

Board of Directors Meeting
 08.30am – 1.15pm, Wednesday 29 May 2019
 Seminar Room, Children's Centre, Dorset County Hospital

AGENDA

PART 1 (PUBLIC SESSION)

			Approx. timings	
1	Recycling and Sustainability For discussion		8.30	Andy Morris
2	Welcome and Apologies for Absence: Inese Robotham		9.00	Chair
3	Declarations of Interest			All
4	Chairman's Remarks	Oral		Chair
5	Minutes of Board of Directors 27 March 2019 To approve	Enclosure	9.00	Chair
6	Actions and Matters Arising from those Minutes To receive	Oral	9.10	Chair
<u>QUALITY AND PERFORMANCE ITEMS</u>				
7	Chief Executive's Report To receive	Enclosure	9.20	Patricia Miller
8	Integrated Performance Report To receive and agree any necessary action	Enclosure	9.40	
	a. Workforce			Mark Warner
	b. Quality			Nicky Lucey
	c. Performance			Anita Thomas
	d. Finance			Paul Goddard
	e. ICS Update			Nick Johnson

BREAK

10.40

Outstanding care for people in ways which matter to them

WORKFORCE ITEMS

- | | | | | |
|---|---|-----------|--------------|-------------|
| 9 | Safe Staffing Return
To approve | Enclosure | 10.55 | Nicky Lucey |
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STRATEGIC ITEMS

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| 10 | Research Strategy Update
To agree | Enclosure | 11.05 | Alastair Hutchison |
| 11 | Mortality Report
To note | Enclosure | 11.25 | Alastair Hutchison |

BREAK

11.45

- | | | | | |
|----|---|-----------|--------------|------------------------------|
| 12 | Finance and Operational Plan 2019/20
To note | Enclosure | 12.00 | Paul Goddard |
| 13 | Risk Register and Board Assurance Framework
To review | Enclosure | 12.20 | Nicky Lucey and Paul Goddard |
| 14 | Inpatient Survey Results
To receive | Enclosure | 12.40 | Nicky Lucey |

CONSENT SECTION

The following items are to be taken without discussion unless any Committee Member requests prior to the meeting that any be removed from the consent section for further discussion.

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|----|---|-----------|-------------|--------------|
| 15 | Use of the Trust Seal
To receive | Enclosure | | Rebekah Ley |
| 16 | Safeguarding Adults Annual Report
To receive | Enclosure | | Nicky Lucey |
| 17 | Safeguarding Children Annual Report
To receive | Enclosure | | Nicky Lucey |
| 18 | Communications Activity Update
To receive | Enclosure | | Nick Johnson |
| 19 | Any Other Business | | 1.00 | Chair |
| 20 | Date of Next Meeting (open to the public): Wednesday 29 May 2019, 8.30 a.m., Seminar Room, Children's Centre, Dorset County Hospital | | | |

Questions from the Council of Governors and Members of the Public – 1.00pm to 1.15pm. Fifteen minutes will be allowed for questions, with priority being given to Governor questions submitted in advance of the meeting.

Outstanding care for people in ways which matter to them



INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE



Dorset County Hospital
NHS Foundation Trust

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”.

Outstanding care for people in ways which matter to them

BOARD OF DIRECTORS PART 1 (PUBLIC SESSION)

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

Present:

Peter Greensmith (Vice Chair and Non-Executive Director) Chair
Sue Atkinson (Non-Executive Director)
Judy Gillow (Non-Executive Director)
Paul Goddard (Director of Finance)
Alastair Hutchison (Medical Director)
Victoria Hodges (Non-Executive Director)
Nick Johnson (Director of Strategy and Business Development)
Nicky Lucey (Director of Nursing and Quality)
Ian Metcalfe (Non-Executive Director)
Patricia Miller (Chief Executive)
Inese Robotham (Chief Operating Officer)
Matthew Rose (Non-Executive Director)
Mark Warner (Director of Organisational Development and Workforce)

In Attendance:

Jonathan Chambers (Guardian of Safe Working)
Rebekah Ley (Trust Board Secretary)
Olivia Pearson (Volunteer)
Louisa Plant (Volunteer Coordinator)
Ali Male (Patient Experience and Public Engagement Lead)
Daisy Robinson (Volunteer)
Hannah Robinson (Volunteer Coordinator)
Audrey Ryan (Director of Medical Education)

Apologies:

Mark Addison (Chief Executive)
Alison Cooper (Divisional Director)

Observers:

BoD19/035 Service Story – Volunteers

The Board of Directors received a presentation regarding the Trust's Strategy regarding Volunteers which was also attended by two young volunteers. Key messages for the Trust Board were:

- The increase in the number of direct volunteers.
- How volunteers enhance patient experience and provide direct benefit to patients and families.
- Though the financial value of volunteers is hard to quantify they nevertheless add huge value in particular the role of the sitting companion for end of life care patients.
- Patient experience is at the heart of the volunteer strategy.
- The Trust is one of only seven Beacon sites in the country and they are sharing and looking at best practice.
- The volunteer team aim to provide a first class experience for Trust volunteers

by recognising their contribution and holding specific recognition events.

- The Trust is participating in the Pears Foundation Young Volunteer Programme.
- There are different and inclusive models of volunteering that have found innovative and different ways of engaging with young people.
- There is more work to be done to encourage greater levels of participation.

Daisy and Olivia explained how they started volunteering at the Trust and their plans for a Youth Forum to promote and increase younger membership of the Trust, working with the Trust Secretariat. They are providing peer support for young patients with chronic and long term conditions and will be participating in the World Mental Health Day on the 10th October. Hannah highlighted the support and involvement from Daisy and Olivia have made in helping move programmes forward at the Trust.

Board members commended the presentation. They recognised that social value added to the community by volunteers. They noted the connections that can be made with youth experience connecting to recruitment activity and the opportunities it offered. Daisy said that she is applying to study medicine and that volunteering had been part of the decision making process for her in deciding what to study. Board members felt that a video from Young Volunteers such as Olivia and Daisy would provide a useful platform for messaging around volunteering and Hannah and Louisa agreed to make contact with the Communications Team.

The Chair noted the contribution that all volunteers make to the Trust and said that this would be a key message from the meeting. He thanked all those attending for the excellent presentation and asked them to return and update the Board on progress.

BoD19/036 Welcome and Apologies for Absence

Apologies were noted as above.

BoD19/037 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.

BoD19/038 Chairman's Opening Remarks

The Chair said that the Board would hear from the Executive Team about how demand is increasing and staff are finding the current situation challenging. He asked Board members to consider ways in which the Board could thank staff for all that they are doing at the present time.

BoD19/039 Minutes of the Previous Meeting held on 30 January 2019

The minutes of the meeting were accepted as a true and accurate record with no amendments.

BoD19/040 Matters Arising and Action Tracker

Matters Arising:

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

Action Tracker:

BoD19/007, Speaker from the Charity at the Royal Free to be invited to give a presentation about technological innovation in healthcare at a Trust Board Development Session: Richard Gold is due to attend the Board Development Session in October. Item to be closed on the action tracker.

BoD19/008, Develop a Work Programme focussing on the Trust's priorities and the Long Term NHS Plan: It was noted that this item would be discussed in Part 2 of the

meeting today. Item to be closed on the action tracker.

BoD19/008, Integrated performance report to contain Workforce Committee items: items included. Item to be closed on the action tracker.

BoD19/008, annual statement regarding safe and sustainable staffing to be added to the Board's forward Work plan: this item has been added to the Workplan. The Safe Staffing return will be discussed at the Workforce Committee in April and the Trust Board at its meeting in May. Item to be closed on the action tracker.

BoD19/008, explanation of the ICS Performance Report slides to Trust Board: NJ will provide a brief explanation during the meeting. Item to be closed on the action tracker.

BoD19/009, Executive Team to consider whether the BAF adequately reflects the likely barriers to achieving its strategic objectives given the financial and performance pressures. The Chair indicated that the discussions in Part 2 would inform this item. To remain on the action tracker.

BoD19/010, Additional impetus to be given to the health informatics team regarding capacity and capability of the coding team (link to the Trust's mortality score): this work is ongoing and the Medical Director will update the meeting. Item to be closed on the action tracker.

QUALITY AND PERFORMANCE ITEMS

BoD19/041

Chief Executive's Report

The Chief Executive said that a lot had happened both nationally and locally in the last few months. The Chief Executive asked the Board to note the following:

Brexit

Plans continue to ensure, should the UK leave the EU without a deal, the NHS can continue to function and patient safety is not compromised. The biggest risk the service faces in the medium term will be the potential fall-out from a deterioration of the current workforce challenges being faced by the care sector. The Chief Executive said that the Board would be updated further by the Chief Operating Officer in Part 2 of the meeting.

Leadership changes of NHSI/E

NHSI/E have recently announced a number of changes in their senior leadership teams. Ian Dalton is to step down. The NHS England Chief Executive, Simon Stevens will assume leadership of both organisations, supported by a Chief Operating Officer (COO). The organisations have said that Mr Stevens is the leader of NHS Improvement, even though the new COO will be formally designated as NHS Improvement's Chief Executive. The COO will report to Mr Stevens on most issues but for regulatory purposes, to NHS Improvement Chair Baroness Dido Harding. The Chief Executive said that these changes will provide a single line of accountability for NHS performance and also solves the difficulty in appointing to Regional Director roles and their lines of reporting.

NHS England and Improvement merger

The Chief Executive said that a number of measures to improve collaboration across the health service have been announced by NHS England and NHS Improvement, including a request from the two organisations for permission to merge. At a joint board meeting, legislative proposals were discussed that will enable commissioners to work closely with each other, with providers, and with NHS England. Changes to competition law and procurement rules are also expected. There is also a proposal for the Secretary of State for Health and Social Care to be given new powers to "transfer

or require delegation" of functions from one arm's-length body (ALB) to another, or for new ALB or functions to be created altogether. The Chief Executive said that it is unlikely that legislation will be proposed in the near future given the current difficulties with Brexit.

Kark Review

The Chief Executive said that the review was commissioned to look at the Fit and Proper Test. The report from the review makes several significant and potentially far reaching recommendations. The Secretary of State for Health has already confirmed that the Government will accept two of the recommendations without further consultation namely that all directors should meet specified standards of competence to sit on the board of any health providing organisation, and the creation of a central database holding relevant information about qualifications and history about each Director (including NEDs). There are a number of concerns about both recommendations. Baroness Dido Haring (Chair, NHS Improvement) has been asked by the Health Secretary to consider the remaining recommendations and how they can be implemented. A consultation with NHS leaders will commence soon. Baroness Harding is committed to this and is working with NHS Providers as well.

NHS Assembly

This will comprise of fifty individuals and the Assembly will act as an advisory group to NHSI and NHSE.

Workforce Strategy

The Chief Executive said that this is a five year piece of work that recognises pressing issues around current workforce gaps and the long term nature of recruitment into the health service.

The Chief Executive said that turning to the Trust she wanted to highlight the following to the Trust Board:

DCH performance

The last few weeks have been incredibly challenging for the Trust. On several occasions the Trust has started the day in a minus bed-state. The Trust is seeing increasing levels of staff sickness. She is concerned about the next quarter performance when some of the winter plan initiatives end. The Chief Executive said that although some improvements have been seen, a number of risks continue to be evident which could compromise the ability of the Trust to deliver on its key commitments in the coming year and they are:

- The growing elective waiting list.
- The 62 day referral to treatment cancer standard.
- Staffing, in particular the use of temporary staff.
- Trust finances.
- Mortality monitoring and improvement.

The Chief Executive said that plans are in place to mitigate these but that progress may need to be made at a faster pace to avoid the escalation of risk.

From a strategic perspective, the Chief Executive said that it is important 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. She said that further work is required on the key programmes of work identified in the Trust's Finance Strategy and the Dorset ICS Transformation Programme to ensure the Trust feels the full benefit of these within the timescales required.

The Chief Executive highlighted the achievement of the Cynget Homebirth Team in

winning a national award, the Royal College of Midwives Team of the Year Award. She said that the team has developed a wonderful service that is valued by Trust patients and their families and the award is very much deserved.

She also highlighted to Wessex Research Awards that the Trust's Research Team have received for the second year running. The Chief Executive said that this illustrates the strong leadership shown by Zoe Sheppard.

Board members noted the content of the Chief Executive's report and her overview. They asked about the pace of change regarding changes to NHSI and NHSE. The Chief Executive said that by 2021 the organisations will look very different.

Board members welcomed the appointment of a Chief People Officer who has experience to bring to the NHS and asked about the likely changes this will make. The Chief Executive said that the appointment was positive and that she hoped that there would be a cultural change from command and control to collaboration and support.

Concern was expressed by Board members about possible regulatory changes and significant curbs on the freedom of Foundation Trusts. The Chief Executive said that this has already been happening. She said that there needed to be recognition that unitary Boards work because they make their own decisions. She said that there was much more consultation that needed to take place about the Kark Review Recommendations and devolved decision making.

Board members asked about the impact to the Trust from the Local Authority changes that are due imminently. The Chief Executive said that she saw opportunities. Two new Chief Executives will bring a different perspective to the Dorset Integrated Care System (ICS). She hopes that there will be a move away from a health focus to a population based needs focus. There are challenges for both Chief Executives: they have not yet decided on their organisational structures and there is an inevitable tension between wanting to create a new identity without discarding the old one. There will be individuals who will be new to Dorset bringing fresh understanding and perspective and influencing what Dorset needs and how the ICS works.

Board members asked about the four hour standard for A&E and whether this standard will remain. The Chief Executive said that she noted the proposed changes but said that the Royal College of Emergency Medicine at odds with the statement from the Regulator. She said that A&E is one of a number of operational standards that are being looked at. She is concerned about the proposed timing of any changes; there will be a monitoring period between April and September, with roll-out from October; the timing will be a challenge for organisations. She said that there will be ongoing dialogue around the standard until the position is settled and she will update the Board in due course.

The Chief Executive said that she and the Chair attend the Quarterly Chairs and Chief Executives meetings and asked whether Board members would find the slides useful. Members indicated they would like to receive them. These will be sent to Board members on the strict understanding that they are not for wider circulation.

The Chair thanked the Chief Executive for her report.

BoD19/042

Integrated Performance Report

The Director of Organisational Development and Workforce introduced the Workforce section of the report to the Trust Board. He said that overall workforce capacity increased by 40 full time equivalents in month 11, and was 90 full time equivalents above the previous year. He said that this has been a consistent picture during 2018/19 and despite continued vacancies demonstrates an overall increase in workforce

capacity.

The Director of Organisational Development and Workforce said that the Trust had seen an increase in Bank staffing capacity in month 11 (10 full time equivalents). He said that initiatives such as the introduction of weekly pay for bank staff and more resource into the nursing bank has paid dividends.

He said that the significant reduction in agency staffing costs (-£125k) reflects the definite spike in costs in January. He said that overall the Trust is back to more normal levels of agency spend.

In respect of nursing recruitment, a recent event has seen 29 people, a mixture of registered and preceptorship programme nurses, sign up to start work at the Trust in September which is encouraging. The Director of Organisational Development and Workforce said that the Trust is still not meeting the demand for nurses and when this is combined with the acuity review this will continue. He said that the Workforce Committee will receive a report in this regard in April. He said that the Trust will need to continue with international nurse recruitment for the foreseeable future.

The Director of Organisational Development and Workforce said that sickness absence for month 10 (January) increased by 0.4% and is at the highest level the Trust has seen for a number of year at 4.54%. He said that considerable analysis has gone into understanding this concerning level of sickness. The primary driver is short term sickness absence with individuals not hitting absence management triggers. He said that this suggests the sickness levels are reflective of the levels of short term illness being seen in the community more generally. The Chair of the Workforce Committee said that she believes this is a trend that will continue and is a sign that people are very tired. She said that the Workforce Committee will continue to focus on this.

The Director of Organisational Development and Workforce said that appraisal rates have seen a small increase to 86%. There has been an incremental improvement in this and staff have been making excellent efforts in respect of this as well as mandatory training despite the pressures that the organisation.

Medical Job Planning compliance remains a concern in terms of achieving individual sign off by the end of the financial year. There is considerable activity taking place within specialties, and the focus is now on monitoring progress towards full individual sign off. The Director of Organisational Development and Workforce said that he remains concerned and this is being monitored closely. He said that an audit of discrepancies between plans and pay will be undertaken.

Board members noted the concerns in respect of Job Planning and said that in due course there will need to be a greater link between appraisals and Job Plans. Board members noted that this will require a cultural shift. The Chair of the Workforce Committee said that at the present time, Divisional exception reports provide a relatively low level of discussion of Workforce related issues and that a move to more strategic discussions would be helpful.

The Director of Organisational Development and Workforce Health said that in respect of the well-being agenda, the flu vaccination campaign reached 79% of staff which was above the national average. He said that 82% of patient facing staff were vaccinated. Two members of staff have completed mental health first aid training and will be able to train others. Spotting and supporting those with mental health issues is a key priority for the Trust.

Items for the Trust Board to note from the Workforce Committee:

- The Trust has received its National Staff Survey Results noted that this is an agenda item.

- The Trust has a Leadership Development Strategy which it is planning to launch to staff in June 2019.
- Consultant Job Plans must be completed by the end of Quarter 1 of 2019/2020.

The Director of Nursing and Quality introduced the Quality section of the report to the Trust Board. She commended the Cygnet Homebirth team, national team award to the Board and also highlighted maternity safety. She said that the Trust's stillbirth rate is 2.3% which is significantly below the national figure. She said that it was also important to note that many of the Trust's key quality indicators are being maintained or improved upon which is a testament to the efforts and hard work of front line staff.

Items that she wanted to highlight from the Quality Committee were:

- The Trust's complaint response rate performance has significantly improved and is now at 100%. This improvement is due in part to the Quality Committee's focus on this issue and also the commitment of the teams in ensuring processes are revised and embedded to ensure the target is met and sustained.
- The Quality Committee received assurance around Trust measures to comply with recommendations from the report following the Gosport Inquiry.
- The Quality Committee received assurance around the Trust's compliance with the recommendations from the CQC report into NHS Safety Culture "Opening the door to change."
- NHSI has undertaken a review of the Trust's mortality surveillance arrangements in March. The Medical Director said that NHSI visited the Trust on the 13th and the 20th March. He was interviewed along with a variety of staff and NHSI attended the Hospital's Mortality Group. Feedback from NHSI was that everything that the Trust had told them was confirmed and that there was nothing that the Trust had missed in its own evaluation of processes and changes that need to be made. The report from NHSI following the visit will be due in 3-4 weeks and the Medical Director anticipates that the Trust will have approximately 9 months to improve systems and processes before NHSI London may visit. The Chief Executive said that the Trust is able to review other indicators and external sources of assurance in respect of mortality while it strengthens the coding team such as ICNARC data, fractured neck of femur data and mortality rates for non-elective laparotomies where the Trust has improved from a 15% mortality rate to 2%. She said that NHSI was reassured by the data that the Trust is utilising and reviewing.
- The Quality Committee also received a combined report regarding incidents, deaths and claims.
- The quality dashboard is being revised and aligned with the contracting monitoring dashboard and will be approved by the Quality Committee in due course.
- The Director of Nursing and Quality said that there was a delay to the introduction of the NEWS2 upgrade to Vitalpac (nutrition and sepsis monitoring) as the IT system is not quite ready to implement it. She said that this will now take place in the middle of April; the CCG is aware of this.

The Director of Nursing and Quality said that issues such as dementia screening and electronic discharge summaries remain wicked issues that require significant cultural changes to remedy. The Chair of the Quality Committee assured the Board of the Committee's forensic focus on these problems that will continue until they are solved.

Board members noted that there is close working between the Board sub-committees to ensure that issues are addressed in sufficient depth and appropriately triangulated ensuring an integrated approach to the Trust's performance agenda. Despite a central focus regarding financial performance of Trusts, Board members agreed that the Trust will maintain a clear focus on quality of care.

The Chief Operating Officer introduced the Performance section of the report to the Trust Board. She said that February saw sustained emergency demand compared to the previous year both in terms of overall attendances (up by 396 or 11% compared to February 2018) and ambulance conveyances (up by 169 or 13% compared to February 2018). This in turn translated into increased admissions (up by 139 or 10% compared to February 2018) and an associated decrease in ED performance. In February the Trust's performance was 91.4% against the 95% expected standard. The Trust will not achieve Quarter 4 in aggregate; however, year to date aggregate performance is above the standard at 95.69%. She said that a 4 hour ED performance recovery plan has been developed and a Dorset-wide Multi Agency Discharge Event will be taking place the first week of April facilitated by the Emergency Care Intensive Care Team (ECIST). Board members welcomed the review by ECIST in providing renewed focus at a system level on the emergency care pathway. Board members also felt that managers shadowing each other in the different organisations would enable a better and more in-depth understanding of the pressures for each Trust and the need for more effective escalation and collaboration.

The Chief Operating Officer said that winter schemes continue to be implemented to deal with seasonal pressures, namely Enhanced Domiciliary Care Service (Agincare), patient tracking on elderly care wards, length of stay panels with local health economy partners and the discharge follow-up telephone service. The average number of super stranded patients has increased slightly to 47.8 in February, however this continues to be below the average of 52 in the previous year.

The Chief Operating Officer said that the RTT constitutional standard was not achieved; however, performance against the Trust's revised trajectory of 75.68% was exceeded at 77.48%. She said that for the sixth consecutive month there were no 52 week breaches however, trauma and orthopaedics and ophthalmology are the specialities that are most vulnerable for possible breaches.

The Chief Operating Officer said that the overall waiting list has increased by 499 patients from January 2019 to February 2019 and the 18 week plus backlog increased by 233. The most challenged specialties remain ophthalmology, trauma and orthopaedics, oral surgery and dermatology. She said that January 2019 performance against the 62 day cancer standard was 82.2%; February will not be finalised until the first week of April and it is anticipated that it will be lower than January due to a lower conversion rate and a marginally higher number of breaches.

In terms of diagnostic performance, the Chief Operating Officer said that this was 87.1% and whilst it remains significantly below the standard it was an improvement of 5% compared to January; audiology and colonoscopy showed marked improvement. However, this was partially offset by deterioration in urodynamics due to failure of equipment.

Board members noted that Finance and Performance Committee had been discussing and considering the approach that the Trust should take in respect of specialities under increasing demand pressure. Members noted that consideration of closing some specialities to new referrals to ensure patient safety was now becoming more urgent. The Chief Executive said that there are system issues and that this requires a system approach.

The Director of Finance introduced the finance section of the report to the Trust Board. The Trust is on track to hit the revised year end forecast based on year to date results. A degree of risk exists given current operational pressures with escalated beds and continued reliance on agency nurses. The Trust's cash position is healthy at £7.7m but this will be £2m by the end of March. CIP is as expected and £940k below plan at the end of February. The Director of Finance said that there had been no indication of whether or how any unallocated PSF may be distributed to Trusts at year end. The Trust's current use of resources score is a 4 as predicted and will not worsen from this

position.

The Director of Strategy and Business Development introduced the ICS section of the report to the Trust Board, he said that the ICS section provides some useful comparative information.

He said that the Continuing Health Care Transformation Programme Board has developed an overarching improvement plan and standardised monthly reporting will be in place from April.

He asked the Trust Board to note:

- DCH is tracking higher than Poole Hospital and Royal Bournemouth Hospital on mortality indicators.
- DCH is tracking below Poole Hospital and Royal Bournemouth Hospital on number the of Never Events and is doing well on infection control metrics.
- DCH performance regarding nutritional risk assessments and mixed sex accommodation breaches is flagged.
- DCH performance in VTE Prophylaxis and mandatory training are below Poole Hospital and Royal Bournemouth Hospital.

In terms of performance elements of the report he said that:

- DCH has a higher conversion rate from Emergency Department attendances to admission than both Poole Hospital and Royal Bournemouth Hospital. The data also shows a greater increase in ambulance conveyances, and ED demand than the other two acute trusts, whilst retaining the highest performance against ED 4 hour standard. The data does not show what the contributing factors to this are, it could suggest that the patients attending DCH ED are sicker and therefore proportionately more require admission.

The Director of Strategy and Business Development said that overall the system continues to be under pressure due to increased demand across the board and the mitigating actions expected to manage demand in future have not yet had an impact. This is resulting in sustained pressures on performance targets and patient experience as it is increasing waiting times at the front door as well as in elective pathways. The option for the acute trusts to clear backlogs using additional funding is no longer available due to financial constraints and an expectation that any additional money is spent on prevention at scale and primary care initiatives.

The Director of Strategy and Business Development said that in terms of the financial element of the report he wanted to highlight that the reconfiguration/merger costs are now estimated to be in the region of £176m - £230m.

In summary, he said that despite the maturity of the ICS and that Dorset is a leading system, the indicators on outcomes and in particular the CCG quality premium payments are not achieved. He said that system governance should be looking to maximize ways to work together to deliver these core standards.

The Chair thanked Board Members for the level of discussion and debate around the complex issues the Trust is facing.

Break between 10:50 – 11:00

WORKFORCE ITEMS

BoD19/043

Staff Survey Results and Action Plan

The Director of Organisational Development and Workforce introduced the report to the

Trust Board. He said that to reassure the Board, there had been a lengthy discussion of the results at the Workforce Committee.

He said that the national staff survey was undertaken between September and December 2018. A full census survey was undertaken, with a 49% response rate which is above average for Acute Trusts in England. The questionnaire content is agreed nationally and covers ten themes relating to the working environment and staff experience within the workplace. The 2018 results showed no significant change from 2017 and high consistency with acute trust national averages.

The Director of Organisational Development and Workforce said that encouraging improvements were made in the Safety Culture theme, this theme is concerned with questions relating to errors, near misses and incidents. The 2018 results show two areas where staff satisfaction has marginally declined, however, these changes were not statistically significant. Progress against the Staff Engagement Action Plan will be monitored by the Workforce Committee.

The Director of Organisational Development and Workforce Discussed said that there are themes that can be extracted from the report that the Trust can look at. He said that emerging themes will need to be aligned to the People Strategy or if they are not covered by the Strategy developed separately. In terms of next steps, his team is producing reports for departments to enable them to have local discussions in their teams and develop local action plans.

The Chair noted the steady improvements in most areas and said that this was pleasing to note. Board members felt that a focus on those individuals who were thinking of leaving the Trust (25%) would be helpful in terms of the Trust's overall Workforce Strategy. There was a broad discussion about how the Trust could utilise research and information about future generations of workers and their attitudes to work and work-life balance issues. It was felt if the Trust was able to utilise this information it would put the Trust at the forefront of developing innovative workforce strategies.

BoD19/044 Medical Education Report

The Director of Medical Education gave a short presentation to the Trust Board. She said that she had provided the Workforce Committee with a report in January.

She said that the Trust has a combination of consultants, doctors in training (almost all of whom are exclusively from the Wessex Deanery), and non-training grades of doctors: staff grades, specialty doctors, Trust doctors, 'F3s' and associate specialists. She explained that Deanery trainees are at the Trust for between 6 months and 2 years. She said that rotas are designed around a certain number of doctors but lower levels of doctors training in some specialties, plus increased numbers of less than full time doctors mean that rotas are not filled.

The Director of Medical Education said that HEE had had a 40% cut in funding and that the Trust was feeling the effects of this. However a new Chief Resident scheme will start in August 2019 and Foundation School feedback is that the Trust is in the top 10 for foundation trainee induction.

The Trust had had a successful visit from the GMC and she had updated the Board about this but highlighted a number of matters: F2 doctors working out of hours and their supervision and induction; having clear and transparent systems to monitor how educational resources are utilised and systems for annual and study leave. Work has been undertaken in all of these areas.

The Director of Medical Education said that some “hot spots” remained and these are surgical F2s and their clinical supervision in and out of hours; rota gaps; local induction in medicine and obstetrics and gynaecology and in emergency medicine the F2s working beyond their rostered hours on a weekly basis. She said that fatigue, resilience and retention remain issues for junior doctors. There are also challenges with BAME doctors and differential attainment when compared to their white peers. She said that evidence and research suggests that during medical school BAME doctors are not being supported adequately.

She said that the Trust has signed up to the BMA Fatigue and Facilities Charter and the 8 high impact actions. The Trust could do more around accommodation for juniors. Junior doctors are being taught about sleep and sleep banking, the doctors mess has a pastoral lead and there is a foundation doctor buddy scheme. Much has been done around catering and provision of snacks and affordable meals out of hours.

Recommendations that she asked the Board to support were:

- Meet GMC requirement regarding transparency of education monies.
- Resolve processes around accommodation funding.
- Continue work on recruitment of medical and non-medical staff to support rota gaps.

Board members discussed the issue of accommodation and equitable treatment of staff groups. The Director of Medical Education agreed that this was important but said that doctors have a 48 hour working week and shift lengths are longer than other staff and so it is reasonable to differentiate.

Action: The Executive Team to look at HEE funding and other ways the Trust can support junior doctors.

BoD19/045

Guardian of Safe Working Report

The Guardian of Safe Working gave a short presentation to the Trust Board. He agreed with many of the points made by the Director of Medical Education. He said that innovative solutions are required to address many of the issues highlighted in his detailed report. He said that exception reporting remains a useful tool to identify areas of challenge within the Trust. Because of rota gaps, junior doctor rotas are stretched and this removes the resilience required to guarantee both junior doctor welfare and safe delivery of services.

He said that the Junior Doctor Forum has been well attended. Recent changes to the structure of the forum, alongside proactive BMA representatives, the Chief Registrar and the regular attendance by members of the Senior Management Team, have led to the Forum becoming a useful route for dealing with the concerns of doctors at the Trust.

He commended two work streams for continued support from the Trust Board:

- delivering on the recommendations within NHSE/HEE/NHS Providers/BMA document on 8 High Impact Actions to improve the working lives of junior doctors and
- supporting the BMA Fatigue and Facilities Charter which the Trust has become a signatory of.

Plans for the coming year include:

- improving the recruitment process and the effective management of rota gaps;
- support the development and funding of Physicians Associate posts to enable the current students to understand which roles will be available at the Trust;
- delivering the changes needed to meet the requirements of the BMA Fatigue and Facilities Charter;

- the appointment of a Divisional Director in Division A.

The Chief Executive said that there is more strategic work to be undertaken to get a proper picture across the whole workforce, to understand what the domestic market for recruitment is and what the system approach in respect of transformation might deliver. She said that there may need to be a concentrated Dorset wide approach and possibly an international campaign for recruitment to a range of posts.

The Chair thanked the Director of Medical Education and the Guardian of Safe Working for their continued efforts in supporting junior doctors education and training and for keeping the Board well informed about the issues of concern and potential solutions.

STRATEGIC ITEMS

BoD19/046 Recycling and Sustainability (Presentation)

This item was deferred to the Service Story section of the Trust Board for the meeting on the 29 May 2019 from 08:30 – 09:00.

CONSENT ITEMS

The Trust Board Secretary confirmed that no questions or concerns had been raised about the Consent Items.

BoD19/047 FRC Changes to Corporate Governance

The UK Corporate Governance regime has been strengthened with the introduction at the start of 2019 of increased reporting requirements and corporate governance code changes.

The paper was approved by the Trust Board.

BoD19/048 Risk Register and Board Assurance Framework

The Chair of the Risk and Audit Committee provided feedback to the Trust Board on the following matters:

- The Committee had approved the non-consolidation of Charitable Funds.
- The Committee had undertaken a deep dive into the Cotag system risk.
- The Committee had received a report from auditors around the Trust's risk maturity.
- The Committee had approved the internal audit plan for 2019/20.
- The Committee had approved the counter fraud plan 2019/20.
- The Committee discussed the Going Concern statement and it was noted that this would be discussed further in Part 2 of the meeting.

Board members noted the Corporate Risk Register and Board Assurance Framework.

BoD19/049 Any Other Business

There was no other business from Trust Board members.

BoD19/050 Questions from the Public

Mr Jordan was concerned about the lack of consultation and engagement regarding the Trust's Masterplan. He said there was a lack of consultation and asked when the Trust was going to consult with its members and the public.

The Director of Strategy and Business Development said that the Trust was engaged with planning and colleagues in the Local Authority and was in the process of working

up schemes. He said that the Trust would communicate regarding those projects when it was in a position to do so. He said that Governors had been engaged and were regularly updated. The Chief Executive said that the Masterplan proposals had been available at the Trust's Annual General Meeting in 2018. She asked that the Director of Strategy and Business Development review the communication and engagement plan to ensure its adequacy.

The Chair thanked Mr Jordan for his question and support in attending the Trust Board meetings.

BoD19/051 **Date of Next Meeting (open to the public): Wednesday 29 May, 8.30am Seminar Room, Children's Centre, Dorset County Hospital, 2019.**

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".

DRAFT

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
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: Brexit The latest position is that the Government has agreed with the EU a further extension of the Article 50 period to 31 October 2019. During this time organisations will be required to take a number of actions. Details are provided in the main body of the report. The government will be voting on an amended Brexit proposal put forward by the Prime Minister in June. Following this, further information will be provided as it is made available. Provider Finances The provider sector is set to miss its financial plan by more than £250m, despite benefitting from significant extra "donated asset" income. NHS Improvement's latest forecast for 2018-19 suggests a year-end deficit of £661m, against the initially planned £394m. The forecast would have been worse, at £917m, were it not for a £256m accounting adjustment which involved two private finance initiative hospitals being brought on to the government's books as "part-donated assets". The financial position is broadly similar to what we saw last year, though fewer Trusts are in deficit. However, they continue to operate in an extremely challenging environment. Public Service funding Some public services face a further squeeze despite the chancellor's pledge to end austerity at the spending review. In a letter to Nicky Morgan, chairwoman of the Treasury select committee, Philip Hammond said it would be odd to assume that every government department would see a real-terms increase in spending. The chancellor will allocate the money in a three-year spending review, which is expected in the summer. His letter suggested that some departments may still be facing cuts. Departmental spending is set to rise by 1.2% a year on average for the next five years and much of the increase has already been pledged for the NHS. Unprotected departments, those outside health, defence and aid, face cuts of 0.6% a year. Revised clinical standards Fourteen hospitals have been chosen to pilot a new way to measure performance which could pave the way for the end of the four-hour A&E target in England. Instead of aiming to see and treat virtually all A&E patients in four hours, the sickest patients will be prioritised for quick treatment. However, the move is controversial, with some seeing it as an attempt to move the goalposts because the target has been missed for more than three years. The Trusts chosen include a mix of rural and urban sites and top and bottom performers. The pilots will start shortly, with final decisions expected in the Autumn with a view to introducing the new measures from next spring.	

<p>Key local developments are as follows</p> <p>DCH performance.</p> <p>Although some improvements have been seen a number of risks continue to be evident which could compromise the ability of the Trust to deliver on its key commitments in the coming year:</p> <ul style="list-style-type: none"> • Growing elective waiting list • 62 day referral to treatment cancer standard • Staffing, in particular the use of temporary staff • Finances • Mortality <p>Plans are in place to mitigate these but progress may need to be made at a faster pace to avoid the escalation of risk. The Trust will need to make some key decisions early this year. These would include how to manage elective demand to ensure no further deterioration in the size of the waiting list, investment in further recruitment campaigns and making challenging decisions to meet our financial obligations.</p> <p>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. 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.</p>	
<p>Paper Previously Reviewed By Chief Executive.</p>	
<p>Strategic Impact In order for the Board to operate successfully, it has to understand the wider strategic and political context.</p>	
<p>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.</p> <p>The Board also needs to seek assurance that credible plans are developed to ensure any significant operational risks are addressed.</p>	
<p>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.</p>	
<p>Governance Implications (legal, clinical, equality and diversity or other): Failure to address significant strategic and operational risks could lead to regulatory action.</p>	
<p>Financial Implications Failure to address key strategic and operational risks will place the Trust at risk.</p>	
<p>Freedom of Information Implications – can the report be published?</p>	<p>Yes</p>
<p>Recommendations</p>	<p>The Board is asked to note the information provided.</p>

Chief Executive's report

Strategic Update

National Perspective

There have been a number of developments since the last report that will be of interest in terms of the national context or where there is a clear connection to challenges or developments locally.

National Context

Asthma and the link to pollution

A recent study found that three in ten child asthma cases in some parts of Britain are caused by traffic pollution. The study by the Lancet found that, overall, 19% of new childhood asthma cases each year are attributable to nitrogen dioxide pollution. However, in busy cities the proportion is far higher, with 23% of cases in Manchester due to pollution and 29% in London.

Public Service funding

Some public services face a further squeeze despite the chancellor's pledge to end austerity at the spending review. In a letter to Nicky Morgan, chairwoman of the Treasury select committee, Philip Hammond said it would be odd to assume that every Government department would see a real-terms increase in spending. The chancellor will allocate the money in a three-year spending review, which is expected in the summer. His letter suggested that some departments may still be facing cuts. Departmental spending is set to rise by 1.2% a year on average for the next five years and much of the increase has already been pledged for the NHS. Unprotected departments, those outside health, defence and aid, face cuts of 0.6% a year.

Mental Health

A recent report by NHS Providers report on mental health found that cuts to benefits and wider economic hardship are increasing demand for mental health care. Mental health leaders in England cited the rollout of universal credit, in particular, as a key factor. They also said money problems and job worries alongside social factors, such as loneliness, were adding pressure to an already stretched system. The Government acknowledged there were "challenges" in reforming benefits, but said it was tackling them. A spokesman also stressed that mental health services were a "key priority" for the boost in funding to the health service in the coming years. NHS Providers deputy chief executive Saffron Cordery said Trusts were clear that social and economic pressures are translating into higher demand for services. She said the feedback showed that rising demand was causing problems as services struggled with staff shortages.

Provider Finances

The provider sector is set to miss its financial plan by more than £250m, despite benefitting from significant extra "donated asset" income. NHS Improvement's latest forecast for 2018-19 suggests a year-end deficit of £661m, against the initially planned £394m. The forecast would have been worse, at £917m, were it not for a £256m accounting adjustment which involved two private finance initiative hospitals being brought on to the Government's books as "part-donated assets". The financial position is

broadly similar to what we saw last year, though fewer trusts are in deficit. However, they continue to operate in an extremely challenging environment.

NHS Assembly

The Assembly held its first meeting on 25 April. There is wide experience and knowledge in the Assembly and I think it will play an important and valuable role in the implementation of the NHS Long Term Plan. As always in these circumstances, the issues will be twofold:

- How will the Assembly have influence over the implementation of the LTP without holding absolute power of veto.
- How will the Assembly determine where it can add real value as opposed to getting caught up in individual issues.

Local Relevance

Revised clinical standards

Fourteen hospitals have been chosen to pilot a new way to measure performance, which could pave the way for the end of the four-hour A&E target in England. Instead of aiming to see and treat virtually all A&E patients in four hours, the sickest patients will be prioritised for quick treatment. However, the move is controversial, with some seeing it as an attempt to move the goalposts because the target has been missed for more than three years. The Trusts chosen include a mix of rural and urban sites and top and bottom performers. The pilots will start shortly, with final decisions expected in the Autumn with a view to introducing the new measures from next spring.

Perinatal Services

A recent announcement by NHS England states that new and expectant mothers across the country are now able to access specialist mental health care closer to home. Perinatal community services have been rolled out to all of the 44 local NHS areas. NHS England say women with mental health problems did not have access to this type of care in around two in five parts of the country five years ago.

Integrated Care Systems

A report by the Public Accounts Committee (PAC) report states that the success of integrated care systems (ICSs) might be hindered by the fact that they are not statutory bodies and rely on goodwill and local working relationships, which may take years to develop. The report on the financial sustainability of the NHS said that under the current legal and regulatory framework it is difficult for the NHS to work as a system. It said: "The current system holds individual organisations to account, and it is individual organisations that are subject to inspection by Care Quality Commission (CQC)." The report said that ICS's, on the other hand, have no legal status and are not subject to CQC inspection. PAC, which took evidence from bodies including NHS England, NHS Improvement, NHS Providers and the Department of Health and Social Care (DHSC) on the financial viability of the NHS, believes that under the current legal frameworks, organisations might face difficult situations when making decisions as an ICS.

Workforce Shortages

A recently published workforce report from the King's Fund, Nuffield Trust and Health Foundation has focused on workforce shortages. It writes that the think tanks predict that there will be 250,000 NHS vacancies in a decade with signs of strain becoming apparent. It also adds that more staff are leaving each year, and the most cited reason for doing so is dissatisfaction with their work-life balance.

It argues that the Government's job would be easier if workforce planning for health and care was not so fragmented. This comes in the backdrop of the imminent workforce strategy due to be published in the next few days.

The plan is expected to focus on a number of key areas:

- Making the NHS a great place to work
- Leadership development
- Increasing the workforce but with a workforce model fit for the future.
- 25% increase in student nursing placements
- The devolvement of workforce planning to a more local level.

Workforce implementation plan chair Dido Harding and national executive lead Julian Hartley said in a letter sent to chief executives that they would look to devolve more responsibility for workforce issues to sustainability and transformation partnerships and integrated care systems. There will also be a review of how national bodies regulate trusts, with the letter making clear positive leadership in the NHS was not "consistently demonstrated across the system in national bodies, providers or commissioners" and there was a need to acknowledge this and "improve our leadership culture and capacity". The letter confirmed the plan will be published in early April and will include a 2019-20 "action plan", with a "more detailed version of how our workforce will transform over the next ten years".

Changes to waiting list rules

An extra quarter of a million patients a year could be referred to the private sector under proposed waiting list rules based on figures from the review of NHS access standards published recently. National waiting times data shows between 10,000 and 25,000 people move past the 26-week mark each month and would have to be offered an alternate provider. Currently NHS patients already have a choice of provider for their elective care but, under the new rules, NHS providers would be obliged to offer the alternative at an extra point.

Emergency Readmissions

Recent data from NHS Digital shows a steep rise in emergency readmissions between 13/14 and 17/18. It reports that there were 865,625 emergency readmissions in 2017/18, the highest figure recorded to date, up from 756,020 in 2013/14. Dr Taj Hassan, President of the Royal College of Emergency Medicine, said: "These figures show the impact that a lack of beds and social care is having on emergency departments. Many patients have to be unnecessarily readmitted as they do not have the assistance they need to look after themselves after they have been discharged."

Capital Investment

The National Health Executive covers a new report from the Health Foundation which found that a short-term approach to NHS funding has led to years of declining and inadequate capital spending for the health service. The charity has warned that an ageing infrastructure together with a substantial and growing repairs backlog was likely to undermine ambitions to transform the health service outlined in the NHS long term plan. The report said the capital budget has declined in real terms over the past eight years, with NHS Trusts experiencing a 21% reduction in their capital funding. Large amounts of funding have been transferred from long-term capital investment to cover the day-to-day cost of running the NHS which is growing drastically due to rising demand. This year alone, £500m of capital investment was cancelled or postponed

ICS development

NHS England has appointed a replacement for Michael Macdonnell, its previous Director of Transforming Health Systems, with responsibility for developing integrated care systems (ICSs). The regulator confirmed its current director of primary care delivery, Dominic Hardy, has taken on the additional role on a permanent basis.

Brexit

The latest position is that the Government has agreed with the EU a further extension of the Article 50 period to 31 October 2019.

During this period organisations are expected to take the following action:

- Maintain current preparedness and identify variation;
- Develop social care engagement and understand potential impact on health ability to deliver BAU;
- Ensure Winter Planning 19/20 and EU Exit planning are congruent (NHS Winter period 1 October to 31 March)
- Embed lessons learnt and review and update current plans for EU Exit;
- Be prepared to deliver a No Deal organisation from mid-September 2019 onwards;
- Maintain up-to-date risk assessment;
- Maintain Trust Board awareness.

The Government will be voting on an amended Brexit proposal put forward by the Prime Minister in June. The Board will be kept informed following this vote of any further action required.

DCH Performance

From an operational perspective challenges have continued into the new financial year with the week post Easter bank holiday weekend leaving the hospital and its staff facing extreme pressure. As always all staff rallied putting every effort into making sure patient safety was maintained.

The pressure has lifted slightly this month. Emergency demand at DCH will be a key focus of the System Leadership Team meeting this month where Inese will give a presentation of the emergency trends and root causes, particularly as DCH is an outlier

nationally. This will enable a wide discussion on what actions need to be taken at a system level to manage demand more effectively.

Dorset Integrated Care System

A number of key developments will take place in the coming months:

The Trust is working hard on strategic outline business cases for the expansion of ED, the Critical Care Complex and the construction of the Mid Dorset Integrated Hub. These developments will be important if we are to deliver the aims of the CSR. Discussions are ongoing at a system level to ensure that they are prioritised in the anticipated round of capital bids following the comprehensive spending review in the Autumn.

Some Good News...

We are fast approaching the annual staff awards night, the GEM Awards, on Friday 14 June 2019. This year the Trust received over 100 nominations and we are looking forward to an evening celebrating the commitment and achievements of our staff.

Patricia Miller, Chief Executive
May 2019

Balanced-Score Card Performance Report

Report to Board: 29 May 2019

Performance Summary:

April's performance against the four hour Emergency Access Standard (EAS) continued to decline and was variable in the month. The combined performance including MIUs data was 89.5%. Whilst this performance is below the national standard of 95% it was above the national average of 85.1% and the Trust ranked number 28 out of 129. Nevertheless, crowding in the Emergency Department remains a significant risk to patient outcomes and experience. In addition to increased attendances (4,251 in April 19 compared to 3,688 in April 18) and ambulance conveyances (1,400 in April 19 compared to 1,248 in April 18), there was an increase in the number of patients with length of stay over 21 days and Delayed Transfers of Care. An agreement has been reached for the extension of the Enhanced Domiciliary Care Scheme run by Agincare until 31 October 2019 whilst evaluation of the scheme and exploration of longer term options are being progressed. The RTT constitutional standard was not achieved and the performance was below the trajectory (75.13% versus trajectory of 76.04%), however for the eighth consecutive month there were no 52 week breaches. The most challenged specialities remain Ophthalmology, Trauma and Orthopaedics and Oral Surgery. Performance against 62 day cancer standard shows improvement for the third consecutive month – 81.2% in April compared to 79.5% in February and 80.9% in March as the backlog reduction is being maintained despite a significant increase in 2 week wait referrals with April numbers hitting an all-time high of 877 referrals (for comparison April 17 was 637 referrals and April 18 was 780). Performance against 6 week diagnostic standard declined slightly in month (88.2% in April compared to 89.9% in March) due to staffing shortages in audiology, neurophysiology and Dexa scanning. It has to be noted that following the investment of additional resource in Endoscopy the colonoscopy performance increased to 81.3% from 35.80% in October 18.

Main Performance Risks facing the Trust in 2018/19

Quality and Access risks:

- RTT overall waiting list and backlog continues to grow and there is a risk of 52 week breaches in Ophthalmology and Trauma and Orthopaedics
- 2 week wait demand continues to increase and presents a significant capacity challenge as well as a risk to the performance against the 62 day cancer standard
- Increased demand and capacity gaps continue to impact overall delivery of performance standards and present a financial risk to the Trust
- Underperformance against 6 week diagnostic standard remains a concern, particularly in Audiology
- Crowding in Emergency Department presents a risk to patient outcomes and experience



Financial risks

- The Trust has a shortfall of identified schemes against the annual CIP target of £3m which threatens the deliverability of the financial plan.
- Agency spending in April is almost double the level of the ceiling set by the regulator. This has been absorbed without affecting the financial position in month due to non recurrent slippage but this is not sustainable over the remainder of the year.

Quality and FPC Recommendations

Escalation from Quality Committee - 21 May 2019:

- Completion of EDS's remains below the standard required and requires improvement
- Mortality data remains an area requiring further analysis
- Achievement of 100% timely response to complaints for 3rd consecutive month is to be congratulated
- Note Dorset Quality Surveillance Group have kept Quality on routine surveillance
- Getting It Right First Time (GIRFT) mainly positive with actions for improvement taken forward – Medical Director leading
- Concern about TIA (Transient Ischaemic Attack) timeliness in line with standard – full review to June Quality Committee

Escalation from FPC – 21 May 2019:

- The Trust has a capacity and demand challenge. The Executive team will be working on this and it will be discussed by the Board in due course.
- The Committee will be developing its work programme to ensure even closer working with the other Board sub-committees around the qualitative impact of initiatives.
- The Committee approved further investment in nursing staff.
- The Committee approved investment in a new pharmacy robot that will see improved efficiencies around turnaround times and tangible benefits for patients.

Workforce Recommendations

Escalation from Workforce Committee – 20 May 2019:

- The provision of on-site accommodation for staff and issues around supply and demand.
- The work being done around “as and when” contracts to ensure that staff are treated fairly whilst meeting service needs.
- The training strategy for Trust volunteers has been completely revised and will enrich and enhance the vital contribution that volunteers bring to the Trust.
- The Committee reviewed the proposed investment in nursing staff and recommended the paper to the Finance and Performance 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	Mar-19	Apr-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	4 (0.5)	0 (0.0)
	Infection Control - C-Diff Hospital Onset Healthcare Associated and Community Onset Healthcare Associated (Rate per 1000 bed days)	16	N/A	1 (0.1)
	Never Events	0	0	0
	Serious Incidents declared on STEIS (under investigation)	51 (4 per month)	0	1
	SHMI - Rolling 12 months, 5 months in arrears (Oct-17 to Sep-18)	<1.12	1.20	
	Mortality Indicator HSMR from Dr Foster - Rolling 12 months (Feb-18 to Jan-19)	100	111.9	
Performance	RTT incomplete pathways within 18 weeks (Quarter/Year = Lowest 'in month' position)	92%	76.1%	75.1%
	RTT Incomplete Pathway Waiting List size	11,991	14,532	15,179
	All cancers maximum 62 day wait for first treatment from urgent GP referral	85%	79.5%	80.9%
	Maximum 6 week wait for diagnostic tests	99%	89.9%	88.2%
	ED maximum waiting time of 4 hours from arrival to admission/transfer/discharge (Including MIU/UCC activity from November 2016)	95%	91.5%	89.5%
Finance	Elective levels of contracted activity (£)	2019/20 = £30,721,866 £2,560,155/month	2,573,187	2,441,103
	Surplus/(deficit) (year to date)	2019/20 = Breakeven YTD M1 = (1,051)	(8,029)	(879)
	CIP - year to date (aggressive cost reduction plans)	2019/20 = 7,130 YTD M1 = 360	5,060	379
	Agency spend YTD	2019/20 = 2,929 YTD M1 = 259	4,160	482

Rating Key

	Achieving Standard
	Not Achieving Standard

INTEGRATED PERFORMANCE REPORT – Exception Reports by Domain

Safe

- **MRSA Screening** – Elective – Orthopaedic and Renal Services are below the standards required. Non-Elective – Colorectal, Elderly Care and General Medicine are below the standards required.
- **Sepsis:** There has been a slight improvement for antibiotic administration within 1 hour for inpatient areas although it is still below the standard required.
- **Nutritional assessments:** Although there has been a significant improvement in this assessment, it is still below the standard required. VitalPac 3.6 was implemented at the end of April which will allow for this assessment to be incorporated onto the system.
- **VTE Risk assessment:** The standard has not been achieved. The prompting of this assessment on the VitalPac system has been discussed with the Medical Director and changes will be implemented.

Effective

- **Mortality:** NHS Improvement review undertaken, draft report provided to the Trust, Action plan to be reviewed by Executive team for approval.
- **Stroke:** Divisional information requested at last Quality Committee on TIA standards for waiting times
- **Dementia:** Standards required are consistently not being achieved. Ongoing medical engagement and focus upon delirium with Medical Director support.
- **EDS:** Medical Director leading with Divisional leadership team. Validation of EDS has been undertaken by the Medical Director.

Caring

- **Mixed sex breaches:** All cases relate to delays in discharge from Critical Care for patients who were deemed fit for discharge with no inpatient bed capacity available. No harm to patients identified.
- **Friends and Family Test:** A slight decrease in recommendations rates has been observed for the outpatient and Emergency departments. Further analysis to be provided to the Patient Experience Group.

Responsive

The access standards for April remained challenging with increased emergency activity including trauma, increased elective cancellations and a significant growth in the number of fast track referrals. Despite the demand challenges there has been a month on month improvement against the 62 day cancer standard and the diagnostic standard for endoscopic procedures.

The following standards were met:

- Cancer 31 days (all standards)
- Zero 52 week waits

Standards not met:

- ED- 4 hour standard combined with MIU
 - Increase in attendances and ambulance conveyances
 - Increase in the numbers of stranded and super stranded patients
 - System wide work ongoing on demand management and expediting of complex discharges
 - Recruitment to key posts in Emergency Department to improve out of hours resilience
 - Embedding of Integrated Urgent Care and Same Day Emergency Care
 - Implementation of recommendations from peer reviews
- Cancer 62 days referral to treatment
 - Urology, Lung and Colorectal remain the main underperforming specialties
 - Weekly tracking meeting taking place chaired by COO
 - 250K cancer funding to become available in July 2019
- Cancer 2 week wait - all cancers and breast symptomatic
 - Significant month on month growth in fast track referrals, in particular breast, skin and colorectal
 - Daily capacity escalation
 - Additional ad-hoc clinics and conversion of routine capacity to fast track
- RTT
 - Future risk of 52 week waiters in Ophthalmology and Trauma and Orthopaedics due to the size of the backlog
 - Successful recruitment to a number of vacancies in Ophthalmology and potential to transfer appropriate referrals to a community provider
 - Waiting list validation in Dermatology with plans to roll out across other specialties
- Diagnostic 6 week wait
 - Significant improvement in performance for endoscopic procedures
 - Workforce challenges in audiology, neurophysiology and DEXA scanning
 - Increased backlog in Urodynamics due to equipment failure in Quarter 4 of 2018/19 (now resolved)

Well Led



Workforce capacity (substantive and bank) increased by 24.61 FTE in Month 01 and was 85.72 FTE above prior year: the majority of this increase was in substantive staff. Pay costs (excluding agency) increased by £525k in Month 01, which reflected the increase in workforce numbers, as well as the effect of the AfC pay increases. Agency staff costs increased by £165k in Month 01; £93k of which related to Registered Nursing costs as a result of escalation beds, high cost agency and increased proportion of night shifts. In Month 12 we saw a significant reduction in absence levels: down 0.38% to 3.09%. Appraisal rates increased by 1% to 88% in Month 01, and Essential Skills training compliance remained at 87%.

The Trust delivered a deficit in April of £900k which is nearly £200k better than plan. This is despite agency spend levels rising in the month as mentioned above. The pressure on pay costs has been absorbed by slippage on developments and a small over delivery of CIP and low consumable costs in the month.

Metric	Threshold/Standard	Type of Standard	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	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)	↔	
Infection Control - C-Diff hospital acquired post 72 hours - Due to lapses in care (Rate per 1000 bed days)	13	Contractual (National Quality Requirement) 2018/19	0 (0.0)	0 (0.0)	2 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
Infection Control - C-Diff Hospital Onset Healthcare Associated and Community Onset Healthcare Associated (Rate per 1000 bed days)	16	Contractual (National Quality Requirement) 2019/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1 (0.1)	N/A	N/A
NEW Harm Free Care (Safety Thermometer)	95%	Local Plan	95.1%	95.4%	97.4%	95.7%	94.7%	98.4%	97.5%	94.1%	↓	
Never Events	0	Contractual (National Requirement)	0	1	0	0	0	0	0	0	↔	
Serious Incidents investigated and confirmed avoidable	N/A	For monitoring purposes only	1	1	0	1	0	0	1	0	N/A	
Duty of Candour - Cases completed	N/A	For monitoring purposes only	0	2	1	1	0	1	0	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	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	5	3	4	2	3	0	0	3	↓	
Number of falls resulting in fracture or severe harm or death (Rate per 1000 bed days)	10% reduction 2016/17 = 9.9	Local Plan	1 (0.1)	0 (0.0)	2 (0.3)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
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)	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
Emergency caesarean section rate			15.8%	17.7%	13.2%	13.8%	21.3%	12.2%	14.1%	11.2%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (ED)	90%	2019/20 Contractual (National Quality Requirement)	100.0%	94.6%	84.3%	92.7%	73.1%	81.6%	75.6%	92.5%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (INPATIENTS - collected from April 2017)	90%	2019/20 Contractual (National Quality Requirement)	92.3%	88.5%	92.9%	90.9%	92.1%	80.6%	84.0%	92.2%	↑	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (ED)	90%	2019/20 Contractual (National Quality Requirement)	100.0%	77.8%	90.0%	80.8%	100.0%	100.0%	87.0%	91.3%	↑	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (INPATIENTS - collected from April 2017)	90%	2019/20 Contractual (National Quality Requirement)	85.7%	77.1%	77.3%	73.7%	75.0%	60.0%	73.2%	78.0%	↑	
Effective												
SHMI Banding (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]. Latest data = Jan-18 to Dec-18.	2 ('as expected') or 3 ('lower than expected')	Contractual (Local Quality Requirement)	1	N/A	N/A	1	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]. Latest data = Jan-18 to Dec-18.	<1.12 (ratio between observed deaths and expected deaths)	Contractual (Local Quality Requirement)	1.21	N/A	N/A	1.20	N/A	N/A	N/A	N/A	↑	N/A
Mortality Indicator HSMR from Dr Foster - Rolling 12 months	100	Contractual (Local Quality Requirement)	119.2	119.7	116.5	114.6	111.9	N/A	N/A	N/A	↑	
Mortality Indicator Weekend Non-Elective HSMR from Dr Foster - Rolling 12 months	100	Contractual (Local Quality Requirement)	118.4	121.6	110.5	109.2	109.7	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
Dementia Screening - patients aged 75 and over to whom case finding is applied within 72 hours following emergency admission	90%	Contractual (Local Quality Requirement)	78.3%	58.8%	62.7%	70.8%	66.2%	51.4%	60.5%	62.8%	↑	
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%	96.8%	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 referred on to specialist services	90%	Contractual (Local Quality Requirement)	45.0%	51.7%	64.0%	48.0%	47.8%	64.7%	51.2%	86.4%	↑	
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	↔	
Complaints - Number of formal & complex complaints	N/A	For monitoring purposes only	24	21	18	23	29	43	28	30	↓	
Complaints - Percentage response timescale met (1 month in arrears)	Dec '18 = 95%	Local Trajectory	64%	85%	86.0%	95.0%	100.0%	100.0%	100.0%	N/A	↔	
Friends and Family - Inpatient - Recommend	96%	Mar-18 National Average	99.0%	99.4%	99.0%	99.7%	99.1%	99.1%	99.5%	98.4%	↓	
Friends and Family - Emergency Department - Recommend	84%	Mar-18 National Average	88.5%	88.8%	83.7%	86.5%	85.0%	82.4%	85.0%	82.3%	↓	
Friends and Family - Outpatients - Recommend	94%	Mar-18 National Average	93.4%	94.1%	94.0%	94.5%	94.1%	93.9%	94.6%	91.7%	↓	
Number of Hospital Hero Thank You Award applications received	2016/17 = 536 (44.6 per month)	Local Plan (2016/17 outturn)	21	19	23	15	14	26	18	22	↑	

Metric	Threshold/ Standard	Type of Standard	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	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)	81.3%	80.2%	80.0%	79.0%	78.4%	77.5%	76.1%	75.1%	↓	
RTT Incomplete Pathway Waiting List size	11,991		13,532	14,292	13,971	13,807	13,793	14,292	14,532	15,179	↓	
Cancer (ALL) - 14 day from urgent gp referral to first seen	93%	Contractual (National Operational Standard)	92.3%	94.0%	90.8%	94.9%	95.0%	92.4%	80.2%	68.4%	↓	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	93%	Contractual (National Operational Standard)	100.0%	94.4%	72.2%	79.3%	100.0%	80.0%	21.9%	3.6%	↓	
Cancer (ALL) - 31 day diagnosis to first treatment	96%	Contractual (National Operational Standard)	99.0%	98.0%	98.2%	99.1%	99.2%	98.9%	100.0%	100.0%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	94%	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	↑	
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%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	98%	Contractual (National Operational Standard)	-	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)	76.5%	78.6%	77.6%	86.0%	82.2%	78.4%	79.5%	80.9%	↑	
Cancer (ALL) - 62 day referral to treatment following a referral from screening service (post)	90%	Contractual (National Operational Standard)	100.0%	100.0%	100.0%	100.0%	88.9%	87.5%	100.0%	94.1%	↓	
% patients waiting less than 6 weeks for a diagnostic test	99%	Contractual (National Operational Standard)	84.0%	84.6%	86.3%	82.8%	82.0%	87.3%	89.9%	88.2%	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge	95%	Contractual (National Operational Standard)	94.5%	95.2%	92.3%	89.6%	87.0%	82.8%	82.8%	78.3%	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from November 2016)	95%	Contractual (National Operational Standard)	97.3%	97.6%	96.2%	94.8%	93.5%	91.4%	91.5%	89.5%	↓	
Well Led												
Annual leave rate (excluding Ward Manager) % of weeks within threshold	11.5 - 17.5%		50.00%	44.83%	38.79%	54.31%	32.76%	50.00%	50.86%	N/A		
Sickness rate (one month in arrears)	3.3%	Internal Standard reported to FPC	3.4%	3.6%	3.9%	4.14%	4.5%	3.5%	3.1%	N/A	↑	
Appraisal rate	90%	Internal Standard reported to FPC	82%	81%	80%	82%	85%	86%	87%	88%	↑	
Staff Turnover Rate	8 -12%	Internal Standard reported to FPC	10.2%	9.3%	9.1%	8.9%	8.8%	8.7%	8.5%	8.8%	N/A	
Total Workforce Capacity	2,449.8	Internal Standard reported to FPC	2,297.9	2,340.9	2,336.0	2,355.6	2,376.3	2,368.9	2,376.4	2,392.9	N/A	
Vacancy Rate (substantive)	<5%	Internal Standard reported to FPC	6.6%	4.4%	4.6%	3.8%	3.0%	3.3%	3.0%	6.1%	↓	
Total Pay Cost	8,830.0	Internal Standard reported to FPC	9,756.5	9,732.5	9,822.6	9,832.9	10,069.7	9,842.0	9,991.1	9,583.1	↑	
Number of formal concerns raised under the Whistleblowing Policy in month	N/A	Internal Standard reported to FPC	0	0	0	0	0	0	0	0	N/A	
Essential Skill Rate	90%	Internal Standard reported to FPC	85%	87%	86%	84%	86%	87%	87%	87%	↔	
Elective levels of contracted activity (activity)	2019/20 = 30,584 2548/month		2,038	2,452	2,370	1,944	2,522	2,066	2,512	2,404	↓	
Elective levels of contracted activity (£) Including MFF	2019/20 = £30,721,866 £2,560,155/month		£1,992,960	£2,358,674	£2,325,261	£1,941,887	£2,086,190	£1,904,757	£2,573,187	£2,441,103	↓	
Surplus/(deficit) (year to date)	2019/20 = Breakeven YTD M1 = (1,051)	Local Plan	(4,281)	(4,780)	(5,295)	(5,679)	(6,494)	(7,328)	(8,029)	(879)	N/A	N/A
Cash Balance	2019/20 - 1303 M1 = 2980		9,800	7,416	9,119	10,453	9,672	7,728	3,536	7,738	↑	
CIP - year to date (aggressive cost reduction plans)	2019/20 = 7,130 YTD M1 = 360	Local Plan	1,765	2,072	2,364	2,677	3,530	4,325	5,060	379	N/A	N/A
Agency spend YTD	2019/20 = 2,929 YTD M1 = 259		1,808	2,047	2,377	2,733	3,223	3,588	4,160	482	N/A	N/A
Agency % of pay expenditure	2019/20 = 2.3%		3.2%	2.4%	3.4%	3.6%	4.9%	3.3%	5.5%	4.5%	↑	

Movement Key
 Favourable Movement ↑
 Adverse Movement ↓
 No Movement ↔

 Achieving Standard
 Not Achieving Standard

Title of Meeting	Trust Board
Date of Meeting	29th May 2019
Report Title	Summary of System Leadership Team ICS Performance Papers
Author	Nick Johnson
Responsible Executive	Nick Johnson

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

For information

Summary

Appendices A, B, C and D provide a summary of the Dorset Integrated Care System key quality, performance, financial and transformation activity as presented to the System Leadership Team (SLT). This paper highlights some key issues from those appendices.

Quality Report (Appendix A)

- The current risk in relation to SWAST call stacking remains high.
- Completion of Initial Health Assessments within 20 days continues to fluctuate from month to month and has been raised through corporate parenting Boards and Safeguarding Boards.
- Longer waiting times for some elective services remain an area of concern and is for further discussion with NHS Improvement and at Quality Surveillance Group (QSG).
- A revised Never Event/Serious incident reporting template is being trialled.
- DCH comparative performance against SHMI and mixed-sex breaches is highlighted.

Performance Report (Appendix B)

- DCH ED performance in March was 91.5%, RBH 96.5%, PH 88%. ED attendances at DCH were up by 7.6% in March compared to 8.6% PH and 4.5% RBH. Conveyances were up 6.7% at DCH compared to 3.75% PH and 4.7% RBH.
- DCH RTT and diagnostic performance continues to track below PH and RBH. DCH waiting list has increased by 19.2% since March 2018 compared to 4.3% PH and 4% RBH.
- Outpatient attendances have reduced by 2.4% at DCH compared to 4.2% PH and 2.2% RBH.
- GP Referrals have increased at DCH by 1.1% compared to a reduction at RBH (-0.6%) and PH (-1.8%).
- DTOCs for DCH have increased by 5.3% compared to PH (3.4%) and RBH (3.4%).
- In February 2019 Dorset Healthcare had 91.6% Occupied Beds
- Cancer (Feb 2019) 2 week wait is 92.4% compared to 95.5% (PH) and 96.7% (RBH) and 62 day standard is 77.7% compared to 86.2% (PH) and 86.7% (RBH).
- Integrated Community and Primary Care Services
 - Overall progress is being made in Occupied bed day reductions. The position has not changed or worsened for: Reducing admissions; Readmissions; Ambulatory care admissions staying 1+days; Lengths of stay in super stranded over 21 day patients; Number of patients staying over 7 days.

Financial Report (Appendix C)

- Overall Dorset ICS finished 2018/19 £11.2m deficit. Position after PSF was £6.3m deficit.
- For 19/20 the system has a CIP of £99.6m, compared to £71.9m in 2018/19.
- £14.3m of PSF will be contingent upon delivery of the system control total in 19/20

Sustainability and Transformation Report (Appendix D)

One Acute Network

- The Outline Business Case (OBC) was completed on schedule and signed off by RBCH and PHT Trust Boards. The OBC has now been shared with NHSI.
- The Maternity Matters Website launched on 21 March which had 1,291 views, 950 of these were unique views and 6 self-referrals to maternity services were made via the website.
- Procurement complete for external review of Medical Physics teams across Dorset. This review will inform future development of the service.

Integrated Community & Primary Care Services

- Additional investment for 2019/20 was approved by the Primary Care Clinical Commissioning Committee in March.
- Wessex Clinical Senate External Review of Dementia Services Review completed.
- The Quarter 3 Dashboard report presented to Implementation and Planning Group (IPG) shows overall progress in reducing occupied bed days. There have been other improvements in different localities, this can be used to understand which initiatives are getting results and can be rolled out across the county. It has also highlighted variance in ACS admissions and LOS as areas of high focus for providers.

Prevention at Scale

- A pilot of CO screening and referrals to smoke stop services by Health Visitors during pregnancy appointments and post birth has been running in Weymouth and Portland and is due to finish this month. An evaluation report comparing outcomes with other areas will be produced by June.
- To date 15 Mental Health First Aid courses have been run for school support staff across Dorset resulting in 222 staff being trained first Aiders. Follow up evaluation is due to be completed in April, September and March 2020 (3, 6 and 12 months after completion).

Digitally Transformed Dorset

- Digital working group have had their terms of reference agreed by DIG to provide assurance that the participating organisations have an effective framework within which they can deliver the aims, objectives and deliverables that constitute the Digitally Transformed Dorset (DTD) Portfolio.
- 20 GP Practices have now signed up to the Programme and have formally given their approval for their data to be extracted and processed. Data from all these Practices has been provided through the Intelligent Working Data Warehouse, using the same technology that will be used by the Programme to provide the data as a live service once the NHSE Optum Programme completes.

Leading and Working Differently

- #choosenursing marketing campaign has been launched successfully for the RNDA September 19 cohort with positive impact.
- The Our Dorset Passport has been expanded significantly to include other professions and wider services. Feedback from the Integrated Urgent Care service is that the passport is having a very positive impact on the services ability to attract individuals to cover shifts.

Paper Previously Reviewed By

Appendices 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

Safe Staff Return March

Ward name	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
	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	1737	1317.25	1117	1349	682	935	682	726	75.8%	120.8%	137.1%	106.5%	784	2.9	2.6	5.5
Barnes	1280.5	1114.58	1620	1513	682	683.5	891	946	87.0%	93.4%	100.2%	106.2%	709	2.5	3.5	6.0
Critical Care Unit	2284.25	2194.83	267.5	357.5	2138	2223.5	0	0	96.1%	133.6%	104.0%	-	194	22.8	1.8	24.6
Day Lewis	1483	1278.92	1135	1320.5	681	670.83	682	681.5	86.2%	116.3%	98.5%	99.9%	710	2.7	2.8	5.6
Fortuneswell	903.5	1089.5	731	890.25	680	695	341	528	120.6%	121.8%	102.2%	154.8%	479	3.7	3.0	6.7
Ilchester Integrated Assessment Unit	1073	1349.5	1478.75	1791.25	1069.5	1414	1069.5	1477.5	125.8%	121.1%	132.2%	138.1%	905	3.1	3.6	6.7
Kingfisher	1467.5	1400.5	594.75	621.5	1069.5	1034.5	356.5	356.5	95.4%	104.5%	96.7%	100.0%	231	10.5	4.2	14.8
Lulworth	1865.5	1753.75	1503.25	1430.25	1023	1023.25	1023	1034	94.0%	95.1%	100.0%	101.1%	911	3.0	2.7	5.8
Maternity	3024	2664.5	1540.2	1405	2413	2194.83	682	651.5	88.1%	91.2%	91.0%	95.5%	348	14.0	5.9	19.9
Maud Alex	1230.5	1155	784	776	1069.5	1063.5	356	356	93.9%	99.0%	99.4%	100.0%	450	4.9	2.5	7.4
Moreton	1379.5	1347.5	1516	1444.5	682	682	1023	1016	97.7%	95.3%	100.0%	99.3%	720	2.8	3.4	6.2
Prince of Wales	1411.5	1299.75	760	703	682	671	341	362	92.1%	92.5%	98.4%	106.2%	443	4.4	2.4	6.9
Purbeck	1665.5	1537.25	1516	1621.7	682	682	682	817	92.3%	107.0%	100.0%	119.8%	781	2.8	3.1	6.0
Ridgeway	1263	1230.8	1100.5	1467.58	682	671	682	704	97.5%	133.4%	98.4%	103.2%	708	2.7	3.1	5.8
SCBU	756	750	372	288	682	693	341	318	99.2%	77.4%	101.6%	93.3%	87	16.6	7.0	23.6
Stroke Unit	1504.5	1307.7	1129	1594.25	682	682	682	1030	86.9%	141.2%	100.0%	151.0%	631	3.2	4.2	7.3

Exception report: Abbotsbury, Barnes, Day Lewis and the Stroke Unit day shifts were all supported by the supervisory ward leader.

There were 3 shifts with only 1 RN on duty during this reporting period (Day Lewis, Purbeck, Prince of Wales); these were supported by adjacent ward areas and night sister presence on all occasions.

Title of Meeting	Trust Board
Date of Meeting	29 th May 2019
Report Title	Research Strategy 2019-22
Author	Zoë Sheppard, Head of Research
Responsible Executive	Alastair Hutchison, Medical Director
Purpose of Report (e.g. for decision, information)	For approval
Summary	Health research is fundamental to medical progress and the Trust is obliged to play its role. Research also trains staff in rational thought, scientific rigour, interdisciplinary, and ethical conduct. As such, health research supports the Trust as it imbues the values of respect, integrity, team work, and excellence in the workplace. Institutional support is needed to encourage the necessary culture change within the organisation, to prioritise research so that it can make its holistic contribution to care.
Paper Previously Reviewed By	Research and Innovation, Patient Research Ambassadors, Director of Research, previous and current Medical Director, Company Secretary, Head of Fundraising, Chief Information Officer, and the Trust Board. Shared with Research Strategy Committee and Clinical Effectiveness and Innovation Group prior to submission.
Strategic Impact	It is paramount to conduct research for: <ol style="list-style-type: none"> 1. Medical progress 2. Staff training, recruitment, and retention 3. Evidence-based practice 4. Adoption of Trust values 5. Better care/outcomes for patients 6. NHS Constitution requirements 7. Promotion of collaboration with partner organisations 8. Expectations of the wider society
Risk Evaluation	<ol style="list-style-type: none"> 1. Lack of dedicated time to conduct research in the face of service requirements 2. A culture that does not always recognise the necessity of health research 3. Vulnerability of recurrent funding 4. Size of research base compared to Trusts that compete for resources 5. Constraints caused by physical separation of the Department from the rest of the Trust 6. Lack of Information Technology resource to better embed research into routine practice
Impact on Care Quality Commission Registration and/or Clinical Quality	Research improves the skill-sets of staff, as individuals and as functioning teams. It encourages the projection of scientific reasoning that facilitates clinical and organisational problem solving. Research is now included in Care Quality Commission inspections.
Governance Implications (legal, clinical, equality and diversity or other):	Health research is undertaken according to the highest ethical principles, protecting the safety of research participants, and the scientific integrity of the research data.
Financial Implications	Income, potential excess treatment costs but also cost-savings and avoidance, and risk reduction
Freedom of Information Implications – can the report be published?	Edited version i.e. without names and potentially sensitive information
Recommendations	The Trust prioritises health research through: <ol style="list-style-type: none"> 1. Financial support 2. Provision of dedicated time for staff to undertake research 3. Investment in Information Technology 4. Culture Change

Quality and relevant research to deliver outstanding care for people in ways which matter to them

RESEARCH AND INNOVATION STRATEGY 2019-22

Overview of research and its benefits to health care organisations

According to the Health Research Authority (p1) research is *“the attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods”*¹ and the importance of research is well recognised. Over 80% of the general public reported that health research was ‘very important’ in a survey commissioned by the Health Research Authority and the National Institute for Health Research.²

As well as including a pledge to provide information about research study eligibility, the NHS Constitution (p3) includes research in the seven key principles: *“3. The NHS aspires to the highest standards of excellence and professionalism...through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population”*.³ Similarly, the Government asked NHS England (p11-12) to support research and innovation in its 2017/18 mandate: *“We ask NHS England to promote and support participation by NHS organisations, patients and carers in research funded both by commercial and non-commercial organisations, so that the NHS supports and harnesses the best research and innovations and becomes the research partner of choice.”*⁴ More recently, the NHS Long Term Plan (p7) *“recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring both to patients and the UK economy.”*⁵

The societal benefits of medical research are self-evident and do not need to be enumerated here. The benefits of research to institutions conducting research include the provision of better care with better patient outcomes,⁶⁻¹¹ the recruitment and retention of high quality staff and improvements in the skills and behaviours of staff.⁷ It is no surprise therefore that research is included in inspections by the Care Quality Commission,¹² (and in their Annual Patient Experience Survey) - in the future, they will *“recognise the role of research in delivering quality patient care and to strengthen the assessment of research activity.”*¹³

Research also generates and can secure substantial cost-savings due to the provision of expensive drugs/cost-avoidance of standard care.¹⁴⁻¹⁵ For example, an impact and value assessment (p30) of the Clinical Research Network found *“for commercial studies, NHS Trusts receive an average of £6,658 in revenue, and a pharmaceutical cost saving of between £4,700 and £5,780, per patient recruited”*.¹⁵ The Research and Development Forum’s Functions Wheel¹⁶ details the numerous roles and activities conducted by research departments in Figure 1 of the Appendix, and their ‘added value’ to organisations. It is for these reasons that research is of paramount importance and imperative to conduct at Dorset County Hospital.

**Quality and relevant research to deliver outstanding care for people
in ways which matter to them**

The national and local context

The National Institute for Health Research is “*the research arm of the NHS*”¹⁷ with fifteen regional Clinical Research Networks responsible for delivering research. Dorset County Hospital was located within the Western Clinical Research Network until 2013 but is now located to the far South-West of the Wessex Clinical Research Network. Closer to home, Research Active Dorset is being created to support an Integrated Care System, a collaborative approach to both research and patient care across the county of Dorset.

Following the outcome of the Clinical Services Review in 2017, Dorset County Hospital remains both a planned and emergency site and provides services for around 250,000 people in West Dorset, North Dorset, Weymouth, and Portland.¹⁸ Furthermore, Dorset County Hospital provides specialist renal services across the county and into South Somerset. The Trust’s 2020 strategy has the mission of ‘*outstanding care for people in ways which matter to them*’ with a vision that ‘*Dorset County Hospital, working with our health and social care partners, will be at the heart of improving the wellbeing of our communities*’ with a value system based on integrity, respect, teamwork, and excellence.¹⁸ Without a vibrant research culture, Dorset County Hospital will not achieve its full capacity to deliver this vision.

Research and Innovation Department (hereafter referred to as the Department)

Research staffing

The Department has been operational since 2001, grew rapidly since 2008/9, and is currently structured as per the organisational chart in Figure 2 of the Appendix. Importantly the Department recruited a significant number of volunteer Patient Research Ambassadors in 2017/18 who won the award for excellence in patient and public involvement and engagement at the Wessex Clinical Research Network awards in 2019.¹⁹ The Department has recently been integrated within Care Group 4 of the Urgent and Integrated Care Division, under the operational leadership of Andrew Prowse (Clinical Director) and the strategic leadership of Raymond MacAllister (Director of Research), with the responsible Executive being Alastair Hutchison, Medical Director. Although the Department works across Divisions, this development will provide much more in the way of support, oversight, and visibility.

The Department’s activity and funding

The Department continues to increase research recruitment year on year with “*over 1,300 participants into research studies in 2017/18, a 33% increase on 2016/17 and more than ever before.*”²⁰ A case study of an award winning trial is available on the News Releases page of the Trust website.²¹

The Department aims to have a self-funding model, with the income funding mainly staff costs but also overheads to the Trust. Historically, approximately two-thirds of the Department’s funding has been from the Wessex Clinical Research Network recruiting to a national portfolio of research studies. This funding is made up of ‘core’

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funding that increases/decreases by up to 5% each year depending on the Department's relative recruitment activity over the previous two activity periods (currently financial years). This aims to provide stability of income, although the Department has seen successive cuts and anticipates these to continue until alignment is achieved with the relative proportion of research recruitment activity. Other sources of funding from the Network include a performance premium based on recruitment to time and target, and contingency/strategic funding. The remaining third of the Department's income has historically been from commercial studies, although this declined in 2017/18 due to capacity to take on such time intensive studies. However, a proportion of the income from commercial studies is used to build capacity in research at the Trust via the Research Investigators Fund by supporting small-scale research related activities. The Department also receives Research Capability Funding of £20k from the Department of Health based on recruiting at least 500 individuals to non-commercial studies, conducted through the National Institute for Health Research's Clinical Research Network during the previous reporting period of October to September. The strategy needs to address the current financial deficit.

Department strategy **Co-production of strategy**

The strategy must ensure that engagement occurs across the Divisions of the Trust so that the benefits of a research culture permeate the Trust in its entirety. Whilst assessing the current needs of the Department and Trust, consultations with individuals and groups were conducted, in order to identify the needs of staff and patients. In addition to one-to-one meetings, presentations were made to a variety of audiences (e.g. Team Brief, Clinical Audit, Professional Advisory Group of nurses and allied health professionals, Orthopaedics, Gastroenterology, and the Research and Innovation Training Day) as well as requesting feedback via the Weekly Staff Bulletin for those unable to attend the above events. Of particular note and importance, the volunteer Patient Research Ambassadors were consulted.

Mission, vision, and objectives

Mission: Quality and relevant research to deliver outstanding care for people in ways which matter to them.

Vision: Research and Innovation at Dorset County Hospital, working with our research and health and social care partners, will be at the heart of improving the wellbeing of our communities by delivering quality and relevant research.

Objectives:

1. To deliver **outstanding** relevant research at Dorset County Hospital – this means to undertake research that addresses important questions, to generate data of the highest validity, and to maintain the safety of our research participants.

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2. To **integrate** research into services at Dorset County Hospital, so that the Trust evolves into an innovation aware hospital, routinely collecting data that facilitates research and audit in addition to enabling the measurement of outcomes.
3. To **collaborate** with patients, staff, and research partners - including Universities, partner Trusts and General Practices, National Institute for Health Research organisations, and reputable commercial companies.
4. To **enable** staff to engage in research, through time, space, funding, and training, as per the recent project "*calling for every clinician working in the NHS to become research active*".²²
5. To be a **sustainable** department by being productive, effective, and efficient in the delivery of research at Dorset County Hospital.

Well established areas/specialities

Whilst the Department is keen to offer a balanced portfolio of research to patients with studies in as many areas as possible, well established areas are:

1. **Cardiology** – commercial potential and a focus of the NHS Long Term Plan.⁵
2. **Critical care** – reactive research portfolio with short durations of follow-up.
3. **Gastroenterology** – a *team* of engaged clinicians with research integrated into the patient pathway.
4. **Kidney disease** - services across the county and into South Somerset, and is a key area for fundraising/commercial work.
5. **Orthopaedics** – ageing population and links with the Orthopaedic Research Institute at Bournemouth University.

Discipline-specific areas with development potential

1. **Ageing and frailty** represents an opportunity given the large ageing population which is also a key area for fundraising. Healthy Ageing is a theme of the Academic and Health Science Network and there are strong links with the Ageing and Dementia Research Centre at Bournemouth University. Furthermore, over 65 year olds and loneliness/isolation are of interest to the Patient Research Ambassadors and end of life care to the Trust Board.
2. **Cancer** (and haematology) retains potential to grow with the new radiotherapy centre located at Dorset County Hospital and is an area of focus in the NHS Long Term Plan.⁵ Furthermore, the move to become a level 2b service in haematology means clinical trials should be offered to all acute leukaemia cases.
3. In **dermatology** there is a team of engaged clinicians with research ideas, and a link with **rheumatology**, which has a need to reduce inequalities in access to research in West Dorset.
4. In **diabetes and respiratory disease** there is potential for collaboration with the community Trust, and these are active areas for industry sponsorship and of note in the NHS Long Term Plan.⁵
5. **Ophthalmology** – a large department at the hospital and patients often have co-morbidities meaning potential to work across specialties e.g. with diabetes.

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6. **Orthodontics** – an engaged team conducting their own research and dentistry is a priority for the Wessex Clinical Research Network.
7. **Paediatrics** – area requiring investment via a Paediatric Research Nurse given the number of research studies to oversee and another key area for fundraising.
8. **Reproductive health and gynaecology** – an underperforming speciality for the Wessex Clinical Research Network but an area of potential in Dorset County Hospital's current portfolio which could be filled with a Research Midwife. Strong links with the Centre for Midwifery, Maternal and Perinatal Health at Bournemouth University. Genitourinary Medicine already has a strong portfolio of research studies that could be integrated and built upon.

Cross-cutting areas with development potential

1. **Health Services Delivery Research and patient safety/quality of (person-centred) care** – still a key priority following the Francis Inquiry and of interest to the Patient Research Ambassadors and Trust given the multi-morbidities, rurality, and inequalities faced within the Dorset population and the need to integrate with community services – also included in the NHS Long Term Plan.⁵
2. **Mental health and dietetics** – close physical links with the Department in Damers House and mental health is a themed call for the National Institute for Health Research and features in the NHS Long Term Plan.⁵
3. **Public health, self-management, and digital health** – strategic priorities for the Patient Research Ambassadors, Trust, Clinical Research Network and Academic and Health Science Network, with 'prevention at scale' and being 'digitally enabled' key to the Sustainability and Transformation Plan and Long Term Plan.⁵
4. **Workforce** e.g. flexibility, wellbeing, efficiency/smarter working, integration – efficiency is a strategic priority for the Trust and the Patient Research Ambassadors and supporting staff is a priority in the NHS Long Term Plan.⁵

Strengths, Weaknesses, Opportunities, and Threats

Whilst some challenges facing the Department have already been alluded to, an attempt to summarise the strengths, weaknesses, opportunities, and threats is provided in Table 1 of the Appendix. The Department is unique in its model of a centralised team meaning it can provide flexibility compared to other Trusts. However, the Trust is a small district general hospital with diseconomies of scale but has potential to grow its research by tapping into opportunities such as commercial work, fundraising, and research led by the hospital. Whilst the Research Active Dorset collaboration brings potential opportunities for economies of scale, any resultant change could be seen as a threat so changes will be monitored so that any likely consequences can be managed accordingly. However, probably the biggest weakness is the lack of time that staff have to conduct research which makes growing research a constant challenge. The Department is sometimes viewed as a separate entity/appendage to the Trust which can also prove problematic, including its visibility. However, the recent integration into the Divisional structure and a planned move to the new Trust Headquarters should go some way to address this.

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Action plan and reporting

Table 2 in the Appendix outlines how the strategy's five objectives will be delivered in order to meet the Department's mission, working towards the future vision. In particular, it prioritises the need to consider research with patient benefit as congruent aims, by embedding research into routine care and data collection. In order to build a more collaborative research culture, it is fundamental to raise awareness of research as well as involve Patient Research Ambassadors and research partners such as local Universities. Indeed, public involvement and clinical academic careers are central to this strategy to ensure that research is relevant to users as well as integral to clinical work. However, an investment is needed from the Trust to allow this to happen through integrated posts and dedicated time (see Table 2). The return in investment will be increased income, and in particular, a re-balance of the income streams reducing reliance on funding from the Wessex Clinical Research Network.

A dashboard will be produced after the end of each financial year showing progress towards the objectives measured via the key performance indicators (Table 3). These will be reviewed at the Research Strategy Committee reporting to the Clinical Effectiveness and Innovation Group, before the Quality Committee, and Board.

Summary

This document provides the context and current position of the Research and Innovation department. It puts forward the importance of research and the need for it to be conducted at Dorset County Hospital. Whilst research is conducted in most areas of the Trust, this paper also outlines some of the challenges faced. In light of this analysis, the strategy suggests a co-produced mission and vision (aligned to that of the Trust) to move the Department forward, with an action plan to do this.

Focussing on research studies with patient benefit and embedding research into routine care/data collection are proposed. Collaborating with the public and research partners (e.g. local Universities) through the Patient Research Ambassador initiative and the clinical academic career pathway are fundamental to this strategy. Midwifery and paediatrics have been identified as key areas for this clinical-research integration but increasing commercial work with credible companies, fundraising, and research led by the hospital is also vital to the Department's future sustainability.

In order to grow research at Dorset County Hospital, engagement is a prerequisite. Support and investment is needed for research to create this culture change. Dedicated time, space, and integrated research/clinical posts will bring a return in investment. The strategy is summarised in diagrammatic form in Figure 3.

Acknowledgements

Thank you to everyone who has contributed to the development of this strategy.

Research and Innovation, May 2019

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APPENDIX

References

- ¹ Health Research Authority. Defining research table. *Decision Tools*. 2017. Available from: http://www.hra-decisiontools.org.uk/research/docs/DefiningResearchTable_Oct2017-1.pdf [Accessed 20 March 2018].
- ² Hunn A, supported jointly by Health Research Authority and National Institute for Health Research. *Survey of the General Public: Attitudes Towards Health Research 2017*. Available from: <https://www.nihr.ac.uk/news-and-events/documents/HRA%20NIHR%20general%20public%20omnibus%20survey%202017%20.pdf?source=chainmail> [Accessed 20 March 2018].
- ³ Department of Health. *The NHS Constitution*. The NHS belongs to us all. Crown Copyright; 2015. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf [Accessed 20 March 2018].
- ⁴ Department of Health. *The Government's Mandate to NHS England for 2017-18*. Crown Copyright; 2017. Available from: <http://qna.files.parliament.uk/ws-attachments/712634/original/NHS%20Mandate%202017-18%20A.PDF> [Accessed 20 March 2018].
- ⁵ NHS. *The NHS Long Term Plan*. 2019. Available from: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> [Accessed 11 April 2019].
- ⁶ Bennett WO, Bird JH, Burrows SA, Counter PR, Reddy VM. Does academic output correlate with better mortality rates in NHS trusts in England? *Public Health*. 2012;126 (Supplement 1): S40-S43. Available from: <https://doi.org/10.1016/j.puhe.2012.05.021> [Accessed 20 March 2018].
- ⁷ Boaz A, Hanney S, Jones T, Soper B. Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review. *British Medical Journal Open*. 2015;5 (12): 1-14. Available from: <https://doi.org/10.1136/bmjopen-2015-009415> [Accessed 20 March 2018].

Quality and relevant research to deliver outstanding care for people in ways which matter to them

- ⁸ Downing A, Morris EJA, Corrigan N, Sebag-Montefiore D, Finan PJ, Thomas JD, Chapman M, Hamilton R, Campbell H, Cameron D, Kaplan R, Parmar M, Stephens R, Seymour M, Gregory W, Selby P. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut*. 2017;66 (1): 89-96. Available from: <https://doi.org/10.1136/gutjnl-2015-311308> [Accessed 20 March 2018].
- ⁹ Jonker L, Fisher SJ, Dagnan D. Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: results from a retrospective cross-sectional study. *Journal of Evaluation in Clinical Practice*, 2019: 1-6. Available from: <https://doi.org/10.1111/jep.13118> [Accessed 11 April 2019].
- ¹⁰ Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, Gower JD, Boaz A, Holt PJE. Research activity and the association with mortality. *PLoS ONE*. 2015;10 (2): e0118253. Available from: <https://doi.org/10.1371/journal.pone.0118253> [Accessed 20 March 2018].
- ¹¹ Rich AL, Tata LJ, Free CM, Stanley RA, Peake MD, Baldwin DR, Hubbard RB. How do patient and hospital features influence outcomes in small-cell lung cancer in England? *British Journal of Cancer*, 2011;105 (6): 746-752. Available from: <https://doi.org/10.1038/bjc.2011.310> [Accessed 20 March 2018].
- ¹² Care Quality Commission. *Dorset County Hospital NHS Foundation Trust. Inspection Report*. 2018. Available from: https://www.cqc.org.uk/sites/default/files/new_reports/AAAH4952.pdf [Accessed 11 April 2019].
- ¹³ National Institute for Health Research. *Care Quality Commission Partnership*. 2019. Available from: <https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/care-quality-commission.htm> [Accessed 11 April 2019].
- ¹⁴ Liniker E, Harrison M, Weaver JMJ, Agrawal N, Chhabra A, Kingshott V, Bailey S, Eisen TGG, Corrie PG. Treatment costs associated with interventional cancer clinical trials conducted at a single UK institution over 2 years (2009-2010). *British Journal of Cancer*. 2013;109 (8): 2051-2057. Available from: <https://doi.org/10.1038/bjc.2013.495> [Accessed 20 March 2018].

Quality and relevant research to deliver outstanding care for people in ways which matter to them

- ¹⁵ KPMG. *NIHR Clinical Research Network: Impact and Value Assessment*. 2016. Available from: https://www.nihr.ac.uk/life-sciences-industry/documents/NIHR%20CRN%20Impact%20and%20Value%20FINAL%20REPORT_vSTC_160908_FOR%20EXTERNAL%20USE.pdf [Accessed 20 March 2018].
- ¹⁶ Research and Development Forum. *Adding Value to the NHS, Health and Care Through Research, Management, Support, and Leadership*. Functions Wheel. 2016. Available from: http://www.annualrdforum.org.uk/wp-content/uploads/2016/11/WHEELv4_SCALE.pdf [Accessed 20 March 2018].
- ¹⁷ National Institute for Health Research. *NIHR Today*. Available from: <https://www.nihr.ac.uk/about-us/nihr-today/> [Accessed 20 March 2018].
- ¹⁸ Dorset County Hospital NHS Foundation Trust. *Trust Strategy*. Available from: <http://www.dchft.nhs.uk/about/Pages/trust-strategy.aspx> [Accessed 20 March 2018].
- ¹⁹ Dorset County Hospital NHS Foundation Trust. News Release. *Dorset County Hospital scoop two prizes at NHS research awards*. 2019. Available from: <http://www.dchft.nhs.uk/about/news/Documents/NHS%20research%20awards.pdf> [Accessed 11 April 2019].
- ²⁰ National Institute for Health Research. *Weymouth patient praises care from research staff at Dorset hospital*. 2018. Available from: <https://www.nihr.ac.uk/news/dorset-hospital-offers-more-patients-than-ever-before-the-chance-to-participate-in-research/8848> [Accessed 11 April 2019].
- ²¹ Dorset County Hospital NHS Foundation Trust. News Release. *Dorset takes top prize in NHS research awards*. 2018. Available from: <http://www.dchft.nhs.uk/about/news/Documents/research%20team%20award.pdf> [Accessed 11 April 2019].
- ²² Royal College of Physicians. *Delivering research for all: expectations and aspirations for the NHS in England*. 2019. Available from: <https://www.rcplondon.ac.uk/guidelines-policy/delivering-research-all-expectations-and-aspirations-nhs-england> [Accessed 21 May 2019].

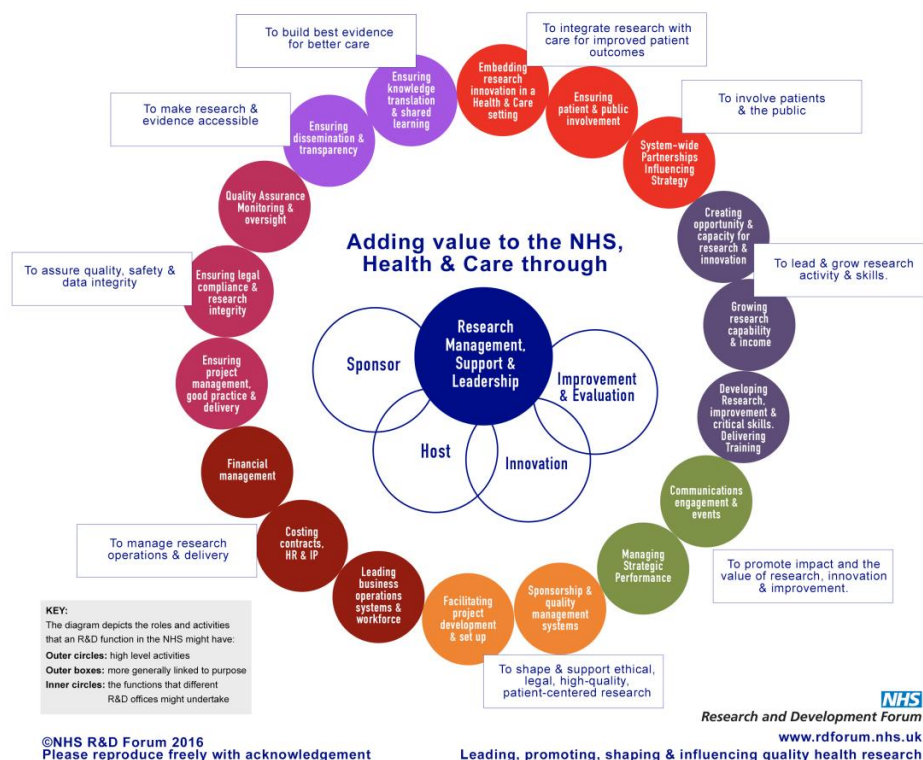
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²³ Research Design Service East Midlands. *2017 Annual NHS R&D Forum*. 2017. Available from: <https://www.rds-eastmidlands.nihr.ac.uk/2017-annual-nhs-r-d-forum> [Accessed 20 March 2018].

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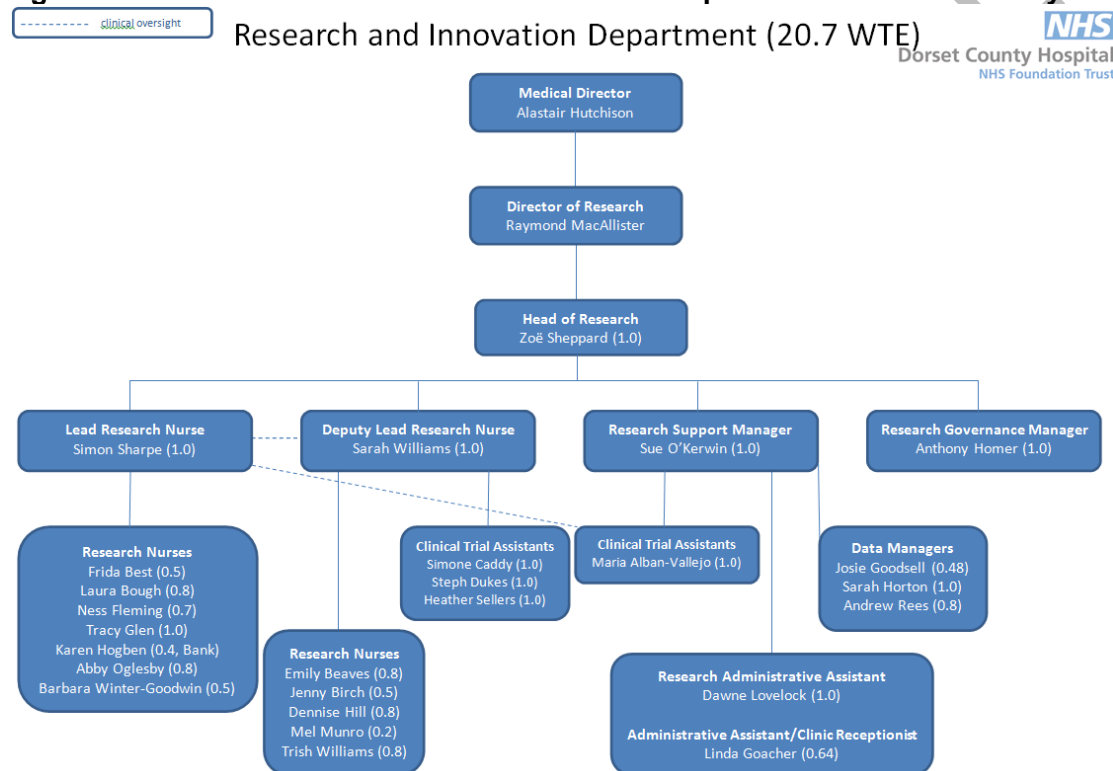
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Figure 1: Research and Development Forum Functions Wheel Demonstrating the ‘Added Value’ of Research Departments¹⁶



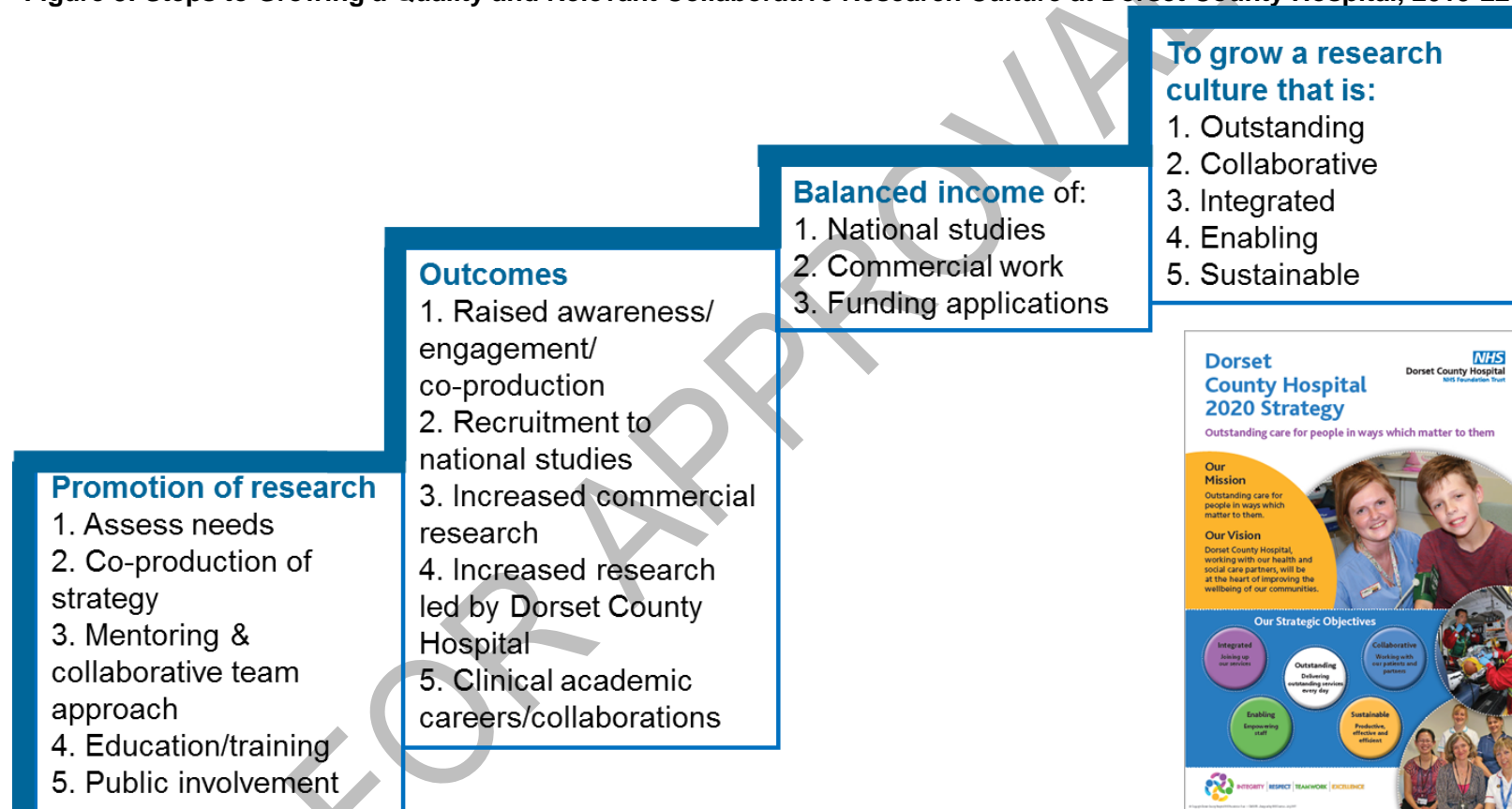
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Figure 2: Organisational Chart of Research and Innovation Department at Dorset County Hospital, 2019



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Figure 3: Steps to Growing a Quality and Relevant Collaborative Research Culture at Dorset County Hospital, 2019-22



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Table 1: Strengths, Weaknesses, Opportunities, and Threats to Research and Innovation at Dorset County Hospital, 2019-22

<p>Strengths</p> <ol style="list-style-type: none"> 1. Centralised team of research staff 2. Engagement in well-established areas of cardiology, critical care, gastroenterology, kidney disease, and orthopaedics 3. Strong links with Bournemouth University 	<p>Weaknesses</p> <ol style="list-style-type: none"> 1. Lack of dedicated staff time to conduct research 2. Unfunded long-term follow-up work 3. Vulnerability because of small size 4. Location/building/space and viewed as separate entity/appendage 5. Lack of visibility
<p>Opportunities</p> <ol style="list-style-type: none"> 1. Integration into the Urgent and Integrated Care Division 2. Move to the new build Trust Headquarters 3. Commercial work 4. Fundraising 5. Research led by Dorset County Hospital 6. Research Active Dorset collaboration 	<p>Threats</p> <ol style="list-style-type: none"> 1. Vulnerability and need to re-balance funding sources 2. Potential changes through Research Active Dorset

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Table 2: Action Plan to Deliver Research Strategy at Dorset County Hospital, 2019-22

Objective	Action	Owner	Timescale	Outcome
1. To deliver outstanding relevant research at Dorset County Hospital.	a) Patient benefit and potential impact of research studies to be assessed.	Lead Research Nurses	Within 1 year	i) Patient benefit and impact.
	b) Deliver research studies included on the national portfolio of studies (i.e. considered high quality) with regular portfolio reviews.	Lead Research Nurses and Research Governance Manager	Within 1 year	ii) Increased number of studies in set-up, open, suspended, in follow-up, closed, archived.
				iii) Increased number of areas.
				iv) Increased number of participants recruited.^a
				v) Reduced time taken to achieve set-up. ^a
				vi) Increased proportion of studies delivering to recruitment target to time.^a
				vii) Increased ranking amongst small acute Trusts.

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	<p>c) Good quality data collection, source data availability, and thorough recording in patient medical records via Quality Management System, incorporating feedback from internal/external monitoring.</p> <p>d) Report findings via appropriate registers and share outputs of research at conferences/in peer-reviewed publications as well as making publically accessible.</p> <p>e) Participants feel contribution valued.</p>	<p>Research Governance Manager</p> <p>Chief Investigator</p> <p>Lead Research Nurses</p>	<p>Within 1 year</p> <p>Within 3 years</p> <p>Within 1 year</p>	<p>viii) Increased percentage activity among Wessex Clinical Research Network.</p> <p>ix) Quality Management System.</p> <p>x) Increased quality in data checker and quality reports from cloud-based research management system.</p> <p>xi) Increased number of conference presentations and peer-reviewed publications.</p> <p>xii) Completion and results of Patient Research Experience Survey.</p>
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<p>2. To integrate research into services at Dorset County Hospital.</p>	<p>a) Pursue research ideas from practice and audit findings.</p> <p>b) Consideration of incorporating research into routine staff and patient data collection by embedding systems/processes/ infrastructure for secondary analysis e.g. roll out of electronic patient record and supporting Information Technology with a searchable database; curate pseudoanonymised but linked biological samples, imaging data, and clinical data in a biorepository; physically establish a biorepository for the safe storage and easy retrieval of patient data, images, and blood samples for follow-on analysis.</p>	<p>Chief Investigator</p> <p>Director of Research, Head of Research, and Research Governance Manager with assistance from support services e.g. histopathology, pharmacy, microbiology, radiology, Information Technology, Business Intelligence, Information Governance, Bournemouth University and Dorset Trusts for Dorset Bio-Bank</p>	<p>Within 3 years</p> <p>Within 3 years</p>	<p>i) Increased research led by the hospital.</p> <p>ii) Working group to scope ethical and governance frameworks.</p>
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	c) Integrate primary, secondary, community, social care, and public health e.g. potential to link primary and secondary care in diabetes, paediatrics, and respiratory.	Head of Research and Lead Research Nurses	Within 3 years	iii) Integrated research pathways.
	d) New posts integrating research and clinical practice e.g. Paediatric Research Nurse, Research Midwife, and Clinical Research Fellows.	Head of Research with Heads of Departments, Recruitment and Finance	Within 3 years	iv) Matched funding from Trust and Wessex Clinical Research Network for Paediatric Research Nurse, Research Midwife, and Clinical Research Fellow posts.
	e) Pursue clinical academic careers and joint appointments between academia and Dorset County Hospital.	Head of Research with Recruitment and Finance and Bournemouth University	Within 3 years	i) Increased number of clinical academic awards, fellowships, matched-funded studentships and posts.

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<p>3. To collaborate with patients, staff, and research partners.</p>	<p>a) Raise awareness and visibility of research to demystify and inspire – communication strategy to be developed which is likely to include: top down approach; signage and uniform; media, social media, intranet, website, and screen savers; posters, newsletters, and merchandise; impact stories; engagement events (e.g. inductions; International Clinical Trials Day; Hospital Open Day; student placements/work experience; health awareness dates; presentations and stands; Grand Round; poster day; conference; evening commercial company event; school visits; General Practices, charities and support groups; road shows; Dorchester Market and County Show as well as supermarkets).</p>	<p>Team approach including Patient Research Ambassadors in liaison with the Trust and Wessex Clinical Research Network Communications Leads</p>	<p>Within 2 years</p>	<p>i) Communication strategy, including dissemination of research strategy in an accessible format.</p> <p>ii) Increased number of Twitter followers, engagements, impressions, retweets, and likes.</p> <p>iii) Increased number of Facebook page views, followers, shares, and likes.</p> <p>iv) Increased number of intranet and website hits.</p>
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	<p>b) Public engagement and involvement with Patient Research Ambassadors and organisations such as HealthWatch – public engagement and involvement strategy to be developed including engagement events listed above and involvement (e.g. Research Strategy Committee representation; Trust Board attendance; interview input; staff training days; thank you cards for participants; patient bedside booklet; patient charter; research led by Dorset County Hospital; user-led research).</p>	<p>Team approach including Patient Research Ambassadors in liaison with the Trust and Wessex Clinical Research Network Communications and Patient and Public Involvement and Volunteering Leads</p>	<p>Within 2 years</p>	<p>v) Public engagement and involvement strategy.</p>
	<p>c) Departmental links with each Division/Care Group.</p>	<p>Lead Research Nurses</p>	<p>Within 1 year</p>	<p>vi) Increased engagement.</p>
	<p>d) Clinical Ambassadors in each Care Group.</p>	<p>Medical Director and Director of Research</p>	<p>Within 1 year</p>	<p>vii) Increased engagement.</p>

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e) Local universities – student projects, student research associates, master classes, writing sessions, research generating workshops.	Head of Research	Within 3 years	viii) Collaborative bids for funding.
f) Research Active Dorset/local Trusts/General Practices.	Head of Research	Within 3 years	ix) Increased number of clinical academic awards, fellowships, matched-funded studentships and posts.
g) Wessex Clinical Research Network.	Head of Research	Within 1 year	x) Increased number of co-authored conference presentations and peer-reviewed publications.
h) Research Design Service.	Head of Research	Within 3 years	
i) Applied Research Collaboration.	Head of Research	Within 3 years	
j) Health Education England.	Head of Research	Within 3 years	
k) Academic and Health Science Network.	Head of Research with Director of Strategy and Business Development	Within 3 years	xi) Increased innovation.

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	l) Reputable commercial companies and Small to Medium Sized Enterprises, without conflicts of interest.	Head of Research and Lead Research Nurses	Within 3 years	xii) Increased innovation.
	m) Charities	Head of Research	Within 1 year	xiii) Funding for research.
4. To enable staff to engage in research by providing time, space, funding, and training.	a) Barriers to be reduced and research to be encouraged through inclusion in recruitment process, job descriptions and job planning, inductions, online training, continuing professional development, appraisal process, and career progression for all staff.	Medical Director, Director of Research, Head of Research with Workforce, Human Resources, Education Centre, and Supporting Professional Activities Working Group	Within 3 years	i) Research awards and recognition. ii) Protected time for research e.g. charity funded supporting professional activities.
	b) Team approach to be taken so cover when on leave/sick.	Research Governance Manager	Within 1 year	iii) Appropriate cover for responsibilities.

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	c) Ensure research as easy as possible by embedding research nurses and research into the patient pathway.	Lead Research Nurses	Within 3 years	iv) Increased engagement.
	d) Encourage multi-professional teams (e.g. junior doctors, Clinical Nurse Specialists, Nurse Specialists, and Consultant Nurses, midwives, and allied health professionals).	Lead Research Nurses with support from Director of Nursing	Within 3 years	v) Increased engagement.
	e) Encourage research led by Dorset County Hospital through mentoring early career researchers and those straight out of training to build confidence/ experience/track record e.g. starting with literature review/audit/service evaluation, becoming Principal Investigator for Dorset County Hospital site on observational study before interventional study, before commercial study,	Head of Research	Within 3 years	vi) Increased applications to Research Investigators Fund for small-scale research related activities. vii) Increased applications to external funders for research projects. viii) Increased Chief Investigators/ sponsorship of own account research.

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	<p>progressing to become Chief Investigator of own research to small charity/society funded project, before Research for Patient Benefit bid, ahead of application to larger external funder such as Health Technology Assessment/Medical Research Council.</p>			
	<p>f) Education/training/peer support for research e.g. Good Clinical Practice, Principal Investigator training, informed consent, cloud-based research management system, Clinical Academic Community, journal club, work shadowing, exchange scheme with Academic and Health Science Network.</p>	<p>Department's Education Link, Education Centre, and Library</p>	<p>Within 2 years</p>	<p>ix) Increased number with Good Clinical Practice certification.</p> <p>x) Work shadowing.</p> <p>xi) Student placements.</p>



5. To be a sustainable department by being productive, effective, and efficient in the delivery of research at Dorset County Hospital.	a) Review the workload and structure of the Research and Innovation department to ensure it aligns to that of the Trust and is flexible/fit for purpose in order to improve efficiencies and 'do more for less/work better together' (themes of the 2017 Research and Development Forum ²³) as well as provide career trajectory and academic opportunities for research staff.	Research and Innovation Management Team with support from Care Group Director, Human Resources and Education Centre	Within 1 year	i) Fit for purpose and efficient research workforce. ii) Reduced cost per weighted recruit.
	b) Involvement with national work around Clinical Research Practitioner role.	Lead Research Nurses	Within 1 year	iii) Increased research staff capacity.
	c) Diversify income streams so not so reliant on funding from Wessex Clinical Research Network - recruitment to national portfolio of studies, commercial research, fundraising, and Dorset County Hospital led	Research and Innovation Management Team	Within 3 years	iv) Increased total income. v) Increased commercial income. vi) Increased external funding. vii) Increased Research

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	research funded via charitable funds for small-scale finite projects/studentships or external funding with associated Research Capability Funding and portfolio monies.			Capability Funding.
	d) Continued assessment of feasibility of studies, portfolio reviews.	Lead Research Nurses and Research Governance Manager	Within 1 year	viii) Patient trackers and workflows.
	e) Improve systems and processes to monitor performance and progress (e.g. on cloud-based research management system), including research ideas from the Trust/Patient Research Ambassadors.	Lead Research Nurses and Research Governance Manager	Within 1 year	
	f) Improve financial systems to ensure income invoiced and received for work carried out (e.g. research costs) and appropriate	Finance	Within 1 year	ix) Visibility of expected invoiced income through the study timeline.

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	trackable departmental payments are made.			<p>x) Timely invoicing related to study activity.</p> <p>xi) Transparent and auditable process, visible to finance and supporting departments.</p> <p>xii) Statements available on request to Type A Research Investigators Fund budget holders.</p>
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^a Also high level objective from Wessex Clinical Research Network.
Bolded outcomes to be included in key performance indicators in Table 3.

Table 3: Research Dashboard of Key Performance Indicators to be Reviewed Annually by the Research Strategy Committee that Feeds into the Clinical Effectiveness and Innovation Group, Quality Committee, and onto Board, Dorset County Hospital, 2019-22

Key performance indicator	2017/18	2018/19	2019/20	2020/21	2021/22
1. Research performance indicators					
a) National recruitment ranking amongst small acute Trusts as benchmarking (number) ^a	4 (n=23)	9 (n=22)			
b) Percentage activity among Wessex Clinical Research Network ^a	2.95% (1362/46041x100)	2.28% (1006/44036x100)			
c) Total number of participants recruited ^b	1,374	1,520 ^c			
d) Percentage (number) of studies delivering to recruitment time to target ^d	46% (n=90)	55% (n=47)			
2. Academic performance indicators^e					
a) Current number of Chief Investigators/sponsored studies (research led by the hospital)	2	3			
b) Number of publications including published abstracts and presentations ^f	45	59			

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c) Current number of clinical academic awards/fellowships	1	1			
d) Current number of matched-funded studentships	1 ^g	3			
e) Current number of clinical academic posts	0	0			
3. Promotion and publicity performance indicators					
a) Website page views	494	468			
b) Number of Twitter followers	187	638			
f) Facebook page views	219	386			
g) Wessex Clinical Research Network Awards won:shortlisted:nominations	1:1:6	2:4:7			
4. Financial performance indicators					
a) Cost per weighted recruit as a measure of efficiency/value for money ^a	£85	£126 ^h			
b) Percentage of core funding from the Wessex Clinical Research Network based on previous two years recruitment activity	3.0%	2.9%			
c) Wessex Clinical Research Network funding received ⁱ	£662,897 (73%)	£623,329 (75%)			

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d) Invoiced income including commercial and non-commercial per patient payments	£215,530 (24%)	£190,123 (23%)			
e) Research Capability Funding ^j	£20,000 (2%)	£20,000 (2%)			
f) Grants and charity funding	£10,000 ^k (1%)	£0 (0%)			
g) Total income	£908,427 (100%)	£833,452 (100%)			
h) Total expenditure (majority of which is staff pay) ^l	£780,527	£817,992			
i) Difference between income and expenditure ^m	£127,900	£15,460			

Red/amber/green rating indicates whether there has been an increase/decrease/no movement in an improving direction from the preceding year – rather than an arbitrary percentage increase target, the aim is to improve year on year where possible. Please note that some indicators will be for the entire financial year, whereas some will be a snapshot soon after year end.

^a Please note that only includes studies on the National Institute for Health Research Portfolio.

^b Please note that figures differ from the National Institute for Health Research data due to a different data cut and given their data only include studies on the National Institute for Health Research Portfolio of studies.

^c Please note that the short-term incentivisation initiative that took place towards the end of 2017/18 to boost recruitment was not repeated in 2018/19 but increased recruitment was still achieved.

^d Target of 80% but many components and aspects beyond control as well as heavily skewed by number of studies.

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^e To the best of the authors' knowledge.

^f Searched on the Excerpta Medical database and whilst considered research outputs from Trust staff, they may not be a result of research *per se* but literature reviews, service evaluation/audit etc.

^g Another opportunity was advertised during 2017/18 but was not taken up.

^h 2018/19 calculation based on core funding from the Wessex Clinical Research Network (£501,988) divided by the complexity weighted recruitment from the Online Data Platform Wessex App (3979) therefore accounting for the type of study. However, calculated to be £83 if account for missing data and a change in classification of a major study.

ⁱ Anticipated to decrease year on year until aligned with relative recruitment across Wessex.

^j £20,000 if recruit 500 research participants to non-commercials studies through the National Institute for Health Research's Clinical Research Network but potential for more infrastructure funding under current model if such research is led by the hospital.

^k Income in 2017/18 but Fellowship over two financial years.

^l Some funding will go outside of Research and Innovation.

^m Previous surplus used towards deficit - £69,291 in 2017/18 and £75,809 in 2018/19.

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Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Mortality Report
Author	Yannis Kotsiopoulos, Kerry Aston
Responsible Executive	Alastair Hutchison/ Paul Goddard

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

For information.

Summary update:

The Trust continues to closely monitor mortality indicators in line with the recommendations from NHS England and have been aware that our performance on SHMI has been consistently in the 'higher than expected' category since April 2012. A 'higher than expected' SHMI should not immediately be interpreted as indicating bad performance. Instead, it should be viewed as a 'smoke alarm' which requires further investigation by the trust.

Position as of April 2019:

The latest SHMI data from NHS Digital was published in February 2019 for patients discharged between October 2017 and September 2018. (The next publication is due out in May and will cover January to December 2018.) The Trust's 'expected' deaths during this period was 964, however 'observed' deaths were 1,163 with a SHMI value of 1.21. This does **not** mean that there were 199 more deaths than there should have been.

The main findings of the report are:

- Crude mortality continues to be lower than our regional peers for non-elective admissions but slightly above for elective.
- SHMI performance has further deteriorated from 1.18 (July 2017 to June 2018) to 1.21 (October 2017 to September 2018), meaning DCHFT remains in the 'higher than expected band'.
- DCFHT palliative care diagnosis coding is 4% below the national average for those who have died based on the SHMI methodology and the mean depth of diagnosis coding is more than 1 code less for both elective and non-elective admissions based on the SHMI methodology.
- DCHFT has a lot more inpatients stays where a patient has no underlying comorbidities and less patients with a combined Charlson Score between 10 and 49. The higher the Charlson score, the higher the risk attributed in both SHMI and HSMR methodologies.
- The Trust's monthly HSMR performance in the latest available reporting period (January to December 2018) had a relative risk of more than 10 above the HSMR expected score of a 100 in all but three of the months (June, September and December 2018). December 2018 was the only month with a relative risk below the expected score of a 100.

<ul style="list-style-type: none"> DCHFT is an outlier for HSMR for non-elective admissions for the period January to December 2018 against both the national position and regional peers. However DCHFT has a lower HSMR than both the national position and regional peers for elective admissions for the same period. Based on Dr Foster's SPC methodology on their 99% detection threshold there are four diagnosis groups which flagged as 'out of control' as a result of an increase in the relative risk (expected versus observed deaths): <ul style="list-style-type: none"> ➢ Congestive heart failure, non-hypertensive (October-18 to November-18). ➢ Epilepsy, convulsions (September-18 to October-18). ➢ Pneumonia (January-18 to February-18). ➢ Septicemia except in labour (August-19 to September-18). We continue to note the data quality issues related to clinical coding which have a significant impact on most of the aforementioned mortality indicators. 	
Paper Previously Reviewed By Hospital Mortality Group Quality Committee 21 May 2019	
Strategic Impact High SHMI can have a negative impact to the reputation of the Trust and potentially to any future discussions about integrated services with our partners in Dorset.	
Risk Evaluation <ul style="list-style-type: none"> The data quality issues related to clinical coding are affecting our ability to make inferences on the quality of care. Risk of contract / invoice challenge from commissioners. Reputation risks due to high SHMI Low morale in clinical coding team can impact the improvement plans Lack of engagement from clinicians due to issues related to data quality Potential clinical safety issues are missed due to the issues related to data quality 	
Impact on Care Quality Commission Registration and/or Clinical Quality The elevated SHMI has raised concerns from both NHS Improvement and the CQC during recent visits to the Trust. Fortunately a full explanation of our actions to date, including analysis of a wide variety of other care quality indicators, and renewed focus on Structured Judgment Reviews has assured them that care at DCH is safe, and that we understand the problem. The result of a recent inspection from NHS-I will be presented in May's HMG.	
Governance Implications (legal, clinical, equality and diversity or other): The mortality reports should be used a tool for continuous improvement and assessment of clinical safety. It is strongly recommended that the content of this mortality report is used by the clinical leads in both divisions so that "deep dives" in areas of concern are planned and the results are discussed in future meetings of the HMG.	
Financial Implications	
Freedom of Information Implications – can the report be published?	No
Recommendations	For the Board of Directors to note.

Hospital Mortality Report

April 2019

Produced by the Performance and Information Team

Executive Summary

The Trust continues to closely monitor mortality indicators in line with the recommendations from NHS England and have been aware that our performance on SHMI has been consistently in the 'higher than expected' category since April 2012. A 'higher than expected' SHMI should not immediately be interpreted as indicating bad performance. Instead, it should be viewed as a 'smoke alarm' which requires further investigation by the trust.

The latest SHMI data from NHS Digital was published in February 2019 for patients discharged between October 2017 and September 2018. (The next publication is due out in May and will cover January to December 2018.) The Trust's 'expected' deaths during this period was 964, however 'observed' deaths were 1,163 with a SHMI value of 1.21. This does **not** mean that there were 199 more deaths than there should have been.

The main findings of the report are:

- Crude mortality continues to be lower than our regional peers for non-elective admissions but slightly above for elective.
- SHMI performance has further deteriorated from 1.18 (July 2017 to June 2018) to 1.21 (October 2017 to September 2018), meaning DCHFT remains in the 'higher than expected band'.
- DCFHT palliative care diagnosis coding is 4% below the national average for those who have died based on the SHMI methodology and the mean depth of diagnosis coding is more than 1 code less for both elective and non-elective admissions based on the SHMI methodology.
- DCHFT has a lot more inpatients stays where a patient has no underlying comorbidities and less patients with a combined Charlson Score between 10 and 49. The higher the Charlson score, the higher the risk attributed in both SHMI and HSMR methodologies.
- The Trust's monthly HSMR performance in the latest available reporting period (January to December 2018) had a relative risk of more than 10 above the HSMR expected score of a 100 in all but three of the months (June, September and December 2018). December 2018 was the only month with a relative risk below the expected score of a 100.
- DCHFT is an outlier for HSMR for non-elective admissions for the period January to December 2018 against both the national position and regional peers. However DCHFT has a lower HSMR than both the national position and regional peers for elective admissions for the same period.
- Based on Dr Foster's SPC methodology on their 99% detection threshold there are four diagnosis groups which flagged as 'out of control' as a result of an increase in the relative risk (expected versus observed deaths):
 - Congestive heart failure, non-hypertensive (October-18 to November-18).
 - Epilepsy, convulsions (September-18 to October-18).
 - Pneumonia (January-18 to February-18).
 - Septicemia except in labour (August-19 to September-18).

- Using Dr Foster's maximum 99.9% detection threshold only one diagnosis group flagged as being 'out of control' from the four highlighted previously:
 - Congestive heart failure non-hypertensive (November-18 to December-18).

1. Mortality Indicators

The Trust uses three indicators to assess hospital mortality - please see Table 1. It is important to understand that each of these indices; Crude Mortality, SHMI (Summary Hospital Mortality Index), HSMR (Hospital Standardised Mortality Rate) are based on statistical models and employ different algorithms which impact on the overall index.

Indicator	Numerator	Denominator	Attribution rules and the basis of scoring
Crude Mortality	All deaths	All hospital stays	There is no risk model for crude mortality and is not affected by any clinical coding
SHMI (Source: NHS Digital)	All in hospital deaths + out of hospital deaths within 30 days of discharge	SHMI included spells (elective day cases are excluded)	First diagnosis if only one episode. If two or more episodes and the first diagnosis is a sign and symptom code, diagnosis in the second episode will be used. If not identified will use the first diagnosis
HSMR (Source: Dr Foster)	Deaths in the specific range of diagnosis – 56 diagnostic groups (85% of deaths)	Spells covered by the diagnostic groups	Diagnosis based on the primary diagnosis in the first episode of care. However, if the primary diagnosis is a vague symptom or sign the second episode is used to derive a diagnosis

Table 1: Variation in the information used by the Crude and Risk Adjusted Mortality Models

Table 2 shows the main indicator score card (based on the latest SHMI time period) which shows that DCHFT has a better crude mortality rate than the regional peer group (please see Appendix A for provider listing) but has performed worse than its peers for SHMI and HSMR.

Measure		Diff Since previous period	Current Period (Oct17 to Sep18)	Comparison Period (Oct16 – Sep17)
Mortality Summary	Crude Mortality	0%	1.5%	1.5%
	SHMI	0.08	1.21	1.13
	HSMR	14.0	116.7	102.7

Table 2: Main Mortality Indicators Scorecard for the period October 17 to September 18

1.1. Crude Mortality

The crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the number of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted.

Description	Number of Deaths	Total Spells*	Current Period (Oct17 to Sep18)	Comparison Period (Oct16 – Sep17)
Mortality Rate	785	52,018	1.5%	1.5%
Elective	15	27,823	0.05%	0.04%
Non-Elective	770	24,195	3.2%	3.1%

Table 3: In hospital Crude Mortality for the period October 17 to September 18

For Dorset County Hospital this has remained fairly stable indicating that there is a possibility that the increased SHMI is not directly related to changes in the quality of care but rather to changes in data quality. .

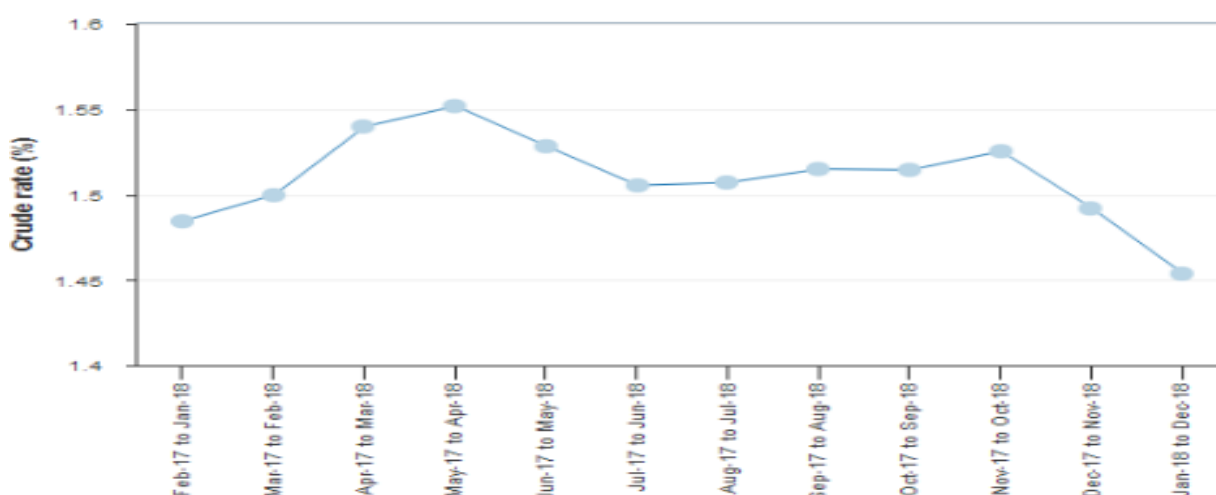


Figure 1: % crude mortality rolling 12 months (different monitoring periods to SHMI)

Figure 2 shows in hospital crude mortality rate against the other providers within the region (acute) peer group. The DCHFT trend closely mirrors that of the peer group, with a slight increase over the peer group between August and November 2018.

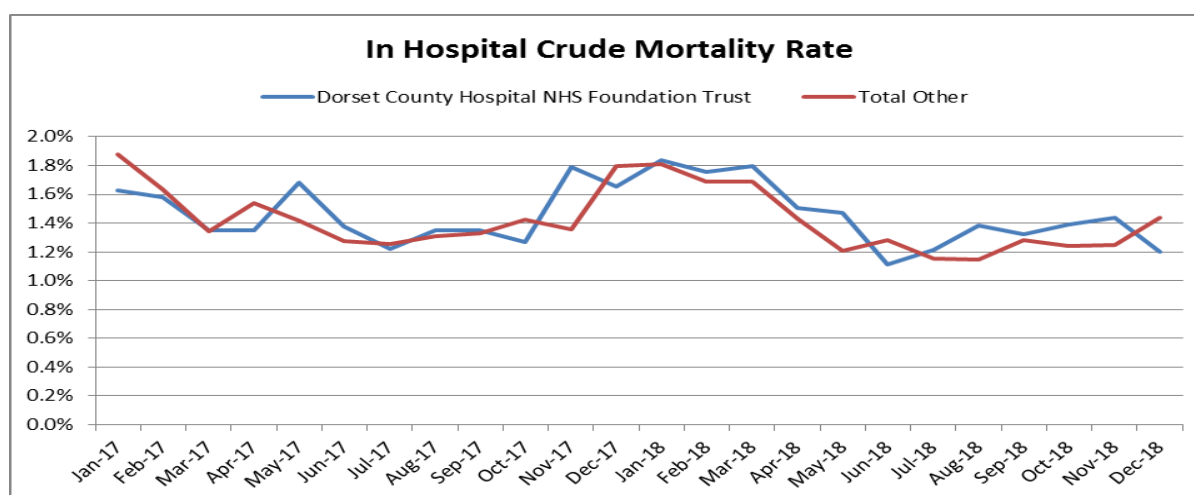
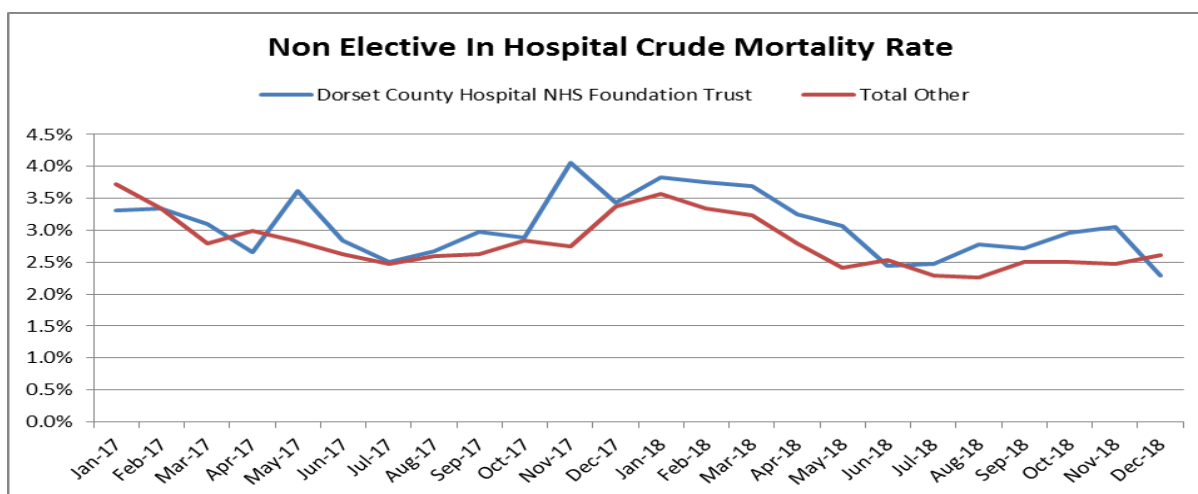


Figure 2: In hospital crude mortality rate (Dr Foster)

Figure 3 is for non-elective admissions only and shows the Trust higher than the peer group since October 17 (with the notable exception of June/July 18).

**Figure 3: In hospital crude mortality rate, non-elective admissions (Dr foster)**

1.2. SHMI (as published by NHS Digital)

For any given number of deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the Trust is considered to have a higher or lower SHMI than expected. The extremes of this range are called control limits and they are shown in the funnel plot (Figure 5) by the two dotted lines. Trusts whose SHMI falls above the upper control limit are categorised as 'higher than expected'. Trusts whose SHMI falls between the upper and lower control limit are categorised as 'as expected'. Trusts whose SHMI falls below the lower control limit are categorised as 'lower than expected'. There were 15 Trusts with higher than expected deaths - DCHFT was one of these Trusts for the period October 2017 to September 2018.

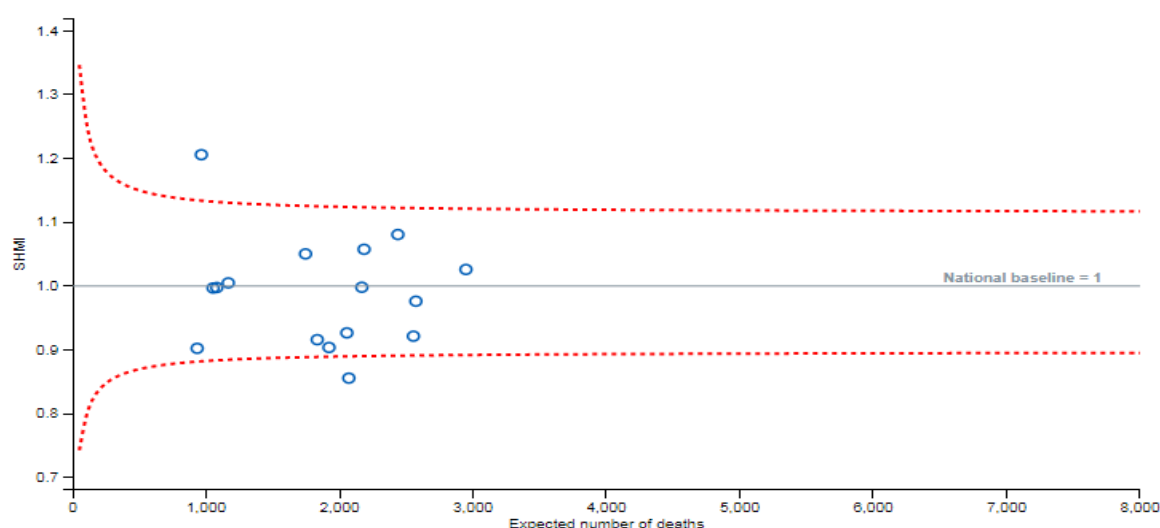
**Figure 4: SHMI as published by NHS Digital for the period October 2017 to September 2018**

Figure 5 shows the Trust's performance during the last ten reporting period as published by NHS Digital. With the most recent published data for October 2017 to September 2018 being banded higher than expected with a SHMI value of 1.21 (upper limit = 1.13, a difference of 0.08).

Figure 5: SHMI as published by NHS Digital

The difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths for the trust. Whether or not a death could have been prevented can only be determined by a detailed case-note review. The SHMI is not a direct measure of quality of care. The expected number of deaths for each trust is not an actual count of patients, but is a statistical construct which estimates the number of deaths that may be expected at the trust. This is based on several key patient factors used to statistically model a risk score for each individual patient stay.

1.3. HSMR

The Trust has recently purchased Dr Foster Licences and going forward will also be monitoring the Hospital Standardised Mortality Ratio (HSMR) which uses their recognised methodology. The key differences in methodology between the two indicators are:

- SHMI includes all deaths, whilst HSMR focuses on a basket of 56 diagnoses (around 85% of deaths).
- SHMI includes 30 day post-discharge deaths, whilst HSMR focuses on in-hospital deaths.
- HSMR is adjusted for more factors than the SHMI, most significantly palliative care but also including CCS sub groups, social deprivation, past history of admissions, month of admission and source of admission.
- SHMI includes deaths up to 30 days after discharge and requires linkage that incurs a time lag (via a separate dataset that comes from the Office for National Statistics).
- SHMI attributes a death to the last spell within an acute non-specialist trust, whereas the HSMR attributes a death across a continuous in-patient spell.

HSMR complements the SHMI by focussing on deaths whilst in the care of the hospital, using more sophisticated risk models for individual diagnoses. As it only looks at in-hospital deaths, HSMR is produced more timely than the SHMI, therefore giving an earlier indication of any potential issues.

Using the latest data available for this measure, the Trust is showing as an outlier against the national position and regional peers groups.

Performance	Trust	Peer	National
HSMR	112.8	100.0	97.5
Elective (HSMR)	83.0	109.6	100.9
Non-elective (HSMR)	113.3	99.8	97.4
Weekday, non-elective (HSMR)	115.2	98.2	96.0
Weekend, non-elective (HSMR)	108.0	104.8	101.7

Table 4: January to December 2018 (latest 12 month rolling data), Dr Foster

The funnel chart in Figure 6 shows that we are one of three trusts in the region who are above the upper 95% confidence interval (Blue Dashed Line). This gives similar result to the SHMI methodology where we are 'higher than expected'.

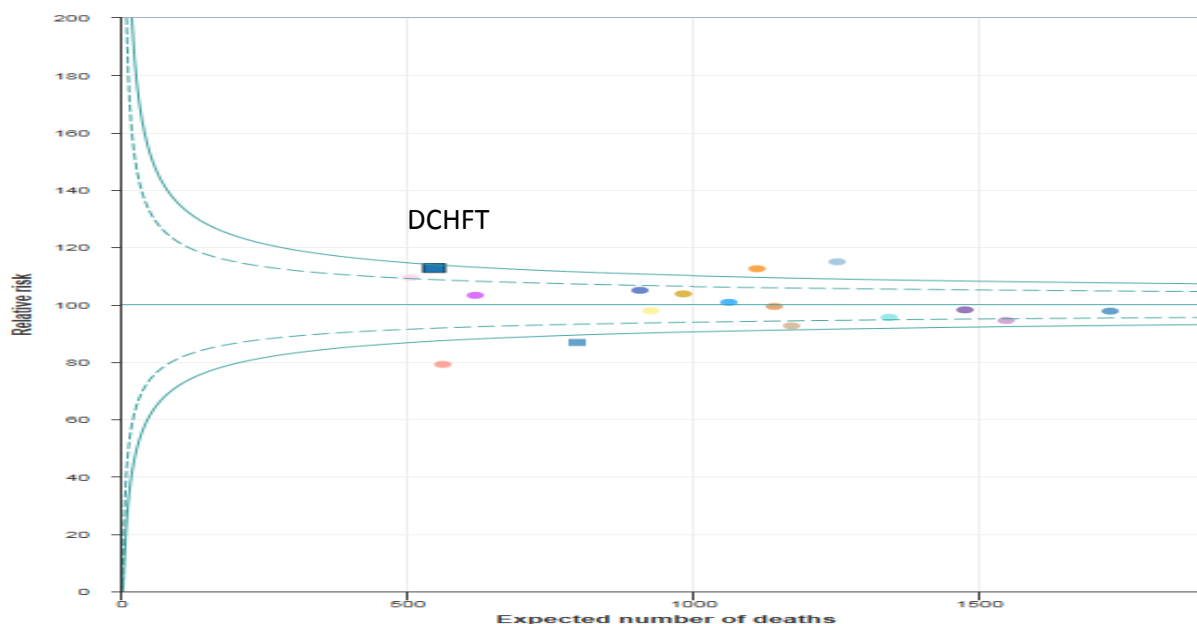


Figure 6: SHMI as published by NHS Digital

1.4 Mortality Alerts

Dr Foster uses an SPC methodology to provide alerts and triggers on specific metrics which are considered to be out of control. Based on their high 99% detection threshold there are four diagnosis groups as per Table 4, which are flagged as 'out of control' (identified with a red bell).

Relative risk & CUSUM alerts							
Title	CUSUM	Vol	Obs	Exp	%	Relative risk	
<input checked="" type="checkbox"/> All Diagnoses	1 4	51458	748	651.3	1.5	114.9	
HSMR (56 diagnosis groups)	1	15487	618	548.1	4.0	112.8	
Acute posthaemorrhagic anaemia		4	2	0.1	50.0	1678.9	
Congestive heart failure, nonhypertensive	1	233	41	24.7	17.6	165.7	
Epilepsy, convulsions	1	285	5	2.2	1.8	227.5	
Pneumonia	1	763	106	93.5	13.9	113.3	
Septicemia (except in labour)	1	326	61	50.9	18.7	119.9	

Table 4: January to December 2018 (latest 12 month rolling data), Dr Foster

The four diagnosis groups were alerting as a result of an increase in the relative risk (expected versus observed deaths).

- Congestive heart failure, non-hypertensive – Between October-18 and November-18.
- Epilepsy, convulsions – Between September-18 and October-18.
- Pneumonia – Between January-18 and February-18
- Septicemia (except in labour) – Between August-19 and September-18.

Using Dr Foster's maximum 99.9% detection threshold only one diagnosis group flagged as being 'out of control' from the four highlighted previously: Congestive heart failure non-hypertensive, which flagged as out of control between November-18 and December-18.

Figure 7 below displays the Trust's monthly HSMR performance in the latest available reporting period. All but three of the months (June, September and December 2018) had a relative risk of more than 10 above the HSMR expected score of a 100. December 2018 was the only month with a relative risk below the expected score of a 100.

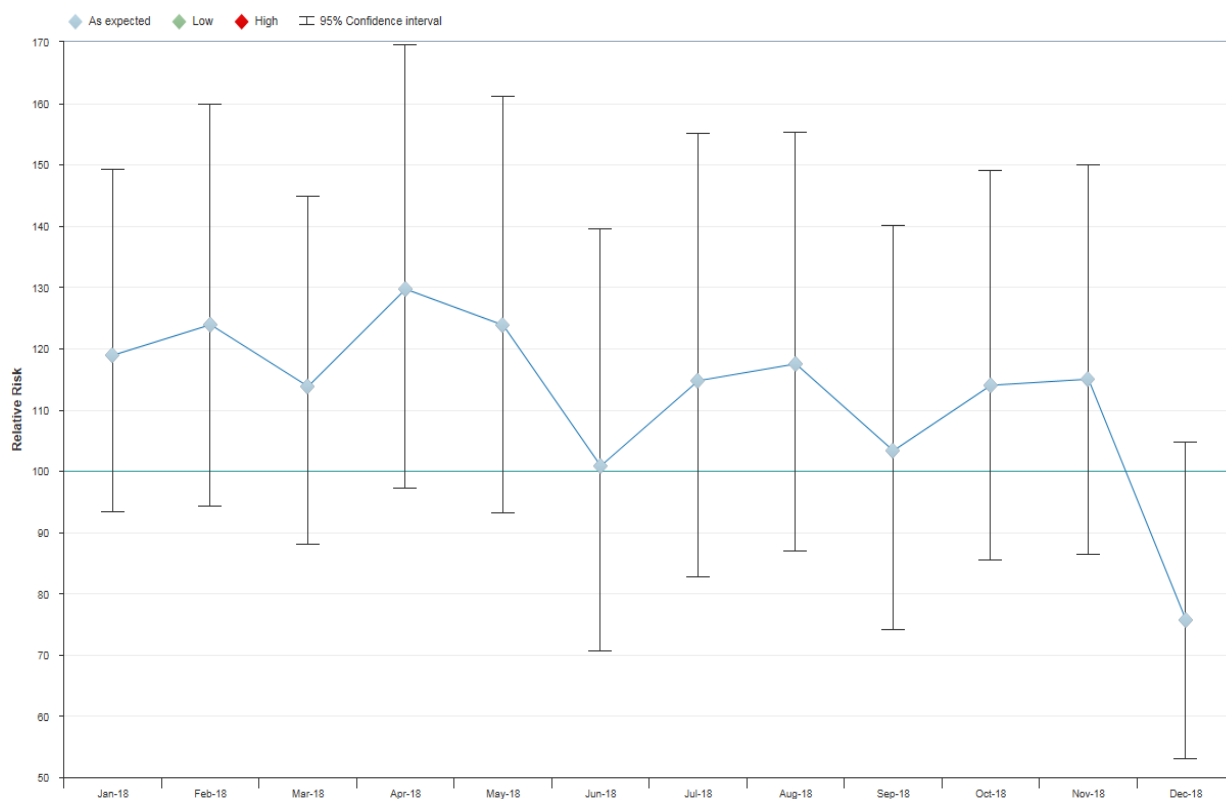


Figure 7: Trust's monthly HSMR performance January to December 2018

Contextual Indicators:

To support the interpretation of the SHMI, various contextual indicators are published. Figure 8 shows a selection of these key contextual indicators for the latest national published SHMI period (October-17 to September-18).

Indicator	Value	England average
Palliative care		
Percentage of provider spells with palliative care treatment specialty coding	0.0	0.1
Percentage of provider spells with palliative care diagnosis coding	1.7	1.8
Percentage of provider spells with palliative care coding	1.7	1.8
Percentage of deaths with palliative care treatment specialty coding	0.0	1.8
Percentage of deaths with palliative care diagnosis coding	29.5	33.4
Percentage of deaths with palliative care coding	29.5	33.6
Admission method		
Crude percentage mortality rate for elective admissions	0.8	0.6
Crude percentage mortality rate for non-elective admissions	4.4	3.7
In and out of hospital deaths		
Percentage of deaths which occurred in hospital	64.4	70.7
Percentage of deaths which occurred outside hospital within 30 days of discharge	35.6	29.3
Primary diagnosis coding		
Percentage of provider spells with an invalid primary diagnosis	0.0	0.3
Percentage of provider spells with a primary diagnosis which is a symptom or sign	12.9	12.5
Depth of coding		
Mean depth of coding for elective admissions	3.3	4.5
Mean depth of coding for non-elective admissions	3.4	4.7

Figure 8: Key contextual indicators for SHMI period October 2017 to September 2018.

Some areas of note from these contextual indicators are as follows.

- DCFHT palliative care diagnosis coding is 4% below the national average for those who have died.
- DCHFT crude mortality rate for non-elective admissions is 0.7% above the national average.
- DCHFT split between deaths that occurred in hospital and within 30 days of discharge is 6.3% different than the national average, with our Trust having 6.3% less patients that died in hospital as a proportion.
- DCHFT mean depth of diagnosis coding is more than 1 code less for both elective and non-elective admissions.

Another useful contextual indicator is the recording of Comorbidity diagnosis codes on the Charlson Index. These are used in both SHMI and HSMR methodology to assign risk to each inpatient stay, the higher the Charlson Score the greater the calculated risk.

Figure 9 is the Charlson score for all HSMR spells included in Dr Foster latest available data, January-18 to December-18, and compares DCHFT (Blue Dot) to other trusts in the region. This shows that we have a lot more inpatients stays where a patient has no underlying Comorbidities and less patients with a combined Charlson Score between 10 and 49.

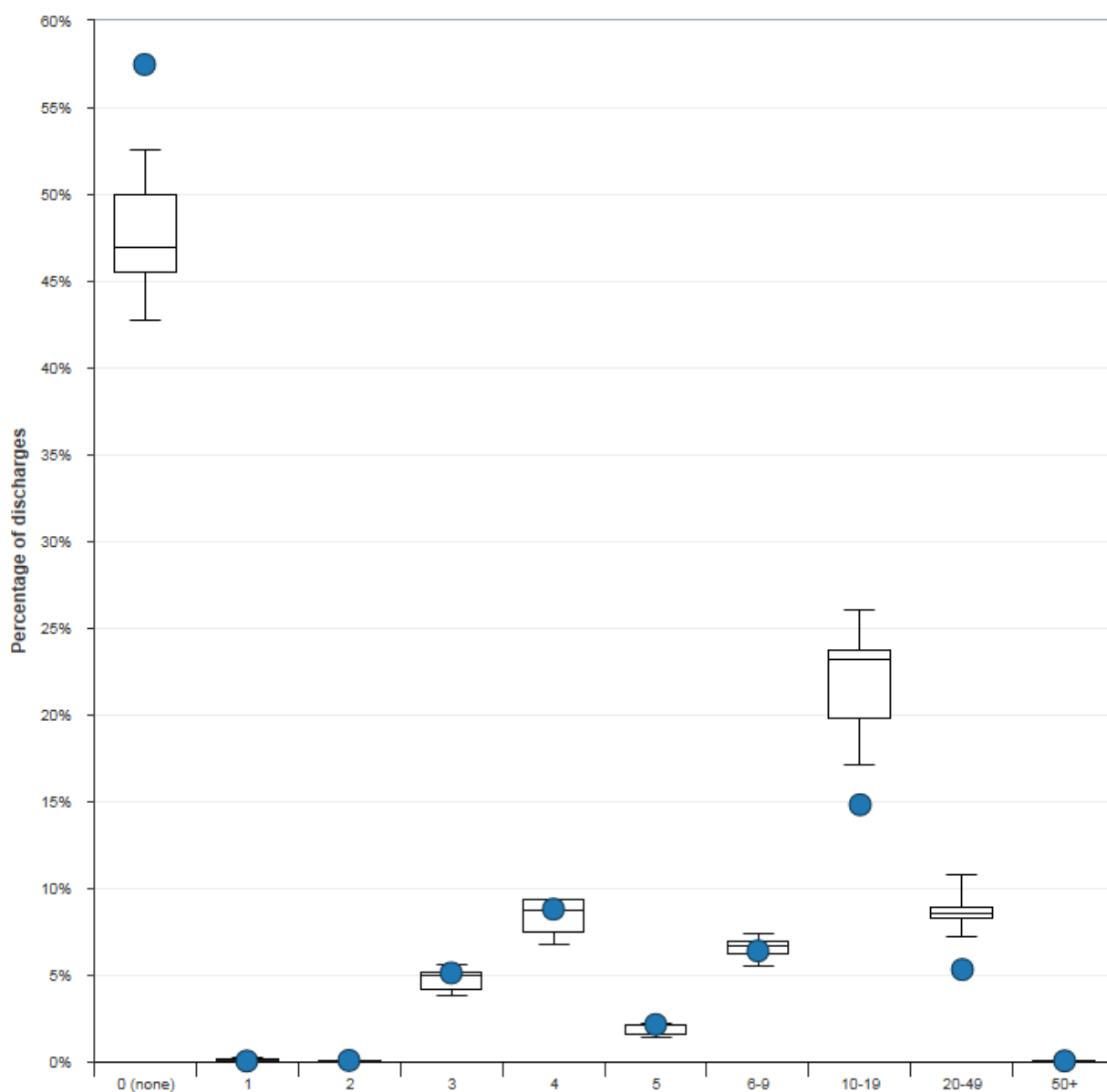


Figure 9: Charlson score for HSMR spells included in latest data (January to December 2018).

Conclusions

- DCHFT's SHMI and HSMR continue to rise and the Trust therefore remains in the 'higher than expected' category.
- The latest data from NHS Digital was published in February 2019 for patients discharged between October 2017 and September 2018. The Trust's 'expected' deaths during this period was 964, however 'observed' deaths were 1,163 with a SHMI value of 1.21. This does **not** mean that there were 199 more deaths than there should have been.
- A 'higher than expected' SHMI should not immediately be interpreted as indicating bad performance. Instead, it should be viewed as a 'smoke alarm' which requires further investigation by the trust.
- Mortality indicators should be used as an alert requiring investigation with the first step being to examine what is recorded accurately reflects what happened to the patient during their stay. There has been significant work in this area throughout the last 12 months and the Trust recognises that there are major issues around diagnosis recording which will take a considerable amount of time to resolve.
- The Trust has spent several months investigating whether depth of coding (the number of secondary diagnosis codes per episode) could have been having an adverse effect on the SHMI. In NHS Digital's last quarterly report, only 11 Trusts throughout England had a lower mean depth of coding than Dorset County Hospital for elective admissions and only two Trusts had a lower mean for non-elective admissions. Using Dr Foster, initial findings this would suggest there are issues in a number of specialties (some of which are high volume). A plan is being developed to deliver improvement.
- The Trust has a much higher proportion of spells with a Charlson score of zero. This could have resulted in the Trust being attributed with a lower level of 'expected deaths' which in turn could lead to a higher SHMI. The Trust also has a much lower percentage of spells with a Charlson score of more than 20. The increase in coding from Electronic Discharge Summaries rather than medical notes due to resource issues could have contributed to this and a mitigation plan is being developed.
- The percentage of DCHFT's comorbidity scores which fall into the national upper quartile has significantly reduced over time. This could be due to comorbidities not being captured against patient spells as they were previously, or fewer comorbidities being captured for patients. Patient spells with lower or no comorbidity scores, will not then fall into the national upper quartile. This is another indication that the risk rate is potentially being underestimated, which will affect both SHMI and HSMR.
- SHMI should not be looked at in isolation and we have been monitoring crude mortality in parallel. A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period. DCHFT's crude mortality has remained fairly stable but we have noted the slight increase since October 2017 which could have contributed to some extent to the higher than expected SHMI.
- Whilst the Trust is confident that the higher than expected SHMI rate can be attributed mostly to data quality issues related to clinical coding (for example comorbidity capture), more robust process for reviewing all deaths which occur in hospital have been introduced. Deep dive investigations into some of the alerting areas (e.g. pneumonia and congestive heart failure) will help to understand the scale of the data quality issues and

seek to provide assurance around quality or care and any areas where things could be improved.

Appendix A

The peer group used in this paper is the Region (Acute) defined in Dr Foster

- Dorset County Hospital NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Northern Devon Healthcare NHS Trust
- Poole Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- Weston Area Health NHS Trust
- Yeovil District Hospital NHS Foundation Trust

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Operational Plan 2019-20
Author	Rebecca King – Deputy Director of Finance
Responsible Executive	Paul Goddard – Director of Finance and Resources

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

To note.

Summary

At its meeting on 27 March 2019 the Trust Board considered the draft operational plan narrative for 2019/20. Subsequent to the meeting the narrative was updated to take account of feedback from NHS Improvement and the final financial settlement agreed with Dorset CCG for 2019/20.

The updated narrative was reviewed and approved for submission by the Chief Executive, the Director of Finance & Resources and the Chair of the Finance & Performance Committee (in accordance with the delegated authority from Trust Board). Attached is the final version of the narrative as submitted to NHS Improvement on 4 April 2019 for information, as noted by the Finance and Performance Committee on 16 April 2019.

Paper Previously Reviewed By

Paul Goddard, Director of Finance and Resources
 Finance & Performance Committee 16 April 2019

Strategic Impact

To ensure the financial sustainability of the Trust it requires a realistic and credible financial plan for 2019/20 that will support the delivery of its strategic objectives.

Risk Evaluation

As noted above the key risk to the delivery of the Trust's financial plan likely to be its ability to meet its CIP target for 2019/20.

Impact on Care Quality Commission Registration and/or Clinical Quality

The Trust is likely to face another financially challenging year in 2019/20 and will continue to need to balance the requirement to maintain safe services whilst delivering significant savings

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

To comply with the terms of the Trust's NHS Improvement authorisation.

Financial Implications

As above

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

No

Recommendations

The Board of Directors is asked to:

- Note the final version of the operational plan narrative for 2019/20 which was submitted to NHS Improvement on 4 April 2019.

Dorset County Hospital NHS Foundation Trust

Operational Plan Narrative –

4 April 2019

1. Activity

Dorset County Hospital NHS Foundation Trust's (DCH) business plans are based on delivering the anticipated levels of demand in line with national quality and performance standards in the most cost efficient manner. Robust activity planning is therefore core to the development of the plan.

During 2018/19 the Trust has continued to see modest growth in its overall referral figures. However these figures do mask the substantial underlying growth in Fast Track cancer patients which currently stands at 16.8%. First Outpatients have fallen in year as the previous year contained activity to improve the waiting list times particularly in Ophthalmology. Follow Ups stayed at the same level as the previous year. The Elective Day Case activity shows a fall, but there were a number of outsourced activities to clear a backlog undertaken in 2017/18 (1407). Excluding this there has been underlying growth of 2%. Elective activity has fallen during the year mainly due to large increases in Emergency Trauma work impacting on the elective capacity. The Non Elective activity has seen a small amount of growth overall. Although there has been a drop in medical patients being admitted this has been offset by growth in Trauma patients. A&E has seen large growth in year in both Type 1 and Type 3 activities which is expected to continue, but at a lower level.

Dorset County Activity 2019/20 - plan

	17/18 OT	18/19 FOT	19/20 Plan	Growth 17/18 – 18/19	Growth 18/19 – 19/20
Total Referrals	53,671	54,708	56,215	+1.9%	+2.8%
First Outpatients	51,270	49,497	52,477	-3.5%	+6.0%
Follow Up Outpatients	104,937	104,635	107,385	-0.3%	+2.6%
Outpatient Procedures	29,169	30,840	31,540	+5.7%	+2.3%
Day Case	25,539	24,855	27,804	-2.7%	+11.9%
Elective	3,916	3,453	3,603	-11.8%	+4.3%
Non Elective 0 LOS	7,082	7,727	7,777	+9.1%	+0.60%
Non Elective +1 LOS	13,956	13,657	13,807	-2.1%	+1.10%
Total A&E	94,387	102,658	102,658	+8.8%	+0.00%

For the current planning round the Trust has undertaken a detailed Demand and Capacity exercise using the IMAS capacity tool. The outcomes from this have been used to identify gaps in capacity and support workforce developments to support maintaining the planned activity levels.

As part of the ICS there have been a number of areas that have ongoing system wide demand and capacity constraints, these include Ophthalmology, Dermatology and Endoscopy which is being worked through by the Dorset Elective Care Board. The system has agreed to work to a joint position of holding the waiting list at the March 2019 position. It has been agreed that funding for growth will be targeted to the above areas as well as Cancer and Trauma services. Demand Management is also taking place. This work is still being developed into detailed plans and includes areas such as the Evidence Based Interventions policy, referral management schemes, advice and guidance schemes, reduction in variation through Right Care, Get It Right First Time (GIRFT) and improved urgent care pathways. The expectation is that the growth in follow ups will be managed by transformation schemes across the system, focussing on development of Patient Initiated Follow Ups and additional Tele-medicine.

The ICS has a number of schemes coming on line in April 2019 which will have an impact on the Emergency activity levels, as further detailed in the system narrative. These are development of an ICPCS (Integrated Community Primary Care Service) which aims to reduce the admissions relating to

patients with long term conditions such as Diabetes and COPD. Also, the IUC service (Integrated Urgent Care) is coming on line which aims to provide patients with enhanced primary care to avoid hospital admissions. It is currently anticipated that these will cancel out the current growth in A&E attendances and hospital admissions with the exception of Trauma activity. Failure of these system initiatives to deliver as expected will result in continued increased growth into DCH. Further details of these schemes are included in the Dorset ICS Operational Plan for 2019/20.

The diagnostic position at the Trust has been under pressure for the past year, particularly around Endoscopy activity. There is an expectation in order to get rapid improvements in the speed of treatment that some activity will require to be out sourced. The Trust has reviewed the trajectory for diagnostics, but due to capacity constraints and increasing demand doesn't currently believe achievement of the standard can be achieved earlier than March 2020.

The activity plans should provide the Trust with sufficient activity to maintain the national standard of 95% on A&E waiting times and maintain cancer waits in line with operational standards. The Activity levels will not bring the Trust up to the operational standards for RTT, Incomplete Pathways or Diagnostics waits. The trajectories are based on these assumptions and include improvements where required. The Trust is investing in additional workforce to increase capacity to maintain the RTT and incomplete pathways at the position as at the end of March 2019 which is currently forecast to be 14,500.

The Trust prepares its winter plan during the summer months following a review of the previous year's plan to ensure that any lessons learnt from the previous year can be incorporated for the following winter. The Trust operates with a standard bed base of 277 beds and has the flexibility to open up to 20 additional beds if demand requires it. The agency budgets for the Trust are phased to allow for greater spend in the last quarter of the year to cover the anticipated costs of additional beds. The CCG also holds funding for Winter Resilience which is released, non-recurrently, once agreed plans have been made. This income and associated costs are not included in the plan.

During the past year the Trust went through a bed reconfiguration. The efficiencies achieved from closing a number of beds have been reinvested in a number of posts to support the flow of patients through the Trust. The Trust has also been working on reducing the length of stay of patients and in particular the "stranded" and "super stranded" group of patients. Therefore, the Trust believes that these measures plus the work on Emergency admissions will enable it to work within its current bed stock. The Trust also works closely with its partners at the CCG and local authority to maximise the number of placements and beds in the community. There is a risk to this if current funding from the CCG for domiciliary care is ended.

2. Quality

2.1 System Working

All of the main NHS providers in Dorset are currently rated as Good with the Care Quality Commission. Out of 85 Primary care practices only four practices are rated as requires improvement, with four rated as outstanding and the remainder rated as Good. Care Homes and Domiciliary care services across the County are predominantly rated as good or above and rated higher than the national average in some sectors. Whilst generally the quality and safety of care in Dorset is good, there are areas that have been more challenging to improve upon in 2018/19 and work in these areas will continue in 2019/10.

During 2018/19 Dorset developed a Quality surveillance group which includes membership from the Dorset providers, Local Authorities, NHS England, Regulators and other NHS arm's length bodies. The purpose of the group is to provide assurance and improvement; create a culture of support, collective leadership, mutual holding to account and challenge; systematically bring together the different parts of the system to share information.

2.2 Approach to Quality Improvement, Leadership and Governance

As part of the standards for patient services detailed within the NHS Constitution and the CQC's fundamental standards of quality and safety, the Trust is committed to the provision of safe, high quality care and improving its current CQC rating from 'Good' to 'Outstanding'.

A CQC Inspection was undertaken between June and September 2018. A full action plan has been developed to support the 'Must-Do' and 'Should do' actions required identified by the CQC and the full plan has been shared with the CCG, NHSI and the CQC.

The Trust has invested and created a permanent Transformation Team. The team identifies, supports, delivers and manages improvement initiatives generated from across the Trust, including; ideas from staff; benchmarking information; projects identified through the Better Value Better Care programme; and direction from the Senior Management Team.

The Director of Nursing and Quality alongside the Medical Director provide executive leadership for Quality Improvement.

The Trust improvement methodology is borne from NHS LEAN, NHS Improving Quality and Institute for Healthcare Improvement's triple aim. The Trust has also recently been working in conjunction with NHS Elect to deliver training and coaching to over 400 of its senior leaders in a series of leadership events to help staff understand the wider context of the health and social care services in which they work, to understand how they can influence changes and finally to provide them with the tools required to drive continuous quality improvement.

The Transformation team have also been responsible for the delivery of the Quality Service Improvement and Redesign (QSIR) programme, supporting staff from across the organisation in various roles and departments to achieve the 5 day training programme for continuous quality Improvement, supporting the capacity of the Trust to implement and sustain changes required.

Progress of quality improvement is monitored from ward to board via the sub-board Committees; Finance and Performance, Quality, Risk and Audit and Workforce. Each of these sub-board committees is chaired by a named Non- Executive Director who provides assurance or reports by exception to the Trust Board. The chair of each of these committees is also a member of the other sub-board committees thus ensuring effective triangulation of information and escalation of areas of concern. A selection of indicators utilising the 5 domains of the CQC are used to evaluate the

progress of any improvements, incorporating patient satisfaction measures, the outcomes of national (and local) audits, national survey results and 'deep dive' exercises into particular areas/departments or services to provide more detailed information and assurance.

Ward and department 'walk-arounds' are also undertaken by both the Non- Executive, and Executive Directors ensuring that staff have the opportunity to directly communicate any information they feel necessary. This is further supported by drop-in sessions, Governor Assurance Visits and Clinical Friday visits.

The Trust also actively seeks the support of external partners when areas are identified in need of improvement; an example of these is working in conjunction with the NHSI Nutritional Collaborative to support improvements in nutritional assessments and working with the Academic Health Science Network (AHSN) in recognition of the deteriorating patient.

2.3 Summary of the Quality Improvement Plan

The Quality Account priorities 2018/19 were selected by the Trust and built on the top risks to quality identified internally, Local and National commissioning needs, the development of the Integrated Care System and collaborative working as well as reflecting recommendations from independent reviews such as Medicines and Healthcare Regulatory Agency (MHRA) and 'Getting it Right First Time' (GIRFT). The Trust reports on these quarterly both internally and to an external Dorset Health Overview Scrutiny Committee.

These were identified in 2018/2019 as:

- Reduction in Avoidable Falls with Harm
- Sepsis
- Dementia screening
- Improving Volunteers support
- Mortality surveillance and reduce variation
- Improvement in timely Electronic Discharge summaries
- Promote health and wellbeing for staff
- Timely response to complaints
- Improving accessibility of information for patients

The Trust is currently in the process of agreeing the Quality Account Priorities for 2019/2020 which recognises the areas in which significant improvements have been made to the previously set priorities, but also recognising the need to expand and develop services further. The draft priorities 2019/2020 are being finalised and include:

- Delirium, including dementia and sepsis (in line with the national focus, including all cases of delirium – dementia, sepsis, deteriorating patient). Following the publication of the NICE guidance in 2018, working with the CCG to ensure that the previous CQUIN standard of all patients over the age of 75 years old is reviewed and implemented to align with the more updated guidance.
- Mortality and learning from deaths. A detailed review with NHSI is planned for March to identify how the Trust can make sustainable improvements.
- Learning from complaints (both timeliness of complaint responses and also improved evidence of our learning). Ensuring that learning from complaints is spread effectively across the organisation.
- Nutritional care (In collaboration with NHSI). Ensuring adequate nutritional assessments of patients in a timely fashion in order to detect any additional nutritional needs.

- Mental Health crisis support (Joint priority with Dorset Healthcare University NHS Foundation Trust and in line with integration and national priority). Taking a more system approach to the support required by patients with mental health needs and how organisations can work more collaboratively to ensure this is met.
- Reducing unwarranted variation (linked to clinical effectiveness and reviewing outcomes of audits/ best practice). Effective utilisation of benchmarking data to ensure that services are safe, responsive and cost-effective.

The top 3 risks identified to the delivery of quality are linked to the Board Assurance Framework (BAF) and have been identified as:

Risk	Mitigating Actions in Place
Financial Sustainability	<ul style="list-style-type: none"> • Reduced non pay expenditure (drugs and clinical supplies) from October levels reflecting lower pass through drugs and renal consumables. • Robust identification of CIP schemes and monitoring through Better Value Better Care Board • Identification of schemes to increase income
Recruitment and retention of Medical staff across specialities	<ul style="list-style-type: none"> • Plans for a Medical workforce recruitment video to be created for use within the Trust's recruitment strategy. • Governance and tracking now in place. • Re-design of care pathways is ongoing • Placements for CCG Care Flex scheme being identified. • MTI recruitment commenced and ongoing. • Establishment of GOSW role to ensure junior doctor wellbeing is maintained.
Workforce Planning & Capacity for Nursing/Midwifery Staff	<ul style="list-style-type: none"> • Recruitment events are planned throughout the course of the following year. • Attendance at University open days has yielded a good response with many newly qualified staff currently offered positions within the Trust. • Alternative skill mixes and models of working are being progressed to ensure that the Trust is able to sustain and provide services in the longer term, and is being progressed through the Dorset Nursing Strategy project. • Creation of apprenticeship programmes has now been established for both RNs and Nursing Associates. • An overseas recruitment programme with Yeovil hospital is underway, with 9 nurses joining during 2018. • Agreement has been given move forward with a strategic workforce planning project during 2019. This will look at skills shortages and alternative roles, forecasts and projections for nursing and medical roles.

A further risk remains concerning the Trust's Mortality Indicator, and members of the Hospital Mortality Group, led by the Medical Director, will continue to review the care of patients who die in hospital, or who die within 30 days discharge.

The Quality Committee is responsible for the monitoring and implementation of recommendations from independent reviews, including the Gosport Review, Kirkup Report of Morecombe Bay, and the review of Winterbourne View. Action plans identifying areas in need of further improvement are presented to the Committee and reported by Exception to the Trust Board.

Standard	Trust Position
Seven Day Services	See Appendix; Compliant
Learning from Deaths National Quality Board Guidance	Implemented within the Trust and Systematic Judgement Reviews taking place. Reported to the Hospital Mortality Group with NHSI attendance. Discussed at Quality Committee and reported publically on a quarterly basis.
Reduction of Gram Negative Blood stream infections by 50% by 2021	<p>From April 2017 there has been an NHS ambition to halve the numbers of healthcare associated gram negative blood stream infections by 2021. At DCHFT we have been working collaboratively within the Integrated Care System Infection Prevention & Control Team (ICS IPC) to move forward with this.</p> <p>Initially, all Trusts in Dorset self – assessed and audited their practice to identify trends and themes. Alongside this work the Trust maintained the use to the ‘Catheter Passport’ that had been launched county wide in previous years.</p> <p>During 2017/18 at DCHFT the HCAI Gram Negative BSIs related to urinary tract (non-catheter related) hepato-biliary and respiratory. No common themes were identified other than anti-microbial prescribing in the community setting. It has been noted in the advent of the national Sepsis agenda the numbers of blood cultures being taken is on the increase. Over the course of 2018/19 whilst numbers have remained stable the Trust has not seen a significant reduction in cases (hospital and community related). The decision has been agreed in the ICS IPC to change the approach to the issue and unify the approach.</p> <p>Dorset CCG has requested from NHSI/E information relating to the benchmark the ambition is being measured from as prior to April 2017 Gram negative BSIs were being measured from January to December rather than from April to March. We are still awaiting confirmation. Without this benchmark clarification we have been working from the previous year’s figure of 17 cases. So far this year we have had 16 cases against a 10% reduction rolling target of 13.6.</p> <p>From the table below it is evident that the West of Dorset as a whole is increasing its gram negative BSI rates and so the whole health economy approach is required. The current picture in the West of Dorset is reflected in the East of the county. The inaugural Gram Negative Working Group for Dorset met in March 2019 to discuss and a joint action plan is currently being agreed.</p> <p>Current action from DCHFT includes sharing the letter we plan to send to the patients GP when they have a gram negative BSI (HCAI and Community acquired). Supporting Nutrition and Hydration Week with the plan to continue the hydration support element through as standard practice.</p>

	<table><caption>Approximate data from the line graph</caption><thead><tr><th>Year</th><th>DCHFT Trajectory</th><th>DCHFT Acc Cases</th><th>COMM Trajectory</th><th>COMM Acc Cases</th></tr></thead><tbody><tr><td>2016/2017</td><td>18</td><td>18</td><td>110</td><td>110</td></tr><tr><td>2017/2018</td><td>15</td><td>22</td><td>100</td><td>100</td></tr><tr><td>2018/2019</td><td>12</td><td>18</td><td>85</td><td>120</td></tr><tr><td>2019/2020</td><td>10</td><td>15</td><td>70</td><td>-</td></tr><tr><td>2020/2021</td><td>8</td><td>12</td><td>55</td><td>-</td></tr><tr><td>2021/2022</td><td>10</td><td>15</td><td>55</td><td>-</td></tr></tbody></table>	Year	DCHFT Trajectory	DCHFT Acc Cases	COMM Trajectory	COMM Acc Cases	2016/2017	18	18	110	110	2017/2018	15	22	100	100	2018/2019	12	18	85	120	2019/2020	10	15	70	-	2020/2021	8	12	55	-	2021/2022	10	15	55	-
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Implementation of NEWS2 and fully embedded.	Local deviation agreed with the Clinical Commissioning Group due to the implementation of VitalPAC version 3.6. This is currently in testing and anticipated to be completed by the end of March 2019, when the NEWS2 scoring will be implemented. Compliance with NEWS2 monitoring and escalation will be monitored as part of our ongoing quality improvement plan regarding the management of deteriorating patients. Matrons receive information weekly regarding the accuracy of the timing of observations and the percentage of patients scoring high or critical for feedback to ward staff and oversight of the acuity of the ward population.																																			
Long-term Plan	Guidance currently being reviewed. Action plan to be developed.																																			

2.4 Summary of the Quality Impact Assessment Process and Oversight of Implementation

It is essential for the Trust that all opportunities for improving efficiencies are identified and delivered in a manner that allows sustainable change and allows the Trust to continue to provide high quality, compassionate care for future generations.

The Trust recognises that radical redesign needs to occur if efficiency and productivity are to be optimised and efficiencies delivered. A Better Value Better Care programme has been developed within the overall aim of driving service improvement to achieve maximum benefits whilst improving quality and efficiency. The development of the savings programme is an iterative process and the Better Value Better Care Board ensures best practice is being reviewed and embedded on a continual basis. There are 3 key areas where efficiencies are identified:

- Health economy wide: Dorset CCG has led on a Clinical Services Review across Dorset which will lead to a financially sustainable model being implemented.
- Trust wide schemes: Frontline staff and clinicians are expected to use benchmarking data to identify where productivity gains can be made or opportunities can be realised. The sources of data include NHS productivity indicators, internal service line reporting data, external reviews i.e. Carter, ERIC, NHS benchmarking. These individual services/departments then feed into divisions. Each division has developed its own CIP governance model to ensure this approach is embedded in each service; and
- General efficiency improvement: The Better Value Better Care programme was launched across the organisation with awareness raising events held. All staff are encouraged to look for ways to improve efficiency and discuss ideas with their service managers and the Transformation Team.

The proposed plans for each service are reviewed and agreed through the annual business planning process. For clinical transformation schemes the Transformation Board agrees and monitors them to ensure time and clinical input is given to assessing the impact on quality. The Better Value Better Care Board has an overview of all CIP Programmes to ensure strong governance.

Alongside the business planning process is a Quality Impact Assessment for any CIP with a value of over £25,000 (or combined small CIP's with a value exceeding this value). This was introduced to provide assurance that the efficiencies described within the CIP will have no detrimental consequence to the three core quality domains of safety, clinical effectiveness or patient experience. Consideration of changes to workforce availability, staff satisfaction and sustainability are also taken into account. Each QIA is signed off for approval by the Director of Nursing and Quality and shared with the Medical Director for oversight. Each scheme is tracked at the Better Value Better Care Board identifying that a QIA has been received and approved by the Director of Nursing and Quality.

Areas in need of further strengthening for the new financial year include the sign off of the QIA scheme by the Medical Director (in addition to the Director of Nursing/Quality) and a more robust process of evaluation of schemes that were implemented. The proposal is that schemes implemented are evaluated on a regular basis through the year at the Better Value Better Care Board in order to be able to more visibly identify and evaluate the effect of the implementation of any scheme, identify if any unintended consequence has occurred and to disseminate the learning from schemes that have been particularly successful.

An integrated performance report is produced on a monthly basis to the Board of Directors. This report is a summary of key quality, workforce and financial risks to enable the Board to triangulate these risks. The key indicators have been aligned to the 5 domains of the CQC, and subcommittee responsibility of monitoring and scrutinising of these indicators has been established. They cover the following:

- Quality and Operational performance standards: These include the national operational standards i.e. access times and the national quality requirements i.e. infection control, VTE, cancelled operations, duty of candour, delayed discharges, stroke standards, pressure ulcers, never events, family and friend test results. A comprehensive list is reviewed each month.
- Workforce: Includes appraisal rates, turnover, sickness, essential skill training rates, staff survey key questions. The key indicators are agency rates and compliance against national expectations on agency caps, rostering efficiencies; and
- Finance: Includes the financial risk rating, surplus, CIP delivery, capital spend, liquidity, agency spend. The key indicators are reduction of the current deficit and liquidity.

This information is presented to the Trust Board for assurance, after receiving full scrutiny in the relevant sub-committees of the Board. The sub-committees utilise the information in order to be able to identify any areas in need of further development and to allow for direct Executive Director support in areas which consistently do not achieve the standards required.

3. Workforce

3.1 System working

The sustainability of our current and future workforce is our number one priority. In recognition, an operating model for system wide workforce development has been established, to identify and deliver system-wide workforce solutions. This complements what is done at an organisational level, supporting Dorset to retain, attract, recruit and develop its workforce. As an Integrated Care System we know that our biggest challenge is workforce. It is no longer limited to one particular service, organisation or profession and the knock on effects within one area are felt across nearly all pathways of care. The demand for medical, clinical, allied health professionals and support staff outstrips traditional supply routes. Integrated workforce planning and redesign is the only way that Dorset will be able to sustain the workforce that it requires to deliver new health and care models, now and in the future.

A Dorset wide workforce planning and redesign framework is emerging which aligns to our priority sustainability and transformation plans. Automated workforce data intelligence for NHS and primary care is now embedded (alignment of local authority data is planned for 2019/2020). The framework includes a methodology, resources and an offer of support to enable a grass roots approach to service, finance and workforce planning. The priority integrated workforce plans in 2019/2020 include mental health, primary and community care, urgent and emergency services, dermatology and MSK.

In parallel, we have secured strategic investment from ICS growth monies, to sponsor a cohort of 50 Registered Degree Nurse Apprenticeships, starting in September 2019, recruited from school, college leavers and mature applicants. This cohort is in addition to the traditional nursing routes and the (> 100 clinical) apprenticeships supported by individual organisations over the last 12 months. Thirty new programmes have been procured/developed in the last 18 months, including the Physicians Associate and the Advanced Clinical Practice programmes, both commencing in February 2019. We will participate in the national place based review of non-medical tariff placements; we currently support over 2,000 (non-medical) students every year with demand growing as a result of the new programmes. Investment in new services and sustainability of existing services necessitates us to resolve barriers and overcome traditional customs, enabling the mobilisation of staff. To that end we have piloted a 'Passport' platform in primary care which will be extended to Poole Hospital, Dorset's Integrated Urgent Care Services and volunteer groups imminently.

From a recruitment and retention perspective our objective is to retain the workforce that we have by supporting their health, wellbeing and development as well as attracting people from outside of the county. www.joinourdorset.nhs.uk was launched in October 2018 alongside a social media campaign and marketing plan; in 2019/2020 we will target specific hotspots and service development areas including integrated urgent and emergency care, nursing, primary care networks, theatres and pharmacy. April 2019 will see the launch of Our Dorset Development Hub, the remit will include co design and delivery of system leadership development programmes (expansion of the Walking in the Same Direction) at place based and clinical network level and specific multi professional cohorts including Allied Health Professionals and targeted at new roles such as Apprenticeships.

The Dorset ICS Operational Plan for 2019/20 sets out more details of the opportunities for system wide collaboration in respect of workforce recruitment, retention and development.

A Talent Board has been established to drive our Talent Management aspirations and approach at system level. This includes a system Talent Programme which will commence in May 2019 and alongside this we will connect and align a coaching faculty for primary, community, acute and local authorities.

3.2 Governance

Workforce matters are reviewed and governed through the Workforce Board Sub-committee. This meeting is chaired by a Non-Executive Director, and reports to the Trust Board in terms of exceptions and escalation.

At a more operational level, there is a Workforce Operations Group meeting, which has a dedicated focus on medical and non-medical workforce issues, with attendees appropriate to the staff group. The meeting is chaired by the Director of Workforce and OD, and considers both supply and demand issues for the Trust.

A medical rostering group has also been formed to consider roster efficiency issues across the Trust, and consider short and medium term solutions to gaps in rosters. The Guardian of Safe Working's quarterly report ensures that the Trust Board is sighted on rota gaps and vacancies within the junior doctor workforce.

Nursing rostering is monitored through the Nurse Rostering Clinics chaired by the Director of Nursing and Quality.

3.3 Workforce Planning

The Trust is in the process of establishing a Workforce planning team, which will sit within the Human Resources function and systematically review workforce plans by specialty, for ward nursing and how alternative skills mixes can be incorporated into the workforce plans for a department for function.

The work will utilise methodology developed by the Dorset Workforce Delivery group, which has been established by the Local Workforce Action Board to address system wide workforce issues and consider workforce planning at a system level.

Workforce planning will become integrated with the business planning cycle, and identify longer term workforce solutions for the Trust.

3.4 Current Modelling

Workforce modelling is well developed for the nursing workforce with nursing trajectories reviewed on a monthly basis. This includes detailed modelling of turnover and recruitment, and informs longer term supply decisions. Currently modelling is focussed on ward based Registered Nurses and is being developed for Health Care Assistants, Allied Health Professionals, Theatre staff and Midwifery.

3.5 Current Workforce Challenges

Workforce challenge	Impact on workforce	Initiatives in place
Shortages of adult nurses	Difficulty in recruiting to establishment; reliance on bank and agency; difficulty in rostering	Embarked on an international nurse recruitment campaign in 2018. This programme will continue into 2019 subject to achievement of establishment. Domestic preceptorship programme expanded to maximise opportunities for

		recruitment of newly qualified nurses. Flexible working options developed and the creation of a flexible nurse resource pool.
Shortages of pharmacists	Impact on operational service, which can represent a patient safety risk.	Reviewing career progression opportunities.
Shortages in a number of medical specialities (consultants): Gastro; Acute medicine; Dermatology; ED	Direct impact on RTT. Impact on all operational performance where shortages exist.	Explore alternative skill mixes. Explore system wide rota solutions and joint appointments.
Shortage in Orthotics and Prosthetics qualified staff	Impact on operational service and waiting times	Flexible working Explore training and development package options

3.6 Workforce Risks

Description of workforce risk	Impact of risk (high, med, low)	Risk response strategy	Timescales and progress to date
30% vacancy level for pharmacists	Medium	Re-advertise vacancies. Work with system partners to avoid competing for workforce. Introduce clear career progression for staff. Review attrition levels and reasons	Exit interviews taken place. Advertised vacancies. System issues raised and discussed.
Shortages of registered adult nurses	Medium	Started international recruitment campaign. Established roster clinics to maximise efficiency. Established daily workforce reviews to place staff according to clinical need. Developed a Dorset nursing strategy, including the introduction on registered nurse degree apprenticeships Nursing associate apprenticeship programme commenced.	11 international nurses now joined the trust. Agreement for 50 RNDA across Dorset. 4 nurse associate and 4 registered nurse apprenticeships started within trust.
Difficulty in recruiting st3+ medical staff	Medium	Commence international recruitment for doctors (MTI programme).	Ongoing

		<p>Consultant led services.</p> <p>Introduce Locum's Nest to develop medical bank</p>	<p>Consultant led services with resident on-call in Paediatrics</p> <p>Locums Nest launched in Aug 18: positive take up.</p>
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3.7 Long term Vacancies

Long term vacancy	WTE impact	Impact on service delivery	Initiatives in place along with timescales
Consistent gaps in junior doctor rotations: every year we experience gaps in Deanery placements, however the exact specialty varies from year to year.	11.6	Direct impact on RTT. Impact on all operational performance where shortages exist. Impact upon non-training doctors.	Locums Nest implemented August 2019. F3 roles offered to Foundation Doctors seeking a gap year from training programme.
Consultants: varying specialties	4.7	Direct impact on RTT. Impact on all operational performance where shortages exist.	As described above
Adult registered nurses	36.5	Difficulty in recruiting to establishment; reliance on bank and agency; difficulty in rostering	As described above

3.8 Workforce Redesign

The Trust recognises the operational benefit of investing in extended healthcare roles which is further underpinned by national initiatives, and the positive impact upon the sustainability of the future workforce. Advanced Nurse Practitioners and Nursing Associates continue to join the workforce; supporting gaps in junior doctor rotations and bridging the vacancy gaps between RNs and HCAs. The Trust currently has a pilot for Clinical Administrators and is also supporting Assistant Practitioners (AHPs) and Clinical Practitioners (AHPs).

An internal centralised administration bank has been set up to support the timely and efficient coverage of administration and clerical workforce gaps across the Trust both short and long term.

The Trust has invested in Locums Nest; an APP that connects doctors to temporary work within NHS organisations. An increased uptake has already been evident and a longer term reduction in agency costs is expected as Doctors can select available locum shifts directly with the Trust.

The Trust has convened a Brexit 'task and finish group' to focus on the seven priority areas and continues to follow national guidance as and when information is released, in addition to testing existing business continuity and incident plans against EU exit risk assessment scenarios. Specific workforce actions have included the facilitation of the EU settlement scheme pilot for healthcare staff and confirmation of the recognition of professional qualifications for existing staff.

4. Financial Planning

4.1 Financial Forecasts and Modelling

The Trust has been allocated £3.046 million of Provider Sustainability Funding (PSF) and a further £5.646 million of Financial Recovery Funding (FRF) for the 2019/20 financial year. The control total allocated (including PSF, FRF and MRET funding) for 2019/20 is a breakeven position. In order to achieve this position a CIP of £7.1 million (3.8%) will have to be delivered in 2019/20. The reason for this level of CIP is as follows:

- The planned position for 2018/19 is a deficit of £1.3 million, however the forecast out-turn position is a deficit of £8.25 million. The difference of £6.95 million is due to: £2.1 million of unachieved PSF in Quarter 4 as a result of not achieving the control total; unachieved CIP of £2.9 million; and run rate pressures (predominately pay costs associated with high levels of nursing agency and medical additional sessions) of £2.2 million. These pressures are partly offset by additional donated asset income of £0.2 million.
- In addition to the above, the Trust is forecasting to deliver CIP of £1.6 million non-recurrently in 2018/19; and the control total allocated for 2019/20 has reduced by £1.3 million to a breakeven position.
- Inflationary pressures are £3.1 million above the tariff increase of 2.7% being applied by the Trust's commissioners to its clinical contracts for 2019/20. In reality the tariff uplift only covers the costs of the Agenda for Change pay award above the 1% planned for 2018/19 and 2019/20, leaving the Trust to fund in full the remaining 1% of Agenda for Change, the medical pay award and non-pay inflation.
- For 2019/20 we have development costs of £1.5 million, which are essential for maintaining safe services, new cost pressures of £1.9 million, particularly around the need to invest in clinical and nursing resilience and £1 million of system support received in previous years is being recovered by Dorset CCG.

The above totals £15.5 million of pressures (for 2019/20) which are then partly offset by the new Financial Recovery Funding allocated to the Trust (of £5.646 million) and non-recurrent funding from Dorset CCG of £2.792 million. The net position is that the Trust will need to deliver CIP of £7.1 million (3.8%), which will represent a significant challenge to achieve. To date CIP of £3.3 million has been identified. This currently leaves a balance of unidentified CIP of £3.8 million which has been included in the draft operational plan.

There remains a high degree of inherent risk to the delivery of the planned position for 2019/20 and so the Trust is continuing to work with its commissioners and system partners in order to find solutions for the efficiency gap set out above. Whilst highlighting this risk, the Trust is accepting its control total for 2019/20 and is submitting an operational plan that meets the required financial control total for the year and the Trust Board agrees to the conditions associated with the PSF and FRF allocations.

Despite planning a breakeven position for 2019/20, the Trust is likely to require formal cash support from January 2020 onwards, on the basis of the deficit being incurred in 2018/19 and the fact that PSF and FRF funding will be received quarterly in arrears in 2019/20.

As noted above, the Trust's forecast outturn for 2018/19 is a deficit of £8.25 million, which is significantly worse than the control total for the year. A financial recovery plan has been developed and agreed by the Trust Board and its delivery is being led by the Director of Finance & Resources to ensure the actual gap to the control total is minimised as far as possible.

The table below summarises the forecast position for 2018/19 and the planned position for 2019/20:

	2018/19 Forecast - £m	2019/20 Plan - £m
Operating Income from Patient Care Activities	158.689	168.215
Other Operating Income	20.690	26.448
Operating Income	179.379	194.663
Employee Expenses	(117.255)	(125.018)
Non Pay Expenses	(67.840)	(66.748)
Operating Expenses	(185.095)	(191.766)
Operating Surplus/(Deficit)	(5.716)	2.897
Non-Operating Income	0.082	0.044
Non-Operating Expenses	(2.615)	(2.941)
Surplus/(Deficit)	(8.246)	(0)
Memorandum information		
CIP/Revenue Generation (netted above) £m	4.7	7.1

4.2 Income

The 2019/20 figures are based on the Trust's business planning process and the most up to date contract discussions with each Commissioner. The above activity forecast underlines the proposed commissioning contracts for 2019/20. The Trust has a number of commissioning contracts in place as follows:

- **Dorset CCG** – the main contract is with Dorset CCG who commission on behalf of the Dorset population. The contract values for 2019/20 have been agreed between the Trust and Dorset CCG. The Dorset CCG contract value for 2019/20 includes a 2.7% uplift on the 2018/19 contract value plus the impact from the PSF tariff adjustment of £2.3m. In addition the Trust has been allocated growth funding of £1.1 million, but is also required to repay £1 million of system support received previously. The contract figure includes the transfer of services relating to the Identification Rules exercise for Specialist Services. Dorset CCG has also allocated the Trust £2.792 million of non-recurrent funding for 2019/20 to support the delivery of its operational plan. The contract will again be on a 'block' basis in 2019/20 and so no further funding will be available for any further increase in activity. A number of demand management work programmes are underway in order to manage this risk.
- **NHS England** - Contracts are held with NHS England for specialist services, military work, prisons and dental. The contract values included in this plan for 2019/20 have been agreed with NHS England. As noted above the values include the Identification Rule changes referred to above. The Trust has assumed (on the basis of the discussions to date with the NHS England contract team) that it will be paid for actual activity delivered in 2019/20, irrespective of the contract value.

As noted above the £3.046 million of PSF, £5.646 million of FRF and £0.331 of MRET which have been allocated by NHS Improvement for 2019/20 has been included within the plan. The Trust is not anticipating significant movements in other income in 2019/20 apart from the new FRF allocation, an assumption around CIP achieved from commercial income and the income associated with the IUC service discussed above.

4.3 Costs

The process for identifying future year costs has been through the Trust's annual business planning framework which is predominantly activity and risk driven. It is anticipated that costs will increase by £12.3 million in 2019/20 as shown in the table below:

	2019/20 Cost Increase - £m
Inflation (pay, non-pay & capital charges)	4.8
Developments/Risk mitigation	1.5
Activity Growth Funded by CCG	1.1
Costs Associated with IUC Service	1.4
New Cost Pressures	1.9
Non recurrent CIP in prior year	1.6
Total	12.3

Assumptions made in the above cost increases are as follows:

- **Inflation** – pay inflation includes pay awards based on the published Agenda for Change pay scales for 2019/20 and an assumption of a further 2% increase in medical pay from 1 October 2019. In addition, the costs of incremental drift are included based on staff currently in post. Non pay inflation includes the anticipated price increases on supplies and services together with the increased cost of capital.
- **Financial pressure** – the Trust is facing cost increases in 2019/20 of £4.8 million as a result of inflationary increases in pay and non-pay. This compares with the tariff inflation allocated by commissioners of 2.7% (of which approximately 50% is attributable to the recurrent costs of the Agenda for Charge pay award in 2018/19). This results in a cost pressure to the Trust of £3.1 million.
- **Service developments/Investment in quality** – in order to maintain safe services the Trust needs to invest in essential developments of £1.5 million in 2019/20. These are in response to changes in legislative/regulatory requirements, to manage the increased acuity of the patients being admitted and to cope with the increased number of fast track referrals for potential cancer patients.
- **Activity growth funded by Dorset CCG** – the Trust has been allocated £1.1 million of growth funding for 2019/20 to address the increased activity in trauma, ophthalmology, dermatology, cancer fast track referrals and endoscopy. This additional income will be fully offset by the costs associated with delivering the additional activity.
- **Costs Associated with IUC Service** – as described above, the Trust is a partner in the new IUC service and so has included the associated income and costs in its operational plan for 2019/20.
- **Workforce** – the increases in WTEs included in the plan in April 2019 relate to the service developments and activity growth and the assumption that vacant posts in 2018/19 will be filled in 2019/20.
- **Efficiency Projects** – the Trust is planning a programme of CIPs and revenue generation schemes amounting to £7.1 million for 2019/20. Further details are given in the efficiency section below.

The Trust has been advised that the consequence of the RICS guidance on the calculation of remaining useful lives on buildings may adversely impact on the annual depreciation charge in 2019/20. This is still under evaluation with the Trust's valuer but is not currently covered within this planning submission.

4.4 Liquidity

The Trust has a loan of £4.6 million from the Independent Trust Financing Facility (ITFF), which is due to be repaid in March 2021. The deficit position in 2018/19 and the planned position for 2019/20 are being managed by improved management of working capital, reducing capital expenditure and utilising existing cash balances. At 31 March 2019 the Trust is forecasting to have a cash balance of £1.709 million. As a result of the deficit being incurred in 2018/19 and the breakeven position planned for 2019/20, the Trust will run out of cash in January 2020 and will require £5.5 million of Interim Funding Support during 2019/20. The £3.0 million of funding support associated with the receipt of PSF and FRF funding quarterly in arrears has been included in short-term liabilities in the operational plan, with the balance of £2.5 million included in long-term liabilities.

The table below highlights the opening and closing cash position as set out in the plan.

	2018/19	2019/20
Opening Cash Balance	2.493	1.709
Closing Cash Balance	1.709	1.220
DH Revenue Funding Received	-	5.500

4.5 Financial Plan Risk Rating

For 2018/19 the Trust is anticipating its Risk Rating deteriorating to a 4 as a result of the level of deficit being incurred in the year. The Operational Plan assumes the Trust achieves its financial control total for 2019/20 with a resultant Risk Rating of 3 for the year. The table below highlights the key figures within the risk ratings for the two years covered by the plan:

	2018/19	2019/20
Capital Service Cover Rating	4	1
Liquidity Rating	4	4
I & E Margin Rating	4	2
Variance from Control Total Rating	4	1
Agency Rating	3	1
Overall Risk Rating	4	3

4.6 Downside Modelling

The Trust has undertaken modelling of the downside risks inherent within its plan for 2019/20.

Primary Risk	Mitigation and Management
Delivering sufficient CIP to meet the financial challenges	Capacity and capability of service transformation skills to be increased to deliver this level of savings.
Managing demands on our services	Working closely with Dorset CCG as part of the STP to deliver demand management strategies.
High usage of temporary locum and agency staff due to recruitment difficulties	International recruitment for hard to fill posts, alternative skill mixes and roles being developed
Increase in delayed discharges requiring additional capacity to be opened	Close working with system partners, use of discharge to assess pathways to increase discharge pathways

The impact of these risks is that they would reduce the Trust's Financial Risk Rating to a 4 and mean that further Interim Support Funding was required to manage the consequent cash shortfall.

4.7 Efficiency Savings for 2019/20

The Trust continues to be required to deliver significant savings to ensure it is financially sustainable, which represents a significant challenge to achieve. The Trust is continuing to work closely with its partners in the development of efficiency plans across the Dorset ICS. The details of how these projects will impact on the Trust are still being developed and so it is not yet clear exactly what savings (if any) will be realised by the Trust during 2019/20. As a result a substantial proportion of the savings target for 2019/20 remains unidentified and, if the planned benefits of the ICS are not realised sufficiently quickly, this may prevent the Trust from achieving its control total for 2019/20. In addition, the Trust is planning to continue to deliver its own Cost Improvement Programme, including exploiting those opportunities highlighted by the Model Hospital and the GIRFT programme. Work is on-going to identify further savings and opportunities that the Trust can deliver in 2019/20 and PwC are being engaged to support the divisions in the identification and delivery of these additional savings.

The following table summarises the planned savings for 2019/20, and those forecast to be achieved in 2018/19.

CIP	2018/19 Forecast Saving - £m	2019/20 Planned CIP - £m
Workforce Efficiencies	0.65	1.57
Non Pay	2.55	4.00
Income	1.55	1.56
Total	4.75	7.13
<i>Split as</i>		
<i>Identified</i>	<i>4.75</i>	<i>3.31</i>
<i>Unidentified</i>	<i>0.00</i>	<i>3.82</i>

In the operational plan for 2019/20 the CIP for the identified schemes has been phased across the four quarters on the basis of forecast delivery. Of the £3.8 million attributable to the unidentified schemes, the majority has been phased in the final quarter of the year, as plans for these have not been confirmed. This gives the maximum period for the plans to be confirmed and the realisation of the savings to be achieved.

The identified schemes cover the following areas:

- **Workforce efficiencies (identified target 2019/20 £0.1 million)** - The Trust will focus on reducing spend on agency and locums, utilising the NHS Improvement cap rates, as well as managing vacancies more effectively and consistently.
- **Non pay (identified target 2019/20 £1.91 million)** – procurement savings through involving clinical input to standardise the range of products used. Savings have been achieved in the CNST premium for 2019/20 and capital investment is being targeted to reduce rental costs.
- **Drugs (identified target 2019/20 £0.65 million)** - savings are planned on drugs expenditure through schemes including switching to bio-similar drugs, reviews of usage and taking advantage of those coming off patent.
- **Revenue generation (identified target 2019/20 £0.6 million)** - additional income is expected to be generated through commercial schemes.

4.8 Agency Rules

The Trust's level of agency spend has increased in 2018/19 especially in relation to nursing staff as a result of vacancies, acuity of patients and escalation beds open to cope with patient numbers. In response the Trust has implemented weekly pay for bank shifts to encourage more increased take up of shifts by bank staff. An international nurse recruitment campaign is underway which is helping to reduce the number of vacancies on the wards. Nurse recruitment trajectories are now being regularly reviewed and strategies to address the gaps discussed at a Resourcing Operations Group. In 2019/20 the Trust is working with Dorset colleagues to introduce Nursing Apprenticeships. In addition targeted recruitment of HCA posts is being undertaken to minimise as far as possible the use of HCA agency staff. For medical staff the Trust has introduced the 'Locum's Nest' on-line App which has improved the direct engagement of junior doctors rather than having to rely on agency staff to fill vacant shifts. The Trust is engaging other roles such as Physicians' Associates and Advanced Nurse Practitioners to support medical rosters in order to reduce medical agency usage.

4.9 Capital Planning

Given the constraints on capital funding, the Capital Programme for 2019/20 has been produced using a risk based approach, using likelihood and consequence, with the very high risk scored items as the priorities. The Trust continues to use the capex criteria framework included in the NHSI Operational Plan to assess capital schemes using project need and urgency as further criteria.

The focus for the 2019/20 Capital Programme has been to address backlog maintenance within Estates, with the replacement of the Fire Alarm being essential following inspection and advice from the Fire Service. The Windows 10 Upgrade relates to the end of support for Windows 7 by Microsoft in February 2020. The Trust has a large number of PCs and laptops that will require replacement due to their inability to be upgraded to Windows 10 and would leave the Trust vulnerable. The Pharmacy Robot is 12 years old and has to be replaced to ensure continuity and efficiency of the Pharmacy Service where the current robot regularly breaks down and is two years past its original replacement date. Within Estates Schemes backlog maintenance work will be undertaken to replace infrastructure. IT schemes will also replace outdated network infrastructure. Medical Equipment will replace older assets, which have reached the end of their useful life to improve and maintain patient care.

The contingency has been included to allow for breakages along with plant and equipment failures. The rolling replacement programme indicates a large number of assets, which were due for replacement in 2019/20 but there is not sufficient capital funding available for replacement of these. In 2018/19 there were significant numbers of plant and equipment failures, which impacted on existing capital schemes having to be deferred and this contingency will help to mitigate this happening in 2019/20.

The table below summarises the Capital Programme for 2019/20:

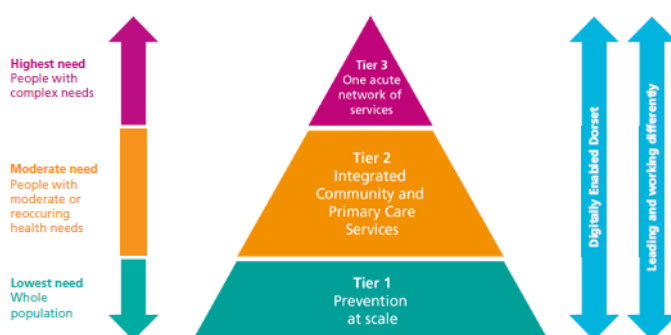
Capital Schemes	2019/20 £m
Fire Alarm Replacement	0.500
Windows 10 Upgrade	0.684
Pharmacy Robot Replacement	0.600
Estates Schemes	1.309
IT Hardware	0.571
IT Intangible	0.253
Medical Equipment Schemes	0.668
Contingency (for breakages)	0.515
Total Capital Plan	5.100

5. Link to the Sustainability and Transformation Partnership

5.1 STP and key achievements summary

Our Dorset Sustainability and Transformation Plan (STP) aims to support everyone to lead healthy and fulfilling lives. Working with people, families and communities to reduce the risk of developing ill health, to maintain wellbeing, rather than waiting until people are unwell to offer them support and advice. More of our public services will work closely together to tackle all of the factors affecting health and wellbeing, including employment, housing and transport. This means we will:

- support everyone to start life well, stay well and age well;
- organise all health and care services to be more joined up and responsive to need;
- reorganise hospital services to improve quality and provide more of those existing hospital services in the community and people's homes;
- ensure we invest our collective resources wisely for now and the future.



We've come a long way and we are still shaping the future to continuously improve the health and care for the people of Dorset. Over the past 12 months we have worked together to deliver the priorities set out in our STP, including:

- We have improved the CQC rating for DCH from Requires Improvement to Good
- Development of the Dorset Clinical Networks and One Acute Network Partnership including the approval of the One Dorset Pathology Final Business Case;
- additional investment in community and primary care services to support delivery of care closer to home and the development of community hubs and teams and the development of primary care networks;
- improved access to mental health services for children and adults including development of community retreats for people living with mental health conditions, further implementation of steps to wellbeing for people with long term conditions and implementation of an online counselling app 'Kooth' for children;

5.2 Challenges

Overall, the people of Dorset enjoy relatively good health; living longer than the England average, but there is difference in the life expectancy across Dorset. We also have variations in the quality, accessibility and experience of people using our services. Alongside which we are seeing a growing demand for services (section 1), workforce (section 3) and financial challenges (section 4).

Although we have made great progress over the last 12 months, 2019/20 will continue to be a challenging year, as we continue to work within a tight financial framework during a period of change and movement towards greater integration with social care.

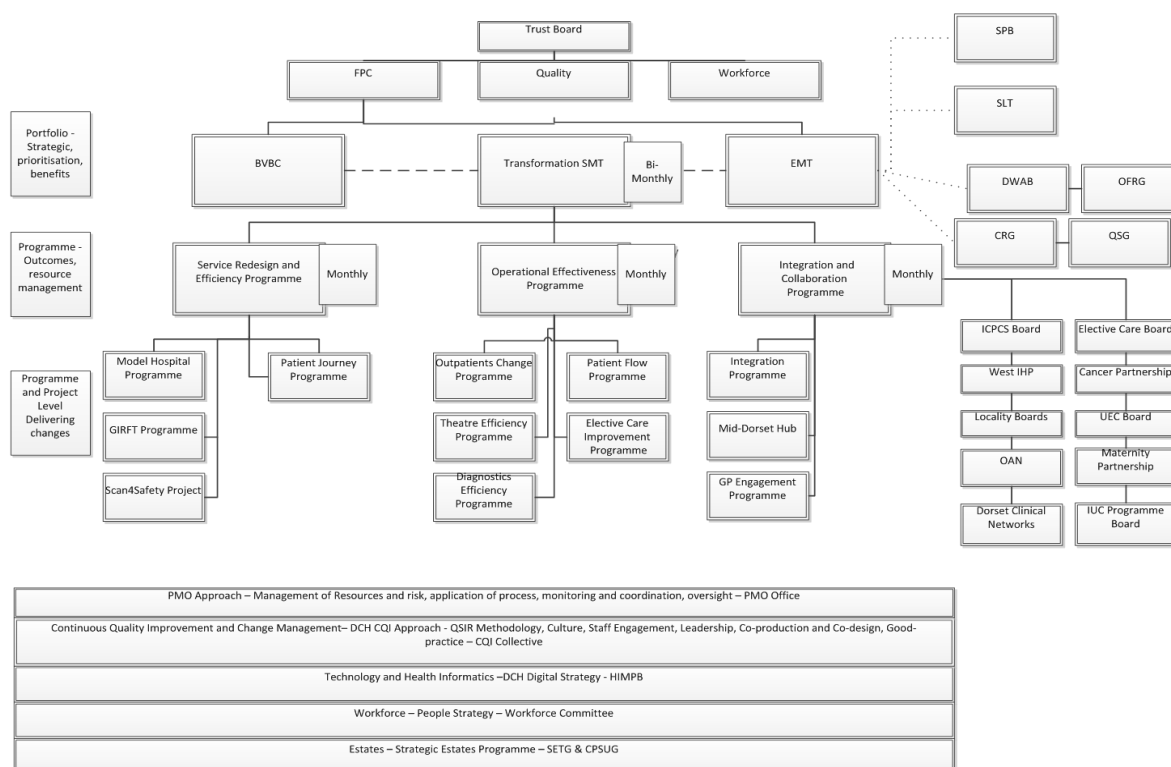
5.3 DCH Transformation

The DCH Transformation Programme is designed to deliver the DCH Strategy (which is itself aligned to the Dorset STP) and is purposefully aligned to the priorities of the Dorset ICS transformation plan. Additionally, the Transformation Programme has been reviewed to ensure that national priorities and initiatives are utilised effectively, for example Outpatients, GIRFT and Model Hospital.

The key transformation portfolios for DCH are:

- Clinical Service Redesign and Efficiency
- Operational Effectiveness
- Integration and Collaboration

These portfolios coordinate transformation activity across the Trust and also act as an interface between organisational and system wide transformation (shown on the right of the below figure)



Transformation is supported by a robust approach to PMO, CQI, Technology, Workforce and Estates Transformation.

All transformation activity is prioritised on the basis of its impact on demand, finance and workforce.

6. Membership and Governors

The Trust's Membership Strategy was re-written and approved by Council of Governors in November 2018. The Strategy includes:

- the aspiration to engage more with local schools and colleges to broaden the demographic of members to better reflect the local population (the under 25 age group are particularly under-represented) ;
- clear targets for the Governors to increase membership;
- sharing basic membership information with partner Trusts in Dorset.

Governor elections were held in 2018. Prior to the elections a number of drop-in sessions were held across Dorset to encourage individuals to stand for election. The sessions included an overview of Foundation Trusts and their evolution and the role of Governors including their statutory roles and responsibilities.

Following the election a full induction day was held for all new and existing members of the Council of Governors. Previously induction had been held over a number of sessions meaning that Governors attended formal meetings with a varying degree of preparedness. The one-day induction session was interactive with presentations from the Chair, Chief Executive, Non-Executive Director, Trust Board Secretary and Communications lead. Topics covered included the Trust's Strategy, CQC, the role of Communications in the NHS, values and behaviours and roles and responsibilities. All those attending also completed a skills audit.

The skills audit, completed by all new and existing Governors, informed a key change to the way Governors fulfil their roles. The Governor Working Group meetings are now in two parts; part one of each meeting is the usual business for the Working Groups and the second half of each meeting is devoted to the personal and professional development of Governors. The Governors have a clear development plan for the forthcoming year and enables the Trust to fulfil its function in educating and equipping the Governors to fulfil their roles.

The Trust's Constitution has been revised and updated to include:

- clarity on the length of time a Governor may serve on the Council;
- removing the ambiguity about being a Governor at DCH and at another Trust;
- a full description of the role of the Lead Governor.

Governor observers are now just observing Board Sub-Committees. They may participate in Patient Experience initiatives but this will be on a strategic basis rather than focussing on operational matters.

Governor input and feedback into Non-Executive Director appraisals has improved during 2018/19.

Governors are being supported in a variety of ways to engage with their constituents and Trust members which includes drop-in surgeries and the use of the Trust's social media platforms.

The Strategy Committee of the Council of Governors will meet regularly during 2019 and will provide input into the Trust's future plans and provide a platform for Governors to provide the Trust with feedback from members and constituents.

Appendix 1 (Seven Day Services):

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	The patient survey takes place over the course of 7 days, from Wednesday 00:01 to Tuesday 24:00. A list of all emergency admissions is generated from PAS. The list is filtered to exclude patients meeting the following criteria: <ul style="list-style-type: none"> • Patients admitted to short stay ambulatory care • Patients who are admitted as an emergency but who stay in hospital for fewer than 14 hours from arrival • Patients on an inpatient pathway on which care for the entire patient group is, by design, routinely delivered by non-consultants e.g. Midwife led care on a maternity unit Patient groups for whom: <ul style="list-style-type: none"> • There is a clear written local protocol for the pathway the patient is on which has been agreed within the trust clinical governance system and supported by the commissioners AND • The protocol describes actions to be taken in the event of clinical concern, including robust and rapid escalation to a consultant where appropriate: eg a maternity patient who develops the need for an emergency Caesarean section, or a patient with a superficial abscess who appears to be developing sepsis AND • The patient's care is still recorded as being under a named consultant for the purpose of clinical governance (excluding patients specifically on midwife-led care pathways). 	Yes, the standard is met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: <ul style="list-style-type: none">• Within 1 hour for critical patients• Within 12 hour for urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes mix of on site and off site by formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
	Ultrasound	Yes available on site	Yes available on site		
	Echocardiography	Yes available on site	Yes available on site		
	Magnetic Resonance Imaging (MRI)	Yes available on site	No the test is not available		
	Upper GI endoscopy	Yes available on site	Yes mix of on site and off site by formal arrangement		
	Each service is covered by a 7 day roster in the relevant dept. In addition ED and the Acute Medical Assessment Units have their own ultrasound capability. MRI is currently under review as only available 6 days a week consistently with Sundays only covered as part of an elective care provision.				

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Interventional Endoscopy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Emergency Surgery	Yes available on site	Yes available on site	
	Each dept has a 7 day roster. Cardiology is in a formal network with another acute provider for out of hours support. Radiotherapy takes place at the Cancer Centre for Dorset and an agreed urgent pathway is in place to support patient transferral in urgent cases.	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Ongoing review is captured for all patients included in the survey, for up to 5 days following day of admission, unless discharged before this. The requirement for twice-daily review depends on the acuity of the patient, and can be delegated by the consultant to other grades of staff. There is no threshold to reach for this standard. Ideally, it should be documented in the patient record as to the level and frequency of review, but in practice, this is rarely done. During the survey, there was no evidence that there was a failure to escalate a deteriorating patient, or that a review was missed, or carried out in an inappropriate grade of staff.	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
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 6 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 monthly with the risk leads to ensure that the risks are in line with the Risk Management Framework and the risk scoring has been realigned.

Detailed are risks that have been categorised as 'managed or within tolerated risk appetite' and consideration should be given as to whether these can be closed. These will be reviewed at the Risk and Audit Committee.

PROPOSED CHANGES TO RISK REGISTER:

- On reviewing the Care Group risk registers with the Service Managers throughout April 2019, it has transpired that there are a number of separate risks at service level around waiting lists, the Outpatient Waiting Lists (OWL), and the Follow-up Outpatient Waiting List (FOWL). The Head of Risk Management has discussed this issue with the Chief Operating Officer and the Head of Patient Access and Performance. It is felt that the best way forward would be to amalgamate all of the waiting lists and follow up issues in to one corporate risk, with separate workstreams in the actions to identify service specific issues, and that this risk be allocated to the Head of Patient Access and Performance as lead person, with the actions allocated to the specific services. This will be included in the next report.
- The risk in relation to mortality and coding is still awaiting information from the Chief Information Officer and the Coding Consultant in relation to the individual risks and action plans. The final wording will need agreement by the Medical Director prior to entry on the corporate risk register. This will be included in the next report.

INCREASE IN RISK RATING:

- Lack of ophthalmology service capacity to meet service demand,

There has been an increase in the volume of incidents and complaints recorded in relation to this service. There have been potential litigation claims made in respect of decrease and loss of sight due to a delay in follow up.

Position as at 04.04.19 current RTT assessment demand is 1136 with a wait time of 42 weeks for cataract, general 40 weeks, glaucoma 1 patient at 19 weeks, MR is 20 weeks, oculoplastic at 21 weeks. Elective RTT is currently at 613 with a wait of 48 weeks. Follow up is 3216 patients wait 19 months. In order to bring the RTTs back to 29 weeks, an additional 86 clinics would be needed.

DECREASE IN RISK RATING:

- Financial Sustainability

This risk has been reviewed in light of the commencement of a new financial year.

CIP target at Trust level has been identified. CIP targets at a local care group level are in the process of being set and identification levels are being monitored via BVBC Board.

EMERGING RISKS TO NOTE:

Request to add to Corporate Risk Register:

- The reliability and maintenance of the lifts across the hospital.

Decision has been made to not extend the contract with the current contractor. Procurement have found an alternative contractor on the procurement framework, subject to successful negotiation and their willingness to take the contract on. The fundamental problem with the lifts is the lack of investment over the last two decades. If funds are available, a lift replacement programme should take place immediately.

Update 18.04.19: Incumbent contractors served notice. Contract due to finish 15 June 2019. Replacement contractor selected and will contract will commence immediately on termination of existing agreement. Lift 3 is currently having regular failures, which is under investigation. Lift C is planned for significant refurbishment of control panel (£27k).

DIVISIONAL LEVEL EMERGING RISKS

Urgent and Integrated Care Division

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

Details of Risk:

Insufficient physical capacity within the ED to meet activity levels, including insufficient resus capacity, insufficient treatment/assessment capacity, and non-compliant mental health assessment area, leading to delays in offloading patients, breaches due to lack of assessment/treatment space, risk of patients being treated in inappropriate spaces (i.e. resus in majors, majors in minors).

Despite works completed in 2018/19 to increase treatment capacity by 1-2 spaces plus one additional triage space and improved compliance with mental health assessment requirements, the department remains significantly too small to meet the activity levels currently seen. (Built for c. 22,000 attendances per year, currently at c. 47-48,000 p.a.).

We are seeing an increasing number of incidents reported, and investigations via the Corporate Learning from Incident Panels to evidence that the space issue and patients being seen in inappropriate spaces is impacting on patient and staff safety.

- Ilchester – staffing and capacity (Currently rated as HIGH on the Divisional risk register).

Details of Risk:

Ongoing use of Ilchester Escalation Capacity (planned and unplanned), leading to insufficient nursing cover particularly if opened at short notice, contributing to increased risks and having an impact on staff wellbeing.



Ilchester has been opened to above 100% bed occupancy since late 2018. Some of this has been planned for, with staffing pre-booked; in cases where this has not been pre-planned staff have had to work at higher nurse:patient ratios, come off of required admin/supervisory shifts, and have been under increasing pressure to support flow from ED.


Again, we are seeing a higher number of incidents being reported in relation to staff and patient safety on the ward. Due to the high turnover rate of patients on the ward, we are seeing an


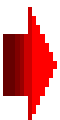
<i>increased number of patient harm incidents being reported</i>	
Family Services and Surgical Division Divisional risk issues are already included in the Corporate risk register.	
Paper Previously Reviewed By Risk and Audit Committee 21 May 2019	
Strategic Impact The Risk Register outlines the identified risks to the achievement of the Trust's objectives. Failure to identify 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	<p>The ARC are requested to:</p> <ul style="list-style-type: none"> • review the current Corporate Risk Register ; and • note the high risk areas and actions • consider overall risks to strategic objectives and BAF • request any further assurances • Agree closure of risks detailed that have been managed or tolerated within risk appetite for over a year.


Corporate Risk Register

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





	Risk level Current	Previous risk score	Target Risk Score	ID	Title	Risk statement	Review date	Last updated	Care Group	Service of Responsibility	BAF Objective and mitigation
	Extreme	Moderate Risk	Low Risk	462	Lack of Ophthalmology Service Capacity to meet service demand	There is a risk of adverse patient outcomes, reputation impact and financial impact arising from delays. This relates to delays in assessment and treatment of ophthalmology patients due to demand for service exceeding capacity, insufficient staffing levels, and challenges of prioritisation of new and chronic patients using a partial booking service. Outpatient waiting times to first appointment now unacceptably long and pose a potential patient safety risk.	30/06/2019	04/04/2019	Head & Neck and Specialist Medicine (B2)	Ophthalmology Service	<p>Strategic Objective 1: Outstanding Not achieving an outstanding rating from the Care Quality Commission by 2020</p> <p>Mitigation: Weekend clinics are being run. All OoHs work to be covered by RBCH as from 4/01/19. FOWL is being reviewed by the consultants, these include Glaucoma and macular patients. Weekend nurse led glaucoma clinics were booked to the end of March 2019, therefore the waiting list is reducing. Liaising with RBCH regarding contact lens and corneal patients. This is under review.</p> <p>Target Score Date: 31/12/2019 but under constant review</p>
	Extreme	Extreme	Very low	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.	31/05/2019	26/03/2019	Finance	Estates Department	<p>Strategic Objective 5: Sustainable Not using our estate efficiently and flexibly to deliver safe services</p> <p>Mitigation: External consultant has been appointed and has requested further technical clarifications. A draft tender will then be issued, and funding will requested via capital programme.</p> <p>Use of combining co-tag and ID badge to be investigated as a cost saving, and method of ensuring co-tags are not handed on to other staff. System to be put in place to collect ID cards and co-tags from leavers.</p> <p>Target Score Date: 31/10/2019 but under constant review</p>

	Risk level Current	Previous risk score	Target Risk Score	ID	Title	Risk statement	Review date	Last updated	Care Group	Service of Responsibility	BAF Objective and mitigation
	High Risk	High Risk	Moderate Risk	461	Access to Care in the Community	Increased demands on DCH services and poor patient experience arising from ineffective links between community and acute service provision - resulting in increased access to acute services and delayed discharged to alternative care	31/05/2019	26/03/2019	Unscheduled Care (A3)	Across all specialities	<p>Strategic Objective 3: Collaborative Emergency Department admission continuing to increase per 100,000 population Having delayed discharges Not achieving a minimum of 35% of our outpatient activity being delivered away from the DCH site Not achieving and integrated community health care hub based on the DCH site/.</p> <p>Mitigation: The work with partner organisations has progressed significantly, but is yet to realise a notable reduction in delays. The causal factors for delays can vary significantly, though delays for packages of care, reablement, and nursing/care home capacity remain the most impactful.</p> <p>There is a need to look at the services across Dorset at the whole picture with our Commissioners.</p> <p>Target Score Date: 31/12/2019 but under constant review</p>

	Risk level Current	Previous risk score	Target Risk Score	ID	Title	Risk statement	Review date	Last updated	Care Group	Service of Responsibility	BAF Objective and mitigation
	High Risk	High Risk	Low Risk	473	Failure to Meet 6 Week Diagnostic Targets for Paediatric & Adult Audiology	Breaching the 6 week diagnostic target for Paediatric Audiology assessments	31/05/2019	01/05/2019	Head, Neck and Specialist Medicine (B2)	Audiology Service	<p>Strategic Objective 1: Outstanding Not achieving national on constitutional performance and access to standards</p> <p>Mitigation: Identified Saturday mornings as best time for additional capacity at DCH Paeds room (Evenings not an option for paediatric testing). To provide an additional specialist audiology room we can upgrade room at Blandford. Appoint locum Audiologist for Paediatric work. Appoint Adult Locum.</p> <p>Target Score Date: 31/12/2019 but under constant review</p>
	High Risk	High Risk	Low Risk	463	Workforce Planning & Capacity for Nursing/Midwifery Staff	Inability to source appropriately skilled and competent staff to meet requirements for Nursing/ Midwifery staffing	31/05/2019	19/03/2019	Workforce and Human Resources	Across all specialities	<p>Strategic Objective 1: Outstanding Not achieving and outstanding rating from the Care Quality Commission by 2020 Not having the appropriate workforce in place to deliver our patient needs</p> <p>Strategic Objective 5: Sustainable Failing to be efficient as outlined in the Model Hospital</p> <p>Mitigation: Recruitment events Overseas recruitment Workforce Committee established</p> <p>Target Score Date: (from Workforce Committee) 31/12/2019 but under constant review</p>

	Risk level Current	Previous risk score	Target Risk Score	ID	Title	Risk statement	Review date	Last updated	Care Group	Service of Responsibility	BAF Objective and mitigation
	Moderate Risk	Extreme	Low Risk	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.	12/07/2019	08/05/2019	Finance	Finance	<p>Strategic Objective 5: Sustainable</p> <p>Failure to be efficient as outlined in the Model Hospital Failure to secure sufficient funding to ensure financial sustainability</p> <p>Not generating 25% more commercial income with an average gross profit of 20%</p> <p>Not returning to financial sustainability, with an operating surplus of 1% and self-sufficient in terms of cash.</p> <p>Mitigation:</p> <p>For the financial year 19/20, the Trust has been set a break even control total, which requires a CIP of £7.1m to be delivered. The current level of CIP identification has a shortfall of £3m. CIP target at Trust level has been identified. CIP targets at a local care group level are in the process of being set and identification levels are being monitored via BVBC Board.</p> <p>Target Score Date:</p> <p>31/03/2020</p>

MODERATE RISKS ON CORPORATE RISK REGISTER

	Risk level (current)	Previous current risk level	Risk level (Target)	ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Baf Objective
	Moderate risk	High risk	Low risk	465	ENT Medical Staffing	Unsafe medical staffing levels within the ENT service to provide both Emergency and Routine work.	31/05/2018	19/01/2019	Head & Neck and Specialist Medicine (B2)	Ear, Nose and Throat (ENT) Service	Strategic Objective 1: Outstanding
	Moderate risk	High risk	Very low	470	Fire Door Maintenance	A significant number of fire doors throughout the site are no longer compliant and may not perform as designed in the event of a fire.	31/10/2018	18/04/2019	Finance	Estates Department	Strategic Objective 1: Outstanding
	Moderate risk	Low risk	Low risk	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	31/05/2019	14/03/2019	Medical Director	Across all specialties	Strategic Objective 1: Outstanding
	Moderate risk	Extreme	Low risk	454	Quality and Timeliness of Electronic Discharge Summaries	Potential for impact on post-DCH patient care and reputational impact due to incomplete, inaccurate or delayed electronic discharge summaries arising from lack of embedded EDS process	01/09/2019	19/01/2019	Director of Nursing	Across all specialties	Strategic Objective 1: Outstanding

MANAGED RISKS FOR CONSIDERATION OF CLOSURE AT RISK AND AUDIT COMMITTEE

ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Risk level (current)	Previous current risk level	Risk level (Target)	BAF Objective
458	Endoscopy Reporting Software	Significant clinical risk of using an unsupported and failing Endoscopy reporting system.	15/05/2019	19/01/2019	Surgery & Gastroenterology (B1)	Gastroenterology Service	Low risk	Low risk	Low risk	Strategic Objective 1: Outstanding Not achieving national and constitutional performance and access standards
457	Implementation of New Financial Ledger System	Potential loss of records of financial transactions from which management accounts, final accounts and financial returns can be prepared.	16/12/2017	19/01/2019	Finance	Finance	Very low	Very low	Very low	Strategic Objective 5: Sustainable Failing to be efficient as outlined in the Model Hospital, Not returning to financial sustainability, with an operating surplus of 1% and self-sufficient in terms of cash
453	Medical Device Management - Training	Potential legislative impact and safety concerns arising from staff not been appropriately trained in the use of Medical Devices. Potential disruption to services if staff unable to use medical devices until they are adequately trained.	07/05/2019	19/01/2019	Director of Nursing	Across all specialties	Low risk	Moderate risk	Low risk	Strategic Objective 3: Failing to be an integral part of full system multi-disciplinary teams

ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Risk level (current)	Previous current risk level	Risk level (Target)	BAF Objective
452	OT and Therapy Capacity	<p>There has been a significant recruitment and retention issue in Therapy Staff (OT in particular) relating to vacancies and turnover.</p> <p>Further work is required to assess whether changes in models of care could deliver this within establishment.</p>	26/10/2018	19/01/2019	Integrated and Holistic Care (A2)	Adult Occupational Therapy Service	High risk	High risk	Low risk	Strategic Objective 1: Outstanding Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, High dependency on the use of temporary clinical staff, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards, Not having the appropriate workforce in place to deliver our patient needs

ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Risk level (current)	Previous current risk level	Risk level (Target)	BAF Objective
456	Patient Transport Provision & Urgent Patient Transfers	Potential delays to treatment and disruption to services arising from difficulties accessing PTS service or urgent patient transfers to other centres due to ambulance or Patient Transport service capacity	29/06/2019	19/01/2019	Partner Agency (SWSFT CCG Community hospitals etc)	Across all specialties	Low risk	Low risk	Low risk	Strategic Objective 1: Outstanding Not achieving an outstanding rating from the Care Quality Commission by 2020 Strategic Objective 3: Failing to deliver services which have been co-designed with patients and partners, Not being at the centre of an accountable care system, commissioned to achieve the best outcomes for our patients and communities, Failing to be an integral part of full system multi-disciplinary teams

ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Risk level (current)	Previous current risk level	Risk level (Target)	BAF Objective
454	Quality and Timeliness of Electronic Discharge Summaries	Potential for impact on post-DCH patient care and reputational impact due to incomplete, inaccurate or delayed electronic discharge summaries arising from lack of embedded EDS process	01/09/2019	19/01/2019	Director of Nursing	Across all specialities	Moderate risk	Extreme	Low risk	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
451	Sepsis: recognition, diagnosis and early management	Risk of avoidable death or severe / prolonged ill health to patients due to delays in recognition & diagnosis of sepsis and failure to commence appropriate early treatment pathways, arising from limited awareness and effective tools to assist clinicians in this diagnosis	04/07/2019	19/01/2019	Director of Nursing	Across all specialities	High risk	High risk	Low risk	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

ID	Title	Risk Statement	Review date	Last updated	Care Groups	Service of responsibility	Risk level (current)	Previous current risk level	Risk level (Target)	BAF Objective
469	Temporary Medical Workforce Planning & Capacity	Temporary Medical Workforce Planning & Capacity	31/10/2019	19/01/2019	Workforce and Human Resources	Across all specialties	Extreme	Extreme	Low risk	Strategic Objective 4: 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
460	Terrorist and Other Malicious Attacks	Risk Event - Occurrence of terrorism and other malicious attack Cause - terrorism affecting increased demand on health services. Impact - significant impact on hospital Trusts ability to provide critical services.	23/02/2019	19/01/2019	Director of Operations	Emergency Planning	Very low	Very low	Very low	Strategic Objective 1: Outstanding Not having effective Emergency Preparedness, Resilience and business continuity plans

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Board Assurance Framework
Author	Paul Goddard, Director of Finance and Resources
Responsible Executive	Paul Goddard, Director of Finance and Resources

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

For review and to note.

Summary

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.

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

The attached Board Assurance Framework was last updated and refreshed in January 2019 (in red italics) with the material changes highlighted below:

1. Outstanding: Delivering outstanding services every day.

New gap in control highlighted (issue 6) reflecting the workforce planning capacity within the trust which is being considered within business planning for 2019/20.

2. Integrated: Joining up our Services.

Updated the gaps in control (issue 2) to reflect that the ED Capital bid was unsuccessful.

3. Collaborative: Working with our patients and partners.

New gap in control identified (issue 1) to reflect the need to improve public engagement in proposed changes to service delivery.

4. Enabling: Empowering Staff.

Changed the reporting mechanism risk rating (ref C4) from green to amber on the Dorset Care record project given recent delays in achieving milestones by other partners in the system.

5. Sustainable: Productive, effective and efficient.

- Overall strength of assurance raised to Red rating given recent disclosure to the regulator that the 2018/19 control total will not be delivered and the impact

<p>this will have on the Trusts financial strategy.</p> <ul style="list-style-type: none"> • This is driven by escalating risk likelihood scores to R1 Financial sustainability given the 2018/19 year end forecast and R5 failure to deliver sufficient funding due to the inability to secure Q4 PSF and additional system support in 2018/19. • Changed the reporting mechanism assurance RAG rating to red sustainability (C1) given the likelihood that the CIP programme will not deliver in 2018/19. 	
<p>Paper Previously Reviewed By Executive Management Team Risk and Audit Committee 21 May 2019</p>	
<p>Strategic Impact The Board Assurance Framework outlines the identified risks to the achievement of the Trust's objectives. Failure to identify and control these risks could lead to the Trust failing to meet its strategic objectives.</p>	
<p>Risk Evaluation Each risk item is individually evaluated using the current Trust Risk Matrix.</p>	
<p>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.</p>	
<p>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.</p>	
<p>Financial Implications The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.</p>	
<p>Freedom of Information Implications – can the report be published?</p>	<p>Yes</p>

<p>Recommendations</p>	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> • review the Board Assurance Framework; and • note the high risk areas and actions
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BOARD ASSURANCE FRAMEWORK - SUMMARY

DATE: January 2019

Summary Narrative

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

Given the recent announcement to the Trusts regulator that the 18/19 control total will not be delivered and the initial consequences of the financial outlook for 19/20, the strength of assurance for this objective has been raised to Red.

There is a high risk in the strength of controls on ensuring we have INTEGRATED services that ensure the redesign of the discharge pathway for complex patients and demand for secondary care services does not out strip supply. Stranded patient numbers are increasing and the pace of integrated demand management with primary and community services is not progressing with the required pace.

The staff survey results have not put us in the top 20% for the staff engagement score which is a risk to our ENABLING objective.

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 have seen an increasing risk due to the increased dependency on the use of temporary clinical staff and the difficulties in keeping within the regulator ceiling for agency staff.

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.	9-16	G	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.	2-12	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.	4-12	A	A
4. Enabling: Empowering Staff. We will engage with our staff to ensure our workforce is empowered and fit for the future.	4-12	G	G
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.	12-20	R	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		G
		Strength of assurance		G

The most significant risks which could prevent us from achieving this strategic objective are...

REF	RISK	Exec Lead	Consequence	Score	Likelihood Score	Risk Score
R1	Not achieving an outstanding rating from the Care Quality Commission by 2020	NL		3	3	9
R2	Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality	NL		3	4	12
R3	Not achieving national and constitutional performance and access standards	IR		3	4	12
R4	Not having effective Emergency Preparedness, Resilience and business continuity plans	IR		3	3	9
R5	Not having the appropriate workforce in place to deliver our patient needs	MW		4	4	16
R6	High dependency on the use of temporary clinical staff	MW		3	5	15

We will CONTROL these risks by...

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

REF	CONTROL	Strength green amber red RAG	The REPORTING MECHANISM... Where will you get your assurances from throughout the year that this control is effective?	Strength green amber red 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) (R1)	G	Quality Committee reports on CQC, CQC Provider Information Collection & Insight data, CQC quarterly meetings. Dorset Quality Surveillance meeting in	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 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 NHS/CCG and CQC reporting, Divisional work stream action plans; External contracting reporting to CCG. Divisional exceptions at Quality Committee	G
C3	Quality improvement plans within Divisions and key workstreams to support delivery of key KPIs supporting quality improvement (R3)	G	Performance monitoring via Divisional Performance Meetings (through to Sub-Board and Board; Internal Audit to audit the 2016/17 Performance Framework and report to Audit Committee (then to Board); Quality Account (KPMG) External Auditors will review key performance indicator reporting	G
C4	Performance Framework - triggers for intervention/support (R3)	G	Reporting from EPRR Committee to Audit Committee and via assigned NED to Board	G
C5	Emergency Preparedness and Resilience Review Committee (EPRR) reporting, EPRR Framework and review and sign off by CCG and NHSE (R4)	G	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 Strategy Board.	G
C6	Establishment of a Resourcing Strategy Group. Monthly review of vacancies at Finance and Performance Committee (FPC) and SMT and tracking of junior doctor exception reports. (R5)	A	Board sign off of 2018-2021 people Strategy in March 2018.	G
C7	Refresh of current People Strategy (See objective 4). (R5)	G	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	A
C6	Weekly review of medical workforce recruitment activity B7(R5 &6). Review of nursing vacancies and recruitment plans at the Resource Strategy Group.	A		A
Overall Strength		G		G

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 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 QC reports
C5	External auditors - Quality Account (transparency and accuracy of reporting)	Board and QC reports
C6	Internal Audit of systems and processes; and CCG assurance of the EPRR standards	Audit Committee and Board
C7	External review of Divisional Governance Structures and the PWC Well Led Review	Quality Committee and Board
C8	Monthly workforce reports detailing vacancies and trajectories.	Strategic Resourcing Group, Workforce Committee and Board Reports

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
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
Performance issues may not be escalated in a timely manner due to gaps in business intelligence or audit data	Divisional quality improvement plans and triangulation through regular PIC reporting and monitoring, alongside informal triangulation of visits by Board Members into services. Alongside open transparency with other regulators (CCG and NHSI). Information Strategy being implemented
ISSUE 3	ACTION
EPRR assurance - strength of the testing of the business continuity plans	Focus for 2018/19 on strengthening business continuity testing. Internal Audit focus on internal business continuity planning and testing.
ISSUE 4	ACTION
Sensitivity of Performance Framework for early warning on performance concerns	Internal audit should be asked to review framework and advise on measures to improve.
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.

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

Principle RISKS

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

We will CONTROL these risks by...

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

Strength

green
amber
red

The REPORTING MECHANISM...

Where will you get your assurances from throughout the year that this control is effective?

REF	CONTROL	RAG	REPORTING MECHANISM
C1	System agreed actions through Urgent Emergency Care/Accountable Care Community (ACC) (West) Project 4 Urgent and Emergency Care; Integrated Primary and Community Care Services ; and internal Patient Flow Programme (R1)	A	Division performance Quarterly Meetings and Transformation (SMT) exception reporting - through to Board via strategy updates
C2	Performance Framework reporting - triggers for intervention/support (R2)	G	Ward to Board reporting
C3	Redesign of the discharge pathway for complex patients to ensure that assessment of ongoing health & social care needs occurs outside hospital (R3)	A	Patient flow project board & SMT. Whole system reporting via WEST ACC
C4	Integrated Hub Meetings (R4)	G	Transformation (SMT) Reporting and Strategic updates to Board
C5	Outpatient Improvements (within Elective Care Recovery and Sustainability Programme) and Project 3 of the IPCS outcomes for elective care (R5)	A	Steering Group reports to SMT and through to Board via Strategy updates
Overall Strength		A	

We have actually received these POSITIVE ASSURANCES...

Add actual

CONTROL	ASSURANCE	EVIDENCE
C1	Continuous achievement of Emergency Department standard for over one year	Performance reporting
C2	Primary Care engagement with Locality Projects - Cardiology, Dermatology, Ophthalmology, Diabetes and Paediatrics.	SMT (Transformation) reporting and updates to Board
C3	Full community and primary care engagement in the Mid-Dorset Hub Steering Group.	SMT (Transformation) reporting and updates to Board
C4	Good relationships with Dorset County Council and Dorset Health Care at both a strategic and operational level	Joint working through West Accountable Care Community and Urgent Emergency Care.

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
Delayed Discharges - above national requirements	Discussion with DCC regarding management of court of protection cases Urgent Emergency Care and ACC (West) project for monitoring system measures for Delayed Transfers of Care and agreeing required system actions to reduce. Winter money now allocated.
ISSUE 2	ACTION
Emergency Department capacity	STP bid made for capital funds was unsuccessful. Increase Access to GP Services provision in addition to Out of Hours Services with the South West Ambulance Trust.
ISSUE 3	ACTION
CCG acceptance of new models of Outpatient Service delivery which meets the expectations of the Clinical Services Review outcomes	Ensure Contract discussions and formal meetings formally record shifts in delivery of Outpatient care.

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

REF	STRATEGIC OBJECTIVE	Risk		Rating
3	Collaborative: 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		A

Principle RISKS

REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score
R1	Not achieving a 96%+ score on our friends and family test	NL	3	4	12
R2	Failing to deliver services which have been co-designed with patients and partners	NL	3	3	9
R3	Not being at the centre of an accountable care system, commissioned to achieve the best outcomes for our patients and communities	PM	2	2	4
R4	Failing to be an integral part of full system multi-disciplinary teams	IR	3	2	6

We will CONTROL these risks by...		Strength	The REPORTING MECHANISM...	Strength
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 ACC (West) and broader membership of ACC (West) meetings including leading on two of the 6 key projects (R2)	A	SMT (Transformation) meeting minutes and updates on ACC to Board via Strategy Update	A
C3	Locality Projects (Elective Care Recovery and Sustainability Programme) (R3)	G	SMT (Transformation) meeting minutes and updates on ACC to Board via Strategy Update	G
C4	Transformation Team (DCH) integral part of Locality Transformation Meetings (R4)	G	SMT (Transformation) Meeting updates	G
Overall Strength		A		A

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.		
CONT	ASSURANCE	EVIDENCE
C1	Learning Disabilities engagement system wide (R2)	Safeguarding Adults work plan
C2	CSR collaboration of engagement with CCG (R3)	CSR outcome publication
C3	Leadership of Project 3 (Elective Care) and Project 4 (Urgent and Emergency Care) for Accountable Care Community (West) (R3)	ACC Minutes, exception reports
C4	Primary Care collaboration in locality projects and DHC/Primary Care collaboration in frailty pathway. (R4)	Mid-Dorset Hub/ACC Minutes

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
Public engagement in all elements of developments is not embedded and requires strengthening strategies to deliver this	Communicaition Team, Head of PALS/Complaints and Transformation team to build and embed processes to deliver patient and public engagement
ISSUE 2	ACTION
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	G

Principle RISKS					
REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score
R1	Not achieving a staff engagement score in the top 20% nationally	MW	2	5	10
R2	Not benefitting from the successful delivery of our People Strategy	MW	4	2	8
R3	Failure to deliver flexible and appropriate support service models	NJ	3	4	12
R4	Not achieving a Dorset wide integrated electronic shared care record	PG	2	3	6
R5	Not being an exemplar site for clinical research and innovation	AH	2	2	6
R6	Loss of training status for junior doctors	MW	4	1	4

We will CONTROL these risks by...		Strength	The REPORTING MECHANISM...	Strength
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 HR Engagement and Wellbeing Manager to provide a dedicated resource to Staff engagement, Health and Wellbeing and Equality and Diversity issues. Divisional champions to be identified to ensure local action plans developed and discussed. (R1)	A	Quarterly Family & Friends test results reported to the Finance and Performance 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 March 2018 Trust Board. (R2)	G	Workforce Board sub-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.	A	Proposal to establish SLAs and performance measures for support services	A
C4	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. (R4)	G	Reports to the Dorset System Leadership Team. Updates provided to Dorset Operation and Finance Reference Group and the Dorset Informatics Group.	A
C5	Strong clinical research and innovation programme	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 Strategy Group, and FPC as necessary. (R6)	G	Medical Education update provided at Resourcing Strategy Group. GMC junior doctor survey presented to board annually.	G
Overall Strength		G		G

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	Appointment now in place. Staff survey promoted appropriately and launch of staff recognition scheme.	Confirmation of appointment
C2	Assurance provided through Board agreement of the refreshed People Strategy. Progress updates to be provided regularly to the Workforce Committee.	Trust Board approved People Strategy in March 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.	Benchmarking information
C4	No independent assurance received on the controls in place (R4)	N/a

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

ISSUE 1		ACTION
C1	Poor responses to the quarterly Staff Family and Friends test do not provide assurance of staff engagement.	Focus on annual staff survey action plans. Review current people strategy.
ISSUE 2		ACTION
C2	Medical engagement continues to be hard to gauge. Recently formed Medical Engagement Forum too early to assess impact.	Review effectiveness 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.	n/a
ISSUE 4		ACTION
C4	No independent assurance on controls in place for the Dorset Care Record	Progress reported through the Dorset Informatics Group. DCH input is progressing well but other partners are behind their milestones.

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		R
		Strength of assurance		R

Principle RISKS

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

We will CONTROL these risks by...

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

The REPORTING MECHANISM...

Where will you get your assurances from throughout the year that this control is effective?

Strength

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
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.	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	G
C5	Estates team look at compliance with statutory requirements and identify risks and mitigating actions (R4)	G	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 to identify backlog maintenance needs and included in the capital plan. (R4)	A	Capital Planning Group review the 6 facet survey and capital investment required. This is report 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 Collaborative Agreement to ensure that funds and control totals are amended across the system (R5)	R	Formal reporting of Dorset wide position to the Dorset Operations and Finance Reference Group.	R
Overall Strength		R		R

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 report 17/18 gave significant assurance with minor improvements. (R1) and (R2).	KPMG audit report
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

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
(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
(R4) No independent assurance on compliance with statutory estates legislation	(R4) This is an item for consideration for the 2019/20 Internal Audit plan
ISSUE 3	ACTION
(R1) There is a risk we do not have the resource to make all of the transformation change happen timely.	A review 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	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
How often might it/does it happen	1 in 3 years	1 every year	1 every six months	1 every month	1 every few days

Identifying Risks

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

- Focus on a particular topic, service area or infrastructure
- Gather information from different sources (e.g. complainants, claims, incidents, surveys, audits, focus groups)
- Apply risk calculation tools
- Document the identified risks
- 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					
Domain	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness requiring minor intervention.	Moderate injury requiring professional intervention.	Major injury leading to long-term incapacity/disability.	Incident leading to death.
	No time off work.	Requiring time off work for <3 days.	Requiring time off work for 4-14 days.	Requiring time off work for >14 days.	Multiple permanent injuries or irreversible health effects.
Quality/Audit	Peripheral element of treatment or service suboptimal.	Single failure to meet national standards.	Repeated failure to meet national standards.	Low performance rating.	Gross failure of patient safety if findings not acted on.
	Minimal impact on patient safety if findings are not acted on.	Minor implications for patient safety if findings are not acted on.	Major patient safety implications if findings are not acted on.	Critical report.	Gross failure to meet national standards.

DOMAIN C2: IMPACT ON TRUST REPUTATION & PUBLIC IMAGE					
Domain	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Adverse publicity/reputation	Rumours.	Local media coverage.	Local media coverage.	National media coverage with <3 days service and failure reasonable public expectation.	National media coverage with <3 days service and failure reasonable public expectation.
	Potential for public concern.	Short-term reduction in public confidence.	Long-term reduction in public confidence.	Reputation damage.	Total loss of public confidence.
Complaints	Informal complaint/inquiry.	Local resolution.	Local resolution (with potential to go to independent review).	Multiple complaints/independent review.	Investigation/bulldozer inquiry.
	Formal complaint (stage 1).	Formal complaint (stage 2).	Formal complaint (stage 3).	Formal complaint (stage 4).	Formal complaint (stage 5).

DOMAIN C3: PERFORMANCE OF ORGANISATIONAL AIMS & OBJECTIVES					
Domain	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Business objectives/projects	Insignificant cost increase/schedule slippage.	<5 per cent over project budget.	5-10 per cent over project budget.	Non-compliance with national 10-25 per cent over project budget.	Incident leading >25 per cent over project budget.
	Schedule slippage.	Schedule slippage.	Schedule slippage.	Schedule slippage.	Schedule slippage.
Service/business interruption	Loss/interruption of <1 hour.	Loss/interruption of <1 hour.	Loss/interruption of <1 hour.	Loss/interruption of <1 hour.	Permanent loss of service or facility.
	Loss of key objective/service due to lack of staff.	Loss of key objective/service due to lack of staff.	Loss of key objective/service due to lack of staff.	Loss of key objective/service due to lack of staff.	Loss of key objective/service due to lack of staff.
Human resources/organisational development/training/competence	Short-term low staffing level that temporarily reduces service quality (<1 day).	Low staffing level that reduces the service quality.	Low staff morale.	Loss of key staff.	Loss of several key staff.
	Low staffing level that reduces the service quality.	Low staff morale.	Low staff morale.	Loss of key staff.	Loss of several key staff.

DOMAIN C4: COMPLIANCE WITH LEGISLATIVE / REGULATORY FRAMEWORK					
Domain	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Statutory duty/inspections	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory duty.	Breach of statutory duty.	Enforcement action.	Multiple breaches in statutory duty.
	Reduced performance rating if unresolved.	Challenging external recommendations/improvement notice.	Multiple breaches in statutory duty.	Improvement notices.	Prosecution.
Statutory duty/inspections	Low performance rating.	Low performance rating.	Low performance rating.	Low performance rating.	Low performance rating.
	Critical report.	Critical report.	Critical report.	Critical report.	Critical report.

DOMAIN C5: FINANCIAL IMPACT OF RISK OCCURRING					
Domain	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Finance including claims	Small loss Risk of claim events.	Loss of 0.25-0.5 per cent of budget.	Loss of 0.5-1 per cent of budget.	Loss of 1-2 per cent of budget.	Loss of 2-5 per cent of budget.
	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Claim(s) between £1 million and £10 million.	Claim(s) >£10 million.
Environmental impact	Minimal or no impact on environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.
	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.	Catastrophic impact on environment.

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

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

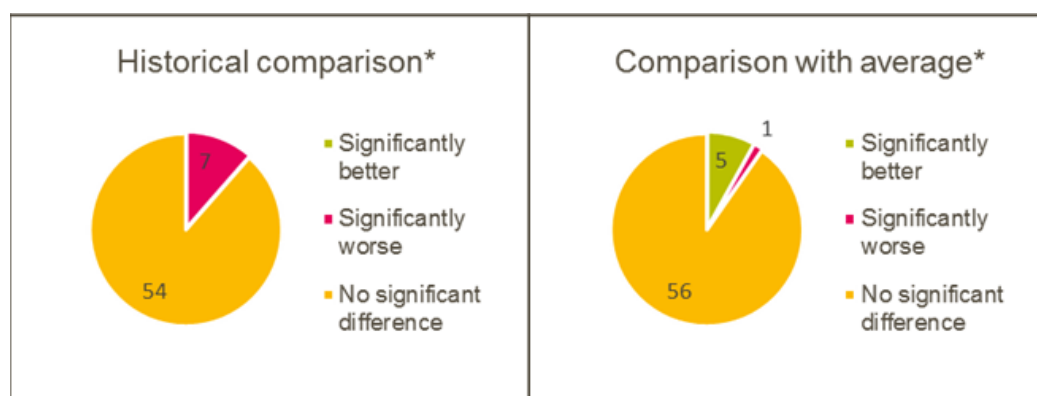
Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Inpatient Survey 2018 Summary (Data triangulated with Staff Survey 2018)
Author	Neal Cleaver, Deputy Director of Nursing and Quality
Responsible Executive	Nicky Lucey, Director of Nursing and Quality

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

To provide a summary of the national inpatient survey 2018 and link with areas of the national staff survey 2018.

Summary

In March 2019 the Picker Institute Europe national Inpatient Survey results became available.


Inpatient survey summary:

Summarised below are the key changes in the inpatient survey, with the main report showing the detail.

SECTION	NATIONAL AVERAGE COMPARISON	HISTORICAL COMPARISON
Admission to hospital	No change	Worse in 1 field
Hospital and Ward	Better in 3 fields	Worse in 1 field
Doctors	No change	Worse in 1 field
Nurses	No change	No change
Care and Treatment	Better in 1 field	Worse in 1 field
Operation and Procedures	Worse in 1 field	No change

Outstanding care for people in ways which matter to them

Leaving Hospital	Better in 1 field	Worse in 1 field	
Overall	No change	Worse in 2 fields	
Paper Previously Reviewed By Inpatient summary reviewed by Patient Experience Group 18 04 19 Quality Committee 21 05 19			
Strategic Impact NHS Foundation Trusts are required to publish inpatient survey results. Using this feedback will help deliver further improvements to patient care. This relates to Strategic Objective 1 – Delivering outstanding services every day; Objective 3 – collaborative working with our patients and partners; and Objective 4 – Enabling and empowering staff.			
Risk Evaluation <ul style="list-style-type: none"> Failure to act on the results of the inpatient and staff survey will have a negative impact on both staff wellbeing and patient care and strategic objectives 			
Impact on Care Quality Commission Registration and/or Clinical Quality As the report of these priorities incorporates standards and metrics that are utilized by the CQC it will be important to note progress or exceptions to these standards.			
Governance Implications (legal, clinical, equality and diversity or other): Trust Boards must have oversight of the inpatient and staff survey results. Inability to achieve the improvements associated with these could lead to a negative reputational impact and inability to improve patient safety, effectiveness and experience.			
Financial Implications None currently identified			
Freedom of Information Implications – can the report be published?		Yes	
Recommendations	a) Note the report b) Support the Patient Experience Group leading on the Trust action plan		

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	National Inpatient Survey 2018
Author	Alison Male, Patient Experience & Engagement Lead Neal Cleaver, Deputy Director of Nursing and Quality

1. Introduction

This document summarises the findings from the NHS Inpatient Survey 2018, carried out by Picker, on behalf of Dorset County Hospital NHS Foundation Trust.

Picker was commissioned by 77 Inpatient organisations to undertake the Inpatient Survey. A total of 1250 patients from our Trust were invited to complete the questionnaire. 1204 patients were eligible for the survey, of which 649 returned a completed questionnaire, giving a response rate of 54% (compared to the Picker average response rate of 43%) and our previous 2017 response rate of 46%.

	Top 5 scores (compared to average)
68%	Q19+. Hospital: food was very good or good
17%	Q52. Discharge: delayed by no longer than 1 hour
73%	Q33. Care: staff did not contradict each other
79%	Q3. A&E Department: right amount of information about treatment or condition
64%	Q50. Discharge: was not delayed

Outstanding care for people in ways which matter to them

Most improved from last survey	
81%	Q7. Planned admission: admission date not changed by hospital
85%	Q61+. Discharge: family or home situation considered
95%	Q42. Care: staff helped control pain
91%	Q22. Hospital: got enough to drink
74%	Q6. Planned admission: was admitted as soon as necessary

Bottom 5 scores (compared to average)	
84%	Q46. Procedure: told how to expect to feel after operation or procedure
61%	Q60+. Discharge: told of danger signals to look for
60%	Q14. Hospital: not bothered by noise at night from other patients
61%	Q56. Discharge: patients given written/printed information about what they should or should not do after leaving hospital
93%	Q23+. Doctors: got clear answers to questions

Least improved from last survey	
68%	Q9. Admission: did not have to wait long time to get to bed on ward
19%	Q71. Overall: received information explaining how to complain
13%	Q70. Overall: asked to give views on quality of care
61%	Q60+. Discharge: told of danger signals to look for
84%	Q21+. Hospital: got enough help from staff to eat meals

Outstanding care for people in ways which matter to them

Overall results:

Key Improvements since 2017

- Q7. Planned admission: admission date not changed by hospital
- Q61+. Discharge: family or home situation considered
- Q42. Care: staff helped control pain
- Q22. Hospital: got enough to drink
- Q6. Planned admission: was admitted as soon as necessary

Our core strengths

- Q19+. Hospital: food was very good or good
- Q52. Discharge: delayed by no longer than 1 hour
- Q33. Care: staff did not contradict each other
- Q3. A&E Department: right amount of information about treatment or condition
- Q50. Discharge: was not delayed

Issues to address

- Q23+. Doctors: got clear answers to questions
- Q56. Discharge: patients given written/printed information about what they should or should not do after leaving hospital
- Q14. Hospital: not bothered by noise at night from other patients
- Q60+. Discharge: told of danger signals to look for
- Q46. Procedure: told how to expect to feel after operation or procedure

Outstanding care for people in ways which matter to them



Our views

86%

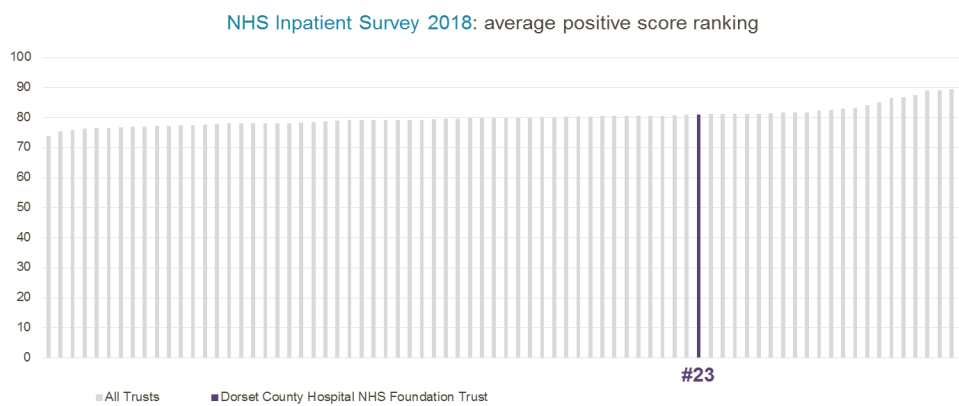
Q68+. Overall: rated experience as 7/10 or more

98%

Q67. Overall: treated with respect or dignity

96%

Q24. Doctors: had confidence and trust



Outstanding care for people in ways which matter to them

2. Accident & Emergency - Waiting list or planned admission - All types of admission

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q3	A&E Department: right amount of information about treatment or condition	83%	79%	81%	80%	79%	75%	79%
Q4	A&E Department: given enough privacy when being examined or treated	99%	99%	100%	100%	99%	98%	99%
Q6	Planned admission: was admitted as soon as necessary	76%	79%	76%	73%	74%	73%	74%
Q7	Planned admission: admission date not changed by hospital	75%	78%	81%	78%	81%	79%	81%
Q8	Planned admission: specialist given all the necessary information	98%	97%	99%	99%	96%	97%	96%
Q9	Admission: did not have to wait long time to get to bed on ward	77%	76%	74%	78%	68%	65%	68%

3. The hospital & ward (part 1 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field and better in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q11	Hospital: did not share sleeping area with opposite sex	-	-	-	92%	91%	91%	91%
Q13	Hospital: staff completely explained reasons for changing wards at night	-	-	-	86%	84%	81%	84%
Q14	Hospital: not bothered by noise at night from other patients	62%	56%	58%	66%	60%	63%	60%
Q15	Hospital: not bothered by noise at night from staff	81%	79%	81%	81%	81%	81%	81%
Q16	Hospital: room or ward very or fairly clean	99%	99%	99%	99%	99%	97%	99%

The hospital & ward (part 2 of 2)

Compared to the national average DCHFT is **significantly better in 2 fields**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q17+	Hospital: got enough help from staff to wash or keep clean	-	-	92%	93%	91%	91%	91%
Q18+	Hospital: able to take own medication when needed to	-	-	77%	82%	79%	79%	79%
Q19+	Hospital: food was very good or good	71%	72%	70%	72%	68%	60%	68%
Q20	Hospital: offered a choice of food	94%	97%	96%	96%	96%	94%	96%
Q21+	Hospital: got enough help from staff to eat meals	90%	85%	89%	90%	84%	84%	84%
Q22	Hospital: got enough to drink	-	-	-	89%	91%	91%	91%

Outstanding care for people in ways which matter to them

4. Doctors

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q23+	Doctors: got clear answers to questions	96%	96%	94%	96%	93%		95%	93%
Q24	Doctors: had confidence and trust	97%	98%	98%	97%	96%		97%	96%
Q25	Doctors: not talked in front of patients as if they were not there	78%	77%	81%	79%	78%		77%	78%

5. Nurses

Compared to historical data and national average, DCHFT is **not significantly different in any areas**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q26+	Nurses: got clear answers to questions	97%	98%	96%	97%	96%		96%	96%
Q27	Nurses: had confidence and trust	98%	98%	99%	99%	98%		97%	98%
Q28	Nurses: not talked in front of patients as if they weren't there	85%	80%	86%	86%	85%		83%	85%
Q29	Nurses: always or nearly always enough on duty	66%	61%	59%	63%	63%		60%	63%
Q30	Nurses: knew which nurse was in charge of care	-	-	79%	81%	79%		81%	79%

6. Your care & treatment (part 1 of 2)

Compared to the national average DCHFT is **significantly better in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q31+	Other clinical staff: had confidence and trust	-	-	-	96%	96%		96%	96%
Q32	Care: staff worked well together	-	97%	97%	97%	97%		96%	97%
Q33	Care: staff did not contradict each other	74%	68%	71%	73%	73%		69%	73%
Q34	Care: was involved as much as wanted in decisions	92%	92%	92%	92%	91%		90%	91%
Q35	Care: had confidence in the decisions made	94%	95%	95%	95%	94%		94%	94%
Q36	Care: right amount of information given on condition or treatment	82%	80%	80%	78%	78%		80%	78%

Outstanding care for people in ways which matter to them

Your care & treatment (part 2 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q37+	Care: found staff member to discuss concerns with	76%	80%	80%	76%	72%	73%	72%
Q38+	Care: enough emotional support from hospital staff	91%	90%	86%	87%	84%	85%	84%
Q39	Care: enough privacy when discussing condition or treatment	96%	94%	95%	96%	93%	94%	93%
Q40	Care: enough privacy when being examined or treated	99%	99%	99%	99%	99%	99%	99%
Q42	Care: staff helped control pain	94%	95%	95%	93%	95%	94%	95%
Q43+	Care: staff helped within reasonable time when needed attention	-	-	-	94%	94%	93%	94%

7. Operations & procedures

Compared to the national average DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q45+	Procedure: questions beforehand answered	95%	97%	96%	97%	98%	97%	98%
Q46	Procedure: told how to expect to feel after operation or procedure	83%	84%	83%	86%	84%	88%	84%
Q47	Procedure: explained how it had gone in an understandable way	90%	91%	91%	89%	89%	91%	89%

Outstanding care for people in ways which matter to them

8. Leaving hospital (part 1 of 2)

Compared to the national average DCHFT is **significantly better in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q48+	Discharge: felt involved in decisions about discharge from hospital	82%	87%	85%	87%	85%		84%	85%
Q49	Discharge: given enough notice about when discharge would be	89%	91%	88%	88%	89%		87%	89%
Q50	Discharge: was not delayed	56%	66%	69%	67%	64%		60%	64%
Q52	Discharge: delayed by no longer than 1 hour	17%	21%	20%	20%	17%		12%	17%
Q54+	Discharge: got enough support from health or social care professionals	-	81%	82%	81%	78%		78%	78%
Q55+	Discharge: knew what would happen next with care after leaving hospital	-	70%	84%	87%	82%		84%	82%
Q56	Discharge: patients given written/printed information about what they should or should not do after leaving hospital	67%	64%	64%	64%	61%		63%	61%
Q57+	Discharge: told purpose of medications	93%	91%	90%	91%	92%		91%	92%
Q58+	Discharge: told side-effects of medications	65%	56%	53%	56%	56%		57%	56%

Leaving hospital (part 2 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q59+	Discharge: given clear written/printed information about medicines	90%	90%	91%	90%	88%		85%	88%
Q60+	Discharge: told of danger signals to look for	68%	63%	64%	68%	61%		64%	61%
Q61+	Discharge: family or home situation considered	87%	82%	87%	83%	85%		82%	85%
Q62+	Discharge: family given enough information to help care	75%	69%	72%	79%	77%		76%	77%
Q63	Discharge: told who to contact if worried	81%	78%	80%	80%	79%		77%	79%
Q64+	Discharge: staff discussed need for additional equipment or home adaptation	83%	85%	90%	86%	85%		81%	85%
Q65+	Discharge: staff discussed need for further health or social care services	86%	82%	85%	84%	81%		81%	81%
Q66+	Discharge: expected care and support were available when needed	-	-	-	-	86%		83%	86%

Outstanding care for people in ways which matter to them

9. Overall

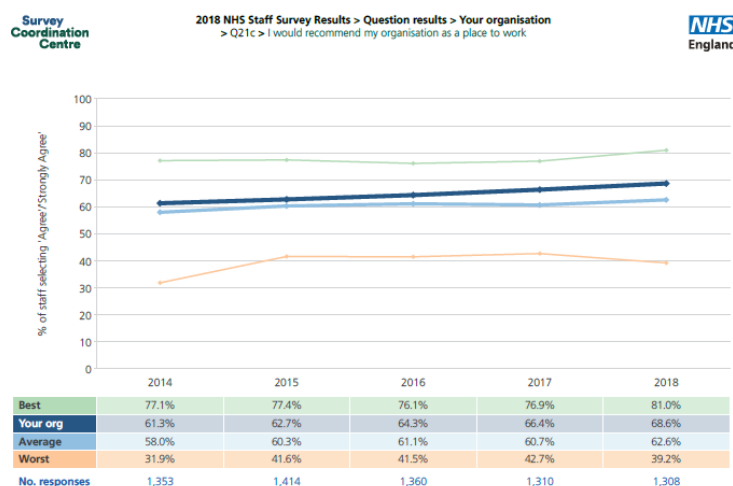
Compared to the historical data DCHFT is **significantly worse in 2 fields**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q67	Overall: treated with respect or dignity	98%	98%	99%	98%	98%	98%	98%
Q68+	Overall: rated experience as 7/10 or more	89%	87%	88%	88%	86%	85%	86%
Q70	Overall: asked to give views on quality of care	20%	17%	17%	19%	13%	14%	13%
Q71	Overall: received information explaining how to complain	23%	23%	24%	28%	19%	20%	19%
Q72+	Overall: well looked after by non-clinical hospital staff	-	-	-	98%	98%	98%	98%

10. Links with the Staff Survey 2018

In a publication by NHS England (Links between NHS staff experience and patient satisfaction, February 2018), 10 key areas from the staff survey were identified as predictors of overall patient satisfaction. In 2019 (2018 survey results) NHS England changed the reporting style of the Annual Staff Survey and did not theme questions together to allow for the direct comparison to be made. There are several questions contained within the Staff survey which do have a direct effect on patient experience:

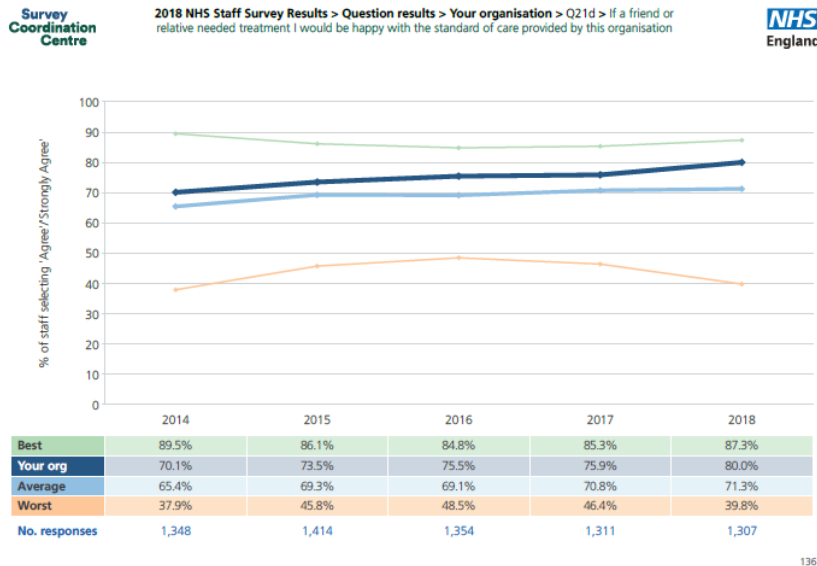
- % Staff who would recommend the organisation as a place to work:



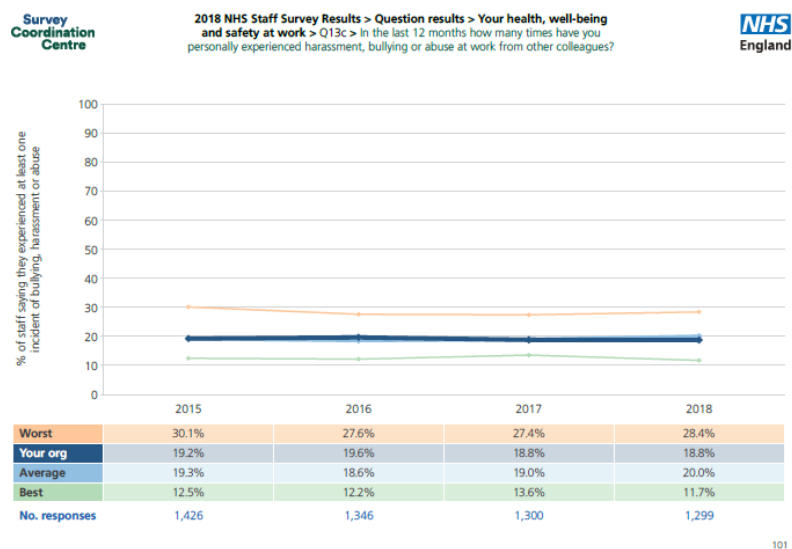
Outstanding care for people in ways which matter to them



- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:



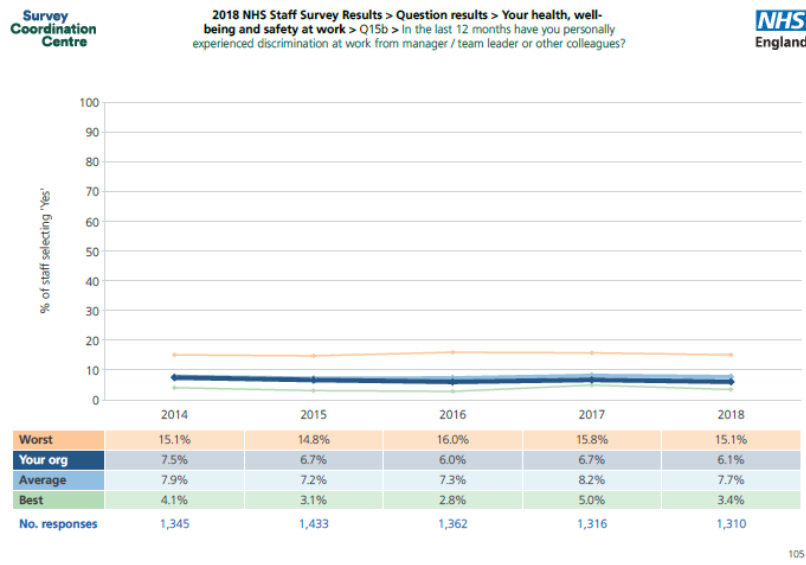
- In the last 12 months how many times have you experienced bullying, harassment or abuse at work by another colleague



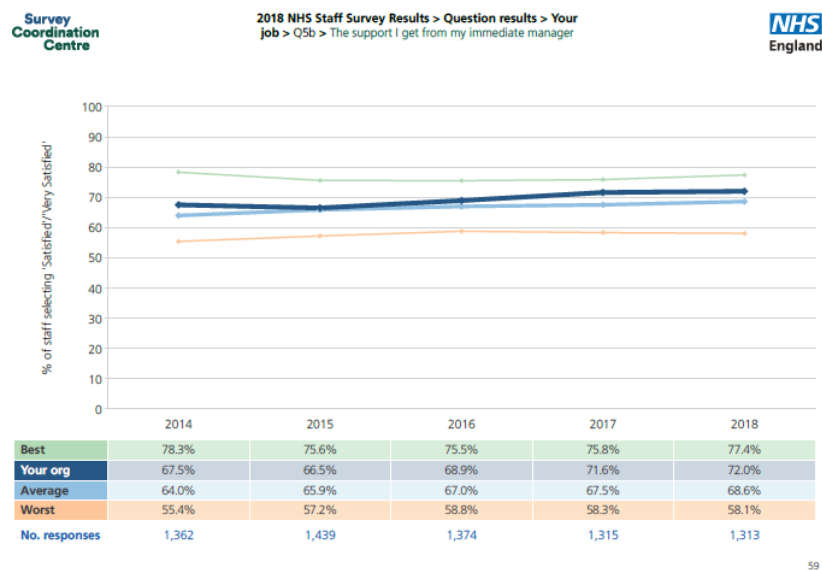
Outstanding care for people in ways which matter to them



- In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleague?



- How satisfied are you with the support you get from your immediate manager?



Outstanding care for people in ways which matter to them



11. RECOMMENDATIONS:

- Note the contents of this report
- Analysis of patient comments for further detail and themes
- Full triangulation of data with the Staff Survey information
- Compare results with Trusts who perform well in areas in need of improvement
- Develop action plan, to be shared with Patient Experience Group and reported to Quality Committee

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Use of the Trust Seal
Author	Rebekah Ley, Trust Secretary
Responsible Executive	Patricia Miller, Chief Executive

Purpose of Report (e.g. for decision, information)	
To present to the Board for information the use of the Trust Seal from April 2018 to March 2019.	
Summary	
Not necessary, please see table attached.	
Paper Previously Reviewed By	
N/A	
Strategic Impact	
N/A	
Risk Evaluation	
N/A	
Impact on Care Quality Commission Registration and/or Clinical Quality	
N/A	
Governance Implications (legal, clinical, equality and diversity or other):	
The Trust Board should receive an annual report that sets out the use of the Trusts seal.	
Financial Implications	
N/A	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	To note the use of the Trust seal.
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Use of the Trust Seal 1 April 2018 – 31 March 2019

No.	Description	Signatory 1	Dated	Signatory 2	Dated
24	Underlease first floor LINAC facility DCH and Poole Hospital	Mark Addison Chair	04.06.2018	Rebekah Ley Trust Board Secretary	04.06.2018
25	Headlease LINAC facility DCH and Poole Hospital	Mark Addison Chair	04.06.2018	Rebekah Ley Trust Board Secretary	04.06.2018
26	Agreement for Lease of Land at DCH	Mark Addison Chair	04.06.2018	Rebekah Ley Trust Board Secretary	04.06.2018
27	Agreement for Lease Unit 2 Vespasian House (DCHFT and RTI Estates)	Mark Addison Chair	25.06.2018	Rebekah Ley Trust Board Secretary	25.06.2018
28	Agreement for Lease Unit 5 Vespasian House (DCHFT and RTI Estates)	Mark Addison Chair	25.06.2018	Rebekah Ley Trust Board Secretary	25.06.2018
29	JCT 2016 Design and Build Contract for MRI Scanner (DCHFT and Siemens Healthcare Ltd)	Mark Addison Chair	19.09.2018	Rebekah Ley Trust Board Secretary	19.09.2018
30	Renewal of Lease (existing) between DCH and J.McDonald and K. Hills of The Grove Playground	Mark Addison Chair	19.09.2018	Rebekah Ley Trust Board Secretary	19.09.2018
31	Agreement for Lease Unit 2 Vespasian House (DCHFT and RTI Estates)	Mark Addison Chair	05.12.2018	Rebekah Ley Trust Board Secretary	05.12.2018

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Annual Safeguarding Adults Report
Author	Sarah Cake– Safeguarding Adults Lead (RN) Jo Findlay Learning Disability and Mental Capacity Act Advisor (RN)
Responsible Executive	Nicky Lucey – Director of Nursing and Quality

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

The purpose of this annual report is to inform and assure members of the Board of Directors of the Safeguarding activities within Dorset County Hospital during 1st April 2018 – 31st March 2019.

Summary

This report data covers the period 1st April 2018- 31st March 2019.

The annual safeguarding adults report aims to:

- Provide assurance of compliance with the local multi agency guidelines for safeguarding adults (Dorset Adults Safeguarding Board / Dorset Clinical Commissioners Group, Dorset County Council).
- Provide assurance of compliance with the Care Quality Commission Registration Standards: Regulation 13 (safeguarding service users from abuse and improper treatment), fundamental standard 5 (safeguarding from abuse) and Safe Domain (safeguarding arrangements).
- Inform the Board of safeguarding adult's activity including progress against the annual work plan.

There are a number of National and local factors in addition to the national perspective which continue to increase and affect the adults safeguarding agenda.

- NHS England 10 year plan includes overlapping of key themes for both Adult and Children's Safeguarding.
- NHS England data collection for all Acute trusts in relation to Prevent agenda now centralised via NHS DIGITAL.
- NHS England has worked closely with the Royal Colleges to commission the production of an Intercollegiate document that reflects the skills and competencies for adult safeguarding. This is guidance but expected to become statute 2021.
- The Learning Disability Improvement Standards for NHS Trusts published June 2018, these have replaced the Monitor standards for learning disabilities
- Adult Safeguarding: Comparison audit of decision making (use of Section 42 of

<p>the care act 2014 in Poole, Dorset and Bournemouth) Published May 2018.</p> <p>Action plans for Dorset County Council/ Poole & Bournemouth Councils now completed.</p> <ul style="list-style-type: none"> • An ever increasing growth in demand an increasing aged population / heightened media coverage(sexual abuse / exploitation) with limited resources • The change to local authority councils. • The increase in Mental Health / substance misuse related attendances, but not meeting thresholds for safeguarding . • Published Guidance in NHS England intercollegiate document, promoting higher levels of competency for health practitioners in all aspects of Safeguarding. • Cross cutting themes through children's and adults safeguarding (County line/ exploitation). • A statutory requirement for staff to be alert to signs of and risk of radicalisation. • The Supreme Court Judgement (2014) and changes to DoLS thresholds continues to challenge the Trust. The Government has now promised to implement, virtually in full, the Law Commission proposals for reform of the law on deprivation of liberty and the Mental Capacity Act. However, it is widely considered that these changes may well only be implemented post Brexit.
<p>Paper Previously Reviewed By</p> <p>This paper is a summary of the Safeguarding Adults Group, therefore the content has been discussed and review via that Group, which has the delegated responsibility for safeguarding adult's governance.</p> <p>Quality Committee 21 May 2019</p>
<p>Strategic Impact</p> <p>All providers have a legal responsibility to safeguard the welfare of adults under Care Act 2014, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DOLS) 2009.</p> <p>Adult Safeguarding continues to be high on the health/social care agenda.</p>
<p>Risk Evaluation</p> <ul style="list-style-type: none"> • Under the Health and Social Care Act 2008, all DOLS application outcomes must be notified to the CQC. Although this is currently being maintained, DOLS applications require a great amount of resource.. • As the MCA team are not able to assess or authorise all DOLS applications within the specified timeframe, the local authority is the responsible body and therefore the risk sits with them. However, to mitigate and ensure the Trust responsibilities are upheld the safeguarding team continue to work closely with the MCA team to prioritise patients and report the risk. • Training / competency not consistently meeting contractual target of 90%, which has been escalated to the sub-board committees and Trust Board.
<p>Impact on Care Quality Commission Registration and/or Clinical Quality</p>

Safeguarding Adults, Mental Capacity Act compliance and Deprivation of Liberty assessments are key quality indicators and are subject to external inspection. All Deprivation of Liberty outcomes are forwarded to CQC for notification.

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

The trust has legal responsibilities as detailed within the strategic impact section.

Electronic flagging of patients with learning disabilities and / or Autism is a recognized national system, however this does categorise individuals and therefore has an acknowledged implication for equality and diversity. This is in line with our equality duty and supporting published papers on Equality in Health. This ensures pathways of care are reasonably adjusted and patients with disability are not disadvantaged by the service provided

Financial Implications:

Failure to adhere the standards can result in penalties and/or legal claims.

There may be potential cost implications if a change in training guidance from NHS England is supported by CCG.

Heightened resources to be required with the introduction of the Liberty Protection Safeguards .

Freedom of Information Implications – can the report be published?

Yes

Recommendations	<p>The Board are asked to</p> <ul style="list-style-type: none"> a) To receive and review the report, recommending any areas for further improvement at Safeguarding Adults Group b) Receive assurance of Safeguarding Adults activity c) Support delegated responsibility to the Safeguarding Adult group for the development of the 2019-2020 work plan, which the Safeguarding Lead and LD/MCA Advisor will lead upon.
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Safeguarding Adults Annual Report
April 2019



1.0 PURPOSE OF REPORT

- 1.1 This report provides a summary of the Safeguarding Adult activity from 1st April 2018 - 31ST March 2019. The purpose of this annual report is to provide assurance and inform members of the committee of how Dorset County Hospital meets its duties to safeguard adults by preventing and responding to concerns of abuse, harm or neglect.

2.0 INTRODUCTION

- 2.1 All staff within health services has a responsibility for the safety and wellbeing of patients and colleagues. Living life free from harm and abuse.

- 2.2 The scope of Safeguarding Adults work within Dorset County Hospital NHS Foundation Trust includes;

- Safeguarding Adults at Risk.
- Responding to Domestic Abuse.
- Ensuring reasonable adjustments for people with a Learning Disability & Autism.
- Compliance with the Mental Capacity Act.
- Deprivations of Liberty Safeguards implementation.
- Compliance with the Prevent Strategy.

- 2.3 The Care Act 2014 puts adults safeguarding on a statutory footing and in the statutory guidance states safeguarding is about people and organisations working together to prevent and stop both the risk and experience of abuse or neglect, while at the same time making sure that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding the action . The employees must recognise that adults sometimes have complex, interpersonal relationships and may be unrealistic, or ambivalent about their personal circumstances. Safeguarding practice that preserves the individual well-being at its core should be underpinned.

- 2.4 The NHS England Accountability and Assurance Framework clearly sets out the safeguarding roles, duties and responsibilities of all organisations commissioning and providing NHS healthcare, including the duty to ensure;

- Staff are suitably skilled and supported.
- There is safeguarding leadership and commitment at all levels of their organisation.
- They are fully engaged and in support of local accountability and assurance structures, in particular via the SABs and their commissioners.
- They have effective arrangements in place to safeguard vulnerable adults and to assure themselves, regulators and their commissioners that these are working.
- There is a named lead for adult safeguarding.

- 2.5 Safeguarding requires robust risk management processes in tandem with the serious incident, the Complaints process, the Never Events Framework to identify and report adults at risk of abuse or neglect and take immediate appropriate action. Depending on the case, this may mean submitting a safeguarding referral alone or a safeguarding referral *and* the declaration of a serious incident. In addition, there may be cases reported on the Strategic Executive Information System (STEIS) may not require a safeguarding referral.

- 2.6 Multi-agency information sharing is pivotal to successful risk management and safeguarding process.

2.7 In addition, the Trust is required to consider the following when assessing and reporting risk and abuse;

- Radicalisation of vulnerable members of society is serious concern. Prevent, is part of CONTEST; the Governments counter-terrorist strategy seeks to identify those at risk of being groomed/ coerced/forced into terrorist activity before crimes are committed.
- Cases of self-neglect and compulsive hoarding which may require decisions based on the responses of a number of agencies. As detailed in the Poole , Bournemouth and Dorset Adult Safeguarding policy and procedures and the utilisation of the Multi Agency Risk Meeting to implement action plans .
- Any pressure ulcers where harm, omission of care or neglect is recognised (hospital or community acquired).
- Applications requesting authorisation under the Deprivation of Liberty Safeguards (DoLS) as an indicator of the organisations practice in line with the DoLS current legal framework and the Mental Capacity Act (MCA) and Best Interests practice.

2.8 Dorset County Hospital employs 1.0.WTE Band 8a Adults Safeguarding Lead who is also currently the interim lead for children's safeguarding and 0.8 WTE Band 7 Learning Disability /Mental Capacity Advisor. Currently there is 0.33 admin bank support. The Board level Executive Director responsible for safeguarding adults is the Director of Nursing and Quality.

3.0 SAFEGUARDING CONCERNS REGARDING DCHFT

3.1 During this period there were **9** potential safeguarding concerns discussed with Adult Social Care. These concerns are raised with the Dorset Country Council Safeguarding Triage Team by external agencies relating to Dorset County Hospital activity. The common denominator throughout all of the concerns was poor communication specifically relating to a safe discharge processes. The findings of the investigation are communicated to the department where the incident occurred for learning, they are informed that the issue is not being pursued through Safeguarding, but any changes to practice will need to be adopted through their quality of care agenda.

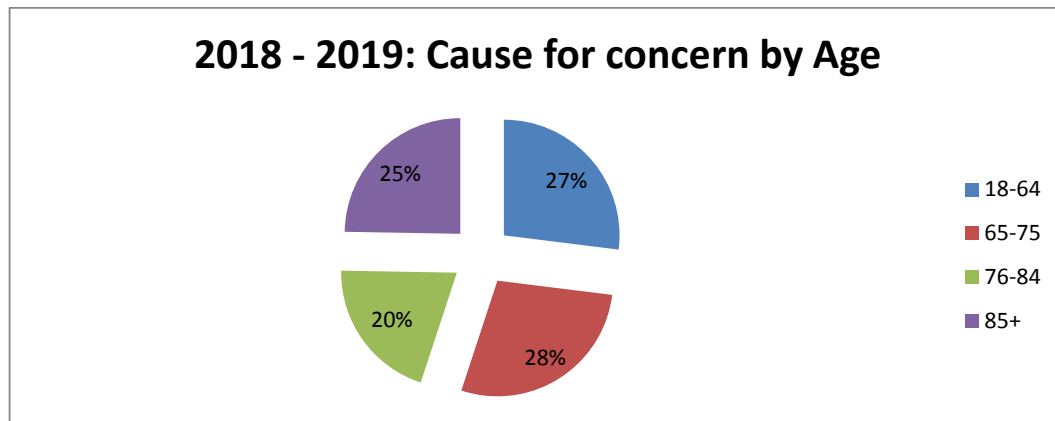
3.2 All concerns are discussed between the Safeguarding Adults Lead and a member of Dorset County Council Adult Safeguarding Team. The Safeguarding Adults Lead completes an initial investigation, the outcome of which informs the decision to proceed to a full investigation under Safeguarding Adult Procedure. Ultimately the decision is decided by the DCC Safeguarding Triage Team manager.

3.3 There were **no** external investigations by Dorset County Council under Adult Safeguarding Procedures during 2018-2019.

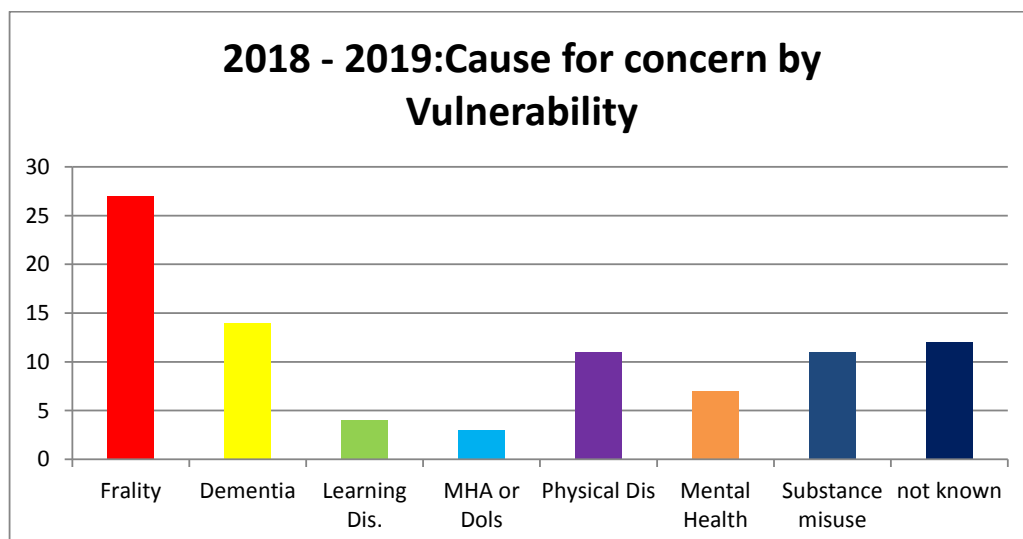
4.0 CAUSES FOR CONCERN REFERRALS RAISED BY DCHFT STAFF

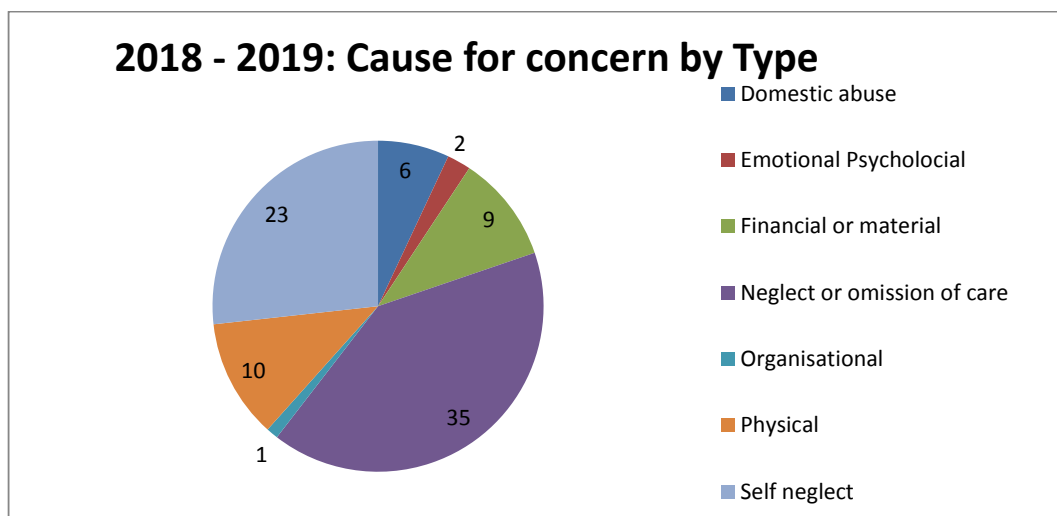
4.1 During the reporting period, there were **89** referrals by staff concerned about neglect or abuse occurring outside the Trust. The table below outlines the age groups of those referrals.

Age Range of potential victims of abuse submitted by Dorset County Hospital Cause for Concern
2018-2019



4.2 The age range of the victims referred via the cause for concern process was between 18 & 100. The breakdown of age when assessed against the other acute trusts shows that Dorset County Hospital has a greater percentage of concerns raised against people under the age of 75. There is no common theme, although substance misuse and self neglect appear to raise the vulnerability of the individual.





- 4.3 Action plans are formulated at this point, and designated roles allocated. Information is then collated and updates disseminated through the group. If the level of harm or the concern is deemed to need further escalation then a referral is made through to the Adult Safeguarding team based at County Hall. This is a section 25 referral; (a request for further evidence gathering): Of the concerns raised, 6 were progressed through the Adult Safeguarding team for Dorset County Council.
- 4.4 Recognition by DCHFT staff of those subject to abuse or neglect ensured that prompt action was taken to prevent further occurrence and support was provided as necessary.
- 4.5 As outlined in the table above the highest proportion of concerns where those of potential neglect, this was closely followed by self-neglect. There were only 4 cases of neglect that where then subjected to a full Section 42 investigation, one involved a young man with a learning disability, x 1 was a patient that had been transferred from a community hospital & the other two were admitted from their own homes.

5.0 SERIOUS CASE REVIEWS

- 5.1 The Trust has not been involved in any Serious Case Reviews (SCR) during this period.

6.0 DOMESTIC HOMICIDE REVIEWS

- 6.1 The statutory requirement related to domestic homicide reviews (DHRs) came into force in April 2011. The focus is a multiagency approach with the purpose of identifying learning.
- 6.2 DCHFT adults safeguarding has been asked to contribute to **0** DHR in the period of this report.
- 6.3 Learning from DHR is circulated through communications, on the Safeguarding intranet, shared at the quarterly safeguarding group meetings and key themes formulate face to face training sessions and supervision.

7.0 SAFEGUARDING ADULTS TRAINING

- 7.1 All staff are required to undertake training in Safeguarding Adults, either level 1 or level 2, this is aligned with the Adult Safeguarding: Roles for Competencies for Health care staff (August 2018) dependent on their job role. The training package is accessed via the e-learning platform and requires testing of understanding post completion of the learning activity. At this time level 3 & 4 are not recorded as these competencies are for a very small number of employees & are not statutory.
- 7.2 Both members of the adult Safeguarding team have undertaken level 4 training throughout the year which has included legal literacy.

Adult Safeguarding Training competency compliance

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SGA level 1	97%	93%	93%	94%
SGA level 2	84%	77%	76%	82%
MCA/ DoLS level 1	97%	92%	93%	94%
MCA/ DoLS level 2	83%	83%	79%	86%
BPAT	97%	89.3%	70.5%	77.9%
WRAP	81.5 %	76.3%	66%	79.4%

- 7.3 In addition to the online training, the team offered bespoke training to ward areas and departments; this also included the satellite team at Tower Park Renal dialysis unit.
- 7.4 Some of the sessions delivered in the past 12 months were:
- Preceptorship whole family approach to Safeguarding/ MCA & learning disability
 - MCA video launch and level 2 training
 - Domestic abuse training session in conjunction with children`s safeguarding `A whole family approach`. This supports level 3 competency for both children and adults safeguarding.

8.0 MENTAL CAPACITY ACT

- 8.1 Mental Capacity Act, serious medical treatment decisions and relevant case law has been added to the medical tutorial teaching programme since March 2017. MCA is now a regular session within the medical teaching programme and is receiving positive feedback. Implementation of the Mental Capacity Act in everyday practice is now also a regular session within the Preceptorship programme.

- 8.2 New MCA training format also consists of two levels. Level 1 for all staff and volunteers and Level 2 for registered health professionals with direct patient contact. Level 1 training is now forms part of the Essential Skills workbook. Level 2 is an E learning programme
- 8.3 3 MCA films were created and commissioned by the Adult Safeguarding Team. These were launched in October 2018 and shared with NHS England, as well as colleagues across Dorset and the Southwest. The films can be accessed here:
<https://staffnet.dchft.nhs.uk/clinical-departments/SafeguardingAdults/Pages/Mental-Capacity-Training-Films.aspx>
On the 13th and 15th February 2019 there were 2 face to face sessions using the MCA films for all staff.
- 8.4 2 MCA 'clinics' were facilitated for the staff on Day Lewis Ward and Barnes Ward in the summer of 2018 to support understanding and implementation on day to day practice, however, these were poorly attended
- 8.5 To promote MCA Action Day on 15th March 2019, there was information posted on the Communications Bulletin as well as the Education bulletin. Posters were placed around the hospital in key areas highlighting and signposting to information for staff, patients and visitors.
- 8.6 The Adult Safeguarding Team had a market stall at the annual Dorset Mental Capacity Act Conference promoting and showcasing the MCA films

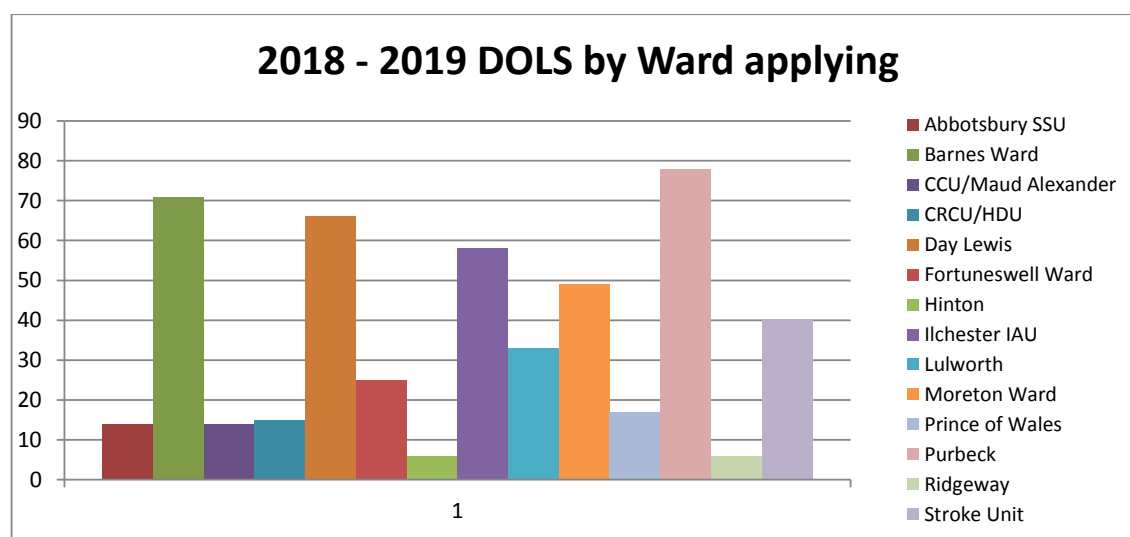
9.0 DEPRIVATION OF LIBERTY SAFEGUARDS

- 9.1 The Cheshire West ruling continues to impact on the management of those patients who for whatever reason lack capacity to consent to care and treatment within the hospital as result of significant changes to the way thresholds for Deprivation of Liberty Safeguards (DOLS) were applied. Specifically where an individual:-
 - Lacks capacity to consent to being in hospital.
 - Is under continuous supervision and control.
 - Is not free to leave.

It is likely that s/he is being deprived of his/her liberty and formal authorisation is required to legitimise this for appropriate care reasons.
- 9.2 There have been a total **492** Deprivation of Liberty Safeguards (DOLS) applications in the reporting period; this is a slight increase (487) from 2017-2018.
- 9.3 The administration of the DoLS applications remains a significant administrative burden for the Trust, which has required ongoing partnership to aim to improve. A new on-line application process, implemented by the MCA Team, has reduced the amount of time the application takes to complete and DCH Wards are now utilising this system effectively.

- 9.4 All DoLs applications are reviewed and any potential complicated situations with discharge destination / significant concerns about safety / high level of concerning behaviour, attempts to abscond, are escalated to the MCA team on a weekly basis. This enables these applications to be reviewed as high priority.
- 9.5 Under the Health and Social Care Act 2008 all DoLs application outcomes must be notified to the CQC. The responsibility for this currently sits with the Adults Safeguarding Team.
- 9.6 The Mental Capacity (Amendment) Bill is working its way through Parliament and it will replace the current DoLs system with the Liberty Protection Safeguards. If resolution is achieved and the Bill is then enacted, further steps that will be required before Spring 2020 include:
- a) The preparation and enactment of secondary legislation to flesh it out (e.g) the knowledge and experience required to conduct assessments and
 - b) The drafting and parliamentary approval of a Code of Practice. This may either sit alongside or be incorporated into a revised version of the main Code of Practice (a revision of which is underway at present and DCH have contributed comments to)
- 9.7 The Learning Disability and Mental Capacity Act Advisor is also part of a Pan Dorset 'Liberty Protection Safeguards group' at this stage as part of a 'watch and wait' but it is hoped to later jointly coordinate and implement a Pan Dorset approach to the changes which will be coming.

Deprivation of Liberty Safeguards 2018-2019 applications

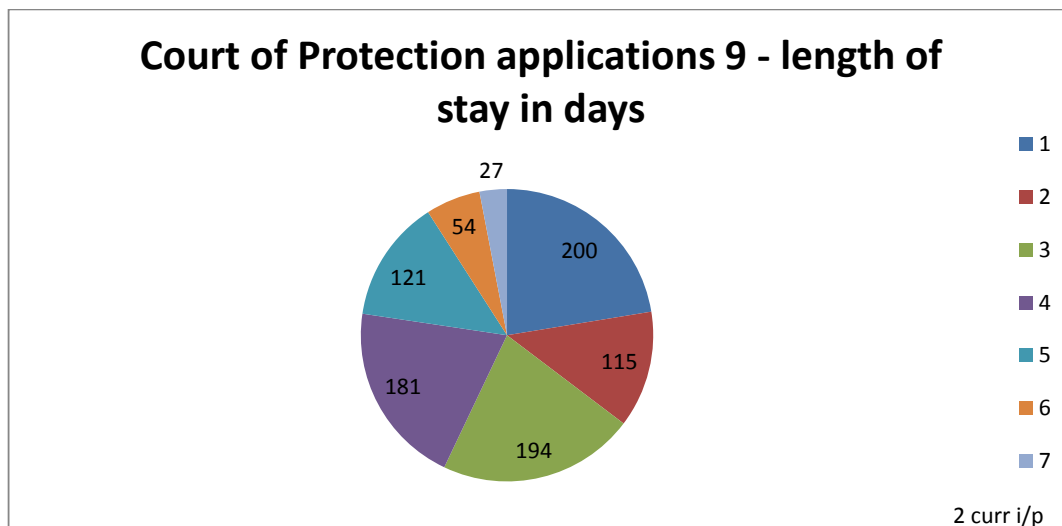


10.0 COURT OF PROTECTION

10.1 The court make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (they 'lack mental capacity').

They are responsible for:

- deciding whether someone has the mental capacity to make a particular decision for themselves
- appointing deputies to make ongoing decisions for people who lack mental capacity
- giving people permission to make one-off decisions on behalf of someone else who lacks mental capacity
- handling urgent or emergency applications where a decision must be made on behalf of someone else without delay
- making decisions about a lasting power of attorney or enduring power of attorney and considering any objections to their registration
- considering applications to make statutory wills or gifts
- making decisions about when someone can be deprived of their liberty under the Mental Capacity Act



11.0 DOMESTIC ABUSE

11.1 The Home Office defines domestic violence and abuse as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This encompasses but is not limited to the following types of abuse: psychological, physical, sexual, financial, or emotional.'

11.2 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

- 11.3 Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'
- 11.4 The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. 5.
- 11.5 Domestic Abuse is significant to the healthcare agenda due to:
 - a) *Patient Care*: Achieving high quality care for patients.
 - b) *Regulations*: Domestic Abuse is integral to Children and Adults. Safeguarding is a fundamental requirement for registration and complying with the Care Quality Commission
 - c) *Legislation*: Complying with legislation including the Children Act, Human Rights Act; Equality Act; Mental Capacity Act and Safeguarding Vulnerable Groups Act.
 - d) *Cost Effectiveness*: Harm, neglect and abuse cost the NHS millions each year in avoidable admissions and care.
- 11.6 All staff receive domestic abuse awareness training as part of their mandatory training. Promoting awareness for both public and professionals is a key aim of the Transforming the response to Domestic Abuse Consultation response and Draft Bill (Jan 2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772202/CCS1218158068-Web_Accessible.pdf
- 11.7 The Trust hosted a Domestic Abuse awareness week to coincide with 16 days of action in November 2018 which included displays and YOU First workers in the TRUST The figures remain very low for referrals to the service . Audit of the prevalence of Domestic abuse in Emergency department was undertaken , in May 2018 , and presented both internally and externally .
- 11.8 Collaborative training with children's Safeguarding & You First integrated domestic abuse service ` whole family approach`
- 11.9 Bespoke training for the emergency department in conjunction with YOR FIRST & trial of referral form to reduce need for ED to complete full referral to their service.
- 11.10 Adult Safeguarding lead, attends NHS Dorset CCG Domestic Abuse Health leads forum, on behalf of the other Trust safeguard leads.

12 LEARNING DISABILITY

- 12.1 Learning Disability and autism awareness is included in the Essential Skills E Learning Packages for all staff. It also forms part of the Preceptorship training.
- 12.2 The Trust employs a 0.8 WTE Learning Disability (LD) and Mental Capacity Act Advisor, who now supports Learning Disability Champions across the Trust who take a lead in their department for improving the care for patients with an LD and autism. A core group meets quarterly with the LD and MCA Advisor and members of the Community LD Team

to discuss implementation of national and local initiatives, setting core objectives for the coming year.

- 12.3 The Learning Disability and Mental Capacity Act Advisor is working closely with members of The Friendship Club (part of People First Dorset, a self-advocacy group for people with learning disabilities) to facilitate visits to key departments within the Trust, raising awareness of the needs of people with learning disabilities and helping to break down barriers in accessing healthcare. Visits have included X ray and Medical Out Patients. A photostory for the Emergency Department has been created and posted on the public facing website as well as highlighted to user groups and carers.
- 12.4 A biannual study day, which is mandatory for LD Champions, is an opportunity for staff to update skills and knowledge. People with lived experience often support these training events as part of our patient/ public engagement.
- 12.5 The Learning Disability and Autism Framework had been updated and the Learning Disability Policy has been refreshed.
- 12.6 The LD and MCA Advisor links with the Learning Disability Mortality Review Programme (LeDeR) and notifies the programme of any deaths of people with a learning disability within Dorset County Hospital. This is in line with national guidance. Many of the recent recommendations made following the reviews so far have already started to be implemented by the Trust. This information is also fed into the Trust's End of Life Group
- 12.7 The Learning Disability and Mental Capacity Act Advisor, has recently completed LeDeR review training and is currently undertaking her first review
- 12.8 The Learning Disability and Mental Capacity Act Advisor attends the Health Action Group (a Pan Dorset Group, a sub group of the Dorset Learning Disability Partnership Board). This forum gives an opportunity to share good practice and hear from the 3 Self Advocacy Groups represented.
- 12.9 Key aspects of the Learning Disability Policy are currently assured quarterly as part of the overarching Safeguarding Adults assurance framework.
- 12.10 NHS I created Learning Disability Standards for NHS Trusts in June 2018



v1.17_Improvement
_Standards.pdf

The LD and MCA advisor mapped out DCH position in response to this publication and has been working with the Patient Engagement Lead for the Trust to work on gaps identified



7)LD Standards DCH
position.pdf

- 12.11 NHS I charged all NHS Trusts to respond to a benchmarking exercise consisting of a patient survey, staff survey and data collection. This was completed by the 30th November and as yet we have not had the overall report back from NHS I although data and information is available on the NHS I benchmarking website

- 12.12 On the 13th February 2019 the Government opened a consultation on proposals to introduce mandatory learning disability and autism training for health and care staff. The Learning Disability and Mental Capacity Act Advisor has responded to this
<https://www.gov.uk/government/consultations/learning-disability-and-autism-training-for-health-and-care-staff>

13.0 PREVENT

- 13.1 Prevent forms part of the Counter Terrorism and Security Act, 2015. Prevent is concerned with preventing children and vulnerable adults becoming radicalised into terrorism.
- 13.2 NHS Trusts are required to:-
- Train their staff to have knowledge of Prevent and radicalisation and to spot the vulnerabilities that may lead to a person becoming radicalised, and how to raise a concern.
 - Train Workshop to Raise Awareness of Prevent Training (WRAP) facilitators to cascade more detailed Prevent training to staff.
 - Report concerns of people becoming radicalised to the Prevent hotline.
 - Attend the local authority Channel panel. This multiagency panel discusses the risk posed by vulnerable people who are referred for multiagency support.
 - Report the training figures and number of people referred to Channel on a quarterly basis to NHS England.
- 13.3 The raising awareness of radicalisation has been a mandatory requirement for the NHS since 2015, although it has been delivered in varying guises. Prevent is part of the Government counter- terrorism strategy CONTEST and aims to reduce the threat to the UK from terrorism and supporting of any form of terrorism.
- 13.4 NHS England have now updated the training and the methods in which it can be delivered hence my request to deliver the training via the e- learning platform to ensure competency and compliance.
- 13.5 The WRAP package is a one off heightened awareness for staff that are aligned with requiring SGA Level 2 / SGC level 2, this is a 20-40 minute e-learning package that will replace the session delivered at Conflict Resolution. All staff that have undertaken Conflict resolution since 2015 will have gained this competency and therefore will not require the new learning package
- 13.6 PREVENT learning is required by all Trust staff and requires an update every 3 years . This used to be in the form of a leaflet and more recently formed part of the SGA level 1 essential skills e-learning package . The new e-learning package that has been developed by NHS England will ensure a consistent approach to both training and competency, and will meet our contractual obligations in relation to safeguarding training as set out in the NHS Standard Contract.
- 13.7 The compliance, and activity is monitored quarterly by NHS digital and Dorset Commissioning Group through submission of data.

13.8 There have been no PREVENT referrals or CHANNEL referrals in the past 12 months.

14.0 AUDIT

14.1 Overarching Assurance audit completed in Q3
[..\Audit\Audits 2018\Q3\Q3 overarching Assurance Tool 2018.xlsx](#)

14.2 Emergency Department Audit

- **Domestic Abuse 4368** The aim of the audit was to assess whether the correct procedures are being implemented when a disclosure of domestic abuse is made in the Emergency department at Dorset County Hospital, to ensure the victim is offered support/ advice / safety netting. To review where possible staff are following the NICE guidance on Domestic Violence and Abuse (<https://www.nice.org.uk/guidance/QS116>) Neither audit will be repeated in the forthcoming year.
- To review if there were any missed opportunities, where Domestic abuse may have been a factor in the persons presentation at Dorset County Hospital Emergency Department.
- To assess whether the volume of incidence's of Domestic Abuse presenting to the Emergency department at Dorset County Hospital necessitates additional support from an IDVA. (The full report is attached in the papers).
- **Learning Disability 4369** The aim was to review what information is sought by ED staff about the person's home situation.
- To review what information was given at discharge to the carer/ family.
- Was the mental capacity of the person to understand their treatment checked?
- Were reasonable adjustments considered and made where required?

Recommendation	Actions required (specify "None", if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)
Improve completion of documentation within the ED department of any safety plan post discharge, refusal of support & other agencies risk assessment or actions in relation to referrals for DA.	When a person presents with DA ensure that on discharge there is a clear safety plan written if applicable. If another agency is involved ensure that their actions are clearly documented.		ED to nominate, ideally someone who has completed the level 3 DA in house training.	Matrons / sisters to communicate this action to staff at ward meetings and safety briefing

	If the person declines support this needs to be recorded.			
At the present time there is insufficient evidence to support the introduction of an IDVA service at DCH	To report findings of audit to Pan Dorset Health leads Domestic Abuse Group, who will share with MARAC steering group.	Aug 2018	SC	Completed .

Recommendation	Actions required (specify "None", if none required)	Action by date	Person responsible	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc.)
Improve completion of documentation within the ED department regarding the persons ability to make decisions around care and treatment (where there may be doubt)	When a person with a learning disability (or other cognitive impairment) is admitted to ED staff to check out understanding of care and follow principles of the MCA including appropriate recording of capacity where required		Matron to share with team SGA lead/ MCA Advisor Matron/ Clinical leads	Matrons / sisters to communicate this action to staff at ward meetings and safety briefing Reiterate with medical staff via MCA updates on F1 programme All Registered Healthcare staff complete mandatory MCA training

15.0 MENTAL HEALTH

- 15.1 The Safeguarding team quality assured the Mental health paperwork for Q1 & Q2 and cross referenced with Dorset healthcare the applications. Since Q3 DHUFT have not respond to this request and the monitoring for compliance has been transferred back to the responsibility of the Matron with responsibility for the clinical site team.

16.0 DORSET SAFEGUARDING ADULTS BOARD

- 16.1 The Safeguarding Adults Board is a multi-agency group including Health, Social Care, Police and Voluntary agencies. This Board became statutory from April 2014 under the Care Act.
- 16.2 The Trust is represented at the Dorset Adults Safeguarding Board (DASB) by the Director of Nursing and Quality as executive lead or the Safeguarding Adults Lead.
- 16.3 The Safeguarding Board produces multi-agency policy and procedures which the Trust adheres to and reflects within its own local policy.
- 16.4 The Safeguarding Adults Lead represents the Trust at the B&PDASB Policy and Procedure sub group, the B&PDSAB Training and Development sub group, B&PDSAB Quality Assurance sub group, and Adult Health Leads Group for Safeguarding
- 16.5 Safeguarding at Dorset County Hospital support the strategic aims of the DSAB board, outlined below:-
 - **Effective prevention** DCH ensures that the workforce are able to identify and report Safeguarding concerns: utilisation of effective training / cause for concern form process and review / advice both verbally or via the updated intranet site / resource packs.
 - **Effective Safeguarding** DCH's integration in multi-agency working ensures that effective sharing of information contributes to joint risk assessments ,the development of clear plans, that always consider the individual (making safeguarding personal).
 - **Effective Learning** Robust training programmes for all staff that tests competency at the correct level for their responsibility. Tailored training packages for specific disciplines to provide heightened level of proficiency.
 - **Effective Governance Quarterly** reports including narrative of the Safeguarding activity at Dorset County Hospital to the Quality Assurance sub group / Clinical Commissioning Group / Adult Safeguarding Group Dorset County Hospital.

17.0 2018 – 2019 ACHIEVEMENTS AND ACTIVITY:

CQC report recognised Adult Safeguarding for its Outstanding practice:

"The laminated pocket-sized cards given to all new staff with key elements of safeguarding and mental capacity support. The laminated cards produced for patients within the learning disability community to help them with, for example, coming to an A&E department, and being able to explain any pain they were feeling. The laminated pages produced for the ward staff to be able to find important information on patient safety.

Working with the Dorset Friendship Club. This was a Dorset county group for people with a learning disability to help them make friends and get specific support. Work with this club had led to the opportunity to bring groups of people with a learning disability to the hospital to talk about specific clinical subjects. For example, a group of around 20 people had come to hear about cardiology, which could be a clinical issue in the community. This involved them having a blood pressure test and given some helpful advice. A diagnostic imaging visit was being planned to endeavour to help reduce anxiety around hospital tests. People with learning disabilities acting as 'mystery shoppers' had been invited to come to the hospital to tell the trust what it felt like for them, or how the website catered for them. This had led to some changes and

developments in line with their feedback, including signage and information being improved.

The community and multidisciplinary working for patient and others to protect them from abuse, or help to avoid admission to hospital.

The establishment in conjunction with YOU First and GUM of a sex-worker clinic.”

- Positive line of sight visit by DCC Safeguarding Business Manager & Chair for Dorset, praised for our Safeguarding service.
- Commissioned produced and showcased x3 short films to aid myth busting the Mental Capacity Act. This has been shared with NHS England Safeguarding lead Kenny Gibson, and Pan Dorset to both health and social care agencies.
- MCA and deliberate Self Harm training at ED Consultants Regional Event in May.
- Learning Disability Awareness Week- linking with Mencap's 'Treat Me Well Campaign'
- Breaking bad news for people with Learning Disabilities session for LD Champions May
- Legal Literacy Leadership Training
- Supported DSAB provider event promoting DCH safe admission /discharge process
- Supported Mental Capacity Conference with showing MCA films
- Hospital Open Day.
- Teenager to Adult event, Dorset Parent Carer Council
- Launch of MCA film series.
- Presentation at Quality Committee of MCA videos.
- Learning Disability Experts by Experience Mystery Shopper visit.
- County Lines and exploitation event - Dorset Police Commissioner.
- Review of Pan Dorset Policy and Procedures for Adult Safeguarding.
- Voice of a carer Praising the instrumental support from both SG lead and MCA/ LD in ensuring a hospital experience for service user with learning disability

18:0 ADULT SAFEGUARDING DORSET COUNTY HOSPITAL WORK PLAN 2019-2020 KEY OBJECTIVES

- 18.1 The safeguarding adults group has started to shape its work plan for 2019/20, to build upon the successes of the last year and incorporate learning into the continuous improvement & quality.

Focus areas : Domestic Abuse

Exploitation

Neglect

Engagement with service users, shaping our service to their needs by listening to their experiences.

Authors:

Sarah Cake Adults Safeguarding Lead



Jo Findlay Learning Disability and Mental Capacity Act Advisor

Appendix 1 - Safeguarding Adults Work Plan 2019-2020

	OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
1	Mental Capacity Act Amendment Bill- Implementation of Liberty Protection Safeguards	Await final Bill, Spring 2019 and Code of Practice, Autumn 2019 Pan Dorset approach to training of staff as well as documentation Will need to develop internal systems and identify key personnel (may be stated in Code of Practice) to complete the various stages of the LPS processes	Mental Capacity Act Amendment Bill and replacement of the Deprivation of Liberty Safeguards	Dependent on those set out by Gov. likely to be Autumn 2019/ Spring 2020	SC/JF	Regular Pan Dorset meetings to discuss progress and strategy to implement when finalized		
2	Develop level 3 training programme to incorporate adult and children & develop passport via e platform for coordinating training/ strengthen and embed key principles of safeguarding.	Map crossover themes re: legal literacy information sharing, process of investigation etc. Devise programme / IT assistance in development Instigate level 3 training via e-platform (NHS England) Podcasts	Reduce need for separate training on crossover themes. Provide best practice by 'Thinking Family' This means taking a broader view by ensuring that all members of the household and their wider community are able to get the support they need, at the right time, to enable them to achieve positive changes and improve their lives.	Jan 2020	SC	X1 meeting with Paed. leads to review level 3 Discussion already taken place with CCG Mapped key areas for crosscutting themes/ focus 2019-2020 is exploitation.		
3	Clinical Supervision for both Adult & children	Train the trainer course. Specific session for key areas to include: Emergency department Kingfisher Older people services	Care Quality Commission (Registration) Regulations Care Act 2014 Intercollegiate learning documents	December 2019	SC/JF/ DW/ TK & Kingfisher band 6 and			

	OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
					above			
4	Produce an assurance tool in preference to clinical audit for review of Safeguarding/ MCA in practice.	Scope whether assurance tool already exists. Discuss with audit different methodology	No change in practice through clinical audit process. Time-consuming and ineffective.	DEC 2019	SC/JF			
5	Strengthen and embed principles of Safeguarding / Ensure that we adhere to duty to promote the welfare of the child / young person and adult.	BI annual newsletter via communications / intranet / Consider Pan Dorset Health leads?	Integration of teams Whole system approach to Safeguarding Section 11 Children Act. NHS I LD Improvement Standards for NHS trusts Care Act.	1st July 2019 2nd January 2019				
		5.1 Adopt processes to ensure integrated working for whole families / communities / transition / identification of themes to target. 5.2 Using wherever possible the voice of the service user (child, young person, adult or carer) through various mediums.	Dorset thresholds document Keeping connected to service user experience.			I Collaborative working with DCC/ DCH / Integrated professional meetings now occurring on a weekly basis.	Actions and plans out of meeting recorded. Attendance at meetings recorded.	
6	Patient pathway/ protocol for those with cognitive impairment/	From the task and finish group Pilot of reasonable adjustment stickers/ prompts within Weymouth OPD	LeDeR programme NHS I LD Improvement Standards for NHS Trusts	Looking at June 2019 to evaluate	JF	Pilot commenced. As patient notes not always requested/ used	Only 3 patients came through the pilot- so too few to effectively	

	OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
	additional needs/ vulnerabilities requiring surgery (Referral to recovery)	Commence Pilot September 2018- complete pilot March 2019 Pilot evaluation to take place 3 months after end (to monitor any improvements made as a result)				within OPD have had to adapt prompt tool for onward communication around reasonable adjustments.	evaluate as a system process. Project closed- has highlighted need for some more awareness around reasonable adjustment for some staff (This will form part of day to day business)	
7	Facilitation of Friendship club visits to key departments	Friendship club women's group commencing April 29 th for 12 weeks Breast care nurses and Park Centre for Sexual Health are supporting More generic visits may include OPD supported by Tom Gordon, Phlebotomy	NHS I LD Improvement Standards for NHS Trusts National Cancer Screening Programme LeDeR Programme Adult Safeguarding agenda- (sexual violence/ DA/ exploitation etc)	March 2020	JF	Planning meeting 3 rd April		
8	Development of photostories for key areas.	Awaiting Cardiology to complete and finalise their photostory Looking at Phlebotomy, Audiology, REI	NHS I LD Improvement Standards for NHS Trusts LeDeR Programme	March 2020	JF	http://www.dchft.nhs.uk/patients/patient-information-leaflets/Documents/Easy%20Read,%20ED%20photo%20story%20(0618).pdf		
9	To develop	JF and AM meeting to discuss	NHS Improvement- LD	March 2020	JF	Ali Male and JF		

	OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
	engagement event/s opportunities for people with learning disability, family and paid carers.	further (Jan, March 19) Link into Carer's week and LD week in June	Improvement Standards for NHS Trusts  v1.17_Improvement_Standards.pdf Ask, Listen, Do: NHS England			attending 2 'Speaking Up' events in Bridport and Weymouth to ask about co-designing an event/s  DCH coproduction questions PWLD.pdf		
10	Serious Case Reviews	Learning to be added when published.		Ongoing dependent on cases published.	All			
11	Child Sexual Exploitation (CSE)	Ensure that provision of Trust wide utilisation of CSE tools (CERAT etc) is incorporated into business as usual Roll out of new terminology and process for CSE tool Exploitation key themed for adult and children 2019-2020 Consider development of bespoke training for recognition of exploitation to include radicalisation / county lines/ sexual / grooming/ slavery etc.						
12	Sharing Information	Work with IT to create a more efficient system to inform health visitors and school nurses of a child's attendance.	SCR 25 NHS Learning Disability Standards for NHS Trusts		SC	Nov 18: Will form part of wider ED DPR work. Unable to		

	OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
		To highlight on DPR whether reasonable adjustments may be required for the person attending the trust.				progress further at present. Safeguarding Group to be assured that process in place is safe but not time efficient.		
	EXTERNAL							
1	Protecting the mental health needs of children and young people & adults who are admitted to the acute hospital	Section 136 provision Focused multidisciplinary meetings post learning x2 cases Q3. Template to be introduced with timescales for action CAMHS / social care dispute.	JTAI / internal cases. Escalated through CCG.	September 2019		Limited scope to properly mitigate this. None MH treatment space in ED. March 19. Template in development.		
2	JF to complete 1-2 LeDeR reviews per year	Complete on line training Meet with Local Area Contact JF allocated 1 st review	Learning From Deaths LeDeR Programme NHS Learning Disability Standards for NHS Trusts	March 2020	JF	Online reviewer training completed Info regarding LeDeR being fed back via EoL group meetings. JF has commenced 1 st review		
3	Development to Safeguarding Threshold tool in conjunction with Dorset health leads	To offer guidance to practitioners. When considering whether a concern is Safeguarding.	Alignment with National practice.	June 2019	SC	Tool be trialed. Task and finish group set up and met x2.		

References.

- 1/ Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- 2/ Deprivation of Liberty Safeguards <https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>
- 3/ Dorset Adult Safeguarding Board Policy <https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard>
- 4/ Regulation 13: Safeguarding service users from abuse and improper treatment
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
<http://www.cqc.org.uk/content/regulation-13-safeguarding-service-users-abuse-and-improper-treatment>
- 5/ Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Title of Meeting	Board of Directors
Date of Meeting	29 May 2019
Report Title	Safeguarding Children Annual Report
Author	Sarah Cake Lead for Adult Safeguarding /Interim lead for Children's Safeguarding
Responsible Executive	Nicola Lucey Director of Nursing and Quality

Purpose of Report

This purpose of this annual safeguarding children services report is to inform and assure the Board of Directors of the safeguarding activities within Dorset County Hospital during 1st April 2018 – 31st March 2019.

Summary

This report covers the period 1st April 2018- 31st March 2019.

The annual safeguarding children report aims to:

- Provide assurance of compliance with the local multi agency guidelines for safeguarding children (Dorset Children's Safeguarding Board / Dorset Clinical Commissioning Group and County Council).
- Provide assurance of compliance with the Section 11 of the Children Act (1989, 2004)
- Provide assurance of compliance with Care Quality Commission registration standards Regulation 13 (safeguarding users from abuse and improper treatment), fundamental standard 5 (safeguarding from abuse) and Safe domain (safeguarding arrangements).
- Inform the Board of safeguarding children activity

Paper Previously Reviewed By

This paper is a summary of the Safeguarding Children Group, therefore, the content has been discussed and reviewed via that Group, which has the delegated responsibility for safeguarding children governance.

Quality Committee 21 May 2019

Strategic Impact

All providers that deliver services to children have a legal requirement to meet Section 11 of the Children Act 1989, 2004).

Safeguarding children remains high on the political agenda with increased focus on Modern Slavery, Child sexual exploitation , County Lines and increasing knife crime by teenagers

Significant changes have recently been made to multi agency working as part of the

<p>Children and Social Work Act 2017. The Act abolishes Local Safeguarding Children Boards and creates new duties and a system of collective accountability for CCGs, local authorities and police to make arrangements locally to safeguard and promote the welfare of children in their area. Safeguarding partners must have published their new arrangements before 30 June 2019.</p>	
<p>Risk Evaluation</p> <p>Key Risks for the service</p> <ol style="list-style-type: none"> 1. Activity and Demand – increasing safeguarding activity Trust wide. 2. Training- Training compliance and quality of training provision. 3. Information Sharing- To ensure information shared with community services in a timely and robust manner following the attendance of a child at DCHFT. 4. Talent Management ensuring that the DCH Safeguarding team has the correct people with the capabilities to deliver outstanding care, now and going forward 5. Mental Health Increasing need for Mental health provision in an acute physical environment 	
<p>Impact on Care Quality Commission Registration and/or Clinical Quality Safeguarding Children is a key quality indicator and subject to external inspection both locally via the DSCB Board, CCG and Nationally by bodies such as CQC.</p>	
<p>Governance Implications (legal, clinical, equality and diversity or other): The reassurance of a robust service is measured through audit or assurance tools comparing practice against policy.</p>	
<p>Financial Implications Releasing staff to receive safeguarding supervision and training at the required competence. Increasing activity</p>	
<p>Freedom of Information Implications – can the report be published?</p>	<p>Yes</p>

<p>Recommendations</p>	<p>The Board of Directors are asked:</p> <ol style="list-style-type: none"> 1. To review the report and recommend any areas for further improvement. 2. Receive assurance of safeguarding children's activity. 3. Support delegated responsibility to the Safeguarding Children Group for the development of the 2019-2020 work-plan, which the Lead for Safeguarding will lead on, in conjunction with the Safeguarding team.
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Report Date:	April 2019
Period Covered in report:	1 st April 2018- 31 st March 2019
Report Author	Sarah Cake
<p>1.0 PURPOSE OF REPORT</p> <p>This report provides an annual summary of safeguarding children service within Dorset County Hospital Foundation Trust (DCHFT) and to inform the members of the Board of Directors of the safeguarding activities within Dorset County Hospital during 1st April 2018 – 31st March 2019.</p> <p>The report aims to:</p> <ul style="list-style-type: none"> • Provide assurance of compliance with the local multi agency guidelines for safeguarding children (Dorset Children's Safeguarding Board / Dorset Clinical Commissioning Group and County Council). • Provide assurance of compliance with the Section 11 of the Children Act (1989, 2004) • Inform the Board of safeguarding children activity • Provide assurance of compliance with Care Quality Commission registration standards Regulation 13 (safeguarding users from abuse and improper treatment), fundamental standard 5 (safeguarding from abuse) and Safe domain (safeguarding arrangements). • Inform the Board of safeguarding children activity 	
<p>2.0 STRATEGIC IMPACT</p> <p>Working Together to Safeguard Children was published in 2018, with the focus being on collaboration between services to ensure that the child remains at the centre of any decision making .</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard_Children.pdf</p> <p>The Trust is represented on the Dorset Safeguarding Children Board (DSCB) by the Named Nurse for Safeguarding Children/ Interim lead for Safeguarding as deputy for the Executive Director of Nursing/ Quality, who has the Trust Board responsibility for safeguarding. There is also representation at external DSCB sub groups by named professionals including Quality, Serious Case Review, Child Death Overview Panel and CSE.</p> <p>All providers that deliver services to children have a legal requirement to meet Section 11 of the Children Act (1989, 2004). Safeguarding Children is externally scrutinised to ensure this requirement is met, both externally and internally.</p> <p>Collaborative work with partners has continued this year with ;</p> <ol style="list-style-type: none"> 1) Joint review by both Dorset adult& children's boards of how to develop a whole family approach 'Waltham Forest method'. 	

- 2) JTAI (Joint targeted Area Inspection) review of Child Sexual Exploitation (CSE)/ Missing Children Service
- 3) Joint training for level 3` Recognition of Domestic Abuse & its effect on the family/
- 4) Attendance and participation in conferences and events that have combined cross cutting themes for both adults and children Re; Exploitation , County Lines and Radicalisation
- 5) Networking lunch with NHS Commissioner/Provider Leads - NHSE National Safeguarding Lead - Kenny Gibson.

Strategic partnerships are pivotal in ensuring effective communication between agencies. This relies on close working and sharing of information. The national Child Protection Information Sharing (CP-IS) ensures information about vulnerable children is shared between social care, local authorities and the NHS to help protect them from harm. DCHFT has been fully committed to this and has ensured compliance with the roll out of this in Dorset.

The ED department are now able to identify any child with a CP-IS flag on admission to the ED and Maternity services are able to identify a pregnant woman under the age of 18 who is Looked after of on a child protection plan or who has an unborn baby on a child protection plan through the CP-IS system.

Other areas of the hospital are now able to access the summary care record system using smartcards

3.0 NATIONAL/LOCAL UPDATE

There have been significant developments in the safeguarding national and local agenda. A key national document Working Together was published in June 2018, Dorset is set to change to a safeguarding partnership arrangement in Spring 2019. With the release of Working Together immediate changes will be in place for the child death process and the previous serious case review process which will now become Safeguarding Practice Panel Reviews.

In May 2018 a Joint Targeted Area Inspection was performed focusing on missing children and children at risk of being trafficked or exploited. The Named Nurse represents DCHFT on the JTAI Operational Group who have now had final sign off of the statement of action and action plan.

CQC performed an inspection in July and August 2018 safeguarding arrangements were inspected and the then Named Nurse and Lead Midwife were interviewed as part of the well-lead inspection.

Safeguarding Children Policy a new policy was published August 2018.

Development of Weekly Integrated safeguarding meeting in conjunction with Kingfisher ward. Paediatricians/ CAMHS/ Children's Community nursing team

4.0 SERVICE DESCRIPTION , PRINCIPLE RESPONSIBILITIES AND ACTIVITY

4.1 TEAM AND SERVICE

The Safeguarding children's team due to the resignation in December 2018 of the Named Nurse have been in interim measures since January 2019. This will be reviewed June 2019.

These are :

- Lead Nurse for Adults Safeguarding has incorporated into her role Interim Lead for Children's WTE 1.0
- Safeguarding Advisor 1 WTE (Band 7)
- Administration 1.6 WTE
- Lead Midwife for Safeguarding (funded through Maternity) 0.8 WTE
- Named Midwife Safeguarding Children (forms part of the Head of Midwifery role)
- Safeguarding Children's Nurse (secondment) 0.6 Band 6
- Lead safeguarding children roles have been developed in ED, Special Care Baby Unit (SCBU) and Paediatric Outpatients.
- Named Doctor Safeguarding Children

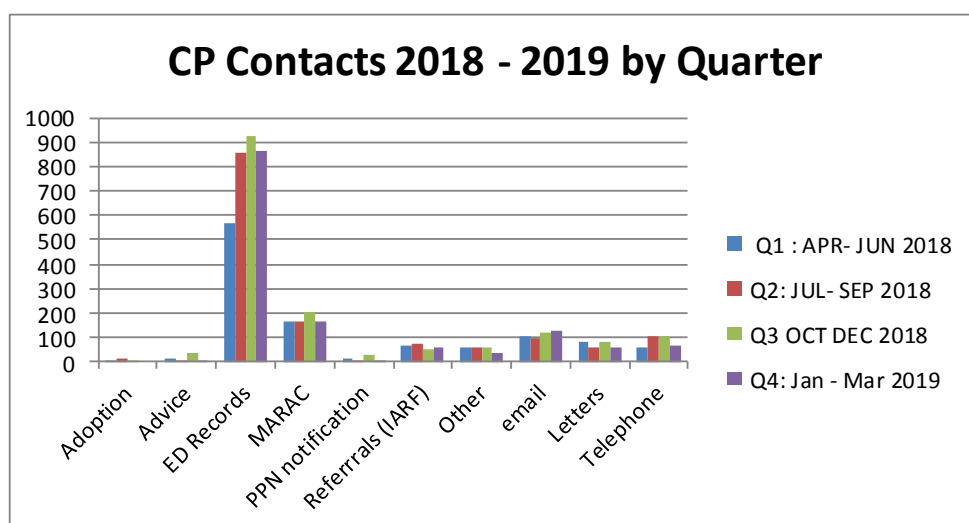
We Aim to :

- Ensure we have appropriate structures in place to manage and take forward the safeguarding agenda •
- Provide assurance to external agencies that our safeguarding policies and procedures are robust and fit for purpose •
- Seek opportunities to raise the profile of safeguarding adults and children and ensure staff are aware of their responsibilities with regard to the safeguarding agenda
- Continue to strengthen and align safeguarding processes and practice across the hospital and community services
- Ensure appropriate training is available at all levels and monitor this. Seek opportunities to improve staff training and identify and address any gaps
- Provide expert opinion with regard to safeguarding

4.2 ACTIVITY

4.2.1 CONTACTS FOR ADVICE OR INFORMATION

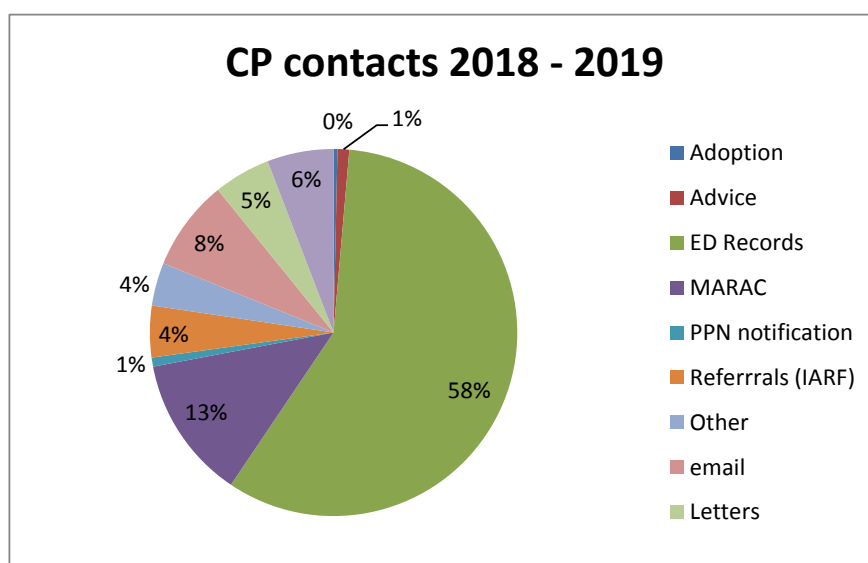
These include all telephone, face to face and electronic contacts to the Safeguarding Children's Team for advice, information or to share information. The total recorded was 5529 contacts, this shows a **52.9 %** increase from 2017-2018.



The activity from contacts provides continuing assurance that staff are confident to contact the Team for advice and support as required and that we continue to share and receive information appropriately. The Safeguarding Children Team have taken to ensuring children's ED attendance forms are reviewed. They have also been temporarily emailing out to the community teams (Health Visitors and School Nurses) until a more robust system is put in place by the Emergency department.

In addition there is now share proportionate information to the MARAC (Multi Agency Risk Assessment Conference) on a 3 weekly basis of any child reported within the review document who may be at risk from domestic abuse.

Types of Safeguarding contact the core safeguarding team receive



4.2.2 CHILD PROTECTION MEDICALS

Child Protection Medicals involve a wide team of Professionals. On receipt of a request for a CP medical an administrator will contact the appropriate Paediatrician who will perform a full medical examination, organise further tests, x-rays or scans and then liaise with the MASH (Multi agency Safeguarding Hub) to make an on-going plan. A comprehensive report of the medical is typed within 48 hrs by a member of the Safeguarding Children's Team and forwarded to MASH or the allocated Social Worker. Follow up appointments are shared with the Social Care Team.

In 2018/19 there were **59** child protection referrals for medical examination from a variety of agencies including Health Visiting, Social Care and the Police for medical examinations by the Consultant Paediatricians at DCHFT. This is a **16.9%** increase from 2017-2018.

4.2.3 SAFEGUARDING CHILD PROTECTION REFERRALS (Inter-agency MASH referral)

Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns. All staff at DCHFT are given training and expected to know what to do if they identify that there may be safeguarding concerns in relation to a child. This includes seeking advice from their Departmental Lead, the Safeguarding Children Team or a Consultant Paediatrician. If the child is already known to services their designated social worker will deal with any investigation or allegations.

All staff working at DCHFT are trained and expected to be aware of their responsibility if they are caring for an adult who may pose a risk to a child through their behaviour, domestic abuse, mental health concerns or substance misuse.

All staff who are trained at Level 3 Safeguarding Children are expected to be competent at making good quality referrals to Children's Social Care which identify risks to the child, the actions the practitioner has already taken and the expectations of what they would like the multi-agency team to do for that child as part of the MASH referral.

The recorded interagency referral forms submitted was **254**, not all referral forms are sighted by the DCH internal Safeguarding team so this figure is only those recorded. There has been a **40%** rise in referrals being submitted since 2017-2018.

4.3 DOMESTIC ABUSE

Domestic Abuse can be defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexual orientation.

The abuse can encompass, but is not limited to: psychological, physical, sexual, economic and emotional forms of abuse. Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a person.

The Draft Domestic Abuse Bill was published by the government in January 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772202/CCS1218158068-Web_Accessible.pdf

All members of staff receive domestic abuse awareness training as part of their Safeguarding mandatory training. The Trust hosted a Domestic Abuse awareness week in November 2018 which included displays and YOU First workers in key areas of the Trust. You First have attended several study session for a variety of staff groups .

The lead Nurse for Safeguarding represents Dorset County Hospital at the Pan Dorset Health leads for DA group

The referral rate to MARAC (Multi-Agency Risk Assessment Conference) remains low, An Audit of prevalence of domestic abuse in Emergency Department agreed at Clinical Audit Group, was undertaken by the Lead for Adults , this showed that the number of presentation with DA or possible DA was very small and when DA was suspected the correct procedure was followed by the Emergency department staff.

4.4 SERIOUS CASE REVIEWS

Working together guidance sets out the process for new national and local reviews The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with Child Safeguarding Practice review Panel (the Panel).and at local level with the safeguarding partners.

The Panel is responsible for identifying and overseeing the review of serious child safeguarding case which in its view raise issues that are complex or of national importance. The panel must decide whether it is appropriate to commission a national review of a case or cases.

Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which in their view raise issues of importance in relation to their area

Dorset County Hospital submitted briefing reports for 6 serious case reviews during 2018-2019.

4.5 TRAINING

Level 1 and 2 Safeguarding children training is provided internally to DCHFT staff. Level 1 training is initially provided at induction & then staff maintain their competence via the e-learning platform.

All non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers utilise the on-line training at Level 2.

Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person are offered training at Level 3.

The Safeguarding Children team offer monthly 1-day Level 3 safeguarding children days

Registered Midwives in Maternity are provided with a yearly update at Level 3 which focused in the last financial year on child sexual exploitation, disguised compliance and domestic abuse. All Midwives who are in their preceptorship period receive a one-off five hour session

with the Lead Midwife for Safeguarding.

A passport model of Level 3 training has been piloted in Maternity, following the initial attendance of a 1-day standard Level 3 training day. Members of staff are able to tailor their training or requirements in line with the inter-collegiate document (Safeguarding Children and Young people: Roles and competencies for Health care staff 2019) to meet their own learning needs and the safeguarding children needs within their own clinical areas.

The quality of the training accessed is being monitored through peer review, audit and evaluation and a Level 3 safeguarding training audit was undertaken 2018/19. Assurance was sought that staff retained and implemented the knowledge that they had gained into their daily practice.

To increase the percentage of staff meeting the required competency the monthly training days are advertised through the Education team, staff that are non-compliant received targeted emails & managers have submitted action plans explaining how they will ensure compliance. The ability to release staff for a full days training remains challenging, discussions have commenced with the Education team to develop a digital passport to allow staff to complete online and face to face training

% of staff with required competency	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	97%	92%	94%	94%
Level 2	89%	80%	80%	84%
Level 3	79%	68%	71%	77%

4.6 SAFEGUARDING SUPERVISION

Supervision for safeguarding children issues is available to all trust staff regardless of their job role or position. Every member of staff working directly with children has a professional responsibility to access safeguarding supervision. Safeguarding supervision supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed goals and outcomes.

Monthly supervision sessions are offered in the Emergency Department, Kingfisher Ward and Maternity. Group supervision is offered on a more ad-hoc basis to departments that request it sometimes as generalised or if a complex case has arisen

The Consultant Paediatricians hold monthly peer review session which junior medical staff are able to join.

5.0 AUDIT

Completed Audits during 2018-2019

Audit no: 4477 Safeguarding Children Level 3 training

Audit:4538 Safeguarding Supervision in Children's Therapy - recording the conversation in

supervision

Audit - Use of s-SERAF in ED

Audit - CP-IS in the Emergency Department

Key findings have been documentation, good risk analysis and appropriate identification and referral.

Action plans from audits are monitored through the quarterly Safeguarding Children Group.

6.0 MENTAL HEALTH AND SELF HARM

Over the past twelve months there has been a significant increase in the children or young people presenting at the Emergency department in mental health crisis, inflicted self harm / intentional over dose or substance misuse. Both the emergency department, Kingfisher and the Safeguarding team have been involved in some very complex cases. All children / young people that have self harmed or are showing signs of mental health crisis are referred to the CAMHS service that is provided by Dorset Healthcare Trust. There is a designated CAMHS practitioner based within the hospital Mon-Fri 9am till 5 (last new referral before 3 pm). The volume of activity had not been previously reported to the Safeguarding Group, but this activity will going forward be closely monitored.

In Quarter 4 2018-2019 **81** Children with either a chief complaint of Mental health / Psychosocial / Substance misuse or intentional self harm/ overdose presented at Dorset County Hospital.

During the quarter 4 two specific cases where escalated by DCH that required a whole system review by health and social care colleagues due to their complexity. The key issues discussed at the events where: delay in risk assessment: recognition of level of risk to the child and others whilst awaiting accommodation: delay in discharge to appropriate accommodation: acute care being recognised as place of safety for a child with significant mental health needs. Colleagues in both the local authority and Dorset Healthcare agreed to review their processes to avoid reoccurrence in the future, this work is still in development.

7.0 FEMALE GENITAL MUTILATION (FGM) DCH have seen no cases of children/ women being subjected to FGM during in 2018-2019.

8.0 DORSET SAFEGUARDING CHILDREN BOARD

The Trust is represented on the Dorset Safeguarding Children Board (DSCB) at Executive level (Director of Nursing and Quality post), with deputising by the Named Nurse Safeguarding Children. Representation at sub-groups is covered by Named professionals and the Safeguarding Advisor at Quality, Serious Case Review, Child Death Overview Panel, Neglect and CSE sub groups.

Contribution to the Pan-Dorset CSE strategy

Safeguarding at Dorset County Hospital support the strategic aims of the Dorset Safeguarding Children Board, outlined below:-

- To co-ordinate local work to safeguard and promote the welfare of children
- To ensure the effectiveness of that work

Through involvement in the development of policies and procedures, participating in planning of services, communicating and raising awareness, monitoring and evaluating effectiveness, ensuring a co-ordinated, response to unexpected deaths, contributing to Serious Case Reviews.

9.0 SAFEGUARDING INCIDENTS INVOLVING STAFF

There were no referrals to Children's Services or MAPPA (for incidents involving staff in 2018/19.

10.0 SAFEGUARDING GOVERNANCE

DCHFT Children's Safeguarding Group has a key role to monitor compliance and support key areas of improvement, as per the Group Work Plan. It is chaired by the Director of Nursing and Quality and has internal Safeguarding Children Lead representation. The Group formally reports to the Quality Committee. The aim going forward is to have one Safeguarding Group that incorporates both adults and children.

11.0 SAFEGUARDING CHILDREN DORSET COUNTY HOSPITAL WORK PLAN 2019-2020 KEY OBJECTIVES

By adopting an integrated Adult and Child Safeguarding team we will aspire to develop a whole life span or whole family approach to Safeguarding that will enable practitioners to keep their respective specialities but reduce duplication on crosscutting areas re: Domestic abuse, exploitation, radicalisation, moderns day slavery, mental capacity, transition and learning disabilities Also joining will enable a coordinated approach to Contextual Safeguarding which goes beyond the family,& refers to the potential for safeguarding abuse in other environments, such as a neighbourhoods, educational facilities and the internet.

12.0 RECOMMENDATIONS


The Board of Directors are asked to:

1. Review the report and recommend any areas for further improvement.
2. Receive assurance of Safeguarding Children's activity.
3. Support delegated responsibility to the Safeguarding Children Group for the development of the 2019-2020 work plan which will be managed the Safeguarding lead .

Integrated Adult and Children Safeguarding Work Plan 2019 – 2020

OBJECTIVE	Action	DRIVERS	TIMESCALE	LEAD	PROGRESS	OUTCOME	RAG
1/ Mental Capacity Act Amendment Bill- Implementation of Liberty Protection Safeguards	Await final Bill, Spring 2019 and Code of Practice, Autumn 2019 Pan Dorset approach to training of staff as well as documentation Will need to develop internal systems and identify key personnel (may be stated in Code of Practice) to complete the various stages of the LPS processes	Mental Capacity Act Amendment Bill and replacement of the Deprivation of Liberty Safeguards	Dependent on those set out by Gov. likely to be end of 2019	SC/JF	Regular Pan Dorset meetings to discuss progress and strategy to implement when finalized (next mtg 1st Feb)		
2/ Develop level 3 training programme to incorporate adult and children & develop passport via e platform for coordinating training/ Strengthen and embed key principles of safeguarding	Map crossover themes re: legal literacy information sharing, process of investigation etc.	Reduce need for separate training on crossover themes Provide best practice by 'Thinking Family' This means taking a broader view by ensuring that all members of the household and their wider community are able to get the support they need, at the right time, to enable them to achieve positive changes and improve their lives.	Jan 2020	SC	X1 meeting with Paed leads to review level 3 Discussion already taken place with CCG Mapped key areas for crosscutting themes/ focus 2019-2020 is exploitation.		

3/ Clinical Supervision for both Adult & children	Train the trainer course Specific session for key areas To include Emergency department Kingfisher Older people services	Care Quality Commission (Registration) Regulations Care Act 2014 Intercollegiate learning documents	December 2019	SC/JF/DW/TK & Kingfisher band 6 and above			
4/ Produce an assurance tool in preference to clinical audit for review of Safeguarding/ ,MCA in practice	Scope whether assurance tool already exists . Discuss with audit different methodology	No change in practice through clinical audit process. Time-consuming and ineffective.	DEC 2019	SC/JF			
5/ Strengthen and embed principles of Safeguarding / Ensure that we adhere to duty to promote the welfare of the child / young person and adult.	BI annual newsletter via communications / intranet / Consider Pan Dorset Health leads ?	Integration of teams Whole system approach to Safeguarding Section 11 Children Act Care Act	1st July 2019 2nd January 2019				
	5.1 Adopt processes to ensure integrated working for whole families / communities / transition / identification of themes to target.	Dorset thresholds document			I Collaborative working with DCC/ DCH / Integrated professional meetings now occurring on a weekly basis.	Actions and plans out of meeting recorded. Attendance at meetings recorded.	
Patient pathway/ protocol for those with cognitive impairment/ additional needs/ vulnerabilities	From the task and finish group Pilot of reasonable adjustment stickers/ prompts within Weymouth OPD		Looking at June 2019 to evaluate		Pilot commenced. As patient notes not always requested/ used within OPD have had to adapt prompt tool for onward		

requiring surgery (Referral to recovery)	Commence Pilot September 2018- complete pilot March 2019 Pilot evaluation to take place 3 months after end (to monitor any improvements made as a result)				communication around reasonable adjustments		
Facilitation of Friendship club visits to key departments	Phlebotomy Audiology REI Day surgery	NHS Improvement Standards for LD Transforming Care	Dec 2019	JF			
Development of photostories for key areas	Awaiting Cardiology to complete and finalise their photostory Looking at Dialysis, phlebotomy, Audiology, REI	NHS Improvement/ Monitor framework for LD Transforming Care	Dec 2019	JF	http://www.dchft.nhs.uk/patients/patient-information-leaflets/Documents/Easy%20Read,%20ED%20photostory%20(0618).pdf		
To develop engagement event/ opportunities for people with learning disability, family and paid carers	JF and AM meeting to discuss further (Jan 19) JF and AM awaiting dates from CCG in regard to stakeholder engagement event meetings JF invited to ED stakeholder engagement event (Jan 19)	NHS Improvement- LD Improvement Standards for NHS Trusts  v1.17_Improvement_Standards.pdf Ask, Listen, Do: NHS England	Dec 19	JF	This could also be fed back via the Patient Experience Group		
Serious Case Reviews	Learning to be added when published						

Child Sexual Exploitation (CSE)	<p>Ensure that provision of Trust wide utilisation of CSE tools (CERAT etc) is incorporated into business as usual</p> <p>Roll out of new terminology and process for CSE tool</p> <p>Exploitation key themed for adult and children 2019-2020</p> <p>Consider development of bespoke training for recognition of exploitation to include radicalisation / county lines/ sexual / grooming/ slavery etc.</p>						
Sharing Information	<p>Work with IT to create a more efficient system to inform health visitors and school nurses of a child's attendance.</p> <p>To highlight on DPR whether reasonable adjustments on may be required ro the person attending the trust</p>	<p>SCR 25</p> <p>Learning Disability Standards</p>			<p>Nov 18: Will form part of wider ED DPR work. Unable to progress further at present. Safeguarding Group to be assured that process in place is safe but not time efficient.</p>		
EXTERNAL							
Protecting the mental health needs of children and young people & adults who are admitted to the acute hospital	<p>10.1</p> <p>Section 136 provision</p> <p>Focused multidisciplinary meetings post learning x2 cases Q3</p> <p>Template to be introduced with timescales for action CAMHS / social care dispute</p>	<p>JTAl / internal cases</p> <p>Escalated through CCG</p>	<p>September 2019</p>		<p>Limited scope to properly mitigate this. None MH treatment space in ED.</p> <p>March 19 Template in development .</p>		
JF to complete 1-2 LeDeR reviews per year	<p>Complete on line training</p> <p>Meet with Local Area Contact</p> <p>Await allocation of cases</p>	<p>Learning From Deaths</p> <p>CIPOLD</p> <p>Transforming Care</p>	<p>Dec 2019</p>	JF	<p>Online reviewer training completed</p> <p>Info regarding LeDeR being fed back via EoL group meetings</p>		

Development to Safeguarding Threshold tool in conjunction with Dorset health leads	To offer guidance to practitioners. When considering whether a concern is Safeguarding	Alignment with National practice .	June 2019	SC	Tool be trialed. Task and finish group set up and met x2 .		
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Title of Meeting	Trust Board
Date of Meeting	29 May 2019
Report Title	Communications Activity Report – Q4 Jan-March 2019
Author	Susie Palmer, Communications Manager
Responsible Executive	Nick Johnson, Director of Strategy and Business Development

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
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Outstanding care for people in ways which matter to them

Communications Activity Report

Quarter 4: January – March 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 the aim is to give a flavour of key areas of our work and a summary of activity.

2. Key Campaigns, Initiatives and Events

Staff App Update

We finished the pilot phase of the new staff app in March and have since launched it to staff at large (April 9). The download details are given to staff at induction, and through the Staff Bulletin and intranet, plus we are producing a display and flyers to further promote it around the Trust. Feedback has been extremely positive and we are continuing to develop the content. At the time of writing this report we were at 470 downloads and we will continue to publicise the app to reach more staff.

Snow Comms

February brought snow. Following our experience of dealing with severe weather last year the comms team were well prepared to handle the internal and external comms around this. Warnings and advice were issued in a timely way to staff through internal channels and to the public via our social media channels, the website and local media. We posted regular updates throughout this severe weather episode to keep people informed and to recognise the contribution from staff. It worked well and feedback was very positive.

EU Exit Planning

The Communications Manager sits on the Trust's EU Exit Planning Group and regular updates have been issued to staff to update them on actions being taken in preparation. Staff briefing sessions will be held when there is clarity over what is happening next around the EU Exit.

DCH Way

The 2019 winter issue of our newsletter for public and staff foundation trust members was published this quarter. This issue was compiled and designed by the Communications Officer rather than our external graphic designers, saving us over £300 on the usual design costs for each issue.

Summer Spectacular Planning

Plans are now in full swing for our summer fete style event on Saturday, 6 July 2019. A core organising committee of staff, led by the communications team, has been formed to oversee the event which is being held on the old Damers School field from 2pm to 5pm.

DCH Site Development

The communications team are supporting the staff and public engagement around the development of the DCH site. Engagement events will be held to explain the plans to staff, stakeholders and the wider public, supported by information on our public website. The

Outstanding care for people in ways which matter to them

Communications Manager is liaising closely with the Programme Manager and the Prime Communications Executive to ensure all engagement/publicity activities are coordinated and managed appropriately.

Bridport Hospital Service Changes Public Engagement

The communications team supported the division and public engagement team to stage three public events to engage with people in Bridport over changes to services at Bridport Hospital. The changes attracted negative media attention but people who attended the events were reassured about the reasons for the changes and how people would be affected. We recognise that we should have involved our public governors sooner in the process and will ensure that we engage with them appropriately around service changes in future. Our West Dorset governors were very helpful in suggesting how best to inform and gather feedback from people in their constituency and our public governors will work with the Patient and Public Engagement Lead on developing the Trust's public engagement strategy.

Trust Board Publicity

Following feedback from the Trust Board about raising the profile of Board meetings to boost attendance and awareness, the communications team will publicise meetings ahead of them being held and will Tweet from Board meetings from the @DCHFT account about key discussions and decisions. The team will go through the agenda ahead of meetings in preparation to ensure the key matters are highlighted.

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.

We are working with comms colleagues in the acute trusts and the CCG on some materials to reassure the public around the future of emergency hospital services in Dorset. Our Medical Director has been interviewed for a video to support a supplement to be issued in local newspapers to counter misinformation about the future of services in the east of the county and DCH's Emergency Department.

The Communications Manager has joined a task and finish group to look at how best to engage staff and the public around the updated version of Dorset's Sustainability and Transformation Plan.

Recruitment Microsite

The communications and recruitment teams are working in partnership with Dorset Clinical Commissioning Group's digital team to develop a new recruitment microsite to offer a wealth of information about job opportunities and the benefits working at DCH. The CCG team are providing technical support and we will be generating and maintaining the content. Initial content for the site has been gathered and the CCG digital team are now working to finalise the design. We are hoping to launch the microsite after a testing phase in May 2019.

3. Social Media

Social media engagement continues to flourish since the appointment of our Communications Officer. We are now using a social media management tool, Sprout Social, to manage all our channels more efficiently which has proved extremely effective.

Outstanding care for people in ways which matter to them

Engagement on Facebook and Twitter pages continues to steadily grow and we are now developing other channels such as LinkedIn and Instagram. We will be working with the recruitment team to develop LinkedIn and also aim to regularly post jobs on Facebook and Twitter. Our Instagram page was launched in March and will potentially reach out to a younger audience.

As well as the main DCHFT Facebook page, we have gained ownership of a page which was automatically generated by Facebook for Kingfisher Ward so we can monitor and control content. As followers grow, this page could prove useful as another way to engage with parents regarding the development of children's hospital services:

www.facebook.com/KingfisherWard

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

Facebook Analytics – www.facebook.com/DCHFT

	Q2	Q3	Q4
Engaged users	90,673	102,546	115,118
Number of posts	148	222	173
Number of followers	3,700	4,020	4,850

Facebook Highlights for January

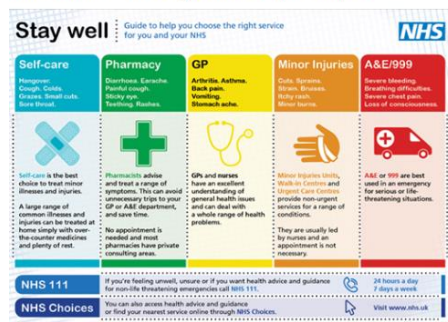
Our Emergency Department is currently extremely busy. Please share and help us spread the word - the Emergency Department should only be used for serious or life-threatening conditions.

There are local alternatives to A&E available so please visit the Staywell Dorset website for advice about accessing GP, pharmacy, minor injury and urgent care services: staywelldorset.nhs.uk

If you're not sure which service to use you can also call 111.

You can find details of your local Minor Injuries Unit or Urgent Care Centre at: <https://bit.ly/2UqVH1q>

Thank you for your help, please share and help us cope with the high demand on our services. #StayWellDorset #HelpUsToHelpYou



Stay well | Guide to help you choose the right service for you and your NHS

Self-care
Headaches, Coughs, Cuts, Stomach, Small cuts, Sore throat
Self-care is the best choice to treat minor illnesses and injuries.
A large range of common illnesses and injuries can be treated at home, single visits over the counter medicines and plenty of rest.

Pharmacy
Dorset, Dorchester, Bournemouth, Poole, Bournemouth, Bournemouth, Bournemouth
Pharmacists advise and treat a range of symptoms. This can avoid unnecessary visits to your GP or A&E department, and save time.
No appointment is needed and most pharmacies have private consulting areas.

GP
Arthritis, Asthma, Back pain, Diabetes, Flu, Stomach, Stomach, Stomach
GPs and nurses have an excellent understanding of general health issues and can deal with a whole range of health problems.

Minor Injuries
Cuts, Burns, Stomach, Stomach, Stomach, Stomach
Minor injuries units, Urgent Care Centres and Urgent Care Centres provide non-urgent services for a range of conditions.
They are usually led by nurses and an appointment is not necessary.

A&E/999
Serious bleeding, Breathing difficulties, Serious chest pain, Loss of consciousness
A&E or 999 are best used in an emergency for serious or life-threatening situations.

NHS 111
If you're feeling unwell, unsure or if you want health advice and guidance for non-life threatening emergencies call NHS 111.
You can also access health advice and guidance or find your nearest service online through NHS Choices.

NHS Choices
Visit www.nhs.uk

Message for staff

The transport desk will remain open until 11.30pm tonight in the Incident Coordination Centre (ICC) and will re-open at 6.30am tomorrow on 01305 255133 to provide 4x4 transport for essential staff.

Thank you to the amazing Wessex 4x4 Response for helping us to keep running!

26,615
People Reached

2,465
Engagements

Boost Post

75

5 Comments 424 Shares

18,541
People Reached

3,408
Engagements

Boost Post

Pauline Bull, Angie Churchill and 249 others

1 Comment 152 Shares

Outstanding care for people in ways which matter to them

Heavy #snow is predicted for #Dorchester from 5pm today so we are making preparations to cope with severe weather. We would ask anyone planning on visiting patients in hospital today to do so earlier in the day rather than waiting for the usual visiting hours. We would also ask anyone who is due to collect a patient being discharged today to do so as early as possible.



Message for patients

We have contingency plans in place for severe weather and are aiming to run as many of our services as possible tomorrow as normal. Unless you have heard from us directly, please come in for your scheduled appointment as planned if you can travel to us safely. Please give us as much notice as possible if you cannot make your appointment by calling the number on your letter.

Stay safe out there everyone.

23,192 People Reached 5,429 Engagements [Boost Post](#)

Robert Hoole, Anne Parkins and 71 others 12 Comments 208 Shares

9,147 People Reached 1,093 Engagements [Boost Post](#)

Beryl Sadler, Jemma Smoker and 49 others 92 Shares

Facebook Highlights for February

A massive thank you to the Wessex 4x4 Response team who have been helping getting staff into work and patients home safely. Thank you for helping us to continue running as normal! #snowheroes



12,708 People Reached 2,819 Engagements [Boost Post](#)

542 27 Comments 59 Shares

You may have noticed some new signage around our hospital? Lead Inflammatory Bowel Disease Nurse, Pearl Avery, wanted disabled signage to be more inclusive and cover hidden disabilities for people like Mesha (pictured right). Thanks to the support from Vikki Andrews in the Stoma Care Team, funding could be secured for the new signs which are now proudly presented around the hospital. #notalldisabilitiesarevisible



11,684 People Reached 3,504 Engagements [Boost Post](#)

Christine Smith, Jim Barner and 361 others 40 Comments 40 Shares

Outstanding care for people in ways which matter to them

We would like to say a massive thank you to all our amazing staff who have pulled together as usual and done an incredible job keeping hospital services running through the adverse weather conditions. Well done #TeamDCH you are all #NHSsnowheroes 🌨️



Message for patients

We are open and running as usual this morning. Unless you have heard from us directly, please come in for your scheduled appointment as planned if you can travel to us safely. Please give us as much notice as possible if you cannot make your appointment by calling the number on your letter.



7,214 People Reached
 3,451 Engagements
[Boost Post](#)
 Belinda Irvine, Crystal Durow and 280 others · 12 Comments · 16 Shares

5,815 People Reached
 450 Engagements
[Boost Post](#)
 Jo Kenyon, Dawn Pinkett and 26 others · 26 Shares

Facebook Highlights for March

Our youngest patients can now drive themselves to theatre, thanks so an amazing donation from R Symons LTD Tesla Owners UK 🚗 Juno was the first one to take it for a spin on our Kingfisher Ward!



26,630 People Reached
 5,618 Engagements
[Boost Post](#)
 612 · 51 Comments · 194 Shares

This post – a simple 10 second video – is our best ever performing post for both Facebook and Twitter over Q2, Q3 and Q4 with the number of people reached.

The story was very well received by our local media. It was also picked up by the Press Association and went into a number of national papers including The Mirror, Daily Mail and The Independent as well as being shared on their social media to their millions of followers.

Outstanding care for people in ways which matter to them

Today sees the launch of a major campaign by Public Health England to increase the number of women attending their cervical screening appointments.

Two women die every day from cervical cancer in England and cervical screening is now at a 20-year low, with one in four women in the UK not attending their test. Women can protect themselves against the risk of cervical cancer by attending their screening when invited. For more information, visit www.nhs.uk/cervicalscreening



15,928
People Reached

770
Engagements

Boost Post

Lee Lou, Susie Palmer and 30 others

2 Comments 148 Shares

Today we officially unveiled our Tree of Life 🌳

The sculpture, named 'Precious Scars', has been installed to recognise the incredible gift of life given by organ donors, with the support of their families.

The sculpture, located in one of the hospital's courtyards, is a permanent reminder of the life-changing difference organ and tissue donation can have on individuals and their families, and to encourage people to sign up as organ donors themselves.

The project has been the initiative of the Organ Donation team at Dorset County Hospital, led by Consultant Anaesthetist, Andy Ball, and Specialist Nurse, Helen Rose, in conjunction with the Arts in Hospital team.

Artist Andy Kirkby is the mastermind behind Precious Scars, with the sculpture taking him over a year to complete.



6,086
People Reached

1,608
Engagements

Boost Post

204

5 Comments 19 Shares

Are you considering a career in medicine? Once again we are offering a two-day course to help those 16+ discover more about studying medicine. You will be able to meet and talk to doctors and medical students here at #TeamDCH <https://bit.ly/2Hev1rt>



8,393
People Reached

1,336
Engagements

Boost Post

Caroline Sweetland, Hilary Harrold and 74 others 25 Comments 49 Shares

Outstanding care for people in ways which matter to them

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

	Q2	Q3	Q4
Tweets	203	348	334
Tweet impressions	146,700	264,000	212,939
Profile visits	6,873	10,488	8,174
Mentions	851	798	896
Number of followers	3,238	3,414	3,741

Twitter Highlights for January

This week sees the new older peoples assessment service (OPAS) come into operation. The team will be working predominantly on Ilchester and the aim of the team is to provide a Comprehensive Geriatric Assessment (CGA) to frail patients admitted to hospital.



12:00 PM - 22 Jan 2019

16 Retweets 58 Likes

7 16 58

Meet Olivia 🌟 she is a 16-year-old student @thomashardye in #Dorchester currently undertaking her A-levels, aiming to study medicine at university. She comes to DCH each week to volunteer on Barnes Ward and does an amazing job helping with the Breakfast Club! #TeamDCH



12:00 PM - 7 Jan 2019

16 Retweets 80 Likes

4 16 80

Today we treated our first patient on our new True Beam linac at our Robert White Centre! Thank you so much to everyone who has supported this project - what a journey it has been! @Poole_Hospital



2:11 PM - 14 Jan 2019

18 Retweets 54 Likes

1 18 54

We would ask anyone planning on visiting patients in hospital today to do so earlier in the day rather than waiting for the usual visiting hours. We would also ask anyone who is due to collect a patient being discharged today to do so as early as possible. (2/2)

10:41 AM - 31 Jan 2019

12 Retweets 7 Likes

12 7

Outstanding care for people in ways which matter to them

Twitter Highlights for February

You may have noticed some new signage around our hospital? Lead Inflammatory Bowel Disease Nurse, Pearl Avery, wanted disabled signage to be more inclusive and cover hidden disabilities for people like Mesha (pictured right). What do you think? [#notalldisabilitiesarevisible](#)



12:00 PM - 16 Feb 2019

11 Retweets 66 Likes

Our End of Life and Specialist Palliative Care Team will be launching a seven-day service next month. It is hoped this service will improve patient care and provide support to families and staff. For further information, email lynn.cherrett@dchft.nhs.uk



1:30 PM - 19 Feb 2019

12 Retweets 31 Likes

We would like to say a massive thank you to all our amazing staff who have pulled together as usual and done an incredible job keeping hospital services running through the adverse weather conditions. Well done [#TeamDCH](#) you are all [#NHSsnowheroes](#) 💡💡



3:51 PM - 1 Feb 2019

11 Retweets 46 Likes

A massive thank you to the [@W4x4Response](#) team who have been helping getting staff into work and patients home safely. Thank you for helping us to continue running as normal! [#snowheroes](#) [#snow](#) [#Snowmageddon](#)



11:00 AM - 1 Feb 2019

10 Retweets 31 Likes

Outstanding care for people in ways which matter to them

Twitter Highlights for March

Our youngest patients can now drive themselves to theatre, thanks so an amazing donation from @RSymonsLTD @TeslaOwnersUK 🚗 Juno was the first one to take it for a spin on our Kingfisher Ward!



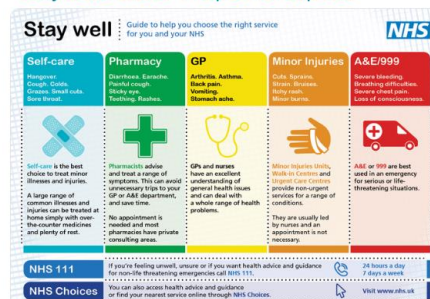
4:00 PM - 4 Mar 2019

41 Retweets 174 Likes

3 41 174

Our Emergency Department is currently extremely busy. Please share and help us spread the word - ED should only be used for serious or life-threatening conditions. Information on other local alternatives can be found here:

bit.ly/2UqVH1q
 #StayWellDorset #HelpUsToHelpYou



3:19 PM - 14 Mar 2019

22 Retweets 14 Likes

22 14

Did you know DCH is home to the largest collection of public artwork in the county? We believe that our collection creates an uplifting environment.

This series is by renowned photographer George Wright and can be found in North Wing Level 1. @Artsinhospital



1:00 PM - 30 Mar 2019

11 Retweets 26 Likes

1 11 26

Two women die every day from cervical cancer in England. But #cervicalscreening can stop cancer before it starts, so don't ignore your invite. And if you're overdue, book an appointment. #CervicalScreeningSavesLives @PHE_uk



9:00 AM - 19 Mar 2019

11 Retweets 16 Likes

11 16

Outstanding care for people in ways which matter to them

Instagram Analytics - www.instagram.com/dorset_county_hospital/

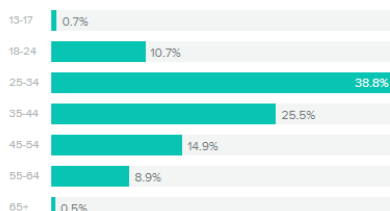
We launched an Instagram page in March in an effort to increase our audience reach. Although women between the ages of 25-34 are currently leading the force among fans, we have increased the number of men interacting with our posts, as well as young people.

In the first month we gained 575 followers, which is increasing daily. We also receive approximately 100 profile visits a day, meaning people are actively searching for the DCH Instagram.

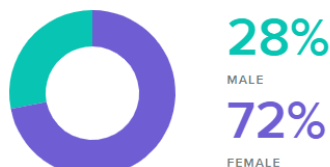
Instagram Audience Demographics

Instagram Audience Demographics

BY AGE



BY GENDER



Women between the ages of 25-34 appear to be the leading force among your fans.

Instagram Impressions

	Q4
Total impressions	203
Average impressions per day	146,700
Average daily reach per profile	6,873
Number of followers	575

Outstanding care for people in ways which matter to them

Instagram Highlights

dorset_county_hospital



Our youngest patients can now drive themselves to theatre, thanks to an amazing donation from @rsymonsltd @teslaownersuk 🚗 Juno

was the first to take the new wheels for a spin on our Kingfisher Ward!

(Video) March 4, 2019 4:32 pm

Followers (at the time of posting):	99
Likes:	42
Comments:	4
Total Engagements:	46
Engagement Rate (per Follower):	46.46%

dorset_county_hospital



Our new LED helipad lights are certainly brightening up Dorchester skies. Thank you to the #helpappeal for the funding - this will make a vital

difference to our hospital. #TeamDCH

#helipadssavelives

(Image) March 6, 2019 12:00 pm

Followers (at the time of posting):	99
Likes:	31
Comments:	-
Total Engagements:	31
Engagement Rate (per Follower):	31.31%

LinkedIn Analytics -

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

	Q4
Total impressions	16,300
Total engagements	864
Organic followers gained	205
Number of followers	1,339

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

	Q2	Q3	Q4
Page Views*	161,130	160,712	174,972
Unique Page Views**	118,468	118,189	129,020
Users	38,014	38,107	37,758
Average Session Duration	00:01:46	00:01:49	00:01:47

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*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 (January – March 2019)

Page	Page Views	Unique Page Views	Average Time on Page
Site Homepage	22,599	17,407	00:00:49
Staff Section Homepage	6,683	4,629	00:00:56
Visiting Hours	5,104	3,668	00:01:33
Contact Us	4,565	3,853	00:01:46
Visitors Section Homepage	4,111	2,785	00:00:23
Wards Section Homepage	3,989	2,954	00:00:30
Patients Section Homepage	3,862	2,757	00:00:28
Departments A-F Homepage	3,793	2,572	00:00:21
Departments P-Z Homepage	3,680	2,560	00:00:24
Getting Here	3,491	2,457	00:01:43

5. StaffNet (Intranet)

We are currently not able to generate analytics about the use of the intranet and are working with our developers and ICT team to make this technically possible.

6. News Releases

A round-up of news releases issued by the communications team during the quarter with links to the full releases on our website:

Dorset County Hospital scoops two prizes at NHS research awards - 9 April 2019

Research professionals and patients from DCH have been presented with two awards at a ceremony hosted by the National Institute for Health Research (NIHR) Clinical Research Network (CRN) Wessex.

New project aims to ignite memories of dementia patients - 29 March 2019

A new project aimed at engaging, sharing and recording memories of people living with dementia is coming to Dorset County Hospital.

Hospital GEM Awards nominations - 14 March 2019

Dorset County Hospital is calling for nominations for its annual staff awards.

Outstanding care for people in ways which matter to them

MasterChef winner delivers on his promise - 13 March 2019

An award-winning chef cooked up a storm at an auction evening, helping to raise an overwhelming amount for charity.

Striking golden oak unveiled at Dorset County Hospital - 12 March 2019

A glistening golden oak has been installed at Dorset County Hospital – and it represents a very powerful message.

Midwives at Dorset County Hospital scoop prestigious award - 8 March 2019

Midwives from Dorset County Hospital's homebirth team have scooped a prestigious award.

Hot new wheels spotted at Dorset County Hospital - 6 March 2019

You may spot some new wheels at Dorset County Hospital.

Learn more about NHS service changes in West Dorset - 27 February 2019

Two public drop-in events in Bridport will outline how the relocation of some NHS day services will help reduce waiting times and improve services for patients.

New LED helipad lighting makes vital difference at Dorset County Hospital - 26 February 2019

New helipad lighting is making a vital difference at Dorset County Hospital.

New art exhibition highlights the importance of organ donation - 25 January 2019

An up and coming artist is using a series of embroidered t-shirts to encourage people to stop and think about organ donation.

New birthing pool hire service available at Dorset County Hospital - 24 January 2019

A new birthing pool hire service is now available at Dorset County Hospital, thanks to a generous donation.

Adding a splash of colour to Dorset County Hospital - 23 January 2019

A new art exhibition is capturing people's eye at Dorset County Hospital.

Radiographer makes a difference to those less fortunate - 9 January 2019

A radiographer from Dorset County Hospital has been making a difference to those less fortunate.

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:

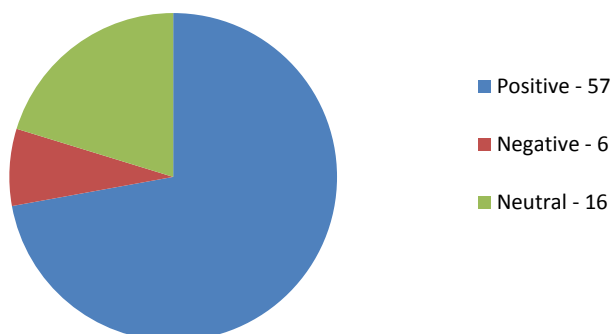
- Winter pressures
- New urgent care service launched
- New Year babies
- Snow coverage
- NHS Long Term Plan
- Cervical cancer awareness
- Cancer patient experience survey
- Dorchester Camera Club exhibition

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- New birthing pool service
- Bridport Hospital service changes
- Homebirth team award
- Precious Scars sculpture launch
- Friends Auction of Promises
- Mini Tesla donation
- Helipad lighting donation

There were a total of 79 media stories relating to Dorset County Hospital (newspaper, radio, television, news websites), the vast majority of which were positive and an increase on the last quarter. The chart below shows the balance of positive, negative and neutral stories, and the table shows each quarter.

Media Coverage - 79



	Q2	Q3	Q4
Media stories	68	81	79
Positive	46	55	57
Negative	12	15	6
Neutral	10	11	16

Susie Palmer
Communications Manager
May 2019

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