

MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING
(No 9) 28 May 2009 Brownsword Hall, Poundbury, Dorchester commencing at 3.30pm

PRESENT	APOLOGIES
Mr Robin SeQueira CBE (Chairman)	
Elected Governors (Public)	Elected Governors (Public)
Sue Bruce-Payne (SB-P)	Vicky Iveson (VI)
Dr Peter Camm (PCa)	Paul Sansom (PS)
Peter Coughlan (PCo)	Dr Will McConnell (WM)
David Hall (DH)	Jo Briggs (JB)
Mr Patrick Jeffery (PJ)	
Derek Julian (DJ)	
Stuart McLeod (SM)	
Paul Nelson (PN)	
David Reason (DR)	
Michael Thresh (MT)	
Russell Wilson (RW)	
Peter Wood (PW)	
Elected Governors (Staff)	Elected Governors (Staff)
Dr Duncan Farquhar-Thomson (DF-T)	
Mary Martin (MM)	
Sue Worth (SW)	
Appointed Governors	Appointed Governors
Mick Barnes – SW NHS Ambulance	David Crowhurst – DCC (DC)
Amanda Gallaher – NHS Dorset	
Fran Leaper – Welmar Hospice Trust	
John Weir – Age Concern	
Board of Directors	Board of Directors
Jan Bergman – Chief Executive (CE)	Tracey Peters - NED
Jean George – Director of Business Development (DoBD)	
Kevin Goater – Acting Director of Finance (ADoF)	
Alison Tong – Director of Nursing (DoN)	
Jeffery Ellwood – Senior Independent NED	
Chris Spry - NED	
Peta Turnbull - NED	
In attendance	
John Yeoman – Trust Corporate Business Manager (TCBM)	

The Council of Governors meeting was advertised within the Dorset County Hospital NHS foundation website membership section at www.dchft.nhs.uk. No public members attended.

Agenda Ref	Minutes
1	Record of Attendance, Apologies for absence and Introductions (Agenda Item 1)
1.1	Apologies were received and a record of attendance taken for the Council of Governors (CoG) of Dorset County Hospital NHS Foundation Trust (DCHFT) as noted above.
2	Notification of Governor resignations and appointments
2.1	Amanda Gallaher, Appointed Governor for NHS Dorset was welcomed to the CoG meeting. AG gave a brief profile of herself and her connection with NHS Dorset
2.2	<p>The following Governors are standing down due to end of tenure, not wishing to seek re-election, through ill health or other external pressures.</p> <ul style="list-style-type: none">• Michael Thresh – Elected Governor• Stuart McLeod – Elected Governor• Peter Fale – Elected Governor• Jo Briggs – Elected Governor• Christine Case – Elected Governor• Patricia French – Elected Governor• Dr Paul Booton – Appointed Governor <p>The following Governor was unsuccessful in regaining his tenure at the May '09 elections.</p> <ul style="list-style-type: none">• Peter Woods
2.3	Results of the election and the names of the new Governors are minuted at Agenda Ref 15
3	Chairman's opening remarks
3.1	This meeting was the first CoG meeting for the financial year 2009/10 and the Governors were thanked for all their hard work during the preceding years through their attendance at CoG meetings and also as observers at the Trust's main committees, participation in the Quality Assurance Team (QAT) and the Nomination and Remuneration Committee (N&RC)
3.1	The Trust has some major challenges ahead of itself especially in the light of the year end 2008/09 financial position of £1.8M deficit (£1.1M I&E operating deficit plus £0.7 revaluation of land that could not be met by the revaluation reserve). A major Cost Improvement Programme (CIP) £6.8M for 2009/10 has been identified.
3.2	The Annual Plan will be presented at this meeting under Agenda Ref 14 for consideration and approval by the CoG
3.3	The Annual Report and Annual Accounts are currently being audited and will be presented to the next CoG for consideration and then presented at the Annual Members Meeting 22 September 2009 Dorford Centre, Dorchester.

- 3.4 The Trust is now in the process of constructing the Strategic Plan for the next three years 2010-2013 taking into consideration the Darzi Report, the strategic consultation document of the SW NHS Strategic Authority and NHS Dorset's strategic plan and the need for the FT to maintain a financial balance over this period
- 3.5 NHS Dorset were requested to attend the Joint Trust Board (TB) and CoG meeting on the 30 July 2009 to present their strategy. However due to a change in NHS Dorset's Chairman and CE, this discussion has been postponed until the next CoG meeting 26 November 2009. (Post Meeting Note:- the next CoG meeting has been rescheduled for 10 December 2009 due to external meetings that will involve the CE's of DCHFT and NHS Dorset)

Ref	Action	Responsible	Timescale
3.1	CoG to be kept up to date regarding the CIP progress through the CE and Financial reports	CE/ADoF	Ongoing
3.3	2008/09 Annual Report and Annual Accounts to be presented to the CoG	TCBM	Jul 09
3.4	2010-2013 Strategic Plan to be drafted and engage the CoG	DofBD	Dec 09
3.5	CE of NHS Dorset to present the PCT strategy to the CoG	TCBM	Dec 09

4 Minutes & Notes

- 4.1 The minutes of CoG meeting 26 February 2009 were agreed, following amendments noted below at para 4.2
- 4.2 The following amendments were noted for correction of the 26 February 2009 minutes
- Ref 6.2 should read - A £1.3M operating level deficit is predicted
 - Ref 8.1 under 'Issues arising' first bullet point should read – National shortage of Radiology and Radiography staff.
 - Ref 8.1 under 'Issues arising' twelfth bullet point should read – CT Radiographers are on-call but not resident.

5. Matters Arising and Outstanding Action Points

- 5.1 Ref No 3 – Damers school site – The Trust had a meeting with Oliver Letwin MP and he had communicated with DCC and had helped to accelerate the relocation programme to 3 years or shorter. A working group had been set up including DCC and WDDC with further meetings arranged. The school site has been purchased by DCHFT from the Duchy of Cornwall (DoC), which was considered a good deal at the time of purchase, and the land and premises are leased back to the DoC at a charge of £200pa + VAT in line with the previous lease arrangements between DCC and DoC. There was subsequently a revaluation of the land at the end of the financial year 2008/09 which created a further charge of £0.7M against expenditure increasing the overall deficit of the Trust to £1.8M.
- Grove Pre-School also occupies part of the site and they have a right of tenure under conditions negotiated with DCC and the Duchy of Cornwall.
- 5.2 No other matters were raised which do not appear on the agenda for 28 May 2009 CoG meeting

6. Nomination & Remuneration Committee (N&RC) recommendation of Non Executive Director (NED) appointments

- 6.1 The following NED appointments were recommended to CoG by the N&RC for approval.
- Chris Spry – Re-appointment of tenure for a three year period 1 March 2009 – 29 February 2012
 - Tracey Peters – New Appointment. The tenure is for a three year period 1 April 2009 – 31 March 2012 and creates a 6th NED to match the Executive team in line with the FT’s Constitution. This appointment brings additional Human Resource skills within the NED’s section of the Trust Board (TB),

Both recommendations were approved unanimously by the CoG

Ref	Action	Responsible	Timetable
6.1	Notify CoG approval to HR for contract reference for C Spry and T Peters	TCBM	July 09

7. Chief Executive Report

- 7.1 The 2008 patient survey had placed DCHFT in the top 21 hospitals within the SW and it’s A&E and Maternity departments were the best in the SW. Overall the Trust received an ‘Excellent’ score
- 7.2 The year end financial position recorded an operating deficit of £1.1M which increased by £0.7M due to a decrease in the revaluation of land that could not be met by the Revaluation Reserve, thereby impacting on the Income & Expenditure position.
The three key reasons for the operating deficit were investments required in patient safety/patient quality to ensure patient safety standards, achievement of the 18 week access target by specialty instead of by aggregate and winter pressures, which had the most significant impact due to 1000 additional emergency cases being treated.
- 7.3 Contracts for 2009/10 have now been signed at 1 May 2009, between DCHFT and NHS Dorset (PCT Commissioners). The Trust wanted to ensure it was robust and safeguards were in place. Detail of the contract is noted at Minute Ref No 11
- 7.4 Swine Flu policies and procedures have been discussed between DCHFT and NHS Dorset. The major risk has gone but possibly recurring in the Autumn/Winter
- 7.5 Radiotherapy is a current issue under discussion recognising the need to increase this service and hopefully making provision in West Dorset to reduce travelling for patients in the west of the county. Full consultation is expected to take some time.

- 7.6 Governors were given an opportunity to ask questions
- **Governors** – Some governors felt it was important to keep hand gel containers at the front doors for Infection Control and especially in the light of national advice for Swine Flu which is to wash hands or alternatively use an alcohol based product. 60% of staff and visitors are still not using hand gel at ward entrances. Peat inspection identified 3 beds without gel. It is important that visitors and patients receive the right message about Infection control within DCHFT

 - **DCHFT** response – Whilst there was a difference of opinion amongst TB at their meeting 5/5/09 the TB agreed that hand gel would continue at main entrances for the moment and a discussion would be held with the CoG in the Autumn. However Microbiologists have said that hand gel is more effective at the bedside.

It is agreed that the right message has to be communicated.

Ref	Action	Responsible	Timetable
7.6	Infection Control to be placed on the agenda for July 09 meeting	DoN	Jul 09

8. **Financial & Activity Performance Reports for March 2009**

- 8.1 The following performance data for March 2009 was presented to the Governors for information
- Activity Performance Indicators
 - Financial Dashboard

Ref	Action	Responsible	Timetable
8.1	Financial and Activity Performance reports to be provided regularly	ADoF	Ongoing

9. **Financial & Performance Strategy for 2009/10**

- 9.1 The strands of this particular subject were contained within the CE Report Agenda Ref 7. and the Contract position Agenda Ref No 11

10 **Membership**

- 10.1 A membership overview for March 2009 was presented showing a total membership of 6530 (Staff 3438, Public 3092)
- 10.2 The Trust's original intention of recruiting a total membership of 25,000 has been revised to a modest increase of 500 in 2009/10 and a further increase of 200 per year for 2010/11 and 2011/12
- 10.3 Only Public Membership recruitment can happen, since all staff are automatically registered. For Public Membership the Trust favours the Opt-In approach which increases membership on a gradual basis and ensures full support for the FT

10.3 Membership increase has been slow. Membership leaflets were issued with all new Outpatient letters but the number of returned membership applications has been disappointing. An revised approach has now been taken, sending application forms to discharged patients, and this has resulted in a slightly better return.

10.4 A question was raised about filtering the data before issuing letters and forms. DCHFT filters out all patients who are:

- Under the age of 16
- HMP patients
- Postcodes outside of DCHFT Constituency

Old data is not used in case patients have subsequently died. Membership registers are always filtered prior to any mail-shot by Capita Registrars (formerly Computershare) to exclude deceased members, gone away's and duplicate addresses.

A filter is not applied to the type of patient or age of patient (except excluding juveniles) since membership should be all encompassing and discharge data does not capture this information.

10.5 The Trust's financial position will place a constraint on membership recruitment

Ref	Action	Responsible	Timescale
10.2	Grow and maintain the membership to 7000 by the end of 2009/10 in line with the Annual Report and Annual Plan	TCBM & CoG	Mar 10

11 2009/10 Contract between DCHFT and NHS Dorset

11.1 The NHS Dorset contract for 2009/10 was signed on the 1 May 2009 between DCHFT and NHS Dorset.

11.2

- DCHFT has opted for a Block Contract as opposed to a PbR contract to ensure financial stability through provision of a fixed annual fee based on a defined level of demand and capacity.
- NHS Dorset is committed to working with DCHFT to reduce non-elective activity
- The NHS South West Strategic Health Authority and NHS Dorset minimum standards for 2009/10 are
 - 18 weeks with Referral to Treatment (RTT) unless the patient exercises choice or it is clinically appropriate to extend this period.
- The contract is based on the national contract with
 - Elective Activity (excl Orthopaedics) based on full PbR with a risk share of 50% above the contracted sum of £32.40M
 - Orthopaedic Elective Activity will be commissioned as a block contract. If referrals exceed the annualised Qtr4 08/09 levels and patients cannot be treated elsewhere, full PbR will be applied and in addition, any premium costs over and above PbR will also be paid.
 - Non Elective, OP and A&E will be based on 100% risk share with a set contract of £62.2M
 - Non PbR activity will be block contracted at £32M with cardiac devices and Lucentis funded on a cost and volume basis over and above the specific threshold within the block contract.
- Surpluses that exceed a forecast position of £1.5M will be reinvested in the key strategic priorities especially meeting the SW NHS 13 week RTT with no charge to NHS Dorset

- If a financial penalty is applied e.g. if C. Difficile triggers a penalty, this will be reinvested in actions jointly agreed to address such a problem
- A proportion of the contract income £0.65M is conditional on meeting the Commission for Quality and Innovation (CQUIN) quality improvements. 70% of this framework has been agreed between DCHFT and NHS Dorset.

12 Staff Governor Report on a meeting with Chairman and Chief Executive

12.1 Staff are generally concerned about the pressures placed on them by the FT regarding the hitting of national and local targets whilst recognising that clinical care and quality standards are very important and must be maintained.

12.2 The main issues were identified:

1. Oncology Ward - Mathew Sharpe is producing a report to the TB which will be shared with CoG. CE had invited Dr Richard Osborne to develop this service.
2. Hospital at Night – the CE wants the surgical juniors to act as a central team covering for each other. Consultant surgeons are concerned that junior staff will not be available to support them but equally accept central cover is required. The Trust have issued an instruction that middle grade staff, report to the SpR at night time.
3. Acute admissions – Dr Steve Bridger is developing plans to invigorate the strategy for managing Acute patient triage with the support of Tess Drabble Emergency Care Manager
4. Spinal Service – a recent review of the quality of service and the Trust’s interest in maintaining and developing this facility was positive
5. Use of purchased sites - The Trust would be reviewing the use of all purchased sites (Damers and the Fire Station site) in the light of DCH, PCT and SHA strategies.
6. Agency costs – Usage of agency staff is under constant review by looking at staff absences and developing a robust DCH staff bank.

Ref	Action	Responsible	Timescale
12.1	Staff Governors to maintain a regular link with staff and the CE	CoG (Elected Staff)	On going
12.2	Oncology report to be shared with CoG	GM for Cancer	Dec 09?
12.2	CoG to be kept informed of current positions regarding 12.2 items 3-6	CE	Dec 09

13 Annual Healthcheck

13.1 Dr Peter Camm on behalf of the group of Governors who responded to the Annual Healthcheck (AH), gave a verbal report

13.2 Overall the Governors felt assured that the AH was:

- a very robust system and covered approx 50 issues within 24 Core Standards.
- challenged by the CoG group and observations would be taken back to the Integrated Governance Committee
- compliant in the majority of cases with the exception of 4c and 13b which would be compliant by the middle of 2009/10. These cases would also have to be reported as non compliant in 2009/10

- 13.3 The Governors were please to note the improved rates for MRSA and stated the Trust must ensure the Trust continues to maintain and improve its Infection Control procedures.

Ref	Action	Responsible	Timescale
13.2	Governor's AH comments to be sent to Assistant Director of Nursing	TCBM	May 09

14 Annual Plan

- 14.1 The Draft Annual Plan (AP) was presented by the CE with the Director of Business Development and the Acting Director of Finance in attendance.
- 14.2 The AP was still in draft which had to be forwarded to Monitor by the end of May. It describes the strategy and financial assumptions for the financial year including the Cost Improvement Programme (CIP) and the contractual arrangements between DCHFT and NHS Dorset. The Health Economy and the recession will affect these assumptions and impact on the Trust.
- 14.3 Concern was expressed by the Governors about not having a PbR contract because PbR reflected the workload and income increased with activity. CE stated the Trust was operating in difficult times. NHS Dorset was looking for stability in the cost base and concerned that FT's would chase work to increase activity but not deliver targets. In order to benefit from PbR, the Trust must be in a position to accurately record all its activity and be able to support its claim for funding. By accepting the block contract, £1.8M additional funding has been negotiated. Orthopaedic activity is outside of the block contract and activity over and above 5% of the threshold will be paid on a cost sharing basis
- 14.4 The Trust is in a healthy position to deliver the national 18 week target. Excess Orthopaedic activity will be diverted to either private hospitals or the Shepton Mallet unit.
- 14.5 Financial stability must be achieved for 2009/10 which will allow the Trust to move towards a PbR contract for 2010/11
- 14.6 The Chairman stated there was a concordat with NHS Dorset requiring NHS Dorset to divert excess and unnecessary activity to other providers such as GP's who could now perform minor procedures. There is naturally an element of risk in the contract. Monitoring and managing activity was extremely important. There had to be a cultural change in behaviour and practice amongst clinicians and nursing.
- 14.7 The Acting Director of Finance stated, the new version of Health Resource Groups (HRG) v4 used for PbR is not yet proven and would place this Trust at risk if used for 09/10 and would require an increase in manpower to accurately monitor and control. Block contracting takes away this risk. Under the agreed contract where full capacity has been met, any increased activity will be transferred to an external provider. However there were risks associated with both contracts.

- 14.8 The Cost Improvement Programme (CIP) may have to be revisited since previous programmes have had a chequered history of achieving full potential savings. Management has to be on the ball and clinicians must also be wedded to the CIP especially since the Trust is already two months into the financial year. The programme affects all staff but predominantly non clinical areas. CIP's are also addressing Agency and Medical costs. The Market Forces Factor does not favour West Dorset. Costs are also high due to the number of Community Hospitals and there is a need to review the services provided to these units.
- 14.9 Block contracting assured the Trust of a fixed income, provided that fines were not applied
- 14.10 Governors expressed a hope that Clinical Nurse Specialists would not be considered within the CIP. It was noted that CNS's required more administration support to release their skills and time for clinical matters. They are crucial to the Trust especially where clinicians are not immediately available.
- 14.11 Agency costs over the last two months have improved but to a certain extent not surprising since the winter period has passed. Medical Agency is now approved by the DoO. The Recruitment Department have improved the speed by which vacancies can be turned around. The national economy has also reduced the number of vacancies encouraging staff to rethink their career paths.
- 14.12 Sickness levels are currently running at 4% which is still high and needs improvement to reduce costs where manpower cover is required.
- 14.13 The Annual Plan was approved unanimously by the Governors

Ref	Action	Responsible	Timetable
14.10	CoG to be informed of progress of CIP	CE	Ongoing
14.12	Sickness levels to be improved and CoG to be informed current levels within CE report	CE	Ongoing

15 Governor Election May '09 Results

- 15.1 A list of the Governors who were successful at the May '09 was presented to the CoG. The new Governors will be notified of the date of the next CoG meeting 30 July 2009
 Three of the Elected Public Governors seeking re-election were successful:- Vicky Iveson (West Dorset), Derek Julian (Weymouth & Portland) and Paul Nelson (North Dorset)
 Seven new Governors were elected:-
- North Dorset - James Walsh and Colin Dann
 - West Dorset - Fran Biley, Jo Bowkett,
 - Weymouth & Portland - Bill Mitchell, Andy Hutchings, Michel Hooper-Immins,
- 15.2 North Dorset did not require an election because only three Members put themselves forward for three Governor positions. The appointments were uncontested.

15.3 The elections for West Dorset and Weymouth & Portland were very encouraging and received a lot of support from the registered members.

West Dorset

- No of members placing themselves forward for four Governor positions 13
- No of eligible members 1488
- No of votes cast 792
- Turnout 53.2%

Weymouth & Portland

- No of members placing themselves forward for four Governor positions 7
- No of eligible members 930
- No of votes cast 462
- Turnout 49.7%

15.4 Purbeck constituency did not receive any membership applications for one Governor vacancy that was up for election. Therefore no election was held

Ref	Action	Responsible	Timescale
15.4	Purbeck vacancy needs to be filled and therefore a bi-election is required.	TCBM	Sep 09

16 Any other business

16.1 The Commissioners (NHS Dorset) strategic driver in 2009/10 was to free up funding to promote healthy living.
 Different clinical pathways are being considered for treatment nearer to the patient's home, such as GP surgeries or even in the patient's own home.
 NHS Dorset recognises its responsibility to guide patients to the appropriate point of care.

16.2 David Reason asked when the next set of Quality Assurance Team (QAT) visits would commence. The TCMB said he would look into this matter as soon as possible and send out a communiqué to Governors enlisting their availability and input.

16.3 Peter Wood, Michael Thresh and Stuart McLeod stated how privileged they felt and how much they had enjoyed working as a Governor which had provided an interesting experience and a deeper knowledge of the NHS. PW felt the Governors over the last two years had become a very cohesive body. It was hoped the FT despite its current financial difficulties would go forward from strength to strength. It was hoped that in the future they would have another Governor opportunity

16.4 Derek Julian requested through Amanda Gallaher if NHS Dorset would invite a DCHFT Governor to their meetings. AM stated that all meetings were open to the public and Governors would be welcomed in that context. The next meetings are published on the NHS Dorset website. (Post meeting note 9.30am 21 July at Dorchester Corn Exchange including NHS Dorset's AGM to be held at 2.00pm.)

17 Date of next CoG meetings at the Brownsword Hall, Pummery Square, Poundbury, Dorchester, Dorset DT1 3RG. Commencing at 3.00pm

- 30/07/09
- 10/12/09 (originally 26/11/09)
- 25/02/10
- 27/05/10
- 22/07/10
- 25/11/10

Annual Members Meetings at the Dorford Centre, Dorchester

- 22/09/09 Annual Members Meeting
- 07/09/10 Annual Members Meeting

Abbreviations used

CoG	Council of Governors
CIP	Cost Improvement Programme
TB	Trust Board
DCC	Dorset County Council
DoC	Duchy of Cornwall
DoO	Director of Operations
DoBD	Director of Business Development
ADoF	Acting Director of Finance
DoN	Director of Nursing
MD	Medical Director
TCBM	Trust Corporate Business Manager
N&RC	Nomination & Remuneration Committee
NED	Non Executive Director
A&E	Accident & Emergency
SW	South West
DCHFT	Dorset County Hospital NHS Foundation Trust
PbR	Payment by Results
RTT	Referral to Treatment
C.Difficile	Clostridium Difficile
MRSA	Methicillin resistant Staphylococcus aureus
SHA	Strategic Health Authority
PCT	Primary Care Trust
CQUIN	Commission for Quality & Innovation
QAT	Quality Assurance Team
I&E	Income & Expenditure
CNS	Clinical Nurse Specialist