

## MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING

(No 12) 11 February 2010 Brownsword Hall, Poundbury, Dorchester commencing at 3.00pm

### PRESENT

Dr Jeffrey Ellwood (Interim Chairman) (Ch)

### Elected Governors (Public)

Fran Biley (FB)  
Jo Bowkett (JB)  
Sue Bruce-Payne (SB-P)  
David Hall (DH)  
Colin Dann (CD)  
Michel Hooper-Immins (MH-I)  
Andy Hutchings (AH)  
Mr Patrick Jeffery (PJ)  
Bill Mitchell (BM)  
Derek Julian (DJ)  
Russell Wilson (RW)  
Paul Nelson (PN)

### Elected Governors (Staff)

Sue Worth (SW)  
Dr Will McConnell (WM)  
Mary Martin (MM)

### Appointed Governors

Amanda Gallaher – NHS Dorset  
Fran Leaper – Welmar Hospice Trust  
Nigel Pennington (NP)  
John Weir – Age Concern

### Board of Directors

Terry Tonks – Interim Director of Finance (DOF)

### Presentation provided by

Deanne Mahony – DCHFT Charitable Fundraising Manager (CFM)

### In attendance

John Yeoman – Trust Corporate Business Manager (TCBM)  
Susie Palmer – Communications Manager (CM)

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). 3 public and staff members attended.

### APOLOGIES

### Elected Governors (Public)

Vicky Iveson (VI)  
Dr Peter Camm (PCa)  
Peter Coughlan (PCo)  
David Reason (DR)  
James Walsh (JW)

### Elected Governors (Staff)

Dr Duncan Farquhar-Thomson (DF-T)

### Appointed Governors

Mick Barnes – SW NHS Ambulance  
Mike Lovell (ML)  
Dr Ross Kay (RK)

### Board of Directors

Derek Smith – Interim Chief Executive  
Alison Tong – Director of Nursing and Operations  
  
Dr Nick Hateboer – Medical Director (Performance)  
Peta Turnbull - NED  
Julia Gerzon - NED  
Peter Knell NED  
Roderick Knight NED  
Chris Spry - NED

Agenda Ref	Minutes		
<b>1</b>	<b>Record of Attendance, Apologies for absence and Introductions (Agenda Item 1)</b>		
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	Deanne Mahony DCH Fundraising Manager was welcomed to the meeting and would provide a presentation on the state of the DCH Charitable Fund and future plans. (see agenda item 7)		
<b>2</b>	<b>Chairman's Opening Remarks (Agenda Item 2)</b>		
2.1	Members of the public and staff were welcomed to the CoG general meeting. A total of 3 members of the public attended (noted above).		
2.2	Dorset Echo was also in attendance and they were thanked for their more positive contribution and on occasion their direct support of DCH.		
<b>Ref</b>	<b>Action</b>	<b>Responsible</b>	<b>Timescale</b>
	No action points		
<b>3</b>	<b>Minutes for approval 16/12/09 (Agenda Item 3)</b>		
3.1	The minutes of the CoG general meeting on the 16 December 2009 were approved with the following adjustments/additions to the minutes as noted below		
3.2	<u>Para 4.6 – Hand Gel. (correction to wording)</u>  Hand Gel remains effective provided there is no contact with contaminated material. It is still important that hands are thoroughly washed and Hand Gel is still used within the Wards especially at point of contact with patients.		
3.3	<u>Para 8.2 – Addition wording for NHS Dorset strategic goals</u>  The four strategic goals as outlined in Paul Sly, CEO NHS Dorset would be delivered by commissioning at locality level i.e. treating people close to their homes		
3.4	<u>Para 8.7 Additional wording for NHS Dorset's ten high priority outcome measures</u>  It was stated by the Appointed Governor for NHS Dorset that it was NHS Dorset's intention to achieve these outcomes within 5 years or sooner, in line with government and public expectations		

	<b>Post minute note:</b> DJ expressed concern about the lack of national Stroke facilities provision in the West Dorset area. AG responded noting that NHS Dorset would be holding public consultation meetings and encouraged Governors to attend.		
<b>Ref</b>	<b>Action</b>	<b>Responsible</b>	<b>Timetable</b>
3.4	Governors to be notified of NHS Dorset Stroke consultation meeting venues and dates	TCBM	Feb 10
3.2/3.3/3.4	Minutes adjusted with amendments/ additions noted above	TCBM	Mar 10
<b>4.</b>	<b>Matters arising from minutes (Agenda Item 4)</b>		
4.1	<u>Para 4.7 - Membership</u>  Governors felt membership is important to ensure a representation of the community and it must also be recognised that it is the electoral body for Governor positions. Membership recruitment needs to be reconsidered in the early part of the next financial year 2010/11.		
4.2	<u>Para 4.1 – Governor Induction</u>  The Governor Induction day has been set for the 19 March 2010 in the afternoon		
4.3	<u>Para 7.2 – Cleanliness Spot Check action point report</u>  The Cleanliness Spot Check action points have been distributed to the Governors and the next spot check will pick up these points.		
4.4	<u>Para 7.3 – Engagement and Communication</u> AH agreed to have his contact details published on the DCHFT website for membership access. WD Elected Public Governors to report progress of engagement meetings held at United Church, Dorchester		
4.5	<u>Para 7.4 – Openness and Transparency</u> SW welcomed the openness and transparency between the TB and the CoG. Governor observers to main committees should actively share detail in a responsible manner and recognise that matters arising from such meetings which are not open to the public, are designated commercial and confidential and must not to be disseminated outside of the TB and CoG.		
4.6	<u>Para 2.2 - Chairman's appointment process</u>  The Chairman's appointment process was presented to the CoG and TB on the 19 January 2010. <ul style="list-style-type: none"> <li>• Interviews of the shortlisted candidates would take place on the 9 March 2010</li> <li>• Candidates who were deemed appointable, would make a presentation to the Trust Board and Council of Governors on the 25 March 2010.</li> <li>• The CoG will make an appointment and take into consideration the</li> </ul>		

views of the TB and the Nomination & Remuneration Committee.

Ref	Action	Responsible	Timescale
4.1	Revisit Membership and recruitment	TCBM	May 10
4.2	Governor induction day organise and notify	TCBM	Mar 10
4.3	2 <sup>nd</sup> Spot Check to be organised	TCBM	Mar 10
4.4	Publish Governor contact details where permission has been given	TCBM	Mar 10
4.6	Chairman's appointment process for 25 March to be finalised	TCBM/DoHR	Mar 10

## 5. CEO Current Performance Report

### 5.1

A financial report at January 2010 was tabled:

- Income has reduced, driven by cost & volume variation and a reduction in the block contract payment. In deficit by £331K.
- Staff and Non Staff costs are in deficit
  - Staff Costs in deficit £2,062K partially due to waiting list initiatives for backlog activity, clinical excellence awards and general pay increases
  - Non Staff Costs in deficit £1,819K partially due to non-delivery of CIP plans, turnaround costs, waiting list initiatives (especially Orthopaedic and Ophthalmology) (Note: The 18 week target for 10/11 will be 100% against a 90% target for 09/10 and there are financial penalties if the FT fails to deliver)
- Staff WTE's are reducing but still above budget by 47WTE
- Revaluation of land to new valuation methodology has impacted on costs by £1,200K but this might be ameliorated by the 31 March 2010 revaluation
- Year end is still forecast at £7,400K deficit with a possible adjustment through valuation of assets. The level of backlog activity is still high and needs to be carried out externally or through waiting list initiatives. A further update will be provided once there has been a review.
- Cash positions are manageable and discussions are in hand with Monitor and NHS Dorset (commissioner)
- 2010/11 contract discussion is under way with NHS Dorset and should be finalised by the end of March 2010. Has a major bearing on plans.
- Cash at the year end is tight and being managed through the revision of the Capital programme and managing trade creditors

### 5.2

A performance report was issued in the manner of graphs and tables

- 18 Week target in December achieved 91% against a target of 90%. The contract has penalties if the 18 week target is not met
- A&E in December achieved 99.2% for the maximum 4 hour A&E wait against a target of 98% with a community-wide performance of 99.5%
- All Cancer Two Week Wait achieved 93% against a target of 93%
- All Cancers max 31 Day to Treatment (DTT) achieved 99.7% against a target of 96%
- All Cancers: Max 62 Day RTT achieved 89.5% against a target of 85%
- Infection Targets - Clostridium Difficile 47 cases have been identified against a contract ceiling of 54
- Infection Targets – MRSA 4 cases have been identified against a

contract ceiling of 9

- 5.3 Further CEO information:
- Choose and Book is working well with nearly 100% take up by Dorset GP's. One problem that has arisen is the length of booking patients with some patients receiving appointments 10 weeks ahead
  - Noro Virus has had an affect on the ability of the FT to handle demand and naturally on the 18 week target
  - Long term funding looks to be good
  - Contract signing has been delayed with the critical issues under discussion mid February 2010. Expectation to sign in March 2010
  - MRI scanner is still committed and should be on-stream around Sept. There will be a temporary mobile scanner whilst building work is completed. Cost approx £1.5m. Capacity will not increase.
  - Trade Unions and Management are meeting on a regular basis

- 5.4 Response to Governor observations against the reports were as follows:
- Recognising that activity is under contract , is DCHFT ever likely to over-perform. Contracts must be realistically set ensuring activity is matched to capacity. Block contract has a 5% variance either way. Over performance will be financially rewarded at a reduced rate but equally underperforming will incur a penalty
  - DCHFT must recognise that it will not be able to be the provider of 1<sup>st</sup> choice considering the No of patients in Dorset
  - Capacity needs to be benchmarked
  - Staff sickness rates need to be monitored and improved where possible
  - The costs of the Recovery programme and Interim Directors will be published in the Annual Report
  - Anxiety by the public that the hospital could close was reassured by the CEO stating that the hospital would not close and the financial position would be unequivocally addressed. A good working relationship with NHS Dorset would ensure an effective service but within funding.
  - It was noted that several Governors had met with the Health Minister to ensure he was aware of the Trust's position and to try and obtain assurances of funding for the future

Ref	Action	Responsible	Timescale
5	CoG to be provided with regular Financial and Activity Performance reports	CEO	Ongoing

## 6.0 CEO Report on the Recovery Plan (Agenda Item No 6)

- 6.1 The recovery plan report issued by the CEO stated
- Following the meeting between TB and Monitor December 2010 a further plan was submitted on the 28 January 2010.
  - Discussions are proceeding with NHS Dorset and will also take place with NHS SW to obtain short term funding
  - Asset sales initiated in 2009/10 are proceeding with receipt of sales hopefully achieved by year end
  - Implementation of the Recovery Plan is proceeding with development of the projects. Central to the plan is:
    - the improvement of the Trust's emergency care pathway to improve services to patients and reduce costs

- Improvement of theatre usage
- Improvement of the Outpatient experience
- Over 36 projects being developed which should generate £17m with some, shortly activating
- Staff reductions will currently be achieved through natural wastage. Redundancy costs cannot as yet be funded. There is still a need to reduce manpower by 200 WTE's
- Price Waterhouse and Cooper have been appointed at £400k providing expertise to drive efficiency programme and implement recovery plan. This releases the Executive to concentrate on day to day issues.

Ref	Action	Responsible	Timescale
6	CoG to be provided with regular Recovery Plan updates	CEO	Ongoing

## 7. Charitable Fund Presentation (Agenda Item 7)

- 7.1 Deanne Mahony, Fundraising Manager presented the position of the Charitable Funds and how she hoped to develop the funds.
- The funds are small (under £300k) and not invested to generate income but are used immediately they are received.
  - Income is derived from One Off Donations, Legacies and Trust & Grant Giving Foundations
  - There is potential to increase income through:
    - Improving individual and regular giving
    - Community fundraising
    - Major events
    - Setting up a legacy programme
    - Major Donor Programmes
    - Capital Campaigns
    - Corporate fundraising
  - DCHFT has three General Purpose Funds and eight Special Purpose Funds registered with the Charity Commission
  - The charity needs help through
    - Engagement with the membership
    - Encouraging Businesses
    - Good communication channels such as the web and media outlets i.e. Facebook
    - Volunteers and Ambassadors

- 7.2 Responses to Governors comments:
- DCHFT Charitable Fund is not in competition with other charities that are providing a valuable service to the FT i.e. Friends of Dorchester Hospital, Fortuneswell Trust and Dorset Kidney Fund in addition to other generous organisations and bodies.
  - Post Graduate Medical Education fund that was set aside for additional education has been used for the purchase of Sim Man and the learning lab within the Education Department. This project allows clinical staff to learn in a simulated environment
  - Charitable Funds will eventually be independently registered with independent Trustees. The current corporate Trustee arrangements consist of a committee made up of NED's
  - Charitable Fundraising does not have a team at the moment but some volunteers are being recruited. Methods of communicating ie Facebook, leaflets, website etc are being developed. As income generating projects are developed, this team will require further support.
  - The Charitable Fundraising manager has registered the charity with Virgin Giving which provides best value of service

Ref	Action	Responsible	Timetable
7.2	Governors engaging with the public can encourage and direct interested members to the Charitable Fundraiser	Governors	Ongoing

## 8.0 Governor Matter (Agenda Item 8)

- 8.1 Dorchester Governor Surgery
- Members of the public have approached Governors quite consistently about Pain Clinic and Ophthalmology issues
  - The surgeries are proving quite successful as engagement opportunities and because it is part of a coffee morning hosted by Dorchester United Church on a market day, the population attending such a meeting is fairly migrant
  - Further meetings are planned and the West Dorset Governors will at some stage look at providing a surgery in other areas of the constituency such as Bridport and Sherborne to reduce transport problems for members attending surgeries
- 8.2 SW Governor Development Day in Bristol
- Patrick Jeffrey gave a small presentation of the visit to Bristol with Bill Mitchell. Issues that were discussed:
    - FT Association of Governors
    - Some FT's have developed a DVD for the Public explaining the role of the Governor
    - FT's have in some instances asked Governors to serve permanently on committees
    - The FT's need to recognise a budget for Governors and membership. Agenda's & Papers are generally printed for Governor meetings
- 8.3 Matters raised by Derek Julian and Governors
- Member's of Parliament have shown a great deal of interest in the FT's financial position and in particular Oliver Letwin, MP has provided a great deal of support.

- The hospital public corridor carpets will be replaced by solid flooring which will take approximately 6 months to complete.
- The TB must learn from the Mid Staffordshire enquiry and ensure mistakes are not replicated at DCHFT. However it is still noted that some patients are still struggling with their food and staff/volunteers not available to provide assistance
- Land Sales are still a concern of Governors. The footprint of the hospital for the future must be identified to establish what property is surplus to requirement. Improvements in medicine, health service requirement for the future especially in the community and Green policies on transport all have a bearing on the hospital for the future.
- It was felt GP's could not adequately be represented by the NHS Dorset PCT Governor through possible conflict of interest. This suggestion would require an amendment to the Constitution regarding the composition of the Council of Governors.

Ref	Action	Responsible	Timetable
8.1	All Public Governors to engage with members in their Constituencies	Governors	On going
8.2	Association of Governors to be investigated and decision to be made by Trust and Governors	TCBM	July 10
8.3	CEO to report back on Mid Staffs enquiry report and identify lessons learnt that need DCH need to vigilantly	CEO	May 10
8.3	CEO to report back about Land Sale plans	CEO	May 10
8.3	Constitution revision and CoG composition to be discussed	Chairman	Nov 10

**9.0 Any Other business**

9.1 None

Ref	Action	Responsible	Timetable

**10. Future meetings**

- 10.1 Council of Governors (open public meetings) all at the Brownsword Hall, Poundbury
- 27/05/10
  - 22/07/10
  - 25/11/10
- 10.2 Joint Trust Board and Council of Governors (closed meeting)
- Tba
- 10.3 Annual Members Meetings at the Dorford Centre, Dorchester
- 07/09/10

**Abbreviations used**

CoG	Council of Governors
CM	Communications Manager
TB	Trust Board
DCC	Dorset County Council
DoN	Director of Nursing

MD	Medical Director
N&RC	Nomination & Remuneration Committee
NED	Non Executive Director
A&E	Accident & Emergency
SW	South West
DCHFT	Dorset County Hospital NHS Foundation Trust
StHA	Strategic Health Authority
PCT	Primary Care Trust
DoHR	Director of Human Resources
FT	Foundation Trust