

MINUTES OF THE COUNCIL OF GOVERNORS GENERAL MEETING

(No 17) 03 February 2011 Brownsword Hall, Poundbury, Dorchester commencing at 2.00pm

Attendance register

Dr Jeffrey Ellwood - Chairman (Ch)

Elected Governors (Public) - Attendees

Fran Biley (FB) - West Dorset
Sue Bruce-Payne (SB-P) – Weymouth & Portland
Michel Hooper-Immins (MH-I) – Weymouth & Portland
Mr Patrick Jeffery (PJ) - West Dorset
Bill Mitchell (BM) – Weymouth & Portland & Lead Governor
David Reason (DR) - West Dorset

Jo Bowkett (JB) - West Dorset
Peter Coghlan (PCo) – Christchurch, Poole & B'mth
Andy Hutchings (AH) – Weymouth & Portland

Derek Julian (DJ) – Weymouth & Portland
Wendy Nightingale (WN) West Dorset

Malcolm Shakesby MBE (MS) Purbeck

Elected Governors (Public) – Non Attendees

Paul Nelson (PN) – North Dorset

Colin Dann (CD) – North Dorset

Elected Governors (Staff) - Attendees

Susan Browne (SB)

Dr Duncan Farquhar-Thomson (DF-T)

Elected Governors (Staff) – Non Attendees

Tracey Glen (TG)

Appointed Governors - Attendees

Simon Bishop (SB) – Dorset Kidney Fund
Peter Wood (PW) – Age Concern

Nigel Pennington (NP) – Friends of DCHFT

Appointed Governors – Non Attendees

Andy Cooke (AC) - DCC
Dr Ross Kay (RK) – Weymouth College

Amanda Gallaher (AG) – NHS Dorset
Fran Leaper (FL) – Weldmar Hospicecare Trust

Mark Robson (MR) – SW Ambulance NHS Trust

Board of Directors - Attendees

Roderick Knight – Vice Chair NED
Jean O'Callaghan – Chief Executive (CE)
Patricia Miller – Director of Operations

Dr Peter Camm - NED
Bill Boa - Director of Finance (DoF)

Board of Directors – Non Attendees

Dr Nick Hateboer – Medical Director
Alison Tong – Director of Nursing and Operations (DoNO)
Tracy Peters – NED
Jane Reid - NED

Mark Power – Director of Workforce & HR
Peta Turnbull - NED

Peter Knell - NED

In attendance

John Yeoman – Trust Corporate Business Manager (TCBM)
Joyce Frederick (JF) – CQC Compliance Manager (Dorset)

Clare Damen (CD) - Divisional Manager for Surgery
Jane Pike (JP) – Director of Service Improvement, NHS Dorset Director

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. External attendees comprised Dorset Echo plus 6 public members

**Agenda
Ref**

Minutes

1. Chairman's Opening Remarks (Agenda Item 1)

- 1.1 The Chairman noted the Director of Finance and Director of Operations would have to leave the meeting at an allocated time to attend contract monitoring negotiations with the PCT.

Ref	Action	Responsible	Timescale
	No actions from Chairman's Opening Remarks		

2. Apologies for absence (Agenda Item 2)

- 2.1 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.
- 2.2 AH expressed concern about certain Governors not regularly attending the CoG meetings. TCBM agreed to write to those Governors not meeting the Constitutional requirement for attendance as noted in Annex 5 -Termination of Office and Removal of Members clause 3.

Governor attendance records are also presented as part of the Annual Report

Ref	Action	Responsible	Timescale
2.2	TCBM to write to Governors who do not meet the FT's Constitution rules	TCBM	Feb 11

3. Introductions (Agenda Item 3)

- 3.1 The Chairman introduced
- Patricia Miller, Director of Operations.
Patricia holds a Masters degree in Health Care Management from Manchester Business School, and is a graduate of the East of England Aspiring Directors Programme. Prior to joining DCHFT, she worked in management at Bedford Hospital NHS Trust with her last role as Interim Chief Operating Officer. She has led a range of innovative and successful initiatives to improve patient safety and quality.
 - Jane Reid new Non-Executive Director.
A registered nurse with an acute care and academic background, managing a portfolio of leadership roles in the NHS and Higher Education focused on patient safety improvement. Her current positions include Nurse Advisor to the National Patient Safety Agency, Fellow of the NHS Safer Care and Improvement Faculty, Senior Academic at Bournemouth University, and Advocate Lead for the Clinical Human Factors Group (a charitable trust).

- Peter Wood, Appointed Governor representing for Age Concern.
Peter had originally served on the Council of Governors as an Elected Public Member for West Dorset constituency.
- Simon Bishop Appointed Governor representing Dorset Kidney Fund.
Simon brings a user perspective to the Council

Ref	Action	Responsible	Timescale
4.1	Issue new Governors with ID badges and Car Permits	TCBM	February 2011
4.1	New Governors to sign Declaration of Interests and Code of Conduct	TCBM	February 2011

4. Governor Matters – Michel Hooper-Immins - Pain Clinic Waiting Times (Agenda Item 4)

4.1 The Chairman welcomed Clare Damen (CD), Divisional Manager for Surgery and Jane Pike(JP), Director of Service Improvement, NHS Dorset (PCT) to facilitate discussion and to members of the public who had attended and had raised the matter. He acknowledged that both the Governors and members of the public wanted a resolution to this issue.

Michel Hooper-Immins [MH-I] said many patients of the DCH Pain Clinic, who needed regular specialised injections to relieve terrible pain, were being made to wait longer and longer. He said they are being failed by the NHS in Dorset- waiting times had not improved in 20 months. There had been many excuses, meetings, public consultations, questionnaires, committees, delays, talk of new policies and yet more excuses. Patients in pain had told him they felt they are being given the runaround by the NHS and are being forced to wait far too long for their pain relief injections. Most blame the hospital, but Mr Hooper-Immins was convinced the root of the problem lay with the PCT, who have failed to properly finance the service. He commended the persistence of Colin and Diana Smith, present at the meeting, who had communicated for 20 months with the PCT and the Hospital to press for improvements.

(CD) acknowledged that there was a problem, and confirmed that waiting times had not improved due to the referral rate. However a working group has been meeting on a monthly basis to write a comprehensive policy and clinical pathways for the Pain Clinic service. This had been a crucial step for the service as it needs to move towards self-support and self-management of coping with an illness. This type of model already works in other hospitals.

A meeting will be held on Monday 07/2/11 to agree the impact the new Policy will have on the capacity of the hospital, which will also be agreed with the PCT. At this point, patients will be informed in writing of the changes and how it will affect them. The high number of patients not attending the clinic, despite reminders, was noted.

(JP) acknowledged the feeling expressed by members, but agreed that the priority had been to get the clinical pathway right, which was now agreed, but acknowledged it had taken time. The action that has been taken has been cost-effective and will be more effective for treating patient's pain. The PCT recognised in order to support the new Policy, they may need to invest in other provisions.

In response to questions from the Governors JP advised that:-

- The new Policy will be implemented for all new patients, and that existing patients will be reviewed. Individual treatment plans will be agreed with existing patients.
- It was recognised that while some patients would always have a degree of pain they would be offered coping strategies.
- There was a shared frustration regarding patients not attending the clinic for appointments.

MH-I remained unhappy that there appeared that nothing was happening to change patient's experience of long waits, but agreed to await developments.

It was agreed that all patients would receive a letter within 2 weeks of the meeting on Monday 21/02/11 regarding the changes and how it will affect them. A copy of this letter would also be circulated to the Governors.

It was also agreed that CD, DoO and JP would return to report progress at the next Governors Meeting. The Chairman confirmed this would remain an Agenda Item.

Ref	Action	Responsible	Timescale
4.1	Letters to patients explaining revised Pain Relief policy.	PCT/DCH	March 11
4.1	CD, DoO and JP to report progress of policy implementation at the next CoG May 2011 (actual date tba)	DoO	May 11

5. Director of Finance report (Agenda Item 5)

- 5.1 The Director of Finance (DoF) presented a Financial and Performance report as at 31 December 2010

Unfortunately the (DoF) would not be present for the Governor Matters discussion about the sale of the old Fire Station due to a contracts meeting with NHS Dorset. He stated that the old Fire Station had been purchased when the FT was planning to expand. The FT could not justify retaining the site when local and national health strategy was moving towards less centralised provision. The FT would not be expanding for the foreseeable future. Since the site was not a protected asset it could be sold without consultation. There was a difference of opinion about this from some of the Governors.

(Post Note: Protected Assets are those assets that affect the provision of Mandatory Goods & Services as outlined in the FT's Terms of Authorisation. This land is not intrinsically linked to the provision of Mandatory Services and therefore is not a Protected Asset.)

- 5.2 The DoF was pleased to report the Trust at the end of December 2010 has a deficit of £2.48m against a planned deficit of £3.5m. The Trust is confident the planned deficit will not be breached but there are a number of underlying issues to the forecast which are noted below.

Over-trading by the Trust

The current over performance for the first 9 months against the main NHS contract needs to be closely monitored. Activity completed by DCHFT over and above the contract threshold set by NHS Dorset PCT, will not be paid for. This has currently

cost the Trust £424k of income against the cumulative target.

The Recovery Programme,

This programme has identified £6.2m savings and the financial forecast assumes that these savings will be delivered. However this is driven by a non recurring saving of £2.8m as a result of vacancy management. The non recurrent nature of these savings is a concern as the Trust moves to 2011/12. For 2011/12 the directorates have identified a savings programme of £9.6m which is risk adjusted to £8.4m. The recovery programme does not affect clinical or front line staff

The Cash Position

At the end of December the Trust held a cash balance of £9.5m. This position is results from a deferment of last year's PDC dividend of £1.3m which was due in March 2010 in addition to a PCT advance of £12.8m. Repaying the PDC dividend and the PCT advance will result in an underlying deficit of £4.6m. The Trust is applying for a loan which has been processed and is subject to DoH Loan Application panel approval subject to members of the panel visiting the Trust shortly.

5.3 In response to questions from the Governors, it was noted that :-

- The FT had over performed on elective orthopaedic activity (this will be raised with the PCT when negotiating next year's contract).
- The FT was achieving the 18 weeks target. The Trust has undertaken its contracted activity. If the 18 week target falls short, NHS Dorset PCT needs to understand its responsibilities and purchase more activity to allow the target to be reached. This position is not unique to this Trust.
- The Trust has a fall-back position, if the loan is denied.
- Elements of the Financial Recovery Programme Schedule were clarified. This is regularly updated and available on the intranet as well as going to the Trust Board on a monthly basis. Savings are be driven by the Programme Management Office.
- Derek Julian (DJ) expressed his opinion that high sickness rates and agency spend should be reduced. He also wanted to encourage more comprehensive hand hygiene to reduce infections. The DoF commented that sickness/absence rates compare favourably with other Trusts and that staff had made an enormous effort to cover absences during the adverse weather condition ensuring patients were looked after.
- Consultant overtime. The DoF reported that premium payments are still being paid and that negotiations are currently underway to produce a new policy around payments.
- Use of the Winterborne – this is being used for the spinal service and paid at standard tariff rate.

Ref	Action	Responsible	Timescale
5.2	DoF would continue monitoring financials and Recovery programme. This detail would be provided as part of the monthly Trust Board papers which are published on the internet and available to governors who attend the meeting.	DoF	On-going

6. Approval of the Minutes of the 22/07/10 (Agenda Item 3)

6.1 The minutes of the CoG meeting of the 08/09/10 were approved as a correct record

The minutes were approved as a correct record. Proposed by Jo Bowkett, Seconded by Michel Hooper-Immins.

- 6.2 AH thanked Chairman for personally telephoning Governors regarding the cancellation of the last meeting due to the adverse weather conditions

Ref	Action	Responsible	Timescale
6.1	Publish approved minutes on the DCHFT website	TCBM & CM	Feb 2011

7. Matters arising from minutes and the Action List (Agenda Item 7)

7.1 The Action Lists (Completed and On-Going Agenda Item 7i & 7ii) were presented for information and noted

7.2 The Action List of Outstanding issues Agenda Item 7iii was discussed as follows

- Item 1 – *Vacancies and possible interim election* - Agenda item 12
- Item 2 – *DCHFT's Patient Safety* - Agenda item 10
- Item 3 – *Market Factor Forces anomaly of funding progress report*
Chairman reported that as a result of the Market Factor Forces national review the Trust has gained £1m additional income for next year.
- Item 4 – *Governors feedback from SW GEN Meeting 13/10/10*
The SW GEN continue to be held, with JB and AG attending the last meeting and four Governors attending the next meeting 8 March 2011. Governors were encouraged to increase their network.
- Item 5 – *DCHFT Website Review*
The CEO is undertaking an audit of all communications within the Trust. The outcome of which will be brought to the next meeting.
- Item 6 – *Organisational Restructure*
The CEO confirmed that the Executive Team is now complete as is the next level, with the Medical Division Manager starting in a few months. Plans are also underway to improve the clinical structure of the organisation by appointing clinical leads for each area, the ultimate aim of which is to have a clinically led organisation. This would also help with succession planning. The issue of cover for the Medical Director is being addressed.
- Item 7 – *DCHFT online membership and registration*
TCBM confirmed that all manual and email applications are acknowledged automatically. The automatic acknowledgement of membership registrations through the FT's web site requires attention
- Item 8 – *Tender of Membership Registration Services*
TCBM confirmed the Membership registration service had recently been reviewed. Since the FT does not have to report on the Socio & Economic analysis of staff, but only the total number of staff members, the staff membership has been withdrawn from the register to reduce costs. This will result in approx £5000 savings. The Membership registration facility will be tendered but Governors thought the FT could also look at providing the facility in-house. The Membership Development Committee will discuss this matter

- Mr Jeffrey (PJ) asked if the hospital charity review was on track, and this was verified by the Vice-Chairman.

Ref	Action	Responsible	Timescale
7.2	Item 4 Governors to enhance networking	Governors	On going
7.2	Item 5 Communication survey result to be notified to Governors	CM	May 2011
7.2	Item 7 Automatic acknowledgement of website applications	TCBM	May 2011
7.2	Item 8 Review Membership Registration facility	TCBM & CoG MDC	May 2011

8. Working together – CQC & Foundation Trust Board of Governors (Agenda Item 8)

- 8.1 Joyce Frederick, Compliance Manager Dorset from the Care Quality Commission gave a presentation to the Governors aimed at working together.

A number of questions were asked throughout the presentation, including:-

- ◆ Would it be appropriate for Members to voice their concerns to the CQC
- ◆ What was within the CQC remit and what was hospital policy
- ◆ Are visits unannounced and patients are spoken to?
- ◆ What circumstances would cause a review and how is this managed?
- ◆ What are the powers of the CQC.

JF would be happy attend a Governors Meeting once or twice a year and reminded Governors that they could send any information to the CQC at any time and the contact detail was given. National Contact Centre at 03000 616161 or enquiries@cqc.org.uk

The Chairman asked about the 81 local care homes that have been blocked around the county which means the hospital cannot discharge to them. JF was unaware of this figure and suggested that these have voluntarily chosen to close due to financial issues and/or pressure in complying with the standards. She suggested the Trust ask each home for details of the CQC report if it wanted more information.

The Chairman thanked JF for the good presentation. The CEO reported that the Trust had recently had an unannounced CQC visit and had received a draft report which we were commenting on. The final report will be published on the CQC website.

Ref	Action	Responsible	Timescale
8.1	Report on the unannounced visit by CQC to DCH to be disseminated to Governors	CEO	May 2011

9. Governor Matters (Agenda Item 9)

- 9.1
- New to Follow Up ratios (Agenda Item 9i)

Dr Duncan Farquhar-Thomson (DF-T) presented this item on behalf of his Consultant colleges which related to the Trust's use of community Hospitals. At present both outpatient and day surgery activity takes place in Bridport, Weymouth, Swanage, Blandford and Sherborne Community Hospitals.

If the Trust decided to withdraw any of these services it was felt that this could change referral patterns to the detriment of the hospital, and the patients themselves. The need to provide specialist local treatment was stressed.

The CEO replied that the Trust needs to run as efficiently as possible and this included reviewing what activity occurs in the community. The Trust cannot deliver services where costs are not funded. A project is specifically looking at what activity could be drawn back into the centre and negotiating with the PCT about the rates we pay to use these community hospitals. It was stressed that at present no decisions had been made. Regarding follow-up ratios, this was a contractual issue since tariffs were now based on the national average follow-up ratio and these must be met.

DF-T expressed concern at the proposition for GPs to treat those regular attendees with chronic disease as it would be a change in management whereby the patient would not be seen by a specialist.

JB put forward the view that community hospitals always brought out emotion, and that there needed to be balance between what is best for the patient and what was value for money. This was supported by PJ who felt that outpatient consultations should continue and that Clinicians needed to change their attitude. Further comments were made in support of GPs running certain services and support of the review to include looking at who takes clinics and enabling better use of clinical time to avoid unnecessary travel. It was suggested that some consultations could even be dealt with by telephone, and it was confirmed that this is already used in some cases through electronic conferencing.

The CEO reiterated that a need to understand all the issues was necessary and that the Trust is committed to being more efficient, but that there were no specific plans to withdraw from community hospitals.

9.2

- Sale of Old Fire Station Site (Agenda Item 9ii)

Derek Julian (DJ) had a petition with seventy eight signatures against the sale of the old Fire Station. The biggest single issue which came up when talking to the public about the hospital was lack of car parking. He had also approached the District and Local Council about using the site as a car park and was told that there was no planning restriction for allowing this to happen, and the hospital had not appealed against the rateable value of the site. Therefore based upon all this information, he insisted that the information previously given to the Governors was incorrect and that the decision to sell it was wrong. Malcolm Shakesby (MS) questioned the capital asset issue and felt the Trust was naive in its intention to sell.

The Chairman confirmed that if the site, which is not a protected asset, was sold, it would generate essential cash, which the hospital requires for patient services, and that under Local Authority Council's green policy, an application to build a car park would not be approved. After a lengthy and heated debate DJ proposed the following motion:-

"The Board was wrong making a decision to sell off the fire station site without

discussing it with the governors adequately and not getting feedback from patients.” This was seconded by AH. From an attendance of 17 Governors, there were three votes in favour of the motion, two abstentions and twelve Governors against the motion, when put to the vote. The motion was therefore defeated and the Governors voted to move on to the next item.

- 9.3
- Implications of the Health White Paper – Health & Social Care Bill (Agenda Item 9iii)

Andy Hutchings (AH) moved to adjourn this item to the next meeting as it was such an important issue it needed time for debate.

The Chairman added that at present the implications are so far reaching and still evolving that it would make sense to do this. He suggested the Governors read the FTN Briefing included in the Agenda.

It was agreed this would be an Agenda item at the next meeting and the Vice-Chairman would provide an update on his discussion with GP's.

It was noted by Bill Mitchell (BM) that the paper is entitled “Health and Social Care” and therefore has a wider implication than just the NHS and wondered whether it would be worthwhile arranging a joint session with other interested parties. The CEO would consider further.

- 9.4
- Digital Mammography Appeal (Agenda Item 9iv)

Wendy Nightingale, as Chair of the 2011 Digital Mammography Appeal highlighted the launch of the Appeal next Friday the 11th February 2011 at Birkin House, Stinsford, Nr Dorchester. She asked fellow Governors to attend the launch and to support the event. An email will be sent out to all staff and a new website address www.boostdch.co.uk will be issued.

Ref	Action	Responsible	Timescale
9.3	Update on issues arising from the Health & Social Care Bill with possible Joint TB/CoG	CEO/DoF/ Vice Chair	May 2011
9.4	Update on Digital Mammography Appeal	WD	May 2011

10. Chief Executive Report (Agenda Item 10)

- 10.1 The Chief Executive (CE) presented a Activity and Performance report as at 31 December 2010.

In presenting her report she highlighted:-

- *Cancer Targets* – improvements to green for the 3rd quarter. The issue in dermatology was noted with interim arrangements currently in place with Poole. A longer term solution is being investigated as the post is unable to be recruited into.
- The December 2010 Performance patient safety figures were noted.
- From the Operational Performance data the 18 week pathway was again discussed. The balance of delivering service and exceeding the activity cap

was noted.

Monitor's Governance Risk Rating for Quarter 3 – the CEO gave an assurance that quite a number of the areas that are currently red will turn to green since correction work has been carried out in a number of these areas.

The Risk Rating schedule will in future be a one page chart as it was currently too detailed and too small to read.

Monthly Activity and Performance reports are issued to the Trust Board meetings which are held in public and the papers are published on the DCHFT website.

10.2 Patient Safety Report

The CEO reported that more detail is being sought around the key quality indicators, as incidents are reported, but the outcomes are unclear. For example did something cause actual harm to a patient?

AH reported he had witnessed first class cleaning at the hospital.

The issue of reporting breaches in mixed sex accommodation was raised. Negotiations are underway with the PCT for an agreed exclusion list. BM read out a letter from Fran Leaper (FL) with a proposal following attendance at an Integrated Governance Meeting. The proposal read:

'The Council of Governors supports DCHFT in its negotiations with the commissioners regarding single sex accommodation, to ensure that patient safety and access to patients treatment is the top priority, and given the rural geography of Dorset, that a middle line, based on operational policies, is taken within the spirit of the single sex requirements for specialist areas i.e. critical care; coronary care, high dependency unit, paediatrics, endoscopy and day surgery.'

The proposal was seconded by DJ and was unanimously carried. FL was thanked for her support and the CEO was grateful for the Governors vote of support.

PJ commented about the need for hospital ward audits and the CEO confirmed the Board had already noted this issue and that action was being taken.

Hand hygiene was debated and several issues including the need for units offering hand gel should to be fit for purpose were raised. DF-T felt that the matter had been covered extensively in the past and did not need to be discussed at every meeting. JB added that at a recent PEAT inspection, patients were questioned and indicated clearly that staff did use the gel and did so consistently.

Ref No	Actions	Responsible	Timetable
10.1	Risk Rating schedule to be produced in a clear format	CE	Ongoing
10.2	Nursing and Housekeeping staff to ensure all hand gel dispensers are functional and not empty	DoN / Facilities Manager	February 2011

11. CoG Committees (Agenda Item 11)

- 11.1
- CoG Strategic Planning Committee (Agenda Item 11i)
The Terms of Reference and the minutes 8/12/10 were formally accepted by the Governors.

- 11.2
- CoG Membership Development Committee (Agenda Item 11ii)
The Terms of Reference and the minutes 8/12/10 were formally accepted by the Governors.
There was a need for a staff representative and Sue Browne agreed to action this point.
- 11.3
- CoG Constitution Review Committee (Agenda Item 11iii)
The Terms of Reference and the minutes 8/12/10 were formally accepted by the Governors

Ref No	Actions	Responsible	Timetable
11.1-11.3	Additional meeting dates and venues to be established	TCBM	March 2011

12. Governor vacancies and election survey results (Agenda Item 12)

- 12.1
- As a result of a Governor survey, the general view was that due to substantial costs, an interim election should not be held and to wait until the main elections 31 May 2012 (Enclosure I). This would leave the following Elected Governor vacancies on the CoG:
- Public Governor – North Dorset (1 vacancy)
 - Public Governor – West Dorset (1 vacancy)
 - Public Governor – South Somerset (1 vacancy)
 - Public Governor – Purbeck (1 vacancy)
 - Staff Governor – (1 vacancy)

In response to a question, JY confirmed that Governor attendances are reported in the Annual Report.

Ref No	Actions	Responsible	Timetable
12.1	No actions at present but monitor situation	TCBM	Ongoing

13. Annual Members Meeting (Agenda Item 13)

- 13.1
- The results of this survey to the Governors were published, (Enclosure J). JY confirmed that the Annual Members Meeting would now take place on 6 September 2011 at the Dorford Centre, Bridport Road, Dorchester, Dorset DT1 2RR commencing at 18:00hrs.

Ref No	Actions	Responsible	Timetable
13.1	Advertise the Annual Members Meeting in advance on the DCH website/Members Newsletter-Foundation Focus/Local Newspapers/Libraries/Invitation Letters	TCBM	August 2011
13.1	Identify a clinical specialist presentation for the Annual Members Meeting	TCBM	July 2011
13.1	Lead Governor to provide a resume of CoG activities during the financial year 2010/11	Lead Governor	August 2011

14. Future Meeting Dates

14.1 Council of Governors (open public meetings) (Agenda Item 14)

Dates will be set for the financial year and published shortly.

Governors were asked to send any dates they could not make to JY as soon as possible.

14.2 Joint Trust Board and Council of Governors (closed meetings) (Agenda Item 14)

- 26/05/11 – Brownsword Hall, Poundbury, Dorchester, Dorset DT1 3GW

14.3 Annual Members Meeting/AGM (Agenda Item 14)

- 06/09/11 – Dorford Centre, Bridport Road, Dorchester, Dorset DT1 2RR

Ref	Action	Responsible	Timescale
14.1	CoG meeting dates to be set and published	Chairman /TCBM/CM	February 2011
14.2	Joint TB/CoG meeting dates to be decided	Chairman /CEO	February 2011
14.3	Annual Members Meeting/AGM date to be published	TCBM	August 2011

Abbreviations used

BoD	Board of Directors
CoG	Council of Governors
CIP	Cost Improvement Programme
CRC	Constitution Review Committee
CQC	Care Quality Commission
DCC	Dorset County Council
DCHFT	Dorset County Hospital NHS Foundation Trust
FT	Foundation Trust
FTGA	Foundation Trust Governors Association
GCC	Governors Code of Conduct
ICT	Information and Computer Technology
MDC	Membership Development Committee
MFF	Market Forces Factor
MP	Member of Parliament
N&RC	Nomination & Remuneration Committee for NED Appointments
NED	Non Executive Director
NHSLA	National Health Service Litigation Authority
PCT	Primary Care Trust
PDC	Public Dividend Capital
PP	Private Patient
QQUIP	Quest for Quality and Improved Performance
SPC	Strategic Planning Committee
TB	Trust Board
ToR	Terms of Reference
WP	NHS White Paper – Equity & Excellence: Liberating the NHS