

MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING  
(No 10) 30 July 2009 Brownsword Hall, Poundbury, Dorchester commencing at 3.00pm

<b>PRESENT</b>	<b>APOLOGIES</b>
Mr Robin SeQueira CBE (Chairman)	
<b>Elected Governors (Public)</b>	<b>Elected Governors (Public)</b>
Fran Biley (FB)	
Jo Bowkett (JB)	Dr Peter Camm (PCa)
Sue Bruce-Payne (SB-P)	David Hall (DH)
Peter Coughlan (PCo)	David Reason (DR)
Colin Dann (CD)	
Michel Hooper-Immins (MH-I)	
Andy Hutchings (AH)	
Vicky Iveson (VI)	
Mr Patrick Jeffery (PJ)	
Derek Julian (DJ)	
Bill Mitchell (BM)	
Paul Nelson (PN)	
James Walsh (JW)	
Russell Wilson (RW)	
<b>Elected Governors (Staff)</b>	<b>Elected Governors (Staff)</b>
Dr Duncan Farquhar-Thomson (DF-T)	
Mary Martin (MM)	
Sue Worth (SW)	
Dr Will McConnell (WM)	
<b>Appointed Governors</b>	<b>Appointed Governors</b>
Amanda Gallaher – NHS Dorset	Mick Barnes – SW NHS Ambulance
Fran Leaper – Welmar Hospice Trust	
John Weir – Age Concern	
Dr Ross Kay (RK)	
Mike Lovell (ML)	
Nigel Pennington (NP)	
<b>Board of Directors</b>	<b>Board of Directors</b>
Jan Bergman – Chief Executive (CE)	Tracey Peters (DoO)
Kevin Goater – Acting Director of Finance (ADoF)	Jean George – Director of Business Development (DoBD)
Alison Tong – Director of Nursing (DoN)	Jeffery Ellwood – Senior Independent NED
Peter Knell NED	Peta Turnbull - NED
Chris Spry - NED	
Roderick Knight NED	
<b>Presentation Speakers</b>	
Dianna McDonald – Picker Institute Europe	
Sanya Clements DCHFT Consultant Microbiologist	
Anne Smith - Nurse Consultant Infection Prevention and Control	
<b>In attendance</b>	

John Yeoman – Trust Corporate Business Manager (TCBM)
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Angie Forsey – Corporate Administration Manager
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The Council of Governors (CoG) meeting was advertised within the Dorset County Hospital NHS Foundation Trust (DCHFT) website membership section at [www.dchft.nhs.uk](http://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.

1.2 David Crowhurst has stepped down from the Appointed Governor position representing Dorset County Council due to taking other responsibilities within DCC and has been replaced by Mike Lovell.

**2 Notification of Governor appointments (Agenda Item 2)**

2.1 The following new Appointed and Elected Governors were welcomed to the Council of Governors each giving a short resume of themselves details of which can be viewed on the Foundation Trust's website

**Appointed Governors**

- Dr Ross Kay – Weymouth College of Further Education
- Nigel Pennington – Friends of Dorset County Hospital
- Mike Lovell – Dorset County Council

**Elected Governors**

- Colin Dann – North Dorset
- Dr Fran Biley – West Dorset
- Bill Mitchell – Weymouth & Portland
- Michel Hooper-Immins - Weymouth & Portland
- James Walsh – North Dorset
- Jo Bowkett – West Dorset
- Andy Hutchings – Weymouth & Portland

**3 Chairman's opening remarks (Agenda Item 3)**

3.1 DCHFT Trust Board has always tried to engage with its Governors though joint Trust Board (TB) and CoG meetings, encouraging Governors to attend main committee meetings and other internal or external forums, as well as engaging with patients and staff through the Quality Assurance Teams.

3.2 An induction programme for New Governors will be arranged for October 2009, structured to include presentations from the Executive team and a representative of the Non Executives.

Ref	Action	Responsible	Timescale
3.1	CoG to be notified of main committee dates for DCH, QAT visits etc	TCBM	Aug 09
3.2	Induction programme for New Governors	TCBM	Oct 09

**4 Picker Institute Europe – 2008 Patient Survey presentation (Agenda item 4)**

4.1 Dianna McDonald, Surveys Manager, Picker Institute Europe presented the outcome of the 2008 Inpatient Patient Survey for DCH.

- 4.2 The survey which is part of the national mandatory programme, provides the patient's perception of the strengths and weakness of the FT. Standard questions and survey methodology was used for all Foundation Trusts and it followed the patient journey
- Admission to Hospital
  - Hospital and Ward Environment
  - Experience of quality care from doctors
  - Experience of quality care from doctors
  - Overall care and treatment
  - Operations and procedures
  - Discharge
  - Overall ratings
- 4.3 Out of 850 identified patients, 838 were eligible to respond (12 were deceased, too ill to respond or opted out), 490 questionnaires were returned 58.5% response higher than Picker average but lower than previous years responses.
- 4.4 Above average scores were obtained in:
- Choice of hospital for first admission
  - Printed information given to patients on the hospital
  - Explanation of reason for waiting for a bed
  - Cleanliness of the ward
  - Food quality and choice
  - Low discharge delays
  - Discharges below 1 hour
  - Confidence the hospital were keeping records safe
- 4.5 Below average scores were obtained in:
- Admission dates changed
  - Use of bathrooms with opposite sex
  - Lateness of discharge letters from the hospital to GP's
- 4.6 The improvements that were compared with 2007 were :
- Choice of hospital for first admission
  - Abolition or reduction of mixed sex accommodation
  - Abolition or reduction of mixed sex washing facilities
  - Cleanliness of rooms and wards
  - Cleanliness of toilets
  - Healthy food on the menu
- 4.7 Areas of lower performance were:
- Staff contradicting themselves (junior doctors v Consultants v Nursing)
  - Lack of mobility help to bathrooms when needed
  - Lack of receipt of discharge letter by GP
  - Rating of care dropped from fair to poor
  - Felt unable to complain about care received
- 4.8 Picker felt the survey produced an extremely positive set of results:
- 92% of patients voted DCH care as good, v, good and excellent
  - 91% said the ward staff worked well together
  - 82% had trust in the clinicians
  - 96% said wards were clean
  - 86% felt they received privacy when examined or treated
  - 80% received help within 5 minutes of activating the call button
  - 80% had their treatment clearly explained

- 4.9 Governors questions/observations about the survey and Pickers response are outlined below:
- Q – How quickly are results published
- A – Dorset sample taken in July 08 and published January 09. Next survey September 09 results Jan/Feb 10.
- Q – How has DCHFT reacted to this survey
- A – AT responded saying DCHFT were aware of the raw data content and had started to make alterations to DCH ie improving mixed sex accommodation, washing and toilet facilities. An Electronic Discharge Summary (EDS) system had been introduced to improve the speed of reports to GP's
- Q – Where patients respond negatively, are they asked to expand on the reasons for such a reply
- A – Picker stated no, but they would take this back to their development team and improve the questionnaire
- Q – Where questionnaires have reflected staff contradicting each other can this be identified to specialties/wards.
- A – Picker stated this has been shared with the Trust. The contradictions tend to arise between junior and senior staff. Where depth of knowledge is short amongst Junior staff they need to refer to the senior staff before making a decision to avoid such conflict. Also discussion away from the patient.
- Q – There is definitely a need to improve the timing of discharge letters to GPs how is this being administered. A definite problem at weekends.
- A – CEO stated that the EDS was being worked on and would improve this situation. Weekends pose a problem at the moment because District Nurses cannot access EDS and therefore dependant on hard copies.
- Q – Communication between DCH, other external agencies and GP's in general needs to be improve
- A – WMc stated that medical staffing has changed over the years and in particular junior doctors hours which have been reduced in line with EU 48hr legislation which makes the handover much tighter between shifts. MM said that although some finances can be thrown to the problem, a great deal can be done through education of staff

## 5. Minutes (Agenda Item 5)

- 5.1 The Minutes of the CoG meeting 28/05/09 were presented and approved by the CoG without amendment

## 6. Matters Arising & Action List (Agenda Item 6)

- 6.1 The Action List was noted as a correct record and uncompleted actions would be reported at the next CoG

### 6.2 School site

PJ asked about the progress of the school site. The CEO reiterated the statement from the last set of minutes that Oliver Letwin MP had convened a meeting between DCHFT and DCC which has brought the planning process forward and the site is likely to be vacated in 2-3 years. A working group is in place.

PJ enquired why the FT had made a statement that the land was purchased at a beneficial price when the Annual Accounts reflect a £700K loss due to revaluation. The CEO stated that the FT did not have an opportunity at the end of the financial year to challenge the District Valuer, but DCHFT would seek to have the valuation reviewed.

MM asked if the £200 p.a. lease stated in the minutes was correct. This was confirmed as correct and formed part of the purchase agreement following the previous agreement between the Duchy of Cornwall and DCC

- 6.3 Old Fire Station site  
 CoG enquired if the FT had actually purchased the site and how would it be developed. The CEO confirmed the site had been purchased with a view to developing it for car parking thereby releasing space within the DCH site for service development. The current financial climate will slow future developments but in the meantime the site is being used for additional car parking space within its existing layout. The FT's commercial fleet is now secured on the Old Fire Station site which releases further car parking space on the main hospital site.

Ref	Action	Responsible	Timetable
6.2	CEO and ADoF would ask for a review of last years District Valuation	ADoF	Nov 09
6.2/3	CEO to update the COG on a regular basis about progress with the school site and other developments	CEO	Nov 09

**7. Chief Executive Report (Agenda Item 7)**

- 7.1 The CE report concentrated on the current year 2009/10. The end of year report for 2008/09 was explained at Item 11 of the Agenda by the CE and ADoF
- 7.2 The Trust is facing a significant financial challenge in 2009/10 as a result of an end of year (2008/09) financial deficit of £1.1m plus a £0.7M downward revaluation of land. Cost pressures, investment to ensure adequate patient safety standards and addressing the national requirement of separation of female and male accommodation and facilities have impacted on this deficit.
- 7.3 A Cost Improvement Programme (CIP) of £6.8m has been drawn up for this year and at the moment £4.2m has been identified. Any slippage of this programme will impact on future years and therefore it is important to ensure the CIP target is achieved. SW asked that staff were kept informed of the CIP programme and JB agreed that good communication was essential
- 7.4 Ernst & Young have been commissioned to support the Trust in achieving the CIP this financial year.
- 7.5 CE's of neighbouring NHS Trusts have met to discuss how services can be managed across the Dorset health economy to facilitate savings and create a first class service.
- 7.6 Hand Gel - The location and use of hand gel in the Trust has raised a number of concerns amongst Governors, the Public and Hospital Staff. This subject matter was on the Agenda at Item 08 and would be minuted and taken forward to the next Trust Board meeting for executive discussion and action.
- 7.7 Patient Safety First Campaign - A patient Safety Board has been established chaired by the CEO. Current organisational structures, processes and practices will be reviewed to ensure DCH fulfils future clinical expectations in healthcare befitting a district general hospital.
- 7.8 Performance - All key performance targets are being met. The Finance and Activity Performance dashboards were presented to CoG

7.9 Swine Influenza - A local resilience group covering the whole of Dorset has been set up which is chaired by the local police authority and directed by the Health Protection Agency (HPA). The main organisational and communication plans are in place both nationally and locally. DCHFT's representative on the group is Mr Rupert Wainwright, Director of Operations.

Ref	Action	Responsible	Timetable
7.3	Update on CIP progress	CEO	Ongoing
7.5/7	CoG to be kept informed of organisational and service changes	CEO	Ongoing
7.8	Financial and Activity Performance dashboards	ADoF	Ongoing
7.6	Update on Infection Control and Swine Influenza	DoN	Nov 09

## 8. Infection Control (Agenda Item 8)

8.1 Because of the concerns of Governors and members of the Public regarding the sighting of hand gel dispensers around the hospital and the use of the hand gel for infection control, Dr Sanya Clements, Microbiologist and Ms Anne Smith Infection Control Specialist Nurse provided a presentation of the latest guidance that has been issued by the DoH and the HPA.

8.2 Currently hand gel is provided at every bedside, ward and department entrance, clinical rooms and at hospital entrances.

8.3 Alcohol gel provides a simple effective way for staff and the public to decontaminate their hands, although thorough washing of the hands with soap and water is more effective. The crucial time to apply alcohol based hand gel is at the point of contact

8.4 The World Health Organisation (WHO) recommend 5 moments for hand hygiene

- Before patient contact
- Before aseptic procedure
- After exposure to body fluids
- After patient contact
- After contact with patient surroundings

8.5 Whilst it is accepted that gel at the hospital entrance is a first line of defence, there is a misconception that use of alcohol gel at the entrance will provide a barrier throughout the hospital. This is incorrect and infection will be picked up from non clinical areas such as lifts and stair banisters. The TB felt that removal of the hand gel from the entrances would encourage staff and visitors to gel nearer the point of care ie the wards. The gel would not be immediately removed and the Trust would organise through various communication methods to ensure the public were aware of the reasoning behind the removal at entrances.

8.6 CoG members were given an opportunity to question the Infection Control specialists the CE and the Chairman:

- DJ stated that he had researched diligently various organisations and across various countries and in his view Hand Gel fights infection and it should not be removed from the front entrances.  
If hand gel remained at hospital entrances, then it should be established on side entrances such as the DCH Resturant.
- AH asked why a patient was discharged with C.Difficile. The CE and DoN stated that the patient had not at the time shown signs and symptoms and was not known to have C.Dif. There was also a timing issue between testing prior to discharge.
- FB supported the Infection Control Team. The CoG should support any decision

based on evidence rather than supposition. DCHFT also had a duty of care especially to those members of the public that might see the Alcohol Gel as an alternative method of meeting their addiction needs.

- MH-I felt that removing the Hand Gel from the entrances was sending out a wrong message and what evidence did the Trust have of people misusing the Gel for addiction purposes. DoN reported that two members of the public had consumed the Gel and although they were not seriously ill, and taking the containers away from the entrances would reduce this risk in the future.
- BM felt the public perception does not look at clinical evidence. Having the hand gel at entrances compromises the point of care statement. Ward entrances should be the point of care.
- FL stated that all decisions should always be based on evidence and not on perception

8.7 The CoG requested that a vote should be taken at this meeting. The Chairman accepted that request and said the outcome of the vote would be taken to the next Trust Board where an executive decision would be made by the Board of Directors.

**Voting results**

6 In favour of not removing the hand gel from the entrances

18 in favour of Infection Control evidence and recommendation to remove the hand gel from entrances and enhance the use of hand gel at ward/department entrances and at the patient bedside.

Ref	Action	Responsible	Timetable
8.7	Positioning of the hand-gel dispensers to be reassessed taking into consideration the discussion and result of the CoG vote.	DoN	December 09
8.7	To reinforce the communication regarding the use of hand-gel at Ward/Department entrances and at the point of care	DoN/ Communication s Manager	Ongoing

**9. Membership Overview (Agenda Item 9)**

9.1 A membership overview for June 2009 was presented showing a total membership of 6707 (Staff 3440, Public 3267)

9.2 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.

Considering the financial position of the Trust, the it is important that the membership does not grow rapidly since every member currently costs the Trust £1.75 to be maintained on the membership register by Capita Registers Ltd and the numbers also impact on the costs of communicating with the membership with half yearly newsletters.

9.3 The Trust will once again be present at the Dorchester Show and Governors will be asked to encourage members of the public to register with the Trust.

Ref	Action	Responsible	Timescale
9.2	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

**10 SW Governor Exchange Network feedback (Agenda Item 10)**

- 10.1 David Reason and Vicky Iveson attended the first SW Governor Exchange Network meeting held at Lyngford House, Taunton
- 10.2 Both Governors found the day interesting and especially the networking between Governors from other FT's. It is reassuring that DCHFT is similar to other FT in so far that it is difficult to recruit members without being proactive. A few FT's were now holding surgeries for members although not very well attended. A second meeting will be held in January 2010 and more Governors from each FT will be given an opportunity to attend.
- 11 2008/09 Annual Accounts and Annual Report (Agenda Item 11)**
- 11.1 The CEO and ADoF presented the Annual Report and Accounts for the year 2008/09.
- 11.2 This years financial results were disappointing with a year end financial deficit of £1.8M of which £0.7M related to devaluation of land by the County Valuer. In addition, the 18 week waiting target impacted significantly on the Trust which resulted in the Trust having to use alternative premises to complete Waiting List Initiatives at premium costs. The Trust is already seriously considering the ramifications of this deficit and implementing a Cost Improvement Programme to bring the Trust back into a small surplus position. A number of Governors sought assurance that the £1.8M of which £0.7M related to devaluation of land by the County Valuer was being addressed.
- 11.3 The CoG were asked to approve the Annual Report and Accounts for presentation to the members at the Annual General Meeting. The CoG approved the Annual Accounts and Report document unanimously.

Ref	Action	Responsible	Timescale
11.2	Financial and Activity Performance Reports to be provided to CoG	CEO	Ongoing
11.3	Annual Report and Accounts to be presented to the Annual Members Meeting	CEO	Sep 09

- 12 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) PN now 16/12/09 due to TB meeting Monitor on the 10/12/09
  - 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