

Council of Governors
 2.00pm to 4.30pm, Monday 13 February 2023
 at Board Room, Trust Headquarters, Dorset County Hospital
 and via MS Teams

Part One Agenda – Open Meeting

1. Formalities		2.00-2.05	Chair
a) Welcome Apologies for Absence: Judy Crabb, Tracy Glen, Nick Johnson, Barbara Purnell	Verbal		
b) Declarations of Interest	Verbal		
c) Minutes of Council of Governors Part One Meeting 13 December 2022	Enclosure		
d) Actions and Matters Arising from those Minutes	Enclosure		
2. Chief Executive's Report Q3 To receive	Enclosure	2.05-2.25	Jo Howarth, Interim Chief Nursing Officer
3. Finance Report Q3 To receive	Enclosure	2.25-2.40	Chris Hearn, Chief Finance Officer
4. Governor Matters To be covered in CEO report: a) Update on Dorset Care Record b) Delay in treatment due to IT systems To be covered in NED feedback c) Reflections on the Trust's IT systems and risks	Verbal	2.40-2.50	Simon Bishop Steve Hussey Maurice Perks
5. NED Feedback • Stuart Parsons – Reflections on first year • Dave Underwood – Technology at the Trust	Presentation/ Questions	2.50-3.20	Stuart Parsons Dave Underwood
6. Feedback on Membership Development activities To receive	Verbal	3.20-3.25	Kathryn Harrison, Membership Development Committee Chair
Date of Next Public Meeting: Council of Governors, 2pm on 15 May 2023 and meeting closes		3.25	

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

Minutes of the meeting of Tuesday 12 December 2022
via Lifesize Video Conferencing

Present:

Mark Addison (Chair)

Public Governors

Simon Bishop (East Dorset)
Mike Byatt (Weymouth and Portland)
Sarah Carney (West Dorset)
Judy Crabb (West Dorset)
David Cove (West Dorset)
Kathryn Harrison (West Dorset) (Lead Governor)
Steve Hussey (West Dorset)
Stephen Mason (Weymouth and Portland)
Lynn Taylor (North Dorset)

Staff Governors

Kathryn Cockerell
Tracy Glen
Tony Petrou

Appointed Governors

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

In Attendance:

Abi Baker (Deputy Trust Secretary) (minutes)
Margaret Blankson (Non-Executive Director)
Jo Hartley (Head of Midwifery) (CoG22/078)
Chris Hearn (Chief Finance Officer) (CoG22/077)
Trevor Hughes (Head of Corporate Governance)
Nick Johnson (Interim Chief Executive Officer) (CoG22/076)
Eiri Jones (Non-Executive Director) (CoG22/078)

Apologies:

Maurice Perks (North Dorset)
Dave Stebbing (Weymouth and Portland)

CoG22/072

Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting via Lifesize videoconferencing.
There were apologies from Maurice Perks and Dave Stebbing.

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- CoG22/073** **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.
- CoG22/074** **Minutes of the Previous Meeting held on Monday 10 October 2022**
The minutes of the previous meeting held on Monday 10 October were accepted as a true and accurate record.
- CoG22/075** **Actions and Matters Arising**
CoG22/058: Update not yet received. Update to be sought ahead of the next meeting.
- CoG22/063: Kathryn Harrison noted the welfare concerns about governors who had not been in contact for some time, and the business matter that governors who do not attend for a certain number of meetings could be removed from the Council of Governors. The Chair requested that the Constitution be reviewed for the rules around this. The Chair and Kathryn Harrison would discuss the matter of governor attendance further.
- CoG22/027: This was currently on hold but would be reviewed ahead of the next meeting of the Council of Governors.
- CoG22/009: It was noted that the recent changes to the Provider Licence required governors to undertake a Fit and Proper Person Test. However, there was still uncertainty around whether governors were required to have a DBS check. The Head of Corporate Governance would follow this up ahead of the next meeting.
- The above actions remained open pending further updates. There were no other items on the action list to consider. There were no matters arising from the minutes.
- The Chair noted that David Tett had sadly died recently. David had been a very active governor for many years and had been a brilliant attender when he had been well enough to. David had a passion for his community and the people around him, always putting their concerns and interests first, and made great contributions at governor meetings. David will be much missed by all who knew him.
- A minute's silence was held in David's honour.
- A memorial service is being held on 15th December at 1pm at St Mary's Bridport.
- CoG22/076** **Chief Executive's Report Q2**
The Interim Chief Executive Officer (CEO) drew the governors' attention to the previously circulated report on the Trust's performance in quarter two of 2022/23. The CEO highlighted matters at the national level, including the industrial action from various health unions. It had been confirmed that DCH would not be a

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location of industrial action on 15th and 20th December, but it was anticipated that South West Ambulance Service NHS Foundation Trust (SWAST) would be taking action. Plans were in place to manage the effects of this as far as was possible.

Across the Dorset system the Integrated Care Partnership (ICP) Strategy was awaited, and the system's financial position was being reviewed. The Trust was performing relatively well, but the CEO was clear that the Trust faced significant challenges, with workforce continuing to be the biggest challenge. Despite this staff continued to work incredibly hard and receive accreditation from various bodies. The CEO outlined the Trust's quality position and noted the completion of the redevelopment of the Emergency Department. Work was due to begin to redevelop South Walks House to extend the successful orthopaedics outpatient programme.

Finally, the CEO noted that Chris Hearn, Chief Financial Officer, and Jo Howarth, Chief Nursing Officer, had recently joined the Trust and were both already making an impact. The Joint CEO recruitment was coming to a conclusion, subject to final ratifications.

In response to questions from the Governors, the CEO discussed the reasons for the increase in emergency department (ED) attendance, the focus on reducing the number of patients with no criteria to reside and PCR testing prior to discharge to care homes. Sarah Carney had been made aware that, in an effort to reduce agency spend, rotas had been changed, but this had been disruptive to some nurses such that some had left the organisation as a result. The CEO was not aware of this but would investigate this matter further.

ACTION: NJ

The CEO discussed the cost of post-operative treatments for patients who had undergone private procedures and would report back on how these costs were measured by the Trust.

ACTION: NJ

In response to further questions from the Governors, the CEO noted that the balanced scorecard was now in use across the Trust and highlights could be included in future CEO reports. The CEO was not aware if it was possible to correct any factual inaccuracies within the Dorset Care Record at the source but would confirm this with the interim Chief Information Officer (CIO).

ACTION: NJ

Additionally, the CEO outlined the ways in which the qualitative experiences of patients were heard throughout the hospital and by the Board, and the risks associated with ringfencing beds.

The Chair thanked the CEO for his report.

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CoG22/077

Finance Report Q2

The Chief Financial Officer (CFO) drew the governors' attention to the previously circulated paper, outlining the Trust's financial position at the end of quarter two at which time that Trust had a deficit of £5.8m, recognising the operational and financial challenges across the NHS. The cost improvement plan (CIP) target for the year was £5.7m; to date £2.5m had been identified with £1.8m of that delivered. Key financial pressures included agency spend and inflation, particularly with consumables. The Trusts' cash position was above plan at the end of quarter two; this was largely due to the timing of income and the capital programme. Moving forward the Trust intended to manage those areas within its control, such as reducing agency spend and improving CIP efficiencies, as well as the developing the operational plan for 2023/24. The CFO noted that financial performance would be consolidated with system partners.

In response to questions from the governors, the CFO outlined that funding received by the government would have caveats around what it should deliver, although these were not yet known. These deliverables would allow the governors to appraise the benefits of working within an Integrated Care System (ICS).

CoG22/078

Ockenden Update including NED Feedback from Eiri Jones

The Chair welcomed Jo Hartley (Director of Midwifery) to the meeting. Jo shared a presentation with the governors, outlining the seven immediate and essential actions following the publication of the Ockenden report into the maternity services of Shrewsbury and Telford hospitals, and the Trust's position in relation to those actions. The presentation demonstrated the maternity service's mission to provide safe, caring, effective, responsive, well-led care, as well as the processes through which staff reflected and sought assurances around their work and how they challenged themselves. The service also ensured that women and families were listened to throughout their care, including if something went wrong.

The presentation would be circulated following the meeting.

In response to questions from the governors, Jo confirmed that the new digital system in maternity was now embedded and the communication between this system and other hospital systems continued to improve. The maternity service had a strong record of working with families who wished to birth differently from standard advice, allowing them to make informed decisions and those decisions were supported as best as possible. Jo highlighted the efforts made by the service to encourage staff to speak up with any concerns and to recognise when they made mistakes themselves and noted the national change from focusing on a low c-section rate. Wherever possible multi-professional training was not cancelled and, if needed, staff were relocated to ensure this could happen. There was a great deal of information available to women and families online, but paper copies of information were available to those who could not access it online and all women regularly saw their midwife throughout pregnancy.

The Chair thanked Jo for her presentation and for ensuring the Trust's maternity

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services met the highest standards.

Eiri Jones – Non-Executive Director

Eiri outlined that she was the Non-Executive Director (NED) Safety Champion for Ockenden, the chair of Quality Committee and had a clinical background in women and children's health. The role of a NED was to gain assurance and Eiri's view was that the Trust performed well in terms of maternity with a strong focus on safety and effectiveness. This assurance was gained through the monthly maternity report to Quality Committee and Board, external visits such as the Insight visit, and CQC maternity survey results. Eiri reflected on the need to remain open to opportunities for improvement and to listen to staff and patients and to learn when things went wrong.

CoG22/079

Governance Items

a) Committee Terms of Reference

The Chair noted the proposed modest amendments to the numbers of governors sitting on each committee and sought the views of the governors. Simon Bishop noted that there were only three governors who had expressed an interest in the Constitution Review Committee. The quorum for that committee was three governors so meetings could easily be non-quorate. Kathryn Cockerell volunteered to sit on the committee.

The meeting considered the distinctions between public, staff, and appointed governors in the Terms of Reference. This distinction was there to ensure all classes of governors were included but was not a constitutional requirement and could be reviewed if required.

CoG22/080

Governor Matters

a) Signage around the hospital

Kathryn Harrison noted that the matter of signage around the hospital had been raised at recent Your Voice meetings, with feedback that the internal signage was confusing and resulted in people being late to appointments. Kathryn recognised there was refurbishment work ongoing at present but asked if anything could be done to improve signage in the short term. The Chair agreed to investigate this.

ACTION: MA

b) Governor attendance at meetings

This matter was considered in CoG22/075 Actions and Matters Arising.

CoG22/081

NED Feedback

Margaret Blankson – Agency Spend

In the interests of time, it was agreed that the NED update from Margaret Blankson would be deferred. Margaret would be attending the Governor Working Group in January and would provide feedback then.

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CoG22/082

Feedback from Membership Development Committee (Dec)

Kathryn Harrison, Chair of the Membership Development Committee (MDC) provided an update. Kathryn highlighted a recent public engagement session at Coffee#1 in Bridport with Sarah Carney and Judy Crabb and noted that some people they spoke to did not wish to raise concerns with PALS or complaints. Consideration was being given to how to formally feed back to the Trust the comments received at these events.

Noting there were some vacancies on MDC Kathryn encouraged her fellow governors to join the committee.

Finally, Kathryn said that the next governor newsletter would be sent out in February. Steve Hussey had already volunteered to write a piece for it, but a second volunteer was required to write in the newsletter.

CoG22/083

Chair's Closing Remarks and Date of the Next Meeting.

The next Council of Governors meeting open to the public was scheduled for 2pm on Monday 13 February 2023, in the Trust HQ Boardroom and virtual via Lifesize.

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

Council of Governors Meeting – Part One

Presented to the meeting of 13 February 2023

Meeting Dated: 13 December 2022				
CoG22076.1	Reports of nurses leaving due to changes in rotas (in an effort to reduce agency spend) to be explored.	NJ	February 2023	Complete: The staff group with the highest percentage of leavers was within the Nursing and Midwifery staff group (26%) this was higher than we saw in the previous 6 months but is broadly proportionate to the composition of the workforce. These reasons for leaving varied with the highest being retirement (17), work-life balance (8) and relocation (7).
CoG22076.2	The cost of post-operative treatments for patients who had undergone private procedures to be explored.	NJ	February 2023	
CoG22/076.3	Confirmation of whether it is possible to correct any factual inaccuracies within the Dorset Care Record at the source to be received.	NJ	February 2023	
CoG22/080	Confirmation of any plans to improve internal hospital signage in the short term.	MA	February 2023	A programme of work is being developed as part of the Strategic Estates strategy to refresh hospital signage, recognising that much of the format of existing signage will need to be

				updated. With limited capital availability, planned replacement will take place as the site is developed to avoid having to duplicate signage replacement.
Meeting Dated: 10 October 2022				
Minute	Action	Owner	Timescale	Outcome
CoG22/058	An update to be received from the Strategic Estates team on the initiatives being undertaken to reduce the Trust's fuel costs	CA	December 2022 February 2023	
CoG22/063	Governor attendance at meetings to be reviewed.	MA/KH	December 2022 February 2023	
Meeting Dated: 09 May 2022				
Minute	Action	Owner	Timescale	Outcome
CoG22/027	The option of governor hospital walk-rounds starting is to be explored.	MA/AB	December 2022 February 2023	Update: currently being explored as part of the wider walk-round refresh.
Meeting Dated: 14 February 2022				
Minute	Action	Owner	Timescale	Outcome
CoG22/009	The Head of Corporate Governance to check with the human resources team that DBS checks are not required for governors.	TH	December 2022	Complete: HR have confirmed that governors meet the criteria for a basic DBS check (as opposed to a standard or enhanced check). Any



				offers of appointment to a governor role should be subject to them clearing the basic DBS check and nothing coming up of the Fit and Proper Persons declarations.
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Title of Meeting	Council of Governors
Date of Meeting	13 February 2023
Report Title	Chief Executive's Report, Quarter 3 – 2022/23
Author	Jonquil Williams, 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

Over the Christmas and New Year period we experience a high demand on the service which put us at OPEL 4 and a critical incident was declared on the 29th December 2022. We had the Incident Co-ordination centre open during this time to support flow and discharge.

Year to date, ED attendances that are counted in the 4 hour standard are 2.31% up, when compared to 2019/20 (pre-COVID). This translates to 889 more patients through ED in the first 9 months of 2022/23 than in 2019/20. ED attendances in December were above the median level but were as expected with seasonal variation and remained within the upper control limit. The trend reported in previous reports continues, with arrivals via GPs and ambulances lower than previous months and demonstrating special cause variation (7+ points below the median). Given the clear change in approach following the pandemic response and the changes to the management of 111/999 and GP calls using SDEC from January 2023 it is necessary to recast this chart for future reports to focus on data post April 2021 for this to become meaningful within the suite of charts.

There was a sharper fall than previous months with ED arrivals via ambulance, due to the ambulance services industrial action (IA) taking place. This did not correlate with a fall in attendances, with patients finding alternative transport methods. It is known that during times of high pressure on the ambulance service outside of IA periods, patients who can, are encouraged to convey themselves to hospital.

The percentage of ED attenders which resulted in an admission, has been marginally below the median line for the last eleven months and for the last three months, marginally below the lower processing control limit, this is special cause variation. There is a nationally directed need to continue to compare activity with 2019/20 however, this chart will be recast in future reports to delineate between the two years, remove the covid period data and focus on the current data to better understand the variation within the post pandemic period for comparison with future months. This will be more meaningful in understanding the impact of our ED/SDEC interventions.

With the increase in overall attendances, the percentage of patients admitted has been below the median for 11 months, this has also translated to a lower number (volume) of admissions for the last 6 months. Year to date DCH has admitted 1,803 fewer patients via ED (where a four-hour clock is started), compared to the same period in 2019/20. Factors within this include the move of SDEC to ED co-location which has improved inter-departmental working, SDEC has not been fully bedded in

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this period but was in the pre-covid period, long waits in ED resulting in the assessment period taking place in the department rather than an inpatient assessment unit, high acuity requiring ED attendance and support but not necessarily requiring admission, linked to delays in other parts of the UEC system.

Performance against the 4-hour standard in December 2022 was 70.8% (including MIU's); a decrease of 2.7% compared to the previous month.

The percentage of patients waiting 4-12 hours from decision to admit to admission, those waiting over 12 hours from decision to admit to admission and those waiting over 12 hours that did not get admitted, all increased during the reporting month of December. Contributing factors for this were the rise in respiratory and winter infections and the Strep A increase, all of which required isolation and restricted flow in the department while inpatient solutions were found. The hospital was consistently at 99% bed occupancy with high levels of infectious inpatients to manage and therefore creation of additional cohort or isolation capacity created delays for outward flow from ED. This position could be seen across all EDs in the Region.

Ambulance handover delays are a major contributing factor to the under performance of the ambulance response times. There are three, contractual standards for ambulance handover delays, these are:

- 65% of all ambulance handovers to take place within 15 minutes
- 95% within 30 minutes
- None more than an hour

In December, DCH achieved 58.6% of all handovers in 15 minutes, down from 74.8% in November. 76% were completed in 30 minutes, down from 93.1% in November and 180 patients were delayed more than an hour, up from 29 the previous month. Ambulance handover delays performance at DCH follows the national trend in December 2022. As with the above flow concerns, infection management played a significant part in compromised ED flow which sadly affected handover times. While this trend can be seen in regional and national data, DCH still continued to be the best performing 24/7 ED in the South West Region in December.

The Referral to Treatment standard was not met for December 2022, with 54.19% of patients being treated within 18 weeks. The total waiting list increased by 371 patients compared to the previous month; the total waiting list size is 2,510 patients larger than the 2022/23 trajectory.

The waiting list size has been tracking over the median for the duration of 2022/23, which is being driven by a 30% increase in cancer two week wait referrals. The Trust continues to support UHD with mutual aid in Orthodontics and Gynaecology. These patients are also included in our total waiting list size. The total waiting list size is an area of concern, with special cause variation now quite evident. The total waiting list size is 11% larger in December 2022 than in April 2022. It is the non-admitted (outpatient) waiting list that is driving this growth (18% growth), with the admitted waiting list (Day case and Inpatient) seeing a reduction of 6.51%. The non-admitted waiting list growth is being driven by a 5% increase in referrals, of which there is a 30% two week wait increase. This change in profile of referral urgency, causes carve out at the front of the pathway and further delays the routine patients.

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The Trust achieved 67.9% against a target of 99%. This is a decrease of 5.7% compared to the previous month. The backlog increased by 341 patients and the total waiting list size increased by 103 patients. The growth in the backlog and the size of the waiting list is being driven by cardiology. This is a national problem, with a mis-match of capacity and demand and for DCH, recently retired workforce. A recovery group has been established and a waiting list validation review commences in January.

Balanced Score Card



3.0 System Position

The information in this report was pulled from the ICB System Performance report.

Headline points:

Maternity

1. Workforce pressures and safe staffing levels are identified as one of the top concerns for the Maternity Units at both University Hospitals Dorset (UHD) and Dorset County Hospital (DCH). The impacts on care include delayed inductions of labour, transfer of women or babies out of area and the inability to facilitate some booked homebirths

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Elective

1. In comparison to UHD we consistently hit target of our >104 Week waits.
2. Area of concern – Diagnostic Recovery – both total diagnostic waiting list and % waiting over 6 weeks is showing as concerning variation. UHD are in a better position however Dorset are in line with DCH
3. Cancer recovery – area of concern – 62 day backlog and 104 days back stop both showing as concerning variation. This is mirrored across the system.

Urgent and Emergency care

1. Trend across the system showing concerning variation 12 hour breaches ED, NCTR patient number and length of stay >21 days.
2. Average hours lost to ambulance handover delays across the system is a failed target however DCH showing a slightly better variance than the rest of the system

Finance

The year to date position is an overall deficit of £7.3 million against a planned deficit of £0.8 million, being £6.5 million away from plan at M8.

4.0 Quality

Positive Quality Improvement:

- No Never Events reported for 13 consecutive months.
- No SI's confirmed reportable for December.
- No Medication Incidents with serious harm reported for 13 consecutive months.

Challenges to Quality Improvement:

- Maintaining no lapse in care cases under threshold for C-Diff
 - Availability of EDS for GP's remains a challenge with a slight decrease in reporting month.
 - Fluctuation in data this month for SHMI
 - Mixed Sex Accommodation breaches continue to be closely monitored through Executive support.
- Increase in incidents for December 2022.

Following a pause in December due to pressures within our services, the Trust is to restart the working group for CQC readiness in January 2023. The group will support self-assess of our services and provide assurance of our commitment to delivering the best care for our population.

Infection Control derogation risk assessment in place to support increased cases of inpatients with respiratory infections. The Trust continues to monitor incidents identifying risks to patients awaiting discharge who have no criteria to reside.

Care Quality Commission Update

Following the CQC Inspection of CYP (MH) Services, the Trust continues to wait for the draft inspection report from the CQC, however, the initial action plan drawn up from feedback during and following the inspection is being developed to ensure all learning is identified and actioned.

The Trust is developing a working group to ensure an initiative-taking multi-disciplinary approach

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5.0 Workforce

Covid Vaccination Programme – The staff Covid booster vaccination programme combined with the annual flu vaccination campaign is ongoing. Vaccination dates continue be offered across the week. To date we have vaccinated 1373 (41%) staff with their covid booster and 1597 (48%) for flu; this includes some but not all staff who have received either vaccination outside of the Trust.

The top reason for absence in Month 8, was Anxiety/Stress/Depression. This position has changed from Month 7 when Infectious Diseases was recorded as the top reason. Anxiety/Stress/Depression accounted for 21.1% of all sickness absence and accounted for 1,006 days lost (an increase of 187 days from month 7). The change of the top reason between Infectious Diseases and Anxiety/Stress/Depression was expected and aligned to a reduction in levels of Covid absence being experienced across the Trust during this period. Infectious Diseases days lost reduced significantly from 1097 to 584 in month.

Two freedom to speak up concerns were raised during Month 9. Lynn Paterson has now commenced in the role of FTSU Guardian. Lynn is an experienced Ward Sister and has worked for the Trust for many years and previously undertook the FTSUG role alongside her clinical job when the role was first introduced in the Trust a few years ago.

Two new conduct cases were opened in month: one in relation to professional conduct and one in relation to alleged theft. There was one dismissal under Some Other Substantial Reason (SOSR). There were no grievances raised within month.

6.0 Strategy and Transformation

In December 2022, the Board of Directors received a draft version of the ICP strategy and discussed the impact on the Trust. Later in December, the final version of the strategy was published. This report shares this final version. The strategy is actually titled ***working better together***. Its vision states; ‘Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing.’

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Key priorities & Delivery through 'Making Integration Work'

1. **Prevention & early help.**
2. **Thriving communities.**
3. **Working better together.**
4. **Building mental wellbeing**
5. **Falls and frailty**

Next Steps

According to the strategy, the next phase is just as important. 'We want a live, clearly focused strategy that is developed and written through the results of that engagement. It needs to reflect what people and organisations are saying, and develop real ownership and desire to now co-design the solutions and innovative work that will lead to lasting change.' The next steps in the strategy development process should consider the following issues, and ensure they are captured in an ongoing development programme

- Continue employee engagement to understand how organisations can support their teams to put you at the heart of care and improve workplace wellbeing
- Ensure clinical and care professional leadership is aligned with this ICP strategy, and that there are strong links to the clinical strategy
- Understand how to reduce duplication in plans and strategies. Make sure there is better alignment and understanding in our system of agreed priorities, from the ICP strategy through to health and wellbeing strategies and place-based commissioning
- Involve people in setting and reviewing priorities, and progress in meetings.

From the ICP strategy, the Integrated Care Board is developing the 5 year forward joint plan (JFP): This is refreshed annually. The JFP is developed by the ICB and its partners, including the Trust. Typically, the JFP is finalised by 31 Mar of each year. This year, NHSE have requested the final draft is prepared by 31 Mar 23 and approved by NHSE and Health & Wellbeing Boards by 30 Jun 23. The ICP strategy and the JFP will inform the Trust strategy refresh

7.0 Industrial Action

DCH has seen industrial action from both South West Ambulance Service Trust (SWAST) and Royal College of Nursing (RCN)

The SWAST strikes took place on 21st December and subsequently 11th and 12th January and 23rd January. We have received positive feedback from SWAST on our excellent handover times during the industrial action period and the Incident Coordination Centre was able to stand down earlier than planned on Thursday as confirmed discharge plans were in place for our patients. Further to this the strike action taken on the 23rd January impacted DCH very little with only a couple of ambulance crews taking action therefore we ran BAU and the Incident Co-ordination Centre closed at midday.

The RCN action on 18th and 19th January. We had a small number of routine and urgent appointments cancelled however these have been rebooked. ED able to run business as usual and ambulance handovers were the best in the region. All wards were able to operate at safe

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staffing levels and at no point did we drop below that level. The number of outpatient appointments cancelled were 298. This is broken down into 104 new OPA's, 186 follow ups and 8, 2 week wait suspect cancer appointments. Approx. 100 Outpatient appointments converted from F2F to virtual where clinically appropriate. Impact on the day was helped by better than normal flow. However, flow could have been improved if the No Criteria to Reside patients (patients who no longer have a clinical need to be in hospital however no suitable location for follow on care) was at a lower figure.

It needs to be highlighted that due to the level of planning required to ensure that the hospital and wards could operate at safe levels and ensure patient flow meant that the teams were taken away from their usual activities and the cancellation of appointments now requires the team to reprioritise to keep waiting times at an appropriate level. Therefore we have concerns on how future industrial action will have an effect on how we continue to operate BAU and keep waiting times within an acceptable threshold.

8.0 Arts in Hospital

Upcoming events around the hospital.

Greener NHS

March 25 - May 5 2023

NHS England has unveiled a new photography exhibition, "Care for the future: delivering the world's first net zero health service," it is now touring England to raise awareness. This photography exhibition, captured by portrait photographer, Justin Lambert, features NHS staff – from pharmacists to surgeons, mental health professionals to health visitors – who have pioneered greener healthcare initiatives for the benefit of their patients and the communities they serve.

John Thomson

March 29 - October 2023

Light Metal: An exhibition featuring preliminary maquettes and drawings for large scale public commissions by the sculptor John Thomson who is known for his richly textured and crafted steel sculptures, whose imagery is influenced by a combination of collaboration with natural scientists and his personal observations of the topography of the South Downs where he lives and works. Image: Detail from - 'The Healing Tree' - 2001. Clinical Research Facility, Southampton General Hospital - stainless steel. Funded by the Wellcome Trust.

9.0 Communication

We focusses a lot of our communications this quarter around staff wellbeing and the Industrial Actions. To support the comprehensive wellbeing offer in place for staff, a health and wellbeing triage process has been introduced via Vivup. This will ensure that staff are signposted quickly to the most appropriate source of support. This process commenced on the 1 January. Onsite counselling remains available but is now accessed via this triage process. The number of staff accessing Vivup continues to increase, and this will be monitored closely to ensure that the triage process is working.

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2022 Staff Survey - High level analysis of the staff survey results has started and a full report will be submitted to PCC and Trust Board in March, in line with the national embargo deadline. The Quarter 4 People Pulse survey is open until the end of January and contains specific questions about flexible working.

10.0 Your Future Hospital

Outline planning permission granted for site development

We're delighted that our outline plans to develop our site have now been approved by Dorset Council – this is a significant milestone for us. These include building a new Emergency Department (ED) and Critical Care Unit on the site of the former Damers First School, which is included as part of the Government's New Hospital Programme that will see 40 new hospitals built by 2030. The building will act as a new wing to the existing hospital and will give us additional beds and improved facilities, including a dedicated children's area, mental health suite, relative rooms and a helipad on the roof. It will also allow us to repurpose the existing spaces to help meet the rising demand for other inpatient services. The outline plans also take into account the Trust's longer-term aspirations to improve the hospital's main entrance, provide integrated care and offer key worker housing for staff. We are currently preparing a full business case for the new ED and Critical Care Unit and drawing up more detailed designs with staff. Subject to full business case approval by the Government and then full planning permission being granted by Dorset Council, construction work will begin in 2024. We will continue to update you as the plans develop.

Demolition of the West Annex building

To build the new ED and Critical Care Unit, we need to demolish the West Annex building. Staff have now left the West Annex and have either moved to South Walks House, Trust Headquarters or other parts of the hospital site. The building is no longer in use and work to demolish the former Damers School building will begin in the spring. This will allow groundworks to be carried out to prepare the site ready for construction. The demolition work will be carried out in phases and the aim is to minimise any disruption to our existing ED and the nearby pre-school. A work programme is being prepared and we will share this with staff nearer the time.

South Walks House development

Work is underway to turn two floors of South Walks House into clinical space – including outpatient clinics, a day case room for local anaesthetic procedures, X-ray, ultrasound scan and dexamethasone scan facilities. As you will be aware, we had been running an Outpatient Assessment Centre out of one floor of South Walks House. This was initially set up as a temporary measure to tackle waiting lists. The centre has been a great success and in March we signed a 20-year lease with Dorset Council to use three additional floors of the building on a long-term basis. We wanted to do this to help address our most pressing challenges around patient flow and long waiting times. We received funding from NHSI of more than £14.4m to turn the temporary centre space into a more permanent facility, as well as provide diagnostic services at South Walks House and create ringfenced beds on the main hospital site. Construction work at South Walks House has begun and the Outpatient Assessment Centre has temporarily moved to the ground floor of [Vespasian House](#)

Outstanding care for people in ways which matter to them

[in Dorchester](https://www.dchft.nhs.uk/patients-and-visitors/information-for-outpatients/vespasian-house/) while work is carried out. The aim is that clinical services will start operating from South Walks House again later this year. We will keep you posted on this work.
<https://www.dchft.nhs.uk/patients-and-visitors/information-for-outpatients/vespasian-house/>

Outstanding care for people in ways which matter to them

Title of Meeting	Council of Governors
Date of Meeting	13 February 2023
Report Title	Finance Report to 31 December 2022
Author	Claire Abraham, Deputy Director of Finance
Responsible Executive	Chris Hearn, 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 2022. Dorset County Hospital NHS Foundation Trust (DCHFT) delivered an overall deficit of £7.4 million against a planned deficit of £0.6 million, therefore being £6.8 million away from plan at the end of quarter three. The adverse position against plan is predominantly a result of undelivered efficiencies against plan (£2.1 million), higher than planned agency spend (£2.2 million), additional medical sessions (£1.3 million), funding shortfall of nation pay award of (£0.2 million), unfunded inflationary increases in utilities and increases in drugs/consumables (£1.1 million). Efficiencies of 2.5% (£5.7 million) must be delivered to achieve the plan position, with 99% of this full year target identified at quarter three. £3.3 million of efficiencies have been delivered year to date. Agency costs remain high due to vacancies across medical and nursing professions, including ongoing sickness in addition to challenging patient acuity and supporting safe staffing levels. The cash balance as at 31 December 2022 was £15.3 million, which is behind plan by £1.4 million due to timings of expenditure payments. Capital expenditure was £23.1 million against a plan of £29.6 million due to accounting standard IRFS16 Leases coming into effect this financial year, the capital spend now includes updated lease reporting.	
Paper Previously Reviewed By Chris Hearn, Chief Financial Officer	
Strategic Impact Trusts are expected to achieve a break-even financial position by the end of the financial year 2022/23.	

Risk Evaluation The Risk and Audit Committee can confirm there has been no non-audit work undertaken by the External Auditors during the current financial year to date.	
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	To review and note the financial position as at 31 December 2022

COUNCIL OF GOVERNORS FINANCE REPORT FOR 9 MONTHS ENDED 31 DECEMBER 2022

	YTD Plan 2022/23 £m	YTD Actual 2022/23 £m	Variance £m
Income	187.2	195.1	7.9
Expenditure	(188.0)	(202.7)	(14.7)
Surplus / (Deficit)	(0.8)	(7.6)	(6.8)
Technical Adjustment – Capital Donations/Depreciation	0.2	(0.1)	(0.3)
Technical Adjustment – Impairments/profit on assets sales	0.0	0.1	0.1
Adjusted Surplus/(Deficit)	(0.6)	(7.4)	(6.8)

1. YEAR TO DATE VARIANCE

- 1.1 The income and expenditure variance position at the end of quarter three reflects that the Trust is worse than plan by £6.8 million.
- 1.2 Income levels were above plan by £7.9 million, Commissioned income is ahead of plan by £4.7 million, other operating income was ahead of plan by £3.3 million primarily as a result of increases in Education and Training income of £2.3 million, COVID-19 testing of £0.4 million and other non-patient care services of £0.4 million.
- 1.3 Pay costs were above plan by £8.7 million year to date. Agency costs of £10.4 million have been incurred, being £2.2 million above plan, predominantly covering medical and nursing vacancies, sickness, isolation costs and increased bed pressures. Additional medical sessions are also contributing to the pay overspend.
- 1.4 Non Pay costs were above plan by £5.7 million year to date. Drugs, clinical supplies and general non pay costs were £4.7 million more than plan for the year, primarily because of increased elective activity, bed occupancy and inflationary increases especially in utilities costs which have continued to increase above levels identified at the time of the plan submission.
- 1.5 Efficiencies totalling £3.3 million were delivered year to date with 29% of this total delivered recurrently.
- 1.6 Depreciation and PDC Dividend costs were higher than plan by £0.3 million for the year due to the impact of the valuation of the estate at the end of last financial year.

2. CASH

- 2.1 At the end of December, the Trust held a cash balance of £15.3 million, being £1.4 million behind the planned position. The adverse position is due to timing of expenditure payments.

3. CAPITAL

- 3.1 Capital expenditure was £23.1 million against a plan of £29.6 million, due to accounting standard IFRS16 Leases coming into effect this financial year, the capital spend now includes updated lease reporting.
- 3.2 Within the year-to-date position, the impact of the IFRS16 Lease addition for the Multi-Storey Car Park totals £14.7 million which is behind plan by £4.5 million due to a regulator change in calculation of car park lease liability per new guidance issued by NHSE/I.