



Council of Governors
2.00pm – 3.30pm, Monday 3 February 2020
Seminar Room, Children’s Centre, DCH

Part One Agenda – Open Meeting

1. Welcome and Apologies for Absence: Tracy Glen,		2.00	Chair (Mark Addison)
2. Declarations of Interest		2.00	All
3. Minutes of Council of Governors Part One 11 November 2019 To approve	Enclosure	2.00	Chair
4. Matters Arising from those Minutes and Actions List To receive	Enclosure	2.05	Chair
5. Governor Matters: a) Hospital Performance	Verbal	2.15	Inese Robotham, Chief Operating Officer and Nick Johnson, Director of Strategy
6. Chief Executive’s Q3 Report To receive	Enclosure	2.45	For information
7. Finance Q3 Report To receive	Enclosure	2.45	Paul Goddard, Director of Finance
8. Dorset Care Record Update To receive	Presentation	3.00	Stephen Slough, Chief Information Officer

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| <p>9. Updates from Governor Committees:
 a) Membership Development Committee December 2019</p> | <p>Verbal</p> | <p>3.20</p> | <p>Gavin Maxwell</p> |
| <p>10. Date of Next Meeting (open to the public): Council of Governors, 2pm, Monday 11 May 2020, Children’s Centre Seminar Room, DCH</p> | | <p>3.25</p> | |
| <p>11. Meeting Closes</p> | | <p>3.30</p> | |

Council of Governors Meeting: Part One

Minutes of the Meeting of Monday 11 November 2019
Children's Centre Seminar Room, Dorset County Hospital

Present: Mark Addison (Chair) (to item CoG19/062)
Rebekah Ley (Trust Board Secretary) (meeting Chair from item CoG19/063)

Public Governors

Simon Bishop (East Dorset)
Sarah Carney (West Dorset)
David Cove (West Dorset) (Lead Governor)
Wally Gundry (West Dorset)
Stephen Mason (Weymouth and Portland)
Gavin Maxwell (West Dorset)
Naomi Patterson (West Dorset)
Maurice Perks (North Dorset)
Dave Stebbing (Weymouth and Portland)
David Tett (West Dorset)

Staff Governors

Tony James

Appointed Governors

Tony Alford (Dorset Council)
Jenny Bubb (Dorset Clinical Commissioning Group)
Davina Smith (Weldmar Hospicecare)
Peter Wood (Age UK)

In Attendance: Patricia Miller (Chief Executive) (item CoG19/059)
Paul Goddard (Director of Finance and Resources) (item CoG19/060)
Inese Robotham (Chief Operating Officer) (item CoG19/061)
Alastair Hutchison (Medical Director) (item CoG19/062)
Liz Beardsall (Deputy Trust Secretary)

Apologies: Margaret Alsop (Weymouth and Portland)
Tracy Glen (Staff Governor)
Christine McGee (North Dorset)
Sharon Waight (Weymouth and Portland)

Two members of the public were present.

CoG19/057 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting. There were apologies from Margaret Alsop, Tracy Glen, Christine McGee and Sharon Waight.

Following guidance that had been circulated to Governors, the Chair confirmed that the country was now in a pre-election period (also known as purdah) due to

Outstanding care for people in ways which matter to them

the upcoming general election on 12 December. He reminded Governors that this meant discussions should be kept factual rather than speculative, especially in relation to any new developments or plans.

He explained that due to a meeting called by the Dorset Clinical Commissioning Group (CCG) at short notice, an amended agenda with a new running order had been tabled so that he and the executive team could be released to attend. He thanked the Governors for their understanding and said that the second half of the meeting would be chaired by the Trust Board Secretary.

CoG19/058

Declarations of Interest

The Chair reminded Governors that they were free to raise declarations of interest at any point in the meeting should it be required.

CoG19/059

Chief Executive's Report

The Chief Executive presented a previously circulated report which summarised the hospital's performance during the second quarter of 2019/20. She reported that the organisation continued to be under pressure, with winter escalation beds remaining open since January. She said that costs were rising accordingly and measures were in place to support staff welfare. She reported that the overseas nurse recruitment via an agency was producing some high calibre appointments and there were plans to increase the funding for the overseas recruitment campaign. She said that the organisation would now be looking to create additional bed spaces to act as escalation beds through the winter and the summer tourist season, and this linked to the estate masterplan. She confirmed that the hospital was struggling to meet the waiting list and referral to treatment (RTT) standards, but that cancer performance was improving and infection control remained at a high standard despite the operational pressures. She stated that work was ongoing regarding VTE assessment and discharge summary completion. She reported that the Trust would be reviewing its People Strategy to align this with the national People Plan and that Prerana Issar, the Chief People Officer for the NHS, had accepted an invitation to visit the hospital in November 2019.

Mrs Carney asked why the hospital could not use beds at Bridport Community Hospital to ease the pressure on beds at the Trust, especially in light of the collaborative focus of the Dorset Integrated Care System (ICS). She also queried whether it was the case that it was easier for patients to access discharge care packages if they were in an acute bed rather than a community bed. The Chief Executive confirmed that not all bed spaces were appropriate for all patients, and often patients could not be discharged into community beds as the medical support available was not appropriate for that patient. She reported that often patients could not be moved as they did not meet the current criteria for a community bed, and that the local health system was working on reviewing these criteria. Mrs Carney raised concerns about the decision making powers of the ICS and its governance arrangements, and the Chief Executive confirmed that the ICS was a collective organisation which did not exist as a separate decision making entity.

Mr Stebbing asked about flu vaccination rates and the Chief Executive confirmed

Outstanding care for people in ways which matter to them

that in the first five weeks of the campaign 63% of frontline staff had received the vaccination, which was higher than this time last year. She said that the Trust was aiming for 100% of frontline staff being vaccinated. The Chair encouraged Governors to watch the short film produced by the Medical Director regarding the dangers of flu and the importance of vaccination. Mrs Smith asked if the hospital had access to the egg-free vaccination for those with egg allergies, and the Chief Executive said she would check if this was the case.

ACTION: PM

Mr Tett noted that workforce was a national issue for the NHS and asked how many medical and nursing vacancies the Trust had. The Chief Executive confirmed that the Trust had fewer than six medical vacancies and that the increased locum costs during the year had been due to unavoidable, unexpected long-term absences. She reported that even if the overseas and domestic nurse recruitment campaigns recruited as planned, the hospital would still have around 50 nursing vacancies. She said that whilst it was important for the hospital to retain the flexibility of some temporary workforce members the Trust was discussing what an acceptable level of temporary staffing was for the hospital. She assured Governors that the nursing trajectories were discussed on a monthly basis at the Workforce Committee.

The Chair thanked the Chief Executive for her report.

CoG19/060

Finance Report

The Director of Finance presented a previously circulated report which summarised the hospital's financial performance for the six months ending September 2019. He reported that the hospital had delivered an income and expenditure deficit of £3.528 million for the six months ending 30 September 2019 against a planned deficit of £3.845 million, resulting in a favourable variance of £0.317 million. He confirmed that the Trust had met the financial targets to receive Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF) for the first two quarters of 2019/20. He reported that the increase in operational demand was leading to a rise in costs in relation to agency spend, unfunded beds, drugs and supplies. He reported that the Cost Improvement Plan (CIP) was £100,000 ahead of plan but that there would be challenges for the CIP in the last quarter of the year. He reported the good news that the hospital had been awarded capital funding from the centre to replace a CT scanner and mammography equipment, totalling over £1 million of investment.

Mr Stebbing asked at what point there would be no further efficiencies to be made without negatively impacting on patient care. The Director of Finance confirmed that the hospital had a good track record of making the required efficiencies whilst maintaining quality of care, but that recurrent efficiencies were becoming harder to identify. He reassured Governors that the hospital undertook Quality Impact Assessments for all proposed savings over £25,000 to ensure that the schemes posed no detrimental impact to care provision.

In response to questions from Governors, the Director of Finance confirmed that Artificial Intelligence would be likely to play a part in efficiencies in the future to reduce duplication of effort; that there were no current plans to move services

Outstanding care for people in ways which matter to them

elsewhere for financial reasons and he reiterated that the Clinical Services Review had made a commitment to service provision in West Dorset; that efficiencies were related to operational costs only rather than operational costs plus capital; that the consequence of missing the financial target at year end would be that the hospital would not receive the funding attached to meeting the target; and that this would create serious challenges for the next year. He also said that due to the high number of Trusts who were unlikely to reach their financial target it was likely that there would be unclaimed PSF and FRF at year-end and that it was possible that some of this would be redistributed to the providers.

CoG19/061**Update on the Autism Spectrum Disorder (ASD) Service**

The Chair welcomed the Chief Operating Officer to the meeting. He reminded Governors that the Chief Operating Officer had attended the part two Council of Governors meeting on 2 September 2019 to report on the challenges in the ASD Service, and was attending the meeting to provide an update as requested by the Governors.

The Chief Operating Officer reminded Governors that there had been a spike in ASD referrals in 2017/18 which had led to long waiting lists. She reported that referral levels were starting to reduce, in part due to the changes to the referral mechanism under the pan-Dorset pathway. She confirmed that a specialist paediatrician had been recruited who would start in November and, following a period of supervision, would be able to work unsupervised from January 2020. She reported that the integrated assessment model which had been piloted at the hospital was going to continue. She explained that at the current referral levels the balance would shift to three available appointment slots above the level of demand by January 2020, increasing to 20 slots in positive balance by December 2020. She reported that the current waiting list was c340 and by December 2020 it was forecast this would be reduced to 140. She said that the hospital's action plan had been seen and approved by the CCG and that the hospital would be sharing its progress against the trajectory on a monthly basis with the CCG in the form of a RAG (red, amber, green) rating. She also confirmed that a play specialist was already in post and that the hospital was interviewing for a clinical psychologist in December.

Mrs Patterson, who had been heavily involved in the parents' campaign regarding the ASD Service, thanked the Chief Operating Officer for her work in relation to the service.

Governors discussed the reduction in referrals now that, under the pan-Dorset pathway, schools rather than GPs referred children into the service. Dr Bubb stated that it was more appropriate for schools to refer children to the ASD Service as they had much more experience of the child's behaviour. It was noted that the GPs could still refer if required, and would continue to refer pre-school children where appropriate.

The Governors asked for a quarterly update on the progress against the plan, and the Chair confirmed that although the Chief Operating Officer would not attend the quarterly Council of Governors meetings, a written update would be provided.

ACTION: LB/IR

Outstanding care for people in ways which matter to them

CoG19/062

Mortality Reporting

The Chair welcomed the Medical Director to the meeting. The Medical Director gave the Governors an overview of background to mortality reporting. He explained that the Standard Hospital Mortality Indicator (SHMI) was the NHS's single metric for mortality reporting. He explained the NHS Digital took data from all patient episodes at the hospital and used this data to estimate how many patients would be likely to die. This figure was then compared to the number of actual deaths, to show if the hospital had a lower or higher than expected mortality rate. He explained that the accuracy of this data was reliant on the accuracy of how the patients' episodes and underlying illnesses were coded. He reported that due to understaffing and a lack of staff development in the coding team, the coding information had historically been incomplete which had given rise to an inaccurate SHMI rating for the hospital. He explained that it was important not to unquestioningly accept that the high SHMI rating was due solely to the coding issues, and so he had been working to establish that there were no concerns about the quality of care at the hospital. He referred Governors to the previously circulated report which demonstrated that the hospital's outcome record was good on a number of important indicators. He assured Governors that he had found no cause for concern regarding quality of care, and that the SHMI rate was starting to fall, reflecting the improvements in the coding of patients. He explained that mortality data was reported six months in arrears, which meant for example that any improvements put in place during November 2019 would not be seen in the reporting until May 2020. The Medical Director also explained to Governors how he was using national audit data produced by the hospital to demonstrate that there was not an excess mortality problem at the hospital.

In response to Governor questions the Medical Director confirmed that the age demographic was taken into account in the data; that the data took into account patients who died within 30 days of discharge, so included patients who died in hospices or at home following discharge from the hospital; that he was assured that the incompleteness of the coding in relation to SHMI was not a reflection of wider inaccuracies in data produced by the Trust; that artificial intelligence solutions were on the horizon but currently these would require significant expenditure. He reiterated that the most important issue was patient safety and that this was the focus of his work regarding mortality reporting.

The Chair thanked the Medical Director for his work on the mortality reporting issues and for the assurance he had been able to provide about patient safety and mortality at the hospital.

The Chair said that he was unavoidably required to leave the meeting to attend the CCG with the hospital's executive team. He invited the Trust Board Secretary to chair the second half of the meeting.

CoG19/063

Minutes of the Previous Meeting held on 2 September 2019

The minutes of the previous meeting held on 2 September 2019 were accepted as a true and accurate record.

CoG19/064

Actions and Matters Arising

Outstanding care for people in ways which matter to them

The Trust Board Secretary confirmed that the action regarding overseas nurses being invited to attend the Council of Governors (CoG19/043) had been added to the Council of Governors forward plan for 2020.

She reported that responses had not been received to the queries on the documentation issues highlighted by KPMG in the Quality Account (CoG19/044), and litter on the hospital site (CoG19/046) and the secretariat would follow-up on responses to both these items.

ACTION: LB

Governors noted that there was still a substantial amount of litter and cigarette ends around the hospital site.

CoG19/065

Governor Matters

a) Transformation

Mr Maxwell stated that he felt the hospital's transformation programme was proceeding well. He said that his experience led him to believe that the programme would have an impact on the scale and configuration of infrastructure both at the hospital and off-site. He highlighted the links between this and the estate masterplan. He said that it was his view that in light of the scale and implications of the hospital's transformation programme, the Governors had a duty to maintain an overview of this aspect of the transformation process and requested that regular progress reports were received by the Governors.

The Governors agreed that it would be helpful to have a regular update regarding the transformation project added to the Council of Governors agenda, to strengthen the updates on the estate masterplan which the Governors were already receiving.

ACTION: LB

CoG19/066

Staff Governor Vacancy

The Trust Board Secretary drew Governors' attention to the previously circulated report on the Staff Governor vacancy that had been left following the resignation of Lee Armstrong in September 2019. She confirmed that the Trust was looking for Governors' approval to carry the Staff Governor vacancy until the elections in Spring 2020. The Council of Governors agreed unanimously to the proposal.

Resolved: The Council of Governors agreed to carry over the Staff Governor vacancy until the Governor elections due in Spring 2020.

CoG19/067

Updates from Governor Committees

a) **Strategic Plan Committee 05 11 19**

The Trust Board Secretary confirmed that usually the Chair would provide an update on the Strategic Plan Committee, but in his absence she asked those Governors who had attended the meeting to provide an update. She reported that this was the second meeting of the committee following its reestablishment in 2019 and that the committee provided a mechanism for Governors to feed the views of their constituents into the Trust's strategic planning.

Governors reported that the meeting had enabled Governors to ask

Outstanding care for people in ways which matter to them

questions and share their views. They said that the meeting had given an excellent overview of the work that the Trust was undertaking, especially regarding the Cost Improvement Programme and plans for the future. It was noted that there had been a focus on the direction of travel, but rather less detail on how the aspirations would be achieved. Governors also raised concerns about the amount of work that would be required to meet these aspirations. The committee members suggested that all Governors be sent to the slides from the presentations that were delivered at the meeting, as they had been very informative.

ACTION: LB

The Trust Board Secretary thanked the committee members for their feedback and said that the committee would meet again in approximately six months.

CoG19/068

Any Other Business

The Trust Board Secretary asked if there was any other business.

Mr Bishop asked if other Governors would be interested in an update on the Dorset Care Record, which he believed was an interesting and important project. He reported that he had requested and received an update on the project outside the meeting, and thought that other Governors might be interested in the project's progress. Governors confirmed that they would like to receive an update and the Trust Board Secretary said that this could be added to the agenda of the next Council of Governors meeting.

ACTION: LB

Mrs Patterson asked about ambulance delays and transfers of care, and the Trust Board Secretary confirmed that information on these could be found on the hospital's website in the performance report section of the Trust's bi-monthly Board of Directors papers.

Mrs Carney asked about the governance arrangements for the Dorset Integrated Care System, and the Trust Board Secretary confirmed that talks were underway locally about these arrangements, and that it was hoped these would be formalised in the next 6-8 weeks.

Trust Board Secretary confirmed that as she was leaving the Trust at the end of November this was her last Council of Governors meeting. She reported that she had a new role in a medical robotics company in Cambridge. She thanked the Council of Governors for their work and support. The Governors congratulated the Trust Board Secretary on her new role and said that they would be sorry to see her leave.

CoG19/069

Date of Next Meeting

The date of the next meeting open to the public was scheduled for 2pm, Monday 3 February 2020, Children's Centre Seminar Room, DCH.

The Trust Board Secretary thanked everyone for their attendance and closed the meeting.

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Council of Governors Meeting – 11 November 2019 Part One

Minute	Action	Owner	Timescale	Outcome
CoG19/059	The CEO to check whether the hospital had access to the egg-free flu vaccination for those with egg allergies.	PM	Nov 2019	Complete. Update circulated by email to all Governors 19 11 19 from the Head of Pharmacy: the hospital currently only has access to the egg-based flu vaccination. Staff with an egg-allergy are encouraged to visit their GP, however numbers of staff with an egg-allergy are thought to be very, very low.
CoG19/061	Quarterly update on the ASD Service progress against the action plan to be provided to the Council of Governors.	LB/IR	Feb 2020	Underway. To be included as part of CEO Report from April 2020 .
CoG19/065	A regular update regarding the transformation project to be added to the Council of Governors agenda.	LB/NJ	Feb 2020	Update from the CEO: the transformation programme reports regularly into the Quality Committee. The executive team will of course continue to keep Governors updated on any strategic matters, but it is not appropriate for Governors to receive a regular update on the operational matters relating to the transformation programme. Therefore a regular update on the transformation programme work will not be brought to the CoG by the executive team, but Governors will remain updated via the Strategic Plan Committee and feedback from the Governors who attend the Quality Committee as observers.

CoG19/065 Transformation Continued				In addition a development session for Governors by the Transformation Team has been arranged for the Governors' Working Group on 13 01 20.
CoG19/067	All Governors to be sent the slides from the Strategy Plan Committee.	LB	Nov 2020	Complete. Presentations circulated to all Governors 18 11 19.
CoG19/068	Dorset Care Record update to be added to the Council of Governors agenda for February.	LB	Feb 2020	Underway. Added to February agenda.

Carried Forward

Minute	Action	Owner	Timescale	Outcome
CoG19/044	An update on steps taken by the executive regarding the documentation issues highlighted by KPMG during the audit of the 2018/19 Quality Account (relating to the 4 hour wait and 62 day cancer standard) to be provided to the Governors.	LB to IR	Nov 2019	Update from the Chief Operating Officer: <i>Remedial actions following the issues highlighted by KPMG were presented to the Risk and Audit Committee. For 62 day breaches additional training has been delivered to the cancer trackers and a process has been put in place where all breaches a reviewed and signed off at the end of the month by Head of Access and Performance to ensure where an adjustment has been made it is correct. There has been no evidence of further reoccurrence. For 4 hour wait recording additional staffing resource has been put in place to allow real time coding of ED episodes and spot audits are being conducted by the service manager and the matron on a regular basis.</i> Closed.
CoG19/046	The estates team to provide a response to Governors about the amount of cigarette ends by the main North Wing entrance and the amount of litter around the site generally.	LB to AM	Sept 2019	Update from the Head of Estates: <i>the Trust has increased the cleaning cycle around the main entrances which has resulted in a significant improvement. A re-introduction of smoking shelters seems unlikely in light of the following NHS England proposals regarding the NHS contract: "We propose to amend the Contract to include a requirement for all NHS Trusts and NHS Foundation Trusts to ensure that their premises and grounds are smoke-free."</i> Closed.



Council of Governors

3 February 2020

Chief Executive's Report

Introduction

This quarterly report provides a detailed overview of how the Trust is performing against the key operational, quality and workforce standards and progress being made against the Trust Strategy.

Operational Performance

December performance against the four hour Emergency Access Standard (EAS) remained on par with November 2019. The type one performance for December was 82.2%, the combined types one and three performance was 91.3%. Whilst this performance is below the national standard of 95% it remains above the national average. Emergency activity continues to be higher than the previous years with a growth of 7.7%. The implementation of Fast Assessment Bay (FAB) principles has led to marked sustained improvement in ambulance turnaround times. The SWAST resource hours lost through chargeable handover delays reduced to 8.4 and 14.6 for November and December respectively compared to 56.9 in October 2019. Equally the improvement in patient flow through the department translated into zero instances of implementation of SWAST standard operating procedure (SOP) in November and only one instance in December 2019. In comparison other local trusts had the SOP in place for extended periods of time over each weekend and post bank holiday periods. Ambulatory Emergency Care activity remained high at 31.6% in December and continues to compare very well with the national average of the number of patients admitted as an emergency being managed through the Same Day Emergency Care type approach. The number of super stranded patients has increased following the festive period (as at 13/01/2020 the Trust had achieved 20% reduction against the national ambition of 40% for beds occupied by patients with a length of stay of 21 days or more); however, DCH performance remains above national and regional average. Similarly Delayed Transfers of care increased to 4.5%.

The RTT constitutional standard was not achieved and the performance was below the internal recovery trajectory (66.95% versus trajectory of 74.48%) and there were thirteen breaches of patients waiting over 52 weeks for treatment – five in colorectal surgery, five in orthopaedics, three in gynaecology, one in dermatology and one in oral surgery. However, the total waiting list reduced by 134 patients from 16,462 in November to 16,228 in December. Insourcing and outsourcing initiatives continue to offer alternative providers to patients waiting in excess of 40 weeks under the 50:50 cost sharing agreement with the commissioners. Also the Trust has received a confirmation of additional funding from NHSE/I to the value of £232K to mitigate potential 52 week breaches.



Performance against 62 day cancer standard improved and is currently at 84.6% for December 2019; this figure will not be finalised until the first week of February. Equally the performance against the 2ww standard has shown improvement for two consecutive months (83.4% for both November and December 2019) and Breast symptomatic 2ww standard achieved 100% all through Quarter 3.

Further sustained improvement was achieved against the 6 week Diagnostic standard (97.28% in December compared to 96.44% in November). Insourcing arrangements for endoscopic procedures are continuing with an independent provider to mitigate the underlying capacity gap.

The following standards were met in December:

- 2 week wait breast symptomatic
- Cancer 31 day diagnosis to first treatment
- 31 day Subsequent Treatment (Anti-cancer drug treatment)
- 31 day Subsequent Treatment (Surgery)
- 31 day Subsequent Treatment (Radiotherapy/Other)

The Trust did not meet the following standards:

- ED – 4 hour standard combined with MIU
- RTT and RTT waiting list trajectory
- The RTT waiting list size trajectory
- Zero 52 week waits
- Cancer 62 day standard
- 2 week wait (all cancers)
- Cancer 62 day following a referral from a screening service
- 6 week Diagnostic Waiting Times

Metric	Threshold/Standard	Oct-19	Nov-19	Dec-19	Q1	Q2	Q3	YTD	Movement on Previous month
RTT *	92%	70.2%	68.2%	67.0%	76.0%	71.5%	67.0%	67.0%	↓
Waiting List Size *	14,532	16,442	16,462	16,228	15,135	16,291	16,228	16,228	↑
52 week waits	0	5	5	13	0	2	13	13	↓
Diagnostics	99%	93.3%	96.4%	97.3%	89.2%	88.5%	95.6%	90.2%	↑
Cancer - 62 day	85%	76.9%	70.7%	84.6%	82.4%	72.3%	76.4%	82.4%	↑
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	76.1%	87.5%	87.4%	68.2%	64.3%	83.5%	71.9%	↓
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	100.0%	100.0%	100.0%	8.6%	66.7%	100.0%	18.2%	↔
ED (DCH Only)	95%	79.7%	83.2%	82.2%	84.8%	79.8%	81.7%	82.0%	↓
ED (Including MIU)	95%	90.2%	91.4%	91.3%	92.8%	90.5%	91.0%	91.4%	↓



Quality

Overall, quality performance and patient experience metrics would indicate that the Trust is providing safe, compassionate and effective care. There are a few 'wicked problems' which require added support to help resolve, and these have been discussed at the Trust boards sub-committees;

1. VTE (venous thromboembolism) risk assessment. A pilot quality improvement project has been successful on Ilchester ward demonstrating an achievement in the standard required. This is now to be rolled out to other areas.
2. MUST (Malnutrition Universal Screening Tool) assessment. A quality improvement working group has been assembled by the director of Nursing and Quality and initial findings have demonstrated significant improvements.
3. EDS (Electronic Discharge Summaries). An action plan to deliver improvements has been produced by the Medical Director and was discussed and shared at the Quality Committee in January 2020.

Key Highlights from December are:

Sustaining or Improvement:

- **Outstanding** -Infection Prevention and Control indicators have been sustained.
- **Good** –The percentage of falls risk assessment and pressure ulcer risk assessments has been 100% for the third consecutive month.
- **Good** - The recommendation rates for the friends and family test have achieved the standard required for Outpatient and Inpatient areas.
- **Outstanding** - Timeliness of complaint responses has been sustained above the standard required.
- **Good** - There have been no Never events reported during this period

Note:

- The Pan-Dorset Quality Surveillance Group meeting took place on 23 January; Dorset County Hospital remains on 'Routine Surveillance' (indicating that there are no concerns raised by the Trusts regulators).
- The Trust submitted a bid to NHSE/I for funding to support a 'Response Volunteer programme' to assist with the demands of the winter months. This bid was successful in December and is now in the early phases of implementation.



Workforce

NHS People Plan – Publication of the NHS People Plan has been delayed and is now expected nearer to the financial year end. A key element to the People Plan will be confirmation of the funding available for the delivery of the plan, and therefore requires ministerial agreement. Numerous engagement events have taken place to co-produce the plan and on publication we will reflect of the Trust's People Strategy and associated action plan.

In response to the national Pensions taxation issue, the Secretary of State has now given a commitment that clinicians will have any pension tax liability resulting from undertaking additional activity reimbursed. The Trust have now written to clinicians who could potentially be impacted and provided this contractual commitment in line with national guidelines.

Our international nurse recruitment programme continues to deliver against our milestones, and we have been pleased to welcome 40 international nurses to the trust over the last year. Over the coming 5 months we expect a further 50 nurses from India and the Philippians join us and begin their career in the NHS.

As mentioned previously, the Trust is actively supporting the establishment of a Park Run within Dorchester. I am delighted to report that the Dorchester project has now been approved by the national Park Run body and we are hopeful that the first Park Run will take place in the autumn of this year. This national initiative has proven to be extremely valuable in terms of the healthy community agenda, and as many of our staff members live in the Dorchester area we see this as a significant opportunity in terms of our own staff's health and wellbeing.

Flu Vaccinations – We are absolutely delighted with the take up of the Flu vaccination this year, with 83% of all staff and 88% of patient facing staff receiving the vaccine. This was a fantastic team effort from our peer vaccinators and project team to promote the importance of the receiving the vaccine and will have a significant impact of protecting our patients over the winter.

Staff Survey – The NHS Staff Survey has now closed and we are awaiting the final report with our results. The response rate for this year's survey was down slightly on last year at 45% and we will assess the impact on response rates of conducting the survey online in some areas. Departmental survey results will be distributed in February along with assessment of key themes.

Finance

Details on the financial performance can be found in the finance report.



Strategy and Transformation

The final version of the Dorset Long Term (LTP) has been submitted to NHSE&I which has indicated that no further submissions are required. It will be published shortly. The Dorset LTP sets out how Dorset will deliver the ambitions of the NHS 10 year plan published in January 2019. The LTP focusses on the wider social determinants of health, prevention as well as improving the quality of care, workforce numbers and The LTP also commits to the importance of the climate emergency and the NHS' contribution to social value.

Following the finalisation of the Dorset Long Term Plan we will now be looking to refresh the DCH Strategy. This work will take place over the coming months and will involve the Governors Strategy Working Group.

The Transformation Office supports and leads allocated projects and programmes. Projects are aligned to and support delivery of the Trust strategy and wider Dorset Integrated Care System priorities, with a particular emphasis on West Dorset. The team are preparing the work agenda for 2020/21 based on the Trust and system priorities. Currently there are four portfolios of work supported by the team and led by Trust executives they are:

- Clinical Service Redesign led by the Medical Director
- Operational Effectiveness led by the Chief Operating Officer
- Integration & Collaboration lead by the Director of Strategy, Transformation and partnerships
- Continuous Quality Improvement led by the Director of Nursing and Quality and the Director of Strategy, Transformation and Partnerships

The team recently presented their work to the Council of Governors highlighting VTE assessment recording, Advice & Guidance to GPs, theatre late starts and patient experience at outpatient clinics.

We have established a DCH Social Value Programme Group to develop our social value approach and how can we use our position as an anchor institution to have as positive an impact on our local communities from an economic, social and environmental perspective which improves the health and wealth of our populations. The Trust Board will consider its Social Value and Sustainability priorities at its next development session in February.

DCH Charity is progressing well with the £850K Chemotherapy Appeal to fund the redevelopment of our existing Chemotherapy Unit. This will build on the success of the Cancer Appeal, contributing to enhancing cancer care services at DCH. The Charity is also now responsible for the management and development of DCH Arts in Hospital programme.



Strategic Estates Masterplan

Multi-storey car park. Our planning application was submitted in October, and we were expecting a decision at January's Planning Committee. This has been delayed at the request of the Planning Officer due to resource constraints within the Council. We are hopeful the application will be considered in February, but remain concerned that further delays will impact on our programme and are working to address the issue. The majority of the consultation comments have been positive.

https://planning.dorset.gov.uk/online-applications/applicationDetails.do?activeTab=documents&keyVal=DCAPR_139869

Integrated Emergency, Community and Primary Care Hub. The DHSC Health Improvement Plan has notionally allocated seed funding for the Dorset System to develop capital projects. An Expression of Interest has been submitted for this seed funding, with DCH requesting funding for the Outline Business Case for the Integrated Hub project. Our project has been recognised as a high priority within the Expression of Interest. This is a long term development with HIP funding for the capital build not expected until 2025. Staff are therefore developing proposals for medium term ED/ICU improvements, and this is dependent on securing capital monies.

Other News...

As the UK prepares to leave the EU on 31 January 2020, this continues to be a very worrying and uncertain time for our EU staff. They have and continue to make a significant contribution and I would like to take this opportunity to thank them for their ongoing commitment to the Trust and its patients

Patricia Miller OBE
Chief Executive
3 February 2020



Title of Meeting	Council of Governors
Date of Meeting	03 February 2020
Report Title	Finance Report
Author	Rebecca King, Deputy Director of Finance
Responsible Executive	Paul Goddard, Director of Finance and Resources
Purpose of Report (e.g. for decision, information) For information	
<p>Summary Dorset County Hospital NHS FT (DCHFT) has delivered an income and expenditure deficit of £3.164 million for the nine months ending 31 December 2019 against a planned deficit of £3.369 million, resulting in a favourable variance of £0.205 million. Within this position is £0.233 million relating to a national prior year adjustment of Provider Sustainability Funding (PSF) allocation.</p> <p>The cash balance at 31 Dec 2019 was £12.7 million. Capital expenditure was £2.968 million against a plan of £3.311 million for the year to date.</p>	
Paper Previously Reviewed By Paul Goddard, Director of Finance and Resources	
Strategic Impact The Trust Strategy is to deliver an Income and Expenditure breakeven position for the financial year 2019/20.	
Risk Evaluation The financial plan requires significant savings totalling £7.130 million to be delivered in 2019/20 whilst ensuring that there is no detrimental impact on the safety and quality of services provided. The delivery of the savings target for the year remains very challenging with £1.389 million of the target unidentified at the end of December.	
Impact on Care Quality Commission Registration and/or Clinical Quality As above	
Governance Implications (legal, clinical, equality and diversity or other): As above	
Financial Implications The Trust has performed above plan for the nine months of the year.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	a) To review and note the financial position at 31 December 2019



COUNCIL OF GOVERNORS FINANCE REPORT FOR 9 MONTHS ENDED 31 DECEMBER 2019

	Plan YTD £m	Actual YTD £m	Variance £m
Income	144.0	148.4	4.4
Expenditure	(147.4)	(151.6)	(4.2)
Surplus / (Deficit)	(3.4)	(3.2)	0.2

1. YEAR TO DATE VARIANCE

- 1.1 The income and expenditure position at the end of the nine months is a deficit of £3.164 million against a planned deficit of £3.369 million, resulting in a favourable variance of £0.205 million.
- 1.2 Income levels were £4.4 million higher than plan, with income from patient care activities over achieving by £3.0 million. All other income was £1.4 million above plan for the period predominantly due to the receipt of the additional £0.233 million PSF as mentioned above and the balance is driven by the extra capacity commissioned by Somerset Partnerships, which is offset by additional expenditure within pay and non-pay costs. Private patient income and RTA income are behind plan.
- 1.3 Pay costs were £2.128 million more than plan for the period. Agency expenditure is exceeding the cap level due to vacancies and additional beds open due to the ongoing operational pressures.
- 1.4 Operating non-pay costs were £2.1 million ahead of plan for the period, primarily as a result of high drugs costs, outsourced service costs for backlog clearance initiatives and the apprenticeship levy funded training costs, for which there is an offset in income.
- 1.5 Depreciation and PDC Dividend costs were on plan for the year to date.

2. CASH

- 2.1 At the end of December, the Trust held a cash balance of £12.7 million which is £7.3 million ahead of the planned position, due to the timing of payments within the Dorset health system, monies paid in advance and the delays within the capital programme.

3. CAPITAL

- 3.1 Capital expenditure in the period to 31 December 2019 was £2.968 million, which was £0.343 million behind the plan, linked to the timing of firm alarm, air handling and co-tag projects.



4. COST IMPROVEMENT PROGRAMME

- 4.1 The Trust has set a CIP target for 2019/20 of £7.130 million which equated to 3.7% of annual turnover.
- 4.2 At 31 December 2019 the Trust has plans in place to deliver £5.741 million of the £7.1 million savings required by the end of the financial year, meaning that £1.389 million is yet to be identified. In addition to this £0.151 million of the identified schemes have been rated as high risk.
- 4.3 At the end of the period savings totalling £4.1 million had been delivered with an annual value of £5.4 million.
- 4.4 The CIP plan and delivery for the quarter can be summarised in the table below:

Themes	Plan YTD £m	Actual YTD £m
Pay	1.088	0.939
Non Pay	2.128	2.776
Income Generation	0.321	0.396
Total CIP Plan	3.537	4.111