Ref: MA/TH
Date: 23 September 2020

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

You are invited to attend a **public (Part 1) meeting of the Board of Directors** to be held on **30 September 2020 at 08.30am to 11.05am** in the CEO's Office and via Lifesize. This meeting will be recorded and made available to the public via the Trust website.

The agenda is as set out below.

Yours sincerely

Mark Addison
Trust Chair

AGENDA

1.	**Patient Story**	Presentation	Nicky Lucey	Note	8.30-8.50
2.	**FORMALITIES** to declare the meeting open.	Verbal	Mark Addison Trust Chair	Note	8.50-8.55
	a) Apologies for Absence: Mark Warner (Emma Hallett attending)	Verbal	Mark Addison	Note	
	b) Conflicts of Interests	Verbal	Mark Addison	Note	
	c) Minutes of the Meeting dated 26 August 2020	Enclosure	Mark Addison	Approval	
	d) Matters Arising: Action Log	Enclosure	Mark Addison	Approval	
3.	**CEO Update**	Enclosure	Patricia Miller	Note	8.55-9.05
4.	**COVID-19 Update**	Verbal	Inese Robotham	Note	9.05-9.15
5.	**EPRR Assurance Process**	Enclosure	Inese Robotham	Note	9.15-9.20
6.	**ICS Update and DCH Priorities**	Enclosure	Nick Johnson	Note	9.20-9.40
7.	**Winter Plan**	Enclosure	Inese Robotham	Note	9.40-10.00
8.	**Health Inequalities**	Enclosure	Nick Johnson	Note	10.00-10.10
	Break 10.10 – 10.20				

9.	**Performance Scorecard and Board Sub-Committee Escalations**	Enclosure	Committee Chairs and Executive Leads	Note	10.20-10.40
10.	**Charity Annual Report and Accounts**	Enclosure	Paul Goddard/ James Claypole / Dave Underwood	Approve as Corporate Trustee	10.40-10.50
11.	**Decision Making Outside the Board**	Enclosure	Mark Addison / Trevor Hughes	Approve	10.50-10.55
12.	**Staff Survey Update**	Enclosure	Emma Hallett	Approve	10.55-11.05
	CONSENT SECTION				-
	The following items are to be taken without discussion unless any Board Member requests prior to the meeting that any be removed from the consent section for further discussion.				
13.	**Guardian of Safe Working Report**	Enclosure	Alastair Hutchison	Approve	
14.	**Any Other Business**				
	Nil notified				
15.	**Date and Time of Next Meeting**				
	The next Board of Directors' meeting of Dorset County Hospital NHS Foundation Trust will take place at **8.30am** on the **28 October 2020** via Lifesize.				

Integrated Performance Report

Board of Directors Meeting: 30 September 2020

Metric	Threshold/ Standard	Type of Standard	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Q1	Q2	YTD	Movement on Previous Period	12 Month Trend
Safe												
Infection Control - MRSA bacteraemia hospital acquired post 48hrs (Rate per 1000 bed days)	**0**	Contractual (National Quality Requirement)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
Infection Control - C-Diff Hospital Onset Healthcare Associated (Rate per 1000 bed days)	**16**	Contractual (National Quality Requirement) 2019/20	0 (0.0)	0 (0.0)	1 (0.2)	**3 (0.5)**	**3 (0.5)**	1 (0.1)	**6 (0.5)**	**7 (0.3)**	↔	
NEW Harm Free Care (Safety Thermometer)	**95%**	Local Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Never Events	**0**	Contractual (National Requirement)	0	0	0	0	0	0	0	0	↔	
Serious Incidents investigated and confirmed avoidable	**N/A**	For monitoring purposes only	1	0	0	0	2	1	1	3	**N/A**	
Duty of Candour - Cases completed	**N/A**	For monitoring purposes only	0	0	0	0	2	0	2	2	**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	**2**	**4**	**2**	**3**	0	**8**	**3**	**11**	↑	
Number of falls resulting in fracture or severe harm or death (Rate per 1000 bed days)	**10% reduction 2016/17 = 9.9**	Local Plan	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	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	1 (0.2)	2 (0.2)	0 (0.2)	0 (0.2)	2 (0.2)	3 (0.2)	2 (0.2)	5 (0.2)	↓	
Emergency caesarean section rate			14.5%	15.0%	17.5%	15.5%	27.0%	15.7%	21.5%	18.1%	↓	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (**ED**)	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↓	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (**ED**)	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↓	
Sepsis Screening - percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔	
Effective												
SHMI Banding (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]	**2 ('as expected') or 3 ('lower than expected')**	Contractual (Local Quality Requirement)	**1**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↓	**N/A**
SHMI Value (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]	**≤1.14 (ratio between observed deaths and expected deaths)**	Contractual (Local Quality Requirement)	**1.15**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↓	
Mortality Indicator **HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	**123.5**	**122.5**	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Mortality Indicator **Weekend Non-Elective HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	**126.9**	**126.6**	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Stroke - Overall SSNAP score	**C or above**	Contractual (Local Quality Requirement)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↔	**N/A**
Dementia Screening - patients aged 75 and over to whom case finding is applied within 72 hours following emergency	**90%**	Contractual (Local Quality Requirement)	**31.8%**	**31.7%**	**35.7%**	**21.5%**	**16.5%**	**33.1%**	**19.1%**	**26.5%**	↓	
Dementia Screening - proportion of those identified as potentially having dementia or delirium who are appropriately	**90%**	Contractual (Local Quality Requirement)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Dementia Screening - proportion of those with a diagnostic assessment where the outcome was positive or inconclusive	**90%**	Contractual (Local Quality Requirement)	**57.1%**	**84.6%**	**50.0%**	**70.0%**	**62.5%**	**62.2%**	**66.7%**	**63.5%**	↓	
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	10	17	14	24	35	41	59	100	↓	
Complaints - Percentage response timescale met	**Dec '18 = 95%**	Local Trajectory	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
Friends and Family - Inpatient - Recommend	**96%**	Mar-18 National Average	100.0%	100.0%	98.9%	97.8%	98.3%	98.6%	98.1%	98.6%	↑	
Friends and Family - Emergency Department - Recommend	**84%**	Mar-18 National Average	93.1%	90.4%	92.0%	91.6%	89.8%	91.2%	90.7%	91.2%	↓	
Friends and Family - Outpatients - Recommend	**94%**	Mar-18 National Average	**91.9%**	**91.2%**	**91.7%**	**93.0%**	**91.7%**	**91.9%**	**92.4%**	**91.9%**	↓	
Number of Hospital Hero Thank You Award applications received	**2016/17 = 536 (44.6 per month)**	Local Plan (2016/17 outturn)	**11**	N/A	N/A	N/A	N/A	**11**	N/A	**11**	↑	

Metric	Threshold/ Standard	Type of Standard	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Q1	Q2	YTD	Movement on Previous Period	12 Month Trend
Responsive												
Referral To Treatment Waiting Times - % of incomplete pathways within 18 weeks (QTD/YTD = Latest 'in month'	92%	Contractual (National Operational Standard)	52.6%	46.4%	40.4%	37.2%	42.3%	40.4%	42.3%	42.3%	↑	
RTT Incomplete Pathway Waiting List size	11,991		14,479	14,210	14,182	14,686	15,381	14,182	15,381	15,381	↓	
Cancer (ALL) - 14 day from urgent gp referral to first seen	93%	Contractual (National Operational Standard)	81.9%	95.5%	82.1%	69.2%	63.0%	86.4%	66.3%	76.9%	↓	
Cancer (Breast Symptoms) - 14 day from gp referral to first seen	93%	Contractual (National Operational Standard)	100.0%	93.5%	96.8%	58.1%	23.8%	95.9%	44.2%	74.6%	↓	
Cancer (ALL) - 31 day diagnosis to first treatment	96%	Contractual (National Operational Standard)	97.5%	91.5%	98.7%	98.8%	97.8%	95.8%	98.3%	96.8%	↓	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	94%	Contractual (National Operational Standard)	88.9%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	96.6%	↔	
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%	100.0%	↔	
Cancer (ALL) - 62 day referral to treatment following an urgent referral from GP (post)	85%	Contractual (National Operational Standard)	69.4%	71.6%	69.7%	70.0%	71.7%	70.2%	70.9%	70.2%	↑	
Cancer (ALL) - 62 day referral to treatment following a referral from screening service (post)	90%	Contractual (National Operational Standard)	76.5%	33.3%	-	0.0%	0.0%	70.0%	0.0%	70.0%	↔	
% patients waiting less than 6 weeks for a diagnostic test	99%	Contractual (National Operational Standard)	40.9%	40.8%	58.4%	60.1%	58.2%	47.7%	59.1%	53.0%	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge	95%	Contractual (National Operational Standard)	89.4%	92.8%	93.8%	93.6%	92.3%	92.3%	93.0%	92.6%	↓	
ED - Maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from	95%	Contractual (National Operational Standard)	93.2%	95.4%	96.3%	96.4%	95.9%	95.2%	96.1%	95.6%	↓	
Well Led												
Annual leave rate (excluding Ward Manager) **% of weeks within threshold**	11.5 - 17.5%		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Sickness rate (one month in arrears)	3.3%	Internal Standard reported to FPC	4.91%	3.12%	3.05%	3.41%	N/A	3.69%	3.41%	3.6%	↓	
Appraisal rate	90%	Internal Standard reported to FPC	82%	75%	71%	72%	73%	76%	73%	75%	↑	
Staff Turnover Rate	8 -12%	Internal Standard reported to FPC	9.4%	9.4%	8.9%	8.7%	8.7%	9.3%	8.7%	9.0%	↔	
Total Substantive Workforce Capacity		Internal Standard reported to FPC	2,620.5	2,632.5	2,639.6	2,649.4	2,619.7	2,630.9	2,634.6	2,632.4	N/A	
Vacancy Rate (substantive)	<5%	Internal Standard reported to FPC	7.7%	5.8%	5.7%	6.6%	7.6%	6.4%	7.1%	6.7%	↓	
Total Substantive Workforce Pay Cost		Internal Standard reported to FPC	10,537.1	10,658.3	10,638.5	10,452.2	10,185.8	10,611.3	10,319.0	10,494.4	↑	
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	88%	87%	87%	88%	87%	87%	88%	87%	↓	
Elective levels of contracted activity (activity)	2019/20 = 30,584 2548/month		603	849	1,286	1,386	1,502	2,738	2,888	5,626	↑	
Elective levels of contracted activity (£) Including MFF	2019/20 = £30,721,866 £2,560,155/month		£652,266	£827,373	£1,180,190	£1,367,908	£1,362,250	£2,659,829	£2,730,158	£5,389,987	↓	
Surplus/(deficit) (year to date)	2020/21 = Breakeven YTD M5 = Breakeven	Local Plan	0	0	0	0	0	0	0	0	N/A	N/A
Cash Balance	2020/21 - 1,784 M5 = 4,403		21,269	N/A	21,657	22,312	24,858	21,657	24,858	24,858	↑	
CIP - year to date (aggressive cost reduction plans)	2020/21 = N/A under current plan YTD M1 = N/A	Local Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Agency spend YTD	2020/21 = No Annual value YTD M5 = 3,320		806	1,393	2,009	2,700	3,498	2,009	2,700	3,498	N/A	N/A
Agency % of pay expenditure	2020/21 = No Annual value YTD M5 = 5.9%		6.7%	5.8%	5.6%	5.6%	5.9%	5.6%	5.6%	5.9%	↓	

Movement Key

Favourable Movement	↑
Adverse Movement	↓
No Movement	↔

Achieving Standard
Not Achieving Standard

Key Performance Metrics Summary

	Metric	Standard	Jul-20	Aug-20
Quality	MRSA hospital acquired cases post 48hrs (Rate per 1000 bed days)	**0**	0 (0.0)	0 (0.0)
	E-Coli hospital acquired cases (Rate per 1000 bed days)	**50% reduction by 2021**	1 (0.2)	0 (0.0)
	Infection Control - C-Diff Hospital Onset Healthcare Associated (Rate per 1000 bed days)	**16**	**3 (0.5)**	**3 (0.5)**
	Never Events	**0**	0	0
	Serious Incidents declared on STEIS (confirmed)	**51 (4 per month)**	0	0
	SHMI - Rolling 12 months, 4 months in arrears (May-19 to Apr20)	**≤1.14**	**1.15**	
	Mortality Indicator HSMR from Dr Foster - Rolling 12 months (Jun-19 to May-20)	**100**	**122.5**	
Performance	RTT incomplete pathways within 18 weeks (Quarter/Year = Lowest 'in month' position)	**92%**	**37.2%**	**42.3%**
	RTT Incomplete Pathway Waiting List size	**11,991**	**14,686**	**15,381**
	All cancers maximum 62 day wait for first treatment from urgent GP referral	**85%**	**70.0%**	**71.7%**
	Maximum 6 week wait for diagnostic tests	**99%**	**60.1%**	**58.2%**
	ED maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from November 2016)	**95%**	96.4%	95.9%
Finance	Elective levels of contracted activity (£)	**2019/20 = £30,721,866 £2,560,155/month**	**1,367,908**	**1,362,250**
	Surplus/(deficit) (year to date)	**2020/21 = Breakeven YTD M5 = Breakeven**	0	0
	CIP - year to date (aggressive cost reduction plans)	**2020/21 = N/A under current plan YTD M1 = N/A**	N/A	N/A
	Agency spend YTD	**2020/21 = No Annual value YTD M5 = 3,320**	**2,700**	**3,498**

Escalation Report

Executive / Committee: Workforce Committee

Date of Meeting: 22nd September 2020

Presented by: Victoria Hodges

Significant risks / issues for escalation to Board for action	• Review of the Annual Agency Usage Report identified increasing agency usage and risk to trajectory arising from winter and COVID-19. • Five international nurses had successfully undertaken the OSCI examinations. • Compliance with Information Governance mandatory training requirement remains below target. • Progress against the DCH People Strategy noted. Initial discussion of further actions in light of the NHS People Plan was noted as well as the need for further development and review by the committee of leadership and cultural transformation.
Key issues / other matters discussed by the Committee	• Workforce Performance Report • Education Report • Urgent and Integrated Care Divisional Report noted recruitment to a number of vacancies in acute medicine, Haematology, Microbiology and Respiratory medicine. Staff anxiety surrounding additional pressures arising from the ED expansion and potential second wave were noted • Rebecca Greig, Chief Registrar, recently commenced in post • The Leadership Development Programme had evaluated positively • Workforce Risk Summary • Health and Wellbeing Activity Report
Decisions made by the Committee	• No items were presented for a decision.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Maternity services staffing difficulties across the system are being supported by community teams.
Items / issues for referral to other Committees	• Further discussion of the trust's policy and response in respect to violence and abuse incidents against staff by the Executive team.

Escalation Report

Executive / Committee: Quality Committee

Date of Meeting: 22 September 2020

Presented by: Judy Gillow and Nicky Lucey

Significant risks / issues for escalation to Committee / Board for action	**Issues** • The work underway nationally and at a system level on health inequalities, including how this links to the analysis of the DCH waiting list by ethnicity. • The decrease in performance against the dementia screening and EDS standards. • Maternity incident (currently under investigation). **Positive** • The excellent performance relating to ambulance handovers. • The improvement in performance in VTE assessments. • Sustained improvement in Infection prevention and control and most quality indicators. • Flu vaccination programme.
Other key issues / matters discussed at the Committee	• Monthly Quality and Safety Performance Report review, focusing on key highlights and risks against the quality dashboard. • Harm reviews of patients on the waiting list. • Divisional Exception Reports outlining key highlights and risks. • A discussion on the committee function, to the end of the financial year. • Discussion of the establishment of the Clinical Practice Group was deferred until next month.
Decisions made by the Committee	• No items for decision were presented.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• No additions to the Corporate Risk Register or BAF noted at the meeting. • Acknowledgement of risk of harm related to constitutional standards (on Corporate Risk Register).
Items / issues for referral to other Committees	• There were no items for referral to other committees but links were made between sufficient workforce and care delivery. Issue relating to recruitment and retention were discussed at the Workforce Committee.

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: 22 September 2020

Presented by: Stephen Tilton, Paul Goddard and Inese Robotham

Significant risks / issues for escalation to Committee / Board for action	• Emergency Department is performing well, but below standard in September 2020. • Bed occupancy back to pre-COVID levels and the consequent pressures. • Concerns over the RTT, especially long waiters over 52 weeks. • Performance against the cancer standards benchmarks well, with dermatology and breast being of concern. • Diagnostics in imaging have made a remarkable recovery, but ultrasound and audiology remain a concern. • Clinic typing backlogs are being addressed through the divisional performance review framework. • Concerns around un-coded work and the potential impact on the SHMI.
Other key issues / matters discussed at the Committee	• Performance Update • Finance Update • SubCo - Trust Benefits Realisation, and Annual Report and Accounts
Decisions made by the Committee	• Winter Plan and related funding – approved • Integrated Emergency, Community and Primary Care Hub – approved • Emergency Department Capital Funding – noted and authority delegated • Network Managed Support Contract - approved
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Risks relating next year's capital programme were noted relating to priorities, risks and affordability. The committee will conduct a deep dive for the 2021/22 financial year. • Risks relating to the high number of capital projects for which the Trust had recently received funding were noted, especially around the estates team capacity (see also Risk and Audit Committee escalations). • Risks relating to SubCo, relating to footprint and VAT related benefits, to be reviewed by the SubCo Board and brought back to FPC in the coming months.
Items / issues for referral to other Committees	• It was agreed that EDS delays would be monitored through the Quality Committee.

Escalation Report

Executive / Committee: Risk and Audit Committee

Date of Meeting: 22 September 2020

Presented by: Ian Metcalfe and Paul Goddard

Significant risks / issues for escalation to Committee / Board for action	• COVID 19 risks and assurance • Risk Appetite Statement to be referenced for key decisions but to remain unchanged, and be subject to an annual review at year end • Risks relating to the recent capital funding allocations and programme of building works
Other key issues / matters discussed at the Committee	• Review of the corporate risk register • Updates from the internal and external auditors, and counter fraud service • Review of the effectiveness of external audit
Decisions made by the Committee	• Engagement of External Auditors for Non-Audit Work Policy review - approved • Extension of internal and external audit contracts - approved
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Agreed that health inequalities should not be added to the risk register as a separate risk, but consideration should be given to health inequalities in relation to the other risks listed and potentially added to the BAF as a strategic risk. • A briefing paper (below) will help to shape the risk relating to the capital projects, but it was noted that this would be a changing picture
Items / issues for referral to other Committees	• A briefing paper setting out the recent funding allocations and projects, including costs, timings and related risks to go the Finance and Performance Committee and then to Board. • Quality Committee to maintain oversight of quality impacts of the capital projects. • The internal auditors' report on Blockchain to be forwarded to the Digital Group (via Stephen Slough) for their consideration.

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Title of Meeting	**TRUST BOARD**
Date of Meeting	**30 September 2020**
Report Title	**Annual Reports and Accounts period ended 31/03/20**
Author	James Claypole, Senior Financial Accountant
Responsible Executive	Paul Goddard, Director of Finance

Purpose of Report (e.g. for decision, information)
Approval of 2019/20 Annual Report and Accounts for the Charity following review by Charitable Funds Committee and final Audit review meeting on 24/08/20.

Summary
The Annual Accounts and Annual Report:

- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Charities Act 2011.

The Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard Applicable in the UK and Republic of Ireland (FRS 102) has been use for preparing this set of Charity Accounts.

The Annual Report and Accounts were audited by Edwards and Keeping during June 2020 with the follow up meeting between Ian Carrington from Edwards & Keeping and Paul Goddard (Director of Finance & Resources) taking place during August 2020.

There were no changes requested by External Audit to the 2019/20 Annual Report and Accounts.

Paper Previously Reviewed By
Charitable Funds Committee.

Strategic Impact
The Annual Report and Accounts summarises the activity of the charity for 2019/20 and demonstrates compliance with the objects of the Charity in preparation for completing the Final Annual Report and Accounts in April 2020.

Risk Evaluation
The Annual Report and Accounts were independently audited using a risk based audit approach. The Charity Auditors met with the Director of Finance & Resources to report on the conduct and outcome of the audit, after the audit had been completed, with no issues arising.

Impact on Care Quality Commission Registration and/or Clinical Quality
N/A

Governance Implications (legal, clinical, equality and diversity or other): The Annual Report and Accounts of the Charitable fund for the year ended 31 March 2020 have been prepared by the Corporate Trustee in accordance with the accounting policies set out in Note 1 to the accounts and comply with the Charity's trust deed, the Charities Act 2011 and Accounting and Reporting by Charities Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published in October 2019. In preparing the annual report, the Corporate Trustee has complied with its duty to have due regard to guidance on the public benefit published by the Charity Commission.
Financial Implications The Fund Balances as at 31 March 2020 are: £1,211,000. The Charity spent £566,000 in 2019/20. £1,011,000 of the Fund Balances are held within restricted funds.

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

Recommendations

a) Review the 2019/20 Charity Annual Report and Accounts.
b) Approve the Annual Report and Accounts as Corporate Trustee

Dorset County Hospital NHS Foundation Trust Charitable Fund

Annual Report and Accounts

for the year ended 31 March 2020

Registered Charity No. 1056479

Dorset County Hospital NHS Foundation Trust Charitable Fund

Annual Report and Accounts for the year ended 31 March 2020

Contents

Principal Office
The principal office for the Charity is:
Trust Headquarters
Dorset County Hospital NHS Foundation Trust
Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY

Bankers
The Royal Bank of Scotland
Government Banking CST
2nd Floor, 280 Bishopsgate
London EC2M 4RB

Auditors
Edwards & Keeping
Unity Chambers
34 High East Street
Dorchester
Dorset DT1 1HA

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020

Dorset County Hospital NHS Foundation Trust, as Corporate Trustee, presents the Annual Report for the Dorset County Hospital NHS Foundation Trust Charitable Fund (Dorset County Hospital Charity) together with the audited financial statements for the year ended 31 March 2020.

The financial statements have been prepared by the Corporate Trustee in accordance with the accounting policies set out in note 1 to the accounts and comply with the Charity's trust deed, the Charities Act 2011 and Statement of Recommended Practice: *Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102)* published in October 2019.

In preparing this annual report, the Corporate Trustee has complied with its duty to have due regard to the guidance on public benefit published by the Charity Commission. The Charity Annual Report and Accounts include all the separately established funds of which Dorset County Hospital NHS Foundation Trust (DCHFT) is the primary beneficiary.

Forward by the Chair of Charitable Funds Committee

Welcome to our annual report for the year ended 31 March 2020. Dorset County Hospital NHS Foundation Trust is a Corporate Trustee of Dorset County Hospital Charity which works in partnership with the Trust for the benefit of patients of Dorset County Hospital.

The Charity's purpose is to raise and receive funds to enhance patient care at Dorset County Hospital; providing support that is above and beyond the NHS budget.

In this annual report as Chair, I would like to thank all the individuals, organisations, businesses and community groups who have donated and fundraised in support of Dorset County Hospital. I would also like to thank my fellow Charitable Fund Committee Members and the volunteers who assist the Dorset County Hospital Charity staff. It is the commitment and generosity of our supporters, many of whom are patients, their families and friends who have been treated by our dedicated staff, which enables our Charity to help enhance patient care at Dorset County Hospital.

Key highlights of the year for Dorset County Hospital Charity were:

- Launch of the Chemotherapy Appeal to redevelop the Hospital's existing Chemotherapy Unit. This will improve patient experience by providing the space for patients to be accompanied by family or friends whilst receiving treatment; en-suite provision for patients; new clinical rooms; upgraded furniture and a refreshed environment.
- Increasing the Charity's profile and awareness throughout our community.
- Securing major grants from local trusts and charities.
- Building our supporter base of individual donors.
- Chosen charity for major events in our region and increased support from community fundraising.
- Building our presence and support from the local business sector.
- Positive staff engagement through fundraising and volunteering in support of Dorset County Hospital Charity.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

- Continuing to support a broad range of projects across our hospital to enhance patient care. These have included purchasing medical equipment, furniture and fittings along with refurbishment and reconfiguration to patient areas.

Each year Dorset County Hospital cares for 116,000 inpatients, sees 285,000 outpatients and our Emergency Department cares for 45,000 people who attend. The hospital cares for a residential population of nearly 215,000 people plus any tourists who become ill. Demand for services at Dorset County Hospital continues to increase but as you will have heard in the media the NHS resources are stretched. DCH Charity raises funds to enhance patient care at the hospital so any support you can give the Charity is most welcome.

As a result of the Coronavirus pandemic, the Charity launched its COVID-19 Appeal in March 2020 to support staff well-being and patient welfare.

If you would like to support Dorset County Hospital Charity please contact a member of the Charity team on 01305 253215 or send an email to: charity@dchft.nhs.uk

Mark Addison, Chair

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Objectives and Activities

Objectives and strategy
Nearly 446,000 patients are cared for by the Foundation Trust each year. Good healthcare is priceless, but it requires significant investment. The charitable contributions help to enhance the quality of services, over and above that which the NHS provides; and make a difference and touch the lives of our community for the public benefit. Dorset County Hospital NHS Foundation Trust Charitable Fund aims to help fund the important extras: making patient care better, by raising funds for the latest technology and equipment and enhancing patient comfort by improving the hospital environment and facilities.

When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

"The Charitable Fund enhances the provision of healthcare services that are provided to the population served by Dorset County Hospital NHS Foundation Trust. This encompasses the provision of medical equipment, furniture and fittings, improvement of the environment and facilities, enhancement of staff and patient education and the welfare of staff and patients".

The Charity's profile has been raised through improved promotion, and exposure on the Dorset County Hospital NHS Foundation Trust intranet and web sites. The profile of the Charity has been further enhanced through the launch of a major fundraising appeal, planned media/PR campaign and targeted promotion of fundraising to staff, local community groups, companies and the wider public.

The Charity is operated with a small team lead by Simon Pearson, Head of Charity & Social Value; together with Rachel Cole, Fundraising and Communications Manager, Kitz Clifford, Fundraising Officer, Jodi Hibbard, Individual Giving Manager (new post) and Damian Chandler, Finance and Fundraising Administrator. DCHFT Arts in Hospital programme is also now managed by DCH Charity supported by Suzy Rushbrook, Arts Advisor.

If you would like more information about supporting the Charity, please contact Simon Pearson, Head of Charity & Social Value at Dorset County Hospital on 01305 253470 or send an email to: Simon.Pearson@dchft.nhs.uk.

Grant making policy
Grants are made from the Charity's funds to the Dorset County Hospital NHS Foundation Trust based on funding applications – the funds comprise of three elements:

- ***special purpose funds,*** which are registered with the Charity Commission; and are funds that are restricted through the definition of their "objects," which can be viewed on the Charity Commission website. These funds are managed by named managers of the Foundation Trust. The fund designation is binding on the Corporate Trustee.

- ***designated unrestricted funds,*** which comprise a proportion of the unrestricted funds that are earmarked, but not through a binding designation, for specific elements of the Trust's work. These often result from donations received, where the donor nominated a particular part of the hospital or activity at the time their donation was made. Whilst their nomination is not binding on the Corporate Trustee, the designated funds reflect these nominations. These funds are overseen by directorate managers who can make recommendations on how to spend the money within their designated area. Fund advisers' recommendations are generally accepted and the funds can be spent at any time.

Trustee's Annual Report for the year ended 31 March 2020 (continued)

- ***the general fund,*** which benefits from gifts received by the Charity where donors have not expressed where they want their donations to be spent. Applications for money from this fund are invited from any member of the hospital. Based on the applications received and their knowledge of the hospital, the Charitable Fund Committee agrees funding and priorities based on quality and value for money. Grants are targeted on projects in areas of the hospital that do not have available designated funds.

The Charity seeks to promote the use of the general funds and designates donation receipts to the general fund, by default, rather than to service, or department specific funds. In addition, the Charity now identifies twenty four designated, unrestricted funds: Cardiac, Stroke, Urology, Diabetes, Critical Care, Emergency Department, Ophthalmology, Endoscopy, Kingfisher Ward, Purbeck Ward, DCH Research, Ridgeway Ward, Dementia Fund, Forget-me-not Suite, Go Girls Fund, Maud Alexander Ward, Colorectal and Lower GI, Breast Care, Lulworth Ward, Hinton Ward, Prince of Wales Ward, DCH Therapies, Haemodialysis and Barnes Ward. Whilst, these funds are not registered individually with the Charity Commission, they are important specific purpose funds managed by the Charity.

This approach has reduced the bureaucracy of management of the funds and improved the flexibility and effectiveness of the Charity's use of its available resources.

Achievements and Performance

Annual review: Our activities
During the year, the Charity's main focus was the major Chemotherapy Appeal raising £850K funds for redevelopment of the hospital's existing Chemotherapy Unit. As a result of the coronavirus pandemic the charity launched its COVID Appeal in March 2020 to support staff well-being and patient welfare. Ward and speciality charitable funds received a number of donations specifically for charitable activities within those areas.

Development of the Charity
It has been a significant year in the development and growth of the Charity. The Charity has undertaken the following key activities:

a) Launch of the Chemotherapy Appeal including individual donations and community and events fundraising; as well as major grants and local corporate support.

b) Development of new charity appeal branding – 'The Power of Giving', which will underpin the charity's annual fundraising programme raising funds across DCH specialist care areas.

c) Commenced development of the charity's new website, working with NHS Creative.

d) Appointment of new specialist post, Individual Giving Manager, to drive growth in individual giving for the charity.

e) Management of DCH Arts in Hospital programme transferred to DCH Charity, supported by a freelance Arts Advisor.

f) In response to the coronavirus pandemic, launched the DCH COVID Appeal at the end of March 2020 to raise funds to support staff well-being and patient welfare.

g) The Charity also continued to support a wide range of projects and activities benefiting both patients and staff.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

h) Continuing to build engagement and support from the hospital's dedicated staff and volunteers.

i) Building our presence and visibility in the community as we work towards becoming one of the leading charities in our region.

Significant Projects
Building on the success of its Cancer Appeal, the charity launched an £850K Chemotherapy Appeal to fund the complete redevelopment of the hospital's chemotherapy unit. We received significant support from major trusts, individuals, local charities, community groups, local businesses and staff fundraising events. As of March 2020, the appeal target had been achieved, subject to final receipt of one committed pledge.

In addition, other funds donated to the Charity's funds have been used to provide a variety of additional equipment and services, above and beyond NHS budgets, to help enhance patient care including:

- £54,000 funding commitment made for the refurbishment and reconfiguration of REI (Ophthalmology) outpatients to provide dedicated sight test/visual field testing area and creation of additional clinic rooms.
- £25,000 funded the purchase of a Gamma Probe, which is used in Breast Surgery to identify the sentinel lymph node.
- £16,900 funded the purchase of ten variable height cots for Special Care Baby Unit which helped update the Unit.
- The Charity funded the creation of a teenage room for Kingfisher Ward.
- The Charity also supported non-mandatory training courses to enhance staff knowledge and support better patient care.

Thanking our Supporters
Dorset County Hospital NHS Foundation Trust is extremely grateful to all supporters whose generosity, in supporting Dorset County Hospital Charity, ensures we are able to enhance the care and services we provide for patients.

In particular, we extend heartfelt thanks to everyone who has donated and raised funds for the DCH Chemotherapy Appeal. This has been the Charity's major appeal and during this year with your support we achieved our target.

We remain indebted for the support of so many individuals, groups, trusts, businesses and charitable organisations across Dorset, and nationally, who provide many thousands of pounds each year in support of Dorset County Hospital NHS Foundation Trust

Our Chemotherapy Appeal has received significant support from major contributors and events during 2019/20 including the following:

- Fortuneswell Cancer Trust
- Dorset Health Trust
- Alice Ellen Cooper Dean Foundation
- Valentine Charitable Trust
- Battens Charitable Trust

Trustee's Annual Report for the year ended 31 March 2020 (continued)

- The Joan Turner Foundation
- District 1200 Rotary Clubs
- Lions Clubs
- DCH Staff fundraising
- Community events across our region

We would also like to thank all the organisations that have helped raise the profile of the Charity and supported our fundraising efforts. These include the following:

- Dorset Echo
- Wessex FM
- BBC Solent
- Poundbury Magazine
- Air FM
- Keep FM
- And many other publications and organisations.

We are most appreciative of the many individuals whose fundraising efforts gained valuable publicity in the press and on social media, helping to increase the community's awareness of Dorset County Hospital Charity and the valuable support provided to our hospital.

We would like to express our sincere thanks to all our supporters including staff, community fundraisers, trusts, local businesses, volunteers and the many organisations who donate money, fundraise and offer their time and services in support of the Charity. Donations continue to be received from individuals, trusts, community fundraising events, companies, in memoriam donations and legacies. The growth in support for Dorset County Hospital Charity is so important to us and our patients, as we aim to increase the contribution charitable support provides to enhance patient care at Dorset County Hospital.

Dorset County Hospital NHS Foundation Trust Charitable Fund

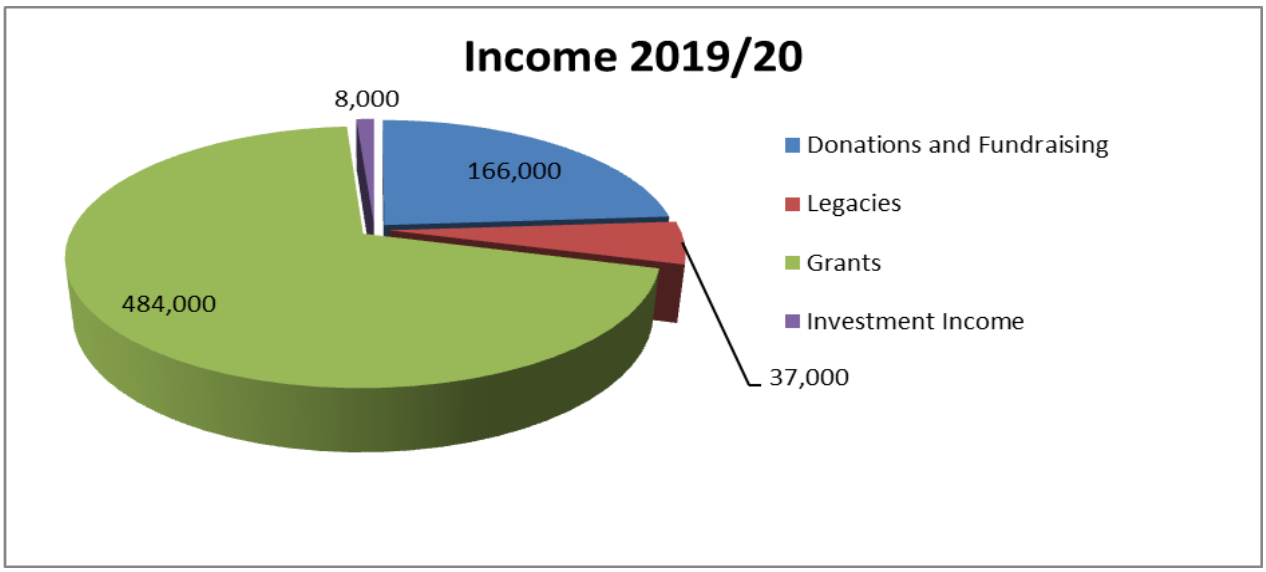
Trustee's Annual Report for the year ended 31 March 2020 (continued)

Financial Review

A review of our finances, achievements and performance
The net assets of the Charitable Fund as at 31 March 2020 were £1,211,000 (2019: £1,082,000).

The Charity continues to rely on donations, grants, fundraising and legacies as the main sources of income.

Income
Total income was £695,000 (2019: £792,000) which was a decrease of £97,000 compared to the previous year. The pie chart below shows the main sources of income. The largest income category is donations and fundraising followed by grant income representing donations from other charities supporting Dorset County Hospital.



Donations and Legacies £687,000 (2019: £785,000) – the Charity's largest source of income is given by the public and other charities keen to support Dorset County Hospital NHS Foundation Trust Charitable Fund.

- Grant Income £484,000 (2019: £311,000) – The Charity is most grateful to the charities that have given grant income to support the Dorset County Hospital Charity's Cancer Appeal, as well as the purchase of equipment which will make a real difference to the patients at Dorset County Hospital.

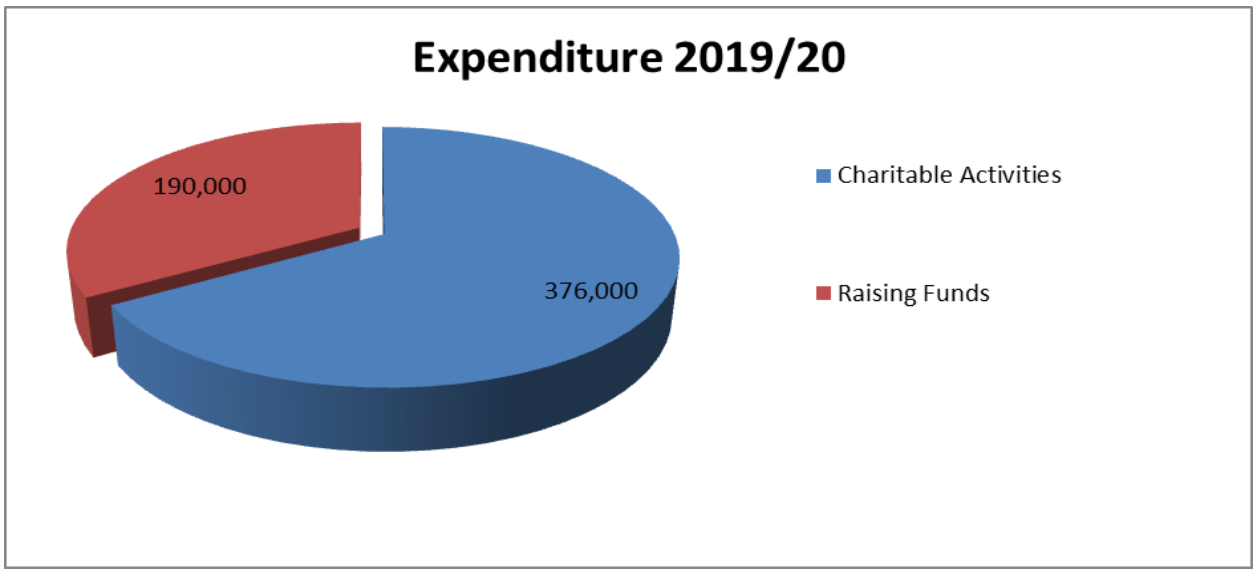
- Legacies £37,000 (2019: £5,000) – The Charity values the major support it receives from those who remember our work through their wills. Legacies make a lasting difference, benefiting future generations of patients.

- Donations and fundraising £166,000 (2019: £469,000) from collecting boxes and personal donations to fundraising events in the community. We are fortunate to receive generous donations for the benefit of the patients at Dorset County Hospital.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Expenditure
Of the total resources expended of £566,000 (2019: £721,000), expenditure on direct charitable activity was £376,000 (2019: £586,000) across a range of programmes. The pie chart shows that our largest area of spend was on charitable activities:



Raising funds expenditure of £190,000 (2019: £135,000) related to the cost of the fundraising office (including fundraising staff) and fundraising events. The Charity invested in expanding its Fundraising Team to increase fundraising capacity, expertise and skills to help the Charity grow.

Charitable activities expenditure of £376,000 included the Charity donating to Dorset County Hospital NHS Foundation Trust assets of £256,000 (2019: £623,000). These covered contributions to building schemes and medical and surgical equipment. It also donated furniture and fittings of £27,000 (2019: £4,000), artwork expenses of £NIL (2019: £nil) and staff welfare and amenities of £15,000 (2019: £3,000). Patients' welfare and amenities were £78,000 (2019: (£44,000) reflecting reversal of prior year commitment from 2018). Support costs for charitable activities totalled £28,000 (2019: £31,000) and this relates to the support and governance charge to support compliance requirements and these charitable activities. The allocation of these support costs against each charitable activity is detailed in Note 8 in the Accounts on page 30.

Performance management
The Charity relies on the Foundation Trust to identify the appropriateness of funding requests initially through its divisional managers.

All funding applications must advise and justify:

- What difference the proposal will make and what benefit it will provide and its priority.
- The recurring costs that might arise from such a purchase, such as consumables and maintenance which have to be funded by Exchequer funding.
- Why the application cannot be funded from the Foundation Trust's Exchequer funds.
- How the application is in the interest of public benefit.

Each of the funds is monitored by staff of the Foundation Trust's finance department and the Charitable Funds Committee on a quarterly basis.

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Investments
The Corporate Trustee does not rely significantly on income from investments, since its policy is to spend the donated income in line with the purpose of the donation, whilst ensuring the financial sustainability of the Charity, in line with Charity Commission expectations. The Corporate Trustee does not invest its charitable funds in equity-based investments. The Charity's Investment Policy 2018 states clearly that the Corporate Trustee should 'not place the funds at risk by speculative investment'. Due to the relatively small level of funds held, the Charitable Funds Committee has chosen not to invest the surplus above reserve levels during the year; and surplus funds are not invested with fund managers. Consequently, though the return on deposits and interest earned remains low as a result of reduced bank deposit interest rates, the fund value has not been put at risk.

Bank and cash balances at the year-end totalled £1,408,000 (2019: £1,215,000) of which £1,407,500 (2019: £1,214,000) was held in an interest earning account with the Government Banking Service. £500 was held as Petty Cash at the end of March 2020.

The Corporate Trustee will constantly review the investment of funds based on the balances available at the time.

Risk management
The Charity's Risk Register identifies the major risks to which the Charity is exposed. They have been reviewed and systems established to mitigate those risks.

The Charitable Fund Committee will maintain a regular review of the investment policy to ensure that both spending and firm financial commitments remain in line with available resources.

Income and expenditure and commitments are monitored on a monthly basis to avoid unforeseen overspending.

Dorset County Hospital Charity is reliant on donations to allow it to make grants to the Dorset County Hospital NHS Foundation Trust. If income falls then the Charity would not be able to make as many grants or enter into long term commitments with Dorset County Hospital NHS Foundation Trust. The Corporate Trustee mitigates the risk that income will fall by requiring a comprehensive fundraising strategy providing a planned approach to raising funds.

The Corporate Trustee has identified that the NHS, by its very nature, is subject to national changes in government policy as well as local politically driven decisions. This risk may mean initiatives or healthcare activities supported by Dorset County Hospital Charity are no longer delivered in the Dorset area. The Board Members of the Corporate Trustee benefit from attending board meetings at the Foundation Trust where they are able to understand the changes that they are facing at an early stage and are able to review strategic plans of partner NHS organisations when developing future plans.

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Reserves policy
As permitted by the establishing declarations of trust, all of the funds are available to be spent at the discretion of the Corporate Trustee. However, under the Accounting and Reporting by Charities: Statement of Recommended Practice 2015 (FRS 102), all charities are required to prepare and publish a reserves policy.

The Corporate Trustee reviewed its policy on setting a reserve balance for the charitable funds; and adopted a revised policy at its meeting in February 2019. This policy sets a target for reserves to ensure that the charitable funds are not over committed. The level of reserves is based on a realistic assessment of need; and takes account of the following:

- the forecast level of income in future years;
- the level of commitments that the Charity has; and
- an analysis of future needs

The policy recognises that, other than restricted funds, charitable donations are given for spending on charitable purposes; and not for investing for an uncertain future. Achievement of actual reserves against the target is modified by the needs of grant applicants, and whilst the overriding object of the Charity is to distribute, rather than accumulate, funds the Trustees recognise the need to accumulate an agreed level of funds to ensure the long term operational sustainability of the Charity. The results are reviewed quarterly by the Charitable Funds Committee. The Charitable Funds Committee agreed, at its meeting in February 2019, to set the target reserves balance at £225,000 to cover costs of administration, fundraising and support costs of the Charity.

Total funds at 31 March 2020 were £1,211,000 of which £1,011,000 related to restricted funds. Unrestricted funds totalled £200,000. Reserves (unrestricted funds) were therefore £200,000 and £25,000 below the target reserves. The Trustee is confident that the shortfall against the reserves policy is within a tolerance that does not require any further action at this time.

As at 31 December 2019 China had alerted the World Health Organisation (WHO) of several cases of an unusual form of pneumonia in Wuhan. However, substantive information about what has now been identified as coronavirus (or COVID-19) only came to light in early 2020.

The COVID-19 pandemic will have an impact on the Charity's general fundraising income going into 2020/21 although this has been partially offset by the launch of a COVID-19 Appeal by the Charity. The Charity has received grants from NHS Charities Together for COVID-19 and has received a fantastic response from Donors to the appeal. As a grant making charity, the reduction in general fundraising income will impact on the new grants that can be made in the short term rather than affecting the Charity's ability to continue to operate.

In the longer term, the implementation of the Dorset County Hospital Charity Fundraising Strategy 2019-2024 will establish the strategic framework, key themes and the approach that will underpin the development of the Charity. The implementation of the Dorset County Hospital Charity Fundraising Strategy 2019-2024 is in the early stages.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Our future plans

The Corporate Trustee has committed to a long term role for the Charity. The Charity has developed its Business Plan for 2020/21 as part of its longer term Charity Strategy 2019-24. The key activities for 2020/21 will include;

- We will publicise and celebrate the successful achievement of the Charity's major £850K Chemotherapy Appeal.
- We will continue to raise funds through our COVID Appeal to support staff well-being and patient welfare during the pandemic and beyond.
- We will develop our Donor Stewardship plans and activities to build relationships with our supporters to generate further support year on year.
- We will launch our new charity branding 'The Power of Giving' and an associated, ongoing appeal to raise funds across DCH specialist care areas, as well as our General Fund, in line with our Charity Strategy 2019-24.
- We aim to grow the contribution Individual Giving makes to our annual income supported by the new Individual Giving Manager.
- We will launch our new website and digital fundraising strategy to increase our social media activity, improve our digital fundraising capability and increase supporter engagement.
- We will implement further planned fundraising communications and marketing activities to continue to increase our profile and facilitate income growth.
- We will continue to fundraise and receive funds in support of our wards and specialist care areas to enhance patient care and staff welfare across our hospital
- Work will be ongoing to identify new capital projects at Dorset County Hospital which will form the basis of future major appeals; in line with the strategic priorities of Dorset County Hospital NHS Foundation Trust.
- We will implement plans for the organisational development of the DCHFT Arts in Hospital programme including securing new funds for our Arts in Hospital Fund. We will organise new exhibitions and arts-related projects to continue to enhance well-being for our patients, staff and visitors.
- We will continue to review the mix of skills and experience required in our fundraising team to provide the capacity required to deliver our Charity's growth forecasts in line with our new strategy.

Structure, Governance and Management

The Dorset County Hospital NHS Foundation Trust Charitable Fund was entered on the Central Register of Charities on 28 June 1996 as registered Charity number 1056479. At 31 March 2020, the Charity comprised 38 individual funds. The notes to the accounts distinguish the types of fund held and disclose separately details of the income, expenditure and balances associated with these funds.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Donations and other income and assets received by the Charity are accepted and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 2006 and the National Health Service and Community Care Act 1990 and the funds are held on trust by the corporate body.

The Charity's unrestricted fund was established using the model declaration of trust; and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate special purpose funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity. Each fund within the Charity has a nominated fund representative, from the Foundation Trust, who is the point of contact for staff wishing to access the fund via a charitable application.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and, by the use of designated funds, the Corporate Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. Where substantial funds have been received which have specific restrictions set by a donor, a restricted fund has been established. The separate funds registered as linked charities with the Charity Commission are:

Unrestricted Funds:

General Purpose Charitable Fund
Patients General Purpose Charity
Staff General Purpose Fund

Restricted Funds:

Arts in Hospital
Cancer Services Charity
Children's Services Trust
Diabetic Fund
The Lillian Martin Ophthalmology Fund
Renal Fund
Special Care Baby Unit (SCBU)
West Dorset Medical Society for Post Graduate Education & Research Charity

In addition, twenty four unrestricted designated funds have been set up by the Corporate Trustee along with the Cancer Appeal Fund, which was established as a restricted fund.

Acting for the Corporate Trustee, the Charitable Fund Committee is responsible for the overall management of the Charitable Fund. The Committee is required to:

- control, manage and monitor the use of the fund's resources
- provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income.
- ensure that best practice is followed in the conduct of all its affairs fulfilling all of its legal responsibilities.
- keep the Foundation Trust Board of Directors fully informed on the activity, performance and risks of the Charity.

The accounting records and the day-to-day administration of the funds are dealt with by the finance department located at Dorset County Hospital, Williams Avenue, Dorchester, Dorset DT1 2JY.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Fundraising Practices

The Charity's approach to fundraising is in line with the Charity's fundraising strategy and associated plans. The primary sources of funding are grants, donations and legacies, community and staff fundraising events. The Charity does not currently employ any commercial third parties to undertake fundraising on our behalf or professional fundraising agencies. The Charity does not currently carry out mass direct marketing activities including mail, email, telephone, door to door or street fundraising. The Charity does not have any subsidiary trading companies.

The Trustees have reviewed the Charity Commission Charity fundraising: a guide to trustee duties (CC20) guidance and are confident that obligations are being fulfilled. The Corporate Trustee has registered the Charity with the Fundraising Regulator to comply with all recognised fundraising standards including those of the Code of Fundraising Practice. The Charity is a member of the Association of NHS Charities and its Head of Fundraising is a full member of the Institute of Fundraising.

Each of our staff team is aware of the Code of Fundraising Practice and our volunteers and members sign up to comply with the Code of Fundraising practice. We regularly brief the staff team on developments in the Code.

We have an open complaints policy and process, which the Trustees have reviewed and agreed. During the year the Charity received no fundraising complaints.

Financial oversight of income generation and expenditure is provided by the Charitable Funds Committee, which reports to every Board meeting. The Charity is part of Dorset County Hospital NHS Foundation Trust's Information Assurance Structure in relation to Information Governance including data protection policy and GDPR requirements as they relate to the Charity's activities. Risks are managed in line with our Risk Management Policy. Effective financial controls are in place and any serious incident would be reported to the Charity Commission and other relevant agencies.

Reports are filed in accordance with the regulations set out by the Charity Commission.

Fundraising Performance

During the year total donations, legacies and grants came to £687,000 against a plan of £850,000. When comparing 2018/19 to 2019/20 income from donations, legacies and grants was lower, from £785,000 received in 2018/19 to £687,000 in 2019/20. This was primarily due to the delayed launch of the Chemotherapy Appeal due to the period of time required for the project's business plan development and approvals. However, Grant income increased from £311,000 in 2018/19 to £484,000 in 2019/20. Legacy income was also higher (£5,000 in 2018/19 compared to £37,000 in 2019/20).

We benchmark our fundraising activity with our peers through the Association of NHS Charities and monitor the comparative success of campaigns and overall fundraising cost to income ratios. We continue to perform well with a relatively low cost to income ratio. The Charity invested in its resources during 2019/20 to build its fundraising skills and capacity to increase its income in the years ahead.

COVID-19

The UK charity sector predicts a significant fall in income as a result of the coronavirus pandemic due to the cancellation of fundraising events and activities and the impact of economic recession, amongst other factors. DCH Charity Strategy Group, with delegated responsibility from the Charitable Funds Committee, held a Financial Review (April 2020) to assess the risks and likely impact of the pandemic on our fundraising income. In line with our charity business plan 2020/21 we have reforecast expected income from an original budget of £875,000 revised down to £690,000; which is also dependent on securing our forecast legacy income during the year. The Charity

Trustee's Annual Report for the year ended 31 March 2020 (continued)

launched its COVID Appeal in March 2020 to counter potential fall in income and this is reflected in our reforecast budget. We are also in receipt of grant funding from NHS Charities Together COVID Appeal. We will continue to monitor our income position through the year as the course of the pandemic unfolds.

Trusteeship

The Charity has a Corporate Trustee: the Dorset County Hospital NHS Foundation Trust, as represented by its board of directors, and is governed by the law applicable to trusts, principally the Trustee Act 2000 and the Charities Act 2006. The Directors of the Foundation Trust during 2019/20 and up to the date this report and accounts were approved and signed were:

Mr M Addison	Chairman
Mr P Greensmith	Non-Executive Director (until 31st May 2019)
Mr M Rose	Non-Executive Director (until 16th June 2020)
Ms V Hodges	Non-Executive Director
Ms J Gillow	Non-Executive Director
Prof S Atkinson	Non-Executive Director
Mr I Metcalfe	Non-Executive Director
Mr D Underwood	Non-Executive Director (from 1st March 2020)

Ms P Miller	Chief Executive
Mr P Goddard	Director of Finance & Resources
Prof A Hutchison	Medical Director
Mrs I Robotham	Chief Operating Officer
Mr M Warner	Director of Organisational Development & Workforce
Ms N Lucey	Director of Nursing and Quality
Mr N Johnson	Director of Strategy and Business Development
Mr S Slough	Chief Information Officer

Charitable Funds Committee

The Charitable Fund Committee has devolved responsibility for the on-going management and administration of the funds on behalf of the Corporate Trustee, Dorset County Hospital NHS Foundation Trust. Membership of the Committee is limited to members of the Foundation Trust's Board of Directors. The members of the Charitable Fund Committee who served as agents for the Corporate Trustee during the year ended 31 March 2020; and their attendance at meetings of the Committee are shown in the table below.

Trustee's Annual Report for the year ended 31 March 2020 (continued)

Name	Position	24 April 2019	26 June 2019	16 Sept 2019	27 Nov 2020	26 Feb 2020
Mr P Greensmith	Non-Executive Director & Chair of Charitable Fund Committee (until 31 May 2019)	✓	-	-	-	-
Mr M Addison	Chairman and Non-Executive Directors. Chair of Charitable Fund Committee (from 1 June 2019)	✓	✓	✓	✓	-
Mr P Goddard	Director Of Finance & Resources	✓	-	✓	✓	✓
Mrs I Robotham	Chief Operating Officer from	-	✓	-	-	✓
Ms N Lucey	Director of Nursing and Quality	-	-	-	✓	✓
Ms V Hodges	Non-Executive Director	✓	✓	✓	✓	✓
Ms J Gillow	Non-Executive Director	✓	✓	✓	✓	✓

Under a scheme of delegation, the Director of Finance of the Foundation Trust has day-to-day responsibility for the management of the Charitable Fund. Applications are approved under the following delegation levels:

Under £2,000	Director of Finance / Deputy Director of Finance
Between £2,000 and £10,000	Director of Finance and the Chair of Charitable Fund Committee
Over £10,000	Charitable Fund Committee

Role of the Board of Trustees

The primary objectives of the Board of Trustees are to take overall responsibility for the activities of the Charity and to give strategic direction in determining and safeguarding the vision and mission of the Charity. The Board ensures that the Charity is managed properly and that its assets are protected.

Induction and training of Trustees

Non-Executive members of the Trust Board are appointed by the Foundation Trust's Council of Governors following the recommendations made by an appointments panel comprising the Chair of the Foundation Trust, representatives of the Nomination and Remuneration Committee of the Council of Governors, and the Foundation Trust's Chief Executive and Director of Organisational Development and Workforce. The Foundation Trust's Non-Executive Directors appoint the Chief Executive, subject to the approval of the Council of Governors. Other Executive Directors are appointed by the Chief Executive, Chairman and Non-Executive Directors of the Foundation Trust. Members of the Board of Directors and the Charitable Funds Committee are not individual Trustees under charity law but act as agents on behalf of the Corporate Trustee.

The Charity provides, in collaboration with the Foundation Trust, an induction pack for newly appointed members of the Board of Directors and Charitable Fund Committee. This pack provides information about the Charity, including the governing document, the Charitable Fund Committee terms of reference, past Trustee Annual Report and Accounts, scope and policies and minutes, and information about Trusteeship generally, including Charity Commission booklet CC3, The Essential Trustee and CC20 Charity Fundraising: a guide to trustee duties. The Chairman gives new members of both the Board of Directors and the Charitable Fund Committee a briefing on the

Trustee's Annual Report for the year ended 31 March 2020 (continued)

current policies and priorities for the charitable funds; a guided tour of the Dorset County Hospital Foundation Trust's facilities; and any additional training that their role may require.

Statement of Corporate Trustee's responsibilities
The Corporate Trustee is responsible for preparing the Trustee's Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the Corporate Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources of the Charity for that period. In preparing these financial statements, the Corporate Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any departures disclosed and explained in the financial statements; and;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Corporate Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and which enables it to ensure that the financial statements comply with the Charities Act 2016 the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. The Corporate Trustee is also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Expression of gratitude
On behalf of all the patients and staff who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank everyone who has contributed towards the Dorset County Hospital NHS Foundation Trust Charitable Fund in the last year.

Approved on behalf of the Corporate Trustee
Signed

Mark Addison
Chairman and Chair of the Charitable Funds Committee,
Dorset County Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust Charitable Fund

Independent Auditor's Report to the Corporate Trustee of Dorset County Hospital NHS Foundation Trust Charitable Fund

We have audited the financial statements of the Dorset County Hospital NHS Foundation Trust Charitable Fund (Dorset County Hospital Charity) for the year ended 31 March 2020 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland"

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 March 2020, and of its results for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are

Independent Auditor's Report to the Corporate Trustee of Dorset County Hospital NHS Foundation Trust Charitable Fund (continued)

required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement [set out on page 16], the trustees are responsible for the preparation of financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the Charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the Charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Independent Auditor's Report to the Corporate Trustee of Dorset County Hospital NHS Foundation Trust Charitable Fund (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Charity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Charity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Use of our report

This report is made solely to the Charity's corporate trustee in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the Charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

……..
Ian Carrington (Senior Statutory Auditor)
For and on behalf of Edwards & Keeping, Statutory Auditor

Unity Chambers
34 High East Street
Dorchester
Dorset. DT1 1HA

Edwards & Keeping is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Statement of Financial Activities for the year ended 31 March 2020

	Note	Unrestricted funds £000	Restricted funds £000	Total funds 2020 £000	Total funds 2019 £000
Income from:					
Donations and legacies	4	232	455	687	785
Investments	6	8	-	8	7
Total income		240	455	695	792
Expenditure on:					
Raising funds	7	35	155	190	135
Charitable activities	8				
Medical and surgical equipment		172	84	256	623
Furniture and fittings		19	8	27	4
Artwork expenses		-	-	-	-
Patients' welfare and amenities		61	17	78	(44)
Staff welfare and amenities		10	5	15	3
Total expenditure		297	269	566	721
Net income / (expenditure)		(57)	186	129	71
Transfers between funds		-	-	-	-
Net movement in funds for the year		(57)	186	129	71
Reconciliation of funds					
Funds brought forward at 1 April 2019		257	825	1,082	1,011
Funds carried forward at 31 March 2020	18	**200**	**1,011**	**1,211**	**1,082**

Dorset County Hospital NHS Foundation Trust Charitable Fund

Balance Sheet as at 31 March 2020

	Note	Unrestricted funds £000	Restricted funds £000	Total funds 2020 £000	Total funds 2019 £000
Current assets					
Debtors	14	10	-	10	41
Cash and cash equivalents	15	309	1,099	1,408	1,215
		319	1,099	1,418	1,256
Liabilities					
Creditors: amounts falling due within one year	16	(119)	(88)	(207)	(174)
Net current assets		200	1,011	1,211	1,082
Net assets		200	1,011	1,211	1,082
The funds of the charity					
Restricted income funds		-	1,011	1,011	825
Unrestricted funds		200	-	200	257
Total funds	18	**200**	**1,011**	**1,211**	**1,082**

Signed
Paul Goddard, Director of Finance & Resources
Dorset County Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust Charitable Fund

Statement of Cash Flows for the year ended 31 March 2020

	Note	Total funds 2020 £000	Total funds 2019 £000
Cash flows from operating activities:			
Net cash provided by operating activities	17	185	(6)
Cash flows from investing activities:			
Interest received	6	8	7
Net cash provided by investing activities		8	7
Change in cash and cash equivalents in the year		193	1
Cash and cash equivalents at 1 April 2019	15	1,215	1,214
Cash and cash equivalents at 31 March 2020	15	**1,408**	**1,215**

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020

1. Accounting policies

a) Basis of preparation

The Charity constitutes a public benefit entity as defined by FRS 102. The accounts (financial statements) have been prepared under the historic cost convention and in accordance with the Statement of Recommended Practice (SORP): *Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102)* issued in October 2019, the Charities Act 11 and UK Generally Accepted Practice as it applies from 1 January 2019.

The accounts have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following SORP 2015 (FRS 102) issued in October 2019 rather than the Statement of Recommended Practice *Accounting and Reporting by Charities* effective from 1 April 2005 which has since been withdrawn.

The Corporate Trustee considers that there are no material uncertainties about the ability of Dorset County Hospital NHS Foundation Trust Charitable Fund to continue as a going concern. The COVID-19 pandemic has had an impact on the Charity's fundraising income although this is partially offset by restricted income from the NHS Charities Together national appeal. As a grant making charity with few on-going commitments, this will impact on the new grants that can be made in the short term rather than affecting the charity's ability to continue as a going concern. There are no material uncertainties affecting these accounts.

In future years, the key risks to the Dorset County Hospital NHS Foundation Trust Charitable Fund are a fall in income from donations but the Corporate Trustee has arrangements in place to mitigate these risks (see the risk management and reserves sections of the annual report for more information).

b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified as a restricted fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

Those funds which are not restricted income funds are unrestricted income funds that are sub analysed between designated (earmarked) funds where the Corporate Trustee has set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Corporate Trustee's discretion. The major funds held in each of these categories are disclosed in note 18.

Special purpose funds registered as linked charities when the main Charity was registered may be either unrestricted designated funds or restricted funds.

c) Income

All incoming resources are recognised once the Charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of the income can be measured with sufficient reliability.

Where there are terms or conditions attached to income, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

Notes to the accounts for the year ended 31 March 2020 (continued)

d) Income from legacies

Legacies are accounted for as income either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted.
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the Charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition have been met.

e) Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement.
- The amount of the obligation can be measured or estimated reliably.

f) Irrecoverable VAT

Where irrecoverable VAT is incurred, it is charged against the category of expenditure for which it was incurred.

g) Recognition of expenditure and associated liabilities as a result of grant

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant.
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant.
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Corporate Trustee has control over the amount and timing of grant payments and consequently where approval has been given by the Charitable Funds Committee on behalf of the Corporate Trustee and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached.

Notes to the accounts for the year ended 31 March 2020 (continued)

However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised but a contingent liability is disclosed.

h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include some staff costs, costs of administration, internal and external audit costs and IT support. Support costs have been apportioned between fundraising costs and charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

i) Fundraising costs

The costs of generating funds are those costs attributable to generating income for the Charity, other than those costs incurred in undertaking charitable activities or the costs incurred in undertaking trading activities in furtherance of the Charity's objects. The costs of generating funds represent fundraising costs please see note 7. Fundraising costs include expenses for fundraising activities and the cost of employing the Fundraising Team within the support costs.

j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the Charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 8.

k) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

l) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the Charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in 90 day notice interest bearing savings accounts.

m) Creditors

Creditors are amounts owed by the Charity. They are measured at the amount that the Charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

n) Pensions

Employees of the Charity are entitled to join the NHS Pensions Scheme.

The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable participating bodies to identify their share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme. The cost to the Charity of

Notes to the accounts for the year ended 31 March 2020 (continued)

participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

From 1st April 2015 a new NHS Pension Scheme was introduced superseding the 1995 and 2008 schemes. The 2015 scheme is a Career Average Revalued Earning (CARE) scheme. In a CARE scheme the pension is based on pensionable pay right across the individual's career and is worth 1/54th of career average re-valued earnings of pensionable pay per year or membership. The pension earned each year is based on pensionable pay in that year and is revalued by a set rate linked to inflation, each year up to retirement or leaving the scheme.

Members who have accrued benefits in the 1995 and / or 2008 scheme will retain the benefits accrued in the scheme and at retirement these benefits will be treated separately and calculated in accordance with the rules of the 1995 or 2008 section. The 1995 and 2008 schemes are a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last 3 years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership.

With effect from 1 April 2015 members can choose to exchange part of their pension for a lump sum, up to a 25% of the capital value. The revaluation rate is a rate set by Treasury plus 1.5% each year. On death, a pension of 33.75% of the member's pension is normally payable to the surviving spouse.

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Notes to the accounts for the year ended 31 March 2020 (continued)

2. Prior year comparatives by type of fund

The primary statements provide prior year comparatives in total; this note provides prior period comparatives for the Statement of Financial Activities and the Balance Sheet for each of the two types of fund that Dorset County Hospital Charity manages.

2a Statement of Financial Activities for the year ended 31 March 2019

	Unrestricted funds £000	Restricted funds £000	Total funds £000
Income from:			
Donations and legacies	179	606	785
Investments	7	-	7
Total income	186	606	792
Expenditure on:			
Raising funds	16	119	135
Charitable activities			
Medical and surgical equipment	149	474	623
Furniture and fittings	3	1	4
Artwork expenses	-	-	-
Patients' welfare and amenities	28	(72)	(44)
Staff welfare and amenities	2	1	3
Total expenditure	198	523	721
Net income / (expenditure)	(12)	83	71
Transfers between funds	(6)	6	-
Net income / (expenditure)	(18)	89	71
Reconciliation of funds			
Funds brought forward at 1 April 2018	275	736	1,011
Funds carried forward at 31 March 2019	**257**	**825**	**1,082**

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

2b Balance Sheet as at 31 March 2019

	Unrestricted funds £000	Restricted funds £000	Total funds £000
Current assets			
Debtors	24	17	41
Cash and cash equivalents	334	881	1,215
	358	898	1,256
Creditors: amounts falling due within one year	(101)	(73)	(174)
Net current assets	257	825	1,082
Net assets	257	825	1,082
Total funds	**257**	**825**	**1,082**

3. Related party transactions

Dorset County Hospital NHS Foundation Trust Charitable Fund is a subsidiary of Dorset County Hospital NHS Foundation Trust. Control is exercised by Dorset County Hospital NHS Foundation Trust through corporate trusteeship arrangements.

Dorset County Hospital NHS Foundation Trust is the primary beneficiary of the Charity. The Charity has provided funding to the Foundation Trust for approved expenditure made on behalf of the Charity. This funding of £376,000 (2019: £586,000) is detailed in note 8. At 31 March 2020 the Charity had made £153,000 (2019: £88,000) of grant commitments to the Foundation Trust which had not yet been paid. The Foundation Trust charges the Charity for financial services administrative expenses of £22,000 (2019: £22,000) and employs the fundraising team on behalf of the Charity and charges 100% of the posts, including employment on-cost, to the Charity £146,000 (2019: £119,000).

During the year none of the members of the Foundation Trust Board of Directors or Senior Foundation Trust staff or parties related to them were beneficiaries of the Charity. Neither the Corporate Trustee nor any member of the Foundation Trust Board of Directors has received honoraria, emoluments or expenses from the Charity in either year and the Corporate Trustee is covered through indemnity insurance taken out by the Foundation Trust to cover Board Members.

As an unincorporated Charity, control of the Charity vests with the Corporate Trustee.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

4. Income from donations and legacies

	Unrestricted funds £000	Restricted funds £000	Total funds 2020 £000	Total funds 2019 £000
Donations and fundraising	69	97	166	469
Legacies	3	34	37	5
Grants	160	324	484	311
	232	**455**	**687**	**785**

Donations from individuals are gifts from members of the public, relatives of patients and staff. The income is collected through our cash office.

5. Role of Volunteers

Like all charities, Dorset County Hospital NHS Foundation Trust is reliant on a team of volunteers for our smooth running. Our volunteers perform the following role:

- Fund Representatives – There are 38 Dorset County Hospital NHS FT staff that help to manage how the Charity's designated funds are spent. These funds are designated (or earmarked) by the Corporate Trustee to be spent for a particular purpose or in a particular ward or department. Each fund representative will act as the first stage approver in the approval process for spending the designated funds to help ensure that the funds are spent in accordance with the objects of the Charity.

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6. Investment income

	Unrestricted funds £000	Restricted funds £000	Total funds 2020 £000	Total funds 2019 £000
Cash on deposit	**8**	**-**	**8**	**7**

Investment income was generated from cash held on deposit in the Government Banking Service bank account for Dorset County Hospital NHS Foundation Trust Charitable Fund.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

7. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted funds £000	Total 2020 £000	Total 2019 £000
Fundraising office	20	25	45	20
Fundraising events	-	-	-	-
Support costs	15	130	145	115
Total	**35**	**155**	**190**	**135**

8. Analysis of charitable expenditure

The Charity made available grant support to Dorset County Hospital NHS Foundation Trust for a range of funding applications for equipment, training, and other services not funded by NHS Exchequer.

	Grant funded activity £000	Support costs £000	Total funds 2020 £000	Total funds 2019 £000
Medical and surgical equipment	236	20	256	623
Furniture and fittings	25	2	27	4
Artwork expenses	-	-	-	-
Patients' welfare and amenities	73	5	78	(44)
Staff welfare and amenities	14	1	15	3
	348	**28**	**376**	**586**

The Charity does not make grants to individuals. All grants are made to Dorset County Hospital NHS Foundation Trust to provide for the care of NHS patients in furtherance of our charitable aims. The Corporate Trustee operates a scheme of delegation for the charitable funds.

9. Movements in funding commitments

	2020 £000
Opening balance at 1 April 2019 (see note 16)	168
Additional commitments made less unused amounts reversed during the year (see note 8)	348
Amounts paid during the year	(314)
Closing balance at 31 March 2020 (see note 16)	**202**

As described in note 8, the Charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

10. Allocation of support costs and overheads

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day-to-day management of a charity.

The bases of allocation used are as follows:

- Audit Fees – allocated directly to charitable activities and then apportioned across funds using fund balances.
- Financial Services – allocated based on expenditure incurred on raising funds and charitable funds.
- Fundraiser – allocated between raising funds and charitable funds based on time split of 90% raising funds and 10% charity funds.
- Charitable Administrator - allocated directly to charitable activities on the basis all time spent undertaking admin of charity activities and then apportioned across funds using fund balances.
- Bank Charges - allocated directly to charitable activities and then apportioned across funds using fund balances.

	Raising funds £000	Charitable activities £000	Total funds 2020 £000	Total funds 2019 £000
Governance costs				
Audit fees	-	5	5	5
	-	**5**	**5**	**5**
Other support costs				
Financial services	2	20	22	22
Fundraiser	143	2	145	118
Charitable administrator	-	-	-	-
Insurance	-	-	-	1
Bank charges	-	1	1	1
	145	**28**	**173**	**147**

	Unrestricted funds £000	Restricted funds £000	Total funds 2020 £000	Total funds 2019 £000
Raising funds	15	130	145	116
Charitable activities	6	22	28	31
	21	**152**	**173**	**147**

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

11. Trustees remuneration, benefits and expenses

The Charity's trustees give their time freely and receive no remuneration or expenses for the work that they undertake as trustees.

12. Analysis of staff costs

	2020 £000	2019 £000
Salaries and wages	123	99
Social security costs	12	10
Employers pension contribution	11	10
Total	146	119

The average headcount during the year was 3.98 (2019: 3.28) with four employees plus a fifth employee appointed during February 2020 involved in fundraising, predominantly on the Cancer Appeal with a small proportion of their time providing support services to the charitable activities or the governance of the Charity.

No employees had emoluments in excess of £60,000 (2019: none).

13. Auditor's remuneration

The auditor's remuneration of £4,680 (2019: £4,680) related solely to the audit with no additional work being undertaken (2019: nil).

14. Analysis of current debtors

	2020 £000	2019 £000
Trade debtors	-	32
Accrued income	10	9
	10	41

Other debtors represent sums owed to the Charity by third parties at the year-end for grant and other income collected by the NHS Foundation Trust on behalf of the Charity through the issuing of invoices.

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

15. Analysis of cash and cash equivalents

	2020 £000	2019 £000
Cash in hand	1,408	1,215

No cash or cash equivalents or current investments were held in non-cash investments or outside the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

16. Analysis of liabilities

	2020 £000	2019 £000
Creditors falling due within one year		
Trade creditors	-	1
Accruals for grants owed to NHS bodies	202	168
Other accruals	5	5
	207	**174**

17. Reconciliation of net income/ (expenditure) to net cash flow from operating activities

	2020 £000	2019 £000
Net income / (expenditure) for the year (as per the statement of financial activities)	**129**	**71**
Adjustments for:		
Interest receivable	(8)	(7)
Decrease in debtors	31	58
Increase / (Decrease) in creditors	33	(128)
Net cash provided / (used in) by operating activities	**185**	**(6)**

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

18. Funds

	At 1 April 2019 £000	Income £000	Expenditure £000	Transfers £000	At 31 March 2020 £000
Unrestricted funds					
General Purpose*	23	173	(171)	(2)	23
Staff General Purpose*	1	-	-	-	1
Patients General Purpose*	-	-	-	-	-
Endoscopy	9	-	(9)	-	-
Emergency Department	4	2	(4)	-	2
Cardiac	27	3	(1)	-	29
Critical Care	16	5	(8)	-	13
Diabetes	2	-	-	-	2
Stroke	30	8	(9)	-	29
Urology	5	1	-	-	6
Kingfisher Ward	23	19	(15)	-	27
Purbeck Ward	4	3	(2)	(2)	3
DCH Research Fund	-	-	-	-	-
DCH Radiotherapy Fund	-	13	(1)	-	12
Dermatology Fund	-	-	-	1	1
Ilchester Integrated Assessment Unit	-	1	-	-	1
Ridgeway Ward	3	1	-	-	4
Dementia Fund	14	1	(18)	3	-
Forget-me-not Suite	6	-	-	-	6
Maud Alexander Ward	4	-	1	-	5
Colorectal and Lower GI	7	2	(2)	-	7
Breast Care	1	-	-	-	1
Lulworth Ward	1	1	-	-	2
Hinton Ward	1	1	-	-	2
Prince of Wales Ward	6	3	(1)	-	8
DCH Therapies	6	-	(1)	-	5
Haemodialysis	4	2	(1)	-	5
Barnes Ward	2	1	-	-	3
Ophthalmology	58	-	(55)	-	3
	257	**240**	**(297)**	**-**	**200**
Restricted funds					
Children's Services Trust*	13	2	(3)	-	12
Art in Hospitals*	2	1	-	-	3
Cancer Services*	27	21	(30)	-	18
West Dorset Cancer Centre Campaign	361	391	(210)	-	542
Post Graduate Education & Research*	-	-	-	-	-
The Lillian Martin Ophthalmology Fund*	-	-	-	-	-
Special Care Baby Unit*	45	36	(40)	-	41
Renal Fund*	377	4	14	-	395
Diabetic Fund*	-	-	-	-	-
	825	**455**	**(269)**	**-**	**1,011**
Total funds	**1,082**	**695**	**(566)**	**-**	**1,211**

*Special purpose funds registered with the Charity Commission as linked charities

Dorset County Hospital NHS Foundation Trust Charitable Fund

Notes to the accounts for the year ended 31 March 2020 (continued)

Restricted funds arise where a donor gives money for a specific purpose. They comprise the special purpose funds registered with the Charity Commission and funds arising from public appeal. These funds can only be applied towards grants for the particular purpose specified. The Corporate Trustee is confident that sufficient resources are held in an appropriate form to enable each fund to be applied in accordance with any restrictions.

Designated funds arise where the donor has made known their non-binding wishes or where the Corporate Trustee has created a fund for a specific purpose. They include three general purpose funds registered as linked charities with the Charity Commission. Such funds are expendable at the discretion of the Corporate Trustee.

19. Transfers between funds

There were two transfers between funds:

The Staff on Purbeck Ward undertook fundraising for the Dementia Appeal towards the Purbeck Re-memorabilia Room, which is known as Mary's Room and is located on Purbeck Ward. The staff raised £2,000 towards the Dementia Appeal in the Purbeck Ward Fund along with a further £1,000 raised in General Purpose Fund, which have now both been transferred to the Dementia Appeal Fund.

There was a fund set up for Dermatology during 2019/20 and the donations made specifically for Dermatology £1,000 has been transferred out of General Purpose Fund into the Dermatology Fund.

20. Contingency Assets

The Charity was notified via Forest Edge and Meesons Solicitors on 10 December 2019 of a residual beneficiary legacy for the Charity Renal Fund at Dorset County Hospital but the value could not be reliably measured at 31 March 2020 when the solicitors were collecting the assets and liabilities of the Estate.

During the preparation of these accounts, the Charity was notified via Batten's solicitors on 28th April 2020 of a residuary beneficiary legacy for the Renal Fund at Dorset County Hospital but the value could not be reliably measured at 31 March 2020 when the solicitors were collecting the assets and liabilities of the Estate.

21. Events after the Reporting Period

The receipt of the legacy for the Renal Fund at Dorset County Hospital from Batten's solicitors will be recognised in 2020/21 accounts where the probability and ability to estimate with sufficient reliability were confirmed on 28th April 2020. The legacy is estimated by Battens Solicitors to be £45,000.

The receipt of the legacy for the Renal Fund at Dorset County Hospital from Forest Edge and Meesons Solicitors will be recognised in 2020/21 accounts where the probability and ability to estimate with sufficient reliability were confirmed on 3rd July 2020. The legacy is estimated by Forest Edge and Meesons Solicitors to be £8,800.

Dorset County Hospital NHS Foundation Trust Charitable Fund
Vespasian House
Bridport Road
DORCHESTER
Dorset
DT1 1PX

Edwards & Keeping
Unity Chambers
34 High East Street
DORCHESTER
Dorset
DT1 1HA

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your audit of the financial statements of the Charitable Fund for the year ended 31 March 2020. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

General

1. We have fulfilled our responsibilities as corporate trustee as set out in the terms of your engagement dated 16 August 2019, under the Charities Act 2011 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view and for making accurate representations to you.

2. All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.

3. All the accounting records have been made available to you for the purpose of your audit. We have provided you with unrestricted access to all appropriate persons within the charity and with all other records and related information requested, including minutes of management and trustee meetings and correspondence with the Charity Commission.

4. The financial statements are free of material misstatements, including omissions.

Internal control and fraud

5. We acknowledge our responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. We have disclosed to you the results of our risk assessment that the financial statements may be misstated as a result of fraud.

6. We have disclosed to you all instances of known or suspected fraud affecting the entity involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.

7. We have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the entity's financial statements communicated by current or former employees, analysis, regulators or others.

Assets and liabilities

8. The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets.

9. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.

10. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classifications of assets and liabilities reflected in the financial statements.

Accounting estimates

11. Significant assumptions used by us in making accounting estimates, including those mentioned at fair value, are reasonable.

Law and regulations

12. We know of no instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related parties

13. Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

14. There have been no events subsequent to the year-end which require adjustment or disclosure that haven't already been included in the financial statements.

Going concern

15. We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charity's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

16. All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

Covid-19

17. We believe that our assumptions used when arriving at the view that the charity is a going concern (point 15) have already taken into account the effect on the entity of the global Covid-19 pandemic. We are under the impression that although the income of the charity is likely to decrease, the level anticipated will not cause any significant departure from the twelve-month assessment.

Yours faithfully

.....
Signed on behalf of the Trustee

.....
Date

Edwards & Keeping

CHARTERED ACCOUNTANTS

Partners:
K Hobbs FCA
R J Upshall FCCA
I M Carrington MA (OXON) FCA
H E Jones BA (HONS) FCCA
P D Sales FCA CTA
P L Burton FCA
S J Hough FCA FCCA

Consultant: R J A Edwards FCA

26 August 2020

The Trustees
Dorset County Hospital NHS Foundation Trust Charitable Fund
Vespasian House
Bridport Road
DORCHESTER
Dorset
DT1 1PX

Our Ref : IMC/DCH01/JMP

Dear Sirs

Audit of accounts for the year ended 31 March 2020

Following the completion of our audit for the Charitable Fund for the year ended 31 March 2020 we now enclose two copies of the accounts, together with letter of representation. Please review these, and assuming they can be approved, sign each copy of the accounts on pages 2, 16 and 21 and return to us with the signed letter of representation.

International Standards on Auditing (UK and Ireland) require us to communicate with you regarding our findings for the audit. The purpose of this letter is to communicate regarding the following matters:-

(a) our views about the qualitative aspects of the charity's accounting practices and financial reporting;

(b) the final draft of the representation letter, that we will be asking you to sign, including any matters where you have been reluctant to make the representations that we have requested;

(c) uncorrected misstatements;

(d) expected modifications to our report;

(e) material weaknesses in internal control identified during the audit;

(f) matters specifically required by other ISAs (UK and Ireland) to be communicated to you; and

(g) any other audit matters of governance interest.

Donations

The NHS Charities guidance states that in general donations should be presumed to be unrestricted (and not subject to a trust) unless the donor places an unequivocal restriction on it

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by saying it must be used or can only be used for a specified purpose or by giving to a specific appeal.

A donor can express a wish that a gift may be used in a particular way, which would give an indication of which designated (but unrestricted) fund it should be applied to, without creating a trust. The Charity Commission publishes a model receipt on its website to effect this, including the wording:

...Without imposing any trust it is my with that my donation should be used to...

Where the Charity invoices donors for grants or donations the donor has agreed to finance the invoice should be from the Charity rather than the Hospital.

Special purpose charities

As a result of the way the Charity was originally set up, a number of subsidiary charities were registered as special purpose charities with the Charity Commission. These have been treated as either designated or restricted funds in the accounts.

The Charity Commission guidance suggests that NHS charities should actively reduce the proportion of restricted funds held as these are subject to legally enforceable trusts and to dissolve special purpose charities. This can be achieved in the following ways:-

- use of the model receipt to limit the creation of **new** restricted funds;
- not posting designated unrestricted donations to the existing restricted funds; and
- spending the restricted funds first, whenever possible in priority to **un**restricted funds.

The guidance recommends that a one-off exercise to test the current classification of funds between restricted and unrestricted should be undertaken, reviewing the previous six years accounting records for clear evidence of restriction at the point of receipt. In the absence of such evidence the Commission takes the view that the funds in question can properly be reclassified as unrestricted. It may be appropriate to show such funds as designated if the donor has expressed a wish that the gift should be used for a particular purpose, but without creating a trust. In addition, where total expenditure of the restricted fund broadly matches the total income and has done so most years, it is reasonable to assume that restricted income dating from more than four years ago has now been spent.

These matters came to light during the course of our normal audit tests which are designed to assist us in forming our opinion on the financial statements. Our tests may not necessarily disclose all errors or irregularities and should not be relied upon to do so. However, if any irregularity did come to our attention during our audit tests, we would, of course, inform you immediately.

This report has been prepared for the sole use of the trustee of the Dorset County Hospital NHS Foundation Trust Charitable Fund and must not be shown to third parties without our prior consent. No responsibilities are accepted by Edwards and Keeping towards any party acting or refraining from action as a result of this report.

Yours faithfully

I M Carrington

Title of Meeting	**Board of Directors' Meeting.**
Date of Meeting	**30th September 2020.**
Report Title	**Decision Making Outside Formal Board of Director Meetings.**
Author	**Trevor Hughes, Head of Corporate Governance.**
Responsible Executives	**Mark Addison, Trust Chair and Patricia Miller Chief Executive.**

Purpose of Report (e.g. for decision, information)
This report outlines the provisions within the Standing Orders to facilitate committee and Board level decision making outside formal meetings and proposes a process for doing so in the rare event that the need arises.

Summary
There are rare occasions when the Board or its committees are required to make decisions within a short timescale that does not allow the decision to wait until it can be considered in a formal meeting. This paper outlines the provisions within the agreed Standing orders for making such decisions, benchmarks practice with the other NHS organisations and the wider industry sector and proposes a process for undertaking short notice Board and Committee decision making within the trust should the need arise.

The process proposed is

- Where more than three days' notice of the decision is provided, that an extraordinary meeting of the relevant committee (and Board should this be necessary) will be held to consider and approve the decision;
- Where less than three days' notice of the decision is provided, the Trust Chair and Chief Executive will take the decision on behalf of the committee / Board in consultation with two officer members of the trust.

In both circumstances, the resulting decision will be notified to the respective committee / Board at the next formal meeting.

The Board is asked to approve the arrangements for short notice decision making outside formal Board meetings.

Paper Previously Reviewed By
This paper is for the Board of Directors and has been developed in consultation with the Trust Chair and Chief Executive.

Strategic Impact
Clarity of process in the event that short notice decisions are required will support considered decision making in an open, transparent and responsive manner.

Risk Evaluation	
Impact on Care Quality Commission Registration and/or Clinical Quality	
Governance Implications (legal, clinical, equality and diversity or other): The Board of Directors seeks to continue to operate in an open and transparent manner maintaining accountability to the trust's Governors, members and the wider public in line with the requirements placed on organisations operating in the public domain and with foundation trust license conditions.	
Financial Implications	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	To approve the process for short notice decision making outside formal Board of Director meetings.

Decision Making Outside Formal Board of Director Meetings

Introduction

Two extraordinary meetings of the Finance and Performance Committee and subsequent meetings requiring 'Chairs Action' approval on behalf of the Board were required in June and July 2020 in order to approve investment projects of a value requiring Board approval. Whilst the unusual circumstances and short timescales for decision making were acknowledged and did not allow for prior discussion by the full Board, the Board recognises the need for a formal process to enable such decision making outside formal Board.

This paper outlines national guidance, where this is available, and benchmarking of NHS and wider industry practice in order to make recommendations to the trust regarding the process for urgent decision making should this arise again in the future.

DCH Standing Orders

Dorset County Hospital's Standing Orders form part of the Trust's Constitution and provide for the following in respect to meetings of the Board:

3.1 Calling meetings

a. Ordinary meetings of the Board shall be held at regular intervals at such times and places as the Chairman may determine.

b. The Chairman of the Trust may call a meeting of the Board at any time.

c. One third or more members of the Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2 Notice of Meetings and the Business to be transacted

a. Before each meeting of the Board a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, or sent by email, so as to be available to members at least 3 clear days before the meeting.

3.3 Agenda and Supporting Papers

The Agenda will be sent to members a minimum of 5 days (including Saturdays and Sundays) before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be

dispatched (electronically or in hard copy) no later than 3 clear days before the meeting, save in emergency.

The current provisions within the Trust's Standing Orders enable meetings of the Board and its committees to be held at short notice (3 days). Calling an extra-ordinary meeting of a committee or the Board in order to make decisions is consistent with the approach outlined within the Standing Orders and promotes the opportunity for open debate and challenge.

National Guidance

'The NHS Foundation Trust Code of Governance' (Monitor July 2014) is silent on the issue of Board decision making on specific operational matters that do not require formal approval of the Council of Governors or notification and approval from the Regulator. NHSI provides further guidance on the role of the provider Chair to promote strategic leadership, openness, transparency and engagement in decision making but does not discuss specific governance protocol in respect to decision making by the Chair on behalf of the Board.

Benchmarking - NHS

There is little published regarding Chair's Action decision making within the NHS. Published examples of Chair's Action include Public Health Wales in September 2019 and Bromley CCG in June 2018, indicating that the need for the NHS to take decisions on this basis is rare and infrequent. Both examples referred to organisational Standing Orders that provided for joint decision making between the Chief Executive and the Chair in consultation with non-officer members of the organisation.

Benchmarking - Other Sectors

The National Governance Association (education) has defined Chair's Action as:

'… the procedure by which the Chair of the Board can take unilateral decisions, bypassing usual processes, in specific circumstances of urgency. Chair's action can be used when the Chair believes a 'delay would be likely to be of serious detrimental to the interests of the organisation'. This emphasises that the bar for justifying Chair's Action is higher than simply any negative consequence of inaction.

Most Urgent Decisions

In the event that a Board level decision is required more urgently and at less than 3 days' notice, the trust's Standing Order provide that:

5.2 Emergency Powers and Urgent Decisions

> The powers which the Board has reserved to itself within these Standing Orders (see Standing Order 2.6) may in emergency, or for an urgent decision, be exercised jointly by the Chief Executive and the Chairman after having consulted at least two non-officer members (Non-Executive Directors). The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Board for formal ratification.

This approach is consistent with the infrequently published examples of Chair's Action having been taken by other NHS bodies.

Conclusion

The need to take decisions outside of formal Board and committee meetings is a rare occurrence. The DCH Standing Orders provide that meetings of the Board and its committees can be called by the Chair at any time providing at least three days' notice of the meeting. An extraordinary meeting of a committee or the Board in order to make an urgent decision would be the preferred decision making approach as this is consistent with existing governance arrangements within the trust; provided that more than 3 days' notice of the decision has been received and would include the involvement of at least two non-officer members.

There is also provision within the Trust's Standing Orders for the Chief Executive and Chair to take decisions on behalf of the Board in consultation with two non-officer members of the trust in the event that an urgent decision is required and less than three days' notice has been received.

Recommendation

1. That an extra ordinary meeting of the appropriate committee of the Board, and the Board itself should this also be required, be called by the Chair in the event that an urgent decision is required by the Board and more than 3 days' notice of the decision has been received.

2. That the Chair and Chief Executive, in consultation with two non-officer members, take any urgent decision on behalf of the Board where less than 3 day's notice of the decision has been received.

Trevor Hughes

Head of Corporate Governance

Title of Meeting	**Trust Board**
Date of Meeting	**September 2020**
Report Title	**2019 National Staff Survey Findings**
Author	**Emma Hallett, Deputy Director of Workforce**
Responsible Executive	**Mark Warner, Director of Workforce and Organisational Development**

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

Summary

NB This report was written and presented to the Workforce Committee in March 2020 but due to the COVID pandemic was not shared with Trust Board in April as would normally happen.

A national staff survey was undertaken between September and December 2019. A full census survey was undertaken, with a 45% response rate which is below the average for Acute Trusts in England (47.5%). The questionnaire content is agreed nationally and covers 11 themes relating to the working environment and staff experience within the workplace. The overall 2019 results showed no significant change from 2018. The Trust received higher scores than the average for Acute Trusts in ten of the 11 themes.

Encouraging improvements were made in the individual responses relating to health and welling and raising matters of concern. Staff have reported being better supported by their line managers, but respect received from their colleagues has reduced and some episodes of harassment have not been reported. The survey results also indicate that the experiences of disabled staff and those from BAME backgrounds are more negative than other groups of staff. These areas will be explored further by the relevant staff networks and as part of the culture review scheduled for 2020.

Paper Previously Reviewed By
None.

Strategic Impact
Staff feedback received through the national staff survey provides a source of data to inform improvements to leadership and management practices and changes to the working environment. Research suggests that staff engagement, involvement and wellbeing have direct and positive impacts upon the delivery of the Trust's strategic objectives and the delivery of quality patient care.

Risk Evaluation
The analysis of the survey results has assisted in identifying key areas of concern and potential risk and these were incorporated into the action plan.

Impact on Care Quality Commission Registration and/or Clinical Quality
The national staff survey results are used to gauge staff experience within the Trust and will strengthen the Trust's assurance to the CQC and assure that the trust can achieve an "outstanding" status for the Well-Led Domain

Governance Implications (legal, clinical, equality and diversity or other):
The Trust Governance arrangements are set out to monitor all services within its remit and to provide assurance of the robust processes around risks and actions identified to mitigate these.

Financial Implications
No specific implications relating to the contents of the action plan.

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

1.0 CONTEXT

1.1 Understanding how staff experience their work environment is critical to the success of any organisation. It is well researched that how engaged employees are at work directly affects how they perform. Positive engagement is a physical and emotional response to work which stimulates people to behave in a way that creates value for the organisation. The Trust recognises the important link between engagement and improved patient care and through the review of the People Strategy is strengthening the strategic framework to maximise this relationship by focusing on three primary factors that influence employee engagement.

1.2 The NHS National Staff Survey is an important tool in helping leaders understand how staff feel about working at Dorset County Hospital Foundation Trust (DCH), and also how this level of connection is changing over time in response to both focused intervention and shifting organisational priorities. As with any survey, the most critical aspect of the process is not just about reviewing the results but being clear about what needs to be done differently in future.

2.0 PURPOSE OF THE REPORT

2.1 This report has three aims: to provide a high level analysis of the overall findings of the 2019 staff survey, to identify any individual areas of concern and to discuss implications for employee engagement going forward. The full Summary Benchmark Report for DCH is included in Appendix A.

3.0 METHODOLOGY

3.1 The guiding framework for the Trust's staff survey is agreed at national level and the process is administered by external specialists Quality Health. A full census staff survey was used.

3.2 For the first time in 2019 a proportion of surveys were sent electronically. 34% of surveys were sent electronically and 66% were paper-based. Electronic surveys were sent to those staff groups with regular access to computers, such as management and administrative staff, along with some groups of clinical staff, so as to assess whether this mode of delivery would increase the response rate.

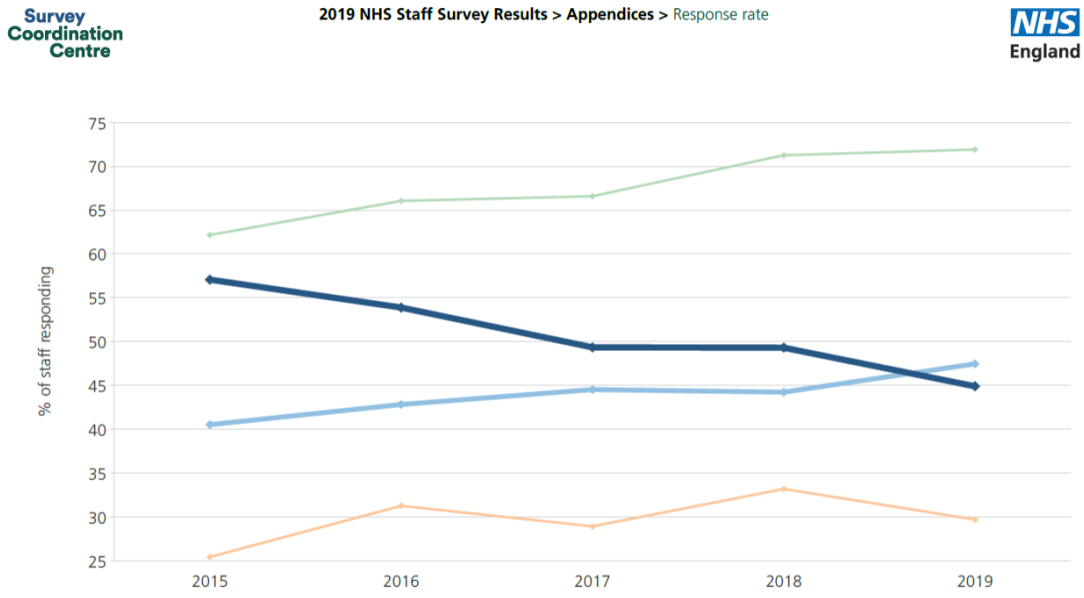
3.3 The survey contains over 100 questions concerned with staff perceptions of their job, their managers, their health, wellbeing and safety at work, their personal development and their organisation. The questions are organised against 11 themes. These include the four staff pledges from the NHS Constitution and three additional themes of equality and diversity, errors and incidents and patient experience measures. The survey also provides key data for measuring workforce race and disability equality via the WRES and WDES.

4.0 RESPONSE RATE

4.1 1,238 completed responses were received giving a response rate of 44.9%. This was a 4.4% reduction from 2018 (49.3%) and took the Trust below the average response rate for acute trusts nationally (47.5%). As indicated in Graph 1 below, the response rate at DCH has steadily declined since 2015 whereas the national trend is the reverse. This is obviously a worrying trend and one that will be considered in more detail as part of the forthcoming culture review.

4.2 In relation to paper v online surveys, overall the response rate was higher for the surveys sent electronically (59%) compared to the paper-based surveys (38%). This will be analysed further at departmental level, paying particular attention to the return rates in clinical areas, before a decision is made as to whether increase reliance on online surveys for the 2020 survey.

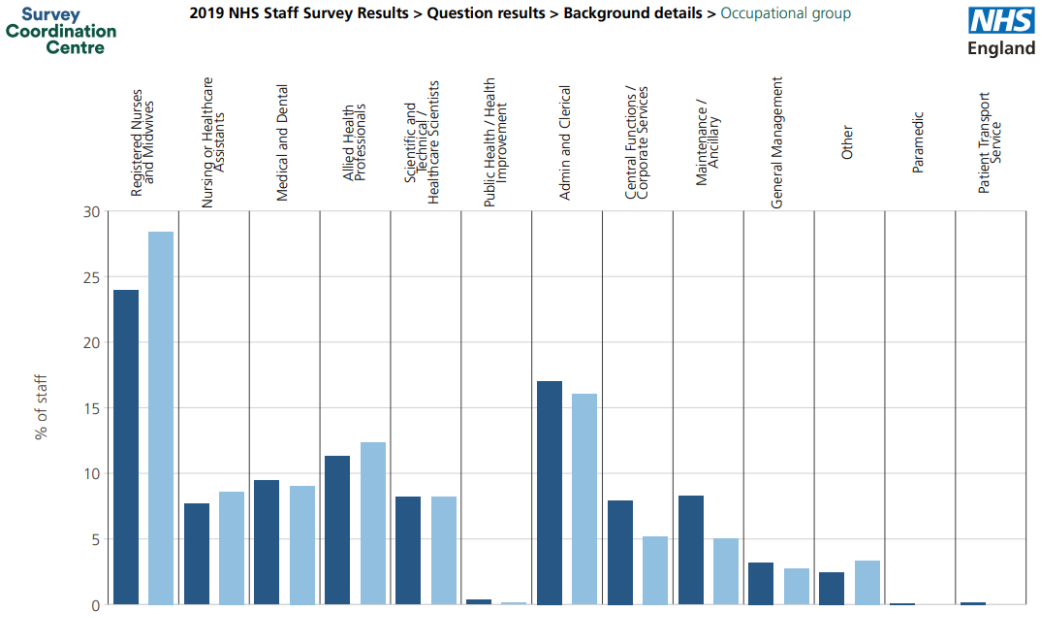
Graph 1: Response Rate 2015-2019



	2015	2016	2017	2018	2019
Best	62.2%	66.0%	66.6%	71.3%	71.9%
Your org	57.1%	53.9%	49.3%	49.3%	44.9%
Median	40.5%	42.8%	44.5%	44.2%	47.5%
Worst	25.4%	31.3%	28.9%	33.2%	29.7%

4.2 Despite the reduction in responses, a wide range of staff groupings were included within the survey results, as indicated in Graph 2, below.

Graph 2: Staff Groupings



	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Public Health / Health Improvement	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other	Paramedic	Patient Transport Service
Your org	23.9%	7.7%	9.4%	11.3%	8.2%	0.3%	17.0%	7.9%	8.3%	3.2%	2.4%	0.1%	0.2%
Average	28.4%	8.6%	9.0%	12.3%	8.2%	0.1%	16.0%	5.2%	5.0%	2.7%	3.3%	0.0%	0.0%

5.0 WORKFORCE DEMOGRAPHICS

5.1 When benchmarked with other acute trusts in England, DCH is in line across all demographic areas. Of the staff surveyed, the demographics were as follows:

- 75% are female
- 21% are disabled
- 92% are heterosexual, 2% are gay or bisexual
- 93% are white

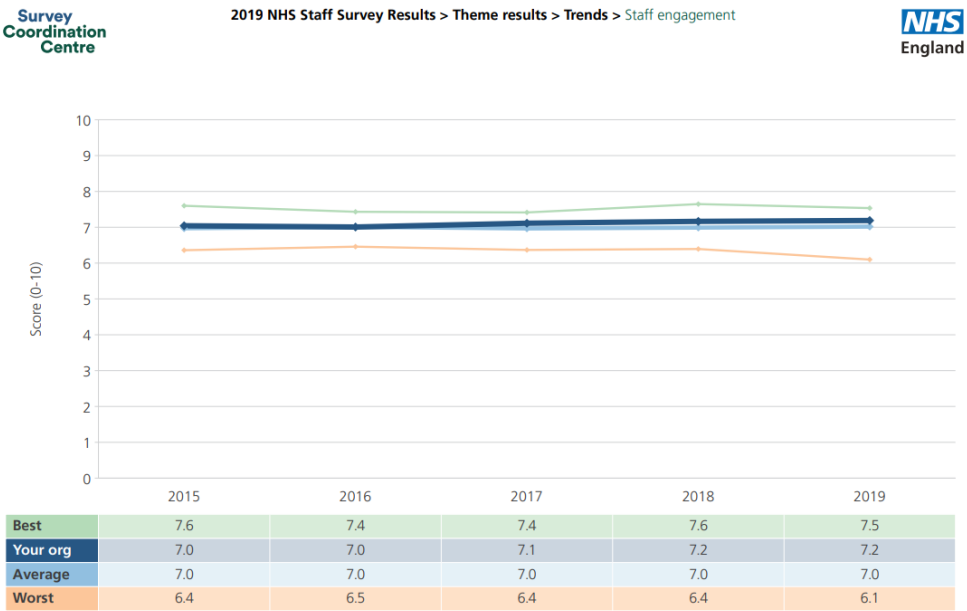
5.2 DCH is an organisation where many staff choose to stay. 43% have been here for 11 years or more. This brings a wealth of experience but also potential challenges around the management of change and sustaining engagement.

6.0 MEASURING ENGAGEMENT

6.1 The staff survey has been designed to provide a useful index by which overall engagement can be gauged over time. The index is made up of nine statements which staff are asked to score and the average of these total scores forms the index.

6.2 The staff engagement score is calculated using the same questions as in previous years and then adjusted to a 0-10 point scale. As indicated in Graph 3, DCH's overall engagement score for 2019 is 7.2. This score remains the same as in the previous year and is above the national benchmark of 7.0.

Graph 3: Engagement Index



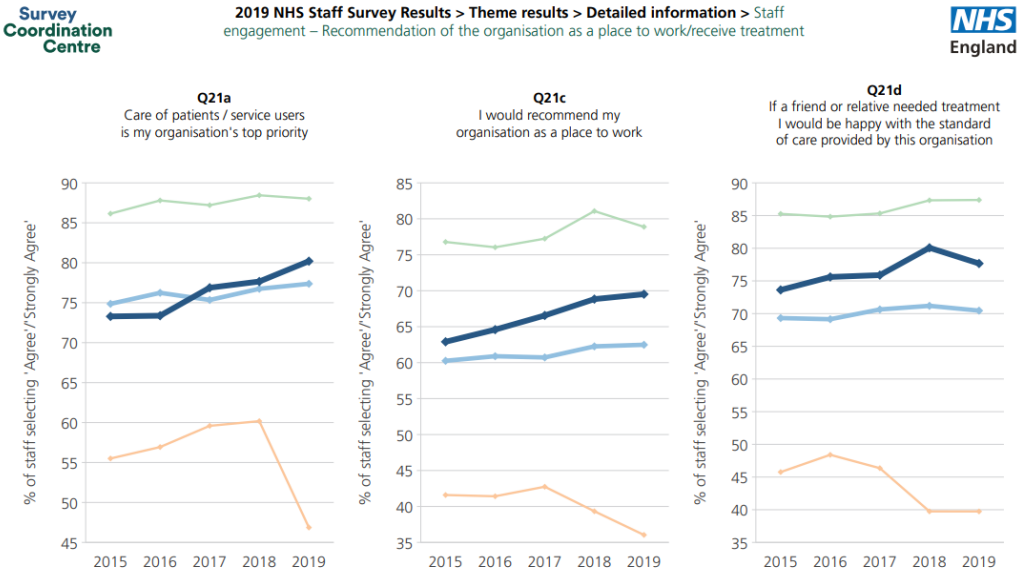
	2015	2016	2017	2018	2019
Best	7.6	7.4	7.4	7.6	7.5
Your org	7.0	7.0	7.1	7.2	7.2
Average	7.0	7.0	7.0	7.0	7.0
Worst	6.4	6.5	6.4	6.4	6.1

6.3 Measuring levels of human attachment is notoriously difficult although there are a variety of qualitative and quantitative tools to use – a survey being just one. The Trust recognises this and uses a range of methods including 'pulse' tools and staff listening sessions to provide timely and local perspectives on priority topics.

6.4 Three of the key questions within the engagement index are asked each quarter via the Pulsecheck. These relate to staff recommending the trust as a place to work and receive treatment. The results of these questions are outlined in Graph 4 below.

6.5 An increase occurred in the number of staff who feel that the care of patients is the organisation's top priority, and those who would recommend the Trust as a place to work. The response to these questions has improved each year since 2015. However, in relation to the number of staff who would recommend the Trust for treatment, this declined by 2.4%. This will require further investigation, although the Trust still remains significantly higher than the average score in this regard.

Graph 4: Key Engagement Questions



Q21a	2015	2016	2017	2018	2019
Best	86.1%	87.8%	87.2%	88.4%	88.0%
Your org	73.3%	73.4%	76.9%	77.7%	80.2%
Average	74.9%	76.2%	75.3%	76.7%	77.4%
Worst	55.5%	56.9%	59.6%	60.2%	46.9%

Q21c	2015	2016	2017	2018	2019
Best	76.8%	76.0%	77.2%	81.1%	78.9%
Your org	62.9%	64.6%	66.6%	68.8%	69.5%
Average	60.3%	60.9%	60.7%	62.3%	62.5%
Worst	41.6%	41.4%	42.7%	39.3%	36.0%

Q21d	2015	2016	2017	2018	2019
Best	85.3%	84.8%	85.3%	87.3%	87.4%
Your org	73.6%	75.6%	75.9%	80.1%	77.7%
Average	69.3%	69.1%	70.6%	71.2%	70.5%
Worst	45.8%	48.4%	46.4%	39.7%	39.7%

7.0 FINDINGS

7.1 The results from this survey can be looked at through two lenses: (a) internal year-on-year comparison and (b) external comparison with the other acute (non-specialist) trusts in England.

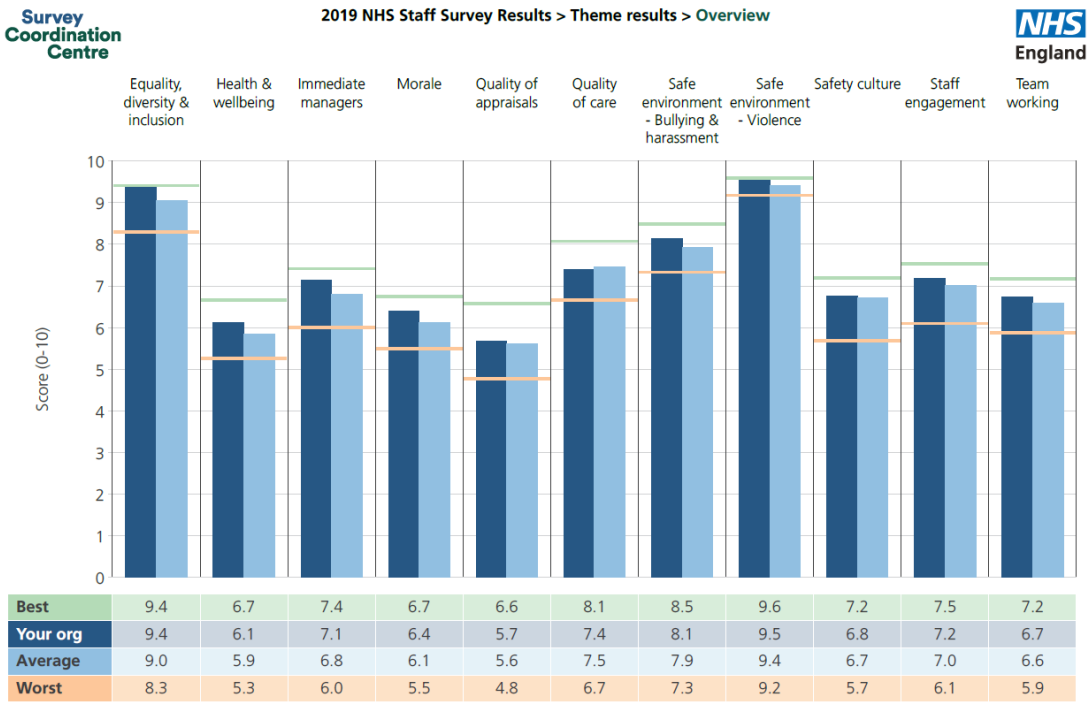
7.2 In terms of internal comparison with 2018 results, as summarised in Table 1, below, of the 11 themes within the survey five have shown slight improvement, five have remained unchanged and one has declined. As there is no statistically significant difference, these changes are defined as not significant. This represents a picture of general stability.

Table 1:

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.4**	1311	**9.4**	1215	Not significant
Health & wellbeing	**6.1**	1314	**6.1**	1220	Not significant
Immediate managers	**7.0**	1314	**7.1**	1222	Not significant
Morale	**6.3**	1301	**6.4**	1208	Not significant
Quality of appraisals	**5.6**	1131	**5.7**	1052	Not significant
Quality of care	**7.3**	1119	**7.4**	1018	Not significant
Safe environment - Bullying & harassment	**8.2**	1301	**8.1**	1216	Not significant
Safe environment - Violence	**9.5**	1305	**9.5**	1214	Not significant
Safety culture	**6.7**	1308	**6.8**	1215	Not significant
Staff engagement	**7.2**	1316	**7.2**	1232	Not significant
Team working	**6.7**	1306	**6.7**	1216	Not significant

7.2 When the results are compared against other acute trusts, DCH performs well, and above average in ten of the 11 themes, as illustrated in Graph 5 below;

Graph 5: Overview of Theme Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.7	7.4	6.7	6.6	8.1	8.5	9.6	7.2	7.5	7.2
Your org	9.4	6.1	7.1	6.4	5.7	7.4	8.1	9.5	6.8	7.2	6.7
Average	9.0	5.9	6.8	6.1	5.6	7.5	7.9	9.4	6.7	7.0	6.6
Worst	8.3	5.3	6.0	5.5	4.8	6.7	7.3	9.2	5.7	6.1	5.9

7.4 Data contained within the benchmarking reports show that the only theme for which DCH is below the national average of acute trusts is quality of care. DCH scored 7.4 compared to the national average of 7.5. The worst scoring acute trust scored 6.7. Further analysis of this element will be undertaken as part of the culture review scheduled for 2020.

7.5 Individual Questions – Significantly Better Scores

- The number of staff who felt that they had **adequate materials, supplies and equipment to do their work** increased by 5% from 47% to 52%. This is a positive trajectory, particularly given the financial pressures that remain in place.

- The number of staff who felt that the Trust **takes positive action on health and wellbeing** increased by 3% from 89% to 92%. Significant emphasis continues to be placed upon the health and wellbeing of staff and several well publicized initiatives during 2019, including the Mental Health First Aid training, is likely to have led to this improved position.

- The number of staff who felt that the Trust **treats staff who are involved in an error, near miss or incident fairly** increased by 6% from 56% to 62%. This result has steadily improved each year since 2015.

- The number of staff who felt **confident that the Trust would address their concerns** increased by 4% from 57% to 61%. This result has also steadily improved each year since 2015. More recently this improvement can be linked to the heavier emphasis on raising concerns and the Freedom to Speak up process.

7.6 Individual Questions – Significantly Worse Scores

- The number of staff who felt that they **receive the respect they deserve from their colleagues at work** reduced by 4% from 74% to 70%. Respect is one of the four Trust values so this was a particularly disappointing result and one that will be explored further in the forthcoming culture review. This question was added to the survey in 2018, so we will need to monitor this result in the 2020 survey to ensure this downward trend does not continue.

- The number of staff who stated that **the last time they experienced harassment, bullying or abuse at work they reported it**, fell by 10% from 54% to 44%. Those reporting incidences of bullying and abuse at work by patients and colleagues also both increased (by 0.5% and 1.5% respectively) so further investigation will be needed in this area as well.

8.0 WRES AND WDES

8.1 For the first time this year, the Summary Benchmark Report includes the indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) (Appendix A – Page 41-55).

8.2 In relation to the WRES, the questions pertain to harassment, discrimination and opportunities for career progression and promotion. In relation to harassment from patients, relatives and the public, approximately a quarter of both White and BAME staff reported experiencing harassment (24.3% and 25.3% respectively). In comparison with the 2018 survey results this represents a slight decrease in BAME staff experiencing harassment from patients, but a slight increase for staff that are white.

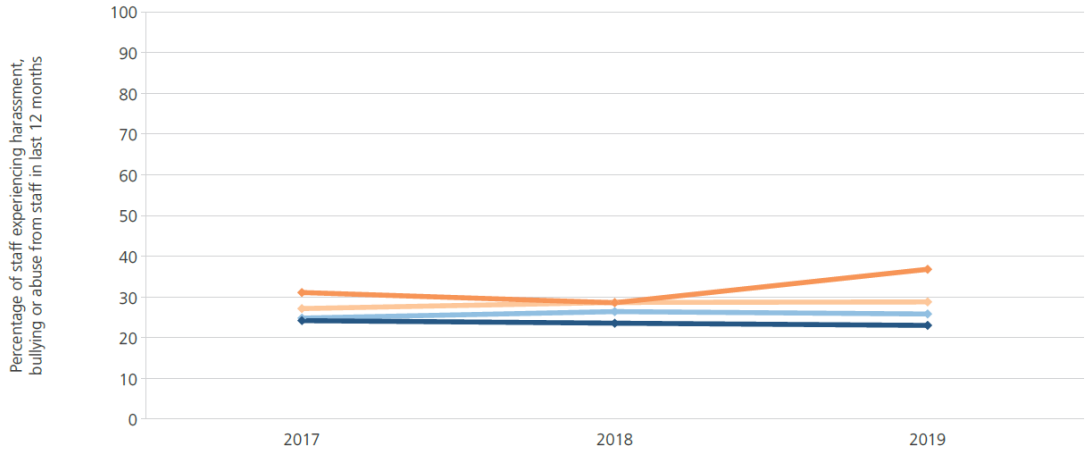
8.3 Unfortunately there has been a big increase in BAME staff that have experienced harassment from other staff. This has increased from 28.6% to 36.8% and is above average. See Graph 6 below. There has also been an increase in the number of BAME staff who have experienced discrimination at work (10% to 18.6%). See Graph 7 below. These increases correlate with an increase in the number of complaints of this nature over the past 12 months and also with feedback from the BAME staff network. These are obviously concerning results and will be investigated further as part of the scheduled culture review.

Graph 6: Percentage of Staff Experiencing Harassment

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

NHS England



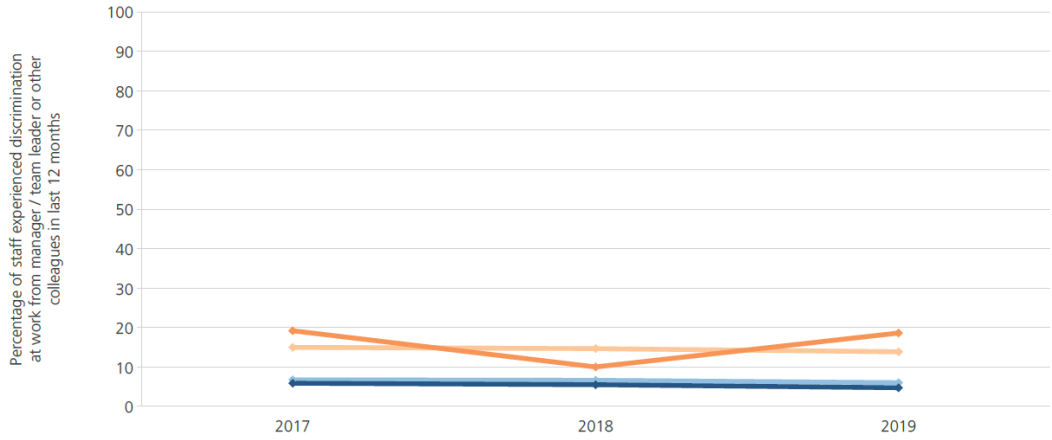
	2017	2018	2019
White: Your org	24.2%	23.6%	23.0%
BME: Your org	31.1%	28.6%	36.8%
White: Average	24.8%	26.4%	25.8%
BME: Average	27.1%	28.6%	28.8%
White: Responses	1,220	1,210	1,104
BME: Responses	74	70	87

Graph 7: Percentage of Staff Experiencing Discrimination

Survey Coordination Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

NHS England



	2017	2018	2019
White: Your org	5.9%	5.5%	4.7%
BME: Your org	19.2%	10.0%	18.6%
White: Average	6.7%	6.6%	6.0%
BME: Average	15.0%	14.6%	13.8%
White: Responses	1,224	1,216	1,099
BME: Responses	73	70	86

8.4 On a more positive note, the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion has increased for both White and BAME staff, by 0.01% and 2.7% respectively.

8.5 In relation to the WDES, the number of disabled staff who have reported experiencing harassment from patients, their manager and their colleagues has remained consistent year on year (at 26.9%, 18.3% and 26.1% respectively) but remains at a higher level than non-disabled employees and therefore requires further investigation. Encouragingly the percentage of disabled staff who said that they reported the harassment when it occurred increased from 37.6% to 46.7% in-year, bucking the overall trend reported in section 7.6.

8.6 From a positive perspective, the percentage of disabled staff satisfied with the extent to which the Trust values their work increased from 33.6% to 40.4% but there is still work to be done to ensure that this group of staff are valued and engaged. The percentage of disabled staff saying that the Trust has made adequate adjustment(s) to enable them to carry out their work increased from 77.9% to 81.2%. This is an encouraging development that significantly exceeds the average % for Acute Trusts.

8.7 The information provided by the staff survey from a WRES and WDES perspective is particularly useful. The types of issues that have been identified in the survey results are often difficult issues to identify and quantify within an organisation. This provides the Trust with an excellent starting point in relation to the culture review.

9.0 NEXT STEPS

9.1 The divisional and departmental survey results have been shared with the relevant managers and they have been asked to discuss the findings with their teams, identify key themes for their areas and to devise an action plan. These action plans will be summarised and shared with the Senior Management Team at the May 2020 meeting.

9.2 The survey results relating to disabled staff and those from BAME backgrounds will be analysed further and shared and discussed with the relevant staff networks during April and May 2020.

9.3 The wider themes relating to the declining response rate, the experiences of disabled staff and those from BAME backgrounds and the staff perception of the quality of care provided at DCH will be included in the forthcoming culture review.

9.4 The actions from the above interventions will be included in the Trust's People Plan, which will follow on from the NHS People Plan expected imminently.

10.0 CONCLUSION

10.1 The purpose of the staff survey is to provide a health check of employee engagement at DCH and identify areas of strength and weakness. In the main there have been no statistically significant changes in our results. Overall, the picture remains a largely positive one, with the Trust situated above average in ten of the 11 key themes.

10.2 The survey results indicate that the experiences of disabled staff and those from BAME backgrounds are more negative than other groups of staff. The results will be analysed further by the relevant staff networks and this element will also be included in the forthcoming culture review.

10.3 The reduction in response rate is concerning. This will be considered in more detail as part of the forthcoming culture review as we need to understand the cause of this. Without an increase in the response rate it will be difficult to justify the meaningfulness of the annual survey moving forward.

Title of Meeting	**Board of Directors**
Date of Meeting	**30 September 2020**
Report Title	**Guardian of Safe Working Annual Report**
Author	**Mr Kyle Mitchell, Guardian of Safe Working**
Responsible Executive	**Alastair Hutchison, Medical Director**

Purpose of Report (e.g. for decision, information) For information	
Summary The Guardian is required to report to the Board on a quarterly basis and this report adheres to the nationally agreed Board report template and that of the Lead Employer template. This report is the quarterly report covering the period April 2020 – June 2020. This covered a period when exceptional arrangements were in place, agreed in a joint statement between the British Medical Association and NHS Employers, whereby specific and temporary changes were made to the contractual arrangements of Junior Doctors to ensure a flexibility of workforce during the Covid-19 Pandemic.	
Paper Previously Reviewed By SMT – September 2020	
Strategic Impact Junior Doctors are central to the Trust being able to achieve its key strategic objectives. Their service provision enables DCHFT to deliver its core functions. The 2016 contract is essential to help maintain their training requirements and the safety of their working environment	
Risk Evaluation Analysis of the data summarised within this report will assist in identifying key areas of concern and potential risk.	
Impact on Care Quality Commission Registration and/or Clinical Quality The Guardian of Safe Working role is one of the mechanisms within the 2016 contract introduced to provide assurance of safety and clinical quality.	
Governance Implications (legal, clinical, equality and diversity or other): No specific implications relating to the contents of the paper.	
Financial Implications Potential risk associated with payment due to excess hours worked. The divisions need to implement a robust system for administering time back in lieu to prevent the risk of fines.	
Freedom of Information Implications – can the report be published?	Yes

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

Title of Meeting	**Trust Board**
Date of Meeting	**30 September 2020**
Report Title	**Quarterly Guardian Report on Safe Working House: Doctors in Training (April 2020 – June 2020)**
Author	**Mr Kyle Mitchell, Guardian of Safe Working**

1 Introduction

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

In the introduction to each report is a reiteration of the five pillars of the 2016 Contract which are:

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

This report is the quarterly report covering the period April 2020 – June 2020, which roughly covers an exceptional period, responding to a Covid-19 pandemic, with initially unpredictable clinical impact. Temporary contractual changes were agreed between the British Medical Association and NHS Employers to allow flexibility of workforce. There was extensive redeployment of Junior Doctors between clinical areas.

The mechanism of exception reporting allows for reporting of circumstances when there is provision of inadequate “service support”. Whilst this has historically been interpreted as relating to supervision and clinical support, the Guardian of Safe Working asked Junior Doctors to use this to report inadequate provision of Personal Protective Equipment (PPE) if encountered.

2 Overview

Number of doctors / dentists in training posts (total): 157

Number of doctors sat in training post (total): 147.1
(the 9.9 posts equivalent of vacancies and LTFT trainees sat in a WTE post)
Annual average vacancy rate among this staff group: 9.4

3 Exception reporting

- 23 Exception Reports (ERs) were submitted this quarter by 8 different doctors.
  - 22 related to additional hours worked.
  - 1 related to missed breaks.
  - There were no reports of inadequate PPE.
- In total, only 26½ hours of clinically essential, unplanned overtime work was exception reported by junior doctors during the period that covers the brunt of the Covid-19 pandemic. Half was settled with time off in lieu and half was settled with overtime payments.
- A detailed breakdown by department, grade, rota and response time provided in Appendix 1.
- This reflects a tiny number of ERs by comparison with previous quarters and precludes meaningful interpretation of the data appended.
- The Guardian of Safe Working visited clinical areas during this period to informally discuss the experience of Junior Doctors and was provided with reassurance that temporary work schedules were acceptable and realistic.

4 Immediate safety concerns:

No immediate safety concerns were raised in this quarter.

5 Work schedule reviews

There were no schedule reviews undertaken in this reporting period.

6 Vacancies

During this period there was an average of 9.4 training grade vacancies. This is a decrease upon the last quarter at 11.03. Details are found within Appendix 4.

7 Locum bookings

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

8 Fines

No Fines were levied in this quarter, nor have been levied since the start of the new contract at DCH.

9 Junior Doctor Contractual issues arising during this quarter

Every aspect of this quarter was dominated by the response to the Covid-19 pandemic.

Most Junior Doctors are employed on rational contracts and most Foundation and Core Trainees expected to rotate to a new clinical area on April 1st 2020. This did not happen and trainees stayed within their prior clinical area, but were subject to internal redeployment according to perceived clinical need.

The BMA and NHS Employers issued a joint statement in April 2020 acknowledging their shared recognition of the temporary need for flexibility in Junior Doctor working. The follow areas were highlighted as suggestions for local discussion between Junior Doctors and employers:

- Removing the limit on the frequency of weekend working, which is currently no more than one in two weekends.
- Up to five consecutive long shifts rostered, where upon conclusion of the fifth shift, 48 hours of rest must be provided.
- Up to eight consecutive days of work, where 48 hours of rest must be provided upon the conclusion of the shift on the eighth day.
- Five consecutive nights could be worked through a junior doctor choosing to undertake additional shifts on top of the normal maximum of four consecutive nights.
- Lifting the limit on consecutive non-resident on-call periods to allow two consecutive 24-hour duties, provided the following shift has no fixed clinical activity the morning after (i.e. theatre list or clinic) which can't be cancelled to allow compensatory rest if required.
- Increasing the maximum average weekly hours from 48 to 56, however, consideration must be given to doctors who may not for many reasons feel able to work to this intensity. As such, this should be a measure of last resort and implemented for only as long as it remains absolutely necessary.

Almost all Junior Doctors at DCH transitioned to temporary "Covid Rotas". If these were more intense than normal rotas, pay was proportionally increased. If these were not more intense, pay was protected at the anticipated level.

The paucity of exception reports generated during this quarter may provide some reassurance that there was minimal requirement for junior doctors having to work over and above their contracted hours.

However, the exception reporting system has gone no way towards demonstrate the disruption to post-graduate medical training that has happened as a result of the initial response to this pandemic.

The Junior Doctor's Forum has continued to take place with adjustments for video conferencing and social distancing

10 Resources supporting compliance with 2016 JDC

- Job planning to recognise formal roles:
    - Guardian of Safe Working: 1PA per week
    - Educational Supervisors: 0.125 PA per week
    - Names Clinical Supervisors: 0.125 PA per week
- Regular scheduled administrative support provided to the Guardian from Workforce department.

- Bimonthly Junior Doctor Forum chaired by Chief Registrar with representation of SMT, Clinical Divisions, Director on Medical Education, Workforce and GoSW
- Chief Registrar role with 1 day per week reduction in clinical commitments

11 Summary

The contractual arrangements, working patterns, and educational opportunities of Junior Doctors have been significantly affected by the response to the ongoing pandemic.

Most junior doctors working at DCHFT have been provided with temporary rotas, agreed with the BMA but not necessarily compliant with the 2016 Contract, especially with regard to frequency of weekend working.

All Junior Doctors continue to have access to Exception Report any significant or regular variation between work schedule and hours worked, or inadequacy of PPE.

Junior Doctors reported very few instances of having to work above and beyond their contacted hours during this quarter.

APPENDICES - TRUST BOARD PAPER SEPTEMBER 2020

QUARTERLY GUARDIAN REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING

Appendix 1 – Exception Reports by department, grade and rota

Exception reports by department					
Specialty	No. exceptions carried over from last report Apr 2019 – Mar 2020	No. exceptions carried over from last report that remain open Apr 2020- Mar 2020	No. exceptions raised Apr 2020- Jun 2020	No. exceptions closed Apr 2020- Jun 2020	No. exceptions outstanding Apr 2020- Jun 2020
Paediatrics	0	0	0	0	0
Obstetrics & Gynaecology	0	0	0	0	0
ENT	0	0	0	0	0
Urology	0	0	2	2	0
Colorectal/Breast	0	0	0	0	0
Colorectal/Upper GI/Vascular	0	0	0	0	0
Orthopaedics	1	0	0	0	0
Anaesthetics	0	0	0	0	0
Anaesthetics ICU	0	0	0	0	0
Haematology	0	0	1	1	0
Histopathology	0	0	0	0	0
A&E	0	0	0	0	0
Acute Medicine	0	0	0	0	0
General Medicine	0	0	15	15	0
Elderly Care	0	0	5	5	0
Stroke	0	0	0	0	0
Clinical Oncology	0	0	0	0	0
Cardiology	1	0	0	0	0
Respiratory	0	0	0	0	0
Renal	0	0	0	0	0
Gastroenterology	0	0	0	0	0
Diabetes & Endocrinology	0	0	0	0	0
Adult Psychiatry	0	0	0	0	0
General Psychiatry	0	0	0	0	0
General Practice	0	0	0	0	0
Total	**2**	**0**	**23**	**23**	**0**

Exception reports by grade					
Specialty	No. exceptions carried over from last report Apr 2019 – Mar 2020	No. exceptions carried over from last report that remain open Apr 2019 – Mar 2020	No. exceptions raised Apr 2020- Jun 2020	No. exceptions closed Apr 2020- Jun 2020	No. exceptions outstanding Apr 2020- Jun 2020
F1	1	0	12	12	0
F2	1	0	0	0	0
CT1-2/ST1-2	0	0	11	11	0
ST3-8	0	0	0	0	0
Total	**2**	**0**	**23**	**23**	**0**

Exception reports by rota					
Specialty	No. exceptions carried over from last report Apr 2019 – Mar 2020	No. exceptions carried over from last report that remain open Apr 2019 – Mar 2020	No. exceptions raised Apr 2020- Jun 2020	No. exceptions closed Apr 2020- Jun 2020	No. exceptions outstanding Apr 2020- Jun 2020
Paediatrics ST3-8	0	0	0	0	0
Paediatrics FY2/GPVTS	0	0	0	0	0
Obstetrics & Gynaecology FY2/ST1-2	0	0	0	0	0
Obstetrics & Gynaecology ST3-8	0	0	0	0	0
General Surgery FY2/CT1/2/GPVTS **- COVID**	0	0	**2**	**2**	0
General Surgery ST3-8	0	0	0	0	0
Orthopaedics ST3-8	0	0	0	0	0
Anaesthetics CT1-2	0	0	0	0	0
Anaesthetics ICU CT1-2	0	0	0	0	0
Anaesthetics ICM FY2	0	0	0	0	0
Anaesthetics ST3-8	0	0	0	0	0
Haematology ST3-8	0	0	0	0	0
Histopathology ST1-2	0	0	0	0	0
A&E FY2/GPVTS	0	0	0	0	0
General Medicine FY2/CT1/2/GPVTS **- COVID**	0	0	**10**	**10**	0
CMT/GPVTS Cardiology	0	0	0	0	0
CMT – FW Clinical Oncology	0	0	0	0	0
General Medicine ST3-8	0	0	0	0	0
ST3+ Cardiology	0	0	0	0	0
GPVTS Palliative Care	0	0	0	0	0
GPVTS – GP	0	0	0	0	0
FY2 General Practice (AHAH – Med On Call)	0	0	0	0	0
FY2 AHAH	0	0	0	0	0
FY2 GP – Med On Call	0	0	0	0	0

FY2/CT Gastro	0	0	0	0	0
FY1 CAMHS (Gen Adult)	0	0	0	0	0
FY1 Gen Medicine - **COVID**	0	0	**11**	**11**	0
FY1 Geriatric/Stroke	0	0	0	0	0
FY1 Respiratory	0	0	0	0	0
FY1 Renal	0	0	0	0	0
FY1 Acute Internal Medicine	0	0	0	0	0
FY1 Cardiology	1	0	0	0	0
FY1 Gastroenterology	0	0	0	0	0
FY1 Colorectal/UGI	0	0	0	0	0
FY1Urology	0	0	0	0	0
FY1 ENT	0	0	0	0	0
FY1 Breast/Vascular	0	0	0	0	0
FY1Orthopaedic	1	0	0	0	0
Paediatric FY1	0	0	0	0	0
FY1 Adult Psychiatry (Surgical on call)	0	0	0	0	0
FY1 Child & Adolescent Psychiatry (Orthopaedic On call)	0	0	0	0	0
Total	**2**	**0**	**23**	**23**	**0**

Standard Exception Reports - response time			
	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	11	1	0
F2	0	0	0
CT1-2 / ST1-2	9	2	0
ST3-8	0	0	0
Total	**20**	**3**	**0**

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

Appendix 2 – Work schedule reviews by grade and department

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

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

Appendix 3 - Locum agency bookings and bank usage

Please see separate spreadsheets entitled:

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

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

	April	May	June	July	August
DIVISION A	**£78,899.03**	**£114,518.35**	**£119,462.73**	**£92,063.89**	**£107,101.23**
CONSULTANT BANK	**£514.22**	**£4,011.03**	**-£4,011.03**	**£15,294.90**	**£6,945.76**
EMERGENCY MEDICINE	£615.24	£0.00	£0.00	£0.00	£1,277.92
HISTOPATHOLOGY	£0.00	£0.00	£0.00	£10,000.00	£4,371.33
MEDICAL MICROBIOLOGY	-£101.02	£4,011.03	-£4,011.03	£5,294.90	£1,296.51
SPECIALTY DOCTOR BANK	**£2,501.20**	**£15,198.83**	**£19,466.31**	**£8,644.84**	**-£1,193.50**
GENERAL (INTERNAL) MEDICINE	£155.00	£5,646.46	£2,644.15	£1,311.24	£0.00
EMERGENCY MEDICINE	£2,346.20	£7,362.35	£11,752.37	£1,746.53	£1,059.74
PALLIATIVE MEDICINE	£0.00	£2,190.02	£5,069.79	£5,587.07	-£2,253.24
GENERAL PRACTITIONERS BANK	**£75,576.00**	**£78,989.75**	**£90,103.43**	**£56,187.30**	**£73,637.32**
GP DOCTORS IN TRAINING	£62,973.23	£62,916.78	£71,396.55	£42,470.33	£57,249.70
GENERAL MEDICAL PRACTITIONER	£12,602.77	£16,072.97	£18,706.88	£13,716.97	£16,387.62
SPECIALTY TRAINEE BANK	**£307.61**	**£16,318.74**	**£11,332.55**	**£9,661.96**	**£16,994.17**
GENERAL (INTERNAL) MEDICINE	£0.00	£16,318.74	£11,332.55	£9,037.11	£9,716.70
EMERGENCY MEDICINE	£307.61	£0.00	£0.00	£624.85	£1,062.45
CARDIOLOGY	£0.00	£0.00	£0.00	£0.00	£6,215.02
FOUNDATION YEAR 2 BANK	**£0.00**	**£0.00**	**£2,571.47**	**£2,274.89**	**£10,717.48**
GENERAL (INTERNAL) MEDICINE	£0.00	£0.00	£2,571.47	£2,274.89	£6,751.14
EMERGENCY MEDICINE	£0.00	£0.00	£0.00	£0.00	£3,966.34
DIVISION B	**£73,089.74**	**£61,301.44**	**£77,597.49**	**£43,260.56**	**£81,967.60**
CONSULTANT BANK	**£22,681.25**	**£29,425.79**	**£33,406.59**	**£34,688.47**	**£31,178.68**
ANAESTHETICS	£1,856.34	£2,819.47	£5,577.39	£3,652.59	£2,644.91
TRAUMA AND ORTHOPAEDIC SURGERY	£1,437.14	£0.00	-£793.70	£0.00	£0.00
PAEDIATRICS	£6,000.00	£6,000.00	£6,000.00	£7,854.10	£6,396.99
CLINICAL NEUROPHYSIOLOGY	£0.00	£0.00	£602.40	£1,204.80	£160.80
LOCUM CLINICAL RADIOLOGY	£10,074.77	£8,965.69	£9,477.79	£8,965.69	£8,965.69
YEOVIL DISTRICT HOSP NHS FT	£3,313.00	£3,313.00	£3,312.00	£3,314.00	£3,313.00
LOCUM ANAESTHETICS	£0.00	£8,327.63	£9,230.71	£9,697.29	£9,697.29
SPECIALTY DOCTOR BANK	**£14,407.84**	**£1,167.09**	**£9,670.30**	**£2,856.44**	**£6,131.46**
ANAESTHETICS	£8,142.54	£1,167.09	£9,670.30	£2,856.44	-£1,888.49
GENERAL SURGERY	£2,592.21	£0.00	£0.00	£0.00	£0.00
OBSTETRICS AND GYNAECOLOGY	£3,673.09	£0.00	£0.00	£0.00	£8,019.95
SPECIALTY TRAINEE BANK	**£32,693.85**	**£30,708.56**	**£34,520.60**	**£5,715.65**	**£44,657.46**
GENERAL (INTERNAL) MEDICINE	£0.00	£0.00	£0.00	£0.00	£122.14
ANAESTHETICS	£0.00	£7,339.19	£7,151.92	£0.00	£5,388.44
GENERAL SURGERY	£24,842.71	£10,804.58	£21,413.18	£5,715.65	£25,355.37
TRAUMA AND ORTHOPAEDIC SURGERY	£7,851.14	£12,564.79	£5,955.50	£0.00	£9,396.23
PAEDIATRICS	£0.00	£0.00	£0.00	£0.00	£1,066.05
OBSTETRICS AND GYNAECOLOGY	£0.00	£0.00	£0.00	£0.00	£3,329.23
FOUNDATION YEAR 2 BANK	**£3,306.80**	**£0.00**	**£0.00**	**£0.00**	**£0.00**
TRAUMA AND ORTHOPAEDIC SURGERY	£3,306.80	£0.00	£0.00	£0.00	£0.00

Appendix 4 – Medical training grade vacancies

Department	Grade	Rotation Dates	April	May	June	Average Q1
Paediatrics	ST3	Sept 19 to Sept 20	0	0	0	0
Paediatrics	ST4+	Sept 19 to Sept 20	0.4	0.4	0.4	0.4
O&G	ST1	Oct 19 to Oct 20	0	0	0	0
O&G	ST3+	Oct 19 to Oct 20	0.4	0.4	0.4	0.4
Surgery	CT1	Aug 19 to Aug 20	0	0	0	0
Surgery	CT2	Aug 19 to Aug 20	0	0	0	0
Surgery	ST3+	Oct 19 to Oct 20	1	1	1	1
Orthopaedics	ST3+	Sept 19 to Sept 20	0	0	0	0
Anaesthetics	CT1/2	Aug 19 to Aug 20	1	1	1	1
Anaesthetics	ST3+	Aug 19 to Aug 20/Feb20 - Feb 21	0.2	0.2	0.2	0.2
Medicine	CT1/2	Aug 19 to Aug 20	0	0	0	0
Medicine COE	ST3+	Mar 19 to Mar 20	0	0	0	0
Medicine Diab/Endo	ST3+	Aug 19 to Aug 20	0	0	0	0
Medicine Gastro	ST3+	Sept 19 to Sept 20	0	0	0	0
Medicine Resp	ST3+	Aug 19 to Aug 20	0.2	0.2	0.2	0.2
Medicine Cardio	ST3+	Feb 19 to Feb 20	0	0	0	0
Medicine Renal	ST3+	Aug 19 to Aug 20	0	0	0	0
Heamatology	ST3+	Sept 19 to Sept 20	0.4	0.4	0.4	0.4
Med/Surg	FY1	Aug 19 to Aug 20	0	0	0	0
Med/Surg	FY2	Aug 19 to Aug 19	0	0	0	0
GPVTS	ST1	Aug 18 to Aug 21	4.4	4.4	4.4	4.4
GPVTS	ST2	Aug 17 to Aug 20	1.4	1.4	1.4	1.4
GPVTS	ST3	Aug 18 to Aug 19	0	0	0	0
			9.4	9.4	9.4	9.4

Appendix 5 – Fines levied by Department and Cumulative Total

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

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

Appendix 6 – Frequency of submission of Exception Reports

Number of exception reports	Number of doctors
0	149
1	2
2	3
3	1
4	1
5	0
6	0
7	0
8	1