Board of Directors Meeting
08.30am – 12.00pm, Tuesday 4 February 2020
Seminar Room, Children's Centre, Dorset County Hospital

AGENDA

PART 1 (PUBLIC SESSION)

			Approx. timings	
1	**Patient Story**		**8.30**	
2	**Welcome and Apologies for Absence:**		**9.00**	Chair
3	**Declarations of Interest –** Ian Metcalfe			All
4	**Chairman's Remarks**	Oral		Chair
5	**Minutes of Board of Directors 27 November 2019** To approve	Enclosure	**9.00**	Chair
6	**Matters Arising from those Minutes and Actions List** To receive	Enclosure	**9.10**	Chair
	QUALITY AND PERFORMANCE ITEMS			
7	**Chief Executive's Report** To receive	Enclosure	**9.20**	Patricia Miller
8	**Integrated Performance Report** To receive and agree any necessary action **a. Quality** **b. Performance** **c. Finance** **d. Workforce** **e. ICS update**	Enclosure	**9.35**	 Nicky Lucey Inese Robotham Paul Goddard Mark Warner Nick Johnson
	BREAK		***10.20***	
	GOVERNANCE ITEMS			
9	**Corporate Risk Register and Board Assurance Framework** To review	Enclosure	**10.30**	Nicky Lucey/Nick Johnson

10	**Staff Staffing Report** To approve	Enclosure	**10.50**	Nicky Lucey
11	**Medical Re-validation Bi-Annual Report** To approve	Enclosure	**10.55**	Alastair Hutchison
12	**Guardian of Safe Working Quarterly Report (October - December 2019)** To receive	Enclosure	**11.10**	Kyle Mitchell
	CONSENT SECTION 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.		**11.25**	
13	**DCH SubCo Annual Report and Accounts** For information	Enclosure		Ian Metcalfe
14	**Communications Activity Quarterly Report (October - December 2019)** **For information**	Enclosure		Nick Johnson
15	**Any Other Business**		**11.30**	Chair

Date of Next Meeting (open to the public): Wednesday 25 March 2020, 8.30 am, Seminar Room, Children's Centre, Dorset County Hospital.

Questions from the Council of Governors and Members of the Public – 11.45am to 12.00pm. Fifteen minutes will be allowed for questions, with priority being given to Governor questions submitted in advance of the meeting.

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

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NHS
Dorset County Hospital
NHS Foundation Trust

BOARD OF DIRECTORS
PART 1 (PUBLIC SESSION)

Minutes of the Meeting of Wednesday 27 November 2019
Seminar Room, Children's Centre, Dorset County Hospital

Present:
Mark Addison (Chair)
Judy Gillow (Non-Executive Director) (Vice Chair)
Paul Goddard (Director of Finance)
Victoria Hodges (Non-Executive Director)
Alastair Hutchison (Medical Director)
Nick Johnson (Director of Strategy, Transformation and Partnerships)
Nicky Lucey (Director of Nursing and Quality)
Ian Metcalfe (Non-Executive Director)
James Metcalfe (Divisional Director)
Patricia Miller (Chief Executive)
Matthew Rose (Non-Executive Director)
Inese Robotham (Chief Operating Officer)
Stephen Slough (Chief Information Officer)
Mark Warner (Director of Organisational Development (OD) and Workforce)

In Attendance:
Rebekah Ley (Trust Secretary)
Kyle Mitchell (Guardian of Safe Working)

Apologies:
Sue Atkinson (Non-Executive Director)
Alison Cooper (Divisional Director)

Observers:
One member of the public from 11:00

BoD19/161 Welcome and apologies for absence
Apologies were noted as above.

BoD19/162 Declarations of Interest
There were no declarations of interest in relation to items on the agenda. The Chair added that declarations could be raised at any time during the meeting.

BoD19/163 Chairman's Opening Remarks
The Chair highlighted that we are now in purdah in the run up to the general election. There is no patient or staff story this month. He noted that this is the last meeting for the Trust Board Secretary and that Alison Cooper leaves the Trust at the end of December.

The nutrition and catering strategies will be reviewed by the Quality Committee and Finance and Performance Committee in December and then by the Trust Board at its meeting in early February.

The Chair commended the new Art in Hospital exhibition which features drawings along the Damers Restaurant corridor. He commended the charity team for organising this and for taking on this role at the Trust. He noted that they are being assisted by Suzy Rushbrook who is acting as a part time advisor to the team.

BoD19/164 Minutes of the Previous Meeting held on the 25 September 2019
The minutes were approved as a true and accurate record.

BoD19/165 Matters Arising and Action Tracker

Action Tracker

BoD19/143, the Director of Nursing and Quality to provide an update regarding education use of videos across the Trust: she said they are used in a number of ways through planned education and on an *ad hoc* basis in divisions. One was also used in the recent leadership development day and this had initiated a discussion about putting patients at the heart of discussions and correspondence. Discussing this latter point, the Board noted that letters should be written to patients not to general practitioners though it was accepted that this would represent a change in practice for some clinicians. The Head of Patient Access is working on a project looking at corresponding with patients through email. Item to be closed on the action tracker.

BoD19/151, the executive team to consider the issues around mortality and SJRs when reviewing the corporate risk register: this was discussed at the Risk and Audit meeting. The Board Assurance Framework (BAF) should start to reflect the issues around medical engagement and ensure that there is the right focus and plans to address this. The corporate risk register had been reviewed again by the executive team to ensure these risks are captured. Item to be closed on the action tracker.

BoD19/154, the senior team to consider what further steps the Trust should take in respect of training posts in urology: there is nothing new to update the Trust Board and this is currently under review. The Chief Executive said that the Trust has a responsibility to decide whether it continues training or not; it is for the executive team to make a decision. The Medical Director said that the timing of any decision is fixed and he will liaise with the Director of Medical Education around this. Item to be amended on the action tracker.

BoD19/110, the executive team to continue the discussion about embedding a quality improvement culture at the hospital: the Board noted that this is an ongoing matter and NHS Elect is currently working with the Trust. The Quality Improvement Strategy will be discussed at the December Board development session. The action tracker to be updated with this date.

BoD19/068, consider messaging around sustainability including accessibility of the Trust's intranet and web pages: there is a meeting with David Pencheon in December and the executive team had a workshop on the 29 October. The Chief Executive said that the development session in December would not just focus on the commitment to the Trust's environmental impact but its social value proposition as well. Item to remain on the action tracker and be revised/updated following the December development session.

BoD19/165: New Action: the Chief Executive will review the use of front sheet reports with the executive team to ensure that reports are clear, with reference to which part of the risk appetite statement the paper relates to and they also include a statement in respect of the Trust's social values.

Matters Arising
There were no matters arising that had not been included on the agenda or the action tracker.

QUALITY AND PERFORMANCE ITEMS

BoD19/167 Chief Executive's Report

The Chief Executive said that she was taking the report as read and would take any questions.

Victoria Hodges asked about the report concerning racism in the NHS and how this is managed at the Trust. The Chief Executive said that incidents are logged and reviewed but there is under-reporting. There is work to do on the Trust's policy and what staff should do if they face abuse from the public. Scott Sherrard, Health and Safety and Security Manager will be reviewing and revising the Trust's policy.

Judy Gillow asked about planning for winter and whether there is more the Trust should be doing. The Chief Executive said that this was discussed at the recent leadership forum including actions that should be taken to support staff. Plans are in place but the Chief Executive remains concerned around resilience of staff. The Chief Executive will also be looking at whether the team brief could be more interactive and less formal to encourage staff to feel valued.

The Director of Organisational Development and Workforce said there are things in place to support staff but that the focus should remain on long term solutions and support for staff.

There is a balance between engaging staff in the pressing issues that the Trust is facing but focussing on positive issues as well. There is probably more that could be done promoting good news stories through social media, team twitter accounts and the screen saver for example. There are changes that could be introduced around the thank you section in the Chief Executive's Brief.

Action: The senior team will review communication methods looking at feedback from divisional listening events and how managers can make a difference to their staff in making them feel valued.

The Chair thanked the Chief Executive for her report.

BoD19/168 Integrated Performance Report

Workforce

The Director of Organisational Development and Workforce introduced the workforce aspects of the performance report to the Trust Board. Total workforce capacity increased by 14 full time equivalents (FTE) in month with a growth of 18 FTE in substantive workforce and a reduction of 4 FTE with bank staff. Total workforce costs increased in month 7.

Agency costs in month rose by £152k and were £238k above last year's figure for the same month. The increase in agency spend was primarily due to staff grade and consultant medical staffing and qualified nurses with the primary reasons for spend recorded as sickness and vacancy cover. This was the highest agency spend this financial year and work continues through a task and finish group to address agency costs. Engagement with agencies has had a positive impact in reducing agency costs and the temporary staffing team are to be commended for their work in this area. More international nurses have joined the Trust and the programme is working well with the new supplier.

Sickness levels rose in month to 3.66%, which is a contributory factor to increased agency costs. This represents the highest level of sickness in 2019/20. Sickness is being managed well utilising Trust policies and procedures. Appraisal levels have risen slightly in month by 1%. The Trust is undertaking a review of the Freedom to Speak Up

Guardian roles and responsibilities and the Trust will be following national guidance in respect of best practice.

As at 5 November, 55% of all staff had received the flu vaccination with 63% of front line staff receiving it. This represents an increase on take-up of the vaccination against the same period last year.

The NHS People Plan was due for publication before Christmas but this will now be published in the New Year. Announcements in respect of the pension taxation issue have had a mixed response and there is more detail required around the proposals before the changes are taken up.

The Trust is supporting the development of a Park Run for Dorchester and it is likely to be at Poundbury Great Park with a start date scheduled for September/October next year.

The Chair of the Workforce Committee, Victoria Hodges, asked the Board to note the good progress on the reduction of "as and when" contract holders in Estates and Facilities and how this links with the Trust's social values. The committee was interested to note the negative impact that Agenda for Change has in enabling the Trust to be competitive in recruiting into the Health Informatics team. The committee will be reviewing agency costs in terms of profile of the workforce and profile of spend. The committee has heard lots of good news in respect of apprentices and the chair of the committee asked the Board to note how hard the team is working in this area. It was noted by Board members that international nurse recruitment is an item in the consent section in part two of the meeting.

The Chair of the Board asked about leadership training and the Director of Operational Development and Workforce said that all three strands have started and feedback in respect of each has been positive. The third session in the clinical programme had to be cancelled and there are issues that need to be addressed in terms of resilience with the provider. There are a lot of offerings for staff to tap into, nationally, locally and at the Trust. His team is working on information that can be used by line managers when they have discussions about development of staff.

Quality

The Director of Nursing and Quality introduced the quality elements of the performance report to the board. She said that at the most recent meeting of the quality surveillance group (QSG) the Trust remains good on routine surveillance.

The standard for venous thromboembolism (VTE) risk assessment was not achieved and the Medical Director is leading on some quality improvement work to implement changes in the prescribing system to enable sustained improvement. The Director of Nursing and Quality asked the Board to note that training levels in the pilot areas around malnutrition risk assessments (MUST) are currently at 90% on Purbeck ward, 97% on Day Lewis ward and 95% on the stroke unit. A snap audit of VitalPac MUST assessments shows Purbeck ward at 100% compliance. She asked the Board to note these figures for assurance purposes.

Dementia screening standards are not being achieved. Medical engagement and support by the medical director with daily exception reports to him from the specialist nurse are in place. Electronic discharge summaries remain below the standard required and the Medical Director is leading on initiatives to improve this with divisional director support. The Medical Director said that in terms of electronic discharge summaries, there is no straightforward way to address non-compliance but it will be an area of focus.

The Director of Nursing and Quality said that all mixed sex accommodation breaches relate to the discharge of patients from critical care to suitable ward beds. A proposal to support the new guidance provided by NHS England/Improvements (NHSE/I) will be

taken to the QSG by the Clinical Commissioning Group (CCG). Further details will be supplied to the Quality Committee in due course. The Friends and Family test standards for the emergency and outpatients department and maternity services have not been achieved during this reporting period. The Quality Committee explored the recent norovirus outbreak and how well this was managed by all teams. A never event has been referred by the Trust's Medical Director to the Medical Director at Poole hospital.

The patient experience quarter two report will be reviewed at the Quality Committee in December.

The chair of the Quality Committee, Judy Gillow said that the committee's deep dive approach is effective and at the most recent meeting of the committee they had received an excellent presentation in respect of sepsis and she commended the commitment and approach taken by the team in reporting to the committee.

The chair of the committee said that they had also discussed the child and adolescent mental health service (CAMHS) and Kingfisher ward and she noted that the Trust is committed to seeing investment in the west of the county in this service. The chair of the committee said that stroke services remain an area of focus but that there are still major challenges in the system. In respect of structured judgement reviews (SJRs) and mortality reporting in general, the chair of the committee drew the Board's attention to the mortality report in the consent section. The committee is reviewing the process for reducing the backlog of reviews in Division A and the divisional director confirmed that work is underway in respect of this. The proposal from the division to deal with the reviews going forward is currently with NHSI/E for approval. If the proposal is approved then both divisions should consider moving to the same process to avoid bias and ensure a multi-disciplinary approach to reviews. The Board will be kept informed.

The chair of the committee said that reports from divisions have strengthened over time and that there is good attendance and engagement from the divisions working together on quality improvement and outcomes.

Performance

The Chief Operating Officer presented the performance element of the performance report. She said that references to August should read October. October performance against the four hour emergency access standard (EAS) remained on par with September 2019 though is at 91.5% for November. The week commencing 9 December will be a perfect week and there will be lessons to be learned from this. The Chief Operating Officer asked the board to note the improvement in the number of stranded patients and work that is ongoing in respect of end of life care patients.

The Referral to Treatment constitutional standard was not achieved and performance was below the trajectory (70.22% versus trajectory of 76.16%) and there were five breaches of patients waiting over 52 weeks for treatment. Four of these were in trauma and orthopaedics and one in ENT. The 50:50 cost sharing agreement with the commissioners has been clarified to cover all patients waiting 40 weeks and over and a number of insourcing/ outsourcing arrangements are in place to mitigate potential future 52 week breaches. There may be an independent provider that might have hand surgery capacity. BMI The Winterbourne Hospital will take 60 ophthalmology patients and 20 have been transferred there.

Performance against the 62 day cancer standard has improved compared with quarter 2. The latest performance for October stands at 79.2% compared to an average of 72.3% in quarter 2. Performance remains challenging following the significant increase in 2 week wait referrals during quarters 1 and 2. The size of the total cancer patient waiting list has decreased by 250 patients compared with August 2019. However, those waiting over 62 days has increased from 58 to 88. Referral levels remain higher than previous years.

There has been a marked improvement in performance against the 6 week diagnostic

standard to 93.25% which is 3% ahead of the monthly improvement trajectory. Performance for November is currently 95.4%. The main improvements have been in audiology, neurophysiology and sleep studies. The Chief Operating Officer said that she will also be including the autistic spectrum disorder (ASD) waiting times and trajectory in her usual report to the Finance and Performance Committee which in turn will be used to keep the Council of Governors updated.

The Chief Operating Officer said there are three improvement projects underway: patient flow, RTT and theatre efficiency. The Finance and Performance Committee have received presentations in respect of each of them and will be reviewing progress at the next meeting in December.

The chair of the Finance and Performance Committee, Matthew Rose, said that the committee is inevitably under pressure reviewing the performance issues and then the action/turn-around plans. He said that the plans are in the CQC format so it is easy to understand the actions being taken, the trajectories and what the Trust is expecting. He said that there is excellent cross working with the Quality Committee and Risk and Audit Committee. He asked the Board to note the improved performance in diagnostics which he believes will be sustainable and he said that it shows what can be achieved when we focus on particular things. However, he said that it was important to note that the Trust cannot focus and deliver on everything. He said that following the last committee meeting the governor observers had asked why a lot of debate happens at the committee among executives and he said that he had explained the need for effective check and challenge as part of the Trust's governance processes.

The chair of the committee noted that the Trust had received winter pressures funding of around £900k and this will be used to make changes and improvements to same day emergency care (SDEC). He welcomed this and the proposed changes. The Director of strategy Transformation and Partnerships asked the board to note that the planned changes will affect Evershott ward which means the decant space for the chemotherapy refurbishment will need to be reviewed. He said there may be an impact on the project and costings which is currently the subject of the hospital charity's latest fundraising campaign.

Finance

The Director of Finance introduced the financial element of the performance report to the Trust board. He said the Trust has delivered an income and expenditure deficit of £3.4 million to the end of October 2019 against a planned deficit of £3.7 million, a favourable variance of £0.314 million. The favourable position to plan is mainly as a result of increased levels of clinical income from specialist commissioning and non-contracted activity as well as an additional £0.233 million of provider sustainability funding (PSF) related to 2018/19. The position in month is marginally worse than planned as a result of a further increase in agency costs. He noted the position would be discussed further in part 2 of the meeting.

The Director of Finance said that cost improvement plans are delivering to plan but that the rest of the year will be challenging. The capital plan has recovered in month, but he asked the Board to note that a period of heavy spending is coming up namely in respect of the CT scanner and SDEC scheme.

The Director of Strategy, Transformation and Partnerships gave an update on the Integrated Care System (CIS) performance. He took the report as read but asked Board members to note the Trust's emergency department performance when viewed against system partners and the increase in demand at the Trust when compared to Royal Bournemouth and Poole Hospitals. He said that the merger of the two Trusts is planned for July 2020.

The Director of Strategy, Transformation and Partnerships suggested that the board is cautious when reviewing the performance figures as they just show a month of data and

the figures shown are against contract plans and not the previous year. He will try to show the comparator figures when reporting in future. In terms of the workforce data the Director of Organisational Development and Workforce urged caution when interpreting the data as the dashboard is relatively new and still a work in progress.

It was agreed that the ICS performance report was lacking in demand and capacity analysis across the system and was not mature enough to provide the full picture of access in primary care, the 111 service, social care and mental health services. In respect of services in mental health for example the report shows metrics RAG rated as green when the reality is there are significant issues to be resolved.

The Chair thanked the executive team and committee chairs for the work in the committees and their comprehensive reports and feedback.

GOVERNANCE ITEMS

BoD19/169 Board Assurance Framework and Corporate Risk Register

The chair of the Risk and Audit Committee, Ian Metcalfe, said that the Board Assurance Framework (BAF) had undergone a comprehensive review and had been reviewed at the last committee meeting. The Director of Finance said that the changes made were to strategic objective 5 "sustainable" where the rating has changed from amber to red around the strength of controls. There has also been a change from amber to red in respect of the Dorset collaborative agreement and this reflects the financial challenges in the system.

The chair of the Risk and Audit Committee said that there had been a debate about the finance rating change and also the "outstanding" rating. In respect of the latter, it was initially felt that the RAG ratings and the ratio of these, did not suggest that the overall rating was a high risk. However, when the key risks in this strategic objective around assurance were discussed it was agreed that the rating was correct as there are gaps in assurance. The committee also discussed medical engagement in respect of quality metrics and that this risk could be articulated more fully in the BAF. It had been agreed by the committee that the executive team will review and refine the BAF if necessary.

The chair of the Risk and Audit Committee said that the corporate risk register had been reviewed and the committee had undertaken a deep dive into the emergency department risks. The committee had noted the good progress made with the Datix system becoming embedded. The committee was also updated on new and emerging risks. He clarified that the covering note just covers those risks that have changed and not all risks. He said that all red risks are in the main body of the report.

The chair of the committee commended the work around the BAF and corporate risk register to the Board. He said that in particular the risk register is live and iterative and when scrutinised it is capturing all the issues that are discussed at committee meetings and the board.

The chair thanked all those involved for the scrutiny and challenge.

WORKFORCE ITEMS

BoD19/170 Safe Staffing Return

The Director of Nursing and Quality said that maintaining safe staffing is a challenge. The underlying pressures are always discussed at the Quality Committee. She drew the Board's attention to the four shifts where there was only one registered nurse on duty during the reporting period (elderly care and renal).

She said these areas were supported by adjacent ward areas with night sister presence on all occasions. She said that many areas are showing as greater than 100% (particularly in support staff) due to additional staff required for extra capacity beds due to

demand and activity, particularly on night shifts.

BoD19/171 Guardian of Safe Working Report

The Guardian of Safe Working, Kyle Mitchell was present to discuss his report with the Trust Board. He said that he wanted to highlight particular areas to the Board:

Engagement with junior doctors - Dr Mitchell said that during the reporting period, 62 exception reports were submitted. He said that on review these exception reports are related to additional hours worked (85%), service support available (8%) and pattern of work undertaken (6%). Of the 62 exception reports, 45 have been addressed and closed. Three work schedule reviews have been conducted between trainees and their educational supervisors. These were triggered in relation to exception reports and occurred for doctors working in acute medicine FY1, trauma and orthopedics FY1 and trauma and orthopedics FY2. He said these reports highlight engagement with junior doctors and also shows better engagement with supervisors. He does not believe that there are any areas of the Trust that discourage reporting.

Dr Mitchell said that the challenges around providing the Trust will assurance is undoubtedly related to rota gaps. There are currently 10 training grade vacancies. Dr Mitchell said that payment versus time off in lieu to settle exception reports was something that he wanted to highlight to the Board. He said that time off in lieu should be the default position but settling with a payment is being allowed and explained that rota gaps are often the reason as it is simply not possible to give time off in lieu. The Chief Executive asked Dr Mitchell to keep a close eye on this so that the Trust discharges its duty of care to junior doctors.

Dr Mitchell said that no fines have been levied since the start of the new contract at the Trust and that this is something that he will be watching.

The Director of Organisational Development and Workforce said that the only way to avoid rota gaps is to over-recruit and that the gaps are largely down to trainees who are less than full time in training.

Dr Mitchell said that the 2019 changes to the junior doctor contract are highly regarded by the junior doctors and the changes are welcome and appear sensible. He said that the two areas most affected were paediatrics and the emergency department but there will be transitional arrangements in place for the next twelve months.

The Chair asked about the £30k from the national initiative and how this will be utilised by the junior doctors. Dr Mitchell said that they had explored the possibility of sleep pods but this had been discounted and the juniors were now focussing on making a clean and pleasant environment in the doctors' mess and in the communal areas. In the accommodation block they are looking at purchasing better bedding, black out blinds and sofas. Dr Mitchell said that the junior doctors had considered very carefully what would make a difference to them and these were their priorities. Dr Mitchell will look at how his report is structured to see if it is possible to show the median time for exception reports. He said that it was unlikely that reports would be generated for less than an hour.

The Board accepted Dr Mitchell's recommendation and were pleased to:

- continue Board support for exception reporting process;
- support recruitment to improve resilience in medical rotas;
- support the development of posts to enable the recruitment of physicians associates and clinical assistants;
- provide support for engagement with the BMA Fatigue and Facilities Charter.

Dr Mitchell said that he was enjoying his role and the Chair thanked Dr Mitchell for his report and his hard work in the role.

CONSENT ITEMS

The Chair had a minor comment in respect of the communications activity report set out below. Apart from that there were no other questions or concerns that had been raised about the consent items.

BoD19/172 Business Planning Guidance 2020/21

The Trust Board approved the guidance.

BoD19/173 Mortality Report Quarter 2

The Trust Board noted the content of the report.

BoD19/174 Communications Activity Report for July to September

The Trust Board noted the content of the report. The Chair asked for the social media clips to be clearer when included in the report.

BoD19/175 Complaints Annual Report 2018/19

The Trust Board noted the content of the report.

BoD19/176 Any Other Business

The Chair said that this was the Trust Board Secretary's last meeting before leaving the Trust. He thanked her for her work with the Board, sub-committees and governors.

BoD19/177 Questions from the Public

Mr Jordan said that he was asking about the multi-storey car park (MSCP) and he provided a written version of his question/comment for inclusion in the minutes.

Is the Board and/or are the Board members individually, fully conversant and familiar with all of the current MSCP etc. planning application and its support documents – as well as its and their weaknesses and need for substantive revision in order to be more and variously sustainable, including in meeting the long term needs of DCH and communities it serves i.e., remembering that after a decade of continuing austerity and initiatives DCHFT board has a literally "good" record for its provision and management of acute and planned healthcare services etc. to western Dorset etc.

It's understandable that you could feel that in fairness to your patients and staff colleagues, you can't ask your staff to go through all the necessary consideration, preparation, iteration, resolution etc. that is part and parcel of catering for and the planning of how and where to meet the short, medium, long term needs of DCH's acute planned health care services etc.

I.e., it's not unreasonable for you to have sought outside help with what you see as the once in a generation issues that are involved in an a/a estates strategy and or comprehensive masterplan for all DCH up to and including its curtilage; albeit that the date you seem to have sought help was 2017 and that what's been produced so far is a mononuclear masterplan that's had just four hours of public engagement and now a planning application of over 70 documents with only part of the problems and despite the good travel plan idea – a similarly flawed solution e.g., especially reference the MSCP location etc.

Thus my question is as follows:

Is the Board and or are the Board members individually, fully conversant and familiar with all of the current MSCP etc. planning application and its support documents as well as its and their weaknesses and the need for substantive revision in order to be more and variously sustainable, including meeting the long term needs of DCH and communities it serves?

The Director of Strategy, Transformation and Partnerships said that the consultation had been broad and that in particular members of the Trust and governors and in turn their

constituents, had been kept fully up to date with the Trust's plans. He referred to a meeting he had had with Mr Jordan to explain the Trust's plans and tour of the site. He said the Trust had carefully considered the issues that Mr Jordan had raised over several emails as well. The Chair said that he had also responded to Mr Jordan's emails. Mr Jordan was not happy with the responses and said that he did not think he would attend future Board meetings. The Chair said that he would be disappointed if this was the case.

BoD19/178 **Date of Next Meeting (open to the public):** Tuesday 4 February 2019, 8.30am Seminar Room, Children's Centre, Dorset County Hospital.

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

ACTIONS LIST – BOARD OF DIRECTORS PART ONE 27 NOVEMBER 2019

Minute	Action	Owner	Timescale	Outcome
BoD19/165	Front sheets for reports to be clear which part of the risk appetite statement the paper relates to and also include a statement in respect of the Trust's social values.	Executive Team	TBA	
BoD19/167	The senior team to review communication methods looking at feedback from divisional listening events and how managers can make a different to their staff in making them feel valued.	Senior Team	TBA	

Carried Forward

Minute	Action	Owner	Timescale	Outcome
BoD19/154	The Senior Team to consider what further steps the Trust should take in respect of training posts in urology. The Medical Director to discuss this service with the Director of Medical Education as the timing of any decision is fixed.	Senior Team	ASAP	
BoD19/110	The executive team to continue the discussion about embedding a quality improvement culture at the hospital. The quality improvement strategy to be discussed at the November Trust Board.	Executive Team	Now planned for December	**Update:** QI session held as part of the December 2019 Board Development Session.
BoD19/068	Consider messaging around sustainability including accessibility of the Trust's intranet and webpages.	Executive Team and Communications Team	December	

Enc

Title of Meeting	**Board of Directors**
Date of Meeting	**4 February 2020**
Report Title	**Chief Executive's Report**
Author	**Chief Executive**
Responsible Executive	**Chief Executive**

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

Summary

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

Key developments nationally are as follows:

Emergency dementia admissions

A report by the Alzheimer's Society that show the number of people with dementia being admitted to hospital as a medical emergency has risen by more than a third in five years, with a lack of social care blamed for the increase. NHS data showed that hospitals in England recorded more than 379,000 admissions of people with the condition during 2017/18. That was 100,000 more than the number of such patients admitted in 2012/13. The Alzheimer's Society calculated that the extra admissions were costing the NHS £280m a year. NHS faces huge clinical negligence legal fees bill

A&E four-hour target

Researchers claims that the four hour A&E target, that the government is considering making changes to, saves 15,000 lives a year. Analysis by the Institute for Fiscal Studies, Cornell University and the Massachusetts Institute for Technology warned ministers to be wary of changing a four-hour standard that has shortened waits and prevents people dying early, while acknowledging that it leads to more patients being admitted to a hospital bed.

Corridor Care

Hospitals are having to redeploy nurses from wards to look after queues of patients in corridors, in a growing trend that has raised concerns about patient safety. Many hospitals have become so overcrowded that they are being forced to tell nurses to spend part of their shift working as "corridor nurses" to look after patients who are waiting for a bed. Nurses, doctors and hospital leaders have all voiced unease about the practice, which has risen sharply in recent weeks as the NHS has faced extra pressures of winter.

DCH Performance

Emergency admissions and attendances remain above planned levels, leading to further reductions in elective activity. NHSI has however provided additional winter funds to support a safer emergency service and increase elective capacity. DCH has benefited from the allocation made to the Dorset system. I remain concerned about the resilience of staff when considerable vacancies exist and the demand continues to rise. We are continuing to do as much as we can to support staff through our wellbeing programme

From a strategic perspective it is important that the Trust continues to make progress with the delivery of its Transformation Programme, the development of the Damers site and the wider Estates Strategy as these programmes will play a key role in securing the Trust's long term future. The first phase of this strategy relating to the construction of a multi storey car park has commenced with the submission of the planning application. Further work is required on the key programmes of work identified in the Trust's Finance Strategy and the Dorset ICS Transformation to ensure the Trust feels the full benefit of these programmes within the timescale required.
Paper Previously Reviewed By Chief Executive.
Strategic Impact In order for the Board to operate successfully, it has to understand the wider strategic and political context.
Risk Evaluation Failure to understand the wider strategic and political context, could lead to the Board to make decisions that fail to create a sustainable organisation. The Board also needs to seek assurance that credible plans are developed to ensure any significant operational risks are addressed.
Impact on Care Quality Commission Registration and/or Clinical Quality An understanding of the strategic context is a key feature in strategy development and the Well Led domain. Failure to address significant operational risks could place the Trust under increased scrutiny from the regulators.
Governance Implications (legal, clinical, equality and diversity or other): Failure to address significant strategic and operational risks could lead to regulatory action.
Financial Implications Failure to address key strategic and operational risks will place the Trust at risk.

Freedom of Information Implications – can the report be published?	Yes
Recommendations	The Board is asked to note the information provided.

Chief Executive's report

Strategic Update

National Perspective

Rapid response community teams

Rapid response teams of nurses, physios and care staff are to be on hand within two hours to help sick older people at home in England under new plans. The community crisis teams will be officially piloted in seven areas this year, with the plan to roll out the model across the country by 2023. Several places have already introduced similar teams and reduced A&E demand. As well as guaranteeing rapid responses to crises, such as falls and minor infections, the aim is also to guarantee care packages within two days for hospital patients who are ready to be discharged from hospital. However, unions warned staff shortages would be a major obstacle to the plan put forward by NHS England and ministers. There is also concern that council social care teams that will form a vital part of these new teams have still yet to hear what plans are being put in place to reform care funding.

Health inequalities

The Nuffield Trust and the Health Foundation's research shows that England's poorest people get worse NHS care than its wealthiest citizens, including longer waiting for A&E treatment and worse experience of GP services. Those from the most deprived areas have fewer hip replacements and are admitted to hospital with bed sores more often than people from the least deprived areas. With regard to emergency care, 14.3% of the most deprived had to wait more than four hours in A&E in 2017/18, compared with 12.8% of the wealthiest.

NHS Litigation

The NHS faces paying out £4.3bn in legal fees to settle outstanding claims of clinical negligence. Each year the NHS receives more than 10,000 new claims for compensation. This figure includes all current unsettled claims and projected estimates of ones in the future. The Department of Health and Social Care has pledged to tackle the unsustainable rise in the cost of clinical negligence. Estimates published last year put the total cost of outstanding compensation claims at £83bn.

Gender pay gap

Women GPs earn an average of £40,000 a year less than their male colleagues – one of the worst gender pay gaps for any profession. Researchers largely blame the 35% pay gap on a two-tier system in which more men choose to operate as private contractors with the NHS, running their practice as a business. The pay disparity can affect GPs of all ages and grades, according to the study by the Institute for Public Policy Research. On average, a male GP earns an estimated £110,000 a year while their female colleagues earn an estimated £70,000.

Local perspective

Overseas recruitment

Emergency dementia admissions

A report by the Alzheimer's Society that show the number of people with dementia being admitted to hospital as a medical emergency has risen by more than a third in five years, with a lack of social care blamed for the increase. NHS data showed that hospitals in England recorded more than 379,000 admissions of people with the condition during 2017/18. That was 100,000 more than the number of such patients admitted in 2012/13. The Alzheimer's Society calculated that the extra admissions were costing the NHS £280m a year. NHS faces huge clinical negligence legal fees bill

A&E four-hour target

Researchers claims that the four hour A&E target, that the government is considering making changes to, saves 15,000 lives a year. Analysis by the Institute for Fiscal Studies, Cornell University and the Massachusetts Institute for Technology warned ministers to be wary of changing a four-hour standard that has shortened waits and prevents people dying early, while acknowledging that it leads to more patients being admitted to a hospital bed.

Trusts have been told to collaborate with others to increase the "efficiency and scale" of international recruitment, in new national guidance. A toolkit commissioned by the Department of Health and Social Care and produced by NHS Employers, along with NHS England and NHS Improvement, sets out good practice for planning and implementing ethical international recruitment, while stressing it is not a quick fix to supply challenges.

Junior doctors' travel expenses

A proposed national policy on travel expenses could leave some junior doctors more than £50 a week out of pocket. Health Education England wants to introduce a national policy on "excess travel" and relocation expenses for junior doctors who are expected to work at more than one hospital during parts of their training.

Elective Care

NHS England and NHS Improvement have allocated millions of pounds to outsource elective and diagnostic work to the independent sector, in an attempt to keep waiting lists down during the winter. NHS England confirmed around £22m had been allocated this winter to support orthopaedic, paediatric, cardiology and gynaecology departments.

Patient complaints

A report by Healthwatch England analysed 149 hospitals' handling of complaints. It recommends a new national organisation with powers to set standards on the handling of patient complaints. Under current legislation every hospital is required to collect and report on the number of complaints they receive, what they were about and what action has been taken. However, just 12% of trusts were found to be compliant. Healthwatch England warned this lack of transparency on what trusts were doing meant it was impossible to judge how well complainants were being treated.

NHS Pensions

Trust leaders who are warning that the continuing dispute over pensions that has seen doctors stop working overtime is making a bad situation worse. Some have been refusing to work extra hours because they were being landed with bills after changes to how much could be accrued in pensions tax free. A short-term fix, proposed in November by NHS leaders in England, will see the NHS pick up the tax bills. However, NHS Providers said that move has not begun to solve the problems.

Autism diagnosis

A survey which found that almost half of parents whose children have been referred for an autism assessment have to wait 18 months or more for a formal diagnosis. A further one in five said it took between 12 and 17 months. The charity Ambitious about Autism polled almost 4,000 parents of children with autism and found that in the most extreme cases families reported waiting three years for a diagnosis. The charity also added that even after a diagnosis is made, many families go on to struggle to get the right help for their child's needs with a number reported being left without a follow-up appointment or additional information about support groups.

Corridor Care

Hospitals are having to redeploy nurses from wards to look after queues of patients in corridors, in a growing trend that has raised concerns about patient safety. Many hospitals have become so overcrowded that they are being forced to tell nurses to spend part of their shift working as "corridor nurses" to look after patients who are waiting for a bed. Nurses, doctors and hospital leaders have all voiced unease about the practice, which has risen sharply in recent weeks as the NHS has faced extra pressures of winter.

NHS funds from housing developers

The NHS is missing out on tens of millions of pounds from housing developers because councils are failing to ask for the funds and even when councils do collect the funds, the NHS often does not spend it within the time limits, with £34m currently unused. Property developers are required to stump up this cash to obtain planning permission. The funds are intended to be spent on developing and creating buildings to alleviate pressure on the health service after an influx of residents. The failure to secure funding from developers was revealed by think tank Reform, which is calling for clearer guidance for the NHS and councils, better communication between them, and more transparency.

Children's mental health

One in four children and young people referred to mental health services in England last year were not accepted for treatment, raising concerns that many are failing to get vital support at an early stage. Research by the Education Policy Institute (EPI) estimated that more than 130,000 of those referred to specialist services in 2018-19 were "rejected". According to the EPI, rejection rates have remained unchanged over the last four years, despite government commitments to address shortages in child and adolescent mental health services. NHS England said the EPI's analysis was "flawed" and it cannot be assumed that every referral should result in NHS treatment, when support might be provided elsewhere, for example from schools and local authorities.

DCH Performance

Emergency admissions and attendances remain above planned levels, leading to further reductions in elective activity. On a positive note due to innovative practice within ED the Trust has the shortest ambulance handover delays in the South West and in December was ranked 7th in England for performance against the four hour target. NHSI has however provided additional winter funds to support a safer emergency service and increase elective capacity. DCH has benefited from the allocation made to the Dorset system. From a quality perspective performance remains good with the exception of a small number of wicked issues that are receiving increased focus.

The biggest challenges other than demand are staffing, finance and progressing the organisational strategy. International and domestic recruitment continue and we are awaiting the outcome of our planning application for the multi storey car park which in turn will unlock our estates strategy.

I remain concerned about the resilience of staff when considerable vacancies exist and the demand continues to rise. We are continuing to do as much as we can to support staff through our wellbeing programme.

Dorset Integrated Care System

Following a review of the ICS governance framework last year a decision was taken to appoint an independent chair. Interviews will take place on 6 February.

The Dorset ICS Long Term Plan was submitted in December. The demand management and cost improvement assumptions within it are very challenging and the ICS now needs to focus on delivery.

Other news……

As the UK leaves the EU on 31 January, this continues to be a very anxious time for our EU staff. They have and continue to make a huge contribution to DCH and I would like to thank them for their ongoing commitment.

Patricia Miller, Chief Executive
February 2020

Balanced-Score Card Performance Report

Report to Board: 4 February 2020

Performance Summary:

December performance against the four hour Emergency Access Standard (EAS) remained on par with November 2019. The type one performance for December was 82.2%, the combined types one and three performance was 91.3%. Whilst this performance is below the national standard of 95% it remains above the national average. Emergency activity continues to be higher than the previous years with a growth of 7.7%. The implementation of Fast Assessment Bay (FAB) principles has led to sustained improvement in ambulance turnaround times. The SWAST resource hours lost through chargeable handover delays reduced to 8.4 and 14.6 for November and December respectively compared to 56.9 in October 2019. Equally the improvement in patient flow through the department translated into zero instances of implementation of SWAST standard operating procedure (SOP) in November and only one instance in December 2019. In comparison other local trusts had the SOP in place for extended periods of time over each weekend and post bank holiday periods. Ambulatory Emergency Care activity remained high at 31.6% in December and continues to compare very well with the national average of the number of patients admitted as an emergency being managed through the Same Day Emergency Care type approach. The number of super stranded patients has increased following the festive period (as at 13/01/2020 the Trust had achieved 20% reduction against the national ambition of 40% for beds occupied by patients with a length of stay of 21 days or more); however, DCH performance remains above national and regional average. Equally Delayed Transfers of care increased to 4.5%. The RTT constitutional standard was not achieved and the performance was below the internal recovery trajectory (66.95% versus trajectory of 74.48%) and there were thirteen breaches of patients waiting over 52 weeks for treatment – five in colorectal surgery, five in orthopaedics, three in gynaecology, one in dermatology and one in oral surgery. However, the total waiting list reduced by 134 patients from 16,462 in November to 16,228 in December. Insourcing and outsourcing initiatives continue to offer alternative providers to patients waiting in excess of 40 weeks under the 50:50 cost sharing agreement with the commissioners. Also the Trust has received a confirmation of additional funding from NHSE/I to the value of £232K to mitigate potential 52 week breaches. Performance against 62 day cancer standard improved and is currently at 83.3% for December 2019; this figure will not be finalised until the first week of February. Equally the performance against the 2ww standard has shown improvement for two consecutive months (83.4% for both November and December 2019) and Breast symptomatic 2ww standard achieved 100% all through Quarter 3. Further improvement was achieved against the 6 week Diagnostic standard (97.28% in December compared to 96.44% in November). Insourcing arrangements for endoscopic procedures are continuing with an independent provider to mitigate the underlying capacity gap.

Main Performance Risks facing the Trust in 2019/20

Quality and Access risks:

- Whilst the overall RTT waiting list reduced in November, the proportion of patients waiting over 40 weeks continues to increase. This increase is mirrored in increase of 52 week breaches with a risk of further breaches in Quarter 4.
- The number of 2 week wait referrals continues to be above the levels of previous financial years.
- Increased demand and capacity gaps continue to impact overall delivery of performance standards and present a financial risk to the Trust
- Maintaining diagnostic performance remains reliant on insourcing additional capacity.
- Emergency department flows require ongoing close monitoring to reduce crowding and associated risk to patient outcomes and experience.

Financial risks:

There continues to be a high risk that the trust will miss the financial control total at the end of the year given the levels of demand and consequential run rate pressures. This will only be mitigated with support from the Dorset system, and latest indications are that this will be made available in Q4. As a result the latest forecast declared to the regulator is that the control total will be delivered. Agency spend is currently significantly above the annual target set by the regulator.

Items for Referral to the Board

The committees agreed that the following items should be referred to the Board of Directors:

Workforce Committee

December 2019 meeting

- the progress with international nurse recruitment, especially thanking those who had achieved this and noting the challenges that such rapid recruitment was bringing to the organisation,
- the increase in sickness absence and the rising trajectory,
- an update on volunteering and a celebration of the key messages from the presentation received.

January 2020 meeting

- 0% attrition rate for current intake of overseas nurses,
- Approval of a Dorchester Park Run proposal by the national Park Run team,
- Flu vaccination rates,
- Positive feedback on BRAP's delivery of the inclusion and diversity session to the Clinical Leadership Programme,
- The committee approved the NHSI Culture & Leadership Programme proposal, subject to resourcing,
- The committee received the Annual Medical Education Report.

Quality Committee

December 2019 meeting

- sustained success with complaint response times,
- an update on the mouth care project as an example of quality improvement work,
- the positive message regarding clearing the plain film backlog three months ahead of the recovery trajectory,
- the positive impact of the fast assessment bay (FAB) on ambulance handovers,
- flu vaccination rates,
- maternity (especially the Saving Babies Lives' 2 action plan work),
- to note the adoption of the pan-Dorset mixed sex breach guidance in relation to critical care.

January 2020 meeting

- the positive stories relating to infection control (flu), the Fast Assessment Bay and the commitment of staff, and how these successes should be more widely publicised,
- the committee's concerns regarding stroke unit capacity,
- progress on VTE assessment, EDS completion and dementia screening, and the role of the Transformation Team in the VTE work,
- a verbal update to be given on the progress with the Catering and Food and Drink Strategies,
- the changes to the critical care mixed sex breach guidance as from 1 January 2020.

Finance and Performance Committee

December 2019 meeting

- the highlights of the performance report, including the good performance relating to the emergency department and diagnostics,
- the recovery plans and challenges relating to RTT and theatres,
- an update on the patient flow programme,
- to report that the committee had received assurance around the Trust's cash flow forecasting arrangements.

January 2020 meeting

- the good performance in the emergency department and diagnostics,
- the committee's concerns regarding the impact on patient care of the Trust's performance against key metrics, and the work being taken by the committee to seek assurance regarding this.

Risk and Audit Committee

January 2020 meeting

- NHS planning for a no-deal Brexit has been nationally stood down,
- the committee received the internal audit plan and noted the priorities and the flexibility within the plan,
- the committee raised concerns regarding the rating of the 'outstanding' strategic objective in the Board Assurance Framework,
- a review of the corporate risk register in relation to the Trust's risk appetite statement was planned for the next meeting of the committee.

Are we on track to deliver the 9 Must Dos?

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

Key Performance Metrics Summary

	Metric	Standard	Nov-19	Dec-19
Quality	MRSA hospital acquired cases post 48hrs (Rate per 1000 bed days)	0	0 (0.0)	0 (0.0)
	E-Coli hospital acquired cases (Rate per 1000 bed days)	50% reduction by 2021	1 (0.1)	0 (0.0)
	Infection Control - C-Diff Hospital Onset Healthcare Associated (Rate per 1000 bed days)	16	0 (0.0)	1 (0.1)
	Never Events	0	0	0
	Serious Incidents declared on STEIS (confirmed)	51 (4 per month)	2	0
	SHMI - Rolling 12 months, 5 months in arrears (Aug-18 to Jul-19)	<1.12	1.18	
	Mortality Indicator HSMR from Dr Foster - Rolling 12 months (Oct-18 to Sep-19)	100	116.2	
Performance	RTT incomplete pathways within 18 weeks (Quarter/Year = Lowest 'in month' position)	92%	68.2%	67.0%
	RTT Incomplete Pathway Waiting List size	11,991	16,462	16,228
	All cancers maximum 62 day wait for first treatment from urgent GP referral	85%	70.7%	84.6%
	Maximum 6 week wait for diagnostic tests	99%	96.4%	97.3%
	ED maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from November 2016)	95%	91.4%	91.3%
Finance	Elective levels of contracted activity (£)	2019/20 = £30,721,866 £2,560,155/month	2,378,569	2,038,505
	Surplus/(deficit) (year to date)	2019/20 = Breakeven YTD M9 = (3,369)	(3,344)	(3,164)
	CIP - year to date (aggressive cost reduction plans)	2019/20 = 7,130 YTD M9 = 3,537	3,571	4,111
	Agency spend YTD	2019/20 = 2,929 YTD M9 = 1,929	4,424	5,046

Rating Key

Achieving Standard

Not Achieving Standard

INTEGRATED PERFORMANCE REPORT – Exception Reports by Domain

Safe

- **Falls –** There was 1 fall resulting in a fracture. Initial investigation shows that this was unavoidable and all appropriate actions had been undertaken. This is to be presented at a learning form incidents panel.

- **Sepsis:** Inpatients met the required standard for antibiotic administration. Improvement noted in Inpatient screening although it remains below the standard required

- **VTE Risk assessment:** The standard has not been achieved. A piece of Quality Improvement to implement changes in EPMA has been undertaken with positive results, with a plan to roll-out into Ilchester Ward (Admissions area).

- **Nutritional Assessments –**Local auditing and monitoring continues through the quality improvement group whilst robust electronic data capture is being refined.

Effective

- **SHMI:** Hospital Mortality Group monitors unpublished SHMI. The dashboard reflects the nationally published SHMI data, which is only available in arrears. Close working with NHS Improvement support
-
- **Fracture Neck of femur** – Remains below the standard required.

- **Dementia**: Standards required are consistently not being achieved. Medical engagement and support by the medical director.

- **EDS:** Remains below the standard required. Medical Director leading with Divisional Director support.

Caring

- **Mixed sex breaches –** All breaches relate to the timely discharge of patients from the Critical Care area to suitable ward beds. A proposal to support the new guidance was taken to the Quality Surveillance Group by the CCG and supported by NHS Improvement, new definition supplied at Quality Committee in December. New reporting to commence from January 1st 2020 so not reflected within the December figures.

- **Friends and Family Test –** The standards for Maternity have not been achieved during this reporting period, no themes identified within division.

Responsive

The access standards for December 2019 remained challenging with increased emergency activity including trauma, corresponding impact on elective cancellations and sustained high levels of fast track referrals.

The following standards were met:

- 2 week wait breast symptomatic
- Cancer 31 day diagnosis to first treatment
- 31 day Subsequent Treatment (Anti-cancer drug treatment)
- 31 day Subsequent Treatment (Surgery)
- 31 day Subsequent Treatment (Radiotherapy/Other)

Standards not met:

- ED- 4 hour standard combined with MIU
  - Implementation of Fast Assessment Bay (FAB) in ED department
  - Significant improvement to ambulance turnaround times
  - Same Day Emergency Care (SDEC) facility to become functional in January
  - Reduction in the numbers of stranded and super stranded patients; executive led long stay DPTL meetings continue weekly
  - System wide work ongoing on demand management and expediting of complex discharges
- Cancer 62 days referral to treatment
  - Urology, Lung and Colorectal remain the main underperforming specialties
  - Weekly tracking meeting taking place chaired by COO
  - RCA process in place for patients with a confirmed diagnosis of cancer who have waited over 104 days for treatment
- Cancer 2 week wait - all cancers
  - Referral volumes remain above previous financial years
  - Breast 2ww capacity has been aligned to demand and bookings are made within the 14 day standard
  - Following a successful pilot super clinics continue in Dermatology
  - Daily capacity escalation
  - Additional ad-hoc clinics and conversion of routine capacity to fast track
- RTT
  - 50:50 cost share agreement with the CCG clarified to include treatment of any patient waiting 40 weeks or over
  - Additional funding to address long waiters had been confirmed by NHSI/E
  - Additional insourcing/outsourcing capacity being explored with the independent sector for ENT, Gynaecology and Oral Surgery
  - Tender waver in place for utilisation of Orthopaedic capacity at Yeovil
- Diagnostic 6 week wait
  - Significant improvement in performance for audiology and endoscopic modalities
  - Ongoing insourcing of capacity for endoscopic procedures from an independent provider
  - Mobile MRI unit booked for a number of sessions to mitigate a spike in demand

Well Led

Total workforce capacity (substantive plus bank) increased by 3.3 FTE in Month 09 and was 123 FTE above prior year. Substantive workforce increased by 10 FTE, however this was offset by a reduction in Bank staffing. Total workforce costs (substantive and bank) increased by £26.7k in Month 09 and there was a small reduction in agency staffing costs which was down by £10k. Agency spend over the year is running at approximately double the NHSI agency cap of 2.6% and totalled £622k in Month 09. Recruitment activity continues to be strong and employment offers have now been made to an additional 50 international nurses as agreed at Board: these nurses will arrive between February and May 2020. To date we have not had any international nurse resignations from the current campaign.

Staff turnover increased slightly in Month 09 to 10.13% with Professional Scientific and Technical remaining the staff group with the highest levels of attrition. This has been investigated and Pharmacy resignations accounted for the majority of these leavers, however we have now seen this improve. Sickness absence decreased in month by 0.2% however remains above our target at 4.21%: short term sickness stood at 2.3%. Annual appraisal rate remained at 86% and mandatory training remained at 89%. Excellent performance in relation to the Flu vaccination: we have now achieved the target of 80% for all staff and exceeded the target at 85% for patient facing staff.

Whilst the financial performance is slightly better than plan for the nine months to date, CIP identification and delivery remains a concern along with the run rates driven by high emergency demand. NHS activity has consequently driven income in excess of plan but the resulting pay and non pay costs are running over budget to a similar level.

Metric	Threshold/ Standard	Type of Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	Q3	YTD	Movement on Previous period	12 Month Trend
Safe																	
Infection Control - MRSA bacteraemia hospital acquired post 48hrs (Rate per 1000 bed days)	**0**	Contractual (National Quality Requirement)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
Infection Control - C-Diff Hospital Onset Healthcare Associated (Rate per 1000 bed days)	**16**	Contractual (National Quality Requirement) 2019/20	1 (0.1)	2 (0.2)	1 (0.1)	1 (0.1)	1 (0.1)	2 (0.2)	1 (0.1)	0 (0.0)	1 (0.1)	4 (0.2)	4 (0.2)	2 (0.1)	10 (0.1)	↓	
NEW Harm Free Care (Safety Thermometer)	**95%**	Local Plan	94.1%	93.4%	96.0%	95.4%	93.6%	95.1%	91.8%	95.1%	94.5%	94.4%	94.5%	93.5%	94.2%	↓	
Never Events	**0**	Contractual (National Requirement)	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	
Serious Incidents investigated and confirmed avoidable	**N/A**	For monitoring purposes only	0	0	1	1	0	0	1	0	0	1	1	1	3	N/A	
Duty of Candour - Cases completed	**N/A**	For monitoring purposes only	1	0	0	0	0	0	0	0	0	1	1	1	1	N/A	
Duty of Candour - Investigations completed with exceptions to meet compliance	**N/A**	For monitoring purposes only	0	0	0	0	0	0	0	0	0	0	0	0	0	N/A	
NRLS - Number of patient safety risk events reported resulting in severe harm or death	**10% reduction 2016/17 = 21.6 (1.8 per mth)**	Local Plan	3	4	5	5	6	6	2	5	1	12	17	8	37	↑	
Number of falls resulting in fracture or severe harm or death (Rate per 1000 bed days)	**10% reduction 2016/17 = 9.9**	Local Plan	0 (0.0)	2 (0.2)	0 (0.0)	0 (0.0)	2 (0.2)	4 (0.5)	0 (0.0)	0 (0.0)	1 (0.1)	2 (0.1)	6 (0.2)	1 (0.0)	9 (0.1)	↓	
Pressure Ulcers - Hospital acquired (category 3) confirmed reportable (Rate per 1000 bed days)	**N/A**	For monitoring purposes only	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	1 (0.0)	1 (0.0)	2 (0.0)	↑	
Emergency caesarean section rate			11.2%	13.6%	14.3%	16.4%	20.8%	16.5%	13.5%	22.0%	17.6%	13.2%	18.0%	17.5%	16.3%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (**ED**)	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	92.5%	71.7%	91.9%	70.9%	93.5%	100%	97.1%	96.6%	N/A	84.6%	84.3%	96.9%	87.1%	↓	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (**INPATIENTS** - collected	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	92.2%	94.4%	97.4%	93.4%	100%	94.4%	83.3%	88.9%	92.3%	94.4%	95.5%	87.6%	93.1%	↑	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (**ED**)	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	91.3%	86.2%	87.5%	77.5%	80.8%	91.7%	69.2%	87.5%	N/A	77.6%	82.2%	78.0%	79.6%	↑	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (**INPATIENTS** -	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	78.0%	75.0%	85.3%	85.7%	87.9%	100%	100%	100%	100%	79.6%	89.4%	100%	88.5%	↔	
Effective																	
SHMI Banding (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]	**2 ('as expected') or 3 ('lower than expected')**	Contractual (Local Quality Requirement)	1	1	1	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔	**N/A**
SHMI Value (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]	**<1.12 (ratio between observed deaths and expected deaths)**	Contractual (Local Quality Requirement)	1.19	1.16	1.18	1.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔	**N/A**
Mortality Indicator **HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	116.2	115.9	116.5	117.2	116.8	116.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Mortality Indicator **Weekend Non-Elective HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	111.1	110.3	115.4	114.5	113.1	112.2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Stroke - Overall SSNAP score	**C or above**	Contractual (Local Quality Requirement)	C			B			N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	**N/A**
Dementia Screening - patients aged 75 and over to whom case finding is applied within 72 hours following emergency admission	**90%**	Contractual (Local Quality Requirement)	62.8%	64.3%	47.0%	38.7%	28.4%	43.9%	23.8%	19.4%	20.9%	57.9%	36.9%	21.4%	40.6%	↑	
Dementia Screening - proportion of those identified as potentially having dementia or delirium who are appropriately assessed	**90%**	Contractual (Local Quality Requirement)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Dementia Screening - proportion of those with a diagnostic assessment where the outcome was positive or inconclusive who are	**90%**	Contractual (Local Quality Requirement)	86.4%	62.9%	62.5%	73.3%	40.0%	91.3%	81.3%	55.6%	50.0%	68.5%	79.1%	64.9%	71.8%	↓	
Caring																	
Compliance with requirements regarding access to healthcare for people with a learning disability	**Compliant**	For monitoring purposes only	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	↔	
Complaints - Number of formal & complex complaints	**N/A**	For monitoring purposes only	30	29	24	26	40	24	33	27	25	83	90	60	233	↑	
Complaints - Percentage response timescale met (1 month in arrears)	**Dec '18 = 95%**	Local Trajectory	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	N/A	N/A	N/A	N/A	↔	
Friends and Family - Inpatient - Recommend	**96%**	Mar-18 National Average	98.4%	98.5%	98.7%	97.8%	95.2%	97.6%	98.5%	97.8%	98.4%	97.9%	97.0%	98.2%	97.8%	↑	
Friends and Family - Emergency Department - Recommend	**84%**	Mar-18 National Average	82.3%	84.5%	83.0%	82.8%	80.4%	83.7%	83.7%	85.5%	88.4%	83.7%	82.2%	85.8%	83.8%	↑	
Friends and Family - Outpatients - Recommend	**94%**	Mar-18 National Average	91.7%	94.5%	93.9%	94.4%	94.1%	93.4%	93.5%	94.7%	95.2%	93.9%	94.0%	94.4%	94.0%	↑	
Number of Hospital Hero Thank You Award applications received	**2016/17 = 536 (44.6 per month)**	Local Plan (2016/17 outturn)	22	18	14	17	10	22	8	N/A	N/A	54	49	8	111	↓	

Metric	Threshold/ Standard	Type of Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Q1	Q2	Q3	YTD	Movement on Previous period	12 Month Trend
Responsive																	
Referral To Treatment Waiting Times - % of incomplete pathways within 18 weeks (QTD/YTD = Latest 'in month' position)	**92%**	Contractual (National Operational Standard)	**75.1%**	**76.6%**	**76.0%**	**76.3%**	**73.3%**	**71.5%**	**70.2%**	**68.2%**	**67.0%**	**76.0%**	**71.5%**	**67.0%**	**67.0%**	↓	
RTT Incomplete Pathway Waiting List size	**11,991**		**15,179**	**15,189**	**15,135**	**15,797**	**16,291**	**16,248**	**16,442**	**16,462**	**16,228**	**15,135**	**16,291**	**16,228**	**16,228**	↑	
Cancer (ALL) - 14 day from urgent gp referral to first seen	**93%**	Contractual (National Operational Standard)	**68.8%**	**61.8%**	**75.5%**	**65.0%**	**58.8%**	**69.3%**	**76.1%**	**87.5%**	**87.4%**	**68.2%**	**64.3%**	**83.5%**	**71.9%**	↓	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	**93%**	Contractual (National Operational Standard)	**3.6%**	**4.5%**	**37.5%**	**0.0%**	-	100.0%	100.0%	100.0%	100.0%	**8.6%**	**66.7%**	100.0%	**18.2%**	↔	
Cancer (ALL) - 31 day diagnosis to first treatment	**96%**	Contractual (National Operational Standard)	100.0%	100.0%	**96.0%**	**94.7%**	97.7%	98.0%	99.1%	97.8%	98.6%	98.7%	96.7%	98.5%	98.0%	↑	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	**94%**	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	**81.8%**	**63.6%**	**83.3%**	100.0%	**90.0%**	100.0%	100.0%	**75.0%**	96.8%	**90.2%**	↑	
Cancer (ALL) - 31 day DTT for subsequent treatment - Anti-cancer drug regimen	**98%**	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	**98%**	Contractual (National Operational Standard)	-	-	100.0%	100.0%	-	100.0%	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Cancer (ALL) - 62 day referral to treatment following an urgent referral from GP (post)	**85%**	Contractual (National Operational Standard)	**84.0%**	**81.6%**	**81.7%**	**70.8%**	**72.9%**	**73.5%**	**76.9%**	**70.7%**	**84.6%**	**82.4%**	**72.3%**	**76.4%**	**82.4%**	↑	
Cancer (ALL) - 62 day referral to treatment following a referral from screening service (post)	**90%**	Contractual (National Operational Standard)	94.1%	92.9%	**72.7%**	**69.6%**	**68.8%**	**76.9%**	**77.8%**	**53.3%**	**87.5%**	**88.1%**	**71.2%**	**68.8%**	**88.1%**	↑	
% patients waiting less than 6 weeks for a diagnostic test	**99%**	Contractual (National Operational Standard)	**88.2%**	**89.0%**	**90.3%**	**89.2%**	**85.5%**	**90.7%**	**93.3%**	**96.4%**	**97.3%**	**89.2%**	**88.5%**	**95.6%**	**90.2%**	↑	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge	**95%**	Contractual (National Operational Standard)	**78.3%**	**90.4%**	**85.9%**	**82.1%**	**77.2%**	**79.9%**	**79.7%**	**83.2%**	**82.2%**	**84.8%**	**79.8%**	**81.7%**	**82.0%**	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from	**95%**	Contractual (National Operational Standard)	**89.5%**	95.5%	**93.3%**	**91.6%**	**89.5%**	**90.4%**	**90.2%**	**91.4%**	**91.3%**	**92.8%**	**90.5%**	**91.0%**	**91.4%**	↓	
Well Led																	
Annual leave rate (excluding Ward Manager) **% of weeks within threshold**	**11.5 - 17.5%**		36.21%	46.55%	43.97%	46.55%	43.97%	41.38%	27.59%	N/A	N/A	N/A	N/A	N/A	N/A		
Sickness rate (one month in arrears)	**3.3%**	Internal Standard reported to FPC	3.2%	3.0%	3.1%	3.55%	3.40%	3.66%	4.41%	4.21%	N/A	3.10%	3.54%	4.31%	3.6%	↑	
Appraisal rate	**90%**	Internal Standard reported to FPC	88%	88%	88%	87%	86%	86%	87%	86%	86%	88%	86%	86%	87%	↔	
Staff Turnover Rate	**8 -12%**	Internal Standard reported to FPC	8.8%	8.8%	8.9%	9.3%	9.7%	9.6%	9.7%	10.1%	10.1%	8.8%	9.5%	10.0%	9.4%	↓	
Total Substantive Workforce Capacity		Internal Standard reported to FPC	2,392.9	2,423.1	2,430.4	2,455.0	2,442.9	2,484.6	2,465.7	2477.06	2,487.1	2,415.5	2,460.8	2,476.6	2,451.0	**N/A**	
Vacancy Rate (substantive)	**<5%**	Internal Standard reported to FPC	7.9%	8.0%	7.6%	6.3%	7.0%	8.7%	8.8%	7.1%	8.0%	N/A	N/A	N/A	N/A	↓	
Total Substantive Workforce Pay Cost		Internal Standard reported to FPC	9,583.1	9,287.4	9,181.3	9,391.5	9,717.9	9,737.7	9,558.1	9,580.3	**9,609.3**	9,350.6	9,615.7	9,582.6	9,516.3	↓	
Number of formal concerns raised under the Whistleblowing Policy in month	**N/A**	Internal Standard reported to FPC	0	0	0	0	2	0	1	0	0	0	2	1	3	**N/A**	
Essential Skill Rate	**90%**	Internal Standard reported to FPC	87%	87%	87%	87%	87%	87%	88%	**89%**	**89%**	87%	87%	89%	88%	↔	
Elective levels of contracted activity (activity)	**2019/20 = 30,584 2548/month**		**2,328**	**2,379**	**2,349**	**2,405**	**2,074**	**2,336**	**2,487**	2,615	**2,190**	**7,056**	**6,815**	**7,292**	**21,163**	↓	
Elective levels of contracted activity (£) Including MFF	**2019/20 = £30,721,866 £2,560,155/month**		**£2,220,872**	**£2,333,890**	**£2,427,558**	**£2,431,863**	**£2,105,518**	**£2,199,227**	**£2,431,747**	**£2,378,569**	**£2,038,505**	**£6,982,320**	**£6,736,608**	**£6,848,821**	**£20,567,749**	↓	
Surplus/(deficit) (year to date)	**2019/20 = Breakeven YTD M9 = (3,369)**	Local Plan	(879)	(1,536)	(1,972)	(2,418)	(3,064)	(3,528)	(3,402)	(3,344)	(3,164)	(1,972)	(3,528)	(3,164)	(3,164)	**N/A**	**N/A**
Cash Balance	**2019/20 - 1303 M9 = 5,405**		7,738	8,348	7,700	10,988	12,714	10,302	10,125	13,141	12,744	7,700	10,302	12,744	12,744	↓	
CIP - year to date (aggressive cost reduction plans)	**2019/20 = 7,130 YTD M9 = 3,537**	Local Plan	379	**692**	**971**	**1,353**	1,852	2,227	3,005	3,571	4,111	**971**	2,227	4,111	4,111	**N/A**	**N/A**
Agency spend YTD	**2019/20 = 2,929 YTD M9 = 1,929**		**482**	**970**	**1,502**	**2,043**	**2,619**	**3,130**	**3,793**	**4,424**	**5,046**	**1,502**	**3,130**	**5,046**	**5,046**	**N/A**	**N/A**
Agency % of pay expenditure	**2019/20 = 2.3%**		**4.5%**	**4.7%**	**4.8%**	**4.9%**	**4.9%**	**4.9%**	**5.0%**	**5.2%**	**5.7%**	**4.8%**	**4.9%**	**5.3%**	**5.2%**	↓	

Movement Key

Favourable Movement ↑
Adverse Movement ↓
No Movement ↔

Achieving Standard
Not Achieving Standard

Title of Meeting	**Board of Directors**
Date of Meeting	**4 February 2020**
Report Title	**Integrated Care System (ICS) Summary**
Author	Nick Johnson – Director of Strategy, Transformation and Partnerships
Responsible Executive	Nick Johnson – Director of Strategy, Transformation and Partnerships

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

1. Summary

To provide a summary of the Dorset Integrated Care System key quality, performance, financial and transformation activity as presented to the System Leadership Team (SLT).

2. Quality

- DCH improvement in ambulance handovers is recognised. RBH and PH still challenged.
- Out of Hours service continues to underperform and SWAST call stack has risen
- DCH lower performance re. VTE, MUST and prophylaxis is referenced.
- Total Never Events YTD – RBH – 3, PH – 2, DCH – 2, DHC – 1

3. Performance Report – November 2019 for January 2020 SLT

- ED attendances exceed contract plan by 5.3%. DCH 8.7%, RBH 7.2%, PH 0.8%
- ED performance at 91.7% for DCH and 79.4% for RBH.
- Non-elective admissions down against contract plan 1.1% at DCH, Poole down 9.7%, RBH up 8.3%
- DCH DTOCs higher (3.7%) than Poole (2.5% and RBH (2.4%) (Oct figures)
- Long Length of stay down 28% at DCH, 33% RBH, 3% Poole.
- 52 week breaches – DCH 5 (66 predicted), RBH 7 (54), PH 4 (23)
- Diagnostics – DCH 93.3%, PH 95.1%, RBH 89.2%
- DCH lowest performance on RTT (68.2%), GP referrals have increased 1% DCH, 1.7% for RBH, and reduced by 3.7% y/y for PH.
- O/P 1st attendances vs contract plan DCH down by 4.9%, RBH down 1.1% , PH 13.4%.
- OP Follow ups vs contract plans DCH down 5.1%, RBH 9.5%, PH up by 4.9%
- Cancer 2 week wait, DCH at 76.1%, RBH at 66.3% and PH 98.2%
- Community Occupied Beds at 90%

4. Financial Report

- £4.9M of unidentified savings with £3m unmitigated. £14.3m PSF contingent on system control total.
- DCH £3m underlying risk, PH, £3.5m, DHC, RBH and CCG planning break-even. £3.5m of £6,6m residual risk mitigated. £10.7m PSF/FRF at risk if Q4 not achieved.
- £39.4m on non-recurrent savings forecast

5. Sustainability and Transformation Plan Report

One Acute Network

- Merger is making excellent progress and a lot of the design time over the past few months has gone to focusing on merger related activities to keep this on track for the 1st July 2020. Work on the reconfiguration is dependent on an approved Outline Business Case, and the OBC is awaiting NHSI approval so we are likely to incur a 3-6 month delay to finalise our building costs (known as Guaranteed Maximum Price GMP).

- The clinical design of both sites has been checked and reviewed by external partners and shown to be delivering a Value for Money solution, yet costs have escalated and the design exceeds the trusts available budget. Costs have primarily risen through inflation. Inflation has added approx £30-35m to the building costs since the Clinical Services Review was completed in 2016. The £147m was not index/inflation linked and so the trusts are having to bear the cost of inflation.
- Reviews are ongoing to minimise the cost of the scheme and to explore opportunities to fund inflation, however some redesign of the building may be necessary. A review of the costs will continue through to Dec 2019/Jan 2020 and partners and colleagues will be kept up to date as this review progresses.

Integrated Community & Primary Care Services

- Dorset CCG has received £354,000 non-recurrent funds to invest in Palliative and End of Life Care Children's and Adults' Services. This is part of the Government's one off fund for hospices and palliative care services. Expressions of interest will be sought from providers across Dorset and a panel decision process taken to allocate this money.
- Workforce dashboard has been launched. Data has been received from 76/80 (95%) practices for Q2 with 14 of the 18 Primary Care Networks (PCNs) having complete baseline workforce data. Feedback has indicated the value of the data for workforce planning in PCNs, although consistency of completion requires more focus.
- Personalised Care - Place-based planning and design work to create three Exemplar Primary Care Network (PCN) areas. Kick-start days in January / February 2020 will support the three PCNs to take a prototype approach to learning what it takes to establish Personalisation as a foundation approach.

Prevention at Scale

- Starting Well - In terms of evaluations we are expecting by March 2020; a 6-month evaluation for; Risk Perception (DCH), Maternity Support Worker (MSW)/Sunshine Team (RBCH) and Partners NRT (PGH) – a 12-month evaluation will also hopefully follow for these
- Ageing Well - Activation levels of physical activity pathway at LWD remain above 75% for all clients registered. 2nd survey sent to LWD advisor team to assess understanding of physical activity, confidence and any training needs

Digitally Transformed Dorset

- All GP signed up to DCR and sharing information. Only 2 GP practices information not available as not part of the MIG
- There are difficulties with the installation of the secondary HSCN circuit into DCH owing to a blocked duct which will require re-digging. This may add significantly to the delay. Discussions are on-going about whether it will be acceptable to run both circuits down the same duct as a temporary workaround.
- Intelligent Working - Development environment moved from Dorset Healthcare infrastructure to Azure.
- Telephony Project Development Progress - Lack of progress due to lack of resources and poor supplier response.

Leading and Working Differently

- Collaborative agreement in place to extend the use of DC's MyeCoach platform to include 50 NHS coaches. Re-config work happening in December once contract is signed
- Clinical Lead appointed to the Dermatology Workforce and Education sub-group
- Identification of a workforce lead in each PCN and workforce planning lead in trusts will enable smarter coordination, development and ownership of workforce plans across Dorset.

Integrated Travel Programme

- DC Adult Services have agreed that clients receiving Personal Social Care Budgets is inclusive of the persons transport needs. DC have yet to agree if this will be extended to clients who use other Adult Services transport, e.g. those who use LA transport into day care centres.

Paper Previously Reviewed By Reports reviewed by System Leadership Team	
Strategic Impact DCH has developed a strategy focused on integration and collaboration and is therefore currently committed to the development of the ICS.	
Risk Evaluation ICS activity and involvement is currently delivering variable benefit to DCH and DCH must balance system focus and transformation with organisational focus and transformation.	
Impact on Care Quality Commission Registration and/or Clinical Quality DCH retains all CQC and quality obligations as an organisation	
Governance Implications (legal, clinical, equality and diversity or other): As the ICS governance matures there will be an increasing expectation for 'decisions' to be made at ICS level and endorsed at the statutory/organisational level.	
Financial Implications DCH retains an individual control total, within a wider system control total.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	It is recommended that Trust Board: a) note and comment on the report b) identify any issues to be raised with the ICS System Leadership Team

Title of Meeting	**Board of Directors**
Date of Meeting	**4 February 2020**
Report Title	**Corporate Risk Register**
Author	Mandy Ford, Head of Risk Management and Quality Assurance
Responsible Executive	Nicky Lucey, Director of Nursing and Quality

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

Summary

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

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

The most significant risks which could prevent us from achieving our strategic objectives are detailed in the tables within the report.

All current active risks continue to be reviewed with the risk leads to ensure that the risks are in line with the Risk Management Framework and the risk scoring has been realigned.

Risk Ref	Description	Current Risk Score	Affecting BAF Objective	Movement
468	Recruitment and retention of Medical staff across specialities	Extreme	**BAF Objective 1: Outstanding** **BAF Objective 2: Integrated** **BAF Objective 3: Collaborative** **BAF objective 4: Enabling** **BAF Objective 5: Sustainable**	
709	Failure to achieve constitutional standards (elective Care) The Trust is current not achieving constitutional standards in : • 18 Week RTT • Diagnostic standards - 6 weeks • Cancer Standards (2 week wait and 62 day standard) • ED standards **Review date 31.03.2020 meeting arranged for 24.02.2020**	Extreme	**BAF Objective 1: Outstanding** **BAF Objective 3: Collaborative** **BAF Objective 5: Sustainable**	
710	Follow up waiting list backlog Failure to ensure that patients are followed up according to their clinical needs and presentation. **Review date 31.03.2020 meeting arranged for 24.02.2020**	Extreme	**BAF Objective 1: Outstanding** **BAF Objective 3: Collaborative**	

449	Financial sustainability An unsustainable financial position could result in a reduced quality of both clinical and support services and reduce the autonomy the Trust has in providing high quality services to its population.	High	**BAF Objective 1: Outstanding** **BAF Objective 2: Integrated** **BAF Objective 3: Collaborative** **BAF objective 4: Enabling** **BAF Objective 5: Sustainable**	
641	Clinical Coding: Poor clinical coding can result in:- • Failure to optimize legitimate income • Lack of adequate information to support resource management and business planning • inaccurate reflection of Trust performance and quality of care (e.g. SHMI)	High	**BAF Objective 1: Outstanding** **BAF Objective 5: Sustainable**	
450	Emergency Department Target, Delays to Care & Patient Flow Inconsistent achievement of the 4-hour standard, caused by crowding, high attendance numbers, insufficient bed/assessment unit capacity, and staffing challenges, leading to external regulator scrutiny, impact on overall performance (linked to PSF package), ambulance handover delays, and patient safety risks.	High	**BAF Objective 1: Outstanding** **BAF Objective 5: Sustainable**	
463	Workforce Planning & Capacity for Nursing and Allied Health Professional and Health Sciences staff Inability to source appropriately skilled and competent staff to meet requirements for Nursing, Allied Health Professional and Health Science staffing	High	**BAF Objective 1: Outstanding** **BAF objective 4: Enabling**	
474	Review of Co-Tag system and management of issuing/retrieving tags to staff The door access system is unstable and due to its age and condition is at the end of its useful life. The Trust is experiencing regular failures of the system causing operational	High	**BAF Objective 5: Sustainable**	

	disruption to users and Information Governance concerns.			
464	Mortality Indicator An increased Summary Hospital Mortality Indicator (SHMI) may indicate increased in-patient mortality, and/or a failure to code correctly patients admitted to DCH or a combination of the two.	Moderate	**BAF Objective 1: Outstanding**	

EMERGING RISKS:

A number of risks from Strategic Estates have been added to the Risk Register. These have not yet been reviewed with the relevant Executive Director to gain sponsorship to add to the Corporate Risk Register. These will be reviewed w/c 20.01.2020 as risks are still being added. These are in relation to the planning permissions and building projects.

DIVISIONAL LEVEL EMERGING RISKS

Urgent and Integrated Care Division

- ED Estate (Currently rated as 20 (EXTREME) on the Divisional risk register and unlikely to be managed at Divisional Level).

How the risk has been scored:
Consequence: Major
Impact on patient safety - major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects
Quality/complaints/audit - non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating
Human resources - Uncertain delivery of key objectives/ service due to lack of staff, loss of key staff, very low staff morale
Statutory duty - multiple breeches in statutory duty, low performance rating
Adverse publicity - National media coverage <3 day service well below reasonable public expectation
Business objectives - Key objectives not met.
Finance including claims - Claims between £100k and £1m

Likelihood: Almost Certain

Family Services and Surgical Division
None additional identified to those previously reported.

FOR NOTE:
This is the second review of this paper, with the Executive Team it is likely to be subject to change. The Executive Team are currently reviewing and reframing the Board Assurance Framework, which when finalised will need to be reflected within the Risk Registers. This report details where we are as an organisation as at 15/01/2020.

Paper Previously Reviewed By
Risk and Audit Committee, 21 January 2020

Strategic Impact
The Risk Register outlines the identified risks to the achievement of the Trust's objectives. Failure to identity and control these risks could lead to the Trust failing to meet its strategic objectives.

Risk Evaluation
Each risk item is individually evaluated using the current Trust Risk Matrix.

Impact on Care Quality Commission Registration and/or Clinical Quality

It is a requirement to regularly identify, capture and monitor risks to the achievement of the Trusts strategic objectives.	
Governance Implications (legal, clinical, equality and diversity or other): The Risk registers highlights that risks have been identified and captured, that have been escalated from within the Divisions or affects the Trust's strategic objectives. The Document provides an outline of the work being undertaken to manage and mitigate each risk.	
Financial Implications The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	The Board are requested to: • review the current Corporate Risk Register ; and • note the Extreme and high risk areas and actions • consider overall risks to strategic objectives and BAF • request any further assurances

Corporate Risk Register

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

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
31/03/2020	High (15)	Extreme (20)	Low risk (6)	641	Clinical Coding	Poor clinical coding can result in:- - Failure to optimize legitimate income - lack of adequate information to support resource management and business planning - inaccurate reflection of Trust performance and quality of care (e.g. SHMI)	31/08/2019	REVIEWED 10/01/2020 **Reviewed 10/01/2020**	Finance	Information	**Strategic objective 1: outstanding** failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, not achieving an outstanding rating from the care quality commission by 2020, not achieving national and constitutional performance and access standards **Strategic objective 5: sustainable** failing to be efficient as outlined in the model hospital. **MITIGATION:** Recruitment of new coders has taken place and they are currently receiving their training which is due to be completed by September 2020. The longer term plan is for coders to sit with clinicians to complete the coding to ensure that the coding is correct and that we can maximise legitimate income to assist with the financial sustainability. **How this risk has been scored:** **Consequence: Moderate** **Impact on patient safety** - mismanagement of patient care with long term effects **Quality/Complaints/Audit** - Non-compliance with national standards, critical report. Human resources - loss of key staff, low staff morale.

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											Statutory duty - multiple breeches in statutory duty, improvement notices, low performance rating, critical report. **Adverse publicity** - National media coverage (being outliers) **Business objectives** - key objectives not met. **Finance including claims** - Non delivery of key objectives loss of >1% of budget, loss of contracts and payment by results **Likelihood:** Almost Certain
31/03/2020	Extreme (20)	Extreme (20)	Moderate risk (12)	468	Recruitment and **retention** of Medical staff across specialities	Recruitment and retention of Medical staff across specialities	31/01/2020	TO BE REVIEWED MID JANUARY 2020	Workforce and Human Resources	Across all specialties	**Strategic Objective 4 : Enabling:** Failure to deliver flexible and appropriate support service models, Loss of training status for junior doctors, Not achieving a Dorset wide integrated electronic shared care record, Not achieving a staff engagement score in the top 20% nationally, Not being an exemplar site for clinical research and innovation, Not benefitting from the successful delivery of our People Strategy **Mitigation:** We are reviewing the medical model within acute medicine to respond to areas of known skill shortages. We continue to look at joint consultant posts with partner organisations, and are currently recruiting for a joint post in Rheumatology. Within business planning we have identified additional recruitment needs,

TO BE REVIEWED 17/01/2020

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											which will need to be prioritised. This also gives an opportunity to consider alternative staffing models in areas of skill shortage. This work is being co-ordinated by the newly created workforce planning team. We are keen to develop an SAS academy to support specialty doctors in their development and also position the Trust as an attractive proposition for employment. **How this risk has been scored:** **Consequence: Major** **Patient safety** – Incident leading to death, mismanagement of patient care with long term effects **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service **Likelihood:** Almost certain

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
31/03/2025	Extreme (20)	Extreme (20)	Low risk (9)	709	Failure to achieve constitutional standards (elective Care)	The Trust is current not achieving constitutional standards in : 18 Week RTT Diagnostic standards - 6 weeks Cancer Standards (2 week wait and 62 day standard) ED standards	31/10/2019	Mandy Ford 12/07/2019 15:34:49	Director of Operations		**Strategic Objective 1** : **Outstanding:** Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards Strategic Objective 3 Not achieving a 96% score on our friends and family test, Not being at the centre of an accountable care system, commissioned to achieve the best outcomes for our patients and communities **Strategic Objective 5: Sustainable** Not generating 25% more commercial income with an average gross profit of 20% **Mitigation:** RTT - 50/50 risk share agreement in place with the commissioners to treat patients over 40 weeks in order to avoid as many 52 week breaches as possible. Additional independent sector capacity secure for ophthalmology, endoscopy and dermatology. Alternative NHS provider capacity agreed with Yeovil hospital for Orthopaedics. Further exploration of capacity for other specialities. **How the risk has been scored:** **Consequence: Major** **Impact on patient safety** - mismanagement of patient care with long

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											term effects **Quality/Complaints/Audit** - Non-compliance with national standards, critical report. Human resources - loss of key staff, low staff morale. **Statutory duty** - multiple breeches in statutory duty, improvement notices, low performance rating, critical report. **Adverse publicity** - National media coverage (being outliers) **Business objectives** - key objectives not met. **Finance including claims** - Non delivery of key objectives loss of >1% of budget, loss of contracts and payment by results **Likelihood:** Almost Certain **Waiting List linked records (including cancer waits with missed/delayed diagnosis) plus NHSI reports. 52 wait week paper on impact of waiting list to OFRG**

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
31.03.2025	Extreme (20)	Extreme (20)	Low risk (9)	710	Follow up waiting list backlog	Failure to ensure that patients are followed up according to their clinical needs and presentation.	31/03/2020	29/11/2019	Director of Operations	Across all specialties	**Strategic Objective 1 : Outstanding** Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards **Strategic Objective 5: Sustainable** Failing to be efficient as outlined in the Model Hospital. **Mitigation:** The relevant service have individualised management plans to mitigate the risks for meeting standards, however, without appropriate staffing and service capacity to deliver these, it will be difficult to achieve in all areas. These are being monitored by service, care group and divisions. **How the risk has been scored: Consequence: Major** **Impact on patient safety** - major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects **Quality/complaints/audit** - non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating **Human resources** - Uncertain delivery of key objectives/ service due to lack of staff, loss of key staff, very low staff

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											morale **Statutory duty** - multiple breeches in statutory duty, low performance rating **Adverse publicity** - National media coverage <3 day service well below reasonable public expectation **Business objectives** - Key objectives not met. **Finance including claims** - Claims between £100k and £1m **Likelihood:** Almost Certain **7 service related risk register records. Other linked reports on cancer incidents**
31/03/2020	High (16)	High (16)	Low risk (9)	449	Financial Sustainability	An unsustainable financial position could result in a reduced quality of both clinical and support services and reduce the autonomy the Trust has in providing high quality services to its population.	31/12/2019	**FOR REVIEW W/C 13/01/2020**	Finance	Finance	**Strategic Objective 5: Sustainable** Failing to be efficient as outlined in the Model Hospital, Failure to secure sufficient funding to ensure financial sustainability, Not generating 25% more commercial income with an average gross profit of 20%, Not returning to financial sustainability, with an operating surplus of 1% and self-sufficient in terms of cash, Not using our estate efficiently and flexibly to deliver safe services **Mitigation:** There is a gap of £2m from the full year CIP target and current agency spends levels, whilst affordable currently given non recurrent benefits, it is not expected that this will continue. Remedial actions are being considered.

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											RISK SCORE TO BE REVIEWED W/C 13/01/2020 when December figures are available
31/03/2020	High risk (16)	High risk (16)	Moderate risk (12)	450	Emergency Department Target, Delays to Care & Patient Flow	Inconsistent achievement of the 4-hour standard, caused by crowding, high attendance numbers, insufficient bed/assessment unit capacity, and staffing challenges, leading to external regulatory scrutiny, impact on overall performance (linked to PSF package), ambulance handover delays, and patient safety risks.	31/01/2020	31/10/2019	Unscheduled Care (A3)	ED - Majors Service	**Strategic Objective 1: Outstanding** Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality **Strategic objective 5: Sustainable** Not generating 25% more commercial income with an average gross profit of 20% **Mitigation:** FAB Bay – formal project due for completion 30.09.19 Improved time to initial assessment, improved ability to direct patients to assessment areas following rapid senior assessment, improved clinical outcomes. 1) proposal to be developed re: fixed term trial, to include staffing required and clearly defined metrics, for a 4-6 month trial; 2) costings to be established; 3) consideration given to using slippage while Divisional business developments are implemented to fund the trial

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
31/03/2025	High risk (15)	High risk (15)	Moderate risk (12)	463	Workforce Planning & Capacity for Nursing and Allied Health Professional and Health Sciences staff	Inability to source appropriately skilled and competent staff to meet requirements for Nursing, Allied Health Professional and Health Science staffing	31/01/2020	TO BE REVIEWED W/C 13/01/2020	Workforce and Human Resources	Across all specialties	**Strategic objective 1 : Outstanding** Not having the appropriate workforce in place to deliver our patient needs **Strategic objective 4: Enabling** Failure to deliver flexible and appropriate service models Loss of training status for junior doctors Not benefitting from the successful delivery of the People Strategy **Mitigation:** We have contracted with a new supplier to deliver international registered nurses. We have increased resources for temporary staff and bank team We have increased recruitment events, participating and arranging. Developed different recruitment marketing tools including a Trust micro site and greater use of social media. reviewed employer branding. We have invested in a workforce planning capability to consider longer term actions to mitigate staff shortages, actions. **How this risk has been scored:** **Consequence: Moderate** **Patient safety** – event that impacts on a small number of patients, increase length of stay by 4-16 days **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service **Likelihood:** Almost certain
31/03/2020	High (16)	Extreme (20)	Low Risk (2) (2)	474	Review of Co-Tag system and management of issuing/retrieving tags to staff	The door access system is unstable and due to its age and condition is at the end of its useful life. The Trust is experiencing regular failures of the system causing operational disruption to users and Information Governance concerns.	07/11/2019	Matt Chivers 07/11/2019 15:50:35	Finance	Estates Department	**Strategic Objective 5**: **Sustainable** Not using our estate efficiently and flexibly to deliver safe services **Mitigation:** Discussion at SMT 15.01.2020 Electrical work is now underway Data is back and work will commence on this before financial year end Tender will be out shortly for new installation work - this will fall in to the new financial year. **How this risk has been scored:** **Consequence: Major** **Patient safety** - major injury leading to long term incapacity/ disability. **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation (no access for RESUS teams) **Service/business interruption** - major impact on environment

TARGET DATE TO MEET TARGET RISK LEVEL:	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Principle Risk - Collaborative: Joining up our services
											Likelihood: Almost certain **10 LINKED INCIDENTS**
31/03/2020	Moderate risk (12)	Low risk (9)	Low risk (9)	464	Mortality Indicator	An increased Summary Hospital Mortality Indicator (SHMI) may indicate increased in-patient mortality, and/or a failure to code correctly patients admitted to DCH or a combination of the two.	31/01/2020	DUE FOR REVIEW 31/01/2020	Medical Director		**Strategic objective 1: Outstanding** : Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality **Mitigation:** Clinical coding has had difficulty in recruiting for experienced level posts. After failing to do so four times, a decision has been made to take on an increased number of high caliber trainees. Due to the long training time for coders, even with higher caliber candidates, this still means that improvements to quality of coding will not come in to play for anything up to a year. The first benefit of an increased workforce will be the increase in number of cases that can be coded from full case notes. (This leads to increase in co-morbidity capture which tends to have a beneficial impact on relative risk). We may also see an improvement in terms of allocation of cases to diagnostic groups through work with the new Medical Examiners **TO BE REVIEWED W/C 13/01/2020**

Title of Meeting	Board of Directors
Date of Meeting	4 February 2020
Report Title	Board Assurance Framework
Author	Nick Johnson, Director of Strategy, Transformation and Partnerships
Responsible Executive	Nick Johnson, Director of Strategy, Transformation and Partnerships

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

Summary

1. The Board needs to understand the Trust's strategic objectives and the principle risks that may threaten the achievement of these objectives. The Board Assurance Framework (BAF) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important strategic objectives; and to map out both the key controls that should be in place to manage those objectives and confirm the Board has assurance about the effectiveness of these controls.

2. The principle risks to achieving these strategic objectives have been identified and scored using the Trusts risk scoring matrix.

3. The summary position of the BAF continues to highlight the Sustainable and Outstanding Services strategic objectives as the two which are most at risk of delivery.

4. A comprehensive review of the BAF was undertaken in July 2019. This version reflects a further update but the changes made are minimal and the review does not consider that there are any changes required to the risk scores.

5. All Executives were asked to review and provide updates where appropriate to the relevant BAF items.

6. The following section outlines the substantial changes made to the BAF since the last period:

    - No substantive changes

Paper Previously Reviewed By
Executive Management Team
Risk and Audit Committee, 21 January 2020

Strategic Impact
The Board Assurance Framework outlines the identified risks to the achievement of the Trust's objectives. Failure to identity and control these risks could lead to the Trust failing to meet its strategic objectives.

Risk Evaluation
Each risk item is individually evaluated using the current Trust Risk Matrix.

Impact on Care Quality Commission Registration and/or Clinical Quality
It is a requirement to regularly identify, capture and monitor risks to the achievement of the Trusts strategic objectives.

Governance Implications (legal, clinical, equality and diversity or other): The Board Assurance Framework highlights that risks have been identified and captured. The Document provides an outline of the work being undertaken to manage and mitigate each risk. Where there are governance implications to risks on the Board Assurance Framework these will be considered as part of the mitigating actions.	
Financial Implications The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	The Board are requested to: • review the Board Assurance Framework; and • note the high risk areas

BOARD ASSURANCE FRAMEWORK - SUMMARY
DATE: January 2020

Summary Narrative

The most significant risk which could prevent us from achieving our strategic objectives is not being **SUSTAINABLE.**

Whilst the current financial position for Q3 is on plan, delivery of the year end control total is at risk with a likely gap of approximately £3m to contol total. The strength of assurance for this objective continues to be Red despite the development of a balanced Long Term Plan for the system.

There is also a high risk in ensuring we have **OUTSTANDING** services as we may not have the appropriate workforce in place to deliver our patient needs. We continue to experience increasing dependancy on the use of temporary clinical staff and the failure to maintain spend within the regulator ceiling for agency staff.

There is a moderate risk in the strength of controls on ensuring we have **INTEGRATED** and joined up services. Demand for secondary care services continues to out strip supply. Stranded patient numbers are increasing and the pace of integrated demand management with primary and community services is not progressing at the required pace.

Objective	Range of Risk Scores	Strength of Controls	Strength of assurance
1. Outstanding: Delivering outstanding services every day. We will be one of the very best performing Trusts in the country delivering outstanding services for our patients.	**6-20**	**A**	**G**
2. Integrated: Joining up our Services. We will drive forward more joined up patient pathways, particularly working more closely with and supporting GP's.	**2-20**	**A**	**G**
3. Collaborative: Working with our patients and partners. We will work with all of our partners across Dorset to co-design and deliver efficient and sustainable patient-centred, outcome focussed services.	**6-12**	**G**	**G**
4. Enabling: Empowering Staff. We will engage with our staff to ensure our workforce is empowered and fit for the future.	**4-12**	**G**	**A**
5. Sustainable: Productive, effective and efficient. We will ensure we are productive, effective and efficient in all that we do to achieve long term financial sustainability.	**9-16**	**A**	**R**

0 - 4	Very low risk
5 - 9	Low risk
10 - 14	Moderate risk
15 - 19	High risk
20 - 25	Extreme risk

BOARD ASSURANCE FRAMEWORK - REVIEW OF STRATEGIC RISKS WE ARE SEEKING TO CONTROL

REF	STRATEGIC OBJECTIVE	Risk		Rating
1	**Outstanding: Delivering outstanding services everyday.** We will be one of the very best performing Trusts in the country delivering outstanding services for our patients.	Strength of controls		A
		Strength of assurance		G

A) Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Not achieving an outstanding rating from the Care Quality Commission within next two years	NL	3	3	**9**	6
R2	Failing to be in the top quartle of key quality and clinical outcome indices for safety and quality can lead to reduced confidence in the organisation from the public and other bodies.	NL	3	3	**9**	6
R3	Not achieving national and constitutional performance and access standards	IR	4	4	**16**	12
R4	Not having effective Emergency Preparedness, Resilience and business continuity plans	IR	3	2	**6**	6
R5	Not having the appropriate worforce in place to deliver our patient needs	MW	4	5	**20**	12
R6						

B) We will CONTROL these risks by...		**Strength**	**C) The REPORTING MECHANISM...**	**Strength of Delivery**
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	**CONTROL**	**RAG**	**REPORTING MECHANISM**	**RAG**
C1	CQC action plan and management of CQC Provider Information Collection (PIC) data every quarter alongside Quarterly CQC meetings (reviewing evidence/assurance information alongside staff and patient feedback focus visits). ICS quality surveillance Group monitors and scrutinises safety and quality with the system and the regulator. (R1)	G	Quality Committee reports on CQC, CQC Provider Information Collection & Insight data, CQC quarterly meetings. Dorset Quality Surveillance meeting in place that reviews hard and soft intelligence	G
C2	Performance monitoring and management of key priorities for improvement in quality and safe care (R2)	G	Divisional exception reporting and monitoring of quality improvement plans, SHMI and KPIs via The Quality Committee, alongside safety visits (NEDs) and back to floor time for Executive Directors to triangulate data with direct observations of care quality and safety. National NHSI /CCG and CQC reporting .	G
C3	Quality improvement plans within Divisions and key workstreams to support delivery of key KPIs supporting quality improvement (R3)	G	Division and work stream action plans. External contracting reporting to CCG. Divisional exceptions at Quality Committee	G
C4	Performance Framework - triggers for intervention/support (R3)	A	Performance monitoring via weekly PTL meetings and monthly Divisional Performance Meetings (through to Sub-Board and Board). Divisional Performance Framework presented at July 2019 Trust Board.	G
C5	Emergency Preparedeness and Resilience Review Committee (EPRR) reporting, EPRR Framework and review and sign off by CCG and NHSE (R4)	G	Reporting from EPRR Committee to Audit Committee and via assigned NED to Board. Yearly self assessment aginst EPRR core standards ratified by Local Health Resiliance Partnership.	G
C6	Establishment of a Resourcing Operations Group. Monthly review of vacancies at Workforce Committee and SMT and tracking of junior doctor exception reports. (R5)	A	We review safe staffing through Board reports; junior doctor workforce issues through the GOSW reports; vacancy levels through the Workforce Committee and Board workforce reports; develop strategic solutions through the Resourcing Operations Group.	A
C7	People Strategy published May 2018. (R5)	G	Board sign off of 2018-2021 people Strategy in May 2018.	G
C6	Weekly review of medical workforce recruitment activity (R5 &6), Review of nursing vacancies and recruitment plans at the Resource Strategy Group.	A	Recruitment update report provided by recruitment team on a weekly basis. Workforce Planning capacity and capability gap - plan to address with increased resources. Dorset Workforce Action Board partner and	A
C7	Scrutinising other care quality indicators to assure standards of care (R6)	A	Regular reports to Hospital Mortality group , Quality Committee and Board	G
C8	Poor data capture drives patient coding which effects SHMI (R2)	A	Internal audit of sample of 1000 patient notes and national benchmarking undertaken by PWC	A
Overall Strength		A		G

D) We have actually received these POSITIVE ASSURANCES...

Add actual assurances recevied that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.

CONTROL	ASSURANCE	EVIDENCE
C1	Internal Audit of CQC action plan and assurances. November 2018 CQC rating as 'Good'.	KPMG audit report and published CQC report
C2	Internal Audit of Medicines management	KPMG audit report
C3	CCG assurance visits and contract monitoring	CCG assurance reports
C4	Internal performance reports	Board and FPC reports
C2	External auditors - Quality Account (transparency and accuracy of reporting)	Board and QC reports
C5	Internal Audit of systems and processes; and CCG assurance of the EPRR standards	Audit Committee and Board
C1	External review of Divisional Governance Structures and the PWC Well Led Review	Quality Committee and Board
C6	Monthly workforce reports detailing vacancies and trajectories.	Strategic Resourcing Group, Workforce
C8	NHSI regular scrutiny and support (R6)	NHSI visit and report April 2019

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...

E.g. No surgial safety checklist in place (gap in control) or hand hygene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.

ISSUE 1		**ACTION**
C1	CQC inspection process being redefined as it progresses, which may result in some services not being reviewed to enable an 'outstanding' rating	Work with the CQC during the year through quarterly meetings and monitoring (as per the new methodology) to actively promote reviews of services where possible.
ISSUE 2		**ACTION**
	Significant resource constraints to deal with increased demand for both Elective and Emergency services.	System wide working on changes to care models and capacity and demand analysis to identify areas for additional investment. Escalation via Elective Care Board, Urgent Emergency Care Board, OFRG and SLT.
ISSUE 3		**ACTION**
C5	Uncertainty over no deal Brexit and associated impact on procurement, staffing and charging of overseas patients.	Receiving regular briefings from regional team, participation in national data submissions, task and finish group reporting to Audit Committee.
ISSUE 4		**ACTION**
	Inconsistent application of the Performance framework within the Divisions leading to failure to pick up early warnings of deteriorating performance	
ISSUE 5		**ACTION**
	Late visibility in junior doctor gaps from Deanery rotations	Regular communications with the Deanery, and profiling of historic gaps. "At risk" recruitment in anticipation of gaps.
ISSUE 6		

BOARD ASSURANCE FRAMEWORK - REVIEW OF STRATEGIC RISKS WE ARE SEEKING TO CONTROL

REF	STRATEGIC OBJECTIVE	Risk		Rating
2	**Integrated: Joining up our services.** We will drive forward more joined up patient pathways particularly working more closely with and supporting GPs.			
		Strength of controls		A
		Strength of assurance		G

A) Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Emergency Department admissions continuing to increase per 100,000 population	IR	4	5	**20**	9
R2	Occupied hospital beds days continue to increase per 100,000 population	IR	3	4	**12**	9
R3	Having stranded patients	IR	3	4	**12**	9
R4	Not achieving an integrated community health care hub based on the DCH site	IR	4	4	**16**	6
R5	Not achieving a minimum of 35% of our outpatient activity being delivered away from the DCH site	IR	2	1	**2**	6

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	**CONTROL**	**RAG**	**REPORTING MECHANISM**	**RAG**
C1	Reframed Urgent and Emergency care Boards and ICPCS Boards objectives linked to the Boards delivery plan. (R1,2,&3)	A	Upward reporting and escalation from UECB to SLT and DCH Board.	A
C2	Performance Framework reporting - triggers for intervention/support (R1,2&3)	G	Ward to Board reporting	G
C3	Redesign of patient flows through the hospital with particular focus on ambulatory pathways and proactive discharge management (R3)	A	Patient flow project as part of operational efficiency strand of Transformation strategy.	G
C4	Proactively working in partnership with Integrated Community and Primary care Portfolio, West integrated Health and Care partnership, and Primary care networks. (R4)	G	Transformation (SMT) Reporting and Strategic updates to Board and ICPCS portfolio Board to SLT.	G
C5	Outpatient Improvements (within Elective Care Board Programme) (R5)	A	Reports to SMT and through to Board via Strategy updates	G
Overall Strength		A		G

D) We have actually received these POSITIVE ASSURANCES...

Add actual assurances recevied that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.

CONTROL	ASSURANCE	EVIDENCE
C1	Continuous high performance against national Emergency access standard (R1)	Performance reporting
C2	Primary Care engagement with Locality Projects - Cardiology, Dermatology, Ophthalmology, Diabetes and Paediatrics (R1).	SMT (Transformation) reporting and updates to Board
C3	Full community and primary care engagement (R2&3)	SMT (Transformation) reporting and updates to Board
C4	Dorset designated as a wave one ICS (R1-5)	ICS Memorandum of Understanding and shared collaborative agreement

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...

E.g. No surgial safety checklist in place (gap in control) or hand hygene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.

ISSUE 1		ACTION
C3	Delayed Discharges - above national ambition (R3)	Implementation of national template for weekly reporting of delayed PTL. Executive challenge panel established July 2019
ISSUE 2		**ACTION**
C1	Emergency Department capacity (R1)	Business case development for investment in progress.
ISSUE 3		**ACTION**

BOARD ASSURANCE FRAMEWORK - REVIEW OF STRATEGIC RISKS WE ARE SEEKING TO CONTROL

REF	STRATEGIC OBJECTIVE	Risk		Rating
3	**Collaborative:** We will work with all our partners across Dorset to co-design and deliver efficient and sustainable patient centred outcome focussed services.			
		Strength of controls		G
		Strength of assurance		G

A) Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Failing to deliver services which have been co-designed with patients and partners	NL	3	3	**9**	6
R2	Not being at the centre of an integrated care system, commissioned to achieve the best outcomes for our patients and communities	PM	3	3	**9**	6
R3	Failure to play an integral role to MDT working leading to unsustainable services and poor outcomes	AH	3	2	**6**	6
R4	Workforce planning consequences across the system are not fully considered which de-stabilises individual organisation's workforce	MW	3	2	**6**	4
R5	Not achieving a Dorset wide integrated electronic shared care record	SS	3	4	**12**	9

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	**CONTROL**	**RAG**	**REPORTING MECHANISM**	**RAG**
C1	Patient and Public engagement as part of transformation framework, with Trust Transformation lead and team trained in service improvement; plus Patient Experience lead in place; Communications team link with CCG for public consultations and engagement events where relevant (R1)	A	Senior Management Team (SMT), Executive Management Team (EMT), Patient Experience Group (PEG) - via CCG , Health Oversight and Scrutiny Committee, Healthwatch, special interest groups	A
C2	CEO Leadership role in SPB, SRO for UECB and broader membership of SLT meetings including leading on the Dorset Clinical Networks and LMS (R2)	A	SMT (Transformation) meeting minutes and updates to Board via Strategy Update	A
C3	All improvement programmes (Elective Care Recovery and Sustainability Programme) (R2)	G	SMT (Transformation) meeting minutes and updates to Board via Strategy Update	G
C4	Divisions supported by the Transformation Team (DCH) integral part of Locality and service redesign meetings (R3)	G	SMT Meeting updates and escalation to Execs and Board where pplicable	G
C5	Investment in DCH workforce planning team. DWAB resourced Dorset wide workforce planning capacity to co-ordinate (R4).	G	Regular reports considered at DWAB and escalated to Workforce Committee	G
C6	Dorset Care Record project lead is the Director of Informatics at Royal Bournemouth Hospital. Project resources agreed by the Dorset Senior Leadership Team. Project structure in place overseen by Dorset CCG Director of Transformation. (R5)	G	Reports to the Dorset System Leadership Team. Updates provided to Dorset Operation and Finance Reference Group and the Dorset Informatics Group.	A
Overall Strength		A		A

D) We have actually received these POSITIVE ASSURANCES...

Add actual assurances recevied that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.

REF	ASSURANCE	EVIDENCE
C1	Learning Disabilities engagement system wide (R1)	Safeguarding Adults work plan
C2	CSR collaboration of engagement with CCG (R2)	CSR outcome publication
C3	Leadership of Project 3 (Elective Care) and Project 4 (Urgent and Emergency Care) (R2)	Minutes, exception reports
C4	Primary Care collaboration in locality projects and DHC/Primary Care collaboration in frailty pathway. (R3)	Mid-Dorset Hub/ICS Minutes

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...

E.g. No surgial safety checklist in place (gap in control) or hand hygene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.

ISSUE 1		ACTION
C1	Public engagement in all elements of developments is not embedded and requires strengthening strategies to deliver this	Communciaiton Team, Head of PALS/Complaints and Transformation team to build and embed processes to deliver patient and public engagement
ISSUE 2		**ACTION**
C2	No independent assurance on controls in place for the Dorset Care Record (R5)	Progress reported through the Dorset Informatics Group. DCH input is progressing well but other partners are behind their milestones.
ISSUE 3		**ACTION**

BOARD ASSURANCE FRAMEWORK - REVIEW OF STRATEGIC RISKS WE ARE SEEKING TO CONTROL

REF	STRATEGIC OBJECTIVE	Risk		Rating
4	**Enabling. Empowering Staff.** We will engage with our staff to ensure our workforce is empowered and fit for the future			
		Strength of controls		G
		Strength of assurance		A

A) Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Not achieving a staff engagement score in the top 20% nationally	MW	2	4	**8**	6
R2	Not benefitting from the successful delivery of our People Strategy	MW	4	2	**8**	6
R3	Failure to deliver flexible and appropriate support service models	Exec team	3	4	**12**	9
R4	Not being an exemplar site for clinical research and innovation	AH	2	2	**4**	9
R5	Loss of training status for junior doctors	MW	4	1	**4**	4
R6	Lack of medical leadership in senior management positions	AH	3	4	**12**	9

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	**CONTROL**	**RAG**	**REPORTING MECHANISM**	**RAG**
C1	Appointment of OD Manager to focus on Organisational Culture. Diversity and Inclusion/ Wellbeing Manager appointed to provide a dedicated resource to this agenda. Divisional champions to be identifed to ensure local action plans developed and discussed. (R1)	A	Quarterly Family & Friends test results reported to the Workforce Committee. Staff Survey action plan presented to Board. Review of Equality & Diversity associated issues at Equality & Diversity Steering Board.	A
C2	People Strategy approved at May 2018 Trust Board. (R2)	G	Workforce committee formed October 2018 to consider and report progress against people Strategy.	G
C3	Better Value Better Care Group provides model hospital overview. Proposal to establish SLAs and performance measures for support services. (R3)	A	Proposal to establish SLAs and performance measures for support services	A
C5	Strong clincal research and innovation programme (R4)	G	Reports to the Quality Committee	G
C6	Medical training activity and issues reviewed by the Director of Medical Education at the Medical Education Committee. Escalation through to the Resourcing Operations Group, and FPC as necessary. (R5)	G	Medical Education update provided at Workforce Commitee. GMC junior doctor survey presented to board annually.	G
C7	Ensure a clinical leadership program is in place and appropriate delegates attending. (R6)	G	Reporting through Workforce Committee	G
Overall Strength		G		A

D) We have actually received these POSITIVE ASSURANCES...

Add actual assurances recevied that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.

CONTROL	ASSURANCE	EVIDENCE
C1	Appointment now in place. Staff survey promoted appropriately and launch of staff recognition scheme (R1).	Confirmation of appointment
C2	Assurance provided through Board agreement of the refreshed People Strategy. Progress updates to be provided regularly to the Workforce Committee (R2).	Trust Board approved People Strategy in May 2018. Updates to be reported to Workforce Committee on a regular basis.
C3	Wide ranging risk. Model hospital and corporate benchmarking information will assist with assurance (R3).	Benchmarking information
C5	Recognition via nominations and awards within Research networks (R4)	Wessex CRN awards 2019

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...

E.g. No surgical safety checklist in place (gap in control) or hand hygiene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.

ISSUE 1		**ACTION**
C1	Poor responses to the quarterly Staff Family and Friends test do not provide assurance of staff engagement (R1).	Focus on annual staff survey action plans. Review current people strategy.
ISSUE 2		**ACTION**
C2	Medical engagement continues to be hard to guage. Recently formed Medical Engagament Forum too early to assess impact (R2).	Review effectivement of Medical Engagement Forum in 6 months. Consider engagement as part of the communication strategy review.
ISSUE 3		**ACTION**
C3	No clear metrics to determine appropriateness of support services, meaning assurance is limited (R3).	n/a
ISSUE 4		**ACTION**
C6	Gap in workforce reporting to highlight medical leadership vacancies (R6)	Include clinical leadership as part of talent management review

BAF

BOARD ASSURANCE FRAMEWORK - REVIEW OF STRATEGIC RISKS WE ARE SEEKING TO CONTROL

REF	STRATEGIC OBJECTIVE	Risk		Rating
5	**Sustainable: Productive, effective and efficient.** We will ensure we are productive, effective and efficient in all that we do to achieve long-term financial sustainability	Strength of controls		A
		Strength of assurance		R

A) Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Not returning to financial sustainability, with an operating surplus of 1% and self sufficient in terms of cash	PG	4	4	**16**	12
R2	Failing to be efficient as outlined in the Model Hospital	PG	3	3	**9**	9
R3	Not generating 25% more commercial income with an average gross profit of 20%	NJ	2	5	**10**	8
R4	Not using our estate efficiently and flexibly to deliver safe services	PG	4	3	**12**	12
R5	Failure to secure sufficient funding to ensure financial sustainability	PG	4	4	**16**	12

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	CONTROL	RAG	REPORTING MECHANISM	RAG
C1	The Board approved a financial sustainability strategy in Sept 17. The Director of Finance and Resources is leading on the implementation of the strategy. The Transformation Team is supporting the delivering of key work streams in the strategy. (R1)	R	The Better Value Better Care Group oversee the implementation of the financial savings. The Senior Management Team receive regular updates on the Transformation Programme. Regular reports received by the Finance and Performance Committee and the Board.	R
C2	Model hospital metrics accessible to service areas. Regular reports and opportunities identified by the Better Value Better Care Group (R2)	G	Reports on opportunities and risk discussed by the Better Value Better Care Group and reported up to the Senior Management Team and the Finance and Performance Committee.	G
C4	Commercial Board reviews income against metrics, overseen by Better Value Better Care Group (R3)	G	Financial reporting mechanisms at commercial board and the Better Value Better Care Group	A
C3	Model hospital will provide information on the efficient use of our estate. (R4)	G	Reports on opportunities and risk discussed by the Better Value Better Care Group and reported up to the Senior Management Team and the Finance and Performance Committee.	A
C5	Estates team look at compliance with statutory requirements and identify risks and mitigating actions (R4)	A	The Authorising Engineers which the Trust appoint, are independent and ensure that safe systems of work and inspection regimes are in place and carried out in accordance with the legislative requirements	G
C6	Six facet survey undertaken in Q2 of 19/20 to identify backlog maintenance levels and investment requirements. (R4)	A	Capital Planning Group review the 6 facet survey and capital investment required. This is reported to the Senior Management Team, Finance and Performance Committee and Board of Directors for approval.	A
C7	The Trust is part of the Dorset Finance Colloborative Agreement to ensure that funds and control totals are amended across the system (R5)	A	Formal reporting of Dorset wide position to the Dorset Operations and Finance Reference Group.	R
Overall Strength		A		R

D) We have actually received these POSITIVE ASSURANCES...

Add actual assurances received that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.

CONTROL	ASSURANCE	EVIDENCE
C1	Internal audit reports on financial controls. (R1) and (R2).	BDO audit reports
C2	Model hospital information provides the information on our level of efficiency. (R2)	Model Hospital
C3	Estates Benchmarking (ERIC) return confirms efficient use of estate with opportunities in waste management (R2)	Estates Benchmarking (Eric) Return

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...

E.g. No surgical safety checklist in place (gap in control) or hand hygiene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.

ISSUE 1		ACTION
C1	(R1) No formal report discussed at the Better Value Better Care Group on the financial sustainability strategy or reported up to the Senior Management Team and Finance and Performance Committee.	(R1) Regular reports to the Senior Management Team and Finance and Performance Committee to be provided on implementation of the Financial Sustainability Strategy.
ISSUE 2		**ACTION**
C5	(R4) No independent assurance on compliance with statutory estates legislation	(R4) This was considered within the 2019/20 Internal Audit plan but not prioritised.
ISSUE 3		**ACTION**
C1	(R1) There is a risk we do not have the resource to make all of the transformation change happen timely.	An internal audit of the transformation programme was undertaken and reported to the November 2018 Audit and Risk Committee

		LIKELIHOOD SCORE				
		1	2	3	4	5
CONSEQUENCE SCORE		Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic		5	10	15	20	25
4 Major		4	8	12	16	20
3 Moderate		3	6	9	12	15
2 Minor		2	4	6	8	10
1 Negligible		1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

0 - 4	Very low risk
5 - 9	Low risk
10 -14	Moderate risk
15 – 19	High risk
20 - 25	Extreme risk

Likelihood score (L)

The Likelihood score identifies the likelihood of the consequence occurring.

A frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur 1 in 3 years	Do not expect it to happen/recur but it is possible it may do so 1 every year	Might happen or recur occasionally 1 every six months	Will probably happen/recur but it is not a persisting issue 1 every month	Will undoubtedly happen/recur,possibly frequently 1 every few days

Identifying Risks

The key steps necessary to effective identify risks from across the organisation are:

a) Focus on a particular topic, service area or infrastructure
b) Gather information from different sources (eg complaints, claims, incidents, surveys, audits, focus groups)
c) Apply risk calculation tools
d) Document the identified risks
e) Regularly review the risk to ensure that the information is up to date

Scoring & Grading

A standardised approach to the scoring and grading risks provides consistency when comparing and prioritising issues.
To calculate the Risk Grading, a calculation of **Consequence (C)** x **Likelihood (L)** is made with the result mapped against a standard matrix.

Consequence score (C)
For each of the five main domains, consider the issues relevant to the risk identified and select the most appropriate severity scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column. This provides five domain scores.

DOMAIN C1: SAFETY, QUALITY & WELFARE

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality /audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Gross failure to meet national standards

DOMAIN C2: IMPACT ON TRUST REPUTATION & PUBLIC IMAGE

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Complaints	Informal complaint/inquiry	Formal complaint (stage 1) Local resolution	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review)	Multiple complaints/ independent review	Inquest/ombudsman inquiry

DOMAIN C3: PERFORMANCE OF ORGANISATIONAL AIMS & OBJECTIVES

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >1 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

DOMAIN C4: COMPLIANCE WITH LEGISLATIVE / REGULATORY FRAMEWORK

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Statutory duty/ Inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required inadequateperformance rating Severely critical report

DOMAIN C5: FINANCIAL IMPACT OF RISK OCCURING

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

The average of the five domain scores is calculated to identify the overall consequence score

(C1 + C2 + C3 + C4 + C5) / 5 = C

Safe Staff Return November

	Day				Night				Day		Night					
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Ward name	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Abbotsbury Short Stay Surgical Unit	1691.25	1621.75	1090.5	1326	660	1023.5	660	627	95.9%	121.6%	155.1%	95.0%	717	3.7	2.7	6.4
Barnes	1234.5	1127.25	1511	1300	660	682	858	956	91.3%	86.0%	103.3%	114.4%	662	2.7	3.4	6.1
Critical Care Unit	2183.75	2168	345.25	294.75	2070	2154	0	52	99.3%	85.4%	104.1%		176	24.6	2.0	26.5
Day Lewis	1432	1360.75	1098.25	1311	660	680.17	660	638	95.0%	119.4%	103.1%	96.7%	638	3.2	3.1	6.3
Fortuneswell	903.5	1073.5	722.5	878	660	682	330	506	118.8%	121.5%	103.3%	153.3%	432	4.1	3.2	7.3
Ilchester Intergrated Assessment Unit	1729.5	2137.75	1373.25	1699.75	1380	1759.5	1380	1755	123.6%	123.8%	127.5%	127.2%	859	4.5	4.0	8.6
Kingfisher	1430.5	1358	583	466	1035	1017	345	345	94.9%	79.9%	98.3%	100.0%	302	7.9	2.7	10.5
Lulworth	1802.25	1759.62	1460.5	1355	1001.5	1080	990	946	97.6%	92.8%	107.8%	95.6%	842	3.4	2.7	6.1
Maternity	2911.25	2504	1504.5	1292.67	2275	660	2100	576.25	86.0%	85.9%	89.0%	87.4%	343	9.2	5.4	14.7
Maud Alex	1184.75	1185.25	768	758	1035	1035	345	346	100.0%	98.7%	100.0%	100.3%	441	5.0	2.5	7.5
Moreton	1353	1306	1471.5	1504	660	689.5	990	1073	96.5%	102.2%	104.5%	108.4%	647	3.1	4.0	7.1
Prince of Wales	1384.5	1399.5	734.5	684.5	660	662.5	330	352.25	101.1%	93.2%	100.4%	106.7%	385	5.4	2.7	8.0
Purbeck	1608	1614	1475	1334	660	693	990	979	100.4%	90.4%	105.0%	98.9%	740	3.1	3.1	6.2
Ridgeway	1594.5	1536.7	1169	1420.6	660	671.5	780	780	96.4%	121.5%	101.7%	100.0%	650	3.4	3.4	6.8
SCBU	720.5	805	372	315	660	669	330	297	111.7%	84.7%	101.4%	90.0%	121	12.2	5.1	17.2
Stroke Unit	1434.5	1401.5	1080	1344.75	660	727	660	814	97.7%	124.5%	110.2%	123.3%	572	3.7	3.8	7.5

Exception report: Most areas have been running on additional beds due to demand across the trust. Supervisory ward Sisters have been used to supplement staffing required, and temporary staffing has been authorised where required to ensure patient safety. Night duties have been prioritised for additional staffing due to lower staffing levels at night.

Dorset County Hospital
NHS Foundation Trust

Title of Meeting	Board of Directors
Date of Meeting	29 January 2020
Report Title	Medical Revalidation Progress Report (Annual)
Author	Julie Doherty, Responsible Officer
Responsible Executive	Alistair Hutchison, Medical Director

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

The purpose of this report is to demonstrate to the Board that the Trust continues to meet all statutory duties in relation to medical revalidation.
This is the bi-annual report covering the period of 1 April 2019 – 30 September 2019.

Summary

Robust systems continue to remain place to ensure that our statutory duties relating to medical revalidation are being adequately discharged. Revalidation progress reports are provided to the Board on a bi-annual basis.

Paper Previously Reviewed By

N/A

Strategic Impact

All the elements of medical revalidation have been designed to facilitate quality improvement, which is required in order for the Trust to achieve its key strategic objectives.

Risk Evaluation

Analysis of the appraisal and revalidation results has assisted in identifying key areas of concern and potential risk.

Impact on Care Quality Commission Registration and/or Clinical Quality

Medical revalidation is one of the mechanisms used to provide assurance of clinical quality.

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

No specific implications relating to the contents of the paper.

Financial Implications

No specific implications relating to the contents of the paper.

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

TRUST BOARD PAPER

MEDICAL REVALIDATION PROGRESS REPORT

JANUARY 2020

1.0 Purpose

1.1 The purpose of this report is to demonstrate to the Board that the Trust continues to meet all statutory duties in relation to medical revalidation.

1.2 The data within this report relates to the revalidation activity during quarters 1 and 2 of 2019/20 (1 April 2019 – 30 September 2019)

2.0 Introduction

2.1 All licensed doctors are required to revalidate every five years by demonstrating fitness to practice based on the 4 main core standards of medical practice, as detailed in the General Medical Council (GMC) Good Medical Practice Guide.

2.2 Dr Julie Doherty, Deputy Medical Director, undertakes the role of Responsible Officer (RO) for the Trust. The Trust also has a nominated Appraisal Lead which is held by Dr Joseph Illes, Consultant Radiologist.

2.3 The mechanism used to assess suitability for revalidation is the appraisal process. The compliance rate for medical appraisals averaged at 92.20% in September.

2.4 98 doctors were successfully appraised during this period.

3.0 Progress with appraisal & revalidation

3.1 The number of clinicians who had a prescribed connection with the Trust for the purposes of medical revalidation as at 30 September 2019 was 244 (current number at time of report = 223)

3.2 39 of the 39 doctors were due to be revalidated between 1 April and 30 September 2019.
Revalidated = 36
Deferred = 03
Non-Engagement recommendations = 0

3.3 The divisions continue to face a challenge of having a sufficient number of trained and practising appraisers to accommodate the annual appraisals for all clinicians. Our current total number of appraisers is 33 of which 1 is shortly leaving the Trust, 1 is on maternity leave due back February 2020 and 1 is on sabbatical due back June 2020, leaving 30 some of which are part-time and undertake between 3, 4 or 5 appraisals. Against the number required (39), this leaves a shortfall of 9. However, we have 4 doctors undertaking appraiser training on 09/01/2020.

The divisional split is as follows:

Urgent and Integrated Care division = 12
Family and Surgical Services division = 21

The appraisal & revalidation team recommend that departments with >/= 6 consultants should allocate time within the consultant job planning for at least 1 consultant appraiser. We would also like divisions to encourage & support SASG doctors to become medical appraisers.
Updates to the Medical Appraisal Policy in relation to short term and As & When contract holders, alongside departments being asked to take on more responsibility & accountability for medical appraisal are hoped to be further measures to improve medical appraisal rates at DCHFT.

3.4 The Trust continues to support new and existing clinicians in the completion of appraisal training which is provided externally. Consultant & SASG job planning is expected to positively impact this area due to accurate recording of PA allocation for undertaking appraisals as per the Medical Appraisal policy. The Responsible Officer, Appraisal Lead and workforce department review the position of appraiser numbers on a monthly basis, liaising with the Divisional Managers and Directors when further action may be required.

4.0 Progress with Board Revalidation Action Plan (see action plan at appendix 1)

5.0 Assurance

5.1 The Responsible Officer is currently undertaking a review of the Medical Appraisal and Revalidation policy making a number of changes to ensure the policy and associated processes remain up to date, robust and fit for purpose. The policy will be discussed at the Local Negotiating Committee in the New Year.

5.2 The revalidation process is continuous. Revalidation progress reports are provided to the Board on a bi-annual basis and the next progress report is due to be submitted in July 2020; this coincides with the South West Revalidation report submissions.

5.3 The Trust completes quarterly revalidation returns to NHSE Revalidation South West.

5.4 The Trust currently has a 0.6 FTE B4 Revalidation Administrator. This is significantly less resource in terms of both hours and banding in comparison to other neighbouring Trusts. Additional support would support QA processes; easing the burden of appraisal on Doctors when collating and providing mandatory training / risk / complaints and compliment supporting information. Consideration will be made to the submission of a business case.

Revalidation ACTION PLAN (relating to Board Report 2018-20)

Area for development for DCHFT as RO service provider	Action	Responsibility	Timescale	Assurance	Progress (as at 5 Dec 2019)
1. Improve appraisal rates (in line with peers)	i) Liaison with DD's, CD's and DM's to identify potential appraisers with agreed remuneration & resourced time for appraisers. ii) Meeting to be scheduled between RO / MD and Director of HR / Deputy Director HR to discuss contract for doctors at DCHFT (relating to appraisal requirements) iii) Review arrangements for acceptance of a prescribed connection and appraisal scheduling for short term contract / As &When Drs iv) Liaison with Care Group leads to	RO with DD & DM RO / MD / Director HR RO / Revalidation administrator with HR advisor Appraisal Lead / CDs and service managers with HR	Quarterly monitoring in line with NHSE returns	Appraiser to doctor ratio nearer 1:6 Improving appraisal rates	i)Liaison with DD's & DM's ongoing to try to recruit more appraisers. 3 new appraisers who have undertaken training, however 1 appraisers have relinquished this role. ii &iii)Meeting held with outcome to determine minimum number of hours of work our peer Trusts require in order to accept a prescribed connection and offer an annual appraisal should a Drs appraisal anniversary fall within their time of employ at DCHFT. Discussions

		improve their monitoring of medical appraisal rates – with proposal to introduce RAG table	admin support			affirmed the contractual requirement for annual appraisal. No agreement or decision to take forward at DCHFT at this time the action implemented at some other Trusts to withhold pay if appraisal not completed within 28 days of appraisal anniversary. iv)To be scheduled
2. Strengthening the clinical governance and QA arrangements for locum and As & When contract holders	i) ii) iii)	Appraisal lead with RO and HR to explore the use of locum exit forms. Introduce requirement for contract holder to meet with clinical lead and engage in local educational and clinical governance programme- e.g. via 'contract of expectations' Review of contract to consider introduction of a minimum period	i) RO & Appraisal lead making enquiries within Regional RO network. ii) DD's and DM's with CD's / clinical leads iii) HR (deputy director and medical HR advisor)	i) Oct 2019 ii) Oct 2019 iii)Jan 2020	Locum exit form in use Agreed & signed contract of expectations at start of post Attendance records at educational / CG sessions Employment contract update	MPIT generally RO to RO whereas we would like a form signed by a consultant or clinical supervisor that the locum can use within their portfolio. MPIT to be used if significant concerns arise. Awaiting template locum exit forms from NHSE/I ii)Update to medical Appraisal Policy

	of work per 6 or 12 month contract to support revalidation				in progress. Contract of Expectation to be drawn up. Discussion to be held at Quarterly Appraiser meeting Jan2020 & at Care Group CG meetings iii)Links with discussion at 1ii)
Strengthen the governance & QA processes for appraisal & Revalidation	Introduction of an RO Advisory or Revalidation Governance Group (RGG)at DCHFT. TOR for such groups available via Regional network.	RO with Board / HR support	Jan 2020	ROAG (RGG) TOR / minutes	Meeting held between Chairman of Board, MD and RO. Potential lay member identified Next steps: RO to finalise TOR for a RGG. RO & Exec team liaison to agree expenses reimbursement for lay member
Consider how to improve the QA of case investigation and peer support to case investigators and case managers when responding to concerns about doctors	i) Review the QA processes & support for case investigation & management in place at DCHFT ii) Compile a list of trained case investigators and	Deputy Director HR	June 2020	Audit of case investigation & management Buy in to NHS Resolution resources (if agreed)	HR team compiling list of trained case investigators & case managers The Trust has commissioned PPA (formally NCAS) to

	managers iii) Liaise with neighbouring RO to determine interest in sharing resources and peer support	RO			provide some onsite Case Investigator training in March 2020.
I confirm that the action plan above has been discussed and agreed with my Board or equivalent	*Responsible officer - Signature & Date* *10/09/19(discussed and accepted by Board 31July 2019)* 				

Title of Meeting	**Board of Directors**
Date of Meeting	**4 February 2020**
Report Title	**Guardian of Safe Working Annual Report**
Author	**Mr Kyle Mitchell, Guardian of Safe Working**
Responsible Executive	**Alastair Hutchison, Medical Director**

Purpose of Report (e.g. for decision, information) For information	
Summary The Guardian is required to report to the Board on a quarterly basis and this report adheres to the nationally agreed Board report template and that of the Lead Employer template. This report is the quarterly report covering the period October 2019 – December 2019; the additional month will allow future reports to be aligned to the financial year.	
Paper Previously Reviewed By SMT – January 2020	
Strategic Impact Junior Doctors are central to the Trust being able to achieve its key strategic objectives. Their service provision enables DCHFT to deliver its core functions. The 2016 contract is essential to help maintain their training requirements and the safety of their working environment	
Risk Evaluation Analysis of the data summarised within this report will assist in identifying key areas of concern and potential risk.	
Impact on Care Quality Commission Registration and/or Clinical Quality The Guardian of Safe Working role is one of the mechanisms within the 2016 contract introduced to provide assurance of safety and clinical quality.	
Governance Implications (legal, clinical, equality and diversity or other): No specific implications relating to the contents of the paper.	
Financial Implications Potential risk associated with payment due to excess hours worked. The divisions need to implement a robust system for administering time back in lieu to prevent the risk of fines.	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	a) Continue Board level support for Exception Reporting process. b) Support recruitment to improve resilience in medical rotas. c) Support the development of posts to enable the recruitment of Physicians Associates and Clinical Assistants. c) Provide support for engagement with the BMA Fatigue & Facilities Charter.

Title of Meeting	**Board of Directors**
Date of Meeting	**4 February 2020**
Report Title	**Quarterly Guardian Report on Safe Working House: Doctors in Training (October 2019 – December 2019)**
Author	**Mr Kyle Mitchell, Guardian of Safe Working**

1 Introduction

Production of this report is a requirement of the 2016 Junior Doctor Contract (*2016 Contract*) and is the route through which the guardian will provide the required assurance to junior doctors, the Trust Board, Health Education England and the General Medical Council.

This report is the quarterly report covering the period October 2019 – December 2019.

The five pillars of the 2016 Contract are:

- Doctors in training now have a process for reporting safety concerns in the workplace which we can then ensure reach senior management.
- They now have work schedules that describe their working patterns more clearly than before.
- They should exception report if they work beyond their scheduled hours.
- The most serious breaches of safe working limits should lead to fines for the employing organization.
- A Junior Doctor Forum should be established to discuss work and training issues and to decide how these fine monies should be spent.

2 Overview

- Number of training post (total): 160 Whole Time Equivalents (WTE).
- Number of Doctors in Training (*Doctors*) (total): 149.1 WTE.
- All doctors in post at Dorset County Hospital (DCH) have now transitioned to the 2016 Contract Terms & Conditions of Service.

3 Exception reporting

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- 87 Exception Reports (ERs) were submitted this quarter by 22 different doctors.
    - 80% related to additional hours worked.
    - 10% missed educational opportunities.
    - 5% inadequate service support.
    - 4% pattern of work.
    - 1% missed breaks.

- Frequency of reports is variable between specialties.
  - Acute Medicine, Elderly Care, Cardiology and Urology account for 72% of ERs
- Frequency of reporting varies greatly between individual doctors (See Appendix 6)
  - 128 doctors submitted no ERs
  - All ERs in this quarter were submitted by 22 doctors (15% of the workforce)
  - Three doctors were responsible for submission of 47%
- Submitted record of overtime hours is frequently erroneous (in 18% of ERs). Efforts to improve effective use of the ER electronic submission portal this will improve usefulness of ER data.
- 85 hours of overtime work was recognized due to ERs submitted in this quarter.
- Time of in lieu (TOIL) was agreed in 72% of ERs; payment was provided for 27%.
  - The GoSW has expressed that the default resolution should be by TOIL.
  - DCH figures compare favorably with external data.
- Detailed breakdown by department, grade, rota and response time provided in Appendix 1.

4 Immediate safety concerns:

One Exception Report submitted during this period was indicated to represent an Immediate Safety Concern and was immediately reported to divisional director and manager.
This was generated due to a shortage of doctors on Ilchester Ward during a period of high patient throughput. Subsequent investigation confirmed the shortage had been recognised, anticipated and prior efforts had been taken to mitigate it. This fell short of avoiding a safety concern all together but did permit learning and reflection. Reliance on locum medical staffing was identified as a contributing factor.

5 Work schedule reviews

Three work schedule reviews were undertaken in this reporting period; two in Orthopaedics and one within Elderly Care.

6 Vacancies

During this period there was an average of 11.03 training grade vacancies. This is an increase upon the last quarter at 9.02. Details are found within Appendix 4.

7 Locum bookings

Appendix 3 provides data on the total locum agency bookings and bank spend in the first two months of the reporting quarter. The majority of agency locum shifts were booked to cover gaps in the rota due to ongoing vacancies.

8 Fines

- Fines have previously been levied when doctors in training:
  - Exceed a 48 hour average weekly working limit
  - Exceed the contractual limit of a maximum of 72 hours worked within any consecutive 7-day period
  - Get rest between resident shifts is less than 8 hours

  - Miss meal breaks on more than 25% of occasions.
- 2019 updates to the 2016 Contract see additional fines when;
  - The non-resident on-call (NROC) overnight continuous rest is less than five hours between 22:00 and 07:00.
  - The maximum shift length exceeds 13 hour.
  - The rest between resident shifts is less than 11 hours.
  - The total rest per 24-hour NROC shift is less than 8 hours.
- No Fines were levied in this quarter, nor have been levied since the start of the new contract at DCH.
  - Fines are levied at 4 times the normal NHS locum pay for a role with the junior doctor receiving 1.5 times normal hourly pay and the GoSW responsible for distribution of the remainder
  - NHS Employers state that “fines should never happen if the system of work scheduling and exception reporting is working correctly”.
  - Vacancies and rota gaps, pressure of work, new finable circumstances and increased engagement with exception reporting together make it highly likely that fines will be levied in the future.
  - Any fine levied should be followed by an investigation into why it was necessary, and remedial action to ensure it does not happen again.

9 Junior Doctor Contractual issues arising during this quarter

- Transition to the 2019 negotiated changes to the 2016 Contract for Doctors in Training
  - As previously reported, a number of changes to the original contract have been agreed between the BMA and NHSE. Transitional arrangements for implementation run Aug 2019 – Aug 2020.Full implementation of the 2019 contract updates can be delayed by up to six months but this is only with the support of the clinical directorate; the Junior Doctor Forum (JDF), and the Guardian of Safe Working.
  - The only application to delay transitional arrangements has been from the Emergency Department. This application was approved by the JDF on 29/11/2019. As no specific safety concerns related to this delayed transition have been raised, this application was supported by the GoSW 13/12/2019.

10 Resources supporting compliance with 2016 JDC

- Job planning to recognize formal roles:
  - Guardian of Safe Working: 1PA per week
  - Educational Supervisors: 0.125 PA per week
  - Names Clinical Supervisors: 0.125 PA per week
- Regular scheduled administrative support provided to the Guardian from Workforce department.
- Bimonthly Junior Doctor Forum chaired by Chief Registrar with representation of SMT, Clinical Divisions, Director on Medical Education, Workforce and GoSW
- Chief Registrar role with 1 day per week reduction in clinical commitments

11 Summary

All junior doctors working at DCHFT are provided with rotas that comply with the 2016 Contract. All junior doctors have access to Exception Report any significant or regular variation between work schedule and hours worked.

Common themes across exception reports are ongoing high volumes of inpatient workload; acute deterioration of the sickest patients; and gaps in rotas exacerbating a stretched workforce.

All exception reports raised are being dealt with in line with the T&Cs of the junior doctor contract. With the ongoing support of the SMT, Trust Board and working alongside the DME and BMA reps, the aim of the GoSW is to continue to work to improve the working lives of, and training environment experienced by, doctors in training at DCH.

QUARTERLY GUARDIAN REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING

Appendix 1 – Exception Reports by department, grade and rota

Exception reports by department					
Specialty	No. exceptions carried over from last report July-Sept	No. exceptions carried over from last report that remain open July-Sept	No. exceptions raised Oct-Dec	No. exceptions closed Oct-Dec	No. exceptions outstanding Oct-Dec
Paediatrics	0	0	2	2	0
Obstetrics & Gynaecology	0	0	0	0	0
ENT	0	0	0	0	0
Urology	7	0	16	16	0
Colorectal/Breast	1	0	0	0	0
Colorectal/Upper GI/Vascular	0	0	4	4	0
Orthopaedics	0	0	7	7	0
Anaesthetics	0	0	0	0	0
Anaesthetics ICU	0	0	0	0	0
Haematology	1	0	2	2	0
Histopathology	0	0	0	0	0
A&E	0	0	0	0	0
Acute Medicine	0	0	19	18	1
Elderly Care	5	0	17	14	3
Stroke	0	0	0	0	0
Clinical Oncology	0	0	2	2	0
Cardiology	5	0	14	10	4
Respiratory	0	0	0	0	0
Renal	0	0	1	1	0
Gastroenterology	2	0	3	3	0
Diabetes & Endocrinology	0	0	0	0	0
Adult Psychiatry	0	0	0	0	0
General Psychiatry	0	0	0	0	0
General Practice	2	0	0	0	0
Total	**23**	**0**	**87**	**79**	**8**

Exception reports by grade					
Specialty	No. exceptions carried over from last report July-Sept	No. exceptions carried over from last report that remain open July-Sept	No. exceptions raised Oct-Dec	No. exceptions closed Oct-Dec	No. exceptions outstanding Oct-Dec
F1	15	0	58	55	3
F2	3	0	7	7	0
CT1-2/ST1-2	5	0	20	15	5
ST3-8	0	0	2	2	0
Total	**23**	**0**	**87**	**79**	**8**

Exception reports by rota					
Specialty	No. exceptions carried over from last report July-Sept	No. exceptions carried over from last report that remain open July-Sept	No. exceptions raised Oct-Dec	No. exceptions closed Oct-Dec	No. exceptions outstanding Oct-Dec
Paediatrics ST3-8	0	0	2	2	0
Paediatrics FY2/GPVTS	0	0	0	0	0
Obstetrics & Gynaecology FY2/ST1-2	0	0	0	0	0
Obstetrics & Gynaecology ST3-8	0	0	0	0	0
General Surgery FY2/CT1/2/GPVTS	0	0	2	2	0
General Surgery ST3-8	0	0	0	0	0
Orthopaedics ST3-8	0	0	0	0	0
Anaesthetics CT1-2	0	0	0	0	0
Anaesthetics ICU CT1-2	0	0	0	0	0
Anaesthetics ICM FY2	0	0	0	0	0
Anaesthetics ST3-8	0	0	0	0	0
Haematology ST3-8	0	0	0	0	0
Histopathology ST1-2	0	0	0	0	0
A&E FY2/GPVTS	0	0	0	0	0
General Medicine FY2/CT1/2/GPVTS	6	0	20	19	1
CMT/GPVTS Cardiology	0	0	4	0	4
CMT – FW Clinical Oncology	0	0	0	0	0
General Medicine ST3-8	0	0	0	0	0
ST3+ Cardiology	0	0	0	0	0
GPVTS Palliative Care	0	0	0	0	0
GPVTS – GP	0	0	0	0	0
FY2 General Practice (AHAH – Med On Call)	0	0	0	0	0
FY2 AHAH	0	0	0	0	0
FY2 GP – Med On Call	2	0	0	0	0

FY2/CT Gastro	0	0	1	1	0
FY1 CAMHS (Gen Adult)	0	0	0	0	0
FY1 Geriatric/Stroke	0	0	4	2	2
FY1 Respiratory	0	0	0	0	0
FY1 Renal	0	0	0	0	0
FY1 Acute Internal Medicine	0	0	17	16	1
FY1 Cardiology	5	0	10	10	0
FY1 Gastroenterology	2	0	2	2	0
FY1 Colorectal/UGI	0	0	4	4	0
FY1Urology	7	0	16	16	0
FY1 ENT	0	0	0	0	0
FY1 Breast/Vascular	1	0	0	0	0
FY1Orthopaedic	0	0	5	5	0
Paediatric FY1	0	0	0	0	0
FY1 Adult Psychiatry (Surgical on call)	0	0	0	0	0
FY1 Child & Adolescent Psychiatry (Orthopaedic On call)	0	0	0	0	0
Total	**23**	**0**	**87**	**79**	**8**

Standard Exception Reports - response time			
	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	26	32	3
F2	4	3	0
CT1-2 / ST1-2	9	11	5
ST3-8	1	1	0
Total	**40**	**47**	**8**

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

Appendix 2 – Work schedule reviews by grade and department

Work schedule reviews by grade	
F1	0
F2	2
CT1-2 / ST1-2	1
ST3+	0

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

Appendix 3 - Locum agency bookings and bank usage

Please see separate spreadsheets entitled:

1. **Locum bank booking data**
2. **Medical agency spend and full rate**

Bank usage - Bank hours worked by medical staff are not recorded centrally as there is currently no rostering system in place for medical staff. The following table sets out spend for each department and grade; this is indicative of the amount of bank activity in each area.

DIVISION A	**£97,467.62**	**£123,020.06**	**£131,933.57**
CONSULTANT BANK	**£27,747.15**	**-£4,812.40**	**£13,837.60**
EMERGENCY MEDICINE	£4,603.85	£0.00	£0.00
CHEMICAL PATHOLOGY	£0.00	£1,896.60	£0.00
HISTOPATHOLOGY	£23,143.30	-£6,709.00	£13,837.60
SPECIALTY DOCTOR BANK	**£2,695.82**	**£7,244.36**	**£6,134.38**
GENERAL (INTERNAL) MEDICINE	£1,165.03	£6,365.58	-£1,165.03
EMERGENCY MEDICINE	£0.00	£0.00	£5,749.73
PALLIATIVE MEDICINE	£1,530.79	£878.78	£1,549.68
GENERAL PRACTITIONERS BANK	**£48,920.52**	**£105,221.17**	**£99,120.45**
GENERAL (INTERNAL) MEDICINE	£0.00	£206,933.00	£58,622.00
GP DOCTORS IN TRAINING	£34,737.39	-£114,422.13	£31,470.17
GENERAL MEDICAL PRACTITIONER	£14,183.13	£12,710.30	£9,028.28
SPECIALTY TRAINEE BANK	**£3,678.70**	**£7,728.50**	**£8,547.83**
GENERAL (INTERNAL) MEDICINE	£2,700.63	£7,728.50	£8,547.83
EMERGENCY MEDICINE	£978.07	£0.00	£0.00
FOUNDATION YEAR 2 BANK	**£14,425.43**	**£7,638.43**	**£4,293.31**
GENERAL (INTERNAL) MEDICINE	£14,425.43	£7,638.43	£4,293.31

DIVISION B	**£101,615.64**	**£61,457.52**	**£56,325.77**
CONSULTANT BANK	**£24,051.23**	**£25,400.78**	**£26,109.09**
ANAESTHETICS	£1,920.38	£1,463.83	£2,563.70
TRAUMA AND ORTHOPAEDIC SURGERY	£0.00	£0.00	£2,400.29
PAEDIATRICS	£4,417.70	£13,606.52	£1,118.67
DERMATOLOGY	£3,290.65	£1,739.35	£0.00
CLINICAL NEUROPHYSIOLOGY	£3,078.94	£1,829.52	£11.87
LOCUM CLINICAL RADIOLOGY	£10,076.56	£10,076.56	£10,076.56
YEOVIL DISTRICT HOSP NHS FT	£3,315.00	-£3,315.00	£9,938.00
LOCUM OTOLARYNGOLOGY	-£2,048.00	£0.00	£0.00
STAFF GRADE BANK	**£2,570.67**	**£2,570.66**	**£2,570.67**
YEOVIL DISTRICT HOSP NHS FT	£2,570.67	£2,570.66	£2,570.67
SPECIALTY DOCTOR BANK	**£41,534.58**	**-£2,411.53**	**£7,500.00**
ANAESTHETICS	£30,373.18	-£8,293.30	£0.00
GENERAL SURGERY	£0.00	£2,968.17	£0.00
OTOLARYNGOLOGY	£13,673.40	£0.00	£0.00
POOLE HOSPITAL NHS FT	-£2,512.00	£0.00	£7,500.00
OBSTETRICS AND GYNAECOLOGY	£0.00	£2,913.60	£0.00

SPECIALTY TRAINEE BANK	**£31,828.97**	**£33,855.28**	**£18,511.71**
ANAESTHETICS	£2,374.95	£0.00	£0.00
GENERAL SURGERY	£16,738.78	£18,557.41	£15,577.79
UROLOGY	£3,951.38	£4,891.14	£0.00
TRAUMA AND ORTHOPAEDIC SURGERY	£8,763.86	£852.75	£1,912.76
PAEDIATRICS	£0.00	£2,405.61	£1,021.16
OBSTETRICS AND GYNAECOLOGY	£0.00	£7,148.37	£0.00
FOUNDATION YEAR 2 BANK	**£1,630.19**	**£2,042.33**	**£1,634.30**
TRAUMA AND ORTHOPAEDIC SURGERY	£1,630.19	£2,042.33	£1,634.30

Appendix 4 – Medical training grade vacancies

Department	Grade	Rotation Dates	October	November	December	Average Q3
Paediatrics	ST3	Sept 18 to Sept 19	0	0	0	0
Paediatrics	ST4+	Sept 18 to Sept 19	0.4	0.4	0.4	0.4
O&G	ST1	Oct 18 to Oct 19	0	0	0	0
O&G	ST3+	Oct 18 to Oct 19	0.4	0.4	0.4	0.4
Surgery	CT1	Aug 18 to Aug 19	0	0	0	0
Surgery	CT2	Aug 18 to Aug 19	0	0	0	0
Surgery	ST3+	Oct 18 to Oct 19	1	1	1	1
Orthopaedics	ST3+	Sept 18 to Sept 19	0	0	0	0
Anaesthetics	CT1/2	Aug 18 to Aug 19	0	0	0	0
Anaesthetics	ST3+	Aug 18 to Aug 19/Feb19 - Feb 20	0.2	0.2	0.2	0.2
Medicine	CT1/2	Aug 18 to Aug 19	0	0	0	0
Medicine COE	ST3+	Mar 19 to Mar 20	0	0	0	0
Medicine Diab/Endo	ST3+	Aug 18 to Aug 19	0	0	0	0
Medicine Gastro	ST3+	Sept 18 to Sept 19	1	1	1	1
Medicine Resp	ST3+	Aug 18 to Aug 19	0	0	0	0
Medicine Cardio	ST3+	Feb 19 to Feb 20	0	0	0	0
Medicine Renal	ST3+	Aug 18 to Aug 19	0	0	0	0
Heamatology	ST3+	Sept 18 to Sept 19	0.4	0.4	0.4	0.4
Med/Surg	FY1	Aug 18 to Aug 19	0	0	0	0
Med/Surg	FY2	Aug 18 to Aug 19	0	0	0	0
GPVTS	ST1	Aug 18 to Aug 21	4.4	4.4	4.4	4.4
GPVTS	ST2	Aug 17 to Aug 20	1.2	1.2	1.2	1.2
GPVTS	ST3	Aug 18 to Aug 19	1.5	2.3	2.3	2.03
			10.5	11.3	11.3	11.03

Appendix 5 – Fines levied by Department and Cumulative Total

Fines by department		
Department	Number of fines levied	Value of fines levied
Paediatrics	0	0
Obstetrics & Gynaecology	0	0
ENT	0	0
Urology	0	0
Vascular	0	0
Breast	0	0
Upper GI	0	0
Colorectal	0	0
Orthopaedics	0	0
Anaesthetics	0	0
Anaesthetics ICU	0	0
Orthodontics	0	0
Ophthalmology	0	0
Haematology	0	0
Histopathology	0	0
A&E	0	0
Acute Medicine	0	0
Elderly Care	0	0
Stoke	0	0
Clinical Oncology	0	0
Cardiology	0	0
Respiratory	0	0
Renal	0	0
Gastroenterology	0	0
Diabetes & Endocrinology	0	0
Adult Psychiatry	0	0
General Psychiatry	0	0
General Practice	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
0	0	0	0

Appendix 6 – Frequency of submission of Exception Reports

Number of exception reports	Number of doctors
0	128
1	6
2	7
3	3
4	1
5	1
6	0
7	1
8	0
9	0
10	0
11	0
12	0
13	1
14	2

Title of Meeting	DCHFT Board of Directors
Date of Meeting	4 February 2020
Report Title	Fortuneswell Pharmacy Annual Report 2018/19
Author	Andrew Prowse – DCH SubCo, Director of Pharmacy
Responsible Director	Matthew Rose – DCH SubCo, Chairman

Purpose of Report (e.g. for decision, information) To provide an annual report of the activities and financial performance of the Trusts subsidiary company, DCH SubCo, Ltd following the first year of trading.
Summary In April 2018, DCH SubCo Ltd, under the trading name of Fortuneswell Pharmacy, commenced trading. Fortuneswell Pharmacy has dispensed all medicines for chemotherapy outpatients for DCHFT over the previous 12 months. This has led to a significant improvement in patient experience with waiting times significantly reducing compared to the previous service provided through the Hospital Pharmacy. Clinical risk has also been reduced with all chemotherapy prescriptions being clinically verified by a specialist trained Pharmacist in accordance with national (BOPA) standards.
Paper Previously Reviewed By DCH SubCo Board Financial and Performance Committee, December 2019
Strategic Impact This new development supports the Dorset County Hospital NHS Foundation Trust's strategy to improve the patient experience, integrate its services, diversify income streams and adopt a more commercial and flexible approach to delivery of its support services.
Risk Evaluation The key risks are ensuring the Fortuneswell Pharmacy is operating correctly that the patient benefits have been delivered.
Impact on Care Quality Commission Registration and/or Clinical Quality Clinical quality has been improved. The Outpatient Pharmacy has reduced clinical risk as all oral chemotherapy prescriptions are now clinically verified by a Specialist Pharmacist. This is in accordance with British Oncology Pharmacy Association (BOPA) National standards.
Governance Implications (legal, clinical, equality and diversity or other): The Fortuneswell Pharmacy is a wholly owned subsidiary (WOS) of the Trust being a separate company overseen by a Board of Directors. Dorset County Hospital NHS Foundation Trust is the sole shareholder and reserves shareholder rights.
Financial Implications

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

Recommendations	It is recommended that the Board: a) Note the activities and financial performance of DCH SubCo Ltd.

Fortuneswell Pharmacy Annual Quality Performance Report 18/19

Andrew Prowse
Pharmacy Director
December 2019

INTRODUCTION

DCHFT established a wholly owned subsidiary company, DCH SubCo Ltd, and in April 2018 commenced trading as Fortuneswell Pharmacy. The Pharmacy is located within the Fortuneswell Unit and provides a Pharmacy service for all Cancer patients. This paper provides a summary of the patient benefits.

BACKGROUND

Previously, the Hospital Pharmacy department dispensed for some outpatients in addition to providing a broad range of other services. This is led to a poor patient experience as patients had to wait on average up to 45-60 minutes for their prescription. A dedicated outpatient service was required and following an options appraisal it was agreed to set up a Wholly Owned subsidiary company and trading as Fortuneswell Pharmacy commenced in April 2018.

The new Outpatient Pharmacy has been located in Fortuneswell Unit in the North Wing on level 2 in what was the phlebotomy office. This area measures approximately 11m^2 (3.36m^{2}x3.10m^2). See appendix 1.

The key benefits anticipated in the original business case were as follows:

- Improved patient experience
- Reduced clinical risk
- Deliver efficiency savings

All these benefits have been realised and in some case over achieved.

ACTIVITY

Dispensing activity has averaged 1,000 items per month, or approximately 45 items per day.
There has been a limited amount of service expansion, with 1 neurology patient, and the tolvaptan service being taken over by Fortuneswell Pharmacy during the year.

QUALITY SCORECARD

Measure	Target Performance			2018/9 Performance
	Green	Amber	Red	
Rate of dispensing errors detected post issue	<1.0%	1.0 – 2.0%	>2.0%	0.05%
Time responsible pharmacist absent	<45 mins/month	45 – 90 mins/month	>90 mins/month	0 mins/month
Availability of medicines	>98%	96 – 98%	<96%	98.6%
MHRA recall assurance	100%		<100%	100%
Mosaiq advance prescriptions prepared the day in advance of collection	>90%	80 – 89.9%	<80%	82.9%
Waiting prescriptions completed in 30mins or less	>95%	80 – 94.9%	<80%	93.2%
Waiting prescriptions completed in 20mins or less	>80%	65 – 79.5%	<65%	88.0%
Number of complaints	1 or less/qtr	1-2 per qtr	>2 per qtr	0
Controlled Drugs Management	100%		<100%	100%

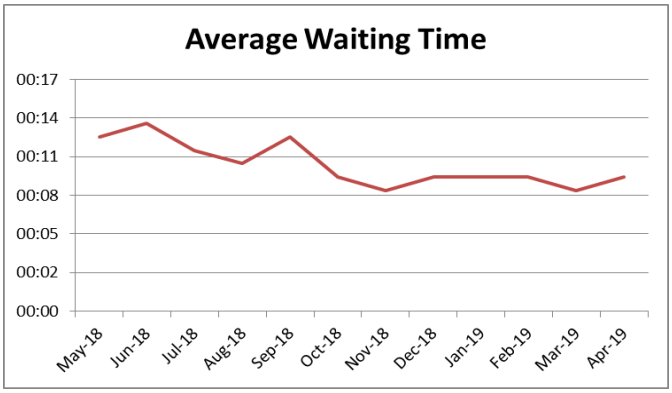
PATIENT BENEFITS

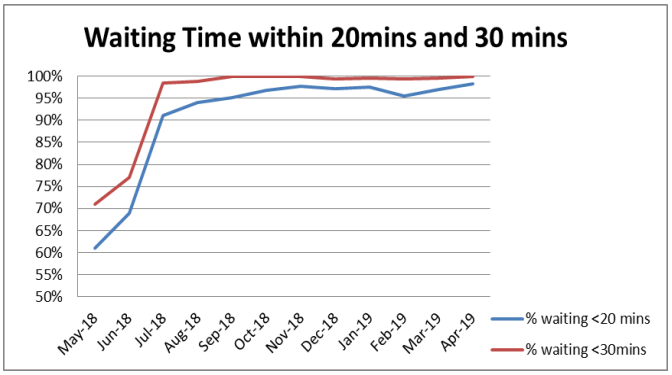
Reduced waiting times

Waiting times at DCH for oncology and haematology outpatients were on average 45-60 minutes prior to the opening of Fortuneswell Pharmacy.

The target set for Fortuneswell Pharmacy was to reduce waiting times to less than 30 minutes for 95% of patients, and to less than 20 minutes for 80% of patients.

The new designated Cancer Outpatient Pharmacy facility has vastly improved the patient experience. The average waiting time for oral chemotherapy outpatient prescriptions processed through the Fortuneswell Pharmacy is 10 minutes, 98.3% of prescriptions were complete within 20minutes and 100% of prescriptions complete within 30minutes.



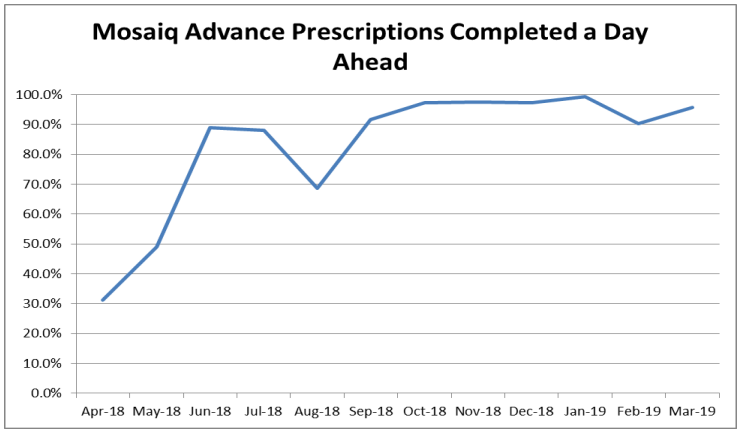


More prescriptions completed in advance

The majority of dispensing activity being processed through Fortuneswell Pharmacy is planned. Most patients are either booked outpatient treatment in the Fortuneswell Chemotherapy Unit, or are on long-term treatment managed through outpatient clinics.

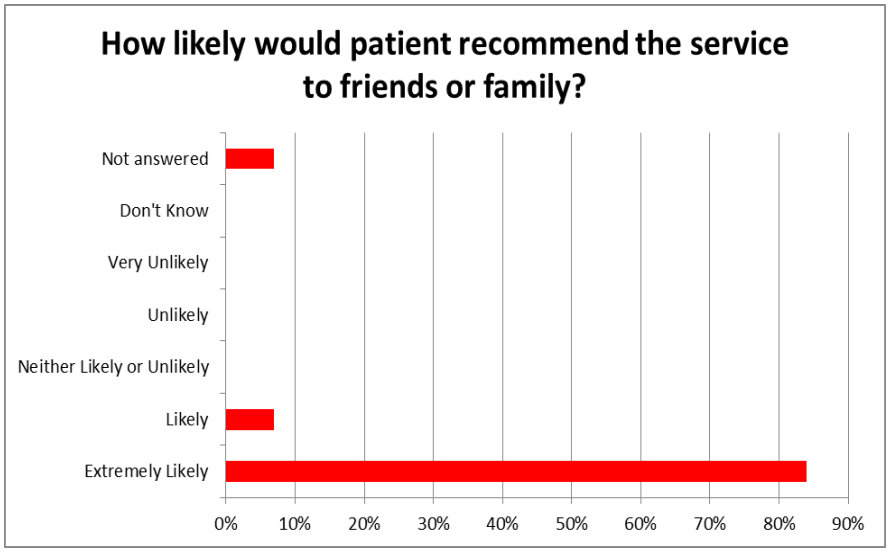
For many of these patients, a prescription is available in advance of the appointment. Fortuneswell Pharmacy endeavours to complete as many of these prescriptions the day before the patient attends as possible. This benefits the patient by eliminating waiting time whilst the prescription is dispensed, and also ensures stock availability for the patient's prescription.

This was a major change in practice to the way these prescriptions were managed previously by DCH pharmacy, and it took time to implement the procedures for dispensing in advance, and managing the quarantine of items awaiting prescriber authorisation or valid blood test results. Logistically, the workload to get into the position of completing all the current day work and starting some of the next day work also took some time to achieve. However, working ahead now means that the burden of work for the current day is reduced, and also benefits those patients who present with a prescription can also be handled quicker as the work streams of current and future day work can be separated and streamlined.

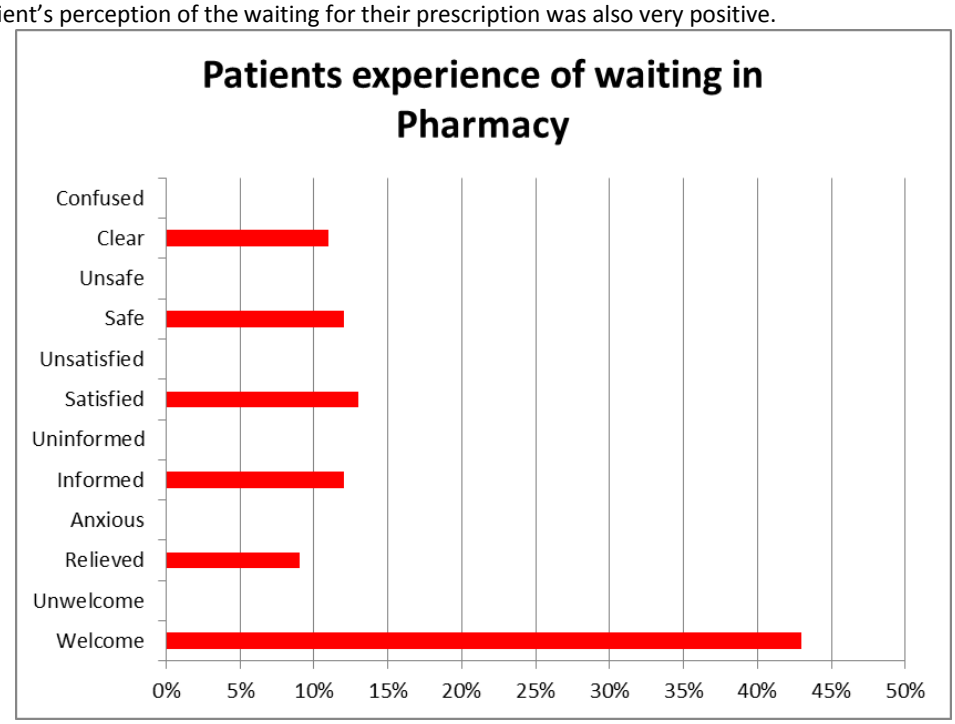


Patient satisfaction

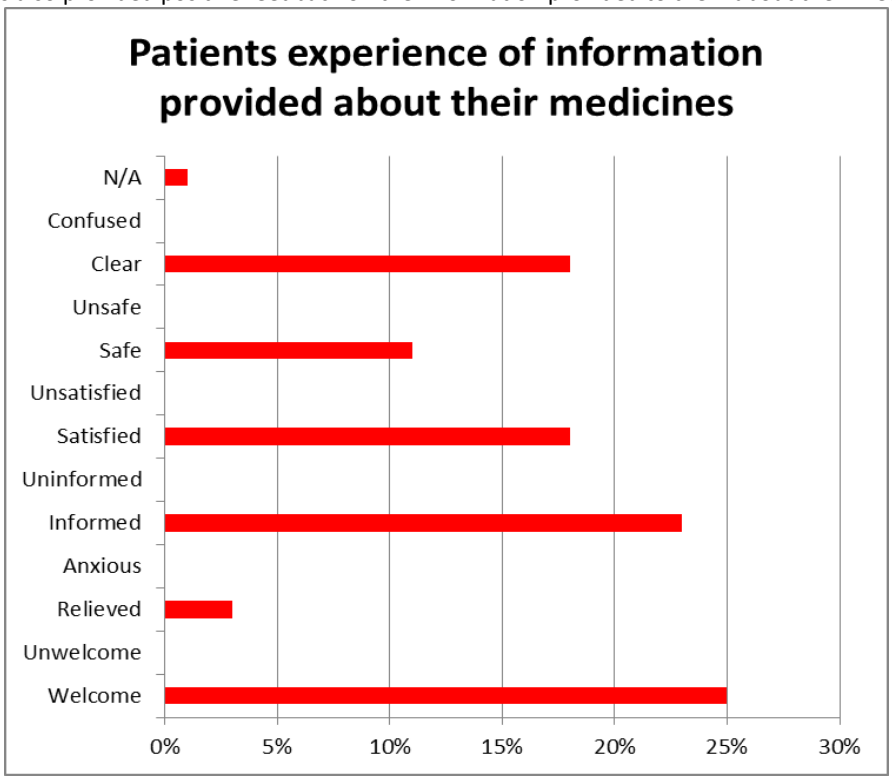
The patient experience survey has shown that 91% of patients would be extremely likely or likely to recommend the service to friends of family.



Patient's perception of the waiting for their prescription was also very positive.



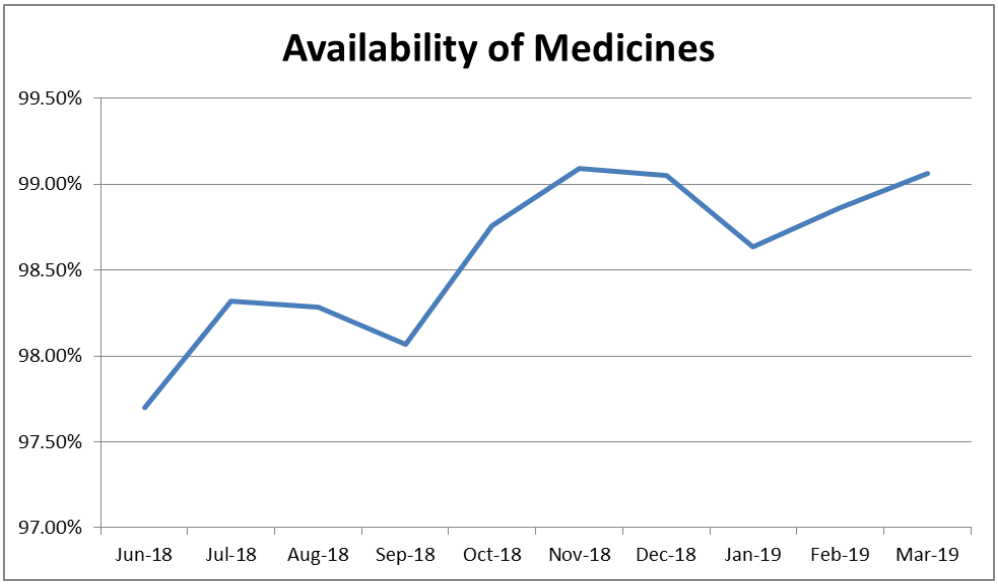
Patients also provided positive feedback on the information provided to them about their medicines



There have been no complaints received from patients in relation to the new Fortuneswell Pharmacy.

Improvement in stock availability

A patient spreadsheet has been developed to track when patients are due for high-cost low-volume drugs. This enables the pharmacy team to predict demand for low usage drugs and to order in advance of the patient presenting with their prescription. General stock holding has also been reviewed and stock levels adjusted to reflect prescribing patterns.



Clinical risk

Previously, all oral chemotherapy prescriptions were clinically verified (checked) by non-specialist (generalist) Pharmacists with supported training and procedures (SOPs). However, this did not meet the British Oncology Pharmacy Association (BOPA) National standards for clinical verification of chemotherapy prescriptions which state they should be verified by 'Specialist' chemotherapy Pharmacists.

With the new Outpatient Pharmacy, all oral chemotherapy prescriptions are now clinically verified by a Specialist Pharmacist and thus reduce the clinical risk to patients receiving incorrect oral chemotherapy.

Fortuneswell Pharmacy is a registered Pharmacy with the General Pharmaceutical Council (GPhC) and was inspected on 14th September 2018 and was rated as Satisfactory for the premise standards for registered pharmacies. The inspector noted good governance performance noting that errors were regularly reviewed and trends identified to prevent incidents recurring. The inspector also noted that there is a clear and embedded culture of openness, honesty and learning in the Pharmacy.

The rate of dispensing errors through the Fortuneswell Pharmacy over the 12 month period was also very low at 1 in every 2,000 items dispensed (0.05%) which is very favourable against benchmarking data across the South West.

FINANCIAL PERFORMANCE

- Turnover in the financial year 2018/19 totalled £2,855,000, all of which related to income from the sale of drugs only. Interest of £1,000 was also receivable.
- After cost of sales and admin expenses of £2,750,000, this left a profit on ordinary activities before tax of £106,000.
- The corporation taxation for 2018/19 amounted to £20,000 therefore leaving a net profit after tax of £86,000.
- The anticipated level of profit in the original business case for the current level of service provision (cancer speciality only) was £80,000 full year effect.
- The SubCo had cash of £87,000 at bank and in hand as at 31 March 2019
- The forecast turnover for financial year 2019/20 is anticipated to increase to £3,104,000 from £2,855,000 in 2018/19 with the forecast profit after, cost of sales, admin expenses and tax projected to be £80,000.

AREAS FOR IMPROVEMENT

Reduction of waste

- In total there was £145 of breakages and expired stock in 2018/19 (<0.005% of medicine turnover)
- To reduce this risk further, a more robust system for monitoring expiry dates will be implemented and working in collaboration with clinicians and the Hospital Pharmacy reduce expired stock to minimal levels.

KEY RISKS

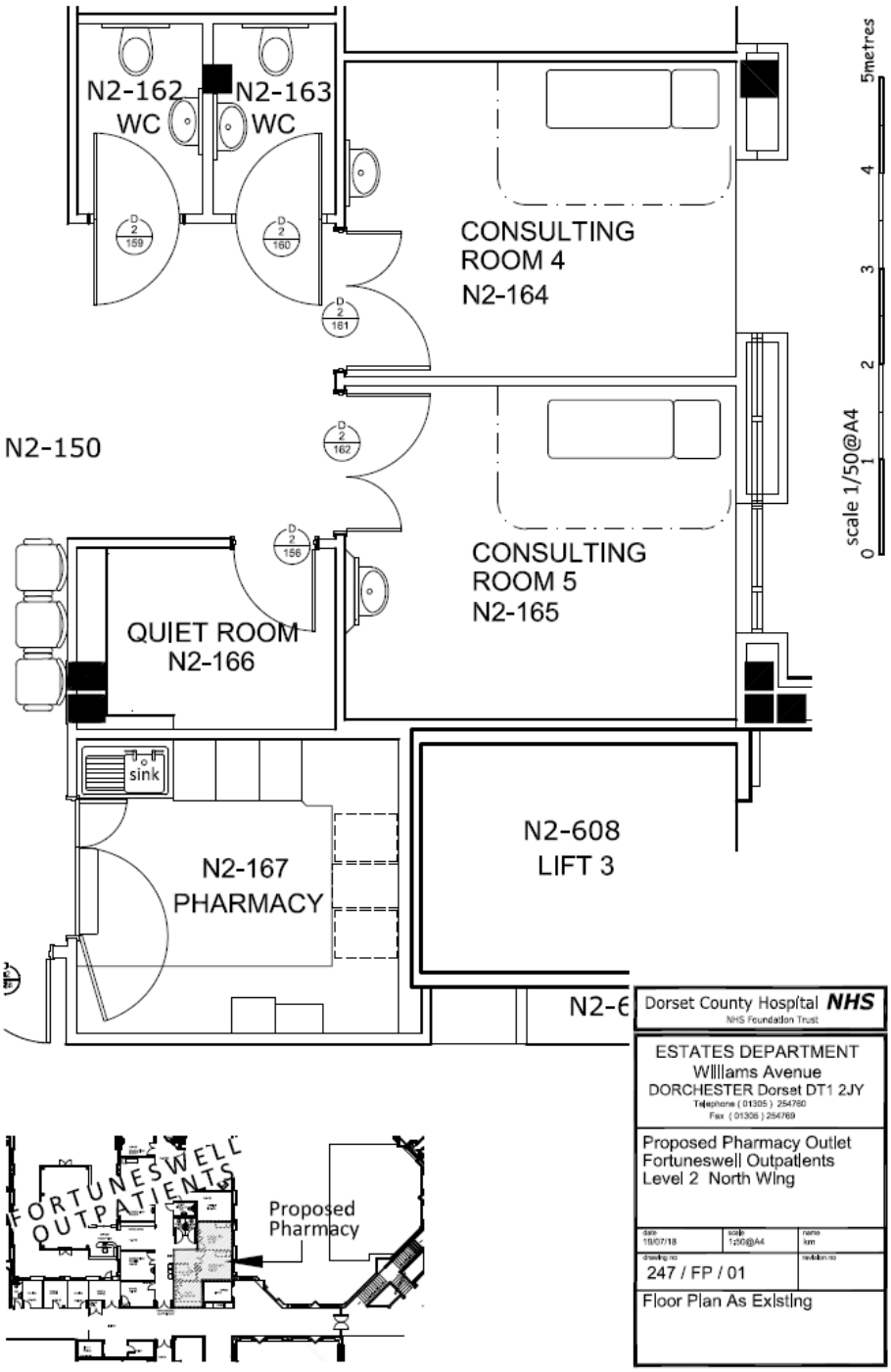
- Providing a service initially to the cancer speciality was assumed to be an interim arrangement while extended facilities were identified. The existing footprint is currently too limited for a long term sustainable model and if extended facilities are not identified, the subsidiary will probably need to cease trading otherwise risk breaching General Pharmaceutical Council (GPhC) standards for registered pharmacies (Principle 3 relating to environment and conditions of the premises).
- The European Union (EU) have launched the Falsified Medicines Directive in February 2019. This requires all medicines to verified and decommissioned against a central European Register to insure medicines being supplied are legitimate and not counterfeit. Due to the uncertainty over EU Exit, there have been delays in implementing this Directive, but Fortuneswell Pharmacy will need to be compliant within the next 12-18months. This will require some investment in additional hardware and software.

BUSINESS GROWTH OPPORTUNITIES

Currently, activity only includes dispensing for medicines in the cancer speciality. There is no frontage to the main corridor with access only possible through the Fortuneswell unit and the footprint is also very limited so existing business growth opportunities currently are very limited. In the original business case, it was anticipated that other business growth opportunities would have been realised, however, due to the very limited footprint and higher than anticipated cancer speciality activity levels, this has not been possible.

A business case is being developed to extend the existing footprint which would allow additional opportunities to include all outpatients dispensing, homecare and retail sales and insure a long term sustainable model meeting all regulatory GPhC standards for registered pharmacies.

Appendix 1: Existing Floorplan



DCH Subco Limited
Annual report and financial statements
Registered number 10805151
31st March 2019

Contents

Directors' Report

Principal Activities and Going Concern

The principal activity of the company throughout the period was to provide outpatient pharmacy services. The directors have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future, being a period of not less than 12 months from the date of this report. The directors do not foresee any liquidity issues as the company has regular cash inflows which will allow it to meet its liabilities as they fall due. For this reason, the directors have adopted the going concern basis in the preparation of the accounts.

Principal Place of Business

Dorset County Hospital NHS Foundation Trust
Williams Avenue
Dorchester
Dorset DT1 2JY

Business Review

The company was established in June 2017 and commenced trading in April 2018 and is a wholly owned subsidiary of Dorset County Hospital NHS Foundation Trust. The company's principal activity is to provide a dispensing service to the outpatients of the parent NHS organisation.

The company's revenue from dispensing drugs is entirely from the NHS parent Foundation Trust and its outpatients attending their hospital appointments, therefore there is minimal commercial or market risk with the company's principal activity.

The financial statements on pages 7 to 19 provide detailed information relating to the company, the operation of its business and the results and its financial position for the year ended 31st March 2019.

The company is governed by and compliant with all applicable pharmacy dispensing laws and regulations.

The company is trialling extended opening hours during the week days and at weekends and is also exploring expanding the service to other NHS organisations.

Directors

The directors present their report with the audited financial statements of the company for the period ended 31st March 2019.

The directors who held office during the year were as follows:

Nicholas Johnson from 1st April 2018 – 31st March 2019

Rebecca King from 1st April 2018 – 31st March 2019

Andrew Prowse from 1st April 2018 – 31st March 2019

Matthew Rose from 1st April 2018 – 31st March 2019

No director received any remuneration from the company or any interest in the share capital of the company during the period. All of the directors are either directors or employees of the parent Trust.

Political Contributions

The company made no political donations and incurred no political expenditure during the year.

Dividends

The directors did not propose or pay any dividends in the year.

Future Plans

The company will continue to provide a dispensing service to the outpatients of the parent NHS organisation.

Disclosure of information to auditor

The directors who held office at the date of approval of this directors' report confirm that, so far as they are each aware, there is no relevant audit information of which the company's auditor is unaware; and each director has taken all the steps that he/she ought to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Small Company Provisions

This report has been prepared in accordance with the provisions in section 415a of the Companies Act 2006 applicable to companies entitled to the small companies' exemption.

Company Accounts

This is the 2018/19 Annual Report and Accounts for DCH Subco Limited and members of the public will be able to access this document on the Companies House website under the registered company number.

External Auditor

Pursuant to Section 487 of the Companies Act 2006, the auditor will be deemed to be reappointed and KPMG LLP will therefore continue in office.

This report was approved by the board on 25 July 2019 and signed on its behalf.

Matthew Rose

Director

25 July 2019

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ANNUAL REPORT, THE DIRECTORS' REPORT AND THE FINANCIAL STATEMENTS

The directors are responsible for preparing the Annual Report, the Directors' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law they have elected to prepare the financial statements in accordance with UK accounting standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland.*

Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- assess the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the company and to prevent and detect fraud and other irregularities.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DCH SUBCO LIMITED

Opinion

We have audited the financial statements of DCH Subco Limited ("the company") for the year ended 31 March 2019 which comprise the statement of Comprehensive Income, Statement of Financial position, Statement of Changes in Equity and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2019 and of its profit for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the company in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The directors have prepared the financial statements on the going concern basis as they do not intend to liquidate the company or to cease its operations, and as they have concluded that the company's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the directors' conclusions, we considered the inherent risks to the company's business model, including the impact of Brexit, and analysed how those risks might affect the company's financial resources or ability to continue operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the company will continue in operation.

Directors' report

The directors are responsible for the directors' report. Our opinion on the financial statements does not cover that report and we do not express an audit opinion thereon.

Our responsibility is to read the directors' report and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the directors' report;
- In our opinion the information given in that report for the financial year is consistent with the financial statements; and
- In our opinion that report has been prepared in accordance with the Companies Act 2006.

Matters on which we are required to report by exception

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the directors were not entitled to take advantage of the small companies exemption from the requirement to prepare a strategic report.

We have nothing to report in these respects.

Directors' responsibilities

As explained more fully in their statement set out on page 3, the directors are responsible for: the preparation of the financial statements and for being satisfied that they give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

Rees Batley

Rees Batley (Senior Statutory Auditor)

for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

KPMG
66 Queen Square
Bristol
BS1 4BE
26 July 2019

REGISTERED NUMBER: 10805151 (England and Wales)

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2019

	NOTE	Year ended 31 March 2019 £'000	Period ended 31 March 2018 £'000
Turnover	2	2,855	-
Cost of Sales		(2,584)	-
Gross Profit		271	-
Administrative expenses		(166)	
Operating Profit		105	-
Interest receivable and other similar income		1	-
Profit on Ordinary Activities Before Taxation		106	-
Taxation	16	(20)	-
Profit on Ordinary Activities After Taxation		86	-
Other Comprehensive Income		-	-
Total Comprehensive Income for the year		86	-

The notes on pages 10 to 19 form part of these accounts

REGISTERED NUMBER: 10805151 (England and Wales)

STATEMENT OF FINANCIAL POSITION AT 31 MARCH 2019

	NOTE	31 March 2019 £'000	31 March 2018 £'000
Fixed Assets			
Tangible assets	5	7	-
		7	-
Current Assets			
Stocks	6	174	-
Debtors	7	56	-
Cash at bank and in hand	8	87	-
		317	-
Creditors: Amounts falling due within one year	9	(237)	-
Net Current Assets		80	-
Total Assets Less Current Liabilities		87	-
Creditors: Amounts falling due after more than one year	9	(1)	-
Net assets		86	-
Financed by			
Capital and Reserves			
Called up share capital	10	-	-
Profit and loss account		86	-
Total Equity		86	-

The notes on pages 10 to 19 form part of these accounts

These financial statements on pages 7 to 19 were approved by the board of directors on 25 July 2019 and were signed on its behalf by

Matthew Rose
Director
25 July 2019

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 MARCH 2019

	Called up share capital £'000	Profit and loss account £'000	Total equity £'000
Equity at 1 April 2018	-	-	-
Total comprehensive income for the year			
Profit for the year	-	86	86
	-	86	86
Equity at 31 March 2019	-	86	86
Equity at 6 June 2017	-	-	-
Profit for the period	-	-	-
Total comprehensive income for the period	-	-	-
Equity at 31 March 2018	-	-	-

NOTES TO THE ACCOUNTS

1. Accounting Policies

DCH Subco Limited (the "Company") is a company limited by shares and incorporated and domiciled in the UK.

These financial statements were prepared in accordance with Financial Reporting Standard 102. The Financial Reporting Standard applicable in the UK and Republic of Ireland ("FRS 102") as issued in August 2014. The amendments to FRS 102 issued in July 2015 and effective immediately have been applied. The presentation currency of these financial statements is sterling. All amounts in the financial statements have been rounded to the nearest £1,000.

The Company's parent undertaking, Dorset County Hospital NHS Foundation Trust, includes the Company in its consolidated financial statements. The consolidated financial statements of Dorset County Hospital NHS Foundation Trust are prepared in accordance with International Financial Reporting Standards as adopted by the EU and are available to the public and may be obtained from Dorset County Hospital NHS Foundation Trust, Williams Avenue, Dorchester, Dorset DT1 2JY. In these financial statements, the company is considered to be a qualifying entity (for the purposes of this FRS) and has applied the exemptions available under FRS 102 in respect of the following disclosures:

Key Management Personnel compensation.

The Company proposes to continue to adopt the reduced disclosure framework of FRS 102 in its next financial statements.

In these financial statements, the company is considered to be a qualifying entity (for the purposes of this FRS) and has applied the exemptions available under FRS 102 in respect of the following disclosures:

- the requirements of Section 4 Statement of Financial Position paragraph 4.12(a)(iv):
- the requirements of Section 7 Statement of Cash Flows:
- the requirements of Section 3 Financial Statement Presentation paragraph:
- the requirements of Section 33 Related Party Disclosures paragraph 33.7.

The accounting policies set out below have, unless otherwise stated, been applied consistently to all periods presented in these financial statements.

Judgements made by the directors, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are discussed in 1.12

1.1 Measurement Convention/Going Concern

The financial statements are prepared on the historical cost basis and on a going concern basis.

Going Concern

The directors have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future, being a period of not less than 12 months from the date of this report. The directors do not foresee any liquidity issues as the company has regular cash inflows which will allow it to meet its liabilities as they fall due. Therefore these financial statements are prepared on a going concern basis.

Notes to the Accounts – 1. Accounting Policies (Continued)

1.2 Classification of financial instruments issued by the Company

In accordance with FRS 102.22, financial instruments issued by the Company are treated as equity only to the extent that they meet the following two conditions:

(a) they include no contractual obligations upon the company to deliver cash or other financial assets or to exchange financial assets or financial liabilities with another party under conditions that are potentially unfavourable to the company; and

(b) where the instrument will or may be settled in the company's own equity instruments, it is either a non-derivative that includes no obligation to deliver a variable number of the company's own equity instruments or is a derivative that will be settled by the company's exchanging a fixed amount of cash or other financial assets for a fixed number of its own equity instruments.

To the extent that this definition is not met, the proceeds of issue are classified as a financial liability. Where the instrument so classified takes the legal form of the company's own shares, the amounts presented in these financial statements for called up share premium account exclude amounts in relation to those shares

1.3 Basic financial instruments

Trade and other debtors/creditors

Trade and other debtors are recognised initially at transaction price less attributable transaction costs. Trade and other creditors are recognised initially at transaction price plus attributable transaction costs. Subsequent to initial recognition they are measured at amortised cost using the effective interest method, less any impairment losses in the case of trade debtors. If the arrangement constitutes a financing transaction, for example if payment is deferred beyond normal business terms, then it is measured at the present value of future payments discounted at the market rate of instrument for a similar debt instrument.

Interest-bearing borrowings classified as basic financial instruments

Interest-bearing borrowings are recognised initially at the present value of future payments discounted at a market rate of interest. Subsequent to initial recognition, interest-bearing borrowings are stated at amortised cost using the effective interest method, less any impairment losses.

Cash and cash equivalents

Cash and cash equivalents comprise cash balances.

1.4 Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation and accumulated impairment losses. Where parts of an item of tangible fixed assets have different useful lives, they are accounted for as separate items of tangible fixed assets, for example land is treated separately from buildings.

Leases in which the Company assumes substantially all the risks and rewards of ownership of the leased asset are classified as finance leases. All other leases are classified as operating leases. Leased assets acquired by way of finance lease are stated on initial recognition at an amount equal to the lower of their fair value and the present value of the minimum lease payments at inception of the lease, including any incremental costs directly attributable to negotiating and arranging the lease. At initial recognition a finance lease liability is recognised equal to the fair value of the leased asset or, if lower, the present value of the minimum lease payments. The present value of the minimum lease payments is calculated using the interest rate implicit in the lease. Lease payments are accounted for as described

Notes to the Accounts – 1. Accounting Policies (Continued)

at 1.10 below. The company assesses at each reporting date whether tangible fixed assets (including those leased under a finance lease) are impaired.

Depreciation is charged to the profit and loss account on a straight-line basis over the estimated useful lives of each part of an item of tangible fixed assets. Leased assets are depreciated over the shorter of the lease term and their useful lives. The estimated useful lives are as follows:

- information technology 5 years

Depreciation methods, useful lives and residual value are reviewed if there is an indication of a significant change since the last annual reporting data in the pattern by which the company expects to consume an asset's future economic benefits

1.5 Stocks

Stocks are stated at the lower of cost and estimated selling price less costs to complete and sell.

1.6 Impairment excluding stocks

Financial assets (including trade and other debtors)

A financial asset not carried at fair value through profit or loss is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Non-financial assets

The carrying amounts of the Company's non-financial assets, other than stocks, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset.

1.7 Employee benefits

Defined contribution plans and other long term employee benefits

A defined contribution plan is a post-employment benefit plan under which the company pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution pension plans are recognised as an expense in the profit and loss account in the periods during which services are rendered by employees.

1.8 Provisions

A provision is recognised in the balance sheet when the Company has a present legal or constructive obligation as a result of a past event, that can be reliably measured and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are recognised at the best estimate of the amount required to settle the obligation at the reporting date.

Notes to the Accounts – 1. Accounting Policies (Continued)

1.9 Revenue Recognition

Revenue comprises the value of goods supplied during the period to external customers and other group companies to the extent that there is a right to receive consideration and is recorded at the fair value of consideration received or receivable excluding value added tax.

All revenue is attributable to one class of business and arose in the United Kingdom.

1.10 Expenses

Operating lease

Payments (excluding costs for services and insurance) made under operating leases are recognised in the profit and loss account on a straight-line basis over the term of the lease unless the payments to the lessor are structured to increase in line with expected general inflation; in which case the payments related to the structured increases are recognised as incurred. Lease incentives received are recognised in profit and loss over the term of the lease as an integral part of the total lease expense.

Interest receivable and Interest payable

Interest payable and similar charges include interest payable, finance charges on shares classified as liabilities and finance leases recognised in profit and loss using the effective interest method, unwinding of the discount of provisions, and net foreign exchange losses that are recognised in the profit and loss account (see foreign currency accounting policy).

Other interest receivable and similar income includes interest receivable on funds invested.

Interest income and interest payable are recognised in profit and loss as they accrue, using the effective interest method. Dividend income is recognised in the profit and loss account on the date the company's right to receive payments is established. Foreign currency gains and losses are reported on a net basis.

1.11 Taxation

Tax on the profit and loss for the year comprises current and deferred tax. Tax is recognised in the profit and loss account except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the balance sheet date, and any adjustment to tax payable in respect of previous years.

Deferred tax is provided on timing differences which arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in the financial statements. The following timing differences are not provided for: differences between accumulated depreciation and tax allowances for the cost of a fixed asset if and when all conditions for retaining the tax allowances have been met; and differences relating to investments in subsidiaries, to the extent that it is not probably that they will reverse in the foreseeable future and the reporting entity is able to control the reversal of the timing difference. Deferred tax is not recognised on permanent differences arising because certain types of income or expense are non-taxable or are disallowable for tax or because certain tax charges or allowances are greater or smaller than the corresponding income or expense.

Deferred tax is provided in respect of the additional tax that will be paid or avoided on difference between the amount at which an asset (other than goodwill) or liability is recognised in a business combination and deferred tax is measured at the tax rate that is expected to apply to the reversal of the related difference, using tax rate enacted or substantively enacted at the balance sheet date. Deferred tax balances are not unrelieved

Notes to the Accounts – 1. Accounting Policies (Continued)

tax losses and other deferred tax assets are recognised only to the extent that is it probable that they will be recovered against the reversal of deferred tax liabilities or other future profits.

1.12 Accounting estimates and judgements

In the application of the Company accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

As the company does not have a significant asset base and most business is either transacted in cash or with its parent, Dorset County Hospital NHS Foundation Trust, it is not considered that there are any critical accounting judgements required in preparing the Company's accounts.

Key sources of estimation uncertainty

There are no key assumptions concerning the future, or other key sources of estimation uncertainty at the balance sheet date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

Notes to the Accounts

2. Turnover

	Year ended 31 March 2019	Period ended 31 March 2018
	£'000	£'000
Sales of Goods	2,855	-
Total turnover	2,855	-
By activity:		
Sale of Drugs	2,855	-
Sale of Retail Items	-	-
	2,855	-

3. Auditor's remuneration

	Year ended 31 March 2019 £'000	Period ended 31 March 2018 £'000
Audit of these financial statements	4	-

4. Staff numbers and costs

	Year ended 31 March 2019 Total Number	Period ended 31 March 2018 Total Number
Other	2	-
Total	2	-

The aggregate payroll costs of these persons were as follows:

	Total £'000	Total £'000
Salaries and wages	55	-
Social security costs	5	-
Contributions to defined contribution plans	2	-
Total Net Staff Costs	62	-

Notes to the Accounts

5. Tangible assets

	Buildings excluding dwellings £'000	Information Technology £'000	Total £'000
Gross cost at 1 April 2018	-	-	-
Other acquisitions	-	8	8
Gross cost at 31 March 2019	-	8	8
Accumulated depreciation at 1 April 2018	-	-	-
Depreciation charge for the year	-	(1)	(1)
Accumulated depreciation at 31 March 2019	-	(1)	(1)
Net book value at 31 March 2019	-	7	7

6. Stocks

	31 March 2019 £'000	31 March 2018 £'000
Raw materials and consumables	174	-
	174	-

Notes to the Account

7. Debtors

	Total 31 March 2019 £'000	Total 31 March 2018 £'000
Current		
Other Debtors	54	-
Prepayments and accrued income	2	-
	56	-

8. Cash and Cash equivalents

	31 March 2019 £'000	31 March 2018 £'000
Cash at bank and in hand	87	-
	87	-

9. Creditors

Creditors: amounts falling due within one year	31 March 2019 £'000	31 March 2018 £'000
Current		
Trade creditors	165	-
Amounts owed to group undertakings	15	-
Other creditors	57	-
Total Current Liabilities	237	-
Creditors: amounts falling due after one year		
Deferred Tax	1	-
Total Non-Current	1	-
Total Trade and Other Payables	238	-

Notes to the Accounts

10. Share Capital

	31 March 2019 £	31 March 2018 £
Allotted, Called up and Fully Paid Shares		
On issue at 1 April – 1 ordinary share of £1 each Issued for cash	1	1
On issue at 31 March - fully paid	1	1

The company has 1 ordinary share with a value £1 on issue at 31 March 2019 which is fully paid.

11. Carrying amount of financial instruments

	31 March 2019 £'000	31 March 2018 £'000
The carrying amounts of the financial assets and liabilities include:		
Assets measured at cost less impairment	**87**	-
Liabilities measured at cost less impairment	**180**	-

Assets comprise of Cash at bank and in hand and Liabilities comprise of Trade creditors and amounts owed to group undertakings.

12. Operating leases

	31 March 2019 £'000	31 March 2018 £'000
Non-cancellable operating lease rentals are payable as follows:		
Less than one year	**7**	-
Between one and five years	**27**	-
Later than five years	-	-
Total	**34**	

Lease payments for the year were **£6,695**

13. Ultimate parent company

The Company is a subsidiary undertaking of Dorset County Hospital NHS Foundation Trust, which is the ultimate controlling party as the owner of the Company. The consolidated financial statements of this group are available to the public and can be obtained from the Company Secretary, Dorset County Hospital NHS FT, Williams Avenue, Dorchester, Dorset, DT1 2JY.

14. Subsequent events

There were no events subsequent to the balance sheet date requiring disclosure in these financial statements.

Notes to the Accounts

15. Directors Remuneration

There was no Directors remuneration in the year ended 31 March 2019.

16. Tax Reconciliation

	Year Ended 31 March 2019 £'000	Period Ended 31 March 2018 £'000
UK Corporation tax		
Tax on profit on ordinary activities	20	-
	20	-

The current tax charge for the period is calculated using the standard rate of corporation tax in the UK of 19% (2018 - 19%) on the estimated assessable profit for the year. The total charge for the year can be reconciled to the accounting profit as follows:

	£'000	£'000
Analysis of tax charge for the period		
Current Tax		
UK Corporation tax on profits for the period	19	-
Total Current Tax	**19**	-
Deferred Tax		
Origination and reversal of timing differences	1	-
Effect of changes in tax rates	-	-
Total Deferred Tax	**1**	-
Total Tax on profit on ordinary activities	**20**	-

	Year Ended 31 March 2019 £'000	Period Ended 31 March 2018 £'000
FRS102 reconciliation of current tax charge		
Profit on ordinary activities before tax	106	-
Tax on profit at standard rate of 19% (2018: 19%)	20	-
Effects of:		
Expenses not deductible	-	-
Tax rate changes	-	-
Tax Charge for the Period	**20**	-

Title of Meeting	**Trust Board**
Date of Meeting	**4 February 2020**
Report Title	**Communications Activity Report – Q3 Oct-Dec 2019**
Authors	Susie Palmer, Communications Manager Meghan Hindley, Communications Officer
Responsible Executive	Nick Johnson, Director of Strategy, Transformation and Partnerships

Purpose of Report (e.g. for decision, information) For information	
Summary This quarterly report gives an overview of communications activity for the Trust. 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 over the quarter and media coverage.	
Paper Previously Reviewed By	
Strategic Impact	
Risk Evaluation	
Impact on Care Quality Commission Registration and/or Clinical Quality	
Governance Implications (legal, clinical, equality and diversity or other):	
Financial Implications	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	a) To receive for information

Communications Activity Report

Quarter 3: October - December 2019

1. Introduction

This quarterly report gives an overview of communications activity for the Trust. It is not an exhaustive round-up of what the communications team has been involved with over the quarter but gives a flavour of key areas of our work and a summary of activity.

2. Key Campaigns, Initiatives and Events

Staff Flu Vaccination Campaign

Creative and consistent communications for this year's staff flu vaccination campaign played a major role in exceeding the national target, with over 80% of staff as a whole and over 80% of frontline staff vaccinated – our best ever result.

Regular messages about the importance of staff getting vaccinated and where/when to get their jab were issued through the Staff Bulletin and CEO Brief, with strong messages from the Chief Executive and other Executives about the responsibility of staff to get vaccinated to protect themselves and vulnerable patients.

Some powerful videos were created for use on social media to highlight the serious consequences of staff and vulnerable people not getting vaccinated – engagement was high, with staff and the wider public keen to spread the message.

We will build on this success next year to encourage staff who are still resistant to getting their jab despite the widespread myth busting.

Public Website Development

Our public website (www.dchft.nhs.uk) is due for a refresh of style and content. It is currently based in SharePoint which is now much more expensive to host than other platforms.

To save a significant amount of money in hosting costs we are proposing to design a completely new website in an alternative platform – WordPress – which is much cheaper to host, and more user friendly for web editors.

This offers us a fantastic opportunity to review the content and accessibility of our current website and we will be involving staff and patient/public users in the redesign process.

Team Brief

In response to feedback we are changing the format of the monthly Team Brief meeting for heads of departments. From January 2020 meetings will be less formal to encourage more two-way conversations. The January meeting will be held in the staff end of Damers Restaurant and speakers will prompt discussions and questions rather than simply talking through PowerPoint slides. The slides will still be available on the intranet so staff have access to the latest performance data and key updates for their own team meetings.

Celebrating Success E-bulletin
As part of an effort to do more to highlight positive staff achievements, a new weekly staff bulletin from the Chief Executive is now being circulated to staff via email entitled 'Celebrating Success'. This brings together all the messages of thanks and congratulations received for individuals and departments that had previously been shared as part of the CEO Brief. This has given the messages more prominence and feedback has been positive. Certainly it has resulted in more contributions being received to include within the bulletin.

'Celebrating Success' is also circulated via the staff app. Over 1,000 staff have now downloaded the app so it has become a valuable additional communications tool.

We will continue to encourage staff to get in touch with positive news to share more widely through all our communications channels.

Volunteers Promotion
We have been working closely with our volunteer team to promote the wide range of volunteering roles available at DCH. There has been a particular focus on our young volunteers to highlight not only what they do, but the impact it has on both our patients and staff. We have been involved in a number of national campaigns such as '#iwill Week'. We also submitted a video to the Dorset Youth Summit as part of their Happy Dorset Film Showcase which asked organisations to create a short video on 'what makes you happy'. This will be shown at the Plaza Cinema in Dorchester at the end of January.

Site Development
The planning application for the multi-storey car park was submitted in October. We issued a news release to highlight the submission and attracted positive local media coverage. Comment on social media has also been largely positive.

We are hoping to gain planning permission in February and will issue further communications around this. In the meantime we are working on the wayfinding project to improve the directional signage in the grounds of the hospital. Any plans agreed for external signage will be designed to complement future work to improve internal signage.

Twitter Training
We have been focussing on introducing more staff to Twitter to help promote the many positive initiatives happening throughout the hospital. The Communications Officer is now running regular Twitter training sessions to give staff an introduction to the platform and its purpose, and to enable them to feel confident in using it. This has already led to more individuals and teams launching accounts on Twitter and we will continue to build on this success in the coming year.

Winter Pressures Comms
We have been working closely with the CCG and our other partners on developing and coordinating public messaging around using local services appropriately and staying well through the winter months.

Engagement had been dropping on DCH social media for posts which ask people to consider using alternatives to the Emergency Department, but a fresh approach and stronger, more focussed messages have resulted in more interest and comment from the public which will help spread awareness.

A CCG-funded campaign started in mid-November to target people aged 18 to 34 as figures show they are one of the top groups visiting A&Es inappropriately.

Adverts have been running on social media and at bus stops/on the backs of buses throughout Dorset referencing television programmes popular with that age group to make it more striking and engaging than the usual 'Stay Well' messaging.

Communications and Engagement Group
We have expanded this group and it is proving a very useful forum for discussing and coordinating communications and engagement activity, both internal and external.

We now have a dedicated section for relevant documentation on SharePoint, including a calendar of events, to assist with coordinating our efforts.

ICS Communications Network
We continue to take an active role in the Our Dorset Communications Network. We are working closely with comms colleagues from partners to develop awareness of Dorset's Integrated Care System and the work going on between organisations

The updated Sustainability and Transformation Plan will be launched in early 2020 (probably March) and we will support the coordinated internal and external communications around the official publication.

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 in the quarter.

Note: We have received feedback that some of the highlights images incorporated into this section of our activity report are difficult to read once the Trust Board papers have been compressed for publishing. The comms team can supply these images in high resolution for anyone having trouble reading the content, please email communications@dchft.nhs.uk

Facebook Analytics – www.facebook.com/DCHFT

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Engaged users	115,118	92,238	93,646	85,548
Number of posts	173	164	132	123
Number of followers	4,850	4,929	5,256	5,543

Facebook Highlights for October

The Trust has submitted its application to build a multi-storey car park as part of its plans to develop clinical facilities on its site.

The hospital wants to expand its Emergency Department (ED) and Intensive Care Unit (ICU) as well as establish an Integrated Care Hub as part of a long-term project.

In order to free up space on the site for the development of clinical facilities, the hospital is proposing to build a multi-storey car park to improve parking for patients, visitors and staff. It is also working in partnership to develop the land it owns on the site of the former Damers School and the current Trust Headquarters to raise income to contribute to the cost of the clinical facilities building work.

To keep up to date with the latest information about the site development, visit https://bit.ly/2oU6Spl

7,588	1,477	Boost Post
People Reached	Engagements	

186 26 Comments 32 Shares

Did you know we're launching gender reveal baby scans?

If you are just too excited to wait to know the sex of your baby, why not book an appointment? The chargeable scans are available from 16 weeks of pregnancy.

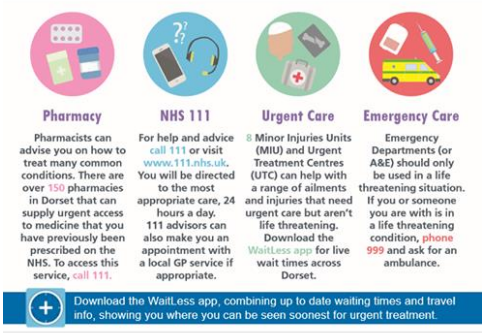
For more information, or to book your gender reveal scan, contact our Greenwood Private Patient Service team today on 01305 254138/255113 or email greenwood@dchft.nhs.uk
#boyorgirl #genderreveal #pregnancy #surprise

6,887	1,261	Boost Post
People Reached	Engagements	

38 23 Comments 18 Shares

Our Emergency Department and hospital is very busy. Please make sure you are using the right services. ED should only be used in a genuine emergency for life-threatening conditions and illnesses. Alternative options for anything non-life threatening include your minor injuries unit, GP or pharmacy.

For more information, visit Stay Well Dorset here bit.ly/32mBhvg
#StayWellDorset #StayWell #ChooseWell



5,942	234	Boost Post
People Reached	Engagements	

23 49 Shares

Facebook Highlights for November

Did you know that #norovirus particles can survive on objects and surfaces for around two weeks? Your best defence against the virus is to keep your home clean and wash your hands regularly with soap and water #ThinkNORO http://bit.ly/norovirusSW

23,419 People Reached | 1,776 Engagements | Boost Post

74 | 2 Comments 276 Shares

Please help us protect our patients and minimise the spread of infection. Do not visit the hospital if you have diarrhoea or vomiting until you have been clear of symptoms for 72 hours. If you are due for an appointment please call the number on your appointment letter to rearrange. #ThinkNORO

8,803 People Reached | 623 Engagements | Boost Post

20 | 7 Comments 88 Shares

Midwife Charley is on a mission to raise £4,500 for the MND Association by travelling to Tanzania to climb Mt Kilimanjaro.

In 2015, Charley's father-in-law received a shocking diagnosis of Motor Neurone Disease. Currently, he can still talk but has limited use of his body and requires 24-hour bi-pap (continuous lung pressure) to breathe. He is dependent on a hoist and 24-hour care shared between care agencies and his wife.

Please support Charley and help her reach her goal by donating here: https://bit.ly/32JG1tN

7,365 People Reached | 529 Engagements | Boost Post

58 | 4 Comments 27 Shares

Facebook Highlights for December

The Lulworth team used their artistic flair to put together a rather unique nativity scene this year! It's become quite a talking point - a nice bit of festive fun to lift the spirits of patients, visitors and staff on the ward over Christmas. Our Lead Hospital Chaplain Ron was most impressed with their creativity!

6,576 People Reached	1,114 Engagements	Boost Post

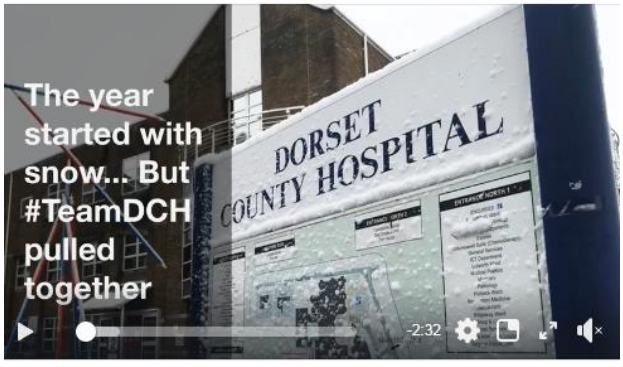
336 26 Comments 18 Shares

Around September last year Kevin, who is a mild asthmatic, received a letter from his GP inviting him for his annual #flu jab. He saw it as an inconvenience as it would have taken time out of his day and he ignored it. In March Kevin contracted flu which resulted in him being in a coma in the Intensive Care Unit here at DCH for a month. He is still recovering over six months on. Below Kevin tells his story and the impact it has had on his life and his attitude towards the flu vaccination.

9,702 People Reached	1,113 Engagements	Boost Post

48 3 Comments 49 Shares

It's the final day of December 😳 where has this year gone?! But before we welcome in 2020, let's take a look back at some of the highlights of 2019 at #TeamDCH! 🚢



6,222 People Reached	725 Engagements	Boost Post

108 6 Comments 19 Shares

Twitter Analytics - @DCHFT www.twitter.com/DCHFT

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Tweets	334	294	285	176
Tweet impressions	212,939	302,300	261,000	219,000
Profile visits	8,174	8,453	5,321	5,224
Mentions	896	967	1,183	1,297
Number of followers	3,741	3,940	4,141	4,310

Twitter Highlights for October

Top mention earned 358 engagements

Musgrove Park
@MusgrovePark · Oct 17

Our Art for Life project is working closely with @BSOrchestra , our occupational therapists and staff on Dunkery ward to develop a music project for stroke patients. This taster session is the first of three, and is being developed in partnership with @YeovilHospital and @DCHFT
pic.twitter.com/ZFXVvqp0Ak

5 22 72

Top media Tweet earned 2,341 impressions

Our dedicated team of Freedom To Speak Up Guardians are here to support anyone who feels they cannot raise their voice. This #FTSU month we have put together a short video so you can meet some of our Guardians and understand a bit more about how they can help you. #SpeakUpToMe
pic.twitter.com/0bAbu1mScc

2 9 23

Top Tweet earned 3,656 impressions

A big day for our Chief Executive Patricia Miller today as she heads to Buckingham Palace to collect her OBE!
twitter.com/P_MillerNHS/st…

3 6 52

Twitter Highlights for November

Top Tweet earned 3,658 impressions

Huge thank you to **@Saffron_Policy** and **@adambrimelow** from **@NHSProviders** for taking the time to visit us today to tour our Emergency Department and ICU and to hear from our staff about plans to develop our clinical facilities **#TeamDCH**
pic.twitter.com/sdVyH8uUUR

1 5 17

Top mention earned 446 engagements

Dr Ian Mew
@DorsetTraumaDoc · Nov 20

In & out of hospital critical care transfer training for anaesthetic trainees today. Applying learning from **@dsairambulance** about checklists, planning for what could go wrong in the lift & how to get yourself out of trouble. Good work all round with some safe hands here **@DCHFT** 👍
pic.twitter.com/H5Q4k7X77Q

11 50

Top media Tweet earned 3,177 impressions

Meet Katie and Amelia, two of our young volunteers! They support our staff in their day-to-day roles. This could be reading to patients, doing jigsaws, making drinks or simply having a chat. They are an invaluable addition to **#TeamDCH**! **#PowerOfYouth** **#iwillWeek** **@iwill_campaign**
pic.twitter.com/CCiQESNEVz

2 9 35

Twitter Highlights for December

Top Tweet earned 3,936 impressions

A massive thank you to @swasFT for coming to our Trust today! Our Chief Operating Officer Inese Robotham popped over to chat about our ED and plans and hopes for the future at #TeamDCH! SWAST will be outside ED until 4pm and would welcome any questions from our staff! 🚑
pic.twitter.com/nMoimr06l5

5 19

Top mention earned 677 engagements

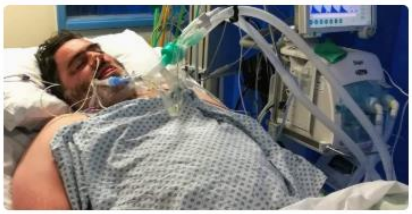
Caroline Ellis
@ellis_cari · Dec 25

Christmas Day cheer provided by @DCHFT chapel today. Peaceful space for us to sit whilst mum has a sleep. Thank you for such continued kindness. The registrar and team yesterday were extraordinary. Happy Christmas everyone @ruth_hunt @Colin_G_Ellis
pic.twitter.com/sZ4SvXTO1n

5 2 52

Top media Tweet earned 2,652 impressions

Kevin, a mild asthmatic, ignored his call for his annual #flu jab. He saw it as an inconvenience. He contracted flu and ended up in a coma in the ICU at DCH for a month and is still recovering over six months later. In a short video, Kevin tells his story:
bit.ly/2DIhsmY
pic.twitter.com/a7MEEgOUDR



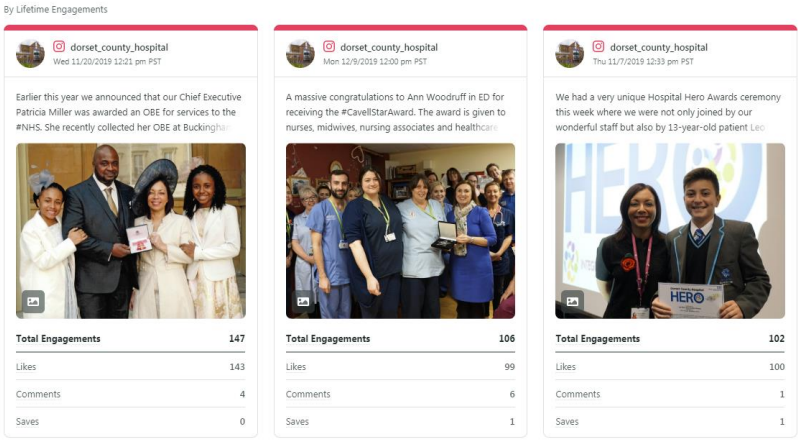
8 7

Instagram Analytics - www.instagram.com/dorset_county_hospital/

Instagram Impressions

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Total impressions	7,190	22,725	19,970	17,189
Average impressions per day	80	250	217	186
Average daily reach per profile	40	140	108	109
Number of followers	575	887	1,057	1,151

Instagram Highlights



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

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Total impressions	16,300	10,300	16,700	14,100
Total engagements	864	702	855	741
Organic followers gained	205	90	121	132
Number of followers	1,339	1,430	1,600	1677

4. Public Website

We will be refreshing our public website, working with our web designers to make it more user-friendly and streamlined, as well as reviewing and updating content. The analytics below show general usage of the website over the quarter and the most visited pages:

Website Analytics – www.dchft.nhs.uk

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Page Views*	174,972	174,937	172,206	172,993
Unique Page Views**	129,020	127,270	126,449	127,092
Users	37,758	42,287	42,549	43,291
Average Session Duration	00:01:47	00:01:44	00:01:41	00:00:59

*In Google Analytics, a page view is a single viewing of a web page. This means that any time the page is loaded by the user's browser, the number of page views is incremented. If a user visits the same page multiple times within a single session, each viewing of the page will add to its page view count. Also, if the user refreshes the page in their browser, this counts as a new page view. For this reason, page views are sometimes seen as being of limited significance. For example, if the same user views the same page five times as part of a single session, this is different from five users viewing that page independently.

**Unique page views provide a useful alternative to basic page views. With unique page views, you eliminate the factor of multiple views of the same page within a single session. If a user views the same page more than once in a session, this will only count as a single unique page view. For this reason, unique views can be understood as user sessions per page, with each session potentially representing multiple views of the page but a minimum of one view per session.

Top 10 Most Popular Webpages (October - December 2019)

Page	Page Views	Unique Page Views	Average Time on Page
Site Homepage	18,841	13,955	00:00:41
Departments P-Z Homepage	6,280	4,539	00:00:26
Staff Section Homepage	5,777	3,996	00:00:45
Visiting Hours	5,223	3,781	00:01:19
Visitors Section Homepage	4,461	2,974	00:00:19
Contact Us	4,356	3,611	00:01:30
Departments A-F Homepage	4,348	2,923	00:00:21
Wards Section Homepage	4,146	3,057	00:00:24
Patients Section Homepage	4,082	2,926	00:00:24
Getting Here	3,793	2,634	00:01:47

5. Recruitment Microsite – https://joindchft.nhs.uk/

We are continuing to work with the recruitment team to keep our microsite looking fresh and up to date. Since our launch of the microsite in August we have had more than 6,000 visitors, with a particular peak in October when a recruitment campaign was run in conjunction with Wessex FM. We continue to push our microsite on all social media platforms to increase awareness of the site and the information and opportunities it provides.

6. News Releases

A round-up of the news releases issued by the communications team with links to the full releases on our website. The reduction in releases proactively issued demonstrates how we are making better use of our own channels to reach our audiences directly:

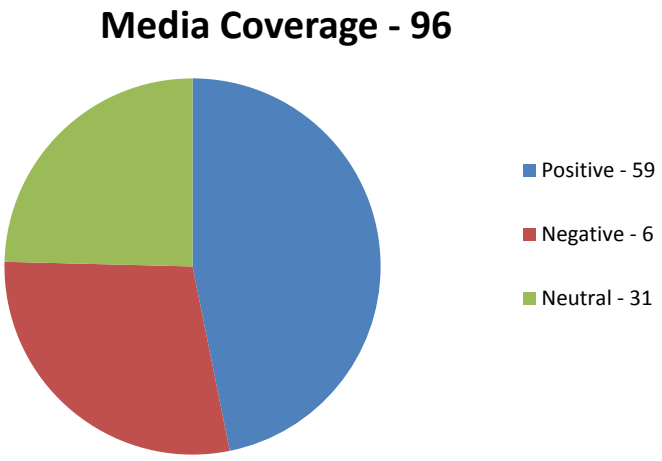
Hospital submits multi-storey car park planning application - 21 October 2019
Dorset's cancer services among the best in the country - 14 October 2019

7. Media Coverage

Each of our news releases generated positive local media coverage. Further coverage was prompted by national statistical reports and announcements and public meetings and events. Coverage to note included:

- Patient story about the importance of the flu vaccination
- Promotion of the #iwill campaign
- Cancer waiting times
- A&E waiting times
- Young patient receiving a Hospital Hero Award
- Feature on the hospital's Pets As Therapy dogs
- Midwife's fundraising challenge
- Robert White Centre's anniversary

There were a total of 96 media stories relating to Dorset County Hospital (newspaper, radio, television, news websites), the vast majority of which were positive. The chart below shows the balance of positive, negative and neutral stories, and the table shows each quarter



	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Media stories	79	88	115	96
Positive	57	62	82	59
Negative	6	11	3	6
Neutral	16	15	30	31

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January 2020