



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting - Part 1

Thursday 28 July 2022

14:00 – 15:30

The Boardroom, Poole Hospital and

Via Microsoft Teams

(Link to join meeting can be found in Outlook Diary Appointment)

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS

The next meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 14:00 on Thursday 28 July 2022 at The Boardroom in Poole Hospital and via Microsoft Teams.

If you are unable to attend please notify the Company Secretary Team by sending an email to: company.secretary-team@uhd.nhs.uk

Rob Whiteman
Chairman

AGENDA – PART 1

14:00 on Thursday 28 July 2022

Time	Item		Method	Purpose	Lead
14:00	1	Welcome, Introductions, Apologies & Quorum	Verbal		Chair
	2	Declaration of Interests	Verbal		Chair
14:05	3	MINUTES			
	3.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 28 April 2022	Paper	Approval	Chair
	3.2	Chairman's Update	Verbal	Noting	Chair
14:15	4	QUALITY AND PERFORMANCE			
	4.1	Integrated Quality, Performance, Workforce, Finance and Informatics Report	Paper	Noting	Chief Officers
14:45	5	GOVERNANCE			
	5.1	Summary of Operational Plan	Paper	Noting	CEO/CSTO
	5.2	Annual Audit Committee Report and consultation on Terms of Reference	Paper	Noting	Audit Committee Chair
	5.3	Board Assurance Framework Annual Report	Paper	Noting	CNO
	5.4	Governor Response to Quality Account	Verbal	Approval	CNO
	5.5	Trust Annual Report and Accounts	Paper	Noting	CEO
15:15	6	Urgent Motions or Questions	Verbal		Chair
	7	Any Other Business	Verbal		Chair
15:30	8	Date of Next Council of Governors Meeting: Thursday 27 October 2022 at 16.30 location tbc Meetings for 2023 are to be arranged.			

* late paper

This meeting is being recorded in order for minutes or notes of the meeting to be produced. The recording will be deleted once the minutes or notes of the meeting have been approved.

Items for Next Council of Governors Part 1 Agenda

Standing Reports

- Integrated Performance Report

Annual Reports

- Annual Patient Experience Report
- Report on the Annual Members' Meeting
- Council of Governors Assessment of Collective Performance

AGENDA – PART 2 PRIVATE MEETING

15:45 on Wednesday 28 July 2022

Time	Item		Method	Purpose	Lead
15:45	9	Welcome, Introduction, Apologies & Quorum	Verbal		Chair
	10	Declaration of Interests	Verbal		Chair
15:50	11	MINUTES			
	11.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 28 April 2022	Paper	Approval	Chair
15:55	12	FEEDBACK FROM NREC			
	12.1	NREC Terms of Reference	Paper	Approval	Chair
16:05	13	GOVERNANCE			
	13.1	Feedback from Part 2 Board Meeting	Verbal	Noting	CEO
	13.2	Notice of AGM	Verbal	Approval	ADCG
	13.3	Outcome of the Non-Executive Directors' annual performance evaluation	Verbal	Approval	Chair/ Vice Chair
	13.4	Feedback from Council of Governor Groups <ul style="list-style-type: none"> Membership and Engagement Group Strategy Group Quality Group 	Verbal	Noting	Group Chairs
16:25	14	Any Other Business	Verbal		Chair
	15	Reflections on the Meeting	Verbal		Chair
16:30	16	Date of Next Council of Governors Meeting: Thursday 27 October 2022 at 17:45 location tbc. Meetings for 2023 are to be arranged.			

* late paper

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Items for Next Council of Governors Part 2 Agenda:

Standing Items

- Update from NREC
- Update from Board Part 2
- Update from Council of Governor Groups

Quarterly Items

- Quality Accounts Six-Month Review

Annual Item

- Recommendation from NREC on Non-Executive Directors' remuneration/allowances/terms and conditions

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS PART 1 – PUBLIC MEETING

Minutes of the meeting of the Council of Governors held on Thursday 28 April 2022 at 16:30 via Microsoft Teams.

Present:	Philip Green	Acting Chairman (<i>Chair</i>)
	Judith Adda	Bournemouth
	Jonathan Babb	Bournemouth
	Sharon Collett	Bournemouth, Lead Governor
	Marjorie Houghton	Bournemouth
	Keith Mitchell	Bournemouth
	Diane Smelt	Bournemouth
	Carole Light	Christchurch, East Dorset and Rest of England
	Robin Sadler	Christchurch, East Dorset and Rest of England
	Sandra Wilson	Christchurch, East Dorset and Rest of England
	Robert Bufton	Poole and Rest of Dorset
	Andrew McLeod	Poole and Rest of Dorset
	Michele Whitehurst	Poole and Rest of Dorset, Deputy Lead Governor
	Marie Cleary	Staff Governor: Administration, Clerical and Management
	Cameron Ingham	Staff Governor: Allied Health Professionals, Scientific and Technical
	Markus Pettit	Staff Governor: Estates and Ancillary Services
	Kani Trehorn	Staff Governor: Nursing
	Beryl Ezzard	Appointed Governor: Dorset Council
In attendance:	Karen Allman	Chief People Officer
	Yasmin Dossabhoy	Associate Director of Corporate Governance
	Ewan Gauvin	Corporate Governance Assistant
	Mark Mould	Chief Operating Officer (<i>from 15:20</i>)
	Alyson O'Donnell	Chief Medical Officer
	Pete Papworth	Chief Finance Officer (<i>Acting Deputy Chief Executive</i>)
	Sarah Locke	Deputy Company Secretary (<i>minutes</i>)

CoG 23/22	Welcome, Introductions, Apologies & Quorum The Chair welcomed everyone to the meeting. Apologies were received from: <ul style="list-style-type: none"> • Paul Hilliard, Appointed Governor: BCP Council • David Triplow, Poole and Rest of Dorset • Richard Ferns, Poole and Rest of Dorset • Patricia Scott, Poole and Rest of Dorset • Paula Shobbrook, Acting Chief Executive (<i>represented by Pete Papworth</i>) • Fiona Hoskins, Acting Chief Nursing Officer • Richard Renaut, Chief Strategy and Transformation Officer • Peter Gill, Chief Informatics Officer • Caroline Tapster, Non-Executive Director The meeting was declared quorate from 14:10.
CoG 24/22	Declarations of Interest No further interests were declared.
CoG 25/22	Annual Report/Statement on the Work of NREC Yasmin Dossabhoy presented the Annual Report/Statement from the work of NREC, highlighting the following key points:

	<ul style="list-style-type: none"> • Under the NHS Foundation Trust Annual Reporting Manual and also Monitor's (NHSE/I's) Code of Governance there were specific requirements for the annual report from NREC. • This included that the Trust's Annual Report should identify the Chair, the Deputy Chair and the members of NREC. • NREC had approved its annual report on 26 April 2022. Sections of the report would be duplicated in the Trust's Annual Report following approval by the Council of Governors. <p>The NREC Annual Report was APPROVED by the Council of Governors.</p>
CoG 26/22	<p>Minutes of the meeting held on 27 January 2022</p> <p>The minutes were APPROVED as an accurate record of the meeting.</p> <p>Action: Slides from the 2022/23 Annual Plan presentation to be shared with the Council of Governors. Action COMPLETED.</p> <p>Action: The candidate brief to be shared with the Council of Governors. Action COMPLETED.</p>
CoG 27/22	<p>Annual Review of the Register of Interests</p> <p>Yasmin Dossabhoy presented the Annual Review of the Register of Interests, highlighting the following key points:</p> <ul style="list-style-type: none"> • There is a requirement for the Governors interests to be made publicly available. • Particular thank you to Ewan Gauvin who had worked very hard to update the register of interests. • At the time of the papers being sent out, there were three governors declarations' outstanding, those that had since been received would be updated. <p>The Annual Review of the Register of Interests was APPROVED by the Council of Governors.</p>
CoG 28/22	<p>Annual Review of Governance Cycle</p> <p>Sarah Locke presented the Annual Review of Governance Cycle, highlighting the following key points:</p> <ul style="list-style-type: none"> • Changes to the governance cycle primarily related to formatting to ensure that there was consistency across the Trust. • The updates from the Informal Governors' Groups had been added and previous groups that no longer applied had been removed. • The patient story would be moved to the informal governor briefing and had therefore been removed from the governance cycle. • The Governor response to the Quality Account had been moved from April 2022 to July 2022. <p>The Annual Review of Governance Cycle was APPROVED by the Council of Governors.</p>
CoG 29/22	<p>Schedule of Meetings for 2023</p> <p>Sarah Locke presented the Schedule of Meetings for 2023, highlighting the following key points:</p> <ul style="list-style-type: none"> • 2023 dates shared with the Council of Governors were subject to change in the event of the event of alterations from the Board meetings. • Meetings were planned to be held face to face, subject to Infection Prevention Control restrictions and the venue of the meetings would be reviewed. <p>Sandra Wilson asked if the meetings would still also be held virtually. Sarah Locke confirmed that both options would be available for meetings.</p> <p>Michele Whitehurst queried the dates in July and October. Sarah Locke confirmed the dates would be reviewed, and diary invites would be circulated.</p> <p>The Schedule of Meetings for 2023 was APPROVED by the Council of Governors subject to the review of the meetings dates.</p>

CoG 30/22	<p>Appointment of the Lead and the Deputy Lead Governor</p> <p>Sarah Locke presented the Appointment of the Lead Governor and the Deputy Lead Governor, highlighting the following key points:</p> <ul style="list-style-type: none"> • Following a vote for the Lead Governor, this had been confirmed as Sharon Collett, Bournemouth Governor. • Following a vote for the Deputy Lead Governor, this had been confirmed as Michele Whitehurst, Poole and Rest of Dorset Governor. <p>The Chair thanked David Triplow for his time as the Lead Governor at University Hospitals Dorset and previously as the Lead Governor for Royal Bournemouth Hospital.</p> <p>The Appointment of the Lead and the Deputy Lead Governor was APPROVED by the Council of Governors.</p>
CoG 31/22	<p>Exception Reports from Informal Governor Groups</p> <p>Membership and Engagement Group from Sandy Wilson and Marjorie Houghton, highlighting the following key points:</p> <ul style="list-style-type: none"> • Marjorie Houghton was appointed as deputy chair. • A calendar of events from each of the constituencies for listening events had been prepared. • Governors agreed to support each other at different listening events. <p>Quality Group from Sharon Collett, highlighting the following key points:</p> <ul style="list-style-type: none"> • Two meetings have been held to date: November 2021 and February 2022. • The Group had good links with the Quality Committee. • Diane Smelt was elected as the deputy chair. Richard Ferns, Cameron Ingham and Andrew McLeod were also members of the Group. • The Group discussed quality matters and the Quality Account. • Three Governors attended the February 2022 meeting. • There was a walkthrough of the quality dashboard at the February 2022 meeting. The dashboard was in phase 1 of development but would be used by senior matrons and ward sisters. It was extremely informative and an interesting session. • Categories discussed; IPC, falls, medication safety, patient safety, the UHD governance map and patient bed moves. • At the next meeting the draft quality accounts were scheduled for discussion prior to being published ensuring statutory duties were fulfilled. <p>Strategy Group from Robert Bufton, highlighting the following key points:</p> <ul style="list-style-type: none"> • Meeting had been held on 2 March 2022, but unfortunately there was only one member in attendance. Sharon Collett and Jonathan Babb attended as observers. • There had been no deputy chair elected. • Robert Bufton had requested that there be a further meeting when draft strategy documents were available. • A financial overview was provided and the 104% target was noted as business critical if not achieved. <p>Beryl Ezzard asked how many governors were on the groups. It was confirmed that there were 8 on the Strategy Group, 6 on Membership and Engagement Group and 5 on Quality Group. The membership of the Governor Information Groups would be reviewed and shared.</p> <p>The Exception Reports from Informal Governors Groups was NOTED by the Council of Governors</p>
CoG 32/22	<p>Update on Covid</p> <p>Alyson O'Donnell provided the Update on Covid, highlighting the following key points:</p> <ul style="list-style-type: none"> • There were 156 patients in the Trust that were Covid positive. The

	<p>majority of these patients had been admitted with Covid as an incidental finding and were not being admitted with Covid.</p> <ul style="list-style-type: none"> • The challenge had been caring for patients on the most appropriate pathway for their health conditions and this was causing outbreaks on wards. • Covid was still having an impact on staff with around 250 previously isolating with Covid but this had now reduced to 135. • There was an update from the National Team on 14 April 2022 with the changes to the Infection Control guidance, however much of the advice had already been risk assessed and was therefore capable of being implemented fairly efficiently. <p>Diane Smelt had submitted a question with regards to the Governments finding of unlawful, on the release of patients to care homes at the start of the pandemic. She asked for assurance that this had been looked into in Dorset, assurance that the local inquiry would reflect the importance of understanding the experiences of those most affected by the pandemic and assurance that patients and members of the public who had been affected by the ruling had been listened to. Alyson O'Donnell explained that everything that had been done at the organisation had been in line with national guidance. Extensive reviews had been carried out within the organisation, including for those patients that had contracted Covid whilst in hospital and subsequently passed away. Those incidents where duty of candour applied would also have families involved. Alyson O'Donnell had also previously presented to the Board of Directors the learning from the Covid mortality review and that had been shared within the Dorset Quality Surveillance Group who had reviewed the learning from Covid as a system. In light of the judgement the previous day, it would be likely that all the learning would be reviewed. There had been substantial preparations for the potential national Covid Inquiry.</p> <p>Sharon Collett asked if the Trust would welcome the opportunity to give evidence at the national Covid inquiry. Alyson O'Donnell said that there were lessons learned throughout the pandemic and it was always helpful to share that learning and to hear learning from others. One of the things that was a challenge in Dorset was the lack of availability of testing, due to the first wave of Covid being very out of line with the first wave of Covid in London. The frequent changes of the Infection Prevention and Control policies was also a considerable challenge. There were over 600 changes to IPC policies over the two years. Major policy changes were often announced from the Prime Minister on a Thursday or Friday afternoon which meant that the press often knew what was happening prior to staff in the hospital. These were important lessons for the Trust to be able to feed back to support the same challenges were not faced again.</p> <p>Judith Adda asked what the Trust would like to see clinical teams do differently should there be another pandemic. Alyson O'Donnell explained that the evidence was based on the effects of the pandemic in London and some of the policies were not as applicable to more rural hospitals. Services were suspended and staff were redeployed very quickly but the wave did not happen until sometime later which meant that services were suspended for much longer than they perhaps needed to be. Staffing on pressurised ward areas, to take calls from members of the public, would also be reviewed as this was something that had caused complaints and anxiety for families.</p> <p>The Update on Covid was NOTED by the Council of Governors.</p>
CoG 33/22	<p>Integrated Quality, Performance, Workforce, Finance and Informatics Report</p> <p>Pete Papworth presented highlights from the operational performance report, noting the following key points:</p> <ul style="list-style-type: none"> • The Trust had been noting much higher levels of Covid prevalence. The number of cases had been growing but had stabilised recently and the majority of patients were not being admitted due to Covid.

- There were also higher numbers of staff off due to Covid which put additional pressure on caring for patients and financial challenges that are linked with it.
- The significant issue with patients that are medically ready to leave remained as well as the challenge with care homes accepting patients.
- Social Services were under significant financial and staffing pressures and therefore discharging patients remained increasingly difficult.
- The Trust were at OPEL level 4 which was the highest level within the organisation, and this was predominantly due to the significant challenge with bed occupancy. Poole Hospital was at 99% capacity and Royal Bournemouth Hospital was at 96% capacity.
- Urgent and Emergency Care pathway continued to be a challenge linked with the levels of Covid and the delayed discharges.
- A number of key work streams were in place, and this should start having an impact on the pressures in the hospitals.

Pete Papworth presented highlights from the finance report, noting the following key points:

- At the year-end there was a surplus of £350k due to non-recurrent funding made available at the end of the year which had offset the savings that were not delivered.
- There had been an increase in agency spending which mirrored the operational pressures and bed capacity challenges.
- The system capital plan was broadly in balance. There had been some slippage on the strategic capital on the acute reconfiguration.
- There was a strong cash balance which was fully committed over the medium term.
- There were issues with better payment practice performance which related to the timely payment of invoices. However, the national target of 95% had been achieved in March 2022.

Alyson O'Donnell presented highlights from the quality report, noting the following key points:

- There was continued focus on falls and pressure ulcer prevention these being important fundamentals There was a matron and a back to floor initiative in place to really give these fundamentals good focus.
- Although there was a good reporting culture, at a recent CQC feedback session staff said that they were finding it difficult to always report incidents as the workplace was so pressured. This was being monitored.
- The Risk and Safety team had been working to modify a form which would be available to staff that will have quick drop-down information to allow incident forms to be completed quickly.
- There were six serious incidents reported in the previous month, with similar themes from previous serious incidents. These were all being reviewed and investigated.
- Mortality statistics are on a downward trend with extensive work continuing with action plans/
- There was a recommendation at the Quality Committee to revert back to the national monitored metric of SHMI (Standardised Hospital Mortality Index) which included deaths up to 30 days post discharge.

Karen Allman presented highlights from the workforce report, noting the following key points:

- Staff turnover had increased to 12% which followed the national trend across the NHS. There had been articles in the Health Service Journal (HSJ) from staff across the NHS that had left the NHS related to pressure and Covid.
- An electronic leavers form process would be introduced that will provide supportive conversations.
- The recruitment activity was 25% up on last year which did not link to people joining.

- Statutory and Mandatory Training rates had dropped. The mandatory training was paused throughout January and February due to the demand.
- Mapping work was being done through ESR (Electronic Staff Record) to merge staff, departments and the legacy Trusts.
- 138 members of staff were off due to Covid, including 9 students. This had reduced but remained a concern.
- Work continued with the staff survey action planning. These were important results that reflected a broad range of staff and managers.
- Key priorities were health and wellbeing and support to staff that have worked through very difficult circumstances.
- The People Management Programme and Supportive Conversations for Managers and other staff were being disseminated.

In response to the reports, Governors made several enquiries:

- Kani Trehorn asked if the leavers form had a question for consideration of transfer to a different department to retain staff.
Karen Allman answered that where staff have an opportunity to work in a different area this would be supported. There were over 1000 staff that moved internally in the last year. However, by the time staff members had resigned, it was too late to be able to retain them and discussions should take place at an earlier stage. Consideration would be given on whether this could be on the appraisal form although the appraisal rates were poor.
- Judith Adda asked about recruitment from European countries following Brexit.
Karen Allman answered that Brexit had affected the European recruitment and that the Trust had been successful with international recruitment, but this did take significantly longer to get staff in post. The Trust was also looking at supporting people from Ukraine for employment.
- Andrew McLeod asked about the Care Hotel project.
Alyson O'Donnell replied that the trial at the Care Hotel had ended at the end of March 2022. Mark Mould was working closely with system partners to get people discharged into the right care setting sooner. Ambulance handover delays were linked with not being able to admit patients through the Emergency Department.
Mark Mould added that the Care Hotel was to look for another solution to care for patients who could not be discharged from hospital. The challenge was patient selection but also informing patients what the Care Hotel was. The hotel had live-in carers but there were no at home services and describing the care to patients could have been better. The Care Hotel had a role to play at the time with capacity in the system.
The Chair added that the executive team were looking for innovative ways to address the problems, citing the examples the Care Hotel and the Outpatients at Beales. Robert Bufton asked about the handover delays and the impact on inpatient care.
Alyson O'Donnell agreed that the handover delays were a significant concern and that it would be something that needed to be reviewed through the whole system. The Trust needed to ensure that its own internal processes were working in the best efforts of patients. The Trust was very aware of the risk to patients waiting for beds and those that were in the community waiting for ambulances.
The Chair added that emergency flow was a number one priority and received close attention at the Board. There were daily reports within the Trust on ambulance handovers which were monitored.
- Michele Whitehurst asked about the welfare of the paramedics and availability of refreshments when waiting.
Alyson O'Donnell said that paramedics do have access to food and drink whilst they were waiting in ambulances.

	<ul style="list-style-type: none"> Sandy Wilson asked about the appraisal rate being poor and if there were any trends for why staff were leaving varying by work group. Karen Allman said that the Trust was in exceptional circumstances and that new objectives and key criteria had been introduced which would be disseminated through the organisation. It was important that meaningful communications on welfare, wellbeing and personal development were in place and that planning ahead for appraisals and support for completing appraisals had to be a focus. The Care Group operational meetings were where this would be discussed. With regards to the reasons for staff leaving, this had been multifactorial. There would be a deep dive in a few areas carried out but the results relied on people having an exit interview; this was currently not happening enough. The eform had been developed to support the processes which would be rolled out shortly. There were a significant number of staff that had retired. Beryl Ezzard asked if there was anything that the Governors could do with system partners and patients with no criteria to reside. Mark Mould responded that there were a number of patients who would be better cared for outside of the hospital. The partners and stakeholders were Dorset Community Trust, Bournemouth Christchurch Poole Council and Dorset Council. The Trust engages with the council and community partners, but all were facing the same challenge with workforce and backlogs of care. The majority were due to capacity in Local Authorities. Judith Adda asked if the Integrated Care Partnerships (ICP) were seen as a positive move forward. Mark Mould replied that all joined up working would be a positive move forward. The Dorset Integrated Care System (ICS) had been working together for some time and would be better for patients and carers and there was a need to see how that relationship developed over time. The Chair agreed that collaboration was the way forwards for the benefit of the local community. Marjorie Houghton asked if there were care homes in the area run by Local Authorities. Mark Mould replied that BCP had bought care homes with organisations to run them on their behalf. Robert Bufton discussed at the Strategy Group with the use of the hospital grounds for care homes but there had been no further conversations. Beryl Ezzard advised that there are 16 care homes in Dorset that are run by Tricuro. <p>The Council of Governors was ASSURED by the Integrated Quality, Performance, Workforce, Finance and Informatics Report.</p>
CoG 34/22	<p>Any Other Business</p> <p>Sandy Wilson advised that Bournemouth University were putting on an event with a Governor stand on 2 July 2022 and requested Governor participation.</p> <p>Diane Smelt paid tribute to Jacky Taylor, Volunteer Co-ordinator, who sadly passed away following a very short illness. She did amazing work to help keep staff and patients safe by setting up PPE stations, helping to recruit volunteers for the new assessment centre at Poole Hospital and arranging for new buggies to ensure patients were safely carried around the hospital. The Governors wished to send their condolences and deepest sympathy to her family. She was a dedicated employee and an asset to the Trust.</p> <p>Sharon Collett had a thank you card for Dave Triplow for his contribution as Lead Governor and if anyone had any messages for the card then could email her to ensure they were included.</p> <p>Sharon Collett reported that she had attended an excellent conference and she had produced a short document on the governor role and the possible changes with the ICS. These would be informally shared with Governors.</p>
	<p>The date and time of the next meeting of the Council of Governors was announced as Thursday 28 July 2022 at 14:00pm in the Boardroom at Poole Hospital or via Microsoft Teams for those that are unable to attend.</p>

COUNCIL OF GOVERNORS PAPER PART 1 – COVER SHEET

Meeting Date: 28 July 2022

Agenda item: 4.1

Subject:	University Hospitals Dorset (UHD) NHS Foundation Trust Integrated Performance Report (IPR) June 2022
Prepared by:	Executive Directors, Alex Lister, Sophie Jordan, Judith May, David Mills, Fiona Hoskins, Matthew Hodson, Carla Jones, Irene Mardon, Jo Sims, Andrew Goodwin
Presented by:	Executive Directors for specific service areas
Purpose of paper:	To inform the Board of Directors and Sub Committees members on the performance of the Trust during June 2022 and consider the content of recovery plans
Background:	The integrated performance report (IPR) includes a set of indicators covering the main aspects of the Trust's performance relating to safety, quality, experience, workforce and operational performance. It is a detailed report that gives a range of forums ability if needed to deep dive into a particular area of interest for additional information and scrutiny.
Areas of Board Focus	High Bed occupancy levels contributing to ambulance handover delays and the amount of time patients are spending in the emergency department. Continuing challenges with 'No Reason to Reside' (NRTR) leading to bed pressure and elective access to theatre capacity. The number of Covid admissions/contacts increasing across the organisation contributing to maintain a high bed occupancy and increase numbers of staff isolating. Impact on reduced hospital flow has the potential to impact on patient safety, experience and increased cancellations. Workforce availability to meet escalating capacity levels, that drives increased agency costs and impact on staff wellbeing. Impact on hospital reputation and increased challenge to elective care recovery as a result of having to allocate more capacity aside for emergency /urgent care response. The impact this may have on the fundamentals of care, in particular, deconditioning of patients.
Urgent & Emergency Care	<p>Operational Performance: Key Points</p> <p>Emergency flow remains a key challenge. The IPR provides the detailed performance against the new national Urgent & Emergency Care standards. Headlines include:</p> <ul style="list-style-type: none"> • Ambulance conveyances were higher in June to both sites • Volumes of ambulance delays remain consistent with May 2022 and remain an area of work that further progress needs to be made. • Daily ED attendances saw daily average increases in the last month. • ED mean time improved at the RBH site, but deteriorated at PH. • There were 105 x 12 hour waits from Decision to Admit (DTA), 17 more than May.

	<i>(colours based on change from last month)</i>				
			Jun-22		
	Standard	Aim	Poole	RBCH	Combined
Operational (Field testing standards)					
Mean time in the dept	200 mins	317	300	308	
Time to Initial Assessment	15 mins	11	24	18	
12 Hour ED Waits	0	523	246	769	
Internal Care Standards					
Time to first clinician seen (RBCH: to Dr seen)	60 mins	159	282	166	
Mean Clinically Ready To Proceed to Leave Dept	60 mins	296	128	212	
	<p>Weekly Rapid Decompression flow meetings continued in June, chaired by the COO to target and oversee actions to improve crowding in the Emergency Departments and flow through the sites. This now feed through to the weekly Dorset System Ambulance Recovery cell. Medium term transformation work continues through the Improving Hospital Flow Work programme with support from ECIST. Interprofessional standards to support Urgent and Emergency Care flow have been agreed via TMG and are appended for noting.</p>				
Occupancy, Flow & Discharge	<p>Both sites continued to have all escalation & extremis beds open in June, occupancy remained high at 93.4%, and in some instances has exceeded 100% on a single site. Sites have predominately reported OPEL 4 escalation through the month.</p> <p>The number of patients ready to leave with No Reason to Reside (NRTR) remained at an average 214 patients per day. Occupied bed days remains high for patients with a longer length of stay (7/14/21+) Challenges across the Dorset System continue to impact on discharging patients MRFD across UHD sites as follows:</p> <ul style="list-style-type: none"> • Transition into the new model for complex discharge, managing to maintain rate of discharge. • Deficit of domiciliary care capacity across Dorset • Limited flow to spot-purchase care home settings • Social Worker vacancies impacting on delay in timely complex discharge planning and decision-making at UHD <p>A workshop took place with BCP & Dorset Health Care to reconnect teams and understand the challenges and opportunities post covid. Future model scoping sessions have commenced w/c on 9/5. 45% of complex discharges should go out on P1 in line with national modelling – weekly redesign sessions now in place from early June. Work stream 4 Transforming Our Discharge task and finish groups delivering in line with decompressing ED and ambition of Transforming Hospital Flow. Care Group engagement to be focused on the 10 high impact interventions to improve discharge over the next 100 days – national directive with clinical oversight at regional meetings moving into August 2022. Pilot UHD / National definition for Estimated Day of Discharge for improving early discharge planning to commence mid-June.</p>				

Surge, Escalation and Ops Planning	<p>At the time of writing, UHD has 80 confirmed Covid inpatients, the situation was improving but hospitals are experiencing an uptick on patients with covid, which correlates to the national picture and Epicell modelling. Levels remain above the 5% national planning requirements and outbreaks have made placement of patients a clinical challenge. Reduced additional covid inpatient capacity is required resulting in an increase in the availability of 'green' (non Covid) elective and non-elective capacity. Covid outbreaks on wards continue to be managed differently after national guidance was circulated, improving access to specialty beds which is vital when occupancy levels are so high due to a challenging MRTL position.</p> <p>The operational teams continue to work up the winter capacity plan which includes a number of mitigations to reduce the beds required/occupancy levels in Q3 & Q4. The implications of further covid surges will also need to be considered.</p>																				
Referral to Treatment (RTT)	<p>The Trust continues to operate elective recovery alongside continued focus on responding to COVID activity, managing an increase in demand, and management of workforce capacity shortfalls in a number of key areas. High numbers of patients with 'no criteria to reside' in hospital and an increase in trauma demand are also impacting on recovery.</p> <ul style="list-style-type: none">The RTT standard was not met in June 2022, with 58.2% of patients being treated within 18 weeks.In June, the number of patients waiting >104 weeks reduced by 39%. 118 patients were waiting v planning trajectory of 120. <table><tr><td></td><td>May 22</td><td colspan="2">June 22</td></tr><tr><td>Referral to treatment 18-week performance</td><td>59.2%</td><td>58.2%</td><td>Target 92%</td></tr><tr><td>104 weeks</td><td>194</td><td>118</td><td>Trajectory 120 by June 22</td></tr><tr><td>Hold or reduce >52+ weeks</td><td>3,325</td><td>4,493</td><td>4,776 by June 22</td></tr><tr><td>Stabilise Waiting List size</td><td>72,568</td><td>73,932</td><td>+1,364 v May 2022</td></tr></table> <p>2022/23 Planning Requirements</p> <ul style="list-style-type: none">Eliminate 78 week waits by March 2023.Hold or where possible reduce the number of patients waiting over 52 weeks.Stabilise the waiting list. <p>Note: The Trust is currently working towards delivering a single, unified Patient Administration System (PAS) to better manage patient care across all our hospital sites. The impact of this managed change programme is that duplicate patient pathways will exist within the Patient Treatment List (PTL) for a period until administrative validation is complete, and the duplicate removed. The presence of duplicate pathways is increasing the reported total waiting list position, number of >52week waiters and impacting the reported RTT performance. Validation of waits over 78 weeks has been prioritised.</p>		May 22	June 22		Referral to treatment 18-week performance	59.2%	58.2%	Target 92%	104 weeks	194	118	Trajectory 120 by June 22	Hold or reduce >52+ weeks	3,325	4,493	4,776 by June 22	Stabilise Waiting List size	72,568	73,932	+1,364 v May 2022
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Cancer Standards	<p>The total number on the UHD PTL continues to be above 3500 and ranks 19th when compared nationally. The high increases in referral numbers for the above mentioned tumour sites continues to challenge all performance</p>																				

	<p>standards. However, of the 30 trusts with the largest PTL's nationally, UHD has the 3rd lowest % of backstop patients and the lowest % of backstops within the Wessex Cancer Alliance at 6.3%.</p> <p>The rate of two week wait referrals in May saw an overall increase of 13% when compared to May 2021.</p> <table><tr><th>Measure</th><th>Target</th><th>Q3 21/22 - FINAL</th><th>Q4 21/22 - FINAL</th><th>Apr 22 - FINAL</th><th>May 22 - FINAL</th><th>Jun 22 Predicted</th><th>Jul 22 Predicted</th></tr><tr><td>Cancer Plan 62 Day Standard (Tumour)</td><td>85%</td><td>70.9%</td><td>69.3%</td><td>71.5%</td><td>69.6%</td><td>71.2%</td><td>60.0%</td></tr><tr><td>62 Day Screening Standard (Tumour)</td><td>90%</td><td>87.0%</td><td>83.8%</td><td>86.7%</td><td>73.9%</td><td>84.6%</td><td>66.7%</td></tr><tr><td>31 Day First Treatment (Tumour)</td><td>96%</td><td>96.8%</td><td>97.3%</td><td>97.0%</td><td>96.6%</td><td>98.8%</td><td>97.6%</td></tr><tr><td>Subsequent Treatment - Surgery</td><td>94%</td><td>93.9%</td><td>89.8%</td><td>95.3%</td><td>87.7%</td><td>89.8%</td><td>100.0%</td></tr><tr><td>Subsequent Treatment - Radiotherapy</td><td>94%</td><td>100.0%</td><td>99.3%</td><td>100.0%</td><td>99.3%</td><td>96.7%</td><td>100.0%</td></tr><tr><td>Subsequent Treatment - Anti Cancer Drugs</td><td>98%</td><td>100.0%</td><td>100.0%</td><td>96.3%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr><tr><td>Faster Diagnosis</td><td>75%</td><td>66.6%</td><td>71.9%</td><td>71.9%</td><td>71.8%</td><td>68.4%</td><td>64.9%</td></tr><tr><td>Over 104 days (treated in month)</td><td>N/A</td><td>36</td><td>44.5</td><td>13</td><td>25.5</td><td>12.5</td><td>2.5</td></tr></table> <ul style="list-style-type: none">28-day FDS performance in May fell short of the 75% threshold reporting 71.8% with five tumour sites achieving the standard.31-day standardThe 62-day performance in May was below the 85% threshold (69.9%), However, remains above the current national average of 65.5%.	Measure	Target	Q3 21/22 - FINAL	Q4 21/22 - FINAL	Apr 22 - FINAL	May 22 - FINAL	Jun 22 Predicted	Jul 22 Predicted	Cancer Plan 62 Day Standard (Tumour)	85%	70.9%	69.3%	71.5%	69.6%	71.2%	60.0%	62 Day Screening Standard (Tumour)	90%	87.0%	83.8%	86.7%	73.9%	84.6%	66.7%	31 Day First Treatment (Tumour)	96%	96.8%	97.3%	97.0%	96.6%	98.8%	97.6%	Subsequent Treatment - Surgery	94%	93.9%	89.8%	95.3%	87.7%	89.8%	100.0%	Subsequent Treatment - Radiotherapy	94%	100.0%	99.3%	100.0%	99.3%	96.7%	100.0%	Subsequent Treatment - Anti Cancer Drugs	98%	100.0%	100.0%	96.3%	100.0%	100.0%	100.0%	Faster Diagnosis	75%	66.6%	71.9%	71.9%	71.8%	68.4%	64.9%	Over 104 days (treated in month)	N/A	36	44.5	13	25.5	12.5	2.5
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DM01 (Diagnostics report)	<p>The DM01 standard has achieved 80.5% of all patients being seen within 6 weeks of referral, 19.5% of diagnostic patients seen >6weeks.</p> <p>1% of patients should wait more than 6 weeks for a diagnostic test</p> <table><tr><th>May</th><th>Total Waiting List</th><th>< 6weeks</th><th>>6 weeks</th><th>Performance</th></tr><tr><td>UHD</td><td>11,963</td><td>9,635</td><td>2,328</td><td>19.5%</td></tr></table> <p>DM01 performance has deteriorated in June compared to May. Recovery of performance in MRI seen in June and CT expected to recovery in July 2022. Increased demand for diagnostics and workforce gaps is impacting on the Trust's recovery of diagnostics performance in echocardiology and endoscopy.</p>	May	Total Waiting List	< 6weeks	>6 weeks	Performance	UHD	11,963	9,635	2,328	19.5%																																																														
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Elective Recovery Actions	<p>Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:</p> <ul style="list-style-type: none">Theatre improvement programme - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatresOutpatient Enabling Excellence and Transformation programmes - including three elements:<ul style="list-style-type: none">a. Enabling Excellence programme - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatientsb. Digital Outpatients transformation, andc. Outpatients Pathway Transformation programme - optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.Diagnostics recovery: Endoscopy, Echocardiology and imagingCancer recovery and sustainability: Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives.Data and validation optimisation: Ensuring access to the best quality data for elective care delivery and planning, including clinically led, digital first validation																																																																								

Health Inequalities	<p>The Dorset Intelligence & Insight Service (DiiS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only).</p> <p>Waiting list by Index of Multiple Deprivation (IMD) Analysis of the waiting list by IMD identifies that 8.4% of the Trust's waiting list are patients living within the bottom 20% by Index of Multiple Deprivation (IMD). An increase of 0.2% in latest month. This increases to 9.3% when analysing patients waiting over 52 weeks.</p> <p>Waiting list by ethnicity Where ethnicity is recorded, 10.5% of patients are within community minority ethnic populations. This percentage reduces to 10.3% when analysing patients who have waited greater than 52 weeks (down 1.4% compared to May)</p> <p>Learning disabilities Patients recorded as having a learning disability on the waiting list equate to 0.68% of the waiting list. This rises to 0.86% when analysing patients waiting over 52 weeks.</p>																																																																																																
Infection Prevention and Control:	<p>Quality, Safety, & Patient Experience Key Points</p> <ul style="list-style-type: none">Work has commenced on the follow up of outbreaks and PIR for cases identified in Q3 and Q4 2021 to 2022.It is too early to feedback on any trends and themes, it is however evident that the psychological impact on staff from the outbreaks in 2020 to 2021 remains a factor on teams responding to the pressure of increased cases and staff illness. <p>Hospital Associated cases trend</p> <table><tr><th></th><th colspan="12">2021/2022</th><th colspan="3">2022/2023</th></tr><tr><th>Organism</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th></tr><tr><td>Cdiff</td><td>4</td><td>8</td><td>8</td><td>8</td><td>5</td><td>8</td><td>6</td><td>6</td><td>4</td><td>2</td><td>8</td><td>3</td><td>9</td><td>10</td><td>9</td></tr><tr><td>eColi</td><td>4</td><td>4</td><td>9</td><td>9</td><td>10</td><td>7</td><td>8</td><td>7</td><td>9</td><td>7</td><td>2</td><td>4</td><td>6</td><td>1</td><td>7</td></tr><tr><td>MRSA</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>MSSA</td><td>3</td><td>2</td><td>4</td><td>4</td><td>5</td><td>5</td><td>1</td><td>4</td><td>4</td><td>3</td><td>7</td><td>5</td><td>4</td><td>4</td><td>2</td></tr></table> <ul style="list-style-type: none">Community cases of COVID-19 have been steadily increasing and this has had a subsequent impact on admissions and staff illness. The BA4 and BA5 variant is now becoming more dominant which is evidently the reason behind this increase.Outbreaks have been reported within Wards on both sites.A collaborative project looking at MSSA is underway within Dorset. Themes identified within the PIR for these cases point towards poorly maintained vascular access devices and poor skin integrity being a common factor in bacteraemia, there may be some benefit in looking at skin decolonisation for high risk patients as a future QI project for UHD.Cases of Clostridioides Difficile have increased over the past 2 years. The frequency of patients relapsing, and the severity of cases has also increased. This is a common trend across the South West, an ongoing collaborative project across the region is gathering data to help us to understand the reasons behind this increase. However, our rates per 100K admissions is below the England rate (36 vis 45 per 100K). Current themes from Post Infection Review indicate the challenge of ensuring prompt identification, sampling and isolation of patients is a key factor for the Trust to improve upon but these are not contributory factors for patients acquiring infections.		2021/2022												2022/2023			Organism	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Cdiff	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	eColi	4	4	9	9	10	7	8	7	9	7	2	4	6	1	7	MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	MSSA	3	2	4	4	5	5	1	4	4	3	7	5	4	4	2
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Clinical Practice Team	<p>Moving & Handling</p> <ul style="list-style-type: none">Our ability to meet the face-to-face level 2 training requirements continues to be a challenge. The risk register entry remains at 10																																																																																																

	<p>(moderate). Please note due to staffing challenges a small number of training sessions have been cancelled in order to prioritise patient care.</p> <p>Falls prevention & management</p> <ul style="list-style-type: none"> • Themes from recent serious incidents have been aggregated and presented at the OPS Directorate Governance meetings, learning shared and actions suggested. • Continue to raise awareness that the falls eLearning module is now available to Poole based staff on their green brains <p>Tissue Viability</p> <ul style="list-style-type: none"> • The number of patients being referred to the service remains high • Poole based staff being encouraged to complete the TV eLearning module as now available on their green brains • Continue to actively participate in the Pan Dorset Joint Wound Formulary Group <p>The Clinical Practice Team have continued to support ward teams when staffing has been challenging across both sites, as well as undertaking DATIX administration and RCA/SI investigation responsibilities for ward areas.</p>
Patient Experience:	<p>Friends & Family Test</p> <p>FFT Positive responses have marginally declined in June at 88.3% compared with 89.7% in May. (our lowest positive response this year was recorded in August at 86.36%)</p> <p>PALS and Complaints</p> <p>In June there were 576 PALS concerns raised, 44 new formal complaints and 36 Early Resolution complaints (ERC) were processed. The number of formal complaints that were responded to and closed in June was 18. Regular meetings with care group leads continue with a focus on closing of complaints.</p> <p>Key themes from PALS and complaints: Communication – Absent or incorrect, Organisation process – Waiting times, accessing care, Clinical – staff competencies</p> <p>Red Flags</p> <p>A reduction in reported Red Flags has continued with 45 reported this month, compared to 159 in April and 41 in May. The most commonly reported Red Flags are a lack of enhanced care workers and delays providing fundamental care; a reflection of the level of Health Care Support Worker vacancies on the Poole Hospital site and unfilled shifts requested through temporary staffing. A refresh on the criteria for raising a Red Flag has commenced with nursing staff across the Medical Care Group; noted as the highest reporting areas</p> <p>Section 42s</p> <p>The number of 'open' S42 enquiries has increased and was escalated through safeguarding as a concern. There are multiple causes including internal UHD pressures to return Enquiry forms and Social Care pressure to review and 'close' enquiries. GDONs and Safeguarding have agreed an action plan to increase visibility of Enquiries within their areas and overall themes across UHD. This will support learning from events within areas.</p> <p>Mixed Sex Accommodation Breaches</p> <p>In June we had 1 episode of Mixed Sex Accommodation, which affected 7 patients. An investigation within the medical care group is ongoing to share learning, and ward education has already taken place.</p>

Workforce Performance:	Workforce Key Points			
			Actual this month	Variance on last month
	Turnover		14.8%	0.4%
	Vacancy		6.3%	-0.5%
	Sickness Rate		5.1%	0.3%
	Covid-absence non-sickness		0.2%	0.0%
	Appraisals	Values based	13.0%	4.9%
		Medical & Dental	59.4%	3.7%
	Statutory and Mandatory		84.4%	1.0%
	Note: the YTD (12 month rolling data) Indicators to June 2022 can be found on the Workforce Integrated Performance Report page			
UHD turnover is tracking at 14.6% 12 months rolling with an actual this month of 14.8%, an increase of 0.4% on May				
Vacancy Rate is 6.2% 12 months rolling, actual in month for June is 6.2%, a decrease of 0.5% on previous month.				
Overall Sickness absence 12 months rolling is being reported at 5.6%. In June sickness absence increased to 5.1%, an increase of 0.3% compared to May				
Statutory and Mandatory training: Overall Compliance remains fairly strong. Poole Hospital has improved to 77.8% and RBCH has improved to 89.5% with overall UHD Trust compliance standing at 83.7%,				
CPO Headlines:	Internationally Educated Nurses Retention A £75k bid has been made to NHSEI International Recruitment Accelerated Development Transformation Fund. This will support the recruitment, development and retention of internationally educated nurses and midwives.			
	Covid Pay, Terms and Conditions The National staff terms and conditions section of the Covid-19 guidance was withdrawn in its entirety on 7 th July 2022.			
	Embedding a Just and Learning Culture (J&LC) across UHD People Management development will be rolled out from July, to include J&LC principles as a golden thread running through policy and leadership training. A J&LC session will feature in this year's LERN Conference, being held on 3 rd November 2022. This will explore the relationship between incidents, speaking up and a safety culture.			
	Medical Locum Rates A new Trust-wide suite of medical locum rates was introduced on 1 st July 2022. A workshop is taking place on 14 th July to discuss the new rates and process of escalation, and to offer additional training on the Locum's nest booking platform.			

Occupational Health and Enhanced Wellbeing Service	<p>Pre-Placement Referrals: Activity levels remain high. 230 pre-placement appointments were given in June 2022.</p> <p>Management Referrals: In June 2022, 146 management referrals were given. Currently there is a 4/5 week wait for an appointment with an OH Nurse Advisor or OH Doctor. The wait for appointments are reducing in line with increased staffing and streamlining of appointments.</p> <p>Resourcing June data indicates continuing high levels of general recruitment and an increase in Medical Recruitment activity. Services are reporting significant levels of HCSW and Registered Nurse vacancies, and recruitment activity and events are focused on addressing this, and retention activity. International Recruitment – International Qualified Nurse recruitment is on track to meet our 120-nurse target,</p> <p>Temporary Workforce: We have seen a marginal increase in registered nursing demand, with a decrease in the overall fill rate to 77.9% in June compared to May.</p> <p>The number of medical bank shifts requested in June remained stable with 942 Shifts filled and a 11% increase fill rate to 72%.</p> <p>Medical & AHP agency bookings indicate a 25% increase in spend from previous month to £298k</p>
Organisational Development	<p>An online Staff Recognition system is planned to replace the heritage thank you processes. Proposal underway to join an NHS specific online staff recognition application being developed by Royal Papworth NHSFT and Amazon Web Services offering a flexible and sustainable offering.</p> <p>The interim measure, “Thank You” postcards have been very popular</p> <p>9 candidate applications are being processed for the Level 7 Senior Leader Apprenticeship in partnership with Bournemouth University due to commence in September</p>
Trust Finance Position	<p>Finance During June, the Dorset Integrated Care System has continued to operate under significant pressure, with high demand for urgent and emergency care services and increasing numbers of patients in acute hospitals who are medically ready for discharge. Within the Trust; both Emergency departments continue to operate under extreme pressure and we continue to care for patients who no longer require acute care but are unable to be safely discharged due to a lack of available step-down care. As a result, we continue to operate regularly at Operational Pressures Escalation Level (OPEL) 4.</p> <p>At the end June 2022, the Trust has reported a deficit of £4.613 million against a planned deficit of £359,000 representing an adverse variance of £4.254 million. This adverse variance reflects the current shortfall in the cost improvement plan. Recognising this challenge, on the 30 June the Trust convened a (FRS) Financial Recovery Summit. On the 5 July the outcome of the summit was considered by the Trust Management Group (TMG), where an outline plan has been proposed and agreed. Further detailed plans are due for submission at TMG on the 19 July.</p> <p>It should be noted the in month run rate for June has improved mainly due to additional income in relation to NHSE Drugs income of £374,000 and the</p>

	<p>Injury Cost Recovery scheme of £191,000. There has also been a positive movement in the agency pay cost trend when comparing to previous months and the same period last year.</p> <p>The Trust has set a full year capital budget of £131.9 million, including £103.8 million of centrally funded schemes including the acute reconfiguration and the New Hospital Programme enabling works. As at 30 June capital spend is £15.9 million against a plan of £27.3 million, this value includes the adoption of the IFRS 16 standard at £6.9 million. New Hospital Programme spend (NHP) is £2.5 million behind plan and STP Wave 1 funded projects are behind plan by £6.2 million. These programmes are expected to remain consistent with the full year budget albeit with monthly variances throughout the year reflecting the complexities of the project phasing and building works.</p> <p>The Trust ended June with a cash balance of £84.12 million, all of which remains fully committed against the medium-term capital programme. The Trusts payment performance remained strong in June, with 95% of invoices paid within the agreed terms</p>
Options and decisions required:	No decisions required
Recommendation:	<p>Members are asked to note:</p> <ul style="list-style-type: none"> • Note the content of the report • Note the Interprofessional standards to support Urgent and Emergency Care flow • Note and consider the areas of Board focus
Next steps:	Work will continue in addressing the actions raised as part of the escalation reports and through Trust Management Group

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>
BAF/Corporate Risk Register: (if applicable)	<p>Risks scoring ≥ 12:</p> <p>UHD 1342 - The inability to provide the appropriate level of services for patients during the COVID-19 outbreak – increased score to 16</p> <p>UHD 1131 – inability to effectively place patients in the right bed at the right time (Flow)</p> <p>UHD 1387 - Demand for acute inpatient beds will exceed bed capacity (Demand & Capacity)</p>

	<p>UHD 1460 – UEC national metrics</p> <p>UHD 1429 – Ambulance handovers</p> <p>UHD 1053 –Long Length of Stay / Discharge to Assess /NRTR</p> <p>UHD 1074 - Risks associated with breaches of 18-week Referral to Treatment and 52 week wait standards</p> <p>UHD 1292 – Outpatient Follow-up appointment backlog. Insufficient capacity to book within due dates</p> <p>UHD 1386 – Cancer waits increasing due to increased referrals.</p> <p>UHD 1276 – Delayed patient care due to delays in surgery for #NOF patients</p> <p>UHD1574 - Lack of Breast screening staff impacting on waiting times</p> <p>UHD 1397- Provision of 24/7 Haematology/ Transfusion Laboratory Service</p> <p>UHD 1342 -The inability to provide the appropriate level of services for patients during the COVID-19 pandemic</p> <p>UHD 1283 - There is a risk that we cannot adequately staff radiotherapy radiographer roles due to vacancies and maternity leave.</p>
CQC Reference:	All 5 areas of the CQC framework

Committees/Meetings at which the paper has been submitted:	Date
Trust Board (Full report)	July 2022
Quality Committee (Quality)	July 2022
Finance & Performance Committee (Operational / Finance Performance)	July 2022
Trust Management Group	July 2022

INTEGRATED PERFORMANCE REPORT
















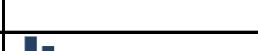



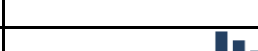













June 2022

Performance at a Glance - Key Performance Indicator Matrix

		standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	ytd	ytd var	trend	
SAFE																													
Quality	Presure Ulcers (Cat 3 & 4)		12	6	10	8	12	12	13	16	11	15	12	15	8	10	6	7	6	13	14	5	4	5	2	11	-27		
	Inpatient Falls (Moderate +)		5	2	3	5	4	4	5	2	4	6	2	7	1	3	6	1	1	7	8	3	3	5	1	9	-3		
	Medication Incidents (Moderate +)		1	2	5	4	9	2	4	4	1	0	1	1	1	6	2	8	2	3	2	2	3	0	0	3	1		
	Patient Safety Incidents (NRLS only)		1379	1341	1654	1581	1537	1492	1239	1006	1140	1145	1073	1159	1229	1036	1178	1127	967	1106	932	916	936	935	947	2818	-540		
	Hospital Acquired Infections	MRSA	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		MSSA	1	2	3	9	8	4	6	4	3	2	4	5	5	5	1	4	4	3	7	5	4	4	2	10	1		
C Diff		7	6	1	3	1	2	9	3	4	8	8	8	5	8	6	6	4	2	8	3	9	10	9	28	8			
E. coli		3	12	5	8	2	11	3	3	4	4	9	8	10	7	8	7	9	7	9	7	2	4	6	1	7	14	-3	
1																													
Mortality	SMR	Latest Jan 21	(source Dr Foster)	97.92	93.17	105.66	103.50	88.04	125.62	103.90	92.89	83.31	91.41	85.38	103.11	108.12	100.45	96.01	90.35	86.03	100.65	81.36				81.40			
	Patient Deaths	YTD		207	185	265	244	249	469	299	217	165	185	170	232	223	202	222	238	247	270	203	241	227	211	209	647	154	
	Death Reviews	Number		105	85	124	111	127	207	152	103	120	152	133	165	177	156	170	152	172	171	116	124	109	84	103	296		
	Deaths within 36hrs of Admission			30	35	40	36	49	47	39	37	30	29	33	48	38	19	33	44	36	48	34	29	41	31	37	109	13	
	Deaths within readmission spell			15	13	15	22	25	36	18	16	12	14	10	26	22	17	13	12	12	21	15	22	13	18	35	66	5	
CARING																													
	Complaints Received		57	48	51	56	62	53	53	51	60	68	62	52	57	51	39	20	27	48	38	65	55	63	80	198	-1		
	Complaint Response in month		57	48	51	48	49	43	59	59	47	26	64	53	55	28	32	39	58	37	37	51	37	47	47	131	-2		
	Section 42's		0	2	0	0	0	0	1	0	0	0	22	0	0	14	0	0	13	0	0	13	0	0	7	7	-15		
	Friends & Family Test		90%	91%	91%	91%	91%	91%	91%	93%	90%	89%	89%	86%	86%	87%	87%	89%	91%	90%	89%	88%	88%	90%	88%	89%	89%	-1%	
WELL LED																													
Safety	Risks 12 and above on Register		36	38	39	31	32	27	31	34	35	40	43	44	47	44	49	44	44	42	41	39	36	35	35	106	-8		
	Red Flags Raised*		31	47	51	43	73	129	51	28	41	45	56	80	117	105	160	209	161	180	148	130	159	41	45	245	103		
	*different criteria across RBCH & PHT																												
	Overall CHPPD		9.5	8.8	9.0	9.4	9.4	8.3	9.4	9.3	5.7	5.3	5.2	5.0	4.7	4.6	4.7	4.8	3.3	4.7	3.2	4.6	4.5	4.8	4.7	4.7	-0.8		
People	Patient Safety Alerts Outstanding		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	
	Turnover		10.40%	10.70%	10.40%	10.20%	10.00%	9.80%	9.40%	9.20%	9.00%	9.20%	11.50%	12.20%	12.40%	12.10%	12.20%	12.60%	12.81%	12.10%	13.50%	14.00%	14.50%	12.80%	13.30%	14.6%	3.3%		
	Vacancy Rate (only up to Oct 2020)		1.0%	0.7%	1.3%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.0%	6.4%	6.3%	6.2%	1.3%		
	Sickness Rate		4.2%	4.2%	4.2%	4.4%	4.5%	7.1%	4.9%	7.1%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.2%	5.3%	5.1%	5.2%	5.4%	5.6%	5.2%	5.3%	5.6%	0.9%		
	Appraisals	Values Based	41.6%	53.5%	57.3%	61.5%	63.9%	63.7%	63.1%	62.9%	4.6%	9.0%	16.7%	25.7%	35.7%	48.7%	54.5%	58.2%	58.4%	55.3%	59.1%	59.1%	5.1%	7.0%	14.9%	7.7%	-2.4%		
		Medical & Dental	52.0%	45.9%	37.5%	29.9%	50.3%	61.6%	62.7%	56.8%	55.4%	52.5%	50.3%	61.0%	62.8%	54.4%	61.1%	63.1%	54.1%	44.1%	38.8%	56.6%	55.5%	54.7%	56.6%	56.9%	4.1%		
Statutory and Mandatory Training			86.52%	86.96%	88.37%	85.90%	85.80%	87.20%	86.50%	86.40%	87.20%	87.90%	88.20%	88.10%	88.60%	87.70%	86.50%	85.80%	86.18%	85.72%	85.60%	84.79%	84.50%	83.41%	83.70%	84.2%	-3.6%		

Performance at a Glance - Key Performance Indicator Matrix

		standard	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	ytd	ytd var	trend
RESPONSIVE																												
Quality	Patient with 3+ Ward Moves (Non-Clinically Justified Only)		8	20	25	17	29	36	10	17	12	11	7	12	13	19	22	22	18	24	12	4	3	2		5	-18	
	Patient Moves Out of Hours (Non-Clinically Justified Only)		58	64	84	106	103	187	75	70	67	72	98	122	65	51	82	45	53	57	64	77	56	60		116	-23	
	ENA Risk Assessment	Falls	62%	61%	61%	61%	58%	51%	59%	59%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	56%	55%			55%	-8.5%	
	infection eNA assessment	Infection	74%	73%	70%	64%	73%	54%	62%	64%	70%	66%	66%	61%	58%	59%	58%	56%	58%	54%	61%	60%	58%			58%	-10.3%	
	went live at RBCH	MUST	64%	64%	63%	65%	61%	57%	63%	63%	69%	66%	65%	61%	59%	60%	59%	57%	58%	55%	62%	60%	58%			58%	-9.6%	
	during April 20	Waterlow	61%	61%	61%	61%	60%	52%	59%	60%	65%	62%	62%	57%	55%	56%	55%	53%	53%	51%	58%	57%	56%			56%	-7.9%	
RTT	18 week performance %	92%	49.0%	56.2%	60.4%	63.4%	64.8%	63.0%	59.3%	58.2%	59.6%	63.2%	65.7%	65.2%	65.4%	64.1%	64.0%	64.0%	61.6%	60.9%	60.4%	61.0%	56.1%	59.2%	58.2%			
	Waiting list size	44,508	41,172	43,123	44,320	44,349	44,117	44,615	45,524	47,133	47,984	48,773	49,099	48,687	49,906	51,491	52,787	52,383	52,972	53,168	54,602	56,038	61,278	72,568	73,932			
	Waiting List size variance compared to Sep 2021 (cf Mar 19 up to Mar 21, cf Jan 20 up to oct 21)	0%	-3%	1.3%	4.1%	4.1%	3.6%	4.8%	6.9%	10.7%	7.8%	9.6%	10.3%	9.4%	12.1%	15.7%	18.6%	1.7%	2.9%	3.3%	6.0%	8.8%	19.0%	40.9%	43.6%			
	No. patients waiting 26+ weeks		16,950	17,001	14,220	12,131	10,738	10,904	11,672	12,408	12,692	12,682	11,972	11,085	10,929	11,508	11,600	11,746	12,904	13,561	13,829	13,765	17,433	19,913	20,428			
	No. patients waiting 40+ weeks		6,395	6,921	7,197	7,799	8,031	7,258	7,006	6,727	6,474	6,151	5,962	5,872	5,971	5,922	5,559	5,413	5,374	5,391	5,764	5,650	7,370	8,521	9,395			
	No. patients waiting 52+ weeks	0	2,050	2,636	2,998	3,242	3,439	4,273	5,325	5,595	4,816	4,156	3,737	3,402	3,408	3,480	3,442	3,322	2,968	2,777	2,680	2,655	2,798	3,325	4,493			
	No. patients waiting 78+ weeks		0	70	92	149	291	542	726	979	1,176	1,268	1,180	1,318	1,635	1,740	1,416	1,329	952	870	864	758	759	550	520			
Theatre	No. patients waiting 104+ weeks		0	0	0	0	0	0	0	0	9	24	66	101	133	178	247	248	273	295	408	280	238	194	118			
	Average Wait weeks	8.5	20.8	20.6	19.5	18.3	18.6	18.3	18.3	20.1	19.5	19.5	20.1	20.1	20.1	20.1	17.8	17.8	19.5	18.5	20.1	19.5	19.5	19.5	19.5			
	Theatre utilisation - main	98%	67%	71%	71%	71%	73%	69%	67%	73%	73%	74%	75%	72%	73%	74%	75%	72%	70%	71%	75%	71%	71%	76%	78%			
	Theatre utilisation - DC	91%	70%	73%	59%	61%	63%	60%	62%	67%	59%	60%	61%	60%	64%	58%	65%	63%	61%	62%	64%	63%	62%	69%	73%			
NOFs (Within 36hrs of admission - NHFD)		85%	40%	10%	26%	29%	25%	42%	67%	63%	20%	29%	23%	30%	30%	39%	20%	42%	4%	9%	32%	24%	24%	3%	2%			
Referral Rates																												
Outpatients	GP Referral Rate	(prev yr baseline)	-0.5%										200.1%	127.3%	86.0%	66.7%	50.5%	42.0%	38.3%	34.3%	33.5%	32.4%	29.3%	-19.7%	0.4%	-0.6%		
	year on year +/-	(19/20 baseline)	-0.5%	-45.8%	-37.8%	-34.4%	-32.0%	-28.2%	-29.5%	-29.0%	-22.4%	-12.6%	-10.2%	-8.6%	-10.8%	-10.8%	-10.9%	-11.3%	-10.7%	-10.2%	-10.8%	-10.7%	-7.0%					
	Total Referrals Rate	(prev yr baseline)	-0.5%										169.1%	120.5%	87.2%	70.3%	53.5%	42.6%	37.1%	31.2%	27.1%	26.4%	24.0%	-24.3%	-0.6%	-3.4%		
	year on year +/-	(19/20 baseline)	-0.5%	-45.3%	-37.1%	-32.2%	-28.7%	-24.5%	-22.8%	-22.2%	-17.2%	-8.9%	-8.0%	-3.9%	-6.2%	-6.0%	-5.6%	-5.8%	-5.0%	-4.6%	-5.0%	-4.8%	-1.4%					
	Outpatient metrics																											
	Overdue Follow up Appts		13,652	13,941	13,722	13,099	13,941	14,883	15,775	15,669	15,404	15,266	15,330	15,389	16,272	16,487	16,174	15,846	16,393	16,523	16,649	16,503	46,566	36,798	25,671			
Follow-Up Ratio	1.91	1.46	1.44	1.44	1.48	1.44	1.63	1.54	1.44	1.40	1.36	1.37	1.40	1.47	1.48	1.43	1.44	1.49	1.53	1.45	1.47	1.49	0.94	0.74				
% DNA Rate	5%	5.7%	6.6%	7.0%	6.6%	6.0%	5.5%	5.0%	5.0%	5.7%	5.8%	6.3%	6.6%	6.7%	6.9%	6.9%	6.8%	7.1%	7.1%	6.7%	6.4%	6.7%	6.9%	8.3%				
Patient cancellation rate		9.2%	9.9%	10.3%	9.5%	10.4%	12.1%	8.8%	5.4%	8.3%	9.1%	10.5%	12.2%	11.7%	13.0%	12.4%	11.8%	14.0%	12.9%	12.9%	13.2%	12.7%	10.5%	10.7%				
30% reduction in face to face attendances																												
DM 01	% telemedicine attendances	25%	52.9%	44.5%	42.0%	43.1%	39.4%	52.1%	52.8%	42.5%	37.3%	34.1%	31.3%	28.7%	28.5%	26.1%	26.6%	26.7%	27.8%	26.5%	25.7%	25.8%	24.0%	22.6%	22.9%			
	Diagnostic Performance (DM01)																											
Cancer	% of <6 week performance	1%	19.5%	16.9%	9.8%	1.4%	2.7%	6.4%	5.9%	2.9%	3.7%	2.6%	1.8%	3.3%	6.1%	5.5%	5.5%	7.8%	14.3%	18.3%	13.1%	15.9%	19.9%	18.6%	19.5%			
	2 week wait (RBH not being monitored)		99.3%	95.4%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
	62 day standard	85%	76.6%	76.1%	77.9%	80.3%	77.5%	78.5%	71.6%	83.2%	76.1%	76.9%	79.8%	78.8%	77.3%	74.6%	71.3%	71.4%	70.0%	71.6%	65.5%	71.3%	71.5%	69.6%	71.2%	(June provisional)		
Emergency Dept	28 day faster diagnosis standard	75%	80.3%	72.9%	76.6%	86.7%	78.6%	72.5%	80.2%	83.6%	75.9%	77.6%	75.3%	78.2%	75.2%	72.8%	68.0%	66.4%	65.4%	60.4%	72.3%	73.3%	71.9%	71.8%	68.4%	(June provisional)		
	Arrival time to initial assessment	15	5.7	5.7	5.1	5.0	6.0	6.0	5.0	6.0	9.0	9.0	13.0	14.0</														

Quality - SAFE

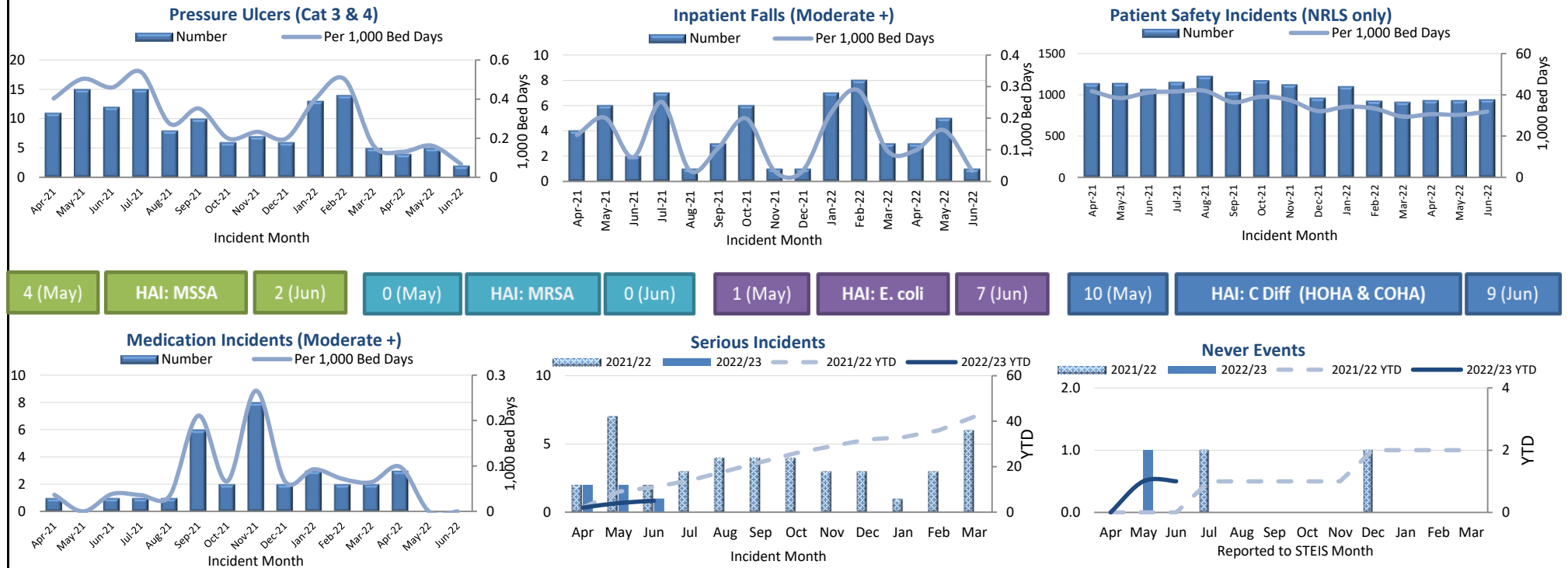
Commentary on high level board position

- One category 3 reported due to a combination of pressure and moisture. A category 4 pressure ulcer reported, currently undergoing investigation
- One severe falls incident reported this month resulting in a #nof.
- One (1) new Serious Incident reported in month (June 22). Full report on learning from completed scoping meeting and investigations included in CMO report to Quality Committee and Board.

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
Pressure Ulcers (Cat 3 & 4)	Number	11	38	-27
	Per 1,000 Bed Days	0.12	0.46	-0.34
Inpatient Falls (Moderate +)	Number	9	12	-3
	Per 1,000 Bed Days	0.10	0.14	-0.05
Medication Incidents (Moderate +)	Number	3	2	1
	Per 1,000 Bed Days	0.03	0.02	0.01
Patient Safety Incidents (NRLS only)	Number	2,818	3,358	-540
	Per 1,000 Bed Days	30.92	40.36	-9.44
Hospital Associated Infections	MRSA	0	0	0
	MSSA	10	9	1
	C Diff	28	20	8
	E. coli	14	17	-3

High Level Trust Performance



Quality - RESPONSIVE

Commentary on high level board position

- The eNA compliance data is not available. The eNA compliance logic remains different between sites, the merger of Single PAS system has meant that the compliance logic needs to be standardised before the data can be jointly represented. Discussed at next SNMPG and meeting requested for agreement.

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Patient with 3+ Ward Moves (Non-Clinically Justified Only)	9	30	-21
Patient Moves Out of Hours (Non-Clinically Justified Only)	163	237	-74
Mixed Sex Acc. Breaches Suspended Apr20 - Sep21	55	0	55

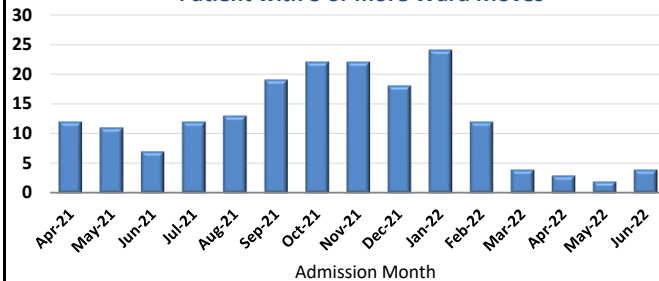
ENA Risk Assessment

Up to Apr 2022 only

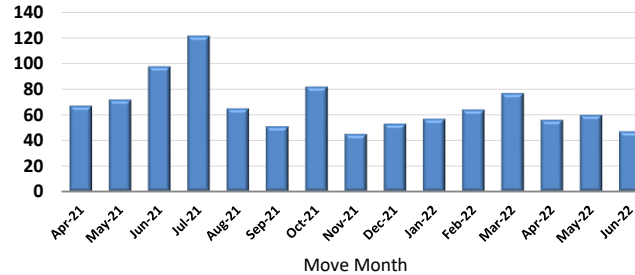
Falls	54.7%	62.7%	-8.0%
Infection	57.5%	67.2%	-9.7%
MUST	58.0%	66.8%	-8.9%
Waterlow	55.6%	62.9%	-7.3%

High Level Trust Performance

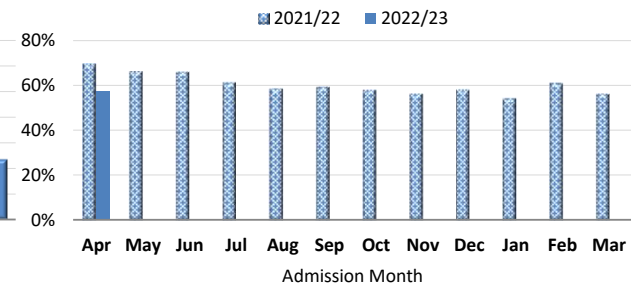
Patient with 3 or more Ward Moves



Patient Moves Out of Hours



ENA : Infection Risk Assessment within 6hrs



54.7% (Apr)

Falls

N/A

57.5% (Apr)

Infection

N/A

58.0% (Apr)

MUST

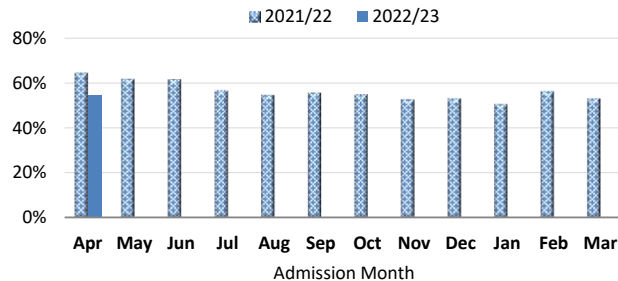
N/A

55.6% (Apr)

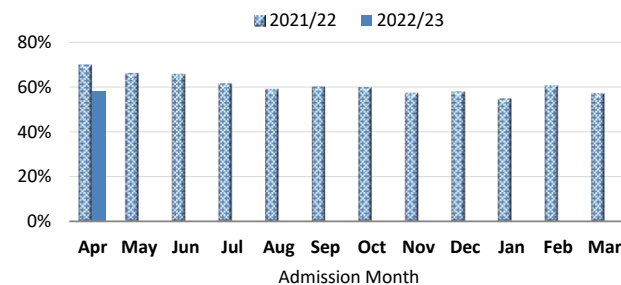
Waterlow

N/A

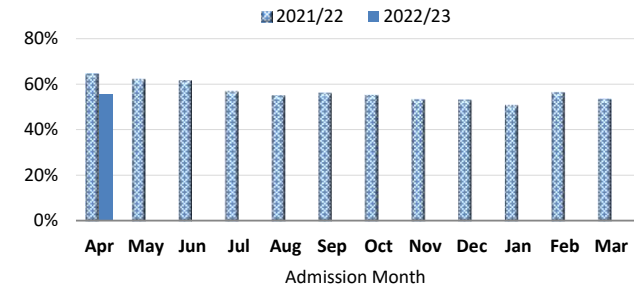
ENA : Falls Risk Assessment within 6hrs



ENA : MUST Risk Assessment within 6hrs



ENA : Waterlow Risk Assessment within 6hrs



Quality - EFFECTIVE AND MORTALITY

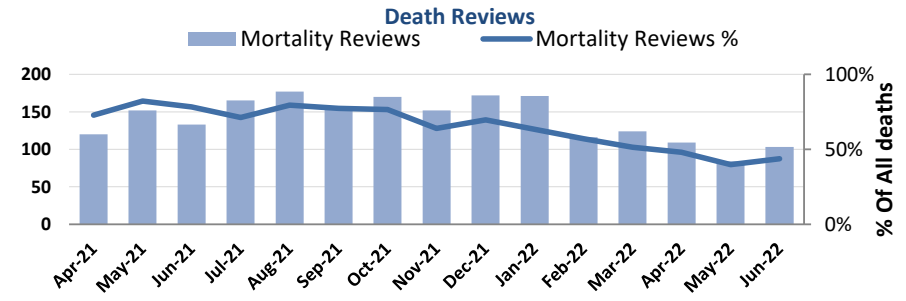
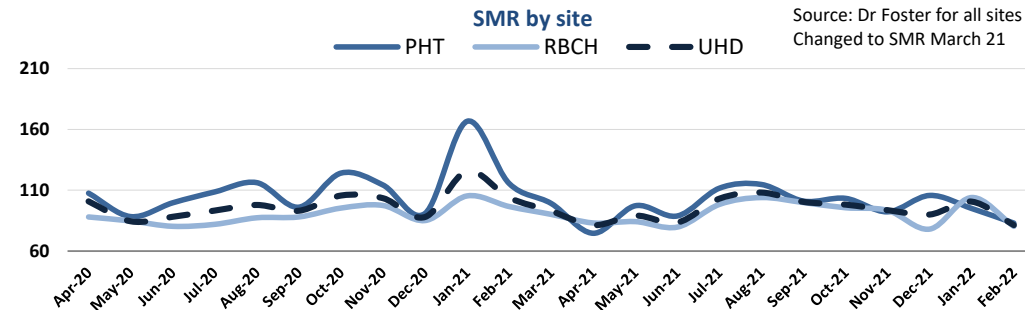
Commentary on high level board position

- The Mortality Surveillance Group meets monthly (next meeting 14/7/22) and reviews mortality reports from speciality M&M meetings.
- The UHD Learning from Deaths Policy and the UHD Mortality Policy are under review and will be presented for approval at the August MSG.
- Work progresses on the eLearning from Deaths project. Currently in the IT design phase with pilot testing due to commence across all sites in October 2022.

High level Board Performance Indicators

		22/23 YTD	21/22 YTD	Variance
SMR	Latest (Feb-22 - UHD)	81.4	103.9	
(Source: Dr Foster for all sites)				
Patient Deaths	YTD	674	520	154
Death Reviews				
Note: 3 month review		296	405	N/A
turnaround target		44%	78%	N/A
Deaths within 36hrs of Admission		109	92	17
Deaths within readmission spell		66	36	30
Patient readmitted within 5 days				

High Level Trust Performance



100.6 (Jan)

SMR

81.4 (Feb)

211 (May)

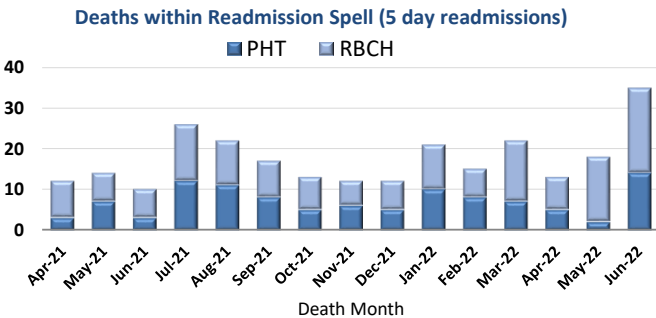
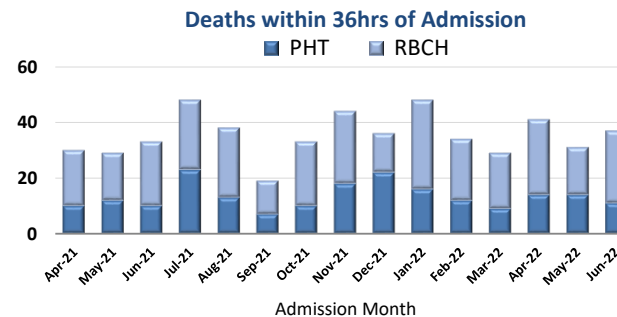
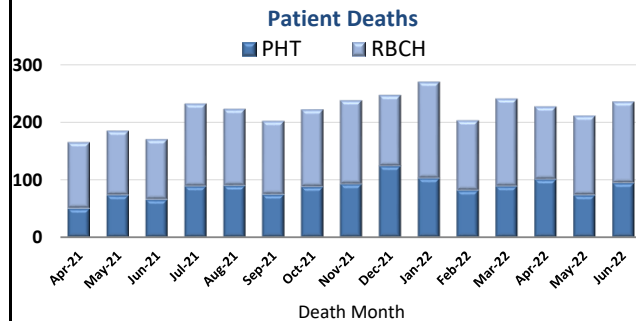
Patient Deaths

236 (Jun)

57.1% (Feb)

Deaths Reviewed

51.5% (Mar)



Quality - CARING

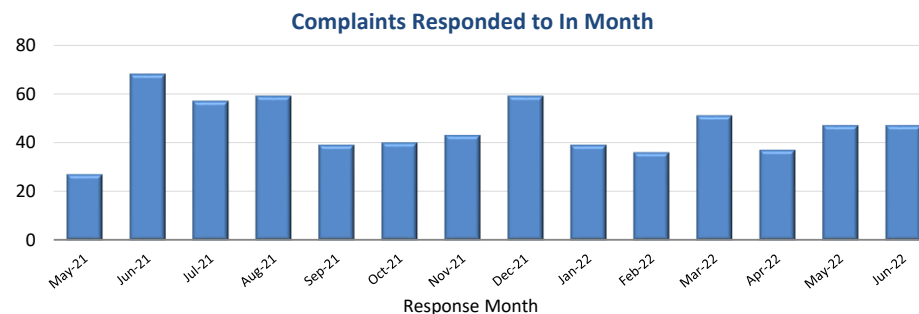
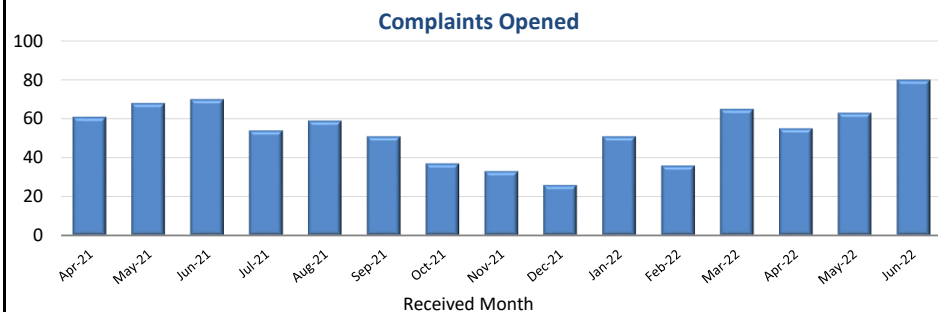
Commentary on high level board position

- FFT Positive responses have marginally declined in June at 88.3% compared with 89.7% in May. (our lowest positive response this year was recorded in August at 86.36%)
- In June there were 576 PALS concerns raised, 44 new formal complaints and 36 Early Resolution complaints (ERC) were processed.
- The number of formal complaints that were responded to and closed in June was 18.
- Regular meetings with care group leads continue with a focus on closing of complaints.
- In June there were 162 outstanding open complaints, 54 of which have been open longer than the extended target of 55 working days. Additional support has been funded by the medical care group in attempt to reduce the number of open complaints they hold. The delay is due to operational pressures delaying complete investigations and a delay in writing letters to complainants.
- Key themes from PALS and complaints:
 - Communication – Absent or incorrect
 - Organisation process – Waiting times, accessing care
 - Clinical – staff competencies
- The number of 'open' S42 enquiries has increased and was escalated through safeguarding as a concern. There are multiple causes including internal UHD pressures to return Enquiry forms and Social Care pressure to review and 'close' enquiries.

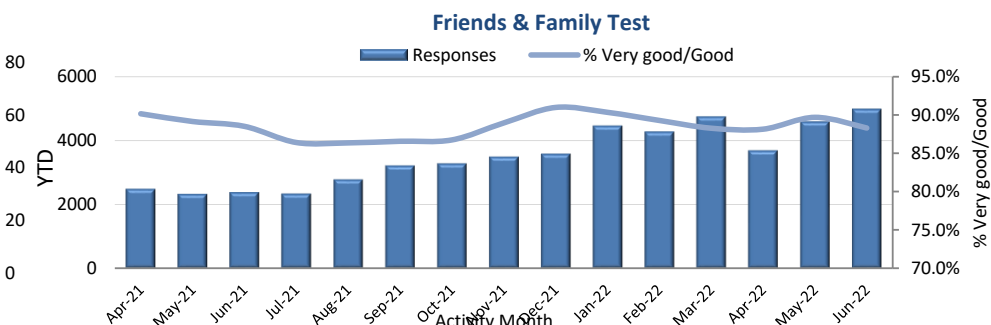
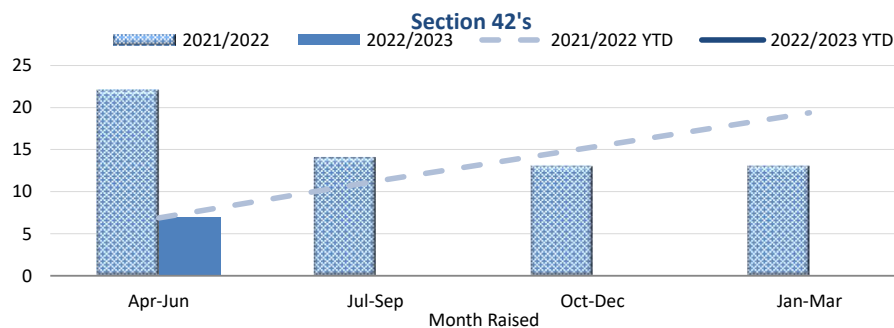
High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Complaints Opened	198	199	-1
Complaint Response Compliance	TBC		
Complaint Response in month	131	133	-2
Section 42's	7	22	-15
Reported quarterly	89%	89%	-1%
Friends & Family Test			
New guidelines from June 2020			

High Level Trust Performance



47 (May) Complaint Responses 47 (Jun) 63 (May) Complaints Opened 80 (Jun) 89.7% (May) FFT % V.Good/Good 88.3% (Jun)



Quality - WELL LED

Commentary on high level board position

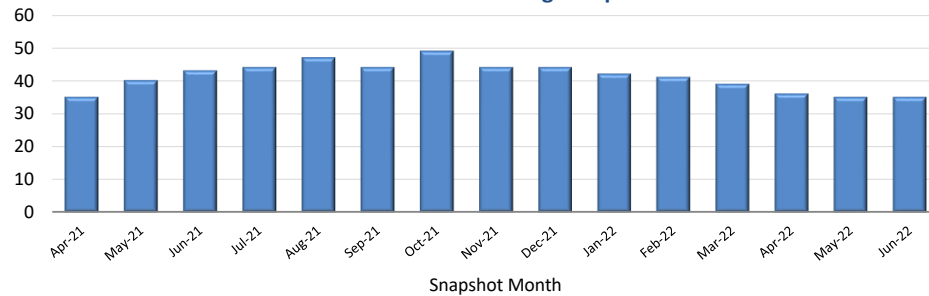
- Risk register update (as at 10/7/2022) provided in Quality Committee, TMB, and Board report
- Heat map risk reports provided to Finance and Performance Committee, Workforce Committee and Operations and Performance Group .
- Board Assurance Framework (BAF) 22/23 Q1 presented to Quality Committee 25/7/2022
- No outstanding Patient Safety Alerts

High level Board Performance Indicators

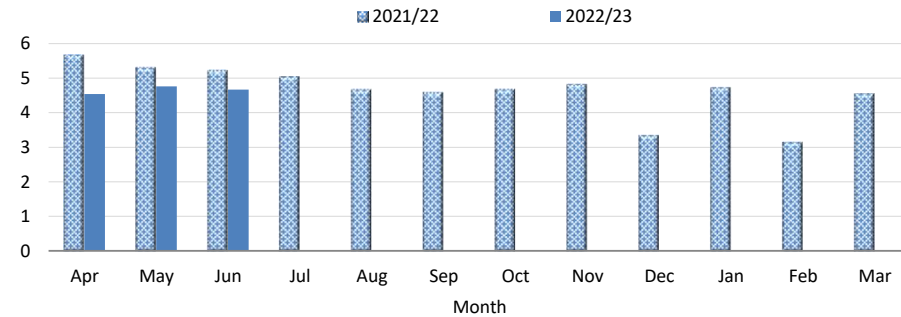
	22/23 YTD	21/22 YTD	Variance
Risks 12 and above on Register	35	43	-8
Red Flags Raised*	245	142	103
*Source: SafeCare from Dec21. Criteria aligned.			
Registered Nurses & Midwives CHPPD	4.7	5.4	-0.7
Patient Safety Alerts Outstanding	0	0	0

High Level Trust Performance

Risks 12 and above on Risk Register per month



Registered Nurses & Midwives CHPPD



35 (May)

Risks 12+

35 (Jun)

4.8 (May)

RN & RM CHPPD

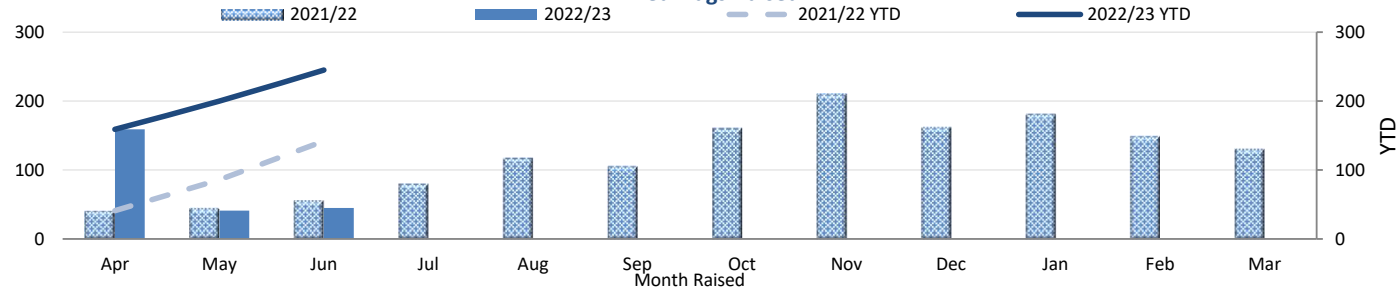
4.7 (Jun)

41 (May)

Red Flags Raised

45 (Jun)

Red Flags Raised*



Workforce

Commentary on high level board position

UHD turnover is tracking at 14.6% 12 months rolling with an actual this month of 14.8%, an increase of 0.4% on May

Vacancy Rate is 6.2% 12 months rolling, actual in month for June is 6.3%, a decrease of 0.5% on previous month.

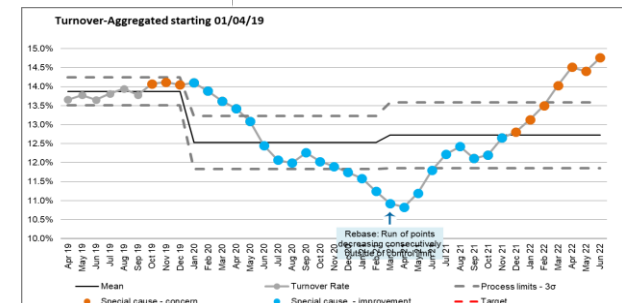
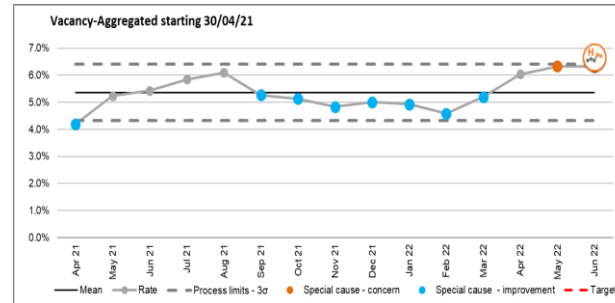
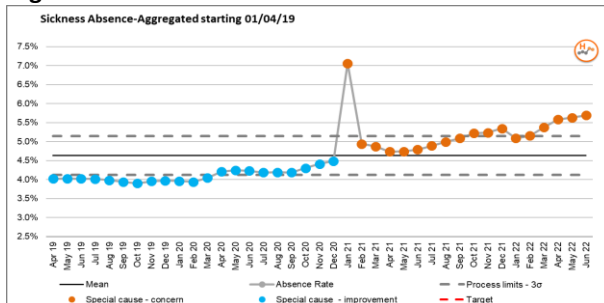
Overall Sickness absence 12 months rolling is being reported at 5.6%. In June sickness absence increased to 5.1%, an increase of 0.3% compared to May

Statutory and Mandatory training: Overall Compliance remains fairly strong. Poole Hospital has improved to 77.8% and RBCH has improved to 89.5% with overall UHD Trust compliance standing at 83.7%.

High level Board Performance Indicators

	22/23 YTD	21/22 YTD	Variance
Turnover (12 month rolling)	14.6%	11.3%	3.3%
Vacancy	6.2%	5.0%	1.3%
Sickness Rate (12 month rolling)	5.6%	4.8%	0.9%
Appraisals			
Values Based	7.7%	10.1%	-2.4%
Medical & Dental	56.9%	52.7%	4.1%
Statutory and Mandatory Training	84.2%	87.8%	-3.6%

High Level Trust Performance



54.7%
(May)

Appraisals
(Medical)

56.6%
(Jun)

7.0%
(May)

Appraisals
(Values)

14.9%
(Jun)

12.8%
(May)

Turnover

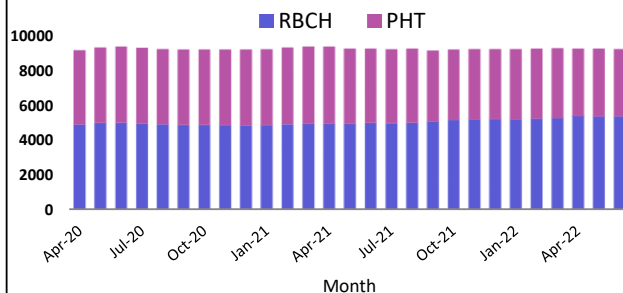
13.3%
(Jun)

5.2%
(May)

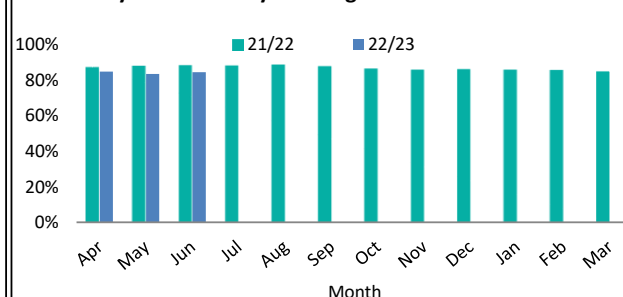
Sickness Absence

5.3%
(Jun)

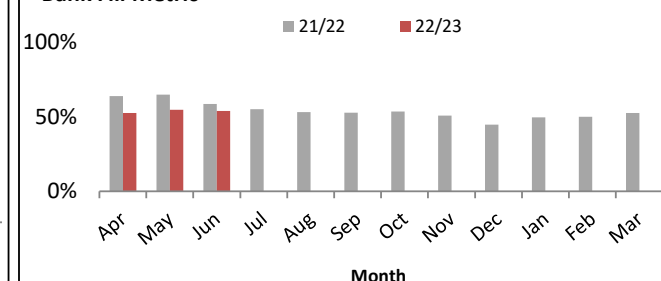
Headcount



Statutory & Mandatory Training



Bank Fill Metric



Emergency

Commentary on high level board position

Urgent and Emergency Care remains a significant challenge for UHD and Nationally.

Attendances in June increased to almost 14,500 representing an additional 27 patients per day compared to May, an increase of almost 50 per day in 2 months. The overall meantime has deteriorated by 9 minutes, driven primarily by an increase at the Poole Department. There was a small decrease at RBH.

There were increases in the number of patients waiting more than 12 hours in the department, and those waiting for more than 12 hours from referral. This was driven by crowding particularly at Poole, where 523 patients spent more than 12 hours in the department. The mean wait from decision to admit to transfer to a bed at Poole was just under 5 hours.

Ambulance handovers deteriorated in June, with 629 waiting more than an hour to hand-over. Again predominantly driven by pressures at the Poole with RBH showing a marginal improvement in month, the split of breaches being 50/50. Dorset has not achieved the submitted improvement trajectory (along with most other SW regions) and will continue to be under Regional NHSE scrutiny. The CCG are leading a weekly Ambulance handover recovery meeting and UHD is aligning the rapid decompression work stream to this forum.

High level Board Performance Indicators

Type 1 ED Emergency Dept	Standard	Merged Trust
Arrival time to initial assessment	15	18
Clinician seen <60 mins		20.0%
PHT Mean time in ED	200	317
RBCH Mean Time in ED	200	300
Patients >12hrs from DTA to admission	0	105
Patients > 12hrs in dept		769
YTD ED attendance Growth vs 22/23 (vs 21/22)		-0.2% (37.2%)
Ambulance Handover		
YTD Ambulance handover Growth vs 22/23 (vs 21/22)		-16.4% (-13.6%)
Ambulance handover 30-60mins breaches		462
Ambulance handover >60mins breaches		629
Emergency Admissions		
YTD Emergency admissions growth vs 22/23 (vs 21/22)		-9.7% (3.6%)

9 mins
May-22

Mean time to
initial
assessment

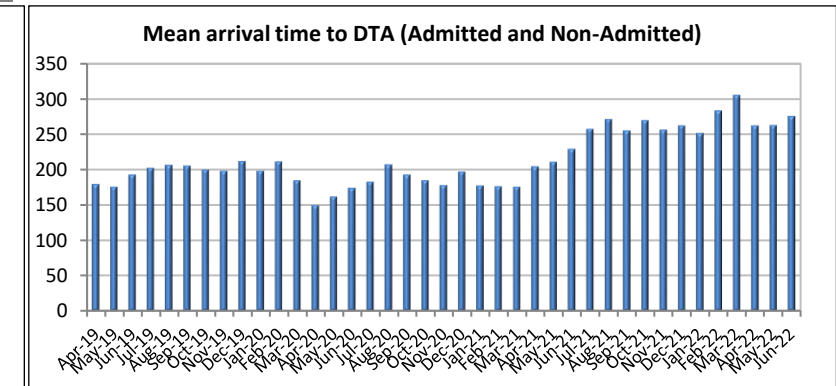
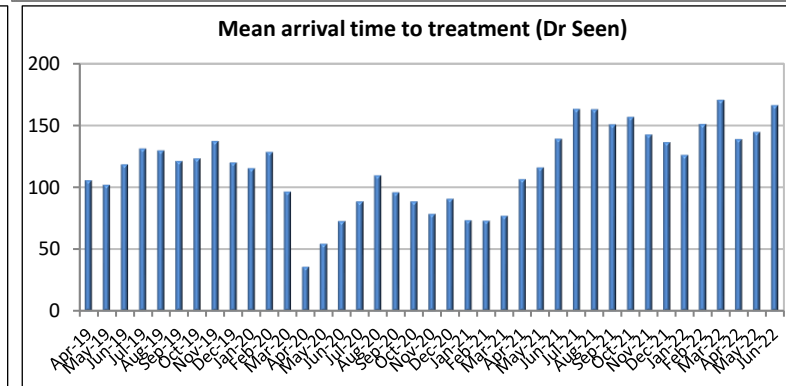
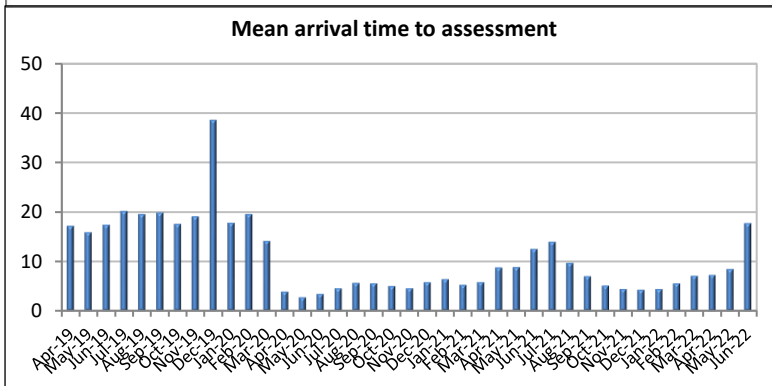
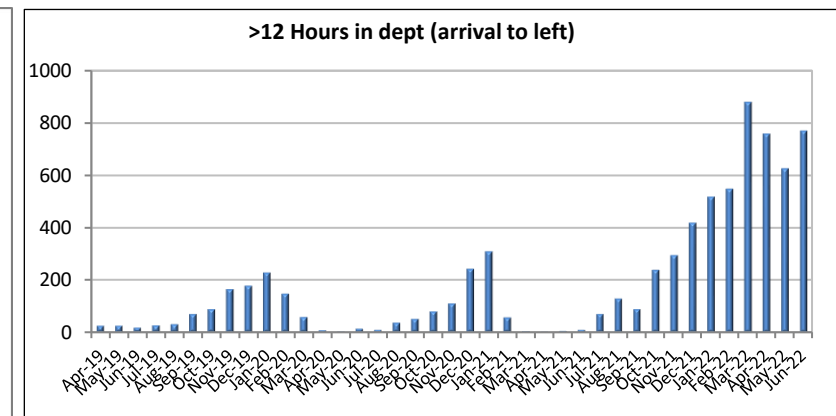
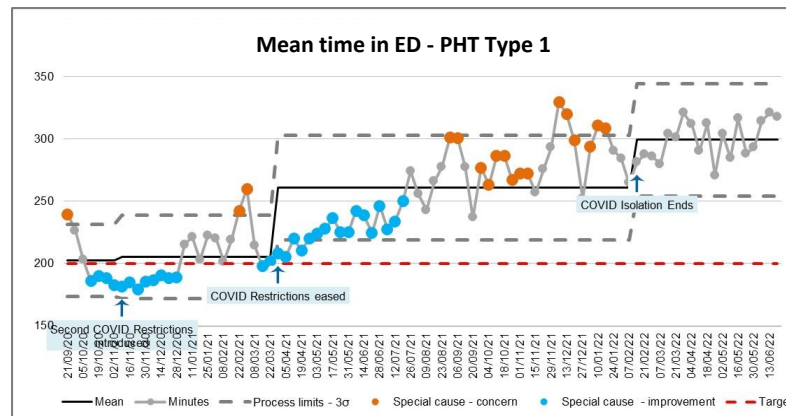
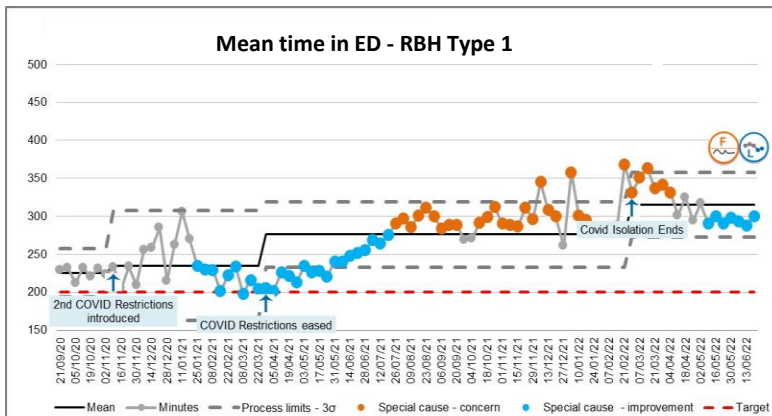
18 mins
Jun-22

299 mins
May-22

Mean time in
Dept. RBH &
PHT

308 mins
Jun-22

High Level Trust Performance



Patient Flow

Commentary on high level board position

Patient Flow

Bed occupancy has decreased fractionally in June to 93.4% (-0.9%) compared to the previous month. The high occupancy rate which is above the 85% national standard is attributed to the significant number of MRFD patients residing in acute beds. This has had a negative impact on the number of outliers across specialties. The figure also includes escalation/extremis beds which have been opened to support the pressures of covid occupancy, maintaining elective activity and emergency care demand.

The ED conversion rate has decreased to 26.9% (-1.5%) and this is below the national standard. Monthly occupied beds day charts are averaged to express the occupancy in terms of beds (also correcting for each month having a different number of days). The adult volume is slightly lower than previous months but still above the 17-month average. More patients were discharged than admitted in the month, resulting in a net discharge of 14 patients. The mean bed wait for patients is 240 mins, i.e. 4 hours, which is higher than the previous month. The chart at bottom-right shows how the mean wait time has risen overall during the last year, impacting on flow out of the Emergency Department and ambulance

High level Board Performance Indicators & Benchmarking

June 2022

Patient Flow

Bed Occupancy

(incl. escalation in capacity)

85%

93.4%

(excl. escalation in capacity)

96.2%

Occupied Bed Days

30,225

Daily average Occupied Bed Days

1007.5

Admissions v Discharges

7,158 v 7,172

Net admissions

<= 0

-14

Non-elective admissions

5,802

> 1 day non-elective admissions

3,633

Same Day Emergency Care (SDEC)

2,168

Conversion rate (admitted from ED)

30%

26.9%

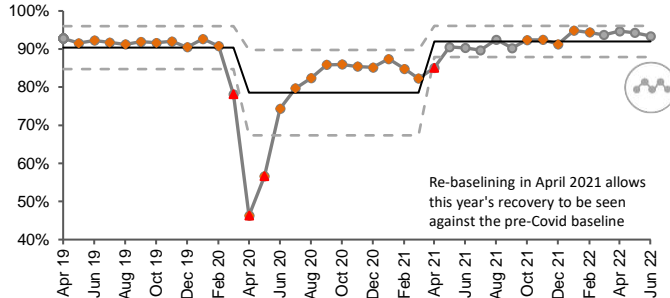
Mean bed wait: minutes w/c 27 June

240.17

High Level Trust Performance

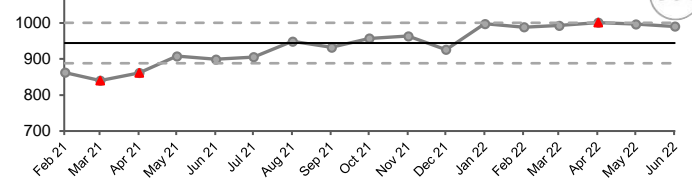
Bed Occupancy Rate including Escalation Capacity

Source is daily UEC SitRep, G&A adult & children occupied ÷ total available(8am)



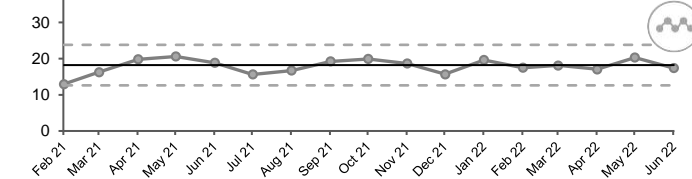
Average Adult Occupied Bed Days

Source is daily UEC SitRep, adult beds occupied at 8am



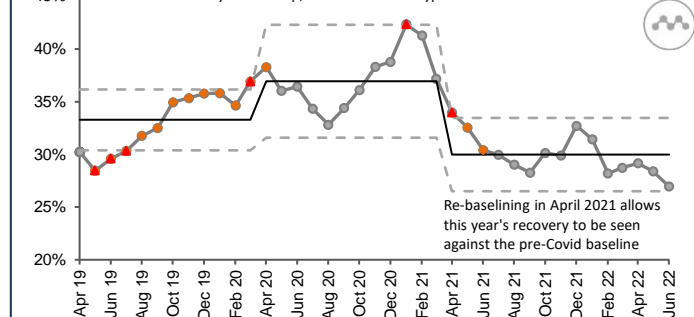
Average Paediatric Occupied Bed Days

Source is daily UEC SitRep, paediatric beds occupied at 8am



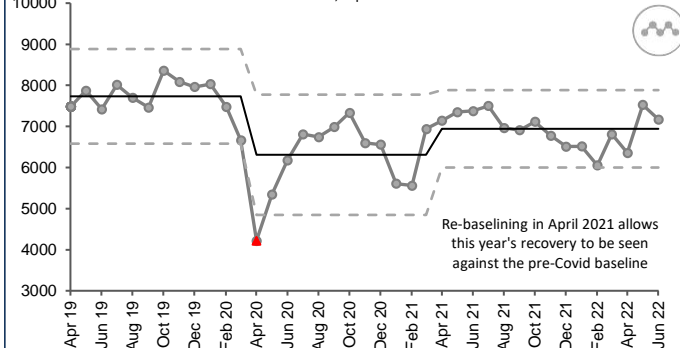
A&E Conversion rate

Source is daily UEC SitRep, ED admissions ÷ Type 1 attendances



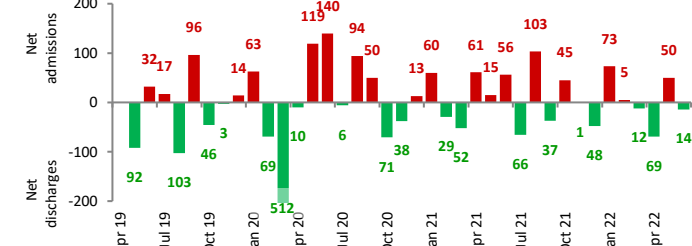
Admissions

Source is Camis, Inpatient Admissions



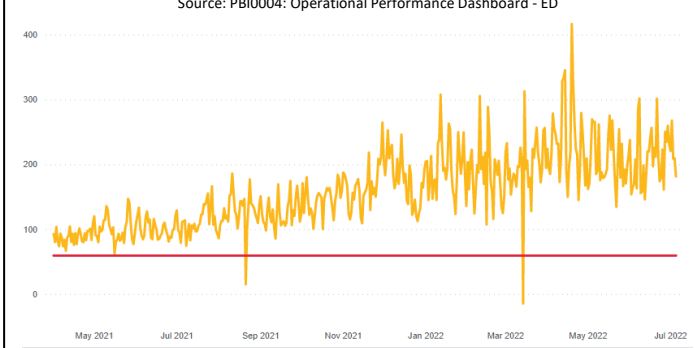
Net monthly admissions / discharges

Source is Camis, Admissions minus Discharges



Mean Bed Wait

Source: PBI0004: Operational Performance Dashboard - ED



Length of Stay and Discharges

Commentary on high level board position

Patient Flow

The average number of beds per day occupied by patients with a length of stay >7 days has remained steady (the OBD chart below left shows a slight decrease but this due to June having fewer days than May). The number of patients with a length of stay over 21 days has increased fractionally to 256 (+2 patients). This is not a significant change in performance, continuing the generally high numbers so far in 2022, and remains above pre pandemic levels. The increased stay for stranded patients continues to have a detrimental impact on the national UEC metrics, particularly 12 hr DTA and ambulance handovers. The average number of patients who are ready to leave/have no reason to reside (MRTL/NRTL) remains at 214 patients this month. The overall delayed discharge position continues to challenge hospital flow. The overall proportion of NRTR patients has decreased to 27%, a 1% reduction in month. Internal processes accounted for 17% of patients no longer meeting Criteria to Reside (C2R).

Challenges across the Dorset System continue to impact on discharging patients MRFD across UHD sites as follows: 1. Transition into the new model for complex discharge, managing to maintain rate of discharge. Ambition that this will improve now that we are back to responsible commissioner. 2. Deficit of domiciliary care capacity across Dorset. 3. Limited flow to spot-purchase care home settings 4. Social Worker vacancies impacting on delay in timely complex discharge planning and decision-

High level Board Performance Indicators & Benchmarking

June 2022

Length of Stay and Discharges

Stranded patients:

	Standard	Merged Trust
Length of stay 7 days	42%	539 53.5%
Length of stay 14 days	21%	360 35.7%
Length of stay 21 days	108 12%	256 25.4%

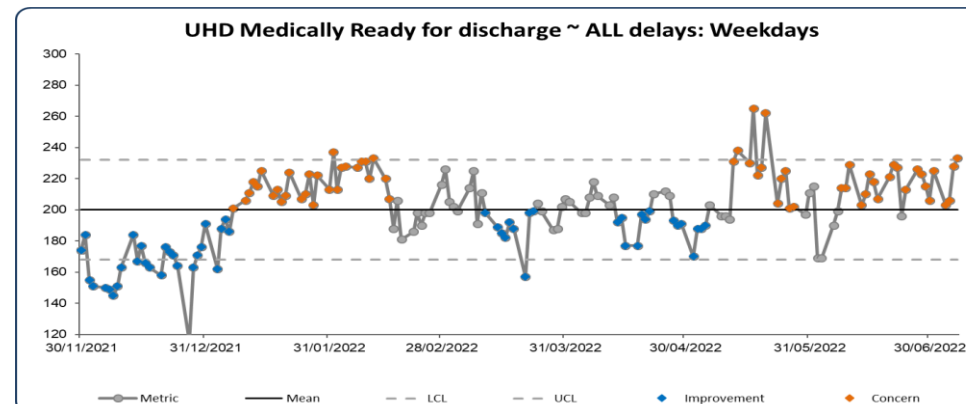
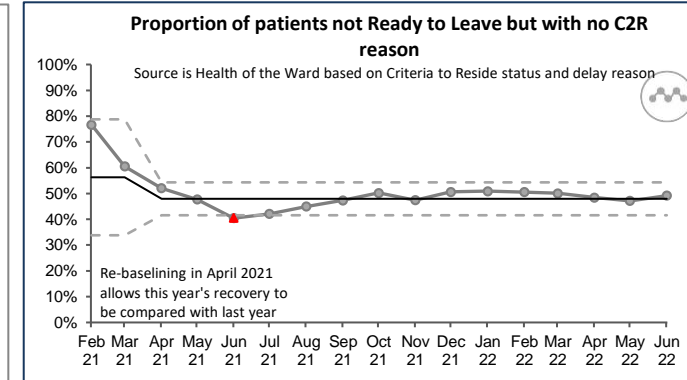
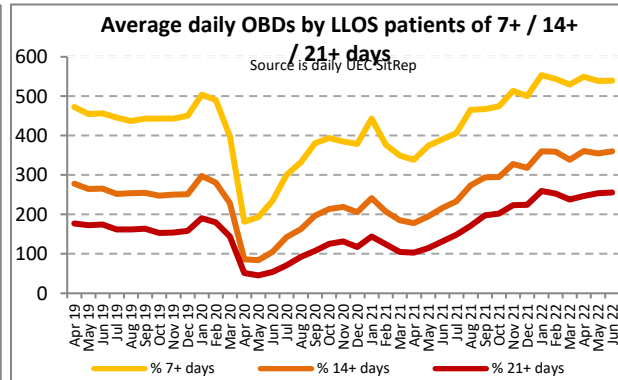
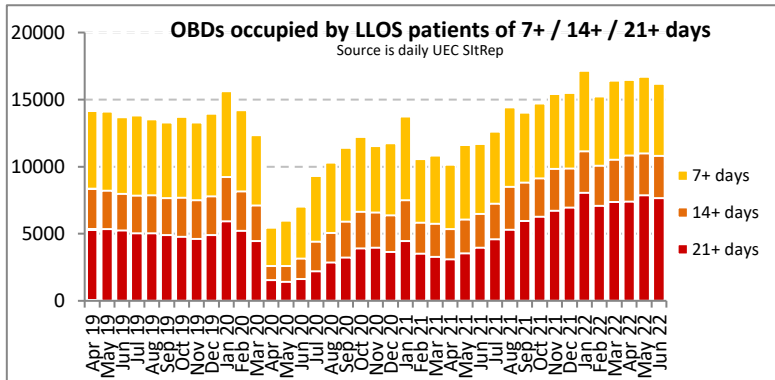
Criteria to Reside
(excludes Ready to Leave)

Physiology	4%
Function	12%
Treatment	25%
Recovery	9%
Not Recorded	49%

Proportion of patients who are Ready to Leave

26%

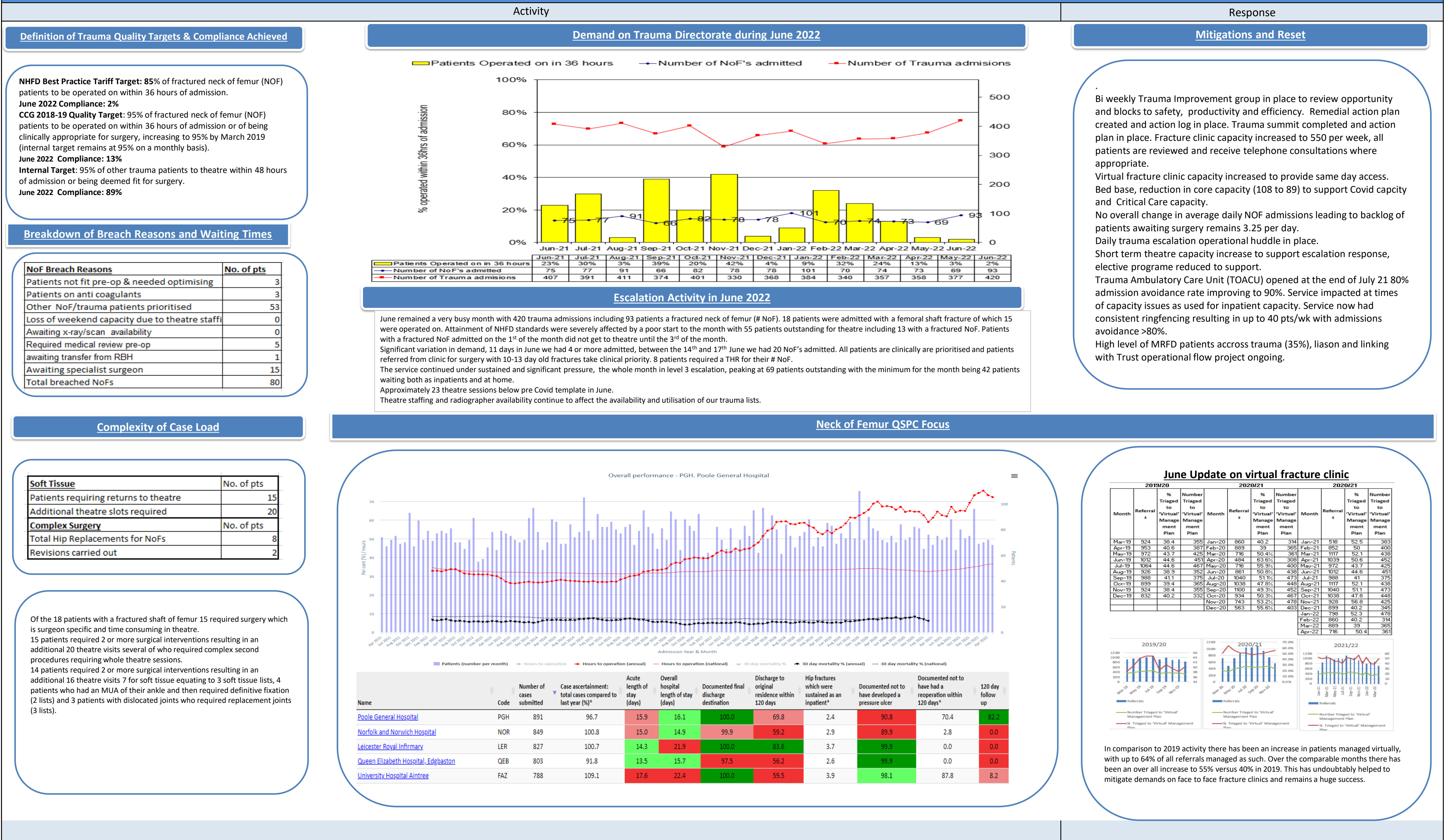
High Level Trust Performance



Escalation Report

Jun-22

Trauma Orthopaedics : 13% compliance achieved against fractured neck of femur target of 95% of clinically appropriate patients to surgery within 36hrs.



Cancer - Actual May 2022 and Forecast June 2022

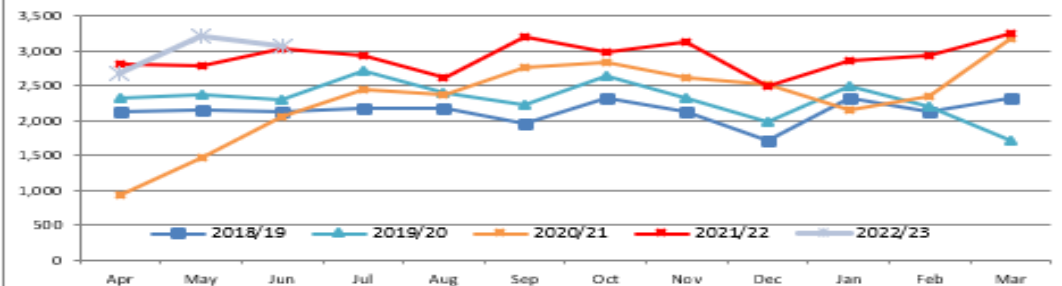
Commentary on high level board position

The rate of two week wait referrals in May saw an overall increase of 13% when compared to May 2021. The sites seeing the biggest increases were colorectal (+28%), lung (+26%), upper GI (+25%) and skin (+21%). June referrals were at similar levels seen the previous year, however the sites seeing increases in referrals in month were colorectal (+12%), gynae (+10%) and urology (+9%). The total number on the UHD PTL continues to be above 3500 and ranks 19th when compared nationally. The high increases in referral numbers for the above mentioned tumour sites continues to challenge all performance standards. However, of the 30 trusts with the largest PTL's nationally, UHD has the 3rd lowest % of backstop patients and the lowest % of backstops within the Wessex Cancer Alliance. 28-day FDS performance in May fell short of the 75% threshold reporting 71.8% with 7 tumour sites achieving the standard. The provisional performance for June is showing a slight decrease in performance which is currently at 68.4%. Data completeness in May against this standard was above the target of 95% achieving 97.6%. The Trust has consistently achieved the 31-day standard and is expected to be achieved in June. Two out of three subsequent treatment KPI's were achieved in May, with the exception of surgery mainly due to theatre capacity in urology. The 62-day performance in May was below the 85% threshold (69.9%), however remains above the current national average of 65.5%.

High level Board Performance Indicators & Benchmarking

Cancer Standards	Standard	UHD May-22	Predicted Jun-22
31 day standard	96%	96.6%	98.8%
62 day standard	85%	69.6%	71.2%
28 day faster diagnosis standard	75%	71.8%	68.4%

Monthly Referrals By Financial Year Actual

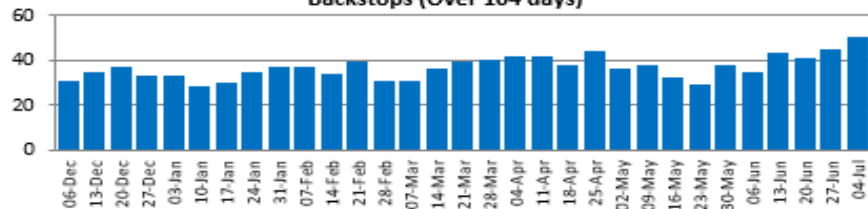


Target 75%

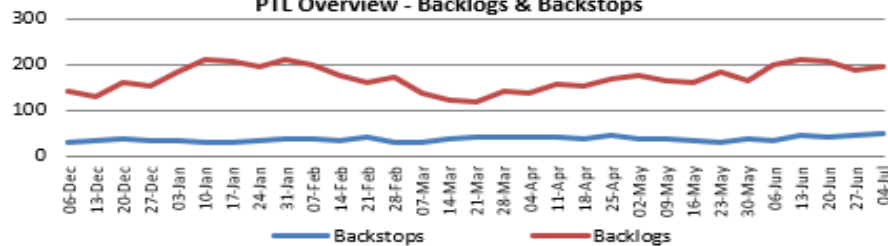
28

UHD: May 2022: 71.8%

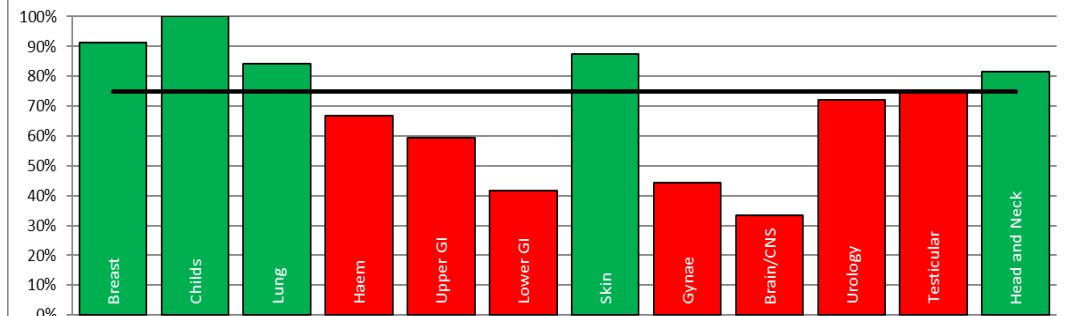
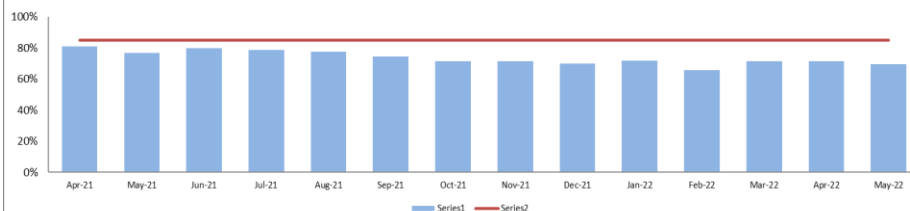
Backstops (Over 104 days)



PTL Overview - Backlogs & Backstops



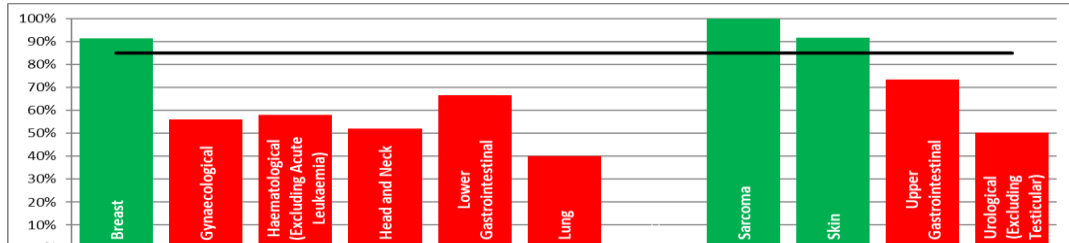
62 Days



Target 85%

62

UHD: May 2022: 69.6%



Elective & Theatres

Commentary on high level Board position

18 Weeks Referral to Treatment

At the end of June 2022, the Trust's 18 week RTT performance is **58.2%** (92% standard).

- 4,493 patients were waiting over 52 weeks for treatment, an increase of 1,168 compared to May. The percentage of the waiting list over 52 weeks is currently **6.1%**.
- 520 patients are waiting over 78 weeks, a decrease of 30 since May, and 194 patients are waiting over 104 weeks. The 104 week wait position has reduced by 76 in June 2022.
- The overall **waiting list size** has grown in 21/22. Some of the recent growth is due to duplicate pathways existing in the reported PTL whilst the Trust transitions from two PAS systems to a single Patient Administration System. A programme of validation is now underway to remove these duplicate entries.
- Reduced capacity for elective care due an increase in Covid positive patients, high bed occupancy and workforce gaps have also contributed to this waiting list position.
- 99.58%** of patient referrals have been allocated a clinical prioritisation code (P code).

Theatre utilisation

The current staffed theatre (main) utilisation rate has **increased to 78%**. Day case utilisation has also improved, increasing by 4% since last month to 73%.

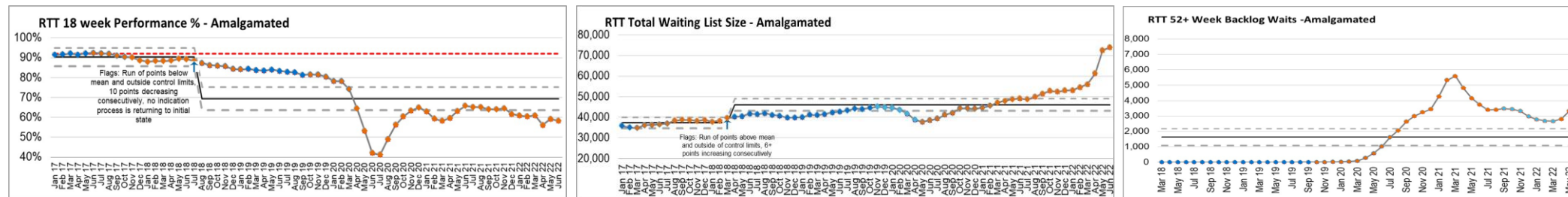
Trauma

The percentage of patients with a fractured neck of femur treated within 36 hours of admission has deteriorated, reducing to 2%.

High level Board Performance Indicators & Benchmarking

	Standard	Merged Trust	% of pathways with a DTA
Referral To Treatment			
18 week performance %	92%	58.2%	
Waiting list size	51,491	73,932	17%
Waiting List size variance compared to Sep 2021 %	0%	43.6%	
No. patients waiting 26+ weeks		20,428	23%
No. patients waiting 40+ weeks		9,395	26%
No. patients waiting 52+ weeks (and % of waiting list)	6.1%	4,493	31%
No. patients waiting 78+ weeks		520	69%
No. patients waiting 104+ weeks		118	41%
Average Wait weeks	8.5	19.5	
% of Admitted pathways with a P code		99.58%	
Theatre metrics			
Theatre utilisation - main	80%	78%	
Theatre utilisation - DC	85%	73%	
NOFs (Within 36hrs of admission - NHFD)	85%	2%	

High Level Trust Performance



RTT Incomplete 58.2% <18weeks

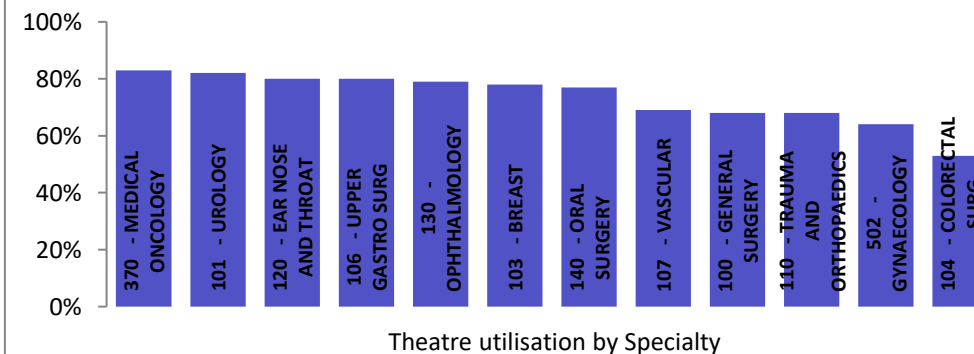
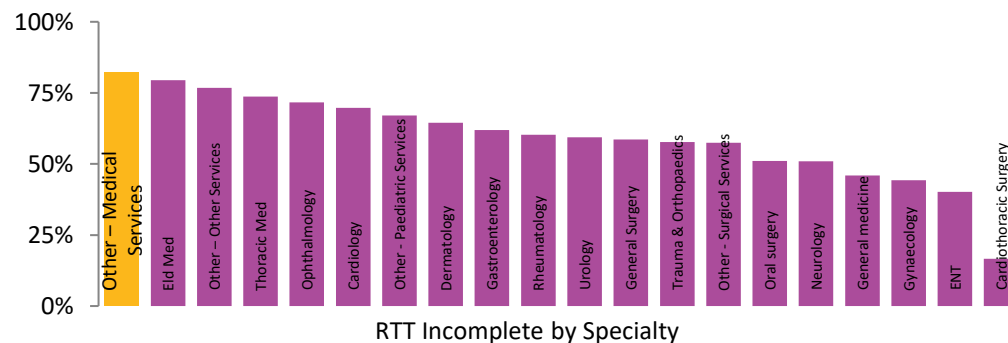
18
WEEKS

(Last month 59.2%) Target 92%

Theatre Utilisation 73.3%



(Last month 73.5%)



Referral to Treatment (RTT)

What is driving under performance?

92% of all patient should be seen and treated within 18 weeks of referral.

In June 2022, 58.2% of all patients were seen and treated within 18 weeks at UHD.

The overall waiting list (denominator) was 73,932 which is higher than previous months and 43.6% above the September 2021 waiting list of 51,491.

4,493 RTT waits exceeded 52 weeks, which is an increased position however below the Trust's operational plan trajectory for June 2022 (4,776).

June 2022 (compared with previous month)

43,039 increase < 18 weeks

20,428 increase > 26 weeks

9,395 increase > 40 weeks

4,493 increase > 52weeks

520 decrease > 78 weeks

118 decrease > 104 weeks

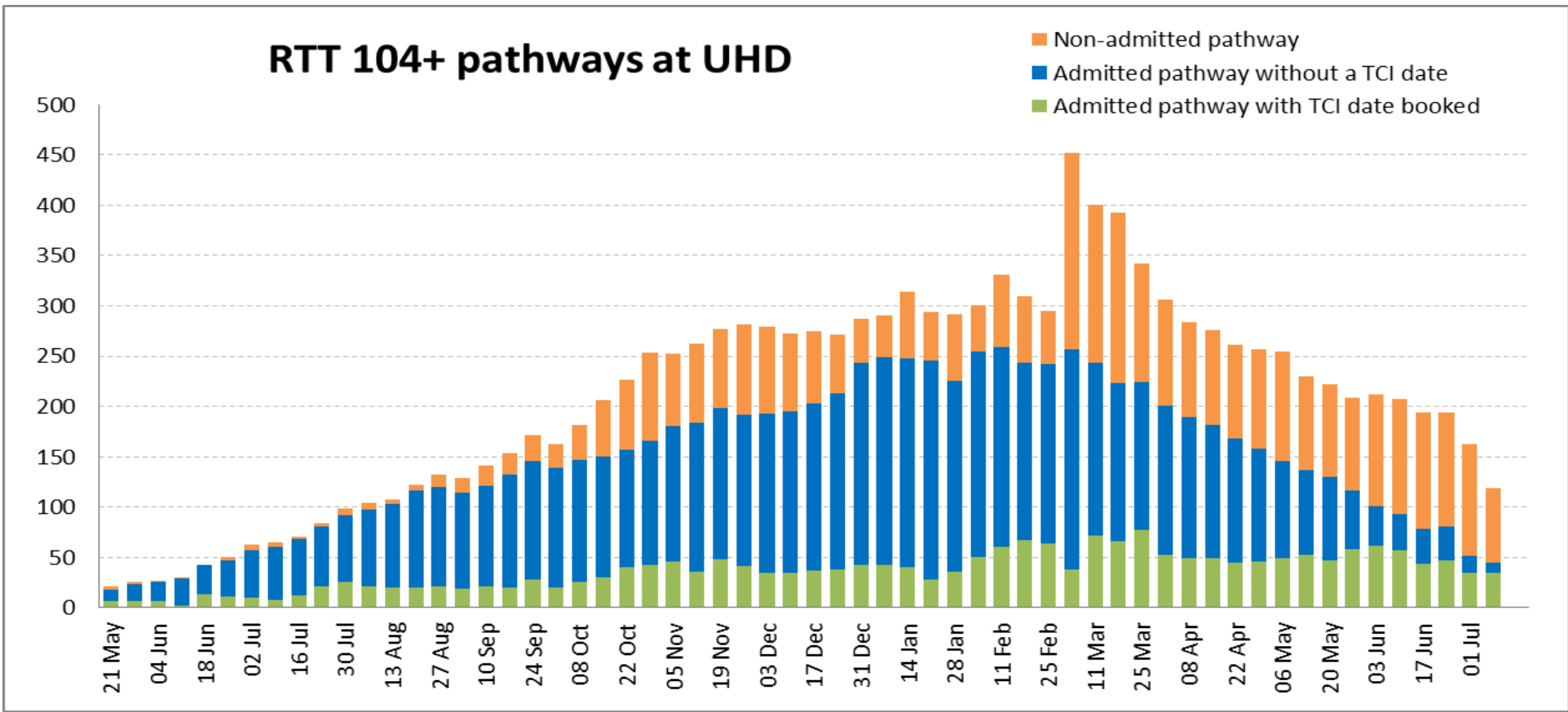
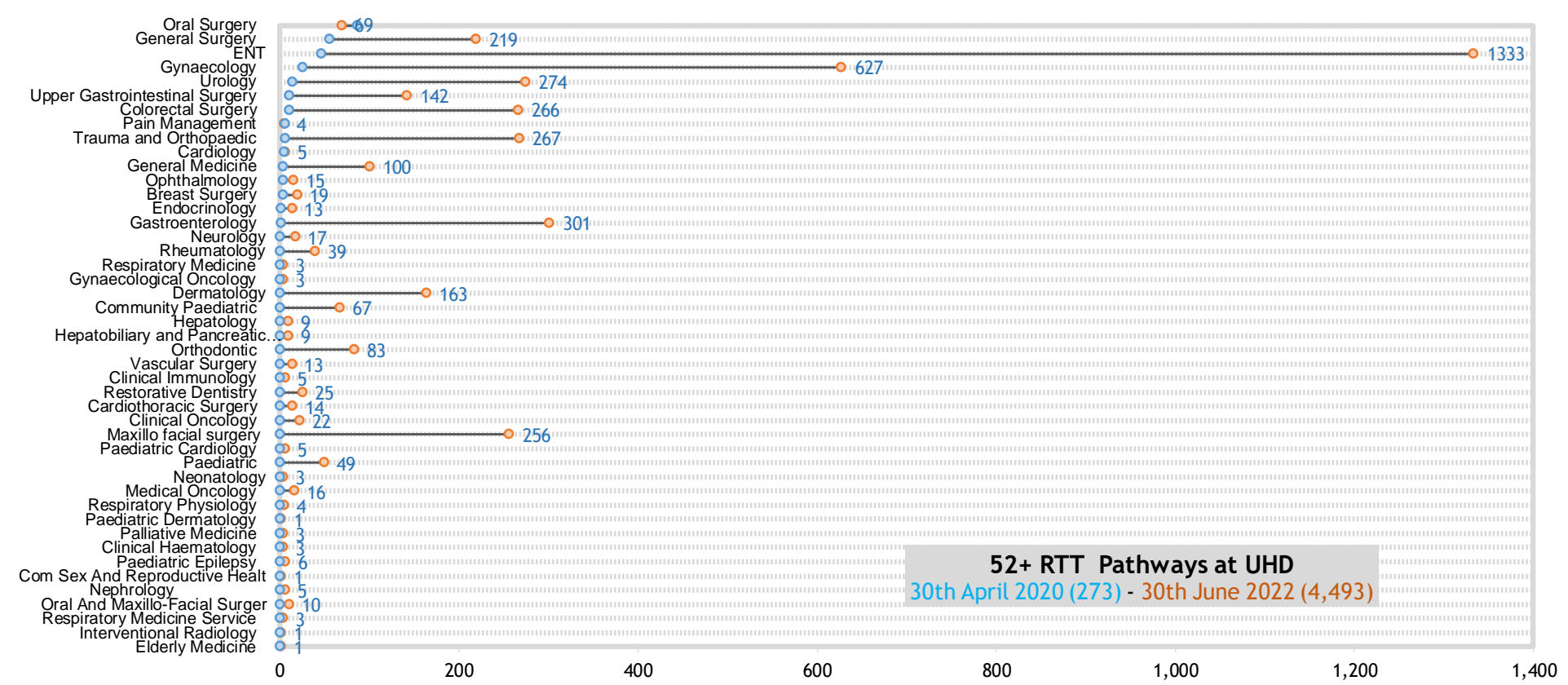
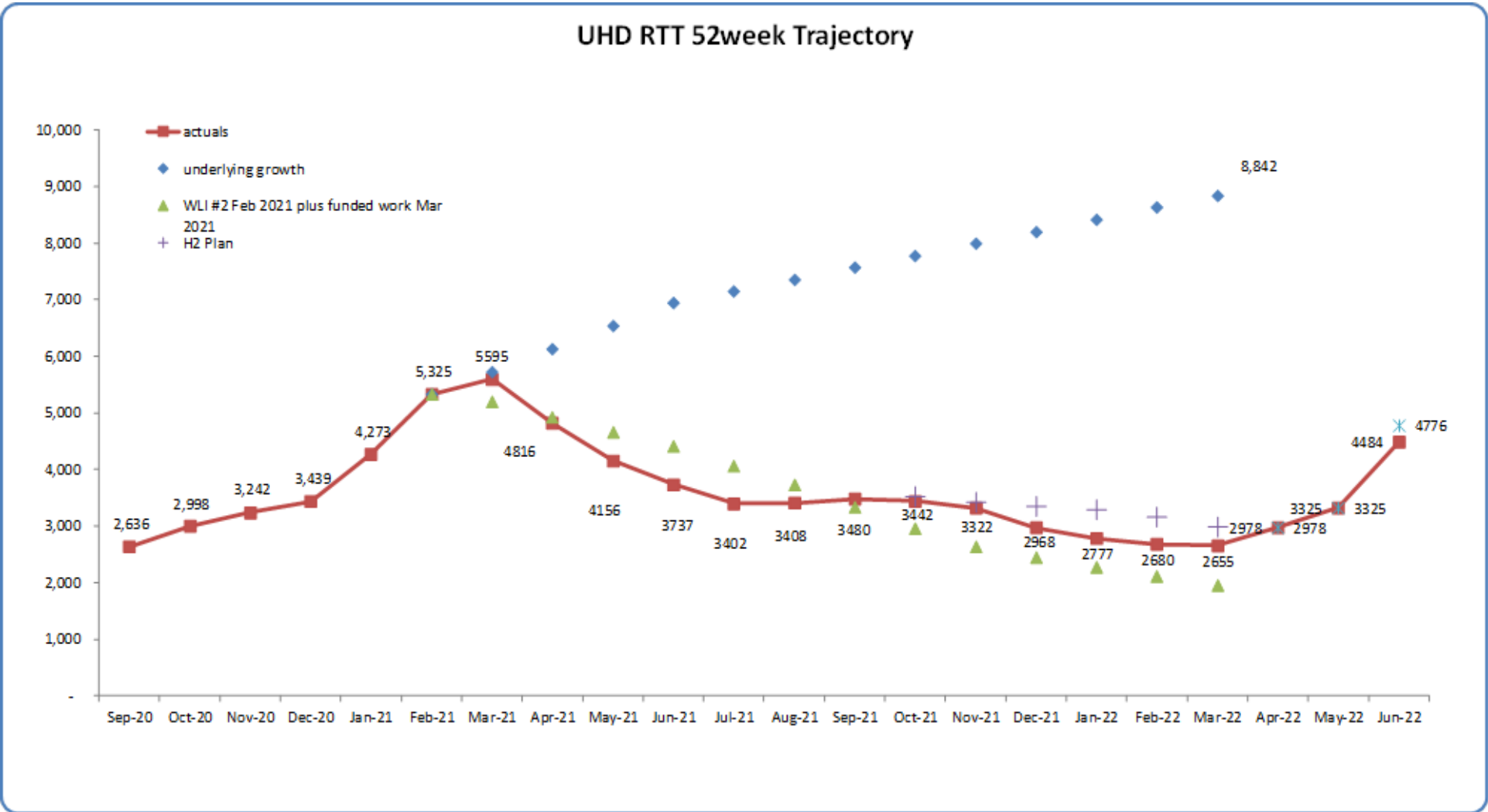
During June 2022 some improvements in recovery of elective care have been delivered however the Trust continues to operate elective recovery alongside continued focus on responding to COVID activity, managing an increase in demand, and management of workforce capacity shortfalls in a number of key areas. High numbers of patients with 'no criteria to reside' in hospital and an increase in trauma demand are also impacting on recovery. This has led to an overall reduction in routine elective activity including outpatient appointments and surgical procedures compared to 2019/20.

The Trust is currently working towards delivering a single, unified Patient Administration System (PAS) to better manage patient care across all our hospital sites. The impact of this managed change programme is that duplicate patient pathways will exist within the Patient Treatment List (PTL) for a period of time until administrative validation is complete and the duplicate removed. The presence of duplicate pathways is increasing the reported total waiting list position, RTT performance and number of >52 week waiters.

104 week-waiters improvement plan

To support ongoing reduction of people waiting over 104 weeks for treatment, local recovery plans are in place and additional monitoring and tracking of improvement has been established.

An Elective programme is in place to oversee improvements in performance, activity and reducing the number of patients waiting a long time for treatment. The programme accounts to the Chief Operating Officer through the Trust Operational and Performance Group.



What actions have been taken to improve performance ?

Five Trust-wide improvement programmes are providing a foundation for improvements in elective care recovery:

- A **Theatre improvement programme** - to optimise theatre efficiency and utilisation and improve staff and patient experience of theatres
- **Outpatient Enabling Excellence and Transformation programmes - including three elements:**
 - Enabling Excellence programme - to deliver 'back to basics' improvements focused on achieving immediate and sustainable efficiency improvements in Outpatients
 - Digital Outpatients transformation, and
 - Outpatients Pathway Transformation programme - optimising use of virtual consultations, advice and guidance and patient initiated follow up pathways.
- **Diagnostics recovery:** Endoscopy, Echocardiology and imaging
- **Cancer recovery and sustainability:** Developing a sustainability plan to improve Cancer Waiting Times across 6 priority tumour sites which aligns with the Dorset Cancer Partnership objectives.
- **Data and validation optimisation:** Ensuring access to the best quality data for elective care delivery and planning.

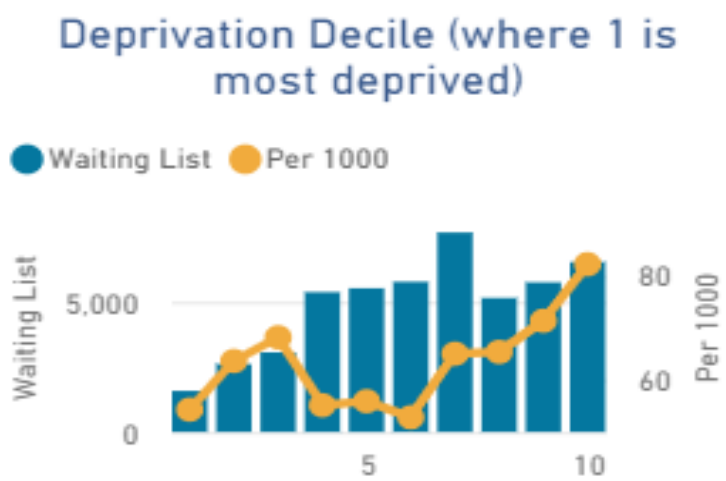
Health Inequalities

The Dorset Intelligence & Insight Service (DiIS) Health Inequalities dashboard enables analysis waiting times disaggregated by ethnicity and deprivation (Dorset Patients only).

Waiting list by Index of Multiple Deprivation (IMD)

Analysis of the waiting list by IMD identifies that 8.4% of the Trust's waiting list are patients living within the bottom 20% by Index of Multiple Deprivation (IMD). An increased of 0.2% in latest month. This increases to 9.3% when analysing patients waiting over 52 weeks.

Total waiting list by IMD (Dorset only patients)



Waiting list by ethnicity

Where ethnicity is recorded, 10.5% of patients are within community minority ethnic populations. This percentage reduces to 10.3% when analysing patients who have waited greater than 52 weeks (down 1.4% compared to May)

Learning disabilities

Patients recorded as having a learning disability on the waiting list equate to 0.68% of the waiting list. This rises to 0.86% when analysing patients waiting over 52 weeks.

Outpatients & Diagnostics

Commentary on high level board position

High level Board Performance Indicators & Benchmarking

Outpatients

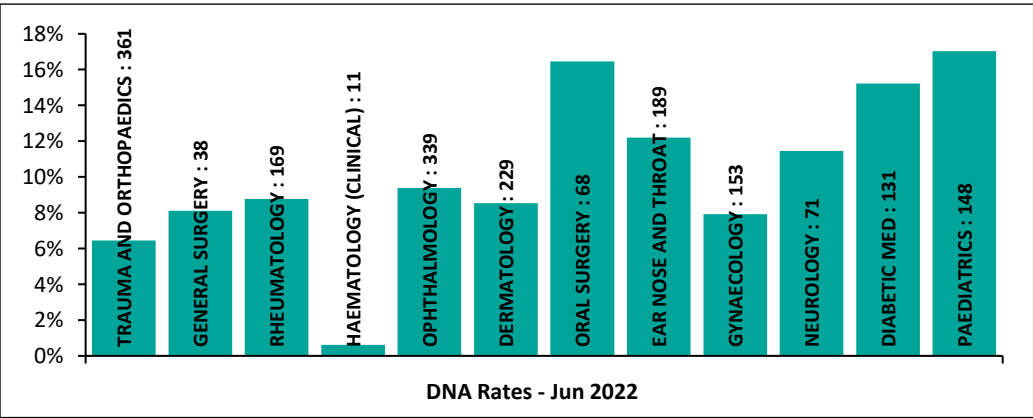
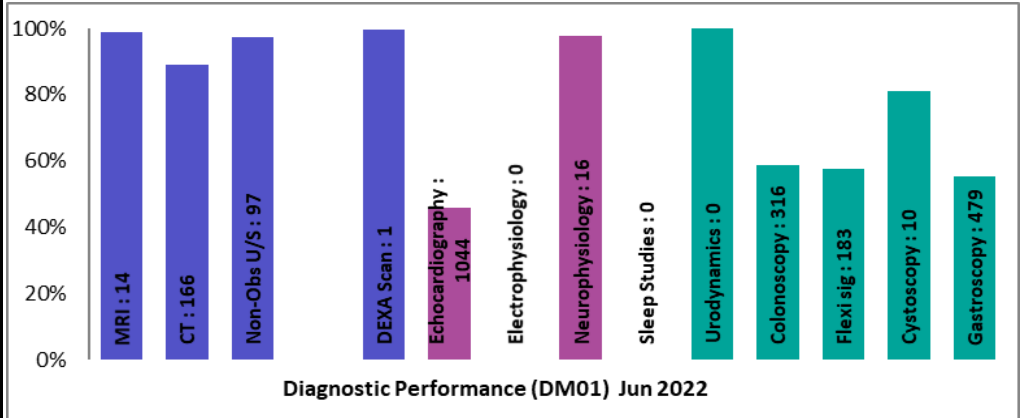
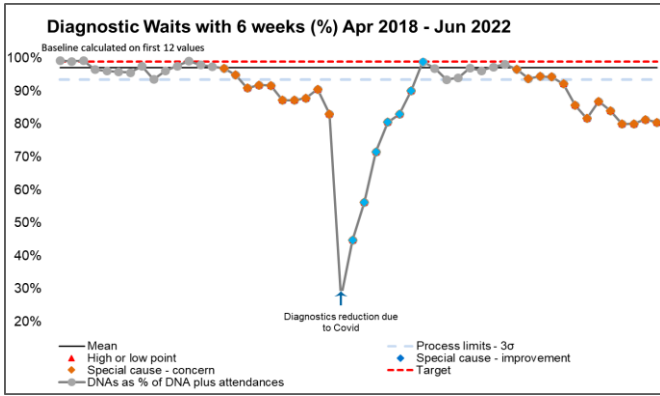
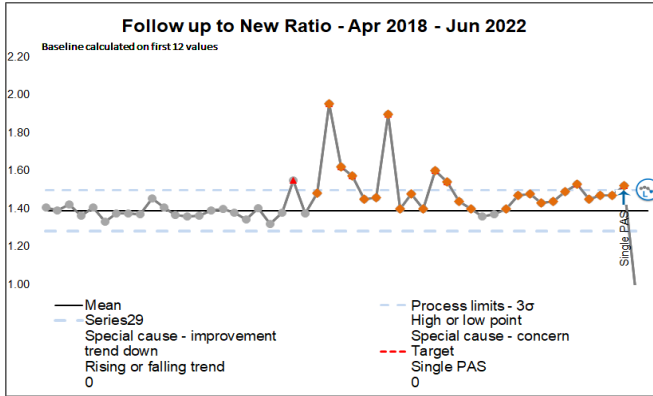
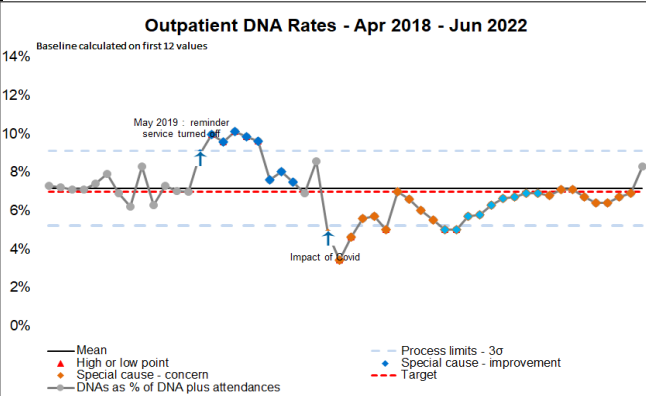
- On-going focus on PA consulting work which include PIFU, Advice and guidance, Virtual consultation and Capacity & Demand specialty reviews to support identifying optimisation of clinic templates etc.
- Single PAS project has impacted on workforce capacity to ensure fully optimised clinic utilisation
- High levels of very short notice additional clinics/cancellation
- Suspension of text reminder service impacting on DNA rates
- Digital projects to support process efficiencies not realised i.e. eRS-EPR referral triage process, RPA to support single PAS project

Diagnostics

- Decrease against May position from 81.4% to 80.5% of all patients being seen within 6 weeks of referral.
- Endoscopy position has increased from 48.0% in May to 57.5% in June
- Echocardiography has decreased from 52.0% in May to 45.9% in June
- Neurophysiology has decreased from 99.2% in May to 97.6% in June
- Radiology has increased from 93.1% in May to 96.0% in June (planned recovery of US in August, cardiac CT is the predominant challenge)

Referral Rates	Standard	Last Year	This Year	Trust Perf
GP Referral Rate year on year	-0.5%	30580	30389	-0.6%
Total Referrals Rate year on year	-0.5%	46364	44766	-3.4%
Outpatient metrics				
Overdue Follow Up Appointments				25671
Follow-Up Ratio	1.91			0.74
% DNA Rate	5%	(Total DNAs / New & Flup Atts)	3266 / 35892	8.3%
Hospital cancellation rate		(Hospital Canx / Total Booked Appts)	7796 / 52556	14.8%
Patient cancellation rate		(Patient Canx / Total Booked Appts)	5602 / 52556	10.7%
Reduction in face to face attendances				
% telemed/video attendances	25%	(Total Non F-F / Total Atts)	8224 / 35892	22.9%
Diagnostic Performance (DM01)				
% of >6 week performance	1%	(6+ Weeks / Total)	2328/11963	19.5%

High Level Trust Performance



SCREENING PROGRAMMES

Commentary on high level board position

Breast Screening

A much more consistent level of screening has taken place through the month of June which is demonstrated in the restoration figures. Tier 5 women (overdue their invitation) has reduced to 276 this month.

This is as a result of decommissioning Iris van which has enabled staff to be utilised more effectively across the remaining 3 mobile units and two static sites we have.

The Poole area within the round has now recovered and there is now a plan to explore moving back to pre-covid invitations of timed appointments in this area which will help reduce the heavy admin workload.

The June KPI targets have been exceeded which demonstrates the excellent achievements this month and the round length has increased to 51%.

High level Board Performance Indicators & Benchmarking

Breast Screening	Standard	Merged Trust
Screening to Normal Results within 14 days	95.00%	99.00%
assessment appointment within 3 weeks	95.00%	100.00%
Round Length within 36 months	90.00%	51.00%
Longest Wait time (Months)	36	40

SCREENING PROGRAMMES

Commentary on High Level Board Position

Bowel Cancer Screening

Age Extension

Age extension for the Dorset Programme was launched in May 2021 with invitations to 56 year olds and the bowel scope cohort.

The programme is ready to invite 58 year olds in 2022/23. However, the Regional Commissioning team have confirmed that the planned 'Go Live' date of 4th April has been delayed. The date currently remains unconfirmed due to ongoing contract negotiations over FIT kits.

This may become a risk to programme performance later in the year if the expectation is that the cohort of 58 year olds due an invitation in Q1/2 need to be invited in the remaining months of this financial year. The programme will not have the colonoscopy capacity to manage that level of unplanned increased demand.

The team are currently working with the Southern Hub to review invitation rates based on this situation.

Key Performance Standards

*** Uptake Standard** (*Number of subjects aged 60 to 74 who adequately participated in screening within 6 months of the invitation*):

The average uptake rate was 74% through 2021 (acceptable performance = >52%; achievable performance = >60%). To date for 2022, uptake is averaging 72%.

*** SSP Clinic Wait Standard** (*Proportion of patients with an abnormal FIT result offered an appointment with a Specialist Screening Practitioner (SSP) within 14 days*):

The clinic wait standard has been maintained at 100% via virtual clinics (acceptable performance = 95%; achievable performance = 98%).

*** Diagnostic Wait Standard** (*Proportion of patients with an abnormal FIT result whose first offered diagnostic test date falls within 14 days of their SSP appointment*):

Following a drop in performance in February 2022, during the ventilation work at the RBH site, the diagnostic wait standard has been recovered and achieved at 96-100% March to June.

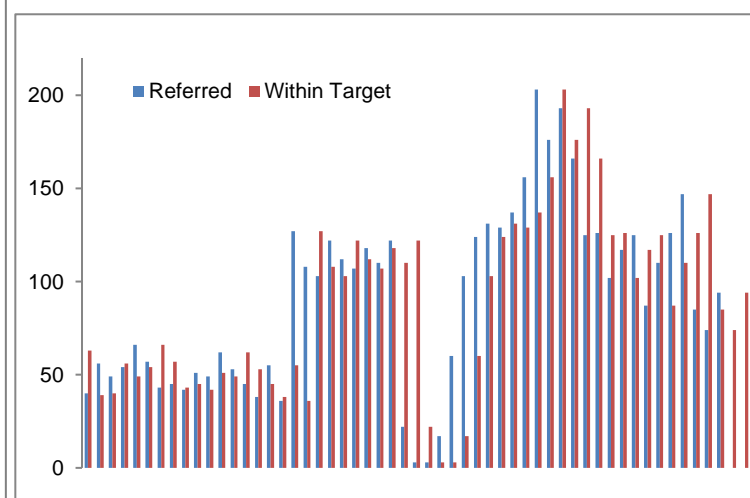
There is lower than anticipated screener availability on the RBH and PGH sites in July and August due to annual leave and ward commitments. However, the programme invitation rate has been reduced due to the delay in age extension to 58 year olds. Therefore the loss in activity will be mitigated with additional WLI lists if required.

The team are reviewing the potential need for insourcing lists later in the year.

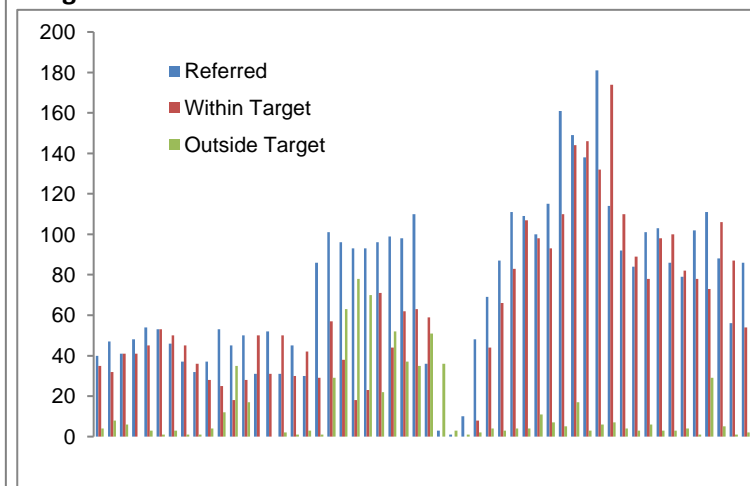
High Level Board Performance Indicators

Bowel Screening Standard	Target	Trust June Performance
SSP Clinic Wait Standard (14 days)	95%	100%
Diagnostic Wait Standard (14 days)	90%	100%

Clinic Wait Standard



Diagnostic Wait Standard



Maternity

Commentary

Homebirth service has resumed this month with a more robust process in place to determine if the service can be open or closed.

Haven birth centre has been closed due to staffing levels resulting in the lowest number of births occurring there in 4 years.

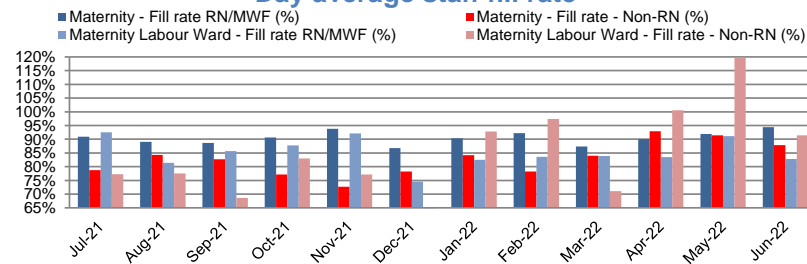
National funding available for recruitment of international educated midwives, submission due 19th August 2022.

10 Italian Midwives are visiting the Trust on 28th July 2022.

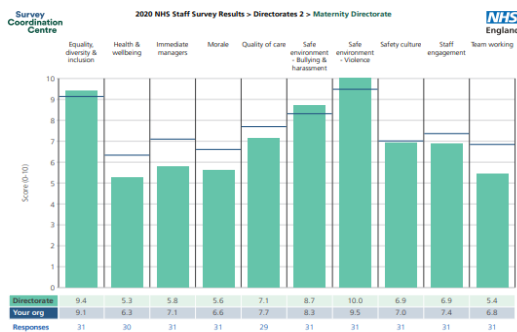
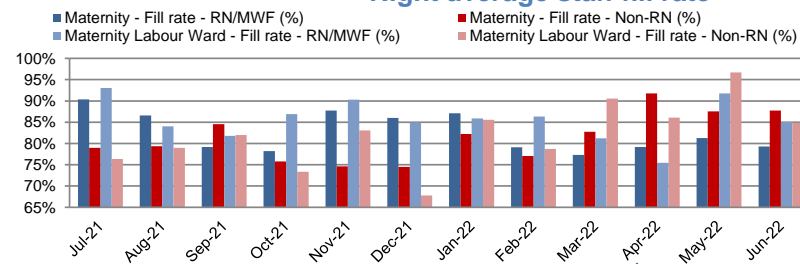
Labour ward Matron interview 20th July 2022

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Outstanding	Good	Outstanding
Screening incidences					1	
Serious Incidents Reported					0	
HSIB Cases Reported					0	
HSIB / NHSR / CQC Concerns					0	
Coroner Reg 28					0	
Maternity Safety Support Programme					0	
FFT Maternity User Response			Good / Very Good		315	88.7%
			Poor / Very Poor		12	3.4%
			Neither		10	2.8%
			Don't Know		18	5.1%

Day average staff fill rate



Night average staff fill rate



Training Compliance PROMPT June 2022

	Number Compliant 06/22	Number of headcount Self @ June 2022	Percentage Compliant
Midwives Band 5	10	8	80%
Midwives Band 6	160	113	70.6%
Midwives Band 7	30	18	60.0%
Midwifery Managers,	8	6	75%
Consultant Obstetricians	6	17	11%
Obstetric Trainees (Doctors)	2	18	33.33%
Obstetric Anaesthetics	12	15	40%
HCAs/MCAs/MSWs	47	47	56.63%
ODP	11	11	24.44%

Maternity

HSIB Referral case (0)

Screening Incidents (1)

Severe Incidents (0)

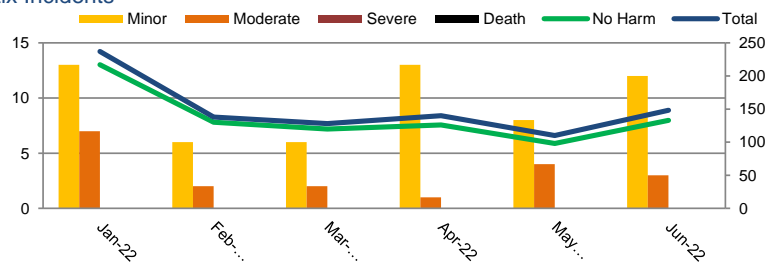
Perinatal Mortuary Review Panel

UHD no new PMRT cases in June.

Learning from incidents (Recent HSIB Report)

There were no HSIB Reportable cases for June 2022

Datix Incidents



No Harm	217	130	120	126	98	133
Minor	13	6	6	13	8	12
Moderate	7	2	2	1	4	3
Severe	0	0	0	0	0	0
Death	0	0	0	0	0	0
Total	237	138	128	140	110	148

FINANCE

FINANCIAL INDICATORS	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Control Total Surplus/ (Deficit)	(359)	(4,613)	(4,254)
Capital Programme	27,331	15,947	11,384
Closing Cash Balance	73,236	85,122	11,886
Public Sector Payment Policy	95.0%	95.0%	(0)%

Commentary

During June, the Dorset Integrated Care System has continued to operate under significant pressure, with high demand for urgent and emergency care services and increasing numbers of patients in acute hospitals who are medically ready for discharge. Within the Trust; both Emergency departments continue to operate under extreme pressure and we continue to care for patients who no longer require acute care but are unable to be safely discharged due to a lack of available step-down care. As a result, we continue to operate regularly at Operational Pressures Escalation Level (OPEL) 4.

At the end June 2022, the Trust has reported a deficit of £4.613 million against a planned deficit of £359,000 representing an adverse variance of £4.254 million. This adverse variance reflects the current shortfall in the cost improvement plan. Recognising this challenge, on the 30 June the Trust convened a (FRS) Financial Recovery Summit. On the 5 July the outcome of the summit was considered by the Trust Management Group (TMG), where an outline plan has been proposed and agreed. Further detailed plans are due for submission at TMG on the 19 July.

It should be noted the in month run rate for June has improved mainly due to additional income in relation to NHSE Drugs income of £374,000 and the Injury Cost Recovery scheme of £191,000. There has also been a positive movement in the agency pay cost trend when comparing to previous months and the same period last year.

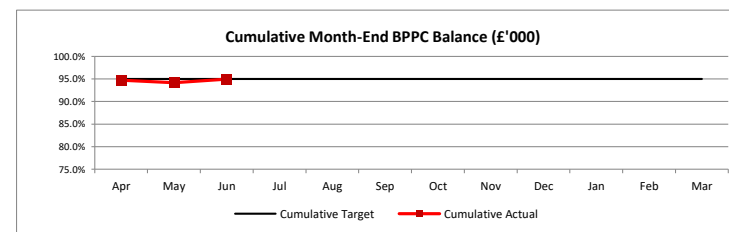
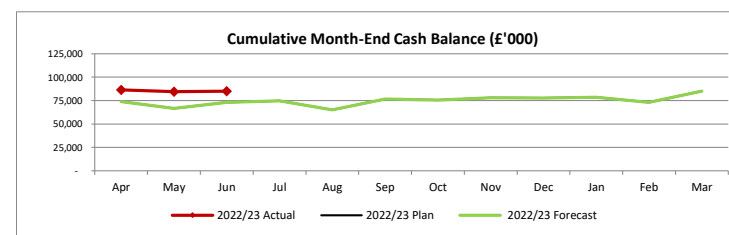
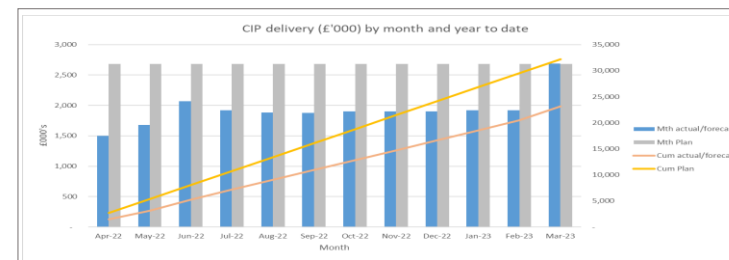
The Trust has set a full year capital budget of £131.9 million, including £103.8 million of centrally funded schemes including the acute reconfiguration and the New Hospital Programme enabling works. As at 30 June capital spend is £15.9 million against a plan of £27.3 million, this value includes the adoption of the IFRS 16 standard at £6.9 million. New Hospital Programme spend (NHP) is £2.5 million behind plan and STP Wave 1 funded projects are behind plan by £6.2 million. These programmes are expected to remain consistent with the full year budget albeit with monthly variances throughout the year reflecting the complexities of the project phasing and building works.

The Trust ended June with a cash balance of £84.12 million, all of which remains fully committed against the medium-term capital programme.

The Trusts payment performance remained strong in June, with 95% of invoices paid within the agreed terms.

REVENUE	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Surgical	(34,599)	(35,340)	(741)
Medical	(43,417)	(44,627)	(1,210)
Specialties	(44,869)	(45,562)	(692)
Operations	(5,712)	(5,881)	(169)
Corporate	(18,683)	(18,772)	(89)
Trust-wide	146,739	145,563	(1,176)
Surplus/ (Deficit)	(541)	(4,618)	(4,077)
Consolidated Entities	0	72	72
Surplus/ (Deficit) after consolidation	(541)	(4,546)	(4,005)
Other Adjustments	181	(67)	(248)
Control Total Surplus/ (Deficit)	(359)	(4,613)	(4,254)

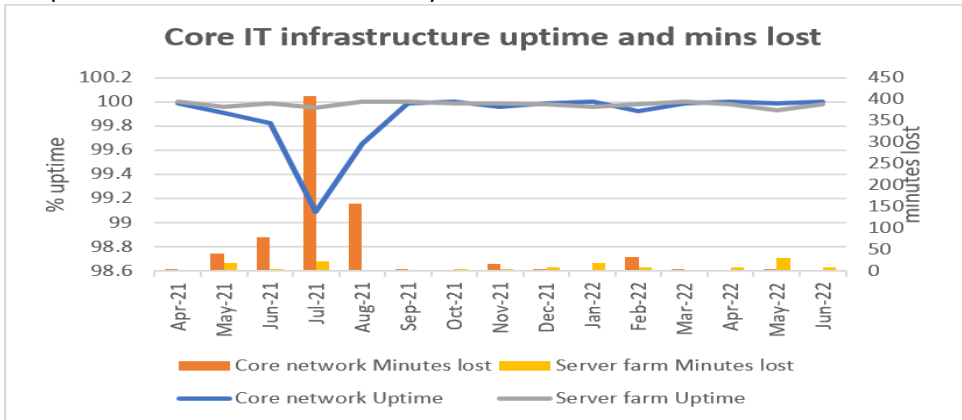
CAPITAL	Year to date		
	Budget £'000	Actual £'000	Variance £'000
Estates	2,940	1,802	1,137
IT	1,839	485	1,353
Medical Equipment	436	99	338
Donated Assets	316	469	(153)
Strategic Capital	21,800	13,091	8,710
Total	27,331	15,947	11,384



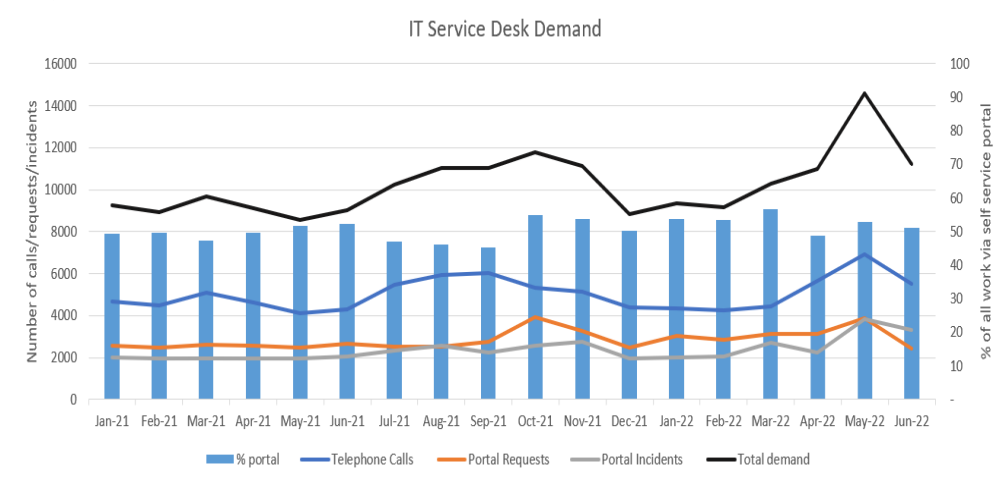
Overall Commentary: A key focus for Informatics over the last month was the migration from Internet Explorer v11. This entailed the testing of over 450 applications and the rewriting of many Single Sign ON (SSO) profiles to ensure they would work in Microsoft Edge. This work, led by Project Manager Matt Curley and supported by Senior Infrastructure Engineer Mark Syder was fully succesful and enabled the trust to turn off IE11 on time on 27 June 2022 and hence avoid any security issues. The deployment of the Single Sign-On application is nearing completion at the user level – more than 8000 users have now been enrolled, 85 applications have been profiled and the application “agent” has been deployed on more than 5300 devices. Consequently we are getting to the point where Single Sign-On is well saturated around the trust bringing significant user benefits as well as tighter security with features like “fade to lock”, authentication using two factors (ID card and PIN), and a continuous audit trail of application login behaviour which can be scrutinised if necessary.

Business As Usual/Service Management

Graph 1: core Infrastructure availability



Graph 2: Service Desk demand



Projects/Developments/Security/IG

Table 3: flow of Informatics projects since Nov 2018. c 150 closed projects per year.

Informatics Projects since November 2018						
Project Type	Pending Approval	Not Started	Deferred	In Progress	Completed	Total
eForm/Automation Project	0	13	6	37	213	269
Infrastructure Mandatory Projects	0	1	1	6	27	35
Service Improvement Projects	0	59	9	83	324	475
Grand Totals	0	0	0	0	3	3
	0	73	16	126	567	782

Table 4: Project Totals and Escalation

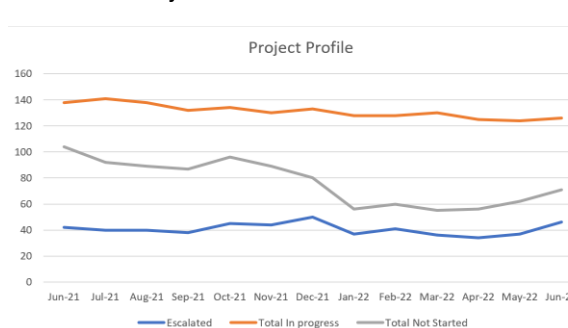


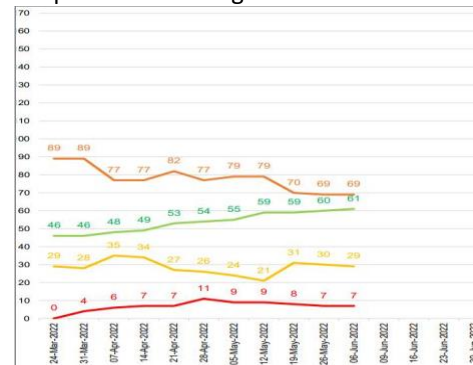
Table 5: Cyber Security - Obsolete systems

	Supported	Obsolete	Mitigated	Unsupported
Windows Desktops	43.2%	56.8%	0.0%	56.8%
Windows Servers	81.1%	18.9%	18.6%	0.4%

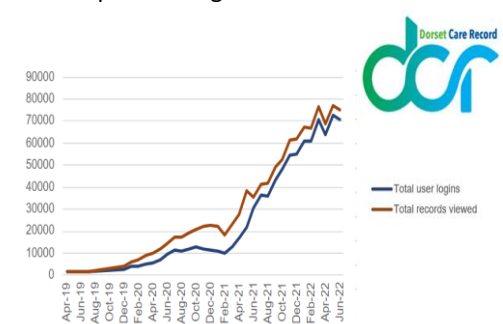
Table 7: FOI compliance

	Total rec'd	Compliance
January '22	55	91%
February '22	57	77%
March '22	63	78%
April '22	48	77%
May '22	49	84%

Graph 6: Well managed Information Assets



Graph 8: DCR growth



COUNCIL OF GOVERNORS PART 1 - COVER SHEET

Meeting Date: 28 July 2022

Agenda item: 5.1

Subject:	Summary of Operational Plan
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Prepared by:	Richard Renaut, Chief Strategy and Transformation Officer
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Presented by:	Richard Renaut, Chief Strategy and Transformation Officer
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Purpose of paper:	Summary of the UHD Annual Operating Plan for University Hospitals Dorset
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Background:	Annual Operating Plan is produced, agreed and published annually.
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Key points for members:	The Annual Operating Plan has been agreed by the Board of Directors. This is the summary version which is for circulation.
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Options and decisions required:	None
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Recommendations:	To note the information given in this plan.
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Next steps:	Final proofread and then circulation via the website and intranet to stakeholders and staff.
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Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	All
BAF/Corporate Risk Register: (if applicable)	
CQC Reference:	All domains

Committees/Meetings at which the paper has been submitted:	Date

2022/23 Annual Plan

University Hospitals Dorset NHS Foundation Trust



Version 2.0



We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Our Priorities

University Hospital Dorset's (UHD) Annual Operating Plan sets out a significant programme of work for an organisation just 18 months old. The plan sits within the Dorset Integrated Care System plans and within some of the most challenging times the NHS and Social Care have ever faced.

Our multi-year strategy is based on our mission to provide excellent healthcare and to be a great place to work, now and for future generations. We have a once in a generation opportunity to transform our services and 2022/23 will be a crucial year to re-establish services and re-focus on delivery of excellent care.

As part of our re-focus we have identified the key drivers and areas that have greatest impact on our services. From this a programme-based approach is being developed, focusing on the three most critical areas:

- Emergency care and hospital flow
- Maximising elective care
- Investing in our workforce

No single one of these priorities will enable us to provide great care, better outcomes for our patients, motivated teams and timely access to care on their own.

Together, they unlock far wider benefits throughout our hospitals and for all our staff and patients, and form key parts of our wider annual objectives for 22/23.



For example, improving our emergency care pathways and the experience these patients have will mean fewer elective cancellations due to overwhelming operational pressures.

Our patients rightly expect to receive timely planned care - and we all want to provide this. By maximising our teams, facilities and new technology, we can see more patients for their scheduled care, helping to see patients sooner. This priority is paramount in addressing the numbers of patients on our waiting lists as a consequence of the Covid-19 pandemic.

These achievements will mean little if our workforce is not supported to thrive, develop and grow as we bring in new talent, and keep hold on to those colleagues whose contributions are immeasurable. Our goal is to support and develop all staff in order to meet our priorities for our patients, and ensure being part of TeamUHD is something we all feel and benefit from each day.

Our priorities set out at high level what we are trying to achieve. The following pages describe how.

This is an approach that puts a safety and learning culture at the centre of how we deliver care and our major change programmes. This means being a well-led organisation, with leadership expected of all staff, with the empowerment and drive for continual improvement in every service. How we go about delivering the three priorities will be as important as selecting and delivering the priority itself. Only by doing the work in a well-led way, through high performing teams, can excellent care be sustainable.

It's important to be clear that delivering the following annual operational objectives underpins our ability to deliver on our priorities, and conversely, focusing on the three priorities outlined earlier will directly support the delivery of these annual objectives.



Overview of the Trust

University Hospitals Dorset NHS Foundation Trust (UHD) was formed in October 2020 with the merger of Poole Hospital NHS FT and Royal Bournemouth and Christchurch Hospitals NHS FT bringing together teams to service Dorset and beyond.

The Trust spends approximately c£680m and employs c 10000 staff across 3 hospitals - Poole Hospital (PH), Royal Bournemouth Hospital (RBH) and Christchurch Hospital (XCH).

The Trust's services include the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services, delivering the following annual activity:

- 153,000 Type 1 ED attendances
(Type 3 are transferring to DHUFT on 1st April 2022)
- 73,000 Non-elective admissions
- 73,000 Day case treatment
- 536,000 Outpatient attendances
- 36,000 Planned admissions
- Over 4000 births

These services are provided primarily to a catchment population of approximately 600,000 in the Bournemouth, Poole, Christchurch and east Dorset and New Forest areas.

Specialist services such as vascular, oncology, neurology, cardiology are provided for a wider population of 1 million and most of our services are delivered with our partners including GP's, social care, ambulance and other NHS services and many others.

UHD is undergoing a major building programme in preparation for service reconfiguration. This will create a planned hospital and an emergency hospital from 2026. During 2022/23 we will see the continuation of significant building works and more importantly the integration and development of teams that are ready for the planned service changes. These changes will deliver significantly better, safer and more sustainable care for the population.



Trust Vision, Mission and Values

Our vision

To positively transform our health and care services as part of the Dorset Integrated Care System

Our mission

To provide excellent healthcare for our patients and wider community and be a great place to work, now and for future generations

Our values

We are **caring** We are **one team** We are **listening to understand**
We are **open and honest** We are **always improving** We are **inclusive**

Underpinning the Mission and Vision are our UHD values (www.youtube.com/watch?v=g18KK8e-x_U&t=6s). These underpin everything the Trust does and defines how patients and visitors are treated, and also how staff treat each other. The values are embedded into every part of UHD, such as recruitment, appraisal and development.

The Values were drawn up by our staff, facilitated by our Change Champion volunteers, following widespread listening and testing.

UHD has a set **five strategic objectives** which are progressed over multiple years. These are:

1. Continually improve quality of patient care
2. Be a great place to work
3. Use our resources well
4. Be well-led and an effective partner
5. Transform our services to better serve patients

Our strategic objectives are revised each year and specific actions set for the year ahead. For 2022/23 there are 15 specific actions as noted in the following tables.



Annual Objectives 2021/2022

Strategic Objective 1:

To enhance emergency care and hospital flow, and continually improve the quality so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience.

- | | |
|-----|--|
| 1.1 | Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital. To also improve the responsiveness and quality of Urgent and Emergency Care (UEC) as measured by a reduction in 12 hour waits in ED towards zero, minimisation of ambulance handover delays and same day emergency care outcomes supported by implementation of the UEC 10 Point Action Plan |
| 1.2 | To redesign and transform outpatient services with a 'digital first' offer, improving access to care, diagnostics strategy delivery, reducing travel times, and through effective completion of care pathways. |
| 1.3 | <p>To deliver wide range of patient safety quality priorities, using a quality improvement (QI) approach, across the Trust including:</p> <ul style="list-style-type: none">• Quality account priorities including Deteriorating Patient and Safety Checklists.• Priorities for 2022/23 including Acute Kidney Injury/Dialysis Management, Blood glucose management, the deteriorating patient in ED and medical/pharmacy communication. <p>Improving against Stroke and Trauma pathway quality standards.</p> |



Strategic Objective 2:

To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.

- | | |
|-----|--|
| 2.1 | To continue to engage with staff at all levels to ensure we maintain focus and realise the health, wellbeing and Covid-19 recovery needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources. To engage with staff so that they feel valued and listened to and to strengthen our compassionate and inclusive culture, acting on staff culture champions recommendations and demonstrating success through the national staff survey |
| 2.2 | To support teams in coming together to operate as a single team across UHD sites, embedding our values and behaviours, policies and processes and to identify talent and raise performance and staff engagement across the Trust as measured by an improvement in the staff Integration Survey. |
| 2.3 | To deliver the Trust's people strategy by developing effective and responsive People services, policies and practices for each stage of the employee cycle. CPO. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems. |
| 2.4 | To champion equality, diversity and inclusion across UHD through positive action and promote initiatives which continue to improve results against workforce equality standards (e.g. WRES and WDES).
Implement the National Patient Strategy requirement to develop a just culture across UHD as part of a ICS workforce plan.
Define and agree measures to monitor implementation of inclusive leadership, equal opportunities in career development and endorsement of staff networks. |





Strategic Objective 3:

To arrange our people and services to best address the planned care backlog, ensuring that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.

- | | |
|-----|--|
| 3.1 | To deliver a Covid restoration programme that reduces the elective backlog , increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards for elective, cancer, diagnostics and emergency care. |
| 3.2 | Agree and deliver a sustainable budget , including delivery of the Trust Cost Improvement Programme. This includes realising the opportunities identified in the Getting it Right First Time (GIRFT) and Model Hospital benchmarking data. |
| 3.3 | To update and deliver our green UHD Strategy and Plan – including reducing our carbon footprint, improving air quality and make more sustainable use of resources. |



Strategic Objective 4:

To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.

- | | |
|-----|---|
| 4.1 | <p>To improve partnerships and engagement with staff, governors, patients, local people and key stakeholders through:</p> <ul style="list-style-type: none">• a communication and engagement plan, delivered over the year• Further develop our BU partnership and tangible benefits• Host the Dorset Innovation Hub on behalf of Dorset partner supporting spread of proven innovations |
| 4.2 | <p>Work with partners to address health inequalities and improve population health management, preventing ill health and promoting healthy lifestyles.</p> |



Strategic Objective 5:

To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our Exec Lead services with those in the community.

- | | |
|-----|--|
| 5.1 | Develop the reconfiguration plan to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care. To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/3. |
| 5.2 | Work with system partners in establishing the Dorset ICS and within that develop the Dorset provider collaborative. |
| 5.3 | <p>Implement the UHD Digital Transformation Strategy:</p> <ul style="list-style-type: none">• Progress digital transformation and play an active part in the key Dorset transformation plans programmes• Progress a Digital Dorset Shared Service• Procure and implement the Strategic Integrated Imaging Service: a digital diagnostics image sharing platform for Dorset• Create the Strategic Outline Case and Outline Business Case for the Dorset Electronic Patient Record system• Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme• Achieve a compliant Data Protection and Security Toolkit submission. |



We are **#TeamUHD**

University Hospitals Dorset NHS Foundation Trust

The Royal Bournemouth Hospital

Castle Lane East, Bournemouth, BH7 7DW

t: 01202 303626

Poole Hospital

Longfleet Road, Poole, BH15 2JB

t: 01202 665511

Christchurch Hospital

Fairmile Road, Christchurch, BH23 2JX

t: 01202 486361

www.uhd.nhs.uk

: @UHD_NHS : @UHDDTrust : @uhd_nhs

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 28 July 2022

Agenda item: 5.2

Subject:	Audit Committee Annual Report and Consultation on Terms of Reference
Prepared by:	Sarah Locke, Deputy Company Secretary
Presented by:	Philip Green, Non-Executive Director and Chairman of the Audit and Governance Committee
Purpose of paper:	<p>To inform the Council of Governors how the Audit and Governance Committee satisfied its terms of reference during 2021/22.</p> <p>To inform the Council of Governors that the terms of reference for the Audit Committee would be reviewed as part of a proposed holistic review of the Board Committees Terms of Reference.</p>
Background:	The report is prepared on an annual basis and submitted to the Board of Directors.
Key points for members:	<p>The Committee has complied with its terms of reference during 2021/22 during which time it has:</p> <ul style="list-style-type: none"> i) reviewed reports prepared by Internal and External Auditors together with the ensuing management actions, where appropriate. ii) reviewed reports prepared by the Counter Fraud Service together with the ensuing management actions, where appropriate; iii) reviewed the risk register and received regular updates; iv) reviewed any Board Assurance Framework Exception Reports and the Annual Board Assurance Framework. <p>The current terms of reference for the Audit Committee can be found on the Trust's website: https://www.uhd.nhs.uk/uploads/about/docs/our_publications/Terms_of_Reference_Audit_Committee_v11.pdf </p>
Options and decisions required:	For the Council of Governors to note.
Recommendations:	For the Council of Governors to note.
Next steps:	None.

Links to Poole Hospital NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register		
Strategic Objective:	To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.	
BAF/Corporate Risk Register: (if applicable)		
CQC Reference:	Well Led domain	
Committees/Meetings at which the paper has been submitted:	Date	
Audit Committee		19 May 2022
Board of Directors		27 July 2022

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

AUDIT COMMITTEE ANNUAL REPORT APRIL 2021 – MARCH 2022

1 PURPOSE OF THE REPORT

- 1.1 The Audit Committee (the “Committee”) has prepared this report for the Board of Directors. It sets out how the Committee satisfied its terms of reference during 2021/22 and seeks to provide the Board with evidence relevant to its responsibilities for the Annual Governance Statement.
- 1.2 The Audit Committee terms of reference, which cover the main aspects of the NHS Audit Committee Handbook (HFMA), set out the constitution, membership and attendance, frequency of meetings, quorum, notice of meetings, accountability, authority, responsibilities, relationships with other committees, reporting mechanisms, process, monitoring and review.

2 OVERVIEW

- 2.1 The existence of an independent audit committee is the central means by which the Trust Board ensures that effective control arrangements are in place. In addition, the Audit Committee provides an independent check upon the executive arm of the Board of Directors together with the Quality Committee, Finance and Performance Committee, Workforce Strategy Committee, Transformation Committee and Sustainability Committee.
- 2.2 The Committee independently reviews, monitors and reports to the Board of Directors on the attainment of effective control systems and financial reporting processes. In particular, the Committee's work focuses on the framework for; risk management, integrated governance, external and internal audit, clinical audit, counter fraud and other related assurances that underpin the delivery of the Trust's objectives.
- 2.3 The Committee receives and considers reports from both internal and external auditors, counter fraud specialists and scrutinises the Trust's annual accounts, financial statements and the annual report.
- 2.4 A governance cycle detailing which papers are to be expected at each Audit Committee meeting is reviewed annually but is updated as necessary throughout the year. The Committee's governance cycle was reviewed in March 2022. It is attached as **Appendix 1**.

3 MEMBERSHIP

- 3.1 The Committee membership in respect of the financial year 2021/22 comprised:
 - Mr Philip Green, Non-Executive Director and Committee Chair
 - Mr Stephen Mount, Non-Executive Director
 - Mr John Lelliott, Non- Executive Director
 - Mr Pankaj Dave, Non-Executive Director

4 COMPLIANCE WITH TERMS OF REFERENCE

- 4.1 The annual review of the Committee's terms of reference was completed in October 2021. This comprised of minor changes to wording around the Committee minutes being available to the Board of Directors, the External Auditors length of contract and the Freedom to Speak Up process. The terms of reference are subject to annual review with the next review scheduled to take place in October 2022.
- 4.2 The Trust Chair is not a member of the Committee but may attend meetings at the invitation of the Audit Committee Chair. For the period from April 2021 to March 2022, the Trust Chair attended one Committee meeting.

- 4.3 One Governor from the Trust's Council of Governors may attend the Committee as an observer. For the period from April 2021 to March 2022, a Governor attended five Committee meetings.
- 4.4 It is usual for the External and Internal auditors and the Counter Fraud Specialist to attend all formal meetings of the Committee. There was a representative from External Auditors, Internal Auditors and the Counter Fraud Specialist at all meetings from April 2021 to March 2022.
- 4.5 The Chair of the Committee allows the External Auditors, Internal Auditors and Counter Fraud Specialists to raise any concerns without the presence of the Executive Team. There have been no occasions when this has been required.
- 4.6 The quorum of the Committee is the Chair or a nominated deputy and one other Non-Executive Director. All meetings in 2021/22 were quorate.

5 MEETINGS

- 5.1 There were four formal Audit Committee meetings held from April 2021 to March 2022:
- 20 May 2021
 - 22 July 2021
 - 21 October 2021
 - 10 January 2022
 - 17 March 2022
- 5.2 There were two formal joint Audit and Finance and Performance Committee meetings held from April 2021 to March 2022:
- 26 April 2021
 - 09 June 2021
- 5.3 Meeting attendance is detailed in **Appendix 2**.

6 AUDIT AND COUNTER FRAUD PROVISION

Internal Audit

- 6.1 The Trust's Internal Auditors to 31 March 2022 were and continue to be BDO.
- 6.2 An assessment of performance was undertaken by members of the finance department and presented to the Committee at the 21 October 2021 meeting. The Committee concluded that the internal audit provision by BDO LLP had been effective.
- 6.3 The Committee received the internal audit plan at the 18 March 2021 meeting for the Trust in the period April 2021-March 2022. The 2022/23 internal audit plan was received at the 17 March 2022 meeting.

External Audit

- 6.4 The Trust's External Auditors to 31 March 2022 were and continue to be KPMG.
- 6.5 An assessment of performance was undertaken by members of the finance department and presented to the Committee at the 21 October 2021 meeting. The Committee concluded that the external audit provision by KPMG LLP had been effective.
- 6.6 The External Audit highlights report and the annual review of the effectiveness of the External Auditors was presented at the Council of Governors Part 1 meeting on 28 October 2021.

- 6.7 The annual external audit plan was presented at the Council of Governors Part 1 meeting on 27 January 2022.

Counter Fraud

- 6.8 Counter Fraud Services for 2020/21 were provided by RSM UK. Nationally, counter fraud services have operational responsibility for ensuring all instances of suspected fraud and corruption within the NHS are properly investigated and RSM provides this service across Dorset.
- 6.9 An assessment of performance was undertaken by members of the finance department and presented to the Committee at the 21 October 2021 meeting. The Committee concluded that the local counter fraud services provision by RSM UK had been effective.
- 6.10 The Counter Fraud Specialist is not required to attend the Joint Audit and Finance and Performance Committee.
- 6.11 The Committee agreed the draft Counter Fraud Work Plan for 2022/23 in March 2022.

7 DUTIES AND FINDINGS

- 7.1 The Committee's terms of reference were updated and approved in October 2021 as part of the annual review. The terms of reference require the Committee to review the establishment and maintenance of effective systems of:

Integrated Governance

- 7.2 Throughout 2021/22 the Trust had in place governance arrangements complying with various statutory, regulatory and best practice requirements; for example, NHS Constitution, NHS Act 2006 and the Health and Social Care Act 2012, the Trust's Constitution and the Provider Licence.
- 7.3 The Audit Committee members are also members of the Board of Directors.
- 7.4 The Committee received for scrutiny the Senior Information Risk Owner (SIRO) report for information governance across the Trust at the May 2021 and January 2022 Committee meetings.
- 7.5 The Annual Information Governance report was presented to the Committee at the July 2021 Committee meeting for noting.
- 7.6 The Committee reviewed the working document of the Board's assessment of compliance to the NHS Improvement's Terms of Licence out of Committee in March 2022. The NHS Improvement's Code of Governance was deferred from the March 2022 meeting to the May 2022 meeting.

Risk Management

- 7.7 The Committee received a report at every meeting on new risks rated 12 and above that had been added to the Trust's Risk Register since the previous meeting. The Committee also received a verbal update on the strategic ICS risks at each meeting.
- 7.8 The Committee received the Board Assurance Framework report for January 2021- March 2022 at the May 2021 meeting. The draft Board Assurance Framework for 2021/22 was also presented at the May 2021 meeting.

Internal Control

- 7.9 The Committee reviewed the losses incurred and special payments made by the Trust at each meeting. There were no losses and special payments reportable to the Committee from April 2021 to March 2022.

7.10 During 2021/22 the Committee paid particular attention to the following areas:

- i) Cyber Security.
- ii) Effectiveness of Board Governance post-merger.
- iii) Governance and Process for managing the Capital Programme.
- iv) Freedom to Speak Up Policy – revisions for Whistleblowing.
- v) Review of Post Transaction Integration Plans (PTIPs).

Internal Audit

7.11 The Internal Audit work plan for 2022/23 was agreed at the March 2022 meeting.

At each meeting the Committee received an internal audit progress report detailing a summary and a review of the 2021/22 work, internal audits completed, sector updates and key performance indicators. A schedule of all the internal audits for the Trust undertaken in 2020/21 is attached as **Appendix 3**.

7.12 The Committee has overseen and supported the work of Internal Audit through:

- Agreeing the Audit Plan including the prioritisation of work.
- Considering the results of internal audit reviews.
- Suggesting areas which Internal Audit might review.

7.13 The Committee is satisfied that the delivery of the Internal Audit plan for 2021/22 has given it assurance that controls are effective and action plans are developed for improvement. Internal audit was able to confirm that the level of cooperation received from the Trust was appropriate and that the Trust had a good record of addressing recommendations arising from internal audit reviews.

Production of the Annual Report and Accounts

7.14 The Committee received a timeline for the annual report and accounts at the 20 January 2022 meeting.

8 CONCLUSION

8.1 The Committee has complied with its terms of reference during 2021/22, during which time it has:

- i) reviewed reports prepared by Internal and External Auditors together with the ensuing management actions, where appropriate.
- ii) reviewed reports prepared by the Counter Fraud Service together with the ensuing management actions, where appropriate.
- iii) reviewed the risk register and received regular updates.
- iv) reviewed Board Assurance Framework Exception Reports and the Annual Board Assurance Framework.

Philip Green
Chair of the Audit Committee, May 2022

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
AUDIT COMMITTEE
GOVERNANCE CYCLE

REGULAR REPORTS

Audit Committee Minutes	Chair
Audit Committee Action List	Chair
Commercial Compliance Report	CFO
Review of Losses and Special Payments by exception £15K>	CFO
Risk Register: New Risks rated 12 and above and any changes in the risk ratings since the previous reporting period	CNO
External Audit	
External Audit Progress Report	KPMG
Internal Audit	
Internal Audit Progress Report	BDO
Counter Fraud	
Counter Fraud Progress Report	LCFS

QUARTERLY, BI-ANNUAL AND ANNUAL REPORTS

External Audit		
KPMG Audit Plan	October	KPMG
Report on the Financial Statements	May/June	KPMG
Internal Audit		
Internal Audit Annual Report	May	BDO
Internal Audit Work plan <ul style="list-style-type: none"> Draft Final 	January March	BDO
Counter Fraud Service		
Counter Fraud Annual Report	May	LCFS
Counter Fraud Draft Workplan	January	LCFS
Counter Fraud Final Workplan	March	LCFS
Chair		
Review of Terms of Reference	October	Chair
Audit Committee Annual Report	May	Chair
Company Secretary		
Audit Committee Governance Cycle	March	CoSec
Review of Scheme of Delegation (3 yearly)	October 2023	CoSec
Audit of Non-Clinical Policies	January	CoSec
Register of Interests and Gifts and Hospitality	July	CoSec
Chief Executive		
Monitor's Terms of Licence –Draft Compliance Report	March	CEO
Monitor's Code of Governance – Draft Compliance Report	March	CEO
Draft Annual Governance Statement (Annual Report)	March/May	CEO (CNO)

Quality Governance Framework	May	CEO (CNO)
Final Draft Annual Report & Accounts (inc Quality)	May*	CEO (CSTO/CFO/CNO)
Annual Letter of Representation (re Financial Statement)	May*	CEO (CFO)
Draft Assurance for Board Governance Statement (APR)	May	CEO (CNO)
Chief Finance Officer		
Review of External Auditors' Performance	October	CFO
Review of Internal Auditor's Performance	October	CFO
Review of Counter Fraud Service Performance	October	CFO
Annual Review of Standing Financial Instructions	October	CFO
Annual Review: Going Concern	March	CFO
Final Draft Annual Financial Statement (Final Accounts)	May*	CFO
Annual Review of Losses and Special Payments	May	CFO
Chief Nursing Officer		
Annual Risk Register Review (To inform next year Audit Plan) – <i>confirmation by Internal Audit that it is taken into account as part of process of developing the annual plan</i>	March	CNO
Draft Annual Governance Statement and process for the production of the Annual Governance Statement (coming year)	May	CNO
Quality Impact Assessment Process	May	CNO
Board Assurance Framework: Risks to the Trust's Strategic Objectives	May, Oct	CNO
Draft Board Assurance Framework (coming year)	May	CNO
Chief Operating Officer		
Emergency Preparedness, Resilience and Response	May	COO
Chief Information Officer		
Cyber Security Report	Jan, Jul	CIO
SIRO Information Governance Report (Quarterly)	Jan, Mar, May, Oct	CIO
Chief People Officer		
Chief Medical Officer		
Clinical Audit Work Plan	May 2021	CMO
Clinical Audit Work Plan: progress report and any risks to the plan	January 2021	CMO
Chief Strategy & Transformation Officer		
Timeline for Annual Report and Accounts	January	CSTO
ICS Risks (Quarterly)	Jan, Mar, May, Oct	CSTO

***Joint meeting with Finance and Performance Committee in May to consider Annual Report and Accounts**

March 2022

AUDIT COMMITTEE MEETING ATTENDANCE RECORD**2021/22**

NAME OF COMMITTEE:	Audit Committee						
REPORT TO:	Board of Directors						
Membership (as per Terms of Reference). Please give names and/or full job title below:	MEETING DATES						
	26 April 2021*	20 May 2021	09 June 2021*	22 July 2021	21 October 2021	10 January 2022	17 March 2022
Philip Green (Chair) Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Pankaj Davé Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Stephen Mount Non-Executive Director	✓	✓	✓	✓	✓	x	x
John Lelliott Non-Executive Director	✓	x	✓	✓	✓	✓	✓
In Attendance:							
Debbie Fleming Chief Executive	x	✓	✓	x	x	x	x
David Moss Trust Chairman	x	x	✓	x	x	x	x
Pete Papworth Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Richard Renaut Chief Strategy and Transformation Officer	✓	x	x	✓	✓	x	x
Peter Gill Chief Informatics and IT Officer	x	✓	x	✓	✓	✓	x
Alyson O'Donnell Chief Medical Officer	x	x	x	x	x	✓	x
Paula Shobbrook Chief Nursing Officer	x	✓	x	x	x	✓	x
Helen Martin Freedom to Speak Up Guardian	x	x	x	x	x	✓	x
David Triplow Public Governor	✓	✓	✓	✓	x	✓	✓
Jonathan Brown KPMG, External Audit	✓	✓	✓	✓	✓	✓	✓
Rob Andrews KPMG, External Audit	x	x	x	x	x	✓	✓
Adam Spires BDO, Internal Audit	x	✓	✓	✓	✓	✓	✓
Mark Stabb BDO, Internal Audit	✓	✓	✓	✓	✓	✓	x
Heather Greenhowe RSM, Local Counter Fraud Specialist	x	✓	x	✓	✓	✓	✓
Quorate	✓	✓	✓	✓	✓	✓	✓

* denotes joint Audit and Finance and Performance Committee.

UNIVERSITY HOSPITAL DORSET NHS FOUNDATION TRUST

INTERNAL AUDIT RESOURCE CONTROL SCHEDULE

1 April 2021 to 31 March 2022

Report Issued	Design	Operational Effectiveness
Board Governance Effectiveness	N/A – Advisory	N/A – Advisory
Cultural Maturity	N/A – Advisory	N/A – Advisory
Waiting List Management	Moderate	Limited
Data Centres Environment	Moderate	Moderate
Cash Handling	Moderate	Moderate
Learning from SIs (Serious Incidents) / Deaths	Substantial	Substantial
Key Financial Systems	Substantial	Substantial
Cyber Security	Moderate	Moderate
DSP Toolkit	Substantial	Moderate

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 28 July 2022

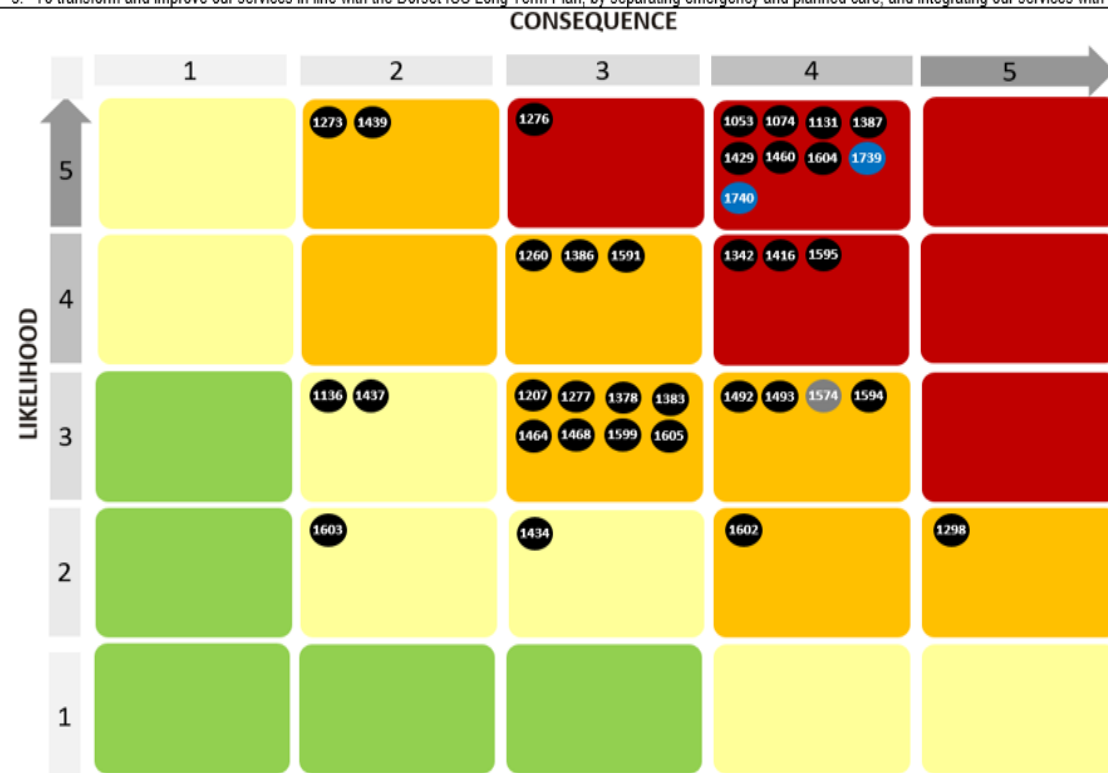
Agenda item: 5.3

Subject:	Board Assurance Framework												
Prepared by:	Joanne Sims, Associate Director Quality, Governance and Risk Janey Harbord, Head of Governance & Risk												
Presented by:	Paula Shobbrook, Chief Nursing Officer												
Purpose of paper:	The Board Assurance Framework is a systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic goals. The assurance framework contains information regarding internal and external assurances that organisational goals are being met. Where risks are identified, mitigations and subsequent action plans are mapped against them.												
Background:	<p>The 2021/22 BAF for UHD was presented to the Board of Directors and approved at its meeting in June 2021.</p> <p>An end of year Q4 report has been provided to the Board for approval. This report provides the end of Q4 position of the Board Assurance Framework for UHD FT.</p> <p>The 2022/23 BAF for UHD was presented to the Board of Directors at its meeting in July 2022.</p> <p>The Q1 report (1 April 22 – 30 June 2022) provides full details of the risks linked to the Board objectives. A BAF Heat map provides a helpful summary picture.</p> <table><tr><td>New BAF Risks added in Q1</td><td>3</td><td>1740,1739,1756</td></tr><tr><td>BAF Risks rated 12-25 in Q1</td><td>20</td><td></td></tr><tr><td>Closed BAF Risks in Q1</td><td>5</td><td>1600,1601,1348,1574,1448</td></tr><tr><td>Downgraded BAF Risks in Q1</td><td>1</td><td>1599</td></tr></table>	New BAF Risks added in Q1	3	1740,1739,1756	BAF Risks rated 12-25 in Q1	20		Closed BAF Risks in Q1	5	1600,1601,1348,1574,1448	Downgraded BAF Risks in Q1	1	1599
New BAF Risks added in Q1	3	1740,1739,1756											
BAF Risks rated 12-25 in Q1	20												
Closed BAF Risks in Q1	5	1600,1601,1348,1574,1448											
Downgraded BAF Risks in Q1	1	1599											

University Hospitals Dorset – Board Assurance Framework (BAF) Risks as at 11 July 2022

BAF Objectives 2022-23

1. To continually improve the quality of care so that services are safe, compassionate, timely and responsive, achieving consistently good outcomes and an excellent patient experience
2. To be a great place to work by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and deliver high quality services
3. To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets
4. To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people
5. To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the ICS



Key:

Purple = ↑ risk, orange = ↓ risk, black ↔ risk (no movement from previous period), blue = new risk/added to this committee, grey = closed/no longer linked to Finance & Performance Committee

Key points for members:	For assurance
Options and decisions required:	For assurance
Recommendations:	The Council of Governors is asked to receive the report for assurance
Next steps:	Regular review in-year through the Board and its Committees

Links to University Hospitals Dorset NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register


Strategic Objective:	All
BAF/Corporate Risk Register: (if applicable)	BAF
CQC Reference:	Well Led

Committees/Meetings at which the paper has been submitted:	Date
Audit Committee (Q4 report)	19 May 2022
Quality Committee (Q4 report)	23 May 2022
Board of Directors (Q4 report)	25 May 2022
Quality Committee (Q1 report)	25 July 2022
Board of Directors (Q1 report)	27 July 2022




BOARD ASSURANCE FRAMEWORK

Q4 2021/22

Principle objective	Specific Objective	Executive Director Lead	Risk Lead	Risk Register Ref	Risk Title / Description	Q1 Risk Rating	Q2 Risk Rating	Q4 Risk rating	Last Update	Monitoring Group	Target Risk Rating	
To be a great place to work, by creating a positive and open and inclusive culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.	1.1 To To engage with staff at all levels to ensure we maintain focus and realise the Health, Wellbeing and Covid-recovery needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources.	Chief People Officer (KA)	Carla Jones Deputy Director of Workforce & Organisational Development, Deborah Matthews Director of Improvement and OD	1493	Absence, Burnout and PTSD - Risk of medium and long-term impact of Covid 19 on the health and wellbeing of the workforce due to burnout and PTSD which may potentially lead to high levels of sickness absence and the requirement for significant sustained support	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	[11/04/2022] Referrals to OH remain high. Currently a 6/7 week wait for an appointment with an OH Nurse Adviser or OH Doctor due to low staffing levels and sickness absence within the team. All waiting referrals currently being reviewed and prioritised. Recruitment to the additional roles recently approved has commenced and one appointment made to date. Demand for psychological support & counselling service is high. The team remain under capacity due to staffing gaps and at present are unable to meet demand with referrals continuing to be redirected to the ICS Wellbeing Hub. A successful recruitment campaign has taken place to recruit Health & Wellbeing Practitioners to the bank and agreement has been obtained from the executive to extend the enhanced phased return to work (12 weeks) until end of March 2023, to support staff returning from periods of long term absence due to stress and mental health.	• Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
	1.4 To deliver the trust's People Strategy by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning, recruitment and retention, training and education, employee relations, temporary workforce and workforce systems.	Chief People Officer (KA)	Carla Jones Deputy Director of Workforce & Organisational Development, Louise Hamilton-Welsh, Head of HR Strategy	1492	Resourcing Pressures - Staffing. Risk of significant resourcing pressures in the remainder of the Covid 19 pandemic and recovery period due to limited number of trained front line staff, likely increase in turnover as soon as the pandemic eases and limited pipeline of new recruits which is also impacted by the uncertainty around retaining EU employees and continuing to recruit from the EU.	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	[19/04/2022] Validation of the merged ESR data is being prioritised, with initial focus being on areas where workforce transformation or configuration is due more imminently. Data cleanse for Pathology is well under way with support from the HR Business Partner. Nursing Workforce have reviewed the Medical care group HCSW establishment for further cost centre updates. A large scale cleanse of Right to Work and Visa dates on ESR is also taking place, following historic changes to which fields and what data is recorded.	• Workforce Strategy Committee	S(2) x L(2) = 4 Low Risk	
To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.	2.1 Agree and deliver a sustainable budget, including Cost Improvement Programme (CIP) and merger savings programme	Chief Finance Officer (PP)	Peter Papworth	1584	Financial Control Total 2021/22 - Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	30/03/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Finance Officer (PP)	Peter Papworth	1585	ICS Financial Control Total 2021/22 - ICS at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and an unplanned reduction in cash available to support the capital programme	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	30/03/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Finance Officer (PP)	Peter Papworth	1594	Capital Programme Affordability (CDEL) - Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in operational and quality/safety risks and a delay in the reconfiguration critical path.	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	30/03/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	


		Chief Finance Officer (PP)	Peter Papworth	1595	Medium Term Financial Sustainability Risk that the Trust will fail to deliver a financial break-even position resulting in regulatory intervention, an unplanned reduction in cash and the inability to afford the agreed 6 year capital programme.	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	30/03/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same.	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
	2.2 To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Nursing Officer (PS)	Paul Bolton	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	S(4) x L (2) = 8 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	[18/02/2022]- new IPC guidance updated, no further changes from previous update except learning from Covid-19 outbreak being implemented, new variant in Dec 2021, vaccination and booster programme for colleagues in place. Continue to be part of the SW and Dorset IPC cells.	Quality Committee, Infection prevention and control group	S(4) x L (2) = 8 Moderate Risk	
		Chief Operating Officer (MM),	Jordan, Sophie - Associate Director - Operations, Flow and Facilities	1342	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak - There is potential for this outbreak to create a surge in activity with resultant pressure on existing services. Risk to personal health if staff contract Covid-19 Risk to the organisation relating to staffing gaps (medical, nursing, AHP, ancillary) due to social isolation requirements and sickness. Risk of Covid-19 positive patients presenting to main hospital services causing risk from spread of infection Risk of delays to patient care in ED due to staff/beds being required for suspected Covid-19 patient testing and care of multiple or frequent patient presentations. Risk of insufficient isolation beds for suspected/confirmed Covid-19 cases	S(5) x L(3)=15 High Risk	S(4) x L(4)=16 High Risk 	S(4) x L(4)=16 High Risk	[10/03/2022] Restrictions have been removed however there remains risk to operational delivery as staff continue to be symptomatic and are required to isolate. High levels of Covid patients across the wards impacting on elective and emergency flow. Tactical continues to meet daily and supporting cells in place (Blue pathway and IPC Cell)	Quality Committee, Infection prevention and control group	S(3) x L(2) = 6 Low Risk	

	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Operating Officer (COO)	Judith May	1074	<p>Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2020/21 are not met</p> <p>There is a risk that there will be patient harm from delayed pathways, NHSI/E regulatory challenges and premium expenditure requirements if the RTT related targets for 2020/21 are not met, namely:</p> <p>1) Total waiting list to be no greater than Jan 2020 2) No 52 week waiters 3) RTT delivers to agreed operational plan trajectory for 2020/21 4) Recognise RTT standard is 92% (national NHS constitution target) and should be delivered where possible</p>	S(4) x L(5)=20 High Risk	S(4) x L(5)=20 High Risk	S(4) x L(5)=20 High Risk	[20/04/2022] No significant change to risk. Numbers of 52/78 and 104 week waits continue to reduce and RTT performance stabilised however national standards not met. some specialities achieving 18 weeks. Clinical validation programme continues to ensure accurate waiting list and prioritisation of patients according to clinical need. Continue focus to treat long waiters.	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk
	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer , diagnostics and emergency care	Chief Operating Officer (COO)	Alison Ashmore	1386	Cancer waits - Risk of patient harm from delayed pathways, risk to compliance with CWT standards. Risk may be increased if unable to recruit and retention of key clinical staff (oncologist and histopathologists) in particular in sub specialisation areas that rely on a single handed practitioner.	S(4)xL(4) = 16 , Moderate Risk	S(4) x L (3) = 12 Moderate Risk 	S(4) x L (3) = 12 Moderate Risk	[11/04/2022] Structured pathway reviews for Breast, Gynae, Head & Neck, Colo, Prostate & Skin being undertaken by PwC. All timed pathways are being reviewed, admin processes being revisited, Demand & Capacity is being reworked, Business Information Structure & content being updated and implemented. Pathway and patient review carried out weekly at scheduled PTL breach meeting. Meetings are divided into risk areas for discussion - Operational management teams are in attendance therefore all risks are escalated in a timely manner. Holistic approach to pathway management introduced, looking at recurrent and adhoc capacity provision to mitigate delays to the pathway and reduce potential for patient harm. Monthly meetings scheduled with Operational Management and Diagnostic Service Management to review on an ongoing basis. [08/04/2022] Review of all Root Cause Analysis during April 2022 to ensure ongoing monitoring of any potential clinical harm	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk
	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Operating Officer (COO)	Alex Lister	1348	Covid related pause to Dorset Bowel Cancer Screening Programme and potential diagnostic delay	S(4) x L (3) = 12 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	S(2) x L(3) = 6 Low Risk 	[19/04/2022] Diagnostic wait standard was not met in February 2022 (71%), however, since then the additional lists provided by insourcing weekends at Poole has mitigated the loss of capacity on the RBH site due to the ventilation work. Subsequently the diagnostic wait standard was met at 97% for March 2022. There is one further insourcing weekend scheduled at Poole in April and from beginning of May the RBH lists will return to the RBH site.	Finance and Performance	S(2) x L(3) = 6 Low Risk



		Chief Operating Officer (COO)	Tanner, Mandy - Radiology General Manager	1574	Breast screening backlog - There is currently a significant backlog with 20,000 women waiting for breast screening in Dorset and just 3.9% of women eligible are being offered screening. If this continues women will present later with breast cancer as 7-10% of every 1000 patients screened have cancer detected early. The earlier the condition is found the better the prognosis and the less likely the patient is to need major surgery and treatments such as chemotherapy.	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	S(4) x L(4)=16 High Risk	[20/04/2022] Update from DBSU-no improvement, Covid impacting and trainees in post but not yet able to work alone.	Finance and Performance	S(2) x L(2) = 4 Low Risk	
	To deliver a Covid restoration programme that returns waiting times and waiting patient numbers towards the national standards, for elective, cancer, diagnostics and emergency care	Chief Operating Officer (MM)	Alex Lister	1429	Ambulance handover delays - If we cannot assess and move patients into ED clinical areas from the Ambulance queues within 15 minutes then there is a risk of harm to patients in the queue or community. See attached PDSA documents. There is also a risk to organisational performance standards and reputation	S(5) x L(3)=15 High Risk ,	S(4) x L(4)=16 High Risk , 	S(4) x L(4)=16 High Risk ,	[21/01/2022] Change in agreed SWAST drop off, currently working through an SOP and staffing models for both sites additional trained being added to the template to try and cover. Looking to the organisation for support but on=going risk.	Finance and Performance Committee	S(3) x L(1) =3, Very Low Risk	
		Chief Nursing Officer (PS), Chief Operating Officer (MM)	Leanne Aggas	1430	Emergency Department Workforce - Post COVID-19. Whilst there is a requirement to maintain compliance within current COVID pathways within ED services then there will be a nursing vacancy gap of 50 WTE (Total establishment 160 WTE proposed 104 WTE Funded). There is a potential risk to patient safety, finance and performance This will result in high usage of agency staff posing a performance/ finance and safety risk.	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	S(4) x L (3) = 12 Moderate Risk	[10/03/2022] Overall ED vacancy has reduced to within acceptable limits. There is a financial risk and training risk with high numbers of recruits and working within an expanded footprint.	Finance and Performance Committee	S(3) x L(1) =3, Very Low Risk	
	2.3 To continue to deliver efficiency and productivity opportunities using Getting it Right First Time (GIRFT) and Model Hospital benchmarking data, in the context of the Covid-19 response. This includes resetting services in ways to reduce unwarranted variation in our clinical and non-clinical services both across sites and between services	Chief Medical Officer (AOD)	Rushforth, Helen - Head of Productivity and Efficiency	1416	GIRFT and Model Hospital Risk of not achieving efficiency and productivity opportunities identified through the Getting it Right First Time (GIRFT) programme and Model Hospital metrics resulting in continued unwarranted variation, reduced productivity and higher cost of service provision.	S(3) x L (3) = 9 Moderate Risk	S(3) x L (4) = 12 Moderate Risk 	S(4) x L(4)=16 High Risk 	[04/04/2022] Reviewed and confirmed risk remains the same	Finance and Performance Committee	S(3) x L(2) = 4 Low Risk	

	2.4 To agree and publish the multi-year Green Plan, to measure, and reduce our carbon footprint, improve air quality and make more sustainable use of resources as part of a multi-year sustainability strategy. This is to be developed by the Trust and agreed by the Board by July 2021 and progress reported to the Board by March 2022	Chief Strategy and Transformation Officer (RR)	Davies, Edwin - Associate Director Capital and Estates	1446	Sustainability Strategy If we do not deliver the Trust's Sustainability Strategy there is a risk that the Trust will not either measure or reduce it's carbon footprint	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[07/01/2022] Udate ED - Multi-agency strategy in place. Sustainability Committee - chaired by NED Part of Pan - Dorset Sustainability Group	Sustainability Committee	S(2) x L(2) = 4 Low Risk	
To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience	3.1 To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: • Fluid management for inpatients As well as supporting clinical and non-clinical QI work across the Trust.	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Dr D Tiwari	1473	Safe Fluid management - If we are not able to safely prescribe and administer appropriate fluids, in the correct volumes and accurately monitor fluid balance and patient physiology there is significant risk to patient safety	S(3) x L(4) = 12 , Moderate Risk	S(3) x L(4) = 12 , Moderate Risk	S(3) x L(3) = 9 , 	[05/04/2022] IV fluid QI group has made good progress and is now rolling out the next iteration of the IV fluid prescription form Fewer incidents being logged and fewer ME comments since this project has begun	Quality Committee, Quality Governance Group	S(2) x L(2) = 4 Low Risk	
	To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: • Escalation of deteriorating patients As well as supporting clinical and non-clinical QI work across the Trust.	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Chief Medical Officer	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	S (4) x L (3) = 12 Moderate Risk	S (4) x L (3) = 12 Moderate Risk	S (4) x L (3) = 12 Moderate Risk	[04/04/2022] Risk to be reviewed ongoing incidents but frequency less than QI project will continue into next year but substantial project made with almost all sub-groups Resus committees now aligned and new framework for emergency calls across UHD out for final consultation before launch Comms plan in place	Quality Committee, Quality Governance Group	S (3) x L (3) = 9 Moderate Risk	
	To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: • Urgent IV access As well as supporting clinical and non-clinical QI work across the Trust.	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Dr D Morgan, Dr Holloway, Dr Spake	1598	If staff are not sufficiently trained or experienced to manage, escalate and/or ensure IV access for patients then risk to patient safety and outcomes.	S (3) x L (3) = 9 Moderate Risk	S (3) x L (3) = 9 Moderate Risk	S (3) x L (3) = 9 Moderate Risk	[01/03/2022] As at the end of Feb 2022. The new UHD DIVA SOP will be submitted to ratification to CGG and PPG in March 2022. A 6-month trial of the new UHD DIVA pathway is scheduled to commence at both Poole and Bournemouth sites from April 2022 having established DIVA teams and an associated referral process/criteria – including the introduction of a new intermediate length ultra-sound guided cannula. An e-Form has also been created to automate the addition of a CPI flag to EPR for patients identified as being at risk of Difficult Intra-Venous Access.	Quality Committee, Quality Governance Group	S (2) x L (2) = 4 Low risk	
	To deliver 4 priority clinical Quality Improvement (QI) programmes to improve: • Safety checklists for procedures As well as supporting clinical and non-clinical QI work across the Trust.	Chief Medical Officer (AOD), Chief Nursing Officer (PS)	Joanne Sims, Dr Holloway	1599	If unable to embed culture for use of safety checklist process for all interventional procedures undertaken across UHD then risk of never events occurring with potential harm to patients and regulatory action from CQC. Risk that variable application across UHD and lack of standardisation across sites for same specialities, including staff training, will impact on compliance and culture .	S (4) x L (3) = 12 Moderate Risk	S (4) x L (3) = 12 Moderate Risk	S (3) x L (3) = 9 Moderate Risk 	[15/02/2022] Current number of Never events reported in 21/22 less than YTE 20/21 - decision to reduce likelihood risk rating to 3 resulting in change in oerall risk rating to 9.	Quality Committee, Quality Governance Group	S (3) x L (2) = 6 Low Risk	



	To deliver 4 priority clinical Quality Improvement (QI) programmes as well as supporting clinical and non-clinical QI work across the Trust.	Chief Nursing Officer (PS)	Paul Bolton	1463	Prevention of healthcare associated gram negative blood stream infections. There is a potentially avoidable risk of patient harm for those patients who contract hospital acquired gram negative infections.	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	S(2)xL(3) = 6 , Low Risk	[28/06/2021] Current rising rate of HCAI cases across UK and SW. QI group set up in SW to review the learning planned in the next few months. No further changes required.	• Infection Control Group	S(2) x L(2) = 4 Low Risk	
		Chief Nursing Officer (PS)	Paul Bolton	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	S(4) x L (2) = 8 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	S(4) x L (2) = 8 Moderate Risk	[18/02/2022] new IPC guidance updated, no further changes from previous update except learning from Covid-19 outbreak being implemented, new variant in Dec 2021, vaccination and booster programme for colleagues in place. Continue to be part of the SW and Dorset IPC cells.	Quality Committee, Infection prevention and control group	S(4) x L (2) = 8 Moderate Risk	
		Chief Nursing Officer (PS)	Paul Bolton	1172	There is a risk that if the Trust does not meet contractual targets for monitored organisms, this may result in patients acquiring hospital infections, loss of confidence with patients and public and reputational damage.	S(3)xL(3) = 9, Moderate Risk	S(3)xL(3) = 9, Moderate Risk	S(3)xL(3) = 9, Moderate Risk	[18/02/2022]- Existing controls remain in place - remains part of the Dorset/SW wider IPC cell and quality improvement work in these areas. PIRs continue with learning shared.	• Infection Control Group	S(3) x L(2) = 6 Low Risk	
		Chief Medical Officer (AOD)	Chief Medical Officer (AOD)	1607	It the Trust fails to maintain hospital standardised mortality metrics at as or below "expected" levels it is probable that there are identified(and unidentified) and unmitigated risks to patient safety and patient outcomes. This brings the additional risk of reputational damage, damage to public confidence and regulatory scrutiny	S(4)xL(3) = 12, Moderate Risk	S(4)xL(3) = 12, Moderate Risk	S(4)xL(3) = 12, Moderate Risk	[04/04/2022] Mortality ratios stable Ongoing deep dives into areas of concerns and to understand the disparity between sites #NOF and complex learning to form the basis of QI workstream for next year including 7 day working, ward cover, theatre utilisation, consultant job planning etc	Quality Committte, Mortality Surveillance Group	S(3) x L(1) = 3, Very Low Risk	

	3.2 To redesign and transform our outpatient pathways, with a Digital First offer, improving access to care, reducing travel times, and supporting patients through and changes.	Chief Operating Officer (COO)	Sarah Macklin	1464	Re-designing outpatient services for future demand Risk that the Trust fails to respond to the challenge of changing models of outpatient care in line with National trend information relating to population growth and aging population needs. Developing innovation and new models of care is essential to future-proof access to relevant clinical intervention and advice in a timely way.	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk	S(3)x L(3) = 9 , Moderate Risk	[08/03/2022] PA Consultancy review underway for the outpatient enabling excellence programme review of works and recommendations. The implementation phase is in progress and from this outcome recommendations will be worked through with the teams and the specialties. The digital transformation programme is working through the procurement process in terms of the following: Patient Portal - 2 way booking system to support patients to manage their own care and gain access to their clinic appt information, Virtual Consultation platform, Digital Dictation for outpatients via DRAGON to support real time letters to GP and patients, Bookwise clinic room scheduling system for Poole site to optimise clinic room utilisation, INTOUCH system for flow management of patients on the RBCH sites in line with PGH. All these strategies will support streamlining our processes and provide efficiencies and better experiences for staff and patients.	Finance & Performance Committee	S(2) x L(2) = 4 Low Risk	
		Chief Operating Officer (COO)	Michele Roberts	1242	Risk relating to the continuity and operational performance of outpatients as a result of reduced staffing - The Outpatient department is experiencing increasing levels of work in respect of volume of amendments, clinic cancellations, delays in the pre-reg of patients. This compromises optimum patient care and impacts on RTT. Staff are impacted by increased workloads and risk to wellbeing.	S(2) x L(3) = 6 , Low Risk	S(3)x L(3) = 9 , Moderate Risk 	S(3)x L(3) = 9 , Moderate Risk	[20/04/2022] Discussed at the OPD quality and risk group. Improvement in staffing within the admin team. For rating review and further detail to be added by General Manager.	Finance and Performance	S(2) x L(2) = 4 Low Risk	
		Chief Operating Officer (COO)	Darren Jose	1292	Outpatient Follow-Up appointment Backlog - Insufficient capacity to book within due dates	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	[08/04/2022] Progress with PA Consultancy (report PPT attached), work on-going.	Finance and Performance	S(3) x L(3) = 9 , Moderate Risk	
	3.3 To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Ophthalmology	Chief Operating Officer (COO)	Barry Alborough - Duell, Directorate Manager	1442	Ophthalmology: achieving eye theatre efficiency of 85%	S(2) x L(3) = 6 , Low Risk	S(2) x L(3) = 6 , Low Risk	S(2) x L(3) = 6 , Low Risk	[18/04/2022] Directorate review and discussion Royal College of Ophthalmology document in regards to high volumes cataract surgery .High volume lists having 8 patients with a trainee and 10 patients without a trainee. Asking IPC in regards to Eye day case area increasing patients capacity. Clinicians review use Anaesthetic eye drops instead of injections.	• Finance & Performance Committee • Ophthalmology Directorate Governance Group	S(1) x L(2) = 2, Very Low Risk	
		Chief Operating Officer (COO)	Barry Alborough - Duell, Directorate Manager	1476	Backlog of overdue follow up patients. There is a risk to the positive outcome for patients who are unable to be seen with planned FU timescales	S(3)x L(3) = 9, Moderate Risk	S(3)x L(3) = 9, Moderate Risk	S(3)x L(3) = 9, Moderate Risk	[20/04/2022] SpaMedica Contract ready to commence. Plan to deliver follow-up clinics in progress .Spa Medica will allow us to release capacity for monthly follow ups.	• Finance & Performance Committee • Ophthalmology Directorate Governance Group	S(3) x L(2) = 6 , Low Risk	

	To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Orthopaedics, as part of the Dorset wide MSK plans	Chief Operating Officer (COO)	West, John - General Manager, Trauma Orthopaedics, Surgery PH site	1439	Orthopaedic operational pressures ,outlying patients and reduced ward footprint. Potential lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements. Demand has not reduced to the level previously anticipated following the introduction of MSK triage in 2017 and referrals have steadily increased after an initial fall. Additions to waiting list now exceed removals by an average of 37 patients per month in the past year	S(2)x L(5) = 10, Moderate Risk	S(2)x L(5) = 10, Moderate Risk	S(2)x L(5) = 10, Moderate Risk	[11/04/2022] full engagement with regional scheduling project with additional local service development eg. day case hip and knee replacement pathways.	Finance & Performance Committee	S(2) x L(3) = 6 , Low Risk	
	To implement the elective care priority programmes for Dorset, so as to improve quality and sustainability of these services: • Theatres	Chief Operating Officer (COO)	House, Nichola - Directorate Manager - Surgery - RBH site	1490	Lack of Hybrid Theatre. As part of the CSR, it was highlighted that there is a need for a Hybrid theatre. This issue was also recommended in the Vascular GIRFT report.	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[21/04/2022] The business case has been delayed owing to operational pressures. A clinical lead has now been appointed for the Vascular team who has identified this project as one of the transformation workstreams.	Surgical RAGG	S(1) x L(2) = 2, Very Low Risk	
	3.4 Improve Urgent and Emergency Care (UEC) flow and quality of care as measured by the new national UEC Emergency Department waiting time standard and same day emergency care outputs.	Chief Operating Officer (COO)	Alex Lister	1460	Urgent and Emergency Care (UEC) performance There is a potential risk to patients waiting in excess of National Standards	S4) x L(5)=20 High Risk Increased Risk from 15 to 20 in Q1	S4) x L(5)=20 High Risk	S4) x L(5)=20 High Risk	[12/04/2022] Unchanged. Significant challenges with ED performance. Exec support with actions. Bi WEEKLY coo LED meeting reporting to Regional Team - Current Recovery plan attached.	• Finance and Performance Committee	S(2) x L(2) = 4 Low Risk	
	3.5 To reduce towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partners and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer (COO)	Jordan, Sophie - Associate Director - Operations, Flow and Facilities	1053	Lack of capacity for elective & non elective activity and risk to patient harm due to LLOS and NRTR patients	S(4) x L(5)=20 High Risk	S(4) x L(5)=20 High Risk	S(4) x L(5)=20 High Risk	[10/03/2022] The position is unchanged from last update. [09/12/2021] Update CB - Improvement has been seen in the number of patients with No Reason to Reside (NRTR). However, a sustained downward trend is variable. Additional care homes beds have been secured (total of 40), however, the capacity and flow of patients from UHD to the additional capacity is compromised through Covid outbreaks within care home settings across Dorset. Further national hospital discharge funding has been released and a number of further schemes including support to LA brokerage teams to "fast track" patients awaiting care home	• Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	
		Chief Operating Officer (MM),	Jordan, Sophie - Associate Director - Operations, Flow and Facilities	1387	Demand & Capacity: Demand will exceed capacity for acute inpatient beds	S(3) x L(5)=15 High Risk Increased to 16 from 15 in Q1	S(4) x L(5)= 20 High Risk Increased to 20 from 16 in Q2 	S(4) x L(5)= 20 High Risk	[10/03/2022] Reviewed - Occupancy remains extremely high across both sites, impacting on ED handovers and ability to move patients to appropriate beds in a timely fashion. Added pressures relating to Covid admissions/contacts and high number of MRFD patients across the acute wards has increased the risk level. Mitigating actions in place via the Hospital Flow improvement programme and through external UEC initiatives	Finance and Performance Committee	S(3) x L(2) = 6 Low Risk	

		Chief Operating Officer (COO)	Jordan, Sophie - Associate Director - Operations, Flow and Facilities	1131	Current challenges around patient flow and capacity due to increased demand, delays in external discharge and bed closures have become increasing difficult to manage and presents risk to patient safety	S(3) x L(5)=15 High Risk Increased to 16 from 15 in Q1	S(4) x L(5)=15 High Risk Increased to 20 from 16 in Q2 	S(4) x L(5)=15 High Risk	[13/04/2022] Update SW UHD SDEC Workstream now part of the flow recovery programme with oversight of TMG Weekly SDEC Workstream meetings to support the areas in developing services required throughout the organisation. Bids for further funding being compiled. All routes of access being reviewed to ensure robust access to the services from within and outside the organisation. SDEC lead working as part of the system SDEC group to ensure equity of provision and access. Close working with SWAST, DHUFT and CCG to further develop services and access	• Finance and Performance Committee	S(4) x L(2) = 8 Moderate Risk	
To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people	4.1 Strengthen and improve communications/engagement with staff, governors, patients, local people and key stakeholders through a communication and engagement plan, delivered over the year and reviewed by February 2022. A key focus is leading for Equality, Diversity and Inclusion strategy and our work as an ICS partner on reducing health inequalities	Chief Strategy and Transformation Officer (RR)	Chief Strategy and Transformation Officer (RR)	1466	Effective relationships with local partner To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.	Closed as replaced with risk 1603						
	4.2 Support delivery of a continuously improving organisation and culture of improvement by developing a QI strategy and an innovation strategy. Implement the strategies across UHD and the Dorset ICS to improve outcomes and deliver efficiencies	Chief Strategy and Transformation Officer (RR)	Alan Betts	1600	If we do not deliver the Trust's QI and Innovation Strategy there is a risk that the Trust will not improve outcomes or deliver efficiencies in line with the Trust's values of being an improving organisation	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[04/03/2022] QI objectives for 2022-23 reviewed at Transformation and Improvement Group (TIG) Patient Safety Clinical Priorities supported at TIG and escalated to TMG for approval 22/3/22 QI strategy reviewed with QI team and progress to be reported in Q1 22/23, good progress on clinical priorities for 2021/22 Roll out of QI training and QI communications continuing	Transformation Committee	S(2) x L(2) = 4 Low Risk	
	4.4 Develop the Bournemouth University partnership, including the partnership strategy to be approved by Trust Board by July 2021 and implementing throughout 2021/22 and future years	Chief Strategy and Transformation Officer (RR)	Alan Betts	1601	If we do not continue to develop the partnership with Bournemouth University it may lead to a failure to fulfil our potential as University Hospital which may mean we don't continue to attract staff and research opportunities as a leading University Hospital	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[04/03/2022] Programme benefits continue to progress, partnership Board in place and regularly meeting. Aims for 22/23 agreed: collaborate on new roles for BU and UHD utilise UHD apprenticeship funding to co-deliver training to UHD leaders and managers develop match funded PhDs and student placements progress joint research strategy (inc CTU	Transformation Committee	S(2) x L(2) = 4 Low Risk	
To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.	5.1 Develop a robust plan for reconfiguration to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2021, and teams being prepared and understanding their trajectory so they are ready with new models of care, and to occupy new estate when it is delivered.	Chief Strategy and Transformation Officer (RR)	SK	1602	Risk that In year delays to the critical path programme can lead to costs increasing by £0.5m a month. Complexity of the programme and external approvals required for capital expenditure generate the likelihood	S(5) x L(4) = 20 High Risk	S(4)xL(2) = 8 , Moderate Risk 	S(4)xL(2) = 8 , Moderate Risk	[03/02/2022] No further update [10/01/2022] Now that FBC approval has been received, all risks and issues are being monitored by the Acute Reconfiguration Capital (ARC) Group on a monthly basis. That group is also sighted on any areas for escalation to ensure programme and relevant enabling works remain on track. Monthly Cost report also presented to monitor funding.	• Transformation Committee	S(4)xL(3) = 12 , Moderate Risk	

		Chief Strategy and Transformation Officer (RR)	Davies, Edwin - Associate Director Capital and Estates	1260	There is a risk that we are unable to maintain the Trust estate in line with Clinical and regulatory requirements. Risk to staff and patient safety and risk of regulatory action if statutory breaches identified. Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	S(4)xL(3) = 12 , Moderate Risk	S(4)xL(3) = 12 , Moderate Risk	S(4)xL(3) = 12 , Moderate Risk	[25/03/2022] progress continues at pace. Aggregated review undertaken and evidence of status and compliance improving	Quality Committee	S(4)xL(2) = 8 , Moderate Risk	
	5.2 Establishing robust arrangements for taking forwards Health Infrastructure Plan with Dorset partners and NHSI/E, such that Dorset programme business cases start to be submitted in 2021/2 including the new entrance, ward refurbishments and that options appraisals on other cases are completed	Chief Strategy and Transformation Officer (RR)	Chief Strategy and Transformation Officer (RR)	1604	Risk of delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds in sufficient time to enable the wider reconfiguration by 2024/26. Risk is delayed benefits by later than planned reconfiguration. Securing NHP enabling funds required in year to allow progression of key capital works	S(4) x L(4) = 16 High Risk	S(4) x L(4) = 16 High Risk	S(4) x L(4) = 16 High Risk	30/03/2022: Update SK Risk remains on register for monitoring. OBC target date remains as June 22 so there are currently no long-term inflation concerns. For review in June.	• Transformation Committee	S(4) x L(2) = 8, Medium Risk	
	5.3 Under the national requirements for establishing a new Dorset ICS, work with system partners to develop a provider collaborative across Dorset and help to shape the Dorset Integrated Care System as it transitions onto a statutory basis from April 2022.	Chief Executive (DF)	Chief Strategy and Transformation Officer (RR)	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory compliance.	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	S(2) x L(2) = 4 Low Risk	[04/03/2022] Workstreams continue and ICS/ICB due to go live July 21 Current execs of CCG not appointed to ICS positions - risk of loss of organisational memory combined with opportunity for change in strategy Provider collaborative delayed and programme re-started Feb 2022 Likely that ICS will be meeting minimum standards from 1st July - unclear of impact of ICS strategy on UHD at present time	• Board of Directors	S(2) x L(1) = 2, Very Low Risk	
	5.4 Play an active part in the key Dorset transformation plans programmes, including Digital Dorset, by implementing four core clinical applications (Dorset Care Record, order communications, electronic prescribing and medicines administration, health of the ward) and support the clinical leaders of these programs transform clinical	Chief Informatics and IT Officer (PG)	Martin Davis, IT Security Manager	1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	S(2)xL(4) = 8 , Moderate Risk	S(4) x L(5)= 20 High Risk 	S(2) x L(5)= 10 Moderate Risk 	[29/03/2022 - Controls reviewed and assessed. Grading adjusted 02/02/22 The risk rating has been reduced following the previous rating rise dated 11/08/2021 as the number of unsupported (obsolete) operating systems at UHD has decreased to with accepted levels for the Data and Security Protection Toolkit. Although the risk score has not been decreased back the previous rate of 8 due to the ongoing risk of a cyber attack and the continued number of known vulnerabilities on Trust IT systems.	Information Governance Group	S(2)xL(3) = 6 , Low Risk	
	processes to achieve the maximum benefit from these investments; migrate all devices to Windows10, stabilise the underlying infrastructure and mitigate against all IT security threats	Chief Informatics and IT Officer (PG)	Sarah Hill	1434	Delays to the implementation of the Dorset Care Record	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	S(3)xL(2) = 6 , Low Risk	[21/01/2022] Pathology testing under way and testing will be done alongside the EPR change to ensure both projects progress with single testing support. MyDCR is further delayed with no clear date at this time.	Information Governance Group	S(2)xL(3) = 6 , Low Risk	

		Chief Informatics and IT Officer (PG)	Russell King	1437	There is a risk of total outage of the computing services at RBCH if the single point of failure of electrical supply fails	S(3)xL(1) = 3 , Very Low Risk	S(4) x L(3)= 12 Moderate Risk Increased to 12 from 3 in Q2 	S(2)xL(3) = 6 , Low Risk 	[02/02/2022] All Virtual servers have now been migrated from RBH to PH, leaving just the physical boxes of which the most critical is CaMIS which is not resilient. A new risk entry will be raised for that.	Information Governance Group	S(1)xL(1) = 1 , Very Low Risk	
		Chief Informatics and IT Officer (PG)	Chief Informatics and IT Officer (PG)	1298	There is a risk that we fail to maintain and develop the Trust IT services in line with clinical and operational requirements	S(5)xL(2) = 10 , Moderate Risk	S(5)xL(2) = 10 , Moderate Risk	S(5)xL(2) = 10 , Moderate Risk	[02/09/2021] Wifi work is now delayed to November 2021. Workload continues to be a challenge within the team.	Information Governance Group	S(4)xL(2) = 8 , Moderate Risk	
		Chief Medical Officer (AOD)	Sarah Hill, Assistant Director of IT Development	1378	Lack of Electronic results acknowledgement system - A lack of an electronic results acknowledgement system for requested clinical tests is a risk to patient safety and could result in missed diagnosis and suboptimal treatment.	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	[04/04/2022 13:19:18 Alyson O'Donnell] No further updates but no live issues of reported issues - those reported historical. Gaps in visibility of results between organisations improved with development of LIMS	Information Governance Group	S(2) x L(1) = 2 , Very Low Risk	
		Chief Informatics and IT Officer (PG)	Axtell, Camilla - IG and Data Protection Officer	1591	Information Asset Management. There is a risk of data loss and/or service interruption as a result of the inadequate management of the large suite of Information Assets that contain Personal Identifiable Data.	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	S(3)xL(4) = 12 , Moderate Risk	[06/04/2022] Around 80% compliance was achieved by end December 2021 but this has now slipped back as a result of the need for annual assurance for some of the requirements. TMG to be engaged to consider the appetite for performance management of this requirement in the	Quality Committee, Information Governance Group	S(3)xL(2) = 6 , Low Risk	
		Chief Informatics and IT Officer (PG)	Sarah Hill Assistant Director of IT Development	1592	Electronic Prescribing and Medicines Administration Project Delay. There is a risk that the EPMA project will be significantly delayed as a result of Covid 19 and the availability of a signed off version of the software from the vendor (Wellsky). This will increase the overall costs of the project beyond its project budget and delay the clinical benefits.	S(4) x L(4)=16 High Risk	CLOSED			Quality Committee, Information Governance Group	S(3)xL(2) = 6 , Low Risk	

BOARD ASSURANCE FRAMEWORK

Q1 2022/23

University Hopsitals Dorset Annual Objectives 2022-23
Summary

Objectives 2022/23

- 1
- To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent patient experience
- 2
- To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best
- 3
- To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets
- 4
- To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people
- 5
- To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
1.1	To deliver wide range of Patient Safety Quality Priorities, using a quality improvement (QI) approach:	Chief Strategy & Transformation Officer	Updated to reflect TMG priorities replacing Dorset list, updated to reflect national priority B	1600	If we do not deliver the Trust's QI and Innovation Strategy there is a risk that the Trust will not improve outcomes or deliver efficiencies in line with the Trust's values of being an improving organisation	Betts, Alan - Deputy Director of Transformation	Q1				0	↓ Closed from RR 4	[05/05/2022] QI priorities agreed for 2022/23 at TMG - ongoing delivery of QI strategy with no new risks identified. RISK CLOSED	Transformation Committee	0
1.1.1	Deliver quality priority - managing the deteriorating patient	Chief Medical Officer	Carried over with extension to review managing deteriorating in ED	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	O'Donnell, Alyson - Chief Medical Officer	Q1	3	3	Moderate	9	↓	[04/05/2022] Good progress on a number of workstreams with DIVA project, IV fluids and TEP management now live. Communication with ITU imminent and 2222 calls will go live in August when new doctors hand over Work continues on safe medical staffing model	Quality Committee Quality Governance Group	9
1.1.2	Deliver quality priority - standardised safety checklists	Chief Medical Officer	Carried over	1599	If unable to embed culture for use of safety checklist process for all interventional procedures undertaken across UHD then risk of never events occurring with potential harm to patients and regulatory action from CQC. Risk that variable application across UHD and lack of standardisation across sites for same specialities, including staff training, will impact on compliance and culture .	O'Donnell, Alyson - Chief Medical Officer	Q1	3	3	Moderate	9	↓	[04/05/2022] Work ongoing - to continue as a quality priority for Q1 2022-3 Working group continues to meet with policies, procedures and SOPs becoming increasingly aligned as single document	Quality Committee Quality Governance Group	6
1.1.3	Deliver quality priority for 2022/23 - acute kidney injury/dialysis management	Chief Medical Officer	New quality priority for 22/23												
1.1.4	Deliver quality priority for 2022/23 - blood glucose management	Chief Medical Officer	New quality priority for 22/23												
1.1.5	Deliver quality priority for 2022/23 - the deteriorating patient in ED	Chief Medical Officer	Carried over with extension to review managing deteriorating in ED	1605	Managing the deteriorating patient - if the Trust is unable to develop a unified policy and process for the monitoring, escalation and management of a deteriorating patient then there is a risk to patient safety and patient outcomes.	O'Donnell, Alyson - Chief Medical Officer	Q1	3	3	Moderate	9	↓	[04/05/2022] Good progress on a number of workstreams with DIVA project, IV fluids and TEP management now live. Communication with ITU imminent and 2222 calls will go live in August when new doctors hand over Work continues on safe medical staffing model	Quality Committee Quality Governance Group	9
1.1.6	Deliver quality priority for 2022/23 - medical/pharmacy communication	Chief Medical Officer	New quality priority for 22/23												
1.1.7	Improve against Stroke pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1468	Stroke Outreach Team Staffing. If there not an appropriate uplift to the staffing profile for UHD Stroke Outreach Team then there is a risk to patient safety	Gower, Morwenna - Stroke Service Manager	Q1	3	3	Moderate	9	↔	[18/06/2021 Enhanced support meetings for stroke service remain in place. Indicative Q4 SSNAP B but worse for thrombolysis. Additional LTS within team impacting staff resilience further. Bank training opportunities being offered to cross site stroke staff for additional to contract shifts as no opportunities for secondment available. Interim Team Lead ending FTC 19.7.2021. Q4 Median time to specialist Nurse assessment from clock start : 27mins (SSNAP A). Q1 to date - 1hr and 2 minutes (SSNAP B). Q4 Median time to Brain imaging from clock start: 1hr 15mins.(SSNAP c) Q1 to date - 1hr 40 (SSNAP D) Q4 Median time to being admitted to the stroke unit from clock start: 3hrs 49. (SSNAP C) Q1 to date = 4hrs 23mins (SSNAP D) Deterioration in front door metrics which using evidence base for national recommendations suggests theses delays could lead to worsening worsening pt outcomes	Stroke Governance Group	2
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1277	Risk that Trauma Patients on non-trauma wards receive a reduce level of specialist input due to lack of trauma nursing, therapy and dedicated medical cover. Increased impact on ED performance standards due to lack of Trauma Capacity.	West, John - General Manager, Trauma and Orthopaedics	Q1	3	3	Moderate	9	↔	[31/05/2022] no change to risk, trauma bed base now established on C2, B3, B4 and E3, ward staffing template review complete awaiting sign off	Trauma and Orthopaedics Governance Group	4
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1136	High level of qualified staff vacancies (24.6%) across the trauma wards, leading to risk to the quality of care to patients. Inability for the nursing bank office to provide substantive replacement staff for each vacant shift resulting in agency usage impacting available skill mix. ward nursing staff report increased workload and delays in care delivery.	West, John - General Manager, Trauma and Orthopaedics	Q1	2	3	Low	6	↔	[03/05/2022] reviewed by Senior Matron - no change to risk or mitigations	Trauma and Orthopaedics Governance Group	3

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1439	Risk that lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements.	West, John - General Manager, Trauma and Orthopaedics	Q1	2	5	Moderate	10	↔	31/05/2022 whilst bed capacity has stabilised access to theatre template is restricted by theatre and anaesthetic staffing gaps. risk remains. [11/04/2022] full engagement with regional scheduling project with additional local service development eg. day case hip and knee replacement pathways.	Trauma and Orthopaedics Governance Group	6
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1276	Unsafe and delayed patient care due to delays in surgery for # Neck of Femur patients - Risk of failure to achieve the NHFD standard that no more than 15% of patients have to wait longer than 36hrs post admission to undergo their surgery following a #NoF. Evidence shows that if patients wait more than 36hrs post injury for a #NoF they will have a worse outcome and longer recovery.	West, John - General Manager, Trauma and Orthopaedics	Q1	3	5	High	15	↔	[14/06/2022 08:54:33 John West] 14/06/22 updated action plan attached. risk remains unchanged. [03/05/2022] daily trauma escalation meetings in place, Poole theatre template being reviewed by care group. current performance 30%NHFD and 50% of fit to surgery within 36h. risk remains unchanged. [11/04/2022] daily trauma escalation meetings in place, Poole theatre template being reviewed by care group. trauma summit and stakeholder meetings planned. current performance 30%NHFD and 50% of fit to surgery within 36h. risk remains unchanged.	Trauma and Orthopaedics Governance Group	2
1.1.8	Improve against Trauma pathway quality standards	Chief Operating Officer	New Board objective for 22/23	1207	T&O Medical Staffing Shortage at Junior and Middle Grade Level	West, John - General Manager, Trauma and Orthopaedics	Q1	3	3	Moderate	9	↔	[11/04/2022] no change to risk, recurrent recruitment underway, work with HR to reduce/remove fixed term contracts where possible	Trauma and Orthopaedics Governance Group	4
1.2	Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	Updated to reflect national priority D	1131	Current challenges around patient flow and capacity due to increased demand, delays in external discharge and bed closures have become increasing difficult to manage and presents risk to patient safety	Sophie Jordan - Associate Director - Operations, Flow and Facilities	Q1	4	5	High	20	↔	[10/06/2022] Progression with the ED Rapid Decompression plan and Hospital Flow Improvement Group. (Evidence attached) Monitored via weekly workstream meeting and with overall operational metrics. [09/05/2022] Risk rating remains the same. Continued pressure on flow due to high occupancy levels and numbers of patients Medically Ready for Discharge. Hospital Flow Improvement Group in place with 4 key workstreams focusing on improving flow medium to long term. A rapid ED Decompression Plan is in place to manage immediate risks. Both plans are reviewed weekly and report to TMG and OPG. [13/04/2022] UHD SDEC Workstream now part of the flow recovery programme with oversight of TMG Weekly SDEC Workstream meetings to support the areas in developing services required throughout the organisation. Bids for further funding being compiled. All routes of access being reviewed to ensure robust access to the services from within and outside the organisation. SDEC lead working as part of the system SDEC group to ensure equity of provision and access. Close working with SWAST, DHUFT and CCC to further develop services and access	Finance and Performance Committee	6
1.2	Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	Updated to reflect national priority D	1387	Demand & Capacity: Demand will exceed capacity for acute inpatient beds	Sophie Jordan - Associate Director - Operations, Flow and Facilities		4	5	High	20	↔	[10/06/2022] Continued focus on the rapid decompression plan and Hospital Flow Improvement Group actions. [09/05/2022] Occupancy levels continue to remain above 95% for both sites, impacting on ED ambulance handover delays and increased number of 12 hour DTA breaches. Trust wide Flow Improvement Programme in place with Rapid decompression plan for immediate improvement. This is monitored weekly with support from ECIST. Bed modelling is in train, awaiting impact of SDEC mitigations for overall bed plan for 22-23	Finance and Performance Committee	6
1.2	Improve the safety and experience of emergency patients and their flow, including moving towards zero the number of patients in hospital beds who don't have a reason to reside, by working with partner and improving our own processes to support safe and timely discharge from hospital	Chief Operating Officer	Updated to reflect national priority D	1053	Lack of capacity for elective & non elective activity and risk to patient harm due to LLOS and NRTR patients	McCubbin, Cherry - Associate Director Partnership, Integration & Discharge	Q1	4	5	High	20	↔	[10/03/2022] Update - The position is unchanged from last update.	Finance and Performance Committee	6

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
1.2.1	Also improve the responsiveness and quality of Urgent and Emergency Care (UEC) as measured by a reduction in 12 hour waits in ED towards zero, minimisation of handover delays and same day emergency care outcomes supported by implementation of the UEC 10 Point Action Plan	Chief Operating Officer	Updated to reflect national priority D	1460	Ability to meet new UEC National Standards and related impact on patient safety, statutory compliance and reputation.	Higgins, Michelle - General Manager - Urgent and Emergency Care	Q1	4	5	High	20	↔	[30/05/2022] some improvement in metrics however remains outside standards and patients waiting >12 hours in the departments and >60 minutes in Ambulances remains a challenge. RCA being undertaken for >12 DTA and >120 minute ambulance delays being reported through ED performance meeting and will be fed into Winter planning meeting from early June. Internal improvement schemes continue at pace. [03/05/2022] ED and UEC performance remains extremely challenged. Action plans in place supported by rapid decompression bi-weekly executive meeting. ED remains congested due to flow and ED process elements, with individual plans in place overseen by Flow Improvement Programme. Executive and senior leader focus through TMG and JLF [12/04/2022 17:08:04 Alex Lister] Unchanged. Significant challenges with ED performance. Exec support with actions. Bi WEEKLY coo LED meeting reporting to Regional Team - Current Recovery plan attached	Operations and Performance Group	6
1.3	To design and transfer outpatient services with a Digital First offer, improving access to care, diagnostics strategy delivery, reducing travel times, and through effective completion of care pathways	Chief Operating Officer		1464	Re-designing outpatient services for future demand Risk that the Trust fails to respond to the challenge of changing models of outpatient care in line with National trend information relating to population growth and aging population needs. Developing innovation and new models of care is essential to future-proof access to relevant clinical intervention and advice in a timely way.	Sarah Macklin	Q1	3	3	Moderate	9	↔	[09/05/2022]- Final PA consulting report submitted to exec team for review await outcomes and action plan to support recommendations. The digital outpatient transformation programme of works is now under way in terms of Patient Portal/Bookwise/INTOUCH/digital transcription. Outcomes of these will be realised as they come on line during 2022. Patient portal will have several phases in terms of roll-out due to the integration complexity with eCAMIS, the project lead is currently working through the project plans with DrDoctor the chosen provider. INTOUCH self check in will see a July go-live date and Bookwise anticipated in June/beg July 22.	Finance and Performance Committee	4
2.1	To continue to engage with staff at all levels to ensure we maintain focus and realise the Health, Wellbeing and Covid-recovery needs and priorities of all our people, investing in appropriate provision of holistic interventions and resources. To engage with staff so that they feel valued and listened to and to strengthen our compassionate and inclusive culture, acting on staff culture champions recommendations and demonstrating success through the national staff survey	Chief People Officer	Updated to reflect national priority A, B and culture champions	1493	Absence, Burnout and PTSD - Risk of medium and lo	Carla Jones Deputy Director of Workforce & Organisational Development Deborah Matthews Director of Improvement and OD	Q1	4	3	Moderate	12	↔	[31/05/2022] Action plans added to Datix including latest progress update. [11/04/2022] Referrals to OH remain high. Currently a 6/7 week wait for an appointment with an OH Nurse Adviser or OH Doctor due to low staffing levels and sickness absence within the team. All waiting referrals currently being reviewed and prioritised. Recruitment to the additional roles recently approved has commenced and one appointment made to date. Demand for psychological support & counselling service is high. The team remain under capacity due to staffing gaps and at present are unable to meet demand with referrals continuing to be redirected to the ICS Wellbeing Hub. A successful recruitment campaign has taken place to recruit Health & Wellbeing Practitioners to the bank and agreement has been obtained from the executive to extend the enhanced phased return to work (12 weeks) until end of March 2023, to support staff returning from periods of long term absence due to stress and mental health.	Workforce Strategy Committee	4
2.2	To support teams in coming together to operate as a single team across UHD sites, embedding our values and behaviours, policies and processes and to identify talent and raise performance and staff engagement across the Trust as measured by an improvement staff integration survey	Chief People Officer	Updated to reflect integration											0	

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
2.3	To deliver the Trust's People Strategy by developing effective and responsive People services, policies and practices for each stage of the employee cycle. This will include workforce planning recruitment and retention, training and education, employee relations, temporary workforce and workforce systems	Chief People Officer		1492	Resourcing Pressures - Staffing. Risk of significant resourcing pressures in the remainder of the Covid 19 pandemic and recovery period due to limited number of trained front line staff, likely increase in turnover as soon as the pandemic eases and limited pipeline of new recruits which is also impacted by the uncertainty around retaining EU employees and continuing to recruit from the EU.	Irene Mardon - Deputy Chief People Officer	Q1	4	3	Moderate	12	↔	[31/05/2022] Action plans added 31/5 including progress updates. [12/05/2022] Risk description and controls updated. An action plan has been drafted for discussion at WODG on 18/5/22; once agreed this will be uploaded to the risk in Datix. [19/04/2022] Validation of the merged ESR data is being prioritised, with initial focus being on areas where workforce transformation or configuration is due more imminently. Data cleanse for Pathology is well under way with support from the HR Business Partner. Nursing Workforce have reviewed the Medical care group HCSW establishment for further cost centre updates. A large scale cleanse of Right to Work and Visa dates on ESR is also taking place, following historic changes to which fields and what data is recorded. Our Marketing and Social Media Officer has started work, paying particular attention to the regularly advertised volume posts such as HCSWs, refreshing our intranet/internet pages, and commencing work on recruitment videos. The Recruitment team continue to manage very high volumes of activity, with a number of vacancies still to be filled within both Medical and General recruitment teams, and a challenging market to recruit from.	Workforce Strategy Committee	4
2.4	To champion Equality, Diversity and Inclusion across UHD through positive action and promote initiatives which continue to improve results against workforce equality standards (eg WRES and WDES)	Chief People Officer	National priority A and patient safety just culture											0	
2.4.1	Implement the National Patient Strategy requirement to develop a just culture across UHD as part of a ICS workforce plan	Chief People Officer	National patient safety strategy requirement and Quality Account objective											0	
2.4.2	Define and agree measures to monitor implementation of inclusive leadership, equal opportunities in career development and endorsement of staff networks	Chief People Officer	New specific objective 2022/23											0	
3.1	Agree and deliver a sustainable budget, including delivery of the Trust Cost Improvement Programme. This includes realising the opportunities identified in the Getting It Right First Time (GIRFT) and Model Hospital benchmarking data	Chief Medical Officer	National objective 1	1416	GIRFT and Model HospitalRisk of not achieving efficiency	Helen Rushforth - Head of Productivity & Efficiency	Q1	4	4	High	16	↔	[31/05/2022] Reviewed confirmed remains the same	Finance and Performance Committee	4
3.2	To deliver a Covid restoration programme that reduces the elective backlog, increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards	Chief Nursing Officer	Updated to reflect national priority C	1383	Given the nature of the novel coronavirus, there is a risk that patients and/or staff could contract hospital acquired covid-19 infection as a result of inadequate or insufficient infection prevention and control processes and procedures, which may not be known due to evidence base available at the time of the pandemic	Bolton, Paul - Lead Nurse for Infection Prevention and Control	Q1	3	3	Moderate	9	↔	[29/04/2022] Emergency and Urgent care demand has increased with significant occupancy pressures, remain on OPEL4 in internal critical incident. Tactical and Gold ask to review Covid-19 pathways and plans, to ensure capacity within the hospital in safely maximised (this was on an initial backdrop of a reduction in case rates and more patients admitted with incidental covid-19, but community cases increased significant) Pathways were reviewed to reduce blue capacity ward areas and manage Covid-19 in speciality developed in clinical wards - increase in incidental covid-19 being seen. Management of Covid-19 Contacts in bay SOP produced (which in turn increases the likelihood of covid-19 contact) The organisation continues to have its controls (as listed) in place and oversight documented above and alongside: Implementation of National IPC guidance i.e. testing/staff/management Outbreak Management and oversight continues Regular learning from incidents shared, Fit Testing Process in place (policy due for ratification). IPC Cell meetings frequently including update on Epicell data Risk Reviewed. Data on hospital transmission to be reviewed	Quality Committee Infection, prevention & control group	6

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
3.2	To deliver a Covid restoration programme that reduces the elective backlog, increases activity to pre-pandemic levels and returns waiting times and waiting patient numbers towards the national standards	Chief Operating Officer	Updated to reflect national priority C	1342	The inability to provide the appropriate level of services for patients during the COVID-19 outbreak - There is potential for this outbreak to create a surge in activity with resultant pressure on existing services. Risk to personal health if staff contract Covid-19 Risk to the organisation relating to staffing gaps (medical, nursing, AHP, ancillary) due to social isolation requirements and sickness. Risk of Covid-19 positive patients presenting to main hospital services causing risk from spread of infection	Sophie Jordan - Associate Director - Operations, Flow and Facilities	Q1	4	4	High	16	↔	[09/06/2022] Downward trend in the number of positive patients across both sites continues. Current admitted Covid-19 patients is 43. Staff absences due to Covid (isolating or symptomatic) are also reducing. [09/05/2022] New IPC guidance has been introduced allowing specialties to manage covid patients/contacts within individual areas with IPC team support to manage any potential outbreaks that require ward closures. This has released non covid bed capacity and enabled services to 'live with covid' and manage patients appropriately. 82 patients across both sites recorded today, which follows the downward trend for covid admissions. Under constant review by Tactical Group with Strategic oversight.	Quality Committee Infection, prevention & control group	6
3.2.1	Deliver a Covid restoration programme for elective patients	Chief Operating Officer	Updated to reflect national priority C	1074	Risks to regulatory performance compliance, patient delay and dissatisfaction if RTT related targets for 2020/21 are not met There is a risk that there will be patient harm from delayed pathways, NHS/E regulatory challenges and premium expenditure requirements if the RTT related targets for 2020/21 are not met, namely: 1) Total waiting list to be no greater than Jan 2020 2) No 52 week waiters 3) RTT delivers to agreed operational plan trajectory for 2020/21 4) Recognise RTT standard is 92% (national NHS constitution target) and should be delivered where possible	Judith May, Associate Director of Operational Performance, Assurance & Delivery	Q1	4	5	High	20	↔	[09/06/2022] Risk description updated to reflect 2022/23 operational planning requirements. Capacity for patients in clinical priority groups 3 and 4 remains lower than demand. Use of additional insourced/outsourced ISP capacity continues to supplement internal capacity. 104+ week waits are reducing. Current risk at end June 2022 is 120. [20/04/2022] No significant change to risk. Numbers of 52/78 and 104 week waits continue to reduce and RTT performance stabilised however national standards not met. some specialties achieving 18 weeks. Clinical validation programme continues to ensure accurate waiting list and prioritisation of patients according to clinical need. Continue	Finance and Performance Committee	4
3.2.1	Deliver a Covid restoration programme for elective patients	Chief Operating Officer		1439	Orthopaedic operational pressures ,outlying patients and reduced ward footprint. Potential lack of capacity to admit routine Orthopaedic Patients for their surgery creates inability to maintain or recover RTT position. This may lead to more complaints around compromising wellbeing of patients attributable to deteriorating access and waiting times. Operations may be cancelled when unable to maintain ringfenced bed base to meet GIRFT requirements. Demand has not reduced to the level previously anticipated following the introduction of MSK triage in 2017 and referrals have steadily increased after an initial fall. Additions to waiting list now exceed removals by an average of 37 patients per month in the past year	John West - General Manager, Trauma Orthopaedics, Surgery PH Site	Q1	2	5	Moderate	10	↔	[31/05/2022] whilst bed capacity has stabilised access to theatre template is restricted by theatre and anaesthetic staffing gaps. risk remains. [11/04/2022] full engagement with regional scheduling project with additional local service development eg. day case hip and knee replacement pathways.	Finance and Performance Committee, Operations and Performance Group	6
3.2.2	Covid restoration programme for cancer patients	Chief Operating Officer		1386	Cancer waits - Risk of patient harm from delayed pathways, risk to compliance with CWT standards. Risk may be increased if unable to recruit and retention of key clinical staff (oncologist and histopathologists) in particular in sub specialisation areas that rely on a single handed practitioner.	Judith May, Associate Director of Operational Performance, Assurance & Delivery	Q1	4	3	Moderate	12	↔	[17/06/2022] ICS approach to PWC pathway reviews to be finalised 4th July at away day – update to be provided after this date [24/05/2022] Update from Stephen Bleakley: Wessex Cancer Alliance and NHSE have been approached for increased funding for aseptic pharmacy staffing. [11/04/2022] Structured pathway reviews for Breast, Gynae, Head & Neck, Colo, Prostate & Skin being undertaken by PwC. All timed pathways are being reviewed, admin processes being revisited, Demand & Capacity is being reworked, Business Information Structure & content being updated and implemented. Pathway and patient review carried out weekly at scheduled PTL breach meeting. Meetings are divided into risk areas for discussion - Operational management teams are in attendance therefore all risks are escalated in a timely manner. Holistic approach to pathway management introduced, looking at recurrent and adhoc capacity provision to mitigate delays to the pathway and reduce potential for patient harm. Monthly meetings scheduled with Operational Management and Diagnostic Service Management to review on an ongoing basis. 108/04/20221 Review of all Root Cause	Finance and Performance Committee	4

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
3.2.3	Deliver a Covid restoration programme for diagnostic patients	Chief Operating Officer		1348	Covid related pause to Dorset Bowel Cancer Screening Programme and potential diagnostic delay	Lister, Alex - Group Director of Operations (Medical Care Group)	Q1				0	↓ Closed from RR 6	[03/05/2022] Diagnostic wait standard achieved for April at 100%. RBH rooms are now back open following ventilation work and all planned insourcing weekends delivered. No further actions required at this point. RISK CLOSED [19/04/2022] Diagnostic wait standard was not met in February 2022 (71%), however, since then the additional lists provided by insourcing weekends at Poole has mitigated the loss of capacity on the RBH site due to the ventilation work. Subsequently the diagnostic wait standard was met at 97% for March 2022. There is one further insourcing weekend scheduled at Poole in April and from beginning of May the RBH lists will return to the RBH	Finance and Performance Committee, Operations and Performance Group	
3.2.3	Deliver a Covid restoration programme for diagnostic patients	Chief Operating Officer		1574	Breast screening backlog - There is currently a significant backlog with 20,000 women waiting for breast screening in Dorset and just 3.9% of women eligible are being offered screening. If this continues women will present later with breast cancer as 7-10% of every 1000 patients screened have cancer detected early. The earlier the condition is found the better the prognosis and the less likely the patient is to need major surgery and treatments such as chemotherapy	Mandy Tanner - Radiology General Manager	Q1				0	↓ Closed from RR 16	[24/06/2022] Predicted to reach recovery September 2022. Following external inspection in 2019 increase in staffing levels recommended but business cases not supported. No vacancies achieved without increase in staffing. RISK CLOSED. [24/05/2022] Discussed with GDoN and GDoO, likelihood reduced based on most recent staffing information. [13/05/2022] One new radiologist has joined the team. One Consultant radiologist retires in June. Locum, cover has been extended until end September whilst we advertise. Radiology manager has included Breast radiologists on a piece of work to inform a refreshed radiology UHD wide business case. [09/05/2022] Regarding our radiography staff, we will be fully staffed once additional radiographers join our Team this month. they will need to be trained. However, we are selling our 4th mobile unit this month which will support our training staff better as it will increase our workforce by 2 radiographers based at Poole. Staff will not be stretched over 6 sites just 5. Once trained we will be fully staffed	Finance and Performance Committee, Operations and Performance Group	
3.2.4	Deliver a Covid restoration programme for emergency care patients	Chief Operating Officer	Updated to reflect national priority C	1429	Ambulance handover delays - If we cannot assess and move patients into ED clinical areas from the Ambulance queues within 15 minutes then there is a risk of harm to patients in the queue or community. See attached PDSA documents. There is also a risk to organisational performance standards and reputation	Lister, Alex - Group Director of Operations (Medical Care Group)	Q1	4	5	High	20	↔	[30/05/2022] Reponses continues. RCAs commenced for >120 minute ambulance delays. Increased awareness of escalation processes. Revised DRAFT policy shared for comment and implementation. [03/05/2022] Ambulance handovers increase due to ED congestion and crowding. Bi weekly exec led rapid decompression meeting in place supported by Flow Programme. Focus of TMG and JLF to recovering Emergency Flow. Updated rapid decompression plan	Finance and Performance Committee, Operations and Performance Group	3
3.2.4	Deliver a Covid restoration programme for emergency care patients	Chief Operating Officer	Updated to reflect national priority C	1460	Urgent and Emergency Care (UEC) performance There is a potential risk to patients waiting in excess of National Standards	Lister, Alex - Group Director of Operations (Medical Care Group)	Q1	4	5	High	20	↔	[30/05/2022] some improvement in metrics however remains outside standards and patients waiting >12 hours in the departments and >60 minutes in Ambulances remains a challenge. RCA being undertaken for >12 DTA and >120 minute ambulance delays being reported through ED performance meeting and will be fed into Winter planning meeting from early June. Internal improvement schemes continue at pace. [03/05/2022] ED and UEC performance remains extremely challenged. Action plans in place supported by rapid decompression bi-weekly executive meeting.	Finance and Performance Committee, Operations and Performance Group	4
3.3	To update and deliver our Green UHD Strategy and Plan - including reducing our carbon footprint, improving air quality and make more sustainable use of resources	Chief Strategy & Transformation Officer	Updated to reflect 2022-23	1446	Sustainability Strategy If we do not deliver the Trust's Sustainability Strategy there is a risk that the Trust will not either measure or reduce it's carbon footprint	Edwin Davies - Associate Director Capital and Estates	Q1				0	↓ Closed from RR 4	04/05/2022 RISK CLOSED , on trajectory for sustainability	Sustainability Committee	
4.1	To improve partnership and engagement with staff, governors, patients, local people and key stakeholders	Chief Strategy & Transformation Officer	Updated to reflect 2022-23											0	
4.1.1	Implement a communication and engagement plan, delivered over the year	Chief Strategy & Transformation Officer	New Board objective for 22/23											0	
4.1.2	Further develop our BU partnership and tangible benefits	Chief Strategy & Transformation Officer	Updated to reflect 2022-23	1601	If we do not continue to develop the partnership with Bournemouth University it may lead to a failure to fulfil our potential as University Hospital which may mean we don't continue to attract staff and research opportunities as a leading University Hospital	Betts, Alan - Deputy Director of Transformation	Q1				0	↓ Closed from RR 4	[05/05/2022] BU Programme in year 2, recent presentations by BU and UHD at respective Boards, no new risks identified and systems and processes in place to continue to deliver BU partnership. RISK CLOSED	Transformation Committee	
4.1.3	Host the Dorset Innovation Hub on behalf of Dorset partner supporting spread of proven innovations	Chief Strategy & Transformation Officer												0	

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
4.2	Work with partners to address Health inequalities and improve population health management, preventing ill health and promoting health lifestyles	Chief Executive	New reflect national priority G	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory	Renaut, Richard - Chief Strategy and Transformation Officer	Q1	2	2	Low	4	↔	[05/05/2022] ICS filling Executive Board posts with most expected to be complete by end May (Nursing post is the exception). Provider collaborative back on track with DHC becoming part of the collaborative, expect this to be in place by July per statutory requirement. Minor risk remains that ICS might not achieve its four objectives while organisational change is taking place	Board of Directors	2
5.1	Develop the reconfiguration plan to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care	Chief Strategy & Transformation Officer	Updated objective for 22/23	1602	Risk that In year delays to the critical path programme can lead to costs increasing by £0.5m a month. Complexity of the programme and external approvals required for capital expenditure generate the likelihood	Killen, Stephen - One Acute Network - Programme Director	Q1	4	2	Moderate	8	↔	[01/04/2022] No further update	Transformation Committee	8
5.1	Develop the reconfiguration plan to create the emergency and planned hospitals. This includes site decants and clinical services moves starting in 2022, teams being prepared and understanding their trajectory for new estate and new models of care	Chief Strategy & Transformation Officer	Updated objective for 22/23	1260	There is a risk that we are unable to maintain the Trust estate in line with Clinical and regulatory requirements. Risk to staff and patient safety and risk of regulatory action if statutory breaches identified. Ensuring Estates are compliant with regulatory standards (SFG20/HTM00) across fire, water, electricity, gases and air handling	Edwin Davies - Associate Director Capital and Estates	Q1	4	3	Moderate	12	↔	[28/06/2022] Updated action plan uploaded [13/06/2022] Progress continues at pace, Review undertaken, evidence of progress being made, risk still holding at 12. [29/04/2022 : progress continues at pace, however assurance required in order to consider further reduction in risk grading. Trust are appraised of the outcome of the fire risk assessments and work corrolated by site with any works required to enable project management to be effective All new fire extinguishers installed	Quality Committee	8
5.1.1	To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23	Chief Finance Officer	Updated objective for 22/23	1594	Capital Programme Affordability (CDEL) - Risk that the agreed capital programme will not be affordable within the ICS capital allocation (CDEL) resulting in operational and quality/safety risks and a delay in the reconfiguration critical path	Papworth, Pete - Chief Finance Officer	Q1	4	3	Moderate	12	↔	[27/05/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Finance & Performance Committee	6
5.1.1	To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23	Chief Finance Officer	Updated objective for 22/23	1595	Medium Term Financial Sustainability -Risk that the Trust will fail to deliver a financial break-even position resulting in regulatory intervention, an unplanned reduction in cash and the inability to afford the agreed 6 year capital programme	Papworth, Pete - Chief Finance Officer	Q1	4	4	High	16	↔	[27/05/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Finance & Performance Committee	6
5.1.1	To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23	Chief Finance Officer	Updated objective for 22/23	1740	ICS at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit, a reduction in cash and regulatory intervention	Papworth, Pete - Chief Finance Officer	Q1	4	5	High	20	New	[27/05/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Finance & Performance Committee	8
5.1.1	To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23	Chief Finance Officer	Updated objective for 22/23	1739	Financial Control Total 2022/23 - Trust at risk of failing to achieve the required break-even outturn position, resulting in a revenue deficit and a reduction in cash available to support the capital programme.	Papworth, Pete - Chief Finance Officer	Q1	4	5	High	20	New	[27/05/2022] The Finance & Performance Committee reviewed the risk and agreed for the risk to remain the same	Finance & Performance Committee	8
5.1.1	To ensure that the Outline Business Cases and Full Business Cases for the New Hospital Programme are submitted in 2022/23	Chief Finance Officer	Updated objective for 22/23	1604	Delay in securing UHD and wider Dorset New Hospital Programme (NHP) funds	Killen, Stephen - Programme Director	Q1	4	5	High	20		[07/06/2022] Strategy & Transformation Risk Update - May 2022 - The risk score remains the same due to the enabling design fees being secured for the 2022/23 period. A planned approached is defined also for the 2022/2023 enabling schemes. No further funding has yet been confirmed. The trust therefore, continues at risk. The risk will be reviewed at ARC in June 2022.	Transforation Committee	8
5.2	Work with system partners in establishing the Dorset ICS and within that develop the Dorset provider collaborative	Chief Executive	Updated objective for 22/23	1603	The risk is establishing the Statutory ICS by April 2022 in a way that has effective governance and relationships that deliver against the 4 ICS objectives:- - improving population health and healthcare; - tackling unequal outcomes and access; - enhancing productivity and value for money; and - helping the NHS to support broader social/economic development) Failure to achieve the above leads to UHD being unable to fulfil its requirements and regulatory	Renaut, Richard - Chief Strategy and Transformation Officer	Q1	2	2	Low	4	↔	[05/05/2022] ICS filling Executive Board posts with most expected to be complete by end May (Nursing post is the exception). Provider collaborative back on track with DHC becoming part of the collaborative, expect this to be in place by July per statutory requirement. Minor risk remains that ICS might not achieve its four objectives while organisational change is taking place	Board of Directors	2
5.3	Implement the UHD Digital Transformation Strategy	Chief Informatics & IT Officer	Update, national objective H	1298	There is a risk that we fail to maintain and develop the Trust IT services in line with clinical and operational requirements	Gill, Peter - Chief Information & IT Officer	Q1	5	2	Moderate	10	↔	[12/05/2022] We have now formally started our rolling stock replacement programme as supported by the 2022/23 IT Capital programme. Staff recruitment has been successful and devices have been procured/received. The Informatics IPR shows that core infrastructure uptime has been maintained at or above the expected level (99.9% uptime) consistently for 8 consecutive months	Information Governance Group	8

Ref	Specific Objective	Executive Lead	Status from 2021-22	Associated risks	Risk Title	Risk Lead	Quarter	Consequence	Likelihood	Severity	Rating	Movement	Last Update	Monitoring Group	Target risk rating
5.3	Implement the UHD Digital Transformation Strategy	Chief Medical Officer	Update, national objective H	1378	Lack of Electronic results acknowledgement system - A lack of an electronic results acknowledgement system for requested clinical tests is a risk to patient safety and could result in missed diagnosis and suboptimal treatment.	Sarah Hill - Assistant Director of IT Development	Q1	3	3	Moderate	9	↔	[09/05/2022] Still not entirely resolved but much progress has been made on the last remaining issue. This being getting Radiology results in Poole UTC back via S1 [04/05/2022] Update requested on teams based notification progress Advent of LIMS ensuring better visibility but not an alert [04/04/2022] No further updates but no live issues of reported issues - those reported historical. Gaps in visibility of results between organisations improved with development of LIMS	Information Governance Group	4
5.3.1	Progress digital transformation and play an active part in the key Dorset transformation plans programmes	Chief Informatics & IT Officer	New specific objective 2022/23											0	
5.3.2	Progress a Digital Dorset Shared Service	Chief Informatics & IT Officer	New specific objective 2022/23	1434	Delays to the implementation of the Dorset Care Record	Hill, Sarah - Assistant Director IT Development	Q1	3	2	Low	6	↔	[25/05/2022] Pathology testing scheduled for June / July 2022 My DCR engagement progressing - about 5 patients from UHD subscribed Document feed to DCR being reviewed Medical feed will not progress until EPMA is upgraded to FHIR compliant solution.	Information Governance Group	6
5.3.3	Procure and implement the Strategic Integrated Imaging Service: a digital diagnostics image sharing platform for Dorset	Chief Informatics & IT Officer	New specific objective 2022/23											0	
5.3.4	Create the Strategic Outline Case and Outline Business Case for the Dorset Electronic Patient Records system	Chief Informatics & IT Officer	New specific objective 2022/23	1756	There is a risk that the Graphnet CareCentric EPR degrades in its functionality and performance over the next 3 to 5 years	Hill, Sarah - Assistant Director IT Development	Q1	4	3	Moderate	12	↔	New risk added	Information Governance Group	9
5.3.5	Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme	Chief Informatics & IT Officer	New specific objective 2022/23	1273	Cyber Security Risks, Threats and Vulnerabilities- There are risks related to cyber security that, potentially, can affect the resilience of the Trust's IT systems and data. This could adversely affect all trust business.	Martin Davis, IT Security Manager	Q1	2	5	Moderate	10	↔	[03/06/2022] The controls have marginally reduced in the last month due to the end of support for Windows 10 (version 1909). This is being addressed with a plan to enforce this upgrade across the UHD estate by 31 July 2022	Information Governance Group	6
5.3.5	Ensure that the IT infrastructure and BAU support services are fit for purpose with minimal down-time and the technical layers are subject to a rolling stock replacement programme	Chief Informatics & IT Officer	New specific objective 2022/23	1437	There is a risk of total outage of the computing services at RBCH if the single point of failure of electrical supply fails	Gill, Peter - Chief Information & IT Officer	Q1	2	3	Low	6	↔	[12/05/2022] The resilience of the new eCAMIS physical servers has been re-assessed. From EMIS: "The CaMIS database / and application are replicated in real time from the Primary to the Secondary server. We used a modified version of our fail over plan to implement the new CaMIS boxes. So this gives a recent practical example proving that replication works. We have monitoring in place as well to check the status of replication. So if this ever fails for any reason this is treated as a priority to resolve. This is monitored 24/7 and would be picked up by our hosting team if it fails out of hours. So in short there is protection for the database/ application and this is robust and replicated in real time" There are unique services running on the second server which is not standard practice (as the two servers should be exactly the same). Both eCAMIS boxes are still in the same data centre (with the single power supply) and the second box needs to be moved to the second Data Centre (DC2) at RBH to provide better resilience. This needs to be scheduled with EMIS group following the Single PAS go live (and settling in).	Information Governance Group	1
5.3.6	Achieve a compliant Data Protection and Security Toolkit submission	Chief Informatics & IT Officer	New specific objective 2022/23	1591	Information Asset Management. There is a risk of data loss and/or service interruption as a result of the inadequate management of the large suite of Information Assets that contain Personal Identifiable Data.	Camilla Axtell - IG and Data Protection Officer	Q1	3	4	Moderate	12	↔	The Radiology PACS system remains fully in [03/06/2022] The care group performance of IAO work has been escalated at the May 2022 Care Group Quarterly performance meetings. The Audit Committee and Board of Directors have been advised via Camilla's annual report that we are likely to be non-compliant to this aspect of the national Data Security and Protection Toolkit [06/04/2022] Around 80% compliance was achieved by end December 2021 but this has now slipped back as a result of the need for annual assurance for some of the requirements. TMG to be engaged to consider the appetite for performance management of this requirement in the current climate	0	

COUNCIL OF GOVERNORS PART 1 – COVER SHEET

Meeting Date: 28 July 2022

Agenda item: 5.5

Subject:	Trust Annual Report and Accounts
Prepared by:	Yasmin Dossabhoy (Cover Sheet)
Presented by:	Siobhan Harrington, Chief Executive Officer
Purpose of paper:	For the Council of Governors to receive the Trust's Annual Report and Accounts for the year ended 31 March 2022.
Background:	<p>The Annual Report and Accounts were laid before Parliament in June 2022 and have now been published on the Trust's website.</p> <p>A hard copy of the document is available upon request from the Communications Team.</p>
Key points for members:	<p>The Annual Report presents an account of the Trust's financial, clinical and operational performance during 2021/22, and information about our future plans and strategy.</p> <p>This is the first full year Annual Report for the Trust.</p>
Options and decisions required:	None.
Recommendations:	For the Council of Governors to note the contents of the Annual Report and Accounts.
Next steps:	The Board of Directors to present the Annual Report and Accounts at the Annual Meeting of the Trust.
Links to Poole Hospital NHS Foundation Trust Strategic objectives, Board Assurance Framework, Corporate Risk Register	
Strategic Objective:	<p>To be a great place to work, by creating a positive and open culture, and supporting and developing staff across the Trust, so that they are able to realise their potential and give of their best.</p> <p>To ensure that all resources are used efficiently to establish financially and environmentally sustainable services and deliver key operational standards and targets.</p> <p>To continually improve the quality of care so that services are safe, compassionate timely, and responsive, achieving consistently good outcomes and an excellent</p>

	<p>patient experience</p> <p>To be a well governed and well managed organisation that works effectively in partnership with others, is strongly connected to the local population and is valued by local people.</p> <p>To transform and improve our services in line with the Dorset ICS Long Term Plan, by separating emergency and planned care, and integrating our services with those in the community.</p>	
BAF/Corporate Risk Register: (if applicable)		
CQC Reference:	Well Led domain	
Committees/Meetings at which the paper has been submitted:	Date	
<p>Joint Audit & Finance & Performance Committee endorsed the draft Annual Report and Accounts.</p> <p>Board of Directors approved the draft Annual Report and Accounts at an Extraordinary Meeting</p>	16 June 2022	



Annual Report and Accounts 2021/22



University Hospitals Dorset NHS Foundation Trust

Annual Report and Accounts 2021/22

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Contents

Foreword	6	Disclosures required by Health and Social Care Act	57
About our Trust	10	Better Payment Practice Code	57
Poole Hospital	10	Private patient income	58
The Royal Bournemouth Hospital	11	Board's responsibility for the Annual Report and Accounts	58
Christchurch Hospital	11	Learning from complaints and concerns	59
Alderney	11	Stakeholder relations	63
How we are run	11	Patient engagement	66
News round-up 2021-22	12	Staff engagement	66
Merger - first 18 months	17	Staff report	67
Estates and Capital Developments 2021/22	18	Introduction	67
Performance Report 2021/22	21	Staff numbers	69
How we measure performance	21	Gender split	70
How we have performed during 2021/22	22	Sickness Absence Data	71
Clinical Performance	23	NHS Sickness Absence Figures	71
Key issues and risks (Quality and Audit)	23	Information on Counter Fraud	72
Sustainability	24	Exit packages/ Settlement agreements	72
Financial Performance	25	Risk management	72
Going Concern	27	Staff policies	72
Director's Report	28	Occupational health	73
Introduction	28	The Trade Union (Facility Time Publication Requirements) Regulations 2019	73
Key activities of the board of directors	28	Staff Surveys	74
Board development and evaluation	29	Equality, Diversity and Inclusion	76
Working with governors	30	NHS Foundation Trust Code of Governance	79
Members of the board of directors	30	NHS system oversight framework	79
Non-executive directors	30	Annual Governance Statement	80
Executive directors	34	(1 April 2021 to 31 March 2022)	80
Board meetings	37	The purpose of the system of internal control	80
Audit Committee	38	Capacity to handle risk	80
Charitable Funds Committee	40	The risk and control framework	81
Finance and Performance Committee	40	Key risks	83
Quality Committee	41	Corporate governance	83
Sustainability Committee	41	Workforce risks	84
Transformation Committee	42	Information Governance	86
Workforce Strategy Committee	42	Other regulation	86
Appointments and Remuneration Committee	43	Review of economy, efficiency and effectiveness of the use of resources	87
Council of Governors	43	Data quality and governance	87
Governor expenses	44	Review of effectiveness	88
Nominations, Remuneration and Evaluation Committee (NREC)	47	Conclusion	88
Membership and Engagement	48	Statement of the chief executive's responsibilities as the accounting officer of University Hospitals Dorset NHS Foundation Trust	89
NHS Improvement's well-led framework	50	Consolidated financial statements for the 12 months ended 31 March 2022	
Remuneration Report	50		
Annual statement on remuneration	50		
Remuneration Committee	51		
Senior manager remuneration (audited)	52		
Senior manager pension entitlements (audited)	54		
Senior Managers' Remuneration Policy	55		
Trust Board Members	56		

Foreword

From our Acting Chairman and Chief Executive

Welcome to the first full annual report for University Hospitals Dorset NHS Foundation Trust. This report covers a very exciting time in our history as we have been establishing our new organisation, but it also marks a very challenging time globally due to the on-going Covid pandemic and the start of the conflict in Ukraine.

It is impossible to reflect on the year without noting the devastating conflict in Ukraine. With the regular reports in the media, this situation was very much on our minds. Within UHD, wellbeing support was put in place for those staff members who were personally impacted, and spaces were created across all our sites for prayer and reflection. Understandably, many of us felt we would like to do something to support the people of Ukraine, and as such, we worked closely with NHS England as they coordinated the overall NHS response.

And of course, the Covid pandemic has overshadowed nearly all of our work. At the start of the financial year in 2021 the number of Covid patients reduced from the peak back in January of over 400, to zero by May. This meant that the Covid-19 Alert Level fell to 3 from its highest level of 5 in January 2021 and our Trust was no longer on "Major Incident Standby" which was very welcome news. But by the end of the year in March 2022, this figure had crept back up and we had over 110 patients in our hospitals with Covid. Fortunately, the number of very unwell patients admitted with Covid was in no way comparable to the very high numbers that we had seen earlier in January 2021.

However, this still had a very disruptive impact on the work of the Trust. The main challenges faced every day by staff working within UHD included:

- Bed occupancy - this was often over 97% on both sites, which impacted significantly on both emergency and elective flow
- There continued to be large numbers of "medically ready to leave" patients in our beds, which means that around one-fifth of our capacity was not available for new admissions
- The lack of downstream beds resulted in delays in ambulance handovers and increased waiting times within our Emergency Departments
- As Covid-19 admissions and contacts increased, this impacted further on the available bed capacity, with more wards/bays having to close to new admissions
- The increased demand for emergency care beds reduced the number of beds available within our hospitals for elective (planned) surgery
- The opening of additional beds in response to increased demand required more staff, at a time when there are already gaps in the workforce. This inevitably means that the Trust had to increase its use of temporary/agency staff, which continues to be at a high cost
- Increased staff sickness associated with rising Covid-19 infection rates in the community results in increased pressure on all clinical and non-clinical areas.

In light of all the above, all our teams have remained extremely busy throughout the year and staff have really felt the strain. Over the two years, the Trust has developed a broad range of initiatives aimed at supporting the health and wellbeing of staff, and this continues to be a top priority.

We really value the feedback that we get from staff, which comes from a wide range of sources. We have continued to listen carefully to our teams throughout the year and as well as health and well-being support, we have also been tackling some of the practical issues that have been raised - for example, problems with IT. We have also trialled a 'Hot Food at Night' initiative,

whereby catering vans were onsite at both our Royal Bournemouth Hospital (RBH) and Poole sites providing subsidised meals for our night-shift workers. Our line managers connect closely with their staff, making sure that good communications are maintained and that issues are addressed as they arise.

Of course, one of the biggest challenges facing all trusts in the NHS is the workforce gaps that persist in every sector - a situation that has been further exacerbated by sickness absence due to high levels of Covid. Again, UHD has been proactively working to address these gaps, with a very successful overseas recruitment programme, and in taking on record numbers of students. The Trust has also developed a number of innovative new roles, in order to provide more support for our hard-working clinicians.

Against this backdrop and the on-going emergency pressures, it has been extremely difficult to recover our elective (planned) work, and like most Trusts in the country, we still have large numbers of patients waiting longer than we would like for routine treatment. One positive step we were able to take was to introduce our 'Think Big' initiative - aimed at tackling growing waiting lists and bringing diagnostic services closer to the community. Our new outpatient assessment clinic opened in December 2021 as part of Dorset's new 'Health Village', based in the top floor of Beales Department Store in the Dolphin Centre in Poole. Working with our partners, we now run outpatient appointments in a completely different way, which is transforming the experience for patients and staff alike. The first clinics to open were dermatology, orthopaedics, ophthalmology and breast screening, but more will be following in their footsteps over the coming year.

This innovative new venture attracted a great deal of media interest and was featured on national as well as regional news. It resulted in a number of VIP visitors, including Sajid Javid, Secretary of State for Health and Social Care who visited on 17 February 2022

as part of his 'Road to Recovery' tour of the South West, to understand better how the region is tackling the Covid-19 backlog. This proved an excellent opportunity for us to showcase our great partnership work and the innovative approach of UHD. We were also delighted to welcome on other separate visits both Amanda Pritchard, Chief Executive of NHS England and Mark Cubbon, Chief Operating Officer for NHS England.

UHD is committed to innovation, research and improvement, and we are very proud that last year, the Trust played an important part in helping identify six Covid-19 vaccines that are safe and boost immunity for people who have had two doses of AstraZeneca or Pfizer-BioNTech in a UK-wide COV-BOOST trial. The world-first study, which recruited volunteers at the Dorset Research Hub based at UHD, was key to shaping the UK booster programme and give vital evidence for global vaccination efforts. Results from the study, led by University Hospital Southampton, were published in The Lancet in December 2021.

And we can expect further research excellence emanating from our sites going forwards. On 14 March 2022, the Dorset Clinical Trials Unit located in the Dorset Clinical Research Centre at RBH was officially launched, providing a dedicated space for patients to take part in life-changing research and creating opportunities for staff to develop their research skills - so important within a University Hospital. This facility, funded through £500k awarded by Dorset Local Enterprise Partnership (LEP), will support the development of research across the Dorset health system, and the work of the National Institute for Health Research (NIHR).

Despite all of the challenges of the last year, the transformation of our hospital sites has continued at pace, and we are delighted with the progress that has been made. On 3 November, we hosted a ground breaking ceremony to mark the start of The BEACH Building's construction at RBH. The BEACH

Building (Births, Emergency care, And, Critical care and child Health) will be over six storeys high and will house our new maternity unit, children's unit, enhanced emergency department and critical care unit. The opening of this important new facility in 2024 will enable RBH to become established as the major emergency hospital serving the local area, in line with the recommendations of the Dorset Clinical Services Review and the Dorset system plan.

And great progress has been made elsewhere. At Poole Hospital, where the site is being developed as the major planned care hospital serving local people, the steel frame for the extensive new theatre complex is now complete, with work now focusing on cladding and the first stage "fit-out" for the floors. The new Pathology hub that will serve the whole of Dorset (being established as part of the Wessex Fields development) is also well underway, with the footings for the new building complete and the steel framed structure clearly visible.

Meanwhile, we were delighted when our team - working in conjunction with colleagues from Dorset University Healthcare NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust - successfully secured funding for all five of the Dorset schemes that were put forward as part of "Cohort 2" for the New Hospital Programme. This is extremely important in that it will enable us to complete the transformation of our sites by 2024, in line with the recommendations of the Dorset Clinical Services review.

Partnership working has continued to be at the heart of our work over the past year, not only as we have been tackling the Covid pandemic together, but also as we have focused on developing the Dorset Integrated Care System (ICS). As part of a new round of national appointments earlier in the year, Jenni Douglas-Todd was confirmed as Chair for the new Dorset Integrated Care Board (ICB), which is currently being established in line with national guidance, whilst in November, it was announced that Patricia

Miller (chief executive for Dorset County Hospital) would be the new chief executive for the ICB. Patricia will be formally taking up this role from July 2022. We very much value the relationships with all our partners and would like to thank them for all the assistance and support that they have provided to us throughout 2021/22. As the ICS develops, we expect to be working even more closely and effectively than ever before, in order to improve outcomes and better meet the needs of local people, and make better use of our collective resources.

In reflecting on the past year, one of the most poignant moments for the Trust took place on 23 March 2022, when we hosted a special service of remembrance on each of our three hospital sites. This very moving event allowed colleagues to come together to reflect on the pandemic and remember the family, friends, patients and colleagues we have tragically lost to the virus. It was so good to stand together as UHD, reflecting on a time of such sadness, but as always, supporting each other.

We would like to take this opportunity once again to thank all staff for their on-going hard work and commitment during these unprecedented times. Staff have been working in very difficult circumstances, yet each day, we have seen incredible examples of dedication and compassion, as teams worked together to meet the needs of their patients. We remain incredibly proud of the response of all UHD staff as they have yet again stepped up to the challenges of the past year.

Throughout this time, we have also been fortunate to have the support of our governors, volunteers, fundraisers and members, and we would like to take this opportunity to sincerely thank them for their contribution.

On 31 March 2022, our previous chairman and chief executive both retired from the NHS - with David Moss having served for nearly 50 years, and Debbie Fleming OBE

for nearly 38. Siobhan Harrington, previously chief executive for Whittington Health NHS Trust in London was appointed as the new chief executive for UHD, and joined the Trust on 1 June 2022. We are very grateful to Paula Shobbrook, our chief nursing officer and deputy chief executive who acted as chief executive for the intervening period. Philip Green, vice chair on the Board of Directors and chair of the Audit Committee, is acting as chair for UHD, until the new chair, Rob Whiteman CBE, takes up the post on 1 July 2022. With such a strong Board of Directors, a well-established Trust Management Group and a dedicated Council of Governors, we can all be confident in the on-going leadership and governance of the organisation.

Meanwhile, we are incredibly proud of UHD and the firm foundations that have been laid within this new organisation. We are particularly proud of the strong values of the Trust, developed with our staff, that will shape the way that we treat our patients and each other for many years to come.

In looking ahead, it is clear that the Trust will continue to face significant operational challenges in 2022/23, and these will of course continue to be a top priority to address. We must continue to work with our partners to achieve a better match between capacity and demand for health and social care across the system - and linked to this work, must continue tackling the on-going workforce challenges

However, it is important to remember that UHD is facing a truly positive future. The significant investment on all our sites will create opportunities to do things so much better for patients, whilst the opportunities associated with developing as a University Hospital will bring about a number of important benefits - not least, in assisting us to recruit and retain great staff. We expect UHD to continue to improve and develop in future years, so that it is recognised by everyone as a truly great place to work and a great place to receive care, in line with our mission.

Thank you to all our colleagues in the Trust for their amazing support and efforts over the past year.



Philip Green
Acting Chairman
16 June 2022



Siobhan Harrington
Chief Executive
16 June 2022

About our Trust

Located about 10 miles apart on the south coast, the Poole, the Royal Bournemouth and Christchurch hospitals are close to the New Forest in the east and the Jurassic coastline in the west. Also, part of our organisation is a Sterile Services Department (SSD) based at Alderney Hospital in Poole.

The hospitals merged to become University Hospitals Dorset NHS Foundation Trust on 1 October 2020. NHS Foundation Trusts are not-for-profit, public benefit corporations that were created to devolve decision-making from central government to local organisations and communities. We are still part of the NHS and strive to live up to its values, as set out in the Constitution.

We provide a wide range of hospital and community-based care to a population of 750,000 based in the Dorset, New Forest and south Wiltshire areas. This number rises over the summer months due to the influx of tourists which sees over 1 million visitors to our region annually. For some of our specialist services, we also serve the wider population across the whole of Dorset of nearly 1 million. Our business model is based on meeting commissioners' needs to secure most of our funding. We must manage our reference costs within the national tariff system to allow us to invest appropriately in the staff and wider infrastructure to provide safe and effective patient care.

We monitor our performance against a range of performance objectives and targets, some of which are set by us but others reflect national targets and those set by commissioners. Details of the performance on key performance, safety and quality objectives is set out in the performance analysis.

We provide a wide range of hospital and community-based care and at the end of March 2022 we employed over 9,000 members of staff, both clinical and non-clinical.

Over the year from 1 April 2021 to 31 March 2022 we cared for and treated the following patients:

- Number of outpatient attendances (follow ups): 316,612
- Number of new outpatient attendances: 208,054
- Number of Day cases: 57,158
- Number of Elective inpatient admissions: 7,909
- Number of Emergency admissions: 56,355
- Number of attendances to Emergency Department: 159,548
- Number of attendances to Emergency Department* - Urgent Treatment Centre: 9,748

Poole Hospital

Poole Hospital is an acute general hospital based on the south coast of England. The hospital has a 24-hour major accident and emergency department and is the designated trauma unit for east Dorset, serving a population of over 500,000 people.

The hospital provides general hospital services to the population of Poole, Purbeck and East Dorset - around 280,000 people - as well as a range of additional services such as maternity and neonatal care, paediatrics, oral surgery, ENT and neurology to a wider population including Bournemouth and Christchurch.

In addition, the hospital's flagship Dorset Cancer Centre provides medical and clinical oncology services for the whole of Dorset, serving a total population of over 750,000.

The Royal Bournemouth Hospital

The Royal Bournemouth Hospital (RBH) is an acute hospital, which opened in 1992. It is recognised locally by its blue roof and is located on a large green field site close to the main roads that link with the New Forest, Southampton, Salisbury, Winchester, Christchurch and Poole.

The hospital has a 24-hour Emergency Department which sees around 60,000 patients a year, and a large Day of Surgery Admissions Unit (the Sandbourne Suite). A purpose built Ophthalmic Unit is located on site as well as a state-of-the-art Cardiology Unit (the Dorset Heart Centre) and the award-winning orthopaedic service providing hip and knee replacements (the Derwent Unit). The Jigsaw Building is home to our Haematology and Oncology Day Unit (HODU), a day unit for chemotherapy and supportive treatment for patients with haematological/oncological conditions and the Breast Unit. The building was opened by the Princess Royal in 2016.

RBH also provides district-wide services for cardiac interventions, vascular surgery and urology. Outpatient clinics are provided for oral surgery, paediatrics, plastic surgery, ENT (ear, nose and throat), cardiothoracic and neurology.

Christchurch Hospital

Christchurch Hospital provides a pleasant environment for rehabilitation and a range of outpatient services. An all-age rehabilitation service has been developed, particularly in the award-winning and newly refurbished Day Hospital. Most patients are elderly, reflecting the local population. There is an excellent infrastructure to support rehabilitation with superb physiotherapy and occupational therapy facilities.

Outpatient clinics have expanded over recent years and include gastroenterology, breast, oncology and medicine for the elderly. Dermatology and rheumatology outpatient services are also provided at Christchurch Hospital together with phlebotomy (blood taking) services, diagnostic services and specialist palliative care (the Macmillan Unit).

Alderney

The Sterile Services Department (SSD) based at Alderney Hospital in Poole comprises the service within the hospital in which medical/surgical supplies and equipment are cleaned, prepared, processed, stored, and issued for patient care.

How we are run

As a Foundation Trust, we are accountable to NHS England and NHS Improvement. As the regulator for health services in England it oversees the governance and performance of the organisation, providing support where required, and ensures the Trust operates in line with the conditions of its provider licence. We are also accountable to local people through our Council of Governors and members. In addition, there is a large range of inspection and other regulatory bodies which govern the activities of the Trust, including the Care Quality Commission (CQC).

The Council of Governors, which represents around 15,000 public members, as well as staff and volunteer members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members of the public are kept up to date with developments within the hospitals.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation, and part-time non-executive Directors. The executive Directors work closely with the clinical leaders and managers throughout the hospitals in running the services. The Board also works closely with the Council of Governors.

The Trust is organised under three clinical care groups and a number of departments providing support services. We also work closely with a range of key health and social care partners to develop and deliver our services, such as clinical commissioning groups (CCGs) and social services. We are also part of the Dorset Integrated Care System (ICS).

News round-up 2021-22

Introducing our new charity



We began the year with the creation of our new University Hospitals Dorset NHS Charity. The newly formed charity retains the same commitment - to fund care and provisions above and beyond what the NHS can offer - and to mark the occasion, a series of celebration events were held for staff and public across all three hospital sites.

New £2m scanners keep hospital's nuclear medicine department 'ahead of the game'

Poole Hospital's nuclear medicine department received a significant boost with the roll-out of two new Siemens scanners, designed to improve diagnosis for its patients. Costing £2m, the scanners were funded through a range of sources, including a generous donation of £500,000 from the Poole Hospital Cancer Treatment Trust as well as a grant from NHS Improvement.

UHD staff celebrated at Dorset Hero Awards



The UHD theatres team and Poole Hospital volunteer Andy Byers came away triumphant from the 2021 Dorset Hero Awards for their work during the pandemic. The ceremony recognised heroes from across Dorset for their achievements and actions in the last 12 months.

First Green Plan launches on national Clean Air Day green



We launched our Green Plan in June, a strategy that puts UHD on a path to having 'net zero' carbon emissions by 2040, in line with NHS England's carbon neutral target. It also commits the organisation to deliver against all of the UN Sustainable Development Goals by 2030 under the NHS sustainable assessment framework.

Resuscitation study aided by hospital critical care team resuscitation

The critical care team at the RBH contributed to a landmark study focusing on patient care after resuscitation. The TTM2 trial studies the effect of temperature management on patients who have suffered a cardiac arrest, a poignant topic given the recent collapse of footballer Christian Eriksen in the Euro 2020 tournament.



Hospital joins exclusive list of global heart centres of excellence hearts



We were named as one of only nine centres of excellence in the world for the treatment of a debilitating heart condition at RBH in July 2021. UHD joins world-renowned cardiology centres including those at London's Royal Brompton and Harefield Hospital and Stanford University in the US, who are also on the list.

New high tech system has cancer in its sights radiotherapy



Cancer patients can now benefit from ultra-precise cancer treatments thanks to a state-of-the-art system that provides clinicians with a 3D body 'map'. Our radiotherapy teams' two new surface-guided radiotherapy treatment systems are among only a handful available in the NHS and the first in the south west.

Research teams win awards for Covid-19 research research



Our research teams were presented with the Outstanding Contribution to Covid-19 Research Award for their delivery and management of clinical trials throughout the pandemic. These NHS priority research trials involved investigating potential treatments for Covid-19 and directly impacted patient care.



Therapy team delivers innovative 'Think Therapy' training therapy



Our therapy teams launched an innovative 'Think Therapy' training programme in August 2021 to give healthcare support workers the skills to support patient rehabilitation. The project is based on the idea that every member of clinical and support staff a patient comes across while in hospital should have a positive impact on their treatment.

Hospital celebrates open day success



We hosted our first Virtual Open Day in September 2021 with a host of online talks, tours and activities taking place. A series of videos went live at www.uhd.nhs.uk/openday2021 to launch the day, showcasing the fantastic work in a range of departments, including maternity, theatres, training, pharmacy, prosthetics and many more.

Hospital chefs win south west heats of NHS Chef of the Year



Chefs from the RBH took home first place at the south west regional heat of the national NHS Chef of the Year competition in September. In the heat, Endri Setyawati and Dave King were challenged with creating a gourmet three-course meal in line with hospital food budgets in just 90 minutes.

New name for major new NHS investment in Dorset BEACH



On our first birthday in October 2021, we announced the name of our major new construction at the RBH: 'The BEACH Building'. The idea came from Lisa Stooks, a librarian in the Trust's library and knowledge service, who took part in an extensive engagement to suggest a name for the building, with BEACH representing what happens in the building: Births, Emergency care, And, Critical care and child Health.

Holby star officially opens new hospital diagnostic scanners Holby



TV and film personality Guy Henry proudly cut the ribbon on two new scanners at Poole Hospital in October 2021. The new machines are housed in the nuclear medicine department and allow for fusion imaging, meaning the images can be overlaid or viewed together to give a better picture than both images being looked at separately.

Special service to mark arrival of 'Unknown Tommy'



Staff at Christchurch Hospital gathered for a special service of remembrance to mark the arrival of an 'Unknown Tommy' statue in the memory garden. The statue was kindly donated by Christchurch Citizens Association in honour of the hospital's role during WW1.

Dermatology team highly commended by British Medical Journal



Our dermatology team was highly commended by the prestigious British Medical Journal (BMJ), coming in second place at its national award ceremony in October 2021. The team was praised for creating a system for patients to electronically add photographs to their medical records, which were then examined by a consultant without the need to come into the hospital.

Launch of outpatient assessment clinic @ Dorset Health Village



Our brand new outpatient assessment clinic opened on the top floor of Beales Department store in the Dolphin Centre, Poole, in December 2021. It plays a vital part in tackling hospital waiting lists and increasing the volume of life-saving screening as part of Dorset's Think Big initiative.

Siobhan Harrington announced as new chief executive



Siobhan Harrington was appointed as chief executive of UHD in December 2021, taking up her role on 1 June 2022.

Siobhan succeeds Debbie Fleming OBE, who retired from the NHS on 31 March 2022.

CEO awarded OBE for services to the NHS

Debbie Fleming OBE was recognised in the Queen's New Year Honours List 2022 in January 2022. Debbie worked for the NHS for nearly 38 years and been a chief executive for 20 years, leading the merger of the Royal Bournemouth and Christchurch hospitals and Poole Hospital from January 2019 when she became joint chief executive over both.



Poole hosts Sajid Javid



We were delighted to welcome Sajid Javid, Secretary of State for Health and Social Care, in February 2022 as he visited the south west region to see how it's tackling the Covid backlog as part of his 'Road to Recovery' tour. As part of his trip, he was able to see great partnership work in action at our Outpatient Assessment Clinic at Beales department store in the Dolphin Centre, Poole.

£500k investment in new Dorset Clinical Trials Unit



The Dorset Clinical Trials Unit (DCTU) was officially launched at the RBH in March 2022, providing a dedicated space for patients to take part in life-changing research. Based within the trust's Dorset Clinical Research Centre, the DCTU provides a specialist environment for patients to see expert staff and access state of the art equipment, as well as providing an opportunity for our staff to develop their research skills.

UHD joins wave of Veteran Aware Trusts veteran image



We were named a Veteran Aware Trust in March 2022 in recognition of our commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. The accreditation, from the Veterans Covenant Healthcare Alliance (VC HA), acknowledges our commitment to a number of key pledges.



Merger - first 18 months

Since the merger in October 2020 much progress has been made in teams coming together to improve services for the benefit of patients. Single leadership teams are in place across the Trust in senior clinical and managerial positions and early patient benefits are being delivered in clinical services such as stroke, cardiology and older peoples services.

The Trust cultural champions have completed work on how staff would like to be valued and recognised with a series of recommendations that are being taken forward within the Trust. Work on embedding the Trusts Mission, Vision and Values has continued with events and work programmes throughout the year.

In the past year there have been many successes - patient benefits have been delivered in quality improvement of clinical pathways, increased access to clinical trials, improved stroke and cardiac services and early delivery of benefits in colorectal and maternity services. Benefits have also been delivered in corporate areas such as the financial savings and bringing together Trust capital planning for the reconfiguration in 2024-26. As a result of our experiences, changes have been made to the national merger guidance that reflected UHD input and will hopefully make the merger process more grounded and easier to navigate for others. Completion of post-merger actions has continued with discussion through the Trust's Benefits Realisation Assurance Group (BRAG), where we review the many achievements of our wonderful teams since merger. In addition, there is continued efforts to bring teams together - underpinned by a care group integration assessment that has highlighted areas on which to focus and is supported by an action plan based on staff feedback.

There is however much still to do. The pandemic has bought about delays in the bringing together of teams in some services at Tiers 4 and below and planned cultural changes are still very much underway. Support for leadership development and team integration is in place with teams developing their own plans for coming together to be 'match fit' for the reconfiguration in 2024-2026.

Refreshed plans have been adapted to build on the lessons learned through the pandemic and the opportunity of bringing teams together to improve services can now be more fully taken forward.

Estates and Capital Developments 2021/22

Operational Works

The high volume of capital works on both main sites has involved Estates Operational colleagues, in many facets of the enabling works. These include for example:

- Service shutdowns and managing service interruptions
- Preparing information for the design teams and predicting utility demand for future works
- Reviewing designs, advising on existing policy and operating procedures for fire, safe water, electrical procedures etc.

Transferring the SSD service from Poole to Alderney has required additional equipment to be installed and a transfer of staff from Poole to work at SSD, this has gone well and the design of upgrades for SSD is well underway. Opening Yeomans House has increased the operational workload as we are responsible for the maintenance and

mandatory checks of this building, along with reactive maintenance.

The team supported delivery of the Outpatients facility in the Dolphin Centre, working closely with designers and contractors to deliver the space in a very short time period.

The impacts of Covid, staff sickness and a general shortage of skilled staff being available has caused some issues, as it has for many departments. Staffing levels are now recovering and levels of performance have improved, particularly at Poole. Levels of compliance have increased dramatically and a push to improve reactive performance has certainly made a noticeable difference. The "Ward Guide" has been introduced at Poole together with online works requests, these initiatives have been in place at RBCH for several years and improve both the service and the user experience when using estates services.

We look forward to another very busy time with the New Hospital Programme (NHP) schemes coming to site, given the nature of the work in existing buildings, there will be a significant demand on the operational team to support capital colleagues to deliver these projects.

Bringing the 2 estates teams together over the last few months has meant lots of engagement, learning who is who and looking for examples of best practice to deliver estates services at a consistently high standard. We have completed most of the Post-Transaction Integration Plan (PTIP) works identified pre-merger and are now looking toward the refreshed policies and procedures becoming business as usual.

The roll out of the Quality Management System (QMS), into the whole of UHD estates has begun; this will allow us to monitor and improve response times, identify resource requirements and ensure high levels of compliance are achieved. Working within the QMS aligns with the GIRFT philosophy; we plan to get "Get It Right First Time".

The estates teams have been working closely with the capital projects managers to ensure the interface between contractors and the Trust is well managed and that systems for shutdowns, closing off areas and maintaining fire escapes etc. are all considered. We have also been working closely with other teams, including Risk Management and infection control.

The next steps for estates are to consolidate our systems, update asset lists and ensure compliant systems are in place across the entire estate. We have invested significant sums of money in backlog maintenance schemes much of which is not visible to most people; we have replaced boilers, updated ventilation plant, improved water quality, installed LED lighting and improved emergency lighting systems, whilst also upgrading fire alarm systems.

Achieving the level of work we have completed, whilst dealing with the challenges the pandemic has thrown at us has been a remarkable success.

Backlog maintenance

Investment across all sites continues with lifts, boilers, lighting replacement, door replacement, flooring, windows, electrical and water infrastructure improvements. Works have also been undertaken at SSD, Alderney, over the past year and further projects are currently in design for upgrading equipment and infrastructure at the site. All critical and noncritical air handling plant has been serviced and repaired as necessary, upgrades have been installed for endoscopy at RBH, Christchurch and Poole hospitals.

One focus has been on upgrading fire alarm systems, emergency lighting and fire compartmentation at Poole, this will include replacement of fire doors throughout the first quarter 2022. We have also installed all new fire extinguishers at Poole, to match the type already at RBCH. These have a reduced environmental impact and have extended maintenance period.

2022 will see a continuation of the investment in backlog maintenance, this is set to continue at a high level of investment for several years and will be detailed in the capital plan.

Capital Works

The capital team continues to work across all UHD sites, delivering the capital plan and responding to project requests. Whilst the first wave of Dorset Clinical Services Review works has progressed from design work to on-site construction, the team has begun the New Hospitals Programme scheme design work in earnest.

The Poole Theatres project has progressed to the point where the superstructure is complete and the cladding and internal partitioning is underway. The building work required for the Linac, MRI scanner and CT scanner has been completed, as is the ED work which was started last year.



▲ New Poole theatre design

In the last year, the RBH site has undergone some significant development; the main access road has been reconfigured to sweep around the BEACH building construction site, the new Derwent Theatre has been completed and commissioned and the various decanted services are running in their new locations. These include a new Boots pharmacy, the Porters' Lodge in the atrium and the West Entrance with a new café.

The BEACH building and new main entrance and patient and visitor concourse foundations are installed, and the superstructure will start to become visible over the construction hoarding. In car park B, the Energy Centre superstructure is complete ready for fit-out.



▲ New BEACH building design

The new Pathology Hub construction is underway on Wessex Fields where the steel frame is complete. Two MRIs have been refurbished, work was completed to accommodate the new Walkerbot into the stroke department.



▲ New pathology hub design

SSD in Alderney has had work completed to improve the electrical infrastructure and replacement of some essential plant. This development will continue as part of the NHP scheme.

Works have also been progressing at the Christchurch site with rationalisation of current estate; this includes the development of proposals for a new Macmillan unit, with an increase of single rooms and increased facilities in both size and service.

Overall rationalisation of the site will release areas that could be developed to provide additional senior living accommodation and conclude the overall Christchurch Masterplan.



▲ Christchurch Hospital masterplan

The Trust continues with backlog maintenance projects with significant investment in BMS, emergency lighting, fire alarms and compartmentation, water infrastructure, electrical distribution and window replacements.

It has been another very busy year with Covid still impacting on all facets of the project work. The team has performed admirably dealing not only with the large-scale developments but also with ad-hoc project requests and additional funding for projects late in the year.

Performance Report 2021/22

How we measure performance

We measure our performance using the NHS System Oversight Framework 2021/22. This framework has five themes which reflect the ambitions of the NHS Long Term Plan:

- 1 Quality of care, access and outcomes (safe, effective, caring, responsive)
- 2 Preventing ill health and reducing inequalities
- 3 Finance and use of resources
- 4 People
- 5 Leadership and capability (well-led)

This framework sets out the key metrics through which we measure our performance.

We report our performance to the Trust Board on a monthly basis and we are also monitored by NHSE/I. Internally 'Ward to Board' reporting structures which reflect the clinical services of the newly merged Trust and the performance reporting arrangements support the scrutiny of performance. Effective scrutiny relies primarily on the provision of clear comprehensive summary information to the Board and its Committees and through a range of documents, including:

- Integrated Performance Report (IPR)
- Care group performance review

The IPR is in place for monitoring the agreed key performance indicators against key national and local quality, operational, finance and workforce targets. It provides the Board and Committees with the Trust's performance against key indicators and draws attention to those areas requiring additional review through an escalation report.

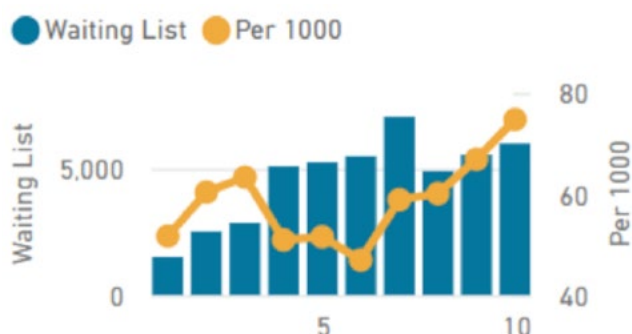
Both Poole Hospital and The Royal Bournemouth and Christchurch Hospitals have historically had a track record for strong performance against national and local standards, and we are proud of the performance indicators we have achieved this period as University Hospitals Dorset, despite the challenges of Covid.

Our quality strategy is designed to support the achievement of the strategic objectives, but specifically ensures that safe, responsive, high quality care is delivered through robust quality governance arrangements. Progress, achievements, actions and learning are monitored via the Quality Committee and Trust quality governance and risk management framework. The Quality Committee is a subcommittee of the Board and is chaired by a non-executive director. The Quality Committee receives regular reports from the clinical care groups and committee sub groups to ensure routine monitoring of processes in place to ensure patient and staff safety, maintain quality and optimise clinical effectiveness. During each year we also engage regularly with our external partners and stakeholders who all contribute to the quality monitoring process and identification of on-going quality improvement goals.

Risk of inequalities in the way care is delivered

Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities. Narrowing the gap in health inequalities and improving health outcomes has been a focus of work undertaken in partnership with Optum UK to develop an advanced data analytics approach to account for the risks of inequalities arising in the way care is delivered and the increased population waiting for elective care. Through the use of linked data systems we have gained a deeper insight into elective care issues and a detailed analysis of the primary care, acute care, mental health and community care to reveal populations at risk of inequity in care. Using a focussed task and finish approach we have been able to make predictions about the areas where inequity could arise and make robust efforts to avoid it.

Total waiting list by IMD (Dorset only patients)



Analysis of the waiting list by Index of Multiple Deprivation (IMD) identifies that 8.58% of the Trust's waiting list are patients living within the bottom 20%.

Where ethnicity is recorded 12% of patients are within Black and minority ethnic populations. This percentage is unchanged when analysing patients who have waited greater than 52 weeks.

How we have performed during 2021/22

In 2021/22 the Trust continued to focus on the planned response to the COVID-19 pandemic. Our response to the COVID-19 pandemic included compliance with national infection control guidance and social distancing. This resulted in a reduction in elective and non-elective capacity and increased waits and numbers waiting for routine planned work. A focus on re-establishing all cancer and urgent activity during the recovery periods (between peaks in Covid-19 positive activity) has also resulted in the Trust undertaking less activity in the re-established outpatient, procedure and theatre sessions for some specialities. The deployment of staff to support patients with COVID-19 and the impact of COVID on the workforce has put additional pressure on recovery of activity.

Consequently, the Trust's position against national standards was mixed in 2021/22 with good performance against diagnostics (DM01) but continued challenges against constitutional standards such as Referral to Treatment (RTT) and cancer waiting times, meantime in ED and ambulance handovers. There have been further improvements against a number of urgent care indicators such as arrival time in the Emergency Department (ED) to initial assessment and arrival time in ED to treatment.

Cancer referral numbers continue to exceed previous years putting additional pressure of several services at all stages of the pathway. Despite these pressures the Trust achieved the 31 day Cancer standards. The Faster Diagnosis Standard was achieved for the first two quarters of 21/22 and is on an improving trajectory in the second half of the year. Cancer 62-day standard was not met over the 12 month period. Diagnostic waits and late referrals have been contributing factors alongside surgical capacity.

Clinical Performance

Performance Metric	Target	UHD Performance March 2022
Mean wait time in Emergency Dept	200	340
Diagnostic 6 week standard - % greater than 6 weeks	1%	15.9%
Referral to Treatment - % patients within 18 weeks	92%	61.0%
Referral to Treatment - number of patients waiting >52 weeks	2,933	2,655
Referral to Treatment - number of pathways	54,498	56,038
28 day Faster Diagnosis Standard	75%	74.0% (provisional)
31 day Cancer Standard - % patients diagnosed being treated within 31 days	96%	97.8% (provisional)
62 day Cancer Standard - % patients being seen 62 days from urgent GP referrals	85%	66.8% (provisional)

Key issues and risks

Quality

As part of the trust's strategy, care group and directorate leads are responsible for maintaining directorate risk registers and for bringing high risks to the attention of the Clinical Governance Group and the Quality Committee. Each of the other committees of the Board of Directors reviews the high risks relevant to areas within its scope of responsibility and in accordance with the Trust risk appetite statement. The Quality Committee and other board committees bring important matters to the attention of the Board of Directors.

High risks (risks with a risk rating score of 12-25) on the Trust's risk register are routinely reviewed by the Quality Committee, which meets monthly. The Quality Committee is chaired by a non-executive director and membership includes representation from the Board of Directors, with an observer invited from the Council of Governors.

The most significant risk still facing the NHS and the Trust currently and in the future is the impact of Covid-19. Covid-19 has shone a light on inequalities and highlighted the urgent need to strengthen action to prevent and manage ill health in deprived and ethnic minority communities.

Narrowing the gap in health inequalities and improving health outcomes has been a focus of work undertaken in partnership with Optum UK to develop an advanced data analytics approach to account for the risks of inequalities arising in the way care is delivered and the increased population waiting for elective care. Through the use of linked data systems we have gained a deeper insight into elective care issues and a detailed analysis of the primary care, acute care, mental health and community care to reveal populations at risk of inequity in care. Using a focussed task and finish approach we have been able to make predictions about the areas where inequity could arise and make robust efforts to avoid it.

As well as operational risks, we recognise that the pandemic has had, and will continue to have, a significant impact on our staff and a differential risk for staff who are from a black or minority ethnic background. We know that the pandemic has created workforce risks across the NHS and has had an impact on our ability to provide optimum staffing levels. We have identified a programme of workforce initiatives, mitigations and actions to support safe staffing. We have put in place a raft of measures to support staff well-being including emotional, physical, and psychological support.

More information on the trust's risk and control framework can be found in the Annual Governance Statement.

Audit

The significant audit risks which were identified as part of the overall audit were:

- Valuation of Property Plant and Equipment
- Expenditure Recognition
- Management Override of Controls
- IFRS16 Implementation

These were agreed with the Audit committee as part of the audit planning process, and KPMG reported on these areas as part of their year end report. No significant issues were identified.

Sustainability

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve and to protect the environment which sustains them. Our aim to improve the health and resilience of communities, in the immediate and the long term, drives our efforts to embed sustainably across the organisation.

2021 saw the publication of the Green UHD Plan which sets out our over-arching sustainability objectives including to have a net zero carbon footprint by 2040 for emissions we directly control and consultants have been appointed to support UHD with a detailed Trust wide decarbonisation plan which will be ready during summer 2022.

Our Green UHD Plan sets out a broad and deep scope of work with a clear governance structure that ensures the whole organisation is embedding sustainability into day to day practices, decision making and strategies.

UHD recognises the scale of the challenges require deep organisation change in coordination with other stakeholders. This is why UHD has brought in Bournemouth University and BCP Council to sit on UHD's sustainability oversight committee and why the Sustainability Managers for all Dorset NHS Trusts meet at least once a month to further develop strategy and progress joint initiatives. Dorset NHS partners have during the year been awarded grant funding for a sustainability staff engagement platform which goes live in all partners in May 2022. This platform, named EcoEarn is the first project of its kind at this scale within the NHS. It will be available to approximately 24,000 staff and encourage sustainable behaviours at work and at home, rewarding staff with points for activities undertaken and a chance to compete for prizes. The prizes themselves include vouchers for local businesses with a sustainable approach.

The Trust has been doing the ground-work for a number of sustainability projects that will kick off during 2022. A new Sustainable Quality Improvements training programme has been developed with the first cohort of clinical staff to be trained in June 2022. These first attendees are the fledgling Trust Clinical Directorate Ambassadors. With this and other training, these ambassadors will be able to support colleagues to undertake sustainability projects within their departments, greatly increasing the reach and capacity of the sustainability team.

The Trust is proud of its progress to reduce greenhouse gas emissions from the use of anaesthetic gases and has brought in policies to specifically target Desflurane and ensure use is kept to a minimum. The Trust is also actively looking at new technologies to reduce Nitrous Oxide emissions.

During the period, UHD introduced a policy to only purchase zero or ultra-low emission vehicles for all fleet requirements under 3.5 tonnes. This is part of a wider effort to reduce emissions related to our staff and patient travel which also employs remote patient consultations, a lift share platform for staff, free bicycle maintenance for staff. Under the £250m transformation and development plans for our hospital sites, UHD is targeting a combination of BREEAM Very Good and the new Zero Carbon Hospital Standard for all major building projects. This will form an integral part of the Trust's roadmap to net zero carbon emissions.

Financial Performance

This section summarises the Trust's financial results for the 2021/22 financial year. This provides a twelve-month reflection of the Trust financial performance as the Trust was formed on the 1 October 2020 with the prior period being six months from 1 October 2020 to 31 March 2021.

Control Total

The Trust is regulated against an agreed Control Total with NHS England / Improvement regulators. This was agreed as a break-even position for the 2021/22 financial year. The Trust delivered a surplus of £348,000 against the break-even position. However, adjusting for items outside of the Control Total calculation, the Trust delivered a deficit of £1.2 million.

Note a. 2021/22 Control Total	Twelve months to 31 March 2022
	£'000
Trust (Deficit) / Surplus for the year (from above)	(1,164)
Add back impairment	1,532
Less donated capital/fixed asset disposal adjustment	(194)
Control total surplus/(deficit) including PSF, FRF, MRET and Top-up	174
Add BHT surplus	174
Control total surplus/(deficit)	348

Income

Trust Income during the twelve months to 31 March 2022 was £729 million. Of this, £676 million related to income for patient care activities with £539 million received from Clinical Commissioning Groups. Dorset Clinical Commissioning Group income received in 2021/22 was £506 million representing 70% of total Trust income.

Operating income	Twelve months to 31 March 2022
	£'000
Foundation Trusts and NHS Trusts	4,538
Clinical Commissioning Groups	538,836
NHS England	126,606
Non-NHS patient income	5,927
Total Income from patient related activities	675,907
Other operating income	53,294
Operating income from continuing operations	729,201

Expenditure

Operating expenses on continuing operations during twelve months to 31 March 2022 equated to £721 million. Of this, employee costs were £471 million, representing 65% of total expenditure. There was an additional £9 million of finance costs in relation to Public Dividend Capital payments.

Cash

As at 31 March 2022 the Trust was holding a consolidated cash balance of £110 million, which is fully committed in support of the medium-term strategic reconfiguration programme.

Capital

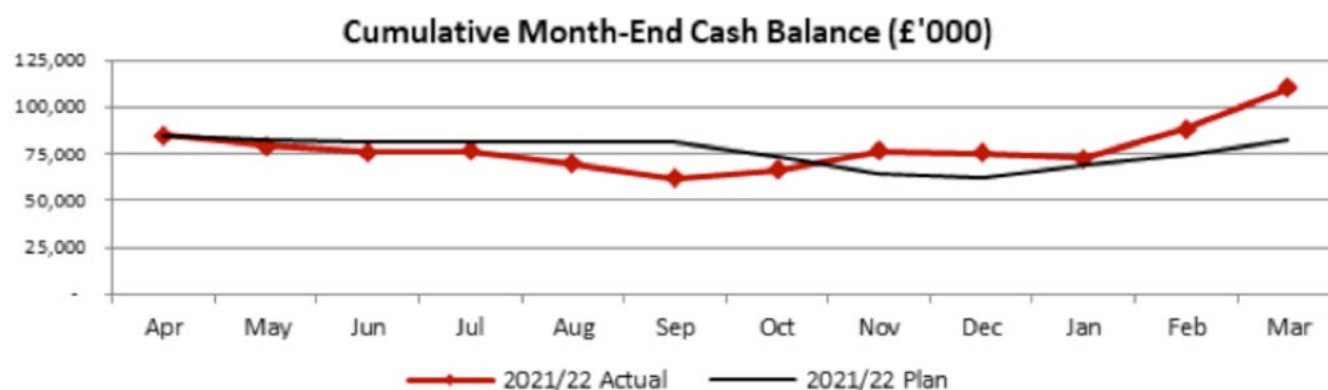
The Trust set a very challenging capital programme for the year. This has required very careful management, and as at 31 March 2022 full year capital expenditure amounted to £77 million against a plan of £89 million. This mainly related to the phasing of spend in relation to the major reconfiguration works being carried forward into the financial year 2022/23.

Cost Improvement Programme (CIP)

Regulators require all Foundation Trusts to identify and deliver annual efficiency savings as part of the annual planning process. Cost savings of £4 million have been achieved for the financial year ending 31 March 2022.

Dorset Integrated Care System (ICS)

The Trust operates as a member of the Dorset Integrated Care System along with other NHS bodies in Dorset. The ICS achieved an aggregated break-even financial performance in the financial year 2021/22.



The financial challenges of responding to the Covid-19 pandemic were significant both in terms of the levels of expenditure required and the changing working practices. Overall, the NHS Dorset ICS organisations spent approximately £74 million on Covid, plus an additional £18 million on enhanced support for discharges from hospital via the nationally funded Hospital Discharge Programme to free up critical bed space and deliver the right levels of care to patients during their recovery.

The two local authorities in Dorset also had significant financial pressures, through a combination of increased demand for, and cost of, services such as social care and lost income.

Overseas operations:

The Trust does not have any overseas operations

Cost allocation and charging guidance issued by HM Treasury

University Hospitals Dorset NHS Foundation Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Going Concern

The accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

International Accounting Standard 1 (IAS 1) requires the Board to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the

provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector.

In preparing the financial statements, the Board of Directors have considered the Trust's overall financial position against the requirements of IAS1.

The Trust has produced a financial plan for 2022/23 and has prepared a cashflow forecast to the end of June 2023. From the financial modelling undertaken the Trust is expecting to have sufficient cash to cover its requirements for this period.

It is noted that the cash regime within the NHS for new financial revenue support will be in the form of non-repayable Public Dividend Capital, rather than interest bearing loans. Therefore, should the Trust be in need of cash support it will not be in the form of repayable debt.

Based on the factors outlined above, the Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due. The Directors consider that this provides sufficient evidence that the Trust will continue as a going concern for the 12 months from the date of approval of the financial statements. On this basis, the Trust has adopted the going concern basis for preparing the accounts.



Siobhan Harrington
Chief Executive
16 June 2022

Director's Report

Introduction

The board of directors is made up of eight executive directors and eight non-executive directors including the chairman. In addition, Professor John Vinney, Vice Chancellor of Bournemouth University holds the position of associate non-executive director of the Trust.

Paragraph B.1.2 of the NHS foundation trusts: Code of Governance specifies that at least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.

In the absence of any vacancies, the board comprises of eight executive directors and seven non-executive directors and a non-executive chairperson. The importance of ensuring a strong independent voice on the board of directors is supported by other provisions of the Trust's constitution and the standing orders of the board of directors including the non-executive Chairman having a casting vote and no resolution being passed if it is opposed by all the Non-Executive Directors present.

From 1 January 2022, there were six non-executive directors excluding the chairperson, with a non-executive vacancy having arisen. Following the retirement of the Trust's chairman at the end of March 2022, it was agreed that the board of directors would further review the skills and experience desirable for a replacement non-executive director after the new chairman had joined.

The board of directors has given careful consideration to the range of skills, expertise and experience required for the running of the Trust and confirms that it has the necessary balance and the required range of skills, expertise and experience in place during the period under report.

Key activities of the board of directors

The board of directors is made up of executive directors and non-executive directors. The board usually meets every month. The general duty of the board of directors and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The board of directors is responsible for setting and delivery of the Trust's objectives and wider strategy as well as monitoring the performance of the Trust. Its role also includes managing the risks associated with delivery of the objectives and priorities that have been set in the context of the overall risk management framework for the Trust. Much of the day to day work is done by the executive directors, who work closely with the medical, nursing and operational leads of each of the Trust's three clinical care groups and the clinical directors, senior nurses, ward sisters/charge nurses and other leaders throughout the organisation. The board of directors clearly sets out the financial, quality and operating objectives for the Trust in the Trust's strategic objectives and quality priorities. The Board's business cycle ensures adequate systems and processes are in place to measure and monitor the Trust's performance and effectiveness, efficiency, economy and quality of healthcare delivery. Relevant metrics have been developed to assess progress and delivery of performance. The board delegates areas of its powers to its committees (not including executive powers unless expressly authorised). There is a schedule of matters reserved for the board of directors.

The board of directors has nine committees: audit committee; appointments and remuneration committee, charitable funds committee, finance and performance committee, private patients committee, quality committee, sustainability committee, transformation committee and workforce strategy committee. The members of each committee are also members of the board of directors.

The board of directors also works closely with the Council of Governors to ensure that the interests of patients and the local community are represented.

The Trust has various routes for resolving disagreements between the board of directors and the council of governors. These include the interventions of the senior independent director and the Lead Governor. There is also a formal position for resolving any disagreements which can be found at:

www.uhd.nhs.uk/uploads/about/docs/our_publications/Board_Policy_for_engagement_with_CoG_October_2020.pdf

Non-executive directors may have their tenure terminated by their own resignation, through the intervention of NHS England and Improvement or a decision by the council of governors based on the approval of three quarters of the members of the council of governors.

The Trust has a formal statement regarding the division of responsibilities between the chairman and chief executive as required by Monitor's (now NHS Improvement's) code of governance and this can be found on our website:

www.uhd.nhs.uk/uploads/about/docs/our_publications/D23_Chairman_v_Chief_Executive_Resposibilities_Statement_October_2020.pdf

Board development and evaluation

The board has a monthly programme of development seminars. These have included: Dorset Public Health and Health Inequalities; Board Assurance Framework, Bed Modelling; Update on Dorset Primary Care Issues; IT Risks; Research and Development update; Integrated Care System update and Freedom to Speak Up.

The board also considered at a development session in September 2021, a board effectiveness review it commissioned from internal auditors, BDO LLP, and for which the work was carried out during the period under report.

Appraisals of both non-executive directors and executive directors take place annually with objectives and development plans identified, some of which are incorporated into the broader board development programme. Executive director appraisals are led by the chief executive, with outcomes reported to the board of directors.

The council of governors agrees the process for the evaluation of the chairman and non-executive directors and the outcomes reported to and agreed by the governors. The senior independent director leads the chairman's evaluation process.

Each of the board committees evaluates its own performance annually, with the process including a review against the committee's terms of reference.

Working with governors

The Trust has a formal engagement document which was approved by the board of directors and presented to the council of governors in January 2021, that sets out how the board of directors works with the council of governors to ensure the directors have an understanding of the views of governors and members. In addition, there is director representation at council of governors meetings. The document underlines the importance of frequent informal communication in building a positive and constructive relationship, also outlining formal communication methods and can be found on our website.

Paragraph A.5.12 of the NHS foundation trusts: Code of Governance specifies that the directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. The paragraph also provides that in practice, it may be necessary to redact some information from private sessions of the board Part 2 matters, for example, for commercial reasons. The governors are provided with an agenda before all meetings of the board of directors held in public and are provided with a copy of the approved minutes. Governors are provided with a briefing by the chief executive and/or chairman on part 2 matters with an opportunity for them to raise questions. The Trust considers that this provides the governors with more meaningful information than a redacted set of minutes may provide otherwise. The briefing is generally scheduled to take place on the day after the Part 2 meeting, providing the Governors with a more timely update than would otherwise occur through receiving minutes.

Members of the board of directors

Non-executive directors



David Moss

Chair

Date of appointment:

1 October 2020

Date of retirement:

31 March 2022

David has been chair of both the Royal Bournemouth and Christchurch Hospitals and Poole Hospital NHS Foundation Trusts. On 1 October 2020, he became chair of University Hospitals Dorset NHS Foundation Trust and until his retirement from the Trust on 31 March 2022 had responsibility for chairing both the Board of Directors and the Council of Governors and their nomination and remuneration committees. David has extensive experience of working within the NHS locally and nationally and was previously chief executive officer at both Poole Hospital and University Hospital Southampton. While at Southampton he led the reconfiguration of acute services across 10 hospitals and the creation of University Hospitals Southampton.

Locally he has also been director of finance for East Dorset Health Authority, chair of governors of Ferndown Upper School and is vice president of the Hospital Services Cricket Club. At national level he has been deputy director of human resources for the NHS, chief executive officer of the Royal College of Physicians, chair of the UK University Hospitals Association and a non-executive director of the Audit Commission.



Philip Green

Vice chair (and Acting Chair from 1 April 2022), chair of the Audit Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

Philip had 40 years' experience working in the aerospace and defence sector, firstly at BAE Systems PLC and then at Meggitt PLC, where he was a member of the Board of Directors for 19 years. He retired from Meggitt at the end of 2019, where he held the position of Executive Director, Commercial and Corporate Affairs responsible for commercial, legal and compliance matters as well as UK and US government relations.

Philip was appointed a non-executive director of Poole Hospital NHS Foundation Trust in 2015. He also served as vice chair of the Trust and chair of the audit and governance committee. As of 1 October 2020, Philip became the vice chair of University Hospitals Dorset NHS Foundation Trust and chair of its audit committee. From 1 April 2022, following David Moss' retirement, Philip became Acting Chair of the Trust. Philip is also a member of the Trust's quality, sustainability and charitable funds committees.

Philip is acting as chair until the new chair, Rob Whiteman CBE, takes up the post on 1 July 2022.



Stephen Mount

Chair of the Finance and Performance Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

Stephen is an independent non-executive director and audit committee chair of Gama Aviation Plc, and a member of the regulatory decisions committee of the Financial Conduct Authority. He chairs the finance and performance committee and sits on the audit, workforce strategy and sustainability committees at University Hospitals Dorset NHS Foundation Trust. Stephen acts internationally as an expert witness on auditing, financial reporting and corporate governance matters, and serves as a governor of Reading Blue Coat School. Previously he was a member of the audit quality review committee of the Financial Reporting Council, and was a trustee and treasurer of New Forest Heritage.

Stephen retired as a senior partner with PwC in 2016, after almost three decades auditing and advising FTSE, Fortune 500 and smaller/midcap listed companies in the UK, USA, Europe and Asia across a wide range of industry sectors. His experience gained from leading and participating in main board and audit committee meetings, and with investment bankers, investors and other advisors is comparable to having served as an independent non-executive director with over 40 publically listed companies. He is a fellow of the Institute of Chartered Accountants in England and Wales.



Caroline Tapster CBE

Senior independent director and chair of the Quality Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

Caroline has spent the last 30 years working in local government and the NHS, in Dorset, East Sussex and Kent. She joined Hertfordshire County Council in 1995 becoming Director of Adult Care Services in 2001, and was appointed Chief Executive in 2004. During this time she was a Governor of Oakland's FE College, President of Hertfordshire Agricultural Society, a Board member of Hertfordshire PCT, and was awarded an Honorary Doctorate from the University of Hertfordshire.

She has been a Board Member of SOLACE, a past Chairman of ACCE, a member of numerous National Advisory Groups and Government Reviews and has served as a non-executive director of the Disclosure and Barring Service and as a Trustee of the Terence Higgins Trust. She is currently Director of Health and Wellbeing System Improvement for the Local Government Association.



Pankaj Davé

Chair of the Transformation Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

Pankaj is a chartered certified accountant and has worked internationally as a senior executive leading large multidisciplinary teams for a range of globally recognised businesses including BP, Amoco and Reliance Industries. He has broad business experience having worked in strategy, finance, commercial, business transformation, operations, enterprise systems implementation and planning and performance management roles. Pankaj was a Board Trustee with Kidney Research UK and ran his own strategy consultancy business. In his last role Pankaj worked for five years as an expat for Reliance Industries, India's largest company. As a direct report to the managing director, he led and successfully delivered a major group-wide transformation programme to integrate processes, systems, data and organisation and to design and implement the group management systems and governance framework.

He is a Board Trustee with the Royal College of Surgeons (Eng) where he chairs the audit and risk committee.

Pankaj chairs the Trust's transformation committee and is a member of the audit as well as the finance and performance committees.



Cliff Shearman OBE

Chair of the Workforce Strategy Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

Cliff was appointed as a non-executive director on 1 October 2020. He lives in West Hampshire and was a professor of vascular surgery/consultant vascular surgeon at University Hospital Southampton NHS Foundation Trust until 2016, where he was also associate medical director. He was head of the Wessex Postgraduate School of Surgery from 2007-2012. Cliff is now emeritus professor of vascular surgery at the University of Southampton.

Cliff has been heavily engaged in quality improvement work relating to people with diabetes to improve the quality of care and vascular complications which can result in foot and leg amputations. He has also maintained an active research programme throughout his career, leading various studies and publishing national and international guidelines, books, papers and articles. Cliff has represented the Vascular Society on the Royal College of Surgeons of England Council since 2015, and in April 2018 was elected as its vice-president. He is also a trustee of the Royal College of Surgeons. Cliff is a non-executive director on the board of Spire Health Care.

Cliff chairs the workforce strategy committee and is a member of the quality committee.



John Lelliott OBE

Chair of the Charitable Funds Committee and Sustainability Committee

Date of appointment:

1 October 2020

Date of expiry:

30 September 2023

John had a long career in public service, retiring from The Crown Estate in September 2016 where he held the position of finance director. John also held the positions of non-executive director and chair of the audit committees' of the Environment Agency and the Covent Garden Market Authority, chair of the Natural Capital Coalition from July 2016 to July 2019, and now a board member of the Capitals Coalition. He is a Trustee of The Centre for Sustainable Healthcare and JTL Training. In addition, John was formerly chairman of the ACCA Global Sustainability Forum, a member of HRH The Prince of Wales Accounting for Sustainability Project (A4S) advisory Council and an international integrated reporting council (IIRC) ambassador. John was a trustee and vice chair of Asthma UK until July 2016. He is a qualified chartered certified accountant and a fellow of the Chartered Association of Certified Accountants. John joined the Trust's board of directors as a non-executive director on 1 October 2020 having previously been on the board of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust since 2016. John chairs the charitable funds committee and the sustainability committee. He is also a member of the finance and performance committee as well as the audit committee.



Christine Hallett

Date of appointment:

1 October 2020

Date of retirement:

31 December 2021

Christine worked at the Department of Health for four years before moving to academia. She taught and researched in social policy at the universities of Oxford, Keele, Western Australia and Leicester. She served as principal and vice-chancellor at the University of Stirling from 2003-2010. She has also served as a civil service commissioner, as a trustee of the National Centre for Social Research, as chair of the board of trustees of the UK Council for International Student Affairs and as a member of the Council of Governors at Bournemouth University. Christine ceased to be a non-executive director of the Trust at the end of December 2021. Before then, she was a member of the quality committee, the workforce strategy committee and the charitable funds committee.

Executive directors



Siobhan Harrington

Chief executive

Date of appointment:

1 June 2022

Siobhan Harrington began her career in nursing posts in London, working at St Thomas's and Royal Free Hospitals. After programme management roles including at regional level, Siobhan, in 2004 was appointed director of Primary Care Commissioning and lead nurse at Haringey PCT. She joined Whittington Hospital NHS Trust in 2006 moving through roles including director of primary care, acting director of nursing, director of strategy and deputy chief executive. She spent two years as programme director for the Barnet Enfield Haringey clinical strategy implementation, and in 2017 was appointed chief executive of Whittington Health NHS Trust. She joined the Trust as Chief Executive in June 2022, following the retirement of Debbie Fleming OBE.



Debbie Fleming OBE

Chief executive

Date of appointment:

1 October 2020

Date of retirement:

31 March 2022

Debbie was the first chief executive for University Hospitals Dorset NHS Foundation Trust until her retirement in March 2022. Debbie was appointed chief executive for Poole Hospital NHS Foundation Trust in 2014 where she served for five years before being appointed as chief executive to the Royal Bournemouth and Christchurch NHS Foundation Trust. From January 2019, she led the merger of the two organisations, as joint chief executive over both. She chaired the Dorset Cancer Partnership and led on the transformation of Planned Care Services within the Dorset Integrated Care System.



Paula Shobbbrook
Chief nursing officer
[Date of appointment:](#)
1 October 2020

Paula has extensive executive and nursing leadership experience in acute hospitals, having worked in two executive nurse director roles prior to her appointment to the Trust. She was director of nursing and midwifery at The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust from September 2011 and executive chief nurse at Winchester and Eastleigh Healthcare NHS Trust where she worked for 10 years. Paula's nursing career includes clinical experience in acute medicine, cardiac and respiratory specialties and her areas of particular interest are quality governance, patient safety and leadership development.

Paula is a Visiting Professor at Bournemouth University, Faculty of Health and Social Sciences. She was appointed Deputy Chief Executive for the Trust in November 2020 and following Debbie Fleming's retirement in March 2022 was Acting Chief Executive until Siobhan Harrington joined in June 2022.



Mark Mould
Chief operating officer
[Date of appointment:](#)
1 October 2020

Mark is the first chief operating officer for University Hospitals Dorset NHS Foundation Trust. He was previously the chief operating officer for Poole Hospital NHS Foundation Trust where he served for six years. Mark has extensive operational management experience across a number of other acute trusts across the country.



Pete Papworth
Chief finance officer
[Date of appointment:](#)
1 October 2020

Pete was appointed director of finance for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in 2017 and was subsequently appointed director of finance for Poole Hospital NHS Foundation Trust in 2019 in a joint role across both organisations. He led the financial aspects of the merger of the two organisations and was appointed as the first chief finance officer for University Hospitals Dorset NHS Foundation Trust on 1 October 2020. Pete is a chartered accountant with experience working across all aspects of the public sector locally.



Dr Alyson O'Donnell
Chief medical officer
[Date of appointment:](#)
1 October 2020

Alyson joined the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust as medical director in November 2016 before being appointed the role of chief medical officer for the Trust. Alyson comes from a clinical background as a consultant neonatologist, having completed her professional training in both the UK and Australia.

She has extensive experience in the leadership and development of clinical networks and their impact on clinical care. She is passionate about using quality improvement to drive patient outcomes and the role of medical leadership in ensuring an embedded safety and learning culture.



Richard Renaut
Chief strategy and
transformation officer
Date of appointment:
1 October 2020

Richard joined the NHS through the NHS management training scheme. He has worked in both primary care and tertiary hospital settings. Prior to his appointment as chief strategy and transformation officer on 1 October 2020, Richard was chief operating officer of the Royal Bournemouth Christchurch Hospitals and has been a board executive since 2006.



Karen Allman
Chief people officer
Date of appointment:
1 October 2020

Karen was appointed to the role of chief people officer for the new UHD on 1 October 2020, having previously been the director of human resources for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust since 2007. She joined the NHS in 2003 from the Audit Commission where she was human resources director for District Audit. Her early career was spent in the private sector in retail with Marks & Spencer and Fenwick before working in the city at the London Stock Exchange.



Peter Gill
Chief informatics
and IT officer
Date of appointment:
1 October 2020

Peter was appointed to the role of chief informatics and IT officer for the Trust on 1 October 2020 and had been director of informatics for the two preceding Trusts since 2012. Peter remains responsible for the informatics service comprising of around 150 team members who make a significant contribution to the running of the Trust 24 hours a day, seven days a week. Over eight years in London, he held two previous director of informatics roles and was head of informatics at Salisbury Foundation Trust for two years. He has been working in the NHS continuously from 1991 where he joined as a general management trainee. Peter is responsible for delivering the digital transformation strategy which aims to improve patient safety by implementing paperless healthcare and supporting all clinical and non-clinical services to realise the benefits of adopting digital solutions. He has a degree in mathematics and management sciences and a masters in leadership through effective human resource management. In his spare time you might spot Peter running or cycling in Dorset.

Details of all the Board members and their declarations of interest can be viewed on the Trust's website:

www.uhd.nhs.uk/uploads/about/docs/our_publications/Register_of_Directors_Interests_31_March_2022.pdf?msclkid=8e459f59d12c11ec953f09b3951eefae

In compliance with paragraph B.3.3 of the Monitor code of governance for NHS foundation trusts, no executive director holds more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity during the period under report. All of the non-executive directors are considered to be independent by the board of directors.

Board meetings

The board of directors meets every month on the last Wednesday of the month and at other times as necessary, with it meeting every other month in public. In the case of these bi-monthly meetings, the first part of the meeting is open to the public and members of the public are only excluded from meetings where the business to be transacted is confidential or there are special circumstances permitted by the Trust's

constitution. The discussions and decisions relating to all items on the agenda of the board of directors meetings are recorded in the minutes of the meeting. During the reporting period as a result of the Covid- 19 pandemic and government guidance the board of directors took the decision not to hold certain board meetings in public however the frequency of the private board meetings was increased to transact business and ensure there was oversight of performance and regulatory matters. All meetings of the Board were held virtually using Microsoft Teams. Opposite each name in the table shown below is the number of meetings at which that director was present and in brackets the number of meetings that the director was eligible to attend. The number of meetings includes both scheduled and special/extraordinary meetings.

Attendance at Meetings of the Board of Directors		
Name	Title	Attendance
Karen Allman	Chief People Officer	11 (13)
Pankaj Davé	Non-Executive Director	11 (13)
Debbie Fleming OBE	Chief Executive	11 (13)
Peter Gill	Chief Informatics and IT Officer	13 (13)
Philip Green	Non-Executive Director	13 (13)
Christine Halllett	Non-Executive Director	7 (10)
John Lelliott OBE	Non-Executive Director	13 (13)
David Moss	Chair	13 (13)
Alyson O'Donnell	Chief Medical Officer	13 (13)
Mark Mould	Chief Operating Officer	9 (13)
Stephen Mount	Non-Executive Director	6 (13)
Pete Papworth	Chief Finance Officer	12 (13)
Richard Renaut	Chief Strategy and Transformation Officer	12 (13)
Cliff Shearman OBE	Non-Executive Director	13 (13)
Paula Shobbrook	Chief Nursing Officer	11 (13)
Caroline Tapster CBE	Non-Executive Director	13 (13)

Audit Committee

The Trust's audit committee meets at least quarterly and representatives from the external auditor, internal auditors and the counter fraud service attend these meetings. The chief finance officer, chief nursing officer, chief medical officer, chief informatics and IT officer, and representatives from the risk management and clinical audit teams also regularly attend meetings at the request of the committee chair. The audit committee met seven times during the period. The committee members are all independent non-executive directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the audit committee	
Name	Meetings attended
Philip Green (Chair)	7 (7)
Pankaj Davé	7 (7)
John Lelliott OBE	6 (7)
Stephen Mount	5 (7)

The audit committee's duties cover the following areas:

- reviewing the establishment and maintenance of an effective system of internal control, risk management and corporate governance, with particular reference to the Trust's board assurance framework;
- appointing the internal auditors including the terms of appointment, agreeing the internal audit programme and reviewing the findings and recommendations from internal audit reports to provide assurance to the Board of Directors;
- considering the appointment of external auditors, including the terms of appointment, before making a recommendation to the Council of

Governors, reviewing the nature and scope of the audit and the reports of the external auditors;

- considering the provision of any non-audit services to the Trust by the external auditors;
- appointing the counter fraud service including the terms of appointment, agreeing the counter fraud programme and reviewing the findings from investigations;
- monitoring management responses to internal audit, external audit and counter fraud reports and the implementation of recommendations;
- ensuring co-ordination between internal audit, external audit and the counter fraud service;
- ensuring that internal audit, external audit and counter fraud operate effectively, including appropriate resourcing and access to staff;
- reviewing the annual plan and annual report for clinical audit;
- reviewing the annual report, annual governance statement and annual financial statements before making a recommendation to the Board of Directors; and
- reviewing arrangements by which staff of the Trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

Full terms of reference for the committee can be found on our website:

www.uhd.nhs.uk/uploads/about/docs/our_publications/Terms_of_Reference_Audit_Committee_v11.pdf

During the year, the audit committee paid particular attention to the following areas: cyber security; effectiveness of board governance post-merger; governance

and process for managing the capital programme; freedom to speak up policy - revisions for whistleblowing; and review of post-transaction integration plans.

Internal audit

Internal auditors assist the audit committee by providing a clear statement of assurance regarding the adequacy and effectiveness of internal controls. The chief finance officer is professionally responsible for implementing systems of internal financial control and is able to advise the audit committee on such matters. The internal audit function is provided by BDO, which has reported as follows for the year:

Overall, we are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently.

External auditors

The Trust's external auditors to 31 March 2022 were and continue to be KPMG. The role of external auditors is to provide an independent audit opinion on the annual report and accounts.

The key elements for the framework of assessment of effectiveness of the external audit process employed by the chief finance officer include a review of performance in relation to the contracted service specification, the standard of audits conducted, the recording of any adjustments, the timeliness of reporting, the availability of the auditor for discussion and meetings on key issues, and the quality of reporting to the audit committee, the board of directors and the council of governors. Using this framework the chief finance officer is satisfied with the effectiveness of the external audit process.

The significant audit risks which were identified as part of the overall audit were:

- fraud risk from expenditure recognition
- valuation of land and buildings
- management override of controls.

These were agreed with the audit committee as part of the audit planning process, and KPMG reported on these areas as part of their year end report. No significant issues were identified.

The board of directors has approved a policy for the provision of any non-audit service that might be provided by the Trust's external auditor. This policy removes any unnecessary restrictions on the purchase of services from the external auditor but ensures that any non-audit service provided by them cannot impair or cannot be seen to impair the objectivity of their opinion on the financial statements. The external audit has provided no non-audit services in the year or prior year.

Counter fraud

The audit committee is responsible for appointing the counter fraud service and ensuring it has appropriate support within the Trust to carry out its work. It reviews the annual counter fraud programme and the results of its proactive monitoring and awareness activities as well as reactive (investigations) work including management's response to recommendations, highlighting any issues to the board of directors if necessary. The committee ensures co-ordination between the internal auditors and counter fraud.

Freedom to speak up (Whistleblowing)

The committee receives the Trust's Freedom to speak up: raising concerns (whistleblowing) policy and under its Terms of Reference reviews the effectiveness of the arrangements in place for allowing staff to raise concerns.

Charitable Funds Committee

Among the responsibilities of the charitable funds committee are monitoring and authorising the application of charitable funds in relation to the University Hospitals Dorset NHS Foundation Trust Charitable Funds. The charitable funds committee met four times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the charitable funds committee	
Name	Meetings attended
John Lelliott OBE (Chair)	4 (4)
Philip Green	4 (4)
Christine Hallett	3 (3)
Caroline Tapster CBE	4 (4)
Karen Allman	4 (4)
Richard Renaut	1 (4)

Finance and Performance Committee

Among the responsibilities of the Finance and Performance Committee are reviewing material plans, proposals and out-turn in respect of financial and operational performance matters relating to the Trust and reporting significant findings to the Board of Directors. The finance and performance committee met twelve times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate (save for one where it was agreed that items to be decisioned would be referred directly to the board of directors):

Attendance by members at the finance and performance committee	
Name	Meetings attended
Stephen Mount (Chair)	10 (12)
Pankaj Davé	12 (12)
John Lelliott OBE	12 (12)
Mark Mould	8 (12)
Pete Papworth	11 (12)
Richard Renaut	9 (12)

Quality Committee

The Committee serves to provide assurance that the Trust has an effective framework within which it can provide an effective patient experience by working to improve and assure the quality and safety of services it provides in a timely and cost-effective manner across certain specified areas. The quality committee met eleven times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the quality committee	
Name	Meetings attended
Caroline Tapster CBE (Chair)	11 (11)
Karen Allman	8 (11)
Debbie Fleming OBE	1 (2)
Philip Green	10 (11)
Christine Hallett	7 (9)
Mark Mould	6 (11)
Alyson O'Donnell	10 (11)
Cliff Shearman OBE	10 (11)
Paula Shobbrook	9 (11)

Sustainability Committee

Among the responsibilities of the sustainability committee are ensuring a clear and ambitious strategy is set for sustainability. The sustainability committee met four times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the sustainability committee	
Name	Meetings attended
John Lelliott OBE (Chair)	4 (4)
Debbie Fleming OBE	3 (4)
Philip Green	3 (4)
Stephen Mount	2 (4)
Richard Renaut	4 (4)
Pete Papworth	4 (4)

Transformation Committee

Among the responsibilities of the transformation committee are establishing the strategy and methodologies for setting, monitoring implementation and assurance of benefits realisation for the transformation agenda for the trust. The transformation committee met four times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the transformation committee	
Name	Meetings attended
Pankaj Davé (Chair)	4 (4)
Debbie Fleming OBE	2 (4)
Karen Allman	2 (4)
Peter Gill	2 (4)
Mark Mould	2 (4)
Cliff Shearman OBE	4 (4)
Richard Renaut	4 (4)
Caroline Tapster CBE	2 (4)

Workforce Strategy Committee

The workforce strategy committee is responsible for the consideration of matters relating to workforce planning and development and human resources policy and people strategy, ensuring workforce strategies are appropriate, and for gaining assurance by monitoring the management needed to deliver a workforce with the capacity and capability to provide high quality, safe patient care in line with strategic objectives, the trust values and the relevant elements of the Board Assurance Framework. The workforce strategy committee met five times during the period. The committee members are all members of the board of directors and during the reporting period attended meetings as follows, with each meeting having been quorate:

Attendance by members at the workforce strategy committee	
Name	Meetings attended
Cliff Shearman OBE (Chair)	5 (5)
Christine Hallett	4 (4)
Stephen Mount	1 (5)
Caroline Tapster CBE	4 (5)
Karen Allman	5 (5)
Mark Mould	1 (5)
Alyson O'Donnell	4 (5)
Paula Shobbrook	3 (5)

Appointments and Remuneration Committee

The Appointments and Remuneration Committee makes the executive appointments to the board of directors and approves the remuneration of the executive. It is made up of the chairman and non-executive directors of the board of directors. The chief executive attends except when the appointment of the chief executive is discussed. The chief people officer attends except when his/her own appointment is discussed. Appointments to executive director posts are made in open competition and can only be terminated by the board of directors.

Council of Governors

In the absence of any vacancies, there are 27 members of the Council of Governors including 17 elected public governors, five elected staff governors, and five nominated by partner organisations governors. The council of governors' principal duties are:

- to hold the non-executive directors individually and collectively to account for the performance of the board of directors;
- to represent the interests of the members of the Trust as a whole and the interests of the public.

The role and responsibilities of the council of governors are set out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). These have been incorporated into the Trust's constitution, standards of conduct and in the schedule of matters reserved for the board of directors.

The council plays a role in helping to set the overall strategic direction of the organisation by advising the board of directors of the views of the constituencies they represent. It also has specific responsibilities, set out in the National Health Service Act 2006 and the Health and Social Care Act 2012, in relation to the appointment or removal of non-executive directors and their remuneration, the appointment or removal of the Trust's auditors and development of the membership strategy.

The Trust is committed to embedding transparency and accountability throughout. The Trust recognises it has a specific responsibility to inform NHS Improvement of any potential breach of the provider licence at the earliest practicable opportunity. The Trust believes that its robust and effective engagement policy would ensure this is done should it be necessary. The Trust does not currently foresee any circumstances whereby it would be necessary for the governors to have to inform NHS Improvement of any possible breaches. The council is chaired by the chair of the Trust, and Caroline Tapster CBE, non-executive director was the senior independent director for the period of this report and was available to the council of governors if they had concerns about the performance of the board of directors, compliance with the provider licence or welfare of the Trust, which contact through the normal channels of chair or chief executive, failed to resolve or for which such contact is inappropriate. The council's lead governor and deputy lead governor were determined in April 2021.

Governor training and development

All governors are provided with an induction and receive appropriate updates on the publications; “Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors” and the “Guide to Monitor for NHS Foundation Trust Governors”. These documents are also supported by a Trust governor reference manual.

The council is kept fully informed through governor briefings.

The council will continue to develop further the membership and its engagement with members through the overarching membership strategy and the membership engagement group.

The chair takes steps to ensure that governors have the skills and knowledge they require to undertake their role. This includes access to a comprehensive induction process and development training events.

Elections

Elections were held in December 2020 across all constituencies to form the Council of Governors for University Hospitals Dorset in accordance with the Constitution. Appointments commenced from 1 October 2021. During the period under report, two governor vacancies arose: one for the Bournemouth constituency and the other for Poole and the rest of Dorset, with the new governors being appointed under provisions in the constitution.

Governor expenses

During the period under report, governors claimed expenses totalling £125. Wherever possible governors will car share when attending events in the region.

Meetings of the Council of Governors

The Council of Governors met five times during the year. The first part of the meeting is open to the public. Due to the Covid- 19 pandemic the public section of the meeting was cancelled and any meetings were held in private using Microsoft Teams in accordance with social distancing measures. Monthly informal governor briefings were held with the chair, chief executive and non-executive directors supported by members of the executive team to ensure governors were kept up to date throughout the reporting period.

Against each name in the table below is shown the number of Council of Governor meetings at which the governor was present and in brackets the number of meetings that the governor was eligible to attend. The number of meetings includes both scheduled and special/ extraordinary meetings. The discussions and decisions relating to all items on the agenda of the Council of Governors meetings are recorded in the minutes of the meeting. Each governor has declared their interests at public meetings of the Council of Governors.

The register of interests is available on the Trust’s website.

Name	Role	Term of office	Constituency, class or appointing organisation	Attendance
David Moss	Chair			5 (5)
Judith Adda	Governor	2 years	Bournemouth	2 (5)
Richard Allen	Governor	2 years	Christchurch, East Dorset and rest of England	4 (5)
Chris Archibold	Governor	3 years	Christchurch, East Dorset and rest of England	3 (3)+
Jonathan Babb	Governor	2 years	Bournemouth	2 (2)
Robert Bufton	Governor	2 years	Poole and rest of Dorset	5 (5)
Marie Cleary	Staff Governor	2 years	Administrative, Clerical and Management	5 (5)
Sharon Collett	Governor	3 years	Bournemouth	5 (5)
Christine Cooney	Governor	3 years	Poole and rest of Dorset	2 (2)*
Beryl Ezzard	Appointed Governor	3 years	Dorset Council	5 (5)
Richard Ferns	Governor	2 years	Poole and rest of Dorset	2 (2)
Paul Hilliard	Appointed Governor	3 years	Bournemouth, Christchurch and Poole Council	5 (5)
Marjorie Houghton	Governor	3 years	Bournemouth	3 (5)
Cameron Ingham	Staff Governor	3 years	Allied Health Professionals, Scientific and Technical	4 (5)
Carole Light	Governor	2 years	Christchurch, East Dorset and rest of England	5 (5)
Dr Andrew McLeod	Governor	3 years	Poole and rest of Dorset	4 (5)
Keith Mitchell	Governor	3 years	Bournemouth	5 (5)
Connor Morton	Appointed Governor	3 years	UHD Volunteers Group	2 (2)+
Sue Parsons	Governor	2 years*	Bournemouth	2 (2)
Markus Pettit	Staff Governor	3 years	Estate and Ancillary Services	0 (5)
David Richardson	Appointed Governor	3 years	Dorset CCG	2 (5)
Dr Robin Sadler	Governor	3 years	Christchurch, East Dorset and rest of England	4 (5)
Patricia Scott	Governor	3 years	Poole and rest of Dorset	5 (5)
Diane Smelt	Governor	2 years	Bournemouth	5 (5)

Name	Role	Term of office	Constituency, class or appointing organisation	Attendance
Stephen Tee	Appointed Governor	3 years	Bournemouth University	0 (2)+
Kani Trehorn	Staff Governor	3 years	Nursing, Midwifery and Healthcare Assistants	1 (5)
David Triplow	Governor	2 years	Poole and rest of Dorset	3 (3)
Michelle Whitehurst	Governor	2 years	Poole and rest of Dorset	3 (3)
Sandy Wilson	Governor	3 years	Christchurch, East Dorset and rest of England	5 (5)
Vacancy	Staff Governor		Medical and Dental	

*Ceased to be a governor during the period, with replacement governor in post

+Ceased to be a governor, with vacancy at the end of the reporting period

Attendance by directors at meetings of the Council of Governors

Name	Title	Attendance
Karen Allman	Chief People Officer	5(5)
Pankaj Davé	Non-Executive Director	0(5)
Debbie Fleming OBE	Chief Executive	4(5)
Peter Gill	Chief Informatics and IT Officer	3(5)
Philip Green	Non-Executive Director	0(5)
Christine Halllett	Non-Executive Director	0(5)
John Lelliott OBE	Non-Executive Director	0(5)
David Moss	Chair	5(5)
Alyson O'Donnell	Chief Medical Officer	3(5)
Mark Mould	Chief Operating Officer	3(5)
Stephen Mount	Non-Executive Director	0(5)
Pete Papworth	Chief Finance Officer	4(5)
Richard Renaut	Chief Strategy and Transformation Officer	0(5)
Cliff Shearman OBE	Non-Executive Director	0(5)
Paula Shobbrook	Chief Nursing Officer	3(5)
Caroline Tapster CBE	Non-Executive Director	4(5)

Nominations, Remuneration and Evaluation Committee (NREC)

The council of governors is required to establish a committee consisting of all or some of its members to assist in carrying out the specified functions relating to the appointment of the chair and non-executive directors; the review of the structure, composition and performance of the board; and the remuneration of the chairman and non-executive directors. The committee is chaired by the Trust chair, or in his absence, the vice-chairman, and comprises three public Governors, one appointed Governor, and one staff Governor.

- Sharon Collett Public Governor: Bournemouth;
- David Triplow Public Governor: Poole and Rest of Dorset;
- Sandra Wilson Public Governor: Christchurch, East Dorset, Rest of England;
- Marie Cleary Staff Governor;
- Beryl Ezzard Appointed Governor.

The committee met five times during the period, with members having attended meetings as follows, each having been quorate:

Attendance by members at the nominations, remuneration and evaluations committee	
Name	Meetings attended
David Moss, chairman	4 (5)*
Philip Green, vice-chairman	1 (5)*
Marie Cleary	5 (5)
Sharon Collett	5 (5)
Cllr Beryl Ezzard	5 (5)
David Triplow	5 (5)
Sandra Wilson	5 (5)

Business for the committee during the period was as follows:

In April 2021, the committee considered:

- The methodology for the 2020/2021 appraisals of the chairman and non-executive directors;
- Non-executive director remuneration.

On 29 July 2021 the committee considered:

- chairman's appraisal summary
- non-executive appraisals' summary

On 15 December 2021 the committee considered:

- appointment process of the new Chief Executive

On 27 January 2022 the committee considered:

- the new chairman recruitment including the proposed process, for which the external search agency, Odgers Berndston, was engaged
- non-executive director recruitment update, including endorsing postponement of the recruitment for the vacant position
- the methodology for the chair and non-executive directors' 2021/22 performance evaluation
- the committee's governance cycle

On 15 March 2022 the committee considered:

- update on chairman recruitment
- chairman recruitment: governor participation in shortlisting meeting and interviews.

* 1 meeting that David Moss was eligible to attend related to the appointment of the new Chairman of the Trust. Given David Moss' role as Chairman of the Trust at that time, Philip Green instead chaired this meeting.

In January 2022, an overview of the chairman recruitment process was provided to the council of governors with the planned retirement of David Moss on 31 March 2022. Council of governors members were subsequently provided with a candidate brief prepared by Odgers Berndtson working with the Trust. A formal, rigorous and transparent appointment process was developed for the selection and recruitment of the chairmen. Following shortlisting of the candidates, carousel sessions were held in April 2022, which included a governor group. The carousel sessions also included board members and external stakeholders. An interview panel was convened with all shortlisted candidates interviewed on the same date. The panel also consisted of governors, a board member and an external assessor. NREC made a recommendation to the council of governors in April 2022 to approve the appointment of the new Trust Chairman, Rob Whiteman CBE, who will start in the role on 1 July 2022.

Membership and Engagement

University Hospitals Dorset NHS Foundation Trust has a public constituency and a staff constituency. The public constituency has three classes. These are based on geographical areas that reflect our general, emergency and specialist service catchment areas; local government boundaries; and population numbers. They are:

- Bournemouth;
- Christchurch, East Dorset and Rest of England;
- Poole and Rest of Dorset.

The staff constituency is divided into five classes. They are:

- Medical and Dental;
- Allied Health Professionals, Scientific and Technical;
- Nursing, Midwifery and Healthcare Assistants;
- Administrative, Clerical and Management;
- Estates and Ancillary Services.

Anyone aged 16 and over who lives in England and is not employed by University Hospitals Dorset can become a public member.

At 31 March 2022 the Trust had 14,810 public members. The staff and volunteer members total was over 9,000. All staff and volunteers are members of the Trust automatically unless they choose to opt out.

The membership broadly reflects the populations the Trust serves in terms of diversity. However, as may be expected given the demographics of the local area, the Trust has proportionally slightly more members in the women and older age groups.

Membership Strategy 2020-2023

Our vision is to build on engagement with members in order to create an active and vibrant membership community, one that has a real voice in shaping the future of the Trust and the services it provides. The strategy sets out three overarching aims:

- To build representative membership that reflects our whole population of Dorset and west Hampshire;
- To improve the quality of mutual engagement and communication so our members are well informed, motivated and engaged;
- To ensure staff members have opportunities to become more actively engaged as members.

Elected governors listen to and represent the opinion of the Trust members on a whole range of issues including the objectives, priorities and strategy within the Trust's forward plan. The governors are given the opportunity to communicate those opinions expressed by members directly or via the council's membership and engagement group.

Appointed governors are able to present the views of their appointing bodies on the objectives, priorities and strategy within the Trust's forward plan directly to the council of governors.

The council reserves time at formal council of governor meetings to pay particular attention to the Trust's forward plan. Those views expressed to the council of governors are communicated to the board of directors through the annual planning processes.

The membership and engagement reference group of the council of governors had four meetings during the reporting period. The group is chaired by a governor and is supported by the company secretary team.

The staff governors are available via email whereby staff members can express views on services and developments within the hospital. This is then anonymously fed back to the chairman and chief executive of the Trust.

Members may contact the council of governors through the membership office by telephone **0300 019 8723**, in writing, by email **members.contact@uhd.nhs.uk** or via our website **www.uhd.nhs.uk**. Membership application forms are available on our website.

Engagement

During the period of this report membership engagement was curtailed due to the restrictions of Covid-19 and the demands across our services. This meant that most engagement with our members was done through our own digital channels of communications and with our external PR with local and national media, including understanding health talks and a virtual open day; as well as listening events and participate in the Mudeford Arts Festival.

NHS Improvement's well-led framework

The board of directors has approved a leadership strategy that supports the delivery of the Trust's vision and strategic objectives as a well led organisation that delivers safe, high quality patient care that is clinically and financially sustainable. Through the strategy the board will oversee the creation of the leadership capabilities and leadership culture the organisation needs to possess in order to achieve its vision. The leadership model for culture change will be one of collective leadership which will be clinically led. The board will promote the development of an inclusive leadership and management style. Performance under the leadership strategy will be assessed against these criteria on a quarterly basis, identifying specific areas for attention.

Leadership capacity and capability is supported by management structures within the Trust. A care group model has been established to strengthen the clinical leadership model and embedding the triumvirate approach through care groups. By triumvirate we mean the three way partnership between the manager, the lead nurse or allied health professional and the lead doctor. The triumvirate take a collective responsibility for the delivery of services in their area and this is replicated at all leadership levels in the Trust. Leadership development programmes are provided for each of these groups.

The Performance Report and Annual Governance Statement provide an overview of arrangements to ensure our services are well-led.

Remuneration Report

Annual statement on remuneration

The appointments and remuneration committee reviews the remuneration arrangements for executive directors. It is made up of the chair of the board of directors and all of the non-executive directors of the board. The chief people officer attends except when his/her own performance and/or salary is discussed to act as expert advisor on personnel and remuneration policy. The chief executive attends only to provide advice on issues concerning the performance of executive directors and salary ranges and for decisions relating to the appointment or removal of the chief officers, except when his/her own performance and/or salary is discussed. The chief finance officer attends to advise on the financial implications of remuneration or other proposals except when his/her own performance and/or salary is discussed.

In December 2021, the appointments and remuneration committee considered and approved the salary for Siobhan Harrington as new Chief Executive, following the retirement of Debbie Fleming OBE. Consideration was given to established pay ranges in acute NHS trusts and foundation trusts to inform this.

In January 2022, the committee approved the remuneration of the acting chief executive and acting chief nursing officer while performing these respective roles, also having regard to the established pay range for very senior managers within an acute trust.

Remuneration Committee

The appointments and remuneration committee met on three occasions during the reporting period:

- 21 October 2021: to consider the appraisals of the executive directors and chief executive and to approve the standard operating procedure for director appointments.
- 13 December 2021: to approve the appointment and remuneration proposals for the new chief executive officer, Siobhan Harrington.
- 20 January 2022: to consider updates on the chairman and non-executive director recruitment and to agree the arrangements for the acting chief executive and acting chief nursing officer; to consider executive director development and succession planning

The appointments and remuneration committee is a committee of the board of directors with responsibility for:

- overseeing and taking forward the process for the appointment/removal of the chief executive;
- overseeing and taking forward the process for the appointment/removal of the chief officers of the trust;
- setting the remuneration allowances and other terms and conditions of office for the Trust's chief officers.

The committee reviews national pay awards for staff within the Trust alongside information on remuneration for executive directors at other trusts of a similar size and nature, taking account of overall and individual performance and relativities, with the aim of ensuring that remuneration of executive directors is fair and appropriate. Through this process any salary above the threshold of £150,000 used by the Civil Service is considered and approved by the committee with a view to attracting and retaining individuals to support the Trust in delivering its vision and meeting its objectives.

Attendance at the appointments and remuneration committee

Name	Meetings attended
David Moss, chair	2 (3)
Pankaj Davé	2 (3)
Philip Green	3 (3)
Christine Hallett	1 (2)
John Lelliott OBE	3 (3)
Stephen Mount	1 (3)
Cliff Shearman OBE	2 (3)
Caroline Tapster CBE	3 (3)
Debbie Fleming OBE	2 (3)
Karen Allman	2 (3)

Senior manager remuneration (audited)

Senior manager remuneration (audited)											
Name	Title (as at 31 March 2022)	Twelve months ended 31 March 2022					Six months ended 31 March 2021				
		Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits	Total	Salary and Fees	Other Remuneration	Total Salary and Fees	Pension Related Benefits	Total
		(bands of £5000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000	(bands of £5,000) £'000	(bands of £5000) £'000	(bands of £5000) £'000	(bands of £2,500) £'000	(bands of £5,000) £'000
Executive Members											
Mrs D Fleming OBE	Chief Executive (see note 1)	225-230	-	225-230	-	225-230	100-105	-	100-105	-	100-105
Professor A O'Donnell	Chief Medical Director (see note 2)	210-215	-	210-215	-	210-215	95-100	-	95-100	-	95-100
Mr P Papworth	Chief Finance Officer (see note 3)	155-160	-	155-160	175-180	335-340	75-80	-	75-80	60-65	135-140
Professor P Shobbrook	Chief Nursing Officer	150-155	-	150-155	50-55	205-210	75-80	-	75-80	15 - 20	95-100
Mrs K Allman	Chief People Officer	140-145	-	140-145	135-140	280-285	70-75	-	70-75	0-5	70-75
Mr M Mould	Chief Operating Officer	140-145	-	140-145	65-70	210-215	90-95	-	90-95	30-35	120-125
Mr R Renaut	Chief Strategy and Transformation Officer	135-140	-	135-140	35-40	175-180	70-75	-	70-75	10-15	85-90
Mr P Gill	Chief Informatics and IT Officer	135-140	-	135-140	60-65	195-200	65-70	-	65-70	35-40	100-105
Non-Executive Members											
Mr D Moss	Chairman (see note 4)	60-65	-	60-65	Not applicable	60-65	25-30	-	25-30	Not applicable	25-30
Professor C Shearman OBE	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mr. P Green	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mr J Lelliott OBE	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mrs. C Tapster CBE	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mr P Davé	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mr. S Mount	Non Executive Director	15-20	-	15-20	Not applicable	15-20	5-10	-	5-10	Not applicable	5-10
Mrs C Hallett	Non Executive Director (see note 5)	10-15	-	10-15	Not applicable	10-15	5-10	-	5-10	Not applicable	5-10

Notes:

- 1 Mrs D Fleming retired on 31 March 2022 and was not an active member of the NHS Pension
- 2 Professor A O'Donnell was not an active member of the NHS pension
- 3 Mr P Papworth opted out of the NHS pension scheme on 1st December 2021
- 4 Mr D Moss left the organisation on the 31 March 2022
- 5 Mrs C Hallett concluded her post as a Board member on 31st December 2021
- 6 There are 24 Governors (including Staff Governors) at the end of March 2022, of which 3 received expenses during the period amounting to a total of £125
- 7 Senior Management Remuneration does not include any 'annual related bonus' or long term related bonuses for the period

- 8 No individual above received any significant benefits in kind for the period
- 9 No other categories in the proforma single table are relevant to the Trust for the period
- 10 Of the 16 senior managers in the table above, there were no expenses claims for the period

Summary of policy in relation to duration of contracts, notice periods; and termination payments:

- All Executive Directors are required to provide six months' written notice, however in appropriate circumstances this could be varied by mutual agreement.
- All senior managers appointed on a permanent contract are required to provide three months' written notice

- There are no payments for loss of office other than standard NHS redundancy provisions.

Total Remuneration pay ratios

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's 45 workforce. The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £225-£230k (2020-21, £200-£205k). This is a change between years of 12%. [From 2022/23, a prior year comparative of the percentage change will be required.] Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £15k-£20k to £225-£230k (2020-21 £15k-£20k to £200-£205k). The percentage change in average employee remuneration

(based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5%. [From 2022/23, a prior year comparative of the percentage change will be required.] 0 employees received remuneration in excess of the highest-paid director in 2021-22. [Prior year comparative will be added in 2022/23 requirements.]

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

Prior year comparators are not available for the previous 12 month period as the Trust was formed on the 1 October 2020 being six months. The six month prior year comparators are disclosed within the Trusts annual report October 2020 to March 2021.

The prior period median pay value and ratio has been restated to include agency values, to align with the disclosure of the current period disclosure.

Table illustrating pay ratio disclosure and derivations

	2021/22	2020/21	Percentage Change
Band of highest paid director (Annualised)	225-230	200-205	12.3%
Median Total Remuneration	32,131	29,126	1.4%
Ratio	7.1	7.0	Not applicable
25th Percentile Total Remuneration	23,275	Not applicable	Not applicable
ratio	9.8	Not applicable	Not applicable
75th Percentile Total Remuneration	41,582	Not applicable	Not applicable
ratio	5.5	Not applicable	Not applicable

Senior manager pension entitlements (audited)

Six months ended 31 March 2021									
Name	Title (as at 31 March 2021)	Real Increase in Pension at retirement age	Real Increase in Pension Lump Sum at retirement age	Total accrued Pension at retirement age at 31 March 2021	Total accrued Pension Lump Sum at retirement age at 31 March 2021	Cash Equivalent Transfer Value at 1 October 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer-Funded contribution to growth in CETV for the year
		(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	£'000	£'000	£'000	£'000
Mrs D Fleming	Chief executive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dr A O'Donnell	Chief medical officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mr Mark Mould	Chief operating officer	0 - 2.5	2.5 - 5	55 - 60	125 - 130	1,080	33	1,113	22
Mr P Papworth	Chief finance officer	0 - 2.5	2.5 - 5	15 - 20	40 - 45	190	90	281	85
Professor P Shobbrook	Chief nursing officer	0 - 2.5	0 - 2.5	60 - 65	155 - 160	1,160	21	1,181	10
Mrs K Allman	Chief people officer	0 - 2.5	0 - 2.5	25 - 30	75 - 80	640	8	648	(3)
Mr R Renault	Chief strategy and transformation officer	0 - 2.5	0 - 2.5	45 - 50	90 - 95	720	14	734	3
Mr P Gill	Chief informatics and IT officer	0 - 2.5	2.5 - 5	45 - 50	100 - 105	852	36	888	26

Twelve months ended 31 March 2022									
Name	Title (as at 31 March 2022)	Real Increase in Pension at retirement age	Real Increase in Pension Lump Sum at retirement age	Total accrued Pension at retirement age at 31 March 2022	Total accrued Pension Lump Sum at retirement age at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
		(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	£'000	£'000	£'000	£'000
Mrs D Fleming OBE	Chief Executive (see note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Professor A O'Donnell	Chief Medical Director (see note 2)	2.5 - 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mr M Mould	Chief Operating Officer	7.5 - 10	2.5 - 5	61 - 65	131 - 135	1,118	92	1,211	21
Mr P Papworth	Chief Finance Officer (see note 3)	2.5 - 5	17.5 - 20	26 - 30	61 - 65	282	134	416	15
Professor P Shobbrook	Chief Nursing Officer	5 - 7.5	0 - 2.5	61 - 65	156 - 160	1,187	80	1,267	22
Mrs K Allman	Chief People Officer (see note 4)	2.5 - 5	20 - 22.5	31 - 35	96 - 100	N/A	N/A	N/A	21
Mr R Renault	Chief Strategy and Transformation Officer	2.5 - 5	0 - 2.5	46 - 50	91 - 95	737	50	788	20
Mr P Gill	Chief Informatics and IT Officer	0 - 2.5	2.5 - 5	51 - 55	106 - 110	892	84	976	19

Notes:

- 1 Mrs D Fleming was not an active member of the NHS pension during the reporting year
- 2 Professor A O'Donnell was not a active member of the NHS pension during the reporting year
- 3 Mr P Papworth opted out of the NHS pension scheme on 1st December 2021
- 4 Mrs K Allman CETV is not applicable

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from

the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated as prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Senior Managers' Remuneration Policy

Future Policy Table

Item	Salary/Fees	Taxable Benefits	Annual Performance Related Bonus	Long Term Related Bonus	Pension Related Bonus
Support for the short and long term objectives of the Foundation Trust	Ensure the recruitment and retention of directors of sufficient calibre to deliver the Trust's objectives	None disclosed	None Paid	None Paid	Ensure the recruitment and retention of directors of sufficient calibre to deliver the Trust's objectives
How the component operates	Paid in even twelfths	None disclosed	None Paid	None Paid	Employer and employee contributions
Maximum payment	As set out in the accounts	None disclosed	None Paid	None Paid	Contributions are made in accordance with the NHS Pension Scheme
Framework used to assess performance	Trust appraisal system	None disclosed	None Paid	None Paid	Not applicable
Performance measures	Tailored to individual posts	None disclosed	None Paid	None Paid	Not applicable
Amount paid for minimum level of performance and any further level of performance	Salaries are agreed on appointment and set out in the contract of employment	None disclosed	None Paid	None Paid	Not applicable
Explanation of whether there are any provisions for recovery of sums paid to directors or provisions for withholding payments	Any overpayments may be recovered	None disclosed	None Paid	None Paid	Not applicable

Non-Executive Directors are appointed on fixed term contracts, normally three years in length, and they do not gain access to the Pension Scheme as a result of this engagement. The fee payable to Non-Executive Directors is set out later. They do not receive any other payments from the Trust.

Service Contract Obligations

All Executive Directors are required to provide six months' notice, however in appropriate circumstances this could be varied by mutual agreement. All senior managers are employed on permanent or fixed term contracts and are required to give three months' notice to terminate their contract. Terms of each of the non-executive directors are given in the details of the Board members above.

Policy on payment for Loss of Office

Payment for loss of office is covered within contractual notice periods and standard employment policies and legislation. The Trust has made no provision for compensation for early termination and no payment for loss of office for senior managers.

Trust's Consideration of Employment Conditions

Other members of staff who are not Board members are employed on agenda for change terms and conditions and any percentage pay increases are applied in accordance with national agreements. The Nomination and Remuneration Committee agrees very senior managers pay and conditions following consideration of benchmarking information on comparable roles.

Service Contracts

All executive directors are employed on permanent or fixed term contracts

All executive directors are subject to a six months notice period with one month notice for all non-executive directors. The Trust Board Members Table below shows their start and finish dates, where applicable or if their role is current:

Trust Board Members

Executive Director	Title	Date of Appointment	Contract date to	Notice Period
Debbie Fleming OBE	Chief Executive	1 October 2020	31 March 2022	6 months
Karen Allman	Chief People Officer	1 October 2020	Current	6 months
Peter Gill	Chief informatics and IT Officer	1 October 2020	Current	6 months
Alyson O'Donnell	Chief Medical Officer	1 October 2020	Current	6 months
Pete Papworth	Chief Finance Officer	1 October 2020	Current	6 months
Richard Renaut	Chief Strategy and Transformation Officer	1 October 2020	Current	6 months
Mark Mould	Chief Operating Officer	1 October 2020	Current	6 months
Paula Shobbrook	Chief Nursing Officer	1 October 2020	Current	6 months

Non-Executive Director	Title	Date of Appointment	Contract date to	Notice Period
Pankaj Davé	Non-Executive Director	1 October 2020	30 September 2023	1 month
Christine Hallett	Non-Executive Director	1 October 2020	31 December 2021	1 month
Philip Green (Vice-Chair and Acting Chair from 1 April 2022)	Non-Executive Director	1 October 2020	30 September 2023	1 month
John Lelliott OBE	Non-Executive Director	1 October 2020	30 September 2023	1 month
Stephen Mount	Non-Executive Director	1 October 2020	30 September 2023	1 month
David Moss	Chair	1 October 2020	31 March 2022	1 month
Caroline Tapster CBE (Senior Independent Director)	Non-Executive Director	1 October 2020	30 September 2023	1 month
Cliff Shearman OBE	Non-Executive Director	1 October 2020	30 September 2023	1 month

Disclosures required by Health and Social Care Act

Remuneration for senior managers is set out within the Remuneration Report. For all other staff the Trust adheres to the national agenda for change guidelines for the setting of pay and notice periods.

The expenses of Directors and staff governors are reimbursed in accordance with the Trust's policy on expenses applicable to all staff. Travel and other costs and expenses for all other governors are reimbursed in accordance with a separate policy approved by the Nomination and Remuneration Committee, made up of the non-executive Directors. Governors are volunteers and do not receive any remuneration for their roles.

The board of directors considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to A.5.12 and B.1.2. Details of compliance or an explanation are provided in this report.

Better Payment Practice Code

In accordance with the Better Payment Practice Code, the Trust aims to pay all valid invoices by their due date or within 30 days of receipt, whichever is the later. Performance currently benchmarks well and is set out below. The Trust did not incur any material liability to pay interest as a result of not paying any invoices within 30 days.

Better Payment Practice Code Non-NHS Invoices	In Month		Year to Date	
	No.	£'000	No.	£'000
Total bills paid	11,095	46,937	123,264	359,706
Total bills paid within target	10,427	45,656	111,609	333,004
Percentage of bills paid within target	94.0%	97.3%	90.5%	92.6%
NHS Invoices				
Total bills paid	311	4,278	3,805	46,051
Total bills paid within target	293	3,432	3,399	40,589
Percentage of bills paid within target	94.2%	80.2%	89.3%	88.1%
Total				
Total bills paid	11,406	51,215	127,069	405,757
Total bills paid within target	10,720	49,088	115,008	373,593
Percentage of bills paid within target	94.0%	95.8%	90.5%	92.1%

References to 30 days include the due date if later.

Private patient income

The Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purpose of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Board's responsibility for the Annual Report and Accounts

The Directors are required by the National Health Service Act 2006 (as amended):

- to prepare, in respect of each financial year, annual accounts in such form as Monitor, now part of NHS Improvement, may, with the approval of the Secretary of State, direct; and
- to comply with any directions given by Monitor with the approval of the Secretary of State as to the methods and principles according to which the accounts are prepared and the content and form to be given in the accounts.

The accounts must provide a true and fair view and comply with International Financial Reporting Standards and the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22. In preparing the annual report and accounts, the directors are required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the annual report and accounts on the going concern basis, unless it is inappropriate to do so.

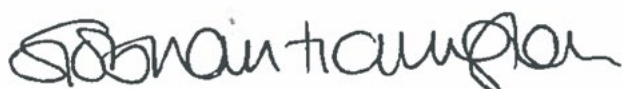
The Board has reviewed the Annual Report and Accounts, having taken into account all the matters considered by the Board and brought to the attention of the Board during the reporting period. The Board consider that taken as a whole the Annual Report and Accounts, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy. In the case of persons who are directors as at the date when this report is approved:

- so far as each of the directors is aware, there is no relevant audit information of which the Trust's auditor is unaware
- each of the directors has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information. This confirmation is given and should be interpreted in accordance with section 418 of the Companies Act 2006.

Learning from complaints and concerns

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Trust must prepare an annual report each year. This must specify the number of complaints received, the number of complaints which the Trust decided were well-founded and to summarise the subject matter of complaints, any matters of general importance arising from those complaints, or the way in which they have been managed and any actions that have been, or are to be taken to improve services as a consequence of those complaints.

Complaints made to the Trust are managed within the terms of the Trust's complaints procedure and national complaint regulations for the NHS. The overriding objective is to resolve each complaint with the complainant through explanation and discussion. It is important to note that the two Trusts had different approaches to managing and investigating complaints prior to the merger. The number of formal complaints received and investigated can be seen below.



Siobhan Harrington
Chief Executive
16 June 2022

Formal complaints received	2021/22	2020/21	2020/21		2019/20	
		Q3 and 4	Q1 and 2			
	UHD	UHD	RBCH	PH	RBCH	PH
	491	447	169	75	498	221

The Trust has implemented an early resolution of complaints process. This is part of the formal complaint process but is intended to provide a quicker response within 10 working days. Over the past year the Trust has also investigated 120 complaints under this process.

The focus of the Patient Advice and Liaison Service (PALS) is to resolve concerns informally with front line staff. The table below shows that there has been an increase in the number of concerns being raised informally over the past year.

PALS concerns	2021/22	2020/21	2020/21		2019/20	
		Q3 and 4	Q1 and 2			
	UHD	UHD	RBCH	PH	RBCH	PH
	5200	2347	1072	741	2426	1997

Complaint outcomes

At the close of the complaint investigation the investigation and findings are reviewed, and an outcome reached as to whether the complaint is upheld (well-founded), partially upheld or not upheld. The % of complaints upheld and not upheld can be seen in the Table below, together with a comparison against national average.

Outcome of complaints	2021/22	2020/21 Q3 and 4		2020/21 Q1 and 2			2019/20		
	UHD	UHD	Nat Ave	RBCH	PH	Nat Ave	RBCH	PH	Nat Ave
Upheld	14%	21%	24.6%	14%	20%	28%	14%	25%	31%
Partially upheld	34%	29%	37%	33%	39%	35%	37%	36%	33%
Not upheld	52%	50%	38.4%	53%	41%	37%	49%	39%	36%

Subjects of complaints

Every complaint is assessed at the outset and the key themes extracted. The themes, based on the DOH submission dataset can be seen in the table below; recorded by number and % of total.

Any emerging themes or hotspots are identified and escalated to the Directorate or Care Group triumvirate or to the relevant Director, depending on the seriousness, complexity and/or frequency of complaint theme monitored. Complaints can have more than one theme assigned to them for example the complaint could be about the clinical treatment and communication and administration.

A full summary is reported on a quarterly basis to the Quality Committee.

Complaint themes	2021/22	2020/21 Q3 and 4	2020/21 Q1 and 2		2019/20	
	UHD		RBCH	PH	RBCH	PH
Clinical treatment	373 (44%)	138 (32%)	103 (38%)	61 (30%)	266 (36%)	199 (38%)
Access to treatment	2 (0%)	23 (5%)	14 (5%)	1 (0.5%)	41 (6%)	5 (1%)
Admission, discharge, transfers	37 (4%)	27 (6%)	13 (5%)	7 (4%)	27 (4%)	20 (4%)
Delays and cancelled appointment	16 (2%)	12 (3%)	4 (2%)	3 (2%)	22 (3%)	14 (3%)
Communication	1 (0%)	92 (21%)	41 (15%)	37 (18%)	173 (24%)	59 (11%)
Consent	211 (25%)	1 (0%)	1 (0.5%)	1 (0.5%)	1 (0%)	1 (0%)
End of life care	6 (0.5%)	3 (0.5%)	0 (0%)	2 (1%)	2 (0.5%)	2 (0.5%)
Facilities	0 (0%)	3 (0.5%)	1 (0.5%)	5 (3%)	4 (0.5%)	10 (2%)
Integrated care	7 (0.5%)	2 (0.5%)	0 (0%)	0 (0%)	8 (1%)	0 (0%)
Patient care	0 (0%)	97 (23%)	86 (31%)	35 (17%)	179 (24%)	85 (16%)
Mortuary	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Prescribing	0 (0%)	3 (0.5%)	0 (0%)	8 (4%)	5 (1%)	21 (4%)
Privacy, dignity and wellbeing	81 (10%)	3 (0.5%)	1 (0.5%)	5 (3%)	2 (0.5%)	8 (2%)
Restraint	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)
Staffing numbers	4 (0%)	0 (0%)	0 (0%)	1 (0.5%)	0 (0%)	0 (0%)
Transport	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Administration	39 (5%)	12 (3%)	0 (0%)	15 (8%)	1 (0%)	22 (4%)
Values and Behaviours	39 (5%)	13 (3%)	1 (0.5%)	20 (10%)	3 (0.5%)	65 (13%)
Waiting Times	32 (4%)	0 (0%)	3 (1%)	0 (0%)	1 (0%)	8 (2%)

The PALS concerns are themed using the same assessment used for formal complaints. The PALS themes are similar to the above percentages. The Trust also received concerns regarding communication which include for example relatives having difficulties in getting through to wards during the height of the Covid-19 pandemic, having difficulties in getting through to various departments across the Trust that are short staffed or patients concerned regarding text messages received asking for information which were sent out by the Trust to patients on waiting lists.

Changes resulting from Complaints

One of the main purposes in investigating complaints is to identify opportunities for learning and change in practice to improve services for patients. Examples of changes brought about through complaints are as follows:

You said

"I was not informed that I had been discharged from the care of the Consultant"

We did

"Apologised to for the lack of communication, a letter had been sent to the GP and not to them. This is being reviewed to ensure that communication is shared with the patient."

You said

"My mother had no support, no one was there to help us through the End of Life process for my father"

We did

"Sincerest apologies offered. Advised that Ward Sister has arranged to take part in an End of Life education pilot with the End of Life Specialist Nurse. This is a new service, giving the ward access and support to educate, review and offer feedback to help support patients through the End of Life journey"

You said

"I did not receive any information about the request I had made for a letter regarding my ICD."

We did

"Patient has been issued with a letter from his consultant regarding considerations to his care if he further presents to ED. This has also been added to the patient records as an alert for the staff awareness."

You said

"There was a lack of follow up when I was transferred from another NHS Trust back to University Hospitals Dorset."

We did

"We identified that referrals had been made but had not been received by Poole Hospital and therefore unfortunately, there was a lack of follow up. We are working hard to improve this and have a system in place to ensure that children are not "lost" within the referral system"

You said

"There was a lack of facilities for me to breastfeed my son when I attended for tests"

We did

"Whilst staff tried to provide support, unfortunately there are currently no designated breastfeeding facilities. Plans are in place to build a designated area for breast feeding as part of the new Childrens Unit"

You said

"The phones are never answered on AMU"

We did

"apologised and explained the call volume on AMU has increased by 139% since Covid-19 and visiting restrictions were implemented. We have also added this to our Risk Register and commenced an improvement project."

Referrals to the Parliamentary and Health Service Ombudsman (PHSO)

Complainants who remain dissatisfied with the way the Trust has handled their complaint at local resolution level are able to request an independent review to be undertaken by the Parliamentary and Health Service Ombudsman (PHSO). Complainants are made aware of their right to take their complaint to the PHSO through the Trust information leaflet and in the written response to their complaint.

During 2021/22 the PHSO did not open any cases for investigation.

Stakeholder relations

As the Covid-19 pandemic entered its second year, the NHS was never out of the headlines and our Trust had the responsibility to strengthen ties with all our major stakeholders. We needed their help and support and they needed to be kept informed and engaged with everything that we were doing.

We were also starting a huge programme of transformation. This will see a £250 million investment in our hospitals to create a major planned care hospital at Poole and a major emergency care hospital at Royal Bournemouth. This was led by the Dorset Clinical Commissioning Group's Clinical Services Review. The transformation will ensure the best use of our resources and will bring many benefits to our region, but has not been without opposition so we need to continue to engage with our local population as the plans develop.

In addition, this year saw the further development of the Dorset Integrated Care System (ICS) as it continued to prepare for the move to statutory status. This has meant closer working with Councils, all NHS Foundation Trusts, NHSE, Dorset CCG and care sector organisations. This work will develop with the establishment of the Integrated Care System Board as we move to building new relations and establishing UHD's place within the partnership.

Our close relationship with Bournemouth University continued to develop during this time. We are very proud of our university hospital status and are already seeing the benefits that this will bring to our hospitals and to our region. This includes opportunities for staff development, research, student collaboration and joint events. Our BU/UHD partnership steering committee has led on this exciting development.

Key achievements have included improving the research capability funding from circa £25k in 20/21 to almost £66k for 22/23 maintaining our trajectory to achieve £100k within 2 years of becoming a university hospital. Our educational partnership has provided tangible benefits with the establishment of 5 match funded PhD studentships as well as internships in biomedical science and project management and further placements in sustainability and human resources. Joint courses launched include 2021 MSc in Medical Imaging with management as well as a Level 7 senior leader apprenticeship across the Dorset ICS (2022) leveraging the apprentice levy to develop our non-clinical staff.

Additional teaching programmes are being developed to support staff development in enhanced and advanced practice.

Building on the working groups established in the first year of partnership a range of collaborative events have been developed across the following disciplines: obstetrics, digital and data, paediatrics, recruitment and finance.

The media remained one of our most important stakeholder groups. This included BBC South Today - we worked with their health correspondent Alastair Fee on a regular series of reports from our hospitals to share with the wider public on television what we were doing to deal with the Covid pandemic and then to focus on our recovery afterwards. We did a similar series with Andy Martin from the Bournemouth Echo and invited several journalists from the local paper to spend time in our Trusts to do a series of behind the scenes reports. There have been a lot of misinformation about the NHS so we felt it was important to set the record straight, but we also felt it was our responsibility to show how our hospitals were responding to the challenges and taking positive steps to help reassure the many patients who were frustrated waiting for their procedures. We wanted to show that they had not been forgotten and that we wanted to do all that we could for them.

Our governors were, as always, a fantastic ally during this time. While we could not hold face-to-face meetings, we were able to keep in touch with our governor body through our use of Teams, the online meetings platform. Our Membership Engagement Group played a vital role in keeping in touch with our 12,000 members and during this year we developed a monthly members' newsletter that was emailed to all our members we had email addresses for as well. We also published Together magazine that was posted to all our members - this contained important updates in our care for our patients as well as details of our future development plans.

We communicated with our patients through direct communications, the media, our social media channels and our membership channels. We also introduced text messaging to help tackle our growing waiting lists to help us validate these. It was imperative that we had the most up to date details of our patients and texting allowed us to do that

quickly and efficiently. We ran a series of media article and social media posts as well as posters around our hospitals to inform our patients of our planned changes.

For visitors, the ever changing infection prevention and control (IPC) protocols meant that we had to update our guidelines to who could or couldn't visit patients, with further details on how to book with the ward at one stage. We shared details of this on our internet pages, our social media channels and through the media. We had an amazing team of volunteers who were at the doors of our hospitals, handing out masks and hand sanitiser. These volunteers were the first face visitors saw when they came to our hospitals and they were fantastic ambassadors for our Trust.

One of our big developments during this year to help tackle the backlog of outpatient appointments was the creation of our Outpatient Assessment Clinic (OAC) at Beales department store in Poole's Dolphin Centre. This was a national first - to have such a clinic in the middle of retail space and we planned a series of stakeholder engagement during its development. This included with patient groups and we are very grateful to Healthwatch Dorset, Livewell Dorset and the Dorset CCG in setting up these meetings. We also held face to face meetings with local stakeholders to help explain the concept and to explain why we were doing this and a public engagement week in the shopping centre itself. We were joined at one of these meetings by one of our local MPs. We ran a series of features across our local media, including three reports on BBC South Today, two on ITV Meridian and one on ITV national news, as well as a series in the Bournemouth Echo. The OAC was opened in December 2021 and has since been visited by Amanda Pritchard, the CEO of NHS England and Sajid Javid, the Secretary of State for Health and Social Care.

Like the previous year, we were not able to hold face to face public meetings, but we were able to have a very successful online Open Day in September 2021. We ran a series of live online health talks as well as pre-recorded tours of our hospitals and details of our development plans. Recordings from the day have proved very popular on our website and have been shared widely.

Social Media - Social media platforms have been used more than ever over the period to update the public and staff with Trust news and changes.

Videos through the pandemic -

Many videos were produced and shared on social media and on our website and intranet throughout the pandemic. This was an effective way to get messages out quickly during a time when information and guidance was changing rapidly. The videos all received a high volume of comments and compliments from public and staff alike.

This year has proved challenging again because of Covid 19 but it has never been more important to strengthen our stakeholder relations. Through our own online channels, video meetings and the media we have developed new ways of engaging. We are now looking forward to the days of face-to-face meetings once more and have a series of exciting events planned for next year.

Patient engagement

Our Quality Strategy details the aims, objectives, timescales, responsibilities and monitoring processes of how we will achieve high quality care for all. It is the driver for delivering healthcare that is safe, clinically effective and a positive experience for all those involved.

The pandemic halted gatherings and restricted meetings with patients for engagement. In response to restrictions caused by the pandemic, 21/22 saw the UHD Patient Engagement Network (PEN) launch and develop. Involvement with the (PEN) is on a voluntary basis, and positions offered to members of the Trust and public who have a specialist interest in informing services. The PEN have been able to be involved in a number of projects, many virtually.

Insights from patients and carers informed the development of the Dorset Outpatient Assessment Clinic based in Beales, Poole. In partnership with Healthwatch, large online information sessions were held and smaller focus groups were used to inform processes and highlighted the communication that was needed with the wider public.

2021/22 saw embedding of the UHD Patient Experience Network, offering members of the Trust opportunities to be involved in projects and give opinion on proposed change in the Trust and across Dorset ICS.

Staff have been working in partnership with patients to codesign pathways, one example of this was the work being undertaken to improve engagement of young people with Cerebral Palsy therapy. The Trust partnered with AFC Bournemouth community team, who delivered an 'ability fun day'. This gave the opportunity for views and feedback from young people which were sought by young volunteers, supported through the UHD Youth Development Officer.

Staff engagement

Our Trust was only six months old at the start of this financial year in April 2021. The first three months of 2021 had seen our hospitals caring for as many as 400 Covid patients from the previous high in 2020 of 80. Many staff were off at the same time - either with Covid or because they were shielding because of a contact with someone with Covid. This put extra pressure on the staff at work. Our Trust has nearly 10,000 staff in total and our responsibility was to communicate what was happening in our response to Covid and also to help support their health and wellbeing.

We continued our daily email updates to all staff with operational updates that needed to be shared across the organisation. Our Trust's tactical leadership team were having to make decisions on a daily basis on how best to manage the care of our patients and to maintain our infection prevention and control protocols. We needed to keep staff informed on our plans. We also included details in this of health and wellbeing support for staff, with contacts.

Debbie Fleming OBE, our chief executive, continued to record video messages on a regular basis. While initially designed for staff, we realised their importance for the wider public too so shared them on our YouTube channel and across our social media channels. We also developed our staff publication The Brief which is produced monthly. This publication celebrates staff success as well as given wider background into our future plans. It is available on our staff intranet. Another development during this year was our staff app. Available on both iPhones and Android phones, this allowed staff who may not have access to computers during their day jobs to stay in touch with the Trust, including ESR, e-Roster, staff networks and our education platform. This has proved very popular and now has been downloaded 8,000 times. Our social media

platforms were also very useful at getting wider messages out to staff and to the general public. During this year, we also developed our Instagram account as well as our main channels of Facebook, Twitter and LinkedIn.

Regular staff briefings continued to take place throughout the pandemic and were more important than ever. Led by Debbie Fleming OBE, our Chief Executive and David Moss, Chair, these briefings became virtual via Teams and provided an additional communication channel for staff to hear about updates. These briefings also provided a progress report on the implementation of the Clinical Services Review, the establishment of the planned and emergency hospital sites and the merger, as well as providing an opportunity for staff to ask questions and raise concerns. The questions that were raised by staff were then used to help provide content for future briefings.

Digital - The Trust's new staff intranet and mobile phone app are regularly updated to keep the staff up to date with changes in the Trust as well as other valuable information. During the year we developed cross site working guides for staff to include information on refreshments and facilities, meeting rooms, IT and digital technology as well as site maps, parking, safety and security.

Staff report

Introduction

During 2021 we launched our People Strategy which sets out how we will unite our workforce behind our vision and make our new trust a great place to work. Our people have remained under increasing pressure since the response to Covid-19 began which is why it remains critical that we look after our people.

Our People Strategy drives the actions required to keep our people safe, healthy and well, both physically and psychologically, and provides the necessary support and development needed to continue to deliver the highest possible standards of care in an environment of high demand and at a time of significant change in the way patient services are organised and delivered across Dorset. Through this strategy, we will continue to build on the best from our existing organisations and ensure that the new trust has the workforce it needs to deliver its goals over this period.

Successful delivery of this strategy will support us to improve our people's experience and ensure the trust is a great place to work. We recognise the importance of engaging and involving our people, and despite the challenging time ahead for us and for the wider NHS, it is essential that we hold this at the heart of what we do.

We know there is a shortfall of trained people to meet the rising demands for healthcare and that we need to be more flexible, creative and innovative in how we attract, retain and develop our people, to enable us to fulfil our core purpose and achieve our vision. Our People Strategy has five key action themes, which, through service integration, will enable appropriate support and care for our people while strengthening our organisational capabilities.

During this period, the operational demands this pandemic has presented have been unprecedented and our staff have demonstrated unwavering commitment throughout to excellent patient care. Our key focus has remained on enabling staff to be healthy in 'body and mind', to help them recover effectively and strengthen our organisational capability. Our Occupational Health team managed the covid vaccination hubs, enabling staff across Dorset to receive their vaccination in easily accessible and efficient clinics. They successfully initiated and worked with the trust's Respiratory Physiotherapy team to run long-covid rehabilitation programmes for staff and with an increase in staff establishment towards the latter part of the financial year have been concentrating on proactive health and wellbeing initiatives. A new in-house Psychological Support and Counselling service was formed to provide psychological support to staff, and a new Managing Attendance Policy launched which recognises the need for staff to recover after periods of ill health by offering an extended phased return programme. In addition we developed our Mental Health First Aid (MHFA) Wellbeing Ambassador programme, embedded a range of targeted education and support sessions for line-managers to understand wellbeing policies and responsibilities.

In spite of the pandemic, work has continued to bring teams together at service and function level and to-date over 40 staff consultations have taken place in accordance with the trust's Organisational Change policy, to restructure and align teams, ensuring UHD is better placed to deliver safe, high quality, sustainable patient centred services. There is still much to do and staff will continue to need supportive relationships with those they work closest to and we will prioritise support to encourage strong social bonds within teams.

Current market forces mean significant challenges in sourcing candidates for an increasing number of hard to fill roles, so improving our reach and attraction of candidates via an increased use of social media and focused marketing is important to us and we have made the most of the current high profile of the NHS to recruit across all roles and professions and continue our efforts to reduce agency usage and spend.

Our student capacity and clinical apprenticeship programmes are expanding as we continue to work collaboratively with Higher Education Institutions and Dorset Integrated Care System to support workforce demand.

Our international nurse recruitment campaign has been very successful with the appointment of over 200 nurses during this period and we continue to work with our ICS partners on other campaigns, including a fast track programme for Health Care Support Workers, and a Dorset wide Medical rostering project

Our temporary staffing team have successfully managed the huge increase in service demand for staff and have recruited >700 new members of staff onto our UHD bank and >600 substantive staff onto bank or additional bank contracts. Both our resourcing teams (bank and substantive) and workforce systems teams have now co-located to Yeomans House

We recognise that the fair treatment of staff supports a culture of compassion, fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. We have continued to support the work of our Freedom to speak Up Guardian and ambassadors to identify staff areas of concern and remove any barriers staff may face in speaking up. In line with Just and Learning culture principles, our People Services have worked in partnership with staff side colleagues to introduce a triage system, whereby a preliminary assessment

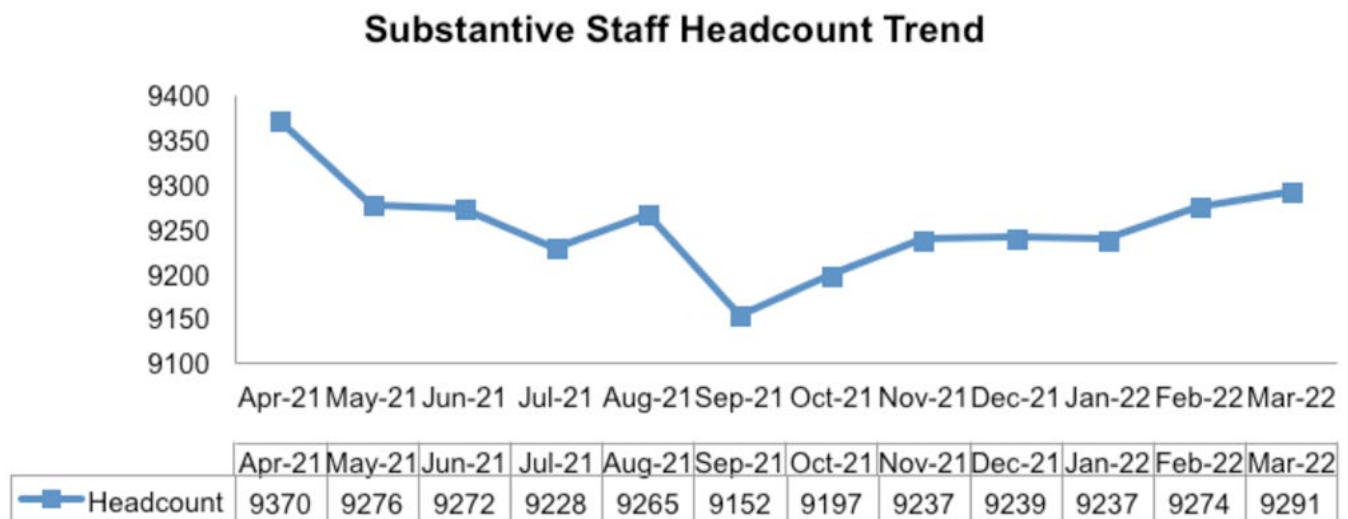
is undertaken of any concern raised relating to staff conduct before any formal investigation is launched. This has resulted in a significant reduction in the overall number of staff entering a formal process.

Retaining our current workforce remains a priority for us and we are endeavouring to offer more flexible, varied roles. We recognise that flexible working is about more than just retention. It can unlock new opportunities and contribute to people's mental health, wellbeing and engagement with their role, and we know that in the NHS more engaged staff leads to better patient care. We have developed and agreed new Flexible and Agile Working Policies and are now in the process of raising the profile of the benefits of Flexible Working across UHD through a range of methods, including communication briefings and inclusive leadership conversations.

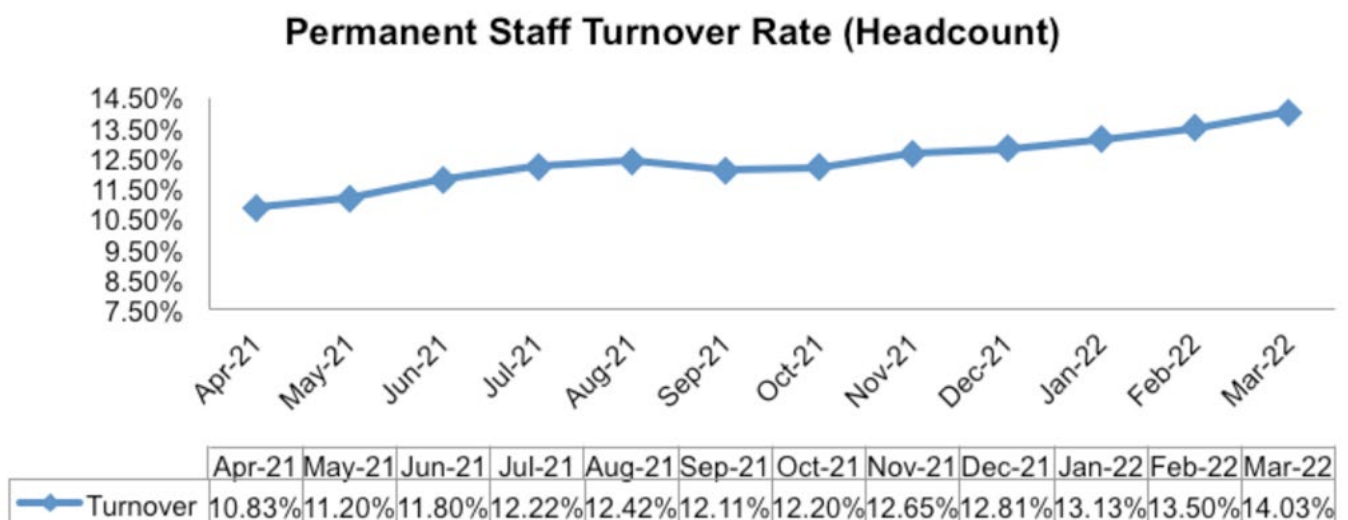
We recognise that there is still a lot to do, and that we have some real strengths to build on, specifically the extraordinary commitment of our people to deliver excellent patient care.

Staff numbers

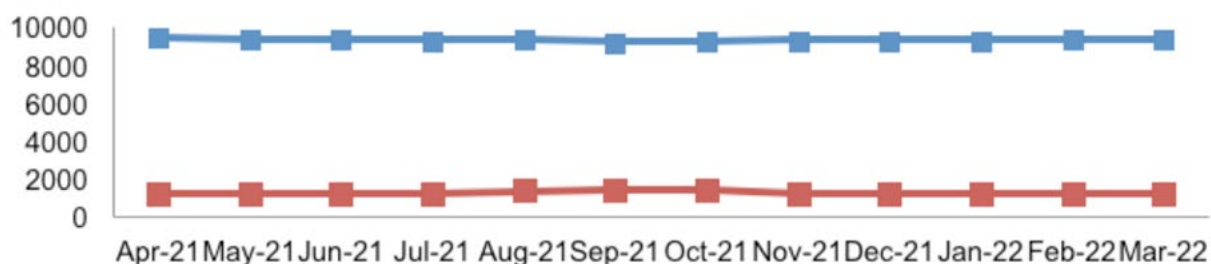
The headcount of substantive staff employed in March 2021 was 9,373 and this figure stands at 9,291 heads as at March 2022.



Turnover % across UHD rose steadily throughout the year to 14.03% at the end of March 2022. This figure includes substantive staff who moved to bank only contracts.

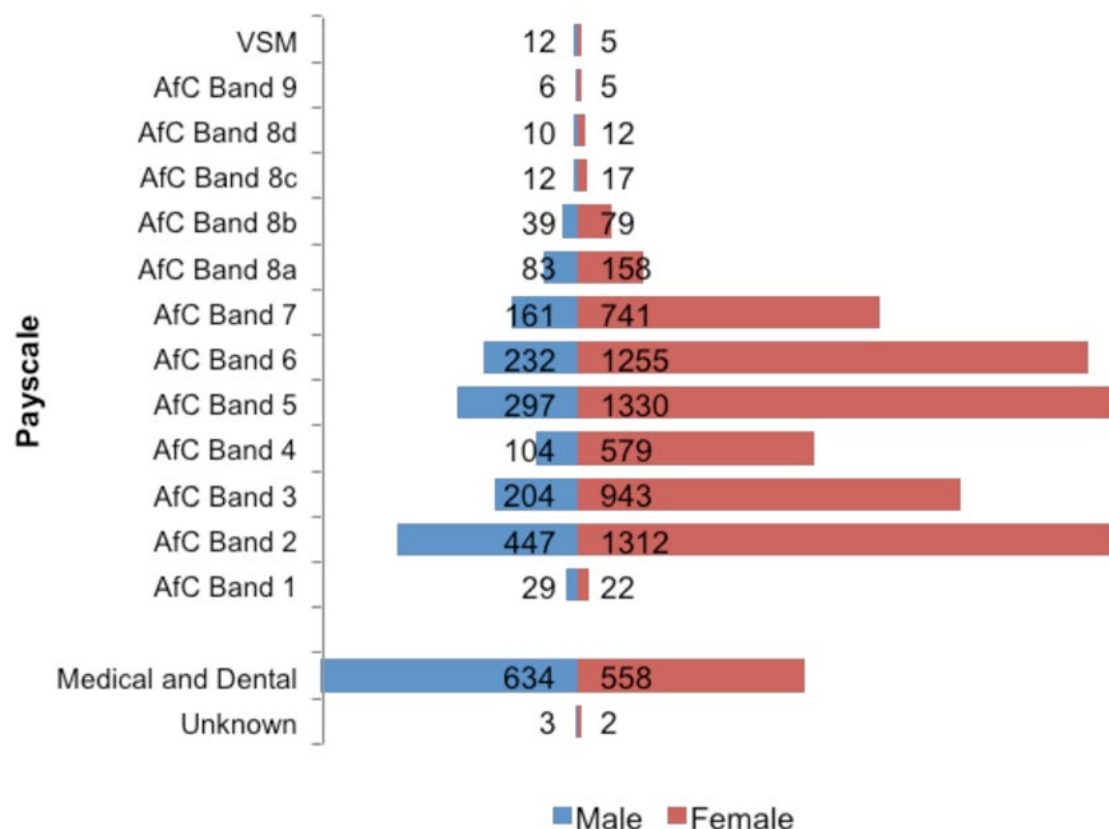


UHD Staff Headcount Trend



Gender split

Workforce Tree (Headcount) with Gender Split as at 31/03/2022



UHD Board

- Male Non-Executive Directors: 6
- Female Non-Executive Directors: 2 until 31 December 2021, following which there was 1
- Male Executive Directors: 4
- Female Executive Directors: 4
- In addition, there is 1 male Associate Non-Executive Director.

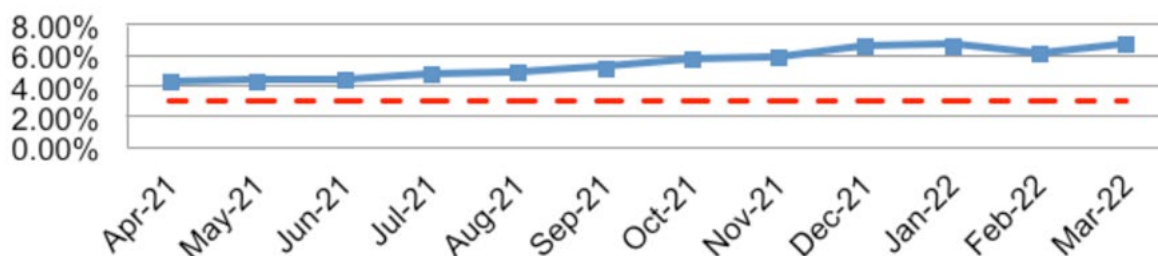
Information on gender pay gap can be found on the Cabinet Office website:

<https://gender-pay.service.gov.uk>

Sickness Absence Data

Sickness absence levels rose significantly towards the second half of the year due to the impact of Covid-19.

In Month Sickness Absence Rate (FTE)



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
In Month Rate	4.32%	4.36%	4.39%	4.74%	4.93%	5.21%	5.76%	5.89%	6.61%	6.70%	6.13%	6.75%
Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%

NHS Sickness Absence Figures

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2021

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2021	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
8,251	96,557	3,011,544	156,637	11.7

Staff Costs 2021/22

	Permanently Employed	Agency and Bank	Total Staff Costs
	£'000	£'000	£'000
Salaries and wages	354,566	-	354,566
Social security costs	34,857	-	34,857
Apprenticeship levy	1,768	-	1,768
Pension cost - employer contributions to NHS pension scheme	42,369	-	42,369
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	18,565	-	18,565
Pension cost - other	104	19,214	104
Temporary staff - agency/contract staff	-	19,214	19,214
TOTAL GROSS STAFF COSTS	452,229	19,214	471,443

Information on Counter Fraud

The Trust has an Anti-Fraud, Bribery and Corruption policy in place endorsed by senior management and the Trust's Audit Committee. The People Services department maintain strong links with the Counter Fraud team, who are invited to an investigators meeting twice a year.

Exit packages/ Settlement agreements

Within all large organisations there will be occasional disputes between staff. The Trust has in place a number of measures to prevent and address these when they happen, including a robust reporting system for bullying and harassment; facilitated meetings; mediation, performance management, disciplinary and grievance processes. Occasionally it may not be possible to resolve employee relations issues and consideration may be given to negotiating a settlement agreement, particularly where a case may escalate to an Employment Tribunal. Often settlement is made on commercial grounds and does not necessarily indicate any fault with Trust

processes. There were no exit packages within the period

Risk management

Risk management and health and safety training is included on induction and mandatory training programmes, now integrated for staff on all sites on our BEAT system with additional risk assessment, duty of candour and root cause analysis training sessions for clinical leads, heads of department and ward leaders.

Staff policies

The Trust's People Policy task and finish groups, which includes representatives from People Services and Staff Side, continue to work through People Policies for UHD which are subsequently sent to the UHD Staff Partnership Forum for ratification. Disability Confident Scheme (previously named the Guaranteed Interview Scheme (GIS) or Two ticks Scheme) The Trust is an accredited Disability Confident employer, and candidates with a recognised disability meeting the minimum essential criteria for a role are offered an interview. This applies to both internally and externally advertised posts.

Expenditure on consultancy during the period: the Trust reported total consultancy expenditure of £29.322

Occupational health

The occupational health service is staffed by a team of clinical staff and registered nurses, all with occupational health experience and a team of administrative staff. Medical expertise is provided by an occupational health physician. Amongst the services offered by occupational health are pre-employment screening, individual casework such as return to work assessments and management referrals, support for 'needlestick' (hypodermic needle) injuries, workplace assessments, Control Of Substances Hazardous to Health (COSHH) assessments and surveillance. In addition the team has expertise MSK assessment and physiotherapy treatment as well as wellbeing support and guidance.

The Trade Union (Facility Time Publication Requirements) Regulations 2019

University Hospitals Dorset NHS Foundation Trust **1 April 2021 to 31 March 2022**

Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
52	45.51

Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	32
1-50%	17
51%-99%	3
100%	0

Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

Provide the total cost of facility time	79,004
Provide the total pay bill	470,747,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.0168

Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	If TU activities have been paid, this will have been included in facility time calculations
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Staff Surveys

Staff Engagement

Continuing to embed the values of UHD, we conducted an exercise to listen to our staff voices about how they wanted to be rewarded and recognised. Our Culture Champions presented these findings and recommendations to the Board and are now supporting the implementation of these. An action plan has been developed which includes sponsorship from a number of our Chief Officers to ensure progress continues.

NHS National Staff Survey

The annual NHS staff survey enables all staff to give their views confidentially about a number of areas which matter. Work commenced on 1 September with our fieldwork conducted in October and November, when the survey is open for eligible staff to complete. This was the first year that we completed one survey for UHD.

The UHD response rate to the 2021 survey amongst eligible Trust staff was 37%, showing an improvement from 35.7 % in 2020 (taken from a combined report produced for us by Quality Health)

In the 2021 survey, there were significant changes to the questions in the national survey and the reporting themes.

Scores for each Theme together with that of the survey benchmarking group (Acute Trusts) are presented below, comparing with the top score of similar acute Trusts:



Future priorities and targets

The UHD Management Report outlining our results across our UHD sites has provided a useful overview of the results.

We are pleased that even within the organisational context of integration following merger and the on-going impact of the COVID pandemic, the 2021 survey our scores for staff engagement remain in line with the average of our benchmark group. Work has begun to prepare for the 2022 Staff Survey to encourage as many respondents as possible to give us the best information about how our staff are feeling.

The trust has taken action to evidence that staff views given within the survey have been listened to. UHD has Freedom to Speak Up ambassadors across the trust, and the UHD OD plan continues support the trust to develop compassionate, inclusive leaders with exceptional management skills and the ability to build effective teams going forward.

The trust actions to respond to staff views also links well with our work on the Culture and Values of the organisation.

There has been a sustained focus on our Equality, Diversity and Inclusion agenda and actions related to WRES and WDES. (See the next section).

Our trust survey action plan also includes supporting team leaders to build effective teams as well as continuing to embed the Trust values and behaviours to help managers to have good development conversations.

Equality, Diversity and Inclusion

Our Strategy for equality, diversity and inclusion has been updated and is published on our external website. It contains our strategic objectives for the next three years with measurable outcomes and goals, aligned to our organisational vision, mission and values. We will be working alongside our partners in the Dorset Integrated Care System (ICS) to ensure our objectives are aligned and are representative of the needs of our workforce and local community.

Our equality, diversity and inclusion group (EDIG) governance structure has been reviewed and updated with new Terms of Reference and membership. The group is chaired by Pete Papworth (chief finance officer) and Christine Hallett (Non-Executive Director) who have responsibility for inequalities in their portfolio.

The group includes representatives from across the organisation, including staff network leads, Governors and patient representatives. Its purpose is to provide the governance and assurance to the Workforce Strategy Committee and Trust Board on compliance with statutes and national standards and makes recommendations on specific interventions.

We are committed to delivering high standards of corporate governance and a key element of this is managing the Trust in a socially responsible way. We are absolutely committed to preventing slavery and human trafficking in our corporate activities and supply chains. We also expect the same high standards which we set for ourselves from those parties with whom we engage, such as our suppliers and those who use our services.

Inclusion Networks

It is acknowledged at a national, regional and system level that staff inclusion networks are key partners in engaging with and supporting the delivery of improvements for our people in their employee life cycle.

All our staff network leads were offered the opportunity to be part of the recruitment process for the new chief executive in December 2021. The networks were well represented in this process and feedback has been this was a very positive experience.

ProAbility

The network has continued to support staff that have returned to work after shielding for covid and/or have been redeployed. Deaf awareness online training has been acquired for all UHD staff to access free online and the feedback has been very positive in raising awareness and understanding of the barriers that face masks present to the deaf/hard of hearing community. Clear face masks are still in development, a national trial is underway. UHD is not part of this trial, we do have small supplies of clear masks and will be sharing these through the deaf awareness week in May 2022 for review and comment.

Purple Light Up day was celebrated on the 3rd December 2021 with two expert speakers, Dr Hannah Barham-Brown and Dr Liz O'Riordan.

Actions came from both events and these are being reviewed through the monthly network meetings. With covid numbers still present it has been necessary to keep events and meetings online for the foreseeable future due to the vulnerability of the members of this group.

Lesbian, Gay, Bisexual, Transgender, Questioning+

The network has been refreshed with updated aims, terms of reference and new lead, Matthew Hodson.

Monthly meetings now in place and they have supported the history month in February with an online poetry event with the LGBT Poet Laureate, Trudy Howson. This has been recorded and will be uploaded to the intranet for wider views.

A digital publication has been developed and shared through the organisation.

The network is supporting the Rainbow Phase II project proactively and will bring the evaluation and recommendations to the EDI group.

Increased visibility has brought new recruits and requests for support and awareness on pronouns, supporting new recruits who identify as Trans or non-binary and providing peer support.

Continuing employment, training, career development and promotion of disabled persons/ employees

The Trust holds 'Disability Confident' accreditation. It takes positive and proactive steps to maintain continued employment, provide training, and foster career development and promotion for disabled members of staff. In 2021/22 the Trust will be reporting in accordance with the 'Workforce Disability Equality Standard' (WDES). This national reporting standard includes providing statistics which demonstrate a proportionate comparison between disabled

and non-disabled members of staff in relation to their experience at work and opportunities. This data will enable a gap analysis to be conducted and the development of a targeted action plan in conjunction with the ProAbility staff network. This network aims to listen, understand and support people living and working with physical disabilities and long term health conditions. The network is working closely with the HR department to understand the reasons for low declaration rates of disabilities and how this can be improved. This work has been particularly important during the Covid-19 pandemic. The network is a member of the equality, diversity and inclusion committee, which is responsible for the monitoring and implementation of the action plan.

The ProAbility staff network has developed a Health Passport and Manager's toolkit to support colleagues with positive conversations about their health and disabilities. This tool is linked to the Managing Sickness Absence policy, including guidance on reasonable adjustments.

The Trust recognises there is a strong business case for adopting a positive approach to supporting and developing disabled staff both in terms of acquiring and maintaining valuable workplace skills. Developing a culture where both our staff and patients can flourish is simply the right thing to do.

It is the responsibility of the People Services team to maintain up-to-date Human Resources policies, taking into consideration revised employment law. Following merger, all policies are being reviewed and new UHD policies developed, building on the best from our legacy organisations.

Armed forces

During the year Rob Hornby joined UHD as the Armed Forces Support Advocate with the role including leading the network. This role has been developed following a bid for national funding for a 2 year post. They will work across the Dorset healthcare systems.

The current network lead, Nick Williams, has been instrumental in securing this for UHD, with support from Abigail Daughters and David Moss. In addition the trust is now accredited as Veteran Aware which enables patient pathways and support mechanisms to be accessed directly for patients who are current or retired forces personnel and their families.

European Network

The network has continued to offer support to European nationals following Brexit and the EU Settlement Scheme. Further support is available through local Citizens Advice Bureaus and this has been updated on their intranet page. The network has raised the profile of our European workforce as a significant number in our workforce.

Black, Asian and Minority Ethnic

The network has continued to support staff, particularly the International Nurses. They have encouraged and supported these staff to participate in the Reverse Mentoring and it has been reported that promotions have been secured to band 6.

The pastoral support that the network has delivered in partnership with the Education Team has been recognised as good practice in the NHS Employers Toolkit for International Recruitment.

The network leads have been very proactive in supporting individual members of their staff group with difficult conversations, seeking immigration advice and guidance.

A recent listening event at Poole site generated feedback from recently arrived nurses and this has been shared with the education and recruitment teams, as well as the ICS.

The ICS has instigated an International Recruitment network to support the development of sharing good practice and providing additional system support to address the consistent issues of accommodation in the Dorset area. The network leads are linked to this group.

International Doctors Initiative

Dr Mohammed El-Masry is the lead for this network and continues to support newly arrived International Medical Graduates with induction and peer support across the trust. The South West NHSE/I team have been linked with this network, as they are developing some regional guidance and support for the International Medical Workforce.

NHS Foundation Trust Code of Governance

University Hospitals Dorset NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The board of directors considers the Trust to be fully compliant with the principles of the NHS Foundation Trust Code of Governance as well as with the provisions of the Code in all respects, save as to A.5.12 and B.1.2, explanation for which are provided in this report.



Siobhan Harrington
Chief Executive
16 June 2022

NHS System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability.

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust is in Segment 2. This segmentation information is the trust's position as at 16 May 2022. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation.

Annual Governance Statement

(1 April 2021 to 31 March 2022)

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Dorset NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in University Hospitals Dorset NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

In my role as Accounting Officer, I have ultimate responsibility for ensuring that effective management systems and controls appropriate for the achievement of the Trust's objectives are in place, ensuring efficient and economic use of resources. As Chief Executive I am also responsible for ensuring that the Trust meets all statutory responsibilities and the requirements of the NHS provider licence and its Care Quality Commission registration. The Chief Nursing Officer is responsible for supervising the management of the services regulated by the Care Quality Commission.

The Chief Medical Officer and Chief Nursing Officer have joint delegated responsibility for managing the strategic development and implementation of organisational risk management and clinical governance. However, the requirement to manage risk more effectively is a responsibility affecting all staff in every part of the Trust; from the control of finance, through all the disciplines supporting and delivering the environment of care, to the direct delivery of clinical care itself, risk management is everyone's responsibility from ward to board.

The Trust's risk management strategy clearly defines these responsibilities and provides guidance for the fulfilment of these roles. This is underpinned by developing and supporting a culture that encourages an open and honest recording of risks and organisation-wide learning where risks are continuously identified, assessed and minimised. The Trust's organisational development programme supports an open culture, and this is encapsulated in the Trust values which have been developed by our staff and agreed by the Trust Board. As Chief Executive, I sponsor the role of the Freedom to Speak Up Guardian who reports quarterly to the Workforce Strategy Committee and on a bi-annual basis to the Board of Directors to provide assurance around the reporting, safety and learning culture within

the Trust as well as identifying key themes. The Audit Committee receives the Trust's speaking up policy and under its Terms of Reference reviews the effectiveness of the arrangements in place for allowing staff to raise concerns.

The Trust identifies, prioritises and manages all aspects of risk through its integrated governance framework. The Board of Directors has agreed a risk appetite and risk management framework and has reviewed and identified the Trust's principal objectives and mitigating strategies for any risks to the delivery of those objectives.

Risks to delivery of the Trust's strategic objectives are documented in the board assurance framework. The board assurance framework is reviewed bi-annually by the Audit Committee and by the Board of Directors to review the effective operation of the Trust's internal controls and risk management systems. The Trust uses a single risk register system and a standard risk register process. Risk mitigation is achieved through a continuous cycle of the identification, assessment, control, and review of risk which supports our open and honest reporting culture.

High risks (those with a risk rating of 12-25), including any changes to these, are reviewed by the Board of Directors, Audit Committee, Finance and Performance Committee, Quality Committee, Sustainability Committee, Transformation Committee and Workforce Committee, as applicable, at each meeting. The work of the Board of Directors and its committees is supported by a range of specialist groups including the Trust Management Group, the Clinical Governance Group, which focuses on clinical quality and risk management, and directorate quality and risk groups. The Board of Directors and its committees also consider independent sources of assurance to verify the accuracy and completeness of the risks identified and the controls in place to mitigate them such as internal and external audit, counter fraud,

commissioned independent reviews, clinical audit, national patient and staff surveys, Care Quality Commission Insight reports and other external and peer reviews.

Risk management and health and safety training is included on induction and mandatory training programmes for all staff with additional risk assessment, duty of candour and root cause analysis training sessions for clinical leads, heads of department and ward leaders.

Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational discussion and learning. Recommendations and learning from complaints, audits, mortality reviews and incidents are discussed locally at directorate clinical governance groups. Actions and learning points are also shared with regulators and other stakeholders across the local healthcare system through meetings with commissioners, clinical network groups and patient safety forums. We also seek to learn from other organisations at national level through attending conferences, networks and from investigations carried out by the Care Quality Commission and the Health Safety Investigation Branch.

The risk and control framework

Risk management strategy

Healthcare commissioners and providers in Dorset have developed a Pan-Dorset Risk Management Framework. This includes a standard matrix for measuring risk and determining the level of risk that can be accepted at the key management levels within the organisation. Detailed guidance and advice on assessing, quantifying and managing risk is contained within the foundation trust's risk management strategy and policy and associated risk matrix and risk assessment toolkit. As part of the strategy, care group and directorate leads are responsible for maintaining directorate

risk registers and for bringing high risks to the attention of the Clinical Governance Group and the Quality Committee. Each of the other committees of the Board of Directors reviews the high risks relevant to areas within its scope of responsibility and in accordance with the Trust risk appetite statement. The Quality Committee and other board committees bring important matters to the attention of the Board of Directors.

As part of its integrated governance approach, risk management is integrated into business planning, quality improvement and cost improvement planning processes, ensuring that objectives are set across the organisation with plans to manage risk in accordance with quality impact assessment and risk assessment procedures.

The Trust's risk appetite statement defines the Board of Directors' appetite for each risk identified in relation to the achievement of the Trust's strategic objectives each financial year. Risks throughout the organisation will be managed within the Trust's risk appetite, or where this is exceeded, action taken to reduce the risk. The Trust continuously monitors risk appetite and risk control systems in place and utilises the assurance framework process to monitor, develop, implement, demonstrate and promote continuous improvement and learning. The effectiveness of the assurance framework and its application has been reviewed by the Quality Committee and is verified annually by the internal auditors and the Audit Committee.

The Board of Directors has reviewed the Trust's principal corporate and strategic objectives and identified mitigating strategies for any risks to the delivery of those objectives using the board assurance framework process. The development of the board assurance framework has involved consideration of all objectives (strategic, quality, financial, corporate, business, clinical, human resources etc.) and all risks. In addition, the Trust will periodically

review its committee structure and its ability to provide the necessary assurance to the Board of Directors in support of the board assurance framework. The framework is specifically linked to the Trust's strategic objectives and to the regulatory requirements of the independent regulator and the Care Quality Commission. Within the board assurance framework, principal risks are identified and key risk controls put in place to provide necessary assurances on identified gaps in control systems and action plans to further reduce risk are mapped against identified objectives. The board assurance framework is populated from the Trust's risk register with risk reduction being achieved through a continuous cycle of the identification, assessment, control and review of risk.

Risks may be entered on the Trust's risk register as a result of risk issues being raised or identified by employees, directorates, external or internal reviews, internal or external audits, incident investigations, complaints reviews and comments from public stakeholders and/or service developments. Risks may also be raised by the board or board committees or by specialist subcommittees of these. These include the Quality Committee, Finance and Performance Committee, Workforce Strategy Committee, Infection Prevention and Control Group, Medicines Governance Group, Information Governance Steering Group, Clinical Governance Group and Health & Safety Group. All risks entered onto the risk register are categorised according to the Trust risk management strategy using a standard risk matrix common to all healthcare providers and commissioners in Dorset. The risk rating value is a combination of likelihood and consequence. All risks are assigned a current risk score and a target risk score following implementation of action plans and mitigation. All action plans have a responsible lead and timeframe noted. All high and corporate level risks are also assigned an executive director lead.

Links have been established with the risk management system to enable better triangulation of quality information from incident reports, complaints, claims and risks at every level of the organisation. Staff can raise issues and concerns in a range of ways including through Learning Event Reporting Notification (LERN) Patient Safety and Staff Safety Incident and Issues Forms and with the Freedom to Speak up Guardian and Freedom to Speak Up ambassadors, Change Champions and with Staff Governors.

Key risks

High risks (risks with a risk rating score of 12-25) on the Trust's risk register are routinely reviewed by the Quality Committee, which meets monthly. The Quality Committee is chaired by a non-executive director and membership includes representation from the Board of Directors, with an observer invited from the Council of Governors. The Clinical Governance Group also reviews all risks rated 12-25 and any new clinical risks raised by exception from speciality and directorate risk and governance meetings. The Clinical Governance Group reports monthly to the Quality Committee ensuring escalation of any significant risk issues as appropriate. The current high risks are reported to the Board of Directors at each meeting, identifying any changes to mitigating actions, controls, or risk rating. The full board assurance framework is reviewed at least every six months. An annual review of risk management processes is incorporated within the internal audit programme approved by the Audit Committee.

The most significant risk still facing the NHS and the Trust currently and in the future is the impact of Covid-19. It is clearly recognised that the standard ways in which the NHS operates have significantly changed as we all try to manage the impact of Covid-19 on the country and on the National Health Service. Normal business has been disrupted and new clinical pathways, policies and procedures have been introduced during

the pandemic. We continue to adapt these daily in line with national, professional, and local guidance to ensure staff and patient safety and maintain high standards of patient care.

There is a risk that the impact of Covid-19 will provide significant challenges to key performance targets that will impact on our patients, such as cancer access times and referral to treatment targets. The Trust continues to work with partners in the Dorset integrated care system to address these risks as well as through its own quality improvement projects. This includes implementation of the Clinical Services Review to ensure integration of clinical pathways and services.

As well as operational risks, we recognise that the pandemic has had, and will continue to have, a significant impact on our staff and a differential risk for staff who are from a black or ethnic minority background. We know that the pandemic has created workforce risks across the NHS and has had an impact on our ability to provide optimum staffing levels. We have identified a programme of workforce initiatives, mitigations and actions to support safe staffing. We have put in place a raft of measures to support staff well-being including emotional, physical, and psychological support.

Corporate governance

These risks have been notified to the Board of Directors and also to NHS Improvement and commissioners as part of annual planning and regular reporting processes. The Board of Directors considers statements relating to compliance with this condition of the NHS provider licence on an annual basis as part of a self-certification process and these are also highlighted to the Board of Directors in advance of this through regular performance reporting. Annual compliance with the principles of good corporate governance and more detailed

provisions of the NHS Foundation Trust Code of Governance is reviewed as part of the required disclosure which appears in this annual report. These are also reflected in the governance framework for the Board of Directors and its committees to support ongoing compliance.

More generally, the Board of Directors conducts its own reviews of its governance structures including reviews of performance by its committees to ensure that information provided to the Board of Directors identifies the key performance risks and the risks to compliance with the Trust's provider licence and other local and national performance targets, including its own performance objectives. These include indicators and measures relating to quality, safety, performance, clinical outcomes, productivity, workforce, activity and finance. Appraisals of both non-executive directors and executive directors take place annually with objectives and development plans identified, some of which are incorporated into the broader board development programme. This is supported by the work of the internal auditors.

Workforce risks

The year ended 31 March 2022 was another period of unprecedented challenge for the hospital workforce, working through the continuing risks and realities of Covid-19 and following the long-anticipated merger.

In this period the Trust ensured that risk mitigation decisions were taken in the context of fairness and consistency across all three hospitals with policy and practice becoming more aligned. The challenges of supporting the Trusts workforce to stay safe and well to do their essential work through another year of Covid-19 at the same time as progressing with post-transaction implementation were significant. Human Resources, Organisational Development, Occupational Health and Education and Training resources

were stretched throughout this period in supporting staff and managers (e.g. updating the Trust guidance and Q&As, providing helplines, training and support, psychological support and wellbeing services, daily communications) to mitigate Covid-19 related risks, to help maintain services and to deal with issues.

Throughout the Covid-19 pandemic the Trust benefitted from very regular and structured meetings to anticipate risks, progress action plans and to address issues as they presented. This became almost a daily challenge in periods of extreme operational pressure and where government policy presented new workforce information and requirements.

The UHD People Plan and Organisational Development Plan together provided vision and framework for the UHD workforce. Alignment to the NHS People Plan confirmed that our plans were comprehensive and challenging in addressing risks and issues in both a local and national context. In a year post merger, these plans also supported the Trust's cultural development programme in particular support for teams coming together and working across all sites. There was also an increasing emphasis on equality, diversity and inclusion networks and plans, prioritising Black Asian and Minority Ethnic staff experience and senior representation. These programmes of work remain key priorities and are highlighted in the plans mentioned above.

The Workforce Strategy Committee and Trust Board continued to review, monitor and where appropriate, challenge performance and risks in relation to lagging and leading workforce metrics (vacancies, new role requirements, absence, sickness, use of bank and agency). The Workforce Strategy Committee has evolved further to ensure that we recognise the difference that is made with good quality people management and services and sharing of best practice.

The HR team supported the organisational change processes which included over 40 individual consultations and provided a framework for the appointments to the three Care Groups as well the corporate restructures. This was a massive piece of work for all concerned.

The development of health and wellbeing support that is accessible and available for UHD staff have been supported largely by bids to the charitable funds committee, with some national support. These developments will remain a priority as we know that “burnout” and fatigue remain a key issue of many of our staff given the pressures and difficulties that have been faced in the last few years. Regular review and further development of this support continues with a focus on demonstrating the difference that this support makes.

Joint working has continued with Staff Side colleagues supporting the policy development and review of other arrangements providing transparent and supportive processes for managers and staff and with the emphasis on a fair and just culture providing early and informal resolution wherever possible.

Workforce planning and development remain a high priority with the pressure on recruitment and retention a key priority for the Trust. A significant expansion in placements across the Trust has enabled us to provide more opportunities for the pipeline for the future workforce although the pressures remain with provision of safe staffing to meet our demands

A focus on workforce systems and technology including medical staffing systems (being introduced across the Dorset ICS) nursing and support areas rostering remain key priorities and this will further support the work to reduce premium workforce costs .

The Trust continued to engage in system-wide projects through the Dorset People Committee - attended by senior executives across a range of health and social care organisations with key workforce issues raised and discussed. National shortages of key medical, clinical, and allied health professionals also continued to be a priority for cross Dorset initiatives.

Compliance with national quality and staffing safeguards was achieved through a variety of evidence based tools and techniques that support safe staffing decision making. On a daily basis, staffing meeting reviews ward staffing levels against patient acuity data, through a triangulated review of the electronic roster, Safe Care acuity tool and professional judgement.

Care quality outcomes linked to safe staffing were monitored and reviewed at all levels of the organisation, with direct links between quality matrices and staffing being made; this was evidenced through Directorate and Care Group quality and risk reports to the Quality Governance Group and Quality Committee. The Trust utilised a documented internal red flag system that set out clear parameters for safe staffing, enabling teams to raise concerns should their staffing fall below expectations. Any areas of significant concern relating to safe staffing were highlighted on the relevant risk register.

Nursing establishment skill mix reviews were undertaken bi-annually by the senior nursing team with review and reconciliation of acuity, outcomes and staffing requirements. Following each of these a report outlining the recommendations was prepared and taken to the Workforce Committee and Board of Directors in line with CQC and NHSE/I guidance.

All service changes, including skill mix changes had a Quality Impact Assessment review undertaken.

Information Governance

In line with NHS England/Improvement's guidance, risks to data security are managed and controlled through the Information Governance management structures and responsibilities established by the Trust's Information Governance Strategy and a range of the policies and procedures relating to Information Governance. These form part of the Trust's integrated governance approach to the management and monitoring of corporate and clinical governance, risk management and clinical effectiveness.

The Data Security and Protection Toolkit (DSPT) is a self-assessment audit completed by every NHS Trust annually and submitted to NHS Digital; the purpose being to assure an organisation's IG practices through the provision of evidence around 149 individual assertions which change slightly each year; for 2020/21 111 of these assertions are mandatory. The DSPT sets the standard for cyber and data security for healthcare organisations, and places a much greater focus on assuring against modern threats. Based around the National Data Guardian's 10 Data Security Standards, a significant portion of this audit is underpinned by work associated with information risk assurance.

Owing to the ongoing effects of the Covid-19 pandemic, NHS Digital made a change to the deadline for organisations to achieve compliance with the DSPT. It has been decided to keep this change in place. Previously the deadline was 31 March, however henceforth the deadline will be 30 June each year.

At date of writing, the Trust is unlikely to be able to submit a compliant DSP Toolkit by the end of June 2022. To date, evidence has been provided to satisfy 90 out of 110 mandatory evidence items however some of the remaining 20 items are wide-ranging and will require support from various areas of the Trust, including clinical areas, to meet

the requirement. Areas requiring further work include the proactive audit of user account permissions and removal of unnecessary permissions, "whitelisting" of applications that can be downloaded to Trust IT devices, and risk assessment and removal of unsupported software. For any areas where evidence cannot be provided, an improvement plan will be documented and agreed with NHS Digital with a view to completing these requirements during Quarter 2.

In support of this, work will continue to establish and firmly embed the principles of information risk management and IG throughout the organisation, in order to ensure that the Trust is complying with its legal obligations. Key to this is the engagement and continued co-operation of subject matter experts and Information Asset Owners (IAOs), who provide assurance of practices within their respective departments across the organisation. Significant strides were made during 2021 with the roll out of the Trust's Information Asset Register, and work will continue throughout 2022/23 to embed and enhance this critical compliance tool.

Other regulation

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust was not formally inspected or rated during the year ended 31 March 2022.

The Foundation Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance

with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS Programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer I have responsibility to the Board for the economy, efficiency and effectiveness of the use of resources. This is achieved operationally through good governance systems of internal control designed to ensure that resources are applied efficiently and effectively.

The Trust employs a number of internal mechanisms and external agencies to ensure the best use of resources. This includes reviewing Model Hospital data provided by NHS Improvement to improve productivity and efficiency and the Care Quality Commission Insight report. Both predecessor Trusts received positive use of resources assessments (RBCHFT rated as 'outstanding' in 2018; PHFT rated as 'good' in September 2019) as part of the CQC well-led rating.

The Trust also includes the use of quality impact assessments as part of its cost improvement programme, drawing a link between quality improvement and achieving greater efficiency. Executive and senior managers in the organisation have responsibility for the effective management

and deployment of their staff and other resources to maximise the efficiency of their directorates or departments. This is monitored in detail by the Finance and Performance Committee and the Board of Directors.

During the year ended 31 March 2022, national interim financial arrangements were in place in response to the COVID-19 pandemic. Consistent with this interim approach, each NHS organisation within the Dorset ICS achieved its individual break-even control total, supporting the achievement of the aggregate system control total.

In terms of longer-term financial planning, the Trust continues to work in partnership with other trusts in Dorset and commissioners as part of the Clinical Services Review and the ICS for Dorset, which also includes the local authorities.

Data quality and governance

The directors have not been required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Account for the financial year ended 31 March 2022.

Data management is largely handled by the Trust's Business Intelligence Department, Quality and Risk Management Department and the Clinical Audit Department, all of which are subject to internal and external quality checking and control. Aspects of these have been regularly checked and validated throughout the year as part of routine governance processes.

The Trust has a Data Quality Management Group which is responsible for ensuring robust mechanisms are in place for maintaining and improving the quality of data within the Trust and for monitoring compliance against national and local standards. The Data Quality Management Group is a formally constituted subgroup of

University Hospitals Dorset Trust Operational Performance Group and as such will receive the minutes / key actions of the Data Quality Management Group meetings.

The group is responsible for monitoring the quality of data used by the Trust, formulating a programme of work to improve data quality across UHD and approving action plans to address poor data quality issues. This is achieved by raising awareness of data quality standards, monitoring compliance against National DQ Indicators and benchmarking against peers.

One aspect of the group's mandate is to monitor the quality and accuracy of elective waiting time data. This is achieved by monitoring the National Data Quality (LUNA) dashboard at the regular meetings. This is a national tool showing the Trusts performance against Referral to Treatment data quality indicators at an aggregate level but also with drill down to specialty. Since November 2021 the Trust has achieved the 98% data quality standard set for 2021/22.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

Based upon available Department of Health guidance, and the Trust's internal and external auditor's views, the Board of Directors has not identified any significant internal control issues at this time.



Siobhan Harrington

Chief Executive

16 June 2022

Statement of the chief executive's responsibilities as the accounting officer of University Hospitals Dorset NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require University Hospitals Dorset NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Dorset NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

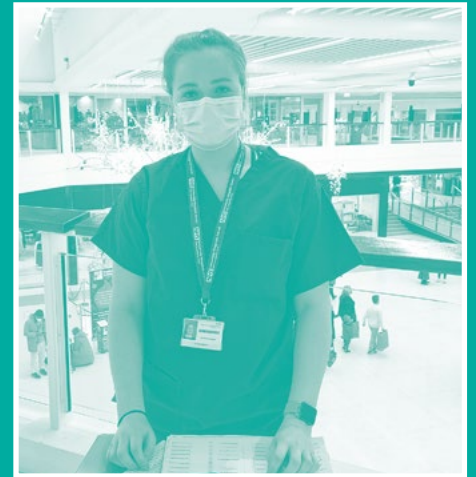
The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Siobhan Harrington
Chief Executive
16 June 2022



Consolidated financial statements

for the year ended 31 March 2022



Contents

The Foundation Trust	3
Foreword to the accounts	4
Accounting Officer's Statement	5
Auditor's Report to the members of University Hospitals Dorset NHS Foundation Trust	6
Primary Statements	
Statement of Comprehensive Income	11
Statement of Financial Position	12
Statement of Changes in Taxpayers' Equity	13
Statement of Cash Flows	14
Notes to the accounts	
Note 1: Accounting policies	15
Note 2: Operating segments	31
Note 3: Income generation activities	31
Note 4: Operating income	32
Note 5: Private patient monitoring	33
Note 6: Mandatory and non-mandatory income from activities	34
Note 7: Operating expenses	34
Note 8: Operating leases	36
Note 9: Staff costs and numbers	37
Note 10: Retirements due to ill-health	38
Note 11: The Late Payment of Commercial Debts (Interest) Act 1998	38
Note 12: Investment revenue	38
Note 13: Finance costs	39
Note 14: Intangible assets, property, plant and equipment	40
Note 15: Impairment of property, plant and equipment	42
Note 16: Capital commitments	42
Note 17: Inventories	42
Note 18: Trade and other receivables	43
Note 19: Cash and cash equivalents	45
Note 20: Trade and other payables	45
Note 21: Other liabilities	46
Note 22: Borrowings	46
Note 23: Finance lease obligations	47
Note 24: Provisions for liabilities and charges	48
Note 25: Related party transactions	49
Note 26: Post Statement of Financial Position events	50
Note 27: Financial risk management	50
Note 28: Financial instruments	52
Note 29: Intra-government and NHS balances	54
Note 30: Losses and special payments	55
Note 31: Judgements and estimations	55
Note 32: Senior manager remuneration	56
Note 33: Senior manager pension entitlements	56
Note 34: Charitable Fund Reserve	56

The Foundation Trust

NHS Foundation Trust Code:	R0D	
Registered Office:	Poole Hospital Longfleet Road Poole BH15 2JB	
Executive Directors:	Ms S Harrington Mrs P Shobbrook Mr P Papworth Mr M Mould Mrs K Allman Dr A O'Donnell Mr P Gill Mr R Renaut	Chief Executive Officer Chief Nursing Officer Chief Finance Officer Chief Operating Officer Chief People Officer Chief Medical Officer Chief Informatics and IT Officer Chief Strategy and Transformation Officer
Non-Executive Directors:	Mr P Green Mrs C Tapster CBE Mr P Davé Mr C Shearman Mr S Mount Mr J Lelliott OBE	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
Trust Secretary:	Ms Y Dossabhoy	
Bankers:	Barclays PLC London	
	Government Banking Service - Royal Bank of Scotland PLC Edinburgh	
Solicitor:	DAC Beachcroft LLP Winchester	
Internal Auditor:	BDO LLP Southampton	
External Auditor:	KMPG LLP Southampton	

Foreword to the accounts

These accounts for the period ended 31 March 2022 for University Hospitals Dorset NHS Foundation Trust (the “Foundation Trust”) have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.



Ms S Harrington
Chief Executive Officer
16 June 2022

Accounting Officer's Statement

Statement of the Chief Executive's responsibilities as the Accounting Officer of University Hospitals Dorset NHS Foundation Trust.

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require University Hospitals Dorset NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Dorset NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting

Manual) have been followed, and disclose and explain any material departures in the financial statements;

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Ms S Harrington
Chief Executive Officer
16 June 2022

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of University Hospitals Dorset NHS Foundation Trust ("the Trust") for the year ended 31 March 2022 which comprise the Group and Trust Statement of Comprehensive Income, Group and Trust Statement of Financial Position, Group and Trust Statement of Changes in Taxpayers Equity and Group and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2022 and of the Group and Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2021/22.

Basis for opinion

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

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Group and Trust's business model and analysed how those risks might affect the Group and Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations - ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Group's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Group's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls and the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we do not believe there is a fraud risk related to revenue recognition because of the non-complex recognition due to the nature of the revenue, which limits the opportunities to fraudulently misstate revenue.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to existence of non-pay and non-depreciation expenditure recognition, particularly in relation to year-end accruals.

We performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings, high risk users, and material post closing entries.
- Inspecting cash payments and purchase invoices in the period prior to and following 31 March 2022 to verify expenditure had been recognised in the correct accounting period.
- Verifying accruals posted as at 31 March 2022 are appropriate and accurately recorded.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Group's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Group is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Group is subject to laws and regulations that directly affect the financial statements, including the National Health Service Act 2006 and financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

- we have not identified material misstatements in the other information.
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.
- in our opinion those reports have been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 2, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Group and Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Group and Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Group and Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Group and Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Group and Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Group and Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Group and Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of University Hospitals Dorset NHS Foundation Trust for the year ended 31 March 2022 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Jonathan Brown
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

16 June 2022

Statement of Comprehensive Income

	Notes	Group		Trust	
		Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
		£'000	£'000	£'000	£'000
Operating income from continuing operations	4	729,201	356,603	726,480	355,087
Operating expenses of continuing operations	7	(720,773)	(353,845)	(718,319)	(350,237)
OPERATING SURPLUS		8,428	2,758	8,161	4,850
FINANCE COSTS					
Finance income: Interest receivable	12	49	6	40	1
Finance expense: Interest payable	13	(669)	(368)	(669)	(368)
Finance expense: Unwinding of discount on provisions	24	5	7	5	7
Public Dividend Capital: Dividends payable		(9,059)	(3,526)	(9,059)	(3,526)
(Loss) / Profit on disposal of assets	14	93	(10)	93	(10)
Movement in fair value of investment property and other investments		203	279	-	0
Profit from Joint Venture		265	326	265	326
Gains/(losses) from transfers by absorption	35	-	354,654	-	339,430
(DEFICIT) / SURPLUS FOR THE YEAR		(685)	354,126	(1,164)	340,710
Other comprehensive income					
Impairment (chargeable to revaluation reserve)		-	(5,517)	-	(5,517)
Revaluation (credited to revaluation reserve)		10,153	-	10,153	-
Other reserve movements		(30)	-	(117)	-
TOTAL COMPREHENSIVE (EXPENSE) FOR THE YEAR		9,438	348,609	8,964	335,193

The notes on pages 15 to 54 form part of these accounts.
All activities relate to continuing operations.

Note a. 2021/22 Control Total	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Trust (Deficit) / Surplus for the year (from above)	(1,164)	340,710
Add back impairment	1,532	2,189
Adjust (gains) / losses on transfers by absorption	-	(339,430)
Less donated capital/fixed asset disposal adjustment	(194)	(3,497)
Control total surplus/(deficit) including PSF, FRF, MRET and Top-up	174	(28)
Add BHT surplus	174	172
Control total deficit	348	144
Agreed control total deficit	-	-
Performance against control total	348	144

Statement of Financial Position

	Notes	Group		Trust	
		31 March 2022	31 March 2021	31 March 2022	31 March 2021
		£'000	£'000	£'000	£'000
Non-current assets					
Intangible assets	14	18,184	16,774	18,184	16,774
Property, plant and equipment	14	424,166	362,110	423,934	361,882
Investments in LLP Joint Venture	12.2	1,240	2,141	1,240	2,141
Other Investments	12.3	8,002	6,320	-	-
Trade and other receivables	18	783	1,418	783	1,418
Total non-current assets		452,375	388,763	444,141	382,215
Current assets					
Inventories	17	7,844	7,089	7,844	7,089
Trade and other receivables	18	20,983	18,828	21,040	19,740
Other financial assets	12.4	68	47	-	-
Cash and cash equivalents	19	117,726	109,537	108,307	97,534
Total current assets		146,621	135,501	137,191	124,363
Current liabilities					
Trade and other payables	20	(108,689)	(99,999)	(104,839)	(95,728)
Borrowings	22	(6,094)	(3,808)	(6,094)	(3,808)
		-		-	
Provisions	24	(5,909)	(3,165)	(5,909)	(3,165)
Other liabilities	21	(6,921)	(5,199)	(6,921)	(5,199)
Total current liabilities		(127,613)	(112,171)	(123,763)	(107,900)
Total assets less current liabilities		471,383	412,093	457,569	398,678
Non-current liabilities					
Borrowings	22	(25,350)	(27,408)	(25,350)	(27,408)
Provisions	24	(3,168)	(4,028)	(3,168)	(4,028)
Other liabilities	21	(820)	(853)	(820)	(853)
Total non-current liabilities		(29,338)	(32,289)	(29,338)	(32,289)
Total assets employed:		442,045	379,804	428,231	366,389
Taxpayers' equity					
Public Dividend Capital		296,046	243,243	296,046	243,243
Revaluation reserve		94,046	86,025	94,046	86,025
BHT Charitable Fund Reserve		1,809	1,713	-	-
Income and expenditure reserve		38,139	37,121	38,139	37,121
NHS Charitable Fund Reserve	34	12,005	11,702	-	-
Total Taxpayers' equity:		442,045	379,804	428,231	366,389

The notes on pages 15 to 54 form part of these accounts.

The financial statements comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity, and Statement of Cash Flows were approved by the Foundation Trust Board on 16 June 2022 and signed on its behalf by:



Ms S Harrington, Chief Executive Officer, 16 June 2021

Statement of Changes in Taxpayers' Equity

	Trust				BHT Charity	UHD Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total Trust Reserves	Other Reserves	Charitable Fund Reserve	Total Group Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Current Year							
Taxpayers' Equity at 1 April 2021	243,243	86,025	37,121	366,389	1,713	11,702	379,804
Surplus/(deficit) for the year	-	-	(1,172)	(1,172)	184	303	(685)
Impairment losses on property, plant and equipment	-	(2,132)	2,132	-	-	-	-
Revaluations of property, plant and equipment	-	10,153	-	10,153	-	-	10,153
Public Dividend Capital received	52,803	-	-	52,803	-	-	52,803
Other movements	-	-	58	58	(88)	-	(30)
Taxpayers' Equity at 31 March 2022	296,046	94,046	38,139	428,231	1,809	12,005	442,045

	Trust				BHT Charity	UHD Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total Trust Reserves	Other Reserves	Charitable Fund Reserve	Total Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Prior Year							
Taxpayers' Equity at 1 October 2020	212,047	92,058	35,325	339,430	1,541	13,683	354,654
Surplus/(deficit) for the year	-	-	1,280	1,280	172	(1,981)	(529)
Transfers between reserves	-	(516)	516	-	-	-	-
Impairment losses on property, plant and equipment	-	(5,517)	-	(5,517)	-	-	(5,517)
Public Dividend Capital received	31,196	-	-	31,196	-	-	31,196
Taxpayers' Equity at 31 March 2020	243,243	86,025	37,121	366,389	1,713	11,702	379,804

The notes on pages 15 to 54 form part of these accounts.

Statement of Cash Flows

	Notes	Group		Trust	
		Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
		£'000	£'000	£'000	£'000
Cash flows from operating activities					
Operating surplus from continuing operations		8,428	2,758	8,153	4,850
Operating surplus/(Deficit)		8,428	2,758	8,153	4,850
Non-cash income and expense					
Depreciation and amortisation	14	22,583	9,100	22,577	9,154
Impairments / Reversal of Impairments	14	1,532	2,189	1,532	2,189
Non-cash donations/grants credited to income		(929)	(4,089)	(929)	(4,271)
(Increase)/Decrease in Trade and Other Receivables		(1,582)	4,042	(1,940)	2,514
(Increase)/Decrease in Inventories		(755)	65	(755)	65
Increase/(Decrease) in Trade and Other Payables		(4,073)	11,662	(2,347)	11,900
Increase/(Decrease) in Other Liabilities		1,689	(24,635)	1,689	(24,635)
(Increase)/Decrease in provisions		1,889	2,190	1,889	2,190
NHS Charitable Funds - net adjustments for working capital movements and non-cash transactions		(72)	1,666	(72)	-
		20,282	2,190	21,644	(894)
Net cash flow from operations		28,710	4,948	29,797	3,956
Cash flow from investing activities					
Interest received		40	1	40	1
Sales of financial assets		901	-	901	-
Purchase of intangible assets		(1,984)	(2,421)	(1,984)	(2,421)
Purchase of property, plant and equipment		(59,825)	(44,470)	(59,825)	(44,470)
Sales of Property, Plant and Equipment		93	-	93	-
Cash donations to purchase capital assets		931	2,739	931	2,739
NHS Charitable funds - net cash flow from investing activities		(1,500)	(1,497)	-	-
Net cash flow from investing activities		(61,344)	(45,648)	(59,844)	(44,150)
Cash flow from financing activities					
Public dividend capital received		52,803	31,196	52,803	31,196
Loans received and repaid		(2,140)	(1,598)	(2,140)	(1,598)
Capital element of finance lease rental payments		(277)	(112)	(277)	(112)
Interest paid on ITFF loan		(674)	(363)	(674)	(363)
Interest element of finance leases	13	(2)	(3)	(2)	(3)
PDC dividend paid		(8,887)	(6,939)	(8,887)	(6,939)
		40,823	22,181	40,823	22,181
Net increase in cash and cash equivalents		8,189	(18,519)	10,773	(18,013)
Cash and cash equivalents at 1 April 2022 / 1 October 2020		109,537	128,056	97,534	115,547
Cash and cash equivalents at end of year	19	117,726	109,537	108,307	97,534

The notes on pages 15 to 54 form part of these accounts.

Notes to the accounts

1 Accounting policies

1.1 Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These financial statements have been prepared under historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken from outside the public sector. Activities are considered 'discontinued' if they transfer from one public body to another. The Foundation Trust has no acquisitions or discontinued operations to report within these accounts.

Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually revised.

Details of key accounting judgements and estimations are contained within Note 31 to these accounts.

Operating segments

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision-maker. The chief operating decision-maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Finance and Performance Committee that makes strategic decisions.

Accounting standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2021/22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 government implementation date 1st April 2022, and the government implementation date for IFRS 17 on or after 1st January 2023.

- IFRS 16 Leases: Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted. Further information is provided in Note 1.22
- IFRS 17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Foundation Trust.

Basis of consolidation

The consolidated financial statements include the following, in addition to the trust.

“University Hospitals Dorset NHS Charitable Fund and Poole Hospital NHS Foundation Trust Charitable Fund”

The NHS Foundation Trust is the corporate trustee of both University Hospitals Dorset NHS Charitable Fund (Charity Registration number 1057366) and Poole Hospital NHS Foundation Trust Charitable Fund (Charity Registration number 1058808, existing in shadow form only). The Foundation Trust has assessed its relationship to the respective charitable funds and determined them to be subsidiaries because the Foundation Trust is exposed to, or has rights

to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable funds and has the ability to affect those returns and other benefits through its power over the funds.

The charitable fund’s statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity’s assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust’s accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The Bournemouth Healthcare Trust - Company Registration Number: 06430101

Private patient services within the NHS Foundation Trust are delivered through Private Health University Hospitals Dorset Limited (PHUHD Company Registration Number 06434541), which is a trading subsidiary of the registered charity, The Bournemouth Healthcare Trust (BHT) (Charity Registration number 1122497). With effect from 1 February 2016, a number of the NHS Foundation Trust directors were appointed as directors on the PHUHD Board and as Trustees of BHT. This secured a more integrated and robust approach to private patient provision and governance.

As a result of this, the NHS Foundation Trust has reassessed its relationship to BHT (including its trading subsidiary PHUHD), and determined it to be a subsidiary because the Foundation Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charity and has the ability to affect those returns and other benefits through its power over the charity.

The charity’s statutory accounts are prepared to 31 March in accordance with the UK

Charities Statement of Recommended Practice, which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses..

This resulted in £874,000 of income (£288,000 in the six months to 31 March 2021) and £700,000 of expenditure (£288,000 in the six months to 31 March 2021) being consolidated into the Foundation Trusts accounts together with a number of Statement of Financial Position balances, most notably the introduction of the BHT Charitable Fund Reserve, with a closing balance of £1.8 million (£1.5 million 31 March 2021).

Christchurch Fairmile Village Limited Liability Partnership: Company Registration Number OC395417

The Foundation Trust was a voting member of the joint venture, Christchurch Fairmile Village Limited Liability Partnership, which was incorporated on 19 September 2014.

In March 2019, the Foundation Trust sold half of its interest in this LLP. As a result of this, the NHS Foundation Trust has reassessed its relationship to Christchurch Fairmile Village Limited Liability Partnership and determined it to be an associate because the Foundation Trust has the power to exercise significant influence.

The investment will increase or decrease to reflect the Trust's revised share of the entity's profit or loss or other gains and losses (eg revaluation gains on the entity's property, plant and equipment). It is also reduced when any distribution, eg, share dividends are received by the Trust from the associate.

Dorset Heart Clinic Limited Liability Partnership: Company Registration Number OC414702

Dorset Heart Clinic Limited Liability Partnership: Company Registration Number OC414702.

1.2 Revenue

Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the

commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligation each promise to transfer either a good or service that is distinct or a series of distinct goods or services that are substantially the same and that have the same pattern of transfer. The Trust recognises revenue as these performance obligations are met, which may be at a point in time or over time, depending upon the terms of the contract.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed

the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Revenue grants and other contributions to expenditure

"Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Charitable Funds

Income is received from donations, legacies, fund raising events and from other charitable bodies.

Education and training

Revenue is recognised when the conditions of education and training contracts have been met.

Interest

Revenue is recognised when the conditions of education and training contracts have been met.

Car Parking

The Foundation Trust operates car parking services for employees and patients. Revenue is recognised when the Foundation Trust collects charges from employees and the public.

Catering services

The Foundation Trust operates canteen services for employees and patients. Revenue is recognised when the Foundation Trust sells to the employees and the public. Canteen sales are usually by cash or by debit card.

Rental income

The Foundation Trust owns some residential properties which are let out to members of staff and related parties. Rental income is recognised on a straight-line basis over the term of the lease.

Income from the sale of non-current assets

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a

way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

National Employment Savings Trust (NEST)

The National Employment Savings Trust (NEST) is a defined contribution scheme that was created as part of the government's workplace pensions reforms under the Pensions Act 2008. With effect from 1 May 2013, the Foundation Trust auto-enrols employees into this scheme in line with the national eligibility criteria.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item individually has a cost of at least £5,000; or
- collectively, a group of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates, and are under single managerial control; or
- it forms part of the initial equipping and setting-up cost of a new building, refurbishment of a ward or unit irrespective of its individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. They are measured subsequently at current value.

Non-current assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from the financing of the construction of fixed assets are not capitalised but are charged to the Statement of Comprehensive Income in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with International Accounting Standard (IAS) 16 every five years. A three yearly interim valuation is also carried out. Additional valuations are carried out as appropriate.

Professional valuations are carried out by the Foundation Trust's appointed external Valuer (Cushman & Wakefield). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A desktop valuation (excluding Assets Under Construction/ Work In Progress) was undertaken as at 31 March 2022. This value has been included in the closing Statement of Financial Position.

The valuations are carried out primarily on the basis of Modern Equivalent for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Assets in the course of construction are valued at current cost. Larger schemes are valued by the district valuer on completion or when brought into use, and all schemes are valued as part of the three/ five yearly revaluation.

Operational equipment is valued at net current replacement cost.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the entity and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. The estimated useful lives of assets are summarised at the top of the next page.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon this reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

As at 31 March 2022, there were no assets classified as 'Held for Sale'.

	Minimum Life (years)	Maximum Life (years)
Buildings and dwellings	8	100
Furniture / fittings	5	20
Set-up costs	5	15
Medical and other equipment	5	15
Vehicles	7	15
Radiology equipment	5	10
IT equipment	3	7

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in

operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, for example:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within twelve months of the date of the classification as 'Held for Sale'; and

- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/ grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/ grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the product is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

Measurement

Software which is integral to the operation of hardware (for example, an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (for example, application software) is capitalised as an intangible asset.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The estimated useful life of assets are summarised below:

	Minimum (years)	Maximum (years)
Software	3	7

1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups (CCGs), Specialist Commissioners, NHS Foundation Trusts or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Due to the high turnover of stocks within the Foundation Trust, current cost is used as a fair estimate of current value.

1.9 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

“Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes current investments, cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement

of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.10 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.11 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23 but is not recognised in the Trust's accounts.

Non-Clinical Risk Pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Foundation Trust's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public Dividend Capital (PDC) and PDC Dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of International Accounting Standard 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated

assets (including lottery funded assets), (ii) grant funded and assets purchased in repose to COVID-19, (iii) average daily cash balances held with the Government Banking Services (GBS) and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to short-term working capital facility, and (iv) any PDC dividend balance receivable or payable

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.14 Value added tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation tax

Under current legislation, Foundation Trusts are not liable for corporation tax.

1.16 Foreign Exchange

The functional and presentation currency of the Foundation Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.17 Third party assets

Assets belonging to third parties, (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed within Note 19 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accruals basis with the exception of provisions for future losses.

1.19 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.20 Going concern

"These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

International Accounting Standard 1 (IAS 1) requires the Board to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector.

In preparing the financial statements, the Board of Directors have considered the Trust's overall financial position against the requirements of IAS1.

The Trust has produced a financial plan for 2022/23 and has prepared a cashflow forecast to the end of June 2023. From the financial modelling undertaken the Trust is expecting to have sufficient cash to cover its requirements for this period.

It is noted that the cash regime within the NHS for new financial revenue support will be in the form of non-repayable Public Dividend Capital, rather than interest bearing loans. Therefore, should the Trust be in need of cash support it will not be in the form of repayable debt.

Based on the factors outlined above, the Board of Directors has a reasonable expectation that the Trust will have access

to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due. The Directors consider that this provides sufficient evidence that the Trust will continue as a going concern for the 12 months from the date of approval of the financial statements. On this basis, the Trust has adopted the going concern basis for preparing the accounts. .

1.21 Investments

The Foundation Trust does not have any investments and the cash is held primarily in the Government Banking Service.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Charitable Fund does hold investments, both Fixed Asset Investments and Short-Term Investments:

Charitable Fund Fixed Asset Investments

Investment Fixed Assets are shown at Market Value, as detailed in the Statement of Financial Position.

The Trustee's policy is to invest charitable funds with investments that maximise capital and are the most suitable investment type. The long-term objective is to invest capital that will give the maximum growth on income with minimal risk. The investment held as at the Statement of Financial Position date are units within a Restricted Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31 March 2022. Investments comprise equities, gilts, other fixed interest investments and pooled funds, the majority of which are quoted investments.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later).

Charitable Fund Short-Term Investments

Short-Term Investments include Stocks and Equities that have been received as part of Legacy distributions given to the Charitable Fund. These are revalued at the year-end and any gain or loss on revaluation of the investment asset is shown in the Statement of Comprehensive Income.

1.22 IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Foundation Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Foundation Trust will apply the standard retrospectively without restatement with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on

transition at the trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Foundation Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has undertaken a review of operating leases that could potentially be impacted by IFRS16 and have identified two arrangements. Both are due for renewal in 2020/21 and the Trust is currently reviewing options regarding the underlying assets and whether these lease arrangement should continue. Given the detailed lease arrangements are not available, the impact of IFRS 16 cannot be quantified however the Trust does not expect this to have a material impact.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£'000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	6,852
Additional lease obligations recognised for existing operating leases	(6,852)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	-
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(746)
Additional finance costs on lease liabilities	(63)
Lease rentals no longer charged to operating expenditure	791
Other impact on income/expenditure	-
Estimated impact on surplus/deficit in 2022/23	(18)
Estimated increase in capital additions for new leases commencing in 2022/23	-

2 Operating segments

The Foundation Trust has determined the operating segments based on the reports reviewed by the Finance and Performance Committee that are used to make strategic decisions. The Finance and Performance Committee considers the Foundation Trust's business from a services perspective as "Healthcare" and only one segment is therefore reported.

The segment information provided to the Finance and Performance Committee for the reportable segments for the year ended 31 March 2022 is as follows:

	Group		Trust	
	Healthcare Twelve months to 31 March 2022	Healthcare Six months to 31 March 2021	Healthcare Twelve months to 31 March 2022	Healthcare Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Segment revenue	729,201	356,603	726,480	355,087
Patient and other income	729,201	356,603	726,480	355,087

It is appropriate to aggregate the Trust's activities as, in accordance with IFRS 8: Operating Segments, they are similar in each of the following respects:

- the nature of the products and services;
- the nature of the production processes;
- the type of class of customer for their products and services;
- the methods used to distribute their products or provide their services; and
- the nature of the regulatory environment.

3 Income generation activities

The Foundation Trust has not materially undertaken any other income generation activities with an aim of achieving profit.

4 Operating income

4.1 Income from patient related activities

	Group		Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Foundation Trusts and NHS Trusts	4,538	3,496	4,538	3,496
Clinical Commissioning Groups	538,836	251,232	538,836	251,232
NHS England	126,606	64,162	126,606	64,162
Non NHS:				
- Private Patients	3,930	1,424	3,055	1,051
- Overseas Patients (non-reciprocal)	50	73	50	73
- NHS Injury Scheme Income	1,897	301	1,897	301
- Other	50	25	50	25
	675,907	320,713	675,032	320,340

The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding of £18,565,000 have been recognised in these accounts.

The NHS Injury Scheme Income above is reported gross and a 22.43% doubtful debt provision is included in expenditure, which represents expected recovery rates.

4.2 Other operating income

	Group		Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Research and development	3,907	1,185	3,907	1,185
Education and training	21,819	10,639	21,819	10,639
NHS Charities - capital acquisitions (donated assets)	-	28	903	210
NHS Charities - contributions to expenditure	-	5,292	-	5,292
Cash grants for the purchase of capital assets - received from other bodies	929	2,739	929	2,739
Received from other bodies: Other charitable and other contributions to expenditure	2,797	1,460	2,797	1,460
Donated equipment from DHSC for COVID response (non-cash)	1,882	1,322	1,882	1,322
NHS Charitable Funds: Incoming Resources excluding investment income	2,749	1,507	-	-
Non-patient care services to other bodies	7,713	5,633	7,713	5,633
Education and training - notional income from apprenticeship fund	1,267	500	1,267	500
Top up	1,956	3,641	1,956	3,641
Other:				
- NHS drug sales	62	20	62	20
- Car parking	910	373	910	373
- Catering services	1,587	653	1,587	653
- Miscellaneous other	4,588	361	4,588	543
Income from operating leases	1,128	537	1,128	537
	53,294	35,890	51,448	34,747
Total	729,201	356,603	726,480	355,087

5 Private patient monitoring

The Foundation Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purpose of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

6 Mandatory and non-mandatory income from activities

	Group		Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Commissioner requested services	697,726	331,352	696,851	330,979
Non Commissioner requested services	31,475	25,250	29,629	24,107
	729,201	356,602	726,480	355,086

7 Operating expenses

	Group		Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Purchase of healthcare from NHS and DHSC bodies	3,973	3,032	3,973	3,032
Purchase of healthcare from non-NHS and non-DHSC bodies	11,353	4,159	11,353	4,159
Purchase of social care	103	72	103	72
Employee Expenses - Executive directors	1,792	795	1,792	795
Employee Expenses - Non-executive directors	187	86	187	86
Employee Expenses - Staff	449,580	223,162	449,580	223,162
Employee Expenses - Research and development	810	-	810	-
Employee Expenses - Notional employer contributions paid by NHSE (6.3%)	18,565	8,869	18,565	8,869
Supplies and services - clinical (excluding drug costs)	58,389	26,146	58,389	26,146
Supplies and services - clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,882	5,292	1,882	5,292
Supplies and services - general	11,946	5,805	11,946	5,548
Establishment	5,222	2,421	5,222	2,421
Research and development (excluding Employee Expenses)	485	157	485	157
Education and training - non-staff costs	3,055	1,432	3,055	1,432
Education and training - notional expenditure funded from apprenticeship fund	1,267	500	1,267	500
Transport (staff travel)	808	179	808	179

	Group		Trust	
	Continuing Operations	Continuing Operations	Continuing Operations	Continuing Operations
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000	£'000	£'000
Transport (patient transport services)	708	290	708	290
Premises - Rates	2,795	1,494	2,795	1,494
Premises	25,750	10,518	25,750	10,518
Movement in credit loss allowance: all other receivables and investments	250	658	250	658
Movement in credit loss allowance: contract receivables/assets	142	276	142	276
Provisions arising / released in year	818	499	818	499
Change in provisions discount rate(s)	-	(42)	-	(42)
Inventories written down	-	(10)	-	(10)
Drug costs	66,208	32,015	66,208	32,015
Operating lease payments	26	-	26	-
Depreciation on property, plant and equipment	19,147	7,998	19,141	8,052
Amortisation on intangible assets	3,436	1,102	3,436	1,102
Impairments net of (reversals)	1,532	2,189	1,532	2,189
Audit fees:				
External audit services - financial statement audit	110	92	110	92
External audit services - audit-related assurance services	-	5	-	5
External audit services - charitable fund accounts	6	2	-	-
Internal Audit and Counter Fraud	185	95	185	95
Clinical negligence premium	15,401	6,976	15,401	6,976
Legal fees	810	289	810	289
Consultancy costs	29	120	29	120
Insurance	561	243	561	243
Other services	4,579	1,286	4,579	1,286
Charges to operating expenditure for off-SoFP PFI scheme	168	71	168	71
Losses, ex gratia and special payments	23	29	23	29
NHS Charitable funds: Other resources expended (balance not analysed above)	1,744	3,404	-	-
Other	6,928	2,139	6,238	2,140
Total	720,773	353,845	718,327	350,237

The Trust has made no donations / contributions to any political party.

8 Operating leases

8.1 Operating leases, as lessee

	Group	Trust
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Total operating leases	26	0
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
lease ending:		
No later than one year	16	-
Between 1 and 5 years	-	-
Over 5 years	-	-
Total	16	-

8.2 Operating leases, as lessor

The Foundation Trust owns some properties from which rental income is derived. These are properties which are leased out to members of staff and the contracts are normally one year. The Foundation Trust also leases some office spaces to some contractors and service providers at the hospital sites. None of the leases include contingent rents and there are no onerous restrictions. The income recognised through the Statement of Comprehensive Income during the year is disclosed as.

	Group	Trust
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Total operating leases	1,128	536
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	1,101	997
Between 1 and 5 years	651	644
Over 5 years	2,445	2,588
Total	4,197	4,229

9 Staff costs and numbers

9.1 Staff costs

	Group	Trust
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Salaries and wages	354,566	179,487
Social security costs	34,857	16,549
Apprenticeship Levy	1,768	847
Employer's contributions to NHS Pensions	42,369	20,436
Pension Cost - other contributions	18,565	8,869
Agency/contract staff	19,214	7,727
Total	471,339	233,915

This note excludes Non-Executive Directors, in line with national guidance.

9.2 Average number of persons employed

	Group	Trust
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Medical and dental	1,132	1,135
Administration and estates	1,234	1,214
Healthcare assistants and other support staff	1,585	23
Nursing, midwifery and health visiting staff	2,747	4,216
Scientific, therapeutic and technical staff	2,194	2,224
Healthcare science staff	118	117
Other	-	38
Total	9,010	8,967
Of which:		
Permanent	8,088	8,021
Other	922	946
Total	9,010	8,967

This note excludes Non-Executive Directors, in line with national guidance.

9.3 Staff exit packages

There were no exit packages in 2021/22 (one in the six months up to 31 March 2021, costing less than £10,000).

10 Retirements due to ill-health

There were five early retirements from the Foundation Trust agreed on the grounds of ill-health (two in the six months up to 31 March 2021). The estimated additional pension liabilities of these ill-health retirements will be £307,000 (£29,000 in the six months to 31 March 2021). Any costs of ill-health retirements are borne by the NHS Pensions Agency.

11 The Late Payment of Commercial Debts (Interest) Act 1998

There were minimal payments of interest for commercial debts.

12 Investment revenue

12.1 Investment revenue

	Group		Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021	Twelve months to 31 March 2022	Six months to 31 March 2021
			£'000	£'000
Interest on bank accounts	40	1	40	1
NHS charitable funds: investment income	9	5	-	-
Total	49	6	40	1

12.2 Investment in joint venture

	Group / Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Opening Balance	2,141	-
Transfer by absorption	-	1,815
Share of profit	265	326
Disbursements / dividends received	(1,166)	-
Closing Balance	1,240	2,141

University Hospitals Dorset NHS Foundation Trust holds a 25% share of the Christchurch Fairmile Village Limited Liability Partnership (CFV LLP) and a 50% share of the Dorset Heart Clinic Limited Liability Partnership (DHC LLP).

CFV LLP was established during 2014 to operate a residential care home and the sale of retirement living accommodation; DHC LLP was established in 2016 to provide the provision of cardiology services to patients requiring private healthcare.

12.3 Charity investments

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Opening Balance	6,320	-	-	-
Transfer by absorption		4,544	-	-
Acquisitions	1,479	1,497	-	-
Movement in fair value	203	279	-	-
Closing Balance	8,002	6,320	-	-

12.4 Other financial assets

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Fixed Deposit (less than one year)	68	47	-	-
Total	68	47	-	-

13 Finance costs

	Group / Trust	
	Twelve months to 31 March 2022	Six months to 31 March 2021
	£'000	£'000
Loans from the Independent Trust Financing Facility	667	364
Finance leases	2	3
Unwinding of discount on provisions	(5)	(7)
Other finance costs	-	1
Total	664	361

14 Intangible assets, property, plant and equipment

	Group											Trust	
	Intangible	Tangible									TOTAL	Less Non-Trust Assets	TOTAL
	Software Licences (incl Work in progress)	Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	NHS Charitable fund assets	Non Current Assets		Trust Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2021	31,491	37,733	211,307	5,909	50,197	132,953	393	34,465	2,562	168	507,178	1,387	505,791
Additions	1,984	4	12,369	258	50,979	4,498	-	2,315	649	-	73,056	-	73,056
Additions - leased	-	-	-	-	-	2,649	-	-	-	-	2,649	-	2,649
Additions - assets purchased from cash donations/grants	-	-	1,002	-	-	824	-	8	-	10	1,844	10	1,834
Impairments - Operating expenses	-	-	(1,811)	(252)	-	-	-	-	-	-	(2,063)	-	(2,063)
Impairments - Revaluation reserve	-	-	(50)	-	-	-	-	-	-	-	(50)	-	(50)
Reversal of impairments credited to operating expenses	-	154	286	91	-	-	-	-	-	-	531	-	531
Revaluations	-	704	9,413	36	-	-	-	-	-	-	10,153	-	10,153
Reclassifications	2,862	(157)	13,073	247	(26,710)	10,731	(3)	282	(323)	-	2	-	2
Disposals	-	-	-	-	-	(2,840)	-	-	-	-	(2,840)	-	(2,840)
Cost or valuation at 31 March 2022	36,337	38,438	245,589	6,288	74,466	148,815	390	37,070	2,888	178	540,460	1,397	589,063
Accumulated depreciation at 1 April 2021	14,717	-	3,726	79	-	83,077	295	25,149	1,251	2	128,296	1,159	127,137
Provided during the year	3,436	-	7,851	158	-	8,651	26	2,333	124	4	22,583	6	22,577
Impairments - Revaluation reserve	-	-	(50)	-	-	-	-	-	-	-	(50)	-	(50)
Disposals	-	-	-	-	-	(2,719)	-	-	-	-	(2,719)	-	(2,719)
Accumulated depreciation at 31 March 2022	18,153	-	11,527	237	-	89,009	321	27,482	1,375	6	148,110	1,165	146,945
Net book value													
Owned	18,184	38,438	221,756	6,052	71,787	53,243	69	9,551	1,513	172	420,765	232	420,533
Finance lease	-	-	-	-	2,679	13	-	-	-	-	2,692	-	2,692
Donated	-	-	12,306	-	-	5,450	-	37	-	-	17,793	-	17,793
Owned - equipment donated from DHSC and NHSE for COVID response	-	-	-	-	-	1,100	-	-	-	-	1,100	-	1,100
NBV total at 31 March 2022	18,184	38,438	234,062	6,052	74,466	59,806	69	9,588	1,513	172	442,350	232	442,118
The asset classifications are as follows:													
- Protected	-	36,681	231,472	6,052	74,466	59,806	69	9,588	1,513	-	419,647	-	419,647
- Unprotected	18,184	1,757	2,590	-	-	-	-	-	-	172	22,703	232	22,471
Total	18,184	38,438	234,062	6,052	74,466	59,806	69	9,588	1,513	172	442,350	232	442,118

The Foundation Trust leases various medical equipment/ IT under non-cancellable finance lease agreements. The lease terms are between five and seven years.

Intangible assets, property, plant and equipment prior year

	Group											Trust	
	Intangible	Tangible								TOTAL			
	Software Licences (incl Work in progress)	Land (Freehold)	Buildings excluding dwellings (Freehold)	Dwellings (Freehold)	Assets Under Construction / Work In Progress	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	NHS Charitable fund assets	Non Current Assets	Less Non-Trust Assets	TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross cost at 1 October 2020	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer by Absorption 1 October 2020	28,869	34,358	211,818	5,845	26,373	117,888	393	33,437	1,633	168	460,782	1,387	459,395
Additions	2,421	3,375	92	33	25,316	13,939	-	1,027	733	-	46,936	-	46,936
Additions - leased	-	-	4,390	-	-	-	-	-	-	-	4,390	-	4,390
Additions - donations of physical assets (non-cash)	-	-	37	-	-	172	-	-	-	-	209	-	209
Additions - assets purchased from cash donations/grants	-	-	-	-	0	1,322	-	-	-	-	1,322	-	1,322
Additions - assets purchased from cash donations/grants	-	-	-	-	2,739	-	-	-	-	-	2,739	-	2,739
Impairments - Operating expenses	-	-	(2,365)	-	-	-	-	-	-	-	(2,365)	-	(2,365)
Impairments - Revaluation reserve	-	-	(5,517)	-	-	-	-	-	-	-	(5,517)	-	(5,517)
Reversal of impairments credited to operating expenses	-	-	145	31	-	-	-	-	-	-	176	-	176
Reclassifications	201	-	2,707	-	(4,231)	1,126	-	1	196	-	-	-	-
Disposals	-	-	-	-	-	(1,494)	-	-	-	-	(1,494)	-	(1,494)
Cost or valuation at 31 March 2021	31,491	37,733	211,307	5,909	50,197	132,953	393	34,465	2,562	168	507,178	1,387	505,791
Accumulated depreciation at 1 October 2020	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer by Absorption 1 October 2020	13,615	-	-	-	-	81,574	280	23,997	1,214	-	120,680	1,213	119,467
Provided during the period	1,102	-	3,726	79	-	2,987	15	1,152	37	2	9,100	(54)	9,154
Disposals	-	-	-	-	-	(1,484)	-	-	-	-	(1,484)	-	(1,484)
Accumulated depreciation at 31 March 2021	14,717	-	3,726	79	-	83,077	295	25,149	1,251	2	128,296	1,159	127,137
Net book value													
Owned	16,774	37,733	198,960	5,829	50,197	48,330	97	9,317	1,311	166	368,714	228	368,486
Finance lease	-	-	4,390	-	-	226	-	-	-	-	4,616	-	4,616
Donated	-	-	4,232	-	-	-	-	-	-	-	4,232	-	4,232
Owned - equipment donated from DHSC and NHSE for COVID response	-	-	-	-	-	1,322	-	-	-	-	1,322	-	1,322
NBV total at 31 March 2021	16,774	37,733	207,582	5,829	50,197	49,878	97	9,317	1,311	166	378,884	228	378,656
The asset classifications are as follows:													
- Protected	-	35,976	204,992	5,829	50,197	49,878	97	9,317	1,311	-	357,597	-	357,597
- Unprotected	16,774	1,757	2,590	-	-	-	-	-	-	166	21,287	228	21,059
Total	16,774	37,733	207,582	5,829	50,197	49,878	97	9,317	1,311	166	378,884	228	378,656

The Foundation Trust leases various medical equipment/ IT under non-cancellable finance lease agreements. The lease terms are between five and seven years. A desktop valuation of the Trusts land and buildings was undertaken on 31 March 2021 by independent valuers Cushman & Wakefield Debenham Tie Leung Ltd.

15 Impairment of property, plant and equipment

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Changes in market price (as advised by the Trust's external valuer)	1,532	2,189
Total	1,532	2,189

16 Capital commitments

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Property, plant and equipment	174,110	64,453
Intangible assets	2,909	1,943
Total	177,019	66,396

17 Inventories

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Drugs	3,234	2,715
Consumables	4,610	4,374
Total	7,844	7,089

Consumables donated from DHSC relating to the COVID-19 pandemic have been included in operating income and expenditure, rather than classified as inventory items.

17.1 Inventories recognised in expenses

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Inventories recognised as an expense in the period	38,553	20,181
Write-down of inventories (including losses)	-	(10)
Total	38,553	20,171

18 Trade and other receivables

18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Contract receivables (IFRS 15): invoiced	7,656	8,339	7,656	8,339
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	9,341	7,920	9,504	8,837
Allowance for impaired contract receivables / assets	(461)	(470)	(461)	(470)
Allowance for impaired other receivables	(2,113)	(2,573)	(2,113)	(2,573)
Prepayments (revenue) [non-PFI]	5,078	5,317	5,078	5,317
PDC dividend receivable	126	290	126	290
VAT receivable	1,250	-	1,250	-
NHS charitable funds: receivables	106	5	-	-
Total	20,983	18,828	21,040	19,740
Amounts falling due over one year:				
Clinician pension tax provision reimbursement funding from NHSE	783	1,418	783	1,418
Total	21,766	20,246	21,823	21,158

The provision for impairment of receivables relates to specific receivables.

18.2 Allowances for credit losses (doubtful debts)

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Contract receivables and contract assets:		
At 1 April	470	-
Transfer by absorption	-	1,518
New allowances arising	461	1,079
Changes in the calculation of existing allowances	-	24
Reversals of allowances (where receivable is collected in-year)	(319)	(121)
Utilisation of allowances (where receivable is written off)	(151)	(1,325)
Foreign exchange and other changes	-	(705)
At 31 March 2022	461	470
All other receivables:		
At 1 April	2,573	-
Transfer by absorption	-	1,939
New allowances arising	2,113	-
Changes in the calculation of existing allowances	-	563
Reversals of allowances (where receivable is collected in-year)	(1,863)	-
Utilisation of allowances (where receivable is written off)	(710)	(610)
Changes arising following modification of contractual cash flows	-	(24)
Transfer to FT upon authorisation	-	705
At 31 March 2021	2,113	2,573

19 Cash and cash equivalents

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Balance 1 April 2021	109,537	-	97,534	-
Transfer by absorption	-	128,056	-	115,546
Net movement in year	8,189	(18,519)	10,773	(18,012)
Balance at 31 March 2022	117,726	109,537	108,307	97,534
Made up of:				
Cash at commercial banks and in hand	11,052	13,432	1,633	1,429
Cash with the Government Banking Service	106,674	96,105	106,674	96,105
Cash and cash equivalents	117,726	109,537	108,307	97,534

The patient monies amount held on trust was below £1,000, and is not included in the above figures (31 March 2021 £3,000).

20 Trade and other payables

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
Amounts falling due within one year:				
Trade payables	26,636	26,991	26,189	26,092
Capital payables (including capital accruals)	21,318	8,593	21,318	8,593
Accruals (revenue costs only)*	44,646	48,964	44,646	48,965
Annual leave accrual	2,654	2,500	2,654	2,500
Receipts in advance (including payments on account)	198	243	198	243
Social security costs	5,210	5,022	5,210	5,022
VAT payables	366	105	366	105
Other taxes payable	4,250	4,103	4,250	4,103
PDC dividend payable	8	-	8	-
Other payables	-	105	-	105
NHS Charitable funds: trade and other payables	3,403	3,373	-	-
Total	108,689	99,999	104,839	95,728

*This includes outstanding pension contributions at 31 March 2022 of £5,969,000 (31 March 2021 £5,710,000).

21 Other liabilities

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Amounts falling due within one year:		
Receipts in advance - Heart club	15	15
Receipts in advance - Grants	-	1,802
Receipts in advance - Other	6,906	3,382
Total	6,921	5,199
Amounts falling due over one year:		
Receipts in advance - Heart club	820	853
Total	7,741	6,052

22 Borrowings

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Finance lease liabilities		
- Current	2,945	394
- Non current	4,047	4,225
Total	6,992	4,619
Independent Trust Financing Facility (ITFF) Loan		
- Current	3,020	3,026
- Non current	21,303	23,183
Total	24,323	26,209
Other loans (non-DHSC)		
- Current	129	388
- Non current	-	-
Total	129	388

As at 31 March 2022, the Trusts ITFF loans relate to the Christchurch Development (£23,264,000 at a fixed annual interest rate of 2.89%) and the development of pathology facilities (£1,058,000 at a fixed annual interest rate of 1.56%). The Christchurch Development loan is repayable over 20 years from 2014, the pathology loan over 25 years from 2024.

23 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical equipment leases. These leases generally run for between 5 - 7 years with options to extend the terms at the expiry of the initial period. None of the leases include contingent rents or onerous restrictions on the Foundation Trust's use of assets concerned.

Additionally, at the end of March 2021, the Foundation Trust entered into a finance lease to acquire additional off-site office space. The cost of the lease was £4,390,000 and will be accounted for over 20 years.

	Group / Trust	
	31 March 2022	31 March 2021
	£'000	£'000
Amounts payable under finance leases		
Within one year	2,945	394
Between one and five years	864	1,089
After five years	3,308	3,750
Less future finance charges	(125)	(614)
Total	6,992	4,619

24 Provisions for liabilities and charges

	Group / Trust				
	£'000	£'000	£'000	£'000	£'000
	Early Retirement	Injury Benefit	Legal claims	Other	Total
Opening balance	328	1,746	179	4,940	7,193
Arising during the year	-	209	369	5,138	5,716
Utilised during the year	(34)	(80)	-	(1,187)	(1,301)
Reversed unused	-	(138)	-	(2,388)	(2,526)
Unwinding of discount	(1)	(4)	-	-	(5)
At 31 March 2022	293	1,733	548	6,503	9,077
Expected timing of cashflows:					
Within one year	34	80	548	5,247	5,909
Between one and five years	139	322	-	379	840
After five years	120	1,331	-	877	2,328
	293	1,733	548	6,503	9,077

Current and non current

Legal Claims

Liability to Third Party and Property Expense Schemes:

The Foundation Trust has liability for the excess of each claim.

The calculation is based on estimated claim values and probability of settlement.

Other Claims

Clinician Pension Tax Scheme:

The provision for Clinician Pensions Tax Scheme has been created as at 31 March 2022 and is calculated using the average discounted value per estimated nomination.

Late Payment of Commercial Debts (Interest) Act 1998:

The Foundation Trust has liability for interest and debt collection fees for invoices settled outside terms.

The calculation is based on estimations of invoices settled and probability of a claim being received.

£241,122,000 is included in the provisions of NHS Resolution at 31 March 2022 in respect of clinical negligence liabilities of the Foundation Trust (£96,595,000 at 31 March 2021).

25 Related party transactions

The Foundation Trust is a public benefit corporation established by order of the Secretary of State for Health and Social Care.

During the year none of the Board Members or parties related to them has undertaken any material transactions with the Foundation Trust.

During the year the Foundation Trust has had a number of material transactions with public organisations together with other government bodies that fall within the whole of the government accounts boundary. Entities are listed below where the transaction total (excluding recharges) exceeds £500,000:

	Group / Trust			
	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Dorset CCG	505,808	742	1,588	193
NHS Hampshire, Southampton and Isle of Wight CCG	32,293	-	149	-
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	1,219	-	-	0
Health Education England	21,625	1	258	-
NHS Resolution (formerly NHS Litigation Authority)	-	15,417	-	12
NHS England - Core	3,827	30	783	29
NHS England - Central Specialised Commissioning Hub	9,857	-	-	388
NHS England - South West RO	98,645	-	-	50
Dorset County Hospital	2,174	1,399	207	387
Dorset Healthcare University NHS FT	9,618	1,966	1,649	885
University Hospitals Southampton NHS FT	5,749	1,310	1,462	685
Northern Care Alliance NHS FT	-	649	-	54
Salisbury NHS FT	193	684	28	172
Portsmouth Hospitals University NHS Trust	5	629	-	66
NHS Pension Scheme	-	60,934	-	5,978
Other transactions less than £500,000	38,188	637,012	14,859	106,711
	729,201	720,773	20,983	115,610

The Foundation Trust is an agent on behalf of employees and below are material transactions exceeding £500,000:

	Group / Trust			
	£'000	£'000	£'000	£'000
	Income	Expenditure	Receivables	Payables
NHS Pensions Agency	-	60,934	-	5,978
HM Revenue and Customs	-	1,768	-	4,616
National Insurance Fund	-	34,857	-	(768)
	-	97,559	-	9,826

26 Post statement of financial position events

There were no post statement of financial position events.

27 Financial risk management

Financial instruments are held for the sole purpose of managing the cash flow of the Foundation Trust on a day-to-day basis or arise from the operating activities of the Foundation Trust. The management of risks around these financial instruments therefore relates primarily to the Foundation Trust's overall arrangements for managing risks in relation to its financial position.

Market risk

Interest rate risk

The Foundation Trust has a fixed rate loan from the Independent Trust Financing Facility; plus capitalised finance lease obligations which each have fixed interest rates. As a result of these fixed rates; any interest rate fluctuations will only affect our ability to earn additional interest on our short-term investments.

The Foundation Trust earned interest of £40,000 during 2021/22, therefore a change in the interest rate would have minimal effect on the amount earned.

Currency risk

The Foundation Trust has minimal risk of currency fluctuations. Most transactions are in sterling. Although there are some purchases of goods from Ireland, where prices are based on the Euro, all payments are made in sterling.

Other risk

The inflation rate on NHS service level agreements is based on the NHS funded inflation, and therefore there is a small risk of budgetary financial pressure.

The majority of pay award inflation is based on the nationally agreed Agenda for Change pay scale, and although funding through the Payment by Results (PbR) tariff does not cover the entire cost (there is an assumed efficiency requirement within the tariff), this represents a small risk.

Credit risk

Debtor control

The Foundation Trust has a treasury function which includes a credit controller. The Foundation Trust actively pursues debts and use an external company to support specific aged debts.

The majority of the Foundation Trust's payables are short term and the Foundation Trust participates in the national NHS payables reconciliations at 31 December and 31 March each year. This helps to identify any significant NHS receivable queries.

Provision for doubtful debts

The Foundation Trust reviews non NHS receivables as at 31 March 2022 and as a result of this review, has provided £2,193,000 in relation to doubtful debts. A further £72,000 has been provided for in relation to the Injury Scheme, in accordance with scheme guidance.

The Foundation Trust has also reviewed NHS receivables and has provided for doubtful debts amounting to a total of £381,000. This represents either the maximum or probable risk in specific areas and reflects the uncertainty of the financial climate within the healthcare market.

Liquidity risk

Loans

The Foundation Trust has two fixed rate loans from the Independent Trust Financing Facility. Repayments for the first loan commenced in March 2016 and will finish in March 2034, for the second loan repayments will commence in 2024 finishing in March 2049. Further details are available in Note 22.

Creditors

The Foundation Trust has reported a surplus in the current financial year and continues to have a surplus on the retained earnings reserve. In addition, the Foundation Trust has a cash balance of £108,307,000. As such, the Trust is a minimal risk to its creditors.

28 Financial instruments

28.1 Financial assets

	Group				Trust	
	31 March 2022		31 March 2021		31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000	£'000	£'000
	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Assets at fair value through Income and Expenditure	Loans and receivables	Loans and receivables
Assets as per the Statement of Financial Position						
Trade and other receivables excluding non-financial assets	15,205	-	14,634	-	15,205	14,634
Other Investments	5,078	-	5,317	-	5,078	5,317
Cash and cash equivalents at bank and in hand	110,503	-	99,623	-	110,503	99,623
NHS charitable funds: financial assets as at 31 March	7,397	8,002	9,966	6,320	-	(821)
Total	138,183	8,002	129,540	6,320	130,786	118,753
Assets held in £ sterling		146,185		135,860	130,786	118,753

28.2 Financial liabilities

	Group		Trust	
	31 March 2022	31 March 2021	31 March 2022	31 March 2021
	£'000	£'000	£'000	£'000
	Other financial liabilities	Other financial liabilities	Other financial liabilities	Other financial liabilities
Liabilities as per the Statement of Financial Position				
Borrowings excluding Finance lease and PFI liabilities	24,323	26,209	24,323	26,209
Other borrowings excluding finance lease and PFI liabilities	129	388	129	388
Obligations under finance leases	6,992	4,619	6,992	4,619
Obligations under Private Finance Initiative contracts	-	-	-	-
NHS trade and other payables excluding non-financial liabilities	2,890	3,999	2,890	3,999
Non-NHS trade and other payables excluding non-financial liabilities	92,364	82,111	92,364	82,111
Provisions under contract	9,077	7,193	9,077	7,193
NHS Charitable funds: financial liabilities as at 31 March	3,403	3,373	-	-
Total	139,178	127,892	135,775	124,519
Liabilities held in £ sterling	139,178	127,892	135,775	124,519

28.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2022		31 March 2022	
	£'000	£'000	£'000	£'000
	Book Value	Fair Value	Book Value	Fair Value
Financial assets				
Receivables over one year				
Other	783	783	783	783
NHS charitable funds: non-current financial assets	8,002	8,002	-	-
Total	8,785	8,785	783	783
Financial liabilities				
Non-current trade and other payables excluding non-financial liabilities	820	820	820	820
Provisions under contract	9,077	9,077	9,077	9,077
Total	9,897	9,897	9,897	9,897

29 Intra-Government and NHS balances

	Group / Trust	
	31 March 2022	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	£'000	£'000
Providers	3,569	2,629
NHS and Department of Health	2,577	261
Local Government	72	1
Central Government	1,262	15,805
Total	7,480	18,696

30 Losses and special payments

	Group / Trust			
	Twelve months to 31 March 2022		Six months to 31 March 2021	
	Number	£'000	Number	£'000
Losses				
Losses of cash due to:				
Other causes	1	1	-	-
Damage to buildings, property and equipment	24	312	6	194
Total losses	25	313	6	194
Special Payments				
Ex gratia payments in respect of:				
Loss of personal effects	39	20	24	15
Clinical negligence with advice	4	30	7	24
Total special payments	43	50	31	39
Total	68	363	37	233

There were no cases where the net payment exceeded £15,000 (£10,000 in the six months to 31 March 2021).

Note: The total costs in this note are compiled directly from the losses and compensations register which reports on an accrual basis, with the exception of provisions for future losses.

31 Judgements and estimations

Key sources of estimation uncertainty and judgements

In the application of the Foundation Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- Expenditure 'accruals' are included within the total expenditure reported with these financial statements. These accruals represent estimated costs for specific items of committed expenditure for which actual invoices have yet to be received, together with the estimated value of capital works completed, but not formally valued as at 31 March 2022. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure.
- An estimate is made for depreciation and amortisation of £22.6 million. Each capital or donated asset is added to the asset register and given a unique identifier. The value and an estimated life is assigned (depending on the type of asset) and value divided by the asset life (on a straight-line basis) is used to calculate an annual depreciation charge.

- A net upwards revaluation of land and buildings of £10.1 million has been charged to the revaluation reserve, with a further £1.4 million included within operating expenses. This reflects the desktop valuation of Trust land and buildings carried out by the Trusts external valuers.
- The valuation exercise was carried out in March 2022 with a valuation date of 31 March 2022. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards ('Red Book').
- The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value. Accordingly - and for the avoidance of doubt, this valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation - Global Standards.

32 Senior manager remuneration

Directors' remuneration totalled £1,485,000 for the twelve months ended 31 March 2022. Full details are provided within the Remuneration Report.

33 Senior manager pension entitlements

There were benefits accruing to six of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2021/22. Full details are provided within the Remuneration Report.

34 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2022	31 March 2021
	£'000	£'000
Restricted funds	8,499	9,950
Unrestricted funds	3,506	1,752
Total	12,005	11,702



University Hospitals Dorset NHS Foundation Trust

The Royal Bournemouth Hospital
Castle Lane East, Bournemouth, BH7 7DW

Poole Hospital
Longfleet Road, Poole, BH15 2JB

Christchurch Hospital
Fairmile Road, Christchurch, BH23 2JX

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