

Council of Governors
2.00pm – 4.15pm, Monday 2 September 2019
Seminar Room, Children's Centre, DCH

Part One Agenda – Open Meeting

- | | | | |
|--|--------------|------|--|
| 1. Welcome and Apologies for Absence: | | 2.00 | Chair |
| 2. Declarations of Interest | | 2.00 | All |
| 3. Minutes of Council of Governors Part One Meeting 13 May 2019
To approve | Enclosure | 2.05 | Chair |
| 4. Matters Arising from those Minutes and Actions List
To receive | Enclosure | 2.10 | Chair |
| 5. Governor Matters:
All covered under the agenda items | | | |
| 6. Chief Executive's Q1 Report
To receive | Enclosure | 2.20 | Patricia Miller,
Chief Executive |
| 7. National Inpatient Survey 2018 (Picker Report)
To receive | Enclosure | 2.40 | Ali Male, Patient and Public Engagement Lead |
| 8. Finance Q1 Report
To receive | Enclosure | 2.50 | Paul Goddard,
Director of Finance |
| Break | | 3.00 | |
| 9. Annual Report and Accounts, including the Auditors' Statement
To receive | Presentation | 3.15 | KPMG |

Outstanding care for people in ways which matter to them

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|--|------------------|-------------|---|
| <p>10. Feedback from NEDs: connectivity between Board Sub-Committees
 To receive</p> | <p>Verbal</p> | <p>3.35</p> | <p>Ian Metcalfe</p> |
| <p>11. Updates from Governor Committees:
 a) Membership Development Committee
 13 06 18 (including progress in relation to the membership strategy)</p> | <p>Enclosure</p> | <p>3.50</p> | <p>Gavin</p> |
| <p>12. Constituency/Area Meetings Feedback
 a) Staff Governor Constituency (May & July)
 b) West Dorset (April)</p> | <p>Verbal</p> | <p>4.00</p> | <p>Tony/Lee/Tracy

Sarah</p> |
| <p>13. Lead Governor Appointment Ratification
 To approve</p> | <p>Enclosure</p> | <p>4.10</p> | <p>Rebekah Ley,
Trust Board Secretary</p> |
| <p>14. Date of Next Meeting (open to the public):
 Council of Governors, 2pm, Monday 11 November 2019, Children's Centre Seminar Room, DCH</p> | | <p>4.15</p> | |
| <p>Meeting Closes</p> | | | |

Council of Governors Meeting: Part One

Minutes of the Meeting of Monday 13 May 2019
 Children's Centre Seminar Room, Dorset County Hospital

Present: Mark Addison (Chair)

Public Governors

Margaret Alsop (Weymouth and Portland)
 Sarah Carney (West Dorset)
 David Cove (West Dorset) (Lead Governor)
 Gavin Maxwell (West Dorset)
 Christine McGee (North Dorset)
 Maurice Perks (North Dorset)
 David Tett (West Dorset)
 Sharon Waight (Weymouth and Portland)

Staff Governors

Lee Armstrong
 Tracy Glen
 Tony James

Appointed Governors

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

In Attendance: Peter Greensmith (Non-Executive Director)
 Victoria Hodges (Non-Executive Director)
 Patricia Miller (Chief Executive) (from item CoG19/022)
 Rebecca King (Deputy Director of Finance and Resources) (item CoG19/024)
 Rebekah Ley (Trust Secretary)
 Mandy Ford (Head of Risk Management – observer)
 Liz Beardsall (Deputy Trust Secretary)

Apologies: Simon Bishop (East Dorset)
 Wally Gundry (West Dorset)
 Stephen Mason (Weymouth and Portland)
 Naomi Patterson (West Dorset)
 Dave Stebbing (Weymouth and Portland)

Two members of the public were present.

CoG19/017

Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting. There were apologies from Simon Bishop, Wally Gundry, Stephen Mason, Naomi Patterson and Dave Stebbing.

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- CoG19/018** **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.
- CoG19/019** **Minutes of the Previous Meeting held on 11 February 2019**
 The minutes of the previous meeting held on 11 February 2019 were accepted as a true and accurate record.
- CoG19/020** **Actions and Matters Arising**
 The Chair noted that actions CoG19/004 (CQC action plan) and CoG19/006.1 (mortality reporting) had been added to the relevant agendas for future meetings. He explained that the plan was to bring the car parking item back to Governors when the outcome of the accessibility audit was available. He reported that the audit had been completed but the report had not yet been received, so the matter would be brought to the Governors' Working Group in July.
- The Chair noted that all other actions were either complete or on the agenda, and there were no other matters arising from the minutes.
- CoG19/021** **Governor Matters**
 The Chair confirmed that no Governor Matters had been received.
- CoG19/022** **Feedback from NEDs: Workforce Committee – first six months**
 As the meeting was running ahead of time and the Chief Executive had been detained, the Chair took the update from Victoria Hodges, Non-Executive Director and chair of the Workforce Committee.
- Victoria confirmed that the Workforce Committee (WfC) had been established in October 2018 in recognition of the fact that workforce issues needed more time and visibility than it was possible to give them at the Finance and Performance Committee (FPC) meetings. She outlined the key priority areas of the WfC, the regular items it reviewed monthly and the additional items that had been considered by the committee, including nursing vacancies, new workforce roles, the staff survey and the leadership strategy. She said that the WfC's key learning points for the first six months had been that close links needed to continue with FPC, that the focus needed to be broader than the staff groups in the two divisions, and that more time needed to be spent focusing on strategic rather than day-to-day issues. She stated that the committee had made good progress especially around improving the strategic focus, but that it would take a full year for the committee to fully bed-in.
- In response to questions from Governors, Victoria confirmed that feedback from key leaders as to the impact of the committee would be sought as part of the upcoming committee evaluation; that the education team was working on an outreach programme to promote the range of roles available in the NHS, and attracting student medics; there had been no specific committee sessions regarding nurse retention but this did form part of the Director of Workforce's remit; there was no national template for the organisation of the committee, but examples of best practice from other Trusts had been used; the impact of Brexit did not sit in the remit of the WfC but had been considered in detail by the Chief

Outstanding care for people in ways which matter to them

Operating Officer and her team; and that feedback from minority staff groups in the hospital was being encouraged, through a more representative Freedom to Speak Up team and discussion sessions for minority groups with the Chief Executive.

The Chair thanked Victoria for her feedback.

CoG19/023

Chief Executive's Report

The Chief Executive presented a previously circulated report which summarised the hospital's performance during the final quarter of 2018/19. She highlighted that it had been a challenging year for the hospital, and for the first time in over a year the Trust had not met the 4 hour wait Emergency Department (ED) standard. She explained that the hospital had experienced an increase in the number of patients attending ED, admissions from ED to the wards, the proportion of patients attending majors in comparison to minors, and over-21 day stays. She reported that these factors were contributing to an increase in costs. She stated that the Trust was working with the Clinical Commissioning Group (CCG) and the other members of the Dorset health system to understand what these shifts meant for the hospital in terms of funding and what steps the system can take to relieve some of the pressures on the hospital. She highlighted that quality standards were being maintained despite these operational pressures. She drew Governors' attention to a number of key items in her report including workforce, overseas recruitment, the staff survey, health and wellbeing, the Somerset Clinical Services Review (CSR), and the national review of operational standards. The Chief Executive also reported that she had been selected to join the NHS Assembly, which had been convened to act as an advisory body regarding the implementation of the NHS Long Term Plan.

Mr Tett asked which were the two areas of the staff survey that had shown a marginal decline in staff satisfaction rates. The Chief Executive confirmed she did not have the information to hand and she was encouraging the Trust to focus on key themes rather than the data collated in response to individual questions, but the Trust could provide this level of detail outside the meeting.

ACTION: LB

In response to Governor questions the Chief Executive confirmed the future provision of maternity and paediatric services at Dorset County Hospital was not in doubt (following a commitment by the CCG in December 2017 that it would continue to commission both services from Dorset County Hospital) and that the outcome of the Somerset CSR would govern whether these services were maintained at the current level or expanded to meet increased demand; that the availability of GP appointments was only one in a number of factors leading to the increase in ED attendances, with Weymouth Minor Injuries Unit opening hours, 111 referrals, and societal expectations playing a large role; that it was entirely appropriate for admissions via ED to take place when the medical and surgical assessment units were unable to take GP expected patients; and that retention of nursing graduates and trainee doctors remained a national issue.

The Chair thanked the Chief Executive for her report.

CoG19/024

Finance Report

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The Deputy Director of Finance presented a previously circulated report which summarised the hospital's financial performance for the year ending 31 March 2019. She explained that the Trust did not meet its original planned deficit, but that the year-end results were in-line with the revised forecast that was submitted to NHS Improvement. She reported that an accounting adjustment and the receipt of £2.3 million of Provider Sustainability Funding, which the Trust had not anticipated receiving, had contributed to the year-end position.

Governors did not have any questions for the Deputy Director of Finance and the Chair thanked her for the report.

CoG19/025

Updates from Governor Committees

a) Membership Development Committee

Mr Maxwell, who chaired the last meeting of the Committee in March 2018, reported that the committee's focus remained the involvement of the membership, and that the Governors had recently held area meetings in Dorchester and Bridport to seek the views of the membership. He reported that membership numbers continued to decline, and he felt this was because members were not given adequate opportunity to get involved. Mrs Carney reported that the area events at Coffee #1 in Bridport and Dorchester had been very successful and that the feedback received had been overwhelmingly positive about the hospital. She said most people reported that they did not feel they had time to be a member, rather than their being a lack of opportunities for involvement.

The Chair thanked Mr Maxwell and Mrs Carney for their updates, and confirmed that feedback from the area meetings would be on the agenda of the next Governors Working Group. He also asked for a note at the next Council of Governors meeting setting out the progress to date against the Membership Development Strategy.

ACTION: RL

Mr Armstrong reminded Governors about the DCH Summer Spectacular which was taking place on Saturday 6 July, and encouraged Governors to purchase raffle tickets in support of the DCH Charity's Chemotherapy Appeal.

CoG19/026

Date of Next Meeting

The date of the next meeting open to the public was scheduled for 2pm, Monday 2 September 2019, Children's Centre Seminar Room, DCH.

The Chair thanked everyone for their attendance and closed the meeting.

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Chair

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Date

Outstanding care for people in ways which matter to them

Council of Governors Meeting – 13 May 2019 Part One

Minute	Action	Owner	Timescale	Outcome
CoG19/023	Mr Tett asked which were the two areas of the staff survey that had shown a marginal decline in staff satisfaction rates.	LB	May 2019	Complete. Response emailed to Mr Tett on 22 05 19.
CoG19/025	A note to be taken to the next Council of Governors meeting setting out the progress to date against the Membership Development Strategy.	RL	September 2019	Complete. The 2018/19 strategy progress tracker (as reviewed by the Membership Development Committee in June) is included in the meeting papers.

Carried Forward

Minute	Action	Owner	Timescale	Outcome
	Car Parking Concessions			
CoG18/003.2 and CoG18/018.1	Action CoG17/043 regarding car parking concessions to be reopened at the request of Dave Stebbing. The Director of Strategy and Business Development to discuss the signage relating to concessions with the Estates team, following the Estate's team update which stated that a review of car parking concessions was underway and once this was complete the details of the concessions would be publicised.	NJ	Ongoing	September 2019 update: the Governors received a full briefing at the July Governors' Working Group. Governors' feedback was given to the Board by Mr Metcalfe as requested by the Governors. May 2019 update: following the discussion at the Governors' Working Group 01 04 19, the disability audit has been partially completed and once this has been finished and the action plan is available this will be brought back to the Governors as requested as part of a full update. (for previous updates regarding this ongoing action, please see actions list for the Council of Governors meeting, February 2019)

Title of Meeting	Council of Governors
Date of Meeting	2 September 2019
Report Title	National Inpatient Survey 2018
Author	Alison Male, Patient Experience & Engagement Lead Neal Cleaver, Deputy Director of Nursing and Quality

1. Introduction

This document summarises the findings from the NHS Inpatient Survey 2018, carried out by Picker, on behalf of Dorset County Hospital NHS Foundation Trust.

Picker was commissioned by 77 Inpatient organisations to undertake the Inpatient Survey. A total of 1250 patients from our Trust were invited to complete the questionnaire. 1204 patients were eligible for the survey, of which 649 returned a completed questionnaire, giving a response rate of 54% (compared to the Picker average response rate of 43%) and our previous 2017 response rate of 46%.

	Top 5 scores (compared to average)
68%	Q19+. Hospital: food was very good or good
17%	Q52. Discharge: delayed by no longer than 1 hour
73%	Q33. Care: staff did not contradict each other
79%	Q3. A&E Department: right amount of information about treatment or condition
64%	Q50. Discharge: was not delayed

Outstanding care for people in ways which matter to them

Most improved from last survey	
81%	Q7. Planned admission: admission date not changed by hospital
85%	Q61+. Discharge: family or home situation considered
95%	Q42. Care: staff helped control pain
91%	Q22. Hospital: got enough to drink
74%	Q6. Planned admission: was admitted as soon as necessary

Bottom 5 scores (compared to average)	
84%	Q46. Procedure: told how to expect to feel after operation or procedure
61%	Q60+. Discharge: told of danger signals to look for
60%	Q14. Hospital: not bothered by noise at night from other patients
61%	Q56. Discharge: patients given written/printed information about what they should or should not do after leaving hospital
93%	Q23+. Doctors: got clear answers to questions

Least improved from last survey	
68%	Q9. Admission: did not have to wait long time to get to bed on ward
19%	Q71. Overall: received information explaining how to complain
13%	Q70. Overall: asked to give views on quality of care
61%	Q60+. Discharge: told of danger signals to look for
84%	Q21+. Hospital: got enough help from staff to eat meals

Outstanding care for people in ways which matter to them

Overall results:

Key Improvements since 2017

- Q7. Planned admission: admission date not changed by hospital
- Q61+. Discharge: family or home situation considered
- Q42. Care: staff helped control pain
- Q22. Hospital: got enough to drink
- Q6. Planned admission: was admitted as soon as necessary

Our core strengths

- Q19+. Hospital: food was very good or good
- Q52. Discharge: delayed by no longer than 1 hour
- Q33. Care: staff did not contradict each other
- Q3. A&E Department: right amount of information about treatment or condition
- Q50. Discharge: was not delayed

Issues to address

- Q23+. Doctors: got clear answers to questions
- Q56. Discharge: patients given written/printed information about what they should or should not do after leaving hospital
- Q14. Hospital: not bothered by noise at night from other patients
- Q60+. Discharge: told of danger signals to look for
- Q46. Procedure: told how to expect to feel after operation or procedure

Outstanding care for people in ways which matter to them

Our views

86%

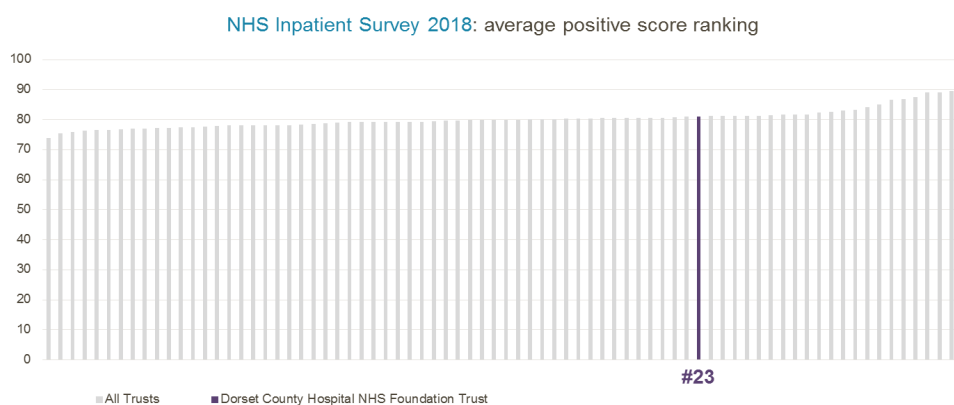
Q68+. Overall: rated experience as 7/10 or more

98%

Q67. Overall: treated with respect or dignity

96%

Q24. Doctors: had confidence and trust



Outstanding care for people in ways which matter to them

2. Accident & Emergency - Waiting list or planned admission - All types of admission

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q3	A&E Department: right amount of information about treatment or condition	83%	79%	81%	80%	79%	75%	79%
Q4	A&E Department: given enough privacy when being examined or treated	99%	99%	100%	100%	99%	98%	99%
Q6	Planned admission: was admitted as soon as necessary	76%	79%	76%	73%	74%	73%	74%
Q7	Planned admission: admission date not changed by hospital	75%	78%	81%	78%	81%	79%	81%
Q8	Planned admission: specialist given all the necessary information	98%	97%	99%	99%	96%	97%	96%
Q9	Admission: did not have to wait long time to get to bed on ward	77%	76%	74%	78%	68%	65%	68%

3. The hospital & ward (part 1 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field and better in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q11	Hospital: did not share sleeping area with opposite sex	-	-	-	92%	91%	91%	91%
Q13	Hospital: staff completely explained reasons for changing wards at night	-	-	-	86%	84%	81%	84%
Q14	Hospital: not bothered by noise at night from other patients	62%	56%	58%	66%	60%	63%	60%
Q15	Hospital: not bothered by noise at night from staff	81%	79%	81%	81%	81%	81%	81%
Q16	Hospital: room or ward very or fairly clean	99%	99%	99%	99%	99%	97%	99%

The hospital & ward (part 2 of 2)

Compared to the national average DCHFT is **significantly better in 2 fields**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q17+	Hospital: got enough help from staff to wash or keep clean	-	-	92%	93%	91%	91%	91%
Q18+	Hospital: able to take own medication when needed to	-	-	77%	82%	79%	79%	79%
Q19+	Hospital: food was very good or good	71%	72%	70%	72%	68%	60%	68%
Q20	Hospital: offered a choice of food	94%	97%	96%	96%	96%	94%	96%
Q21+	Hospital: got enough help from staff to eat meals	90%	85%	89%	90%	84%	84%	84%
Q22	Hospital: got enough to drink	-	-	-	89%	91%	91%	91%

Outstanding care for people in ways which matter to them

4. Doctors

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q23+	Doctors: got clear answers to questions	96%	96%	94%	96%	93%	95%	93%
Q24	Doctors: had confidence and trust	97%	98%	98%	97%	96%	97%	96%
Q25	Doctors: not talked in front of patients as if they were not there	78%	77%	81%	79%	78%	77%	78%

5. Nurses

Compared to historical data and national average, DCHFT is **not significantly different in any areas**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q26+	Nurses: got clear answers to questions	97%	98%	96%	97%	96%	96%	96%
Q27	Nurses: had confidence and trust	98%	98%	99%	99%	98%	97%	98%
Q28	Nurses: not talked in front of patients as if they weren't there	85%	80%	86%	86%	85%	83%	85%
Q29	Nurses: always or nearly always enough on duty	66%	61%	59%	63%	63%	60%	63%
Q30	Nurses: knew which nurse was in charge of care	-	-	79%	81%	79%	81%	79%

6. Your care & treatment (part 1 of 2)

Compared to the national average DCHFT is **significantly better in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q31+	Other clinical staff: had confidence and trust	-	-	-	96%	96%	96%	96%
Q32	Care: staff worked well together	-	97%	97%	97%	97%	96%	97%
Q33	Care: staff did not contradict each other	74%	68%	71%	73%	73%	69%	73%
Q34	Care: was involved as much as wanted in decisions	92%	92%	92%	92%	91%	90%	91%
Q35	Care: had confidence in the decisions made	94%	95%	95%	95%	94%	94%	94%
Q36	Care: right amount of information given on condition or treatment	82%	80%	80%	78%	78%	80%	78%

Outstanding care for people in ways which matter to them

Your care & treatment (part 2 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q37+	Care: found staff member to discuss concerns with	76%	80%	80%	76%	72%	73%	72%
Q38+	Care: enough emotional support from hospital staff	91%	90%	86%	87%	84%	85%	84%
Q39	Care: enough privacy when discussing condition or treatment	96%	94%	95%	96%	93%	94%	93%
Q40	Care: enough privacy when being examined or treated	99%	99%	99%	99%	99%	99%	99%
Q42	Care: staff helped control pain	94%	95%	95%	93%	95%	94%	95%
Q43+	Care: staff helped within reasonable time when needed attention	-	-	-	94%	94%	93%	94%

7. Operations & procedures

Compared to the national average DCHFT is **significantly worse in 1 field**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q45+	Procedure: questions beforehand answered	95%	97%	96%	97%	98%	97%	98%
Q46	Procedure: told how to expect to feel after operation or procedure	83%	84%	83%	86%	84%	88%	84%
Q47	Procedure: explained how it had gone in an understandable way	90%	91%	91%	89%	89%	91%	89%

Outstanding care for people in ways which matter to them

8. Leaving hospital (part 1 of 2)

Compared to the national average DCHFT is **significantly better in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q48+	Discharge: felt involved in decisions about discharge from hospital	82%	87%	85%	87%	85%		84%	85%
Q49	Discharge: given enough notice about when discharge would be	89%	91%	88%	88%	89%		87%	89%
Q50	Discharge: was not delayed	56%	66%	69%	67%	64%		60%	64%
Q52	Discharge: delayed by no longer than 1 hour	17%	21%	20%	20%	17%		12%	17%
Q54+	Discharge: got enough support from health or social care professionals	-	81%	82%	81%	78%		78%	78%
Q55+	Discharge: knew what would happen next with care after leaving hospital	-	70%	84%	87%	82%		84%	82%
Q56	Discharge: patients given written/printed information about what they should or should not do after leaving hospital	67%	64%	64%	64%	61%		63%	61%
Q57+	Discharge: told purpose of medications	93%	91%	90%	91%	92%		91%	92%
Q58+	Discharge: told side-effects of medications	65%	56%	53%	56%	56%		57%	56%

Leaving hospital (part 2 of 2)

Compared to the historical data DCHFT is **significantly worse in 1 field**

		Historical						Organisation type	
		2014	2015	2016	2017	2018		Average	Organisation
Q59+	Discharge: given clear written/printed information about medicines	90%	90%	91%	90%	88%		85%	88%
Q60+	Discharge: told of danger signals to look for	68%	63%	64%	68%	61%		64%	61%
Q61+	Discharge: family or home situation considered	87%	82%	87%	83%	85%		82%	85%
Q62+	Discharge: family given enough information to help care	75%	69%	72%	79%	77%		76%	77%
Q63	Discharge: told who to contact if worried	81%	78%	80%	80%	79%		77%	79%
Q64+	Discharge: staff discussed need for additional equipment or home adaptation	83%	85%	90%	86%	85%		81%	85%
Q65+	Discharge: staff discussed need for further health or social care services	86%	82%	85%	84%	81%		81%	81%
Q66+	Discharge: expected care and support were available when needed	-	-	-	-	86%		83%	86%

Outstanding care for people in ways which matter to them

9. Overall

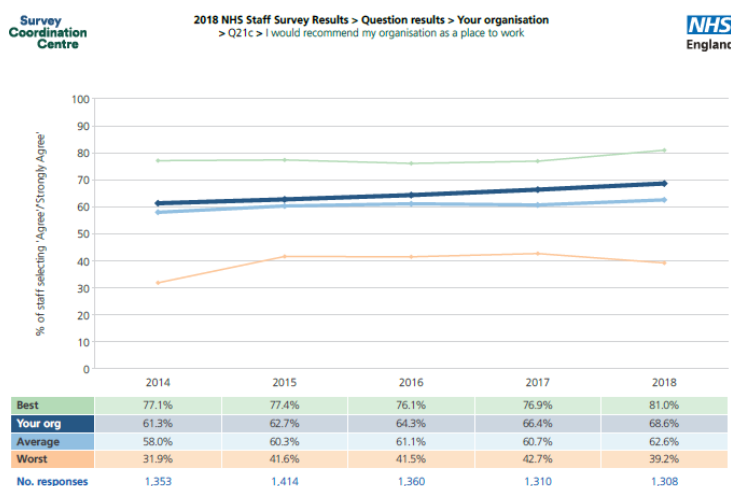
Compared to the historical data DCHFT is **significantly worse in 2 fields**

		Historical					Organisation type	
		2014	2015	2016	2017	2018	Average	Organisation
Q67	Overall: treated with respect or dignity	98%	98%	99%	98%	98%	98%	98%
Q68+	Overall: rated experience as 7/10 or more	89%	87%	88%	88%	86%	85%	86%
Q70	Overall: asked to give views on quality of care	20%	17%	17%	19%	13%	14%	13%
Q71	Overall: received information explaining how to complain	23%	23%	24%	28%	19%	20%	19%
Q72+	Overall: well looked after by non-clinical hospital staff	-	-	-	98%	98%	98%	98%

10. Links with the Staff Survey 2018

In a publication by NHS England (Links between NHS staff experience and patient satisfaction, February 2018), 10 key areas from the staff survey were identified as predictors of overall patient satisfaction. In 2019 (2018 survey results) NHS England changed the reporting style of the Annual Staff Survey and did not theme questions together to allow for the direct comparison to be made. There are several questions contained within the Staff survey which do have a direct effect on patient experience:

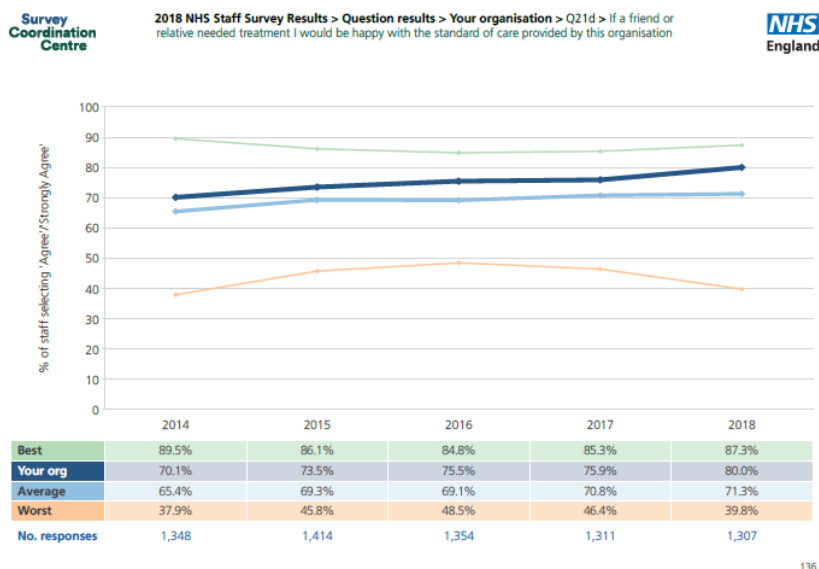
- % Staff who would recommend the organisation as a place to work:



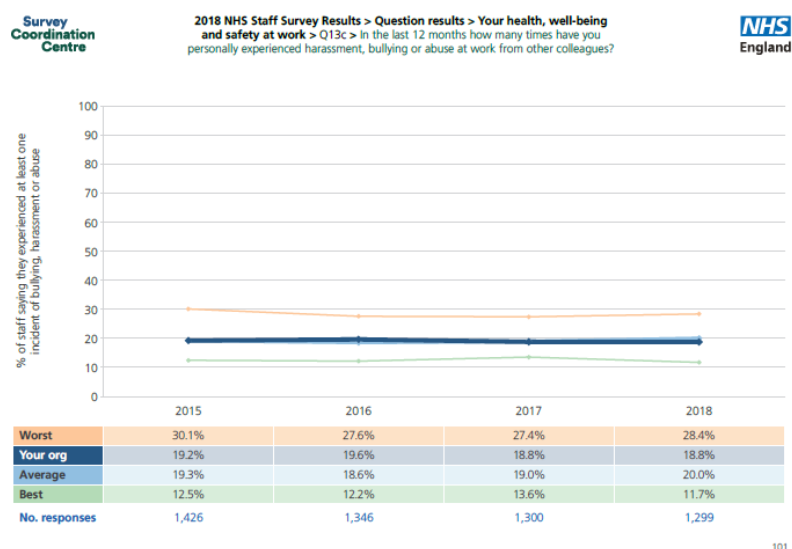
Outstanding care for people in ways which matter to them



- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:



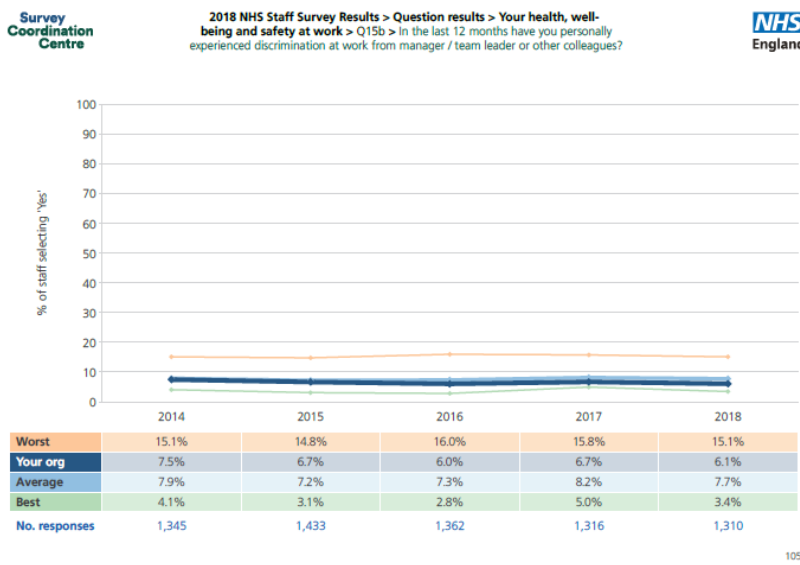
- In the last 12 months how many times have you experienced bullying, harassment or abuse at work by another colleague



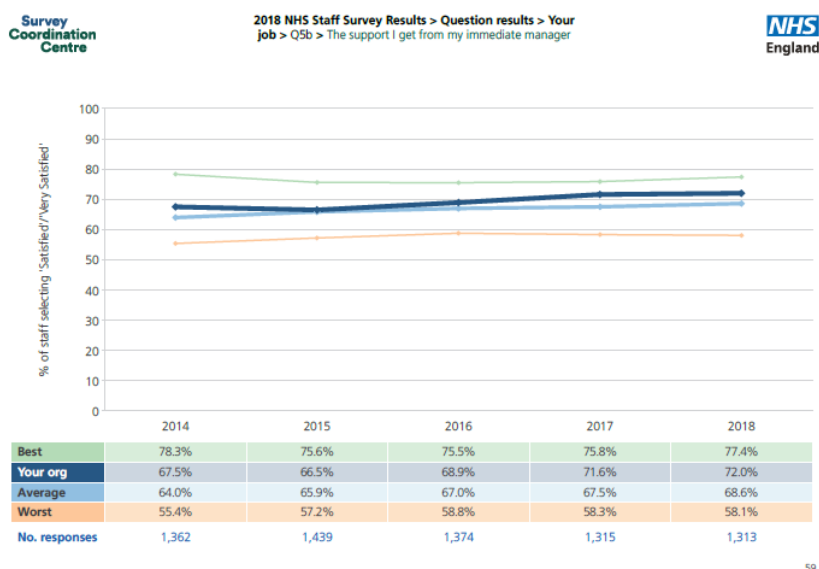
Outstanding care for people in ways which matter to them



- In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleague?



- How satisfied are you with the support you get from your immediate manager?



Outstanding care for people in ways which matter to them

Title of Meeting	Council of Governors
Date of Meeting	2 September 2019
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	
Summary Dorset County Hospital NHS FT (DCHFT) has delivered an income and expenditure deficit of £1.972 million for the three months ending 30 June 2019 against a planned deficit of £2.418 million, resulting in a favourable variance of £0.446 million. Within this position is £0.233 million relating to a national prior year adjustment of Provider Sustainability Funding (PSF) allocation so the normalised position is £0.213 million ahead of plan. The cash balance at 30 June 2019 was £7.7 million. Capital expenditure was £0.688 million against a plan of £0.908 million for the quarter.	
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 £2.0 million of the target unidentified at the end of the quarter.	
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 first quarter of the year.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	a) To review and note the financial position at 30 June 2019

COUNCIL OF GOVERNORS FINANCE REPORT FOR 3 MONTHS ENDED 30 JUNE 2019

	Plan YTD £m	Actual YTD £m	Variance £m
Income	47.3	48.1	0.8
Expenditure	(49.7)	(50.1)	(0.4)
Surplus / (Deficit)	(2.4)	(2.0)	0.4

1. YEAR TO DATE VARIANCE

- 1.1 The income and expenditure position at the end of the first quarter is a deficit of £1.972 million against a planned deficit of £2.418 million, resulting in a favourable variance of £466,000.
- 1.2 Income levels were £776,000 higher than plan, with income from patient care activities over achieving by £625,000. All other income was £151,000 above plan for the quarter predominantly due to the receipt of the additional £233,000 PSF as mentioned above. Private patient income and RTA income are behind plan.
- 1.3 Pay costs were £79,000 less than plan for the quarter. 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 £421,000 ahead of plan for the quarter, primarily as a result of backlog clearance initiatives, building works and the apprenticeship levy payments, for which there is an offset in income.
- 1.5 Depreciation and PDC Dividend costs were on plan for the quarter.

2. CASH

- 2.1 At the end of June, the Trust held a cash balance of £7.7 million which is £3.7 million ahead of the planned position, due to the timing of payments within the Dorset health system and monies paid in advance from NHS England. .

3. CAPITAL

- 3.1 Capital expenditure in the quarter to 30 June 2019 was £688,000, which was £220,000 behind the plan, linked to the timing of theatre lights and Pharmacy Robot .

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 30 June 2019 the Trust has plans in place to deliver £5.1 million of the £7.1 million savings required by the end of the financial year, meaning that £2.0 million is yet to be identified. In addition to this £1.5 million of the identified schemes have been rated as high risk.
- 4.3 At the end of the first quarter savings totalling £971,000 had been delivered with an annual value of £3.6 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	0.384	0.145
Non Pay	0.596	0.768
Income Generation	0.094	0.058
Total CIP Plan	1.074	0.971

Title of Meeting	Council of Governors
Date of Meeting	2 September 2019
Report Title	Membership Development Committee 2018/19 Review
Author	Rebekah Ley, Trust Secretary

Purpose of Report (e.g. for decision, information)

For information.

To provide the Council of Governors with an overview of membership activity during 2018/19.

Summary

The Year End Membership Report for 2018/19 highlights the progress of membership recruitment against the target set in the Membership Development Strategy, a summary of membership activities during the year and demographic information on new members joining in 2018/19.

The Reviewing Success Action Tracker 2018/19 forms part of the Membership Development Strategy and outlines progress against the key measures agreed by the committee when the Membership Development Strategy was reviewed in 2018.

Previously Reviewed By

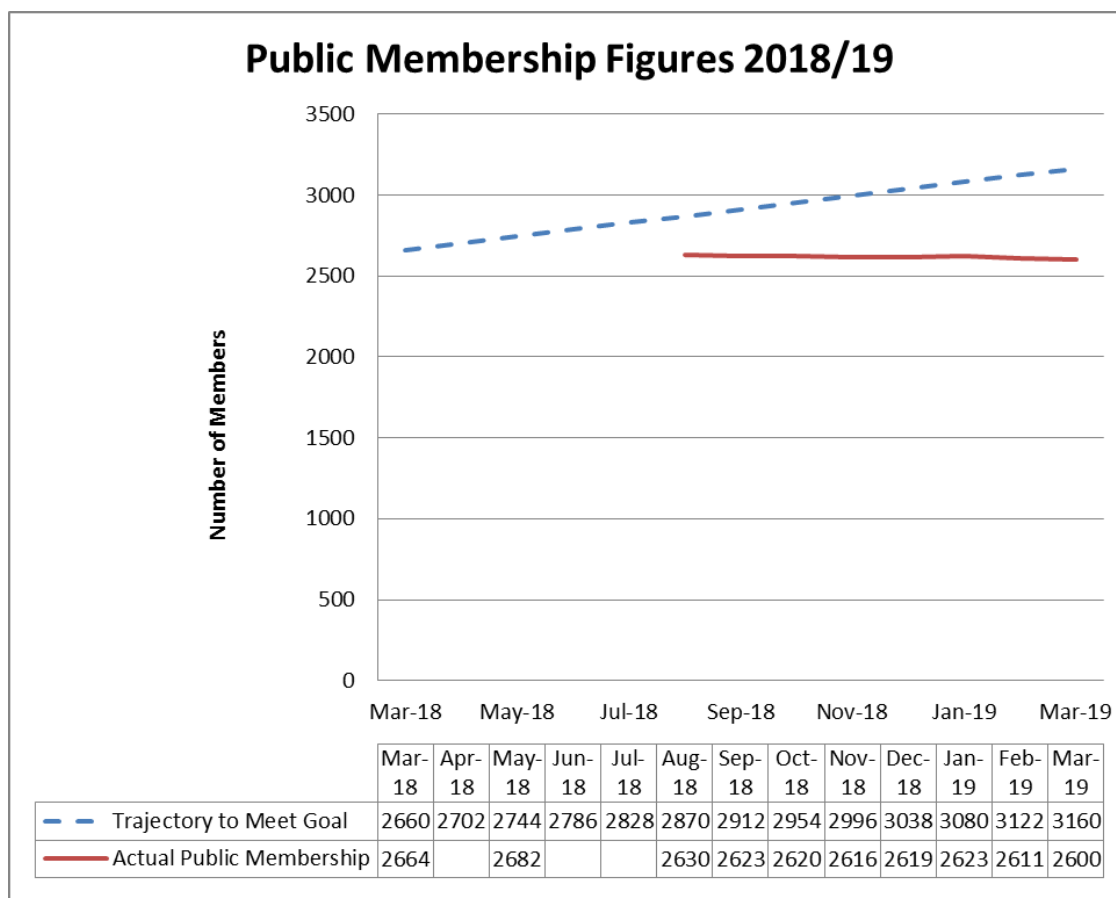
Membership Development Committee 13 June 2019

Recommendations

The Council of Governors is asked to note the contents of the report.

Outstanding care for people in ways which matter to them

2018/19 Year End Membership Report



Summary

Public membership numbers dropped from 2,664 to 2,600 over the course of the financial year 2018/19.

The year ended with a gap of 560 between the actual number of public members and the goal set in the Membership Development Strategy (3,160 public members by the end March 2019).

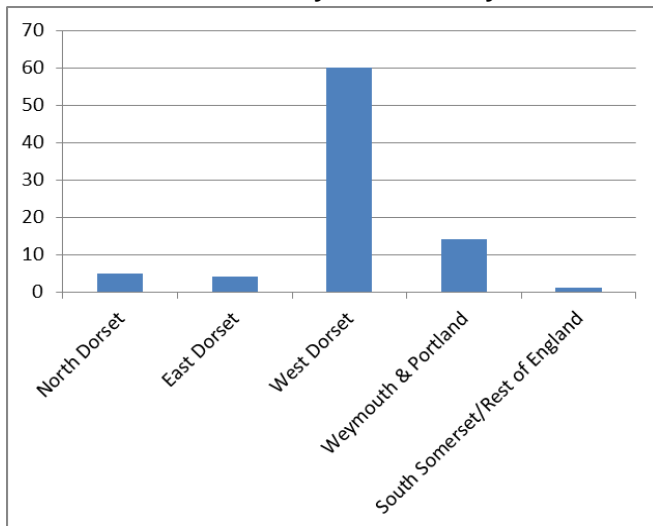
In 2018/19 84 new members were recruited (demographic details on next page).

Membership Activities 2018/19

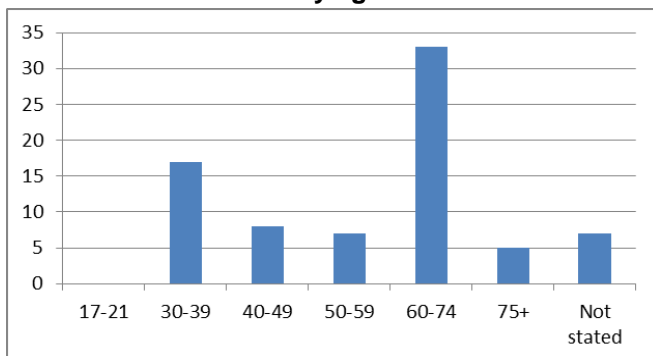
- Members' Event: *Talking about...* Research and Innovation June 2018
- Members' Event: DCH Charity Big 7 Tea Party July 2018
- Governor elections in all constituencies ending July 2018
- AGM/AMM September 2018
- Open Day October 2018
- West Dorset Area Meetings Oct 2018 (Dorchester) and Nov 2018 (Bridport)
- Staff Constituency Stands bimonthly throughout 2018/19
- The DCH Way published summer 2018 and winter 2019

- 11 membership emails sent (to c900 members) which had an open rate of between 40-50%
- Use of social media to promote elections, AGM, open day, member events, area meetings
- New membership noticeboard installed outside Costa Coffee in North Wing

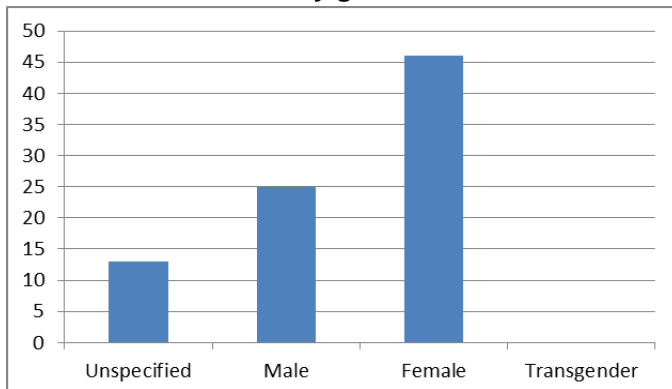
New members 2018/19 by constituency



New members 2018/19 by age



New members 2018/19 by gender



Membership Development Strategy 2018/19 – 2022/2023 Appendix

Reviewing Success Action Tracker 2018/19

Measure	Action	Timeframe	Outcomes 2018/19
Undertaking a members' baseline satisfaction survey.	Undertake an annual members' survey	One per calendar year	Not undertaken in 2018/19, but will be completed in the 2019 calendar year.
Analysing the level of member engagement, e.g. attendance numbers at events.	Feedback from members' events to be reviewed by the MDC	After each event at the quarterly MDC meetings.	Feedback on each membership activity during the year has been received by the MDC. Attendance numbers remain low at all events, but with high levels of positivity and engagement from those who attend.
Tracking membership numbers against trajectory, and reviewing demographic makeup of membership.	A report to be reviewed by the MDC	Quarterly	The membership report including actual membership numbers against the trajectory has been received quarterly by the committee. The year ended with a gap of 560 between the actual number of public members and the goal set in the Membership Development Strategy (3,160 public members by the end March 2019).
Tracking the success of Governor constituency surgeries.	Feedback from constituency surgeries to be received by the MDC/Governors Working Group - TBC	After each surgery at the quarterly MDC meetings	Feedback has been received from the West Dorset Area Meetings and the Staff Constituency Stands at both MDC and GWG. The Strategic Plan Committee has also been reinstated during 2018 which provided Governors with a mechanism for feeding constituents comments directly into the strategic planning process.

Measure	Action	Timeframe	Outcomes 2018/19
Processes for becoming a member and maintaining a register of members to be reviewed by the Committee annually.	Report on the process to be provided by the Trust to the MDC for review.	Annually	The process was reviewed by the MDC at the June 2019 meeting (for year ending 2018/19).
Members to be reminded of the benefits of membership.	Membership benefits to be issued to all new members and to be reprinted in each newsletter of which all members will receive twice a year.	Bi-annually	Not included in the 2018/19 issues of the DCH Way but benefits were highlighted via social media in early 2019. <i>(note: to be included in next issue of the DCH Way and to be tied into a social media/email reminder to the members).</i>
Opportunities for members to directly influence service design and provision to be reviewed by the Committee annually.	Report on the opportunities to be provided by the Trust to the MDC for review.	Annually	The Strategic Plan Committee has also been reinstated during 2018 which provided Governors with a mechanism for feeding constituents comments directly into the strategic planning process.

Title of Meeting	Council of Governors
Date of Meeting	Monday 2 September 2019
Report Title	Lead Governor Selection - Approval
Author	Rebekah Ley, Trust Board Secretary

Purpose of Report (e.g. for decision, information) For approval.	
<p>Summary</p> <p>Lead Governors are required by NHS Improvement (NHSI) so that they can have a Governor with whom to communicate - without going through the Chairman or Trust Secretary - if there are problems in a Trust. The functions of Lead Governor, as defined by NHSI, are very narrow. However, in addition to these statutory duties the Lead Governor role at the Trust includes a range of other duties which are listed in the Lead Governor Role Description, as agreed by the Council of Governors in August 2018.</p> <p>Following the call for expressions of interest for the Lead Governor role, which opened on 22 July and closed on 12 August, one expression of interest was received from David Cove. David is the Trust's current Lead Governor.</p> <p>As there was only one expression of interest a ballot is not required. The appointment is subject to the approval of the majority of those Governors present at the Council of Governors meeting.</p> <p>If appointed, David's new term will run from 1 October 2019 to 30 September 2020.</p>	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	The Council of Governors are requested to approve the selection of David Cove as Lead Governor for a further term of one year, from 1 October 2019 to 30 September 2020.