Ref: MA/TH

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

You are invited to attend a **public (Part 1) meeting of the Board of Directors** to be held on **25th November 2020 at 08.30am to 10.55am** 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.	**Staff 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:	Verbal	Mark Addison	Note	
	b) Conflicts of Interests	Verbal	Mark Addison	Note	
	c) Minutes of the Meeting dated 30th September 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** • **Recovery trial**	Verbal	Inese Robotham Johnathan Chambers Sarah Williams	Note Note	9.05-9.15 9.15-9.30
5.	**EPRR Assurance Statement**	Enclosure	Tony James/Inese Robotham	Note	9.30-9.45
6.	**Performance Scorecard and Board Sub-Committee November Escalation Reports** a) Workforce Committee b) Quality Committee c) Finance and Performance Committee d) Risk and Audit Committee	Enclosure	Committee Chairs and Executive Leads	Note	09.45-10.05

Coffee Break 10.05 – 10.20					
7.	**Social Value Pledges**	Enclosure	Nick Johnson	Approve	10.20-10.35
8.	**Board Assurance Framework**	Enclosure	Nick Johnson	Approve	10.35-10.45
9.	**Corporate Risk Register**	Enclosure	Nicky Lucey	Approve	10.45-10.55
	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.				
10.	**Learning from Deaths Report Q2 2020/21**	Enclosure	Alastair Hutchison	Note	
11.	**Quality Account**	Enclosure	Nicky Lucey	Approve	
12.	**Communications Activity Report Q2 2020/21**	Enclosure	Nick Johnson	Note	
13.	**Any Other Business**				
	Nil notified				
14.	**Date and Time of Next Meeting**				
	The next part one (public) Board of Directors' meeting of Dorset County Hospital NHS Foundation Trust will take place at **8.30am** on **Wednesday 27 January 2021** via Lifesize.				

Minutes of a Meeting of the Board of Directors of Dorset County NHS Foundation Trust Held at 0900am on 30th September 2020 at the Board Room, Dorset County Hospital and via Lifesize.

Present:		
Mark Addison	MA	Trust Chair *(Chair)*
Sue Atkinson	SA	Non-Executive Director
Paul Goddard	PG	Director of Finance and Resources
Judy Gillow	JG	Non-Executive Director absent 11 – 11.30
Victoria Hodges	VH	Non-Executive Director
Alastair Hutchison	AH	Medical Director
Nick Johnson	NJ	Director of Strategy, Transformation and Partnerships
Nicky Lucey	NL	Chief Nursing Officer
Ian Metcalfe	IM	Non-Executive Director
Patricia Miller	PM	Chief Executive
Inese Robotham	IR	Chief Operating Officer
Stephen Slough	SS	Chief Information Officer
David Underwood	DU	Non-Executive Director
In Attendance:		
Rachel Cookson	RC	Division Lead Nurse, Urgent and Integrated Care Division *(Patient Story)*
Emma Hallett	EH	Deputy Director of Workforce
Trevor Hughes	TH	Head of Corporate Governance *(Minutes)*
James Metcalfe	JM	Divisional Director, Urgent and Integrated Care
Natalie Violet	NV	Business Support Manager

BoD20/128	**STAFF STORY**	
	RC attended for this item and presented a precis of the story. A link to the patient video had been previously circulated and Board members had previously viewed the video. The story concerned Malcolm and Nicola, relatives of a staff member. Malcolm had contracted COVID-19 and whilst he remained at home initially, he required admission to the Intensive Care Unit and he was subsequently ventilated. Nicola recalled the sense of isolation, being unable to visit him at that time but acknowledged the extensive efforts made by staff to keep her informed and respond to her questions. Nicola subsequently became unwell and became anxious due to self-isolation. Both recounted that they felt very well supported by clinical and non-clinical staff, physically and psychologically, and that the care they had received had been compassionate. Both had recovered although they continued to face challenges arising from the infection and wanted to remind the public that the disease was still present and active. Members of the Board acknowledged the serious impact of the disease and the powerful messages within the video. The comparatively low incidence of the disease within the South West region could lead to complacency.	

	JM joined the meeting. NL commented that the large number of people treated in the ED which made follow up difficult but acknowledged more could be done to feedback to staff on those who were particularly unwell when they had been admitted. She also noted the serious long term effects of the disease, even in those patients experiencing mild illness. RC commented on the remarkable psychological impact on patients, relatives and staff, from being unable to communicate with loved ones and highlighted the appointment of a new Clinical Psychologist from October. AH noted the psychological support available to ITU patients and the need for this to be extended to other services. NL added that the multi-faith nature of available places of worship within healthcare settings was also being promoted. It was suggested that, with the patient's consent, the video be shared with the NHS 111 service and colleagues within the system. PM noted discussion with Dorset Health Care regarding further Psychology support to the trust and the need for this care to be provided in the most suitable environment for the patient - particularly those in high risk groups. MA noted the discussion and asked that the Board's thanks be extended to Malcolm and Nicola and to the ED and critical care teams.	
BoD20/129	**FORMALITIES**	**Action**
	The Chair declared the meeting open and quorate. Apologies for absence were received from Stephen Tilton and Mark Warner. MA reminded that the meeting was being recorded to promote public access.	
BoD20/130	**Declarations of Interest**	
	There were no conflicts of interest declared in the business to be transacted on the Agenda.	
BoD20/131	**Minutes of the Meeting held on the 26th August 2020**	
	There were no questions or points of accuracy raised in respect to the Minutes of the meeting held on 26th August 2020.	
	Resolved: that the Minutes of the meeting held on the 26th August 2020 be approved as an accurate record.	
BoD20/132	**Matters Arising: Action Log**	
	The following updates to the Action Log were received and the Board agreed to close items completed:	

	BoD20/007 - PM noted that the Head of Organisational Development would commence in post the following week and progress this work. The due date was revised to December 2020. **BoD20/008 -** EH advised that Consultant job plans were being reviewed against the Wessex Deanery requirement and that recommendations would be presented to Workforce Committee in October. Further discussion on the use of Supervisory PAs was planned the following week. Action closed **BoD20/009 –** it was noted that that staff resilience was documented within the COVID risk reports and would be kept under review by the Workforce Committee. Action closed Members noted the need to review the Board's Strategic Work Programme and suspended items. A draft proposal would be returned to Board in October.	**MA / PM / TH**
	Resolved: that the Action Log be received and approval be given for the removal of completed actions.	
BoD02/133	**CEO Update**	
	PM thanked the Board for taking time to make pledges as part of Inclusion Week and noted the display in the main hospital corridors presenting staff from diverse backgrounds and depicting DCH as 'one team'. JG enquired whether the striking display could be extended and it was noted that work was being undertaken on a Dorset-wide presentation with the intention of creating a book and that the display would move into the hospital canteen. PM expressed disappointment that she had needed to email line managers about the defacing of the display and the inappropriate comments and stated that the matter was being investigated and such actions would not be tolerated. PM advised that the Head of Organisational Development, commencing in post the following week, would undertake a Leadership review. SA drew the Board's attention to the role of the National Institution for Health Protection; replacing Public Health England (PHE), and that the health improvement role previously undertaken by PHE appeared to be absent. Noting the impact of inequalities on health, SA urged that appropriate representations be made to NHSE/I. IM remarked on the timing and questioned the appropriateness of changing ED and A&E performance metrics mid-year. PM noted that DCH continued to perform well and that changing the metrics in year could adversely impact and overwhelm the departments. Review of the metrics for the new financial year would be more appropriate. It was known that the rapid transfer of patients from	

	the ED positively impacted outcomes and it was noted that the trust would continue to monitor performance against the previous metrics for internal purposes. MA commended PM's blog to colleagues. He extended the Board's thanks to all involved in securing approval for the mutli-storey carpark development. It was noted that there would be further discussion of the Integrated Care System funding allocations in Part Two of the Board meeting.	
	Resolved: that the CEO Update be received and noted.	
BoD20/134	**COVID-19 Update**	
	IR reported that there had been no new inpatients treated for COVID since 12 June 2020 although increases in the number of cases in neighbouring trusts were being observed. The Incident Management Team continued to meet and the risks associated with the availability of the workforce and PPE remained; although stock levels were good. The level of bed occupancy was reported to be at circa 90% with work due for completion to increase bed capacity and the need for an integrated partnership response to support patient flows was reiterated. It was noted that a system wide Vaccination Plan had been prepared in the event that vaccines currently being trialled were released. DCH would be the distribution centre for vaccines across the local system.	
	Resolved: that the COVID-19 Update be noted.	
BoD20/135	**EPRR Assurance Process**	
	IR highlighted changes to the annual assessment and submission process; explaining that a 'light touch' approach without the need to complete self-assessment had been adopted nationally. Action plans were being incorporated within Winter Plans and a desk top testing of arrangements exercises had been undertaken. Further planning and debriefing dates as set out in the document would be completed prior to submission of the required statement. IR asked the Board to note the assurance update. IM requested that a further update be provided to the Risk and Audit Committee in November and it was noted that further action by the local system would be required in order to obtain greater compliance with the Standard Domains.	**IR**
	Resolved that: the EPRR Assurance Process be noted.	

BoD20/136	**ICS Update and DCH Priorities**	
	NJ updated on the development of Integrated Care System (ICS) priorities which would be reported to the Partnership Board in October; noting revised and more focussed Mission and Vision Statements. Delivery of the three tiered priorities and governance arrangements would be reliant on appropriate resources and execution of the plans. The three simple priorities for DCH in 2021 reflected previous Board discussion. It was felt that the number of ICS priorities were too numerous and operationally, rather than strategically, focussed. The inclusion of anchor institutions and social value also appeared disconnected and further clarity was needed regarding a consistent system-wide organisational escalation process to the ICS and on governance and reporting arrangements as these remained immature. Communication of DCH and ICS priorities was to take place via various channels on an ongoing basis. Further consideration about the inclusion of ICS priorities would be undertaken following the DCH strategy refresh. MA noted the planned System Partnership Board meeting in mid-October and the need to discuss and clarify the strategic priorities for the system. MA/PM undertook to feedback to Jenni Douglas Todd, ICS Chair, to ensure that priorities were strategic and realistic.	**MA / PM**
	Resolved that: the ICS Update and DCH Priorities be received and noted.	
BoD20/137	**Winter Plan**	
	IR presented key features of the plan and explained that the document had been widely consulted upon with clinical and non-clinical staff and had been discussed by relevant Board committees. She highlighted the detailed escalation processes in critical care areas and sought approval for funding to allocate wards for COVID management purposes. In response to a query regarding the evaluation of schemes, IR advised that evaluation would take place at the end of the winter period. Whilst some risks remained within the plan, the Board were assured that the Trust had adequately prepared. PM advised that the plan had been produced as part of a system wide initiative and expressed her shared concern regarding the potential impacts of Influenza, in addition to a second wave of the pandemic, whilst continuing to deliver the Phase 3 requirements. The need for shared responsibility and accountability for delivery between health	

	and social care partners was noted as increasing acute bed capacity would not address anticipated increases in service demands in isolation. Further clarity was also required in respect to the local authority's policy for placing COVID positive people until they could be returned to care homes. MA summarised that the Winter Plan identifies an increased bed capacity, despite the social distancing requirement, but that the acute sector could be overwhelmed by the combination of potential concurrent demands. A difficult winter period was anticipated and wider assurances that discharge arrangements would return to early COVID levels of performance were required.	**MA / PM**
	Resolved that the Winter Plan be received and noted.	
BoD20/138	**Health Inequalities**	
	NJ presented the report, noting prior review by the Quality Committee and the increasing system–wide approach to planning responses to the Phase 3 recovery requirements and improving outcomes. The purpose of the report was to share the current position and to seek feedback from the Board on the approach taken. It was proposed that NJ be appointed as the Board Level Executive Lead for health inequalities and this was approved. Links to the previous PHE discussion were noted and the inclusion of anchor institutions and social value were welcomed. The pandemic had highlighted inequalities surrounding deprivation and the importance of employment and education opportunities to improved health outcomes was noted. PM also noted links with the Equality, Diversity and Inclusion agenda and the need to ensure system resources were galvanised in delivering the agenda; integrating with third party and voluntary sectors. NL commented on the exciting opportunity to move away from the transactional activity focus towards pathways delivery and the need for commitment from all system partners. The extensive task was noted and clarity was sought as to whether the actions were appropriately aligned to the priorities. It was noted the action plan was only in draft and was under further development to identify the wider activity already happening and to ensure the most appropriate people were engaged in the work. The complex work was noted to be at the earlier stages of development and small practical steps would need to be identified in order to deliver a different approach, bring issues to life and to demonstrate what could be tested and achieved. MA noted that this remained a work in progress and that the Board	**NJ**

	had appointed NJ as the Lead Executive to take progress this matter within the ICS. An update would be provided to the Board in the New Year.	
	Resolved that: the Health Inequalities update be received and noted and that NJ be appointed as the Executive Board Lead.	
BoD20/139	**Performance Scorecard and Board Sub-Committee Escalations**	
	MA advised members of the new Escalation Reports. He noted prior discussion of performance by respective committees the previous week and invited Committee Chairs to present key issues: **Workforce Committee** VH noted the potential for increasing workforce pressures during the winter and restrictions in recruiting overseas staffing. Discussion of the People Strategy and NHS People Plan was had and the key role that the Head of Organisational Development would play in developing the trust's culture and the perspective of cultural contribution was noted. **Quality Committee** JG noted review of the Equalities Paper and that further feedback had been requested. Views about how the committee operated had been sought and 'deep dives' would be reintroduced to support issues identified, such as with discharges summaries. The significant positive VTE compliance improvement was noted with learning being transferable into dementia screening. The need to maintain strong links to the Workforce Committee was seen to be crucial in positively impacting quality of care. NL noted the start of the Flu Vaccination programme. **Finance and Performance Committee** IR reported that performance reporting would focus on delivery of Phase 3 requirements and benchmarking regionally and nationally. ED and Diagnostics continued to perform well although RTT and waiting lists remained a concern. The Winter Plan had been approved by the committee and ED capital funding had been noted. PG advised that the current financial regime to achieve a break even position continued; noting potential risks to delivery of routine work. He highlighted the additional risks arising from the need to spend significant capital funding in year and the impact of this requirement on the Estates Team. MA noted some SubCo risks that would be considered by SubCo Board. AH noted that the Standard Hospital Mortality Index (SHMI) had entered a higher than expected range and that there had been an	

	increase in the number of expected deaths. The matter was under review although causation was thought to be due to the availability of coding staff. This could also be a COVID effect. **Risk and Audit Committee** IM reported discussion of assurances received in respect to winter planning, COVID and EPRR. He noted discussion of the Risk Appetite Statement and decisions made in line with the agreed statement. A delivery paper on the entirety of capital schemes was to be presented to the Finance and Performance Committee in October outlining the potential impact on quality. He noted the need to consider inequalities in all aspects risk analysis. MA requested circulation to Board members of the capital projects summary to include spend and timescales.	
	Resolved that: the Performance Scorecard and Board Sub-Committee Escalations be received and noted.	
BoD20/140	**Charity Annual Report and Accounts**	
	PG summarised that the DCH Board of Directors as Corporate Trustees were required to approve the Charity's Annual Report and Accounts and Letter of Representation. He confirmed the External Audit process resulting in an unqualified opinion and requested approval and signing prior to submission to the Charities Commission. DU noted the different financial position this year as a result of the Pandemic.	
	Resolved that: the Charity Annual Report, Letter of Representation and Accounts be approved.	
BoD20/141	**Decision Making Outside the Board**	
	MA summarised provisions within the Standing Orders and Standing Financial Instructions for Board level decisions making in the event an urgent decision was necessary outside scheduled meetings of the Board or its committees. Decisions would require a formal committee meeting should three days-notice of the decision be given. Video conferencing arrangements would support this. He proposed that the full Board need not be convened for decisions requiring Board in addition to committee level decision making, provided that the Committee Chair so advised the Trust Chair and CEO. The Trust Chair and CEO would then decide whether a full additional Board meeting was necessary and, if they concluded not, they would take the decision on behalf of the Board and report to the next meeting of the Board. It was clarified that at least two Non-Executive Directors should be party to committee discussion and scrutiny.	
	Resolved that: the process for Decision Making Outside the	

	Board be approved.	
BoD20/142	**Staff Survey Update**	
	EH noted prior review of the staff survey by the Workforce Committee in March. Presentation to the Board had been delayed due to the pandemic response. 2019 results had been positive overall although the response rate had been low and declining. The 2020 Staff Survey was due to be circulated in the coming few days and an improved response rate was anticipated. EH reported that responses from staff with disabilities or from BAME communities had reported a less favourable work experience and discussion was being promoted via Network group and had been included in the planned cultural reviews. VH expressed concerned at the low response rate which was not reflected nationally, the framing of some questions and overall length of the survey. She supported a move to online surveys. EH explained that key survey metrics would inform the People Plan and it was acknowledged that the metrics needed to reflect that the cultural shift ambition. The ability to review a granular level of result would make the survey meaningful to individual services and help to promote engagement with and action on the findings. NL commented on the staff wellbeing pilots which would enable local staff feedback daily.	
	Resolved that: the Staff Survey Update be approved.	
	CONSENT SECTION	
	The following items were taken without discussion. No questions were previously raised by Board members prior to the meeting.	
BoD20/143	**Guardian of Safe Working Report**	
	AH reported that incidents of working additional hours had not been reported and was possibly as a result of under reporting during the peak of the pandemic. PM requested that this assumption was tested the Junior Doctor Forum as the expectation would be that working hours increased at that time.	
	Resolved that: the Guardian of Safe Working Report be approved.	
BoD20/144	**Any Other Business**	
	MA acknowledged VH's last attendance at the Public Board meeting and thanked her for outcomes focussed contributions to the Board and work in the roles as Workforce Committee Chair, Freedom to Speak Up Lead and Senior Independent Director. VH thanked MA for his comments and colleagues for the opportunity to work with them.	

BoD20/145	**Date and Time of Next Meeting**	
	The next meeting of the Board of Directors of Dorset County Hospital NHS Foundation Trust will be held on **28th October 2020** at **08.30am** via Lifesize.	

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Signed by Chair …….. Date ……..

Action Log – Board of Directors Part 1.

Presented on: 25th November 2020

Minute	Item	Action	Owner	Timescale	Outcome	Remove ? Y/N
Meeting Dated:30th September 2020						
BoD20/132	**Matters Arising: Action Log**	Meeting to be established to review the Board Strategic Work Programme and suspended items. A proposal to be presented to the Board.	**MA / PM / TH**	**October 2021**		
BoD20/135	**EPRR Assurance Process**	An assurance update to be provided to Risk and Audit Committee	**IR**	**November 2020**	Added to RAC Agenda	Yes
BoD20/136	**ICS Update and DCH Priorities**	Discussion to be had with ICS Chair regarding strategic and realistic system priorities	**MA / PM**	**October 2020**		
BoD20/137	**Winter Plan**	Further discussion in support of winter planning discharge arrangements and support to be had with system partners and the local authority.	**MA / PM**	**October 2020**		
BoD20/138	**Health Inequalities**	An update on system progress to be provided	**NJ**	**January 2021**	Not Due	No
Meeting Dated:26th August 2020						
BoD20/120	**Matters Arising: Action Log**	Committee Work Plans to be aligned to the Quality Committee model following planned strategy discussions later in the year.	**TH**	**November 2020**		
Actions from Committees…(Include Date)						

Title of Meeting	**Board of Directors**
Date of Meeting	**25 November 2020**
Report Title	**Chief Executive's Report**
Author	**Natalie Violet, Corporate Business Manager to the CEO**
Responsible Executive	**Patricia Miller, Chief Executive**

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

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

The key developments nationally are as follows:

Emergency Preparedness
In response to increasing coronavirus infections and increased demand on hospitals across the country NHS Chief Executive Sir Simon Stevens announced that the health service in England will return to its highest level of emergency preparedness, Incident Level 4 from 05 November 2020. This meant the NHS moved from a regionally managed but nationally supported incident to one that is co-ordinated nationally. Internally we have stepped up our Incident Management Team meetings to daily to provide more frequent oversight within our hospital.

Asymptomatic Staff Testing
NHS England has expanded the asymptomatic staff testing programme which will include regular twice weekly self-testing of all patient facing staff. Proactively testing asymptomatic individuals will help identify those who unknowingly have the virus and enable those who test positive and their contacts to self-isolate which can help drive down the R rate locally. We have arrangements in place for the distribution of lateral flow testing kits to enable our staff to test themselves. There is a risk our staff absence rates may increase should staff test positive. This will be monitored through the daily Incident Management Team meetings.

COVID Vaccine
A national COVID-19 Vaccination Deployment Programme has been established to develop plans with, and support the NHS to, implement the end to end operational delivery and administration of vaccines in England. The programme's objective is to enable the safe administration of vaccines by regions, systems and providers as soon as possible once vaccines are made available in the UK. In the South West it has been agreed that all acute NHS Trusts will offer this service to their staff and that the ambulance service will vaccinate their staff. DCH will store the vaccines as it is the only provider with a wholesale dealers licence. Dorset HealthCare will act as lead provider.

Culture Review
The 'discovery phase' of our culture review was launched at the Leadership Forum on 12 November 2020. There were some very positive, informative discussions with clear themes emerging. Our Head of Organisational Development will also be seeking views from staff across the Trust. This first phase is due to conclude by the end of December. In the New Year, we will play back the findings, develop an action plan and continue to work with staff to take forward the priorities.

Paper Previously Reviewed By Chief Executive	
Strategic Impact In order for the Board to operate successfully, it has to understand the wider strategic and political context.	
Risk Evaluation Failure to understand the wider strategic and political context, could lead to the Board to make decisions that fail to create a sustainable organisation. The Board also needs to seek assurance that credible plans are developed to ensure any significant operational risks are addressed.	
Impact on Care Quality Commission Registration and/or Clinical Quality An understanding of the strategic context is a key feature in strategy development and the Well Led domain. Failure to address significant operational risks could lead to staff and patient safety concerns, placing the Trust under increased scrutiny from the regulators.	
Governance Implications (legal, clinical, equality and diversity or other): Failure to address significant strategic and operational risks could lead to regulatory action and significant deterioration in the Trust's performance against the 'Well Led' domain.	
Financial Implications Failure to address key strategic and operational risks will place the Trust at risk in terms of its financial sustainability.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	The Board is asked to note the information provided.

Chief Executives Report

Strategic Update

National Perspective

Local relevance

Emergency Preparedness

In response to increasing coronavirus infections and increased demand on hospitals across the country NHS Chief Executive Sir Simon Stevens announced that the health service in England will return to its highest level of emergency preparedness, Incident Level 4 from 05 November 2020. This meant the NHS moved from a regionally managed but nationally supported to one that is co-ordinated nationally. Internally we have stepped up our Incident Management Team meetings to daily to provide more frequent oversight within our hospital.

'No-deal' Brexit

The UK's transition period will cease as planned on 31 December 2020. Keith Willett has resumed his role as EU Exit Senior Responsible Officer, along with his role as Strategic Incident Director for COVID-19. 'No-deal' Brexit will be managed alongside the ongoing COVID-19 response and restoration of services, through established national and regional incident coordination centres. Our Chief Operating Officer, Inese Robotham, is our named UK end of transition Senior Responsible Officer. Our internal task and finish group is now functional and will feed any escalations into the Incident Management Team Meeting as part of the Emergency Preparedness Resilience and Response Framework.

NHS Funding

NHS Providers urged the chancellor to deliver on his personal commitment that the health service will have what it needs to deal with the costs of COVID ahead of the 25 November 2020 spending review, highlighting the health and wellbeing of hundreds of thousands of patients is at risk. The letter argued there is evidence in performance figures that the health service is facing two major, new, COVID-19 generated pressures which must be addressed as quickly as possible; a rapidly growing backlog for routine planned surgery and a deeply worrying rise in demand for mental health services.

Independent Sector Contract

The national contract with independent sector hospital providers will end on 21 December 2020. From 20 November a new Increasing Capacity Framework will be available. The objective of the framework agreement is to support the ability to manage and reduce waiting lists by purchasing additional activity from providers of required services. Our teams are working on repatriating activity from the Winterbourne to the main site from 21 December 2020 onwards. We will be utilising the Increasing Capacity Framework to procure activity from the Winterbourne and Newhall Hospital within the financial envelopes already approved by the Board.

Asymptomatic Staff Testing

NHS England has expanded the asymptomatic staff testing programme which will include regular twice weekly self-testing of all patient facing staff. Proactively testing asymptomatic individuals will help identify those who unknowingly have the virus and enable those who test

positive and their contacts to self-isolate which can help drive down the R rate locally. We have arrangements in place for the distribution of lateral flow testing kits to enable our staff to test themselves. There is a risk our staff absence rates may increase should staff test positive, this will be monitored through the daily Incident Management Team meetings.

COVID Vaccine

Rapid progress is being made on the development of a COVID vaccine. The vaccines being developed require two doses per patient, with a 21-28 day gap between doses. The intention is to commence delivery of the vaccine from 01 December 2020. The actual start date is yet to be confirmed. It is anticipated availability will be limited with only small numbers given in December and the majority of vaccinations taking place in early 2021.

It is anticipated that the vaccine will be prioritised initially for high priority groups, much in the same way as flu vaccinations; health and care workers, care home residents and staff, those at high risk and all over the age of 50.

A national COVID-19 Vaccination Deployment Programme has been established to develop plans with, and support the NHS to, implement the end to end operational delivery and administration of vaccines in England. The programme's objective is to enable the safe administration of vaccines by regions, systems and providers as soon as possible once vaccines are made available in the UK. In the South West it has been agreed that all acute NHS Trusts will offer this service and that the ambulance service will vaccinate their staff. DCH will store the vaccines as it is the only provider with a wholesale dealers licence. Dorset HealthCare will act as lead provider.

Our Dorset – Health Inequalities Group

The inaugural meeting of the Our Dorset Health Inequalities Group took place on 21 October 2020. The group will initially focus on ensuring that we restart our services in an inclusive way and minimise any further impact of health outcomes for the people of Dorset. This will be done in line with the eight urgent actions set out in the implementing phase 3 of the NHS response to COVID-19 pandemic guidance. In the medium to long term the group will develop a health inequalities strategy for Dorset which will contain a number of strands which look at how we can develop citizenship and social value principles to maximise wellbeing at place level. I have been nominated as the Senior Responsible Officer for this programme for Dorset.

DCH Performance

Staff Wellbeing

The wellbeing of our staff continues to be at the forefront of our minds. We are due to commence wellbeing walk-arounds this month. These will be led by our Health and Wellbeing champions and are due to take place weekly, with Executive representation every month.

Performance

In terms of performance the Trust continues to face a number of challenges. We continue with our restart of routine services within a reduced footprint. The relocation of services around the organisation is progressing well with works scheduled to finish in early 2021. Our bed occupancy remains high, with an increasing number of patients who are medically fit for discharge but do not have an agreed discharge plan. We are working with our system partners at ways to improve flow, ensuring patients are in the best possible place based on their needs.

Flu Campaign

The Trust's flu campaign continues encouraging staff to get their annual flu jab as soon as possible. So far we have had a very positive response and are aiming to complete the majority of vaccinations by December to allow our focus to turn to COVID vaccinations.

Staff Opinion Survey

The staff opinion survey is open and due to close on 27 November 2020. The survey will continue to follow the same methodology and timings as in previous years to allow for comparability of the data and allow organisations to compare question responses and theme scores with previous years. There have been some amendments including specific questions about the pandemic in order to provide a more in depth understanding of the impact it has had on our staff.

Culture Review

The 'discovery phase' of our culture review was launched at the Leadership Forum on 12 November 2020. There were some very positive, informative discussions with clear themes emerging. Our Head of Organisational Development will also be seeking views from staff across the Trust. This first phase is due to conclude by the end of December. In the New Year, we will play back the findings, develop an action plan and continue to work with staff to take forward the priorities.

Patricia Miller, Chief Executive
25th November 2020

Title of Meeting	Board of Directors
Date of Meeting	25 November 2020
Report Title	EPRR Assurance Statement 2020/21
Author	Tony James, Head of Emergency Planning & Resilience
Responsible Executive	Inese Robotham, Chief Operating Officer, Accountable Emergency Officer (AEO)

Purpose of Report (e.g. for decision, information
To update the Board on the EPRR Assurance Statement 2020/21

Summary
This year's EPRR assurance focussed on 4 areas (A-D) rather than the detailed and granular process of previous years.

A. Progress made by organisations reported as partially or non-compliant in 2019/2020.
B. The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic.
C. Inclusion of progress and learning in winter planning preparations.
D. HAZMAT / CBRN Audit

Following the 'check and challenge' meeting held on 26th October 2020, with Dorset and SW NHS England a& NHS Improvement, the Trust has maintained its EPRR standards and the CCG agreed a substantially compliant position for 2020/21.

Paper Previously Reviewed By:

- Accountable Emergency Officer (COO).
- Emergency Planning & Resilience Group
- Risk and Audit Committee 17th November 2020

Strategic Impact
Robust systems for EPRR ensure that the Trust complies with relevant provisions of the Civil Contingencies Act (2004) and the NHS Act 2006 as amended by the Health and Social Care Act 2012

Risk Evaluation
An update on the 2019/20 partially compliant domains and the identification and embedding of learning through an appropriate process.

Impact on Care Quality Commission Registration and/or Clinical Quality
CQC Regulations 12: Safe care and treatment. 'To make sure that people who use services are safe and any risks to their care and treatment are minimised, providers must be able to respond to and manage major incidents and emergency situations'.

Governance Implications (legal, clinical, equality and diversity or other):
The Trust needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. This is underpinned by legislation contained in the CCA 2004 and the NHS Act 2006 (as amended).

Financial Implications
None

Freedom of Information Implications – can the report be published?	No
Recommendations	The Board of Directors is asked to note the EPRR Assurance Statement 2020/21

Title of Meeting	**Risk and Audit Committee**
Date of Meeting	**17th November 2020**
Report Title	**EPRR Assurance Statement 2020/21**
Author	**Tony James, Head of Emergency Planning & Resilience**

1. SITUATION

All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012, the NHS standard contract, the NHS Core Standards for EPRR and the NHS England business continuity management framework.

The purpose of the EPRR annual assurance process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards.

2. BACKGROUND

As part of the review process for EPRR, NHS England wrote to commissioners and providers of NHS funded services confirming the process for EPRR assurance for 2020/21.

The annual assurance process focussed on 4 areas this year rather than the detailed and granular process of previous years.

The 4 focus areas were:

A. Progress made by organisations reported as partially or non-compliant in 2019/2020.
B. The process of capturing and embedding the learning from the first wave of the COVID-19 pandemic.
C. Inclusion of progress and learning in winter planning preparations**.**
D. HAZMAT / CBRN Audit

3. ASSESSMENT

Following the Trusts submission of documents to Dorset CCG (CCG) the Trusts Accountable Emergency Officer and Emergency Planning Lead were required to participate in an EPRR and Winter Assurance 'check and challenge' review meeting. This meeting was held on 26th October 2020. The CCG's Accountable Emergency Officer and Head of EPRR, SW NHS England and NHS Improvement (NHSE&I) were present at the meeting.

A. Progress made by organisations reported as partially or non-compliant in 2019/2020

An updated assurance position, including progress made through improvement plans was presented.

Last year the Trust identified four domains which were partially compliant:

- Mass counter-measures
- Mass Casualty - patient identification
- Mutual aid arrangements

- Data Protection and Security Toolkit

Our EPRR work programme demonstrated sufficient evidence of progress supported by an action plan to achieve full compliance within the next 12 months.

B. The identification and application of learning from the first wave of the COVID-19 pandemic

An overview of the learning and improvement process that had taken place in the Trust following the first phase of the COVID-19 response was presented. This included an overview of debriefs held with lessons identified and planned actions. Also included was the learning from training exercises both internal and exercises which had taken place.

C. Incorporating progress and learning into winter planning arrangements

An overview of how key learning identified through COVID-19 actively informed wider winter preparedness activities given the potential concurrencies of incidents and activities over this period was discussed.

The Trusts Operational Resilience and Capacity Plan had been prepared in readiness for the winter period along with the Trusts cold weather and business continuity plans.

D. HAZMAT / CBRN Audit

South Western Ambulance NHS Trust conducted the Trusts HAZMAT / CBRN Audit on behalf of NHS England & NHS Improvement on 22nd October 2020.

This year's audit included assurance on the following elements:

- EPRR Decontamination Equipment Checklist
- CBRN training and any impact of COVID-19 on training programme
- Status and stock levels of Powered Respirator Protective Suits (PRPS)

The audit found that the Trust had robust plans and processes in place to receive, manage and recover from a HAZMAT or CBRN event. No non-conformities were identified.

4. SUMMARY

The Accountable Emergency Officer at the CCG and Head of EPRR, SW NHSE&I were satisfied that the Trust had maintained its EPRR standards and agreed a substantially compliant position for 2020/21. The Accountable Emergency Officer at Dorset CCG reinforced this statement by stating that DCH is considered an exemplar EPRR site in Dorset.

Statements of assurance on each Trust will be presented by the CCG to the Local Health Resilience Partnership at the quarter four meeting.

Board of Directors
25 November 2020
Integrated Performance Scorecard

Metric	Threshold/ Standard	Type of Standard	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Q1	Q2	Q3	YTD	Movement on Previous Period	12 Month Trend
Safe															
Infection Control - MRSA bacteraemia hospital acquired post 48hrs (Rate per 1000 bed days)	**0**	Contractual (National Quality Requirement)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	↔	
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)**	**3 (0.5)**	0 (0.0)	1 (0.1)	**9 (0.5)**	0 (0.0)	**10 (0.2)**	↑	
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	N/A	N/A	N/A	↑	
Never Events	**0**	Contractual (National Requirement)	0	0	0	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	3	2	1	5	2	8	**N/A**	
Duty of Candour - Cases completed	**N/A**	For monitoring purposes only	0	0	0	0	2	0	10	0	2	10	12	**N/A**	
Duty of Candour - Investigations completed with exceptions to meet compliance	**N/A**	For monitoring purposes only	0	0	0	0	0	0	0	0	0	0	0	**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	1	**2**	**2**	**3**	0	0	0	5	3	0	8	↔	
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)	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)	2 (0.2)	2 (0.2)	3 (0.2)	4 (0.2)	2 (0.2)	7 (0.2)	↔	
Emergency caesarean section rate			14.5%	15.0%	17.5%	15.5%	27.0%	20.9%	16.4%	15.7%	21.3%	16.4%	18.3%	↑	
Sepsis Screening - percentage of patients who met the criteria of the local protocol and were screened for sepsis (**ED**)	**90%**	2018/19 CQUIN target 2019/20 Contractual (National Quality Requirement)	N/A	N/A	N/A	N/A	**79.0%**	94.0%	**88.9%**	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	**88.0%**	91.0%	97.0%	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	**81.0%**	**74.0%**	**68.0%**	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	**78.0%**	**87.0%**	93.0%	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**	**1**	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	**N/A**
SHMI Value (deaths in-hospital and within 30 days post discharge) - Rolling 12 months [source NHSD]	**≤1.14 (ratio between observed deaths and expected deaths)**	Contractual (Local Quality Requirement)	**1.15**	**1.15**	1.13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Mortality Indicator **HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	**115.2**	**114.5**	**113.3**	**112.9**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Mortality Indicator **Weekend Non-Elective HSMR** from Dr Foster - Rolling 12 months	**100**	Contractual (Local Quality Requirement)	**122.1**	**119.8**	**113.5**	**110.7**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	↑	
Stroke - Overall SSNAP score	**C or above**	Contractual (Local Quality Requirement)	N/A	N/A	N/A	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%**	**16.0%**	**49.8%**	**33.1%**	**18.0%**	**49.8%**	**28.6%**	↑	
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%	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%**	100.0%	**86.1%**	**62.2%**	**68.0%**	**86.1%**	**72.0%**	↓	
Caring															
Compliance with requirements regarding access to healthcare for people with a learning disability	**Compliant**	For monitoring purposes only	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	↔	
Complaints - Number of formal & complex complaints	**N/A**	For monitoring purposes only	10	17	14	24	35	23	27	41	82	27	150	↓	
Complaints - Percentage response timescale met	**Dec '18 = 95%**	Local Trajectory	N/A	N/A	N/A	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%	92.9%	94.2%	99.4%	94.8%	94.2%	95.1%	↑	
Friends and Family - Emergency Department - Recommend	**84%**	Mar-18 National Average	93.1%	90.4%	92.0%	91.6%	89.8%	86.2%	89.1%	91.8%	89.3%	89.1%	90.1%	↑	
Friends and Family - Outpatients - Recommend	**94%**	Mar-18 National Average	**91.9%**	**91.2%**	**91.7%**	**93.0%**	**91.7%**	**91.7%**	**91.7%**	**91.6%**	**92.4%**	**93.1%**	**92.2%**	↔	
Number of Hospital Hero Thank You Award applications received	**2016/17 = 536 (44.6 per month)**	Local Plan (2016/17 outturn)	**11**	**5**	**8**	**7**	**2**	**6**	N/A	**24**	**15**	N/A	**39**	↑	

Metric	Threshold/ Standard	Type of Standard	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Q1	Q2	Q3	YTD	Movement on Previous Period	12 Month Trend
Responsive															
Referral To Treatment Waiting Times - % of incomplete pathways within 18 weeks (QTD/YTD = Latest 'in month'	**92%**	Contractual (National Operational Standard)	**52.6%**	**46.4%**	**40.4%**	**37.2%**	**42.3%**	**46.7%**	**49.4%**	**40.4%**	**46.7%**	**49.4%**	**49.4%**	↑	
RTT Incomplete Pathway Waiting List size	**11,991**		**14,479**	**14,210**	**14,182**	**14,686**	**15,381**	**15,439**	**15,659**	**14,182**	**15,439**	**15,659**	**15,659**	↓	
Cancer (ALL) - 14 day from urgent gp referral to first seen	**93%**	Contractual (National Operational Standard)	**81.9%**	95.5%	**82.1%**	**69.3%**	**63.7%**	**54.5%**	**56.9%**	**86.4%**	**62.1%**	**56.9%**	**69.1%**	↑	
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%**	**13.6%**	**14.3%**	95.9%	**35.1%**	**14.3%**	**57.4%**	↑	
Cancer (ALL) - 31 day diagnosis to first treatment	**96%**	Contractual (National Operational Standard)	97.5%	**91.5%**	98.7%	98.8%	97.1%	99.0%	100.0%	**95.8%**	98.2%	100.0%	97.5%	↑	
Cancer (ALL) - 31 day DTT for subsequent treatment - Surgery	**94%**	Contractual (National Operational Standard)	**88.9%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	97.6%	↔	
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%	100.0%	100.0%	100.0%	↔	
Cancer (ALL) - 31 day DTT for subsequent treatment - Other Palliative	**98%**	Contractual (National Operational Standard)	-	-	-	-	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	
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%**	**72.7%**	**70.7%**	**68.5%**	**63.6%**	**70.2%**	**70.5%**	**63.6%**	**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%**	**0.0%**	**62.5%**	**70.0%**	**0.0%**	**62.5%**	**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%**	**60.7%**	**66.1%**	**47.7%**	**59.7%**	**66.1%**	**56.2%**	↑	
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%**	**87.0%**	**86.2%**	**92.3%**	**91.0%**	**86.2%**	**91.6%**	↓	
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%	**92.7%**	**91.8%**	95.2%	95.1%	**91.8%**	95.1%	↓	
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	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%**	**3.49%**	**3.33%**	N/A	**3.69%**	**3.41%**	**3.33%**	**3.6%**	↑	
Appraisal rate	**90%**	Internal Standard reported to FPC	**82%**	**75%**	**71%**	**72%**	**73%**	**73%**	**74%**	**76%**	**73%**	**74%**	**74%**	↑	
Staff Turnover Rate	**8 -12%**	Internal Standard reported to FPC	9.4%	9.4%	8.9%	8.7%	8.7%	8.9%	8.85%	9.3%	8.8%	8.9%	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	2,603.5	2,599.7	2,630.9	2,624.2	2,599.7	2,623.6	**N/A**	
Vacancy Rate (substantive)	**<5%**	Internal Standard reported to FPC	**7.7%**	**5.8%**	**5.7%**	**6.6%**	**7.6%**	**6.9%**	**7.2%**	**6.4%**	**7.0%**	**7.2%**	**6.8%**	↓	
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**	**11,057.1**	**10,338.4**	**10,611.3**	**10,565.0**	**10,338.4**	**10,552.5**	↑	
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	0	0	0	**N/A**	
Essential Skill Rate	**90%**	Internal Standard reported to FPC	**88%**	**87%**	**87%**	**88%**	**87%**	**87%**	**87%**	**87%**	**87%**	**87%**	**87%**	↔	
Elective levels of contracted activity (activity)	**2019/20 = 30,584 2548/month**		**603**	**849**	**1,287**	**1,385**	**1,503**	**2,080**	**2,137**	**2,739**	**4,968**	**2,137**	**9,844**	↑	
Elective levels of contracted activity (£) Including MFF	**2019/20 = £30,721,866 £2,560,155/month**		**£655,909**	**£827,258**	**£1,158,893**	**£1,358,532**	**£1,344,287**	**£1,713,442**	**£1,897,901**	**£2,642,060**	**£4,416,261**	**£1,897,901**	**£8,956,222**	↑	
Surplus/(deficit) (year to date)	**2020/21 = (11,677) YTD M7 = (1,813)**	Local Plan	0	0	0	0	0	0	(999)	0	0	(999)	(999)	**N/A**	**N/A**
Cash Balance	**2020/21 - 1,784 M7 = 21,694**		21,269	N/A	21,657	22,312	24,858	22,595	24,590	21,657	22,595	24,590	24,590	↑	
CIP - year to date (aggressive cost reduction plans)	**2020/21 = 529 YTD M7 = 88**	Local Plan	N/A	N/A	N/A	N/A	N/A	N/A	Yet to be decided	N/A	N/A	Yet to be decided	Yet to be decided	**N/A**	**N/A**
Agency spend YTD	**2020/21 = No Annual value YTD M7 = 5,366**		**806**	**1,393**	**2,009**	**2,700**	**3,498**	**4,439**	**5,458**	**2,009**	**4,439**	**5,458**	**5,458**	**N/A**	**N/A**
Agency % of pay expenditure	**2020/21 = No Annual value YTD M7 = 6.3%**		**6.7%**	5.8%	5.6%	5.6%	5.9%	**6.1%**	**6.4%**	5.6%	**6.1%**	**6.4%**	**6.4%**	↓	

Movement Key

Favourable Movement ↑
Adverse Movement ↓
No Movement ↔

Achieving Standard
Not Achieving Standard

Key Performance Metrics Summary

	Metric	Standard	Sep-20	Oct-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 2023**	1 (0.2)	2 (0.3)
	Infection Control - C-Diff Hospital Onset Healthcare Associated (Rate per 1000 bed days)	**16**	**3 (0.5)**	0 (0.0)
	Never Events	**0**	0	0
	Serious Incidents declared on STEIS (confirmed)	**51 (4 per month)**	3	3
	SHMI - Rolling 12 months, 4 months in arrears (May-19 to Apr20)	**≤1.14**	1.13	
	Mortality Indicator HSMR from Dr Foster - Rolling 12 months (Jun-19 to May-20)	**100**	**112.9**	
Performance	RTT incomplete pathways within 18 weeks (Quarter/Year = Lowest 'in month' position)	**92%**	**46.7%**	**49.4%**
	RTT Incomplete Pathway Waiting List size	**11,991**	**15,439**	**15,659**
	All cancers maximum 62 day wait for first treatment from urgent GP referral	**85%**	**68.5%**	**63.6%**
	Maximum 6 week wait for diagnostic tests	**99%**	**60.7%**	**66.1%**
	ED maximum waiting time of 4 hours from arrival to admission/transfer/ discharge (Including MIU/UCC activity from November 2016)	**95%**	**92.7%**	**91.8%**
Finance	Elective levels of contracted activity (£)	**2019/20 = £30,721,866 £2,560,155/month**	**1,713,442**	**1,897,901**
	Surplus/(deficit) (year to date)	**2020/21 = (11,677) YTD M7 = (1,813)**	0	(999)
	CIP - year to date (aggressive cost reduction plans)	**2020/21 = 529 YTD M7 = 88**	N/A	Yet to be decided
	Agency spend YTD	**2020/21 = No Annual value YTD M7 = 5,366**	**4,439**	**5,458**

Rating Key

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Workforce Committee

Date of Meeting: 16th November 2020

Presented by: Judy Gillow

Significant risks / issues for escalation to Board for action	• Nil
Key issues / other matters discussed by the Committee	• Workforce Performance Report – a deep dive into the use of Agency staff to be undertaken and to include the development of a forecast usage position that would be reported against going forward. • Annual Library Report • Education and Development Bi-monthly Report • Divisional Escalation Report – Urgent and Integrated Care Division noted concerns about inappropriate behaviours and use of language by some medical staff – this would be included as part of the Cultural review currently underway • Estates and Facilities Quarterly Report Committee commended the Catering team and leaders for the significant cultural changes made and resulting tangible improvement in the catering service, menu and customer experience • Workforce Risk Report • The Trust Induction programme had evaluated positively and would include discussions of how staff would be supported to raise concerns
Decisions made by the Committee	Approval of • Committee Work Plan Priorities until March 2021
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Nil
Items / issues for referral to other Committees	• Continuous profession development funding changes by Health education England have resulted in approximately 1600 staff not having access to funding – referred to Risk and Audit Committee • Risks pertaining to the use of agency staff and access by these staff to clinical systems would be referred to Risk and Audit Committee

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
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Escalation Report

Executive / Committee: Quality Committee

Date of Meeting: 17th November 2020

Presented by: Judy Gillow

Significant risks / issues for escalation to Board for action	• Home First Programme –impact of delays in facilitating discharge from hospital • Changing composition of the waiting list and the need to define impact on patients waiting in excess of 52 weeks for treatment. Quality Committee to review as a standing item going forward.
Key issues / other matters discussed by the Committee	• Quality and Performance Report – A deep dive into performance for stroke services was requested for the following meeting. • Divisional Escalation Reports • Sepsis Deep Dive Update; noting the work that has occurred to widen the scope of work to include all cause deteriorating patients • Excellent progress in VTE compliance has been maintained
Decisions made by the Committee	Approval of • Patient Safety Strategy • Learning from Deaths Policy
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• None
Items / issues for referral to other Committees	• Nil

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: 17th November 2020

Presented by: Stephen Tilton

Significant risks / issues for escalation to Board for action	• Ongoing issues arising from difficulties encountered with the 'Home First' arrangements and the availability of staffing resources to support additional capacity. A deep dive exploration of the issues to outline the serious nature of the issues was required. • The Trust achieved a month end deficit position £800k better than forecast and anticipated that the year-end deficit position would be £1.2m better than forecast. Noting ongoing challenge this and next year.
Key issues / other matters discussed by the Committee	• Finance and performance updates • COVID Updates noting changes to the composition of the waiting list and increasing regional attention being to addressing this. • Divisional Escalation Reports • Multi-storey Car Park Update noted that the preferred Investment partner had been selected and that the indicative rent was below the threshold. • Fortuneswell Pharmacy (DCH SubCo) Quarterly Report 2020/21 (Q1 & Q2) • Charity Support – further discussion would be had at the December meeting

Decisions made by the Committee	Approval of
	• Anaesthetic Establishment Investment Case with approval given for the x2 new Consultant Anaesthetists andx1 Physician Associate role
	• Pathology Estates Works for Managed Equipment Service capital spend
	• MRI Scanner Procurement – noted that cost pressure and revenue consequences might be partially offset by providing Cardiac MRI work currently only provided by other trusts
	• Procurement Policies viz
	  ○ Requisitioning, Ordering & Tendering
	  ○ Procurement of Medical Equipment and
	  ○ Disposals
	subject to additions in respect of Social Value and anticipated changes to standard contract clauses.

Implications for the Corporate Risk Register or the Board	• Further work to understand the impact on patient deterioration and the changing composition of the waiting list • A holistic view of the revenue consequences arising from differing capital schemes and workforce requirements was needed to facilitate

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

Escalation Report

Executive / Committee: Risk and Audit Committee

Date of Meeting: 17th November 2020

Presented by: Ian Metcalfe

Significant risks / issues for escalation to Board for action	• The committee noted increasing dependence on digital technology to support clinical services and hospital operations. Further investment in infrastructure and new equipment would be needed to replace unsupported devices and software and to protect network applications; and to consider ongoing revenue implications. Further discussion / escalation would be needed also at system level to support consistency of approach and avoid duplication. Further detail / assurance will be provided to the committee including metrics, likely threats and mitigation, learning and risk post mitigation. • The NHS is reliant on the national supply chain, per national guidance. There is no stockpiling as the NHS prepares for a 'no deal Brexit'.
Key issues / other matters discussed by the Committee	• Internal Audit Programme Progress report and follow Up Recommendations. The new 21/22 Internal Audit plan will need to incorporate any changes to constitutional standards and the updating of the DCH BAF. • External Audit Update, Technical Update and benchmarking report • Informatics risks including Cyber Security. Confident that the trust would deliver a compliant Data Security and Protect Toolkit submission in 2021 • EPRR Statement was noted. External review and challenge has taken place since the last Board and DCH EPRR has gained exemplar status. • Tender Activity and Waiver Report was noted • Prior discussion of the Risk Register and triangulation by respective committees was noted.
Decisions made by the Committee	Approval of • Corporate Risk Register • Board Assurance Framework update noting changes to the BAF as the Strategy is reviewed • Quality Account
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Discussion of the Risk Register highlighted that it was unlikely that the Trust's Objective of delivering and Outstanding CQC rating would be achieved as a consequence to the CQC inspection regime resulting from the Pandemic as there were currently no plans to inspect or reconsider the trust's overall CQC rating by the CQC. • Cyber security risks to be included within the risk register

Items / issues for referral to other Committees	• Nil

Title of Meeting	**DCHFT Board Meeting**
Date of Meeting	**25.11.20**
Report Title	**DCHFT Social Value Pledge**
Author	Simon Pearson, Head of Charity & Social Value
Responsible Executive	Nicholas Johnson, Deputy Chief Executive

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

Summary
As an Anchor Institution, DCHFT's Social Value Pledge presents our commitment to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental well-being of the community we serve.

Up to 90% of a person's health is determined not by the quality of healthcare they receive but by a host of other social, environmental and economic factors such as housing, isolation, green space, employment and access to food. As a hospital we provide quality care, treating people when they are sick, but we also have a broader role, as an organisation with a vested interest in people being healthy and as a major employer in our area, to directly and indirectly help improve the social, environmental and economic circumstances of our communities.

Dorset County Hospital commits, through its approach to delivering social value as an Acute Trust, to reduce avoidable inequalities and improve health and wellbeing across its community.

This Social Value approach is a key contributor to the wider work taking place at DCH and the wider NHS to tackle Health Inequalities.

Paper Previously Reviewed By
DCH Social Value Programme Group

Strategic Impact
DCHFT's social value commitments will underpin its strategic aims across all areas of the organisation.
Contribution to reducing avoidable inequalities across the Dorset ICS; and delivery of NHS Long Term Plan.

Risk Evaluation
DCHFT social value commitments to be assessed in line with the Trust's Corporate Risk Register.

Impact on Care Quality Commission Registration and/or Clinical Quality
No direct impact on registration. Indirect clinical quality improvements through improved health of the population.

Governance Implications (legal, clinical, equality and diversity or other)
All corporate templates to include statement of intent with regard to DCHFT's social value commitment.

Financial Implications Opportunities to secure charitable and other external funding sources aligned with social value commitments. Future budgetary requirements to be considered in line with DCH Social Value Action Plan development on project specific basis.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	For Trust Board to approve the commitments presented in the DCHFT Social Value Pledge.

Dorset County Hospital
NHS Foundation Trust

Social Value Pledge

(Draft)

Our Commitments as an Anchor Institution

DCHFT & Social Value

What is Social Value?

Increasingly, organisations are considering their activities holistically, taking account of the wider economic, social and environmental effects of their actions.

Social Value serves as an umbrella term for these broader effects, and organisations which make a conscious effort to ensure that these effects are positive can be seen as adding social value by contributing to the long-term wellbeing and resilience of individuals, communities and society in general.

Dorset County Hospital Foundation Trust, as an anchor institution, commits to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental well-being of the community we serve. An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy.

Our Social Value Pledge

Dorset County Hospital commits, through its approach to delivering social value as an Acute Trust, to reduce avoidable inequalities and improve health and wellbeing across its community.

Up to 90% of a person's health is determined not by the quality of healthcare they receive but by a host of other social, environmental and economic factors such as housing, isolation, green space, employment and access to food. As a hospital we provide quality care, treating people when they are sick, but we also have a broader role, as an organisation with a vested interest in people being healthy and as a major employer in our area, to directly and indirectly help improve the social, environmental and economic circumstances of our communities.

Our Social Value Pledge presents our commitments to helping to improve the overall well-being of our community.

Our Social Value Principles

- Working together across DCH and with our Dorset system partners to improve health and well-being and reduce avoidable inequalities across our community – linked to the Marmot Principles:

  - Giving every child the best start in life;
  - Enabling all children, young people and adults to maximise their capabilities and have control over their lives;
  - Creating fair employment and good work for all;
  - Ensuring a healthy standard of living for all; throughout the life course;
  - Creating and developing sustainable places and communities;
  - Strengthening the role and impact of ill-health prevention;
  - Protecting health and social care services for future generations.

- Social Value will be embedded as core practice, behaviours and the way that we operate across DCH.
- Our Social Value commitments will be embedded in and contribute to delivery of DCHFT strategic priorities (including current, medium and longer term).
- We will make every penny count, improving local health, wealth and our environment.
- We are inclusive in our approach so that Social Value benefits everyone.
- Our Social Value approach will facilitate shared learning, encouraging innovation through a culture of quality improvement, which creates positive change and delivers best practice.
- Our Social Value approach will deliver Social Impact. We will understand and measure Social Impact - the change and difference that we make locally.
- Social Value will be delivered sustainably and ethically, in terms of 'how' (process) and 'what' (outcomes).
- Our Social Value approach will create a lasting, positive social impact and legacy for the community we serve.

Our Social Value Commitments:

Develop Anchor Networks across the Dorset System

There is an increasing policy focus on reducing avoidable inequalities, prevention and population health and the move towards 'place based' models of care focusing on communities and populations. There is growing synergy between the place-based lens of the NHS and broader policy emphasising localism in shaping the environments where we live.

Dorset County Hospital NHS Foundation Trust commits as an anchor institution to build social value objectives into its planning for the delivery of the NHS Long Term Plan; and in partnership across the Dorset ICS system.

With our system partners, we will develop Our Dorset's social value vision and pledge in order to maximise our contribution to the wider health and well-being of our local communities.

Working with Dorset Council, NHS Trusts, CCG, Large Education Providers, VCSE sector, Arts and Cultural organisations and Business and Industry to deliver our social value ambition.

Maximise Local Investment
Dorset County Hospital NHS Foundation Trust will be compliant with the requirements of The Public Services (Social Value) Act 2012 which will be used to inform how we can derive social value from our activities. The Act requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts.

We commit to maximise local investment which is financially generative to the local economy, retaining and recirculating wealth locally.

We will take account of the social, economic and environmental impacts of buying locally when procuring goods and services.

Our commitment to local investment includes:

- Our largest investment in the local economy is our workforce.
- Support the local economy by choosing suppliers close to the point of service delivery, where possible.
- Increase accessibility and improve opportunities for local businesses and social enterprises to bid for contracts throughout the supply chain. Develop local supply chains which will impact on local economic growth for the longer term.
- Commit to sourcing our raw materials locally, where possible.
- Ensure our major capital infrastructure investments deliver measurable social value. Recognise and communicate these social value benefits.
- Provide advertising and promotional opportunities (free of charge) on site for local businesses.
- Work with third sector organisations to deliver services and contracts, where appropriate.

Recognised as a Good Employer
As a Good Employer to provide outstanding careers, ensuring our employees have a positive and fulfilling experience. We will create opportunities for our people to develop skills and further their careers. We will work together in line with our Trust values – Integrity, Respect, Teamwork and Excellence, and empower staff to deliver outstanding services, sustainably, every day.

Our commitment to be a good employer includes:

- Comply with working hours legislation and sector standards.
- To support fair employment by considering/providing a range of employment contracts.

- To support flexible working by considering/providing a range of flexible working options.

- Work towards paying the Living Wage, within the context of Agenda for Change.

- Ensure zero hours contracts do not discriminate or disadvantage individuals in the workplace/market.

- Understand the different needs of our workforce and implement policies that support their health and wellbeing.

- Foster a loyal and motivated workforce. Work to ensure recruitment practices for new applicants and opportunities for career progression are inclusive of all. Ensure that equality strands are supported through transparent and fair employment processes.

- Ensure we are a Leaderful organisation, recognising that leaders exist at all levels contributing to the success of our hospital.

- Develop workforce volunteering programmes.

- Commitment to the NHS People Plan promise that the NHS is best place to work for all – where we are part of one team that brings out the very best in each other.

Increase Local Employment

We will commit to increase employment and training opportunities for local people, especially from areas of high deprivation and unemployment, including people with disabilities and learning disabilities, Black, Asian and Minority Ethnic communities, LGBT communities and young people; supporting people into work, apprenticeships and work experience placements.

Our commitment to employment for local people includes:

- Commit to create employment and training opportunities for local residents.

- Seek opportunities to work with education and training providers to help ensure young people are equipped with the right skills to match the requirements of the NHS labour market.

- Seek to provide employment opportunities for all ages including those older age groups and those seeking a late stage career change.

- Promoting improvement and provision of local employment and training opportunities.

- Support the local economy to create jobs and apprenticeships, by adopting procurement strategies that remove barriers to local businesses.

- Work with local third sector organisations to ensure people facing barriers to employment are supported.

- Support volunteering to provide routes into employment.

Champion Equality, Diversity & Inclusion
Dorset County Hospital NHS Foundation Trust is committed to becoming a truly inclusive organisation. We recognise that we must value the contribution of people of all backgrounds, abilities and experiences in order to deliver outstanding services. We will work to ensure that our organisation is a place where all our staff and patients feel safe, listened to, and that they belong.

We will work closely with local partners and community organisations to ensure that all voices are heard and every member of DCH and our wider community has equitable access to the benefits that our Social Value programme will bring.

Our overarching EDI goals include:

- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at All Levels

Our objectives for achieving these goals are detailed in our Equality, Diversity & Inclusion Action Plan 2019 – 2021.

Greener & Sustainable
We commit to our Sustainable Development Management Plan (SDMP to become DCH Green Plan) to deliver long term improvements to the sustainability performance of the hospital. We recognise the impact we have on the environment and our responsibility to improve our sustainability and contribute to better health and well-being of our local community.

We will work towards the Greener NHS Net-Zero objectives committing to protecting the environment, minimising waste, water and energy consumption and using other resources efficiently within our organisation and supply chains.

Our commitment to being Greener and Sustainable includes:

- In line with ‘Delivering a ‘Net Zero’ National Health Service’ (1 October 2020) UK Government and DCHFT are committed to reaching net zero by 2050.

- For the emissions controlled directly by the NHS Carbon Footprint plans are to reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032. DCHFT will be assessing and promoting to staff and general public how as a partnership we can reduce our Carbon Footprint.

- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.
- Plans continue for reduction of our energy and water consumption. (NB. due to Covid-19 and the guidance for staff, patients and visitors 'Wash Your Hands' is anticipated to raise the use of water consumption.)
- Eliminate unnecessary waste by continuing to "reduce, reuse, recycle" and improve the infrastructure to enable people to do so.
- With sources of NHS carbon footprint highlighting Medicines, Medical Equipment and other Supply Chain as the highest ratio to address, DCHFT is now addressing Anaesthetics, Medical Devices, Nursing and Pharmacy to be included in the new Green Plan.
- Promote the DCH Green Travel Plan for sustainable transport (public transport/electric vehicles/cycling/walking/car share)
- Improve green areas (e.g. biodiversity, visual attractiveness)
- Ensure that sustainability is thoroughly communicated throughout the Trust and ensure that appropriate employees receive relevant training as part of induction.
- To work in partnership with local groups and key stakeholders in order to support sustainable development within our community.
- Contributing to a sustainable local economy.

Promote Civic Partnerships

To build on and coordinate effective links between DCH and our civic community including VCSE organisations, arts and culture sector, large education providers, religious organisations and other civic bodies. To develop joint initiatives and programmes and implement local activities which contribute to reducing inequalities and improving health and well-being for all.

Our commitment to promoting Civic Partnerships includes:

- DCH Charity builds relationships with supporters across our community including patients, families and organisations; delivering funding which enhances patient care and staff welfare at DCH.
- DCH Volunteers provide valued and essential services for our hospital; in addition to the social, skills and other benefits achieved from volunteering. The DCH Young Volunteers programme also exemplifies this approach.

- DCH Arts in Hospital programme engages with local artists and arts/cultural organisations from our local community. Research demonstrates the benefit arts deliver in contributing to people's well-being, particularly mental health.

- Through existing and new partnerships with local civic bodies we will develop initiatives which contribute to improving our community's social, economic and environmental well-being, particularly as our local community works to recover from the Covid pandemic.

Involve Our Community
A key principle of delivering social value is engagement with our stakeholders. We will play an active role in engaging with our local community by listening to them, involving them and acknowledging their contributions to our social value commitments.

Our commitment to involving our community includes:

- Engage with local residents and service users.

- To promote opportunities for gathering views, including those not heard or voiced.

- To provide feedback to the local community so they can see the results of their involvement. Ensure communities receive timely and appropriate information and communication.

Monitor & Report
We will monitor and demonstrate our commitment to delivering social value by:

- Implementing recognised procedures for measuring and reporting on our Social Value outcomes and Social Return on Investment.

- Embedding tools for monitoring, measuring and reporting on social value outcomes as part of our organisational processes.

- Communicate our Social Value commitments and outcomes internally and externally.

- Reporting on our Social Value commitments, through an annual Social Impact report and in the DCHFT Annual Report.

By signing this Pledge, we commit to delivering social value as an anchor institution through the provision of our services, contributing to reducing avoidable inequalities and improving the social, economic and environmental well-being of the community we serve.

Signed
Designation
Organisation

Title of Meeting	**Board of Directors**
Date of Meeting	**25 November 2020**
Report Title	**Board Assurance Framework**
Author	Paul Lewis, Head of Transformation
Responsible Executive	Nick Johnson, Director Strategy, Transformation & Partnerships

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

Summary

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

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

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

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

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

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

   - Objective 1
     - Small increase to the likelihood of not achieving an outstanding rating from the Care Quality Commission within next two years due to the Trust focus on COVID19
   - Objective 2
     - The CEO is also the SRO for urgent and emergency care and health inequalities
   - Objective 3
     - Reduction in consequence and likelihood of risk relating to Dorset Care Record project. Project now overseen by ICS Digital Portfolio

Director • Objective 5 ○ There is an increasing and high risk in ensuring we are financially sustainable. The Trust has submitted a plan for the second six months of 20/21 for an £11.6m deficit as it is clear that winter pressures and the investments needed to recover elective services will exceed the income allocated. ○ There has been a slight decrease in the consequence and likelihood of failing to be efficient as outlined in the Model Hospital
Paper Previously Reviewed By Executive Management Team Risk and Audit Committee, 17th November 2020
Strategic Impact The Board Assurance Framework outlines the identified risks to the achievement of the Trust's objectives. Failure to identity and control these risks could lead to the Trust failing to meet its strategic objectives.
Risk Evaluation Each risk item is individually evaluated using the current Trust Risk Matrix.
Impact on Care Quality Commission Registration and/or Clinical Quality It is a requirement to regularly identify, capture and monitor risks to the achievement of the Trusts strategic objectives.
Governance Implications (legal, clinical, equality and diversity or other): The Board Assurance Framework highlights that risks have been identified and captured. The Document provides an outline of the work being undertaken to manage and mitigate each risk. Where there are governance implications to risks on the Board Assurance Framework these will be considered as part of the mitigating actions.
Financial Implications The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.

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

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

BOARD ASSURANCE FRAMEWORK - SUMMARY
DATE: MARCH 2020

Summary Narrative

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

We may not have the appropriate workforce in place to deliver our patient needs. We continue to experience increasing dependency on the use of temporary clinical staff and the failure to maintain spend within the regulator ceiling for agency staff. The current COVID-19 Pandemic is putting severe strain on the Trust in the short term which may have consequences for the longer term achievement of the Strategic Objectives. However, it is too early to determine this. There is also a high risk in ensuring we are SUSTAINABLE. The Trust has submitted a plan for the second six months of 20/21 for an £11.6m deficit as it is clear that winter pressures and the investments needed to recover elective services will exceed the income allocated. Similarly the financial planning parameters for next year are not known and without a significant increase in income is likely to mean the trust will continue with a sizeable underlying deficit. The strength of control and assurance however remains the same.

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

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

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

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

A) Principle RISKS						
REF	RISK	Exec Lead	Consequence Score	Likelihood Score	Risk Score	Target score
R1	Not achieving an outstanding rating from the Care Quality Commission within next two years (2021)	NL	3	4	12	6
R2	Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality can lead to reduced confidence in the organisation from the public and other bodies.	NL	3	4	12	6
R3	Not achieving national and constitutional performance and access standards	IR	4	4	16	12
R4	Not having effective Emergency Preparedness, Resilience and business continuity plans	IR	3	2	6	6
R5	Not having the appropriate workforce in place to deliver our patient needs	MW	4	5	20	12
R6	Failing to improve the Trust SHMI index	AH	4	4	16	9

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	CONTROL	RAG	REPORTING MECHANISM	RAG
C1	CQC action plan and management of CQC Provider Information Collection (PIC) data every quarter alongside Quarterly CQC meetings (reviewing evidence/assurance information alongside staff and patient feedback focus visits). ICS quality surveillance Group monitors and scrutinises safety and quality with the system and the regulator. (R1)	G	Quality Committee reports on CQC, CQC Provider Information Collection & Insight data, CQC quarterly meetings. Dorset Quality Surveillance meeting in place that reviews hard and soft intelligence remain in 'Routine Surveillance' with acknowledgement to planned waiting list RTT risk due to COVID-19 impact.	G
C2	Performance monitoring and management of key priorities for improvement in quality and safe care (R2)	G	Divisional exception reporting and monitoring of quality improvement plans, SHMI and KPIs via The Quality Committee, alongside safety visits (NEDs) and back to floor time for Executive Directors to triangulate data with direct observations of care quality and safety. National NHSI /CCG and CQC reporting . Most quality indictors are met with Quality improvement in place for others, such as MUST/VTE. Reductions seen in Patient experience relating to planned admission and cancelled operations - related to access constitutional standards - gap in assurance and reduced strength in delivery increased linked to global COVID-19 pandemic and paused elective care for a period.	A
C3	Quality improvement plans within Divisions and key work streams to support delivery of key KPIs supporting quality improvement (R3)	G	Division and work stream action plans. External contracting reporting to CCG. Divisional exceptions at Quality Committee	G
C4	Performance Framework - triggers for intervention/support (R3)	A	Performance monitoring via weekly PTL meetings and monthly Divisional Performance Meetings (through to Sub-Board and Board). Divisional Performance Framework presented at July 2019 Trust Board.	G
C5	Emergency Preparedness and Resilience Review Committee (EPRR) reporting, EPRR Framework and review and sign off by CCG and NHSE (R4)	G	Reporting from EPRR Committee to Audit Committee and via assigned NED to Board. Yearly self assessment against EPRR core standards ratified by Local Health Resilience Partnership.	G
C6	Establishment of a Resourcing Operations Group. Monthly review of vacancies at Workforce Committee and SMT and tracking of junior doctor exception reports. (R5)	A	We review safe staffing through Board reports; junior doctor workforce issues through the GOSW reports; vacancy levels through the Workforce Committee and Board workforce reports; develop strategic solutions through the Resourcing Operations Group.	A
C7	People Strategy published May 2018. (R5)	G	Board sign off of 2018-2021 people Strategy in May 2018.	G
C6	Weekly review of medical workforce recruitment activity (R5 &6), Review of nursing vacancies and recruitment plans at the Resource Strategy Group.	A	Recruitment update report provided by recruitment team on a weekly basis. Workforce Planning capacity and capability gap - plan to address with increased resources. Dorset Workforce Action Board partner and joint working to mitigate and collectively tackle Dorset workforce issues	A
C7	Scrutinising other care quality indicators to assure standards of care (R6)	A	Regular reports to Hospital Mortality group , Quality Committee and Board	G
C8	Poor data capture drives patient coding which effects SHMI (R2)	A	Internal audit of sample of 1000 patient notes and national benchmarking undertaken by PWC	A
Overall Strength		A		G

D) We have actually received these POSITIVE ASSURANCES...		
Add actual assurances received that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.		
CONTROL	ASSURANCE	EVIDENCE
C1	November 2018 CQC rating as 'Good', remain on Routine Surveillance at system and regulator level through Quality Surveillance Group (QSG). Quarterly review with Regulators review of KPIs (CQC; NHSI/E).	CQC report. QSG notes. Other benchmark datasets via internal KPIs. National patient surveys
C2	National benchmarked datasets such as RCEM, ICNARC, HQIP, Surveys	Quality Committee and Divisional Reports
C3	CCG assurance visits and contract monitoring	CCG assurance reports
C4	Internal performance reports	Board and FPC reports
C2	External auditors - Quality Account (transparency and accuracy of reporting)	Board and QC reports
C5	Internal Audit of systems and processes; and CCG assurance of the EPRR standards	Audit Committee and Board
C1	External review of Divisional Governance Structures and the PWC Well Led Review	Quality Committee and Board
C6	Monthly workforce reports detailing vacancies and trajectories.	Strategic Resourcing Group, Workforce Committee
C8	NHSE/I regular scrutiny and support (R6)	Ongoing NHSI/E reviews

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...		
E.g. No surgical safety checklist in place (gap in control) or hand hygiene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.		
ISSUE 1		**ACTION**
C1	CQC inspection process being redefined as it progresses due to global COVID-19 pandemic, which may result in some services not being reviewed to enable an 'outstanding' rating within the time frame of the Trust strategy.	Work with the CQC during the year through quarterly meetings and monitoring (as per the new methodology) to actively promote reviews of services where possible. To undertake our own review in 2021 to outline where we have triangulated evidence against CQC regulatory standards as a overview of the Trust position, whilst pending any inspection.
ISSUE 2		**ACTION**
C2	Significant resource constraints to deal with increased demand for both Elective and Emergency services.	System wide working on changes to care models and capacity and demand analysis to identify areas for additional investment. Escalation via Elective Care Board, Urgent Emergency Care Board, OFRG and SLT. Revised Phase 3 recovery plan submitted to Region and CCG as part of the recovery from COVID-19
ISSUE 3		**ACTION**
	Uncertainty over no deal Brexit and associated impact on procurement, staffing and charging of overseas patients.	Receiving regular briefings from regional team, participation in national data submissions, task and finish group reporting to Audit Committee.
C3	COVID-19 new virus that requires responsiveness to new guidance and ERPP planning	COVID-19 Incident Management Team in place with a steering group overseeing all actions and planning. Responsiveness to changes in national guidance daily with assurance reports on actions in place.
ISSUE 4		**ACTION**
C4	Inconsistent application of the Performance framework within the Divisions leading to failure to pick up early warnings of deteriorating performance	
ISSUE 5		**ACTION**
C5	Late visibility in junior doctor gaps from Deanery rotations	Regular communications with the Deanery, and profiling of historic gaps. "At risk" recruitment in anticipation of gaps.

BAF

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

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

A) Principle RISKS

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

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

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

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

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

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

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

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

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

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

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

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

D) We have actually received these POSITIVE ASSURANCES...		
Add actual assurances received that a control has remained effective e.g. internal audit reports; metrics demonstrating compliance.		
REF	ASSURANCE	EVIDENCE
C1	Learning Disabilities engagement system wide (R1)	Safeguarding Adults work plan
C2	CSR collaboration of engagement with CCG (R2)	CSR outcome publication
C3	Leadership of Project 3 (Elective Care) and Project 4 (Urgent and Emergency Care) (R2)	Minutes, exception reports
C4	Primary Care collaboration in locality projects and DHC/Primary Care collaboration in frailty pathway. (R3)	Mid-Dorset Hub/ICS Minutes

E) We have identified these GAPS IN CONTROL/NEGATIVE ASSURANCES...		
E.g. No surgical safety checklist in place (gap in control) or hand hygiene audits demonstrate less than 50% compliance (negative assurance), these should be recorded, together with the actions to rectify the gap or negative assurance. These should be linked to the relevant control.		
ISSUE 1		ACTION
C1	Public engagement in all elements of developments is not embedded and requires strengthening strategies to deliver this	Communication Team, Head of PALS/Complaints and Transformation team to build and embed processes to deliver patient and public engagement
ISSUE 2		ACTION
C2	No independent assurance on controls in place for the Dorset Care Record (R5)	Progress reported through the Dorset Informatics Group. DCH input is progressing well but other partners are behind their milestones.
ISSUE 3		ACTION

BAF

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

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

A) Principle RISKS

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

B) We will CONTROL these risks by...		Strength	C) The REPORTING MECHANISM...	Strength of Delivery
We have the following processes and procedures in place in order to control the risks listed above. Include the Principle Risk reference in (brackets) after the control		green amber red	Where will you get your assurances from throughout the year that this control is effective?	green amber red
REF	**CONTROL**	**RAG**	**REPORTING MECHANISM**	**RAG**
C1	Appointment of Head of OD to focus on the delivery of an Organisational Culture review programme (Second Round of Interviews July 2020). Diversity and Inclusion/ Wellbeing Manager appointed to provide a dedicated resource to this agenda. Health and Wellbeing champions have been identified to ensure local action plans developed and discussed. BAME staff network launched. (R1)	A	Staff survey results reported to the Workforce Committee and Board. Review of Equality & Diversity and Health and Wellbeing associated issues at respective Steering Boards and regular review at Workforce Committee.	A
C2	People Strategy approved at May 2018 Trust Board. (R2)	G	Workforce committee established to consider and report progress against People Strategy. Workforce Committee work plan tabled at Board in Jan 2020.	G
C3	Better Value Better Care Group provides model hospital overview. Proposal to establish SLAs and performance measures for support services. (R3)	A	Proposal to establish SLAs and performance measures for support services	A
C5	Strong clinical research and innovation programme (R4)	G	Reports to the Quality Committee	G
C6	Medical training activity and issues reviewed by the Director of Medical Education at the Medical Education Committee. Escalation through to the Resourcing Operations Group, and Workforce Committee as necessary. (R5)	G	Medical Education update provided at Workforce Committee. GMC junior doctor survey presented to board annually.	G
C7	Ensure a clinical leadership program is in place and appropriate delegates attending. (R6)	G	Reporting through Workforce Committee	G
Overall Strength		G		A

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

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

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

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

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

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

BAF

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

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

A) Principle RISKS

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

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

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

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

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

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

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

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

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

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

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

Likelihood score (L)

The Likelihood score identifies the likelihood of the consequence occurring.

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

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

Identifying Risks

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

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

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

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

DOMAIN C1: SAFETY, QUALITY & WELFARE

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

DOMAIN C2: IMPACT ON TRUST REPUTATION & PUBLIC IMAGE

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

DOMAIN C3: PERFORMANCE OF ORGANISATIONAL AIMS & OBJECTIVES

	1	2	3	4	5
Domain	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

DOMAIN C4: COMPLIANCE WITH LEGISLATIVE / REGULATORY FRAMEWORK

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

DOMAIN C5: FINANCIAL IMPACT OF RISK OCCURING

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

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

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

Title of Meeting	**Board of Directors**
Date of Meeting	**25 November 2020**
Report Title	**Corporate Risk Register**
Author	Mandy Ford, Head of Risk Management and Quality Assurance
Responsible Executive	Nicky Lucey, Chief Nursing Officer

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

Summary

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

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

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

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

Risk Ref	Description	Current Risk Score (with mitigations in place)	Affecting BAF Objective	Movement
919	Covid- 19	Extreme (25)	BAF Objective 1: Outstanding BAF Objective 2: Integrated BAF Objective 3: Collaborative BAF objective 4: Enabling BAF Objective 5: Sustainable	
	TARGET DATE: Unable to determined **TARGET SCORE**: LOW (9)		Last reviewed: 14.09.2020 NEXT REVIEW DUE: 30.11.2020	
468	Recruitment and retention of Medical staff across specialities	Extreme (20)	BAF Objective 1: Outstanding BAF Objective 2: Integrated BAF Objective 3: Collaborative BAF objective 4: Enabling BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2023 **TARGET SCORE**: Moderate (12)		Last reviewed: 30.06.2020 NEXT REVIEW DUE: 30.11.2020	
709	Failure to achieve constitutional standards (elective Care) The Trust is current not achieving constitutional standards in : • 18 Week RTT • Diagnostic standards - 6 weeks • Cancer Standards (2 week wait and 62 day standard) • ED standards	Extreme Extreme (20)	BAF Objective 1: Outstanding BAF Objective 3: Collaborative BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2025 **TARGET SCORE**: Low (9)		Last reviewed: 30.06.2020 NEXT REVIEW DUE: 30.11.2020 *NOTE: Due to Covid 19 all monitoring of standards has ceased.*	

710	Follow up waiting list backlog Failure to ensure that patients are followed up according to their clinical needs and presentation.	Extreme (20)	BAF Objective 1: Outstanding BAF Objective 3: Collaborative	
	TARGET DATE: 31.03.2023 **TARGET SCORE**: Moderate (12)		Last reviewed: 30.06.2020 NEXT REVIEW DUE: 30.11.2020 *NOTE: During Covid 19 – Access team have been contacting patients on the waiting lists and some clinics are being held in different formats.*	
641	Clinical Coding: Poor clinical coding can result in:- • Failure to optimize legitimate income • Lack of adequate information to support resource management and business planning • inaccurate reflection of Trust performance and quality of care (e.g. SHMI)	High (15)	BAF Objective 1: Outstanding BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2021 **TARGET SCORE**: Low (6)		Last reviewed: 26.10..2020 NEXT REVIEW DUE: 30.11.2020	
463	Workforce Planning & Capacity for Nursing and Allied Health Professional and Health Sciences staff Inability to source appropriately skilled and competent staff to meet requirements for Nursing, Allied Health Professional and Health Science staffing	High (15)	BAF Objective 1: Outstanding BAF objective 4: Enabling	
	TARGET DATE: 31.03.2025 **TARGET SCORE**: Moderate (12)		Last reviewed: 30.06.2020 NEXT REVIEW DUE: 30.1132020	
474	Review of Co-Tag system and management of issuing/retrieving tags to staff The door access system is unstable and due to its age and condition is at the end of its useful life. The Trust is experiencing regular failures of the system causing operational disruption to users and Information Governance concerns.	High (16)	BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2021 **TARGET SCORE**: Low (12)		Last reviewed: 25.06.2020 NEXT REVIEW DUE: 30.11.2020	
979	Removal/reduction of education funding from HEE commencing April 21.	Moderate (12)	BAF Objective 1: Outstanding BAF objective 4: Enabling BAF Objective 5: Sustainable	NEW
	TARGET DATE: 31.03.2021 **TARGET SCORE**: tbc		Last reviewed: 11.11.2020 NEXT REVIEW DUE:31.12.2020	
464	Mortality Indicator An increased Summary Hospital Mortality Indicator (SHMI) may indicate increased in-patient mortality, and/or a failure to code correctly patients admitted to DCH or a combination of the two.	Moderate (12)	BAF Objective 1: Outstanding	

	TARGET DATE: 31.03.2021 **TARGET SCORE**: Low (9)		Last reviewed: 26.10.2020 NEXT REVIEW DUE: 30.11.2020	
450	Emergency Department Target, Delays to Care & Patient Flow Inconsistent achievement of the 4-hour standard, caused by crowding, high attendance numbers, insufficient bed/assessment unit capacity, and staffing challenges, leading to external regulator scrutiny, impact on overall performance (linked to PSF package), ambulance handover delays, and patient safety risks.	Moderate (12)	BAF Objective 1: Outstanding BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2021 **TARGET SCORE**: Moderate (12)		Last reviewed: 30.06.2020 NEXT REVIEW DUE: 30.11.2020 NOTE: *Due to Covid 19 all monitoring of standards has ceased.*	
449	Financial sustainability An unsustainable financial position could result in a reduced quality of both clinical and support services and reduce the autonomy the Trust has in providing high quality services to its population.	Low (9)	BAF Objective 1: Outstanding BAF Objective 2: Integrated BAF Objective 3: Collaborative BAF objective 4: Enabling BAF Objective 5: Sustainable	
	TARGET DATE: 31.03.2021 **TARGET SCORE**: Low (6)		Last reviewed:15.09.2020 NEXT REVIEW DUE: 30.11.2020	

One new risk has been added to the Corporate Risk Register for this reporting period.

NEW: Workforce and Human Resources
Removal/reduction of education funding from HEE commencing April 21 (linked to the workforce Risk Register) (Currently rated as 12 (Moderate) on the Corporate risk register)

This risk was flagged at Workforce Committee and it was agreed that this should be added to the Corporate Risk Register.
How the risk has been scored:
Consequence: Major
Impact on patient safety - major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects, staff not being competent to perform their roles
Statutory duty - multiple breeches in statutory duty, low performance rating
Adverse publicity - National media coverage <3 day service well below reasonable public expectation
Business objectives - Key objectives not met.
Finance including claims - Claims between £100k and £1m
Likelihood: Likely

Following a review of education finances by the Government and HEE National team. Funding streams for CPD and upskilling education will be changing from April 21.

This will have a financial impact on the organisation as we will no longer receive direct funding for training other than the National CPD funding for Nurses, Midwifes and 14 AHP groups, resulting in no allocated funding for other staff groups to support upskilling and CPD (Healthcare Scientists, Pharmacy and Non clinical staff.

This is currently being reviewed by the Dorset ICS with a plan to coordinate requests that meet system priorities by accessing a small pot of funding called Workforce Development funding. This however will be significantly less than what we would previously receive.

UPDATE ON DIVISIONAL LEVEL EXTREME RISKS

Urgent and Integrated Care Division

- Resilience of Mosaiq (SACT electronic Prescribing System) (Currently rated as 20 (EXTREME) on the Divisional risk register and unlikely to be managed at Divisional Level).

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

40 incidents have now been linked to this risk, reporting failures of IT system and the impact on patient care. The system is used to support the prescribing of chemotherapy medications. The system is frequently crashing and the system capability is day dependent. In order to mitigate this risk and maintain patient safety, staff are creating paper records of the prescriptions and then when they have access the paper records will be added electronically later (this is a risk in itself).

Additional licences have been provided and a review of the licences in use being undertaken. Review of the problem locally being undertaken and linked with IT. All progress made prior to Covid-19 has stopped but this is now being picked up again. System is not owned by DCH it is managed by Poole.

Risk raised at the Quality Committee and the Chief Nurse has asked ICT for a progress report and or plan for updating the system. UHD (Poole Site) General manager has advised that they are about to commence the scoping for a new prescribing system but are conscious the procurement may not be for another 18/24 months.

- Medical Cover of Fortuneswell Ward Currently rated as 20 (EXTREME) on the Divisional risk register and unlikely to be managed at Divisional Level).

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

In order to mitigate this risk and maintain patient safety, Acute oncologist is covering the ward with the palliative care consultant. This is a temporary solution but not optimal. We are working with PHT to try and find a solution involving the oncologists. This is also linked to the Corporate Risk reference 469 regarding medical workforce.

Medical Director is taking a lead on this risk. A meeting was arranged and held with PHT Medical Director and Oncology Clinical Lead to discuss the future. Action from meeting was for PHT to come back with a proposal for delivering oncology input into DCH and specifically Fortuneswell Ward.

Family Services and Surgical Division – no change

- Lack of Ophthalmology Service Capacity to meet service demand (Currently rated as 20 (EXTREME) on the Divisional risk register and unlikely to be managed at Divisional Level).

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

Mitigations in Progress:
Risk stratification review, macular receive advice following intraocular injection with advice leaflet and direct contact numbers for clinical concerns and clear guidance and contact numbers for follow-up appointments.

- Ophthalmology weekday out of hours' service now delivered by Bournemouth Hospital.
- Follow up waiting list reviewed by consultants for glaucoma and macular patients.
- Roll out of risk stratification actions to glaucoma pathway
- Review follow up clinical priority pathway for macular and glaucoma patients.
- Implemented dedicated phone line for macular follow up manned by the "fail safe officer" run by the ophthalmology department. Phone lines to be given at 1st OPA
- Funding agreed to support reduction in 52 week wait risk
- Pan-Dorset External review of services undertaken. Dorset Eyecare Board established to take recommendations forward.
- To note, the CCG have worked closely across the system to address capacity and demand for eye services. There was an independent review conducted last year and community ophthalmology services have been increased to undertake the annual monitoring for OCT and glaucoma patients. This area has also been identified as a key priority for the system Recovery programme.
- It should still be noted that capacity still does not meet demand despite these actions
- Highlighted via incidents at Learning form Incidents Panel that despite the best efforts of the service, redesigning and having an external review and the commencement of nurse-led services, capacity still does not meet demand.
- Complaints are increasing in regards to access to ophthalmology

- Community Paediatric Long Waits for ASD Patients Currently rated as 20 (EXTREME) on the Divisional risk register and unlikely to be managed at Divisional Level).

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

Actions in progress:

- Maximise capacity by reducing DNAs with significant effect
- Keeping patients informed and signposting for support and information
- Holding letters
- Pan Dorset pathway redesign
- Proposal to be discussed with Fiona Richey by end June 2020. Agreement to fund training for 8 staff in 3Di, which will release Consultant and Administrative capacity.
- Triage introduced in May which will also release capacity over time.

UPDATE:
Proposal is still under development, however changes following the recruitment of 0.5 Psychologist and 0.5 Paediatrician have led to a 15% reduction of the waiting list since May 2020. 8 members of staff have undergone 3di training, which will reduce the administrative burden and will positively impact the service moving forward. Further update will be provided in the next report.

Covid 19: (This is also linked to the workforce, finance and performance risk registers)

We are continuing to reinforcing IPC guidance and the Government's Hands, Face, Space message.

- Wash your hands
- Wear a face covering
- Make space

Social distancing is consistently being monitored throughout the Trust and at other premises, such as the Annex, Vespasian and the Atrium, where we have Trust staff based to ensure compliance with measures and the safety of staff.

Overall picture in Dorset
DCH has seen a rise in confirmed cases of Covid-19 and across Dorset generally over the last couple of weeks. The situation in Dorset is now considered serious. We continue to review data and consider response options both internally and with our local stakeholders. The DCH COVID-19 Incident Management Team has increased its meetings from Monday, Wednesday and Friday to daily (not weekends) . A new operational 'Dorset Bronze Health & Care Tactical Group' has been established reporting to the strategic Health & Care Silver Group. DCH are represented on both groups.

From midnight on 4 November 2020, NHS England moved COVID-19 to a Level 4 incident, the highest alert level. National NHS England Command & Control procedures will now be implemented to support the NHS response.

National Daily COVID-19 SitRep report continues 7 days a week.

DCH remain at Major Incident Stand-by along with the other Dorset acute hospitals.

Visiting has been reviewed and restricted to set pre-arranged visit times and we are only enabling visitors from the same household to visit patients

IT have also reported a delay of approximately 12 weeks in receiving electronics ordered. This is not currently impacting on service delivery, but it may moving forward.

Staff that shielded through the first lockdown have been advised to shield through this lockdown. Working from home is being facilitated where we can, but this will impact on workforce.

Brexit - (Currently rated as 9 (LOW) on the Corporate risk register)
How the risk has been scored:

Consequence: Moderate
Impact on patient safety - Increase in length of hospital stay by 4-15 days, an event which impacts on a small number of patients
Quality/complaints/audit - non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating
Statutory duty - multiple breeches in statutory duty, low performance rating
Human Resources - Late delivery of key objective/ service due to lack of staff , Unsafe staffing level or competence (>1 day)
Adverse publicity - National media coverage <3 day service well below reasonable public expectation
Business objectives - Key objectives not met.
Finance including claims - Loss of 0.25–0.5 per cent of budget
Likelihood: Possible

The UK exited the EU on 31 January 2020 and is now in a transition period that ends on 31 December 2020.

The NHS is being asked to take steps now to prepare for the end of the transition period. Whatever the outcome of negotiations there will be changes that affect the health and care sector regarding, for example, how we import medical products. Should a Free Trade Agreement be finalised, we must be agile in order to implement what has been agreed, for example any changes to cost recovery charging arrangements.

The NHS will be using a single operational response model for COVID-19 and the end of the EU transition period to avoid confliction and reduce burden on the system.

The Trusts EU Exit SRO (Chief Operating Officer, Accountable Emergency Officer) is in place. Any concerns related to the end of the transition period will be escalated to the regional co-ordination centre.

In the coming weeks we will receive guidance for the NHS on what mitigations needs to be put in place to prepare for the default outcome.

Once the guidance has been issued a cross-system assurance exercise will be undertaken to test the level of preparedness within the NHS to support any further work needed in preparation for 31 December. This assurance in planned late November.

The Trusts UE Exit Sub-Group is being stood-up again with the various work stream leads ensuring that plans are up to date.

FOR NOTE:
This is the first review of this paper.

Paper Previously Reviewed By
Risk and Audit Committee, November 2020

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

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

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

Governance Implications (legal, clinical, equality and diversity or other):
The Risk registers highlights that risks have been identified and captured, that have been escalated from within the Divisions or affects the Trust's strategic objectives. The Document provides an outline of the work being undertaken to manage and mitigate each risk.

Financial Implications

The Board Assurance Framework includes risks to long term financial stability and the controls and mitigations the Trust has in place.	
Freedom of Information Implications – can the report be published?	Yes

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

Corporate Risk Register

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

Ref:	Risk Statement	CURRENT RISK RATING	Extreme (25) Consequence: Catastrophic Likelihood: Certain Reviewed: 05/11/2020
919	Covid- 19	Previous Rating	Extreme (25)
Impact on Strategic Objectives		Lead Executive	Inese Robotham
This will impact on all of our strategic objectives. **How this risk has been scored:** **Consequence: Major** **Patient safety** – Incident leading to death, mismanagement of patient care with long term effects **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service Catastrophic impact on all health systems especially acute hospitals being unable to cope with demand, plus mortuary capacity overload. **Finance pressure**: Cost of agency, locum and bank staff. **Likelihood:** Certain		Local Manager	Tony James
Current position/Progress/ Mitigation		POST MITIGATION RATING (target) Target date:	Low (9) Consequence: Moderate Likelihood: Possible undetermined
• DCH has seen a rise in confirmed cases of Covid-19 and across Dorset generally over the last couple of weeks. The situation in Dorset is now considered serious. We continue to review data and consider response options both internally and with our local stakeholders. The DCH COVID-19 Incident Management Team has increased its meetings from Monday, Wednesday and Friday to daily (not weekends) . A new operational 'Dorset Bronze Health & Care Tactical Group' has been established reporting to the strategic Health & Care Silver Group. DCH are represented on both groups. • From midnight on 4 November 2020, NHS England moved COVID-19 to a Level 4 incident, the highest alert level. National NHS England Command & Control procedures will now be implemented to support the NHS response. • National Daily COVID-19 SitRep report continues 7 days a week. • DCH remain at Major Incident Stand-by along with the other Dorset acute hospitals.		Next review date	30/11/2020

Ref: 	Risk Statement	CURRENT RISK RATING	Extreme (20) Consequence: Major Likelihood: Certain Reviewed: 30.06.2020
468	Recruitment and retention of Medical staff across specialities	Previous Rating	Extreme (20)
Impact on Strategic Objectives		Lead Executive	
Strategic Objective 4 : Enabling: Failure to deliver flexible and appropriate support service models, Loss of training status for junior doctors, Not achieving a Dorset wide integrated electronic shared care record, Not achieving a staff engagement score in the top 20% nationally, Not being an exemplar site for clinical research and innovation, Not benefitting from the successful delivery of our People Strategy **How this risk has been scored:** **Consequence: Major** **Patient safety** – Incident leading to death, mismanagement of patient care with long term effects **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service **Finance pressure**: Cost of agency, locum and bank staff. **Likelihood:** Certain		Local Manager	Catherine Youers Emma Hallett
Current position/Progress/Mitigation		POST MITIGATION RATING (Target) Target date	Moderate (12) Consequence: Moderate Likelihood: Likely 31.03.2025
We are reviewing the medical model within acute medicine to respond to areas of known skill shortages. We continue to look at joint consultant posts with partner organisations, and are currently recruiting for a joint post in Rheumatology. Within business planning we have identified additional recruitment needs, which will need to be prioritised. This also gives an opportunity to consider alternative staffing models in areas of skill shortage. This work is being co-ordinated by the newly created workforce planning team. We are keen to develop an SAS academy to support specialty doctors in their development and also position the Trust as an attractive proposition for employment.		Next review date	30.11.2020

Ref:	Risk Statement	CURRENT RISK RATING	Extreme (20) Consequence: Major Likelihood: Certain Reviewed: 30.06.2020
709	Failure to achieve constitutional standards (elective Care)	Previous Rating	Extreme (20)
Impact on Strategic Objectives		Lead Executive	Inese Robotham
Strategic Objective 1 : **Outstanding:** Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards Strategic Objective 3 Not achieving a 96% score on our friends and family test, Not being at the centre of an accountable care system, commissioned to achieve the best outcomes for our patients and communities **Strategic Objective 5: Sustainable** Not generating 25% more commercial income with an average gross profit of 20% **How the risk has been scored:** **Consequence: Major** **Impact on patient safety** - mismanagement of patient care with long term effects **Quality/Complaints/Audit** - Non-compliance with national standards, critical report. Human resources - loss of key staff, low staff morale. **Statutory duty** - multiple breeches in statutory duty, improvement notices, low performance rating, critical report. **Adverse publicity** - National media coverage (being outliers) **Business objectives** - key objectives not met. **Finance including claims** - Non delivery of key objectives loss of >1% of budget, loss of contracts and payment by results **Likelihood:** Certain		Local Manager	Inese Robotham
Current position/Progress/Mitigation		POST MITIGATION RATING (target) Target date:	Low (9) Consequence: Moderate Likelihood: Possible 31.03.2025
• RTT - 50/50 risk share agreement in place with the commissioners to treat patients over 40 weeks in order to avoid as many 52 week breaches as possible. Additional independent sector capacity secure for ophthalmology, endoscopy and dermatology. Alternative NHS provider capacity agreed with Yeovil hospital for Orthopaedics. Further exploration of capacity for other specialities. • *Due to Covid 19 all monitoring of standards had ceased.* • Activity is being reintroduced using the Winterbourne and other options to undertake clinics, such as telephone reviews or Skype.		Next review date	30.11.2020

Ref:	Risk Statement	CURRENT RISK RATING	Extreme (20) Consequence: Major Likelihood: Certain Reviewed: 30.06.2020
710	Follow up waiting list backlog	Previous Rating	Extreme (20)
Impact on Strategic Objectives		Lead Executive	Inese Robotham
Strategic Objective 1 : Outstanding Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, Not achieving an outstanding rating from the Care Quality Commission by 2020, Not achieving national and constitutional performance and access standards **Strategic Objective 5: Sustainable** Failing to be efficient as outlined in the Model Hospital. **How the risk has been scored:** **Consequence: Major** **Impact on patient safety** - major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects **Quality/complaints/audit** - non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating **Human resources** - Uncertain delivery of key objectives/ service due to lack of staff, loss of key staff, very low staff morale **Statutory duty** - multiple breeches in statutory duty, low performance rating **Adverse publicity** - National media coverage <3 day service well below reasonable public expectation **Business objectives** - Key objectives not met. **Finance including claims** - Claims between £100k and £1m **Likelihood:** Certain **7 service related risk register records. Other linked reports on cancer incidents**		Local Manager	All services
Current position/Progress/Mitigation		POST MITIGATION RATING (target) Target date:	Low (9) Consequence: Moderate Likelihood: Possible 31.03.2025
• Robust reporting arrangements are in place to allow the services to oversee and manage all of the patients on their waiting lists. • Follow up waiting list numbers and profile of the waiting list is routinely reported to FPC. • Demand management tools such as attend anywhere and consultant connect being trialled in the Trust. • Due to Covid 19 a number of services were ceased, these are now starting to be reintroduced • Access team have been contacting patients on the waiting lists and prioritising on clinical need, or changing presentation. System wide a Pan Dorset view is being undertake to ascertain the level of harm caused to patients by the delay in being seen, where harm is deemed to have been caused and incident will be reported.		Next review date	30.11.2020

Ref:	Risk Statement	CURRENT RISK RATING	High (15) Consequence: Moderate Likelihood: Certain Reviewed: 26.10.2020
641	Clinical Coding	Previous Rating	Extreme
Impact on Strategic Objectives		Lead Executive	Stephen Slough
Strategic objective 1: outstanding failing to be in the top quartile of key quality and clinical outcome indices for safety and quality, not achieving an outstanding rating from the care quality commission by 2020, not achieving national and constitutional performance and access standards **Strategic objective 5: sustainable** failing to be efficient as outlined in the model hospital. **How this risk has been scored:** **Consequence: Moderate** **Impact on patient safety** - mismanagement of patient care with long term effects **Quality/Complaints/Audit** - Non-compliance with national standards, critical report. Human resources - loss of key staff, low staff morale. **Statutory duty** - multiple breeches in statutory duty, improvement notices, low performance rating, critical report. **Adverse publicity** - National media coverage (being outliers) **Business objectives** - key objectives not met. **Finance including claims** - Non delivery of key objectives loss of >1% of budget, loss of contracts and payment by results **Likelihood:** Certain		Local Manager	Sue Eve-Jones
Current position/Progress/Mitigation		POST MITIGATION RATING (Target) Target Date:	Low (6) Consequence: Minor Likelihood: Possible 31/03/2021
• Issue when people were asked to work from home as not significant proportion of records are scanned. Social distancing plan now in place and they are managing the workload better. • There are no enough resources in Medical Records to scan the notes and coding staff had to pull the records themselves from Medical Records Department. • Checking scanned records takes more time than the paper records but this gives the coders more flexibility. • Training for new coders slowed down due to working from home. • One of the trainees left and they are going to advert for an experienced coder. • Service to speak with HR to check if anyone of the staff that can no longer work on patient-facing environment can be redeployed to support the coders in the interim. The team have done a fantastic job coding the elective activity that was the recent focus to ensure the Trust will get specific funds. It was highlighted that due to the issue reported there will be another fluctuation on the SHMI. It will be a very peculiar 6 months in regards of data, our SHMI is now slightly out of the range.		Next review date:	31.12.2020

Ref: NEW	Risk Statement	CURRENT RISK RATING	High (16) Consequence: Major Likelihood: Likely Reviewed: 11.11.2020
979	Removal/reduction of education funding from HEE commencing April 21.	Previous Rating	Moderate (12)
Impact on Strategic Objectives		Lead Executive	Nicky Lucey covering
Strategic objective 1 : Outstanding Not having the appropriate workforce in place to deliver our patient needs **Strategic objective 4: Enabling** Failure to deliver flexible and appropriate service models**,** Loss of training status for junior doctors **Strategic objective 5:** Sustainable **How this risk has been scored:** **Consequence: Moderate** **Patient safety** – event that impacts on a small number of patients, increase length of stay by 4-16 days **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service **Likelihood:** Certain		Local Manager	Elaine Hartley
Current position/Progress/Mitigation		POST MITIGATION RATING (target) Target date	Awaiting confirmation of actual impact 31.03.2021
This is currently being reviewed by the Dorset ICS with a plan to coordinate requests that meet system priorities by accessing a small pot of funding called Workforce Development funding. This however will be significantly less than what we would previously receive.		Next review date	30.12.2020

Ref:	Risk Statement	CURRENT RISK RATING	High (15) Consequence: Moderate Likelihood: Certain Reviewed: 30.09.2020
463	**Workforce Planning & Capacity for Nursing and Allied Health Professional and Health Sciences staff**	Previous Rating	High (15)
Impact on Strategic Objectives		Lead Executive	Mark Warner
Strategic objective 1 : Outstanding Not having the appropriate workforce in place to deliver our patient needs **Strategic objective 4: Enabling** Failure to deliver flexible and appropriate service models Loss of training status for junior doctors Not benefitting from the successful delivery of the People Strategy **How this risk has been scored:** **Consequence: Moderate** **Patient safety** – event that impacts on a small number of patients, increase length of stay by 4-16 days **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation **Service/business interruption** - major impact on service **Likelihood:** Certain 109 linked incident records re staffing.		Local Manager	Catherine Youers Emma Hallett Hilary Harold
Current position/Progress/Mitigation		POST MITIGATION RATING (target) Target date	Moderate (12) Consequence: Moderate Likelihood: Likely 31.03.2025
• We have contracted with a new supplier to deliver international registered nurses. • We have increased resources for temporary staff and bank team • We have increased recruitment events, participating and arranging. • Developed different recruitment marketing tools including a Trust micro site and greater use of social media. • reviewed employer branding. • We have invested in a workforce planning capability to consider longer term actions to mitigate staff shortages, actions. • Risk Register to be discussed at Workforce Committee moving forward		Next review date	30.11.2020

Ref:	Risk Statement	CURRENT RISK RATING	High (16) Consequence: Major Likelihood: Likely Reviewed: 25.06.2020
474	Review of Co-Tag system and management of issuing/retrieving tags to staff	Previous Rating	Extreme (20)
Impact on Strategic Objectives		Lead Executive	Paul Goddard
Strategic Objective 5: **Sustainable** Not using our estate efficiently and flexibly to deliver safe services **Mitigation:** Discussion at SMT 15.01.2020 Electrical work is now underway Data is back and work will commence on this before financial year end Tender will be out shortly for new installation work - this will fall in to the new financial year. **UPDATED PROGRESS:** Electrical installation 30% complete. Data out to tender. To be complete by 31MAR21. New system install specification nearing completion. Roll out anticipated end Q1 FY20/21 **How this risk has been scored:** **Consequence: Major** **Patient safety** - major injury leading to long term incapacity/ disability. **Quality/complaints/audit** - multiple complaints, low performance rating, non-compliance with national standards with significant risk to patients if unresolved. **Adverse publicity** - national media coverage with <3 days service below reasonable public expectation (no access for RESUS teams) **Service/business interruption** - major impact on environment **Likelihood:** Certain		Local Manager	Andy Morris
Current position/Progress/Mitigation		POST MITIGATION RATING (TARGET) Target date	Very Low (2) Consequence: Negligible Likelihood: Unlikely 31/03/2021
Discussion at SMT 15.01.2020 Electrical work is underway Data is back and work will commence on this before financial year end Tender will be out shortly for new installation work - this will fall in to the new financial year. Electrical installation 30% complete. Data out to tender. To be complete by 31MAR21. New system install specification nearing completion. Roll out anticipated end Q1 FY20/21 UPDATE October: Electrical supplies are now 90% complete. Specification is near completion for tendering for the remainder of the works.		Next review date	30.11.2020

Ref:	Risk Statement	CURRENT RISK RATING	Moderate (12) Consequence: Moderate Likelihood: Likely Reviewed:30.06.2020
464	Mortality Indicator	Previous Rating	Low
Impact on Strategic Objectives		Lead Executive	Alastair Hutchison
Strategic objective 1: Outstanding : Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality **How the risk has been scored:** **Consequence: Moderate** **Impact on patient safety -** major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects **Quality/complaints/audit -** non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating **Human resources -** Uncertain delivery of key objectives/ service due to lack of staff, loss of key staff, very low staff morale **Statutory duty -** multiple breeches in statutory duty, low performance rating **Adverse publicity -** National media coverage <3 day service well below reasonable public expectation **Business objectives -** Key objectives not met. Likelihood: Possible		Local Manager	Alastair Hutchison
Current position/Progress/Mitigation		POST MITIGATION RATING (target) Target date:	Low (9) Consequence: Moderate Likelihood: Possible 31.03.2021
The SHMI is not a measure of quality of care. A higher than expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. The Trust continues to investigate reasons behind the higher than expected SHMI on a regular basis. Processes are overseen by the Learning from Deaths Hospital Mortality Group, which reports to the Quality Committee. Medical Examiners scrutinise all deaths of in-patients at DCH and recommend which cases require further investigation by RCA, SJR or review at an M&M meeting. The Group also reviews audit data gathered both locally and nationally to search for any evidence of unnecessary deaths. Additional monthly information on deaths, care quality and safety is provided by the Dr Foster team. **UPDATE October 2020** there will be another fluctuation on the SHMI. It will be a very peculiar 6 months in regards of data, our SHMI is now slightly out of the range. There was a discussion regarding what happens for un-coded cases. AH will check with Dr Foster next month regarding what they do with the un-coded cases.		Next review date	30.09.2020

Ref:	Risk Statement	CURRENT RISK RATING	Moderate (12) Consequence: Major Likelihood: Possible Reviewed: 07.07.2020
450	Emergency Department Target, Delays to Care & Patient Flow	Previous Rating	High
Impact on Strategic Objectives		Lead Executive	Inese Robotham
Strategic Objective 1: Outstanding Failing to be in the top quartile of key quality and clinical outcome indices for safety and quality **Strategic objective 5: Sustainable** Not generating 25% more commercial income with an average gross profit of 20% **How the risk has been scored:** **Consequence: Major** **Impact on patient safety** - major injury leading to long term incapacity/ disability, mismanagement of patient care with long term effects **Quality/complaints/audit** - non-compliance with national standards with significant risk to patients if unresolved, multiple complaints, low performance rating **Human resources** - Uncertain delivery of key objectives/ service due to lack of staff, loss of key staff, very low staff morale **Statutory duty** - multiple breeches in statutory duty, low performance rating Adverse publicity - National media coverage <3 day service well below reasonable public expectation **Business objectives** - Key objectives not met. **Finance including claims** - Claims between £100k and £1m **Likelihood: Possible** Linked to Risk Ref 709 – Failure to achieve constitutional standards.		Local Manager	Samantha Hartley
Current position/Progress/Mitigation		POST MITIGATION RATING	Moderate (12) Consequence: Major Likelihood: Possible
Mitigation: **NOTE:** ***Due to Covid 19 all monitoring of standards has ceased.*** *Due to Covid 19 ED attendances have dropped and bed capacity has increased. There were still potential issues with mental health patients in the department with a change in the delivery of psychiatric liaison service now offering telephone assessments and face to face assessments at Maiden Castle Road. It is likely that this risk will increase again following the Covid 19 issue resolving or restrictions being lifted.* Update: Liaison Service now back on site. ED service activity is starting to rise again.		Next review date	30.11.2020

Ref: 	Risk Statement	CURRENT RISK RATING	Low (8) Consequence: Major Likelihood: Unlikely Reviewed:05..11..2020
449	**Financial Sustainability**	Previous Rating	Low
Impact on Strategic Objectives		Lead Executive	Paul Goddard
Strategic Objective 5: Sustainable Failing to be efficient as outlined in the Model Hospital, Failure to secure sufficient funding to ensure financial sustainability, Not generating 25% more commercial income with an average gross profit of 20%, Not returning to financial sustainability, with an operating surplus of 1% and self-sufficient in terms of cash, Not using our estate efficiently and flexibly to deliver safe services **Target met in the year to date. Additional reimbursement monies are available due to Covid 19**		Local Manager	Rebecca King
Current position/Progress/Mitigation		POST MITIGATION RATING (Target) Target date:	Low (6) Consequence: Moderate Likelihood: Unlikely 31.03.2021
There are a number of uncertainties and recent decisions taken at Trust Board that are present after the 1st October 2020 that will increase this risk so we will have to keep this under review. The submitted Oct 20 to March 21 plan predicts an £11.6m deficit which compromises the sustainable objective.		Next review date	30.11.2020