



Council of Governors
2.00pm – 3.15pm, Monday 13 May 2019
Seminar Room, Children’s Centre, DCH

Part One Agenda – Open Meeting

| | | | |
|---|-----------|------|-----------------|
| 1. Welcome and Apologies for Absence: Dave Stebbing, Stephen Mason | | 2.00 | Chair |
| 2. Declarations of Interest | | 2.00 | All |
| 3. Minutes of Council of Governors Part One Meeting 11 February 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: Nil received | | | |
| 6. Chief Executive’s Q4 Report To receive | Enclosure | 2.20 | Patricia Miller |
| 7. Finance Q4 Report To receive | Enclosure | 2.40 | Rebecca King |
| 8. Feedback from NEDs Workforce Committee – first six months To receive | Verbal | 2.55 | Victoria Hodges |
| 9. Updates from Governor Committees: a) Membership Development Committee 14 03 18 | Verbal | 3.10 | Gavin Maxwell |
| 10. Date of Next Meeting (open to the public): Council of Governors, 2pm, Monday 2 September 2019, Children’s Centre Seminar Room, DCH | | | |
| Meeting Closes | | 3.15 | |

Outstanding care for people in ways which matter to them

Council of Governors Meeting: Part One

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

Present: Mark Addison (Chair)

Public Governors

Margaret Alsop (Weymouth and Portland)
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)
Christine McGee (North Dorset)
Naomi Patterson (West Dorset)
Maurice Perks (North Dorset)
Dave Stebbing (Weymouth and Portland)
David Tett (West Dorset)

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: Mr Peter Greensmith (Non-Executive Director)
Patricia Miller (Chief Executive) (to item CoG19/006)
Paul Goddard (Director of Finance and Resources) (item CoG19/005)
Nicky Lucey (Director of Nursing and Quality) (item CoG19/005 and CoG19/006)
Rebekah Ley (Trust Secretary)
Liz Beardsall (Corporate Support Officer)

Apologies: Sharon Waight (Weymouth and Portland)

Four members of the public were present.

CoG19/001 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting. There were apologies from Sharon Waight.

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CoG19/002 **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.

CoG19/003 **Minutes of the Previous Meeting held on 5 November 2018**
The minutes of the previous meeting held on 5 November 2018 were accepted as a true and accurate record.

CoG19/004 **Actions and Matters Arising**
CoG18/051 CQC Action Plan – the Chief Executive confirmed that this could now be brought to the Council of Governors.

ACTION: LB

CoG18/056.2 Meeting Frequency – the Chair confirmed that the Constitution Review Committee agreed that the number of Council of Governor meetings should remain at four per year, as was indicated by a show of hands at the November 2018 Council of Governors meeting.

CoG18/003.2 and CoG18/018.1 Car Parking Concessions – the Chair confirmed that there was no further update at this time on the issue of car parking concessions, but the Trust was planning to apply for planning permission for the proposed multi-storey car park shortly.

The Chair noted that all other actions were either complete or on the agenda, and there were no other matters arising from the minutes.

CoG19/005 **Governor Matters**

a) Dorset Care Record

Mr Bishop asked for an update on the Dorset Care Record project, especially regarding whether the project was on schedule, those GP practices that had not yet joined the scheme at the time the Governors last received an update and the proposed consent process for the scheme, which recent publicity indicated had changed from the original plan.

The Trust Secretary confirmed that she had forwarded a detailed report to Mr Bishop, which addressed the first two points. She explained that she was unable to answer the point on the consent mechanism, but would report back to Mr Bishop on this issue outside the meeting.

ACTION: RL

b) Cold Weather Plans

Mr Maxwell raised that there had been reports of dialysis patients having problems accessing Ezeq patient transport services between Bridport and Yeovil during the snow. He said that the Head of Emergency Planning had given Governors a reassuring overview of bad weather contingency planning last year, and asked what plans the hospital had in place for this year.

Mr James, Staff Governor and Head of Emergency Planning, confirmed the hospital had bad weather plans in place, as required under the Civil

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Contingencies Act. He explained that the hospital was supported by regular updates from the Met Office, as well as a local Met Office Advisor. He reported to Governors the measures that the hospital has in place for dealing with bad weather conditions, including communications plans, an incident control coordination centre, transport and accommodation. He reported that multi-agency debriefs and planning had enabled the outcomes from lessons learnt after the snow of March 2018 to be implemented.

The Chair noted that the Trust had not been made aware of the transport issues to which Mr Maxwell referred, and said that if Mr Maxwell would like to forward details of any specific incidents the Trust would follow this up.

Post meeting note: Mr Maxwell had asked for this item to be added to the agenda prior to the inclement weather on 31 January/1 February 2019. The issues he referred to therefore related to early 2018.

CoG19/006**Chief Executive's Report**

The Chief Executive presented a previously circulated report which summarised the hospital's performance during the third quarter of 2018/19. She reported that delivery of the four hour emergency wait standard had been challenging due to an increase in emergency department attendances. She highlighted the improvements in the delivery of the 2 week and 62 day cancer standards, good performance against the quality standards, and the hospital receiving a rating of 'good' overall from the CQC. She said that there were still challenges around workforce recruitment and as a result the Trust was considering extending its overseas recruitment programme to include doctors in addition to nurses. She reported that the publication of the new NHS Long Term Plan underlined the collaborative work being undertaken by the Integrated Care System as the correct direction of travel. She also highlighted a number of staff members who had been nominated for regional and national awards.

Mr Stebbing asked for an update on the hospital's ophthalmology service. The Chief Executive confirmed that the Trust had put in place a number of internal changes, and was now discussing the glaucoma service with the commissioners. She explained that there were approximately 1000 people awaiting follow up who could be seen in a non-hospital setting and that while this service did exist locally it currently did not have the capacity to take these patients. She said that the hospital was asking the commissioners to expand the community provision, which would free-up capacity at the hospital for other patients. Mr Stebbing asked if the hospital could explain to patients that private treatment was available, but the Chief Executive confirmed that this would breach professional guidance.

Mrs McGee asked if the Standardised Hospital Mortality Indicator (SHMI) took into account the demographics of the local population. The Chief Executive explained that mortality rates are calculated using an algorithm that takes into account patients' co-morbidities and creates a risk adjusted figure. She reported that the Trust had historically not been recording patients' co-morbidities to a deep enough level, which meant that the expected mortality rate figure for the hospital was too low. She assured Governors that a detailed clinical review by the Medical Director

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had demonstrated that there was not an issue with the provision of care, but that the hospital had a statistical issue due to the coding. She said it would be a number of months before any improvement was seen in the figures, as mortality figures were reported nationally 12 months in arrears. She stated that the issue was compounded by the national shortage of coders.

Dr Cove asked if the Medical Director's report could be shared with the Governors. The Chief Executive said it would not be appropriate as the report contained patient level detail, but that an appropriate report could be put on the agenda for a future meeting.

ACTION: LB

Mr Bishop asked how the hospital acknowledged and rewarded staff achievements. The Chief Executive explained that the Trust had a Hospital Hero scheme, whereby patients and colleagues could nominate staff and the winners received a certificate presented by the Chief Executive. She said that the Trust also held an annual Going the Extra Mile (GEM) awards event. Additionally any staff member who won a regional or national award was offered £500 by the Trust to spend on their service.

Mrs Carney asked if, in relation to the ophthalmology service, there were incentives to encourage clinicians to undertake more work for the NHS and less in the private sector. The Chief Executive explained that in the case of ophthalmology it was not the availability of staff which was the issue, but that the size of the contract was not sufficient to meet demand.

Mr Tett asked about the increase in the waiting list figures and the possible commercial use of the Damers School site. He also noted that the reduction of nursing vacancies was positive to see. The Chief Executive explained that the waiting list had increased by a small amount which reflected an increase in the number of referrals and the cancellation of some elective work due to the increase in emergency admissions. She confirmed that at this stage there were no firm plans for the Damers School site, but that possible options would need to generate an income stream for the hospital and that this could potentially include the development of keyworker housing. She reminded Governors that the Clinical Service Review (CSR) by the Clinical Commissioning Group (CCG) had been clear that the commissioners were not looking to expand services at the hospital.

Dr Cove said that the Council of Governors would like to pass on their congratulations to all the staff at the hospital for their hard work in achieving a CQC rating of 'good', and the CEO said she would action this on behalf of the Governors.

ACTION: PM

The Chair thanked the Chief Executive for her report.

CoG19/007

Finance Report

The Director of Finance presented a previously circulated report which summarised the hospital's financial performance for the nine months ending 31 December 2018. He reported that the Trust had performed above plan for the first

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nine months of the year but that this was unlikely to deliver its planned position for the full year. He stated that the Trust had reported to NHS Improvement that the hospital would miss its control total deficit by £5.1 million. He explained that the Trust's forecast position was now an estimated position of a £8.3 million deficit for the year. He reported that the gap to the planned position was as a result of unachieved Cost Improvement Programme savings of £2.9 million and run rate pressures of £2.2 million. He explained that the pay related costs pressures were largely because of increased agency spend to cover the opening of unfunded beds due to demand and filling gaps due to medical staffing vacancies. He reported that as a result of not achieving the control total deficit, the Trust would not receive its quarter four Provider Sustainability Funding (PSF) of £2.056 million. However, he confirmed that the Trust had received PSF for the first three quarters of the year.

The Governors discussed the use of agency staff, including the reasons for employing agency staff, the cost to the Trust, the impact on substantive staff, and the use of bank staff including the recent move to weekly pay for bank contracts. There were also discussions relating to the concerns raised in the community by the use of messaging encouraging people not to use the Emergency Department unless it was essential, and the problems patients faced in accessing GP appointments.

Governors noted that in previous years additional funding had been received at year end which had eased the hospital's financial situation. Dr Cove asked if similar funding might be expected this year. The Director of Finance confirmed that the centre did recognise the pressure the Trust was under and that it was anticipated there would be some financial support forthcoming. He said he would report back to the Governors when the position was clearer. He noted that whilst headline figures for increased funding for the NHS looked good, these had to be viewed in the light of increasing cost pressures. The Chief Executive recommended that Governors read the Nuffield Trust's report on 'The costs of delivering health care in rural areas', which she asked the Corporate Support Officer to circulate.

ACTION: LB

The Chair thanked the Director of Finance for his report.

CoG19/008

Quality Account Indicator

The Director of Nursing and Quality drew Governors' attention to the previously circulated report. She explained that NHS Improvement (NHSI) required that the Trust's external auditor provided assurance on the Quality Report as part of the annual reporting process. She stated that this involved the auditor testing two nationally mandated and one locally selected indicator from the Quality Report. She said that the two mandated indicators related to the four hour Emergency Department standard and the 62 day cancer standard. She stated that the guidance from NHSI to Governors was a strong recommendation that the Summary Hospital-level Mortality Indicator (SHMI) should be selected as the local indicator for 2018/19. She also recommended to Governors that they support this choice of quality indicator for the 2019/20 Quality Account, as the work of the Trust was still ongoing regarding mortality reviewing.

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The Council of Governors unanimously agreed to the choice of indicator as advised by NHSI.

Decision: the Council of Governors supported the recommendation that Mortality (including learning from deaths and the Summary Hospital-level Mortality Indicator (SHMI)) be selected as the local indicator for 2018/2019, and as their choice of quality indicator for the 2019/20 Quality Account.

CoG19/009

Feedback from NEDs – DCH Charity

The Chair explained that at each meeting a member of the non-executive team was invited to attend the Council of Governors to present on a relevant topic. He reminded Governors that one of their statutory duties was to hold the Board to account through the non-executive directors. He welcomed non-executive director Peter Greensmith to the meeting.

Peter Greensmith reported that he had been the Chair of the Charitable Funds Committee for nearly four years. He explained that the role of the DCH Charity was to enhance patient care, above and beyond what the NHS is able to provide. He said that the fundraising campaign which raised £1.75million to build an outpatient department on the first floor of the Robert White Cancer Centre had raised the profile of the Charity locally. He reported that the Charity had also supported the provision of home haemodialysis as well as a number of arts and music projects around the hospital. He reported that the next big fundraising project was to raise £500,000 to bring the hospital's chemotherapy provision up to gold standard.

He encouraged Governors to get involved in the work of the Charity by raising awareness with constituents, asking local people to undertake fundraising activities and letting the Charity Team know of any fundraising ideas.

The Chair thanked Peter Greensmith for his update and for his chairmanship of the Charitable Funds Committee. He said that the Robert White Cancer Centre was a great example of collaborative working between Trusts, and was an excellent result for the Charity Team.

CoG19/010

Feedback from Governor Committees

a) Membership Development Committee

Mr Maxwell, who chaired the last meeting of the Committee in December 2018, said he believed there were a great number of opportunities for the patient voice to make a contribution and that there were many ways in which members could make a useful contribution to the hospital's plans.

b) Strategic Plan Committee

The Chair reported that the Strategic Plan Committee had met on 4 February 2019 for the first time in a number of years. He explained that the aim of the committee was to equip Governors to talk to constituents about the Trust's strategy and to provide Governors with a forum for bringing back feedback from the public. Governors who attended noted that the meeting

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had not been quorate, but that it had been a very useful and interesting session, and encouraged other Governors to attend.

CoG19/011

Date of Next Meeting

The date of the next meeting open to the public was scheduled for 2pm, Monday 13 May 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

DRAFT

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Council of Governors Meeting – 11 February 2019

| Minute | Action | Owner | Timescale | Outcome |
|-------------|--|-------|---------------|---|
| CoG19/004 | CQC Action Plan to be added brought to the Council of Governors. | LB | Feb 2019 | Complete. Added to July GWG session. |
| CoG19/005 | The Trust Secretary to provide Mr Bishop with an update on the consent process for the Dorset Care Record. | RL | Feb 2019 | Complete. The Trust Secretary emailed Mr Bishop with an update 01 03 19 (DCR uses an opt-out system, which is in line with the national approach). |
| CoG19/006.1 | Governors to receive a report from the Medical Director on mortality reviews. | LB | Feb 2019 | Complete. Added to Nov CoG agenda. |
| CoG19/006.2 | The Council of Governors would like to pass on their congratulations to all the staff at the hospital for their hard work in achieving a CQC rating of 'good'. | PM | February 2019 | Complete. Included in the weekly CEO Brief on 15 02 19, which is circulated to all staff. |
| CoG19/007 | Corporate Support Officer to circulate the link to the Nuffield Trust's report on 'The costs of delivering health care in rural areas'. | LB | February 2019 | Complete. Circulated 28 02 19. |

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 | <p>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.</p> <p>February 2019 update: The Chair confirmed at the February Council of Governors meeting that there was no further update at this time on the issue of car parking concessions, but the Trust was planning to apply for planning permission for the proposed multi-storey car park shortly.</p> <p>November 2018 update: re-opened on the action list at the request of Mr Stebbing.</p> <p>August 2018 update: meeting the Trust Secretary confirmed that a proposal regarding the concessions would be taken to the September Finance and Performance Committee, and to Board in November for approval. Closed on the action list.</p> <p>April 2018 update: the Director of Strategy reiterated that a review of the parking concessions is underway as part of a larger review of parking provision at the hospital and that once the concessions had been agreed these would be publicised.</p> |



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|--|---|--|
| Title of Meeting | Council of Governors | |
| Date of Meeting | 13 May 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 The draft accounts for Dorset County Hospital NHS FT (DCHFT) show that the Trust has delivered an income and expenditure deficit of £8.624 million for the year ending 31 March 2019 against a planned deficit of £1.283 million, resulting in an adverse variance of £7.341 million. The Trust forecast was a deficit of £8.270 million; the variations to the draft final position being additional Provider Sustainability Funding (PSF) received of £2.3 million, a lower than anticipated Public Dividend Capital (PDC) figure by £0.2 million and impairments of £2.9 million. The cash balance at 31 March 2019 was £3.5 million. Capital expenditure was £8.6 million which was in line with the forecast. | | |
| Paper Previously Reviewed By Paul Goddard, Director of Finance and Resources | | |
| Strategic Impact The Trust forecast was a deficit of £8.270 million, the variations to the draft year end position being additional PSF received of £2.3 million, a lower than anticipated PDC figure by £0.2 million and impairments of £2.9 million. | | |
| Risk Evaluation The financial plan required significant savings totalling £7.613 million to be delivered in 2018/19 whilst ensuring that there was no detrimental impact on the safety and quality of services provided. | | |
| 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 in line with forecast but as anticipated did not deliver its planned position for the full year. | | |
| Freedom of Information Implications – can the report be published? | Yes | |
| Recommendations | a) To review and note the draft financial position at 31 March 2019 | |

COUNCIL OF GOVERNORS FINANCE REPORT FOR 12 MONTHS ENDED 31 MARCH 2019

| | Plan YTD £m | Actual YTD £m | Variance £m |
|--------------------------------|----------------------------|------------------------------|------------------------|
| Income | 179.0 | 184.8 | 5.8 |
| Expenditure | (180.3) | (193.4) | (13.1) |
| Surplus / (Deficit) | (1.3) | (8.6) | (7.3) |

1. YEAR TO DATE VARIANCE

- 1.1 The income and expenditure position at the end of the financial year is a deficit of £8.624 million against a planned deficit of £1.283 million, resulting in an adverse variance of £7.341 million.
- 1.2 Income levels were £5.8 million higher than plan, with income from patient care activities over achieving by £4.7 million. Of this, £1.7 million relates to national funding for the higher than planned pay award for Agenda for Change staff. All other income was £1.1 million ahead of plan predominantly due to the funding for GP trainees of £693k (with associated pay costs) and externally funded projects £616k.
- 1.3 Pay costs were £5.4 million more than plan for the year, partly as a result of the higher than planned pay award. The difference is being funded nationally so there is a corresponding £1.7 million in clinical income. The remainder of the overspend relates to higher than planned nursing agency and medical additional session costs and the costs of the GP trainees (for which there is additional income).
- 1.4 Operating non-pay costs were £5.6 million above plan for the year, primarily as a result of drugs and services received for which there is a partial offset in income.
- 1.5 Non-operating non-pay costs were above plan by £2.2 million, predominantly due to the £2.9m impairments partially offset by the £0.2 million reduction in PDC.

2. CASH

- 2.1 At the end of March, the Trust held a cash balance of £3.5 million which is £1 million ahead of the planned position, due to improved management of the Trust's working capital position.



3. CAPITAL

3.1 Capital expenditure in the year to 31 March 2019 was £8.6 million, which was in line with forecast.

4. COST IMPROVEMENT PROGRAMME

4.1 The Trust set a CIP target for 2018/19 of £7.613 million which equated to 4.3% of annual turnover.

4.2 At 31 March 2019 the Trust had delivered £4.851 million of the £7.6 million savings required.

4.3 This was a slight improvement on the forecast of £4.7 million.

4.4 The CIP plan and delivery for the period can be summarised in the table below:

| Themes | Plan YTD £m | Actual YTD £m |
|-----------------------|--------------|---------------|
| Pay | 2.531 | 0.829 |
| Non Pay | 2.807 | 2.874 |
| Income Generation | 2.275 | 1.148 |
| Total CIP Plan | 7.613 | 4.851 |