NHS
University Hospitals Dorset
NHS Foundation Trust


Annual Report and Accounts 2023/24





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

1 April 2023 - 31 March 2024

University Hospitals Dorset NHS Foundation Trust

Annual Report and Accounts 2023/24

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

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PERFORMANCE REPORT

In this overview, we provide you with:

A statement from our chair and chief executive, providing a summary of how we have performed during 2023/24

An introduction to our organisation, covering what we do and the services we provide

An overview of our values, mission and 2024/2025 priorities

A summary of key risks that we have managed during 2024/25 and how these have affected the delivery of our objectives

A "going concern" disclosure.

Foreword from our Chair and Chief Executive

Welcome to our annual report for 2023/24. Thank you to everyone across University Hospitals Dorset NHS Foundation Trust for helping us deliver significant improvements to patient care through the year. Although we still have much to do it is great to see the progress in the last year to improve our urgent and emergency pathways, our waiting times for patients and our patient and staff surveys. We also met our financial plan despite the challenges posed by recovery efforts and industrial action, which is a significant achievement.

Planned care

Against a backdrop of industrial action, our waiting times for patients have improved and we have progressed out of the performance tiering for elective activity. We appreciate the impact of waiting times on our patients, and if any procedures are postponed or delayed, we strive to rebook them as soon as possible.

Our trust ends the year having achieved a number of its ambitions for elective and cancer care. Fewer patients are waiting on a referral to treatment (RTT) waiting list and a higher proportion of patients have been seen or treated within 18 weeks. We are reducing our very long waiters and have the ambition to eliminate 78 week waits in quarter 1 and 65 week waits by the end of quarter 2.

Our cancer waiting times are also improving. We achieved the national standard to support patients who are referred with suspected cancer to be either told they do not have cancer or to have a cancer diagnosis confirmed within 28 days. We also reduced the number of patients waiting start of treatment over 62 days.

Bringing together planned care on the Poole Hospital site will provide rapid treatment of elective operations which will help benefit thousands of patients on waiting lists. In preparation for this, a state-of-the-art theatre complex was opened in July 2023. It incorporates a four-table barn theatre, one of the first such facilities in the UK where the main surgical area is large and open plan, setting Poole to become the largest planned care site in England.

To help with all our developments, we were also proud to open the Dorset Pathology Hub on the Royal Bournemouth site this year. This centre will process over 9 million tests per year to help improve patient diagnostics and will have 200 staff as part of the One Dorset Pathology network - a collaborative partnership between Dorset County Hospital and UHD.

Urgent and emergency care

Despite a very challenging year, we are proud that our trust is the 19th most improved in England for urgent care. In March 2024, we ensured that seven out of 10 patients were seen and admitted or discharged within four hours. This was a significant improvement of over 6% compared to February and makes a huge difference for our patients.

Industrial action

This year saw 12 rounds of industrial action. Our teams consistently pulled together to support the safe care of our patients and each other. However, each round added pressure on our staff and resulted in some procedures for our patients being postponed. We hope for a national resolution as we greatly appreciate the burden this adds to everyone.

Financial plan

We met our financial plan this year, although the recurrent savings were a challenge due to our underlying financial position, which we aim to improve in the coming year. There are also challenges across Dorset with a deficit within the integrated care system. In 2024/25, we have a challenging plan to deliver a breakeven position, including a £42 million cost improvement plan and achieving 109% of elective activity delivered pre-Covid in 2019/20. Our current focus is on improving our cost improvement plans and project management functions.

Staff survey

Our staff survey saw the highest response rate in four years with significant improvements in the majority of areas. UHD's response rate of 59% was significantly higher than the national average response rate of 45%. This demonstrates how engaged our workforce is and how much we all care about our trust.

The feedback shows that we have improved in most areas since last year, although we still have more to do to achieve our aim of making our organisation the best place to work. Notable highlights include:

- In 2022 72.9% of our staff said that care of patients is a top priority at UHD. In 2023 that rose to 76.2%.
- In 2022 56.2% of our staff said they would recommend UHD as a place to work. In 2023 that rose to 63.4%.

We also have areas where we need to do better. Individual team feedback has been shared with managers and actions to improve are being identified.

Patient First

Patient First is a process of continuous improvement that focuses on giving frontline staff the time and freedom to identify opportunities for positive, sustainable change and the skills to make it happen. It is a way of uniting us all following the merger and the pandemic, to truly engage with our hardworking and dedicated staff and focus on the right things for patients.

In July 2023, our board of directors approved our three-year Patient First Strategy, outlining how we are developing a culture of continuous improvement at the trust to support the delivery of our refreshed strategy and strategic priorities.

We continued our roll out of Patient First with an ambitious program to train our senior leaders across the trust to help us implement the strategy. Our first clinical teams also completed their training, with five new teams starting. Because of Patient First, we are changing the way we run our leadership meetings with strategic deployment reviews (SDRs), giving consistency to the way we plan, work, and report throughout the organization. We have also embedded Patient First in our appraisal forms to ensure that every colleague can discuss their role in our trust's strategy.

Dr Peter Wilson is now the senior responsible officer for the Patient First Programme.

Staff awards

We held our first UHD staff awards on 15 June 2023. This was a fantastic opportunity to celebrate our colleagues. The shortlist included porters and doctors, nurses to technicians, to volunteers and managers and many more. Individuals and teams were put forward by hospital colleagues as well as almost 200 patients and relatives. Congratulations to all those who were shortlisted - the judges had an incredibly hard task to pick the winners. Thank you to all colleagues involved with the organisation and to local BBC radio reporter Steve Harris for compering the evening for us.

Executive team

This year saw some changes in our executive team.

Professor Paula Shobbrook, our chief nursing officer, retired. Paula has been at UHD and before then at Royal Bournemouth and Christchurch hospitals for 13 years in total. She was also acting chief executive of UHD from 1 April 2022 to 31 May 2022. She has been an incredible role model across the trust and Dorset and more widely.

Karen Allman, our chief people officer also retired. Karen has worked here over 16 years and was amazing through the merger and pandemic.

Peter Gill, our chief informatics and IT officer left after 11 years. Peter was also executive sponsor for the Diverse Ethnicity and Pro Ability networks.

We wish all of them all the best for the future.

Dr Peter Wilson joined us in April 2023 as chief medical officer from his role as medical director for direct commissioning for the South West region of NHS England. His clinical background is as a consultant in paediatric intensive care and he developed his clinical and leadership career at University Hospitals Southampton NHS Foundation Trust,

Tina Ricketts joined our executive team as chief people officer. Over the last 15 years, she has held a range of senior management positions within the health and care system in Gloucestershire.

We also appointed local GP Dr David Broadley to be part of our leadership team. David has been clinical director of Poole Primary Care Network and is a GP partner at Rosemary Medical Centre in Parkstone. This is an exciting opportunity for us to link with our primary care partners to help improve patient care.

Non-executive team

We also saw some changes in our non-executive team.

Our thanks go to the following who retired from their roles with the trust during the year:

- Philip Green who served as a non-executive director and vice chair at Poole Hospital NHS Foundation Trust, prior to becoming a non-executive director and vice chair at our trust. From 1 April 2022 until 31 June 2022, Philip was acting chair of University Hospitals Dorset. In addition to his NHS experience, Philip brought a wealth of commercial experience.
- Stephen Mount who brought extensive audit experience and served as chair of our finance and performance committee, prior to being chair of the audit committee.
- Caroline Tapster who, in addition to being our senior independent director, was inaugural chair of our population health and system committee. Caroline spent much of her career working in local government and the NHS.

We welcomed Helena McKeown and Claire Whitaker to our board, each of whom bring a wealth of experience and skills.

Council of governors

We were also delighted to see new governors join our council of governors.

Our wonderful lead governor, Sharon Collett, concluded her term of office as lead and we are extremely pleased she will continue as a governor. Michele Whitehurst, who was a very active and supportive deputy lead governor became our lead governor from April 2024. She will be supported by a new deputy, Carrie Stone.

Thank you #TeamUHD

The year ahead will continue to be challenging. As we transition to the emergency and planned care changes over the next 18 months, maintaining the focus on patient safety and looking after each other will remain our golden thread, alongside our commitment to continuous improvement. Thank you to all our staff, volunteers, governors, and the public for being part of #TeamUHD.

Rob Whiteman CBE
Trust Chair
20 June 2024

Siobhan Harrington
Chief Executive
20 June 2024

A year in pictures

◀ **Our cover image.**
A cross section of our wonderful staff and volunteers who all play a vital role in supporting patient care.

▲ After many years in planning, the Dorset Pathology Hub opened its doors in November 2023. The facility is one of the most advanced pathology hubs in the UK, supporting hospitals across the region to improve diagnostics for patients, meeting the growing demand for specialist treatment and care.

▲ We marked a major milestone in May with a traditional 'topping out' ceremony for its new BEACH Building which will improve birth, emergency, critical care and children's health services for thousands of people.

▲ Deepa Pappu, equality, diversity and inclusion lead, received an invitation to Buckingham Palace after NHS England recognised her contributions to nursing in her role as professional nurse advocate.

▲ The team at Christchurch Day Hospital has been accredited by Bournemouth University (BU) for the exceptional care they provide to patients.

▲ Our first ever UHD Awards event took place, featuring some incredible and uplifting examples of inspirational care, compassion and leadership. The awards received an amazing 850 nominations, including 200 from the public, and took place at The Pavilion in Bournemouth.

▲ UHD staff and partners came together to see patient Julie Hills cut the ribbon to officially open the new Poole Hospital theatres.

▲ Our Annual Members' Meeting was held at Bournemouth University. Following the event, we encouraged attendees to stay for an understanding health talk on Oral and Maxillofacial/Head and Neck Surgery presented by Mr. Parkash Ramchandani.

▲ All patients on wards at our Royal Bournemouth site are now receiving our new meals service. This offers more choice and better quality.

▲ Our children's waiting room in the emergency department (ED) at the Royal Bournemouth Hospital has been given a makeover by local artist, Mirek Lucan.

▲ People living and working in Dorset were invited to attend marketplace style events in Swanage, Poole and Blandford to find out more about their local health and care services, ranging from digital support at home to planned care and living a healthy lifestyle.

▲ Over 200 elves dashed 2km along Branksome seafront to help raise funds for our hospital's children's wards.

▲ 'Child Health @Home', was officially launched, giving families access to healthcare services outside the hospital.

About us

University Hospitals Dorset NHS Foundation Trust serves Bournemouth, Poole and Christchurch, East Dorset and Purbeck, and parts of the New Forest for most hospital services. Of itself, it has a relatively youthful history, but with a long ancestry through its predecessor organisations of Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Our specialist services also serve the whole of Dorset, South Wiltshire and parts of Hampshire, for a population of around 750,000 people. These services include oncology, neurology, vascular, cardiac and interventional radiology, along with specialist areas in services like surgery.

Our three main sites are Poole, Royal Bournemouth and Christchurch hospitals. We also have services in many community settings including in patient's homes. Our Outpatient Assessment Centre at the Dolphin Shopping Centre (Poole) is also popular. We also have many staff working offsite at Yeomans Way, Discovery Court and Alderney Sterile Services.

Our trust employs around 10,000 staff including via our staff bank. We are blessed with hundreds of volunteers and strong partners and have a thriving charity and allied independent charities. All this stands us in good stead for what are significant challenges to meet the health needs of our population which is ageing and growing, by about 1% per year. In addition, the local area remains popular for 30,000+ students and over one million visitors a year.

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

- 159,211 Type 1 Emergency Department (ED) attendances
- 81,292 non-elective admissions
- 102,095 elective admissions
- Of which 78,502 Day case treatment
- 614,371 Outpatient attendances
- 3,669 births
- Diagnostics and other services.

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 how we have achieved against the key performance, safety and quality objectives are set out in the performance analysis section below.

Our structure

As a foundation trust, we are accountable to the Department of Health and Social Care via NHS England. As the regulator for health services in England - working through and in partnership with the Dorset Integrated Care Board (NHS Dorset) - it oversees the performance of the organisation, providing support where required, and has oversight of the trust operating 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 23,700 members, is made up of public, staff and appointed governors. The council of governors plays an important role in members' views being heard and are fed back to our board, as well as members of the public being kept up to date with developments within the hospitals.

Our board 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 - Medical Care Group, Surgical Care Group and the Women's Children, Cancer and Support Services Care Group - and a number of departments providing support services.

We are an integral member of the Dorset Integrated Care System (ICS) working closely with a range of key health and social care partners to develop and deliver our services in partnership.

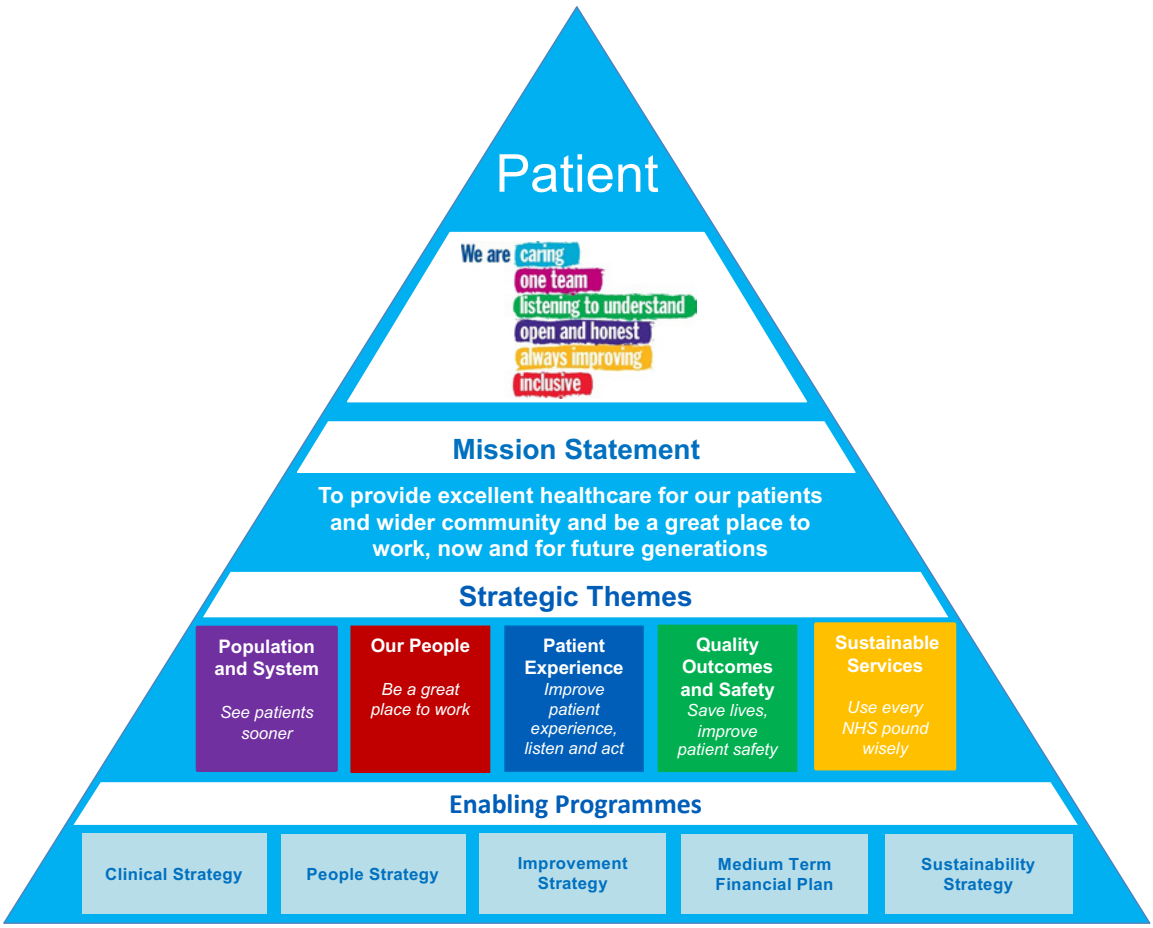
Trust values, mission and priorities

We are part of an integrated system of health and care, working towards making Dorset the healthiest place to live in England. That requires us to not just change but transform in many ways. All our enabling strategies have this vision and a transformative ambition.

Our values have been developed as a result of engaging with and listening to our staff to understand 'what is important to them?' This appreciative inquiry was carried out over many months with the support of our culture champions - a representative group and cross section of staff across our trust.

Our values underpin our vision and mission. They are the standards shared by all of our staff. They guide our day-to-day decisions and the way we behave. They describe what is important to us and 'the way we do things around here'.

What is striking about the values developed by staff is their duality. Each one consistently and equally speaks to the values for staff **and** for patients. This is a very distinct feature.



Patient First is the overarching strategy for University Hospitals Dorset. It is our guiding principle at the heart of everything that we do. It is also the long-term approach we take to transforming health services. It sets out that our True North is the 'patient first and foremost'. This is supported by the values of compassion, teamwork, communication, respect, continuous improvement, and inclusion.

We will remain flexible in how we go about achieving these objectives, as we learn and listen, try different approaches and develop our improvement skills. What is key though, is the True North and strategic objectives remain consistent, so as a team we are all pulling in the same direction.

This is a journey that will take many years and includes delivery of our key strategic enabling programmes that will set us up for success. Taken together this is an ambitious plan, that will require our utmost ability and resilience to see through but is the right thing for us to ensure we achieve putting our patients first.

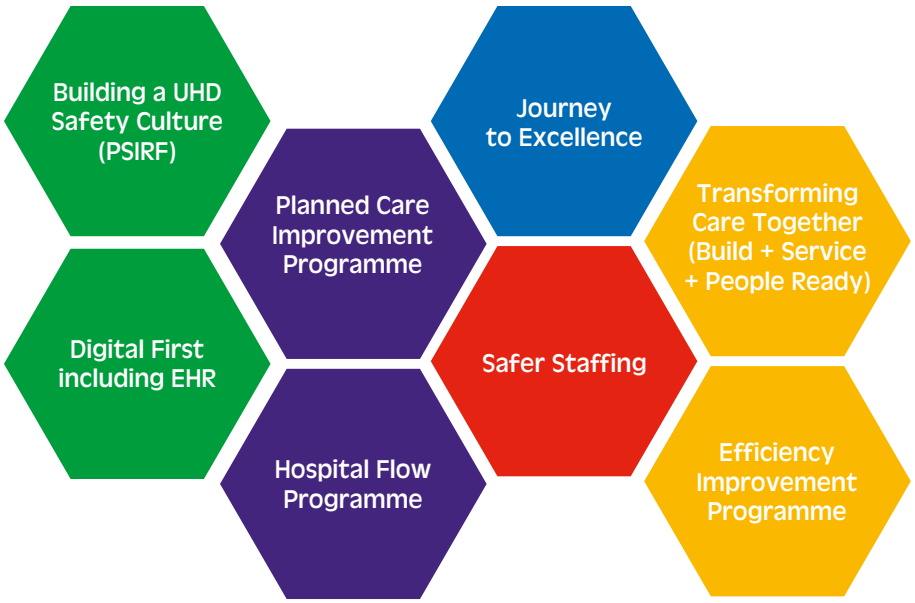
Our strategic themes will support the delivery of our vision and shape our 'breakthrough' annual objectives and enabling programmes. The five strategic themes are:

Strategic Theme	Breakthrough Objective SHORT TERM: 12 -18 MONTHS
POPULATION AND SYSTEM	• **Planned Care** - 109% productivity • **Emergency1Urgent Care:** >77% of patients treated within four hours through the emergency care pathway
OUR PEOPLE	To deliver improvements in the NHS Staff Survey Results for • "I would recommend my organisation as a place to work" >65% • Staff Engagement Score >7.1 / 10
PATIENT EXPERIENCE	• A 5% improvement in employees who see patient care as a top priority for UHD • To increase the Friends and Family Test (FFT) and Have Your Say (HYS) feedback rates by 30%
QUALITY OUTCOMES AND SAFETY	• HSMR <100 • Improve Staff Survey safety culture questions by 5% • Implement MaPSAF
SUSTAINABLE SERVICES	• To fully deliver the budgeted Efficiency Improvement Programme

Within the next 12-18 months we aim to achieve the following which are known as our breakthrough objectives:

Strategic Theme	Strapline	Vision LONG TERM	Strategic Goal MEDIUM TERM: 3 -5 YEARS	Breakthrough Objective SHORT TERM: 12 – 18 MONTHS
POPULATION AND SYSTEM *Mark Mould*	"See patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	• Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	• **Planned Care** - to achieve 109% weighted value elective activity against a 2019/20 baseline, including specialist advice and guidance • **Emergency/Urgent Care:** >78% of patients treated within 4 hours through the emergency care pathway
OUR PEOPLE *Tina Ricketts*	"Be a great place to work"	To be a great place to work, attracting and retaining the best talent.	• Significantly improved staff experience, engagement and retention • NHS Staff Survey results in top 20% of comparator Trusts	To deliver improvements in the NHS Staff Survey Results for: • "I would recommend my organisation as a place to work" > 65% • Staff Engagement Score > 7.1 / 10
PATIENT EXPERIENCE *Sarah Herbert*	"Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	• Rated as Outstanding by CQC as Caring • Over 80% of our employees see patient care as a top priority for UHD • In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys	• A 5% improvement in employees who see patient care as a top priority for UHD • To increase the Friends & Family Test (FFT) and Have Your Say (HYS) feedback rates by 30%
QUALITY OUTCOMES AND SAFETY *Peter Wilson*	"Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	• In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR) • Rated as Outstanding by CQC for Safety • Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30% • Over 80% of employees believe the Trust promotes a safety culture	• HSMR <100 • Improve Staff Survey safety culture questions by 5% • Implement UHD PSaF
SUSTAINABLE SERVICES *Pete Papworth*	"Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	• Return to recurrent financial surplus from 2026/27 • Rated as Outstanding by the CQC for our Use of Resources • Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030	• To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently

Progress has been made in 2023/2024 in these areas, but there is a long way to go. To help us get from here to there we have the following eight organisational wide and/or complex projects. They all need to deliver within 1 to 2 years to enable us to deliver our strategy. They are, each in their own right, a "blockbuster" programme with their own governance and projects. All are overseen by the Trust Management Group (TMG) the most senior operational group in the trust.



Whilst the colour coding links to the primary strategic theme, all projects support multiple areas. They are therefore reinforcing each other and our transformation efforts.

For 2023/24, ten risks to achieving the strategic objectives were identified. Further detail on these risks is provided in the performance analysis section below and in our annual governance statement, under the Board Assurance Framework section.

Going concern

Our 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 2024/25 and has prepared a cashflow forecast to the end of March 2025. From the financial modelling undertaken the trust is expecting to have sufficient cash to cover its requirements for this period.

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.

Performance analysis

Our performance is highly aligned with the forward plans of the Dorset integrated care board, especially regarding meeting nationally and locally set objectives. These are set out in the section below. The capital plans of the trust are also nested within the integrated care board and partner organisations' plans. This includes the New Hospitals Programme funding, where the Dorset system is the most advanced in the country in having an aligned programme of works.

How we measure performance

Our strategic plan is closely monitored for progress, effectiveness and continuous improvement. Supporting the trust during this transition year towards full implementation of the Patient First Improvement Programme has been a 'Ward to Board' performance framework, applied at ward, speciality, Directorate, then Care Group, level before presentation at monthly Care Group Performance review meetings and ultimately, to board committees and board. These will be replaced by strategy deployment reviews under the new Patient Improvement Programme.

Currently, monthly care group performance review meetings are attended by members of the executive team, the care group triumvirate comprising the group director of operations, care group director of nursing and care group medical director. The triumvirate are accountable for the delivery of their key performance indicators for quality, performance, finance and workforce, together with their strategic and trust-wide programme responsibilities. Monthly performance reviews for corporate services follow a similar format.

The monthly Integrated Performance Report encapsulates the result of these processes and provides the board with a rich source of information that has been reviewed and substantiated at all levels of the trust. The dashboard contains details of all key aspects of performance, under the CQC domains of "Safety", "Effectiveness", "Caring", "Responsiveness" and "Well-Led" and also the trust's strategic themes of "Population and system", "Our people", "Patient experience", "Quality outcomes and safety", and "Sustainable services". The trust uses Statistical Process Control (SPC) methods to monitor and direct performance improvements. Additional performance information is provided on financial matters, informatics and clinical quality. These reports are available on the trust's website, as part of the information provided for trust board meetings.

The content of the Integrated Performance Report is discussed at meetings of the trust management group and board (with specific strategic themes discussed at the relevant trust board committees). In addition to this, the trust continues to use nationally published information (where available), to compare performance. This includes national staff and patient surveys and national clinical audits. The trust also monitors its progress against the recommendations from its most recent CQC reports, through the trust's quality committee.

Performance in 2023/24

During this transition year, a mix of reporting of performance against the strategic objectives and the wider performance framework is included in this section. The trust's actual performance against each of its 2023/24 objectives is described below.

To have no patients waiting in excess of 65 weeks on a Referral to Treatment (RTT) pathway waiting to be seen and treated by 31 March 2024

This objective was not met, 328 patients remained on the trust's elective waiting list with a length of wait to be seen or treated greater than 65 weeks at the end of March 2024. Lost activity as a result of industrial action in 9 out of 12 months of the year was a significant contributory factor in not meeting this objective. However, underlying reduction in the group of patients at risk of experiencing a wait of over 65 week was 99% from just under 41,000 patients at the beginning of the year. There is a plan in place to eliminate waits for patients over 65 weeks by September 2024 in line with national operational planning guidance. Alongside this a new breakthrough objective is in place for 2024/25 to achieve an overall increase in elective activity that will support reducing our waiting lists and further reduce wait times.

More than 76% of patients treated within 4 hours through the emergency care pathway

This objective was not met as the trust's position at the end of 2023/24 was 70.2%; whilst the organisation did not meet its objective, March's performance was a significant improvement of 6.4% from February and the fourth consecutive month of continuous improvement. The failure to achieve the target was associated with higher numbers of people attending our emergency departments, high bed occupancy rate including an increase in escalation beds open and higher than planned numbers of patients who no longer

met the criteria to reside for inpatients care but were unable to be discharged due to lack of community or social care capacity.

To deliver improvements in the NHS Staff Survey Results for:

- **"I would recommend my organisation as a great place to work" > 62%**
- **Staff Engagement Score >7/10**

The first objective was met. In the 2023 staff survey 63.4% of respondents would recommend UHD as a place to work, which is a 7% improvement on the 2022 results. The second element was also met, achieving 7/10 (rounded) figure for staff engagement.

A 5% improvement in employees who see patient care as a top priority for UHD

We did not meet this target, but showed some progress, achieving a 3.29% improvement in the percentage of employees who see patient care as a top priority for UHD.

To increase the Friends & Family Test (FFT) and Have Your Say (HYS) feedback rates by 30%

This objective was partially met, with our Friends and Family Test (FFT) returns increasing by 33.5% with an average of 5406 returns a month, however our Have Your Say feedback has increased by 25%, ongoing work continues to promote the Have Your Say survey, with an increase already recognised in Q1 2024/2025.

HSMR <100

We did not meet this target, but showed some progress, with this metric dropping consistently for the last 5 months of data. HSMR remains a headline metric of the UHD Patient First Programme and there is confidence that the current improvements can be continued and bring it to below 100.

Improve Staff Survey safety culture questions by 5%

We did not meet this objective; however, we did achieve a 2.3% improvement in the staff survey safety culture questions, and three quarters of the questions in this area were improved compared to 2022. 76.2% of employees reported seeing patient care as a top priority for UHD.

Implement the Manchester Patient Safety Framework (MaPSaF)

The MaPSaF tool has been updated and we have successfully adapted for use at our trust (renaming it UHD PSaF). A tool and guidance booklet has been created, along with digital response collection / analysis. We have been rolling out alongside the Patient First Improvement system in tranches and tranche 1 has therefore been done. It will take time to implement organisationally.

To develop and fully deliver recurrent financial efficiencies of £33m (4.4%) consistent with the 2023/24 budgeted Cost Improvement Programme target.

We did not meet this objective, with delivery hampered by considerable operational pressures and industrial action. However, we did see an improvement on the previous year's efficiency achievement.

Beyond the trust's strategic objectives, further details of our performance against key national metrics are outlined below.

Performance Metric	National Target	31 March 2023	31 March 2024
4 Hour care Emergency Dept standard	76%	56.8%* (*commenced reporting April 2023)	70.2%
Diagnostic 6 week standard - % greater than 6 weeks	1%	7%	10.7%
Referral to Treatment - % patients within 18 weeks	92%	53.8%	62.0%
Referral to Treatment - number of patients waiting >52 weeks	-	4,100	2,767
Referral to Treatment - number of patients waiting >65 weeks	-	1,070	328
Referral to Treatment - number of patients waiting >78 weeks	-	96	29
Referral to Treatment - number of patients waiting >104 weeks	0	0	0
Referral to Treatment - number of pathways	-	72,770	68,398
28 day Faster Diagnosis Standard (Target 75%)	75%	75.4%	75.2%
31 day Cancer Standard - % patients diagnosed being treated within 31 days (Target 96%)	96%	97.1%	96.1%
62 day Cancer Standard - % patients being seen 62 days from urgent GP referrals (Target 85%)	85%	65.5%	68.9%

Urgent and emergency care

It has been a challenging year for our emergency departments and for urgent and emergency care nationally, especially through winter, with the re-emergence of seasonal flu, delays in patient flow through our emergency departments due to high demand and flow through our in-patient beds as well as the impact of industrial action across a range of staff groups.

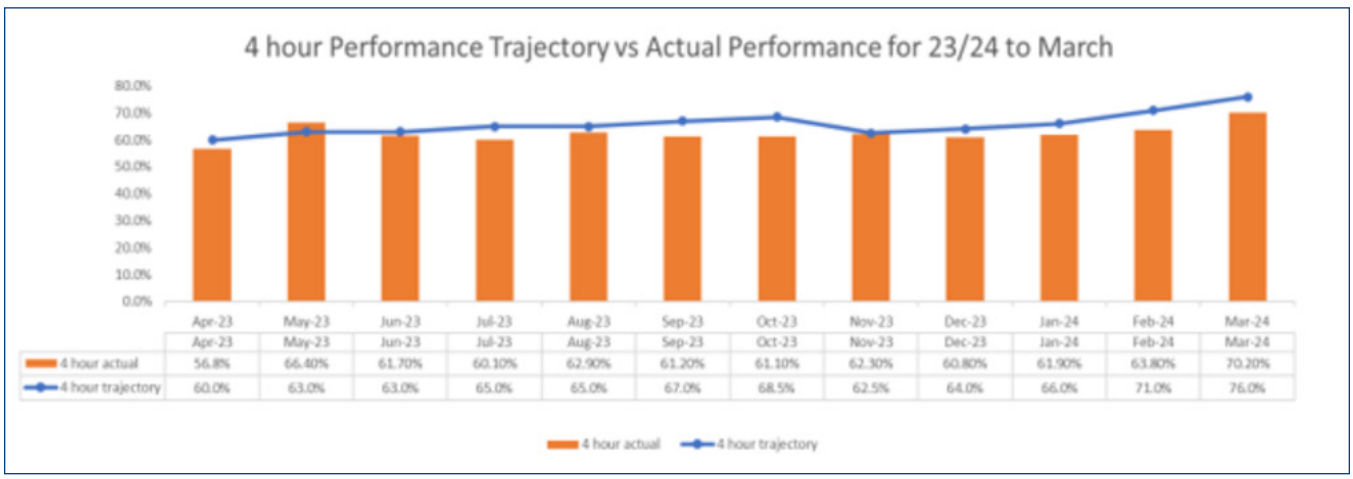
In 2023/24, all trusts were asked to return to monitoring the 4-hour access standard for emergency departments, which for UHD would require significant operational and cultural change as our trust was one of 14 trusts nationally selected to take part in national field test of the proposed Urgent & Emergency Care Review of Standards (UEC CRS). This means that we had not been using the 4 hour standard since 2019 at Poole and 2020 at Bournemouth.

The 4-hour access standard for emergency departments states; 76% of emergency patients should be seen, treated if necessary, and either discharged or admitted, within four hours of arrival in an emergency department (ED). The trust has been working hard to identify the areas which would support delivery of the 4-hour standard to enable monitoring against the standard and support staff education and cultural change. Our emergency department team re-framed the '4-hour access standard' as the '4-hour safety standard' in recognition of the patient centred approach that we would take to delivering improvements, and this has remained the term used throughout the organisation, including in reporting to our board.

We have delivered a number of improvement actions across the urgent and emergency care pathway to improve patient care and performance at the front door, within the hospital and in the timely discharge of patients. Some examples include:

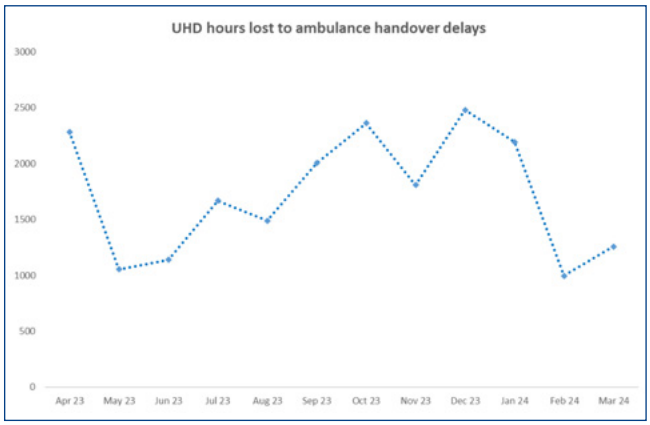
- **Minimising queuing ambulances** - Ambulances waiting outside of the hospital puts our communities at risk; we have worked hard with the South West Ambulance Service (SWAST) to minimise delays by creating additional capacity in our emergency departments that can be opened if required to minimise delays for ambulances.
- **Maximising access to Same Day Emergency Care** - in 2023/24 we have increased the availability of same day specialist services in dedicated clinics, including weekends. These services are accessible to GPs and the ambulance services as well as the emergency department to allow rapid investigation, diagnosis and discharge of patients who would have previously been admitted overnight in hospital.
- **Expanding and increasing capacity in virtual wards** - in 2023/24 we opened our first virtual wards. A virtual ward allows patients to go home while being monitored and treated by a hospital team. By the end of March there were over 70 patients on virtual wards managed by UHD, with plans to continue expanding this service.
- In 2023/24 we established **Departure Lounges on both acute sites**. These facilities have thrived allowing patients to move from the ward to a comfortable area to wait for their relatives to collect them or hospital transport. This means hospital beds are available earlier in the day which improves access for those patients most in need, and those being admitted for an inpatient procedure or stay.

At the start of the 2023/24 year our emergency department 4-hour performance was under 57%. Performance improved in May to above 60% and was maintained above this level for the remaining months of the year. In the last quarter of the year, performance was supported by implementation of our Winter Preparedness and Resilience Plan for 2023/24 with actions both designed to increase capacity and mitigate and balance risk across urgent and emergency care and elective care by reducing escalation beds open and retuning staff core bedded areas. Performance improved to 70.2% in March 2024, the highest performance since reintroduction of the 4-hour safety standard.



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
4 hour actual	56.8%	66.40%	61.70%	60.10%	62.90%	61.20%	61.10%	62.30%	60.80%	61.90%	63.80%	70.20%
4 hour trajectory	60.0%	63.0%	63.0%	65.0%	65.0%	67.0%	68.5%	62.5%	64.0%	66.0%	71.0%	76.0%

In 2023/24, the reduction of risk associated with ambulances delayed handing patients over to the hospital is also evident in the total time lost to delays in ambulance handovers. In the year, the amount time that ambulances waited at UHD significantly reduced from 2742 hours in March 2023 to 1214 hours in March 2024.



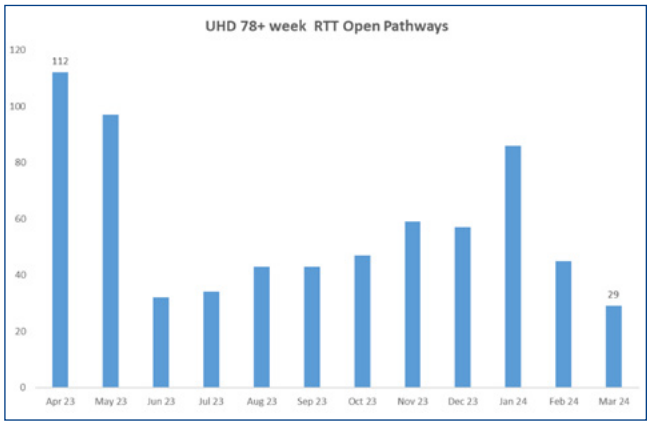
Patients waiting longer than 12-hours in our emergency departments showed a reduction compared to 2022/23 delivering an improvement in patient experience. Although they peaked in January 2024 at 12% of all attendances this has returned to the levels of improvement seen earlier in the year and was 6% in March 2024.

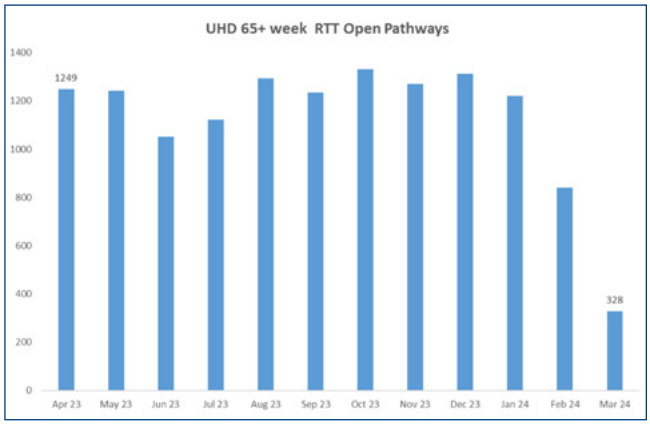
During 2023/24, we continued to experience very high numbers of inpatients who did not meet the criteria to reside in an acute hospital bed. This reduces the availability of beds and impacts the flow of patients through the hospital. Almost every day in 2023/24 there were more than 200 patients that did not need to be in a hospital, over 20% of the total beds available.

Referral to treatment

In 2023/24, we have been able to successfully treat our most clinically urgent patients, whilst making significant improvements to access to treatment for our longest-waiting patients. Whilst industrial cction by different clinical staff groups took place on 14 separate occasions during the year and significantly reduced our capacity for elective appointments or treatments, we have been able to both lower the number of patients waiting on our elective waiting list following referral and increase the proportion of patients seen within the national referral to treatment (RTT) target of 18 weeks. Our elective (RTT) waiting list has reduced by 6% to just over 68,000 patients. This includes excluding c.1,400 patient pathways in community services, following NHS England's amendment to the RTT reporting guidelines in February 2024.

We have had no patients waiting >2 years for treatment for capacity reasons since February 2023 and since the beginning of the year, we have reduced the numbers of patients waiting >65-weeks to be seen or treated at the end of March 2024. This number is down from just under 41,000 patients who were at risk of waiting over 65 weeks in 2023/24 to 328 in March 2024. The remaining 29 patients waiting greater than 78-weeks at year-end are due to capacity, often related to complexities of individual patient's planned treatment, and due to patients choosing to defer their treatment for personal reasons. We plan to eliminate waits over 78 weeks in Q1 2024/25 and >65 week waits in Q2 2024/25.





The trust has delivered a number of improvement actions across the referral to treatment pathway to improve patients' access. Some examples include:

- **Increasing the provision of High Volume Low Complexity (HVLC) outpatient clinics and routine theatre sessions**. In 2023/24 we extended the use of HVLC routine sessions in areas such as cataract removal and hernia repairs. These allow us to pool capacity and resources, improve theatre utilisation rates and help free up beds by increasing day case rates.
- **Reducing unwarranted variation** in clinical standards and outcomes through the adoption of best practice outlined in the Getting It Right First Time (GIRFT) programme.
- **Increasing the use of one-stop ambulatory pathways** supported by diagnostic teams. Examples of this are taking place at Beales Outpatient Assessment Clinic, in specialties such as orthopaedics and ophthalmology, where co-location of different services and diagnostic equipment are delivering a significant reduction in time from initial consultation to diagnosis and treatment plan.
- **Expanding our facilities** - in May 2023, we opened a new theatre complex at Poole, including the provision of a 'barn' theatre. We are also continuing our outpatient transformation programme with initiatives such as the introduction of text reminders for patients attending appointments; reducing missed appointments and allowing patients the opportunity to cancel their appointment if they are no longer able to attend, freeing up appointments for other patients.

We have increased the use of digital-first validation to maintain an accurate waiting list, ensuring that where patients no longer need to be seen they are discharged and to enable us to support those waiting to wait well.

In addition, one of the key components of our Winter Preparedness and Resilience Plan for 2022/23 was to increase resilience for elective care. Whilst the schemes outlined in the winter plan seemingly focused on urgent and emergency care, by their very nature many of these actions also supported our priority of maintaining urgent and routine elective pathways.

Diagnostics

The national planning guidance required trusts to maximise the roll out of community diagnostic capacity with new community diagnostic centres (CDCs). Trusts were also asked to increase the percentage of patients that receive a diagnostic test within six weeks compared to 2023/24.

The Dorset CDC Programme is responsible for rolling out additional diagnostic across Dorset in line with the 2020 Richards' Review and Dorset's strategy for delivery. Over the last 12 months the trust has made progress in the following areas:

- Ultrasound, dexa scanning and phlebotomy services have commenced at the Outpatient Assessment Centre, Poole.
- We have increased colposcopy services, delivered additional endoscopy and increased Computerised Tomography (CT) capacity in Poole hospital.
- Establishing access to Mobile Magnetic Resonance Imaging (MRI) services based at AECC University College, Boscombe.

In addition, throughout 2023/24, we have maximised our use of our core diagnostic capacity. We have delivered more diagnostic activity than in previous years; 20,000 additional slots compared to the same period in 2022/23, and 29,000 more slots than the pre-COVID-19 period.

This additional activity has ensured that whilst our performance has moved from 7% to 10.7% for patients waiting longer than six-weeks for their diagnostic test, the trust has remained the top performing trust in the Southwest. This position has been delivered

alongside keeping up with increased demand for urgent diagnostic tests across 2023/24, 10% more referrals in the year were received compared to 2022/23.

Cancer

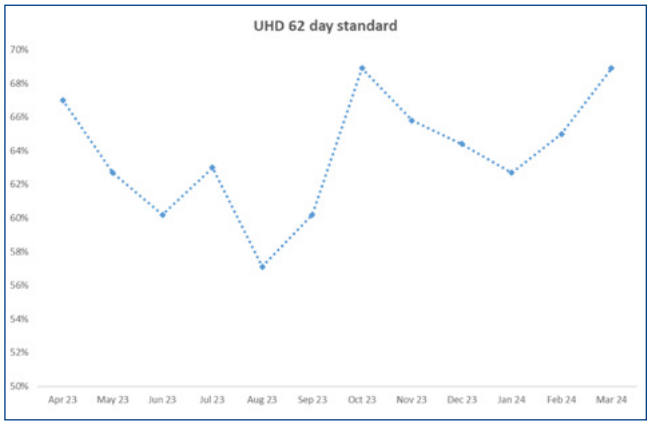
We understand how worrying it can be for people and their families when they are referred with a suspected cancer. Our teams have worked extremely hard to reduce the time between referral and the patient being told, whether or not they have a cancer diagnosis.

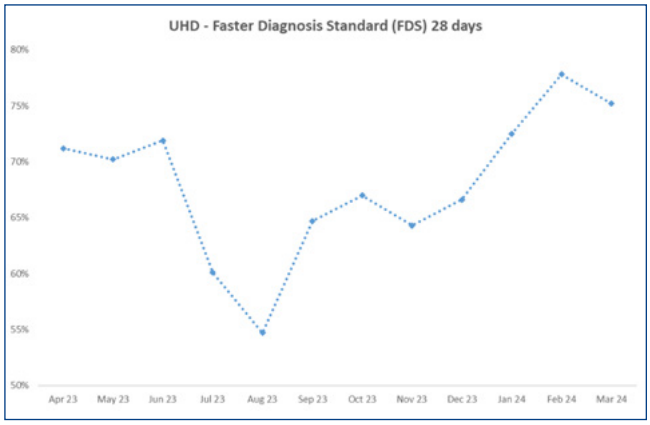
At times we have been met with challenges in 2023/24, including difficulties with staff recruitment and/or retention in our cancer tumour site teams or diagnostic teams, significant demand and capacity shortages across a number of high-volume tumour sites, such as breast and skin, and the loss of capacity due to industrial action.

As a result of these challenges, we saw a deterioration in our performance during the first six months of the year against the Faster Diagnosis Standard, which states: 75% of patients with suspected cancer who are referred for urgent cancer checks from a GP, screening programme or other route should be diagnosed or have cancer ruled out within 28 days. Performance improved to over 64% in September 2023 and was maintained at this level until December 2023 when a further improvement was secured; full recovery of the standard was achieved in February 2024 and provisional data for March indicates that this improvement has been sustained. Against a target set by NHS England for the trust to reduce the backlog of patients waiting for treatment >62 days to no more than 220 by March 2024, the trust also exceeded the target and lowered its backlog to 177 by the end of March 2024. This is the lowest number of cancer waits over 62 days for 2 years.

The trust performs well against the 31-day decision to treat to treatment standard. This standard means patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days. The target is 96%, which has been achieved in 9 months of the year in 2023/24. March performance is 95.8% (provisional).

We are also starting to see an improvement in the time between the trust receiving an urgent suspected cancer referral and time a patient starts their first treatment. Against the national target of 85%; known as the 62-day standard. The trust achieved 65% in February against this standard and provisional data for March 2024 indicates further improvement.





We have made important progress during 2023/24, including the following initiatives:

- Introduced a new post-menopausal bleeding pathway which provide GP Direct Access to appointments for patients on hormone replacement therapy with unscheduled bleeding.
- Increased rapid access to medical photography for any concerning skin lesions in our new tele dermatology photo clinics. Photos are then sent to one of

our dermatologists to see if the patients' needs to come into hospital for further assessment.
- Implemented personalised patient stratified follow up pathways for haematology and endometrial with prostate in progress and testicular scheduled to launched in 2024.
- Established local anaesthetic trans-perineal prostate biopsy clinics for patients with suspected prostate cancer who are suitable for treatment.
- Launched a pilot cancer volunteer programme, whereby trained volunteers will be available to support patients going through a cancer pathway.

Further work in 2024/25 is required to reach sustainable improvement and delivery against the Faster Diagnosis standard. These include delivering the interim step set nationally to improve on the 62-day standard and to reach 70% in 2024/25. We will continue to work closely with the Wessex Cancer Alliance and Dorset Integrated Care System to deliver this improvement.

Equality of service delivery

As part of the trust's commitment to tackling health inequalities the trust established a population health and system committee of the board to provide oversight of the implementation by the trust of its responsibilities pursuant to the Our Dorset strategic plan for population health and health inequalities, and the work taking place within the trust relating to population health and health inequalities. The committee is chaired by one of our non-executive directors and the chief medical officer was the executive lead for health inequalities in 2023/24.

The trust has been working with wider system partners in Dorset Integrated Care System, including the voluntary and community sector, on three key areas:
- Prevention of ill health,
- Ensuring fair access, experience and outcomes across different groups in our population in need of our services, and
- Our role an 'anchor institution' to support work on the wider determinants of health such, as employment.

In 2023/24, there has been good progress in several areas, for example:
- Reducing the elective wait times for a first outpatient appointment for patients with a learning disability following a GP referral to the trust.
- Supporting workforce development, including awareness raising across staff groups, and providing access to population health and health inequalities training or coaching.
- Participating in the Equality Delivery System (EDS) annual assessment. This is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.
- Continuing to deliver interventions to reduce health inequalities through our elective and urgent and emergency programmes, with a particular focus on reducing 'Did not attends' or missed outpatient appointments and on high intensity users of emergency care.
- Reviews to inform work moving forwards including review of NHS England's statement under section 13SA(1) of the NHS Act 2006 on how NHS bodies should exercise their powers to collect, analyse and publish information related to health inequalities, our approach the Equality Impact Assessment, and plans as an anchor institution (across procurement, estates and environmental sustainability, workforce)

We have also strengthened our work with the wider Dorset dystem enabling us to progress our approaches to:

- Improving data capture and completeness related patients and protected characteristics,
- Working with communities and delivering research engagement; and
- How we collect, analyse and publish information related to variation in access, experience and outcomes for patients accessing our services; including monitoring the impacts of interventions using the Core20Plus5 model.

Moving forwards, the trust is being supported by Health Innovation Wessex to develop a health inequalities improvement programme, delivered in partnership with patients and community partners, meets the needs of the organisation, and maximise the opportunities to collaborate at place and system level. This programme will focus on patients and families, developing the workforce and the role of leaders.

In November 2023 NHS England published a statement under section 13SA(1) of the NHS Act 2006 on how NHS bodies should exercise their powers to collect, analyse and publish information related to health inequalities

- The trust's operational lead for Health Inequalities is also the Chair of the Dorset System Elective Care and Health Inequalities Steering Group, which is leading work to respond to NHS England's statement under section 13SA(1) of the NHS Act 2006 on how NHS bodies should exercise their powers to collect, analyse and publish information related to health inequalities. The trust already analyses a wide range of data to help us understand how well we meet the needs of our population through our Dorset Intelligence and Insight Service. The published NHS England Statement included 24 new indicators, the analysis of which will build on our previous work and form a wider and rich health inequalities, population health and prevention data collection.
- There are four areas which the statement requires data to be available at trust level:
  - Elective activity vs pre-pandemic levels for under 18s and over 18s
  - Emergency admissions for under 18s
  - Proportion of adult acute inpatient settings offering smoking cessation services
  - Proportion of maternity inpatient settings offering smoking cessation services
  - Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and younger
- We have agreed with Dorset ICB that a single report will be produced to provide a comprehensive information dataset against the 24 new domains at both ICB and trust level where available. This is the Health Inequalities in Dorset Annual Report 2023/24 includes information on each of the five trust level areas above. We have included information for all 24 indicators, but there is more that we want to do to fully build the complete indicator set so that we can use it to pinpoint where we can strengthen our action.
- The overall analysis has identified cross-cutting priorities for action which will be taken forwards via the system and ICB-led health inequalities operational and delivery groups. These are:
  - Ensuring that we record and are able to analyse the ethnicity of patients using our services and address the challenges of missing data in respect of deprivation for some services; learning from services where recording is better
  - Setting baselines and ambitions for improvement.
  - Continuing to routinely check for differences, and taking action on the causes of poorer access, experience and outcomes for the users of our services.

  - Targeted action to improve access at each stage of the healthcare journey including earlier presentation, referral from primary care, addressing or mitigating where possible individual and structural barriers to attending a healthcare appointment (e.g. costs such as lost wages, flexibility of appointments, health literacy etc)
  - Prioritising prevention - making sure that we focus our support on those who need it the most to prevent people from developing health conditions.
- After this baseline year, we expect to further refine the analysis to strengthen our ability to interpret indicators and support targeting of action, for example by applying further tests to explore where differences could be caused by chance or would be expected for some groups, for example due to their age.

Health inequalities national indicators

NHS England has recently published further information to support ICBs and trusts to focus their efforts to address health inequalities and deliver on national priorities (NHS England's statement on information on health inequalities). The statement includes 24 areas of healthcare/ indicators (specific things to measure) against which ICBs and trusts are expected to report local data and check for variation or differences in access between people of different ages, genders, deprivation (based on the areas in which they live), and ethnicity. The statement also recommends particular statistical tests to be applied to check whether any variation might be due to chance or likely to be true differences that may be able to be acted upon.

The indicators cover the following areas of care: Elective recovery, urgent and emergency care, respiratory, mental health, cancer, cardiovascular disease, diabetes, smoking cessation, oral health, learning disability and autistic people, maternity and neonatal.

This section of our Annual Report includes information related to the five areas whereby trust level data is available and is an extract from the full report completed by Dorset ICB. It includes an interpretation of what the data means for the trust, and examples of the action we are currently taking to address the areas shown within the data.

In Dorset, we already analyse a wide range of data to help to understand how well we are doing to meet the needs of all of our population through our Dorset Intelligence and Insight Service. These new indicators will be added to that to form a wider health inequalities, population health and prevention collection.

Sustainability

Under the Health Act 2022 it is explicit that the NHS must, in the course of its activities, respect both the Climate Change Act 2008 and the Environment Act 2021. As an NHS trust, and as a spender of public funds, UHD has an obligation to work in a way that has a positive effect on the communities we serve and the environment which sustains them.

2023 saw the publication of the Green UHD Plan 2023 revised edition which sets out the trusts over-arching sustainability objectives including to have a net zero core carbon footprint by 2040.

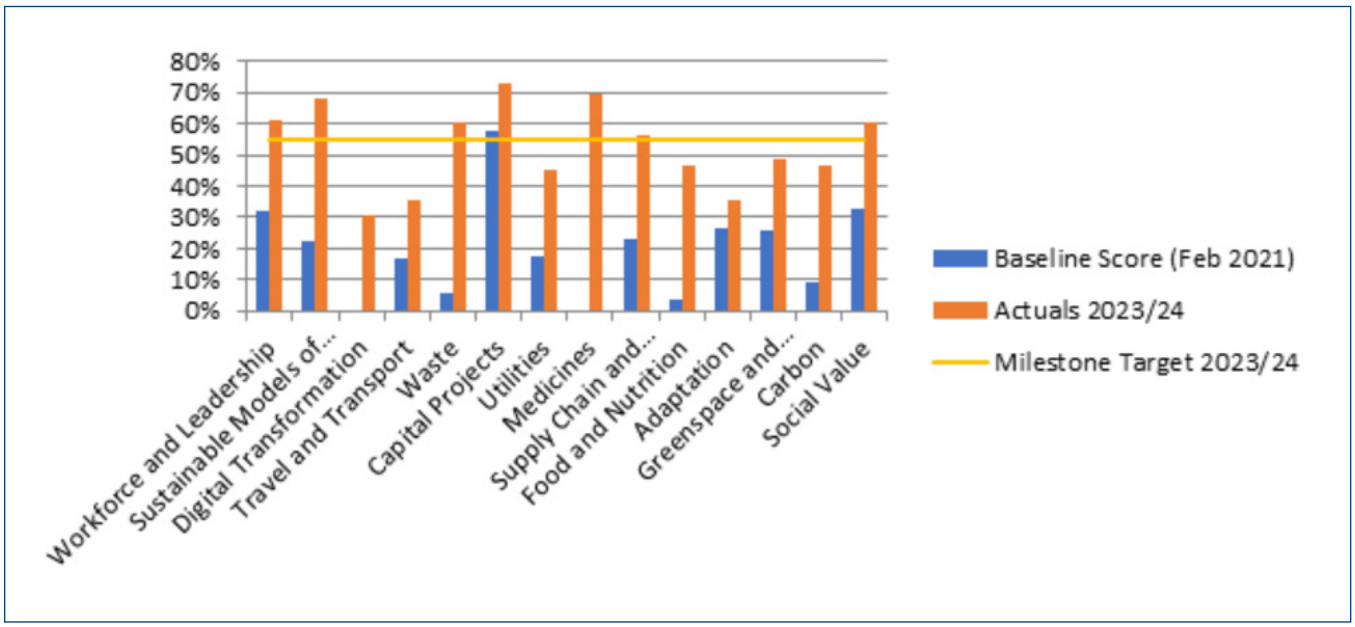
Our Green UHD Plan sets out a broad and deep scope of work with a clear governance structure that ensures the whole organisation is embedding sustainability into day-to-day practices, decision making and strategies.

UHD Green Plan

The trust has updated the Green Plan in year to expand the areas of activity and to improve the carbon baseline estimates and reconcile with NHS-E guidance. The table below set's out progress against the Green Plan Cornerstone targets:

Cornerstone Area	2021 Target	Outcome	Comment
Carbon	1000 tonnes Core Emissions reduction	TBC	Data pending
Our People	All Executives & Senior Leaders have actions from Green Plan within their annual objectives	Achieved	Executives and Senior leaders are appraised on their delivery of the Trust annual objectives.
Our People	All sustainability leaders and QI staff to have Sustainable QI Training	In Progress	Patient First quality improvement model being rolled out to Trust. Sus QI training to be incorporated when initial phase is complete.
Air Quality	Achieve Rating of Excellent on Clean Air Hospital Framework by 2026	Flag	Progress hampered by capacity constraints, to be prioritised when new Travel and Transport Manager recruited.
SDAT	55% score for each area of activity	Mixed 7 of 14	UHD has now achieved 55% for 7 out of 14 activity areas and averages 53%. Extension of SDAT2 criteria has depressed scores in some areas
Use Of Resources	Zero waste to landfill by 2021	Achieved	Achieved
Use Of Resources	Grid sourced power 100% renewable	Achieved*	UHD has zero carbon supply contract for all sites.
Use Of Resources	Reduce single use plastic, adopt the plastic pledge	In Progress	Have now removed single use catering plastic straws, stirrers, cutlery, plates and polystyrene cups. Wider work progressing on clinical supplies.
Use Of Resources	Sustainability Impact Assessment for all business cases over 250k	In Progress	Sustainable Impact Assessment tool has been created and shared with various departments. It is being trialled by catering, capital projects and IT.

Clearly much progress has been made against targets and more work to be done to achieve them all. The Sustainable Development Tool (SDAT) is an important management tool for UHD's Green Plan and this year we extended the individual SDAT measures from 299 to over 450 sustainability criteria. This brought down our average score in many areas but sets the goals higher. Our baseline scores were also re-calibrated to give a fair reflection of progress made. As can be seen from the bar chart below, much has been achieved since our baseline exercise in 2021.



UHD had a target of 55% for 2023-24 and achieved or exceeded this for 7 of 14 activity areas resulting in an average of 53%. This has been against a backdrop of considerable workload for departments as the organisation goes through major transformation.

Net zero progress:

NHS England now reports carbon emissions for the entire NHS via the NHS annual report and accounts. UHD tracks its carbon emissions, reconciles with national calculations and has aligned to the national approach of a 2019/20 baseline. For the purposes of transparency, the trust will maintain carbon baseline and annual emissions data in a publicly available area of the UHD internet pages. Data will be updated at least once per year as it becomes available.

UHD developed a trust wide decarbonisation strategy which was released in 2023. The report describes options for estates decarbonisation which will be subject to further analysis and feasibility study during 2024, followed by an application for public sector decarbonisation scheme grant funding and aiming to also start procurement of required solutions in year.

The trust has made good progress with carbon reduction in the area of anaesthetics and has now eradicated the use of desflurane gas. The trust is also actively working to further reduce nitrous oxide emissions. Inhalers also drive significant climate forcing emissions and Dorset NHS partners have amended the Dorset formulary to reduce prescriptions of the inhalers with the highest climate impacts whilst ensuring patients' needs are not compromised.

The trust is working hard to encourage sustainable travel, continuing to provide all staff access to a cycle to work scheme, and free staff bicycle maintenance. We also only support the purchase and lease of zero or ultra-low emissions vehicles (under 3.5 tonnes). During 2023/24, the trust improved cycling facilities which included the launched of a new cycle storage hub at the Royal Bournemouth Hospital site as well as new dedicated showering and changing facilities next to the hub.

The trust is working closely with Moblityways, a specialist travel services supplier that is now analysing staff travel data to inform strategy, carbon emissions baselining and tracking and also providing personalised travel plans for each member of staff.

This year, the trust has provided additional support for staff commuting by bus, subsidising the 90 day and annual bus tickets by 50% giving unlimited travel by bus for £1 a day.

This year saw the opening of our second net zero building. The Dorset Pathology Hub is entirely electrically heated via air source heat pumps and like all our grid energy, is powered via a zero-carbon supply contract. This will form an integral part of the trust's roadmap to net zero carbon emissions. In addition, this year the trust committed over £1m to complete the roll-out of LED lighting throughout the Royal Bournemouth Hospital. This final phase of the LED replacement programme will save an additional million kWh of power and over 200 tonnes of carbon each year.

Due for completion in April 2024, new solar photovoltaic panels are being fitted to rooftops at Poole Hospital. These are expected to generate just under 200,000 kWh of power or roughly 5% of the current power demand for the Poole Hospital site.

Partnership work

UHD recognises the scale of the challenges require deep organisation change and partnership work. Sustainability managers for all Dorset NHS trust's meet regularly to further develop strategy and progress joint initiatives. Dorset NHS partners work in in collaboration on several projects including Ecoearn and Dorset NHS Liftshare.

Ecoearn, is a sustainability staff engagement platform available to all staff, nudging

sustainable behaviours at work and at home through gamification; 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. Dorset NHS Liftshare, a platform to assist staff to find matches for shared car commutes thereby reducing costs, emissions, and congestion.

Dorset NHS Partners have also worked together during the 2023/24 period to bid for resource both in the form of a fully funded clinical fellow to support sustainability work, and for a nature ranger to support efforts to develop sustainable healthcare through nature projects in the region. Partners have also worked up plans for training programs for our capital projects teams regarding biodiversity net gain and for our board members re sustainability leadership.

Partnership work also extends to regular meetings and coordination efforts with BCP Council, Dorset County Council and Bournemouth University, focussing on decarbonisation, climate adaptation and ecological resilience.

Task force on Climate-related Financial Disclosures (TCFD)

NHS England's NHS Foundation Trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications:

- Describe the board's oversight of climate-related issues.
- Describe management's role in assessing and managing climate-related issues.

Describe the board's oversight of climate-related issues In making this disclosure entities should consider:

- **Processes and frequency by which the board is informed about climate related issues**. The Green Plan progress is monitored by the sustainability steering group which reports to the trust board via the finance and performance committee each quarter.
- **The extent to which the board considers climate-related issues when reviewing organisational plans and monitoring performance of the entity**. During 2023-24 the UHD board approved the revised UHD Green Plan which outlines the strategic approach to climate change efforts. At board request, a board development session has been developed for delivery to the board which will further deepen the boards understanding of the issues and facilitate discussions around enhanced partnership work.
- **How the board monitors progress against goals and targets for addressing climate-related issues**. During 2023/24, UHD selected a comprehensive climate change risk assessment and action plan toolkit - "Adapt to Survive". The trust emergency preparedness lead and trust sustainability and carbon manager are establishing a working group to progress the adoption of the toolkit and report the results of the work to the board via the sustainability steering group.

Describe management's role in assessing and managing climate-related issues In making this disclosure entities should consider:

- **What climate-related responsibilities have been assigned to management structures (committees, management roles, specific programmes or reviews undertaken) below board level, a description of how these responsibilities are discharged by management structures and the extent to which they report to the board on climate-related issues**. The trust head of EPRR leads on the climate adaptation activity area within the Green Plan with close support from the trust sustainability and carbon manager. Both managers have jointly assessed a number of approaches and recommended “Adapt to Survive” as the trust methodology. This has been approved by the SSG. The methodology will be worked through by the climate adaptation action group with the involvement of other stakeholders from sustainability, EPRR, finance, commercial services and HR.
- **Processes by which the relevant management structures are informed about climate-related issues and how those structures monitor climate related issues**. All staff are invited to undertake e-training which provides useful background into the issues. The SSG captures important legislative and guidance updates as well as other forms of useful information. SSG members represent the leads from key trust departments and disseminate information to their teams.

It is expected that the Climate Adaptation Action Group will provide an additional flow of information into the SSG and into the EPG.

Energy:

The info-graphic below shows trust consumption per m2 benchmarked against all NHS sites, and those trusts of a similar size - our peer group.

The trust continues to demonstrate efficient use of energy overall. The areas of new build will help modernise the estate and bring new high standards of building performance. The trust decarbonisation pathway will involve further improvements to the building fabric of older parts of our sites, again improving energy efficiency as we go forwards.

The trust is developing plans to add to its existing solar PV arrays and greatly increase to renewable electrical energy produced onsite. We are also investigating the option of geothermal hot water to help heat our main sites.

Energy Productivity	Data period	Provider value	Peer average	National value	National value method	Chart
Energy costs per m2 (£/m2)	2021/22	£30.78	£27.96	£34.70	Benchmark value	
Energy productivity (kWh per m2)	2021/22	406.87	426.97	497.00	Benchmark value	

Water

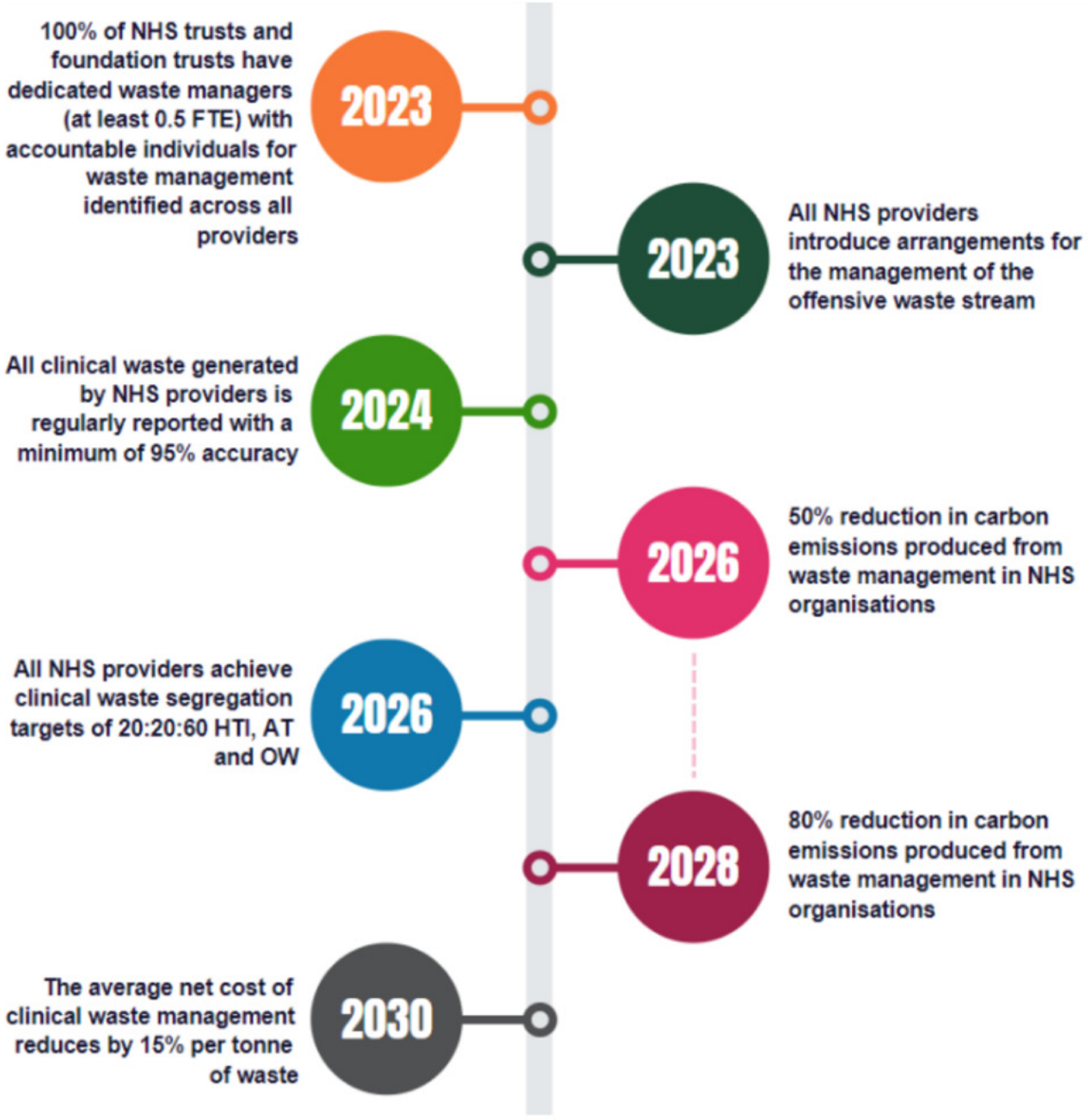
Growth in trust activity and additional covid related infection prevention control measures have resulted in increased water consumption over recent years as detailed below.

Financial Year	2019/20	2020/21	2021/22	2022/23
Water Consumption (m^3)	249,510	247,583	269,045	278,627

Whilst the trust expansion is expected to drive additional water consumption going forwards, a programme of extensive water metering will help the trust understand and manage water consumption to a higher degree of granularity which is anticipated facilitate efficiency savings.

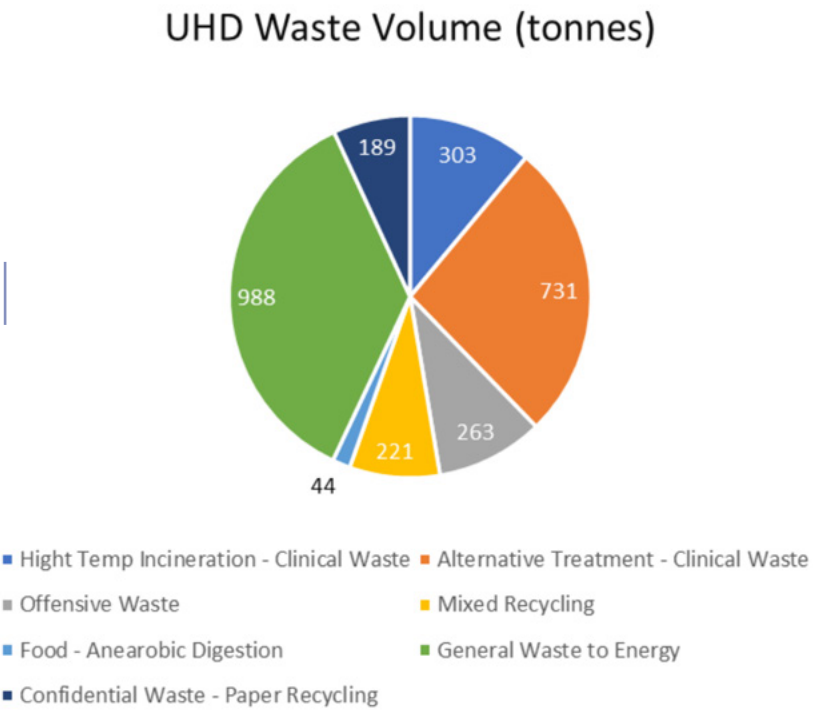
Waste

The NHS is a significant producer of waste and is on target to accompany the national NHS waste strategy to reduce the impacts from waste.



The trust has initiated a number of projects to drive down both waste volumes, reduce the over processing of waste and improve waste segregation. During 2022/23, the trust introduced new waste compacters for offensive waste, greatly reducing the transport needs and resulting carbon emission and waste handling costs. The trust also introduced novel cardboard compacters that are hopper fed, speeding up processing and overall capture volumes. We continue to feed all retired IT equipment to a specialist supplier that reconditions and sells the equipment, greatly reducing waste and cost to the trust. The food waste is now segregated on all sites so that all UHD food waste goes to a local anaerobic digester, helping to generate bio-methane fed into the national grid as a green fuel.

The split of trust waste streams can be seen in the pie chart below with volumes shown in metric tonnes.



UHD also monitors and works to minimise the use of finite resources. The trust only purchases 100% recycled paper is very effective at segregating this waste for further recycling in a dedicated waste stream. Scrap metal is segregated by type and recycled, batteries are sent for metal recovery and WEEE waste is also processed for precious metal recovery. Wherever possible, the trust is approaching 'waste' an opportunity to nurture circular economies, supplying both materials and expertise. The trust benefits with reduced costs and additional revenues.

For more information about the trust's Sustainability Strategy, please see the UHD Green Plan: www.uhd.nhs.uk/about-us/sustainability.

Financial performance

This section summarises the trust's financial results for the 2023/24 financial year. This provides a twelve-month reflection of the trust financial performance from 1 April 2023 to 31 March 2024.

Control total

The trust is regulated as part of a System Control Total agreed with NHS England. The trust agreed a break-even Control Total position for the 2023/24 financial year. At 31 March 2024 the trust delivered a surplus of £65,000 against the break-even position.

Note a. 2023/24 Control Total	**2023/24**
	£'000
Deficit for the year (above)	**(32,291)**
Add back impairment	**31,909**
Add donated capital/fixed asset disposal adjustment	**115**
Control total surplus/(deficit)	**(267)**
Add BHT surplus	**332**
Control total surplus	**65**
Agreed control total surplus	**-**
Performance against control total	**65**

Income

Trust income during the twelve months to 31 March 2024 was £840 million. Of this, £784 million related to income for patient care activities with £626 million received from Integrated Care Boards. Dorset Integrated Care Board income received in 2023/24 was £582 million representing 69% of total trust income.

Other trust operating income was £56 million for the period.

Operating income	**Twelve months to 31 March 2024**
	£'000
Foundation Trusts and NHS Trusts	**5,664**
Clinical Commissioning Groups	
Integrated Care Board	**626,453**
NHS England	**145,704**
Non-NHS patient income	**6.606**
Total Income from patient related activities	**784.427**
Other operating income	**56.014**
Operating income from continuing operations	**840.441**

Expenditure

Operating expenses on continuing operations during twelve months to 31 March 2024 equated £865 million. Of this, employee costs were £553 million, representing 64% of total expenditure.

Cash

As at 31 March 2024 the trust was holding a cash balance of £105 million, which has been strategically generated over many years to support the 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 2024 full year capital expenditure amounted to £108 million against a plan of £108 million. The Acute Reconfiguration Programme and associated works accounted for £68 million of the 2023/24 capital programme spend.

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 £19 million have been achieved for the financial year ending 31 March 2024.

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.

Dorset system financial overview

Dorset NHS Integrated Care System (ICS) was issued a fixed financial envelope with a requirement to effectively plan and deliver services within this allocation for the population of Dorset.

The NHS Dorset ICS comprises:

- NHS Dorset ICB
- Dorset County Hospital NHS Foundation Trust
- Dorset Healthcare NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- University Hospitals Dorset NHS Foundation Trust
- GPs

The Dorset ICB received an initial allocation of £1.7bn for 2023/24 and Dorset NHS partners were required to collectively plan within this envelope. NHS bodies in the Dorset ICS planned a break-even financial performance across the year, however revised this as part of the mid-year plan refresh to a forecast deficit of £12.3m. This reflected the considerable operational pressures experienced, exacerbated by numerous rounds of Industrial Action. The Dorset ICS ended the year with an aggregate deficit of £14.6m.

In addition NHS Dorset ICS partners have successfully planned and delivered capital investment projects totaling £183.7m, in line with allocations from NHS England.

Better Payment Practice Code

The Better Payment Practice Code (BPPC) requires the trust to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. To facilitate this, the trust processes daily payments of all invoices that are approved.

During 2023/24 the trust delivered performance of 91.5% against the national standard of 95%.

Better Payment Practice Code	In Month		Year to Date	
Non-NHS Invoices	**No.**	**£'000**	**No.**	**£'000**
Total bills paid	16,290	65,383	150,165	472,838
Total bills paid within target	15,892	61,088	133,986	439,032
Percentage of bills paid within target	97.6%	93.4%	89.2%	92.9%
NHS Invoices				
Total bills paid	315	2,546	3,540	61,294
Total bills paid within target	282	2,185	3,083	49,478
Percentage of bills paid within target	89.5%	85.8%	87.1%	80.7%
Total				
Total bills paid	16,605	67,929	153,705	534,132
Total bills paid within target	16,174	63,273	137,069	488,510
Percentage of bills paid within target	97.4%	93.1%	89.2%	91.5%

Estates and capital developments

Capital works

There is a huge amount of capital development progressing around the trust estate. It is positive to see the fruitions of the huge amount of planning and design efforts with more physical works on site.

The new Wessex Fields link road is progressing and due to be open in the autumn of 2024 which will provide extra access to staff and deliveries to site, alleviating pressures on Castle Lane. The construction sites for the new ward block and ex-pathology block at Bournemouth are developing. The new One Dorset Pathology Hub was completed and is now in occupation which provides fantastic modern facilities for the combined team. The new catering kitchen in the Stour building is already providing meals to the trust.

New banks of photovoltaic cells have been installed on the roof of the Philip Arnold building, providing sustainable power to Poole hospital and leading us towards our decarbonisation targets. There are plans for more PV installations across the UHD estate this year as well as further energy saving schemes such as smart LED light installations and improvements to the Building Management Systems.

Elsewhere, the estates team are working with colleagues within the trust to work up designs for a new Endoscopy Hub at Poole hospital and designs and planning continues for the next phase of the New Hospitals Programme.

Siobhan Harrington
Chief executive officer
20 June 2024

Accountability report

In this section of our annual report, you will find:

- Our directors' report
- Remuneration report
- Staff report
- Statement of accounting officer's responsibilities; and
- Governance information, including our annual governance statement.

Director's report

Key activities of the board

The general duty of our board 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 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-today 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 clearly sets out the financial, quality and operating objectives for the trust in the trust's strategic objectives and quality priorities.

The board generally meets ten times each year. The board's business cycle provides oversight of adequate systems and processes being 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.

All of the non-executive directors are considered to be independent by the board.

Our board of directors 1 April 2023 to 31 March 2024

Non-executive directors - as at 31 March 2024

Rob Whiteman CBE
Trust chair and chair of the appointments and remuneration committee
Date of appointment:
1 July 2022
Date of expiry:
30 June 2025

Rob has been chief executive of the Chartered Institute of Public Finance and Accountancy for the last eight years and has held many other executive and non-executive roles including chief executive of the London Borough of Barking and Dagenham and chief executive of the UK Border Agency. Rob also has significant experience of working with the NHS from his time as chair of North East London Sustainability and Transformation Programme (STP) and as a non-executive director and chair of audit at Whittington Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust.

Professor Cliff Shearman OBE
Vice chair and chair of the quality committee.
Date of appointment:
1 October 2020
Date of expiry:
30 September 2025

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. Cliff is a non-executive director on the board of Spire Health Care.

Judy Gillow MBE
Senior independent director and chair of the audit committee
Date of appointment:
3 April 2023
Date of expiry:
2 April 2026

Judy Gillow is a nurse by background and completed her training at Great Ormond Street Hospital in London. She has had a varied career across the NHS following this and has worked in a range of clinical settings in acute, community, primary care and education. Roles have included director of nursing and organisational development at University Hospitals Southampton and she has also been a non-executive director at Dorset County Hospital.

Judy has been a specialist professional advisor for the Care Quality Commission (CQC), supporting hospital inspections and will be involved with helping to oversee that the trust meets the needs of its patients by providing high quality clinical care.

Pankaj Davé
Chair of the people and culture committee.
Date of appointment:
1 October 2020
Date of expiry:
30 September 2024

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.

John Lelliott OBE
Chair of the finance and performance committee.
Date of appointment:
1 October 2020
Date of expiry:
30 September 2025

John had a long career in public service, retiring from The Crown Estate in September 2016 where he held the position of finance director. He also held positions of non-executive director and chair of the audit committees of the Environment Agency and the Covent Garden Market Authority and chair of the Natural Capital Coalition from July 2016 to July 2019.

He was chair of the ACCA Global Sustainability Forum and a member of The Capitals Coalition Board. He is a Trustee of JTL Training and The Royal Agriculture Benevolent Institution.

Prior to becoming a non-executive of the trust, he was on the board of Royal Bournemouth and Christchurch NHS Trust since 2016.

He is a qualified chartered certified accountant and a fellow of the Chartered Association of Certified Accountants.

Helena McKeown
Chair of the population health and system committee
Date of appointment:
1 October 2023
Date of expiry:
30 September 2026

Helena is currently medical director (professional development and quality) at the Royal College of GPs. Her background includes being chief officer and board member at the British Medical Association (BMA), a council member of the World Medical Association and member of the NHS Equality Diversity Council. She has served on numerous partnership groups, including the standing commission on carers and a period as an elected councillor in Wiltshire.

Sharath Ranjan
Date of appointment:
3 April 2023
Date of expiry:
2 April 2026

Sharath was born in Bangalore, India, completed a degree in hospitality from the University of Mysore and moved to the United Kingdom in 2004.

After several stints with Holiday Inn, British Gas, Centrica and Expleo (formerly SQS), he joined Hampshire Constabulary as a police constable in 2013.

Sharath graduated from the Fast Track to Inspector scheme run by the College of Policing in December 2020. He is currently a chief inspector with responsibility for missing, exploited and trafficked children, youth offending and education partnerships across Hampshire and the Isle of Wight. Sharath is committed to adopting an 'institutionally inclusive' approach to promote equality, diversity and inclusion and in particular tackling race discrimination and disproportionality in policing. He was the previous chair of the Black, Asian and Minority Ethnic support group - BEAM. Under his leadership, BEAM was shortlisted for 'Outstanding Diversity Network - 2022' award by Inclusive Companies - UK.

Sharath has been an independent governor on the board of governors for Solent University, Southampton since 2020 and is a member of the governance committee. He mentors students at the university and is passionate about making a difference to people at pace.

Claire Whitaker CBE
Chair of the charitable funds committee.
Date of appointment:
1 October 2023
Date of expiry:
30 September 2026

Claire is CEO of Southampton Forward, an independent charity with a remit across culture, including culture-led regeneration, festivals, events and tourism for the city, having previously led its shortlisted bid to be UK City of Culture.

Claire was an owner/director of international live music producers, Serious, for nearly 25 years. She has combined her executive roles with a successful career as a non-Executive Director on a range of educational, philanthropic, housing, health and charitable organisations, as well as being a member of several high-profile advisory groups. She is currently a main board member of Aster Group Ltd, Chair of Aster's Customer and Community Network committee and a Governor of Arts University Bournemouth.

Claire's expertise ranges from the creation and delivery of ambitious cultural events and programmes, advising companies and organisations on equality, diversity and inclusion and the development of strategic partnerships with a broad range of stakeholders and communities. She is actively involved in policy development across culture, civil society and placemaking.

Our other non-executive directors who served during the period 1 April 2023 to 31 March 2024

Philip Green
Vice chair, chair of the finance and performance committee
Date of appointment:
1 October 2020
Date of expiry:
30 September 2023

Stephen Mount
Chair of the audit committee
Date of appointment:
1 October 2020
Date of expiry:
30 September 2023

Caroline Tapster CBE
Senior independent director, chair of the population health and system committee
Date of appointment:
1 October 2020
Date of expiry:
31 December 2023

Executive directors - as at 31 March 2024

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, in 2004 Siobhan 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, and in 2017 was appointed chief executive of Whittington Health NHS Trust.

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, since joining the Audit Commission's graduate scheme in 2003.

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 at the Royal Bournemouth and Christchurch Hospitals and has been a board executive since 2006.

Paula Shobbrook
Chief nursing officer, deputy chief executive
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 from 1 April 2022 to 31 May 2022, she was acting chief executive.

Tina Ricketts
Chief people officer
Date of appointment:
26 February 2024

Tina was appointed as Chief People Officer on 26th February 2024 She has been an Executive Director in the NHS since July 2011. Tina joins us from Worcestershire Acute Hospitals NHS Trust where she was Director of People & Culture for over 6 years. Prior to this Tina worked in the NHS in Gloucestershire for 14 years. Her career includes senior leadership roles at Integrated Care System level, in a large complex acute Trust and in a Community Health & Care Trust. Tina is a Fellow of the Chartered Institute of Personnel & Development.

Peter Wilson
Chief medical officer
Date of commencement:
1 April 2023

Peter joined the trust from his role as medical director for direct commissioning for the south west region of NHS England. Peter's background is as a consultant in paediatric intensive care. He developed his clinical and leadership career at University Hospitals Southampton NHS Foundation Trust, where he held the role of divisional clinical director for women's and children's services and clinical director for the Southampton Children's Hospital. Nationally, he has also been clinical chair of NHS England's programme board for women and children.

Our other executive directors who served during the period 1 April 2023 to 31 March 2024

Karen Allman
Chief people officer
Date of appointment:
1 October 2020
Date of expiry:
30 November 2023

Peter Gill
Chief informatics and IT officer
Date of appointment:
1 October 2020
Date of expiry:
31 December 2023

Irene Mardon
Acting chief people officer
Date of appointment:
1 December 2023
Date of expiry:
25 February 2024

In addition, **Professor John Vinney**, vice chancellor of Bournemouth University holds the position of associate non-executive director of the trust.

Declarations of interest

The trust holds a register of directors' interests which is made publicly available on our website. The register can be found at: board governance (**uhd.nhs.uk**)

Board committees

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: Scheme of Delegation (**www.uhd.nhs.uk/uploads/about/docs/bod/scheme_of_delegation_v2_-_approved_28_june_2023.pdf**)

The board currently has eight committees: appointment and remuneration committee, audit committee, charitable funds committee, finance and performance committee, quality committee, people and culture committee, population health and system committee and transforming care together group. Each committee has terms of reference and a governance cycle. The members of each committee are also members of the board. An annual review of its effectiveness is conducted by the board and by its committees.

Attendance at board and committee meetings by directors is shown in the following table:											
Name	Board of directors - Part 1 meetings	Board of directors - Part 2 meetings	Appointments and remuneration committee meetings	Audit committee meetings	Charitable funds committee meetings	Finance and performance committee meetings	Joint audit and finance and performance committee meeting	People and culture committee meetings	Population health and system committee meetings	Quality committee meetings	Transforming Care Together Group
Karen Allman	4(4)	8(9)			3(3)			3(4)		5(8)	
Pankaj Davé	6(6)	10(12)	3(4)		3(4)	13(13)	1(1)	4(4)			1(1)
Peter Gill	3(4)	6(9)							1(3)		
Judy Gillow	4(6)	9(12)	3(4)	3(3)			1(1)	2(2)		9(10)	1(1)
Philip Green	3(3)	5(5)	1(1)		2(2)	5(6)	1(1)	2(2)			
Siobhan Harrington	6(6)	12(12)									1(1)
John Lelliott OBE	6(6)	12(12)	4(4)	4(4)	2(2)	13(13)	1(1)				1(1)
Irene Mardon	1(1)	2(2)			1(1)			1(1)		1(2)	
Helena McKeown	3(3)	7(7)	3(3)		2(2)				3(3)	6(6)	1(1)
Mark Mould	6(6)	11(12)				12(13)	1(1)	2(4)		11(12)	1(1)
Stephen Mount	3(3)	4(5)	1(1)	2(2)			0(1)		1(2)	4(6)	
Pete Papworth	6(6)	11(12)			4(4)	12(13)	1(1)				1(1)
Sharath Ranjan	6(6)	12(12)	2(4)			10(11)	1(1)	3(3)	3(4)		
Richard Renaut	6(6)	11(12)				12(13)	1(1)	3(3)			1(1)
Tina Ricketts	1(1)	1(1)								1(2)	
Cliff Shearman	6(6)	12(12)	4(4)	2(4)			1(1)			11(12)	0(1)
Paula Shobbrook	5(6)	10(11)						4(4)		11(12)	
Caroline Tapster CBE	4(4)	9(10)	3(3)					2(3)	3(3)	9(9)	
Claire Whitaker	3(3)	7(7)	1(3)	1(2)	2(2)	7(7)					
Rob Whiteman CBE	6(6)	12(12)	4(4)								1(1)
Peter Wilson	5(6)	10(12)						3(4)	5(5)	12(12)	
Quorate	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y

N.B. Table shows committee attendance of directors in their capacity as members; it does not reflect where a delegate may have been sent in place of a member nor where apologies may have been sent by a director

Y* (but inquorate for part of the meeting)

Appointments and remunerations committee

A summary of the work of our appointments and remuneration committee during the year is set out below.

Audit committee

The audit committee meets at least four times in each financial year and representatives from internal audit, and the counter fraud service attend these meetings. The chief finance officer, chief nursing officer, chief informatics and IT officer, and representatives from the risk management and clinical audit teams also attend meetings at the request of the committee chair. The committee members are all independent non-executive directors. The chair of the trust is not a member of the committee. Although a departure from D.2.1 of the NHS England Code of Governance for Provider Trusts, it is noted that under B.2.5 of the Code, the audit committee should ideally not be chaired by the senior independent director. In view of the senior independent director's experience and that of the other committee chairs, the audit committee is chaired by the senior independent director, as permitted by the committee's terms of reference and approved by the board. At least one member of the committee has recent and relevant financial experience.

The audit committee's responsibilities include the following areas:

- reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical) that supports the achievement of the organisation's objectives.
- ensuring that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the committee, chief executive and board; reviewing and approving the annual internal audit plan and the more detailed programme of work; considering the major findings of internal work
- considering the appointment of external auditors, including providing information and recommendations to the council of governors; reviewing the nature and scope of the audit as set out in the annual external audit plan and reviewing the reports of the external auditors
- reviewing the counter fraud programme and considering major findings from investigations
- considering management's responses to internal audit, external audit and counter fraud reports and the appropriateness of implementation of management responses to internal audit work
- ensuring co-ordination between internal and external auditors
- reviewing the adequacy and effectiveness of the clinical audit system plan
- reviewing the annual report, annual governance statement and annual financial statements before their presentation to the board
- reviewing the effectiveness of the arrangements in place for allowing staff to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, fraud, bribery and corruption, clinical quality, patient safety or other matters.

The terms of reference for the committee can be found on our website: Board governance (**uhd.nhs.uk**)

During the year, the audit committee paid particular attention to the following areas: risk management; well led framework; complaints management; key financial systems - cash office; consultant job planning; environmental sustainability; equality, diversity and inclusion follow up, procurement; cyber security; maternity incentive scheme, emergency department IT application controls and theatre utilisation data quality.

Internal audit

Internal auditors assist the audit committee by providing a clear statement of assurance regarding the design 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. Internal audit has reported as follows:

"In giving our opinion it should be note that assurance can never be absolute. The internal audit service provides the Trust with ***Moderate Assurance*** *that there are no major weaknesses in the internal control system for the areas reviewed in 2023/24. Therefore, the statement of assurance is not a guarantee that all aspects of the internal control system are adequate and effective. The statement of assurance should confirm that, based on the evidence of the audits conducted, there are no signs of material weaknesses in the framework of control."*

External auditors

The Trust's external auditors to 31 March 2024 were and continue to be KPMG. Following a compliant tender process a contract for the provision of external audit services was awarded to KPMG for a 3 year term commencing 1 April 2023, with an option to extend by two further 12 month periods. This followed on from a Dorset-wide procurement process that was undertaken in 2022.

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 include a review of performance in relation to the contracted service specification, the standard of audits conducted, the timeliness of reporting, the availability of the auditor for discussion and value for money being received from the audit service provided. Using this framework, the audit committee and the council of governors was 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 - completeness
- Management override of controls
- Valuation of land and buildings

These were discussed 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 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 trust considered and annually assesses the effectiveness of its external auditors.

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 considering major findings of investigations work including management's response to recommendations, highlighting any issues to the board if necessary.

Charitable funds committee

The charitable funds committee is formally established as a committee of the trust as corporate trustee of the University Hospitals Dorset NHS Foundation Trust Charity. The board of the trust acts as the board of the trustee. The committee provides the trust board with a means of assurance regarding the administration of the charity in accordance with applicable legislation. The charity produces a separate annual report on its activities.

Finance and performance committee

The finance and performance committee's focus includes providing input and recommendations to the board for the development of the annual operating plan, productivity and efficiency plan, estates strategy, sustainability strategy and digital strategy. Its responsibilities reviewing and making comment to the board on the substance of the annual revenue and capital budgets of the trust and in relation to operational performance monitoring against key national performance standards, such as access times.

People and culture committee

The people and culture committee's focus includes providing input and recommendations to the board for the development of the people strategy and the equality, diversity and inclusion strategy and obtaining assurance on the implementation of such strategies.

The people and culture committee seeks assurance on the Trust's culture, with a chair's report being presented to the board. This includes through reviewing reports from the guardians of safe working hours and freedom to speak up guardian. Also through obtaining assurance that appropriate feedback mechanisms are in place for those raising incidents and that a culture of openness and transparency in respect of incident reporting is encouraged by supporting the speaking up agenda.

Standing items as part of the board's programme include the gender pay gap, freedom to speak up, equality and diversity, WRES and WDES.

Population health and system committee

The population health and system committee's responsibilities include obtaining assurance that the trust's delivery plan aligns with the Dorset Integrated Care Board strategy and/or relevant aspects of the Core20 plus 5 approach. The committees role is also to obtain assurance that significant strategic change programmes deliver a positive impact, where possible, on reducing variation in outcomes between groups with protected characteristics and other vulnerable groups and services are adapted to meet the needs of those groups appropriately.

Quality committee

The quality committee's responsibilities include overseeing that there are robust management systems and processes in place for ensuring high standards for quality of care. It serves to provide assurance that the trust has an effective framework within which it can provide an effective, safe, patient experience by working to improve and assure the quality and safety of services it provides in a range of areas. It acts as a means of internal assurance for compliance against the CQC regulating and inspection compliance framework. The extensive work of the committee, and the processes that it oversees are set out in this Annual Report and the Quality Accounts.

Transforming care together group

The transforming care together group is a time limited group which will provide input and recommendations to the board and relevant committees for the delivery of the trust's service ready, build ready and people ready programmes. Together these deliver the Clinical Services Review to create the planned and emergency hospitals for Dorset.

For a number of our committees, representatives of the integrated care board are periodically invited to attend as part of our system working.

Council of governors

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 and Health and Care Act 2022). These have been incorporated into the trust's constitution, code of conduct for governors and in the schedule of matters reserved for the board.

The board works closely with the council of governors to support the interests of patients and the local community being represented. Governors hold listening events and other events at which feedback from members and the public is canvassed. Feedback on our annual plan was solicited from a cross-section of the Trust's members. This together with feedback from governors, staff and commissioners helped develop the plan.

The members of our council of governors as at 31 March 2024 were:

Name	Constituency/organisation represented
Colin Blebta	Bournemouth
Robert Bufton	Poole and Rest of Dorset
Sharon Collett	Bournemouth
Sue Comrie	Appointed Governor: Volunteers
Steve Dickens	Christchurch, East Dorset and Rest of England
Beryl Ezzard	Dorset County Council
Richard Ferns	Poole and Rest of Dorset
Rob Flux	Staff: Administrative, Clerical and Management
Colin Hamilton	Staff: Estates and Ancillary Services
Mark Haslam	Bournemouth
Paul Hilliard	Appointed: Bournemouth, Christchurch and Poole Council
Elizabeth McDermott	Bournemouth
Andrew McLeod	Poole and Rest of Dorset
Keith Mitchell	Bournemouth
Jerry Scrivens	Christchurch, East Dorset and Rest of England
Diane Smelt	Bournemouth
Carrie Stone	Poole and Rest of Dorset
Kani Trehorn	Staff: Nursing, Midwifery and Healthcare Assistants
Michele Whitehurst	Poole and Rest of Dorset
Sandy Wilson	Christchurch, East Dorset and Rest of England

(All elected, save where stated above as appointed).

The terms for which each were elected or appointed was three years. The register of governors' interests is available on the trust's website.

We would like to thank the following governors for their contribution and whose tenure came to an end during 2023/24: Lesley Baliga, Mandi Barron, Marjorie Houghton, Dimitri Illic, Susanne Lee, Markus Pettit and Patricia Scott.

The trust has various routes for resolving disagreements between the board and the council of governors were these to arise. These include the interventions of the senior independent director and the lead governor. There is also a formal policy for resolving any disagreements which can be found at: UHD board policy for Engagement with Council of Governors (**www.uhd.nhs.uk/uploads/about/docs/our_publications/d7_-_board_policy_for_engagement_with_cog_-_january_2024_approved.pdf**)

Nominations, remuneration and evaluation committee

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 (among other things) the appointment of the trust chair and non-executive directors, the review of the structure, composition and performance of the board and the remuneration of the trust chair and non-executive directors. The committee is chaired by the trust's chair, or in his absence, the vice chair, and comprises of three public governors, one appointed governor and one staff governor. The committee's terms of reference are available here: Nominations, remuneration and evaluation committee - terms of reference

Members during the year 1 April 2023 to 31 March 2024 were:

- Sharon Collett, public governor for Bournemouth (re-elected on 14 March 2024 for a second term)
- Beryl Ezzard, appointed governor for Dorset Council (until 29 February 2024)
- Rob Flux, staff governor for administrative, clerical and management
- Carrie Stone, public governor for Poole and Rest of Dorset
- Sandra Wilson, public governor for Christchurch, East Dorset and rest of England (re-elected on 14 March 2024 for a second term)

with the trust chair (or in the trust chair's absence, the vice chair) presiding over meetings.

There were no new appointments to the role of chair or non-executive directors during the period (with appointments of new non-executive directors having occurred during the prior year).

All board vacancies are advertised nationally with a targeted approach to ensure we attract a diverse range of candidates that match the composition of our overall workforce and local community. The trust operates a reverse mentor programme to support the development of a diverse pipeline. Please see also the staff report below.

The process for the appointment of the two incoming non-executive directors who commenced their term in October 2023 was considered by the committee in the previous financial year. Following a long list meeting of the selection panel, shortlisted candidates were invited to attend preliminary interviews, followed by a final interview process. Business of the committee during the period was as follows:

On 27 April 2023, the committee considered:

- The committee's report on its own work for the 2022/23
- The remuneration and allowance of two incoming non-executive directors payable from June 2023. Odgers Berndston - who provided services to the trust in relation to the recruitment process for the two incoming non-executive directors and other board members during the year - have no other connection with the trust or individual directors.

On 27 July 2023, the committee considered:

- The committee's terms of reference
- The outcome of the trust chair and non-executive directors' annual performance evaluation to present to the council of governors on its July 2023 meeting
- Governors' attendance at council of governors meetings

On 26 October 2023, the committee considered:

- The committee's governance cycle
- Governors' attendance at council of governors meetings and associated recommendations to the council of governors

On 2 January 2024, the committee considered:

- The methodology for the trust chair and non-executive directors' 2023/24 performance evaluation
- A report from Korn Ferry related to remuneration of the trust chair and non-executive directors at the recommendation of the chief people officer following a previous report prepared when the trust was newly formed, who also prepared a report in relation to executive director remuneration for the appointments and remuneration committee. This was considered alongside other independent benchmarking information
- Governors' attendance at council of governors meetings.

During the period, on the recommendation of the committee, the council of governors approved:

- The annual report on the work of the nominations remuneration and evaluation committee for the trust's annual report
- Amendments to the committee's terms of reference
- The outcome of the trust chair and non-executive directors' annual performance evaluation
- A governor's continuing membership of the council
- The methodology for the trust chair and non-executive directors' 2023/24 performance evaluation.

Levels of remuneration for the trust chair reflect NHS England's remuneration structure for NHS provider chairs and non-executive directors. The trust has departed from E.2.2 of NHS England's Code of Governance for Provider Trusts given that when the chair and non-executive director remuneration structure was introduced by NHS England, the predecessor trusts to the trust already paid non-executive directors at a higher remuneration than the levels stated in the structure document. The merged trust was larger in size than the predecessor trusts - this was taken into account when establishing the remuneration for the non-executive directors of the new organisation. The level of non-executive director remuneration has remained static over some years since the trust's inception.

The committee's terms of reference are available here: Nominations, remuneration and evaluation committee - terms of reference (**www.uhd.nhs.uk/uploads/about/docs/our_publications/nrec_terms_of_reference_final_v2.0.pdf**)

NHS England's well-led framework

Our approach to ensuring that our services are well-led is also discussed in our performance report and our annual governance statement.

The board has approved an accountability framework 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 framework 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. The accountability framework also outlines the performance management framework.

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/quadrumvirate 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. Within the women's, children, cancer and support services care group, the role of director of maternity is an integral part of a quadrumvirate at care group level. The team take a collective responsibility for the delivery of services in their area, and this is replicated at all leadership levels in the trust.

The Trust has established a series of management and leadership development programmes. These support the delivery of the Trust's mission and strategic objectives and an inclusive and well-led organisation that delivers safe, high quality patient care in a way that is clinically and financially sustainable. Please see also the staff report.

In addition to executive directors visiting services, the trust has a programme of visits for non-executive directors. As well as having a maternity board safety champion, wellbeing guardian, freedom to speak up champion and security management non-executive director champion, the trust has a non-executive director engagement lead.

The council of governors play a key role in engaging with the trust's members and the wider community, supporting the trust's communication strategy. In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice and should look to identify the areas of the trust's leadership and governance that would benefit from further targeted development work to secure and sustain future performance. NHS England requires all trusts to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework. The trust intends to commission an externally facilitated review during 2025. The board participates in a board development programme and also a joint board and council of governors development programme. During the year, board development sessions have included well-led, supported by external providers.

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.

	2023/24	2022/23	2021/22
Formal complaints received	**UHD**	**UHD**	**UHD**
	800	984	491

The trust has implemented an early resolution of complaints process, the data for these types of complaints was not included in the complaints figures previously however this is now part of the formal complaint process and reported as such. Early resolution is intended to provide a quicker response usually within 10 working days.

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.

	2023/24	2022/23	2021/22
PALS concerns	**UHD**	**UHD**	**UHD**
	5982	5530	5200

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	National Average	2023/24	2022/23	2021/22
Upheld	26.8%	22.75%	18%	14%
Partially upheld	37.5%	24.75%	38%	34%
Not upheld	35.7%	51.12%	44%	52%

Subjects of complaints

Every complaint is assessed at the outset and the key themes extracted. The themes, (total of 1499 for the 800 complaints received) 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.

Complaint themes	2023/24	2022/23	2021/22 UHD
Clinical treatment	505 (33.7%)	664 (35%)	373 (44%)
Access to treatment	64 (4.3%)	94 (4.9%)	2 (0%)
Admission, discharge, transfers	101 (6.7%)	97 (5.1%)	37 (4%)
Delays & cancelled appointment	38 (2.5%)	153 (8%)	16 (2%)
Communication	272 (18.1%)	435 (22.9%)	1 (0%)
Consent	7 (0.5%)	27 (1.4%)	211 (25%)
End of life care	14 (0.9%)	21 (1.1%)	6 (0.5%)
Facilities	6 (0.4%)	0 (0%)	0 (0%)
Integrated care	3 (0.2%)	0 (0%)	7 (0.5%)
Patient care	72 (4.8%)	90 (4.7%)	0 (0%)
Mortuary	2 (0.1%)	0 (0%)	0 (0%)
Prescribing	37 (2.5%)	43 (2.2%)	0 (0%)
Privacy, dignity and wellbeing	41 (2.7%)	22 (1.1%)	81 (10%)
Restraint	0 (0%)	0 (0%)	0 (0%)
Staffing numbers	1 (0.1%)	9 (0.5%)	4 (0%)
Transport	0 (0%)	0 (0%)	0 (0%)
Administration	48 (3.2%)	0 (0%)	39 (5%)
Values and Behaviours	264 (17.6%)	146 (7.7%)	39 (5%)
Waiting Times	24 (1.6%)	95 (5%)	32 (4%)

The PALS concerns are themed using the same assessment used for formal complaints. The PALS themes are similar to the above percentages. The trust continues to receive concerns regarding communication which include for example relatives having difficulties in getting through to wards, having difficulties in getting through to various departments across the trust that are short staffed or patients concerned regarding text messages and letters 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

Patient reported difficulties in collecting a medication prescribed from the Urgent Treatment Centre as it was a bank holiday and the pharmacies were shut.

We did

The clinical lead is keeping supplies of antibiotics on the unit to be given to patients out of hours.

You said

Patient reported feeling uncomfortable moving around in only a hospital gown following day surgery.

We did

Unit has ordered a supply of dressing gowns for patients who did not bring their own.

You said

Patient attending for an ultrasound reported anxiety about procedure and not knowing what to expect.

We did

Radiology have reviewed and updated the patient information leaflet.

You said

Patient who attended for radiotherapy reported the experience was daunting and that they did not fully understand the process on the day.

We did

A new patient information screen is being installed in one of the waiting areas and radiotherapy are also increasing the number of staff on duty at reception so that they are able to spend more time supporting and providing explanations to patients.

You said

Concerns raised by family of a patient regarding a lack of support from staff when their relative was nearing the end of their life.

We did

Staff on the ward have received advanced end of life training from the practice educator and there are now six end of life care champions on the ward who can in turn share learning with their colleagues to improve care in this area. One nurse has also recently completed a QUELCA course which is a nationally recognised qualification in end of life care.

You said

Concerns raised by family that a patient's communication difficulties were not being taken into consideration by staff on the ward.

We did

Multi-professional education sessions are being arranged for the whole ward team to enable junior team members to develop their skills and understanding, and emphasising the need to regularly liaise with relatives, modifying care according to an individual patient's needs. Trust has launched Oliver McGowan training for all staff and will also continue to offer learning disability training as part of safeguarding training.

You said

Patient attending for a radiology procedure raised concerns that there were too many trainees present in the room (4).

We did

Moving forwards, radiology will restrict the number of trainees present in examination rooms to a maximum of 2, in order to restore a more relaxed atmosphere to the room.

You said

Information regarding a patient was conveyed to the wrong family in error.

We did

Care Plans on the ward are now kept in individual patient folders rather than in one folder for the whole bay. It has been reiterated to staff that contact with relatives should be by the nurse looking after the patient for that shift and should not be delegated.

You said

Patient reported that their endoscopy procedure was cancelled on the day as the correct blood tests had not been carried out.

We did

It was highlighted this occurred as a result of lack of knowledge on a staff member's part. A training afternoon was therefore organised for the whole team to increase staff knowledge and prevent future similar occurrences.

You said

Patient Raised concerns regarding difficulties in contacting the maternity team after her son's birth in order to discuss her experience.

We did

This has been raised with the labour ward matron and lead obstetrician to highlight the importance of women being provided with information on how to contact the Birth Afterthoughts Service. The Maternity Matters website is also being upgraded to make this easier to navigate and to make the Birth Afterthoughts contact information clearer.

You said

Mother of a patient received a text message reminder about her daughter's ultrasound appointment, as her number was incorrectly listed under 'home telephone number'.

We did

Obstetric scans will be removed from the Doctor Doctor reminder system to avoid such confidentially breaches in the future. All obstetric ultrasound appointments can be viewed in the Badgernet app therefore text message reminders are not required.

You said

Concerns raised by relatives that nurses did not have time to appropriately assist in feeding patients.

We did

Food is now plated up on the ward, with patients able to choose their own portion sizes. Different plate colours have been introduced for patients who require assistance, enabling staff to identify who requires additional support. Volunteers have also been trained in patient feeding and are now in place across areas in the Trust.

You said

Concerns raised about the limited drinks options available on the ward and the effect on patient's hydration.

We did

Hydration project was launched on the ward and the frequency of hydration rounds was increased. There is now also a more varied drink selection for patients.

Stakeholder relations

The NHS continued to dominate the headlines in 2023/24. We were affected by 12 rounds of industrial action and our trust had the responsibility to strengthen ties with all our major stakeholders, including our patients to keep them informed with all that is going on across our hospitals and our future plans.

The partnership with Bournemouth University continued to develop and bring huge benefits to staff, students, patients and the public during 2022/2023.

Both organisations worked together to host successful public health and research events, led programmes to develop staff and enabled new research studies to launch and be published.

The number of joint research studies continued to increase, each one bringing new insights into understanding health and shedding new light on the effectiveness of different treatments. This included a study into how different parts of the brain interact with each other after a cold water dip, helping to explain why people often feel more upbeat and alert after swimming outside or taking cold baths.

Two very successful research-focused events were also key highlights of the third year of the partnership. The sold out, public health talk with Professor Sir Jonathan Van Tam was a great success. The first Understanding Health talk in partnership with BU, with speakers from both organisations, took place.

The regular partnership news article in stakeholders communications, celebrates the different achievements and collaborations and highlights how important and positive the partnership continues to be.

Further research conferences and health talks are planned for the future.

The media remained one of our important stakeholder groups. We have built a strong relationship with both local and national media and worked closely with them throughout the year.

The year has seen us move into an exciting new phase on our transformation journey. This is to establish the major emergency hospital at Royal Bournemouth Hospital and planned care hospital at Poole Hospital. This will provide significant benefits to patients.

A significant moment occurred in May at the Royal Bournemouth Hospital with the traditional 'topping out' ceremony for the new BEACH Building. This facility will enhance birth, emergency, critical care, and children's health services for thousands of individuals. The event was attended by Lord Markham, Under Secretary of State for the Department of Health and Social Care, and Jacqueline Smith, Deputy Lieutenant of Dorset, along with other key colleagues and stakeholders.

In July, staff and partners gathered to witness patient Julie Hills cut the ribbon, officially opening the new Poole Hospital theatres. These purpose-built theatres, as part of an extension to the existing hospital, feature a state-of-the-art four-table open-plan 'barn' theatre, providing dedicated spaces with ultra-clean air canopies over each station.

After years of planning, the Dorset Pathology Hub opened its doors in November. The molecular pathology team was the first to transition, already delivering patient results. This facility, among the most advanced in the UK, supports hospitals across the region in improving diagnostics and meeting the growing demand for specialised treatment and care.

Additionally, exciting news came in April with the publication of our latest brochure, detailing the ongoing transformation of our hospital sites as part of a £500 million investment in our services. Titled 'Transforming Care Together: Better for Patients, Better for Staff,' the publication highlights progress, benefits for patients and staff, and an updated timeline for future plans.

We held our Annual Members' Meeting (AMM) in person at Bournemouth University on Tuesday 17 October. The event, which was also live streamed via Microsoft Teams, included presentations from our chief executive, Siobhan Harrington, and chief finance officer, Pete Papworth, on the 2022/23 Annual Report and Accounts and forward planning for 2023/24. Sharon Collett, lead governor, also gave a presentation on the council of governors. Following the AMM, Mr Parkash Ramchandani gave a fascinating health talk on oral and maxillofacial/head and neck surgery.

Our governors were, as always, a fantastic ally during this time, with our membership engagement group played a vital role in keeping in touch with our 12,000 members including with our 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.

Our governors ran a series of very well attended, in-person public health talk events throughout the year as well as listening and information event that gave the public the opportunity to hear about the transformation plans. These listening and engagement events took place in the community in libraries, community or church halls and shopping centres and are an important communication and engagement channel for trust members and the public. These events are also a fantastic way of keeping our ear to the ground on how different stakeholder groups are feeling about the Trust.

Our Dorset engagement event

We worked closely with our partners within the ICS to organise a series of 'Our Dorset' marketplace events where partners organisations came together at different venues to engage with people in Dorset.

UHD led the first event which took place in Swanage and engaged with over 150 people on the day. Films about the transformation changes taking place at UHD as well as Dorset County Hospital were created and played throughout the day, and staff from different health organisations were on hand to answer questions face to face. These films were also used on social media and shared via other communications channels. Valuable insights into local feelings about the NHS were gained by listening to the views of those attending the event and led to subsequent meetings with Defend Dorset being arranged.

Many of our partners from the Integrated Care System spent the day alongside UHD's transformation team, governors and charity. Visitors were able to visit the stands of NHS Dorset, NHS 111, Dorset HealthCare, Dorset County Hospital, Live Well Dorset, Health Watch, and the local Patient Participation Groups. Representatives from Defend Dorset also came to engage with the different organisations and voice their views. Covid vaccines were given to those who wanted to take up the offer of a booster jab (and met the eligibility criteria) and health checks were also given to residents that wanted them.

The event was a huge success and a great example of how partnership working and Our Dorset benefits the community. It paved the way for two similar events held in Poole and Blandford in November and December 2023.

Patient engagement

2023 saw the launch of the UHD Patient Experience and Engagement Strategy which sets out the aims, Patient First strategic objectives, timescales, responsibilities and monitoring processes of how we will achieve high quality care for all who use our service.

Insights from patients and carers have informed the transformation of many of our services, the strategy highlights four CARE priorities for the Trust which are the following;

- Continuous Feedback - increasing the accessibility, volume and quality of feedback
- Areas for improvement - using patient experience insights to drive changes at department level
- Recognising People - understanding the views of those who are less heard and are at risk of Health Inequality
- Excellent Partnerships - working with partners across Dorset to improve sharing of information and insights and partnership working

This strategy is being delivered through focused targets set through the Patient First initiative and is monitored through the Trusts Patient Experience Group with the group already seeing positive results.

Staff engagement

With a number of significant changes across our trust, including our ambitious transformation plans and teams coming together in the years post merger, staff engagement remained a major priority this year.

Our chief executive Siobhan Harrington, runs monthly face-to-face staff briefings across sites and in public areas to provide an update on operational pressures, our elective recovery, our redevelopment, staff success and any major campaigns.

Colleagues are encouraged to attend or to watch online - the event is broadcast via Microsoft Teams. A recording is also shared on YouTube afterwards with the key messages from the briefing sent to all users of our UHD staff app. Managers are encouraged to use the app and The Brief to share information with their teams. Siobhan and her executive colleagues also host ad hoc informal meetings for staff, for example to mark dates in our awareness calendar.

Siobhan also introduced 'slido' to these all-staff briefings - these allow us to take a 'temperature check' of the organisation and also hear what issues colleagues are facing as staff can take part and comment via their mobile phone. These responses are worked through at our exec meetings and are often included as a 'you said we did' in our monthly publication, The Brief. Alongside the monthly Brief, we publish via email and our staff intranet an all-staff bulletin twice a week. This contains news and operational updates for staff, with links to any relevant news. New this year are a series of newsletters for each of our three care groups. This has enabled us to share more specific information to relatable audiences.

We continue to run our successful monthly 'Ask Me' online meetings. These are led by our senior medical team and give an opportunity for colleagues to hear an update and then ask questions in a very informal setting. Topics range from industrial action to the price of food in the canteen. They have proved a very engaging way to work with colleagues and receive feedback. We also host special versions of 'Ask Me' to mark key staff network events and a similar model has now been adopted by our UHD Safety Crew to engage staff in safety topics via a monthly 'Learn at Lunch'.

We host a number of face to face meetings and events for colleagues, including our popular Schwartz rounds. This gives staff the opportunity to share their experiences with other colleagues in a safe and non-judgmental environment. We also held a Speak Up Month to focus on promoting the work of our Freedom to Speak Up guardians. All colleagues need to know they can report any concerns they have and need not be afraid of the consequences.

The transformation of our hospitals to create a major emergency care site at Bournemouth and a major planned care site at Poole has been picking up pace. Many colleagues will be moving sites or moving to new facilities, so we have been running a series of tours for staff of the new and refurbished builds. This is to help prepare them for any moves and to promote how the facilities and different ways of working will not only benefit our patients but also colleagues working in them. A regular transformation newsletter is available to staff, with regular updates on the dedicated transformation intranet pages, and the team carry out walkarounds with the 'transformation trolley' - taking updates to teams in their own areas. There is also a MS Teams regular question and answer session.

Siobhan continues to run monthly staff excellence awards, which are very popular for recognising the work of all our colleagues. In June 2023, we held our first UHD staff awards, with over 800 nominations made in a number of categories, culminating in a successful evening at the Pavilion in Bournemouth. The awards brought together teams from across our large organisation and plans are well under way for the 2024 event, supported by our UHD Charity.

Our second UHD staff revue 'Star Wards: The Revue Strikes Back' took place over three nights in March 2024 with a recording made to share with colleagues who couldn't attend.

Our UHD staff app continues to thrive, giving all staff access to trust news, updates, ESR, e-Roster, staff networks and our education platform on the go. The app also includes links to our staff wellbeing pages on our intranet that signpost colleagues to support. We also promote these pages across our communications.

Our social media platforms remain key channels of messaging to staff and the general public and in May 2024 we launched our 'People Pod' a podcast for UHD colleagues, delving into the untold stories of the people at the heart of our hospitals, available via our intranet, UHD App and Spotify.

Remuneration report

Annual statement on remuneration from the chair

The major decisions on senior managers' remuneration taken by the appointments and remuneration committee during the year were:

- The remuneration for David Broadley, medical director - integrated care.
- The appointment of Tina Ricketts as chief people officer following Karen Allman retiring from the role.
- The proposed secondment and remuneration related to Peter Gill, chief informatics and IT officer who will be taking a new role with NHS Providers
- The appointment of Sarah Herbert as chief nursing officer, following Paula Shobbrook, chief nursing officer and deputy chief executive retiring from those roles.

In addition, during 2023/24, the government confirmed that it was supporting the senior salary review board recommendations on very senior manager (VSM) pay in the NHS, with details confirmed on 19 October 2023. An increase of 5% for VSMs was approved by the Committee, backdated to 1 April 2023.

Appointments and remuneration committee

The appointments and remuneration committee is a committee established by the board, whose primary responsibility is to identify and appoint candidates to fill the executive director positions on the board and to determine the remuneration and other conditions of service for the chief officers and very senior managers. It is made up of the chair of the board and all other non-executive directors. The chief people officer attends except when their own appointment,

removal or remuneration are discussed to act as expert adviser on personnel and remuneration policy.

For decisions relating to the appointment or removal of chief officers, the membership of the committee includes the chief executive, but they shall not be present when the committee is dealing with matters concerning the chief executive's own appointment, removal or remuneration.

The appointments and remuneration committee met four times between 1 April 2023 and 31 March 2024. The table below sets out the members of the committee during this period and the number of meetings at which each director was present and in brackets the number of meetings that the director was eligible to attend.

Attendance by members at the appointments and remuneration committee

Name	Meetings attended
Rob Whiteman, trust chair	4(4)
Philip Green, vice chair (until September 2023)	1(1)
Cliff Shearman, vice chair	4(4)
Pankaj Davé, non-executive director	3(4)
Judy Gillow, non-executive director	3(4)
John Lelliott, non-executive director	4(4)
Helena McKeown, non-executive director	3(3)
Stephen Mount, non-executive director	1(1)
Sharath Ranjan, non-executive director	2(4)
Caroline Tapster, non-executive director	3(3)
Claire Whitaker, non-executive director	1(3)
Siobhan Harrington, chief executive officer	4(4)

During the year, Karen Allman (chief people officer), Irene Mardon (acting chief people officer) and Tina Ricketts (chief people officer) respectively assisted the committee.

The committee received a report from Korn Ferry in relation to executive director remuneration. The trust also received services from Odgers Berndston in relation to the recruitment of the chief people officer and chief nursing officer.

Korn Ferry were appointed following recommendations from Karen Allman, chief people officer. In relation to the recruitment to the posts of chief people officer and chief nursing officer, Odgers were appointed following recommendations from Karen Allman, chief people officer at the time.

The fees payable were:

- A fixed fee of £20,500 plus VAT for the search service in relation to the chief nursing officer recruitment to Odgers Berndston.
- A fixed fee of £20,500 plus VAT for the search service in relation to the chief people officer recruitment to Odgers Berndston.
- A fee of £13,680 plus VAT for two reports from Korn Ferry - one in relation to executive director remuneration and the other in relation to non-executive director remuneration.

Senior managers' remuneration policy

Senior manager remuneration											
Name	**Title (as at 31 March 2024)**	**Twelve months ended 31 March 2024**					**Twelve months ended 31 March 2023**				
		Salary and fees	Other remu-neration	Total salary and fees	Pension related benefits	Total	Salary and fees	Other remu-neration	Total salary and fees	Pension related benefits	Total
		(bands of £5000)	(bands of £5000)	(bands of £5000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(bands of £5000)	(bands of £5000)	(bands of £2,500)	(bands of £5,000)
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Executive members											
Siobhan Harrington	Chief executive officer (see note 1 and 2)	235-240	-	235-240	-	235-240	185-190	-	185-190	145-147.5	330-335
Peter Wilson	Chief medical officer (see note 3)	215-220	-	215-220	120.0-122.5	340-345	N/A	N/A	N/A	N/A	N/A
Pete Papworth	Chief finance officer (see note 4)	165-170	-	165-170	22.5- 25.0	190-195	155-160	-	155-160	10-12.5	165-170
Paula Shobbrook	Chief nursing officer (see note 5)	160-165	-	160-165	-	160-165	160-165	-	160-165	22.5-25	185-190
Mark Mould	Chief operating officer (see note 6)	155-160	15-20	175-180	-	175-180	145-150	5-10	155-160	2.5-5	160-165
Richard Renaut	Chief strategy and transformation officer (see note 7)	155-160	-	155-160	-	155-160	145-150	-	145-150	37.5-40	185-190
Peter Gill	Chief informatics and IT officer (see note 8 and 9)	105-110	-	105-110	-	105-110	135-140	-	135-140	35-37.5	170-175
Karen Allman	Chief people officer (see notes10 and 11)	100-105	10-15	115-120	-	115-120	145-150	5-10	155-160	-	150-155
Irene Mardon	Interim chief people officer (see note 12)	35-40	-	35-40	25.0- 27.5	60-65	N/A	N/A	N/A	N/A	N/A
Tina Ricketts	Chief people officer (see note 13 and 14)	10-15	-	10-15	-	10-15	N/A	N/A	N/A	N/A	N/A
Non-Executive Members											
Rob Whiteman CBE	Chair (see note 15)	50-55	-	50-55	N/A	50-55	40-45	-	40-45	N/A	40-45
Cliff Shearman OBE	Non executive director	15-20	-	15-20	N/A	15-20	15-20	-	15-20	N/A	15-20
Pankaj Davé	Non executive director	15-20	-	15-20	N/A	15-20	15-20	-	15-20	N/A	15-20
John Lelliott OBE	Non executive director	15-20	-	15-20	N/A	15-20	15-20	-	15-20	N/A	15-20
Judy Gillow MBE	Non executive director (see note 16)	15-20	-	15-20	N/A	15-20	N/A	-	N/A	N/A	N/A
Sharath Ranjan	Non executive directorr (see note 17)	15-20	-	15-20	N/A	15-20	N/A	-	N/A	N/A	N/A
Caroline Tapster CBE	Non executive director (see note 18)	10-15	-	10-15	N/A	10-15	15-20	-	15-20	N/A	15-20
Philip Green	Non executive director (see note 19)	5-10	-	5-10	N/A	5-10	25-30	-	25-30	N/A	25-30
Stephen Mount	Non executive director (see note 20)	5-10	-	5-10	N/A	5-10	15-20	-	15-20	N/A	15-20
Helen McKeown	Non executive director (see note 21)	5-10	-	5-10	N/A	5-10	N/A	-	N/A	N/A	N/A
Claire Whitaker CBE	Non executive director (see note 22)	5-10	-	5-10	N/A	5-10	N/A	-	N/A	N/A	N/A

Notes:

1 Siobhan Harrington is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

2 Siobhan Harrington was appointed as chief executive officer on 1 June 2022 and therefore the prior year comparator shown is part year.

3 Peter Wilson was appointed Chief medical officer on 1 April 2023.

4 Pete Papworth also held the position of chief informatics officer from 1 January 2024 to 31 March 2024.

5 Paula Shobbrook is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

6 Mark Mould chose not to be covered by the pension arrangements during the reporting year. The other remuneration reflects the payments received through the Pension Recycling Scheme.

7 Richard Renaut is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

8 Peter Gill left the post on 31 December 2023.

9 Peter Gill is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

10 Karen Allman left the organisation on 30 November 2023.

11 Karen Allman chose not to be covered by the pension arrangements during the reporting year. The other remuneration reflects the payments received through the Pension Recycling Scheme.

12 Irene Mardon was appointed acting chief people officer from 1 December 2023 to 25 February 2024.

13 Tina Ricketts was appointed chief people officer on 26 February 2024.

14 Tina Ricketts is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

15 Rob Whiteman CBE was appointed as chair on 1 July 2022 and therefore the PY comparator is part year.

16 Judy Gillow commenced as non executive director on 3 April 2023.

17 Sharath Ranjan commenced as non executive director on 3 April 2023.

18 Caroline Tapster concluded her post as a non executive director on 31 December 2023.

19 Philip Green concluded his post as a non executive director on 30 September 2023.

20 Stephen Mount concluded his post as a non executive director on 30 September 2023.

21 Helen McKeown commenced as non executive director on 1 October 2023.

22 Claire Whitaker commenced as non executive director on 1 October 2023.

23 There are 20 governors (including staff governors) at the end of March 2024, of which 3 received expenses during the period amounting to a total of £216.

24 Senior management remuneration does not include any annual related bonus or long term related bonuses for the period.

25 No individual above received any significant benefits in kind for the period.

26 No other categories in the proforma single table are relevant to the trust for the period.

27 Of the 21 senior managers in the table above, there were £5,698 expenses claimed 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 workforce. The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £235k-£240k (2022-23, £225-£230k). This is a change between years of 4.4%. 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 2023-24 was from £20k-£25k to £235k-£240k (2022-23, £20k-£25k to £225k-£230k). 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 -4.0%. No employees received remuneration in excess of the highest-paid director in 2023-24.

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.

Table illustrating pay ratio disclosure and derivations

	2023/24	2022/23	Percentage Change
Band of highest paid director (Annualised)	235-240	225-230	4.4%
Median total remuneration	36,844	32,131	14.7%
Ratio	6.4	7.1	-9.2%
25th percentile total remuneration	27,596	23,275	18.6%
Ratio	8.6	9.8	-12.2%
75th percentile total remuneration	48,984	41,582	17.8%
Ratio	4.8	5.5	-11.8%

Please see also the Staff Report below in relation to diversity and inclusion.

Senior manager pension entitlements

Senior manager pension entitlements									
Name	Title (as at 31 March 2024)	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 2023	Lump sum at retirement age at 31 March 2024	Cash equivalent transfer Value at 1 April 2023	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2024	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
Siobhan Harrington	Chief executive officer (see notes 1 and 2)	-	27.5-30.0	80-85	215-220	N/A	N/A	N/A	34
Peter Wilson	Chief medical officer	5.0-7.5	7.5-10.0	80-85	215-220	1,566	132	1,886	32
Pete Papworth	Chief finance officer	0.0-2.5	17.5-20.0	35-40	90-95	458	153	680	24
Paula Shobbrook	Chief nursing officer (see note 3)	-	17.5-20.0	70-75	195-200	1,361	154	1,674	23
Mark Mould	Chief operating officer (see note 4)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Richard Renaut	Chief strategy and transformation officer (see note 5)	-	32.5-35.0	50-55	135-140	865	128	1,100	21
Peter Gill	Chief informatics and IT officer (see notes 6 and 7)	-	22.5-25.0	55-60	150-155	1,067	105	1,333	21
Tina Ricketts	Chief people officer (see notes 8 and 9)	-	-	30-35	85-90	745	-	761	2
Karen Allman	Chief people officer (see notes 10 and 11)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Irene Mardon	Interim chief people officer (see note 12)	0.0-2.5	0.0-2.5	40-45	115-120	838	28	1,051	16

Notes:

1 Siobhan Harrington is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

2 Siobhan Harrington CETV is not applicable.

3 Paula Shobbrook is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

4 Mark Mould chose not to be covered by the pension arrangements during the reporting year.

5 Richard Renaut is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

6 Peter Gill left the post on 31 December 2023.

7 Peter Gill is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

8 Tina Ricketts was appointed chief people officer on 26 February 2024.

9 Tina Ricketts is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

10 Karen Allman chose not to be covered by the pension arrangements during the reporting year.

11 Karen Allman left the organisation on 30 November 2023.

12 Irene Mardon was acting chief people officer from 1 December 2023 to 25 February 2024.

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.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures. The factors used to calculate a CETV increased on 30 March 2023. This will affect the calculation of the real increase in CETV.

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.

Siobhan Harrington
Chief Executive
20 June 2024

Trust board members

Name	Title	Date of appointment	Contract date to	Notice period
Executive members				
Siobhan Harrington	Chief executive officer	01/06/2022	Current	6 months
Peter Wilson	Chief medical officer	01/04/2023	Current	6 months
Pete Papworth	Chief finance officer	01/10/2020	Current	6 months
Paula Shobbrook	Chief nursing officer	01/10/2020	09/04/2024	n/a
Mark Mould	Chief operating officer	01/10/2020	Current	6 months
Richard Renaut	Chief strategy and transformation officer	01/10/2020	Current	6 months
Peter Gill	Chief informatics and IT officer	01/10/2020	31/12/2023	n/a
Karen Allman	Chief people officer	01/10/2020	30/11/2023	n/a
Irene Mardon	Interim chief people officer	01/12/2023	25/02/2024	n/a
Tina Ricketts	Chief people officer	26/02/2024	Current	6 months
Non-executive members				
Rob Whiteman CBE	Chair	01/07/2022	30/06/2025	1 month
Cliff Shearman OBE	Non executive director	01/10/2022	30/09/2025	1 month
Pankaj Davé	Non executive director	01/10/2022	30/09/2024	1 month
John Lelliott OBE	Non executive director	01/10/2020	30/09/2025	1 month
Judy Gillow MBE	Non executive director	03/04/2023	31/03/2026	1 month
Sharath Ranjan	Non executive director	03/04/2023	31/03/2026	1 month
Caroline Tapster CBE	Non executive director	01/10/2022	30/09/2024	1 month
Philip Green	Non executive director	01/10/2020	30/09/2023	1 month
Stephen Mount	Non executive director	01/10/2022	30/09/2023	1 month
Helen McKeown	Non executive director	01/06/2023	30/09/2026	1 month
Claire Whitaker CBE	Non executive director	01/06/2023	30/09/2026	1 month

Disclosures required by Health and Social Care Act

Remuneration for senior managers is set out above. Most other staff within the NHS have contracts based on Agenda for Change national terms and conditions, which is the single pay system in operation in the NHS. Doctors, dentists, very senior managers and directors have separate terms and conditions. Pay circulars inform of changes to pay and terms and conditions for medical and dental staff, doctors in public health medicine and the community health service, along with staff covered by Agenda for Change.

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. Governors are volunteers and do not receive any remuneration for their roles.

NHS oversight framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

The trust has been placed in segment 3 by NHS England. This segmentation information is the trust's position as at 7 June 2024.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: **www.england.nhs.uk/publication/nhs-oversight-framework-segmentation**

Information on activities taken in relation to this rating can be found in the annual governance statement.

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 NHS England, may, with the approval of the Secretary of State, direct and
- to comply with any directions given by NHS England 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 2023/24. 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.

Siobhan Harrington
Chief executive officer
20 June 2024

Staff report

Introduction

Our people strategy sets out how we will unite our workforce behind our vision and make UHD a great place to work. Over the last few years our people have remained under increasing pressure to reduce waiting times and improve access to our services following the impact of the covid-19 pandemic which is why the engagement, health and wellbeing and support to our colleagues remains a key priority.

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.

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 continue to recognise the importance of engaging and involving our people, and despite the challenging times ahead for us and the wider NHS, it is essential that we continue to hold this at the heart of everything that we do.

Nationally 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 the period of the report, the high operational demands have continued, and our staff have demonstrated unwavering commitment throughout to provide excellent patient care. Our key focus has remained on enabling staff to be healthy in 'body and mind', help them function effectively and strengthen our organisational capability. Our occupational health team managed the flu and covid vaccination hubs, enabling staff across Dorset to receive their vaccination in easily accessible and efficient clinics. Our in-house psychological support and counselling service is well established and provides psychological support to staff. In addition, we continue to support our Mental Health First Aid (MHFA) wellbeing ambassador programme and have been running some targeted education and support sessions for line-managers to understand wellbeing policies and responsibilities and people management processes.

Work has continued to bring teams together at service and function level and during the last 12 months 26 organisational change programmes have taken place in accordance with our organisational change policy, to restructure and align teams, ensuring the Trust is better placed to deliver safe, high quality, sustainable patient centred services. Recruitment remains challenging with market forces meaning 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 remains important to us.

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, in line with the NHS Long term Workforce Plan.

We were again successful in exceeding our international recruitment objectives, which were agreed and supported by NHS England. During the year we have recruited 89 internationally educated nurses, 11 internationally educated midwives, and 4 internationally educated interventional radiographers. The trust has made provision to recruit a smaller number of international nurse recruits during the coming financial year, which with our domestic recruitment, nurse apprenticeship and newly qualified preceptorship programmes is expected to fill our vacancies.

Healthcare support worker recruitment continues to be an area of focus, with a lot of progress being made in filling our vacancies. We have continued to hold large scale recruitment events over the year, often interviewing, carrying out assessments and progressing recruitment checks for over 100 or more candidates on the day. This role is of great interest to a wide range of applicants, and offers full training, so is accessible for anyone looking for an entry point to a longer-term career within the NHS. We have again supported a Dorset system led vocational scholarship in healthcare, with a cohort of school leavers completing a six-week training course at Poole College, before joining our teams at UHD. We have been busy on social media over the year, growing and engaging UHD staff and the public, resulting in an increasing number of followers to our recruitment videos and activity, on Twitter, Facebook, Instagram and Linked In.

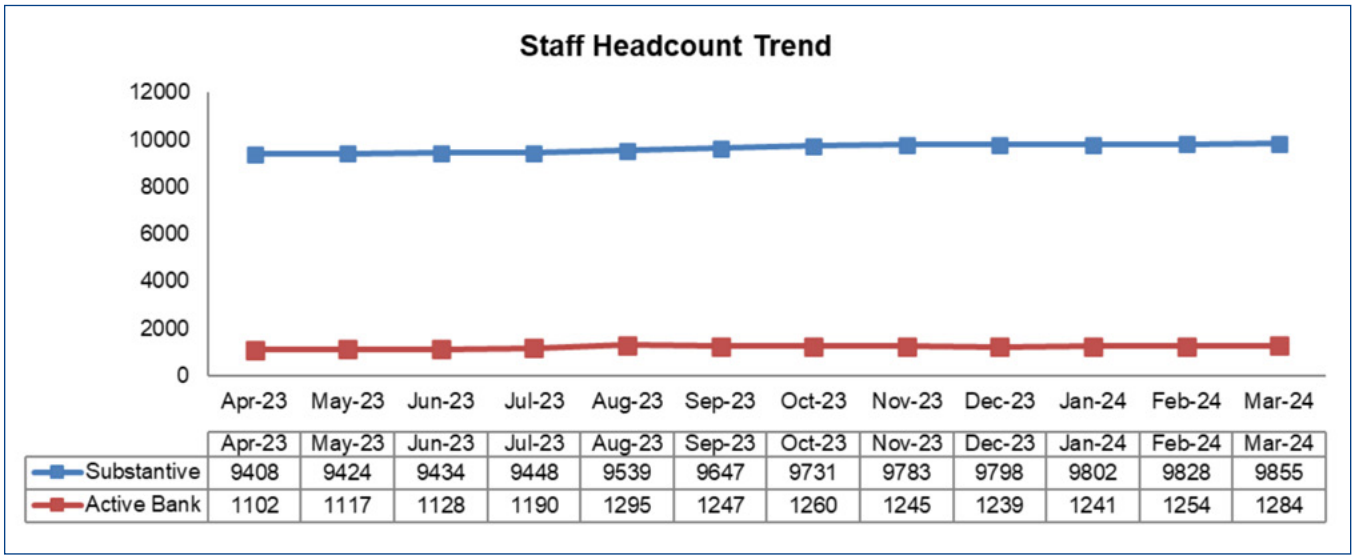
Our temporary staffing service has experienced a continued high level of demand for temporary staffing across the trust, within the period, the team have recruited 787 new bank only workers, and more than 1,700 new bank agreements have been set up for our substantive staff members. The service has moved to a paperless provision for a number of processes providing a positive, sustainable and secure user experience.

To ensure consistency in processes and provision of a specialist level of support and staff development, the temporary staffing recruitment team now sit within the main recruitment team.

Retaining our current workforce continues to be a priority for the trust and we are endeavouring to offer more flexible, varied roles. We recognise that flexible working is about more than just retention and for some staff the impact of the pandemic has led to a desire for staff to work in a different way. Flexible working 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. This will be achieved through the previous developed flexible and agile working policies.

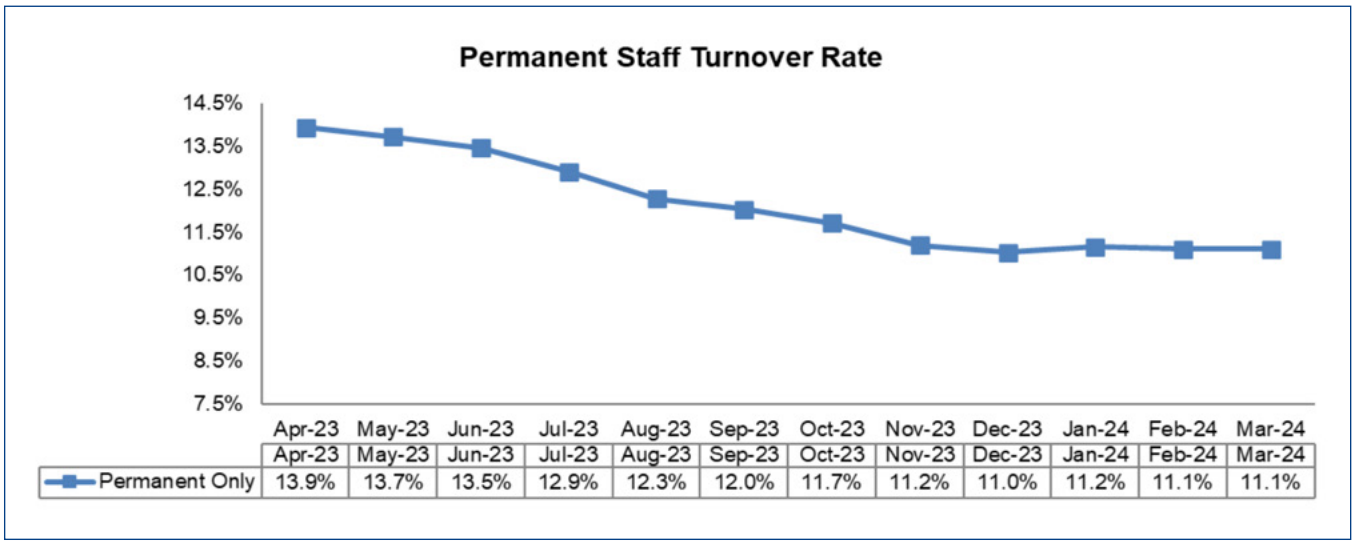
Staff numbers

The headcount of substantive staff employed in March 2023 was 9,445 and this figure stands at 9,855 heads as at March 2024 demonstrating an improvement with recruitment and retention although it is recognised that there is more work and focus required in this area.

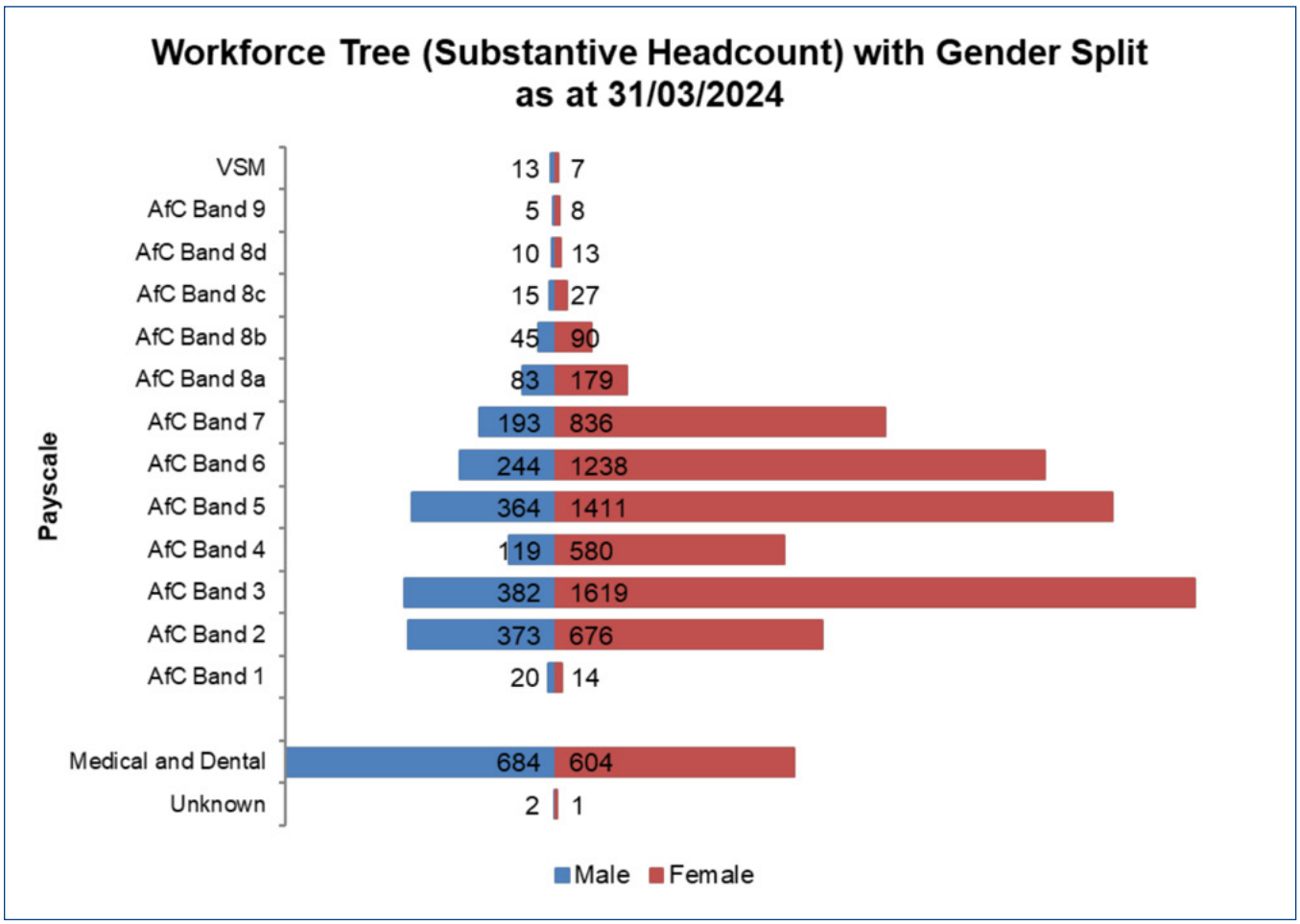


	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Substantive	9408	9424	9434	9448	9539	9647	9731	9783	9798	9802	9828	9855
Active Bank	1102	1117	1128	1190	1295	1247	1260	1245	1239	1241	1254	1284

Turnover % across UHD saw a reduction through 2023, levelling off from December and is 11.1% at the end of March 2024. This figure includes substantive staff who moved to bank only contracts.



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Permanent Only	13.9%	13.7%	13.5%	12.9%	12.3%	12.0%	11.7%	11.2%	11.0%	11.2%	11.1%	11.1%



Gender split

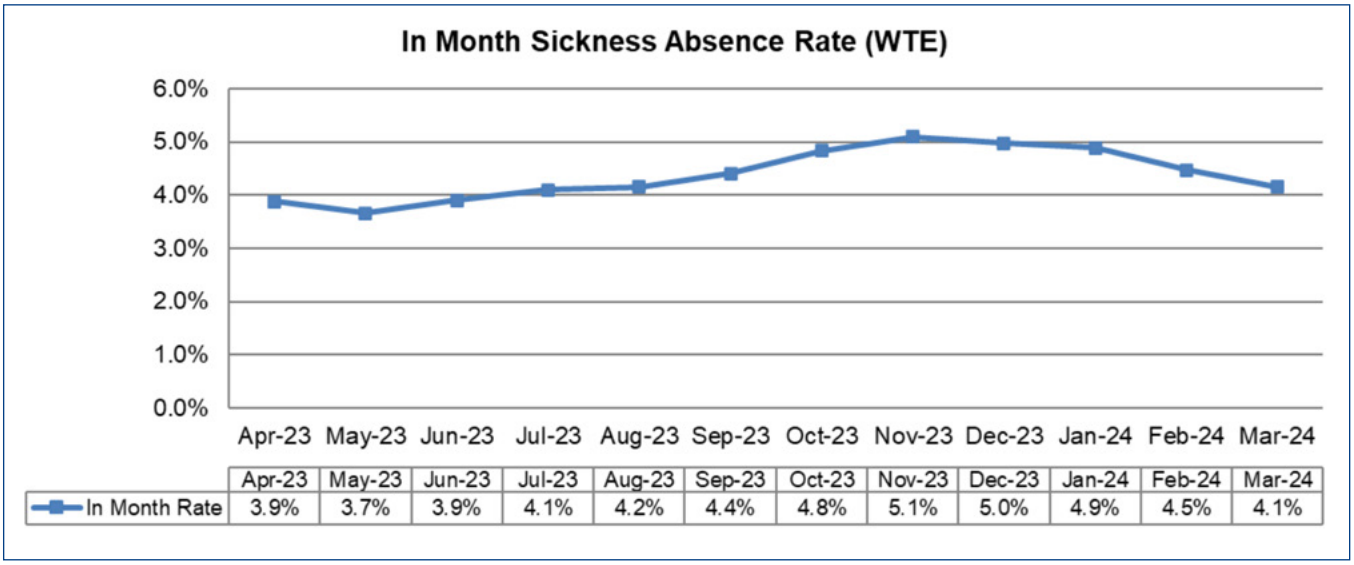
UHD board

- Male non-executive directors: 5
- Female non-executive directors: 3
- Male executive directors: 5
- Female executive directors: 3
- 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-gap.service.gov.uk

Sickness absence data

- Sickness absence levels increased in 2023 but have seen improvement since January 2024.



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
In Month Rate	3.9%	3.7%	3.9%	4.1%	4.2%	4.4%	4.8%	5.1%	5.0%	4.9%	4.5%	4.1%

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, and also take a lead as the trust's counter fraud champion.

Exit packages/Settlement agreements

Within all large organisations there will be occasional disputes between staff. We have several measures in place 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 our processes. There has been one special severance payment (non-contractual) made within this period.

Risk management

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

Staff policies

Our people policy sub group, which includes representatives from people services and staff side colleagues, continue to work in partnership to review our people policies, embedding fairness across the trust through compassionate leadership and a restorative, just and learning approach. Policies are ratified through the staff partnership forum. As an accredited disability confident employer, job applicants with a recognised disability who meet the minimum essential criteria for a role, are offered an interview. This applies to both internally and externally advertised posts.

Occupational health

The occupational health service is a multi-discipline service comprising of specialist nurses, specialist physiotherapists and a doctor working alongside a team of administration staff.

Occupational health is a specialist branch of medicine focusing on the health of staff in the workplace. We understand the impact work has on staff health and we provide support to manage health at work. Equally, we make sure that staff are fit to undertake the role they are employed to do both physically and emotionally.

We advise on work-related illnesses and accidents, carry out assessments for new starters and existing employees, monitor the health of employees and support preventive measures.

Our OH services also assist the trust in managing short and long-term absence and supporting staff to return to work and to work safely and effectively.

The staff physiotherapy service offers face-to-face physiotherapy appointments, advising on recovery from injury and MSK pain, and to support staff to remain in work in a healthy way.

The psychological support and counselling service is here to support UHD staff with stress and mental health related symptoms and difficulties that affect their wellbeing at work. We provide assessment, intervention, referral, and signposting to promote the emotional and psychological wellbeing of all staff.

Our aim is to support staff to achieve improved emotional wellbeing and a healthy work-life balance. We provide a totally confidential, evidence-based therapy and support service.

The Trade Union - (Facility Time Publication Requirements) Regulations 2019

University Hospitals Dorset NHS Foundation Trust **1 April 2023 to 31 March 2024**

Relevant union officials

The total number of employees who were relevant trade union officials during the relevant period:

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
55	46.3

Percentage of time spent on facility time

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%	42
1-50%	11
51%-99%	2
100%	0

Percentage of pay bill spent on facility time

The figures requested in the first column of the table below determine the percentage of the 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	£58,007
The total pay bill	£410,746,000
The percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.0141%

Paid trade union activities

If trade union activities have been paid, this will have been included in facility time calculations.

Organisational development

The demand for our OD services has increased this year with record numbers of requests to support teams and individuals. We have expanded our offers to broaden the reach of leadership training and development and bespoke OD consulting support and continue to evaluate the impact of our interventions to respond to the current needs of the organisation.

Culture and engagement

The trust is committed to delivering our people plan. We believe that if our staff feel they are valued and have a voice and “we are listening to understand” they will provide the best possible care, putting our Patients First.

In 2023-24 we delivered Year 3 of our organisational development plan. This sets out our aspiration to build a compassionate and inclusive culture where every member of the team is a leader.

Our values were co-created with staff and underpin everything we do throughout the employee lifecycle. In the last 12 months our culture champions have been leading on the “Big Conversation” to broaden the understanding of the trust’s refreshed strategy and five strategic themes to a range of teams across the trust.

The trust held its first annual staff awards in 2023 recognising the hard work of our teams through a number of award categories linked to the trust values and the chief executive’s monthly excellence awards have continued to be embraced this year, celebrating the skills and achievements of our staff.

Staff surveys

It is important to ensure we are accurately measuring how our staff feel about working at UHD and taking action in the areas where we need to improve. We use the quarterly People Pulse survey to give us regular insights and in the last year we have introduced additional questions and the ability to review this data at a department level.

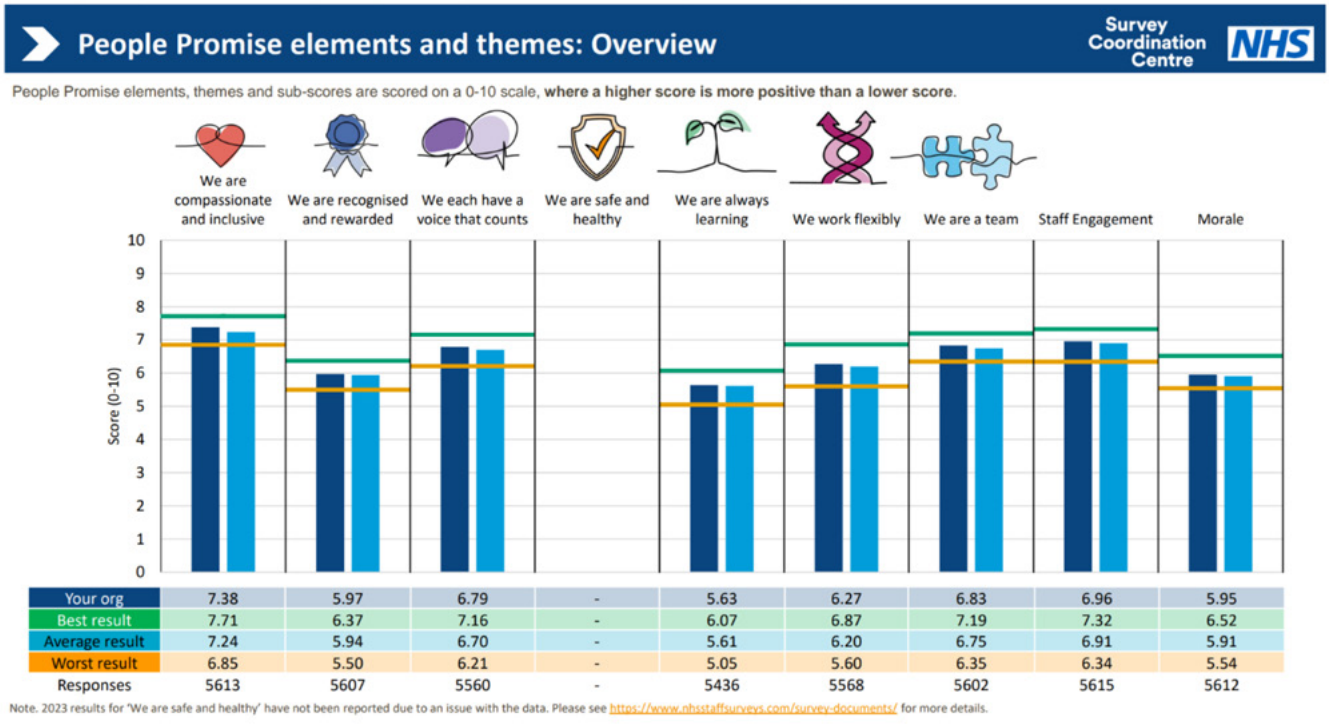
In 2023 we successfully ran a campaign to improve our completion rates for the national NHS Staff Survey and worked hard to ensure we were one of the earliest trusts to 'go live', giving staff 3 weeks longer to feedback on their experiences of working at UHD. A new on-line training resource has supported survey managers and encouraged them to have conversations with their teams to create and own local level action plans. There was also work done with senior leaders to maximise the number of teams that could be eligible for a team report (10+ respondents). More than 200 team level reports will be shared with the care group and directorate leadership teams for cascading who will encourage local action planning in line with the monthly SDR process.

The trust's results are benchmarked against other acute and acute and community trusts (122 organisations). 5619 staff completed the survey which is a response rate of 59% of eligible staff. This improved by 13.5% in 2022. The benchmarking group average was 45%. 424 bank staff completed the survey from a usable sample of 1,3348 which is a response rate of 31.5%.

At the trust we recognise there is a clear link between patient experience and employee engagement. Recommending the organisation as a place to work or be treated is considered one of the best indicators of employee engagement. Patient satisfaction is significantly higher in trusts with higher levels of employee engagement. In 2023 63.42% of our staff would recommend UHD as a place to work (2022: 56.18%) and 67.33% would recommend UHD a as place to be treated (2022: 64.21%).

Both scores have improved compared to last year and demonstrates a significant step forward in our aspiration to make UHD a "great place to work".

The overview of the people promise themes is given below:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.38	5.97	6.79	-	5.63	6.27	6.83	6.96	5.95
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	5613	5607	5560	-	5436	5568	5602	5615	5612

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Leadership and talent

Developing the skill of our managers and leaders is crucial in successfully engaging our staff. In 2023 we have developed a new values-based leadership behaviour framework, linked to our trust values and in support of our Patient First approach.

We now have a management and leadership skills development pathway which includes a new manager's induction, a number of in-house leadership programmes and bite-sized skills development workshops.

This pathway provides a sustained focus to developing our talent. It ensures we focus on leadership development from induction and on-boarding whilst also highlighting the value of appraisal and on-going conversations to encourage regular consideration of personal development aspirations.

We continue to revise our pathway to reflect Patient First and our evolving development offers in response to the needs of our leaders.

Patient First Improvement System (PFIS)

- First wave consists of 47 delegates from day hospital, critical care and stroke
- 8 days of teams focused training on the lean improvement tools

Patient First for Leaders (PFL)

- 175 senior leaders completed 8 half day modules in first cohort.
- Delegates were selected to attend from TMG members and their direct reports

This year we have also invested in developing more of our leaders into qualified coaches to support the creation of our compassionate, inclusive culture. We now have nearly 40 in house coaches and access to many more through the region.

Equality, Diversity and Inclusion (EDI)

University Hospitals Dorset NHS Foundation Trust aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our trust objectives, values and the EDI strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

The EDI strategy

The EDI strategy was implemented in March 2021. The key priorities agreed in May 2021 were the subject to reporting through our people and culture committee. The initial priorities identified for UHD, together with associated actions, were set in order to achieve the maximum positive benefit for our staff and patients.

Equality objectives

To manage and support the progression of this work, an EDI priorities action plan was developed which presented the work streams identified in the strategy aligned to trust objectives. This also included the actions from the NHS People Plan, the trust Organisational Development (OD) plan and the March 2021 audit report. The specific targets in place will be re-evaluated following the identification of further areas of activity and all will be data tracked so that improvements made can be noted and advanced further. The equality objective themes within the EDI Strategy are:

- Improve employee experience
- Develop inclusive leadership capability
- Increase equal opportunities for career development
- Enhance staff network engagement
- Improve collection and use of all EDI data and compliance against national standards
- Develop patient co-production and engagement to reduce health inequalities

Equality, Diversity and Inclusion Group

The Equality, Diversity and Inclusion Group (EDIG) is chaired by Pete Papworth (chief finance officer) and 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 people and culture committee and trust board on compliance with statutes and national standards and makes recommendations on specific interventions. Membership comprises multi-disciplinary staff occupations and patient representative/s, external key stakeholders and partners are invited to join group meetings. The equality, diversity and inclusion strategy is published on the UHD external website. It contains strategic objectives with measurable outcomes and goals, aligned to the organisational vision, mission and values.

Workforce profile headlines 'at a glance' reported in 2023

Protected characteristics

Ethnicity / Race. The percentage of BME Staff reported in May 2023 was 21.5% up from 18.7% in 2022, the local demographic when using comparable data from Bournemouth, Christchurch and Poole Council with the WRES mapping tool was 8.67% BME.

%	UHD 2022	UHD 2023	**National 2023**
White	77.9	75.5	**69.1**
BME	18.7	21.5	**26.4**

Sex. The trust reported male and female split to shows a slight increase in male staff headcount. For agenda for change the gender pay gap is closing.

	31/03/2022		31/03/2023	
Accessing parental leave	Headcount	%	Headcount	%
No	7281	76.17%	7319	75.30%
Yes	2278	23.83%	2401	24.70%
Grand total	**9559**	**100.00%**	**9716**	**100.00%**

Disability. The reported declaration for staff who are 'disabled' has increased to 5.6% in 2023 an increase from the 4.77% r2eported in 2022. This is a significant increase that is largely attributable to our ProAbility Staff Network's engagement. When considering the NHS Staff Survey our reported Disability/long term condition is reported to be much higher at 21.3%.

Age. UHD reported 2060 staff aged 55 and over. When considering band 5, 190 are over 55 and a further 30 are over 65. When comparing the age demographic and ethnicity at band 5 our BME staff are a comparably younger workforce. There is more parity by age and ethnicity up to the age of 44. A consideration for future progression for our Global Majority Staff, statistically within a few years' progression could therefore become more equal from Band 5 to Band 6.

Religion or Belief. Our chaplaincy service provides multi faith options and are notably an important source of support for our staff and patients. 1971 staff chose not to disclose their religion or belief.

Sexual Orientation. A characteristic along with sexual identity which requires greater consideration in relation to how staff identify and choose not to disclose.

Marriage and civil partnership. There was an increase in married staff in 2023 compared to 2022, and civil partnership has also increased.

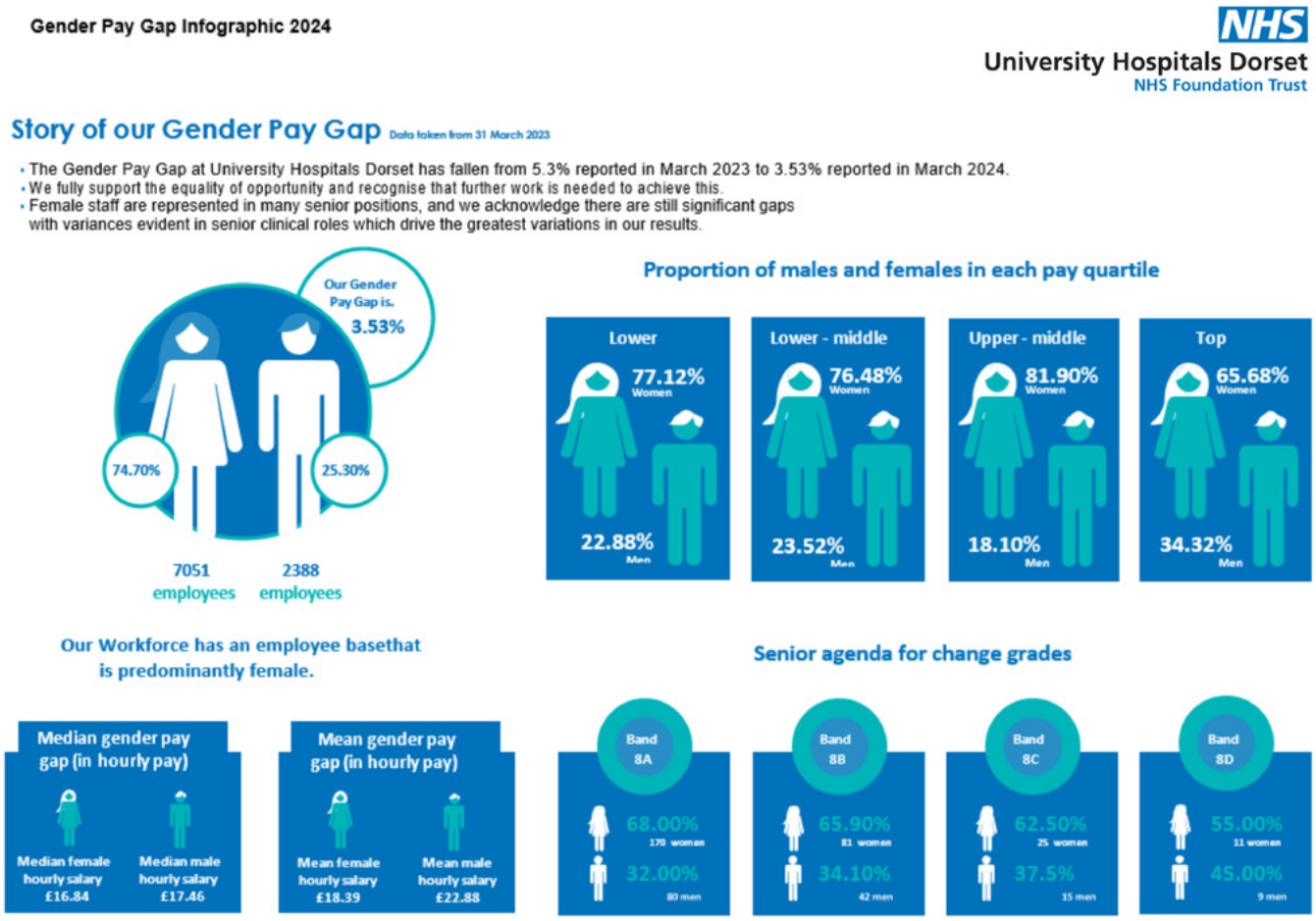
Pregnancy and Maternity. The percentage of staff taking parental leave continues to be statistically significant for workforce planning and ward establishment reviews.

	31/03/2022		31/03/2023	
Accessing parental leave	Headcount	%	Headcount	%
No	9086	95.05%	9247	95.17%
Yes	473	4.95%	469	4.83%
Grand total	**9559**	**100.00%**	**9716**	**100.00%**

The data tables and charts related to this summary are available on the internet within the EDI Annual Report and Workforce Profile 2022/2023.

The gender pay gap

Our most recent UHD data was published externally before 30 March 2024. UHD reported the gender pay gap of 3.53% (median) down from 5.33% reported in 2023.



Equality delivery system assessment

Submitted on the 28 February 2024. This year the Dorset ICS Services assessed for Domain 1 included falls, end of life and ear, nose and throat. Our overall stakeholder assessment for Domains 1, 2, and 3 remains at Developing, however there has been progress. The report and actions can be viewed on the UHD internet.

Workforce Race Equality Standard 2023 and the Workforce Disability Equality Standard 2023 National/UHD observations

The national reports for the Workforce Race Equality Standard 2023 and Workforce Disability Equality Standard 2023 have been published, this section includes a summary comparison with UHD.

Workforce Race Equality Standard 2023 National/UHD observations

The trust executive board could be considered representative of the local population. UHD appointed a second non-executive director on the 1 April 2023 from a BME background. The WRES indicator 9 for 2023 reported a sustained gap in the board/workforce demographic due to the appointment taking place after 31 March 2023. It should be noted that there are variations in the reporting of board membership within the WRES reports nationally as some trusts include all members and others do not include non-executives. At UHD we have reported all voting members to include non-executives.

The WRES 2023 report was approved at trust board in September 2023.

Nationally the overall percentage of ethnic minority staff across the NHS workforce has increased year-on-year and now stands at 26.4% in 2023, compared to 24.2% in 2022 and up from 17.7% in 2016. There is a similar trajectory for UHD with 21.5% representation increasing from 16.8% reported in 2021.

Nationally at a very senior manager (VSM) level, the percentage of ethnic minority staff has also increased year-on-year, with 11.2% of staff from an ethnic minority, compared to 10.3% in 2022 and 5.4% in 2016.

However, whilst there has been an increase in the diversity of board members since 31 March 2023, the report again notes that increasing diversity in the overall workforce has resulted in the mean gap between overall workforce and board diversity increasing, particularly among executives (15.7% in 2023 compared to 13.5% in 2021).

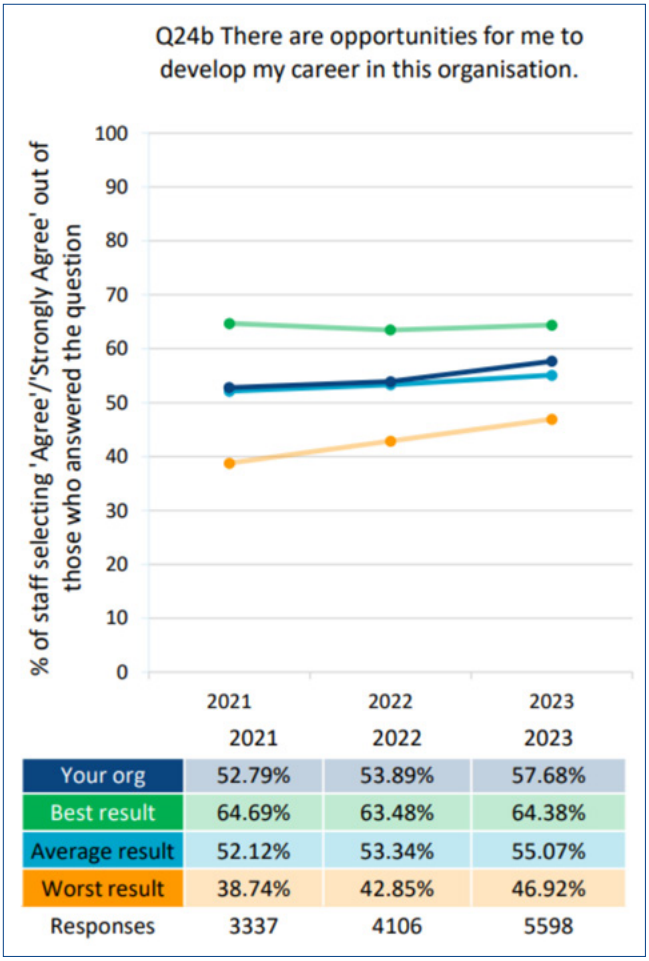
Representation at UHD has improved through the grades however there is still a visible ethnicity disparity at the most senior grades notably no representation at band 9 or executive director.

White applicants remain much more likely than ethnic minority applicants to be appointed from shortlisting at 76% of trusts. At UHD there is a similar picture, the likelihood locally is 1.90 and 1.59 nationally.

Anti-racism remains an area of priority focus for the organisation. Revisions to the UHD intranet will include our anti-racism guidance and two learning modules developed in collaboration with the Dorset ICS will provide conscious inclusion and inclusive leadership training for all staff. Bespoke team development can also be contracted through organisational development. Recruitment for the 3rd cohort of reverse mentoring has now concluded and the programme will commence on 13 May 2024.

From successive NHS staff surveys we have seen positive changes in how staff consider their progression, noting responses for q24b from 2023 in the table below. ‘There are opportunities for me to develop my career in this organisation?’

2022			2023		
UHD (4,167)	White (3,491)	BME (599)	UHD (5,619)	White (4,543)	BME (1,003)
51.1%	52.0%	47.6%	58.2%	57.2%	64.3%



	2021	2022	2023
Your org	52.79%	53.89%	57.68%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	3337	4106	5598

Workforce Disability Equality Standard 2023 National/UHD observations

The WDES 2023 report was approved at trust board in September 2023.

Nationally the overall percentage of staff declaring a disability has risen in both the NHS electronic staff record (ESR) and anonymously through the NHS staff survey, at 4.9% and 23.4% (in 2022) respectively. However, the significant gap between staff identifying as disabled within the ESR and NHS staff survey remains. At UHD the declaration rate on ESR has risen to 5.6%. It should be noted that the disparity between ESR and the NHS Staff Survey 21.3% could be attributable to the question being presented more favourably in relation to Long term conditions.

Nationally, board representation has seen both an increase in the number of disabled members and the number of boards with disabled members, with board members more likely to report a disability than the wider workforce.

Nationally, there is a no statistical difference in the chances of a disabled or non-disabled applicant being shortlisted as part of recruitment processes, down from a relative likelihood of 1.18 to 0.99. At UHD there has been an increase in 2023 to 1.24.

Disabled staff are now over twice as likely as their non-disabled colleagues to be subject to a formal capability process, suggesting that they are over-represented in these processes. This has fluctuated in UHD and now stands at 3.03 compared to 2.17 nationally.

In UHD staff from both black, asian and minority ethnicity and those reporting disability experience discrimination and harassment. Career opportunities and professional development continue to show a mixed picture.

The voice of our staff networks

Our staff networks are recognised at a national level and have been used as case study for other organisations. Throughout 2022/23 there have been development training sessions and community of practice meetings for the network leads on a regular basis. Staff network members are invited to attend as an equality diversity and inclusion expert person during interviews for senior leaders and board members.

Staff networks in the NHS foster a sense of belonging, promote diversity and create supportive communities for employees with shared identities and experiences. These networks facilitate peer support, mentoring and knowledge exchange, contributing to a more inclusive, engaged and empowered workforce ultimately enhancing patient care.

Poster at June 2023.

UHD Pride network (formerly Lesbian, Gay, Bisexual, Transgender, Questioning+).

Executive sponsor: Peter Papworth, chief finance officer

The UHD Pride co-leads are Matthew Hodson and Mellissa Armstong and a deputy co-lead, Chris Evans. They have produced updated PRIDE lanyards and pronoun badges have been designed and ordered which include the intersex progress flag elements.

UHD was awarded the Bronze award through the Rainbow project for support for both LGBTQA+ staff and patients. An action plan is underway including further work on policies and procedures. In addition, the Pride network group is partnering with estates to review the inclusiveness of the toilets at UHD, including in the BEACH building. In July, the UHD Pride network partner with other local NHS organisations to celebrate the NHS at the Bournemouth Pride event in July.

ProAbility (supporting staff with long term medical conditions/ Disability).

Executive sponsors: Tina Ricketts, chief people officer

We continue to support the recruitment, 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.

The trust reports on the 'Workforce Disability Equality Standard' (WDES) on an annual basis. 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 holding regular listening events. 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.

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 directorate team to maintain up-to-date policies, taking into consideration revised employment law. The network has recognised the need to support neurodiverse employees in the workplace and the services of Lexxic experts in psychological support were sought in 2022 to provide introductory training and support the development of a suggested action plan.

Deaf awareness week in May was celebrated together with the ongoing promotion of British Sign Language training. In addition, the Network championed red hearing aid boxes for use by patients to safeguard against loss of their devices with associated distress and cost. In December, Purple Light Up Day was celebrated by the Network within UHD to recognise the contributions of disabled employees.

Armed Forces Support Group.

Sponsor: Abigail Daughters, director of operations (surgical)

The Armed Forces Support Group (AFSG) continues to meet monthly and is a great place for support for the armed forces community within UHD. The armed forces community advocate is Rob Hornby, over the last 12 months he has received some very positive feedback from stakeholders, patients, staff and family members of the Armed Forces Community (AFC). A very good foundation has been put in place to deliver a successful service for the Armed Forces Community within UHD. UHD were accredited with the Gold Award through the Armed Forces Covenant employee recognition scheme in 2023.

Reservist recruitment 243 field hospital continue to hold their regular recruitment days at two of UHD locations, Poole and Royal Bournemouth Hospitals. Both locations are getting plenty of encouraging enquiries and paternal recruits, keeping Sgt Eastman busy. UHD actively supported Armed Forces Week; Being present at the two recruitment days held across the trust as well as having a stand Royal Bournemouth Hospital atrium raising the profile of the Armed Forces within the trust as well as reminding all staff of the Armed Forces Support Group.

European network.

Executive sponsor: Richard Renaut, chief strategy and transformation officer

The network has continued to offer support to European nationals following Brexit and the EU settlement scheme. The network has raised the profile of our european workforce as a significant number in our workforce. The work of Christos Christoforidis in leading the work for many years and supporting so many staff, is greatly appreciated. The new network lead is shared between Fardowsa Ahmad-Tims, Gianluca Bisquadro and Reyes Blanquer Cabanes.

Diverse ethnicity network.

Executive sponsor: Tina Ricketts, chief people officer

The DEN network formerly the BAME network hold monthly network meetings to listen to the experiences of Global Majority Staff and to provide ongoing support as required. The network leads are Judith Dube, Moses Ngotho and Monica Chigborogu. Following successive annual WRES reports and the shared lived experiences of colleagues, the network raised the need for an organisational increase in focus on anti-racism.

The network worked in partnership with the EDI Lead to develop anti-racism guidance and associated support. Several listening events were supported by board members through the international nurse forum to continue the engagement and evaluation.

In addition, network members support the EDI Lead promoting the See Me First campaign to end racism and discrimination in the workplace.

Women's network.

Executive sponsor: Siobhan Harrington, chief executive officer and Peter Wilson, chief medical officer

The network was launched in July 2022 with terms of reference and co-leads Samantha Murray, Jasmine Sharland and Catherine Bishop. The network has been instrumental in promoting women's health and wellbeing including menopause, baby loss awareness, the period poverty project providing free sanitary products to staff in all unisex and female facilities. The network has increased engagement to support the sexual safety charter that UHD has signed up to. UHD celebrated International Women's Day 2024 where the network celebrated inspirational women speakers in collaboration with the Dorset ICS.

Charters and partners

UHD champions many charters and agreements with external organisations, we want UHD to be seen to be a safe and inclusive place to work and receive care, some of our charters include:

Armed Forces Covenant. The Armed Forces Covenant is a pledge to acknowledge and understand the needs of the Armed Forces community and aims to build a more open and honest relationship between employers, the Ministry of Defence and reservists. UHD has recently been awarded the Gold Award. Veteran Aware - silver status Veteran Aware trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

Hate Crime Charter. There is no place, excuse or reason for hate crime in UHD. A hate crime is subjecting people to harassment, victimisation, intimidation or abuse because of their ethnicity, faith, religion, Disability or because they are lesbian, gay, bisexual or transgender this includes "Any incident, which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate."

Disability Confident Employer. Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. Being Disability Confident is a unique opportunity to lead the way in your community, and you might just discover someone your business cannot do without.

Stonewall Diversity Champion. UHD aims to ensure all staff and patients feel welcome, notably our staff should feel respected and represented at work. Inclusion drives better individual, business and patient outcomes. When LGBTQ+ staff feel free to be themselves, everybody benefits.

Mindful Employer. Being a mindful employer demonstrates the UHD commitment to working toward achieving better mental health at work.

Sexual Safety Charter. UHD signed up to the new Sexual Safety Charter in 2023 with the aim to meet the ten requirements for June 2024.

Health and wellbeing

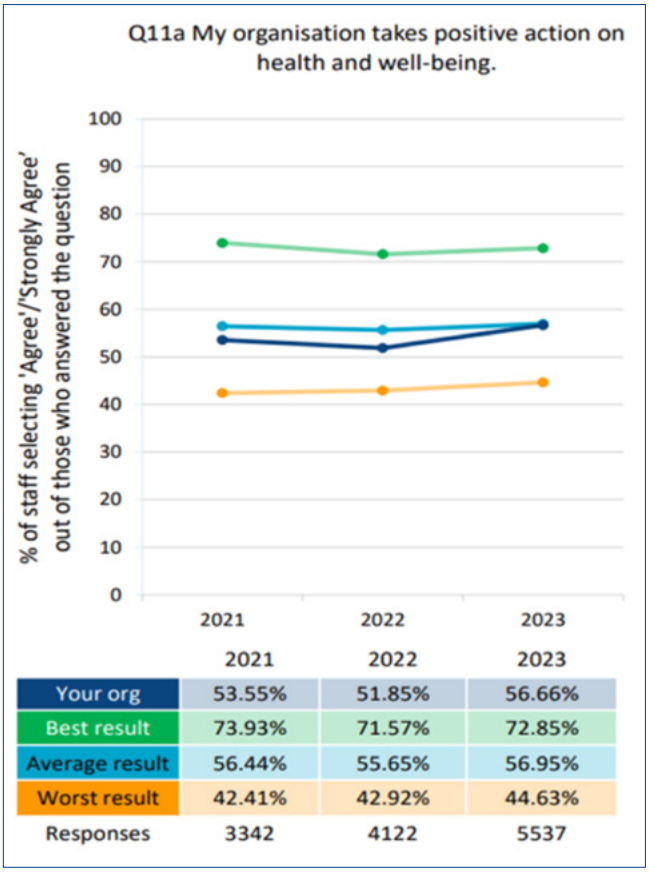
Healthy working lives strategic framework

Our health and wellbeing strategic framework was developed during the COVID-19 pandemic to provide a holistic approach to health and wellbeing including physical and mental health. Our whole programme will be reviewed in 2024 with a new more pro-active approach to support staff making healthy choices for themselves.

Healthy working lives group

A healthy working lives group was established to provide assurance that staff had access to support, this included oversight of the implementation of the healthy working lives strategic framework with a tiered approach to supporting staff.

Since its conception staff wellbeing has improved, evidenced by our NHS Staff Survey q11a, notably with the introduction of Thrive wellbeing providing much needed refreshed engagement and resources in 2023 to take UHD beyond recovery.



	2021	2022	2023
Your org	53.55%	51.85%	56.66%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	3342	4122	5537

Thrive wellbeing

Thrive wellbeing UHD Health Hub Scan to view online and share with your teams

The Thrive wellbeing brand devised by Jess Channon and developed by Sorcha Dossitt has taken health and wellbeing into mainstream social media with regular communications and bulletins for staff through the UHD Health Hub.

Thrive wellbeing

Health and wellbeing champions

A trust wide network of health and wellbeing champions ensure colleagues' wellbeing needs are heard. They are involved in helping the trust form its wider approach to workforce health and wellbeing by helping at events and sharing wellbeing resources and messages.

UHD Health and wellbeing champions

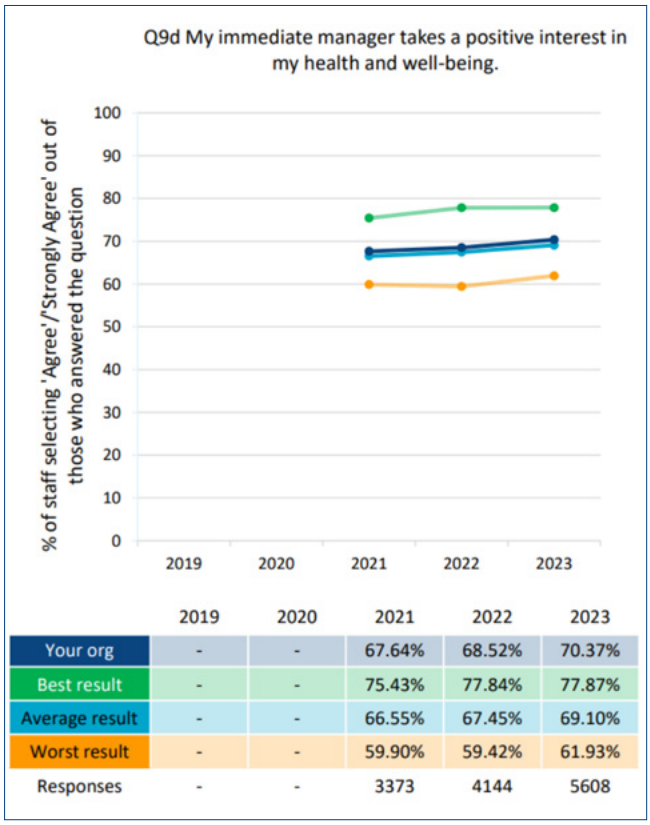
Staff health and wellbeing check in conversations

Wellbeing conversations are a supportive, coaching-style one to one discussion focused on empowering individuals while also building individual and team resilience. The aim is to embed these conversations across the system and create cultures where people feel heard and valued, and in which diversity is respected.

Check-in conversations should consider holistic needs, identify areas of support and include effective signposting. Our NHS staff survey shows a continuous improving picture in relation to managers taking a positive interest in staff health and wellbeing.

Additionally, our winter guidance for managers was supported by a guidance for staff in 2023.

Question 9d from the 2023 NHS staff survey suggests these conversations are having a positive impact on staff.



	2019	2020	2021	2022	2023
Your org	-	-	67.64%	68.52%	70.37%
Best result	-	-	75.43%	77.84%	77.87%
Average result	-	-	66.55%	67.45%	69.10%
Worst result	-	-	59.90%	59.42%	61.93%
Responses	-	-	3373	4144	5608

NHS Charities Together and local donations

In the last few years through NHSCT and local donations during COVID-19, UHD has provided many interventions including:

- funding for teams to use locally
- long COVID-19 rehabilitation
- staff area improvements across all sites
- psychological support
- improvements to existing gardens and outdoor spaces

The new surgery and anaesthetics courtyard at Poole Hospital

- new sustainable outside spaces
- reverse mentoring
- contribution to Schwartz Rounds
- Thrive Live UHD wellbeing fair

Thrive Live health and wellbeing fair

The Thrive Live health and wellbeing fair (September 2023) was a notable success generating many conversations and personal wellbeing targets. Health kiosks were introduced at Poole and Bournemouth hospitals and many of the resources and sessions were recorded and are available through Thrive Live rewind.

Provision	Number of engagements
Health Kiosks	1100
Thrive Live Sessions	634
Health Checks	254
Thrive Live Rewind	628
Total	2616

Disclosures set out in the code of governance for NHS provider trusts

The code of governance for NHS provider trusts sets out a common overarching framework for the corporate governance of NHS trusts and NHS foundation trusts. As a foundation trust, we must comply with each of the provisions of the code or, where appropriate, explain why we have departed from the code. There are also some disclosures that we are required to provide in this annual report to meet the code of governance. These have been included in the accountability report section of this annual report.

Statement of accounting officer's responsibilities

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 England.

NHS England 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 England, 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
20 June 2024

Annual governance statement
(1 April 2023 to 31 March 2024)

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 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Within the trust, the board of directors provides leadership on the overall governance agenda, including the management of risk. The board of directors is supported by a range of committees that scrutinise and review assurances on internal control including audit, finance and performance, people and culture and quality committee.

The trust's risk management strategy sets out the board's strategic approach to defining risk ratings, risk appetite and risk escalation as well as outlining how the delivery of the trust's risk management strategy will be achieved. Our approach to risk identification, assessment and control, and the management and investigation of adverse events is aligned with the trust values and a culture of openness, accountability and transparency.

The trust's risk management strategy supports in the delivery of:

- Devolved decision making and accountability for the management of risk throughout the organisation; from the point of delivery to the board;
- Our Patient First objectives by supporting a culture of assurance, monitoring, and quality improvement, ensuring risks to the delivery of trust strategic objectives are well understood;
- Supporting patients, carers and other stakeholders through the management of risks to patient safety, patient experience and service delivery;
- Refining processes and systems to ensure engagement in risk management is efficient and effective, enabling good decision making through robust reporting to relevant decision-making groups and scrutiny groups;

- Supporting the trust board, commissioners and other key stakeholders in receiving and providing assurance that the trust understands its risk profile and is working to mitigate key risks in appropriate and timely ways.

Under the trust's risk management strategy, as chief executive I am responsible for ensuring that the trust meets all statutory responsibilities and guidance issued by the Department of Health and Social Care and Care Quality Commission in respect of governance. The chief nursing officer has specific responsibility for acting as the board lead for monitoring compliance with the Care Quality Commission requirements. The chief medical officer is the trust Caldicott Guardian.

The chief medical officer and chief nursing officer have joint delegated responsibility under the trust's risk management strategy 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's values. As chief executive, I sponsor the role of the freedom to speak up guardian who reports four times a year to the people and culture committee and bi-annually to the board of birectors to provide assurance around the reporting, safety and learning culture within the trust as well as identifying key themes.

The trust identifies, prioritises and manages all aspects of risk through its integrated governance framework. Risks to delivery of the trust's strategic objectives are documented in the Board Assurance Framework, which is aligned through the UHD 'Patient First' methodology and has helped achieve greater alignment of our strategic themes, breakthrough objectives and strategic enabling programmes.

This year, as we have been developing our Patient First approach, risks under the Board Assurance Framework have been reviewed at each meeting of the relevant monitoring committee. They have also been reviewed quarterly by the audit committee and bi-annually by the board of directors.

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 (currently those with a risk rating of 12-25), including any changes to these, are reviewed by the board of directors at its Part 1 meetings. 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, the clinical audit and effectiveness group and, care group quality governance groups. The board of directors and its committees may commission 'deep dives' to review risks and also consider independent sources of assurance such as internal and external audit, counter fraud, clinical audit, national patient surveys and staff surveys.

Risk assessment, incident reporting and incident investigation training sessions are provided to relevant clinical leads, heads of department and ward leaders throughout the year.

Currently we are finalising our plans and license to provide the Institute of occupational safety and health (IOSH) managing safety course in house. We aim to roll this course out in early 2024/25 to further support front line leaders to effectively recognise, describe, escalate and manage clinical and non-clinical risk. In addition, the trust has set out the minimum requirements for staff training. A training needs analysis informs the trust essential core skills training requirements. This sets out the training requirements for all members of staff and includes the frequency of training in each case. health and sSafety, fire, security and infection control all form part of induction and mandatory training. In March this year we also made the decision to include the new Level 1 national patient safety training part of essential core skill training for all year. Additional risk assessment, duty of candour and patient safety incident investigation training sessions for clinical leads, heads of department and ward leaders are run throughout the year.

Formal training is supported by a variety of other resources that seek to promote and facilitate individual, departmental, directorate and organisational discussion and learning. Incidents, complaints, audits, mortality reviews and patient feedback are routinely used to identify learning opportunities and improve risk controls. Lessons from learning are discussed locally at corporate, specialty and directorate clinical governance groups and feedback to staff via a variety of methods, including safety alerts, learning synopsis, top 10 newsletters and safety briefings. Actions and learning points are also shared with regulators and other stakeholders across the local healthcare system through patient safety specialist meetings, learning forums and multi-agency reviews.

The risk and control framework

Risk management strategy

Healthcare commissioners and providers in Dorset follow a pan-Dorset risk management framework. The framework includes a standard matrix for defining and measuring risk and determining the level of risk appetite for specific categories of risk. The trust risk matrix currently follows the pan-Dorset model.

Detailed guidance and advice on assessing, quantifying and managing risk is contained within the trust's risk management strategy 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. The trust's risk management strategy receives a monthly risk report of high risks (rated 12-25) and escalation from the care group directors where required. Each of the other committees of the board of directors reviews the high risks relevant to areas within its scope of responsibility. 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. A specific board seminar was held in February 2024 to reconsider the board approach to risk appetite and risk tolerance. As a result of discussions, an action plan has been presented to the audit committee and quality committee to update the trust's risk

management strategy to provide additional detail and intensity to the articulation, escalation and review of significant risks in the trust. The revised strategy (due July 2024) will include revised risk categories and new appetite and risk tolerance statements aligned to the trust Patient First principles and strategic objectives. The trust also plans to work closely with partner organisations and the Dorset Integrated care board to develop a new pan Dorset framework for the discussion, alignment, escalation and mitigation of system level risks.

The trust's risk management strategy supports the continuous review of gaps in risk controls, assurances and mitigations. The effectiveness of the risk management framework is regularly reviewed by the internal auditors with reporting from internal auditors reviewed by the audit committee.

The board of directors has reviewed the trust's principal strategic themes and objectives and identified strategies and 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 and enablers. A comprehensive review took place of the trust's committee structure last year including providing 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 regulatory requirements. 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 linked to the trust's risk register with risk management achieved through a continuous cycle of the identification, assessment, control and review.

In addition, in 2024/25 a "Strategy Deployment Review" (SDR) process will track progress at care group and trust management group level, on a monthly basis. A "counter measures" methodology will be used to ensure timely and effective responses to objectives or programmes being off track. This uses a statistical process control approach where applicable to ensure a consistent and proportionate response,

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 its committees or by specialist groups. These include the quality committee, finance and performance committee, people and culture committee, infection prevention and control group, medicines governance group, clinical governance group and health and safety group. All risks entered onto the risk register are categorised according to the trust risk management strategy using a standard risk matrix. 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 board assurance risks are also assigned an executive director lead.

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 up to two members of the council of governors being invited to attend each meeting as observers. Risks rated 12-25 are also reported to the board of directors at each Part 1 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.

Board Assurance Framework risks

These risks to achieving strategic objectives review controls, any gaps in assurances, progress, challenges and mitigations. These all have executive leads and board monitoring committees. Significant progress has been made on all of them as set out in this report.

For 2023/24, the trust identified 10 risks to achieving the strategic objectives of the board. These Board Assurance Framework risks are summarised below together with mitigations:

BAF Risk 1

Risk of not meeting the patient national constitutional standards for planned care (no patients waiting more than 65 weeks on RTT pathway by March 2024.

Mitigation

Alignment of Planned Care Improvement Programme, Patient First and Reconfiguration programme.

Full review of planned care improvement programme undertaken electivity activity planning tool developed to support planning in 24/25.

Speciality level plans produced on delivering strategic aims, additional controls initiated on ERF spend.

BAF Risk 2

Risk of not meeting the patient national constitutional standards for emergency care.

Mitigation

We have delivered phase one of our capacity de-escalation plan in February 2024. This has seen the number of escalation beds significantly reduce in month.

Further reductions are planned for March-May 24.

ED medical staffing has been reviewed and there is ongoing recruitment to fill gaps in middle grade tier.

Our surgical SDEC is now 7 days.

A UHD UEC programme board has been established and is in the process of aligning to patient first methodology and patient pathways.

An external ECIST review and citeria to admit audit has been agreed for April-May 20204.

BAF Risk 3

Risk of not significantly improving staff experience and retention over the next 3 years (and not being in the NHS staff survey results top 20% of comparator trusts).

Mitigation

The roll-out of sickness absence training for leaders continues to take place.

Audits are planned to ensure assessment tools and support are being used for staff off with stress, anxiety and depression in line with our policies. Work is in progress to review the turn on investment for health and well-being support and reviewing regularly the services provided and communicating these effectively.

Roster performance has been shared with more training being developed to improve understanding and better forward planning. A change to shift request reasons has been implemented and given a heightened focus. The management of annual leave percentage allowances to better manage resource and an effective communication plan being developed.

There will be a Patient First corporate project to focus on E-roster and health rota data in the next 12 months to consider improvement efficiencies.

BAF Risk 4

Risk that not every team is empowered to make improvements using patient feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.

Mitigation

A patient engagement strategy has been developed and implemented in year.

The patient engagement team have been working with the strategic nursing and professions forum and ward leads to embedding the strategy.

A significant amount of work has been undertaken to improve the uptake of patient feedback and work will continue in 20024/25 to consider new reporting platforms and processes.

BAF Risk 5

Risk of not improving hospital mortality and being in the top 20% of trusts in the country for HSMR over the next 3 years.

Mitigation

A new medical director for quality has been appointed in year and is leading on reviewing the trust policies and process for reviewing mortality data and learning from mortality case reviews. A new system for reviewing mortality data has been commissioned and new mortality dashboard reports provide improved data analysis and opportunities for thematic learning. Further work will be undertaken in 2024/5 to improve the governance around mortality reviews and specialty and care group mortality meetings.

BAF Risk 6

Risk of not managing patient safety in a manner that decreases unwarranted variation leading to worsening outcomes.

Mitigation

The trust went live with the new national Learning from patient safety events system on the 1/12/23. The transition was accompanied by roadshows, briefings and training sessions at ward and department level across the trust. As a result of the successful communication strategy we have not seen a reduction in reporting despite the new national forms being longer and more complex.

The trust also successful developed a new patient safety incident response plan which was approved by the board of directors and the Dorset Integrated Care Board in December 2023. An implementation plan is currently being developed and specialist training is being provided for staff who will support patient safety incident investigations.

The UHD patient safety team have developed a new patient safety culture tool and we will aim to implement this across clinical teams as part of our Patient First programme. We have seen positive improvement in the 2023 staff survey results for safety culture and will continue to review this in year as part of our internal People Pulse survey.

BAF Risk 7

Risk of not returning to recurrent financial surplus from 2026/27.

Mitigation

- External review of TSO commissioned to inform improvement plan (Lead = CPO)
- Full safe staffing review including realignment of approved templates, rosters and budgets completed and being implemented (Lead = CNO)
- Refreshed job planning policy, use of electronic systems, review of premium rates (Lead = CMO)
- Inconsistent approach to the opening of unfunded escalation capacity.
  Mitigation: New SOP approved to inform consistent escalation process (Lead = COO)

BAF Risk 8

Risk of not successfully and sustainably adopting the Patient First approach across UHD.

Mitigation

We have successfully delivered our first cohorts of Patient First for leaders, Patient First improvement system by end of March 2024. An evaluation of these training programmes is currently underway in collaboration with Bournemouth University (BU). Additional A3 training modules are also scheduled to ensure development of improvement capacity and capability across leadership teams.

Board development sessions for our non-executive directors were held to ensure they were briefed on progress and were able to be involved in identifying opportunities to engage in continuous improvement activities with UHD staff.

The next steps in our Patient First journey (Year 2) include agreeing formal milestones for our 3 year plan, delivering the next waves of our leadership and team training, monitoring the delivery of breakthrough objectives and corporate project templates via regular review at SDR meetings, developing corporate and care group scorecards to monitor improvement success.

BAF Risk 9

Risk of not integrating teams and services and then reconfiguring to create the planned and emergency hospitals.

Mitigation

The inaugural meeting of the transforming care together group was held on 26 February 2024 and terms of reference agreed.

The service review process is well underway with 36 initial services now reviewed and clear action plans in place. The service review schedule amended to prioritise services moving in April 2025. A 'go/no go' checklist is being developed and will be for all move early services to ensure consistency.

Transitional funds have been reviewed and monies to support operational delivery brought forward. Current recruitment of operational change delivery resources to support capacity in care groups to deliver integration plans and service review actions are in process.

BAF Risk 10

Risk that the trusts Electronic Patient Record (EPR) not fit for purpose for UHD.

Mitigation

The Electronic Health Record Programme (EHR) is moving forward where UHD will partner with Somerset and Dorset to procure a new system that will replace all the current key IT systems. An update was provided to the board of directors in January 2024.

The single Dorset and Somerset Partnership Board has had its first meeting and regular dates for 2024/25 are planned. The single Dorset and Somerset EHR board is now in place and running monthly to keep decisions moving forward. The Somerset programme director is leading the business case and procurement process working with the Dorset programme director who is leading on the readiness.

In addition to the Board Assurance Framework risks, the most significant risks facing the trust (in-year) and future are the demand, capacity and operational flow constraints in the wider health and social care system, national and local staff shortages in key specialties and the ongoing impact of industrial action on the trust elective recovery programme.

The trust's principal risks (in year and future) are summarised below:

Partnership and population

- Ability to meet urgent and emergency care 4 our safety standard
- Lack of capacity for elective and non elective activity
- Ambulance handover delays
- Mental health in a physical health environment
- Increased waiting lists for chemotherapy treatment
- School age neurodevelopmental service

Our people

- Provision of hematology transfusion laboratory service
- Pharmacy vacancies
- Medical staff vacancies in womens health
- Lack of capacity in cellular pathology

Quality (safety and outcomes)

- Management of point of care devices
- Delays in surgery for fractured neck of femur patients
- Lack of results acknowledge systems

Sustainable services

- Electronic Patient Record and electronic referral system risk
- Risk of not integrating teams and services for new planned and emergency hospital reconfiguration
- Financial stability and financial controls

Risk mitigations are routinely reviewed at the relevant board committee.

Quality governance arrangements

Compliance with the provisions of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is coordinated by the chief nursing officer. Compliance is managed by:

- Reviewing and monitoring matters highlighted within the Care Quality Commissions reports and inspections
- Monitoring action plans associated with any Care Quality Commission reports on trust activity and registration requirements
- Self-assessment against the Key Lines of Enquiry defined within the criteria of the well led review and preparing the trust for an external review
- Liaising with the Care Quality Commission (CQC) and care group teams to address specific concerns
- Engaging with the CQC on the inspection process, open enquires requests and during monthly and quarterly engagement meetings
- Analysing trends from incident reporting, complaints, patient surveys, staff surveys and national clinical audits to detect potential noncompliance or concerns in clinical specialities
- Reviewing assurances on the effective operation of controls
- Reviewing details of Internal audit reports, accreditation reports, external reviews, system level audits and integrated performance reviews.

The trust was informed by CQC of the intention to undertake a planned well led review in July 2023. However, with the constraints of industrial action, and following a review and risk-based approach by the CQC, the trust was informed that the inspection had been stood down. Proposed changes to the CQC inspection methodology then meant that well led inspections were put on hold nationally pending publication of the new CQC framework. We are now anticipating that there will be a full well led inspection in 2024/25.

The CQC undertook short notice announced inspections to urgent and emergency care services (emergency departments at Poole Hospital and Royal Bournemouth Hospital) as well as outpatients at Poole Hospital and the Outpatients Assessment Clinic at Dorset Health Village on 27 and 28 June 2023. The CQC inspections focused on the key questions of well-led, safe and responsive for these services as well as caring for urgent and emergency services at both hospitals.

In urgent and emergency care at the Royal Bournemouth Hospital and Poole Hospital, inspectors found that not everyone could access services in a timely and clinically safe way, with some remaining in the departments for much longer than necessary. Improvements to the layout of the emergency department and in our outpatient areas to improve accessibility, visibility and specificity were recommended and we have worked with internal and external experts to support this work. We are thankful for the input from Healthwatch, our governors and our patient partners for their input to improve the environment provided to our patients.

The CQC also highlighted that patient records were not always consistently completed in full or easily accessible. A new record system has now been successfully installed and implemented in our emergency department. In addition, a major project to review all our nursing documentation has been established by our new chief nursing information officer. The project will look at all current documentation (paper and

electronic) with a view to streamlining and ensuring compliance with the new digital documentation standards published in September 2023.

It was pleasing to note that the CQC report commented on how staff and managers worked hard to prioritise people in terms of clinical need, and their exceptional teamwork across all staff groups, which was highly valued by all staff. The inspectors commented on how staff treated people with compassion and kindness, respected their privacy and dignity, leaders had the skills and abilities to run the service and understood and managed the priorities and issues it faced and, there was an open culture where people, their families and staff could raise concerns without fear.

The inspections were not rated which means that University Hospitals Dorset NHS Foundation Trust has yet to receive a rating by CQC for its services or hospital locations. Poole Hospital remains rated 'Requires Improvement' and Royal Bournemouth Hospital remains rated 'Good' overall.

CQC reviews are an important part of the quality approach at the trust and we will continue to use these to understand where further improvements to our services can be made. Action plans from inspections are regularly monitored via the trust management board and quality committee to ensure oversight of the effectiveness of the actions identified. In addition, we have identified the need to embed high standards of leadership for quality governance as part of our Patient First initiative. One of our Patient First corporate projects 'Getting to Outstanding' is a prioritised programme of work which focuses on self-assessment and embedding compliance as business as usual. The board has focused on our well led work through development sessions including on board development and our annual operational plan (April 2023), Patient First, Board Assurance Framework and Well Led (June 2023), board development and Patient First (October 2023) and Risk Management (February 2024).

Corporate governance

The board of directors is supported by a range of Committees that scrutinize and review assurances on internal control. Our assurance committees are: audit, quality, finance and performance, people and culture and population health and system, with membership of these committees comprising non-executive directors and executive directors. Other executive directors and invitees - including representatives from the integrated care board, NHS Dorset, attend as business requires. Two governor observers may also attend each meeting of these committees, particularly to support their role of holding our non-executive directors to account. Other board committees are the appointments and remuneration committee and charitable funds board committee (trustee board). The chairs of all of these committees are non-executive directors. For further information about the work of these committees, please see the relevant section of the annual report.

The board of directors considers statements relating to compliance with the governance condition of the NHS provider licence on an annual basis supported also by areas highlighted to the board of directors in advance of this through regular performance reporting. Annual compliance with the principles of good corporate governance and the provisions of the NHS code of governance for NHS provider trusts 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 outcomes, safety, patient experience, performance, productivity, workforce, activity and finance. Appraisals of both non-executive directors and executive directors take place annually with objectives and development plans identified.

Workforce strategies and staffing systems

The year ending 31 March 2024 was another period of unprecedented challenge for the hospital workforce, working through the continuing risks and realities of recovery post Covid-19, industrial action and our New Hospital programme and transformation.

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 Trust's workforce to do their essential work at the same time as progressing with post-merger integration and industrial action were significant. Human resources, organisational development, occupational health and education and training resources were stretched throughout this period in post-merger workforce issues and supporting staff and managers (e.g. psychological support and wellbeing services) to help maintain services and to deal with issues.

The UHD people plan and organisational development plan together provided vision and framework for the trust's 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.

These plans also supported the trust's Patient First approach - developing a culture of continuous improvement to support a) the delivery of our refreshed strategy and strategic priorities and b) a focus on leadership capability and staff engagement across the organization underpinned by Lean.

The development of health and wellbeing support that is accessible and available for the trust's staff has 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 for many of our staff given the NHS workforce pressures in the last few years. Regular review and further development of a wellbeing culture continues with a focus on demonstrating impact and outcomes.

Our staff networks continue to provide insight and guidance to the organization and are vital in developing UHD culture where everyone feels they belong. There is an increasing emphasis on prioritizing black asian and minority ethnic staff experience and senior representation, including an inclusive approach to talent management and career progression. Moving forward we will carry out a review of the effectiveness of our staff networks within the trust to ensure they remain appropriately supported with clear roles and objectives.

The people and culture committee and board of directors 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 people and culture 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.

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 and to meet the demands of the New Hospital Programme. 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.

Ongoing recruitment and retention initiatives, including regular recruitment events and an established programme of internationally educated nurse and midwife recruitment, saw consistent numbers of monthly new starters.

Compliance with the National Quality board workforce safeguards was achieved through a variety of evidence-based tools and techniques that support safe staffing decision making. Nursing and midwifery establishment reviews were undertaken bi-annually in all inpatient areas, by the senior nursing and midwifery team with review and reconciliation of acuity, outcomes, and staffing requirements. Following each review an evidence-based report outlining the recommendations was taken to the people and culture committee and board of directors in line with CQC and NHS England guidance.

Twice daily safe staffing review meetings assess staffing levels against patient acuity data, through a triangulated review of the electronic roster, the SafeCare acuity tool and professional judgement. Within maternity daily safety reviews occurred each morning with additional reviews as per escalation plan and continued 4 hourly monitoring on labour ward using the birth rate plus acuity tool.

The trust follows the NICE safe staffing guidance with an electronic nursing red flag system in place to escalate and monitor safe nurse and midwifery staffing events, enabling teams to raise in the moment concerns should their staffing levels not meet the actual care needs of the patients on the ward or in the maternity unit. Any areas of consistent significant concern relating to safe staffing were highlighted on the relevant risk register.

Compliance statements

The trust considers it is fully compliant with the registration requirements of the Care Quality Commission. The Care Quality Commission undertook an unannounced focused inspection of medicine and surgery on the 28 and 29 September 2022; and inspected maternity services at Poole Hospital in November 2022 as part of a national maternity inspection programme. Emergency services and outpatient services at Poole Hospital, emergency services at Royal Bournemouth Hospital and outpatient services at the Outpatient Assessment Clinic at the Dorset Healthcare Village were all inspected in June 2023. A number of must and should actions were noted in each report, although the Care Quality Commission did not rate the inspections. In line with existing governance arrangements, action plans were developed and implementation monitored via the trust management group and quality committee. Therefore for parts of the year 2023/24, steps were being taken to complete the must and should actions; the trust is continuing to review and monitor that the actions have been sustainably embedded prior to closing the action plans. It is currently planned to close such plans by 31 July 2024.

The foundation trust has published an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) 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 foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the greener NHS Programme. The Sustainable Development Assessment Tool (SDAT) provides a key tool to measure progress, along with five cornerstone targets, including 80% carbon reduction by 2030. 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 cccounting 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.

To do this the trust maintains systems to

- Set, review and implement strategic and operational objectives;
- Engage actively with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon;
- Monitor and improve organisational performance; and
- Establish plans to deliver waste reduction programmes.

The board agrees an annual set of objectives for the following year which are communicated to colleagues and the public. This provides the basis for performance reviews at operational performance is kept under constant review by the executive team, through the finance and performance committee and the board of directors and the care group / corporate performance reviews (which will become strategy deployment reviews).

In order to keep under review the delivery of the annual objectives the board reviews at each formal meeting an Integrated quality and performance report covering patient safety, quality, access and experience metrics, and finance. At the March 2024 board meeting, the five strategic themes were set for the coming financial year 2024/25. Reports to the board and our committees will monitor progress.

The trust employs a number of internal mechanisms and external agencies to ensure the best use of resources. Externally this includes reviewing model hospital data provided by NHS improvement to improve productivity and Getting it Right First Time (GIRFT) efficiency programme, and the CQC Insight report. Internally the Trust operates through the Patient First Improvement programme under the sustainable services banner a comprehensive well defined efficiency improvement programme with the core intention of organising activities differently rather than doing the same things the same way but for less money.

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 ending 31 March 2024, 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 delivery of the clinical services review and the ICS objectives for Dorset, which also includes the local authorities.

Information governance

Information governance incidents within the Trust are managed through consistent, rigorous processes. Incidents are reviewed monthly through the information governance steering group, and where a serious incident occurs there is engagement from the Caldicott Guardian, senior information risk owner and the data protection officer.

During the year ending March 2024, the trust notified the information commissioner's office (ICO) of two information governance related incidents, using the data security incident reporting tool. In both cases, the ICO deemed that no further action was necessary, and the remedial actions taken by the trust were appropriate.

The first of these occurred in April 2023, and involved a doctor working within the trust accessing multiple medical records relating to patients without a need, and with whom they had no legitimate professional relationship.

The second occurred in October 2023 and related to a spreadsheet containing the personal and special category (clinical) data of over 3000 cardiology patients being emailed in error to the personal (non-NHS) email accounts of a number of clinicians, and a third party system supplier.

The Data Security Protection Toolkit (DSPT) is a mandatory annual self-assessment audit produced by NHS England. In 2022/23 the DSPT provided acute trusts with a number of assertions to which a response was required, with the intent being to help to determine the extent to which an organisation is compliant with national guidance and legislation.

In 2022/23 the DSPT contained 36 assertions segregated into 10 specialist areas based on the National Data Guardian Data Security Standards. Of these 36 assertions, 34 assertions are mandatory. A total of 131 separate requirements must be satisfied in order to evidence compliance by 30 June each year.

The trust's internal audit (BDO) conducted a high-level review of a sample of data security standards, which provided moderate overall assurance, and high levels of assurance with regard to the trust's submission. As at 30 June, the Trust was unable to evidence all mandated requirements, and therefore an improvement plan was agreed with NHS England. This plan runs until June 2024, with any outstanding evidence items being picked up through the 2023/24 assessment.

Data quality and governance

The trust reports on elective waiting times throughout the year, in nationally mandated submissions and in regular updates to the finance and performance committee and trust board. Data validation is required of CSU teams to confirm the waiting time data recorded for patients waiting for treatment. Training is provided to teams by the PAS team and additional support and training is provided by the performance and development team where concerns are identified or requests are made for additional support. A number of reports are available to identify potential data quality concerns and identify areas for improvement. The trust also uses a well-established clinical harm process to assess the extent of any harm associated with long waits and the risks of extended waits are recorded on the trust's risk register. The trust also contributes data to the LUNA health system run by NECS which assesses performance for all Trusts in relation to confidence in xix data and potential pathway issues to strengthen the accuracy of key data quality performance indicators.

Data management is largely handled by the trust's business intelligence department, quality and patient safety and risk 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 trust's 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.

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.

The trust's enabling accountability framework describes key elements of the governance and assurance framework (including the role of the board committees).

The board committees consider and report to the board annually upon their effectiveness by reference to their terms of reference. A review of the board committee structure was recently undertaken and updated, with each committee's terms of reference also reviewed and, as appropriate, re-defined (including to more closely align to the trust's strategic objectives). In addition, the governance cycles for the committees were updated, taking into account the revised terms of reference.

During 2023, key issues reports were introduced, reporting from meetings of the board committees areas to be drawn to the board's attention. These reports are presented by non-executive directors to governors.

As noted above, the Integrated Performance Report provides the board with an integrated summary of key metrics and actions, linked to the trust's strategic objectives and taking into account the CQC well-led domains.

The annual clinical audit plan, approved by the trust management group and monitored via the clinical audit and effectiveness group, quality committee and audit committee, summarises the clinical audit activity across the trust for the year. The plan adheres to the national requirements for clinical audit as well as reflecting specific local priorities. All clinical audits identified on the plan are discussed and reviewed at the clinical audit and effectiveness group with any learning and best practice shared wider via speciality and directorate governance meetings, the trust clinical governance group and trust management group. The quality committee and audit committee receive quarterly reports against the plan and details of any risks associated with compliance with national and local audit requirements.

Conclusion

Based upon available Department of Health and Social Care 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
20 June 2024

Consolidated financial statements

for the year ended 31 March 2024

Contents

The Foundation Trust

NHS Foundation Trust Code:	**R0D**	
Registered Office:	**Poole Hospital** Longfleet Road Poole BH15 2JB	
Executive Directors:	**Ms S Harrington**	Chief Executive Officer
	Fiona Hoskins	Interim Chief Nursing Officer
	Mr M Mould	Chief Operating Officer
	Mr P Papworth	Chief Finance Officer
	Mr R Renaut	Chief Strategy and Transformation Officer
	Tina Ricketts	Chief People Officer
	Peter Wilson	Chief Medical Officer
Non-executive directors:	**Rob Whiteman CBE**	The Chair
	Cliff Shearman OBE	Non-Executive Director
	Judy Gillow MBE	Non-Executive Director
	Pankaj Davé	Non-Executive Director
	John Lelliott OBE	Non-Executive Director
	Helena Mckeown	Non-Executive Director
	Sharath Ranjan	Non-Executive Director
	Claire Whitaker CBE	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 2024 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
17 June 2024

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 England.

NHS England, 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 England, 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
17 June 2024

Auditor's Report

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 2024 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Taxpayers Equity and Group and Trust Statements 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 financial position of the Group and the Trust as at 31 March 2024 and of the Group's and the Trust's income and expenditure for the year then ended;
and
• have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
• have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

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 Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Group and the Trust's services or dissolve the Group and the Trust without the transfer of their 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 Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Group and the Trust over the going concern period.

Our conclusions based on this work:
• we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
• we have not identified and concur with the Accounting Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group's and the 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 theywere made, the above conclusions are not a guarantee that the Group and the 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.
• Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Group by NHS England.
• Reading Board and Audit Committee minutes.
• Using analytical procedures to identify any unusual or unexpected relationships.

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 in particular the risk that Group management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Group and the Trust during the year. We therefore assessed that there was limited opportunity for the Group and the Trust to manipulate the income that was reported.

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 expenditure recognition, particularly in relation to completeness of expenditure around year end, in response to possible pressures to meet delegated targets.

We also 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 and material post-closing journal entries.

• Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
• inspecting a sample of invoices of expenditure, in the period around 31 March 2024, to determine whether expenditure had been recognised in the correct accounting period and whether accruals were complete.

Identifying and responding to risks of material misstatement related to 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

Accounting Officer (as required by auditing standards), and discussed with the Accounting Officer the policies and procedures regarding compliance with laws and regulations.

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.

Firstly, the Group is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Group is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: [health and safety, data protection laws, anti-bribery, employment law, recognising the nature of the Group's and the Trust's activities.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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 fraud 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 noncompliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, 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; and
• in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") 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 2023/24. 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 all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 94, 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's and the 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 either cease the services provided by the Group and the Trust or dissolve the Group and the 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 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 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

As explained more fully in the statement set out on page 94, the Accounting Officer is responsible for ensuring that the Trust has put 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 planned our work and undertook 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 to use 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 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

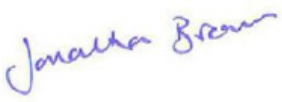
We have nothing to report in this respect.

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 Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the 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 2024 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
28 June 2024

Statement of Comprehensive Income

		Group		Trust	
	Notes	**2023/24**	2022/23	**2023/24**	2022/23
		£'000	£'000	**£'000**	£'000
Operating income from continuing operations	4	**845,856**	781,987	**840,441**	776,953
Operating expenses of continuing operations	7	**(869,272)**	(775,491)	**(865,456)**	(771,926)
OPERATING (DEFICIT) / SURPLUS		**(23,416)**	6,496	**(25,015)**	5,027
FINANCE COSTS					
Finance income: Interest receivable	12	**5,352**	1,978	**4,890**	1,815
Finance expense: Interest payable	13	**(868)**	(768)	**(868)**	(768)
Finance expense: Unwinding of discount on provisions	13	**(32)**	5	**(32)**	5
Public Dividend Capital: Dividends payable		**(11,148)**	(9,959)	**(11,148)**	(9,959)
Other gains / (losses)		**6**	149	**6**	149
Movement in fair value of investment property and other investments		**827**	(462)	**-**	-
Profit / (Loss) from Joint Venture	12.2	**(124)**	1,338	**(124)**	1,338
DEFICIT FOR THE YEAR		**(29,403)**	(1,223)	**(32,291)**	(2,393)
Other comprehensive Income					
Impairment (chargeable to revaluation reserve)		**(9,618)**	-	**(9,618)**	-
Revaluation (taken to revaluation reserve)		**2,196**	10,147	**2,196**	10,136
Other reserve movements		**34**	-	**34**	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**(36,791)**	8,924	**(39,679)**	7,743

The notes on pages 15 to 55 form part of these accounts.

Note a. 2023/24 Control Total	**2023/24**	**2022/23**
	£'000	£'000
Deficit for the year (above)	**(32,291)**	(2,393)
Add back impairment	**31,909**	2,073
Add donated capital/fixed asset disposal adjustment	**115**	29
Control total deficit	**(267)**	(291)
Add BHT surplus	**332**	479
Control total surplus	**65**	188
Agreed control total surplus	**-**	-
Performance against control total	**65**	188

Statement of Financial Position

		Group		Trust	
	Notes	**31 March 2024**	31 March 2023	**31 March 2024**	31 March 2023
		£'000	£'000	**£'000**	£'000
Non-current assets					
Intangible assets	14	**20,137**	19,264	**20,137**	19,264
Property, plant and equipment	14	**549,223**	510,389	**549,064**	510,210
Right of use assets	14	**12,186**	13,063	**12,186**	13,063
Investments in LLP Joint Venture	12.2	**103**	1,646	**103**	1,646
Other Investments	12.3	**8,367**	7,540	**-**	-
Trade and other receivables	18	**758**	997	**758**	997
Total non-current assets		**590,774**	552,899	**582,248**	545,180
Current assets					
Inventories	17	**8,871**	8,556	**8,871**	8,556
Trade and other receivables	18	**27,831**	34,894	**28,894**	34,748
Other financial assets		**60**	82	**-**	-
Cash and cash equivalents	19	**118,426**	103,400	**105,045**	92,126
Total current assets		**155,188**	146,933	**142,810**	135,430
Current liabilities					
Trade and other payables	20	**(115,554)**	(107,117)	**(112,577)**	(102,951)
Borrowings	22	**(3,988)**	(3,253)	**(3,988)**	(3,253)
Provisions	24	**(1,560)**	(1,529)	**(1,560)**	(1,529)
Other liabilities	21	**(2,761)**	(3,691)	**(2,761)**	(3,691)
Total current liabilities		**(123,863)**	(115,591)	**(120,886)**	(111,424)
Total assets less current liabilities		**622,099**	584,241	**604,172**	569,186
Non-current liabilities					
Borrowings	22	**(42,004)**	(46,507)	**(42,004)**	(46,507)
Provisions	24	**(2,207)**	(3,247)	**(2,207)**	(3,247)
Other liabilities	21	**(755)**	(788)	**(755)**	(788)
Total non-current liabilities		**(44,966)**	(50,542)	**(44,966)**	(50,542)
Total assets employed:		**577,133**	533,699	**559,207**	518,644
Taxpayers' equity					
Public Dividend Capital		**459,001**	378,776	**459,001**	378,776
Revaluation reserve		**84,551**	94,570	**84,551**	94,570
BHT Charitable Fund Reserve		**2,679**	2,348	**-**	-
Income and expenditure reserve		**15,655**	45,297	**15,655**	45,297
NHS Charitable Fund Reserve	34	**15,247**	12,707	**-**	-
Total Taxpayers' equity:		**577,133**	533,699	**559,207**	518,644

The notes on pages 15 to 55 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 17 June 2024 and signed on its behalf by:

Ms S Harrington, Chief Executive Officer, 17 June 2024

Statement of Changes in Taxpayers' Equity

	Trust				BHT Charity	UHD Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Trust Reserves	Other Reserves	Charitable Fund Reserve	Total Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Current Year							
Taxpayers' Equity at 1 April 2023	**378,776**	**94,570**	**45,298**	**518,644**	**2,348**	**12,707**	**533,699**
Surplus /(Deficit) for the year	-	-	(32,290)	(32,290)	331	2,556	(29,403)
Transfers between reserves	-	(2,647)	2,647	-	-	-	-
Impairment losses on property, plant and equipment	-	(9,618)	-	(9,618)	-	-	(9,618)
Revaluations of property, plant and equipment	-	2,212	-	2,212	-	(16)	2,196
Public Dividend Capital received	80,225	-	-	80,225	-	-	80,225
Other movements	-	34	-	34	-	-	34
Taxpayers' Equity at 31 March 2024	**459,001**	**84,551**	**15,655**	**559,207**	**2,679**	**15,247**	**577,133**

	Trust				BHT Charity	UHD Charity	Group
	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Trust Reserves	Other Reserves	Charitable Fund Reserve	Total Reserves
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Prior Year							
Taxpayers' Equity at 31 March 2022	**296,046**	**94,046**	**38,139**	**428,231**	**1,809**	**12,005**	**442,045**
Surplus /(Deficit) for the year	-	-	(2,453)	(2,453)	539	691	(1,223)
Transfers between reserves	-	(2,346)	2,346	-	-	-	-
Impairment losses on property, plant and equipment	-	-	-	-	-	11	11
Revaluations on property ,plant and equipment	-	10,136	-	10,136	-	-	10,136
Public Dividend Capital received	82,730	-	-	82,730	-	-	82,730
Other movements	-	(7,266)	7,266	-	-	-	-
Taxpayers' Equity at 31 March 2023	**378,776**	**94,570**	**45,298**	**518,644**	**2,348**	**12,707**	**533,699**

The notes on pages 15 to 55 form part of these accounts.

Statement of Cash Flows

	Notes	Group				Trust			
		2023/24		2022/23		2023/24		2022/23	
		£'000		£'000		£'000		£'000	
Cash flows from operating activities									
Operating surplus from continuing operations			(23,416)		6,496		(25,015)		5,027
Operating surplus of discontinued operations			-		-		-		-
Operating surplus/(Deficit)			(23,416)		6,496		(25,015)		5,027
Non-cash income and expense									
Depreciation and amortisation	14	30,081		26,675		30,077		26,611	
Impairments / Reversal of Impairments	14	31,909		2,073		31,909		2,073	
Non-cash donations/grants credited to income		(1,561)		(1,531)		(1,561)		(1,531)	
(Increase)/Decrease in Trade and Other Receivables		7,777		(14,006)		6,990		(13,966)	
(Increase)/Decrease in Other Assets		1,543		0		1,543		0	
(Increase)/Decrease in Inventories		(315)		(712)		(315)		(712)	
Increase/(Decrease) in Trade and Other Payables		(3,177)		6,485		(2,791)		6,331	
Increase/(Decrease) in Other Liabilitiies		(963)		(3,262)		(963)		(3,262)	
(Increase)/Decrease in provisions		(1,041)		(4,296)		(1,041)		(4,296)	
NHS Charitable Funds - net adjustments for working capital movements and non-cash transactions		(292)		209		-		209	
Other movements in operating cash flows		(230)		902		(624)		692	
			63,731		12,537		63,224		12,150
Net cash flow from operations			40,315		19,033		38,209		17,177
Cash flow from investing activities									
Interest received		4,890		1,815		4,890		1,815	
Purchase of intangible assets		(5,705)		(5,862)		(5,705)		(5,862)	
Purchase of property, plant and equipment		(89,012)		(114,589)		(89,012)		(114,589)	
Sales of Property, Plant and Equipment		191		149		191		149	
Cash donations to purchase capital assets		1,622		1,562		1,622		1,562	
Net cash flow from investing activities			(88,014)		(116,925)		(88,014)		(116,925)
Cash flow from investing activities									
Public dividend capital received		80,225		85,480		80,225		85,480	
Public dividend capital repaid		-		(2,750)		-		(2,750)	
Loans received and repaid		(2,939)		12,091		(2,939)		12,091	
Capital element of finance lease rental payments		(1,101)		(1,379)		(1,101)		(1,379)	
Interest on DHSC loans		(535)		(607)		(535)		(607)	
Public dividend capital repaid		(411)		0		(411)		0	
PDC Dividend paid		(12,514)		(9,269)		(12,514)		(9,269)	
Net cash flow from investing activities			62,725		83,566		62,725		83,566
Net increase in cash and cash equivalents			15,026		(14,326)		12,920		(16,182)
Cash and cash equivalents at 1 April			103,400		117,726		92,125		108,308
Cash and cash equivalents at end of year	19		118,426		103,400		105,045		92,126

The notes on pages 15 to 55 form part of these accounts.

Notes to the accounts

1 Accounting policies

1.1 Accounting policies and other information

NHS England, 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 2023/24 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

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Prior year restatements

Each year, the reporting requirements of Foundation Trusts are refreshed, and as a result, some income and expenditure classifications may be updated to improve transparency. In these instances, both the current year and the prior year disclosures are updated. In addition, if in preparing the accounts, corrections are identified to prior year classifications, these will be updated and clearly marked as "restated".

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.

Bournemouth and Poole Healthcare Trust - Company Registration Number: 06430101

Private patient services within the NHS Foundation Trust are delivered through Private Health University Hosptials Dorset Limited (PHUHD Company Registration Number 06434541), which is a trading subsidiary of the registered charity, Bournemouth and Poole Healthcare Trust (BPHT) (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 BPHT. This secured a more integrated and robust approach to private patient provision and governance.

As a result of this, the NHS Foundation Trust assessed 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 £907,000 of income and £575,000 of expenditure being consolidated into the Foundation Trusts accounts togther with a number of Statement of Financial Position balances, most notably the introduction of the BPHT Charitable Fund Reserve, with a closing balance of £2.7 million.

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.

Dorset Heart Clinic Limited Liability Partnership: Company Registration Number OC414702

The Foundation Trust is a voting member of the joint venture, Dorset Heart Clinic Limited Liability Partnership, which was incorporated on 21 November 2016. The joint venture has been consolidated within these accounts using the equity method.

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS15. Payment for CQUIN and BTP on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performamce obligations are satified. At contract inception, the Trust assesses the outputs promised in the research contract to identify as a performance obligtion 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

Income is received from donations, legacies, fund raising events and from other charitable bodies.

Interest

Interest revenue is accrued on a time basis, by reference to the principal outstanding and interest rate applicable.

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. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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.

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.

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 2024. 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.

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 below:

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 2024, there were no assets classified as 'Held for Sale'.

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'.

	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	2	7

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

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

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 live of assets are summarised below:

	Minimum (years)	Maximum (years)
Software	2	7

1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from NHS England, NHS 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 leasing arrangements 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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these

leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability.

Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

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

Contingent assets (that is assets, arising from past events whose existence will only be confirmed by one or more future events not wholly within the Foundation Trust's control) are not recognised as assets, but are disclosed by note where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed by note unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- 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 (iiv) 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 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.17 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.

1.18 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.

1.19 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 it's 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.

1.20 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.

1.21 Going concern

These accounts have been prepared on a going concern basis.

International Accounting Standards (IAS1) require the directors to assess, as part of the accounts preparation process, the Foundation Trust's ability to continue as a going concern. In accordance with the NHS Foundation Trust Annual Reporting Manual paragraph 3.20, the accounts should be prepared on a going concern basis unless the directors either intend to apply to the Secretary of State for the dissolution of the Foundation Trust without the transfer of the services to another entity, or have no realistic alternative but to do so.

1.22 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 managed Investment Portfolio and are included in the Statement of Financial Position at the closing price at 31 March 2023. 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.

1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

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 2024 is as follows:

	Group		Trust	
	Healthcare 2023/24	Healthcare 2022/23	**Healthcare 2023/24**	Healthcare 2022/23
	£'000	£'000	**£'000**	£'000
Segment revenue	**845,856**	781,987	**840,441**	776,953
Patient and other income	**845,856**	781,987	**840,441**	776,953

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	
	Continuing Operations 2023/24	Continuing Operations 2022/23	**Continuing Operations 2023/24**	Continuing Operations 2022/23
	£'000	£'000	**£'000**	£'000
Foundation Trusts and NHS Trusts	**5,664**	4,540	**5,664**	4,540
Clinical Commissioning Groups	**-**	135,055	**-**	135,055
Integrated Care Boards	**626,453**	421,586	**626,453**	421,586
NHS England	**145,704**	151,974	**145,704**	151,974
NHS Other	143	69	**143**	69
Non NHS:				
- Private Patients	**4,551**	4,707	**3,644**	3,505
- Overseas Patients (non-reciprocal)	**634**	347	**634**	347
- NHS Injury Scheme Income	**2,172**	1,505	**2,172**	1,505
- Other	**13**	47	**13**	47
	785,334	719,830	**784,427**	718,628

The Trust recognises a notional income amount of £21,166,000 for the additional pension contribution that is funded centrally. This is included within the NHS England figures above and is matched by notional expenditure as detailed in Note 7.

The NHS Injury Scheme Income above is reported gross and a 23.07% doubtful debt provision is included in expenditure, which represents expected recovery rates.

4.2 Other operating income

	Group		Trust	
	Continuing Operations 2023/24	Continuing Operations 2022/23	**Continuing Operations 2023/24**	Continuing Operations 2022/23
	£'000	£'000	**£'000**	£'000
Research and development	**4,792**	3,850	**4,792**	3,850
Education and training	**25,018**	23,520	**25,018**	23,520
Donations/grants of physical assets - received from other bodies	**185**	-	**185**	-
Cash grants for the purchase of capital assets - received from other bodies	**1,376**	1,531	**1,376**	1,531
Received from other bodies: Other charitable and other contributions to expenditure	**3,104**	3,315	**3,104**	3,315
Donated consumables from DHSC - contritubions to expenditure for COVID response	**139**	1,457	**139**	1,457
NHS Charitable Funds: Incoming Resources excluding investment income	**4,508**	3,832	**-**	-
Non-patient care services to other bodies	**8,143**	8,005	**8,143**	8,005
Education and training - notional income from apprenticeship fund	**1,399**	1,363	**1,399**	1,363
Top up	**-**	672	**-**	672
Other:				
- NHS drug sales	**96**	63	**96**	63
- Car parking	**2,363**	2,082	**2,363**	2,082
- Catering services	**2,352**	1,978	**2,352**	1,978
- Miscellaneous other	**4,816**	8,848	**4,816**	8,848
Income from operating leases	**2,231**	1,641	**2,231**	1,641
Total	**60,522**	62,157	**56,014**	58,325
Total income	**845,856**	781,987	**840,441**	776,953

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	
	2023/24	2022/23	**2023/24**	2022/23
	£'000	£'000	**£'000**	£'000
Commissioner requested services	**810,352**	743,350	**809,445**	742,148
Non Commissioner requested services	**35,504**	38,637	**30,996**	34,805
	845,856	781,987	**840,441**	776,953

7 Operating expenses

	Group		Trust	
	Continuing Operations 2023/24	Continuing Operations 2022/23	**Continuing Operations 2023/24**	Continuing Operations 2022/23
	£'000	£'000	**£'000**	£'000
Purchase of healthcare from NHS and DHSC bodies	**3,201**	4,841	**3,201**	4,841
Purchase of healthcare from non-NHS and non-DHSC bodies	**16,272**	10,738	**16,272**	10,738
Purchase of social care	**39**	3	**39**	3
Employee Expenses - Executive directors	**1,641**	1,641	**1,641**	1,641
Employee Expenses - Non-executive directors	**204**	159	**204**	159
Employee Expenses - Staff	**529,565**	501,275	**529,565**	501,275
Employee Expenses - Redundancy	**-**	22	**-**	22
Employee Expenses - Notional employer contributions paid by NHSE (6.3%)	**21,166**	19,475	**21,166**	19,475
Supplies and services - clinical (excluding drug costs)	**66,582**	56,097	**66,582**	56,097
Supplies and services - clinical: utilisation of consumables donated from DHSC group bodies for COVID response	**139**	1,457	**139**	1,457
Supplies and services - general	**15,058**	13,742	**15,058**	13,742
Establishment	**4,366**	4,533	**4,366**	4,533
Research and development (excluding Employee Expenses)	**206**	4	**206**	4
Education and training - non-staff costs	**2,857**	2,676	**2,857**	2,676
Education and training - notional expenditure funded from apprenticeship fund	**1,399**	1,363	**1,399**	1,363
Transport (staff travel)	**471**	194	**471**	194
Transport (patient transport services)	**982**	995	**982**	995
Premises - Rates	**2,991**	2,160	**2,991**	2,160
Premises	**29,937**	25,850	**29,937**	25,850

	Group		Trust	
	Continuing Operations 2023/24	Continuing Operations 2022/23	**Continuing Operations 2023/24**	Continuing Operations 2022/23
	£'000	£'000	**£'000**	£'000
Movement in credit loss allowance: all other receivables & investments	**(158)**	470	**(158)**	470
Movement in credit loss allowance: contract receivables/assets	**(149)**	209	**(149)**	209
Provisions arising / released in year	**(184)**	(311)	**(184)**	(311)
Change in provisions discount rate(s)	**14**	40	**14**	40
Drug costs	**80,982**	74,918	**80,982**	74,918
Operating lease payments	**17**	17	**17**	17
Depreciation on property, plant and equipment	**25,248**	22,956	**25,244**	22,892
Amortisation on intangible assets	**4,833**	3,719	**4,833**	3,719
Impairments net of (reversals)	**31,909**	2,073	**31,909**	2,073
Audit fees:				
External audit services - financial statement audit	**168**	127	**168**	127
External audit services - charitable fund accounts	**7**	8	**-**	-
Internal Audit and Counter Fraud	**187**	179	**187**	179
Clinical negligence premium	**15,502**	16,340	**15,502**	16,340
Legal fees	**420**	659	**420**	659
Insurance	**525**	514	**525**	514
Other services	**9,517**	3,416	**8,942**	2,753
Charges to operating expenditure for off-SoFP PFI scheme	**-**	67	**-**	67
Losses, ex gratia and special payments	**128**	35	**128**	35
NHS Charitable funds: Other resources expended (balance not analysed above)	**3,230**	2,830	**-**	-
Total	**869,272**	775,491	**865,456**	771,926

The Trust has made no donations / contributions to any political party.

8 Operating leases

8.1 Operating leases, as lessee

	Group	Trust
	2023/24	2022/23
	£'000	£'000
Total operating leases	**17**	17
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
lease ending:		
No later than one year	**10**	-
Total	**10**	-

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
	2023/24	2022/23
	£'000	£'000
Operating leases	**2,231**	1,641
The future aggregate minimum lease payments under non-cancellable operating leases are as follows:		
No later than one year	**2,231**	1,641
Total	**2,231**	1,641

9 Staff costs and numbers

9.1 Staff costs

	Group		Trust	
	2023/24	2022/23	**2023/24**	2022/23
	£'000	£'000	**£'000**	£'000
Salaries and wages	**414,027**	397,508	**414,027**	397,508
Social security costs	**44,178**	39,690	**44,178**	39,690
Apprenticeship Levy	**2,139**	1,873	**2,139**	1,873
Employer's contributions to NHS Pensions	**48,692**	44,262	**48,692**	44,262
Pension Cost - other contributions	**21,166**	19,475	**21,166**	19,475
Agency/contract staff	**25,560**	23,801	**25,560**	23,801
Pension costs - other	**93**	112	**93**	112
Total	**555,855**	526,721	**555,855**	526,721

This note excludes Non-executive directors, in line with national guidance.

9.2 Average number of persons employed

	2023/24	2022/23
	Number	Number
Medical and dental	1,476	1,172
Administration and estates	1,335	1,291
Healthcare assistants and other support staff	1,683	1,502
Nursing, midwifery and health visiting staff	2,923	2,841
Scientific, therapeutic and technical staff	2,336	2,202
Healthcare science staff	190	135
Total	**9,943**	9,143
Of which:		
Permanent	8,469	8,242
Other	1,474	901
Total	**9,943**	9,143

This note excludes Non-executive directors, in line with national guidance.

9.3 Staff exit packages

There was one extra contractual staff exit package agreed in 2023/24 totalling £17,000 (none in 2022/23).

10 Retirements due to ill-health

There were eleven early retirements from the Foundation Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill health retirements will be £423,345. Any costs of ill-health retirements are borne by the NHS Pensions Agency.

11 The Late Payment of Commercial Debts (Interest) Act1998

There were minimal payments of interest for commercial debts.

12 Investment revenue

12.1 Investment revenue

	Group		Trust	
	2023/24	2022/23	**2023/24**	2022/23
			£'000	£'000
Interest on bank accounts	**4,890**	1,815	**4,890**	1,815
NHS charitable funds: investment income	**462**	163	**-**	-
Total	**5,352**	1,978	**4,890**	1,815

Government Banking Service interest is paid at 0.11% below the Bank of England Base rate.

12.2 Investment in joint venture

	Group / Trust	
	2023/24	2022/23
	£'000	£'000
Opening Balance	**1,646**	1,240
Share of profit / (loss)	**(124)**	1,338
Disbursements / dividends received	**(1,419)**	(932)
Closing Balance	**103**	1,646

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 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'000	£'000	**£'000**	£'000
Opening Balance	**7,540**	8,002	**-**	-
Movement in fair value	**827**	(462)	**-**	-
Closing Balance	**8,367**	7,540	**-**	-

The Trust Charity has achieved an £827,000 increase in it's investment holding, which is performing well against the benchmark of MSCI Private Investor Income Index and remains above the initial amount invested.

12.4 Other financial assets

	Group		Trust	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'000	£'000	**£'000**	£'000
Fixed Deposit (less than one year)	**60**	82	**-**	-
Total	**60**	82	**-**	-

13 Finance costs

	Group / Trust	
	2023/24	2022/23
	£'000	£'000
Loans from the Independent Trust Financing Facility	**527**	598
Finance leases	**341**	170
Unwinding of discount on provisions	**32**	(5)
Total	**900**	763

14 Intangible assets, property, plant and equipment

	Group												Trust
	Intangible	Tangible									TOTAL		TOTAL
	Software Licences (incl Work in progess)	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	Trust Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2023	42,466	39,275	221,626	15,959	166,194	146,769	634	39,124	11,572	189	683,808	189	683,619
Additions - purchased / internally generated	5,635	-	15,471	-	82,071	3,022	13	-	183	-	106,395	-	106,395
Additions - donations of physical assets (non-cash)	-	-	-	-	-	185	-	-	-	-	185	-	185
Additions - assets purchased from cash donations/grants	70	-	447	-	547	514	-	-	24	-	1,602	-	1,602
Impairments charged to operating expenses	-	-	(31,664)	(245)	-	-	-	-	-	-	(31,909)	-	(31,909)
Impairments charged to the revaluation reserve	-	-	(16,618)	-	-	-	-	-	-	(16)	(16,634)	(16)	(16,618)
Revaluations	(1,321)	207	1,763	242	-	-	-	-	-	-	2,212	-	2,212
Reclassifications	-	-	67,886	(423)	(79,816)	4,586	2	4,445	3,320	-	1,321	-	1,321
Disposals	-	(191)	-	-	-	(3,066)	-	(10)	-	-	(3,267)	-	(3,267)
Cost or valuation at 31 March 2024	**46,850**	**39,291**	**258,911**	**15,533**	**168,996**	**152,010**	**649**	**43,559**	**15,099**	**173**	**741,071**	**173**	**740,898**
Accumulated depreciation at 1 April 2023	23,201	-	7,693	423	-	92,265	385	28,063	2,114	10	154,154	10	154,144
Provided during the year	4,833	-	8,924	467	-	10,463	63	3,360	740	4	28,854	4	28,850
Impairments - Operating expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Impairments - Revaluation reserve	-	-	(6,755)	(245)	-	-	-	-	-	-	(7,000)	-	(7,000)
Revaluations	-	-	-	-	-	-	-	-	-	-	-	-	-
Reclassifications	(1,321)	-	(1,148)	(178)	-	(1,562)	13	1,322	1,553	-	(1,321)	-	(1,321)
Disposals	-	-	-	-	-	(2,966)	-	(10)	-	-	(2,976)	-	(2,976)
Accumulated depreciation at 31 March 2024	**26,713**	**-**	**8,714**	**467**	**-**	**98,200**	**461**	**32,735**	**4,407**	**14**	**171,711**	**14**	**171,697**
Net book value													
Owned	20,137	39,291	238,181	15,066	167,938	49,130	162	10,734	10,643	159	551,441	159	551,282
Donated	-	-	12,016	-	1,058	4,680	26	90	49	-	17,919	-	17,919
NBV total at 31 March 2024	**20,137**	**39,291**	**250,197**	**15,066**	**168,996**	**53,810**	**188**	**10,824**	**10,692**	**159**	**569,360**	**159**	**569,201**

The Foundation Trust leases various medical equipment/ IT under non-cancellable finance lease agreements. The lease terms are between five and seven years.

14 Intangible assets, property, plant and equipment prior year

	Group												Trust
	Intangible	Tangible									TOTAL		TOTAL
	Software Licences (incl Work in progess)	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	Trust Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2022	36,338	38,438	245,589	6,288	74,466	148,816	390	37,070	2,889	178	590,462	1,397	589,065
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	-	(4,399)	-	-	(4,843)	-	(1,147)	-	-	(10,389)	-	(10,389)
Additions - purchased / internally generated	5,862	4	1,806	155	99,069	2,780	13	273	-	-	109,962	-	109,962
Additions - assets purchased from cash donations/grants	-	-	132	-	600	718	-	109	3	-	1,562	-	1,562
Impairments charged to operating expenses	-	1,709	(3,977)	195	-	-	-	-	-	-	(2,073)	-	(2,073)
Impairments charged to the revaluation reserve	-	-	(9,612)	-	-	-	-	-	-	-	(9,612)	-	(9,612)
Revaluations	-	(876)	1,691	9,321	-	-	-	-	-	11	10,147	11	10,136
Reclassifications	266	-	(9,604)	-	(7,941)	3,570	231	2,819	8,680	-	(1,979)	-	(1,979)
Disposals	-	-	-	-	-	(4,272)	-	-	-	-	(4,272)	-	(4,272)
Cost or valuation at 31 March 2023	**42,466**	**39,275**	**221,626**	**15,959**	**166,194**	**146,769**	**634**	**39,124**	**11,572**	**189**	**683,808**	**1,408**	**682,400**
Accumulated depreciation at 1 April 2022	18,153	-	11,526	238	-	89,010	321	27,481	1,376	6	148,111	1,165	146,946
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	-	-	(176)	-	-	(2,286)	-	(1,012)	-	-	(3,474)	-	(3,474)
Provided during the year	3,719	-	7,941	185	-	9,813	64	2,916	738	4	25,380	64	25,316
Impairments - Revaluation reserve	-	-	(9,612)	-	-	-	-	-	-	-	(9,612)	-	(9,612)
Reclassifications	1,329	-	(1,986)	-	-	-	-	(1,322)	-	-	(1,979)	-	(1,979)
Disposals	-	-	-	-	-	(4,272)	-	-	-	-	(4,272)	-	(4,272)
Accumulated depreciation at 31 March 2023	**23,201**	**-**	**7,693**	**423**	**-**	**92,265**	**385**	**28,063**	**2,114**	**10**	**154,154**	**1,229**	**152,925**
Net book value													
Owned	19,265	39,275	201,692	15,536	165,594	49,514	220	10,940	9,430	179	511,645	179	511,466
Donated	-	-	12,241	-	600	4,452	29	121	28	-	17,471	-	17,471
Owned - equipment donated from DHSC and NHSE for COVID response		-	-	-	-	538	-	-	-	-	538		538
NBV total at 31 March 2023	**19,265**	**39,275**	**213,933**	**15,536**	**166,194**	**54,504**	**249**	**11,061**	**9,458**	**179**	**529,654**	**179**	**529,475**

The Foundation Trust leases various medical equipment/ IT under non-cancellable finance lease agreements. The lease terms are between five and seven years.

14.1 Intangible assets, property, plant and equipment - Right of use assets

	Group									Trust
	Intangible	Tangible						TOTAL		TOTAL
	Software Licences (incl Work in progess)	Property (land and buildings)	Plant and Machinery	Transport Equipment	Information Technology	Furniture and fittings	NHS Charitable fund assets	Non Current Assets	Less Non-Trust Assets	Trust Assets
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cost or valuation at 1 April 2023	-	11,543	5,142	-	1,147	-	-	17,832	-	17,832
Additions - lease liability	-	218	181	-	5	-	-	404	-	404
Reclassifications	-	(474)	474	-	-	-	-	-	-	-
Disposals/derecognition - lease termination	-	-	(83)	-	-	-	-	(83)	-	(83)
Cost or valuation at 31 March 2024	**-**	**11,287**	**5,714**	**-**	**1,152**	**-**	**-**	**18,153**	**-**	**18,153**
Accumulated depreciation at 1 April 2023	-	690	3,053	-	1,026	-	-	4,769	-	4,769
Provided during the year - right of use asset	-	598	615	-	14	-	-	1,227	-	1,227
Reclassifications	-	50	(50)	-	-	-	-	-	-	-
Disposals/derecognition - lease termination	-	-	(29)	-	-	-	-	(29)	-	(29)
Accumulated depreciation at 31 March 2024	**-**	**1,338**	**3,589**	**-**	**1,040**	**-**	**-**	**5,967**	**-**	**5,967**
NBV total at 31 March 2024	**-**	**9,949**	**2,125**	**-**	**112**	**-**	**-**	**12,186**	**-**	**12,186**

15 Impairment of property, plant and equipment

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Changes in market price (as advised by the Trust's external valuer)	**31,909**	2,073
Total	**31,909**	2,073

16 Capital commitments

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	**£'000**
Property, plant and equipment	**137,051**	125,170
Intangible assets	**2,496**	4,626
Total	**139,547**	129,796

17 Inventories

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Drugs	**3,374**	3,631
Consumables	**5,496**	4,924
Total	**8,870**	8,555

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 2024	31 March 2023
	£'000	£'000
Inventories recognised as an expense in the period	**87,116**	75,805
Total	**87,116**	75,805

18 Trade and other receivables

18.1 Amounts falling due within one year:

	Group		Trust	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'000	£'000	**£'000**	£'000
Contract receivables (IFRS 15): invoiced	**11,906**	9,889	**11,906**	9,889
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	**12,411**	23,310	**13,507**	23,225
Allowance for impaired contract receivables / assets	**(521)**	(670)	**(521)**	(670)
Allowance for impaired other receivables	**(2,425)**	(2,583)	**(2,425)**	(2,583)
Prepayments (revenue) [non-PFI]	**3,419**	3,933	**3,419**	3,933
PDC dividend receivable	**794**	291	**794**	291
VAT receivable	**2,204**	663	**2,204**	663
Clinician pension tax provision reimbursement funding from NHSE	**10**	-	**10**	-
NHS charitable funds: receivables	**33**	61	**-**	-
Total	**27,831**	34,894	**28,894**	34,748
Amounts falling due over one year:				
Clinician pension tax provision reimbursement funding from NHSE	**758**	997	**758**	997
Total	**28,589**	35,891	**29,652**	35,745

The provision for impairment of receivables relates to specific receivables.

18.2 Allowances for credit losses (doubtful debts)

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Contract receivables and contract assets:		
At 1 April	**670**	461
New allowances arising	**64**	-
Changes in the calculation of existing allowances	**(40)**	209
Reversals of allowances (where receivable is collected in-year)	**(173)**	-
At 31 March	**521**	670
All other receivables:		
At 1 April	**2,583**	2,113
New allowances arising	**256**	470
Reversals of allowances (where receivable is collected in-year)	**(414)**	-
At 31 March	**2,425**	2,583

19 Cash and cash equivalents

	Group		Trust	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'000	£'000	**£'000**	£'000
Balance 1 April	**103,400**	117,726	**92,126**	107,492
Net movement in year	**15,026**	(14,326)	**12,919**	(15,366)
Balance at 31 March	**118,426**	103,400	**105,045**	92,126
Made up of:				
Cash at commercial banks and in hand	**13,504**	12,186	**123**	912
Cash with the Government Banking Service	**104,922**	91,214	**104,922**	91,214
Cash and cash equivalents	**118,426**	103,400	**105,045**	92,126

The patient monies amount held on trust was below £1,000, and is not included in the above figures.

20 Trade and other payables

	Group		Trust	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'000	£'000	**£'000**	£'000
Amounts falling due within one year:				
Trade payables	**24,772**	16,604	**24,410**	15,856
Capital payables (including capital accruals)	**25,671**	12,391	**25,671**	12,391
Accruals (revenue costs only)	**42,100**	54,471	**42,100**	54,471
Annual leave accrual	**611**	2,615	**611**	2,615
Receipts in advance (including payments on account)	**5**	194	**5**	194
Social security costs	**6,137**	5,308	**6,137**	5,308
VAT payables	**366**	366	**366**	366
Other taxes payable	**6,036**	4,780	**6,036**	4,780
PDC dividend payable	**-**	863	**-**	863
Pension contributions payable	**7,241**	6,107	**7,241**	6,107
NHS Charitable funds: trade and other payables	**2,615**	3,418	**-**	-
Total	**115,554**	107,117	**112,577**	102,951

21 Other liabilities

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Amounts falling due within one year:		
Receipts in advance - Heart club	**15**	15
Receipts in advance - Other	**2,746**	3,676
Total	**2,761**	3,691
Amounts falling due over one year:		
Receipts in advance - Heart club	**755**	373
Receipts in advance - Other	**-**	415
Total	**3,516**	4,479

22 Borrowings

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Finance lease liabilities		
- Current	**999**	242
- Non current	**11,406**	12,984
Total	**12,405**	13,226
Independent Trust Financing Facility (ITFF) Loan		
- Current	**2,989**	3,011
- Non current	**30,598**	33,523
Total	**33,587**	36,534

As at 31 March 2024, the Foundation Trust has four ITFF loans:

- £11,036,000 relating to the Christcurch Hospital site development
- £652,000 relating to Poole Hospital capital programme
- £5,617,000 relating to Poole Hospital capital programme
- £16,217,000 relating to the development of pathology facilities

The total loans figure above (£33,587,000) includes £65,000 of accrued interest. Further details are available in Note 27.

23 Finance lease obligations

The Foundation Trust operates as lessee on a number of medical and operational equipment leases. These leases generally run for between 2 - 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, the Foundation Trust operates as a lessee on a number of property finance leases, ranging between 2 - 31 years. A summary of the Foundations Trusts right of use assets resulting from these finance leases is recorded in Note 14 in these accounts.

	Group / Trust	
	31 March 2024	31 March 2023
	£'000	£'000
Amounts payable under finance leases		
Within one year	**1,102**	1,190
Between one and five years	**3,240**	3,456
After five years	**9,441**	10,050
Less future finance charges	**(1,378)**	(1,470)
Total	**12,405**	13,226

24 Provisions for liabilities and charges

	Group / Trust				
	£'000	£'000	£'000	£'000	**£'000**
	Early Retirement	Injury Benefit	Legal claims	Other	**Total**
Opening balance	270	1,595	973	1,938	**4,776**
Change in the discount rate	2	12	-	(165)	**(151)**
Arising during the year	-	-	537	454	**991**
Utilised during the year	(29)	(90)	(439)	(4)	**(562)**
Reversed unused	(129)	(289)	(441)	(510)	**(1,369)**
Unwinding of discount	5	27	-	50	**82**
At 31 March 2021	119	1,255	630	1,763	**3,767**
Expected timing of cashflows:					
Within one year	25	90	630	815	**1,560**
Between one and five years	94	337	-	188	**619**
After five years	(0)	828	-	760	**1,588**
	119	1,255	630	1,763	**3,767**

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 Clinican Pensions Tax Scheme has been created as at 31 March 2024 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.

£159,416,000 is included in the provisions of NHS Resolution at 31 March 2024 in respect of clinical negligence liabilities of the Foundation Trust.

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 ICB	581,455	985	8,736	632
NHS Hampshire & Isle of Wight ICB	40,295	0	252	0
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	1,801	0	235	0
NHS Resolution (formerly NHS Litigation Authority)	0	15,502	0	20
NHS England - Core	26,868	12	760	25
NHS England - Central Specialised Commissioning Hub	14,677	0	669	0
NHS England - South West Regional Office	104,824	0	1,607	0
NHS England - South East Regional Office	4,378	0	0	0
Care Quality Commission	0	534	0	0
Dorset County Hospital	2,562	1,341	948	344
Dorset Healthcare Unversity NHS FT	6,265	2,255	1,140	933
Hampshire Hospitals NHS FT	458	374	179	170
Lancaster Teaching Hospitals NHS FT	1	543	2	92
Oxford Health NHS FT	0	1,148	0	302
University Hospitals Southampton NHS FT	5,770	1,183	2,362	794
Salisbury NHS FT	336	823	44	100
Other transactions less than £500,000	5,816	4,795	386	616
	795,506	**29,495**	**17,320**	**4,028**

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	-	69,858	-	7,241
HM Revenue and Customs (VAT)	-	-	2,204	366
HM Revenue and Customs (Income tax and National Insurance)	-	44,178	-	12,173
	-	**116,175**	**2,204**	**19,780**

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 £4,890,000 during 2023/24, which is reflecctive of recent Bank of England base rate changes.

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 2024 and as a result of this review, has provided £2,076,000 in relation to doubtful debts. A further £521,000 has been provided for in relation to the Injury Scheme income, in accordance with national requirements.

The Foundation Trust has also reviewed NHS receivables and has provided for doubtful debts amounting to a total of £349,000. 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 four fixed rate loans from the Independent Trust Financing Facility:

1. £11,036,000 relating to the Christcurch Hospital site development - initial loan £20,400,000 taken in May 2014 at a fixed annual rate of 2.89%, repayaments commenced September 2014 and will finish March 2034.
2. £652,000 relating to Poole Hospital capital programme - initial loan £10,900,000 taken in September 2014 at a fixed annual rate of 1.93%, repayaments commenced March 2015 and will finish September 2024.
3. £5,617,000 relating to Poole Hospital capital programme - initial loan £9,100,000 taken in September 2015 at a fixed annual rate of 2.63%, repayaments commenced November 2015 and will finish November 2034.
4. £16,217,000 relating to the development of pathology facilities - initial loan £16,217,000 taken in March 2022 at a fixed annual rate of 1.58%, repayaments commenced August 2024 and will finish Februay 2049.

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 £105,045,000. As such, the Trust is a minimal risk to its creditors.

28 Financial instruments

28.1 Financial assets

	Group				Trust	
		31 March 2024		31 March 2023	**31 March 2024**	31 March 2023
	£'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	**22,139**	**-**	30,877	-	**22,139**	30,877
Other Investments	**3,419**	**-**	3,933	-	**3,419**	3,933
Cash and cash equivalents at bank and in hand	**108,725**	**-**	95,137	-	**105,045**	92,126
NHS Charitable funds: financial assets as at 31 March	**9,730**	**8,367**	8,406	7,540	**-**	-
Total	**144,013**	**8,367**	138,353	7,540	**130,603**	126,936
Assets held in £ sterling		**152,380**		145,893	**130,603**	126,936

28.2 Financial liabilities

	Group		Trust	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£'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	**33,587**	36,534	**33,587**	36,534
Other borrowings excluding finance lease and PFI liabilities	**-**	-	**-**	-
Obligations under finance leases	**12,405**	13,226	**12,405**	13,226
NHS trade and other payables excluding non-financial liabilities	**3,964**	2,017	**3,964**	2,017
Non-NHS trade and other payables excluding non-financial liabilities	**95,756**	90,171	**95,756**	90,171
Provisions under contract	**3,767**	4,776	**3,767**	4,776
NHS Charitable funds: financial liabilities as at 31 March	**2,615**	3,418	**-**	-
Total	**152,094**	150,142	**149,479**	146,724
Liabilities held in £ sterling	**152,094**	150,142	**149,479**	146,724

28.3 Financial assets / liabilities - fair values

	Group		Trust	
	31 March 2024		**31 March 2024**	
	£'000	**£'000**	**£'000**	**£'000**
	Book Value	**Fair Value**	**Book Value**	**Fair Value**
Financial assets				
Receivables over one year				
Other	**758**	**758**	**758**	**758**
NHS charitable funds: non-current financial assets	**8,367**	**8,367**	**-**	**-**
Total	**9,125**	**9,125**	**758**	**758**
Financial liabilities				
Non-current trade and other payables excluding non-financial liabilities	**755**	**755**	**755**	**755**
Provisions under contract	**3,767**	**3,767**	**3,767**	**3,767**
Total	**4,522**	**4,522**	**4,522**	**4,522**

29 Intra-Government and NHS balances

	Group / Trust	
	31 March 2024	
	Receivables: amounts falling due within one year	Payables: amounts falling due within one year
	£'000	£'000
Providers	**4,765**	**3,197**
NHS and Department of Health	**11,406**	**20,611**
Local Government	**135**	**-**
Total	**16,306**	**23,808**

30 Losses and special payments

	Group / Trust			
	Twelve months to 31 March 2024		Six months to 31 March 2023	
	Number	**£'000**	Number	£'000
Losses				
Losses of cash due to:				
Other causes	**4**	**1**	5	1
Damage to buildings, property and equipment	**24**	**393**	24	462
Total losses	**28**	**394**	29	463
Special Payments				
Ex gratia payments in respect of:				
Loss of personal effects	**60**	**54**	46	34
Clinical negligence with advice	**-**	**-**	2	12
Personal injury with advice	**9**	**40**	5	84
Miscellaneous other	**6**	**2**	-	-
Special severance payments	**1**	**17**	-	-
Total special payments	**76**	**113**	53	130
Total	**104**	**507**	82	593

There were no individual cases where the net payment exceeded £25,000.

Note: 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 2024. Estimates are based on the Foundation Trust's current understanding of the actual committed expenditure.
- An estimate is made for depreciation and amortisation of £30.1 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 downwards revaluation of land and buildings of £7.4 million has been charged to the revaluation reserve, with a further £2.6 million included within operating expenses. This reflects the desktop valuation of Trust land and buildings carried out by the Trusts external valuers.
- The interim valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards ('Red Book'). This interim revaluation included physical onsite attendance.

32 Senior manager remuneration

Directors' remuneration totalled £1,826,000 for the twelve months ended 31 March 2024. Full details are provided within the Remuneration Report.

33 Senior manager pension entitlements

There were benefits accruing to two of the Foundation Trust's Executive Directors under the NHS Pension Scheme in 2023/24. Full details are provided within the Remuneration Report.

34 Charitable Fund Reserve

The Charitable Fund Reserve comprises:

	31 March 2024	31 March 2023
	£'000	£'000
Restricted funds	**5,562**	5,827
Unrestricted funds	**9,685**	6,880
Total	**15,247**	12,707

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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