Council of Governors
2.00pm – 3.50pm, Monday 14 February 2022
Via Lifesize Video Conferencing

Part One Agenda – Open Meeting

1.	**Formalities**		2.00-2.05	Chair
	a) Welcome **Apologies for Absence:**	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting 8 November 2021	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	**Chief Executive's Report Q3** To receive	Enclosure	2.05-2.25	Nick Johnson, Interim Chief Executive
3.	**Governor Matters to be taken under Chief Executive's Report (item 2)** a) ICS – including social care and waiting lists; and digital engagement b) Rheumatology Service Update c) Workforce Pressures d) Dorset Care Record Update	Verbal	As above	Sarah Carney/Mike Byatt Judy Crabb Steve Hussey Simon Bishop
4.	**Governor Matters for Discussion** a) Kickstarter Scheme b) Access to Information for Governors c) Use of Acronyms in Meetings	Verbal	2.25-2.45	Tony Petrou Kathryn Harrison Judy Crabb
5.	**Finance Report Q3** To receive	Enclosure	2.45-3.00	Paul Goddard, Chief Financial Officer
6.	**NED Update:** Welcome and Introduction from two of our new NEDs	Presentation and Questions	3.00-3.30	Eiri Jones Dhammika Perera
7.	**Governance Items** **a) Fit and Proper Persons Test Declarations** For information	Enclosure	3.30-3.35	Trevor Hughes, Head of Corporate Governance

8.	**Feedback from Membership Development Committee (December and February)** To receive	Verbal	3.35-3.45	Kathryn Harrison (Membership Development Committee Chair)
9.	**Chair's Closing Remarks and Date of Next Meeting: Council of Governors, 2pm on Monday 9 May 2022**	Verbal	3.45-3.50	Chair
10.	**Meeting Closes**		3.50	

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

Minutes of the meeting of Monday 8 November 2021
via Lifesize Video Conferencing

Present:	Mark Addison (Chair)
	Public Governors Simon Bishop (East Dorset) David Cove (West Dorset) (Lead Governor) Judy Crabb (West Dorset) Kathryn Harrison (West Dorset) Steve Hussey (West Dorset) (from item CoG21/047) Stephen Mason (Weymouth and Portland) Lynn Taylor (North Dorset) David Tett (West Dorset)
	Staff Governors Tracy Glen
	Appointed Governors Tony Alford (Dorset Council) (from item CoG21/047) Davina Smith (Weldmar Hospicecare)
In Attendance:	Claire Abraham (Deputy Director of Finance) (item CoG21/049) Abi Baker (Governance Support Officer) Liz Beardsall (Deputy Trust Secretary) (minutes) Margaret Blankson (Non-Executive Director) Trevor Hughes (Head of Corporate Governance) Judy Gillow (Non-Executive Director) Patricia Miller (Chief Executive Officer) (item CoG21/048)
Apologies:	Margaret Alsop (Weymouth and Portland) Mike Byatt (Weymouth and Portland) Sarah Carney (West Dorset) Maurice Perks (North Dorset) Tony Petrou (Staff Governor) Dave Stebbing (Weymouth and Portland) Dave Thorp (Age UK)

CoG21/042 **Welcome and Apologies for Absence**
The Chair welcomed everyone to the meeting via Lifesize videoconferencing. There were apologies from Margaret Alsop, Mike Byatt, Sarah Carney, Maurice Perks, Tony Petrou, Dave Stebbing and Dave Thorp. Although there were a number of apologies and governors absent, the meeting was quorate.

CoG21/043 **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.

CoG21/044 **Minutes of the Previous Meeting held on 13 September 2021**
The minutes of the previous meeting held on 13 September 2021 were accepted as a true and accurate record.

CoG21/045 **Actions and Matters Arising**
CoG21/032 Governor Observer arrangements from January 2022. It was noted that this item was on the agenda. **CLOSE.**

CoG21/036 Governor communications with members. It was noted that an update from the Membership Development Committee was on the agenda. **CLOSE.**

All other items on the actions list were noted as complete and to be removed from the log. There were no matters arising from the minutes.

CoG21/046 **Governor Matters**
It was noted that Governor Matters regarding the Dorset Care Record, the Emergency Department/minors and staff COVID vaccinations were to be taken under the CEO's Report (CoG21/048).

Simon Bishop raised the item regarding a 'Governor Portal'. This item had been discussed several years ago, and it had been agreed at the time that a standalone solution was not financially viable. Simon suggested that a system where governors could communicate and store documents would improve governor communication and enable new governors to access historical information. Governors discussed the relative merits and limitations of such a portal. As opinion was split on the need for a digital solution, the Chair asked the Deputy Trust Secretary to canvas the views of the governors as to what they thought would be helpful and then, in the first instance, ascertain if any of the current digital solutions in place would meet these needs.

ACTION: LB

CoG21/047 **NED Update**
The Chair welcomed Judy Gillow and Margaret Blankson, Non-Executive Directors (NEDs), to the meeting. He reminded governors that two NEDs attended each of the Governor Working Group and Council of Governors' meetings, to support governors in their statutory role of holding the NEDs to account of the performance of the Board.

a) Judy Gillow – CQC
Judy presented to the governors on the Care Quality Commission (CQC) inspection regime. During the pandemic, routine CQC inspections had been paused and in March 2021 the CQC published a new inspection framework. The new framework had two core ambitions of assessing local systems and tackling health inequalities, and was based on four themes of people and communities, smarter regulation, safety through leaning and accelerating improvement through partnership working. The Trust had no date yet for its next CQC inspection, but continued to work on the quality agenda through Patient Safety Walkrounds, ward accreditation, monitoring of the quality performance dashboard, oversight of the CQC action plan, reviewing and triangulating data from patient feedback, complaints and clinical incidents, and reviewing clinical risks. Judy assured the governors that the Trust had maintained quality standards despite the pandemic, and that the Trust was proud of this achievement but not complacent.

The governors discussed the reporting mechanism for the Patient Safety Walkrounds, the possibility of the effectiveness of the CQC inspections being diluted under the new framework, how the CQC collected feedback for the inspections and mechanisms for governor visits through the PLACE programme (currently in abeyance due to COVID).

b) Margaret Blankson – PCC

Due to time constraints, Margaret gave a reduced version of her presentation, focusing on the plans and strategies that underpin the work of the People and Culture Committee (PCC) and the main challenges and foci of the committee. At a national level, the committee's work was informed by the NHS Long Term Plan and the NHS People Plan and locally by the three strands of the DCH People Strategy: investing in staff, enabling everyone to feel they belong, and improving safety and quality of care by creating a culture of openness. Key challenges which the committee was focused on included wellbeing of staff especially in response to COVID and elective recovery pressures, transforming people processes through co-design with staff, recruitment and retention, Equality, Diversity and Inclusion work, agency spend and bank usage, and the impact of the Integrated Care System.

In response to comments from Tracy Glen (Staff Governor) regarding sickness absence management at the Trust appearing punitive, the CEO confirmed that whilst there were no plans to amend the sickness absence policy, the policy was flexible and allowed managers to use their discretion and judgement regarding when the policy should be invoked.

The Chair thanked Judy Gillow and Margaret Blankson for their excellent presentations, and asked for the slides to be circulated.

ACTION: LB

CoG21/048 **Chief Executive's Report Q2**

As the meeting was running slightly behind schedule, the Chair moved the Governance Items to later in the agenda, to take the CEO and finance reports on time.

The Chief Executive Officer (CEO) drew the meeting's attention to her previously circulated report. She highlighted the operational pressures and the high number of patients having their discharged delayed whilst awaiting care packages; that quality had been maintained despite the pressures; international nurse recruitment; the Kickstart scheme; the appointment of a new Freedom to Speak Up Guardian; work on the Equality, Diversity and Inclusion agenda; strategic estates developments; the GEM awards and the hospital's Thank You week.

Simon Bishop thanked the CEO for the inclusion of an update on the Dorset Care Record in her report (see Governor Matters) and said that the system was a great achievement and it did not always receive the kudos it deserved. In relation to the Governor Matter regarding minors being seen at Weymouth Minor Injuries Unit, the CEO confirmed that this arrangement was temporary due to the ED15 works that were taking place.

David Cove asked for an update on the COVID vaccination rates at the Trust,

following national discussions about mandating the vaccination for healthcare staff and reports of low vaccination rates in nursing staff nationally. The CEO confirmed that, at nearly 95%, the Trust's vaccination rate was the second highest in the country.

Some governors raised concerns about patients being seen virtually rather than face to face and, in particular, David Cove raised concerns about potential litigation if something was missed due to doctors not examining patients. The CEO explained the measures that were in place to ensure a robust process for virtual appointments, including triage of referrals, and highlighted that the national direction of travel was towards digital solutions and it was important that the Trust embraced this.

Kathryn Harrison asked for an update in the latest position on patients attending outpatients being accompanied, as some patients found it helpful to have support when attending appointments or to have someone present to help them remember the conversation at the appointment. The CEO reminded governors that patients could request a copy of their clinic letter sent as an aide memoir, and asked the Deputy Trust Secretary to circulate the latest advice on outpatient attendances.

ACTION: LB

The Chair thanked the CEO for her report.

CoG21/049 **Finance Report Q2**

The Chair welcomed Claire Abraham, Deputy Director of Finance (DDoF), to the meeting on behalf of the Chief Financial Officer (CFO). She drew the governors' attention to the previously circulated report which outlined the Trust's financial position for the six months ending 30 September 2021. During this period, known as Half 1 or H1, there had been a requirement from NHS Improvement (NHSI) for Trusts to reach a breakeven position. Elective Recovery Funding had been provided to help Trusts achieve this position, but changes to the target elective activity levels from 85% to 95% had been challenging for the system. This resulted in the Trust delivering a residual deficit of £0.592 million against the planned breakeven position. This deficit would be carried forward into H2 in addition to a requirement to make a 2% efficiency saving. The DDoF also provided an overview of the year to date variances as detailed in the report.

The financial challenges of H2 were discussed including the potential for close scrutiny of the Trust's finances by NHSI if the breakeven position was not achieved by year end. Work was currently underway on the system's H2 plan and this would be submitted on 16 November 2021.

The Chair thanked the DDoF on behalf of the governors for her clear and succinct presentation.

CoG21/050 **Governance Items**

a) Lead Governor Ratification

As the Lead Governor selection had been decided by ballot, there was no requirement for the Council of Governors to approve the selection, however the outcome was presented to the meeting for ratification.

The governors unanimously ratified the selection of David Cove as Lead Governor for a further term of one year from 1 October 2021 to 30

September 2022.

b) Temporary ToRs Revisions
The previously circulated revised Terms of Reference, which slightly increased the number of governors on the governor committees in line with the expressions of interest received, were agreed.

c) Governor Observer Arrangements from January
The Governor Observer arrangements from January, to have two observers and two reserves who would be invited to attend if the observers were unavailable, were agreed.

CoG21/051 **Feedback from the Membership Development Committee (October)**
Kathryn Harrison, Chair of the Membership Development Committee (MDC) provided governors with feedback from the committee's most recent meeting in October. She reported it had been a good meeting, and was attended by the governors who had been newly appointed to the committee. She said that work was underway to update the membership leaflet and welcome pack, that the governance team would be producing a letter for governors to use to introduce themselves to local groups/councils, and that the committee was working on the production of a twice yearly newsletter which would be managed by the Trust but would be a mechanism for governors to communicate with the members.

The governors discussed mechanisms for keeping in touch with the membership, and Steve Hussey asked for more guidance on this from the Trust. It was noted prior to the pandemic governors had held meetings in their constituencies, but this had been in abeyance during the pandemic.

With regard to membership and governor engagement, the Chair asked the following actions to be undertaken:

- the Deputy Trust Secretary to speak to Steve Hussey about engaging with his constituents,
- a session on engagement to be arranged for the governors in the New Year,
- the Membership Development Committee, including the Head of Communications, to discuss ways in which the governors could engage with constituents, including the suggestion of publicising governor details in the local paper,
- governor photographs to be updated on the hospital website.

ACTION: LB

CoG21/052 **Chair's Closing Remarks**
The Chair thanked everyone for their attendance and closed the meeting.

Council of Governors Meeting – Part One

Presented to the meeting of 14 February 2021

Meeting Dated: 8 November 2021				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG21/046	The Deputy Trust Secretary to canvas the views of the governors on whether they required a digital solution and if so, in the first instance, ascertain if any of the current digital solutions in place would meet these needs.	LB	Feb 2022	**Complete.** WhatsApp group established by Simon Bishop and training provided on the VBR system at the Governors' Working Group 17 01 22.
CoG21/047	NED Update slides to be circulated.	LB	Nov 2021	**Complete.** Circulated 10 11 21.
CoG21/048	The Deputy Trust Secretary to circulate the latest advice on outpatient attendances.	LB	Nov 2021	**Complete.** Circulated 10 11 21.
CoG21/051	With regard to membership and governor engagement, the Chair asked the following actions to be undertaken:	LB	Nov 2021	
	a) the Deputy Trust Secretary to liaise with Steve Hussey about engaging with his constituents,			**Underway.** Hannah Robinson (Volunteer Coordinator) and Kathryn Harrison (Chair of Membership Development Committee) will liaise with Steve.
	b) a session on engagement to be arranged for the governors in the New Year,			**Arrangements underway**. Aiming to book session for March 2022.
	c) the Membership Development Committee, including the Head of Communications, to discuss ways in which the governors could engage with constituents, including the suggestion of publicising governor details in the local paper,			**Underway.** Discussed at December committee. Introductory letter template circulated to all governors and membership committee collating content for a governors' e-bulletin to the members.
	d) governor photographs to be updated on the hospital website.			**Complete.**

Title of Meeting	Council of Governors
Date of Meeting	14 February 2022
Report Title	**Chief Executive's Report, Quarter 3 – 2021/22**
Author	Natalie Violet, Corporate Business Manager to the CEO
Responsible Executive	Nick Johnson, Interim 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

Our Emergency Department continues to experience an increase in attendances. Seeing a 1.83% increase in December compared to the same period in 2019 and 16.42% compared to December 2020. Admissions from the Emergency Department are 5.41% up compared to 2019/20 and 29.34% up when compared to 2020/21. December's admissions were 3.76% higher than the previous month, with a daily average of 48.5 compared to 48 in November 2021.

Higher acuity and the number of no reason to reside patients are resulting in high bed occupancy rates and reduced flow in the department. Patients who are awaiting discharge home with a package of care continue to be the pathway with the biggest backlog and cause for delay. The daily average of patients with no reason to reside, who were on discharge pathway 1 was 24 patients in December. This compares to 19 in the previous month and 10 in December 2020. The total daily average of patients with no reason to reside in December was 49.61, this compares to 41.23 in the previous month, and 31.94 in December 2020.

Total ambulance handover delays in December were 209, this is down from 240 in the previous month and the lowest number since May 2021. Ambulance handovers are being impacted by the increased number of patients with no reason to reside, reducing flow throughout the department.

Elective care performance against the 18 week standard achieved 55.55% for December. The waiting list size has reduced by 1,749 patients this quarter and is 4,446 patients less than trajectory. At the end of December the waiting list profile has had a positive change, all time bands apart from 52-77 weeks and patients waiting over 104 weeks. At the end of December, there were 1,703 patients waiting over 52 weeks for treatment. This is an increase of 24 patients compared to the previous month and is 297 less than trajectory. As part of the planning submission for the second half of 2021/22, a 104+ week wait trajectory was also required. At the end of December, there were 216 patients waiting over 104 weeks, this is 1 patient more than trajectory.

For the second half of 2021/22, the planning guidance requires a threshold of 89% of referral to treatment clock stops, compared to 2019/20 to qualify for the Elective Recovery Fund. A weighted methodology is applied to ensure that the case mix of activity is comparable and additional income earnt will be based against the weighted income. A clock stop is where the patient is either treated or discharged and therefore is no longer on the incomplete waiting list. DCH performs well when monitored against the volume of clock stopping events. Throughout quarter three the number of clock stops has exceeded the 89% threshold.

We continue to monitor our waiting lists by ethnicity. The data illustrates a difference in waiting times for patients from ethnic minorities and further analysis is underway to understand why. December's referral to treatment waiting list data indicates 54.91% of patients who identify as white are treated within 18 weeks. 55.19% of from an ethnic minority are treated within 18 weeks. There are 183 patients of the total waiting list from ethnic minorities, 1.07%. December's diagnostic waiting list data indicates 91.30% of patients who identify as white have their diagnostic procedure completed within 6 weeks however this reduces to 87.80% for patients from ethnic minorities. There are 41 patients of the total waiting list from ethnic minorities, 0.96%.

This quarter we can report on patients with a learning disability. We are now able to identify patients on our waiting lists with a learning disability flag. There are 119 patients on the referral to treatment waiting list with this flag. 59.66% of these patients have been treated within 18 weeks in December, this compares to 55.52% for patients without a learning disability flag. There are 22 patients on the diagnostic waiting list with a learning disability flag. 77.27% of these patients have had their diagnostic procedure within 6 weeks in December, this compares to 91.25% for patients without a learning disability flag.

We will be taking this work further to analyse waiting times for patients from deprived areas. As well as reviewing the waiting list criteria with the aim of avoiding putting pressure on other health resources.

At the end of December our cancer performance did not achieve the two week wait, 28 day or 62 day standards. However, we did achieve the 31 day standards for first and subsequent treatments. We are working with partners in both the Dorset Cancer Partnership and Wessex Cancer Alliance on improvement plans against the two week wait standard, which is impeding our ability to achieve the 28 day standard.

Diagnostic performance at the end of December achieved 91.18% against the 99% standard. This is a decrease of 4.48% compared to the previous month because of staffing pressures. The backlog increased by 201 patients and the total waiting list size increased by 245.

Table One – Performance against key standards:

Metric	Threshold/ Standard	Reporting period	Oct-21	Nov-21	Dec-21	Q1	Q2	Q3	YTD	Movement on Previous month
RTT *	92%	Monthly	55.4%	56.1%	55.6%	56.4%	56.5%	55.4%	55.4%	↓
Waiting List Size *	19,123 (Sept 2021)	Monthly	18,773	17,802	17,024	17,928	19,120	18,773	18,773	↑
52 week waits *	0	Monthly	1,919	1,679	1,703	2,386	2,124	1,919	1,919	↓
Diagnostics	99%	Monthly	94.8%	95.7%	91.2%	81.0%	87.8%	94.8%	84.3%	↓
Cancer - 62 day	85%	Quarterly	70.7%	80.8%	63.6%	76.5%	72.2%	72.2%	73.6%	↓
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	Contractual (National Operational Standard)	38.1%	52.9%	63.5%	67.0%	52.7%	51.1%	56.9%	↑
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	Contractual (National Operational Standard)	7.0%	52.2%	60.7%	4.5%	24.2%	46.5%	25.1%	↑
ED (DCH Only)^	95%	Monthly	60.3%	61.5%	60.3%	75.2%	62.9%	60.3%	69.2%	↓
ED (Including MIU)^	95%	Monthly	72.6%	74.0%	72.0%	82.9%	76.2%	72.6%	79.5%	↓

* 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.

***Ongoing data entry/validations following minors' relocation to Weymouth

****All targets are against the constitutional and contract targets, apart from the waiting list size which is set out in the H2, 2021/22 planning guidance

3.0 Quality

Highlights from December 2021 were:

Positive Quality Improvement:

- No MRSA bacteraemia reported this period, remains at zero for year to date
- Number of falls has reduced in December, the number of falls resulting in severe harm or death remains at zero for the reporting year
- No never events for December
- No Grade 3 pressure ulcers reported for December

Challenges to Quality Improvement:

- Summary Hospital-level Mortality Indicator (SHMI) standards remain outside of expected ranges
- Clostridium difficile (C-Diff) locally, Root Cause Analysis (RCAs) continue to be undertaken, but remains under trajectory
- One serious incident (Grade 3 pressure ulcer) identified as reportable to the Strategic Executive Information System (StEIS) following review at Pressure Ulcer Panel, for October 2021

Operational pressures and staffing gaps continue to have an impact on quality and safety performance. Whilst mitigations are in place there are recognised indicators that evidence based and impacted upon when staffing and demands are misaligned. Revised exception reporting to the Quality Committee provide clarity to the off-plan performance and actions being taken for assurance.

Mixed-sex accommodation levels remain a challenge this quarter due to bed flow pressures. We have experienced several patients being confirmed as COVID positive on routine swabbing despite not being initially admitted for COVID. Consequently, bays have been closed for infection prevention which has impacted flow.

We successfully commenced our Neutralising Monoclonal Antibodies (nMABs) programme which aims to reduce hospitalisations and deaths from COVID by offering eligible patients antiviral treatment. nMABs work by blocking viral replication, effectively 'neutralising' the virus. By giving an infusion of these nMAb's there is evidence of improving time to recovery, and/or reduced hospitalisation and mortality. The service administers nMAB drugs by intravenous administration or subcutaneously to an identified cohort of patients in the community within 72 hours of a positive COVID test.

4.0 Workforce

Our COVID staff testing pod continues to offer seven day a week testing for symptomatic staff and those they live with (index cases). We saw a significant increase in testing this quarter. December saw 610 tests taking place, an increase of 158 from the previous month. Consequently, we saw an increase in positive results which was in line with the national increase as a result of the Omicron variant. In December 86 staff members and 89 index cases tested positive. Staffing has been significantly challenged due to the number of staff isolating. Our daily staffing meetings are in place to ensure staff levels in clinical areas are as safe as possible.

Regular Lateral Flow Device testing continues to be encouraged however supply has been problematic this quarter. An emergency supply was delivered to the hospital and distributed to staff over the Christmas period and Public Health also distributed to staff from a mobile unit in the car park.

The vaccination hub closed at the beginning of December as demand for the booster reduced but pop-up on-site staff vaccination clinics occurred on a weekly basis, offering first, second, or booster vaccinations. Work began, this quarter, to assess the impact of mandatory vaccination as a condition of employment which was planned to be introduced from April 2022. Although this is not currently taking place and is under review by the Government. As over 96% of our staff have received their first and second vaccination this was not expected to cause significant workforce disruption.

The organisation saw an increase in the overall sickness percentage in November by 0.05% to 4.79%. This increase was in short term absences however the Trust saw a further reduction in long term sickness of 0.20% to 2.28%. The top two reasons for absence continue to be Anxiety/Stress/Depression followed by Cold/Cough/Flu. Infectious diseases (which include COVID) dropped to reason 7; however, with 86 confirmed staff positives in December, infectious diseases as a reason for absence is expected to increase.

The onsite counselling service remains busy with continued uptake from staff. We are seeing a shift toward more staff being seen but for fewer sessions each. Waiting time for onsite counselling has reduced to ten days and urgent cases are seen within 24 to 48 hours. Alongside onsite counselling it is evident staff continue to use other support on offer, with a further increase in access to the Vivup Employee Assistance Programme and an increase in Occupational Health referrals. The increase in Occupational Health referrals is specifically attributable to an increase in musculo-skeletal issues. This will be crossed-referenced with the information from the staff self-referral physiotherapy service to see if there are any themes or trends that need addressing.

December saw a reduction in Freedom to Speak Up concerns raised with the Freedom to Speak Up Guardian, with a likely return to a more stable position, following the relaunch of the service planned for next quarter. Membership of the three existing staff networks (Without Limits, Diversity, and Pride) remains consistent.

During this quarter we concluded the Inclusive Leadership Programme for cohort one. The course is aimed at helping us understand how to see, respond, and lead differently. Attendance at the final session was heavily impacted by staff absence and operational pressures. This was a review and reflection session so those who were unable to attend are encouraged to discuss learning with their manager. The Organisational Development team are seeking views on specific further development requirements identified through their discussions and feedback that will influence maintaining momentum following the end of the programme.

We have successfully recruited a Consultant Rheumatologist utilising Overseas Recruitment routes. They are currently undertaking a period of shadowing with colleagues from University Hospitals Dorset (UHD). The previous consultant left in early October, the service continues to be supported, in the interim, by consultants from UHD and our Specialist Senior Pharmacist.

5.0 Strategy and Transformation

Following the publication of the planning guidance it was confirmed the move to put Integrated Care Systems (ICSs) on a statutory footing has been delayed from 01 April 2022 and will now occur on 01 July 2022. The Dorset Integrated Care Board governance framework has been agreed and the Executive Director consultation ended in early January with the matching process expected to conclude in February. Two Non-Executive Directors have been appointed and the search to appoint

a further four is underway. Working on the assumption the Board will be in place by 01 April 2022 the intention is to run in shadow form until 30 June 2022 which will offer the opportunity to test the governance structure. An Our Dorset – Health and Care System Update can be found in Appendix A.

The Social Value Programme Group is continuing to work on our approach to embedding our delivery of social value, in alignment with the DCH Health Inequalities programme, across the Trust. This will involve aligning to the new Trust Strategy and enabling strategies and embedding social value impact assessment in Trust policies and business planning processes. The group are also developing methodologies for measuring, evaluating, and reporting social value delivered by the Trust. This will form the basis for social value reporting to Board, in DCH communications, and in the Annual Report.

The Dorset Anchors Network has commenced, working across the ICS to deliver the ambition outlined in the Dorset Anchors Charter (signed by DCH) to improve the social, economic, and environmental wellbeing of our communities.

DCH Charity is currently developing its Strategy spanning 2022 to 2025 including its 2022/23 Business Plan. During the period 2022 to 2025 DCH Charity's primary objective is to rebuild and manage our financial sustainability and continue to make a significant contribution to enhance patient care and staff welfare at DCH. The negative impact of the COVID pandemic will continue to present a significant risk for income throughout 2022/23. We will continue to promote the benefits of charitable support across DCH's specialist care areas. We are also developing our plans to commence a major Capital Appeal during 2022/23, to contribute to enhancements to the planned Emergency Department and Intensive Care new build.

Following approval from the Senior Leadership Group we have engaged with a specialist consultancy to work up a full business case in connection with the acquisition of the Atrium Health Centre building located at Brewery Square, this is in accordance with Department of Health and Social Care guidance. This will not only provide a long-term administrative base for several teams, but also a virtual clinic space and revenue stream into the Trust.

The Private Patient Service has recently welcomed a new member of staff to the team. Following a successful interview our 'Kickstarter' has now been appointed as Private and Overseas Administrator. Our sign-up to the Kickstart scheme aligns to our Social Value commitment, which recognises that we need to help improve the economic, environmental, and social wellbeing of our communities to help keep people healthy.

The Health Inequalities Programme is now well established, having identified some early priorities and deliverables. This programme aims to ensure equity of access and outcomes for all our communities. The objective of the early stages of this programme has been to consolidate the understanding of health inequalities, to identify and support existing health inequality intervention and insight activities and to develop any mechanisms for embedding a health inequalities approach into the organisational consciousness and thinking. The programme is now working collaboratively with the Social Value Programme to conceptualise a shared approach to embedding an integrated approach and raise awareness of the value of these new ways of thinking. This model, whilst currently conceptual, will be developed into both a delivery plan and maturity model as the programme starts to move from the discovery phase to the definition phase.

Throughout this quarter the Transformation and Improvement Team has continued to deliver transformational change across the organisation whilst also remaining responsive to the evolving operational pressures caused as a result of the Omicron wave of COVID and winter pressures. This has included the provision of project support to the highly successful vaccination booster

programme, the daily staffing meetings, and the introduction and establishment of the nMABs programme.

As a result of a bid prepared by a member of the Transformation and Improvement Team the Trust was successful in obtaining funding to support the Carers Voice bid. This project, which sits under the Home First programme, aims to increase awareness of carers, and includes carers in the discharge process, the project will ensure staff are equipped to have better conversations with patients and carers regarding discharge plans and onward care.

The ED15 project continues to progress well to refurbish our current facilities, thanks to considerable efforts from the project team. This refurbishment includes two extensions and will provide a new entrance and waiting area, larger resuscitation rooms and bigger cubicles. It is due to be completed this summer. Very early in the New Year, two refurbished clinical areas were completed and handed over from the builder to the Trust. The new areas provide much larger clinical spaces to work in and much needed additional capacity. A clinical area was then handed back to the builder for refurbishment. This creates disruption in the Emergency Department at a time where activity is high and patient flow is a challenge. Despite the challenges, the team are pulling together to deliver care.

The construction of the multi-storey car park is progressing well, and it is expected to be opened in the summer. The Trust will be launching staff and patient engagement on its Strategic Estates masterplan in February. The engagement will influence and support an outline planning application to Dorset Council in the spring for the next tranche of projects including the new Emergency Department, Intensive Care, and hub, key worker housing, hospital support centre, and new main entrance.

The new Emergency Department, Intensive Care, and hub is named as one of 40 new hospitals by the Government and allocated £77.3m. We are currently developing our outline business case for the Emergency Department and Intensive Care and anticipate seeking Board approval in spring. This is a long-term project, with construction expected from 2024 onwards.

In November, we commenced multi professional clinics from South Walks House. We are working in partnership with Dorset Council and our health care colleagues to offer a range of outpatient services under one roof. Initially Orthopaedic clinics are operating from this location, developing a high flow operational model to reduce current waiting times. We have improved collaboration with wider colleagues and services including physiotherapy, hand therapy, musculoskeletal and prevention services. Providing the opportunity to run joint clinics and deliver best value patient interactions. This is integral to ongoing elective recovery and mitigating further elective growth. The Family Services and Surgical Division continue to work with teams to utilise space at South Walks House and community hospitals by relocating outpatient clinics from the main DCH site. The Breast Service is currently exploring the possibility of relocating to South Walks House. We are currently looking at the opportunity to secure South Walks House on a long-term basis to enable further service recovery whilst also addressing and unlocking other strategic infrastructure requirements including the new Emergency Department and Intensive Care Unit.

6.0 Digital

Work on the Dorset Care Record (DCR) continues. There are now more than 6,000 users of the DCR across the System with more than 60,000 records being accessed and viewed every month. This is on an upward trajectory. However, uptake in Primary Care is low in comparison to the other care settings. This is primarily due to the significant proportion of the data in the DCR is from the Primary Care application, SystmOne. The GP record is also fed updates on discharge

summaries, results from any lab work, and image reports on x-rays or scans so there is less requirement for a GP to access the DCR.

In terms of digital engagement with our communities, the system has a Digital Public Engagement Group and will be focussing on the various care settings over time as initiatives develop. Our Chief Information Officer is interested inholding some public engagement sessions as we review key public facing systems in the future, such as our patient administration process to allow more flexible booking of appointments.

Title of Meeting	**Council of Governors**
Date of Meeting	**14 February 2022**
Report Title	**Finance Report to 31 December 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

Summary
This report summarises the Trust's financial performance for the nine months ended 31 December 2021.

NHS England/Improvement (NHSE/I) guidance received in early October relating to the financial period known as H2 (1 October 2021 to 31 March 2022), broadly saw a continuation of the H1 (1 April 2021 to 30 September 2021) financial regime.

The guidance confirmed the financial year will be treated as a whole and any surplus or deficit positions during H1 will be carried forward into H2 with the anticipation of reaching a break-even position by the end of the financial year.

Dorset County Hospital NHS Foundation Trust (DCHFT) delivered a £0.592 million deficit for the H1 period, predominantly as a result of the shortfall in core Elective Recovery Fund (ERF) income available for the System, as previously reported to the Council of Governors and highlighted as a key risk during H1.

Initially the Trust planned to submit a deficit position for H2 of £1.5 million. This was largely driven by a shortfall against the efficiency target requirement. The expectation from NHSE/I was a 2% efficiency delivery, however the Trust considered that circa 1.3% was a more realistic target for the six month period, recognising the significant challenge of delivery and additional pressure this would place on the Trust and its workforce during the winter months.

However shortly prior to the timetabled H2 Plan submission, additional non recurrent Elective Recovery Funding Plus (ERF+) was identified by the centre. This meant the £1.5 million shortfall to reach break-even would be met and as such the Trust and all organisations within the Dorset System submitted a balanced plan to NHSE/I.

DCHFT has delivered an actual year to date deficit of £0.578 million against a planned deficit of £0.432 million. This year-to-date position includes the previously reported H1 core ERF shortfall of £0.592 million. The Trust expects to meet the break-even requirement by the end of the financial year.

The cash balance at 31 December 2021 was £17.369 million.

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.

Capital expenditure was £13.266 million, £1.149 million ahead of plan year to date.

Paper Previously Reviewed By Paul Goddard, Chief Financial Officer	
Strategic Impact Trusts are expected to achieve a break-even financial position by the end of the financial year 2021/22.	
Risk Evaluation The position to the end of quarter three shows the Trust being slightly behind plan due to the shortfall in core Elective Recovery Fund (ERF) income. The Trust is however able to draw down ERF+ income to support the Trust in recovery of activity and reaching a break-even position by the end of the financial year. H2 guidance issued has confirmed that the financial year will be treated as a whole period and as such, organisations are expected to close the financial year with a balanced position.	
Impact on Care Quality Commission Registration and/or Clinical Quality As above	
Governance Implications (legal, clinical, equality and diversity or other): As above	
Financial Implications Failure to deliver a balanced financial position could result in the Trust being put into special measures by NHSE/I.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	a) To review and note the financial position as at 31 December 2021

COUNCIL OF GOVERNORS FINANCE REPORT FOR 9 MONTHS ENDED 31 DECEMBER 2021

	Plan YTD £m	Actual YTD £m	Variance £m
Income	182.4	183.2	0.8
Expenditure	(182.8)	(183.7)	(0.9)
Surplus / (Deficit)	**(0.4)**	**(0.5)**	**(0.1)**

1. YEAR TO DATE VARIANCE

1.1 The income and expenditure position at the end of quarter three is a deficit of £0.578 million against a planned deficit of £0.432 million, resulting in an adverse variance of £0.146 million. This year-to-date position includes the previously reported H1 Elective Recovery Fund (ERF) shortfall of £0.592 million.

1.2 Income levels were higher than plan, despite the continued shortfall in core ERF income received, however this is offset by increased levels of ERF+ funding received. Private patient income was ahead of plan by £0.119 million.

1.3 Pay costs were above plan by £4.588 million for the nine months with £3.889 million relating to the COVID-19 response. High agency costs are being incurred each month, predominantly covering medical and nursing vacancies, sickness, and increased bed pressures.

1.4 £0.234 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 £1.685 million more than plan to quarter three, primarily as a result of increased elective activity and bed occupancy.

1.6 Depreciation and PDC Dividend costs were higher than plan by £0.129 million for the nine months of the year.

2. CASH

2.1 At the end of December, the Trust held a cash balance of £17.369 million, £3.606 million more than the planned position. The favourable position is due to timing of payments within the Dorset System.

3. CAPITAL

3.1 Capital expenditure in the nine months to 31 December 2021 was £13.266 million being £1.149 million ahead of plan. This is predominantly due to the Digital Optimisation of Clinical & Administrative Processes in Elective Care (Speech Recognition) scheme progressing in month nine.

FPPT

Title of Meeting	**Council of Governors**
Date of Meeting	**Monday 14 February 2022**
Report Title	**Proposal for Fit and Proper Persons Declaration for Governors**
Author	**Liz Beardsall, Deputy Trust Secretary**
Responsible Executive	**Dawn Harvey, Chief People Officer**

Purpose of Report
To introduce governors to the Fit and Proper Persons Test and to recommend the introduction of a Fit and Proper Persons Test self-declaration for the Council of Governors.

Background
The statutory basis for the Fit and Proper Persons Test is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The intention of this regulation is to ensure that people who have director level responsibility for the quality and safety of care are fit and proper to carry out this important role. The requirements for directors include:

a. the individual is of good character,
b. the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
c. the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
d. the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The Trust has a rigorous and robust system in place for ensuring all Board members meet the regulatory requirements on appointment.

There is no regulatory requirement for Foundation Trust governors to undertake the Fit and Proper Persons Test, however it is now considered good practice that governors declare on an annual basis that they meet the criteria above.

In addition governors will be asked to confirm that they still meet the criteria for being a governor as laid out in the Trust's constitution.

Recommendation
Although there is no statutory requirement for governors to complete a Fit and Proper Persons Test declaration, it is now deemed good practice to do so. The Trust believes the most practical approach is through a self-declaration made annually at the same time as governors make their declaration of interests.

Next Steps
The corporate governance team will circulate a self-declaration letter to all governors for signature before the end of March 2022. This will be the declaration for the financial year 2022/23 and will be in addition to the annual declaration of interests requested from governors.

Paper Previously Reviewed By
Trevor Hughes, Head of Corporate Governance

Mark Addison, Chair
Strategic Impact Although there is no direct strategic impact, a Council of Governors whose governance is in line with good practice is a key factor in enabling the Trust to meet its strategic themes relating to People, Place and Partnership.
Risk Evaluation Although there is no direct risk, good governance reduces risks relating to strategic delivery, operational performance and reputational damage.
Impact on Care Quality Commission Registration and/or Clinical Quality The CQC's inspection regime includes taking a view on organisations' leadership and governance arrangements.
Governance Implications (legal, clinical, equality and diversity or other): The Trust's Provider License contains certain governance requirements that call for it to be well-led and well-governed. The regulator's Risk Assessment Framework also stipulates that Trusts should be well-led. Although there is no statutory requirement for governors to complete a Fit and Proper Persons Test declaration, it is good practice to do so.
Financial Implications There are no financial implications of introducing the proposed self-declaration.

Freedom of Information Implications – can the report be published?	Yes

Recommendation	That the Council of Governors agree to the introduction of a Fit and Proper Persons Test self-declaration for the Council of Governors.

FPPT