Agenda

Council of Governors
2.00pm – 3.30pm, Monday 9 May 2022
Via Lifesize Video Conferencing

Part One Agenda – Open Meeting

1.	**Formalities**		2.00-2.05	Chair
	a) Welcome **Apologies for Absence:** Steve Hussey	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting 14 February 2022	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	**Chief Executive's Report Q4** To receive	Enclosure	2.05-2.30	Nick Johnson, Interim Chief Executive
3.	**Governor Matters** (covered in CEO Report above) a) Ockenden Report	Verbal	-	David Cove
4.	**Finance Report Q4** To receive	Enclosure	2.30-2.45	Paul Goddard, Chief Financial Officer
5.	**NED Update:** **a) Stuart Parsons – welcome and introduction** **b) Sue Atkinson – health inequalities**	Presentation and Questions	2.45-3.15	NEDs
6.	**Feedback from Membership Development Committee (March)** To receive	Verbal	3.15-3.25	Kathryn Harrison (Membership Development Committee Chair)
7.	**Chair's Closing Remarks and Date of Next Meeting: Council of Governors, 2pm on Monday 12 September 2022**	Verbal	3.25-3.30	Chair
8.	**Meeting Closes**		3.30	

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

Minutes of the meeting of Monday 14 February 2022
via Lifesize Video Conferencing

Present:	Mark Addison (Chair)
	Public Governors Simon Bishop (East Dorset) Mike Byatt (Weymouth and Portland) Sarah Carney (West Dorset) David Cove (West Dorset) (Lead Governor) Judy Crabb (West Dorset) Kathryn Harrison (West Dorset) Steve Hussey (West Dorset) (from CoG22/007) Stephen Mason (Weymouth and Portland) Dave Stebbing (Weymouth and Portland) Lynn Taylor (North Dorset)
	Staff Governors Tracy Glen Tony Petrou
	Appointed Governors Tony Alford (Dorset Council)
In Attendance:	Liz Beardsall (Deputy Trust Secretary) (minutes) Paul Goddard (Chief Finance Officer) (CoG22/007) Trevor Hughes (Head of Corporate Governance) Nick Johnson (Interim Chief Executive Officer) (CoG22/005) Eiri Jones (Non-Executive Director) Dhammika Perera (Non-Executive Director)
Apologies:	Margaret Alsop (Weymouth and Portland) Kathryn Cockerell (Staff Governor) Maurice Perks (North Dorset) Davina Smith (Weldmar Hospicecare) David Tett (West Dorset) Dave Thorp (Age UK)

CoG22/001 **Welcome and Apologies for Absence**
The Chair welcomed everyone to the meeting via Lifesize videoconferencing. There were apologies from Margaret Alsop, Kathryn Cockerell, Maurice Perks, Davina Smith, David Tett and Dave Thorp. Although there were a number of apologies and governors absent, the meeting was quorate.

CoG22/002 **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.

CoG22/003 **Minutes of the Previous Meeting held on Monday 8 November 2021**
The minutes of the previous meeting held on Monday 8 November 2021 were accepted as a true and accurate record.

CoG22/004 **Actions and Matters Arising**
CoG21/046: a governor WhatsApp Group had been established and VBR training undertaken. **CLOSE.**

CoG21/051 Kathryn Harrison confirmed she was liaising with Steven Hussey regarding governor engagement and that plans were underway for a session on governor engagement in March 2022. The template for governor introductions had been circulated and the first issue of the governors' e-bulletin was due out later in the week. Governor photographs had also been updated on the website. **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.

CoG22/005 **Chief Executive's Report**
The Interim Chief Executive Officer (CEO) drew the governors' attention to the previously circulated report on the Trust's performance in quarter three of 2021/22. The report also reflected questions posed by governors as indicated on the agenda.

He confirmed the Trust remained very busy, with high numbers of patients attending the emergency department. There were a significant number of patients with no reasons to reside, particularly those waiting for social care packages. Work was going on throughout the system to address this. The Trust was currently at Operational Pressures Escalation Level (OPEL) 4 and this was the case across the system. Despite this the Trust continued to perform well in many areas, including good performance against the recovery trajectories, cancer standards and diagnostic targets. Quality metrics were being maintained and patient feedback remained good.

In response to concerns raised by Sarah Carney and other governors about social care provision, the CEO explained that there were three main underlying causes: COVID, Brexit impact and systemic underfunding of local authorities. The Trust and its partners continued to focus on getting people home with no delays and maximising capacity across the healthcare estates, whilst assessing the risks relating to each stage of the journey, and how these can be mitigated. Regular messaging was keeping GPs informed of the pressures and primary care were already doing much work on keep people out of hospital where possible. Tony Alford, Appointed Governor from Dorset Council, reported that the Council were agreeing their budgets on 15 February which would include a 10% increase for adult services but he could not confirm how these funds would be used at this point.

The CEO confirmed that in regard to using the community beds, access to staff was the limiting factor rather than funding. It was noted that the Trust did not have adequate patient numbers who would be suitable for using hotel based accommodation on discharge.

Judy Crabb's questions regarding the rheumatology service as raised by a

concerned patient were partly addressed in the CEO's report. She sought clarification about the provision of rheumatology physiotherapy services, and a response will be provided outside the meeting.

ACTION: LB/NJ

It was noted that Steve Hussey's question about workforce pressures were covered in the report.

The Chair reported that there is a COVID legacy, but the number of COVID patients remained relatively small and number of patients in hospital being treated specifically for COVID was smaller.

Simon Bishop stated he was happy with the progress with the Dorset Care Record as detailed in the CEO's Report. He asked for an update on the patient portal that had formed part of the DCR plan and this would be provided outside the meeting. Governors also asked for clarification on why the DCR was being accessed less by primary care colleagues than those in secondary care providers.

ACTION: LB/SS

Sarah Carney noted that the Integrated Care Board governance framework had now been agreed and asked for further information on this. The Chair suggested a dedicated meeting to talk about system issues, including the governance model.

ACTION: LB

CoG22/006 **Governor Matters**

It was noted that Governor Matters regarding the ICS, the rheumatology service, workforce pressures and the Dorset Care Record were taken under the CEO's Report above (CoG22/005).

Tony Petrou raised the matter of the Kickstart Scheme at the hospital. He explained that this was a personal passion of his. The scheme gives opportunities to young adults. He requested that governors promoted this to young people to direct them to DCH to join the scheme. He gave examples of the scheme's success in the Medical Devices team and explained how he had changed the pathway in Medical Devices to enable better career progression for new starters. The Chair explained it is a government funded programme, which had been very successful for the Trust and led by Elaine Hartley, Head of Education and Learning. The governors voiced their support for the scheme, noting the link with the Trust's role as an anchor institution. The Chair offered to feed back Judy Crabb's suggestion that the apprenticeship scheme may provide a better route than Kickstart as it led to a formal qualification.

ACTION: LB/MA

Kathryn Harrison raised the matter of access to information for governors. She felt that governors did not have access to all available information and the governors did not have enough access to the non-executive directors. She believed other Trusts provided better governor access to NEDs. She had asked at the Board whether governors could be allowed to attend Part Two Board meetings, and enquired if this had been considered.

The Chair confirmed he had consulted the Board about Part Two meetings and that these would remain closed, confidential meetings. He reassured governors that only items that needed a confidential conversation would be on the Part Two

agendas. It was not fair to suggest that the hospital was less open than others and, in many respects, the Trust exceeded the national guidance. He reminded governors that two non-executive directors were present at each meeting which allowed for quality engagement. There was an inherent tension between wanting to keep people up to date and enabling the Board to deliberate as appropriate, however he believe the Trust achieved a good balance. The Trust needed to retain a private space for the Board to think through strategic options and then keep the governors informed. Kathryn Harrison said she was disappointed, but accepted the Chair's decision.

Judy Crabb raised the matter of the use of acronyms in meetings. She asked if other governors were struggling with the use of acronyms. A variety of approaches to dealing with acronyms were discussed. The Head of Corporate Governance reported that a set of meeting paper principles was currently being drafted and this covered the use of acronyms. The Deputy Trust Secretary confirmed that there was a glossary document in the Council of Governors' document library on VBR. The Chair asked her to send round an up to date link to the online glossary and check that acronyms were covered in the meeting papers principles.

ACTION: LB

CoG22/007 **Finance Report Q3**

The Chief Financial Officer (CFO) drew governors' attention to the previously circulated report detailing the Trust's financial performance in quarter three of 2021/22. The plan was to achieve a breakeven position by year-end and the Trust was on track to accomplish this. The cash position was comfortable, with the capital spend above plan. The current financial regime included a number of non-recurrent income sources due to the pandemic funding and it was likely that the financial position would be more challenging in the coming year.

In response to questions from the governors, the CFO confirmed that in terms of capital, the NHS position was that this needed to be spent in year so the Trust accelerated items from next year to free up capacity in the next financial year to cover slippage. He confirmed that the circulated report was an attempt to balance clarity against detail and additional details were available should governors require them. Regarding the efficiency saving of 1.3%, the CFO reported the Trust would be slightly short of this but that the shortfall would be covered by other items to enable the hospital to reach the breakeven position.

The Chair reminded governors that underpinning these figures the Dorset system had a significant underlying deficit. This will become an increasing issue when the pandemic financial regime ceased.

CoG22/008 **NED Update**

The Chair welcomed Eiri Jones and Dhammika Perera, two of the Trust's new 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 for the performance of the Board.

a) Eiri Jones

Eiri introduced herself to the governors, providing information on her background including her career as a nurse, and as a NED in London and

Salisbury. In answer to questions from governors, Eiri gave her initial impressions of the Trust highlighting the challenges relating to recovery after COVID, workforce and the interface with social care.

Tracy Glen raised the issue of waiting times for the paediatric autism service and whether the Trust would focus on this again post-COVID. The Chair requested an update from the Chief Operating Officer for governors outside the meeting.

ACTION: LB

b) Dhammika Perera

Dhammika introduced himself to the governors, providing information on his background including his career as a physician and work on population health and prevention notably through his role at MSI Reproductive Choices. Dhammika hoped to bring experience of global level diversity and prevention, and understand how this could be applied to Dorset.

The Chair welcomed Eiri and Dhammika to the team and thanked them for their attendance.

CoG22/009 Governance Items

a) Fit and Proper Persons Test Declarations

The Head of Corporate Governance drew governors' attention to the previously circulated paper on the proposed introduction of an annual Fit and Proper Persons Test (FPPT) self-declaration for governors. He explained the requirement for senior leaders to undertake a full FPPT, however this was not a requirement for governors. Therefore the proposal was that governors complete a self-declaration at the same time as the annual declarations of interest, as this was considered good governance practice.

The governors supported the proposal.

Governors questioned whether they required a DBS check. The Head of Corporate Governance reported that this was not a requirement as governors were always accompanied when on site, however he would check this with the human resources team.

ACTION: TH

Tony Petrou asked about the DBS arrangements for staff and the Chair requested that Tony take this up directly with the human resources team.

CoG22/010 Feedback from the Membership Development Committee (December and February)

Kathryn Harrison, Chair of the Membership Development Committee (MDC) provided governors with feedback from the committee's most recent meetings in December and February. She reported that a letter of introduction had been circulated that governors could use to introduce themselves to local groups. The committee had agreed that it wanted a way for governors to communicate with members directly and an e-newsletter had been drafted which would be going out later in the week. The committee would welcome governors' feedback and ideas for future issues. The committee had been reviewing the membership welcome pack and a revised membership leaflet would follow. In addition, Kathryn had

been asked to present to the Dorset Community Action network, as they were keen to hear about Trust membership.

The Chair thanked the committee for their work.

CoG22/011 **Chair's Closing Remarks**

With regard to the possibility of face to face meetings, the Chair confirmed that NHS COVID guidance had not yet changed so physical meetings were still not possible, however this would be kept under review and governors would be kept informed.

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

Council of Governors Meeting – Part One

Presented to the meeting of 9 May 2022

Meeting Dated: 14 February 2022				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG22/005.1	Clarification about the provision of rheumatology physiotherapy services to be provided to Judy Crabb	LB/NJ	April 2022	**Complete.** Update emailed to Judy Crabb 05 05 22.
CoG22/005.2	An update on the patient portal that had formed part of the DCR plan and clarification on why the DCR was being accessed less by primary care colleagues to be provided to Simon Bishop and the governors.	LB/SS	April 2022	**Complete.** Update emailed to governors 20 04 22.
CoG22/005.3	A dedicated meeting to talk about system issues, including the governance model.	LB	February 2022	**Complete.** Session held on 01 03 2022.
CoG22/006.1	The Chair to feedback Judy Crabb's observations that as the apprenticeship scheme led to a formal qualification it may provide a better route that Kickstart.	LB/MA	April 2022	**Complete.** Reported to the Head of Education 07 04 22.
CoG22/006.2	Circulate an up to date link to the online glossary and check that acronyms were covered in the meeting papers principles.	LB	February 2022	**Complete.** 'Jargon Buster' link circulated to all governors 15 02 22, with an email confirming: *the Trust's standard approach for papers and minutes is that terms are written out in full on their first use with the acronym/abbreviation in brackets. The acronym/abbreviation can then be used subsequently within the document. This standard approach to acronyms is stated in the Trust's meeting papers principles.*

Meeting Dated: 14 February 2022 Continued				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG22/008	The Chair requested an update from the Chief Operating Officer for governors outside the meeting on waiting times for the paediatric autism service and whether the Trust would focus on this again post-COVID.	LB/AT	April 2022	Awaiting an update from the team.
CoG22/009	The Head of Corporate Governance to check with the human resources team that DBS checks are not required for governors.	TH	April 2022	**Update:** the impact of staffing shortages linked to the pandemic has delayed investigation into this issue by the People team. Recruitment and the corporate team are looking into best practice on this issue and will come back to governors outside the meeting with an update.

Title of Meeting	Council of Governors Part One Meeting
Date of Meeting	09 May 2022
Report Title	**Chief Executive's Report, Quarter 4 – 2021/22**
Author	Laura Symes, 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 11.42% increase in 2021/22 compared to 2019/20 (the pre-covid comparable year used by NHS England). Admissions from the Emergency Department are 3.26% up compared to 2019/20. Analysis into the root cause of demand shows that ambulance arrivals and GP expected (patients sent by a GP) continue to be lower than in 2019/20 and 2020/21, when measured as a percentage of total attendances. The increase in demand is therefore coming via walk ins, either as direct by NHS 111 or where the patient makes an independent decision to attend ED.

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 number of patients with no reason to reside in March have exceeded a daily average of over 60, with some days exceeding 80.

Performance against the 4-hour standard in March 2022 was 65.9%; an improvement of 1% compared to the previous month. Analysis has shown a direct correlation in the decline in performance of the 4-hour standard and the increase in the number of patients with no reason to reside. The impact of flow is felt throughout the hospital and the wider system.

Total ambulance handover delays in March were 253, a significant increase from 93 in the previous month. Ambulance handovers are being impacted by the increased number of patients with no reason to reside, reducing flow throughout the department. Ambulance handover delays have become of particular focus nationally. Reporting changes from April's report will capture handover delays by type of ambulance dispatch (severity of call, measured by risk to life), to provide assurance of prioritisation of the ambulance queue.

Elective care performance against the 18 week standard achieved 58.36% for March. The waiting list has increased 68 patients compared to the previous month, however, is 5,619 patients less than trajectory and is 1,995 patients lower than September 2019 (the national backstop position). At the end of March, there were 1,654 patients waiting over 52 weeks for treatment. This is a decrease of 65 patients compared to the previous month and is 46 better 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 March, there were 204 patients waiting over 104+ weeks, this is 23 patients better than trajectory.

Referral volumes for 2021/22 are 100.55% of 2019/20 levels and have returned to pre-covid levels, with a significant increase in referral volume for March, at 137.56% of 2019/20. This increase is driving the increase in waiting list size for patents waiting 0-17 weeks.

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, achieving 117% in March. The target from April 2022 increases from 89% to 104%.

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. March's referral to treatment waiting list data indicates 56.88% of patients who identify as white are treated within 18 weeks. 55.56% of from an ethnic minority are treated within 18 weeks. There are 198 patients of the total waiting list from ethnic minorities, 1.15%. December's diagnostic waiting list data indicates 85.02% of patients who identify as white have their diagnostic procedure completed within 6 weeks, however this reduces to 72.73% for patients from ethnic minorities. There are 44 patients of the total waiting list from ethnic minorities, 0.89%.

We are now able to identify patients on our waiting lists with a learning disability flag. There are 146 patients on the referral to treatment waiting list with this flag. 62.33% of these patients have been treated with 18 weeks in March 2022, this compares to 58.32% for patients without a learning disability flag. There are 34 patients on the diagnostic waiting list with a learning disability flag, this equates to 0.69% of the waiting list. 76.47% of these patients have had their diagnostic procedure within 6 weeks in March 2022, this compares to 84.40% 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 March our cancer performance the Trust did achieve the cancer waiting times standard for 2ww Breast Symptomatic. However, we did not achieve the 2ww, 28 days, 31-day first and subsequent or the 62-day Standards. Overall monthly 2ww referrals are above pre-pandemic levels, with referrals 21.03% up compared to 2019/20. This increase is above the nationally forecasted 7% year on year uplift from the 2019/20 as the baseline. The increase in referrals has impacted the overall size of the 62-day waiting list. 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 March achieved 84.34% against the 99% standard. This is a decrease of 5.17% compared to the previous month because of staffing pressures. The backlog increased by 260 patients and the total waiting list size increased by 39.

Table One – Performance against key standards:

Metric	Threshold/ Standard	Jan-22	Feb-22	Mar-22	Q1	Q2	Q3	Q4	YTD	Movement on Previous month
RTT *	92%	55.8%	56.8%	57.9%	56.4%	56.5%	55.4%	55.8%	55.4%	↑
Waiting List Size *	19,123 (Sept 2021)	16,727	17,128	17,330	N/A					↑
52 week waits *	0	1,733	1,719	1,686						↓
104 week waits	0	202	211	204						↓
Diagnostics	99%	82.9%	89.5%	84.3%	81.0%	87.8%	94.8%	82.9%	84.3%	↓
Cancer - 62 day	85%	58.3%	62.0%	81.9%	76.5%	72.2%	72.0%	68.2%	72.2%	↑
Cancer (ALL) - 14 day from urgent GP referral to first seen	93%	52.5%	71.0%	53.6%	67.0%	52.7%	51.2%	58.9%	57.1%	↓
Cancer (Breast Symptoms) - 14 day from GP referral to first seen	93%	65.2%	88.7%	94.2%	4.5%	24.2%	46.8%	82.7%	38.8%	↑
ED (DCH Only)^	95%	59.8%	54.4%	53.8%	75.2%	62.9%	60.3%	59.8%	69.2%	↓
ED (Including MIU)^	95%	69.6%	64.7%	65.6%	82.9%	76.2%	72.6%	69.6%	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.

3.0 Quality

Highlights from March 2022 were:

Positive Quality Improvement:

- No MRSA bacteraemia reported this period, remains at zero for year to date
- No never events for March
- No Grade 3 pressure ulcers reported for March
- Number of falls has remained static in month, with the number of falls resulting in severe harm or death remains at zero for the reporting year. The Patient Safety Team are progressing with quality improvement work
- EDS available for GP's to access within 24hours has increased this month

Challenges to Quality Improvement:

- Anticipating Mixed sex Accommodation Breaches increasing on month. Assistance and support with hospital flow and safe discharges continues
- Summary Hospital-level Mortality Indicator (SHMI) standards remain outside of expected ranges
- 5 cases of Clostridium difficile (C-Diff) in March, Root Cause Analysis (RCAs) continue to be undertaken, but remains under trajectory
- VTE Risk Assessment shows a further slight decrease in compliance in March
- One serious incident (Grade 3 pressure ulcer) identified as reportable to the Strategic Executive Information System (StEIS) following review at Pressure Ulcer Panel, for January 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. The decision to mix sex bays is in response to the pressures in the Emergency Department and subsequently South Western Ambulance Service (SWAST). Additional Operational support remains in place to support the non-elective pressures and flow through the trust including enhanced support with patients with no reason to reside.

Ockenden Report

On 30 March 2022 Donna Ockenden published the final report of the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust. The final report follows on from the first report which was published in December 2020. In addition to the seven Immediate and Essential Actions (IEAs) first identified, the final report identifies 15 new themes with a series of further recommendations. It contains 66 for local Trusts, 15 for the wider NHS and 3 for the Secretary of State.

At DCH preliminary benchmarking of the 92 actions contained has taken place and recommendations laid out in an action plan to implement them. A staff meeting has been arranged to focus on Freedom to Speak Up and safety, as well as a benchmarking visit from the regional midwife. The Recruitment Team are supporting to fast-track midwives who wanted to work at the Trust, and a retention and recruitment Midwife has recently been appointed via funding from NHSE. We are also exploring imaginative ways of attracting SCBU staff, such as hybrid roles and higher banding.

Our Maternity Unit has been recognised as one of the best in the country in the latest national survey results. The 2021 Maternity Survey, published by the Care Quality Commission, summarises the experiences of over 23,000 women who gave birth during January and February 2021. This was during the third COVID-19 national lockdown, so the survey results this year reflect women's experiences of care during the pandemic.

As well as delivering individual hospital reports, the CQC publishes a report which focuses on variation in results for care during labour and birth. We were identified as performing 'better than expected'. This is because the proportion of women who answered positively to questions about their care during labour and birth was significantly above the national average. We performed the same or better than other hospitals in all the survey categories. Particularly high scores were achieved for treating people with respect and dignity, having trust and confidence in staff, and the cleanliness of the environment.

On 26 January 2022 Professor Jacqueline Dunkley-Bent, NHS England Chief Midwifery Officer, and her colleagues attended the Board of Directors of DCH meeting where Jo Hartley, Head of Midwifery at DCH, outlined the Quality Surveillance Framework in place within the service that provided transparency and promoted honesty when things went wrong. All findings were shared with parents and staff involved in incidents were fully supported. Incidents, Root Cause Analysis, and concerns were also shared at Local Maternity & Neonatal System (LMNS) safety meetings and learning from incidents was incorporated to training. Jacqueline thanked the DCH team for the presentation and noted alignment to the wider policy ambition and trust progress to promote maternity safety.

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). Requests for symptomatic tests tripled in March 2022 with 963 staff and index cases tested which was an increase of 568 from the previous month. At the end of March, we changed the guidance on testing in line with changes to national guidelines. Staff who live with a positive index case, or who test positive via a Lateral Flow Device no longer require a PCR test. Regular (twice weekly) Lateral Flow Device testing continues to be encouraged for all patient facing NHS staff.

We saw a significant increase in testing this quarter. December saw 417 members of staff and 160 index cases tested positive. This was the highest amount of positive results since the beginning of the pandemic and the subsequent absences caused critical staffing shortages which were managed centrally though our Incident Control Centre to ensure staff levels in clinical areas are as safe as possible.

The organisation saw the overall sickness percentage further decreased by 0.43% in February to 4.36%. The Trust saw a decrease in short team absences to 2.49% and a further reduction in long term sickness to 1.86%. The top reason for absence in February, and as per the previous two months, was Anxiety/Stress/Depression. This was followed by Infectious diseases, which include Covid-19. This again was not unexpected with 111 confirmed staff Covid-19 positive cases in February; however, this was a decrease against 146 in January.

The on-site counselling service remains a busy service with increased uptake from staff. 220 sessions were delivered in month 12 to 105 members of staff, with 58% of staff seen receiving two or more support sessions. The present waiting time for routine onsite counselling has increased by one day, to eight days but all urgent staff cases were seen within 24 to 48 hours of contact. Funding to extend the on-site service for 22/23 has been confirmed.

There was an encouraging increase in the proportion of applicants from minority ethnic communities shortlisted and appointed in Month 12. There has also been an encouraging increase in the membership of two of the four staff networks. The international staff network in particular is thriving and now has 72 active members.

The number of Freedom to Speak Up concerns raised in month 12 increased to 12, five of those relating to bullying. This reiterates the importance of the Dignity and Respect course presently being rolled out to staff. Feedback from participants of this course is that it is improving interactions between staff on a daily basis.

Substantive workforce capacity increased for the eighth month running, by 14 WTE in Month 12 and the overall vacancy rate decreased from 6.6% to 6.3%. However, turnover increased for the sixth month running and is now at 10.5%. The highest turnover rate is in the Estates and Ancillary staff group (17%) and the People Team are supporting several departments, including Housekeeping and Sterile Services, to resolve the underlying causes.

There has been a recent reduction in applications for both HCA and administrative roles and additional routes of supply are being sought. Eight further overseas nurses are planned to arrive at the end of April, although this may be delayed as VISA fast track appointments have been reallocated to those leaving the conflict in the Ukraine.

5.0 Strategy and Transformation

Dorset is working towards the Integrated Care System (ICSs) gaining statutory approval in July 2022, ahead of which a Chief Executive has been appointed to the new Dorset Integrated Care Board, with other Directors expected to be announced mid-2022. The Governance structure of the 'Our Dorset' ICS can be found in Appendix [A]. Work is underway on the new ICS Strategy which is expected to be completed later in 2022, with a focus on Inequality, Population Health, Social Value and delivering Value for money. After a process of extensive consultation in 2021, the DCH Trust Strategy was approved in November 2021. The Trust Strategy is centred on the themes of People, Place and Partnerships – details of the Vision, Mission Statement and our values can be found here [Link]. More recently the Board Assurance Framework for delivery of the Trust Strategy has been agreed, and the People and Clinical Plans underpinning Strategy delivery have been completed.

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 by the increase of COVID-19 infections across the population and which has had a significant effect on staff levels. This support has included the provision of project support to the daily workforce cell meetings, which then evolved to the provision of support to the central Incident Coordination Centre. The Transformation and Improvement Team has also continued to provide management support for the Neutralising monoclonal antibodies Service (nMABs) which has experienced a high volume of referrals which are growing in parallel to the rate of the infection across West Dorset.

The Patient Initiated Follow Up (PIFU) project has continued its successful rollout across the organisation. In recognition of the good work being done at DCH the Chief Medical Officer was invited to chair a Dorset ICS PIFU webinar on 14th February, which provided an opportunity for colleagues across Dorset ICS to understand more about PIFU and share learnings to help wider implementation across the county. Targets reached by the South West for PIFU implementation have been reported to be some of the best rates across the county, with the South West Region being particularly interested in the quality of the pathways implemented at DCH.

The ED15 project continues to progress, and the construction work is continuing at pace thanks to considerable efforts from the project team. The Emergency Department commenced operational activity in the new EDAU/Major's area and Minor's area and vacated the existing Resus/Major's area to allow contractors to start working. The next areas are due to be completed on the 21 April 2022, which will hand back to ED the original Resus/Major's area. This is one of the most complex parts of the programme and various teams across the Trust have been working closely together to ensure that the process is carefully planned to ensure disruption on the ED clinical activities is avoided or kept as minimal as possible.

The Health Inequalities programme has been created to develop opportunities that enables embedding social value and health inequalities within the organisational culture and governance arrangements. Progress has been made by including social value and health inequalities considerations into the new Trust business case template as well as the inclusion of a social value and health inequalities representative in the membership of the Senior Leadership and Sustainability and Efficiency working groups to provide critical analysis of developments passing through these groups.

The Health Inequalities group also heard feedback from the second phase of ethnographic and deprivation review of the elective waiting list. In both cases, it was identified that there was no disparity in the length of waiting as a result of ethnicity or deprivation. Whilst this is encouraging news, it is only reflective of time spent from referral to treatment at Dorset County Hospital and does not consider the entirety of the patients' pathway from initial symptoms to the eventual outcome of

treatment. However, whilst the measurement of "fairness" on an elective pathway is time, this is not always the most equitable of measures with regards to outcomes and that there may be scope in developing an enhanced review of the individual circumstances of patients on the elective waiting list.

The Social Value Programme Group is currently reviewing and updating the DCH Social Value Action. The group is also implementing an online platform for measuring and reporting social value delivered by the Trust. This will enable us to manage our social value programme across key areas including local procurement, local employment, and green sustainability. The Trust's Annual Report 2021/22 will outline the hospital's approach to social value across its key operational areas.

The Trusts Charity's Business Plan 2022/23 has been approved by Trust Board. The Charity has recently launched its Greatest Need Appeal raising funds which will help fund projects across the whole of the hospital, providing vital support for patients and staff at this difficult time. The Charity has also commenced the early stage of its major Capital Appeal, to contribute to enhancements to the planned Emergency Department and Intensive Care Unit new build.

To celebrate the 35th Anniversary of DCH Arts in Hospital, the Team will be producing a special ArtMap of key artworks at DCH (with QR codes linking to the Arts in Hospital website) and an accompanying booklet, which should be launched by June 2022.

The commercial team continues to work with the operations team to identify options that support the trusts elective recovery programme.

The Private patient service continues to be busy, finishing the financial year with turn over in excess of £900k. This shows an approximate 20% increase on activity during the first covid wave as we look to return to pre pandemic levels of activity.

6.0 Digital

As part of the Trust's Digital Patient Record (DPR) development, the new Emergency Care module will go live at the end of April and will provide clinicians with a full digital solution for emergency care. The roll out for all inpatients will follow later in 2022/23. Work is ongoing in upgrading the core of the Trusts network to enable new infrastructure which will enable further expansion of business and clinical systems (virtual environment).

As part of the Dorset Care Record development, DCH is piloting 'MyDCR' in Rheumatology, Cancer, and Diabetes services. MyDCR is the patient facing component which provides patients with access to patient specific clinical documentation such as clinic letters as well as some results.

Microsoft Office 365 continues to be rolled out across the Trust with further investment in licencing required to complete the upgrade this financial year (approximately 260 machines out of 4700 remaining). We have successfully reaccredited both our ISO27001 information security management framework (ISMF) and DB1596 secure email standards.

New developments are underway to support elective recovery including digital pre-assessment for patients to complete on-line ahead of elective procedures. This provides direct links with the National electronic referral service (eRS) to assist clinicians in managing outpatient referrals which is due to go live in May. Also a new electronic record to meet the specific needs of Ophthalmology which is planned for summer 2022.

Title of Meeting	**Council of Governors Part One Meeting**
Date of Meeting	**9 May 2022**
Report Title	**Finance Report to 31 March 2022**
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 twelve months ended 31 March 2022.

This report summarises the Trust's financial performance against both the H1 plan submitted by the Trust in early May as part of the Dorset System to NHS England/Improvement (NHSE/I) and the H2 plan for the period 1st October 2021 to 31st March 2022, submitted 25th November 2021.

Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a draft (subject to Audit) surplus position to 31st March 2022 of £0.065 million against a planned break-even position.

The position also includes a number of nationally required technical adjustments in relation to Personal Protective Equipment (PPE) stock adjustment; donated assets adjustments and additional pension costs (due to be reimbursed by NHS England).

Whilst some of these have no effect on the reported position as the costs are offset by central income, some do and therefore have been adjusted against the control total performance in line with accounting guidance.

Other key areas to note have been the ongoing high spend on agency due to sickness, Covid isolation, vacancies, and ongoing operational pressures.

Efficiencies totalling £0.983 million have been delivered during 2021/22.

The cash balance at 31 March 2022 was £25.951 million, which is an improvement against the planned position.

Capital expenditure was £26.015 million, in line with plan.

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 Risk and Audit Committee can confirm there has been no non-audit work undertaken by the External Auditors during the current financial year.	
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 March 2022

COUNCIL OF GOVERNORS FINANCE REPORT FOR 12 MONTHS ENDED 31 MARCH 2022

	Plan 2021/22 £m	Actual 2021/22 £m	Variance £m
Income	245.1	256.6	11.5
Expenditure	(245.3)	(256.7)	(11.4)
Surplus / (Deficit)	**(0.2)**	**(0.1)**	**0.1**
Technical Adjustment – Capital Donations	(0.2)	(0.2)	0.0
Technical Adjustment – Donated Depreciation	0.4	0.4	0.0
Adjusted Surplus/(Deficit)	**0.0**	**0.1**	**0.1**

1. YEAR TO DATE VARIANCE

1.1 The income and expenditure position at the end of the financial year is a deficit of £0.053 million before technical adjustments in line with accounting guidance. Once these technical adjustments have been applied, namely removal of capital donations and donated depreciation, the adjusted financial position results in a £0.065 million surplus against the control total performance assessed by NHS England/Improvement (NHSE/I).

1.2 Income levels were higher than plan, despite the continued shortfall in core ERF income received, however this has been offset by increased levels of ERF+ funding received (£6.213 million). Private patient income was ahead of plan by £0.250 million.

1.3 Pay costs were above plan by £12.515 million for the year with £5.550 million relating to the COVID-19 response. Total agency costs of £12.086 million have been incurred, predominantly covering medical and nursing vacancies, sickness, isolation costs and increased bed pressures. Additional pension costs totalling £6.254 million is included in the pay position, offset by matched income (to be reimbursed by NHS England).

1.4 Drugs, clinical supplies and general non pay costs were £3.243 million more than plan for the year, primarily as a result of increased elective activity and bed occupancy, however these costs have been offset by the additional ERF+ funding received.

1.5 Efficiencies totalling £0.983 million were delivered for the year, predominantly due to Procurement and Pharmacy savings.

1.6 Depreciation and PDC Dividend costs were higher than plan by £0.085 million for the year.

2. CASH

2.1 At the end of March, the Trust held a cash balance of £25.951 million, being £8.2 million more than the planned position. The favourable position is due to timing of capital payments and an improvement in the working capital position.

3. CAPITAL

3.1 Capital expenditure to 31 March 2022 was £26.015 million in line with plan. Capital expenditure focused on Emergency Department expansion, backlog maintenance, medical equipment, investment in IT projects, design costs for the New Hospital Programme and elective recovery support following the pandemic.