

MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING
(No 11) 16 December 2009 Brownsword Hall, Poundbury, Dorchester commencing at 3.00pm

PRESENT

Mr Jeffrey Ellwood (Interim Chairman) (Ch)

Elected Governors (Public)

Dr Peter Camm (PCa)
Jo Bowkett (JB)
Sue Bruce-Payne (SB-P)
Peter Coughlan (PCo)
Colin Dann (CD)
Michel Hooper-Immins (MH-I)
Andy Hutchings (AH)
Mr Patrick Jeffery (PJ)
Bill Mitchell (BM)
David Reason (DR)
James Walsh (JW)
Russell Wilson (RW)

Elected Governors (Staff)

Mary Martin (MM)
Dr Will McConnell (WM)

Appointed Governors

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

Board of Directors

Derek Smith – Interim Chief Executive (CEO)

Presentation Speakers

Paul Sly – Chief Executive Officer NHS Dorset (PCT)
Dr David Philips - Director of Public Health NHS Dorset PCT

In attendance

John Yeoman – Trust Corporate Business Manager (TCBM)

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. 5 public and staff members attended.

Colin Smith
Ruth Love
Alistair Chisholm

APOLOGIES

Elected Governors (Public)

Fran Biley (FB)
Vicky Iveson (VI)
David Hall (DH)
Derek Julian (DJ)
Paul Nelson (PN)

Elected Governors (Staff)

Sue Worth (SW)
Dr Duncan Farquhar-Thomson (DF-T)

Appointed Governors

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

Board of Directors

Peter Knell NED
Roderick Knight NED
Chris Spry - NED
Peta Turnbull - NED
Julia Gerzon - NED

Diana Smith
Julia Handoll

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 Paul Sly, CEO of NHS Dorset along with Dr David Phillips, Director of Public Health NHS Dorset PCT were welcomed to the meeting. They presented the NHS Dorset PCT Strategy for 2010-2014. (see agenda item 8)

2 Chairman's Opening Remarks (Agenda Item 2)

2.1 Members of the public and staff were welcomed to the CoG general meeting. A total of 5 registered members attended (noted above). This is the first time that members have attended and it was hoped that other members would do so in the future.

2.2 A section 52 Notice was served by Monitor to DCHFT on the 29 October 2009. The details of this notice are available on the FT's website.

The Trust was expected to set out a sustainable Recovery Plan and this was presented to Monitor on the 10 December 2009, for approval.

Due to the resignation of the Chairman, Robin Sequeira, Monitor appointed Jeffrey Ellwood, Senior Independent Non Executive Director as the Interim Chairman. Monitor also requires the CoG (Members' Council) of the Foundation Trust to immediately commence its formal recruitment process to appoint a Chairman. The Nomination & Remuneration Committee (N&RC), delegated by the CoG for Non Executive appointments, met on the 16 November 2009 and a Job Description (JD) and Person Specification (PS) is currently being reviewed in anticipation of an advert being placed in a national Sunday paper on the 10 January 2010. The JD and PS will be placed before the CoG for ratification at the Joint TB and CoG meeting 19 January 2010.

Monitor has no current reason for concerns as to the quality of the clinical care provided by the Trust.

Derek Smith, CEO will be presenting a current performance report for the Trust and also update the CoG on the Draft Recovery Plan. Monitor are likely to approve early January 2010. (see agenda item 5 and 6)

3 Minutes for approval 30/07/09 (Agenda Item 3)

- 3.1 The minutes of the CoG general meeting on the 30 July 2009 were approved without alteration

4. Actions arising from minutes

4.1 Action point 3.2 - Induction programme for new Governors still awaited.

Induction programme requires input from the Executives and Chairman to provide the Governors with an insight into the Trust's, governance, management and strategic direction and will include a tour of the hospital.

An induction programme will be organised for January/ February 2010.

4.2 Action point 6.2 - Land Valuation

CEO reported the FT will be reviewing the valuation of its land assets. Current land prices have adversely affected the valuations. In the case of the DCH Estate this has one positive consequence as last year, the Trust paid out £3.3M in PDC dividends, based on the value in the books of its total estate. A lesser valuation would suggest a lower PDC Dividend.

For the School and the Fire Station sites, the lower valuations might have an influence on the timing of the decision to sell and the Board was seeking to establish current values. A sale would provide a much needed cash injection.

While the decision is for the Board of Directors, the Chairman agreed to keep the CoG advised of developments, as some Governors stated their opposition to DCHFT selling off the land that could be used for future expansion.

4.3 Action point 7.3 - Cost Improvement Programme (CIP)

The CIP plan was expected to deliver £3.1M against an original target of £6.8M.

Vacancy control savings have been identified as £1.2M.

4.4 Action point 7.5/7 - Organisational changes

This is covered under Agenda item 5 - Update on Recovery Plan

4.5 Action point 7.8 - Financial and Activity Performance

Dashboards are to be introduced at Directorate/Division level.

The CoG requested regular reporting and it was agreed that monthly reports would be provided rather than the present intermittent reports.

4.6 Action point 8.7 - Hand Gel

Dispensers remain in situ at front entrances because they are now fixed and do not present a hazard to vulnerable members of the public, as identified by the DoH. Infection Control advice remains valid that gel remains effective after 2 hours provided there is no contact with contaminated material. It is still important that hands are thoroughly washed and Hand Gel is still used within Wards especially at point of contact with patients.

4.7 Action Point 9.2 - Membership

It was noted that recruitment of more members was on hold because of the costs of servicing a larger membership. However, membership numbers will be reviewed after March 2010

5. CEO Update on Recovery Plan

5.1 The objective of the Recovery Plan was to restore confidence and create an organisation that provides a quality service within the resources that are available.

5.2 The CoG were advised that if no action were taken to arrest the expenditure trend against available resources in 2010/11 and 2011/12 then the result for DCH would be:

- 09/10 £7.4M deficit
- 10/11 £11.4M cumulative deficit
- 11/12 £17.1M cumulative deficit

This assumes:

- £3.1m 09/10 CIP achievement against an original target of £6.8M
- (£3.4)m reduction in income through less activity and reduction in tariff
- (£3.9)m annual pay expenditure increases through nationally agreed inflation increases and Agenda for Change (AfC) incremental increases in pay bands and NIC increases
- (£2.4)m increase in net non-pay costs (VAT increase to 17.5%, drugs costs, general inflation etc)

5.3 The turnaround plan was to have three phases which overlapped.

- Change the management structure
- Improve performance and efficiency
- Strategic change over a longer period

The plan assumed a pay freeze which was subject to whatever negotiations might take place nationally.

5.4 The management structure was to be simplified aimed at reducing costs, and creating a more effective operational management for the future.

5.5 The performance and efficiency improvements would be achieved by realising savings (target of £10m) from 38 centrally managed projects, for example:

- Improving emergency care pathways, operating theatre efficiency and reducing Out Patient (OP) follow-ups.
- Reducing cost per case and try to get more patients through the system thereby reducing the waiting list.
- Reviewing services provided. Implementing Service Line Reporting.
- Reviewing PCT payments of services within the NHS Dorset contract and either generating more revenue or cutting the cost of services

5.6 Strategic changes might include:

- Centralised automated laboratory services, recognising that some services need to be maintained on site for expediency of the diagnostic tests.
- Reviewing the structure of services across the county
- Sharing of clinical and non-clinical services

5.7 There followed a question and answer session in which the CoG explored the costs of the recovery plan, the assumptions behind it and any potential effect on patient care.

6. CEO Current Performance Report (Agenda Item 6)

- 6.1
- The Trust's deficit at October 2009 was £4M against a planned surplus of £0.2M
 - Waiting List Initiative costs to maintain the contracted 18 weeks increased from September by £62K
 - The CIP target of £6.8M at this stage has achieved £3.1M a shortfall of £1.7M against target at month 7.
 - Agency costs have fallen by £16K compared to September
 - Cash balances at the moment total £13.9M but cash will be very tight at the end of the year. Paying the wage bill will be a priority.
- 6.2
- Access targets remain achievable, although it should be recognised that risks around non-elective case numbers and norovirus increased at this time of year.
- 6.3
- Monitor Compliance indicators which are giving concern for November 2009:
- Clostridium Difficile (CDiff) episodes totalling 39 are higher than planned for at this stage of the year. The annual target is 54.
 - Thrombolysis 'call to treatment' < 60mins episodes are not meeting the expected target of 68% treated within 1hr. (Qtr1 55.6%, Qtr 2 55.9%, Oct & Nov 50%). The overall number of patients is small and so percentage variations are great.
 - All other Monitor Compliance targets are being achieved.
- 6.4
- A&E workload is currently very erratic and January might see an increase in the number of patients not being assessed within the 4 hour waiting time.
- 6.5
- With respect to the 18 week target Orthopaedics and Ophthalmology have a backlog of cases.
- 6.6
- CoG asked if Waiting List Initiatives (WLI's) were being considered to reduce waiting lists. WLI's are being considered but the Trust is trying to keep them to a minimum because of the resulting reduced profit margin. Unfortunately, DCH's capacity is not yet balanced to demand.

7. Members Discussion (Agenda Item 7)

7.1 Agenda Item 7a - Report for Governor circulation

Staff Governors (SG) concerned that following the Joint TB/CoG meeting on the 16/11/09, they could not disseminate the information provided at the meeting about how the financial deficit occurred.

They had spoken to the Chairman and he had agreed to present to this open meeting a written statement which he had discussed with the SG's and could be shared with staff. In addition, the CEO also stated that the Trust's management would be communicating with staff about the hospital's finances and the recovery plan.

Monitor has no plans to take away DCH's Foundation status unless there was a failure to deliver quality of service. The current concern by Monitor relates to maintaining financial stability. Quality of clinical service is not under question.

7.2 Agenda Item 7b - Governor and Public Assurance

- In response to the ECHO article "Filthy Wards" a number of Governors had immediately, and unannounced, visited the wards at DCH. In a report to the meeting it was stated that the Governors found the wards to be very clean and the Nursing and Housekeeping staff were to be congratulated. Governors agreed that the lead Governor would write a letter to the ECHO.
- CoG requested that the report prepared by the Governors is given to the manager of the ward/department visited and actions identified followed up and reported back in due course.
- Some Governors would like to see more assurance visits to wards and departments similar to the recent unannounced visit for ward cleanliness. It was agreed that a couple more unannounced cleanliness visits will be organised for later in the year. Further assurances are provided by the Quality Assurance Team who review Privacy, Dignity and the Environment, and the Patient Environment Action Team (PEAT) on which Governors have representation.

7.3 Agenda Item 7c -Engaging and communicating with members

It was noted that:

- Governors were very keen to engage with their members.
- A number of the West Dorset Governors are considering a trial membership surgery in Dorchester. Governors will not have all the answers to members concerns and will forward those concerns to the Trust for response.
- A six monthly membership newspaper was delivered either electronically or in hard copy.
- Governors asked for their contact details to be published on the Trust's website which will be actioned once written consent is given by the Governors.

7.4 Agenda Item 7d - Openness and Transparency

- Governors expressed concern that Trust Board minutes were not published and available to Governors. The Chairman responded that while CoG meeting were held in public, DCH Board meeting are required by the Constitution to be held in private, but that it had been agreed for up to 3 Governors to attend on a 3 meeting rota basis. Minutes of the previous meeting were provided to the Governors with the Board papers.
- It was agreed that a question relating to this topic would be posed to Monitor on the 19th January when they visit DCH as Monitor's Code of Governance stated TB's did not have to be held in public.
- In the meantime Governors will continue to attend and observe the TB and the main Board committees, namely Audit and IGC, and the Chairman had agreed for summaries of TB minutes being circulated to all Governors and placed on the Trust's web site.

8.0 NHS Dorset 2010-2014 Strategy (Agenda Item 8)

8.1 Paul Sly, CEO NHS Dorset and Dr David Philips, Director of Public Health for NHS Dorset presented NHS Dorset's health strategy for 2010-2014

8.2 Four strategic goals were noted

- Helping the population to live longer
- Delivering care when and where needed
- Care delivered in a way that the community would expect
- Achieving best value for money

The general strategy was to encourage people to stay healthy, encourage people to look after themselves, as close to their homes as possible.

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

8.3 There were variations in health across the county with more poor health outcomes in Weymouth and Portland (W&P) than elsewhere. There was a large and increasing population of older people in Dorset and more people died in hospital rather than according to patient's wishes, at home.

- 8.4
- Immunisation rates were good.
 - Teenage pregnancy rates low but W&P have the worst rates.
 - 300 people were killed or seriously injured each year on roads in Dorset requiring a major strategy of working with key partnerships to reduce accidents.
 - Smoking by the public had reduced but young people need further health education, integrating with Local Authorities and encouraging peer pressure.
 - Obesity and overweight in school children was high.

8.5 Lord Darzi's report suggested a care pathway that treated individuals from conception to death. Important that treatment is arranged within localities rather than around institutions by delivering joined up commissioning at six localities (Christchurch, East Dorset, Purbeck, North Dorset, West Dorset, W&P).

8.6 NHS Dorset's programme and initiatives include:

- Staying healthy – reduce risk behaviours and inequalities (smoking in Dorset has reduced by 5%, DCH played a significant role in the reduction of pregnant women stopping smoking through its active programme)
- Maternity, Newborn and Young people – Improve Maternity care, increase immunisation and child nutrition
- Planned and long term (LT) care – Annual health checks, improve care for LT patient's, reduce inappropriate admissions, improve access to care.
- Emergency care – improve management of heart attacks, acute strokes and trauma, reduce delayed transfers.
- Mental Health – Improve Access to Psychological Therapy, deliver dementia care strategy, encourage employment of mentally ill patients
- End of Life care – deliver an EoL strategy

8.7 NHS Dorset has identified ten high priority outcome measures reflecting the communities needs by addressing:

- Life expectancy
- Health inequalities
- Smoking prevention
- Under 18 conception rates
- Childhood obesity
- Patient and users reported experiences
- Stroke deaths
- Delayed transfers of care
- Secondary mental health services employment for adults
- People dying at home

It was stated by the Appointed Governor for NHS Dorset that it was NHS Dorset's intention to achieve these outcomes within 5 years to address or sooner in line with government and public expectations

- 8.8 NHS Dorset's expectations were that:
- People were to live 2 years longer and inequalities of life expectancy around Dorset reduced
 - 16,000 less people smoking, 800 less teenage conceptions, 3000 less obese children, 100 more positive experiences in hospitals, 400 less stroke deaths within 30 days.
 - Increasing available hospital beds by 24 through reducing delayed transfers of care
 - 300 more people with mental illness gaining employment
 - 300 more people given the opportunity to die at home.

- 8.9 NHS Dorset needs to work closely with other partnerships to deliver the strategy's challenges.
- NHD Dorset needs a financially stable and high quality hospital in Dorchester (DCH) and the relationship must be long term.
 - Challenges need to be financially sustainable.
 - Wider discussion is required with patients and the public if there are substantial service changes
 - Locality changes and integral partnerships need clinician involvement and empowerment.

- 8.10 CoG concerns were:
- NHS Dorset must listen to all user groups using the NHS, not just those groups that have a strong management or voice.
 - If DCH has to reduce its services, assurance must be given by NHS Dorset they will work closely with the DCH in planning arrangements.
 - That funding levels might be reduced.
 - Integrated service provision within localities can stretch centralised services. NHS Dorset will evaluate cost and quality of service before changes are made
 - Treatment outcomes need to be monitored more closely at the forefront on the NHS Dorset agenda.

9 **Future meetings**

- 9.1 Council of Governors (open public meetings) all at the Brownsword Hall, Poundbury
- 11/02/10 (Original date 25/02/10 CANCELLED)
 - 27/05/10
 - 22/07/10
 - 25/11/10
- 9.2 Joint Trust Board and Council of Governors (closed meeting)
- 19/01/10 – DCH Lecture Room
- 9.3 Annual Members Meetings at the Dorford Centre, Dorchester
- 07/09/10

Abbreviations used

CoG	Council of Governors
CIP	Cost Improvement Programme
CM	Communications Manager
TB	Trust Board
DCC	Dorset County Council
DoC	Duchy of Cornwall
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
PbR	Payment by Results
RTT	Referral to Treatment
C.Diff	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
DoHR	Director of Human Resources
JD	Job Description
PS	Person Specification
FT	Foundation Trust
AfC	Agenda for Change