

Council of Governors  
 2.00pm – 4.00pm, Monday 22 February 2021  
 Via Lifesize Video Conferencing

## Part One Agenda – Open Meeting

- |   |            |           |  |
|---|------------|-----------|--|
| 1. <b>Welcome and Apologies for Absence:</b><br>Paul Goddard,   |            | 2.00-2.05 | Chair  |
| 2. <b>Declarations of Interest</b>  |            |           | All  |
| 3. <b>Minutes of Council of Governors Part One Meeting 9 November 2020</b><br>To approve  | Enclosure  |           | Chair  |
| 4. <b>Matters Arising from those Minutes</b><br>To receive  | Verbal     |           | Chair  |
| 5. <b>Chief Executive's Report Q3 and verbal COVID Update</b><br>To receive   | Enclosure  | 2.05-2.20 | Patricia Miller, CEO   |
| 6. <b>Finance Report Q3</b><br>To receive   | Enclosure  | 2.20-2.30 | Mark Stockman, Head of Contracting (for P Goddard)                       |
| 7. <b>Governor Matters:</b><br>a) <b>Equality, Diversity and Inclusion</b><br>b) <b>Health Inequalities</b><br>c) <b>Feedback from NHS Providers Governor Virtual Workshops</b> | Verbal     | 2.30-3.00 | Simon Bishop<br>Mike Byatt<br>Simon Bishop, Mike Byatt, Kathryn Harrison |
| 8. <b>Governor Reflections on Governance including First Impressions from New Governors</b>   | Discussion | 3.00-3.15 | All  |
| 9. <b>Staff Governor Vacancy</b><br>To approve  | Enclosure  | 3.15-3.20 | Trevor Hughes  |
| 10. <b>NED Update and Feedback:</b><br>a) <b>Sue Atkinson</b><br>b) <b>Margaret Blankson</b>  | Verbal     | 3.20-3.50 | NEDs   |
| 11. <b>Date of next meeting:</b><br>Date of Next Meeting (open to the public): Council of Governors Monday 10 May 2021  |            |           |  |
| <b>Meeting Closes</b>   |            | 4.00      |  |

## Council of Governors Meeting: Part One Dorset County Hospital NHS Foundation Trust

Minutes of the meeting of Monday 9 November 2020  
via Lifesize Video Conferencing

Present: Mark Addison (Chair)

### Public Governors

Simon Bishop (East Dorset)  
Mike Byatt (Weymouth and Portland)  
Sarah Carney (West Dorset)  
David Cove (West Dorset) (Lead Governor)  
Kathryn Harrison (West Dorset)  
Marion Levick (Weymouth and Portland)  
Stephen Mason (Weymouth and Portland)  
Christine McGee (North Dorset)  
Maurice Perks (North Dorset)

### Staff Governors

Tracy Glen

### Appointed Governors

Tony Alford (Dorset Council)  
Barbara Purnell (Friends of DCH)  
Davina Smith (Weldmar Hospicecare)

In Attendance: Liz Beardsall (Deputy Trust Secretary) (minutes)  
Paul Goddard (Director of Finance and Resources) (item CoG20/072)  
Judy Gillow (Non-Executive Director) (from item CoG20/074)  
Trevor Hughes (Head of Corporate Governance)  
Alastair Hutchison (Chief Medical Officer) (item CoG20/073)  
Nick Johnson (Deputy CEO; Director of Strategy, Transformation and Partnerships)  
Inese Robotham (Chief Operating Officer) (item CoG20/076)

Apologies: Margaret Alsop (Weymouth and Portland)  
Neal Cleaver (Staff Governor)  
Patricia Miller (Chief Executive Officer)  
David Tett (West Dorset)

### CoG20/066

#### Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting, especially those Governors who had been elected or re-elected in the recent elections. There were apologies from Margaret Alsop, Neal Cleaver, Patricia Miller and David Tett.

The Chair confirmed that planning permission had now been granted for the hospital's proposed multi-storey car park and he thanked those Governors who

---

---

---

---

*Outstanding care for people in ways which matter to them*

had lobbied Dorset Council in support of the application. He also announced that Nick Johnson had recently been appointed Deputy Chief Executive, which he would undertake alongside his role as Director of Strategy, Transformation and Partnerships.

**CoG20/067**

**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.

**CoG20/068**

**Minutes of the Previous Meeting held on 7 September 2020**

The minutes of the previous meeting held on 7 September 2020 were accepted as a true and accurate record.

**CoG20/069**

**Actions and Matters Arising**

All actions were complete and there were no matters arising from the previous meeting.

**CoG20/070**

**Lead Governor Appointment**

The Head of Corporate Governance referred Governors to the previously circulated paper outlining the process and outcome for the appointment of a Lead Governor. He confirmed that because of the pause in the election process due to the pandemic, David Cove had continued as Lead Governor as an interim arrangement agreed by the Governors in September. He reported that following a call for expressions of interest, one expression had been received from David Cove. Therefore no ballot was required but the appointment required the approval of the majority of those Governors present at the meeting.

**Resolved: the Council of Governors unanimously agreed to the appointment of David Cove as Lead Governor for the period from 16 November 2020 to 30 September 2021.**

Dr Cove thanked the Governors for their support, and the Chair congratulated him on his reappointment.

**CoG20/071**

**Chief Executive's Report Q2**

The Deputy CEO presented the previously circulated report on behalf of the Chief Executive. In addition to the information contained in the report, he reported that the NHS had now moved back to a level 4 alert nationally; that Emergency Department (ED) attendances were now back to pre-COVID levels; the Trust had been allocated significant capital funding for a range of projects including a new MRI scanner, ED works and clearance of the maintenance backlog; the hospital was running at 90% bed occupancy, reflecting high levels of medical and non-elective admissions; wider system pressures, especially relating to social care, were leading to the hospital having high levels of patients with 'no reason to reside'; and that work was ongoing regarding social value and health inequalities, including partnership working to enable the Trust to secure housing development contributions from future developments. Ms Carney mentioned that a consultation was underway regarding replacing Section 106 with the Community Infrastructure Levy (CIL), and the Deputy CEO reported that the agreement brokered by the Trust would cover both schemes.

---



---

*Outstanding care for people in ways which matter to them*

The Deputy CEO thanked the Governors for their support for the multi-storey car park application, which had now been approved by Dorset Council.

There was discussion of merits and challenges around using hotels to accommodate patients who were awaiting discharge, and the Deputy CEO confirmed that the Trust had asked the Dorset system to explore all contingency options including hotels, care homes and community beds.

Mrs Harrison raised concerns about the lack of NED attendance at the Council of Governors, where she would have expected NEDs to routinely be available for questioning by Governors as part of their role of holding the NEDs to account for the performance of the Board. The Chair explained that the Trust's usual practice was to invite the NEDs to attend Council of Governors and Governors' Working Group meetings on a rota basis, and that members of the executive team also attended to answer more detailed operational questions. He also explained that due to unforeseen circumstances Sue Atkinson had been unable to join the meeting at short notice, and Judy Gillow was kindly stepping in to attend the second half of the meeting.

#### CoG20/072

##### **Finance Q2 Report 2020/21**

The Chair welcomed Paul Goddard, Chief Financial Officer to the meeting.

The Chief Financial Officer drew Governors' attention to the previously circulated report which provided a summary of the Trust's financial position at the end of the second quarter of 2020/21. He explained that due to the pandemic for the first six months of the year the funding regime had been based on retrospective claims by the Trust to the Government to cover expenditure, but that in the second half of the year the funding allocation to the Trust would be fixed. He underlined that in addition to the pressures of the pandemic, the Trust was also facing pressures from recovering elective services after the first COVID wave alongside the usual winter pressures. He said that the current projection was that the Trust might need to borrow £4-5 million at year end to reach a breakeven position, and that he would keep the Governors informed. He also reported that the Trust had received significant funding for a number of capital projects, however this brought with it the pressure of completing the capital works in a short time frame.

The Chair thanked the Chief Financial Officer for his report.

#### CoG20/073

##### **Mortality Reporting and Learning from Deaths**

The Chair welcomed the Chief Medical Officer to the meeting and explained that this was an item that had been requested by Governors, following a report to the Governors in November 2019 about the Trust's concerns regarding mortality reporting.

The Chief Medical Officer explained to Governors the process of reviewing deaths in hospital, by the Medical Examiners and through the Structured Judgement Review (SJR) process. He explained how learning was disseminated from these reviews across the Trust, how the Standard Hospital Mortality Index (SHMI) was calculated nationally, and how a detailed review in 2019 had indicated that the

---



---

*Outstanding care for people in ways which matter to them*

Trust's higher than expected SHMI was predominantly due to deficits in clinical coding at the hospital. He reported that addressing the coding issues had resulted in the hospital's SHMI now being within the expected range. The hospital continued to monitor and triangulate all data relating to mortality to provide assurance that there were not excess deaths at the hospital. As part of this assurance process, quarterly reports were scrutinised by the Quality Committee and the Board, and then published on the hospital's website.

The Chair thanked the Chief Medical Officer for his work on mortality reporting and learning from deaths.

**CoG20/074**

**2020/21 Priorities**

The Chair welcomed the Director of Strategy, Transformation and Partnerships (DoSTP) to the meeting. He referred the meeting to the previously circulated report on the Trust's priorities for 2020/21. He explained these were underpinned by NHS England/Improvement's (NHSEI) phase three re-start letter which required providers to recover services to pre-COVID levels. The central tenets of the priorities were ensuring staff felt cared for and supported, and that the organisation continued to deliver safe, compassionate care. A refresh of the Trust strategy was underway, and this would be discussed in more detail at the Governors' Strategic Plan Committee in December.

In response to Governors' questions the DoSTP explained that recruitment and retention underpinned all the priorities and the Trust continued to focus on this; he explained that these were not the Trust's long term strategic priorities but short term priorities whilst the hospital dealt with the COVID pandemic and refreshed its longer term strategic aims; and that the Trust continued to monitor performance in line with the nationally required standards as well as seeking to recover activity levels to pre-COVID levels as required by NHSEI.

The Chair thanked the DoSTP for his update and reminded Governors that they would have the opportunity to feed into the strategy refresh work through the Strategic Plan Committee meeting in December.

**CoG20/075**

**NED Update and Feedback**

The Chair welcomed Judy Gillow (Non-Executive Director, Vice Chair, Chair of Quality Committee, and Interim Chair of Workforce Committee) to the meeting. He thanked Judy for stepping in at short notice, after Sue Atkinson had to send her apologies.

Judy presented to the Governors on the role of the Quality Committee at the Trust including her role as chair of the committee, how the committee provided assurance to the Trust Board, collaboration with other Board sub-committees, how the committee engaged with the organisation, and the committee's annual evaluation of its own performance.

In answer to Governor questions, she explained how the Patient Experience Group reported into the Quality Committee and how this information was triangulated with other sources of feedback, and how staff were able to raise issues relating to quality.

---



---

*Outstanding care for people in ways which matter to them*

The Chair thanked Judy for her presentation and said that from the Board's perspective the way the hospital committees worked gave the Board confidence in the Trust's assurance and decision making processes.

**CoG20/076**

**Governor Matters**

As requested by the Council of Governors, the Chief Operating Officer (COO) attended the meeting to provide an update on the COVID situation. She provided details on patient numbers in the Dorset hospitals and the community; explained the hospital's incident management structure; outlined arrangements for staff testing; and highlighted the challenges relating to bed occupancy and patients with 'no reason to reside'.

In response to questions from Governors, the COO explained how Test and Trace was managed nationally, how the escalation system functioned locally and confirmed that the Dorset COVID Health Protection Board had been established. She also explained that the decrease in performance against the two week wait standard for breast cancer was largely due to an increase in referral numbers, and assured the Governors that although the initial two week standard had been missed, the 62 day treatment standard was being met for these patients.

The Chair thanked the COO for her update.

**CoG20/077**

**Governance Items**

**a) Vacant Seats**

The Head of Corporate Governance presented the previously circulated report on vacant seats on the Council of Governors. He recommended that the Council of Governors agreed to carry the vacancies in East Dorset, South Somerset and the Staff Constituency until the elections due in 2021 for terms commencing 10 July 2021.

**Resolved: the Council of Governors agreed to carry the vacancies in East Dorset, South Somerset and the Staff Constituency until the elections due in 2021.**

**b) Governor Committees Restart Plan**

The Head of Corporate Governance confirmed that the Governor committees had been in abeyance during 2020 due to the COVID pandemic. He noted that a Strategic Plan Committee meeting was planned for December, to which all Governors were invited, and that the aim was to restart the other Governor committees in the new year. It was noted that this was dependent on the situation with the pandemic.

**CoG20/078**

**Date of Next Meeting**

The date of the next meeting open to the public was scheduled for 2pm, Monday 22 February 2021. It was likely to be a remote meeting, in line with the current guidance on NHS meetings and social distancing.

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

---



---

*Outstanding care for people in ways which matter to them*

<b>Title of Meeting</b>	<b>Council of Governors</b>
<b>Date of Meeting</b>	<b>22 February 2021</b>
<b>Report Title</b>	<b>Chief Executive's Report, Quarter 3 – 2020/21</b>
<b>Author</b>	<b>Natalie Violet</b>
<b>Responsible Executive</b>	<b>Patricia Miller</b>

## 1.0 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.

## 2.0 Operational Performance

The Emergency Department activity in December was in line with November's seeing an average of 115 patients per day, a 15% reduction against December 2019. The Trust saw an increase in symptomatic COVID patients towards the end of the December. National restrictions remain in place with Minor Injury Units continuing to operate a booked only appointment service reducing the number of walk-in patients in the Emergency Department. Ambulance conveyances increased with a higher acuity of patients in December however the department continued to have the second best handover delays in the region.

The Trust experienced a high number of patients remaining in hospital despite being medically fit for discharge during the quarter, increasing bed occupancy and causing difficulties in managing flow within the hospital. The increasing prevalence of COVID-19 in care local care homes, insufficient care package capacity and restrictions with community beds continue to be an issue. We have been working closely with our system partners to establish suitable solutions in the best interest of our patients.

Following our system plan submission, in line with the third phase of the NHS response to the pandemic, the Trust has made progress in all areas, notably achieving the target of 90% of last year's activity for both day case and inpatient activity. Outpatient attendances have seen a significant increase in virtual appointments.

---



---



---

*Outstanding care for people in ways which matter to them*



The Trust continues to monitor performance against the Key National Performance Indicators. The following standards were met in December:

- Total waiting list size
- All Cancers - 31 Day Diagnosis to First Treatment
- All Cancers - 31 Day Subsequent Treatment (Surgery)
- All Cancers - 31 Day Subsequent Treatment (Radiotherapy/Other)
- All Cancers - 31 Day Subsequent Treatment (Anti-Cancer Drugs)
- All Cancers - 31 Day Diagnosis to First Treatment

**Table One – Performance against key standards:**

Metric	Threshold/Standard		Oct-20	Nov-20	Dec-20	Q1	Q2	Q3	YTD	Movement on Previous month
RTT *	92%	Monthly	49.4%	52.1%	53.1%	40.4%	46.7%	51.2%	46.5%	↑
Waiting List Size *	Dec = 18038	Monthly	15,659	16,038	16,284	14,182	15,439	16,284	16,284	↓
52 week waits *	0	Monthly	2,068	2,170	2,365	713	1,651	2,170	2,170	↓
Diagnostics	99%	Monthly	66.1%	72.8%	73.6%	47.7%	59.7%	70.9%	60.2%	↑
Cancer - 62 day	85%	Quarterly	73.0%	76.1%	73.1%	70.2%	70.5%	74.2%	70.2%	↓
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	Contractual (National Operational Standard)	57.2%	65.4%	72.9%	86.4%	62.1%	64.7%	69.1%	↑
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	Contractual (National Operational Standard)	14.3%	9.1%	0.0%	95.9%	35.1%	9.5%	48.8%	↓
ED (DCH Only)	95%	Monthly	86.2%	90.6%	84.2%	92.3%	91.0%	86.9%	90.0%	↓
ED (Including MIU)	95%	Monthly	91.8%	94.1%	90.2%	95.2%	95.1%	92.0%	94.1%	↓

\* Quarter / YTD position = month end position

\*\* Cancer Waiting Times (CWT) will continue to alter until the Quarter position is closed as reports from treating centres are updated via Open Exeter. Diagnostic waiting times included as there could be impact on RTT and Cancer pathway standards.

NHS England wrote to organisations towards the end of December to outline the priorities for winter and 2021/22 with five clear tasks for the remainder of 2020/21:

- 1) Responding to COVID-19 demand;
- 2) Pulling out all the stops to implement the COVID-19 vaccination programme;
- 3) Maximising capacity in all settings to treat non-COVID-19 patients;
- 4) Responding to other emergency demand and managing winter pressures;
- 5) Support the health and wellbeing of our workforce.

This quarter would usually see a focus on the business planning and developments required for the next financial year. However this has been delayed due to the pandemic. There is uncertainty regarding the planning process for 2021/22 with regards to the financial envelope particularly as due to the pandemic there was no comprehensive spending review by the Treasury and one is not planned for this year until November 2021. We will therefore review any urgent items of expenditure required whilst we await further detail on the financial envelope available for 2021/22. In the interim NHS England have asked organisations to focus on recovering non-COVID services, strengthening local People Plans and addressing health inequalities.

*Outstanding care for people in ways which matter to them*



### 3.0 Quality

The inpatient friends and family pilot concluded at the end of October 2020. Early indications identified an increase in our response rate for inpatient feedback which had a positive knock on effect to the recommendation rate. Analysis of the pilot is due to be presented through the Patient Experience Group in early 2021.

Highlights from December were:

Positive quality Improvement:

- Dementia screening has improved in this period in all standards recorded;
- There have been no Never events reported during this period;
- The recommendation rates for the friends and family test have achieved the standard required for ED;
- VTE has sustained the achievement of the standard in this month.

Challenges to Quality Improvement:

- Falls resulting in death – one incident referred for Coroner's inquest – structured judgement review to be completed internally;
- The completion of Electronic Discharge Summaries within 24 hours this is planned QI work which will be supported by the Medical Director. Data is currently not available due to technical issues with the dataset;
- Inpatient FFT Response rates – reduction in response rate this month which may coincide with a reduction in visitors due to current COVID guidance, areas such as Barnes will have reduced response rates as staff cannot complete on behalf of the patients.

In December 2020 the Ockenden report was published. This was an independent review into 250 maternity cases as Shrewsbury and Telford NHS Trust. The report highlighted emerging themes and recommendations. Following the publication of this report organisations were asked to review the immediate and essential actions to provide assurance to the NHS England and Improvement. No concerns were identified in relation to our Maternity Unit. A further gap analysis report will be submitted to our Quality Committee in the New Year.

### 4.0 Workforce

During October, alongside our extended wellbeing offering, we were able to provide targeted psychological support to staff groups including our Emergency Department and Critical Care Unit. This was led by Dorset Healthcare and Public Health Dorset. In November the Psychological Lead for Dorset Healthcare delivered two 'train the trainer' sessions to give us capacity to offer the session to further staff groups across the organisation.

In November we introduced a programme of weekly wellbeing walk arounds for an initial period of 12 weeks. The rounds will provide an opportunity for staff to talk

---



---

***Outstanding care for people in ways which matter to them***

about their wellbeing and find out first-hand about our wellbeing offers. The walkarounds were increased in December as the second wave of the pandemic escalated and are being undertaken by our Freedom to Speak up Champions, Health and Wellbeing Champions, Mental Health First Aiders, our onsite Counsellor and HR Team, with a member of the Executive Team joining the rounds once a week.

Our COVID staff testing pod continues to offer seven day a week testing for symptomatic staff and those they live with. In November 2020 we introduced lateral flow device testing for patient facing staff. This is a twice a week self-testing kit for asymptomatic staff. If a positive lateral flow test is reported staff receive a laboratory reported test to confirming or rule out a COVID positive diagnosis. December saw a significant increase in the number of staff testing positive for COVID.

We successfully launched our COVID vaccination hub during this quarter working with our partners across the system to ensure care home staff and front line healthcare workers in the West of Dorset received their first dose of the vaccination. The second dose will be given within 12 weeks of the first dose and the hub will also administer this.

During this quarter the Trust has signed up to be part of the Kickstart Scheme which is part of the Government's 'Plan for Jobs' with the aim of facilitating high quality training opportunities for young people ages 16 to 24 who are in receipt of Universal Credit and are at risk of long term unemployment. The Trust will have 46 placements across two cohorts and is aiming to start placements by April 2021. This is an important part of the Trust's Social Value pledge providing employment and development opportunities for young people within our communities.

Overseas nursing recruitment continues, 21 of the remaining 23 International Nurses have now arrived in the country and have commenced OSCE preparation. We have had 5 recent OSCE passes out of these 21. This brings our total number of international nurses recruited since November 2018 to 88. All new international nurses have to isolate in hospital accommodation on arrival and receive pastoral, health and wellbeing support as well as a full program of virtual teaching and training during this time.

An organisational Culture Review was formally launched during November using the concept of 'Discover, Design, Deliver', this has started an in-depth exploration of the current culture, how it aligns with the Trust Values and the vision for the Trust moving forwards. The initial work has a particular focus on Equality, Diversity and Inclusivity. A focused discovery phase took place during December 2020 with the recognition that the discovery phase is ongoing. Our Head of Organisational Development is analysing the information in conjunction with our staff survey results and will present findings to our People and Culture Committee in early 2021.

---



---



---

*Outstanding care for people in ways which matter to them*

## 5.0 Strategy and Transformation

The NHS England and Improvement consultation document, Integrating Care Next Steps was released in November. This document set out a number of recommendations for increasing integrated working across the health and care sector and for the further development of Integrated Care Systems (ICS). The consultation responses, which were submitted in January, will inform legislation which will be put forward to Parliament in the spring. Two options were proposed to provide a statutory foundation for ICS'. The preferred option would lead to the replacement of CCGs with a statutory ICS Body. The Dorset system is currently agreeing how best to take forward any proposed legislative changes which emerge. The consultation indicated that any new form would be required to be in place by April 2022.

A refresh of the Trust strategy commenced in November, the strategy development was slowed down in January and February as the hospital dealt with the increased operational pressures brought about by the pandemic. However, a draft strategic concept will be developed by the end of February and if endorsed a process to engage and consult on the concept and to seek views on what needs to be done to deliver will take place with a wide range of stakeholders in March.

The Dorset ICS has made the reduction of health inequalities (avoidable, unfair and systematic differences in health between different groups of people) one of the key system priorities and work is continuing to develop a strategy and plan for Dorset. A DCH strategy and approach is being developed which will align to the system strategy, yet with a tangible focus on influencing and implementing change with the hospital.

During this financial year significant levels of funding to support staff wellbeing during and beyond the pandemic have been secured. Our Head of Charity & Social Value is now leading on bids to NHS Charities Together COVID grants programme for further funds to support DCH. This includes a Dorset ICS region-wide bid to support NHS community partnership projects addressing health inequalities. The Dorset system wide bid also aims to fund a Health Inequalities lead for Dorset ICS and aligns to a recent bid by the system to the Health Foundation 'Economies for Healthier Lives' funding programme. These funding programmes aim to support our community's recovery from the pandemic and address inequalities across our region.

The Trust's Social Value Pledge has been approved by the Trust Board and presents our social value commitments to contribute to the wider economic, social and environmental wellbeing of the community we serve. We are currently developing plans to communicate and publicise our social value commitments. The Trust's Social Value Policy underpins our approach, and Trust's Social Value Action Plan is now in development working with the Social Value Programme Group.

The Trust is supporting the creation of an ICS innovation hub aimed at improving the adoption and spread of innovation across the whole system. To accelerate the hub's development we are bidding for additional funding from the Health Foundation. We

---

---

---

---

---

---

*Outstanding care for people in ways which matter to them*

have passed the initial selection stage and are preparing our next submission for stage two. The hub is being led by UHD; the Trust will provide some limited in-kind support.

The Trust has been awarded £140k funding from the National Institute for Health Research to conduct a 12 month feasibility study of delivering hand therapy using virtual reality. This is a collaborative innovation between Tim Crook, DCH Consultant Hand and Orthopaedic Surgeon and a commercial partner, Cassette. A short video has been produced to explain the technology <https://youtu.be/YYYY6htMpc6A>

## 6.0 Staff Wellbeing

Staff wellbeing remains our priority. We have concentrated on offering and developing a number of wellbeing initiatives since the start of the first wave of the pandemic as we recognise the emotional and psychological impact the pandemic has had upon our staff. There are early indications from NHS England the full restart of services will not commence until the second quarter of 2021/22. We are therefore looking to create time and space during the first quarter for staff recovery and are working with our senior leaders within the organisation to establish the best way to do this. Nick Johnson is the Executive lead for this work.

<b>Meeting Title:</b>	Council of Governors
<b>Date of Meeting:</b>	22 <sup>nd</sup> February 2021
<b>Document Title:</b>	<b>Finance Report to 31<sup>st</sup> December 2020</b>
<b>Responsible Director:</b>	Paul Goddard, Chief Financial Officer
<b>Author:</b>	Mark Stockman, Head of Contracting and Corporate Planning

<b>Confidentiality:</b>	N/A
<b>Publishable under FOI?</b>	Yes

Prior Discussion		
Job Title or Meeting Title	Date	Recommendations/Comments

<b>Purpose of the Paper</b>								
	<i>Note</i> (✓)	✓	<i>Discuss</i> (✓)	✓	<i>Recommend</i> (✓)		<i>Approve</i> (✓)	
<b>Summary of Key Issues</b>	<p>This report summarises the Trust's financial performance for the nine months ended 31 December 2020, against the Phase 3 plan submitted by the Trust to NHS Improvement (NHSI) in October 2020 for the period to 31 March 2021.</p> <p>For the nine months ended 31 December 2020, Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a deficit of £1.901 million against the NHSI planned deficit of £5.797 million. The favourable position against plan is as a result of less than anticipated expenditure being incurred on the Phase 3 recovery schemes and on 'winter' response schemes.</p> <p>The cash balance at 31 December 2020 was £24.1 million.</p> <p>Capital expenditure for the period to 31 December 2020 amounted to £7.909 million, which is £0.519m behind plan year-to-date. Of this amount £1.891 million relates to capital expenditure as part of the COVID19 response, including infrastructure works to extend ITU capacity, additional clinical equipment and IT costs to support remote working. Capital funding for most of these costs has been confirmed by NHS England but a residual amount of £0.272m is still awaiting a decision.</p>							
<b>Action recommended</b>	<p>The Council of Governors is asked to:</p> <p>1. <b>NOTE</b> the financial position at the end of December 2020</p>							

### Governance and Compliance Obligations

<b>Legal / Regulatory</b>	Y	Failure to deliver the planned financial position could result in the Trust being put into special measures by the regulator.
<b>Financial</b>	Y	As above
<b>Impacts Strategic Objectives?</b>	Y	Failure to deliver the planned position for the period to 31 March 2021 could result in the Trust being put into special measures by the regulator.

<b>Risk?</b>	Y	Given the level of deficit the Trust is expecting to incur in the period to 31 March 2021, there is a risk that the Trust will not have sufficient cash for the period. The Phase 3 plan submitted to NHSE/I includes the requirement for additional borrowing for the period.
<b>Decision to be made?</b>	N	
<b>Impacts CQC Standards?</b>	Y	As above
<b>Impacts Social Value ambitions?</b>	N	
<b>Equality Impact Assessment?</b>	N	
<b>Quality Impact Assessment?</b>	N	



## COUNCIL OF GOVERNORS

### Executive Summary

This report summarises the Trust's financial performance for the nine months ended 31 December 2020, against the Phase 3 plan submitted by the Trust to NHS Improvement (NHSI) in October 2020 for the period to 31 March 2021.

For the nine months ended 31 December 2020, Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a deficit of £1.901 million against a planned deficit of £5.797 million. The favourable position against plan is as a result of less than anticipated expenditure being incurred on the Phase 3 recovery schemes and on 'winter' response schemes.

The cash balance at 31 December 2020 was £24.1 million and remains high whilst the fixed income is paid one month in advance but we are advised that this will be clawed back in March.

Capital expenditure for the period to 31 December 2020 amounted to £7.909 million, which is £0.519m behind plan year-to-date. Of this amount £1.891 million relates to capital expenditure as part of the COVID19 response, including infrastructure works to extend ITU capacity, additional clinical equipment and IT costs to support remote working. Capital funding for most of these costs has been confirmed by NHS England but a residual amount of £0.272m is still awaiting a decision.

### 1. Introduction

This report provides an update on the Trust financial position for the nine months to the 30 December 2020.

### 2. Narrative

#### Year to Date Variance

	Plan YTD £m	Actual YTD £m	Variance £m
Income	161.73	162.54	0.81
Expenditure	(167.53)	(164.44)	3.09
<b>Surplus / (Deficit)</b>	<b>(5.8)</b>	<b>(1.9)</b>	<b>3.9</b>

The income and expenditure position at the end of the nine months is a deficit of £1.901 million against a planned deficit of £5.797 million, resulting in a favourable variance of £3.796 million.

Income levels were £809k higher than plan, predominantly due to the receipt of additional funding to offset costs incurred (Cancer Drug Fund income, Infection Control, backdated Bowel Screening

[Type text]

programme income, the One Dorset Pathology project etc.) and donated asset income. Private patient income is ahead of plan by £34k.

Pay costs were £1.8 million less than plan for the nine months of which £5.58 million related to additional COVID19 expenditure incurred. Agency expenditure has increased in this quarter with the increased bed occupancy and acuity of patients.

Operating non-pay costs were £2.987 million less than plan for the nine months, primarily as a result of the legacy of low elective activity and bed occupancy and the lower than anticipated expenditure being incurred on the Phase 3 recovery schemes and “winter” response schemes.

Depreciation and PDC Dividend costs were lower than plan by £73k for the nine month period.

### **Cash**

At the end of December, the Trust held a cash balance of £24.1 million, which is £5.4 million ahead of the planned position for the period.

The favourable cash position year to date is due to the underspend in the income and expenditure account, payment on account monies from Health Education England and the timing of payments within the local system.

### **Capital**

Capital expenditure at the end of December was £0.519 million behind the plan.

Estates schemes are underspent due to delays in some of the schemes.

IT Schemes are underspent year-to-date due to the delay in the Workforce Deployment system scheme.

Medical Equipment is behind plan with the Pharmacy Robot overspend currently offsetting other medical equipment purchases.

The Trust has been notified of capital funding for:

- £2.128m for COVID-19
- £2.434m for Estates Critical Infrastructure Replacement
- £0.625m for HIP2 Seed Funding
- £0.9m for HIP2 Acceleration Funding
- £0.014m for Cyber Security
- £3.6m for ED in 2020/21 with £11.4m to follow in 2021/22.
- £2.025 million for Adopt & Adapt schemes

[Type text]

### **3. Recommendation**

The Council of Governors is recommended to:

**NOTE** the financial position as at 30 December 2020

**Name and Title of Author: Mark Stockman, Head of Contracting and Corporate Planning**

**Date: January 2021**

<b>Meeting Title:</b>	<b>Council of Governors Part One</b>
<b>Date of Meeting:</b>	<b>Monday 22 February 2021</b>
<b>Document Title:</b>	<b>Staff Governor Vacancy</b>
<b>Responsible Director:</b>	<b>Trevor Hughes, Head of Corporate Governance</b>
<b>Author:</b>	<b>Liz Beardsall, Deputy Trust Secretary</b>

<b>Confidentiality:</b>	No
<b>Publishable under FOI?</b>	Yes

Prior Discussion		
Job Title or Meeting Title	Date	Recommendations/Comments

<b>Purpose of the Paper</b>	To seek the Council of Governors' approval to carry an additional staff Governor vacancy until the elections due in 2021 for terms commencing 10 July 2021.							
	<i>Note</i> (✓)		<i>Discuss</i> (✓)		<i>Recommend</i> (✓)		<i>Approve</i> (✓)	✓
<b>Summary of Key Issues</b>	<p>Neal Cleaver, Deputy Chief Nursing Officer and Staff Governor, will be temporarily leaving the Trust to take up a secondment from 1 April 2021. This will leave a vacancy for a Staff Governor on the Council of Governors.</p> <p>The Trust's Constitution states:</p> <p>Where the vacancy arises amongst the elected Members, the Council of Governors shall be at liberty either:</p> <ul style="list-style-type: none"> <li>To call an election within three months to fill the seat for the remainder of that term of office, or</li> <li>To invite the next highest polling candidate for that seat at the most recent election, who is willing to take office to fill the seat for any unexpired period of the term of office, or</li> <li>To carry one or more vacancies (such number to be agreed by the Council of Governors) until the next set of elections due, so long as this is not detrimental to the conduct of Council business.</li> </ul> <p><u>Considerations</u></p> <p>As no other nominations were received, it is not possible for the Council to invite the next highest polling candidate for that seat at the most recent election to take the seat.</p> <p>If the Council of Governors were to opt for an additional election, they should be mindful that the cost to the Trust for the elections during 2020 was in the region of £5,500 not including the time factor for Trust staff.</p> <p>The next round of Governor elections are due to be held in early summer 2021 therefore it is recommended that the Council of Governors agree to carry the vacancies in East Dorset, South Somerset and the Staff Constituency until the elections due in 2021 for terms commencing 10 July 2021. This is in addition to the vacancies in East Dorset, South Somerset and the Staff Constituency approved by the Council of Governors in September 2021.</p>							

<b>Action recommended</b>	<p>The Council of Governors is recommended to:</p> <ol style="list-style-type: none"> <li>1. <b>APPROVE</b> carrying the staff Governor vacancy until the elections due in 2021.</li> </ol>
---------------------------	---

### Governance and Compliance Obligations

<b>Legal / Regulatory</b>	Y	Governance requirement under the Trust's Constitution for the election of Governors.
<b>Financial</b>	Y	There would be a financial implication in the current financial year if additional elections were to take place in 2020/21.
<b>Impacts Strategic Objectives?</b>		
<b>Risk?</b>	Y	The Council of Governors needs to assure itself that the carrying of these vacancies is not detrimental to the conduct of Council business.
<b>Decision to be made?</b>		
<b>Impacts CQC Standards?</b>	Y	An effective Council of Governors links to the CQC's Well Led domain.
<b>Impacts Social Value ambitions?</b>		
<b>Equality Impact Assessment?</b>	N/A	
<b>Quality Impact Assessment?</b>	N/A	