

Council of Governors  
 2.00pm – 4.45pm, Monday 10 May 2021  
 Via Lifesize Video Conferencing

## Part One Agenda – Open Meeting

1.	<b>Formalities</b>		2.00-2.05	Chair
	a) <b>Welcome and Apologies for Absence:</b> Sarah Carney, Davina Smith	Verbal		
	b) <b>Declarations of Interest</b>	Verbal		
	c) <b>Minutes of Council of Governors Part One Meeting 22 February 2021</b> To approve	Enclosure		
	d) <b>Actions and Matters Arising from those Minutes</b>	Enclosure		
	<b>Governor Matters and Questions for the NEDs:</b> Nil received	-	-	-
2.	<b>Chief Executive's Report Q4</b> To receive	Enclosure	2.05-2.25	Patricia Miller, CEO
3.	<b>Finance Report Q4</b> To receive	Enclosure	2.25-2.40	Paul Goddard , Chief Financial Officer
4.	<b>NED/Governor Engagement</b> To agree	Enclosure	2.40-2.50	Chair
5.	<b>NED Update:</b> a) <b>Dave Underwood</b> – introduction and first year impressions b) <b>Stephen Tilton</b> – introduction and first year impressions c) <b>Ian Metcalfe</b> – how the Risk and Audit Committee gains assurance	Verbal	2.50-3.35	NEDs
	<b>Break</b>		3.35-3.40	
6.	<b>Strategic Estates Masterplan Update</b> To receive	Presentation	3.40-4.00	Andy Morris, Project Director and Ben Print, Programme Manager
7.	<b>Digital Strategy</b> To receive	Presentation	4.00-4.20	Stephen Slough, Chief Information Officer

8.	<b>Feedback from Governor Committees</b> a) <b>Strategic Plan</b> b) <b>Membership Development</b>	Verbal	4.20-4.40	Chair Committee Chair
9.	<b>Chair's Closing Remarks and Date of next meeting:</b> Date of next meeting (open to the public): Council of Governors Monday 13 September 2021 at 2pm	Verbal	4.40-4.45	Chair
	<b>Meeting Closes</b>		4.45	

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

Minutes of the meeting of Monday 22 February 2021  
via Lifesize Video Conferencing

Present:

Mark Addison (Chair)

### Public Governors

Margaret Alsop (Weymouth and Portland)  
Simon Bishop (East Dorset)  
Mike Byatt (Weymouth and Portland) (from item CoG21/007)  
David Cove (West Dorset) (Lead Governor)  
Wally Gundry (West Dorset) (to item CoG21/005)  
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)  
Dave Thorp (Age UK)

In Attendance:

Sue Atkinson (Non-Executive Director)  
Liz Beardsall (Deputy Trust Secretary) (minutes)  
Margaret Blankson (Non-Executive Director)  
Trevor Hughes (Head of Corporate Governance)  
Patricia Miller (Chief Executive Officer) (to item CoG21/006)  
Mark Stockman (Head of Contracting) (item CoG21/007)  
Natalie Violet (Corporate Business Manager to the CEO) (to item CoG21/006)

Apologies:

Sarah Carney (West Dorset)  
Neal Cleaver (Staff Governor)  
Paul Goddard (Chief Financial Officer)  
David Tett (West Dorset)

CoG21/001

### Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting via Lifesize videoconferencing. There were apologies from Sarah Carney, Neal Cleaver, Paul Goddard and David Tett.

CoG21/002

### Declarations of Interest

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

**CoG21/003**

**Minutes of the Previous Meeting held on 9 November 2020**

The minutes of the previous meeting held on 9 November 2020 were accepted as a true and accurate record.

**CoG21/004**

**Matters Arising**

It was noted that there were no actions or matters arising from the previous meeting.

**CoG21/005**

**Chief Executive's Report Q3**

The Chief Executive Officer (CEO) drew the Governors' attention to the previously circulated report regarding the hospital's performance in quarter three. She reminded Governors that measurement of operational performance against the metrics had been stood down nationally due to the pandemic. She highlighted that quality standards continued to be maintained and she detailed the extended wellbeing offer being made available to staff. She updated the Governors on COVID vaccination of frontline staff, overseas recruitment, the culture review and the current national consultation on Integrated Care System arrangements.

In response to questions raised by the Chair on behalf of Mr Tett, the CEO outlined the hospital's recruitment strategy and how this linked to the Trust's broader social value ambitions. The Chair asked for the Trust's social value pledge to be circulated to the Governors.

**ACTION: LB**

In relation to questions from Mrs Alsop about overseas staff isolation requirements on arrival in the UK, the CEO said she would ask the Chief Operating Officer to circulate the details of the requirements to the Governors.

**ACTION: PM**

**CoG21/006**

**Governor Matters**

**a) Equality, Diversity and Inclusion**

Mr Bishop had raised questions prior to the meeting regarding the hospital's culture review, and the Trust's plans and progress in relation to Equality, Diversity and Inclusion (ED&I). Margaret Blankson, Non-Executive Director (NED), provided an overview of the context within the Trust was working, and the actions and initiatives that were underway. She explained the national requirement for each Trust to have an ED&I action plan, and how this provided a framework for ED&I work across the hospital including recruitment, Freedom to Speak Up, staff networks, the culture review and the analysis of the national staff survey results. The CEO underlined that ED&I and social value work needed to be hardwired into every decision taken by the Trust and the NHS nationally.

**b) Health Inequalities**

Prior to the meeting Mr Byatt had requested an update on health inequalities and the Trust's plans in this area. Sue Atkinson, NED, provided an overview of the context of health inequalities due to social, economic and environmental factors, and also in relationship to the COVID

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pandemic. She highlighted some of the areas of greatest deprivation in West Dorset and the disparities between areas. Health inequalities and the recovery programme were the two key priorities of the ICS and the Government's recent Integration and Innovation white paper had underlined the importance of collaborative working to reduce inequalities. The CEO, as Senior Responsible Officer for the Dorset health inequalities work programme, detailed the ICS's short and long term priorities. She especially highlighted the need for meaningful community engagement in the design and delivery of services, and how decision-making needed to be underpinned by a focus on health inequalities and social value.

In response to the Governors, the CEO confirmed that the *Trusted Voices* network would lead on the community engagement work for the ICS and Sue Atkinson confirmed that detailed data on health inequalities was available through the Public Health England Fingertips webpage and Public Health Dorset websites. The CEO noted the challenges facing local authorities regarding the funding of children and adult social care, particularly noting challenges to health visitor services as raised by Mrs Smith. She also noted Mrs Alsop's comments on the importance of ensuring that community engagement was meaningful and not merely perceived as a 'tick box' exercise.

**c) Feedback from NHS Providers Governor Virtual Workshops**

Due to technical difficulties, Mr Bishop and Mr Byatt were unable to present their feedback from the NHS Providers (NHSP) virtual workshops, however their feedback was made available in the 'chat box' for attendees to read. Mrs Harrison reported that the NHSP Governor conference and workshops had been very useful and she encouraged other Governors to attend future NHSP events. She highlighted work by Northamptonshire Healthcare NHS Foundation Trust to engage with their membership in innovative ways. The Chair suggested the Membership Development Committee might like to look further at the learning from Northamptonshire when the committee was reconvened.

*The CEO and Corporate Business Manager to the CEO left the meeting.*

**CoG21/007**

**Finance Q2 Report 2020/21**

The Chair welcomed Mark Stockman, Head of Contracting, who was attending the meeting on behalf of the Chief Financial Officer. The Head of Contracting drew the Governors' attention to the previously circulated report which summarised the Trust's financial performance for the nine months to 31 December 2020. The Trust had delivered a deficit of £1.9 million against a planned deficit of £5.8 million. This favourable position against plan was largely due to expenditure being lower than anticipated in phase three of the pandemic. The cash balance was favourable at £24.1 million due to all Trusts receiving payment a month in advance under the pandemic financial regime. This meant that the Trust did not anticipate that cash borrowing would be required during the financial year. Capital expenditure was £0.5 million behind plan year-to-date, largely due to a lack of capacity in the estates team to carry out the planned works.

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In response to Dr Cove, the Chair reassured Governors that the ED15 project to increase emergency department (ED) capacity was underway and much planning had already been completed. The larger HIP2 project, which included ED, intensive care and a community hub, was still at an earlier stage. The Trust viewed these project as critical priorities and was moving quickly and decisively on these plans to maximise the Trust's chances of receiving necessary monies from the system-wide funding allocation.

The Chair thanked the Head of Contracting for his report.

**CoG21/008**

**Governor Reflections on Governance including First Impressions from New Governors**

The Chair reported that there had been some previous conversations about matters of governance, including the chairing of committees, but he hoped the position was now clear. The Chair asked the new Governors for their first impressions of the Trust. Mrs Harrison and Ms Levick said that it had been a difficult time to become a Governor, especially not being able to visit the Trust or meet colleagues face to face, and the lack of opportunities to get involved due to the pandemic. Both were looking forward to becoming more visible in the hospital and the community. Mr Byatt said that he was pleased that the Trust was playing a wider public role in relation to the ICS and health inequalities, and he was hopeful that the Trust would be innovative in this work and would involve the voluntary sector and local community action groups.

Dr Cove reflected that the Trust supported Governors well, especially during the current challenging times. He said that the work being undertaken by the Trust was exceptional and the support that the organisation was putting in place for the frontline staff was vital.

The Chair thanked the Governors for their empathy with the frontline staff. In response to Mr Mason and Mrs McGee he explained that Governor questions at Board sub-committees were currently being taken outside the meetings due to the emergency governance arrangements, which included the committee meetings being reduced to an hour each month. He reassured Governors that the arrangements were under review and once the emergency measures were lifted Governor observers would be able to raise questions again at the committee meetings.

**CoG21/009**

**Staff Governor Vacancy**

The meeting noted the contents of the previously circulated report which explained that Neal Cleaver, Deputy Chief Nursing Officer and Staff Governor, would be temporarily leaving the Trust to take up a secondment and this would leave a vacancy for a Staff Governor on the Council of Governors.

The Council of Governors approved carrying the Staff Governor vacancy until the elections due in 2021.

**Resolved: the Council of Governors approved carrying the Staff Governor vacancy until the elections due in 2021.**

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CoG21/010

### **NED Update and Feedback**

The Chair thanked Sue Atkinson and Margaret Blankson for attending the meeting, and explained that Sue was going to provide Governors with an update on the Trust's response to the Ockenden Report and Margaret, who had joined the Trust in January, was going to introduce herself to the Governors.

### **Update and Feedback: Sue Atkinson**

Sue explained the background to the Ockenden Report, which was an interim report arising from Donna Ockenden's independent review into cases of neglect and preventable baby deaths at Shrewsbury and Telford NHS Trust. In early January 2021 every NHS Trust had been required to report their position and create an action plan against seven key areas including enhanced safety, listening to women and their families, staff training and risk assessment. The hospital had completed the detailed assessment tool and this had been reviewed through by the Quality Committee and the Board of Directors. She reported that no concerns had been identified in relation to maternity services at the hospital, and many areas where action was required were centred on formalising activities that were already taking place, for example creating a pro-forma to capture discussions with mothers regarding the risks relating to their pregnancy. The importance of an integrated approach had also been highlighted in the Ockenden Report, and work was underway with the Local Maternity Service (LMS) to formalise cross-system working.

Mrs Alsop raised the issue of mental health support for both expectant mothers and their support network or family. Sue reassured Governors that a pathway was in place with Dorset HealthCare to ensure mental health needs were supported. Dr Cove asked about the future of standalone midwifery-led units. Sue said that this was an area where more work was needed, but one of the key issues arising from the interim report was the management of complex births and having robust pathways in place for onward referrals. Sue offered to take both of these points back to Jo Hartley, Associate Director of Midwifery.

**ACTION: LB**

### **Update and Feedback: Margaret Blankson**

Margaret, who joined the Trust in January as a NED, introduced herself to the Governors. She outlined her own background, explaining that after 17 years in local government she had moved into consultancy work. She highlighted key themes in her previous roles, notably community engagement with an emphasis on empowering and developing communities. Margaret's consultancy work had been focused on providing strategic advice on transformation and developing inclusion programmes with clients across central and local government, the voluntary sector and global businesses. Margaret spent several years involved in training Metropolitan Police Service officers in diversity and inclusion, and had been member of the Metropolitan Police Authority's Race and Faith Inquiry panel. Margaret is currently undertaking an MA in Consulting and Leadership in Psychodynamic and Systemic Approaches at the Tavistock Institute, London. She is independent advisor to the Royal Institution of Chartered Surveyors and during the first wave of the pandemic set up a foodbank in her London borough.

Margaret said that it had been an unusual time to join the Trust and that, as she

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had not been able to come on site, she did not yet have a feel for the organisation. However she had been very impressed with the commitment and professionalism of the hospital team, and the Trust's focus on patient care.

The Governors welcomed Margaret to the Trust and Ms Glen said that, under the leadership of the Chair and CEO, the hospital was a great place to work and the staff felt well supported.

**CoG21/011**

**Date of Next Meeting**

The date of the next meeting open to the public was scheduled for 2pm, Monday 10 May 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.



## Council of Governors Meeting – 22 February 2021 Part One

Presented to the meeting of 10 May 2021

Minute	Action	Owner	Timescale	Outcome
CoG21/005	The Trust's social value pledge to be circulated to the Governors.	LB	Feb 2021	<b>Complete.</b> Circulated 24 Feb 2021.
CoG21/005	The CEO to ask the Chief Operating Officer to circulate the details of overseas staff isolation requirements (in relation to COVID) to the Governors.	PM	May 2021	<b>Complete.</b> Information circulated to all Governors 21 April 2021.
CoG21/010	Governor feedback regarding mental health support for mothers and their support networks, and midwifery led units to be escalated to the Associate Director of Midwifery.	SA	May 2021	<b>Complete.</b> Items fed back.

<b>Title of Meeting</b>	<b>Council of Governors</b>
<b>Date of Meeting</b>	<b>10 May 2021</b>
<b>Report Title</b>	<b>Chief Executive's Report, Quarter 4 – 2020/21</b>
<b>Author</b>	<b>Natalie Violet, Corporate Business Manager to the CEO</b>
<b>Responsible Executive</b>	<b>Patricia Miller, CEO</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 returned to near normal activity for March seeing an average of 124 patients per day, the total attendances for the month saw a 5% decrease compared to March 2019 despite continued lockdown restrictions. Comparing activity to March 2020 was not possible due to a dramatic drop in activity caused by the initial nationwide lockdown. In line with national guidance the Trust continues to operate two pathways for suspected COVID and non-COVID patients.

In March the Emergency Department continued to have the second best handover delays in the region, the organisation is now able to compare months in which the embedded FAB approach to managing handovers and it is encouraging to see improvement has been sustained despite increases in ambulance conveyances.

The roadmap to release national lockdown measures is expected to increase activity numbers back to normal as we go into the summer. It is expected restrictions in international travel will see Dorset having a busier than normal summer which is expected to increase Emergency Department activity.

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As part the Priorities and Operational Planning Guidance for 2021-2022, from April 2021 the Emergency Department reporting will now include three additional measures. The aim is to assess the level of pressure within urgent and emergency care systems and monitor recovery. Currently the guidance does not introduce thresholds. The additional measures are:

- The time to initial assessment for all patients presenting
- The proportion of patients spending more than 12 hours in the department from time of arrival
- The proportion of patients spending more than one hour in the department after they have been declared Clinically Ready to Proceed.

The organisation continues to face challenges with patients fit for discharge, an increase in community hospital beds during the quarter has assisted and a system wide review of community hospital bed use is underway. There is recognition 'step-up beds' for community and Emergency Department use would prevent admissions and associated delays to discharge. For those patients being discharged home there continues to be difficulties in securing packages of care.

The elective waiting list has remained static over the quarter however the impact of the pandemic has significantly changed the profile increasing the number of patients waiting beyond 52 weeks. Diagnostic performance has improved month on month for the last six months with significant improvement in endoscopy and ultrasound. In terms of performance our focus over the next twelve months needs to move to elective recovery.

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

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

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Table One – Performance against key standards:

Metric	Threshold/Standard		Jan-21	Feb-21	Mar-21	Q1	Q2	Q3	Q4	YTD	Movement on Previous month
RTT *	92%	Monthly	51.3%	50.5%	50.9%	40.4%	46.7%	51.3%	50.9%	47.4%	↑
Waiting List Size *	19,396	Monthly	16,110	16,162	16,853	14,182	15,439	16,251	161,162	16,162	↓
52 week waits *	0	Monthly	2,726	3,166	3,302	713	1,651	2,359	3,166	3,166	↓
Diagnostics	99%	Monthly	75.9%	82.5%	79.9%	47.7%	59.7%	70.9%	79.0%	63.4%	↓
Cancer - 62 day	85%	Quarterly	75.7%	67.7%	79.2%	70.2%	70.5%	73.6%	74.5%	70.2%	↑
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	Contractual (National Operational Standard)	61.7%	76.0%	79.2%	86.4%	62.1%	64.8%	73.0%	70.2%	↑
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	Contractual (National Operational Standard)	21.4%	27.5%	29.3%	95.9%	35.1%	9.5%	27.8%	39.8%	↑
ED (DCH Only)	95%	Monthly	78.8%	79.2%	81.0%	92.3%	91.0%	86.9%	79.8%	87.6%	↑
ED (Including MIU)	95%	Monthly	87.3%	88.5%	90.3%	95.2%	95.1%	92.0%	88.9%	92.8%	↑

\* 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.

### 3.0 Quality

Highlights from March were:

Positive quality Improvement:

- No Never events reported during the month nor for the financial year of 2020/21
- No severe harms from falls during March
- Sustained achievement of the VTE standard in this month
- SHMI standards have been maintained within expected ranges
- Friends and Family recommendation rates for Inpatients has improved during March and outpatient recommendation rates have achieved the threshold in the month

Challenges to Quality Improvement:

- The completion of Electronic Discharge Summaries within 24 hours, this is planned quality improvement work supported by the Medical Director
- Dementia Screening is noted as declined this month although continues to be supported by the key workers for completion
- There was a rise in case numbers for C-Diff in this month. Formal RCAs are in progress and the results will be discussed with the CCG

National guidance with regard to the management of patients with suspected sepsis is moving away from strict adherence to timing of administration of antibiotics and the emphasis is now on examining for all causes of deterioration and not just the presence or absence of sepsis. The Trust has introduced a local pathway co-

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designed by the Wessex Patient Safety Collaborative Deterioration Network and an associated Clinical Deterioration Episode form. The aim is to encourage the development of a consistent language and approach to the management of physical deterioration across the Trust, and to help ensure that escalation is aligned to a common understanding and set of thresholds. Regular auditing of the parameters will take place to provide assurance as to the quality of care experience by patients.

Work continues with regards to the Trust's action plan in response to the Ockenden Report for Maternity with oversight from the Chief Nursing Officer and regional Chief Midwife along with a Non-Executive Director working alongside the team to provide objective external challenge and enquiry. Overall, the response is positive with some outstanding actions still required.

#### **4.0 Workforce**

The hospital's vaccination hub reopened during this quarter to commence the administering of second dose vaccines to healthcare staff. We have seen very promising vaccination figures with approximately 24,000 vaccinations delivered, 7,000 of these were to Trust staff with 88% of our staff receiving at least one dose. We have a group of eight vaccine champions who are able to have 1:1 conversations with staff who have chosen not to have the vaccination. The vaccination hub is due to close at the end of April 2021 with vaccinations being provided for new staff and any second doses by the Mid-Dorset Primary Care Network who are running a vaccination centre at the Atrium Health Centre in Dorchester.

February saw the full publication of the national NHS Staff Survey results. Unlike previous years, our approach this year, will be to use the results as a 'cultural barometer'. Using information obtained through the internal Culture Review we will be able to undertake a deeper analysis of the national Staff Survey results which will inform actions and initiatives. With a 46% response rate, DCH scored above or the same as the national average for all 10 key themes in the 2020 results. The key themes are: equality, diversity, and inclusion; health and wellbeing; immediate managers; morale; quality of care; safe environment; violence; safety culture; staff engagement and team working. Positive highlights include 90% of staff feeling their role makes a difference to patients and service users; 91% feeling trusted to do their job and 89% feeling encouraged to report errors, near misses or incidents. 88% of staff feel the organisation acts fairly regarding career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age.

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However, the Trust's overall score for the theme of equality, diversity, and inclusion was lower than 2019 and this is now the focus of a major piece of work for the organisation. The next steps in our equality, diversity, and inclusion agenda are underway. The development of the Equality, Diversity and Inclusion Strategy is in the final stages of and will be ready to be ratified by the Trust Board next quarter. Key work programmes contained within it are as follows:

- The Executive Team are working with members of our Diversity Network to review a selection of our policies and procedures relating to recruitment, appraisal and succession planning and staff conduct and disciplinary matters.
- We are developing our Pro Equity Leadership Development Programme with four initial cohorts commencing in June. Each cohort will comprise of 20 staff members and will be compulsory for staff at Band 7 and above with line management responsibility. We are looking to commence reciprocal mentoring alongside the first cohorts, and this will involve 20 staff from the first four cohorts of the Pro Equity Programme.
- We are working towards developing a leadership development offer for staff Band 6 and below which will focus on behaviours through the lens of dignity and respect.

We are in the process of creating our LGBTQ+ Network with a staff member volunteering to be the Chair. Inese Robotham will be the Executive sponsor for this Network. A member of staff has also stepped forward to chair the Disability Network. We will now identify an Executive sponsor. All networks will then develop formal terms of reference with an agreed reporting line into the Equality, Diversity, and Inclusion Steering Group which in turn reports into the People and Culture Committee. This will provide clear line of sight for the networks into corporate decision making.

In January we welcomed a further four overseas nurses and interviews took place in February resulting in a further 27 overseas candidates with arrivals expected from April through to October. Alongside overseas nurse recruitment we are also seeking to recruit radiographers through our overseas recruitment campaign. We have changed our approach to interviewing overseas candidates to include more frequent interviewing apposed to one large interviewing session.

Our COVID staff testing pod continues to offer seven day a week testing for symptomatic staff and those they live with although we saw a significant decrease

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during the latter part of the quarter. Asymptomatic staff testing using lateral flow devices continues for patient facing staff.

## 5.0 Strategy and Transformation

Following the ICS consultation, the drafting of legislation for the creation of a statutory Integrated Care System (ICS) has commenced. The current plan is for the ICS to formally replace current CCGs. The overarching objective of the ICS Implementation Programme is to ensure that collectively, the right environment is created within ICSs for transformation of care and services to deliver maximum benefits for patients and the population. This will lead to achievement of the four key aims:

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

Following consultation with staff across the organisation, the final draft of the Trust Strategy was discussed at the Trust Board meeting at the end of April. A final version will be presented to Trust Board at the end of May for sign-off. The Strategy simply sets out that we will put our people first and work together to deliver accessible, outstanding care and help make the west of Dorset a healthier place for all with key strategic themes of:

- People – Putting People First
- Place – A Healthier Place
- Partnership – Working Together

The Trust was successful in bidding for funds totalling over £80k from Dorset Council's Community Infrastructure Levy (CIL) fund, for two projects to improve patient flow and capacity. The projects include the reconfiguration of the Dermatology department and the development of a second patient changing area in the CT diagnostic service. This is a very positive step following the adoption of the approved methodology by the Dorset Council cabinet in January, for including DCH in the funding sought from property development in West Dorset from both CIL and Section 106 of the Town and County Planning Act

The Trust's Social Value pledge is now available on the Trust website which describes the wider role of the organisation in helping to improve the economic, social, and environmental wellbeing of our local communities. The pledge is made up of six key areas:

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- Maximising local investment, recognising the social, economic, and environmental benefits of buying locally when procuring goods and services
- Increase local employment and training opportunities for local people, especially from areas of high deprivation and unemployment
- To be recognised as a good employer, providing outstanding careers, ensuring our employees have a positive and fulfilling experience. Empowering our staff to deliver outstanding services, sustainably, every day.
- To champion equality, diversity, and inclusion, recognising people from different backgrounds and experiences make a valuable contribution to the way in which we work
- To be greener and sustainable, recognising the impact we have on the environment and our responsibility to improve our sustainability and contribute to better health and wellbeing of our local community
- Promoting civic partnerships, implementing local activities which contribute to reducing inequalities and improving health and wellbeing for all

February saw the launch of the new Trust website [www.dchft.nhs.uk](http://www.dchft.nhs.uk), staff and public users fed into the design to make sure the website suits their needs and offers the content they find most useful. Feedback following the launch has been very positive.

This quarter saw the work commence on the multi-storey car park development which is due to be operational in summer 2022. A newsletter has been created to keep local residents up to date on the development. A public engagement event took place in February on the proposed artwork for the multi-story car park and the top three choices were images of Portland Bill, Durdle Door, and Corfe Castle. These will be used to create images on perforated metal panels to cover elevations of the car park, subject to technical checks.

Following the Trust securing £15m to upgrade the Emergency Department our teams are working on the ED15 project. ED15 provides £15m capital over 2020/21 and 2021/22 to increase capacity of existing Emergency Department and urgent and emergency care pathways. The project continues at a good pace whilst continuing to deliver emergency care to patients. Work on site is ongoing in Orthopaedic Outpatients and the Same Day Emergency Care (SDEC) refurbishment and Courtyard clearances are nearing completion. Further details on the masterplan can be found here: <https://www.dchft.nhs.uk/about-us/site-development/>.

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<b>Title of Meeting</b>	<b>Council of Governors</b>
<b>Date of Meeting</b>	<b>10 May 2021</b>
<b>Report Title</b>	<b>Finance Report to 31 March 2021</b>
<b>Author</b>	Claire Abraham, Deputy Director of Finance
<b>Responsible Executive</b>	Paul Goddard, Chief Financial Officer
<b>Purpose of Report (e.g. for decision, information)</b> For information	
<p><b>Summary</b></p> <p>This report summarises the Trust's financial performance against the 'Phase 3' plan submitted by the Trust to NHS England &amp; Improvement (NHSE/I) in October 2020 for the period to the end of March 2021.</p> <p>Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a draft (subject to Audit) surplus position to 31<sup>st</sup> March 2021 of £0.052 million against a planned deficit of £11.6 million.</p> <p>The Trusts first return in relation to the year-end outturn position was submitted to NHSE/ I on the 19<sup>th</sup> April. Following on from this submission the Trust has received confirmation of final payments relating to the technical adjustments assumed in the draft position, with payments expected after submission of the final accounts.</p> <p>The cash balance at the 31 March 2021 was £17.698 million which is an improvement against the planned position.</p> <p>Capital expenditure to 31 March 2021 amounted to £20.019 million and reflects a £0.348 million overspend against the forecast, relating primarily to the donated assets from the Department of Health in response to the COVID19 pandemic.</p>	
<p><b>Paper Previously Reviewed By</b> Paul Goddard, Chief Financial Officer</p>	
<p><b>Strategic Impact</b> Failure to deliver a break even position for the period to 31 March 2021 could result in the Trust being put into special measures by NHSE/I.</p>	
<p><b>Risk Evaluation</b> The Trust was expecting to incur a significant deficit in the period to 31 March 2021, with a risk the Trust would not have sufficient cash for the period which resulted in the Phase 3 plan submitted to NHSI including additional borrowing for the period. Given the improved Trust position, this is no longer a risk for the current financial year.</p>	

<b>Impact on Care Quality Commission Registration and/or Clinical Quality</b> As above	
<b>Governance Implications (legal, clinical, equality and diversity or other):</b> As above	
<b>Financial Implications</b> Failure to deliver a balanced financial position could result in the Trust being put into special measures by NHSE/I.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes
<b>Recommendations</b>	a) To note the financial position at 31 <sup>st</sup> March 2021

## COUNCIL OF GOVERNORS FINANCE REPORT FOR FINANCIAL YEAR ENDED 31<sup>ST</sup> MARCH 2021

	Plan YTD £m	Actual YTD £m	Variance £m
Income	215.1	234.4	19.3
Expenditure	(226.7)	(234.3)	(7.6)
<b>Surplus / (Deficit)</b>	<b>(11.6)</b>	<b>0.1</b>	<b>11.7</b>

### YEAR TO DATE VARIANCE

- 1.1 As a result of the COVID19 pandemic, there were a number of changes implemented to the national finance regime for the financial year 2020-21 to ensure Trusts had sufficient funding during the initial response to the pandemic. This included Trusts being paid fixed income each month at an amount designed to cover extra costs. Additionally, Trusts could also claim for reimbursement of any excess costs incurred via a retrospective Top Up funding mechanism. This financial regime was in place for the period April to September 2020, during which time all Trusts were expected to reach a break even position each month.
- 1.2 The national finance regime was then further updated for the period October 2020 to March 2021, with a plan submitted to NHSE/I for the second six months of 2020/21 financial year, known nationally as 'Phase 3'. In line with national guidance, this was on the basis that the Trust would receive 'block' income for clinical contracts relating to commissioners. In addition, the Trust was allocated a monthly 'Top Up' payment calculated by NHSE/I and a payment to cover the additional costs of the COVID19 response.
- 1.3 When completing the plan for the second six months of 2020/21, further impact of the ongoing pandemic was uncertain. In line with national planning assumptions, the Trust included the recovery of previously ceased elective work and the impact of Winter pressures. A deficit plan of £11.6 million was set for the months October 2020 to March 2021.
- 1.4 The impact of the pandemic continued through the second six months of the year resulting in significantly lower levels of patient activity to that planned. As such, the income and expenditure position for the period October 2020 – March 2021 delivered a surplus of £0.052 million against a planned deficit position of £11.6 million, resulting in a favourable variance of £11.7 million.
- 1.5 Income levels were £19.3 million higher than plan, predominantly due to the receipt of the additional Top Up funding allocated based upon the payment

mechanism applied in response to the COVID19 pandemic. Further accounting adjustments required as part of the year end process also contribute to this increase in income which include additional pension contributions (£5.8 million), annual leave carry forward where staff have been unable to take leave due to the pandemic (£1.017 million), and a further £1.944 million of income received to support the loss of non NHS income such as car parking, catering and pharmacy, as well as funding for Vaccination delivery and Independent Sector reimbursements.

- 1.6 All Trusts nationally have been required to report these specific technical accounting adjustments with approved income allocated based on the expenditure incurred.
- 1.7 Pay costs were £5.3 million more than plan, which include the technical accounting adjustments mentioned above. Within these costs, £7.3 million of pay expenditure was directly attributable to supporting the COVID19 pandemic, which included £3.2 million of Agency expenditure. These costs have been offset by significantly less than anticipated expenditure on Winter support and activity recovery due to the ongoing situation. The total Agency expenditure incurred, including supporting the pandemic, amounted to £10.4 million for the year.
- 1.8 Operating non-pay costs were £2.4 million above plan for the financial year, primarily as a result of spend supporting the COVID19 pandemic. This overspend has been mitigated by low elective activity and reduced winter impact due to the pandemic.
- 1.9 Depreciation and PDC Dividend costs were higher than plan by £0.4 million for the year.
- 1.10 Table 1 below summarises the Draft (subject to audit) 2020-21 position for DCHFT.

**TABLE 1 – INCOME & EXPENDITURE ACCOUNT:**

<b>DCHFT 2020/21 Draft Finance Position</b>	<b>Plan 31/03/2021 YTD £'000</b>	<b>Actual 31/03/2021 YTD £'000</b>	<b>Variance 31/03/2021 YTD £'000</b>
Operating income from patient care activities	184,955	195,054	10,099
Other operating income	30,188	39,365	9,177
Employee expenses	(149,606)	(154,874)	(5,268)
Operating expenses excluding employee expenses	(74,551)	(76,952)	(2,401)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>(9,014)</b>	<b>2,593</b>	<b>11,607</b>
<b>FINANCE COSTS</b>			
Finance expense	(282)	(223)	59
PDC dividends payable/refundable	(2,368)	(1,919)	449
<b>NET FINANCE COSTS</b>	<b>(2,650)</b>	<b>(2,142)</b>	<b>508</b>
Other gains/(losses) including disposal of assets	11	(41)	(52)
Corporation tax expense	(24)	(23)	1
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(11,677)</b>	<b>387</b>	<b>12,064</b>
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(11,677)</b>	<b>387</b>	<b>12,064</b>
Remove capital donations/grants I&E impact	77	(335)	(412)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(11,600)</b>	<b>52</b>	<b>11,652</b>

## CASH

- 1.11 At the end of March, the Trust held a cash balance of £17.7 million which is ahead of the planned position due to the cash regime introduced by NHS England during the COVID19 response period.

## CAPITAL

Capital expenditure to 31<sup>st</sup> March 2021 was £20.019 million. Of this amount £2.679 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.

<b>Meeting Title:</b>	Council of Governors Part One
<b>Date of Meeting:</b>	10 May 2021
<b>Document Title:</b>	<b>NED/Governor Engagement Mechanisms</b>
<b>Responsible Director:</b>	Mark Addison, Chair
<b>Author:</b>	Liz Beardsall, Deputy Trust Secretary

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

Prior Discussion		
Job Title or Meeting Title	Date	Recommendations/Comments
Trevor Hughes, Head of Corporate Governance	27 04 21	Reviewed and agreed
Non-Executive Directors' Meeting	30 04 21	Proposals recommended to the CoG

<b>Purpose of the Paper</b>	To propose mechanisms for strengthening the links between NEDs and governors. This is in addition to the range of mechanisms that the Trust already has in place to promote NED/governors relations.							
	<i>Note</i> (✓)		<i>Discuss</i> (✓)	✓	<i>Recommend</i> (✓)		<i>Approve</i> (✓)	✓
<b>Summary of Key Issues</b>	<p>Following the discussion on <i>NEDs, Governors and Accountability</i> at the Governors' Working Group (GWG) on 12 April 2021, and at the NEDs' meeting on 16 April 2021, the Chair requested a brief paper on proposals for two mechanisms through which the NEDs and governors could engage. The NEDs considered these proposals at their meeting on 30 April 2021 and recommend the following to the Governors:</p> <p><b>a) NED/Governor 'Buddying' System</b></p> <p>This is a system that the Trust previously put in place at the request of the governors, but it has fallen into abeyance. Governors were keen to revive it when it was discussed at the April GWG.</p> <p>It is proposed that NED/governor links are created on a constituency basis (draft proposal attached). Teams/Lifesize meetings would be held six-monthly between each NED and their governor group to discuss local constituency issues in order that these could be fed back to the Board.</p> <p><b>b) Committee Chair meetings with Governor Observers</b></p> <p>The NEDs suggested at the GWG that periodic meetings could take place between individual committee chairs and their governor observers, and this was well received by the GWG attendees. It is proposed that the meetings take place in April and October, as observers for the monthly meetings change in January and July. It would also allow RAC observers to attend two committee meetings before the first meeting with the committee chair.</p> <p>Rather than discussions on operational detail, the proposal is that the focus should be a discussion of how the work of the committee links to:</p> <ul style="list-style-type: none"> <li>i) the Board's performance,</li> <li>ii) the delivery and development of the Trust's strategic objectives,</li> <li>iii) the views and concerns of the public, as expressed to the Governors.</li> </ul>							

	In both cases, to reduce time-commitment and travel, it is suggested that these meetings remain virtual even when physical meetings become possible. The meeting arrangements would be made by the corporate governance team.
<b>Action recommended</b>	The Council of Governors is recommended to: <ol style="list-style-type: none"> <li>1. <b>APPROVE</b> the proposals above.</li> </ol>

### Governance and Compliance Obligations

<b>Legal / Regulatory</b>	Y	Governors' statutory duty to hold the NEDs to account for the performance of the Board
<b>Financial</b>	N	
<b>Impacts Strategic Objectives?</b>	Y	The Governor bridge between the Trust and the public informs and underpins the Trust's strategy.
<b>Risk?</b>	N	
<b>Decision to be made?</b>	N	
<b>Impacts CQC Standards?</b>	Y	Well Led domain (performance of the Board of Directors)
<b>Impacts Social Value ambitions?</b>	N	
<b>Equality Impact Assessment?</b>	N	
<b>Quality Impact Assessment?</b>	N	

## NED and Governor Links April 2021

Constituency	NED	Governor(s)
East Dorset	Judy Gillow (Lymington)	Simon Bishop, 1 x vacancy
North Dorset	Dave Underwood (East Devon) – was Victoria	Christine McGee, Maurice Perks
Weymouth and Portland	Stephen Tilton (West Dorset) – was Peter	Margaret Alsop, Mike Byatt, Stephen Mason, Marion Levick, Sharon Waight
West Dorset	Sue Atkinson (Lyme Regis)	Sarah Carney, David Cove, Wally Gundry, Kathryn Harrison, Naomi Patterson, David Tett,
Staff	Margaret Blankson (London) – was Matthew	Tracy Glen, 3x vacancies
Appointed Governors	Ian Metcalfe (Ferndown)	Dave Thorp (Age UK), Vacant Bubb (Dorset CCG), Tony Alford (Dorset Council), Annette Kent and Barbara Purnell (Friends of DCH), Davina Smith (Weldmar Hospicecare)