCH is indicated in red, and lower on the chart is better. The table to the right gives more detail by quarter year, and the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

ncaa

Rate of cardiac arrests per 1000 hospital admissions



	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	18100	12	0.66	(0.34, 1.16)	(0.22, 1.49)
Quarter 3					
Quarter 4					
Year to date	36088	24	0.67	(0.43, 0.99)	(0.32, 1.20)



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 September 2023
4
Date of report: 15/01/2024
©Resuscitation Council (UK) & ICNARC

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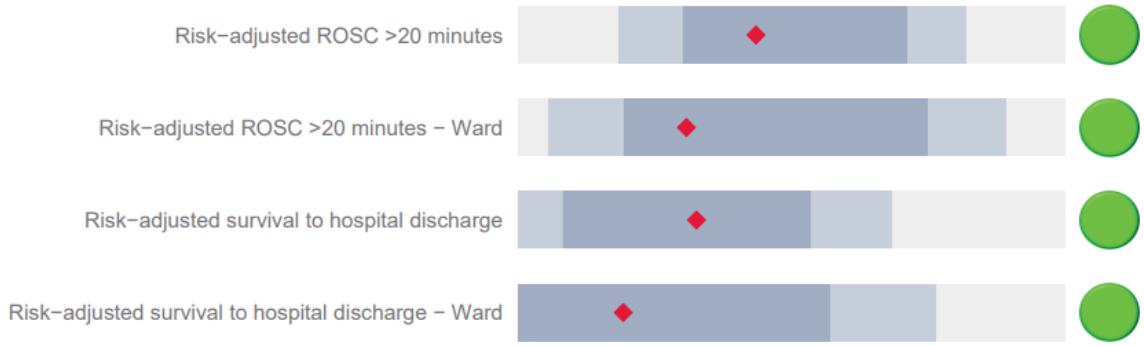
24/05/2024 11:13:38

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 2 (published 17/01/24).

ncaa

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 Q3 (April 23-Dec 23 data); n = 502 patients.

All indicators remain in the GREEN area.

Baker,Abi
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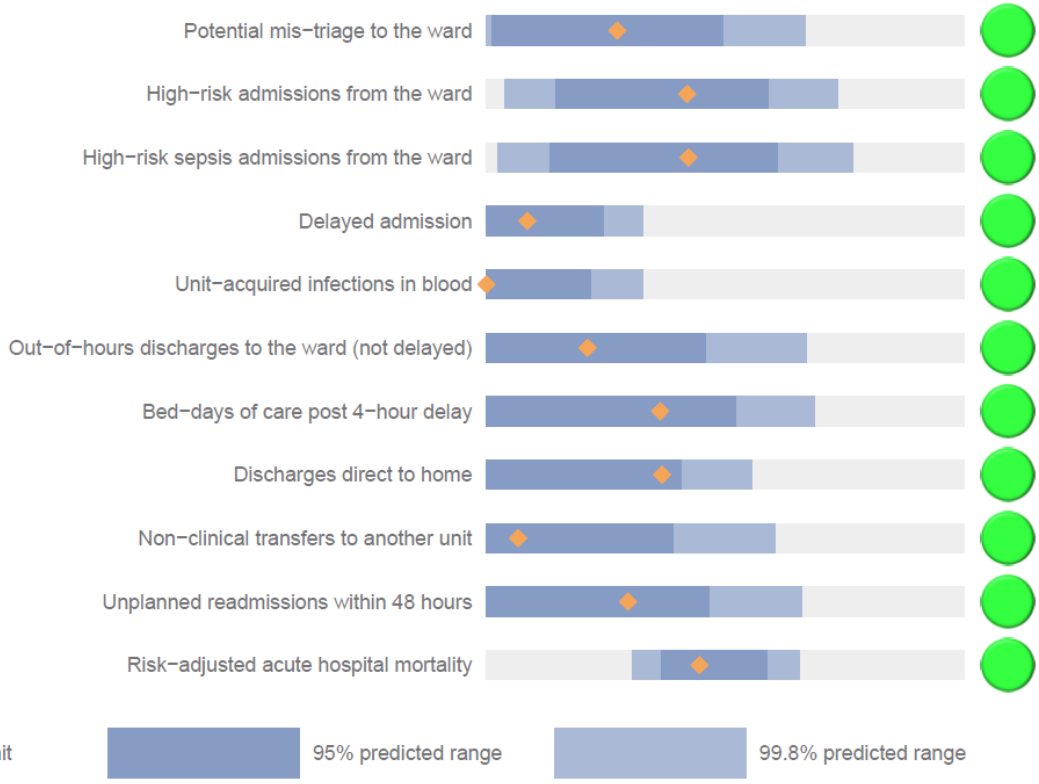
Dorset County Hospital, Intensive Care/High Dependency Unit
Quarterly Quality Report: 1 April 2023 to 31 December 2023

case mix programme

Quality indicator dashboard



Date of report: 28/02/2024 6 ©ICNARC 2024

The charts below show the “risk-adjusted acute hospital mortality” following admission to the DCH Critical Care Unit in Q3 2023/24. They compare observed and expected death rates in a similar fashion to SHMI.

Baker,Abi
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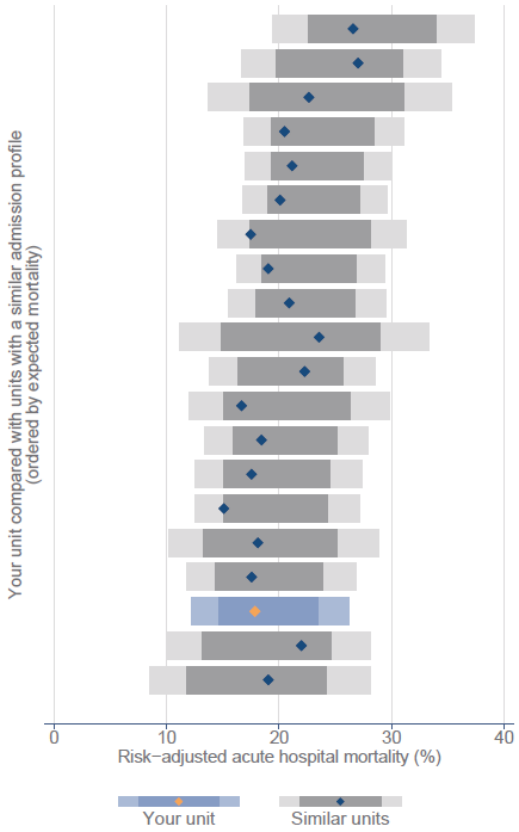
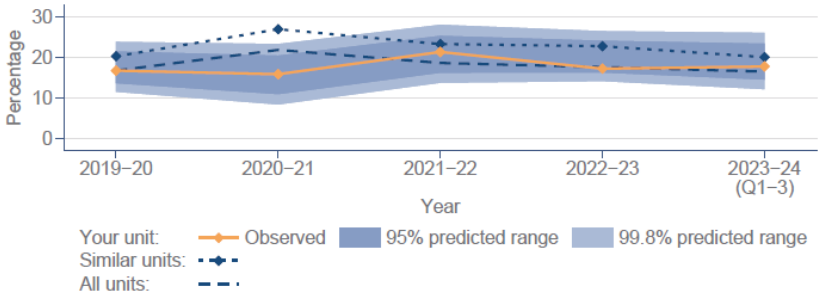
Dorset County Hospital, Intensive Care/High Dependency Unit
Quarterly Quality Report: 1 April 2023 to 31 December 2023

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	152 (99.3)	●	29 (19.1)	18.6	(12.2, 24.6)	(9.1, 28.5)	●
Quarter 3	182	177 (97.3)	●	27 (15.3)	17.2	(11.5, 22.7)	(8.7, 26.2)	●
Quarter 4								
Year to date	483	476 (98.6)	●	85 (17.9)	19.1	(14.6, 23.5)	(12.3, 26.2)	●



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

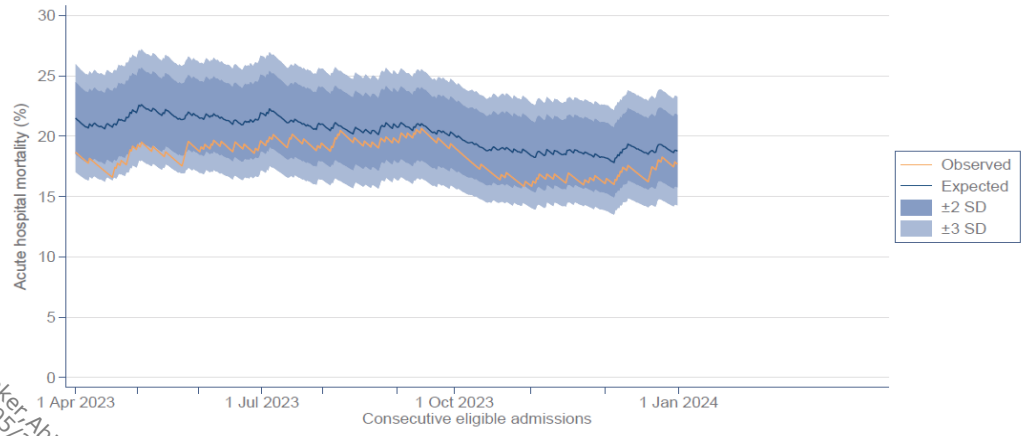
Date of report: 28/02/2024 20 ©ICNARC 2024

These results are well within the expected range.

Dorset County Hospital, Intensive Care/High Dependency Unit
Quarterly Quality Report: 1 April 2023 to 31 December 2023

case mix programme

Risk-adjusted acute hospital mortality (EWMA plot)



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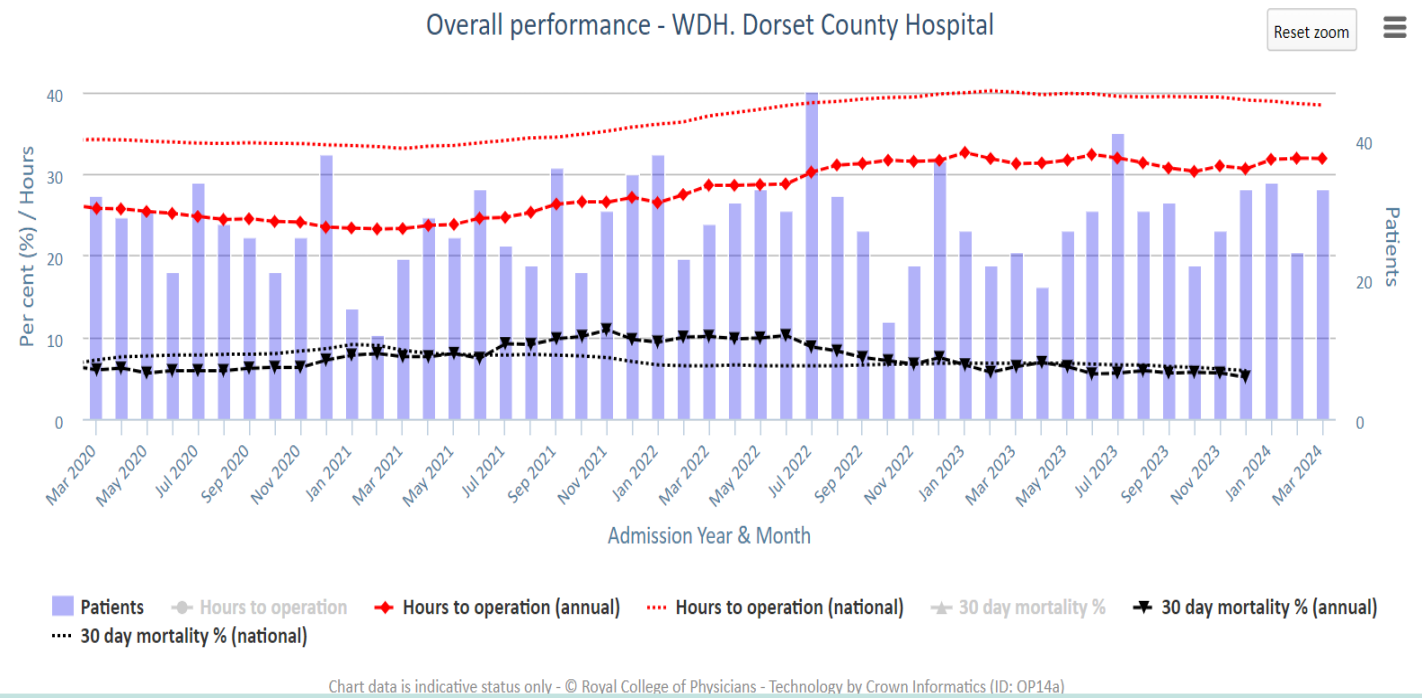
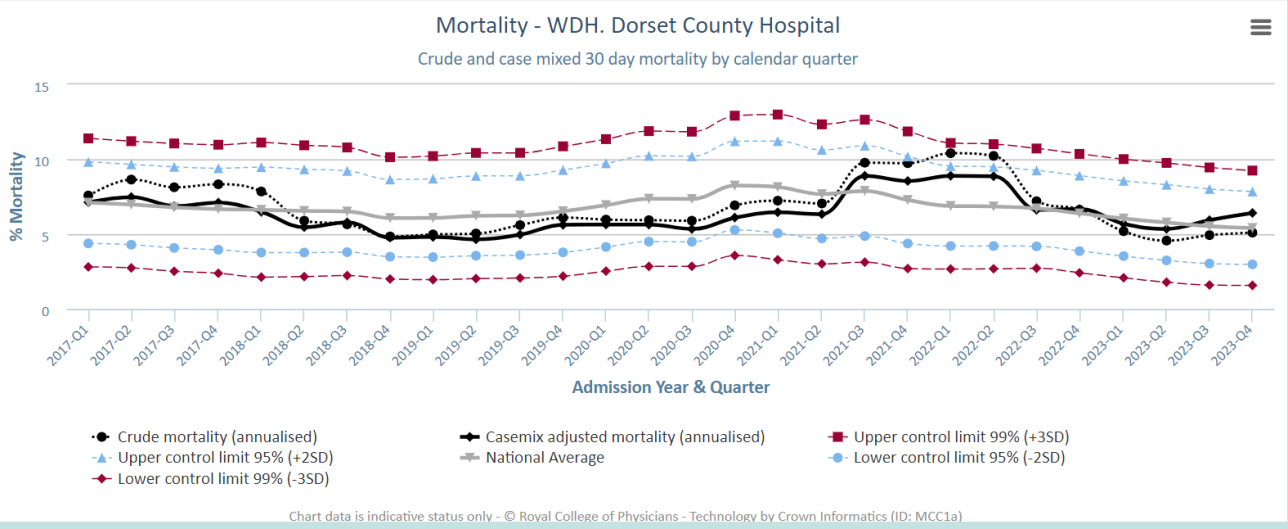
Explanation

- The Exponentially Weighted Moving Average (EWMA) plot shows the trends in observed and expected acute hospital mortality in your unit for the time period of the report
- Expected acute hospital mortality is calculated from the ICNARC_{H-2023} model
- The plots are updated after each consecutive eligible admission and points are 'exponentially weighted' – giving a larger weighting to the most recent admissions to smooth the appearance of the line
- The blue shaded areas of the plot represent 2 and 3 standard deviations (SD) above and below the expected line
- If the observed line is above the blue shaded areas, this means the observed acute hospital mortality is significantly higher than expected
- If the observed line is below the blue shaded areas, this means the observed acute hospital mortality is significantly lower than expected

3.4 National Hip Fracture database to Dec 2023



'Hours to operation' remains significantly better than the national average with 30 day mortality just below the national average.



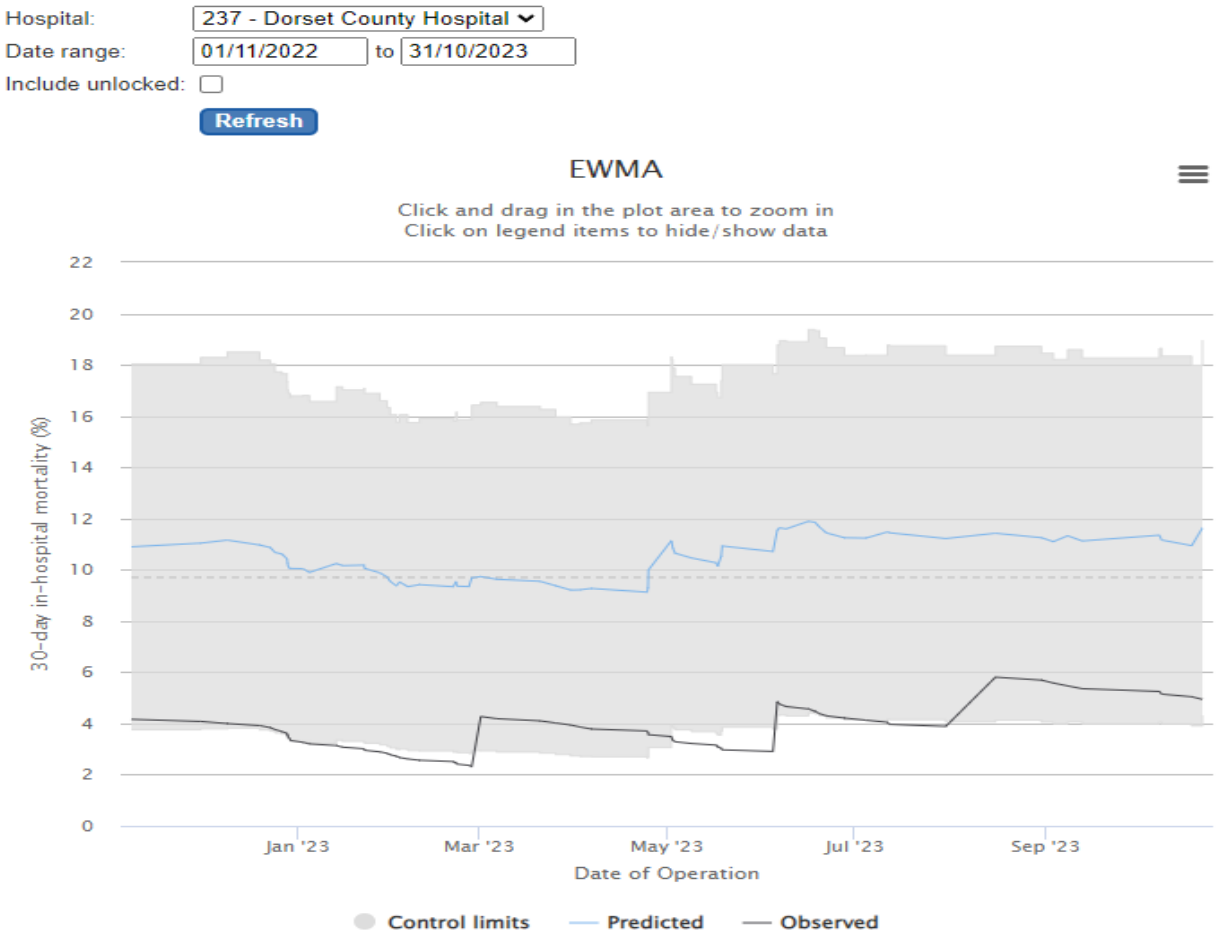
3.5 National Emergency Laparotomy Audit (no new data available at time of Q4 report)

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.



3.6 Getting it Right First Time; reviews in Qtr 4

Since the last LfD report, GIRFT have conducted the following reviews:

Resp (TB) 22/03/24
Diabetes 01/05/24

Head and Neck Cancer scheduled 21/05/24

Action plans for GIRFT reviews are presented to the Clinical Effectiveness Committee

3.7 Trauma Audit and Research Network

Freedom of Information Act 2000 Exemptions Applied
Date: 21/05/2024 16:03:34

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 for the past 12 months as a result of a cyber attack and we are awaiting the recreation of the website.

3.8 Readmission to hospital within 30 days

A readmission to hospital within 30 days suggests either inadequate initial treatment or a poorly planned discharge process.

Following concerns regarding data accuracy, validation work is complete with the creation of a new dashboard to monitor both re-admission but more importantly quality aspects around re-admission with potential Qi opportunity.

Readmission rates have been going up, but not at the same rate as previously quoted.

The national dataset has exclusions for cancer and maternity which are now applied to the dashboard as filters. We have also filtered the data for planned re-admission to an emergency type area and also pathway changes, these included for example a patient that was admitted to EDAU then being admitted to the hospital, this resulted in a second admission. And also a patient who was seen and discharged to come back to SDEC. There were some other exclusions as part of the validation exercise. This gets us back to the chart below

There are still sustained increases in readmissions (which has increased by 70% over the study period) and therefore patient level analysis has been undertaken in order to better understand this. Readmission LoS has also increased significantly over this period, 10% of our bed base is currently being used by long LOS 1st and second admissions ie a patient staying for 21 days+ in first admission has a 28% chance of readmission within 30 days and then a very significant LoS in the second admission - this should be a focus of QI as they are easily identifiable and low numbers with a significant risk in terms of bed days. Regional variation with matched cohorts is another area of potential system QI.

3.9 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.

Baker, Abi
2024/05/29 14:15:38

NCMD have released data for 2023, which covers child deaths notified and reviewed up until 31 March 2023.
Child death data release 2023 | National Child Mortality Database (ncmd.info)

Local learning from child deaths (CDOP) mirrors national learning & has been summarised in a clinical audit report submitted by the designated doctor for child deaths for Dorset (July 2023):

https://dchftnhs.sharepoint.com/sites/ClinicalAudit/AuditReports/Forms/AllItems.aspx?id=%2Fsites%2FClinicalAudit%2FAuditReports%2F5060%20Child%20Mortality%20Database%20Audit%20Outcome%20Form%20%2Epdf&parent=%2Fsites%2FClinicalAudit%2FAuditReports
Key points:
63% of deaths that have been reviewed at a Child Death Overview Panel (CDOP) had modifiable factors identified (much higher than all deaths where modifiable factors are found in approx. 1/3). This suggests that many of these deaths are preventable.
Overall risk to children in the south west of England is relatively high at 18.84 / 1 000 000 children per year (national range 13.49 in the east of England to 21.17 in the north west).
Children with neurodiversity are disproportionately at risk. 11% of completed reviews for children aged 5-17yrs noted neurodiversity in the history while the population rates are reported as ASD 1.3% and ADHD 1.9%

Focus is on the following issues:

- *Knife crime (nationally) - Training in relation to medical management of penetrating wounds.*
  This is being led strategically by NHSE workforce training and education NHSE W/T/E) , ICBs, and major trauma ODNs for adults and children. DCH needs to ensure that we engage with this area of work and have appropriate training and updates for all staff involved in the care of major trauma patients.

- *Development of standardised bleed control and resuscitation training for young people.*
  Led by NHSE W/T/E, VRU and charities but clinical staff at DCH may be able to contribute to the training programmes being developed for young people as well as ensuring are workforce are up to date with these skills.

- *Prioritise measures to reduce the risk of Non-accidental injuries in infants.*
  This is an active area of work for the local SGP. Recent CSPRs have addressed these issues and identified learning. The NCMD report " The myth of invisible men" has been studied locally. Our maternity and primary care services work to identify families at risk and to be able to offer appropriate support to reduce that risk. The prebirth protocol for child protection has been updated. Fathers / step fathers are more included in prebirth assessments and offered support. ICON is promoted to highlight the risk of shaking infants.

- *Ensure safe bathing techniques are promoted.* Current advice about this need to be included in parenting information delivered antenatally and postnatally. This is relevant for maternity services and primary care.

- *Evidence based, age appropriate drug and alcohol education programmes for all children and young people aged 10-18 years.* Children admitted with drug / alcohol related conditions are assessed jointly with CAMHS and signposted to appropriate services.

- *Sudden unexpected death in infancy and childhood (SUDI / C) multiagency guidelines for care and investigation.* Local guidance has been updated. Support for peers of victims of suicide is provided including actions on the anniversary of deaths locally.

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)

MBRRACE have also published 2 reports comparing, respectively, the care of Asian and Black women with White women who have experienced a stillbirth or neonatal death. Published 14 December 2023. Last updated 11 January 2024

https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/confidential-enquiries/confidential-enquiry-asian.html

https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/confidential-enquiries/confidential-enquiry-black.html

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24/05/2024 14:15:38

3.10 National Perinatal Mortality Review tool

Data included in the Maternity safety report to Quality Committee

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) ***Learning from Divisional Quality Assurance Episode***:

1. Generally scoring similar but we all missed issues
2. Poor ICU clerking as patient admitted from theatre. Half clerked but not completed on arrival. This was discussed at ICU CGM. Highlighted issue and decision to handover to ICU team in recovery.
3. Documentation of consultant reviews and ward rounds poor at weekend. This has been discussed before but was covered again at the recent CGM

Outcomes:

1. If the death is being subject to a Coroner's case the team should do two SJRs to pick up issues that may have been missed with one.
2. Family complaints management reviewed
3. If score a 2 in overall care then for a second SJR prior to PSIRF consideration (we already do this)
4. Repeat this meeting on a regular basis – suggested 3-6 monthly

b) Optimising Medicines safety during transfer of care

Across the Dorset ICB learning from incident reporting and HMG supports a QIP to minimize harm from medicine related incidents. A project group has been established to improve medicines safety during transfer of care, focusing on medicines safety at the point of hospital discharge. The group have set a deadline for completion of stage 4 'implementing improvements' at 31st August 2024.

c) TEP DNAR Task group

Progress to support EoLC continues. A bespoke training package commissioned from Weldmar is being explored alongside in-house advanced communication skills training.
The policy update is nearing completion. Terminology changes from 'DNAR' to 'allow a natural death' are being considered within documents such as EDS to better facilitate conversations. Current methods of information sharing between hospital and community are being reviewed.

d) LeDeR

Adult with multiple comorbidities and neurodiversity died unexpectedly.
Care graded as falling short of expected good practice – this significantly impacted on the person's well-being and / or had the potential to contribute to the cause of death.

Rationale & learning:
Consideration of autonomy and whether communication practices met the person's needs in terms of supporting their decision making.
This highlights a gap in service provision to meet the needs of high-functioning neuro-diverse people, maybe beyond the scope of NHS services, but still to be considered when grading the care overall.

5.0 MORBIDITY and MORTALITY MEETINGS

Bakesbi
24/07/2024 16:12:24

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.
Following M&M meetings any learning and actions identified from the cases discussed are highlighted and information collated on an overview slide which is shared at their monthly Care Group meeting and the Divisional Business & Quality Governance meeting. Records of action plans and learning identified are available across departments.

Quality of clerking remains a recurring theme for improvement. Improving clerking, admission diagnosis and discharge summaries will also support clinical coding.

Examples of Learning and Actions from M&M Meetings:

Anaesthetics

1. Confirming correct patient arrives in anaesthetic room. Patient sent for, name and theatre number given, incorrect patient arrived, noted immediately and apologised to patient. Correct patient arrived but theatre list had a delayed start. Name had sounded similar. This was investigated and discussed with the member of staff at the time and asked to reflect on what happened. Discussed at dept governance to ensure correct full information is collected before releasing patients to theatres staff.
2. Patients with diabetes going first on list where appropriate – 2 datix cases. This has been disseminated to the Admissions Team and the SAL team have actioned as part of their preparations ensuring that Diabetic Patients are prioritised.
3. Some reversal ampoules in anaesthetic trolley were out of date. Half full box of vials in trolley, no in date ampoules in trolley. ODP asked to remove and replace. Reminded that ampoules should be checked at time of taking out of cupboard and at regular intervals. This has been shared with theatre team at governance and bi-weekly huddles.

Paediatrics

Cases discussed include :

1. Baby with changes on chest xray requiring intubation & ventilation (I&V)

   Learning reminder: Significant hypoxia & high FiO2 requirements are red flags for I&V.
2. Child with pre-existing GI condition presenting with abdominal distention and vomiting

   Learning reminder: Clinicians caring for child can challenge SORT advice as they can see the child.

   Parents of children with rare complex conditions can be expert in the condition that clinicians have not managed for a long time!
3. Ex premature baby with incarcerated hernia and dilated bowel loops

   Learning reminder: Surgical referral pathway does not include assurance if unable to contact team – feedback provided to UHS

Trauma & Orthopaedics

1. Fixation failure and infection after DHS 6 months prior

   Ultimately significant complication managed successfully

2. Intra-operative periprosthetic femoral fracture during revision TKR

- Complex surgical case, poor bone stock
- Discussed additional fixation and longer stems
- Patient doing well and happy with outcome

3. Failure of metalwork during DHS insertion

- Fatigue failure of DHS insertion jig
- All jig metal had to be painstakingly removed before redoing fixation
- Datix completed – awaiting feedback

4. Interprosthetic femoral fracture

- Multiple comorbidities
- Developed heart failure post-op, EoLCP, died three weeks post-op on ward
- Positives: Good MDT involvement throughout, swift definitive surgery, early recognition of palliative care
- Learning points: Difficult fluid balance due to comorbidities. Consider daily weights/ U+Es

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Diabetes

- Earlier sampling required. Note – Vancomycin now kept on Ilchester for quicker access for patients. (staff to be made aware at team meeting).

Acute Medicine/ED

- Action: to work with diabetic team to provide education at Board rounds due to diabetic care becoming an emerging theme in risks.

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6.0 LEARNING FROM CORONER'S INQUESTS Q4

DCH has been notified of 25 new Coroner's inquests being opened in the period 01 January 2024 – 31 March 2024. We have seen a huge increase in the volume and complexity of the cases.

7 inquests were held during Quarter 4. 6 inquests were heard as Documentary hearings, not requiring DCH attendance. 1 required the clinician to attend Court in person. 0 required attendance remotely using Microsoft Teams. The Risk Team no longer have a dedicated Virtual Court Room, due to office re-configuration. 2 pre-Inquest review hearings were held.

We currently have 54 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.

Learning Identified: Encourage clinicians to record any differential diagnosis.

National learning disseminated locally:
A recent ***'Prevention of Future Deaths Report'*** from the Berkshire Coroner highlighted the following:

- A patient with sepsis was discussed with the ICU team 'just to let you know'.
- The ICU team did not review the patient and they deteriorated and suffered a cardiac arrest and died later on that night.
- The report concluded: 'The need for training of all ICU clinicians at all levels ….that a 'just to let you know' call should result in an ICU review of the patient'.

This has been discussed in the DCH ICU CGM. This report has heralded the end of 'just to let you know'. These are now treated as formal referrals. The learning is taken into account when discussing patients with the ICU team.

7.0 LEARNING FROM CLAIMS Q4

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. The next GIRFT pack is due out in September, with the NHS Resolution due out in August.

Claims pattern Quarter 4 FY 23/24.

New potential claims	10
Disclosed patient records	30 (14 claims, 16 disclosures to the coroner)
Formal claims	5 clinical negligence, 1 employee claim
Settled claims	2 clinical negligence, 0 employee claims
Closed - no damages	2 clinical negligence, 0 employee claims

8.0 SUMMARY

The latest SHMI publication from NHS England is for the period December 2022 to December 2023.
The Trust's figure is 110.90, this is within the expected range using NHS England's control limits.
Of the ten groups for which NHS England publish SHMI values with control limits, eight have a SHMI value that is within the expected range. Septicaemia (except in labour) and Fluid and electrolyte disorders have a statistically significantly higher than expected SHMI.
Using Dr Foster 95% confidence interval, acute and unspecified renal failure is a relatively new alert and will be scrutinised in more detail at HMG.
The DCH internal prediction has been that SHMI will continue to fall gradually over the following three months to around 1.0700 - however this depends on the resources within the coding department. We are aware that our data

continues to be adversely influenced by resource challenges within the Coding Department and a possible under-reporting of 'sepsis' in the written medical record.
The clinical coding risk is rated as high on the risk register. The team have implemented strategies for risk mitigation.

No other metrics of in-patient care suggest that excess mortality is occurring at DCH. 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.

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Report Front Sheet

1. Report Details			
Meeting Title:	Trust Board		
Date of Meeting:	29th May 2024		
Document Title:	Governance Update		
Responsible Director:	Jenny Horrabin, Director of Corporate Affairs	Date of Executive Approval	
Author:	Trevor Hughes, Head of Corporate Governance		
Confidentiality:	Not confidential		
Publishable under FOI?	Yes		
Predetermined Report Format?	No		

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

3. Purpose of the Paper	To provide assurance of compliance with: • The new NHS Code of Governance • The new NHS provider License • The enhanced Fit and Proper Persons Test requirements for Board members. And to note: • The Annual Governance Statement that no significant control weaknesses have been identified. • The implementation of the Leadership Competency Framework for all Board members.							
	Note (✓)	✓	*Discuss (✓)*		*Recommend (✓)*		*Approve (✓)*	
4. Key Issues	Self-assessment exercises completed during Quarter 4 2023/24 and Quarter 1 2024/25 have demonstrated compliance with: • The new NHS Code of Governance • The new NHS Provider License • The enhanced Fit and Proper Persons Test requirements for Board members. DBS Checks for all Board members are expected to be complete by 30th June 2024. And that: • No significant control weaknesses have been identified during the preparation of the Annual Governance Statement. • Implementation of the Leadership Competency Framework will be in line with guidance and national timescales for all Board members.							
5. Action recommended	The Trust Board is asked to note compliance with: • The new NHS Code of Governance • The new NHS Provider License • The enhanced Fit and Proper Persons Test requirements for Board members. And that:							

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	• No significant control weaknesses have been identified in the preparation of the Annual Governance Statement. • Implementation of the Leadership Competency Framework will be in line with guidance and national timescales for all Board members.

6. Governance and Compliance Obligations			
Legal / Regulatory Link	**Yes**		*The trust is required to comply with the NHSE Code of Governance and the NHS Provider License on a comply or explain basis.*
Impact on CQC Standards	**Yes**		*Regulatory compliance impacts the Well led domain.*
Risk Link		**No**	
Impact on Social Value		**No**	
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			
Strategic Objectives – Place			
Strategic Objectives – Partnership			
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		**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**	*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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)		**No**	
Quality Impact Assessment (QIA)		**No**	

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Governance Report to the Board of Directors – May 2024

1. Introduction

This paper outlines the assessments of compliance that have taken place during Quarter 4 2023/24 and Quarter 1 2024/25 with:

- The new Code of Governance.
- The new Provider License.
- The enhanced Fit and Proper Persons Test requirements.
- The development and preparation of the Annual Governance Statement that will be included in the Annual Report 2023/24.

This report also provides an outline for the implementation of the Leadership Competency Framework for all Board members.

2. Executive Summary

Self-assessment exercises completed during Quarter 4 2023/24 and Quarter 1 2024/25 have demonstrated compliance with:

- The new NHS Code of Governance
- The new NHS Provider License
- The enhanced Fit and Proper Persons Test requirements for Board members.

And that:

- No significant control weaknesses have been identified during the preparation of the Annual Governance Statement.
- Implementation of the Leadership Competency Framework will be in line with guidance and national timescales for all Board members (from autumn 2024).

3. The NHS Code of Governance

The NHS Code of Governance sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. The new version of the code applies from April 2023. The full code can be found at NHS England » Code of governance for NHS provider trusts. Set out in five sections, the code describes principles of good governance and the provisions (based on the principles) with which provider trusts must 'comply or explain'.

A self-assessment has been completed that provides assurance of compliance with the NHS Code of Governance for 2023/24. The trust is fully compliant. However, there are a small number of areas where arrangements could be strengthened in accordance with best practice. In these cases, an action has been included in the self-assessment. These areas relate to the following:

- Developing the skills matrix and succession plan for Board Directors
- Developing the joint Board Development Plan for DCH and DHC
- Formalising the arrangement and reporting of Council of Governor performance reviews and future development programme

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- Implementing the Leadership Competency Framework for Board member appraisals in accordance with national timescales.
- Improving the timeliness of circulating Board and Committee papers
- Strengthening the executive summaries in Board and Committee reports.

The full self-assessment will be reviewed at the next meeting of the Risk and Audit Committee and periodically thereafter to demonstrate ongoing compliance.

4. The New NHS Provider License

The NHS provider licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future.

A new NHS Provider licence was issued on 31 March 2023. The requirements relating to certification of the licence requirements was removed from the provider licence with effect from 1 April 2023. NHS England does not routinely monitor and assess compliance against each of the individual licence conditions, although there is an expectation that providers should periodically self-assess. In the majority of cases compliance can be assured through reference to existing plans/strategies.

A self-assessment has been undertaken and this provides assurance to the Board that the trust is compliant with all licence conditions. The full licence with all conditions can be found at PRN00191-nhs-provider-licence-v4.pdf (england.nhs.uk). The full self-assessment will be reviewed at the next meeting of the Risk and Audit Committee and periodically thereafter to demonstrate ongoing compliance.

License condition CoS7 – Availability of Resources, requires that the trust will have access to the necessary resources for the forthcoming 12-month period and to declare any limitations. The Annual Governance Statement within the Annual Report considers the factors impacting the availability and efficient use of resources and outlines the sources of internal and external assurance the trust has received on the use and availability of resources. This informs the Chief Executive's view of the adequacy of the trust's systems of internal control and provides assurance to the Board of compliance with license condition CoS7.

The trust must also review whether their governors receive enough training and guidance to carry out their roles. The governors receive:

- Induction training
- Governor handbook,
- Regular development events each year
- Regular updates and information on key areas
- Offered training provided through the NHS Providers Governwell programme.

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The training provided is regularly reviewed and refreshed through annual reviews of the induction and business programmes and through feedback after the development days and other events. Governors also have access to specialist expertise to provide appropriate and objective guidance including the corporate governance team, communications team in relation to membership and engagement and human resources and external support for the Council of Governors' Nomination and Remuneration Committee.

5. Enhanced Fit and Proper Persons Test

NHS England (NHSE) published a new Fit and Proper Person Test (FPPT) Framework in August 2023 following the Kark review undertaken in 2019. The framework is applicable to executive and non-executive directors, alongside guidance for chairs on implementation. The Board received a detailed briefing on the enhanced requirements to ensure that members of the Board were 'fit and proper' and are of 'good character' in September 2023 with the NHSE expectation of full implementation of the guidance by 31 March 2024.

The trust has been implementing the guidance over the last six months in order to ensure compliance and that it is able to submit the required confirmation of compliance return to NHSE by the 30th June 2024. Whilst the trust has not developed a policy the national guidance has been adopted and a Standard Operating Procedure (SOP) is in place and is supported by a comprehensive checklist framework. The trust has reviewed and established a robust documentary record system to evidence compliance for each Board member, including:

- Identity and employment history checks.
- Training and development.
- Board member references.
- A confirmatory letter of fitness to / from other organisations in respect of joint appointments.
- Appraisals.
- Disciplinary or grievance process involvement.
- DBS and safeguarding checks.
- Social media checks.
- Professional registration (as appropriate).
- Director and charitable trustee disqualification checks.
- Annual attestations that directors remain 'fit and proper' and are of 'good character'.

One new requirement is to ensure that DBS checks are undertaken for all Board members, including non-executive directors (NEDs). Practice has varied widely in this regard nationally leading to confusion about the level of check required. DBS checks for NEDs are currently being progressed alongside repeating executive DBS checks that are older than three years. The DBS checking process is expected to be

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completed by the 30th June 2024 enabling the trust to submit the Chair's statement of compliance to NHSE by that time.

6. Leadership Competency Framework

The Kark review (discussed above) also recommended the implementation of a competency framework for board members which is aligned to NHS England's People Promise. The Leadership Competency Framework aims to promote diversity and high-quality care provision and is based on wider industry best practice.

There are six competency domains that take account of NHS England's Operating Framework, patient safety strategy, workforce plan, diversity and inclusion and the Well Led Framework and include:

- Driving high quality and sustainable outcomes
- Setting strategy and delivering long term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building trusted relationships with partners and communities.

The requirements of the framework are being incorporated into trust's recruitment processes for Board members and, in the autumn of 2024, into the annual Board member appraisal process (following publication of the Board Member Appraisal Framework) as part of the fit and proper persons requirements.

7. Annual Governance Statement

The Annual Governance Statement is a mandatory requirement for the Annual Report and provides a statement by the Chief Executive Officer of their review of the governance systems and processes in place across the trust to ensure effective control and mitigation of risks. NHS England's Annual Reporting Manual sets out guidance and mandatory text requirements of the statement.

The statement discusses the systems of internal control in place across the trust and the trust's capacity to handle risks alongside reviews of efficiency and effectiveness and the use of resources. The concluding declaration is informed by a variety of sources of feedback and assurance including the views of internal auditors who have provided a 'moderate' level of assurances regarding the trust's systems of internal control.

No significant internal control issues have been identified for the year ended 31 March 2024. The statement also includes assurance on condition CoS7 of the NHS Provider Licence, as referenced above.

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The draft Annual Governance Statement is included with the draft Annual Report and the final draft will be presented to the Risk and Audit Committee and Board for approval in June 2024.

8. Conclusion

Self-assessment exercises completed during Quarter 4 2023/24 and Quarter 1 2024/25 have demonstrated compliance with:

- The new NHS Code of Governance
- The new NHS Provider License
- The enhanced Fit and Proper Persons Test requirements for Board members.

And that:

- No significant control weaknesses have been identified during the preparation of the Annual Governance Statement.
- Implementation of the Leadership Competency Framework will be in line with guidance and national timescales for all Board members.

9. Recommendations

The Board is asked to note the assurances of compliance with:

- The new Code of Governance.
- The new Provider License, including condition CoS7
- The enhanced Fit and Proper Persons Test requirements and implementation

And that:

- No significant control weaknesses have been identified during the preparation of the Annual Governance Statement.
- Implementation of the Leadership Competency Framework will be in line with guidance and national timescales for all Board members.

Name and Title of Author: Trevor Hughes, Head of Corporate Governance
Date: 22nd May 2024

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Report Front Sheet

1. Report Details			
Meeting Title:	DCHFT Board		
Date of Meeting:	29 May 2024		
Document Title:	Social Value Programme Report (6 month)		
Responsible Director:	Nicholas Johnson Deputy Chief Executive	Date of Executive Approval	20/05/2024
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**
People & Culture Committee	20.5.24	Noted
Senior Leadership Group	22.5.24	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: - Joint Strategy - Local Investment - Local Employment - Involving our Community - Estates Capital Projects: South Walks House Social Value report (Enc) - DCH Social Value Activity Report (Enc)							
5. Action recommended	The DCHFT Board is recommended to: 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. (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**		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?** *Please summarise how your report will impact one (or multiple) of the Trust's Strategic Objectives (positive or*		

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		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?** *Please summarise how your report contributes to the Dorset ICS key objectives.* *(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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)		**Yes**	**No**	N/A
Quality Impact Assessment (QIA)		**Yes**	**No**	N/A

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DCH Social Value Programme: Progress Report (6 month) May 2024

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.

- **DCH/DHC Joint Strategy:** DCH social value lead Simon Pearson (SP) has contributed a section on the Trusts' roles as anchor institutions in delivering social value to improve the wellbeing of the communities we serve. Helena Posnett (HP) (DHC) has contributed information about the Trusts' approach to addressing health inequalities, aligned to their roles as anchor institutions.

- **Local Investment:** The table below compares the Trust's spend with local businesses, catering and 3rd sector suppliers for 22/23 with 23/24:

Social Value pledge	Social Value activity	Measure (22/23)	Measure (23/24)
Maximise Local Investment	Local Supplier (DT) spend	£7,279,833	£6,869,068
Maximise Local Investment	Local Catering spend	£288,049	£273,045
Maximise Local Investment	3rd Sector spend	£144,581	£181,800

The Trust works hard to attract new local suppliers and at present 7% of spend is local to the hospital within the Dorset postcode catchment area, which during 2023/24 equated to just under £7 million. Worthy of note is that 50% of our catering suppliers are based in Dorset and we spend 25% of our total catering spend with them.

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- **Local Employment:** DCH's social value commitment to increase local employment and widening participation.

  The Trust recently completed the fourth Health Care Support Worker vocational scholarship programme. It is a real success story, as DCH have recruited 29 HCSWs through this route, with a 100% retention rate at the six-month mark. DCH have recently submitted the scheme for a parliamentary award.

  DCH also met and exceeded the government set Apprenticeship target in 23/24 by 22. We have 196 members of staff undertaking an apprenticeship at present, the highest level ever. We expect to have reached 200 Apprenticeships by the time this report is presented.

  Our People Division have been supporting the spouses of our IENs to secure local work. DCH have run four Employability Skills Training sessions for spouses, commencing in November 2023. Out of the group of 23 individuals engaged with, 13 are now employed by DCH (56.5%) in the following roles:

  1 x Ward Housekeeper
  1 x RN
  1 x Medical Equipment Library Technician
  1 x FES Catering assistant
  6 x HCSW
  1 x Recruitment Administrator
  1 x Housekeeping assistant
  1 x Decontamination Services assistant

  The DCH Careers Fair held on 2nd March attracted over 200 local people who visited the event. Positive feedback was received.

- **Involve our Community: Young Volunteer Programme** (Autumn Rotation)
  DCH engages with local schools, colleges and wider education providers, through various fairs and open days. This enables our staff to talk directly to young people, about what volunteering can offer them. For our Autumn Young Volunteer Programme (YVP) intake, we refreshed what the overall programme looked like. Rather than recruiting YVP's into just one of our volunteer roles, we gave new recruits the opportunity to experience at least 6 weeks in each of our three key volunteer roles. This included Healthy Visit, Health Stay and Activity Squad. During the programme the YVP's were able to support on wards, in day rooms, entrances, clinics and pharmacy. Once they had completed approximately 18 weeks, some decided this was the end of their programme, while others continue to volunteer in

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their preferred role. The reason for this change in approach, was to offer our Young Volunteers a greater variety of tasks and broaden their hospital experience.

- **Estate Capital Projects: Tilbury Douglas South Walks House Social Value report.**
  Tilbury Douglas have provided their report on the social value return on investment delivered by the South Walks House project works. Please see a copy of the report attached with this report. Throughout the refurbishment of the South Walks House Outpatient Assessment Centre, the team at Tilbury Douglas have endeavoured to use the project as an opportunity to engage and support the local community and supply chain. A summary of the key social value measures for the project are listed opposite.

  Measurement of the DCH NHP project's social value return on investment will commence in due course.

- **Health Service Journal webinar:** *How can ICSs best build economic and social value among their populations?* Our social value lead Simon Pearson took part in a Health Service Journal (HSJ) webinar on 25th January 2024, as one of the panel members discussing 'how Integrated Care Systems can deliver on economic and social value as anchor institutions'. A recording of the HSJ webinar may be viewed here: https://www.hsj.co.uk/hsj-webinars/webinar-how-can-icss-best-build-economic-and-social-value-among-their-populations/7035862.article You may also read HSJ's follow up article here: How NHS organisations can increase the health and wealth of their local communities | HSJ Interactive | Health Service Journal

- **DCH Social Value Activity Report:** DCH's latest Social Value Activity Report is attached with this report. This includes a broad range of social value related articles from Volunteering to Sustainability.

Simon Pearson
Head of Charity & Social Value

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Our Social Value Pledge

NHS
Dorset County Hospital
NHS Foundation Trust

Social Value Activity Report

2023 - 2024

We are very pleased to publish our latest edition of the Dorset County Hospital Social Value Activity Report. The report highlights some of the wide-ranging initiatives as part of the hospital's ongoing social value programme.

Dorset County Hospital is committed to maximising the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental wellbeing of the local population.

The Trust's Social Value Pledge is available on our website at www.dchft.nhs.uk/about-us/social-value

For more information about DCH's social value commitments and how you can contribute and make a difference, please contact Simon Pearson, Head of Charity and Social Value, at simon.pearson@dchft.nhs.uk

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Tree planting

In February 2024 our hospital joined forces with Wessex Grounds Services for a tree planting day.

The planting of 130 native tree and hedge starter whips from NHS Forest was supported by staff from our sustainability and volunteering teams.

Native trees provide food and habitat for wild species of birds, butterflies, hoverflies and bees, can help filter, reduce summer temperatures adding shade and oxygen and lower carbon emissions.

Young Volunteer Programme - autumn rotation

For our Autumn Young Volunteer Programme (YVP) intake, we refreshed the overall programme to offer our volunteers a broader experience at the hospital.

Volunteers were offered at least six weeks in each of our three key volunteer roles - Healthy Visit, Healthy Stay and Activity Squad - rather than the full 18 weeks in one role.

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Our young volunteers supported wards with tea rounds and activities for patients in day rooms, supported clinics and pharmacy, as well as assisting patients with wayfinding when arriving at the hospital. We have had a number of our recruits from this programme choose to continue to volunteer in their preferred role.

Working with St. Osmund's School

We work closely with our local schools on a number of projects.

Most recently, we had a visit from the Year 7 'Agents of Hope' from St. Osmund's School to donate memory boxes for our dementia patients.

The aim of the project is to ignite forgotten memories and stimulate conversation and story-telling through sounds, smells, textures and pictures.

Tilbury Douglas

Volunteers were joined by staff from Tilbury Douglas who supported them in their varying roles across the hospital from wayfinding to supporting hydration rounds on the wards.

Tilbury Douglas also hosted a site visit at South Walks House to give young people an experience of a modern construction site, find out about the large variety of roles needed in the industry, and learn about the importance of health and safety in modern construction.

Our Social Value Pledge

NHS
Dorset County Hospital
NHS Foundation Trust

Healthcare Support Worker Vocational Scholarships

We continue to offer our Healthcare Support Worker Vocational Scholarships, with our latest cohort joining us in February. This three-week programme includes ward visits, clinical skills and employability sessions.

All candidates from this cohort were successful in securing a role at DCH.

Four cohorts have now successfully completed the scholarship with 36 out of the 41 individuals securing HCSW roles at DCH.

Supported Internships

We are supporting young people on placements across the hospital, working with Weymouth College to provide opportunities into continued employment. Following our last programme, two interns have been successful in gaining employment. We have commenced our second cohort of supported internships and are continuing to develop the programme.

English and Maths

We continue to grow our maths offering to staff. The courses aim to empower individuals, support confidence and reduce number anxiety and allow staff to have the formal qualifications to commence the next steps in their learning journey. We have 10 members of staff who have completed this.

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Our English courses have now commenced with eight staff members. In partnership with Skills and Learning, we are offering face-to-face delivery of a formal English qualification.

Work experience

This year we have grown and developed the organisation's work experience programmes, giving our local community an insight into careers at DCH, with a range of offerings. The programme offers work experience in medical, non-clinical, therapies an bespoke placements. We have hosted 30 placements in the last 12 months.

Employability skills and NHS careers

We deliver structured career and employability skills sessions for staff offering advice and guidance on the next steps in their NHS careers. In partnership with our retention team, we have also delivered bespoke sessions for the spouses of our international nurses.

DCH Careers Fair

In March 2024 the hospital opened its doors for its first DCH Careers Fair to showcase the wide variety of job opportunities within the NHS and at DCH, as well as recruiting to specific roles.

The day was a great success and saw more than 200 people from the local area attend.

How can ICSs best build economic and social value among their populations?

Our Social Value Lead Simon Pearson took part in a Health Service Journal (HSJ) webinar on 25 January 2024, as one of the panel members discussing 'how Integrated Care Systems can deliver on economic and social value as anchor institutions'. A recording of the HSJ webinar can be viewed at www.hsj.co.uk/hsj-webinars/hsj-webinar-discussed-how-icss-could-best-build-economic-and-social-value-among-their-populations/7035862.article. You can also read the HSJ's follow-up article at www.hsj.co.uk/workforce/how-nhs-organisations-can-increase-the-health-and-wealth-of-their-local-communities/7036669.article.

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Our Social Value Pledge

NHS
Dorset County Hospital
NHS Foundation Trust

Investing in our local economy

The Trust works hard to attract new local suppliers and at present 7% of spend is local to the hospital within the Dorset postcode catchment area, which during 2023/24 equated to just under £7 million.

Currently, 50% of our catering suppliers are based in Dorset and we spend 25% of our catering spend with them.

Our local suppliers have been asked to confirm if they:
- have a carbon reduction plan
- pay at least the Real Living Wage
- are a small to medium sized enterprise (SME).

Although responses are still being received, we now know that:
22% have a Carbon Reduction Plan, 49% are paying at least the Real Living Wage and 50% are SMEs.

EcoEarn

Dorset NHS Trusts and the South Western Ambulance Service teamed up to use the Eco pledge platform EcoEarn in April 2022 for each trust's staff to record their positive sustainability and wellbeing actions, and since then staff have been busy. There are more than 20 activities to take part online or in the app.

ecoearn

While racking up points to beat other departments, staff can bag themselves one of the monthly £20 gardening or cinema vouchers.

Over the last 12 months we held a low carbon travel and a bird garden birdwatch photo competition.

We have 161 members of the EcoEarn app and we are continuing our work to increase these numbers.

Tilbury Douglas

South Walks House Outpatient Assessment Centre Social Value Delivery

Delivering a lasting positive social impact, benefitting local people, improving health and wellbeing, ensuring sustainability and reducing inequalities

Social Value in Numbers

13 direct local employees on the project **totalling 6.8 FTE**

>£750k spent with **local** businesses

167.5 hours of education and careers support

503 apprentice/training and **work experience** weeks on site

74.5 hours of community and charity **engagement**

Social Value Return on Investment Total:

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>£866k SROI

>12% of the project value

Jobs

Promote Local Skills and Employment

We have provided quality sustainable employment opportunities for local talent and supported the network of local education providers to develop the talent of tomorrow.

Through our membership with the **Dorset Careers Hub**, and our role as an **enterprise advisor**, we've connected with **10 education providers and youth provision services** to support their careers programmes.

The activities have included:

6 fairs attended
5 CV, mock interview, and careers pathways talks
3 site visits
3 quality work experience placements

Social Value Action	TD figure
Local people in employment (FTE)	6.8
Staff hours supporting local education providers (careers talks and curriculum support etc.)	138
Apprentice/T-Level weeks on site	500
Staff hours of support into work assistance (mock interviews and CV advice etc.)	29.5
Work experience/placement weeks on site	3

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Tilbury Douglas

Growth

Supporting Growth of Responsible Regional Business

We have supported our supply chain partners and created a safe site for responsible regional business. Our **Constructionline** standard helps ensure quality and promote upskilling of local businesses.

Our site team have been encouraged to champion **physical and mental wellbeing** through health and safety champion awards, mental health breakfast events, and access to key signposting and resources. We were happy to welcome an **Andy's Man Club** and **REACH** Drug and Alcohol service representative in to talk about the services available and signpost our team to groups local to them.

Key local supply chain partners have included:
R&D Decorating Southwest Ltd who are based in Chickerell, Weymouth
Ace Welding Ltd completed the steelwork elements and are based in Poole
Specialist Piling Solutions Ltd who are also based in Poole

Social Value Action	TD figure
Total amount (£) spent in local supply chain through the contract	£788,690.00
Equality, diversity, and inclusion training provided for staff and supply chain	7.5 hours

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Constructionline
Gold Member

Tilbury Douglas

Social

Healthier, Safer, and More Resilient Communities

We have created a **network of local community groups, charities, and organisations** who we have collaborated with to ensure the local community benefits from the project.

A large part of our social value is delivered through our Give a Day of Your Time (**GADOYT**) initiative. All of our direct employees have two days every year to spend volunteering in our communities.

We have achieved 48 hours of health care related charity support through our volunteer day spent with the **Dorset County Hospital Volunteer team**. It was a pleasure to work with the dedicated team.

Volunteering time has also been spent at local EDI events such as Weymouth's first **Chesil Youth Pride** event, and Dorset County Hospital Foundation Trust's (DCHFT's) staff network stall.

Connecting our community engagement efforts to site has been a success through the '**Wall of Kindness**' connected to our site hoardings. It allowed locals to donate and recieve goods through the build, and acheieved some great comms for the project.

Social Value Action	TD figure
Donations and/or in kind contributions to local community projects	£370.00
Staff volunteering hours for local community projects	18.5 hours
Staff volunteering hours provided to support health-care related charity and community projects	48 hours

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Tilbury Douglas

Environment

Decarbonising and Safeguarding Our World

A broad understanding of sustainability has been embedded through our social value delivery. We've made efforts on and off site to **reduce our carbon emissions, waste, and pollution**, while supporting initiatives to **improve and create local green space**.

Our education and careers engagement has included the awareness and development of **green skills**. This ensures the young people are connecting the importance of sustainability to their future career plans. This has been explored by the first cohort of GCSE Construction students at Budmouth Academy, who are also completing the **Green Build Careers Project** we've collaborated on.

We've also aimed to connect with local organisations who manage and create green spaces for locals. The Team at **Transition Town Dorchester** were able to reuse pallets and furniture from our sites on their community farm. It was also great to connect with **Dorchester Town Council** and the **Friends of the Riverside Dorchester**, for a session of **Himalayan Balsam Bashing**. This cleared the invasive species to local flora to flourish.

Social Value Action	TD figure
Car miles saved on the project as a result of a green transport programme	2551.8 miles
Volunteering time for environmental conservation and sustainable ecosystem initiatives	8 hours

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Tilbury Douglas

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Committee: Quality Committee

Date of Meeting: 23rd April 2024

Presented by: Claire Lehman

Significant risks / issues for escalation to Board for action	• Renal patient transport issues continue – consider further formal escalation. • Access to clinical policies following the move of these on the staff intranet. • Clarification of the call bell update timescales within the Maternity Unit requested. • The second phase following the Fuller enquiry has commenced with the trust undertaking a self-assessment.

Key issues / matters discussed at the Committee	The committee received, discussed and noted the following reports:
	• Maternity Safety Report and the Perinatal Mortality Review noting that standards had been met.
	• Quality Report noting:
	  ○ Control of infection positive performance with C. Diff below trajectory.
	  ○ Improvement in MUST compliance rates.
	  ○ Delivery of PSIRF milestones.
	  ○ SHMI within expected range.
	• Divisional Updates:
	  ○ Transition from Childrens to Adults services update noting the further opportunities through various transformation programmes to further develop transition for young people.
	  ○ Human Tissue Authority (HTA) assessment noting formal inspection planned in May.
	  ○ Fuller Inquiry Update
	• Patient Safety Improvement Plan
	• The following Escalation Reports were received and noted:
	  ○ Patient Safety Committee
	  ○ Infection Prevention and Control Committee
	  ○ Mental Health Steering Group
	  ○ Clinical Effectiveness group highlighting the issues with access to clinical policies on the staff intranet.
	• The National Audit Programme was not available.

Decisions made by the Committee	• Safe Staffing Midpoint Review was approved.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• The committee received a risk summary report to facilitate continual monitoring of quality and safety risks.

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Items / issues for referral to other Committees	• Nil

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Committee: Quality Committee

Date of Meeting: 21st May 2024

Presented by: Eiri Jones

Significant risks / issues for escalation to Board for action	• Ongoing concerns around the timeliness of Electronic Discharge Summaries (EDS). Work is underway to ensure that this is a process issue, not an outcome issue. • JAG accreditation was not achieved; it is clear that accreditation processes have changed, and the Trust has six months to improve the position. • Oliver McGowan training compliance continues to be an area requiring improvement.

Key issues / matters discussed at the Committee	The committee received, discussed and noted the following reports:
	• Health Inequalities: Core20plus5 DCH Analysis – presentation outlining how the Trust intends to align with existing transformation and operational workstreams to make health inequalities work mainstream
	• Quality Report
	• Learning from Deaths Report, noting the positive SHMI for the past 11 months. Submission of end of year reporting on time, but an ongoing risk re coding capacity
	• Executive Walkarounds – Biannual Report noting the benefits of the walk around process and the inclusion of governors
	• Maternity Safety Report noting:
	  ○ Positive progress in terms of post-partum haemorrhage and third- and fourth-degree tears, both now below the national average
	  ○ Broadly positive metrics
	  ○ Improved staffing.
	  ○ Training continued to be an issue
	  ○ A positive outlook for year 6 of the Maternity Incentive Scheme (MIS)
	• Deep Dive – Tissue Viability Quality Improvement Plan
	• Divisional Updates:
	  ○ Replacement Call Bell programme update – assurance that progress is being made although some concerns about ongoing business cases
	  ○ JAG Accreditation – report and next steps
	• Trust-wide Clinical Governance Review
	• Transformation Update and Quality Improvement Quarterly Report
	• The following Escalation Reports were received and noted:
	  ○ Medicines Committee
	  ○ Mental Health Steering Group
	  ○ End of Life Committee
	  ○ Patient Experience and Public Engagement Committee
	  ○ Research Steering Group
	  ○ Safeguarding Group
	• ICB Quality Committee Escalation Report

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Decisions made by the Committee	• Learning from Deaths Q4 Report was approved for publishing on the Trust website • Draft Quality Account approved and recommended to the Board • Committee Effectiveness Review process undertaken. Terms of reference and workplan approved for 2024/25, pending further changes as we move to joint committees
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	•
Items / issues for referral to other Committees	• Nil

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: Monday 22nd April 2024

Presented by: Stephen Tilton

Significant risks / issues for escalation to Committee / Board for action	• Financial position for 2425 submission and the impact on NHP.
Key issues / matters discussed at the Committee	**Performance Report** • Trust hit the 28-day performance standard for cancer. Trust was commended on the recovery of the 62-day backlog. • Trust reached the agreed 26 patients over 78 weeks and will be stepped down from Tiering. • Improvement in NCTR by the end of March. • Theatre utilisation dropped due to staff sickness and decisions made to run half-lists instead of full cancellation to achieve the waiting time standards/trauma reductions against a background of reduced bed availability. • Winter Incentive met and there is currently a data validation exercise with SWAST. • ITU full and over footprint during the month indicating an increase in acuity in March, while awaiting the Agyle update that will deliver a standard acuity measure the U&I Care Division will work on a proxy measure for this. • **Elective recovery Funding 24/25** • Ambition to reduce the reliance on insourcing and look to invest into staff to increase resilience. • Any insourcing will be at or below 80% tariff. **Finance Update** • Trust closed 2324 at breakeven by meeting the agreed target with a bridge of income from the system. • 2425 financial position is more challenging with a 5% CIP target and the expectation to submit a breakeven plan. • Revenue support application was approved for April 2024. Will not require support for May but will monitor for June. **Operational Planning Update** • Financial position as of date of the committee was to submit a deficit of £5.7m with a 5% CIP, increase in WTE and capital remaining at £7.4m. • Risk associated to NHP if trust and system do not submit a break even plan. • Operating targets have been modelled and plans have been developed. It was noted that the trust will achieve all targets is has been asked to with further plans being developed where there may be risks. This will be monitored through performance reports coming to committee.

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	• 3 key investments have been submitted to the system for discussion which are key in the delivery of productivity and agency reduction and the future sustainability of the trust, each of these carry the risk of increasing WTE for the trust: a) Maternity b) Nursing headroom and internationally education nursing c) Productivity – theatre utilisation
Decisions made by the Committee	• Recommend to the board to approve the financial and operating plan for 2425
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• **Cyber Security Risk Update** Deferred to next month
Items / issues for referral to other Committees	• Cash position and revenue support risk and mitigation to be escalated to RAC • PCC have been asked to closely WTE position and to monitor the vacancies that directly impact the delivery of the operating plan.

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: Monday 20th May 2024

Presented by: Stephen Tilton

Significant risks / issues for escalation to Committee / Board for action	• The Electronic Health Records Outline Business Case briefing noted the need for a further Board meeting for approval. • Agency expenditure has reduced significantly.
Key issues / matters discussed at the Committee	**Performance Report** • The report would track performance against Operational Plan targets set rather than trajectories going forward. Original trajectories will be provided in the appendix to the report to support discussions on interventions and escalations. • Four hour standard was met and the number of patients with no reason to reside and the number of escalation beds in operation were reducing. • The waiting list size has subsequently also increased, driven by a 7.2% increase in referrals overall and 30% increase in two-week referrals. • Continued high demand for diagnostic services as a consequence of the increased referrals and long waiting patients. **Finance Report** • The planned system deficit position had been agreed regionally and nationally with DCH returning a year end breakeven position and delivering 5% cost improvements. • DCH planned a deficit position in the first few months of the financial year that would reduce with the phase implementation of the cost improvement programme. • Agency expenditure has reduced significantly. • The cash position remained challenging. The One Transformation Approach was noted. The 'Can Do' Update, including discussion of progress with the Oral Maxillo-facial service contract, was noted.
Decisions made by the Committee	• The committee Terms of Reference and Work Plan were approved. • The following subgroup Escalation Reports were received and noted: ○ CAPSUG • The ICB Finance Committee Minutes were noted.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	An Update on the Cyber Security risk was to be circulated to the group and discussed at the next meeting.

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Items / issues for referral to other Committees	•

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: People and Culture Committee

Date of Meeting: Monday 22nd April 2024

Presented by: Margaret Blankson (Chair)

Significant risks / issues for escalation to Board for action	• Loss of dementia training and uncertainty regarding continuous professional development funding from NHS England to support non-medical development.

Key issues / other matters discussed by the Committee	The committee considered the following items:
	• People and Performance Report and Dashboard noting:
	  ○ Slight reductions in vacancy and turnover rates.
	  ○ Increased in sickness absence rates with anxiety, stress and depression remaining the main cause.
	  ○ Apprenticeship target for 23/24 met and exceeded.
	  ○ Pastoral care award from NHS England.
	  ○ Improvements in occupational health provision.
	• Family and Surgical Services Divisional Report noting:
	  ○ A slight increase in turnover due to retirement and relocation of staff.
	  ○ A reduction in appraisal rate compliance.
	  ○ The Theatre Deep Dive emphasised the importance of increasing productivity and staff retention.
	  ○ The introduction of new Theatre Assistant support roles.
	• Recruitment Audit was deferred to the May meeting.
	• The detailed Education and Training Report:
	  ○ A slight reduction in mandatory training compliance.
	  ○ Recruitment of two Medical Education Fellows.
	  ○ Positive feedback from the undergraduate training survey with outcomes above the national average.
	  ○ Pastoral care award from NHS England.
	  ○ Uncertainty regarding future funding streams for continuous professional development.
	• Scope of the People and Culture Committee in Common.

Decisions made by the Committee	• The Equality Diversity and Inclusion Steering Group Terms of Reference were approved.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Risk relating to the future funding streams for continuous professional development.
Items / issues for referral to other Committees	• None

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: People and Culture Committee

Date of Meeting: Monday 20th May 2024

Presented by: Margaret Blankson (Chair)

Significant risks / issues for escalation to Board for action	• Significant reductions in agency expenditure with spend at their lowest levels. • The Guardian of Safe Working Report is recommended to the Board. • The Freedom to Speak Up Report is recommended to the Board. • The Social Value Report is recommended to the Board.

Key issues / other matters discussed by the Committee	The committee considered the following items:
	• Guardian of Safe Working Report noting change of Guardian from Kyle Mitchell to Gill McCormick
	• People and Performance Report and Dashboard noting:
	  ○ Reductions in long and short-term sickness absence.
	  ○ Reduction in turnover rates
	  ○ An unchanged appraisal rate.
	• Urgent and Integrated Care Divisional Report noting:
	  ○ Higher staff survey score than previously. One Dorset Pathology structure was in place.
	  ○ The number of vacancies were reducing – including pharmacy.
	  ○ Adam Nicholls was replacing James Metcalfe as Divisional Clinical Directo.
	• The Recruitment Audit, having been deferred from April, noted positive findings overall.
	• Bank and Agency Usage and Expenditure Quarterly Report noted:
	  ○ Average Bank fill rate of 80%
	  ○ Significant reductions in agency expenditure.
	  ○ The appointment to several medical posts reducing medical locum expenditure.
	  ○ Continued efforts to address the clinical coding staff shortages through the apprenticeship scheme and workforce redesign.
	• Freedom to Speak Up and Whistleblowing Report noted an increase in cases following a communications exercise.
	• Social Value Report which outlined a broad range of social value activity aligned to the social value pledge.
	• Communications Activity Report.
	• ICB People Committee Minutes were noted.

Decisions made by the Committee	• The Committee Terms of Reference and Work Plan for the operation of a joint committee with Dorset Healthcare NHS Foundation Trust was deferred to June.
Implications for the Corporate Risk Register or the	• Nil new

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Board Assurance Framework (BAF)	
Items / issues for referral to other Committees	• None

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INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Charitable Funds Committee

Date of Meeting: 22 May 2024

Presented by: Dave Underwood

Significant risks / issues for escalation to Committee / Board for action	• The committee noted that for the second time in the last 12 months the committee had been unable to meet the minimum attendance to remain Quorate – fortunately there were no significant decisions to be taken at this meeting.
Key issues / matters discussed at the Committee	**DCHC Charitable Funds Committee (22.5.24)** • **DCH Charity Finance/Income 23/24 (Yr End)** reports (M12 Mar 2024) received. Total income for 23/24 as of end Mar £644,722. Unrestricted funds were £441,783, providing a surplus of £221,783 against the reserves target of £220,000. • **Capital Appeal (ED/CrCU)** report received. £450K income/pledges to date as of May 2024. Major donor engagement held at Athelhampton House on 2nd May 2024 – major support pledged from individuals, companies and organisations. £20K pledge from major donor. DCH100 Jurassic Coast Challenge (May 18/19) nearing target to raise £100K for the appeal. £10K received from Dorset County Show 2023. Corporate engagement ongoing. Grants funding and donor engagement programme ongoing. • **DCH Charity Risk Register (6-month review)** reviewed by DCH Charity Strategy Group on 13.5.24 and recommended retain all current risk ratings. Charitable Funds Committee supported this recommendation.
Decisions made by the Committee	•
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Nil

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Items / issues for referral to other Committees	• Nil

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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 8th April 2024

Presented by: Frances West (Deputy Chair DHC)

Significant risks / issues for escalation to Committee / Board for action	• The committee's thanks were extended to the outgoing project manager, the transformation teams in DCH and DHC and clinical staff for their continued commitment to driving improvements and transformation.
Key issues / matters discussed at the Committee	The committee in common considered the following items: • Support Services Review noting common principles and planned executive discussion to agree objectives for the planned reviews. • Achieving the Federated Model - noting the evolutionary process, continued joint working, joint strategy development, the need for wide staff and public engagement and codesign and to seek legal advice on aspects of greater joint working and governance. • Joint Strategy Update with DCH and DHC Board approvals expected in May and early June respectively. • One Transformation Approach to establish the a strategic transformation portfolio, standardised approach, performance measures and co-dependencies. • Change Proposal Process noting the need to understand the impact of change and co-dependency's on staff and the population of Dorset. • Proposal for the development of joint committees noting the draft plan and timescales would be returned to the committee in June. • Review of the Working Together Programme Against the NHS Forward Plan.

Decisions made by the Committee	• The committee endorsed the following Outline Business Cases
	  ○ Diabetes
	  ○ Frailty
	• The committee noted the need to keep change priorities under constant review

Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	The Committee considered the Risk Register noting that the • Clinical integration • Workforce for redesign • Digital integration and • Financial risks were well known by both DCH and DHC Board's and that mitigations had been fully discussed.

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NHS

Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

Items / issues for referral to other committees	• Nil

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Report Front Sheet

1. Report Details			
Meeting Title:			
Date of Meeting:			
Document Title:	**Annual Guardian Report of Safe Working report: Doctors in Training (April 2023 – March 2024)**		
Responsible Director:	Alastair Hutchinson, Chief Medical Officer	Date of Executive Approval	13/05/24
Author:	Kyle Mitchell, Guardian of Safe Working *(outgoing)* Jill McCormick, Guardian of Safe Working *(incoming)*		
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 May 2024	Recommended to the Board

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. The fourth quarterly report (this report) is also an annual report. The report is also shared with the Local Negotiating Committee for Medical and Dental staff.							
	Note (✓)	✓	*Discuss (✓)*		*Recommend (✓)*		*Approve (✓)*	✓
4. Executive Summary	• This is the 5th Annual Report submitted to the Trust Board by the incumbent Guardian of Safe Working who has now handed over the role. The outgoing Guardian has been privileged to observe each cohort of Junior Doctors (JDs) working enthusiastically and compassionately to delivering care in line with Trust values; being supported by dedicated Supervisors; and working within a culture that respects the safeguarding aspects of the Junior Doctor contract. • Well established Exception Reporting mechanisms continue to function, allowing scrutiny of instances when clinical need has demanded Junior Doctor work outside of their contractual commitments. • A pay restoration campaign, with associated Industrial Action, has had an impact on our Junior Doctors for much of the period covered by this report. • Frequency of ER submission suggests that Trauma and Orthopaedics is the specialty that requires its JDs to work over and above their contracted hours the most; followed by Respiratory Medicine and Renal Medicine. • Subjective feedback expressed at Junior Doctors' Forum regarding the training experience generally echoes these findings. • Due to the limitation of data captured by Exception Reports (ERs), some issues are not effectively highlighted by simplistic consideration of ERs. This includes challenges JDs face when caring for acute oncology patients.							

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	• Whilst the number of training posts in the Trust continues to increase year on year, there has been an increase in the vacancy rate resulting in a slight decrease in the number of JDs in post (4-5 whole time equivalents).
5. Action recommended	The Board is asked to: 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?** *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?** *Please summarise how your report contributes to the Dorset ICS key objectives.* *(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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)			**No**	
Quality Impact Assessment (QIA)			**No**	

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Title of Meeting	Board of Directors, part 1
Date of Meeting	29 May 2024
Report Title	Annual Guardian Report of Safe Working report: Doctors in Training (2023/2024)
Author	Mr Kyle Mitchell, Guardian of Safe Working (GoSW) *outgoing* Dr Jill McCormick, Guardian of Safe Working (GoSW) *incoming*

1. Executive summary

- This is the 5th Annual Report submitted to the Trust Board by the incumbent Guardian of Safe Working who has now handed over the role. The outgoing Guardian has been privileged to observe each cohort of Junior Doctors (JDs) working enthusiastically and compassionately to delivering care in line with Trust values; being supported by dedicated Supervisors; and working within a culture that respects the safeguarding aspects of the Junior Doctor contract.
- Well established Exception Reporting mechanisms continue to function, allowing scrutiny of instances when clinical need has demanded Junior Doctor work outside of their contractual commitments.
- A pay restoration campaign, with associated Industrial Action, has had an impact on our Junior Doctors for much of the period covered by this report.
- Frequency of ER submission suggests that Trauma and Orthopedics is the specialty that requires its JDs to work over and above their contracted hours the most; followed by Respiratory Medicine and Renal Medicine.
- Subjective feedback expressed at Junior Doctors' Forum regarding the training experience generally echoes these findings.
- Due to the limitation of data captured by Exception Reports (ERs), some issues are not effectively highlighted by simplistic consideration of ERs. This includes challenges JDs face when caring for acute oncology patients.
- Whilst the number of training posts in the Trust continues to increase year on year, there has been an increase in the vacancy rate resulting in a slight decrease in the number of JDs in post (4-5 whole time equivalents).

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2. Introduction

All eligible doctors in training at the Trust in 2023/24 were working under the terms of the 2016 Junior Doctors Contract with 2019 Updates ("the 2016 Contract") and as such have had access to formally report occasions when their actual working pattern diverged from their contracted work schedules, as "Exception Reports", for review by the Trust's Guardian of Safe Working (GoSW).

All work schedules provided to doctors in training within 2023/24 complied with contractual commitments under the 2016 Contract.

The provision of three quarterly reports and one annual 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):	203	(from 189 in 22/23)
Number of doctors in training post (total):	168.9	(from 173.5 in 22/23)
Annual average vacancy rate among this staff group:	34.1	(16.03 in 22/23)

4. Exception reports

Exception reports by department				
Specialty	No. exceptions carried over from last report (Q3)	No. exceptions raised	No. exceptions closed	No. exceptions outstanding (from April '24)
Acute Medicine	2	15	16	1
Cardiology	0	5	5	0
Clinical Oncology	0	1	1	0
Diabetes and Endocrine	0	4	4	0
Emergency Dept.	0	2	2	0
ENT	0	8	8	0
Gastroenterology	0	4	4	0
General Medicine	3	13 (2 ISC)	16	0
General Practice	0	3	3	0
General Surgery	0	13	13	0
Geriatric Medicine	0	29	27	2
Medical Oncology	0	4	4	0
Obstetrics & Gynaecology	3	17	20	0
Paediatrics	3	4	7	0
Renal	0	22 (1 ISC)	22	0
Respiratory Medicine	0	26	26	0
Trauma & Orthopaedics	1	32 (3 ISC)	32	1
Urology	1	3	4	0
Total	13	205 (6 ISC)	214	4

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Exception reports by grade				
Grade	No. exceptions carried over from last report (Q3)	No. exceptions raised	No. exceptions closed	No. exceptions outstanding (from Mar '23)
F1	7	80	84	3
F2	3	51	53	1
CT1	2	30	32	0
CT2	2	14	16	0
ST1	6	20	26	0
ST2	6	10	16	0
Total	13	205	214	4

Exception reports (response time) *this is a formal requirement of the annual report*			
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days
CT1	7	14	9
CT2	4	3	7
F1	24	9	47
F2	13	19	19
ST1	4	3	13
ST2	3	0	7
ST3+	3	0	0
Total	55	48	102

Total number of Exception Reports submitted	205	(117 in 20/21; 213 in 21/22; 241 in 22/23)
Number of Immediate Safety Concerns	6	(from 5 in 20/21; 9 in 21/22; 23 in 22/23)
Number of Work Schedule Reviews	15	(from 29 in 20/21; 28 in 21/22; 19 in 22/23)

5. 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.

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Exception Reports taken to Level 1 Work Schedule Review

Specialty	F1	F2	CT1	ST1
General Medicine				1
General Practice		1		
General Surgery	1			
Geriatric Medicine	4	2		
Renal Medicine			1	
Trauma & Orthopaedics	1	4		
Total	**6**	**7**	**1**	**1**

Rota	Total
2022 IMT 1/2 MED 05/04/23-01/08/23	1
2023 F1 Med 06/12/23-02/04/24	3
2023 F1 Surgical 06/12/2023 - 02/04/2024	1
2022 F1 Medical 05/04/23-01/08/23	1
2022 F1 Surgical 05/04/2023 - 01/08/2023	1
2023 F2 (EMB - LTFT 80%) 02/08/23 - 10/10/23	1
2023 F2 GP+ Med OC 02/08/2023 - 05/12/2023	1
2023 Mixed Grade Surgical 02/08/23-05/12/23	2
2023 F2 Surgical Rota 06/12/2023 - 02/04/2024	1
2023 STR Orthopaedics 06/09/2023 - 03/09/2024	1
2023 TD MED 06/12/23-02/04/24	1
2023 F1 Med 06/12/23-02/04/24	1
Total	**15**

Three work schedule reviews remained open as of 01/04/24

2023 F2 MED 06/12/23-02/04/24

2023 STR Orthopaedics 06/09/2023 - 03/09/2024

2023 F1 Med 06/12/23-02/04/24

6. Vacancies

Appendix 1 details all vacancies among the medical training grades during the previous year, year reported by quarter, split by specialty and grade.

7. Fines

There were no fines levied during this period.

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8. Qualitative information

8.1 Part of overseeing the Exception Reporting mechanism involves a constant awareness of under reporting and a constant effort to promote appropriate engagement with the mechanism. The number of ERs submitted this year (205) is identical to that submitted last year which was itself a substantial increase from preceding years (from 158 in 2021/22, and 116 in 2020/21). This followed efforts on the part of Medical Director, DME, GoSW, GMC regional liaison officer, and local BMA representatives to encourage exception reporting. The increased engagement appears to have been maintained this year.

8.2 A small number of ERs were highlighted as being of Immediate Safety Concern, allowing prompt escalation and engagement from divisional leadership.

8.3 Clinical pressures in Trauma and Orthopaedics (T&O) have been highlighted in past Guardian's reports. However, last year's annual report acknowledged the progress that had been made, in terms of reduced ERs, attributed to changes to the staffing model, including additional junior and middle-grade doctors available for part of the weekend. T&O has returned to having the highest number of ERs, and this is again reflected in informal feedback from JDs working there. Working below established JD minimum staffing levels, and a high reliance on locum arrangements, are frequently cited.

8.4 Whist scrutiny of ERs by specialty provides some appreciation of working patterns across the trust, some areas are not automatically represented. Clinical responsibility for patients on Fortuneswell Ward remains with admitting teams across medical and surgical specialties, without a formal acute oncology admitting team. Relevant ER submissions are therefore distributed across specialties preventing ER data highlighting an issue that has been voiced through other channels.

8.5 A quorate Junior Doctors Forum (JDF) continues to meet regularly with contributions from a highly motivated and active team of Junior Doctor Representatives.

9. Issues Arising

Clinical pressures continue to exist, especially within T&O and medical specialties, that continue to require Junior Doctors to work above and beyond their contractual duties and this is documented in the form of Exception Reports. Despite efforts to expand the JD establishment, an increase in the vacancy rate means this does not translate into an increase in JD workforce.

10. Summary

The outgoing Guardian acknowledges the Trust's compliance with the safeguarding aspects of the 2016 Contract; recognises good practice within the Trust including a culture of mutual respect during Industrial Action; and highlights areas of clinical pressure, specifically including T&O.

11. Recommendations

The Guardian asks the committee to note this annual report, consider it to provide an assurance of compliance with the safeguarding aspects of the 2016 Junior Doctors Contract and approve its submission to the Trust Board.

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The outgoing Guardian acknowledges the significant role that the Trust Board has played in providing and protecting an environment in Dorset County Hospital for Junior Doctors to work and train safely, and is delighted that Dr Jill McCormick has been appointed as the incoming Guardian of Safe Working.

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APPENDICES

ANNUAL GUARDIAN REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – 2023/24

Appendix 1 – Trainee Vacancies within the Trust

Department	Grade	Q1				Q2				Q3				Q4				Annual Average
	April 23 - March 24	Apr	May	June	Avr Q1	July	August	Sept	Avr Q2	Oct	Nov	Dec	Avr Q3	Jan	Feb	Mar	Avr Q4	
Paediatrics	ST3	0	0	0	0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0.0
Paediatrics	ST4+	1	1	1	1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.7	0.4	1.8
O&G	ST1	0	0	0	0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0.0
O&G	ST3+	0.6	0.6	0.6	0.6	1.6	1.6	1.6	1.6	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	5.0
ED	ST3+	1.2	1.2	1.2	1.2	1.2	0.7	0.7	0.9	0.7	0	0	0.2	0	0.2	0.2	0.1	2.4
Surgery	CT1	0	0	0	0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0.0
Surgery	CT2	0	0	0	0	0	0	0	0.0	0	0	1	0.3	1	1	1	1.0	1.3
Surgery	ST3+	1	1	1	1	1	1	1	1.0	0	0	0	0.0	0	0	0	0.0	2.0
Orthopaedics	ST3+	1	1	1	1	1	1	1	1.0	1	1	1	1.0	1	1	1	1.0	4.0
Anaesthetics	CT1/2	0	0	0	0	0	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	1.2	1.2	0.9	1.2
Anaesthetics	ST3+	1	1	1	1	1	2	2	1.7	2	2	1.9	2.0	1.9	2.2	2.2	2.1	6.7
Clinical Radiology	ST1/2	0	0	0	0	0	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0	0	0.1	0.4
Medicine	CT1/2	3.8	3.8	4.8	4.1	4.8	3	3	3.6	2.9	3.7	3.7	3.4	3.7	5.5	5.5	4.9	16.1
Medicine COE	ST3+	0	0	0	0	0	0.8	0.4	0.4	0.2	0.2	0.2	0.2	0.2	0.2	0.4	0.3	0.9
Medicine Diab/Endo	ST3+	0	0	0	0	0	1	1	0.7	1	1	1	1.0	1	1	1	1.0	2.7
Medicine Gastro	ST3+	0	0	0	0	0	1	0	0.3	0	0	0	0.0	0	0	0	0.0	0.3
Medicine Resp	ST3+	0	0	0	0	1	0.2	0.2	0.5	0.2	0.2	0.2	0.2	0.2	0	0	0.1	0.7
Medicine Cardio	ST3+	1	1	1	1	1	0.2	0.2	0.5	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.9
Medicine Renal	ST3+	0	0	0	0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0.0
Haematology	ST3+	0	0	0	0	0	0	0.4	0.1	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.9

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Med/Surg	FY1	0	0	0	0	0	3	3	2.0	3	3	2	2.7	3	3	3	3.0	7.7
Med/Surg	FY2	1	1	1	1	2	0.8	0.8	1.2	0.8	0.8	3.4	1.7	1.6	1.6	1.6	1.6	5.5
GPVTS	ST1	2	2	2	2	3.4	8.8	8.8	7.0	9	8.2	8.2	8.5	9.2	14	14	12.4	29.9
GPVTS	ST2	1.6	1.6	1.6	1.6	0.4	0.8	0.8	0.7	0.6	1.4	1.4	1.1	1.4	0.6	0.6	0.9	4.3
GPVTS	ST3	1.2	1.2	1.2	1.2	5.4	1.8	1.8	3.0	2	2	2.5	2.2	2.8	2.5	2.5	2.6	9.0
Orthodontics	ST3	0	0	0	0	0	0	1	0.3	1	1	1	1.0	1	1	1	1.0	2.3
Ophthalmology	ST3	0	0	0	0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0	0.0
Total		16.4	16.4	17.4	16.7	24.0	28.3	28.3	26.9	27.0	27.1	30.1	28.1	30.6	37.2	37.9	35.2	106.9

Trainees vacancies outside the Trust overseen by the LET guardian

General Practice	GPVTS	0.6	0.6	0.6	0.6	0.6	7	7	4.9	0.8	0.8	0.8	0.8	0.8	5.6	5.6	4	10.3
Public health trainees	FY1/2	0	0	0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0.0
Total		0.6	0.6	0.6	0.6	0.6	7	7	4.9	0.8	0.8	0.8	0.8	0.8	5.6	5.6	4	10.3

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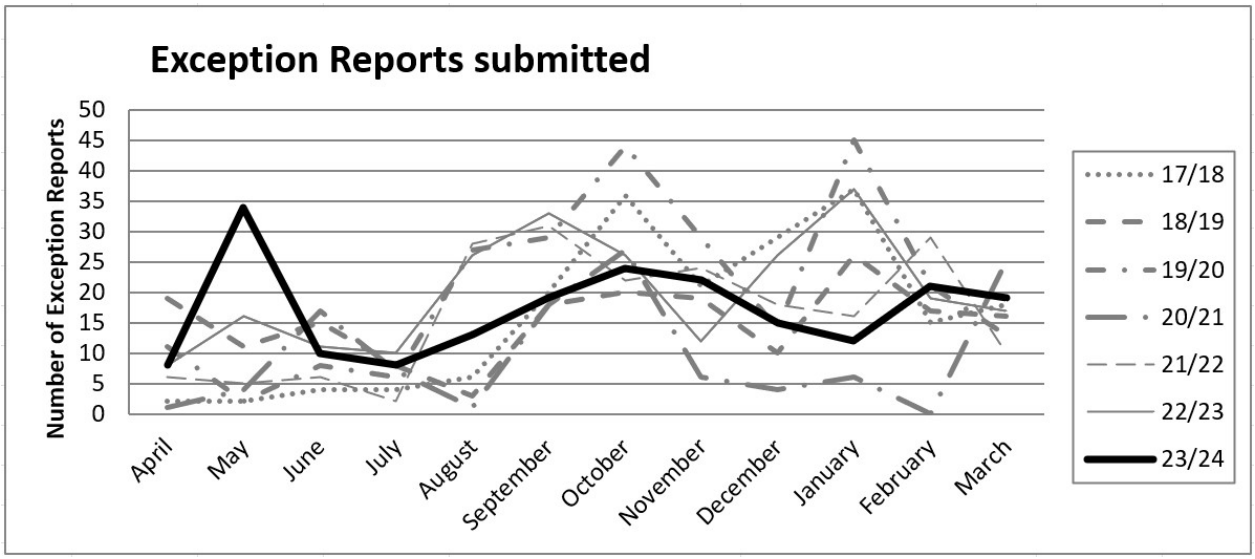
Appendix 2 – Exception Report submission since introduction of the 2016 Contract



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Report Front Sheet

1. Report Details			
Meeting Title:	Board of Directors, Part 1		
Date of Meeting:	29 May 2024		
Document Title:	Communications Activity Report, October 2023 – March 2024		
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	20 May 2024	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: 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.*			

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	(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?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)		**No**	n/a
Quality Impact Assessment (QIA)		**No**	n/a

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Communications Activity Report

Quarters 3 and 4: October 2023 – March 2024

1. Introduction

This biannual 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 Joint Chief People Officer, and we are working more closely with the Dorset HealthCare comms team as part of the collaboration between the trusts. This has already proved positive and we will continue to explore how we can share knowledge, expertise and resources.

2. Key Campaigns, Initiatives, Events and Developments

New StaffNet Launched

A digital requirement to move our intranet to a cloud-based SharePoint platform offered us a great opportunity to review the content, design and navigation structure of StaffNet.

We worked with a web designer and SharePoint specialist to create an entirely new design and review the content and navigation structure to make the intranet more accessible and easier for staff to find the information they need.

This was a challenging and time-consuming project, but we were able to launch the new StaffNet in December.

The greatest benefit of the new cloud-based system is that it allows 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 makes the intranet a much more useful tool for staff communications and we can now link staff through to it via the Staff App.

The launch has not been without technical issues but feedback from users has largely been very positive, with praise for the clean and simple design and navigation. We have worked with the DTI team (Digital Technology and Infrastructure) and the external specialist to resolve the issues and are now well placed to make the most of this upgraded platform.

Waiting Area Screens

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. This has now been resolved with the support of the procurement team and we have been able to devote more time to reviewing the system and content.

A new content management system has been introduced which will be much more effective, and templates for content are being redesigned, which will allow us to use this more effectively as an additional channel to reach both a public and staff audience.

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Three screens connected to this system have been installed within the new Outpatient Assessment Centre at South Walks House and another is due to be installed in the Children's Centre.

E-newsletter Platform
We were delighted to launch a new e-newsletter platform – e-Shot – for designing and circulating our regular staff bulletins.

The platform has allowed us to transform how we present and analyse our staff e-bulletins, and we have received positive feedback from staff about how much more accessible and engaging the new-style bulletins are.

So far, we have used the platform for the weekly Staff Bulletin, CEO Brief and Celebrating Success e-newsletter, and Organisational Development's monthly Supporting Our People Bulletin.

Staff can read the bulletins via email or on the Staff App. We are now able to see how many staff are reading the bulletins and what they are most interested in by the number of clicks within the bulletin, giving us valuable analytics to help plan future content and identify the best ways to share information with staff. **The readership statistics are in section 5 of this report.**

We will be sharing our e-shot platform with Dorset HealthCare as part of our collaborative work. This will save both trusts money, and enable us to send more bulletins, explore joint stakeholder communications and avoid duplication of work pulling together staff messages that are relevant to staff in both trusts.

Supporting Recruitment
New DCH Jobs Facebook page - In October 2023 we launched a new DCH Jobs Facebook page, a designated social media channel solely to focus on showcasing the career opportunities we have at DCH. We launched the page after analytics showed us that job posts were having a negative impact on our general DCH Facebook page as Facebook now penalises pages for posting similar graphics and posts. Other posts were therefore getting missed by our followers which was impacting our engagement.

Although this page has only been live six months, it already has 458 followers. However, the page is not as strongly focused on followers, but more around engagement and being a platform for staff to share posts to any relevant occupational groups. We are continuing to work with the recruitment team to ensure we are utilising this tool to its full potential.

Careers Fair - In March 2024 the hospital opened its doors for its first DCH Careers Fair. The aim of the day was to showcase the wide variety of job opportunities within the NHS and at DCH, as well as recruiting to specific roles. The communications team supported with the planning of the event as well as designing promotional materials and supporting paid radio promotion with Bauer Media and paid social media posts on both Facebook and LinkedIn.

Overseas recruitment web pages - As outlined in a previous Communications Activity Report, we created a refreshed recruitment section on our website. Since the new section went live in July 2022, it remains one of our most visited pages on the website. We are

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constantly reviewing this section and, following feedback from our international staff, we created a new page dedicated to supporting staff with their move to the UK. This new Joining Us From Overseas page provides a wealth of information, from visas and immigration to accommodation and finance, and has been very well received by our international staff who have joined us recently.

Supporting Discharge Project
We are working with the Flow Programme Team to support with the staff and public communications around facilitating timely discharge from hospital when patients are medically fit to go home or on to community care. Our new Discharge Lounge was highlighted in a very positive BBC South Today piece and we are developing online and printed materials for both staff and families.

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 are cheaper to update and replace than the former signs.

There is scope for further wayfinding improvements across the site, and amendments/additional signs will be required as further site developments progress. A Wayfinding Group has been established (led by the estates team) and extra signs are planned based on visitor feedback. The Wayfinding Group is also supporting an interior design strategy led by Arts in Hospital to ensure colours and design are consistent throughout the site.

Staff App
Our intranet (StaffNet) is now available via the Staff App which means that staff can now view the vast majority of intranet content via their own devices. The new noticeboard feature has also encouraged more staff to download the app. We now have 3,963 active users. **Statistics for the app are in section 6.**

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.

Here are updates on specific projects connected to Your Future Hospital:

New Hospital Programme (NHP) – In October 2023, the Trust received full planning permission for its plans to develop the Dorset County Hospital site, which includes the new Emergency Department and Critical Care Unit that is part of the Government's New Hospital Programme. We publicised this and received widespread coverage, both in the local media and construction press. Enabling works have now started on the former Damers School site to prepare the ground for main construction.

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In December we updated stakeholders on the opening of the diverted footpath around the site and in January work began to great the new road entrance that will allow access to the new building. This involved roadworks and traffic lights on Damers Road and resulted in residents losing some on-street parking spaces. We circulated letters to residents of Damers Road in December to inform them about these works and give them plenty of notice, and also informed staff and the wider public through our other communication channels.

We have continued to provide updates to key stakeholders, including local MPs, governors, councillors and the Trust's Your Voice engagement group.

New Outpatient Assessment Centre at South Walks House – In February 2024, the Trust opened the new Outpatient Assessment Centre at South Walks House. We had a front-page positive piece in the Dorset Echo, as well as many other media outlets, including local radio. We worked with a local video production company to produce this video about the new facility. The comms team also supported with wayfinding, information screens, and staff communications, and made sure that information about appointments and the new facility was updated on the website and Google.

Ridgeway Ward refurbishment - In November 2023, work began to transform Ridgeway Ward into dedicated space for people having elective orthopaedic surgery as part of a drive to reduce waiting times. The £1.4million scheme is being funded by NHS England and is the second phase of the Outpatient Assessment Centre scheme. We received positive local media coverage, including another front page in the Dorset Echo. The work has impacted access to the area in front of North Wing, Entrance 1 and South Wing, Entrance 1, so the comms team supported estates colleagues by providing information boards on site and by regularly informing key stakeholders about any work that will cause disruption, so that patients, visitors and patient transport are aware.

Public engagement – We continue to take support strategic estates to promote site developments out in the community, including the NHS Dorset system-wide roadshows across Dorset and a session with young patients of DCH as part of work to improve our services.

Other key issues, campaigns and developments supported by the comms team during this period:

- Industrial action
- Staff vaccination
- Stroke Day
- Staff Survey
- Healthcare Support Worker Day
- Digital shutdown preparation and management
- Discharge leaflet
- CESR visual identity and web pages
- Buddy scheme pin badge design
- CQC maternity report
- Sexual safety survey
- Trust e-Christmas cards

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- Catering developments
- Max fax service change
- Electronic Health Record
- Apprenticeship awards
- Outpatient areas renaming project
- MP briefings

3. Social Media

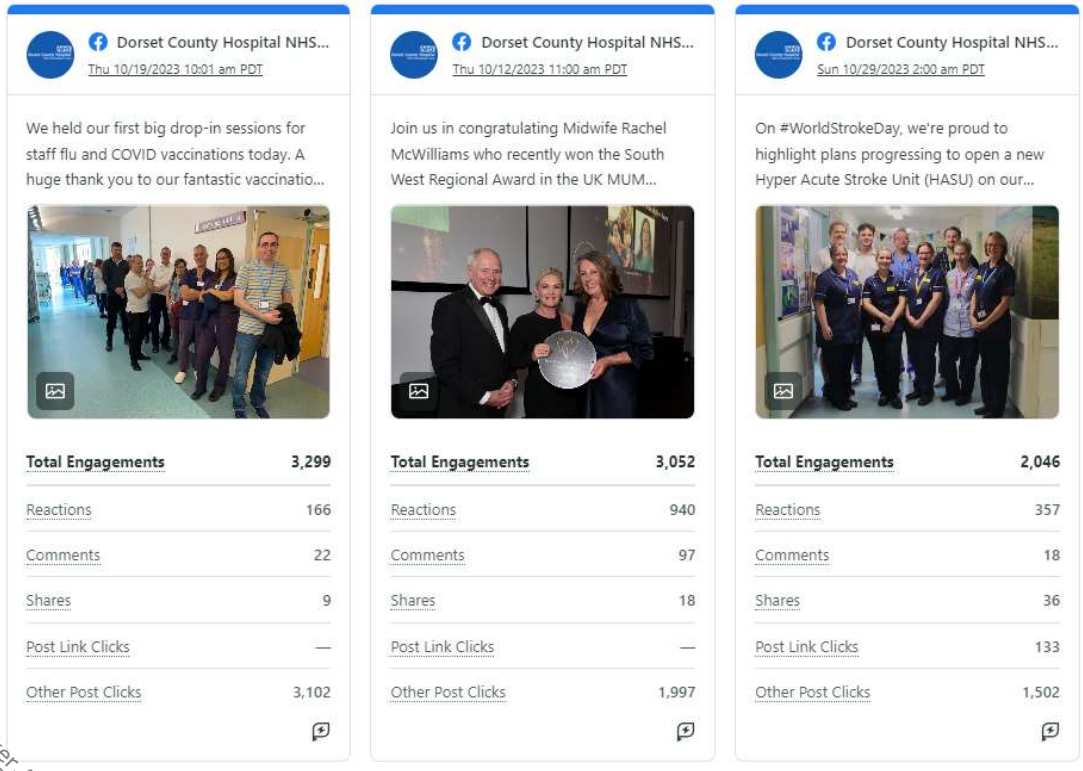
The statistics below demonstrate how many people we are reaching each quarter through each channel. Also included is a small selection of the most popular posts for each month.

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.

	Q1 April-June 2023	Q2 July- Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Number of posts	192	159	137	100
Engaged users	124,081	112,926	105,566	70,305
Number of followers	12,543	14,116	14,356	14,754

Facebook Highlights for October 2023



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Facebook Highlights for November 2023

Dorset County Hospital NHS...
Thu 11/23/2023 9:15 am PST

Today we celebrated Healthcare Support Worker Day - a chance to recognise the unique contribution of the largest workfor...

Total Engagements	**3,185**
Reactions	352
Comments	36
Shares	9
Post Link Clicks	—
Other Post Clicks	2,788

Dorset County Hospital NHS...
Fri 11/24/2023 1:58 am PST

It's Maternity Support Worker Day! Thank you to all of our fantastic #TeamDCH staff. We're so grateful for everything you do to...

Total Engagements	**2,057**
Reactions	193
Comments	11
Shares	2
Post Link Clicks	—
Other Post Clicks	1,851

Dorset County Hospital NHS...
Mon 11/6/2023 4:00 am PST

This week we are celebrating #NationalOccupationalTherapyWeek and highlighting the invaluable contribution of...

Total Engagements	**1,520**
Reactions	319
Comments	32
Shares	7
Post Link Clicks	—
Other Post Clicks	1,162

Facebook Highlights for December 2023

Dorset County Hospital NHS...
Wed 12/27/2023 4:01 am PST

Here are a few more photos of staff getting into the festive spirit and spreading some Christmas cheer. #TeamDCH 🎄

Total Engagements	**3,105**
Reactions	261
Comments	8
Shares	0
Post Link Clicks	—
Other Post Clicks	2,836

Dorset County Hospital NHS...
Fri 12/22/2023 2:00 am PST

In the final countdown to Christmas, our volunteers have been spreading some festive cheer across the hospital, bringing...

Total Engagements	**2,837**
Reactions	258
Comments	0
Shares	6
Post Link Clicks	—
Other Post Clicks	2,573

Dorset County Hospital NHS...
Mon 12/11/2023 9:15 am PST

A wonderful afternoon celebrating our Long Service Awards at Sunninghill Prep School with staff who have worked at #TeamDCH...

Total Engagements	**2,818**
Reactions	234
Comments	47
Shares	6
Post Link Clicks	—
Other Post Clicks	2,531

Baker,Abi
24/05/2024 16:15:38

Facebook Highlights for January 2024

Dorset County Hospital NHS...
Mon 1/22/2024 2:32 am PST

We are so incredibly proud of our Community Children's Nurse Specialist Practitioner Zoey Fry on receiving a Queen...

Total Engagements	**990**
Reactions	349
Comments	71
Shares	7
Post Link Clicks	—
Other Post Clicks	563

Dorset County Hospital NHS...
Fri 1/5/2024 4:00 am PST

Join us in congratulating Julie Fry who was recognised in the #NewYearHonours for her services to education and health in Kenya....

Total Engagements	**892**
Reactions	225
Comments	18
Shares	3
Post Link Clicks	—
Other Post Clicks	646

Dorset County Hospital NHS...
Fri 1/26/2024 8:17 am PST

The roadworks on Damers Road have now finished. Work to build an access road as part of the construction of our new...

Total Engagements	**769**
Reactions	99
Comments	9
Shares	9
Post Link Clicks	—
Other Post Clicks	652

Facebook Highlights for February 2024

Dorset County Hospital NHS...
Mon 2/19/2024 8:20 am PST

We have opened our newly refurbished Outpatient Assessment Centre at South Walks House in Dorchester. We received...

Total Engagements	**6,580**
Reactions	707
Comments	31
Shares	28
Post Link Clicks	3
Other Post Clicks	5,811

Dorset County Hospital NHS...
Wed 2/21/2024 5:43 am PST

📣Our apprentices have been recognised at a special awards ceremony. We currently have 188 staff undertaking apprenticeship...

Total Engagements	**2,693**
Reactions	229
Comments	48
Shares	3
Post Link Clicks	1
Other Post Clicks	2,412

Dorset County Hospital NHS...
Wed 2/7/2024 1:54 am PST

It was a double celebration for nursing colleagues yesterday when certificates were presented to teams for their Ward...

Total Engagements	**1,751**
Reactions	229
Comments	24
Shares	2
Post Link Clicks	—
Other Post Clicks	1,496

Baker,Abi
24/05/2024 16:15:38

Facebook Highlights for March 2024

X (formally Twitter) Analytics - @DCHFT www.twitter.com/DCHFT

	Q1 April-June 2023	Q2 July-Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Number of posts	221	169	142	110
Tweet impressions (how many times our posts were seen)	149,011	142,683	103,190	51,566
Engagement (likes, replies, clicks, shares)	4,488	4,839	3,500	1,965
Number of followers	8,288	9,062	9,501	9,678

Baker,Abi
24/05/2024 16:15:38

X Highlights for October 2023

@DCHFT
Wed 10/4/2023 9:01 am UTC

This week we are celebrating our fantastic library team and all they do for us here at #TeamDCH - including our new Library and Knowledge Specialist Alfred Gumbwa. Alfred joins Morag and Jack and will be o...

Total Engagements	136
Likes	35
@Replies	0
Retweets	5
Post Link Clicks	—
Other Post Clicks	95
Other Engagements	1

@DCHFT
Mon 10/9/2023 11:28 am UTC

🙌 We're delighted to have received the green light from Dorset Council on our long-term plans to develop the main hospital site. The first scheme is a new Emergency Department and Critical Care Unit o...

Total Engagements	105
Likes	38
@Replies	1
Retweets	3
Post Link Clicks	21
Other Post Clicks	42
Other Engagements	0

@DCHFT
Mon 10/30/2023 1:33 pm UTC

Thanks to @Sophieslegacy10, parents on our children's ward can access our 'snack cupboard' 24 hours a day, seven days a week. It is stocked with a wealth of snacks, as well as some toiletries, available f...

Total Engagements	95
Likes	56
@Replies	1
Retweets	2
Post Link Clicks	—
Other Post Clicks	36
Other Engagements	0

X Highlights for November 2023

@DCHFT
Thu 11/23/2023 5:12 pm UTC

Today we celebrated Healthcare Support Worker Day - a chance to recognise the unique contribution of the largest workforce across our nursing, midwifery and allied health professions, who are often the...

Total Engagements	98
Likes	25
@Replies	2
Retweets	5
Post Link Clicks	—
Other Post Clicks	66
Other Engagements	0

@DCHFT
Mon 11/20/2023 10:37 am UTC

A big thank you to the fantastic group of young people who recently joined us for the '15 Steps Challenge'. They visited areas of our hospital to help us see things through their eyes and identify where...

Total Engagements	76
Likes	21
@Replies	0
Retweets	2
Post Link Clicks	—
Other Post Clicks	53
Other Engagements	0

@DCHFT
Tue 11/7/2023 4:15 pm UTC

Calling all nurses with lapsed registration! We're offering practice placements to go alongside a Return to Nursing Practice course. We have a dedicated team who will support your return to nursing and...

Total Engagements	67
Likes	11
@Replies	0
Retweets	6
Post Link Clicks	13
Other Post Clicks	36
Other Engagements	1

Baker,Abi
24/05/2024 16:15:38

X Highlights for December 2023

@DCHFT
Wed 12/27/2023 12:01 pm UTC

Here are a few more photos of staff getting into the festive spirit and spreading some Christmas cheer. #TeamDCH https://t.co/Dc4Pm50kQh

Total Engagements	91
Likes	16
@Replies	1
Retweets	2
Post Link Clicks	1
Other Post Clicks	71
Other Engagements	0

@DCHFT
Tue 12/12/2023 2:54 pm UTC

Thanks to @AlastairFeeBBC for coming to DCH to find out how we are working closely with our partners to get patients home safely as soon as they are well enough. Thanks also to our staff and patients...

Total Engagements	75
Likes	16
@Replies	2
Retweets	4
Post Link Clicks	15
Other Post Clicks	38
Other Engagements	0

@DCHFT
Thu 12/7/2023 3:41 pm UTC

Teams have been getting into the festive spirit this week to spread a bit of Christmas cheer! We love it! #ChristmasJumperDay #TeamDCH https://t.co/IQRLLss6Mn

Total Engagements	60
Likes	15
@Replies	0
Retweets	0
Post Link Clicks	—
Other Post Clicks	45
Other Engagements	0

X Highlights for January 2024

@DCHFT
Fri 1/5/2024 12:00 pm UTC

Join us in congratulating Administrator Julie Fry who was recognised in the #NewYearHonours for her services to education and health in Kenya. Julie is the Co-Founder of the Kenyan Project and has don...

Total Engagements	42
Likes	15
@Replies	0
Retweets	3
Post Link Clicks	—
Other Post Clicks	24
Other Engagements	0

@DCHFT
Tue 1/16/2024 12:18 pm UTC

Interested in a career in the NHS? Join us for our Careers Fair on Saturday, 2 March where we will be spotlighting the wide variety of jobs and training opportunities our Trust has to offer. Find out more https://t.co/1g7r1Gy6zh

Total Engagements	39
Likes	6
@Replies	1
Retweets	6
Post Link Clicks	17
Other Post Clicks	9
Other Engagements	0

@DCHFT
Fri 1/12/2024 10:00 am UTC

It's #NationalPharmacistsDay! An opportunity to thank our wonderful team for the fantastic work they do every day. If you are interested in a career in pharmacy, we are currently looking for...

Total Engagements	37
Likes	9
@Replies	0
Retweets	2
Post Link Clicks	0
Other Post Clicks	26
Other Engagements	0

Baker,Abi
24/05/2024 16:15:38

X Highlights for February 2024

@DCHFT
Mon 2/19/2024 4:48 pm UTC

We've opened our refurbished Outpatient Assessment Centre at South Walks House. It will allow us to run more clinics and offer diagnostics appointments, as well as day case local anaesthetic procedures and...

Total Engagements	177
Likes	48
@Replies	4
Retweets	7
Post Link Clicks	9
Other Post Clicks	109
Other Engagements	0

@DCHFT
Tue 2/20/2024 4:43 pm UTC

Our latest Healthcare Support Worker (HCSW) Scholarship programme got underway this week. A very warm welcome to the participants joining us here at #TeamDCH. They will spend the next three weeks...

Total Engagements	57
Likes	24
@Replies	0
Retweets	3
Post Link Clicks	—
Other Post Clicks	30
Other Engagements	0

@DCHFT
Mon 2/5/2024 11:00 pm UTC

Congratulations to nursing student Liz Richards, January's Undergraduate Learner of the Month! Liz was nominated for her commitment and attitude towards her learning and nursing and is...

Total Engagements	53
Likes	13
@Replies	0
Retweets	2
Post Link Clicks	—
Other Post Clicks	37
Other Engagements	1

X Highlights for March 2024

@DCHFT
Sat 3/2/2024 10:22 am UTC

A great welcome to our DCH Careers Fair from our Chief Nursing Officer @jojohowarth. There are hundreds of careers in the NHS, come and discover yours! #TeamDCH https://t.co/NJfNZFcnJG

Total Engagements	77
Likes	23
@Replies	0
Retweets	6
Post Link Clicks	—
Other Post Clicks	48
Other Engagements	0

@DCHFT
Sat 3/2/2024 10:11 am UTC

Today's the day! Join us in our Education Centre for our Careers Fair anytime from 10am until 4pm and discover your perfect job role at #TeamDCH! https://t.co/akgzLaLv46

Total Engagements	62
Likes	9
@Replies	0
Retweets	7
Post Link Clicks	—
Other Post Clicks	46
Other Engagements	0

@DCHFT
Wed 3/13/2024 9:39 am UTC

We were delighted to feature on @BBCSpotlight last night to highlight the success of our Targeted Lung Health Check Programme. Watch it here ➡ https://t.co/ebh8b5ChOw Find out more about th...

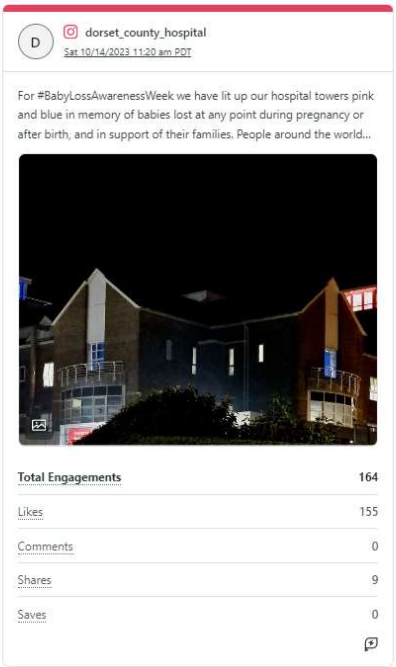
Total Engagements	58
Likes	12
@Replies	0
Retweets	2
Post Link Clicks	6
Other Post Clicks	37
Other Engagements	1

Baker,Abi
24/05/2024 16:15:38

Instagram Analytics - www.instagram.com/dorset_county_hospital/

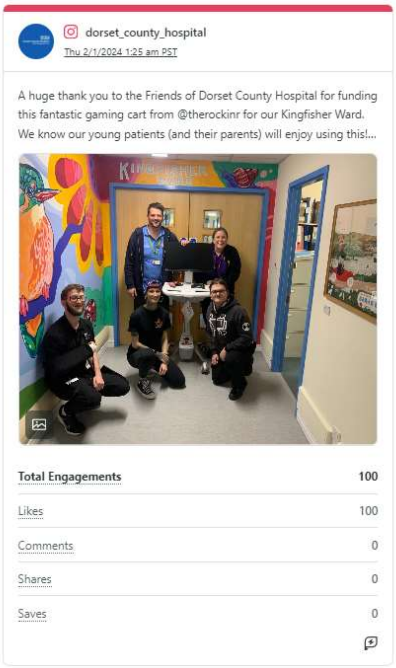
	Q1 April-June 2023	Q2 July-Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Number of posts	92	78	108	76
Total impressions	104,144	85,327	114,469	69,231
Average impressions (number of times the post was shown) per day	1,144.44	927.47	1,244.23	760.78
Average daily reach per profile (unique views)	679.18	571.37	702.64	466.88
Number of followers	2,905	2,992	3,055	3,105

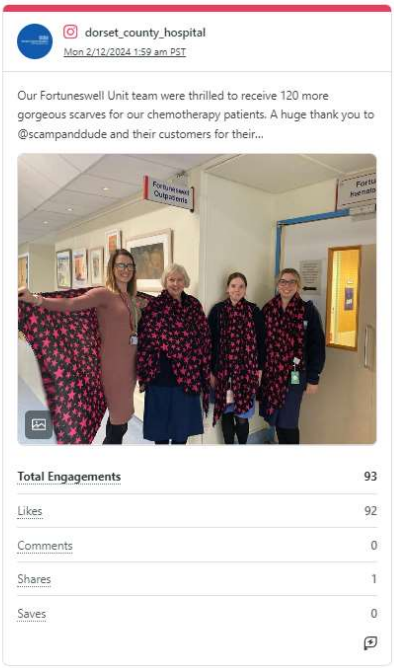
Instagram Highlights – October to December 2023



Baker,Abi
24/05/2024 16:15:38

Instagram Highlights – January to March 2024





LinkedIn Analytics -
www.linkedin.com/company/dorset-county-hospital-foundation-trust

	Q1 April-June 2023	Q2 July-Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Number of posts	86	60	54	27
Total impressions (number of views)	56,525	53,505	48,392	34,414
Total engagements (clicks, likes, replies and shares)	4,652	4,823	5,024	3,899
Organic followers gained	344	341	308	332
Number of followers	4,970	5,267	5,414	5,695

Baker,Abi
24/05/2024 16:15:38

LinkedIn Highlights – October to December 2023

Dorset County Hospital NHS Foundation Trust
Thu 10/19/2023 5:01 pm UTC

We held our first big drop-in sessions for staff flu and COVID vaccinations today. A huge thank you to our fantastic vaccination team and to all the staff who pitched up to get doubly protected an...

Total Engagements	764
Reactions	58
Comments	1
Shares	0
Post Clicks (All)	705

Dorset County Hospital NHS Foundation Trust
Thu 11/23/2023 5:15 pm UTC

Today we celebrated Healthcare Support Worker Day - a chance to recognise the unique contribution of the largest workforce across our nursing, midwifery and allied health professions, who are often the...

Total Engagements	341
Reactions	45
Comments	0
Shares	0
Post Clicks (All)	296

Dorset County Hospital NHS Foundation Trust
Mon 11/20/2023 10:37 am UTC

A big thank you to the fantastic group of young people who recently joined us for the '15 Steps Challenge'. They visited areas of our hospital to help us see things through their eyes and identify where...

Total Engagements	306
Reactions	39
Comments	1
Shares	0
Post Clicks (All)	266

LinkedIn Highlights – January to March 2024

Dorset County Hospital NHS Foundation Trust
Mon 2/19/2024 4:34 pm UTC

We have opened our newly refurbished Outpatient Assessment Centre at South Walks House in Dorchester. We received funding to turn two floors of the building into dedicated clinical space so we can run mor...

Total Engagements	1,259
Reactions	195
Comments	10
Shares	14
Post Clicks (All)	1,040

Dorset County Hospital NHS Foundation Trust
Thu 2/22/2024 12:45 pm UTC

We would like to give a big shout-out to students from Arts University Bournemouth who designed the interior artwork in the new Outpatient Assessment Centre at South Walks House. Their designs,...

Total Engagements	517
Reactions	70
Comments	1
Shares	3
Post Clicks (All)	443

Dorset County Hospital NHS Foundation Trust
Wed 3/13/2024 9:55 am UTC

We were delighted to feature on BBC Spotlight last night to highlight the success of our Targeted Lung Health Check Programme. Watch it here https://bbc.in/3TuUW8N A big thank you to our staff and...

Total Engagements	301
Reactions	48
Comments	0
Shares	2
Post Clicks (All)	251

Baker,Abi
24/05/2024 16:15:38

4. Public Website

The analytics below show general usage of the website and the most visited pages:

Website Analytics – www.dchft.nhs.uk

**Unfortunately, due to the upgrade to Google Analytics 4 (GA4) we were unable to access website data for Q3 and Q4. The website analytics below are an estimated average.

	Q1 April-June 2023	Q2 July-Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Sessions	27,370	169,616	170,000	174,000
Page Views	42,241	253,469	270,000	270,000
Users	21,370	122,609	124,000	126,000
Average Session Duration	00:00:50	00:00:53	00:00:51	00:00:51

Most Popular Webpages (Oct 2023 – March 2024)

Page	Page Views	Average Time on Page
https://www.dchft.nhs.uk/working-for-us/join-team-dch/vacancies/	60,000	00:01:32
https://www.dchft.nhs.uk/	40,000	00:00:20
https://www.dchft.nhs.uk/patients-and-visitors/a-z-of-services/	10,000	00:00:17
https://www.dchft.nhs.uk/about-us/contact-us/	8,000	00:00:45
https://www.dchft.nhs.uk/working-for-us/e-rostering-links/	7,800	00:00:07
https://www.dchft.nhs.uk/patients-and-visitors/getting-here/parking-at-dorset-county-hospital/	7,600	00:01:15
https://www.dchft.nhs.uk/working-for-us/join-team-dch/	7,300	00:00:12
https://www.dchft.nhs.uk/patients-and-visitors/visiting-guidance/	7,000	00:00:45

Baker,Abi
24/05/2024 16:15:38

5. e-shot

Month	Staff Bulletin (average weekly views)		CEO Brief (average weekly views)		Celebrating Success (average weekly views)		Supporting Our People (monthly)	
	Views (email and app)	% of FTE staff	Views (email and app)	% of FTE staff	Views (email and app)	% of FTE staff	Views (email and app)	% of FTE staff
October	2,161	61%	1,987	57%	1,832	52%	1,671	48%
November	2,160	61%	2,013	58%	1,826	52%	1,655	47%
December	1,765	50%	2,109	60%	1,939	55%	1,685	48%
January	2,164	62%	2,078	59%	1,923	54%	1,691	48%
February	2,076	59%	2,078	59%	1,878	53%	1,717	49%
March	2070	59%	2,200	63%	1,855	53%	1,570	44%

6. Staff App

The most used areas of the app during the last six months are:

Staff app area	**Views**
E-roster	123,975
Email	106,085
Employee Online	54,104
Vacancies	24,057
ESR	21,025
Jobs	16,944
Staff bulletin	11,963
Noticeboard	10,541
CEO Brief	10,055
Resilience Alerts and Updates	4,724

7. 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:

Weekend work by entrances, 20 March 2024 -There will be engineering works happening on the hospital site on Saturday (23 March) as part of the Ridgeway Ward refurbishment that will cause some disruption outside North Wing, Entrance 1 and South Wing, Entrance 1.

Dorset County Hospital celebrates apprentice achievements, 21 February 2024 - Apprentices at Dorset County Hospital (DCH) have been recognised at a special new awards ceremony.

New-look Outpatient Assessment Centre opens in the heart of Dorchester, 19 February 2024 - Dorset County Hospital (DCH) has opened its newly refurbished Outpatient Assessment Centre at South Walks House in Dorchester.

Bakerpal
24/05/2024 16:15:38

Dorset County Hospital's maternity service survey results among the best in the region, 9 February 2024 - Women giving birth at Dorset County Hospital (DCH) have praised the high standards of care they and their babies received.

Dorset County Hospital to hold Careers Fair, 16 January 2024 - Interested in a career in the NHS? Dorset County Hospital (DCH) will be holding a Careers Fair on Saturday, 2 March, spotlighting the wide variety of jobs and training opportunities the Trust has to offer.

Targeted Lung Health Check Service's first anniversary, 14 December 2023 - Dorset's new lung screening service is marking its first anniversary, and has already proved hugely successful in identifying conditions much earlier and improving outcomes for patients.

Junior doctor industrial action in December 2023 and January 2024 - Junior doctors are taking industrial action from from 7am on Wednesday 20 December until 7am on Saturday 23 December 2023, and 7am on Wednesday 3 January to 7am on Tuesday 9 January 2024.

Weymouth Research Hub photography competition, 13 December 2023 - Weymouth Research Hub has been brightened up in time for Christmas with help from talented local photographers.

DCH recognised for commitment to patient safety, 12 December 2023 - Dorset County Hospital is celebrating after being named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits.

Ward refurbishment to help reduce orthopaedic elective surgery waiting times at DCH, 16 November 2023 – A ward at Dorset County Hospital is being transformed into dedicated space for people having elective orthopaedic surgery as part of a drive to reduce waiting times. Ridgeway Ward is being refurbished into a 24-bedded ward for orthopaedic elective surgery patients.

Enhanced care coming for stroke patients in Dorset, 25 October 2023 - Specialist support services are being introduced in Dorset to help people recover from the debilitating effects of a stroke.

Planners give new DCH Emergency Department and Critical Care Unit the green light, 9 October 2023 - Plans to develop the Dorset County Hospital (DCH) site, including a brand-new Emergency Department and Critical Care Unit, have been given the green light by local planners.

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.

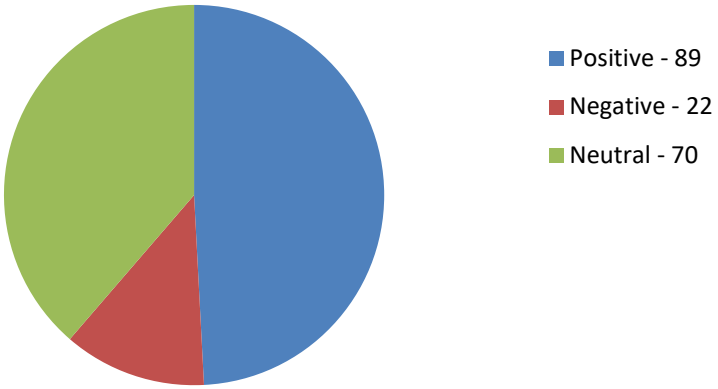
Bakshi,Ali
24/05/2024 16:15:38

	Q1 April-June 2023	Q2 July-Sept 2023	Q3 Oct – Dec 2023	Q4 Jan – March 2024
Media stories	143	105	90	91
Positive	46	29	56	33
Negative	14	1	11	11
Neutral	83	75	23	47

Coverage to note from October 2023 to March 2024 included:

- Full planning permission received for DCH site masterplan
- Ridgeway Ward refurbishment
- BBC South piece on Discharge Lounge
- BBC Spotlight and BBC South piece on Targeted Lung Health Check
- NHS Staff Survey – sexual harassment figures revealed
- DCH Charity launch Jurassic Coast Challenge
- DCH fails to meet NHS cancer targets
- Ambulance handover delays
- Junior doctor strikes
- DCH maternity services 'requires improvement' following CQC inspection
- New specialist stroke services coming to Dorset
- Opening of the South Walks House Outpatient Assessment Centre

Media Coverage - October 2023 to March 2024
181 stories



Baker,Abi
24/05/2024 16:15:38

Minutes of the meeting of the Part 1 Public ICB (ICB) Board of NHS Dorset
Thursday 7 March 2024 at 10am
Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TS
and via MS Team

Members Present:		
	Jenni Douglas-Todd (JDT)	ICB Chair
	Rhiannon Beaumont-Wood (RBW)	ICB Non-Executive Member
	John Beswick (JB)	ICB Non-Executive Member
	Jonathon Carr-Brown (JCB)	ICB Non-Executive Member
	David Freeman (DF)	Acting ICB Chief Executive Officer
	Siobhan Harrington (SH) (virtual) (part)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member (member)
	Leesa Harwood (LH)	ICB Non-Executive Member
	Nick Johnson (NJ) (virtual)	Deputy Chief Executive, Dorset County Hospital NHS Foundation Trust (nominated deputy)
	Rob Morgan (RM) (part)	ICB Chief Finance Officer
	Jillian Kay (JK)	Corporate Director for Wellbeing, BCP Council (nominated deputy)
	Alyson O'Donnell (AOD) (virtual)	ICB Deputy Chief Medical Officer (nominated deputy)
	Debbie Simmons (DSi)	ICB Chief Nursing Officer
	Kay Taylor (KT)	ICB Non-Executive Member
	Simone Yule (SY) (virtual)	GP Alliance Deputy Chair, Primary Care Partner Member (nominated deputy)
	Dan Worsley (DW)	ICB Non-Executive Member
Invited Participants Present:		
	Neil Bacon (NB) (virtual) (part)	ICB Chief Strategy and Transformation Officer
	Louise Bate (LBa) (virtual)	Manager, Dorset Healthwatch
	Zoe Bradley (ZB)	Interim Chair, Dorset VCSE Board
	Cecilia Bufton (CB)	Integrated Care Partnership Chair
	Kate Calvert (KC)	Acting ICB Chief Commissioning Officer
	Dawn Harvey (DH) (part)	ICB Chief People Officer
	Andrew Rosser (AR) (virtual)	Chief Finance Officer, South Western Ambulance Service Foundation Trust (participant)
	Ben Sharland (BS) (virtual) (part)	GP Alliance Deputy Chair
	Stephen Slough (SS)	ICB Chief Digital Information Officer
	Dean Spencer (DSp)	ICB Chief Operating Officer
In attendance:		
	Liz Beardsall (LBe)	ICB Head of Corporate Governance
	Juliette Blake (JB) (item ICBB24/036)	Director for Safeguarding & Early Help, BCP Council
	Helen Brittain (HB) (item ICBB24/045) (virtual)	Senior Programme Lead, Mental Health, ICB Learning Disabilities, Children and Young People
	Pippa Emmerson (PE) (item ICBB24/036)	Service Manager, Safeguarding and Targeted Support, BCP Council

APPROVED
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	Mark Harris (MH) (item ICBB24/045) (virtual)	ICB Deputy Director of Place
	Steph Lower (SL) (minutes)	ICB Deputy Head of Corporate Governance
	Rachel Pearce (RP)	Director of Commissioning, NHS England South West
Public:		
	1 members of the public was present in the room. The meeting was also available via livestream.	
Apologies:		
	Jim Andrews (JA)	Chief Operating Officer, Bournemouth University
	Matthew Bryant (MB)	Joint Chief Executive Dorset County Hospital and Dorset HealthCare NHS Foundation Trusts and ICB Board NHS Provider Trust Partner Member
	Sam Crowe (SC)	Director of Public Health for Dorset and Bournemouth, Christchurch and Poole (BCP) Councils (participant)
	Graham Farrant (GF)	Chief Executive, Bournemouth, Christchurch and Poole Council
	Spencer Flower (SF)	Leader Dorset Council and ICB Local Authority Partner Member (West)
	Paul Johnson (PJ)	ICB Chief Medical Officer
	Patricia Miller (PM)	ICB Chief Executive (member)
	Matt Prosser (MP)	Chief Executive, Dorset Council
	Vikki Slade (VS)	Leader BCP Council and ICB Local Authority Partner Member (East)
	Jon Sloper (JS)	Interim Programme Director, VCS Assembly
	Forbes Watson (FW)	GP Alliance Chair, Primary Care Partner Member

ICBB24/032 Welcome, apologies and quorum

The Chair declared the meeting open and quorate and welcomed Rachel Pearce, Director of Commissioning for NHS England South West and meeting presenters. There were apologies from Jim Andrews, Matthew Bryant, Sam Crowe, Graham Farrant, Spencer Flower, Paul Johnson, Patricia Miller, Matt Prosser, Vikki Slade, Jon Sloper and Forbes Watson.

ICBB24/033 Conflicts of Interest

There were no declarations of interest made.

D Spencer joined the meeting.

ICBB24/034 Minutes of the Part One Meeting held on 11 January 2024

The minutes of the Part One meeting held on 11 January 2024 were agreed as a true and accurate record subject to the following amendment:-

- Item ICBB24/002 – to amend the second sentence to read 'JB was currently an executive and Board member of Great Ormond Street Hospital…..'.

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Resolved: the minutes of the meeting held on 11 January 2024 were approved.

ICBB24/035 Action Log

The action log was considered, and approval was given for the removal of completed items.

An update regarding action ICBB24/013 would be provided later in the meeting.

D Harvey, N Bacon and R Morgan joined the meeting.

Resolved: the action log was received, updates noted, and approval was given for the removal of completed actions.

Standing Items

ICBB24/036 Board Story: Family Hubs and Early Help, BCP Council

The Director for Safeguarding and Early Help, BCP Council introduced the Board Story on Family Hubs and Early Help.

The presentation laid out the elements for an effective Dorset Early Help system and recommendations included:-

- An agreed Early Help Partnership Framework

Early Help was everyone's responsibility to enable all children and young people to achieve the best outcomes.

There was an offer from Primary Care to link this work with the development of Primary Care Network services in terms of low-level mental health support.

The children and young people work was a key priority of the integrated neighbourhood team model. The key benefits of early help were clear, and the challenge would be to ensure a cohesive model for local communities.

There was a need to ensure ongoing funding support to enable a sustainable programme and commissioning budgets were being pooled to help take such programmes of work forward.

The Board welcomed the presentation and was supportive of the ask to champion the transformation work to encourage partners to work towards a joint Single Outcomes Framework to ensure a maintained focus on reducing demand for higher cost interventions.

J Blake/P Emmerson left the meeting.

Resolved: the Board noted the Family Hubs and Early Help Board Story.

ICBB24/037 Acting Chief Executive Officer's Report

The Acting ICB Chief Executive Officer (CEO) introduced the Acting CEO's Report.

Key developments to note since writing the report were:-

- The Secretary of State had issued Bournemouth, Christchurch and Poole (BCP) Council with a government direction notice in relation to its Special Educational Needs and Disabilities (SEND) service. The statutory direction would require all partners to work together at pace to improve services.

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- Ofsted and the Care Quality Commission were undertaking an inspection of the local arrangements for SEND services across the Dorset Council area until 14 March.
- In relation to the pay offer to consultants, following a referendum the British Medical Association (BMA) had rejected the offer and had asked the Government to consider revising the offer.
- The ongoing junior doctors strike action remained challenging for Dorset. There was no breakthrough in terms of a pay deal and the ask was to plan next year's services without taking into account the impact of the ongoing strike action.
- The Chancellor had announced that the NHS in England would receive a £2.5 billion funding boost for 2024-25 however this would largely fund the cost pressures from system pay rises. There would also be another £3.4 billion to fund the NHS's plans to improve its productivity which would include the modernisation of digital systems.
- National progress was being made across all performance measures, noting the NHS had seen an increase of c.1.9M A&E attendances (4hr target) since this time last year.
- The Dorset system continued to face a significant challenging financial and operational position and planning work remained ongoing in relation to the system's 2024-25 Operational Plan with a final NHS England submission deadline of 21 March.

The Board noted the challenges regarding the current GP contracting position with the BMA having put the final 2024-25 contract to a referendum of BMA members. The potential risk of industrial action was noted and locally all was being done to support primary and community care where able.

The Board requested a future briefing item on the Dorset health system Electronic Health Record (EHR) platform in relation to progress and intentions.

Action: DF/SS

'Latest news' contributions were sought from all partners for inclusion in the CEO report and there was a keenness to see a regular VCSE sector update in future reports.

Recognising the ongoing significant challenges, it was pleasing to note the recently published NHS staff survey results were strong for Dorset overall, however work would continue to improve staff experiences across the NHS.

In relation to paragraph 2.2 – Martha's Rule, the Board noted the Dorset hospitals were in a good position in terms of the rollout.

In relation to paragraph 3.2 - Dental Plan, a dental services deep dive would be undertaken at the next System Quality Group with an update provided in the next Board Quality report.

Resolved: the Board noted the Acting Chief Executive Officer's Report.

ICBB24/038 Quality Report

The ICB Chief Nursing Officer introduced the Quality Report which had been previously scrutinised by the Quality, Experience and Safety Committee.

Key points to note:-

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- The impact of the ongoing industrial action continued to be managed as effectively as possible. It was difficult to measure any resulting harm however work continued nationally and locally in terms of harm prevention.
- A review of the South West region data had been undertaken by South West Ambulance Service NHS Foundation Trust (SWASFT) focusing on patients requiring a category 2

response for suspected cardiac presentation and subsequent survival at 30 days. The figure had deteriorated and there appeared to be a link to extended ambulance waiting times. A SWASFT deep dive into handover delays would be undertaken and reported through the next Quality report.
- Significant improvement had been seen in the out of area mental health placements and work continued to reduce the number.
- In relation to the Medical Examiner Programme, work continued with primary care to ensure readiness for the death certification national reforms planned from April 2024.

The Board requested consideration be given to how to improve the access/visualisation of primary care data, recognising the continued dashboard work. The Acting Chief Commissioning Officer would take this away to consider outside of the meeting.

Action: KC

Resolved: the Board noted the Quality Report.

ICBB24/039 Dorset ICS Finance Update

The ICB Chief Finance Officer introduced the Dorset Integrated Care System Finance Update covering the financial position for the ICB and the system as at month 10.

Key points to note:-

- The system was reporting a year-to-date deficit of £36.7M. However, it was recognised the figures during the latter months of the financial year were a changing position.
- The main drivers and risks for the system's financial position continued to be industrial action, agency spend, elective activity performance and inflation.
- Progress was being made in terms of agency spend with one high-cost provider no longer used. Also, there had been a reduction to the system rate card for on-framework agency usage which should produce savings.
- For the ICB, prescribing, especially in relation to 'no cheaper stock obtainable' spend, and Personal Health Commissioning (PHC) continued to be the main risks.
- It was currently estimated that PHC budgets were running at 25% higher spend than the previous year due to increased costs of packages of care and increased acuity of cases.

A more detailed finance update would be provided in Part 2 of the meeting.

Resolved: the Board noted the Dorset ICS Finance Update.

ICBB24/040 System Performance Report

The ICB Chief Operating Officer introduced the System Performance Report.

Key issues to note:-

- In relation to the 11 January 2024 Part 1 action to consider how to ensure a consistent response whenever the patient accessed the system, work was underway in relation to the women's health hub to ensure a more streamlined, better experience. It was planned to use this work as a model approach for other areas. The Chair reiterated that the issue was more about having a single point of contact for each service to enable any service to seamlessly direct members of the public to the right place, and the Chair would pick up this issue with the ICB Chief of Strategy and Transformation outside the meeting.

Action: JDT/NB

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- The significant performance focus during the year had improved the position with 21 operating standards being achieved. For the remaining 18 areas, 9 had maintained/improved performance and 9 had deteriorated.
- There had been focus on a smaller number of indicators including virtual wards and 78-week waiters where good progress had been made with c. 53 individuals waiting across a range of specialties.
- In relation to 65-week waiters, the system appeared on track to meet its target.
- In relation to the 4 hour emergency department standard, significant focus continued however performance had not improved at the rate required to achieve the trajectory of 76% treated or admitted within 4 hours.
- No criteria to reside and bed occupancy remained a significant challenge and targeted work continued to address the issues.

The Board noted the improved patient flow for University Hospitals Dorset NHS Foundation Trust and the ambition to maintain the position to the year-end.

Resolved: the Board noted the System Performance Report.

ICBB24/041 Committee Escalation Reports

The Board Committee Chairs presented the committee escalation reports from the January and February meetings. All issues discussed were included in the previously circulated reports. The Chair asked the Board to focus their discussion on the key themes across the meetings to promote a more holistic and strategic discussion on the work of the committees.

Key issues included:-

- Integrated Care Partnership – welcomed a labour market and skills data presentation from the Dorset Local Enterprise Partnership to better understand unemployment and recruitment issues beyond health and care, reaffirmed its commitment to the housing round table conversations and noted the good example of partnership working through the Going Smoke Free by 2030 presentation.
- People, Engagement and Culture Committee – a development workshop would be held on 25 March. The Committee had recommended for Board approval the Equality Delivery System data and refreshed Equality Objectives for 2024-25 for publication to be taken under the Part 2 agenda. The Committee had recommended improvements and being a public document, it was recognised the language needed to be understandable and meaningful.
- Prevention, Equity and Outcomes Committee – a discussion took place to better understand the landscape of prevention and health inequalities in Dorset with a view to starting to differentiate between primary and secondary interventions. Consideration was being given to the content of a report to the committee that provided a holistic view including the linking of programmes of work and the associated resource/investment needed.
- Productivity and Performance Committee – an additional meeting was held on 6 March to discuss the year-end financial position in more detail. Discussions had commenced regarding what was meant by 'productivity' for the Dorset system and its residents.
- Quality, Safety and Experience Committee – the integration of the quality and performance reporting continued to progress. The Committee had recommended for Board approval the Clinical Plan recognising the clinical networks would become the mechanism by which the pathways would be developed/implemented, noting the need to refresh the membership to ensure the right people/conversations were taking place.
- Risk and Audit Committee – there had been a focus on the current financial year and year-end approach including the key judgements and risk assessments. The

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Committee had recommended for Board approval the Board Assurance Framework which looked at the key issues for the ICB.

- Strategic Objectives Committee – a key focus had been the Joint Forward Plan refresh and the new Strategic Portfolio Management Office and Gateway Process, noting the need for a focus on outcomes and decision-making agility. There was recognition of the need to consider income generation including the opportunity costs.

Resolved: the Board noted the Committee Escalation Reports.

Items for Decision

ICBB24/042 Joint Forward Plan Review and Refresh

The Chief Strategy and Transformation Officer introduced the Joint Forward Plan Review and Refresh.

Work had commenced on updating the Joint Forward Plan following the NHSE national guidance and the report set out the intended timeline and approach to this work.

There were a number of key steps to be undertaken in preparing the final submission including significant engagement with stakeholder and partners and it was noted the current national submission timeline would need to be pushed out further as there was insufficient to enable this to be undertaken.

The revised Plan would build on the 2023 submission with progress updates including new and emerging areas of work. Transformation was a longer-term goal and alongside this remained a priority focus on tackling the current shorter-term system pressures system for 2024-25. There was a need to have milestone checkpoints in terms of delivery to ensure the Plan was on track and it was noted there wasn't a link with the trajectory to the financial challenges. There was a query regarding whether 'Joint Forward Plan' was the right name in terms of engaging with the local population.

Rather than seeking ICB Chief Executive Officer sign off, the Board agreed that the revised Plan be brought back to the Board for sign off prior to publication.

Action: NB

Resolved: the Board noted the update on the process to develop the Joint Forward Plan and agreed that a further report be brought back to the Board for sign off prior to the final submission.

ICBB24/043 Clinical Plan

The Deputy Chief Medical Officer introduced the Clinical Plan.

In order to deliver the ambitions of both the Integrated Care Plan and the Joint Forward Plan, it was essential to have an underpinning Clinical Plan.

Following completion of the Dorset system consultation phase, the Board was being asked to approve the finalised Plan to enable a move towards implementation.

The Plan contained a key set of principles to be applied when developing all clinical services and the expectation was that the Dorset Clinical Networks would become the delivery arm.

Current priorities had identified three work programmes to become the first wave of clinical networks (cardiovascular, respiratory and neurology). In addition, it was likely diabetes

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would be added and it was recognised the list may need to expand rapidly in response to emerging issues and priorities.

Key issues raised by the ICB Board included:-

- The need to consider best value/affordability for the system when developing services.
- To ensure the inclusion of the right primary care representation in relation to the clinical networks.
- The need to ensure prevention input within the clinical network representation.
- The need to ensure sustainable models including affordable workforce.

S Harrington left the meeting.

The Board was assured of the process in place but there was a need for an implementation plan which also demonstrated the link to the priorities for the forthcoming year.

The Board approved the Clinical Plan subject to sight of an implementation plan which would be brought to the Quality, Experience and Safety Committee in April and to the Board in May. The plan would need to demonstrate the link to the priorities for the forthcoming year.

Action: AOD/SL

K Calvert left the meeting
H Brittain/M Harris joined meeting

Resolved: the Board approved the Clinical Plan

ICBB24/044 Prevention, Equity and Outcomes Committee Work Plan

The Head of Corporate Governance introduced the Prevention, Equity and Outcomes Committee Work Plan.

As part of the committee refresh, a Prevention, Equity and Outcomes Committee was created. The Board had seen the initial work plan but following discussion at the inaugural meeting in December 2023, the committee was recommending the updated work plan (Appendix 1) to the Board for approval, noting the content would continue to evolve as the committee became established.

Resolved: the Board approved the Prevention, Equity and Outcomes Committee Work Plan.

Action: SL

<u>Items for Noting/Assurance/Discussion</u>

ICBB24/045 Right Care Right Person

The Senior Programme Lead introduced the report on the Right Care Right Person.

Work had commenced to develop a collaborative approach to oversee a phased implementation that minimised the risk of harm and any unintended consequences. A gap, risk and mitigation analysis exercise had been completed. Key system themes identified were in relation powers, procedures, resources and harm and partnership working was ongoing to address these.

The timescale for the phase one (Concern for Welfare) approach to be in a state of readiness to 'go live' on 15 April was challenging. Dorset Police was content with a soft

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launch and to use points of learning to move forward. Ultimately the programme steering group would determine whether to 'go live'.

B Sharland left the meeting.

The next steps were planned as:-

- Completion of the process and service mapping
- Data and costings (Concern for Welfare)
- Development of a Memorandum of Understanding between all partners
- A procedure review and development (Concern for Welfare)
- A training development focus (Concern for Welfare)
- The standing up of Phases 3 and 4

It was suggested following the 'go live' date, any significant implementation issues be reported to the Board through the standing Quality report.

Resolved: the Board noted the report on the Right Care Right Person.

ICBB24/046 ICB Annual Assessment 2023-24

The Chief Operating Officer introduced the report on the ICB Annual Assessment.

NHS England would use the ICB's Annual Report as a key source of evidence for the 2023-24 assessment. In addition, feedback would be requested from the local Health and Wellbeing Boards and Integrated Care Partnership.

For the 2022-23 Annual Assessment, NHS Dorset did not receive Health and Wellbeing Board feedback and the Director for Wellbeing, BCP Council offered to assist with engagement for the 2023-24 assessment if needed.

Resolved: the Board noted the report on the ICB Annual Assessment.

<u>Items for Consent</u>

ICBB24/047 The Dorset Delivery Plan for Recovering Access

Resolved: the Board noted the report on the Dorset Delivery Plan for Recovering Access.

ICBB24/048 Questions from the Public

The following question had been received by a member of the public:-

West Dorset seems to have a particular issue with community pharmacy medicine supply. Former Lloyds Chemists are unable to supply many medicines and people are having to travel from Bridport to Beaminster to access pharmacies that can supply. Alternatively, patients are being referred back to their GP practices or travelling to other pharmacies and this is putting more pressure on other community pharmacies and also GP practices.

Is this included in the risks log for the Board and what can the Board do to assure the public that the sustainability of supplies from former Lloyds Pharmacies in West Dorset is being worked upon?

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I appreciate that the whole of community pharmacy is under immense pressure but would really appreciate the Board's response as to levels of awareness for this population and what, if anything, can be done?

The response was read out by the Chair as follows:-

The Department for Health and Social Care has a medicines supply team who constantly monitor supply of medicines into the UK and provides central alerts to the NHS to notify generalised supply concerns. Medicines supply has improved from peak disruption last autumn but is still constrained for selected medicines due to global production system issues.

Where there is local supply disruption NHS Dorset would escalate the matter through our usual risk management process with the South-West Commissioning Hub to support community pharmacy. NHS Dorset has received confirmation that these issues are currently resolved.

We are happy to provide Mr Rawlinson a more detailed response outside the meeting if requested.

ICBB24/049 Any Other Business

There was no other business.

ICBB24/050 Key Messages and review of the Part 1 meeting

The Head of Corporate Governance summarised the key messages from the meeting as:-

- welcoming BCP Council's Early Help approach, noting the links with system partners and a recognition of the immediate and longer-term benefits for local communities,
- the commitment to using the language 'we' rather than 'you' when having system working conversations,
- the continued impact of the of ongoing industrial action,
- welcoming the positive improvements in the out of area mental health placements,
- no criteria to reside remained challenging however there was demonstrable system working to address,
- approval and support for the Clinical Plan,
- support for the approach to the Right Care Right Person initiative.

The Board reflected on:

- the richness of the discussions and right level of scrutiny/challenge throughout the meeting,
- the focus on the Dorset system as a whole rather than just health,
- the need to ensure plans included a focus on finances,
- as above, the commitment to using the language 'we' rather than 'you' and what more could be done to help others orientate into the 'we' space,
- the need to continue to use plain English in place of NHS terminology,
- the need to ensure the positive work around the Joint Forward Plan focused on the needs of the local population as well as meeting the required mandate.

The Chair thanked everyone including the public, for their attendance and contributions.

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ICBB24/051 Date and Time of Next Meeting

The next meeting of the ICB Board would be held on Thursday 16 May 2024 at 10am, at the offices of Bournemouth, Christchurch and Poole Council. Further details would follow.

ICBB24/052 Exclusion of the Public

The Board resolved that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

Signed by:

Jenni Douglas-Todd, ICB Chair

Date:

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