

Council of Governors
 2.00pm – 4.45pm, Monday 13 September 2021
 Via Lifesize Video Conferencing

Part One Agenda – Open Meeting

1. Formalities		2.00-2.10	Chair
a) Welcome including our new governors Apologies for Absence: Tony Alford, Sarah Carney, Stephen Mason	Verbal		
b) Declarations of Interest	Verbal		
c) Minutes of Council of Governors Part One Meeting 10 May 2021 To approve	Enclosure		
d) Matters Arising from those Minutes	Verbal		
2. Chief Executive's Report Q1 To receive	Enclosure	2.10-2.30	Patricia Miller, CEO
3. Finance Report Q1 To receive	Enclosure	2.30-2.40	Paul Goddard, Chief Financial Officer
4. Update on Waiting Lists and Recovery Plan	Verbal	2.40-3.00	Adam Savin, Associate Director of Performance
5. Governor Matters		3.00-3.15	
a) Governor observer tenure for attendance at committee meetings	Verbal		Kathryn Harrison
b) ICS: governance, patient voice and website development	To be taken under item 2		Mike Byatt/Sarah Carney
c) Health Inequality Action Plan	To be taken under item 2		Mike Byatt
d) Cost Improvement Programme	To be taken under item 3		Simon Bishop
e) Waiting Times: Orthopaedics	To be taken under item 4		Tracy Glen
f) Waiting Times: Autism	To be taken under item 4		Margaret Alsop
g) Waiting Times: Ophthalmology	To be taken under item 4		Margaret Alsop
h) Recovery Plan	To be taken under item 4		Steve Hussey
Break		3.15-3.30	

6.	Auditors Report on the Annual Report and Accounts	Presentation	3.30-3.50	Rees Batley, KPMG
7.	NED Update: Annual Report and Accounts from the View of FPC and RAC	Presentation and Questions	3.50-4.20	Stephen Tilton Ian Metcalfe
8.	Governor Vacancies To approve	Enclosure	4.20-4.25	Trevor Hughes
9.	Feedback from Governor Committees a) Membership Development (June)	Verbal	4.25-4.35	Kathryn Harrison
9.	Chair's Closing Remarks and Date of next meeting: <ul style="list-style-type: none"> AGM, Thursday 30 September, 5pm, via Lifesize Livestreaming Date of next meeting (open to the public): Council of Governors Monday 8 November 2021 at 2pm 	Verbal	4.35-4.45	Chair
	Meeting Closes		4.45	

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

Minutes of the meeting of Monday 10 May 2021
via Lifesize Video Conferencing

Present: Mark Addison (Chair)

Public Governors

Mike Byatt (Weymouth and Portland)
David Cove (West Dorset) (Lead Governor)
Wally Gundry (West Dorset)
Kathryn Harrison (West Dorset)
Stephen Mason (Weymouth and Portland)
Christine McGee (North Dorset)
Maurice Perks (North Dorset)
Sharon Waight (Weymouth and Portland)

Staff Governors

Tracy Glen

Appointed Governors

Tony Alford (Dorset Council)

In Attendance: Liz Beardsall (Deputy Trust Secretary) (minutes)
Paul Goddard (Chief Financial Officer)
Trevor Hughes (Head of Corporate Governance)
Ian Metcalfe (Non-Executive Director) (to item CoG21/020)
Patricia Miller (Chief Executive Officer) (to item CoG21/017)
Andy Morris (Project Director) (item CoG21/021)
Ben Print (Programme Manager) (item CoG21/021)
Stephen Slough (Chief Information Officer) (item CoG21/022)
Stephen Tilton (Non-Executive Director)
Dave Underwood (Non-Executive Director)
Natalie Violet (Corporate Business Manager to the CEO) (to item CoG21/017)

Apologies: Margaret Alsop (Weymouth and Portland)
Simon Bishop (East Dorset)
Sarah Carney (West Dorset)
Naomi Patterson (West Dorset)
Davina Smith (Weldmar Hospicecare)
David Tett (West Dorset)
Dave Thorp (Age UK)

CoG21/012 Welcome and Apologies for Absence

The Chair welcomed everyone present to the meeting via Lifesize videoconferencing. There were apologies from Margaret Alsop, Simon Bishop, Sarah Carney, Naomi Patterson, Davina Smith, David Tett and Dave Thorp.

CoG21/013 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.

CoG21/014

Minutes of the Previous Meeting held on 22 February 2021

The minutes of the previous meeting held on 22 February 2021 were accepted as a true and accurate record.

CoG21/015

Matters Arising

It was noted that all actions were complete.

CoG21/016

Governor Matters

It was noted that no Governor matters had been received, and it was confirmed that addition of 'Questions for the NEDs' to the Governor Matters item was not in place of Governors being able to ask questions of the non-executive directors (NEDs) following their presentations, but was for additional questions to the NEDs as part of the Governors' duty of holding the NEDs to account for the performance of the Board.

CoG21/017

Chief Executive's Report Q4

The Chief Executive Officer (CEO) drew the Governors' attention to the previously circulated report regarding the hospital's performance in quarter four, which was taken as read. She highlighted the post-COVID recovery work that was underway regarding services and staff, the refresh of the Trust strategy which was due to be seen by the Board at the end of May, the developments relating to the Integrated Care System (ICS) and the importance of system work on health inequalities and post-COVID economic recovery.

The Chair noted that the Governors had been involved in the refresh of the strategy, most recently at a workshop with the Director of Strategy, Transformation and Partnerships which had taken place earlier in May.

In response to questions from the Governors, the CEO discussed the Trust's response to the national NHS Staff Survey results, the benefits and limitations of virtual vs face to face outpatient appointments, and the development of the ICS team of community engagement work especially around the health inequalities agenda.

The Chair thanked the CEO for her report.

CoG21/018

NED/Governor Engagement

The Chair drew the Governors' attention to the previously circulated paper which, as requested by Governors, proposed mechanisms for strengthening the links between NEDs and Governors.

The Chair summarised the discussion, stating that there were mixed views but no enthusiasm for reviving the Governor/NED buddy scheme by geographical area, so this would not be continued. It was agreed that the plan for committee observers to meet with the committee Chairs would go ahead and discussion would take place with the committee Chairs regarding the arrangements for these. It was agreed that the NED questions as part of the Governor Matters item would be removed and Governors could put questions to the NEDs after their feedback, as before. He encouraged Governors to attend the public Board meetings and confirmed that a link to the meeting papers and information on joining details

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would be sent to Governors before each public Board meeting.

CoG21/019

Finance Report Q4

The Director of Finance had technical issues with Lifesize so the Chair drew the Governors' attention to the previously circulated finance report which summarised the position for the financial year ending 31 March 2021. The year ended with a small surplus, mostly due to the pandemic funding regime, and the Trust's cash position was strong, although this was in large part due to the alteration in the timing of payments.

CoG21/020

NED Update and Feedback

The Chair welcomed Dave Underwood, Stephen Tilton and Ian Metcalfe to the meeting.

Dave Underwood introduced himself to the Governors and gave details of his background prior to him joining the Trust in March 2020. He highlighted the strengths, areas for improvement and key challenges that he had perceived since his term started. He also described his work with the Chief Information Officer and his leadership team, and his work as Chair of the Charitable Funds Committee.

Likewise, Stephen Tilton introduced himself to the Governors, including information on his background in finance and as a NED in Worcestershire, prior to joining the Trust in June 2020. He described his role as Chair of the Finance and Performance Committee, and his work on Equality, Diversity and Inclusion group and the Quality and Risk & Audit committees.

The meeting discussed the role of innovation at the Trust, and the work that was underway in the Research and Development team and the Transformation team in this area. The NEDs particularly highlighted the successful implementation of the Fast Assessment Bay (FAB) in the emergency department and the Dorset Intelligence System (DiS) as examples of innovative projects at the hospital.

Ian Metcalfe, as Chair of the Risk & Audit Committee (RAC), presented to the Governors on the work of the RAC; how this was achieved, including the role of internal and external audit; the RAC's work on managing risk; and how the committee provides assurance to the Board.

The meeting discussed the role of RAC in monitoring the Freedom to Speak Up (FTSU) process and Dave Underwood, as the NED Lead for FTSU gave an overview of processes in place at the Trust.

CoG21/021

Strategic Estates Masterplan Update

Andy Morris, Project Director and Ben Print, Programme Manager, joined the meeting to provide a regular update to the Governors regarding the Strategic Estates Masterplan. They provided an update on the multi-storey car park which was under construction, the ED15 project which would increase emergency department (ED) capacity to meet the Trust's current needs and an overview of the masterplan showing the proposed longer term projects including the ED/intensive care/community hub, key worker housing and office space.

The meeting discussed the future of the Diabetes Centre and the need to reconsider future office provision requirements post-pandemic.

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The Chair thanked the team for their presentation.

(Post meeting note: the presentation slides were circulated to the Governors after the meeting.)

CoG21/022

Digital Strategy Update

At the request of the Governors, the meeting was joined by Stephen Slough, Chief Information Officer (CIO) to present on the Trust's digital strategy. He explained the changes that had taken place in the last 12 months and the impact of the pandemic, and explained the strategic projects that were underway including the Dorset Intelligence System and the Dorset Care Record. He highlighted that the Trust led the way in these Dorset-wide projects and, although smaller in size, the hospital was large in terms of impact.

The meeting discussed the security measures that the Trust had in place in relation to cybercrime and the use of apps in the NHS.

The Chair thanked the CIO and his team for all they had done to support the hospital during the COVID period, and thanked the CIO for his update.

(Post meeting note: the presentation slides were circulated to the Governors after the meeting.)

CoG21/023

Feedback from Governor Committees

The Chair provided an update on the Strategic Plan Committee which had recently met for a workshop to which all Governors were invited. As mentioned in the CEO update, the strategy would be going to Board for sign off later in May. He thanked the Governors for all their input into the strategy, which had been hugely helpful.

Chair of the Membership Development Committee, Kathryn Harrison, provided an update for Governors. She said the turnout at the meeting had been low, and she hoped more Governors would consider joining the committee. The committee hoped to attract some new members during the Governor election period and this was being promoted via social media. The committee aimed to increase awareness of membership, particularly with young people, and to link the Governors' engagement work with the Trust's Your Voice group. The committee planned to meet again in a month to maintain momentum and then meeting quarterly after this.

CoG21/024

Chair's Closing Remarks and Date of Next Meeting

It was noted that it was Christine McGee's last meeting, as she would be stepping down after the election following nine years in post. Mrs McGee said she would miss the Trust very much and had been very proud to be a part of it. The Chair thanked Mrs McGee for her contribution over the years.

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

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Council of Governors Meeting – Part One

Presented to the meeting of 13 September 2021

Meeting Dated: 10 May 2021				
Minute	Action	Owner	Timescale	Outcome
	Nil			

Title of Meeting	Council of Governors
Date of Meeting	13 September 2021
Report Title	Chief Executive's Report, Quarter 1 – 2021/22
Author	Natalie Violet, Corporate Business Manager to the CEO
Responsible Executive	Patricia Miller, CEO

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

On 25 March 2021 NHS England published the *2021/22 priorities and operating planning guidance* setting out the priorities for the NHS for the year:

- A) Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B) Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C) Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care, and manage the increasing demand on mental health services
- D) Expanding primary care capacity to improve access, local health outcomes, and address health inequalities
- E) Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for emergency department patients, and reduce length of stay
- F) Working collaboratively across systems to deliver on these priorities

With record numbers of people waiting for hospital treatment, systems are expected to plan for the highest level of activity possible. There is a zero tolerance to patients waiting over 104 weeks and there is an expectation to exception report to NHS England and Improvement those patients waiting beyond 78 weeks for treatment.

The Government made additional funding of £1bn available through the Elective Recovery Fund. The aim is to allow systems to restart services and receive additional funding to support this. Systems that achieve the required thresholds and meet specified 'gateway criteria' will be able to access the Elective Recovery Fund. The required thresholds were 70% of 2019/20 income, rising by 5 percentage points to 85% from July. The thresholds are based on the value of all elective activity delivered in 2019/20, not on activity numbers. The 'gateway criteria' for acute providers include addressing health inequalities, transformation of outpatient services, implementing system-led elective work, tackling the longest waits, and supporting staff. For the month of June 2021, DCH exceeded the threshold of 85% of 2019/20 income levels delivering 98.60%. Although from 01 July 2021 the Elective Recovery Fund threshold increased from 85% to 95% meaning Trusts are now required to operate at 95% of pre-COVID income levels, compared to 2019/20.

The organisation has been focusing on recovery from the pandemic since the end of wave two taking a twofold approach – our NHS people and clinical services. Our recovery objectives are aligned to the Priorities and Operational Planning Guidance outline above. Elective recovery

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Table One – Performance against key standards:

Metric	Threshold/Standard	Reporting period	Apr-21	May-21	Jun-21	YTD	Movement on Previous month
RTT *	92%	Monthly	51.5%	54.6%	56.4%	56.4%	↑
Waiting List Size *	17,812	Monthly	17,194	17,666	17,928	17,928	↓
52 week waits *	0	Monthly	2,947	2,589	2,386	2,386	↑
Diagnostics	99%	Monthly	80.0%	80.4%	82.4%	81.0%	↑
Cancer - 62 day	85%	Quarterly	81.0%	74.0%	74.6%	76.6%	↑
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	Contractual (National Operational Standard)	69.1%	78.0%	55.6%	66.8%	↓
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	Contractual (National Operational Standard)	0.0%	3.7%	8.3%	4.5%	↑
ED (DCH Only) †	95%	Monthly	80.7%	74.5%	70.9%	75.3%	↓
ED (including MIU) †	95%	Monthly	86.6%	82.5%	79.7%	82.8%	↓

* Quarter / YTD position is latest month end position in the period

** 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 June 2021 were:

Positive Quality Improvement:

- No Never Events reported for June 2021
- No severe harm from falls in this period
- Venous thromboembolism (VTE) sustained the standard in this month
- No confirmed reportable Grade 3 pressure ulcers in this month
- An improvement has been noted in the completion of Electronic Discharge Summaries. This is planned quality improvement work supported by the Chief Medical Officer

Challenges to Quality Improvement:

- Summary Hospital-level Mortality Indicator (SHMI) standards have been maintained within expected ranges
- Clostridium difficile (C-Diff) Locally, Root Cause Analysis (RCAs) continue to be undertaken
- Dementia Screening is noted as declined this month although continues to be supported by the key workers for completion

Due to the challenges created by segregating suspected COVID and non-COVID admissions the organisation has experienced several mixed sex breaches during the first quarter. The decision to mix bays on the wards is taken at Executive Director level and is based on ensuring patient safety is maintained. All breaches are reported to the Dorset Clinical Commissioning Group.

The Trust's Quality Improvement (QI) Strategy was approved by the Trust Board in October 2020. The Strategy builds on the existing work across the Trust and strengthens continuous improvement and learning already present and developed over the COVID-19 pandemic. The QI Strategy implementation plan and proposals have now been updated and approved by our Senior Leadership Group with refreshed milestones and actions for the remainder of the financial year. The broad aim is to create a culture where everyone within the organisation can make changes leading to the delivery of sustained improvements in quality of care and patient experience.

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4.0 Workforce

On 30 April 2021, the hospital's vaccination hub closed its doors following a successful vaccination programme. We have seen very promising vaccination figures with approximately 25,000 vaccinations delivered to health and care staff from across Dorset. 7,000 of these were to Trust staff with 88% of our staff receiving at least one dose. Vaccinations are now 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.

Our COVID staff testing pod continues to offer seven day a week testing for symptomatic staff and those they live with (known as index cases). Requests for symptomatic tests increased in June, with 116 staff and index cases tested. The increase was in line with a national increase. Staff have been advised to undertake a test for wider symptoms, including a running nose, as the Delta variant presents similarly to a summer cold/hay fever in many. During June five staff members tested positive. Regular Lateral Flow Device (LFD) testing continues to be encouraged and LFD tests are now available to all staff via Government supply routes.

Work with the Executive Team and members of our Diversity Network to review our policies on recruitment, appraisal and succession planning, and staff conduct and disciplinary matters continues. May's session included members of our People Team as we move to take action to amend the policies using the information and ideas gathered from previous sessions. A further session is scheduled in October.

The Trust's LGBTQI+ (Pride) and Disability and Long-Term Health Conditions (Without Limits) Networks launched in May with drop-in meetings taking place. All three of our Network chairs are now attending our Equality, Diversity, and Inclusion Steering Group to provide updates and any escalations.

Our six-session Inclusive Leadership Programme commenced in June with 80 people from across our middle and senior leadership teams completing the first session with high levels of engagement from participants. The feedback received from the programme was positive and very thought-provoking, although at times uncomfortable which is to be expected when challenging assumptions and bias. The Organisational Development Team are planning a further four cohorts to commence from September.

International nursing recruitment continues despite being challenged due to being unable to accept arrivals from India. We welcomed 18 overseas nurses from the Philippines, Manilla, Oman, Saudi and Malta. Unfortunately, the Philippines has now been added to the 'unable to accept list'.

June saw the commencement of the Trust's Kickstart Scheme offering job placements to young people aged 16 to 24 who are claiming Universal Credit to gain valuable workplace experience, supporting the National Kickstart Scheme. We welcomed 14 young people with placements across several areas such as healthcare support, facilities, estates, catering, procurement, and administration.

The organisation has signed up to the NHS Cadets Foundation Pathway with St Johns Ambulance. Aligned to our Social Value ambitions this pathway will support young people in West Dorset, expanding our volunteering initiatives and providing the opportunity for cadets to learn about the hospital and the careers available.

We have recently launched our Going the Extra Mile (GEM awards) The awards recognise both staff and volunteers who go over and above what is expected to make a difference to people's lives. Nominations are open until Friday 10 September 2021, with the ceremony taking place on Friday 12

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November 2021 at Kingston Mauward. Over the last 18 months everyone who works in the NHS has gone over and above to provide the best possible patient experience at a very difficult time and continues to do so as we respond to unprecedented demand for services. The GEM Awards 2021 will be a night of celebration to honour the dedication and commitment of staff and volunteers to DCH that colleagues, patients, their friends and family feel have made a standout difference. The awards evening will also recognise those staff receiving their 25-year NHS Long Service Award.

5.0 Strategy and Transformation

There has been a significant amount of activity in the Strategy, Transformation, and Partnership Team since the last report. The team continues to be involved in the development of the Dorset Integrated Care System (ICS) This will be through primary legislation due to be approved in Parliament over the coming months. With the intention to create a system that is more accountable and responsive to both staff and communities. The principle focus of the legislation is to remove barriers to collaboration and therefore support greater levels of integration.

There are several key elements to the legislation:

- CCGs will be abolished, and commissioning functions will be integrated into ICSs.
- Specialist commissioning functions will be delegated from NHS England Regional Teams and into ICSs.
- NHS England and NHS Improvement will merge.
- It increases the powers of the Secretary of State for Health and Social Care over the NHS, these were previously diluted in the 2012 Care Act.
- ICSs will be expected, through a system oversight framework, to implement an assurance process that will oversee the quality and safety of services provided. However, the provider accountability framework is not going to significantly change therefore clarification of how the two will work together to best effect is required.
- It changes the arrangements for capital allocations for Foundation Trusts following the difficulties the Department of Health and Social Care have previously faced in controlling capital spend to within the capital department resource limits (CDEL).
- It requires the creation of an ICS NHS body and subsequent Board.
- It requires the creation of Health and Care Forum/ICS Partnership.

The Trust Strategy was approved in May 2021, with work now in progress to develop a three-year delivery plan. Integral to the delivery plan will be the development of the enabling strategies, namely the Clinical Strategy, People Strategy and Digital Strategy. A Project Group has been established to drive the development of these enabling strategies and plans are in place to engage with patients and teams across the Trust to ensure an organic process. A specific Strategy and Transformation Senior Leadership Group has been established to oversee the delivery of these strategies and will meet bi-monthly from September 2021.

The Trust has recently commenced a review of Private Patient Services at, the output from this review will inform the Trust Strategy for private patients in the coming three years.

An app to support the pressures on staff accommodation is in the final stages of production, this potentially will not only enable established staff to generate a modest income from renting out a spare room, but also will provide options for short to mid-term appointed staff at the Trust reducing the pressure on our limited accommodation capacity.

We have established a Health Inequalities Programme to ensure that 'we take every opportunity to ensure equity of access and outcomes for all our communities'. Health Inequalities are defined as avoidable, unfair, and systematic differences in health between different groups of people. The initial objective of the programme is to work collaboratively across the Dorset ICS to identify and

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contextualise the problem, to consolidate the health inequality activities currently underway and to review and refine the available data to inform future activities and interventions.

Working alongside the wider ICS Health Inequalities Programme and its subgroups, particularly the Elective Care Health Inequality Group, the DCH Health Inequality Programme will focus on changing culture and practice within the organisation, with particular emphasis on minimising the detrimental impact on health of factors including race, deprivation (particularly rural), physical and mental disabilities, and LGBTQI+.

The desired outcomes of the Health Inequalities Programme are to:

- Engage with our communities to ensure they are at the forefront of the development of our Health Inequalities strategy
- Recognise, support, and enhance existing health inequalities work
- Collate the right data, reporting and insight to inform all our decision-making and ensure health inequality reduction (HIR) is considered in all we do
- Educate our staff and inform them of the impact of health inequalities with a particular focus on health literacy
- Consider HIR as part of our Quality Improvement
- Embed prevention and HIR approaches within our day-to-day business, operational processes, digital processes, and clinical pathways
- Support staff who may experience health inequalities directly or indirectly
- Use our position as an anchor institution to enhance our social value contribution

Work on the multistorey car park development is on programme for delivery in summer 2022. Ground works are complete and work on the structural frame will commence shortly. Regular newsletters are shared with local residents to provide them with progress updates. A refresh of the Trust's Masterplan is underway with focus on obtaining approval for an outline business case to deliver several developments including the New Hospital Project which will create purpose build Emergency Department and Intensive Care facilities. Work continues to deliver the ED15 scheme to increase capacity within our existing Emergency Department. The construction phase has made a positive start. The enabling scheme works including Orthopaedic Outpatients, Same Day Emergency Care (SDEC) and Courtyard clearances are now complete. The new Emergency Department IT system is also being developed and will be operational towards the end of 2021.

The Transformation and Improvement Team are supporting the national Patient Initiated Follow Up (PIFU) programme. This work aims to give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. An online portal has been developed for patients, staff and administration teams with a go live date of 01 October 2021. The initial services include ENT, Nurse led Rheumatology, Diabetes/Endocrinology, Orthopaedics and Post Op Gynaecology.

The DCH Social Value Action Plan was approved by Trust Board in May. Social value is also integral to the new Trust Strategy. The Social Value Programme Group is now focussed on communicating our plans to teams across DCH and implementing our social value commitments accordingly. We continue to develop our Social Value Dashboard to monitor key metrics aligned to our Social Value Action Plan. At system level, the creation of an anchor institutions network is a core plank of the Dorset Health Inequalities programme and under this banner DCH is liaising with Dorset ICS partners to consider the strategic role of anchor institutions in tackling health inequalities and COVID-19 recovery. Our DCH Social Value Pledge is on the DCHFT website here: <https://www.dchft.nhs.uk/about-us/social-value/>.

The new DCH Charity website is now and available at: www.dchcharity.org.uk. The charity's new fundraising campaign brand the 'Power of Giving' has been launched, raising funds for specialist

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care areas across our hospital. New fundraising initiatives are soon to be launched including a contactless donation point near main reception, payroll giving, and the charity's 'Greatest Need Fund' appeal supporting DCH wherever the need is greatest. The Charity Team are also in the early stages of planning for a major fundraising appeal to contribute to plans for the new Emergency Department and Intensive Care Unit development.

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Title of Meeting	Council of Governors
Date of Meeting	13 September 2021
Report Title	Finance Report to 30 June 2021
Author	Claire Abraham, Deputy Director of Finance
Responsible Executive	Paul Goddard, Chief Financial Officer
Purpose of Report (e.g. for decision, information) For information	
<p>Summary</p> <p>As a result of the ongoing COVID-19 pandemic, the changes made to the national finance regime during 2020/21 have broadly continued into the first half of 2021/22 financial year, with a number of notable exceptions.</p> <p>A break even requirement for all Systems for the period ending 30 September 2021 is required and a mechanism has been introduced by NHS England/Improvement (NHSE/I) to recover elective activity known as the Elective Recovery Fund (ERF).</p> <p>Given the ongoing uncertainty of the pandemic, the financial year has been split into two halves by NHSE/I. H1 (half year) is in place for the period 1 April to 30 September 2021, during which time Trusts are expected to achieve a break even position by the end of September 2021.</p> <p>Further guidance is anticipated in September from NHSE/I for the financial regime for the period known as H2 which covers 1 October 2021 to 31 March 2022.</p> <p>All Trusts continue to receive fixed monthly income for clinical contracts relating to commissioners, with an additional monthly top up payment calculated by NHSE/I to cover the ongoing costs relating to the COVID-19 response and a further sum to support the Trust in reaching the break-even requirement.</p> <p>NHSE/I has introduced the Elective Recovery Fund (ERF) to encourage the recovery of elective performance. Target levels of activity have been set which must be met at a System level in order to access funding for each period.</p> <p>This report summarises the Trust's financial performance for the three months ended 30 June 2021, whereby the Trust planned a phased deficit position for quarter one, with an improved planned position set for quarter 2 in order to reach break-even by the end of September.</p> <p>For the three months ended 30 June 2021, Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a residual deficit of £0.717 million against a planned deficit of £0.439 million.</p> <p>The cash balance at 30 June 2021 was £15.8 million.</p>	

<p>The Trust is operating with a reduced capital plan following a >20% reduction applied to all Provider organisations within the Dorset System in order to meet the System Capital Department Expenditure Limit (CDEL) for the financial year.</p> <p>Capital expenditure was £2.160 million, £0.011 million ahead of plan year to date.</p>	
<p>Paper Previously Reviewed By Paul Goddard, Chief Financial Officer</p>	
<p>Strategic Impact Trusts are expected through the H1 period to achieve a break even financial position.</p>	
<p>Risk Evaluation</p> <p>The position for quarter one shows the Trust being behind plan due to challenging occupancy levels and high cost agency incurred. Detailed work is underway to further mitigate pressure areas and develop robust plans to bring the position back to break even over the H1 period.</p> <p>NHSE/I announced in early July that an increase to the ERF threshold target would be applied nationally (85% achievement of 2019-20 activity levels has been increased to a 95% requirement). This creates a risk as the System as a whole has not yet reached this level and qualification for the funding is in doubt unless performance levels can be significantly increased.</p> <p>As mandated by NHSE/I, the Trust has continued to provide for the legal provision associated with overtime payments and pay during annual leave (known as Flowers legal case) which is contributing to the deficit position and currently unfunded by NHSE/I.</p>	
<p>Impact on Care Quality Commission Registration and/or Clinical Quality As above</p>	
<p>Governance Implications (legal, clinical, equality and diversity or other): As above</p>	
<p>Financial Implications Failure to deliver a balanced financial position could result in the Trust being put into special measures by NHSE/I.</p>	
<p>Freedom of Information Implications – can the report be published?</p>	<p>Yes</p>
<p>Recommendations</p>	<p>a) To review and note the financial position at 30 June 2021</p>

COUNCIL OF GOVERNORS FINANCE REPORT FOR 3 MONTHS ENDED 30 JUNE 2021

	Plan YTD £m	Actual YTD £m	Variance £m
Income	59.5	58.1	(1.4)
Expenditure	(59.9)	(58.8)	(1.1)
Surplus / (Deficit)	(0.4)	(0.7)	(0.3)

1. YEAR TO DATE VARIANCE

- 1.1 The income and expenditure position at the end of the first quarter is a deficit of £0.717 million against a planned deficit position of £0.439 million, resulting in an adverse variance of £0.278 million.
- 1.2 Income levels were £1.404 million higher than plan, predominantly due to the receipt of the top up funding as mentioned above and timing delays of the anticipated planned amount of ERF income expected for the quarter, with a corresponding offset in expenditure. Private patient income was ahead of plan by £0.041 million.
- 1.3 Pay costs were £1.7 million more than plan for the quarter of which £1.3 million related to the COVID-19 response. High agency costs of circa £1 million are being incurred each month predominantly covering medical and nursing vacancies, sickness and increased bed pressures.
- 1.4 £0.078 million is included in the position year to date relating to the Flowers legal case provision. This is currently unfunded by NHSE/I.
- 1.5 Drugs, clinical supplies and general non pay costs were £0.3 million more than plan for the quarter, primarily as a result of increased elective activity and bed occupancy during the first three months.
- 1.6 Depreciation and PDC Dividend costs were higher than plan by £0.05 million for the quarter.

2. CASH

- 2.1 At the end of June, the Trust held a cash balance of £15.8 million which is in line with the planned position.

3. CAPITAL

- 3.1 Capital expenditure in the quarter to 30 June 2021 was £2.160 million being 0.011 million ahead of plan. This is largely driven by Medical equipment arriving earlier than planned.

Title of Meeting	Council of Governors
Date of Meeting	13 September 2021
Report Title	Governor Vacancies
Author	Liz Beardsall, Deputy Trust Secretary
Responsible Officer	Mark Addison, Chairman

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

To gain the Council of Governors' approval to carry the vacancies in East Dorset, South Somerset and the Staff Constituency until the elections due in 2023.

Summary

Following the completion of the 2021 Governor elections, the Council of Governors currently has the following vacancies:

- East Dorset – one vacancy. One seat was available in this constituency in the 2021 election but no nominations were received.
- South Somerset and Rest of England – one vacancy. No nominations were received for this seat in the 2021 election.
- Staff Governors – one vacancy. Three seats were available in this constituency in the 2021 election but only two nominations were received.

The Trust's Constitution states:

Where the vacancy arises amongst the elected Members, the Council of Governors shall be at liberty either:

- To call an election within three months to fill the seat for the remainder of that term of office, or
- 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
- 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.

Considerations

As no other nominations were received, it is not possible for the Council to invite the next highest polling candidate to take the seat.

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 2021 was in the region of £5,500 not including the time factor for Trust staff.

The next round of Governor elections are due to be held in 2023 and 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 2023.	
Risk Evaluation	
The Council of Governors needs to assure itself that the carrying of these vacancies is not detrimental to the conduct of Council business.	
Impact on Care Quality Commission Registration and/or Clinical Quality	
N/A.	
Governance Implications (legal, clinical, equality and diversity or other):	
Governance requirement under the Trust's Constitution for the election of governors.	
Financial Implications	
There would be a financial implication in the current financial year if additional elections were to take place in 2021/22.	
Freedom of Information Implications – can the report be published?	Yes

Recommendation	That the Council of Governors agree to carry the vacancies in East Dorset, South Somerset and the Staff Constituency until the elections due in 2023.
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