Agenda

Council of Governors
2.00pm to 4.25pm, Monday 13 November 2023
at Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams

Part One Agenda – Open Meeting

1.	**Formalities**		2.00-2.05	David Clayton-Smith, Chair
	a) Welcome **Apologies for Absence:** Abi Baker	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting 11 September 2023	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	**Chief Executive's Report Q2** To receive	Enclosure	2.05-2.20	Matthew Bryant, Chief Executive Officer
3.	**CQC Maternity Report**	Verbal	2.20-2.40	Matthew Bryant
4.	**Finance Report Q2** To receive	Enclosure	2.40-2.55	Chris Hearn, Chief Finance Officer
5.	**Governor Matters** a) Poole A&E and Maternity services To be included in the CEO Report: b) Impact on bed capacity, staffing, infection control following statement from Secretary for Health and Social Care regarding trans individuals in hospitals Response already circulated: c) Clarification re staff covid testing	Verbal	2.55-3.00	Sarah Carney Simon Bishop Simon Bishop
6.	**Reflections on recent Governor meetings:** • **Update from Membership Development Committee** • **Update from Governor Workshop**	Verbal	3.05-3.10	Kathryn Harrison Chair
7.	**NED Update, Feedback and Accountability Session** • Claire Lehman – Reflections on first few months at the Trust • Dave Underwood – Charitable Funds Committee	Verbal/ Presentation/ Questions	3.10-3.50	Claire Lehman Dave Underwood
Break 3.50-4.00				

8.	**Governance Matters:** • **Lead Governor Selection** For ratification • **Vacant Governor Seats** • **Proposal for governor meetings** For approval	Enclosure	4.00-4.15	Trevor Hughes
9.	**Fit and Proper Persons Briefing**	Enclosure	4.15-4.25	Trevor Hughes
	Date of Next Public Meeting: Council of Governors, 2pm on 12 February 2024 and meeting closes		4.25	

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

Minutes of the meeting of Monday 11 September 2023
in Trust HQ Board Room and via MS Teams

Present:

Eiri Jones (Deputy Chair)

Public Governors
Simon Bishop (East Dorset) (virtual)
David Cove (West Dorset)
Kathryn Harrison (West Dorset) (Lead Governor)
Steve Hussey (West Dorset) (virtual)
Stephen Mason (Weymouth and Portland)
Maurice Perks (North Dorset) (virtual)

Staff Governors
Tony Petrou (virtual)
Tracy Glen

Appointed Governors
Tony Alford (Dorset Council) (virtual)
Jean-Pierre Lambert (Weldmar)
Barbara Purnell (Friends of DCH)
Mike Wood (Weymouth College)

In Attendance:

Abi Baker (Deputy Trust Secretary) (minutes)
Margaret Blankson (Non-Executive Director) (virtual)
Matthew Bryant (Chief Executive Officer)
Chris Hearn (Chief Finance Officer)
Trevor Hughes (Head of Corporate Governance) (virtual)
Claire Lehman (Non-Executive Director) (virtual)
Nick Johnson (Deputy Chief Executive)
Stuart Parsons (Non-Executive Director) (virtual)
Nicola Plumb (Chief People Officer) (virtual)

Apologies:

David Clayton-Smith (Chair)
Judy Crabb (West Dorset)
Lynn Taylor (North Dorset)

CoG23/046 **Welcome and Apologies for Absence**
The Chair welcomed everyone to the meeting, both in person and virtually. There were apologies from David Clayton-Smith, Judy Crabb, and Lynn Taylor.

CoG23/047 **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.

CoG23/048 **Minutes of the Previous Meeting held on 15 May 2023**
Agreed as an accurate record

CoG23/049 **Actions and Matters Arising**
Action log was approved, noting the updates provided in the action log.

CoG23/032 – Governors sought clarification around the availability of electric

vehicle (EV) charging in disabled parking spaces not within the multi-storey car park. It was suggested that the EV charging points next to the Renal Centre could be turned in to spaces for disabled parking with EV charging. CH noted that this was not currently in place, but disabled provisions would be considered as part of the wider site development.

Action: CH

CoG23/034 – a presentation from the Garden Review Group would be circulated to governors following the meeting.

CoG23/050 **Chief Executive's Report Q1**

MBr reflected on the recent Lucy Letby trial and the families at the heart of the case. This was a dominant issue for the NHS at present, with a great deal of learning to be had. The Chief Nursing Officer and Chief Medical Officer were working with clinicians across the hospital around the Trust's approach to raising and listening to concerns. MBr reflected that all members of the Executive Team were accessible and took steps to be connected with the front line of care, and MBr welcomed colleagues to contact him directly each week in his CEO Bulletin. MBr was relatively confident that concerns could be raised by staff but was cautious of the need to be continually vigilant in this regard.

MBr shared a presentation, highlighting the following key aspects of the report:

- The biggest risks to the Trust at present, predominantly demand, finance and workforce (patients with no criteria to reside, backlog of elective care, vacancies, and financial sustainability).
- Recent updates in the Dorset system including the setting of the ICB forward plan which set the strategic intent for the next five years, and the release of the NHS Long Term Workforce Plan which focused on training, retention, and reform.

Performance:

- Patient quality and safety, noting no major areas for concern. The Summary Hospital-level Mortality Index (SHMI) had been higher than expected for some time; a great deal of work had investigated possible causes for this and there was nothing to indicate that the high level was due to clinical care, rather it appeared to be a data issue.
- The Emergency Department (ED) remained very busy, with a growth rate of 9.2% compared to the same time last year, compared to a planned growth rate of 2%. DCH was the best performing Trust in the southwest for ambulance handovers in July. There were approximately 40 to 50 patients with no criteria to reside in the hospital today.
- The elective patient follow-up backlog was beginning to decline, and the Trust had good day-case rates. The biggest risk associated with delivering elective care at present was the number of appointments being cancelled due to industrial action.
- The Trust was not currently meeting the 28-day faster-diagnosis standard for cancer, but the cancer backlog was starting to decrease.

People:

- Vacancy rate remains high at 9.2%. Although the Trust was doing well in recruiting international nurses, agency usage remained high at 8% of the total pay bill.

Place:

- The Dorset system could be divided in to two areas, east and west, largely based around Local Authority boundaries. Work was ongoing with Dorset HealthCare (DHC) to develop a model of care in west Dorset, noting the

rurality of the area. Consideration was also being given to how to work with primary care to provide a team around patients.

Partnerships:

- The Provider Collaborative between DCH and University Hospitals Dorset (UHD) focused on how the two trusts could work together to improve sustainability of smaller, more vulnerable specialist services.
- The Trust continued to work with DHC on the Working Together Programme. The focus of this work was developing clinical case studies and flagship projects and engaging as many colleagues as possible when considering how the two organisations could work closer together.

Local Authority/VCSE/Primary Care:

- A local GP had been employed by the Trust to oversee interface and liaison issues between the Trust and primary care. The work sat alongside regular engagement meetings with local GPs.
- A proposal by Dorset Council to develop part of the DCH site in to a reablement facility was in the early planning stages, with a proposal to be presented to the Dorset Council cabinet. This would provide capacity for 60+ people to receive care before returning home. MBr described this as a strategically important development which would offer the Trust capacity to discharge patients awaiting onward packages of care. The proposal would be firmed-up over the coming months.

Hot topics:

- New signs had been installed throughout the hospital to improve wayfinding around the site.
- The research hub had opened in Weymouth, recognising the importance of research in providing high-quality health services.
- Industrial action continued, with consultants and junior doctors both striking on the same day in the coming week. It was recognised that the unions' dispute was with the government, not the NHS.
- The discharge lounge, known as the Portesham Unit, was now open and working well.
- In preparation for the building of the new ED and Critical Care Unit the former Damers School site had been demolished. The full business case would be submitted for approval in the autumn.

Governors asked about the key complications to progressing the reablement centre on the DCH site. NJ outlined that the Trust was seeking assurance from Dorset Council around where staff and services located in Trust HQ and the Diabetes Centre could be moved to as well as the cost and viability of this. The Trust also needed to further understand the care model of the reablement facility, and the practical elements such as design and planning permission were yet to be confirmed. This project was in the very early stages and further assurance would be sought over the coming months, before progressing on to the next stage. There was agreement that relocating the Diabetes Centre offered the opportunity to improve the service. The proposed site for the reablement centre had been intended to be developed in to key worker housing, as part of the Estates Masterplan. The Trust was working with Dorset Council to understand where this housing could be placed if the centre was developed. The staffing of the reablement facility would be managed by Dorset Council. While there was a shortage of registered nurses, it was hoped that the facility would offer the opportunity to develop more integrated workforce pathways and development opportunities for staff between the two organisations.

The Governors heard that the new Joint Director of Corporate Affairs would be a

Board-level post and would provide essential corporate support to both Boards and would work across both Trusts. The Governors would have contact with the post-holder, who would support corporate governance and the running of the Boards. The post was being funded by a vacancy in the DHC Corporate Governance team.

Governors discussed the increased demand in ED. The new ED was planned with assumed growth in activity, some of which would be offset by different models of care in the community, but the assumed growth was lower than the Trust was currently experiencing. The cause for the increase in activity was not known and if it continued at this rate, it was not sustainable. The imperative was therefore on changing models of care, and this was supported by the Working Together Programme with DHC.

It was acknowledged that this was both TG and DC's last meeting as they had completed their final term as governors. Both were thanked for their commitment to the Council of Governors and for all their hard work.

CoG23/051 **Finance Report Q1**

CH drew the governors' attention to the previously circulated paper, outlining the Trust's financial position of a deficit of £1.7m against a planned breakeven position. There were two key drivers to this; high agency usage and inflationary pressures. While there had been a great deal of work to reduce the use of high-cost off-framework agencies and to utilise lower cost on-framework agencies, the overall increase in the need for agency staff had still caused a higher than planned spend in this area. An agency reduction working group had been developed jointly with DHC to consider how to address this. In terms of inflationary pressures, gas was 25% higher and electricity was 40% higher than expected, causing significant pressure on the financial position. Sustainability plans were being fast-tracked to address this, and energy contracts were being reviewed to ensure the Trust was paying the best price.

In recent months a Value Delivery Board had been established to address the financial situation. The Trust's cost improvement programme (CIP) target was £10.9m, or 4% of total operating expenditure; this was in line with other NHS organisations. Last year's target was £5.8m so the increased target this year was a significant ask, but good traction was being seen in addressing the CIP. CH noted that the Trust sat within the wider ICS and that the CIP and financial planning of the Trust was discussed as part of the Dorset system to ensure alignment. The Value Delivery Board would ensure that a holistic view could be taken to achieve interventions across the Trust in supporting to deliver the CIP. Governors noted the difficulty for staff to deliver continual, recurrent savings each year.

CH confirmed that the Trust was tracking the impact of industrial action on achieving the targets to receive elective recovery funding.

CoG23/053 **Governor Matters**

a) Site building works progress and funding

A query had been received regarding recent media coverage which highlighted possible impact on funding for the New Hospital Programme (NHP). CH updated that the Trust was in the early wave of the programme, was currently developing the full business case and had received £6.6m in enabling funding to prepare the site for the build. There had been no communication to the Trust to indicate that further funding was at risk.

b) Operating theatre usage optimisation
MBr's presentation had discussed theatre usage optimisation. A fuller response to the query would be circulated to the governors.

c) Access to second opinion
A query had been raised regarding patients' ability to access a second opinion, in response to recent media coverage regarding the proposed "Martha's Rule". A response from the Chief Nursing Officer had advised that patients were entitled to a second opinion, in line with the requirements of the NHS constitution, but there was greater work for the Trust to develop an explicit process. The full response from the Chief Nursing Officer would be circulated to the governors.

CoG23/054 **NED Update, Feedback and Accountability Session**

Stuart Parsons – Risk and Audit Committee and the Annual Report and Accounts
SP outlined that that the external auditors KPMG would be presenting their report on the Annual Report and Accounts in part 2 of the meeting and that everything had been submitted on time for this process. As Chair of Risk and Audit Committee SP meets with the internal and external auditors independently and they have provided good feedback on the quality and attention to detail of papers produced by CH and his team.

SP noted that the Trust had delivered a breakeven position for 2022/23 and there had been good collaboration across the Dorset system to get to that point. SP recognised that there could be pressure within accounting teams to find ways in which numbers could be adjusted to achieve the desired position. This was investigated thoroughly by the external auditors and no evidence of this had been found and robust systems were in place to prevent this from happening. KPMG had identified a risk around financial sustainability and SP was keen to monitor this closely to ensure that the necessary progress was made so as not to put patient safety or care at risk, whilst delivering financial obligations.

SP also met with the Trust's internal auditors, BDO, ahead of each Risk and Audit Committee meeting. BDO continued to compliment the Trust executive team, particularly noting their engagement and prompt responses. An outstanding piece of internal audit work was the actions arising from the 2022/23 sub-contracting governance report. The original delivery date for these actions was quarter one of 2023/24 but responses were still awaited. SP was pushing BDO to ensure that a response was provided by the Trust this calendar year.

Two of the three areas BDO were working on had limited effectiveness; cyber security and safeguarding. SP reflected that it was positive that the Trust had requested the internal auditors look at areas where they felt there to be risk, so that processes could be developed to improve the position. Risk and Audit Committee had oversight of the internal audit work plan and could highlight areas for attention if needed.

SP further highlighted the work of the Trust's anti-crime programme, which was delivered by TIAA, his continued attendance at each Board sub-committee to ensure he was assured as Risk and Audit Committee chair, and his increased focus on clinical audit and clinical risks.

No questions were raised by governors.

Margaret Blankson – People and Culture Committee and Agency Spend
MB shared a presentation and outlined the following key points:

- Recent key areas of focus for People and Culture Committee, including bank and agency spend, workforce challenges, and the importance of valuing the people who worked for the Trust.
- The responsibility of People and Culture Committee in monitoring the Trust's people strategy and strategic objectives and the importance of creating a positive culture within the Trust.
- The demographics of the DCH workforce.
- The health and wellbeing offer available to staff at the Trust, which included online support and counselling, and financial support.
- Opportunities for shared services within the Working Together Programme with DHC.
- Continuing to ensure that the Trust had robust mechanisms in place for staff to raise concerns, particularly in light of the Lucy Letby case.
- A recent focus from leadership on reducing agency usage, particularly high-cost agencies, although further work was needed.
- Further slides detailed specific statistics around expenditure, sickness, and recruitment and retention.

Governors noted the importance of appraisals in supporting staff with aspirations and career development.

The presentation would be circulated after the meeting.

CoG23/055 **Update from Membership Development Committee**
Deferred due to time constraints.

CoG23/056 **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 November 2023, in the Trust HQ Boardroom and virtual via Teams.

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

Council of Governors Meeting – Part One

Presented to the meeting of 13 November 2023

Meeting Dated: 11 September 2023				
CoG23/049	Provision of EV charging in disabled parking spaces not in the multi-storey car park to be considered.	**CH**	November 2023	A review is underway to review the number and location of EV chargers across the site. This review includes the current position of EV chargers, within the multi-story car park and by the pencils. An update will be brought back in due course once review has been finalised and locations have been determined. Feedback from CoG meeting will be fed into review.

Council of Governors

System update

- Inpatient Survey – DCH The latest inpatient survey, carried out by the Picker Institute on behalf of the Care Quality Commission, captured the views and experiences of 560 patients who stayed at least one night as an inpatient at DCH during November 2022.
- Questions included in the survey ask for feedback on the patients' journeys from admission to hospital, treatment and discharge.
- The results revealed that 100% of people surveyed had trust in the doctors providing their care; 99% of people felt they were treated with dignity and respect and 85% of patients rated their overall hospital experience as 7/10 or more.
- DCH scored above the Picker average for staff explaining reasons for changing wards at night; staff not contradicting each other about care and treatment; quality of the food; being about to get food outside of meal times and having help from staff to eat their meals.

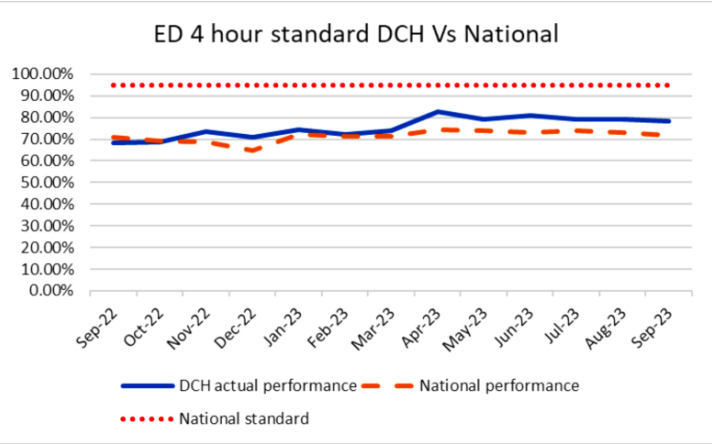
- CQC Integrated Care System Pilot
  Dorset ICS was one of two pilot sites selected to support the Care Quality Commission (CQC) in testing its ICS assessment framework. Dorset ICS pilot assessment was conducted over September and October 2023 with all ICS organisations represented to give their view of how are working together to tackle health inequalities and improve outcomes for people.

Top System risks

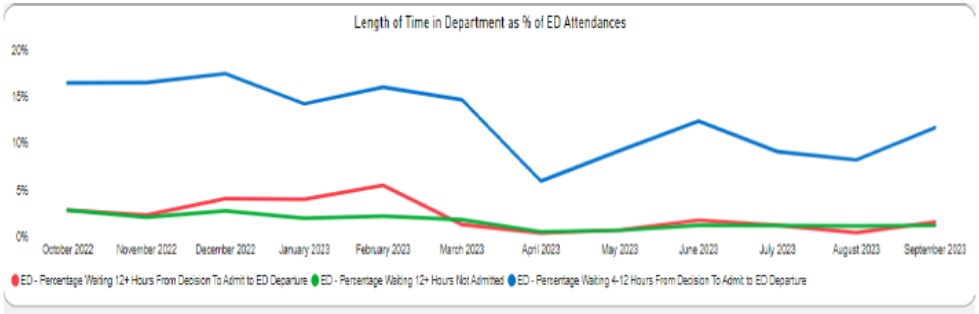
- Industrial action – impact on the delivery of safe health care to our population.
- High Agency Usage, increasing cost of personal health commission and non identification of cost improvement savings.
- Achieving operation standards in the annual plan will prove challenging.
- Medium term financial plan

Patients

What's been happening - Patients- UEC



Metric	Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23	
	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Average NRTR	75	54	75	51	75	63	67	65	67	54	51	58
Average number of overnight G&A beds occupied - adult	312	282	308	307	279	315	279	310	279	308	279	310
Percentage of beds occupied by patients no longer meeting the criteria to reside - adult	24.04%	19.12%	24.35%	16.63%	26.88%	19.99%	24.01%	20.97%	24.01%	17.53%	18.28%	18.71%



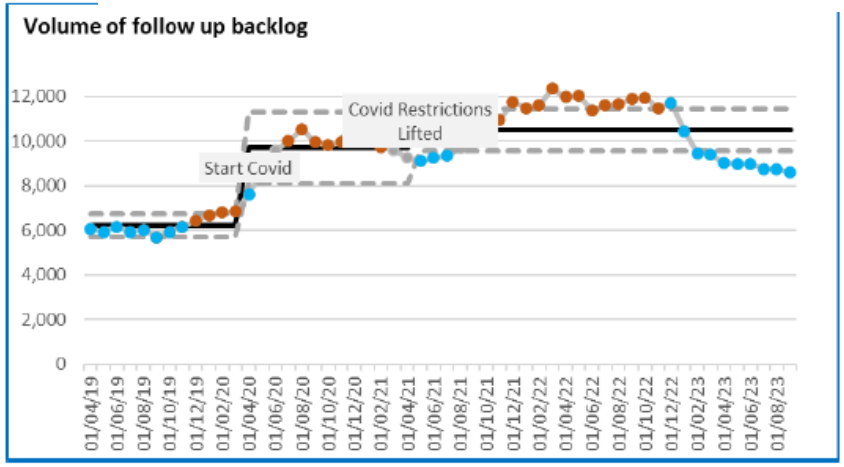
- Demand at the front door continues to be far above the level set in the operating plan, with year-to-date growth of 9.37%.
- Performance against the 4-hour standard remained above trajectory, but did reduce slightly, with the number of patients with no reason to reside increasing in month. Demand at the front door and an increasing no reason to reside number, has resulted in a decline in ambulance handover delays performance, although the Trust remains a top performer within the Region.

What's been happening Patients- Elective

W/L total size	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total W/L trajectory	20371	20486	20402	20323	20256	20161	20038	19917	19866	19721	19523	19337
Total W/L actual	20352	20047	20388	20904	21005	21079						
Variance	-19	-439	-14	581	749	918						

65+ week waiters	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
65+ww trajectory	409	375	335	298	258	221	181	141	111	70	34	0
65+ww actual	234	254	267	271	336	401						
Variance	-175	-121	-68	-27	78	180						

	Apr-23			May-23			Jun-23			Jul-23			Aug-23			Sep-23			Year to date		
Point of Delivery	op plan	actual	var	op plan	actual	var	op plan	actual	var	op plan	actual	var	op plan	actual	var	op plan	actual	var	op plan	actual	var
Day Case	1943	2091	107.62%	2389	2354	98.53%	2643	2479	93.79%	2561	2395	93.52%	2389	2120	88.74%	2389	2173	90.96%	11753	11217	95.44%
Elective Inpatients	193	164	84.97%	218	198	90.83%	279	227	81.36%	242	188	77.69%	197	188	95.43%	209	192	91.87%	1136	969	85.30%
New Outpatients	6662	6472	97.15%	7699	7450	96.77%	8315	7952	95.63%	7470	7927	106.12%	7374	7832	106.21%	7105	7656	107.76%	37406	37362	99.88%
Follow Up Outpatients	13205	13405	101.51%	14840	15152	102.10%	16,162	15073	93.26%	14669	14553	99.21%	14832	14540	98.03%	14667	14970	102.07%	74,953	73140	97.58%

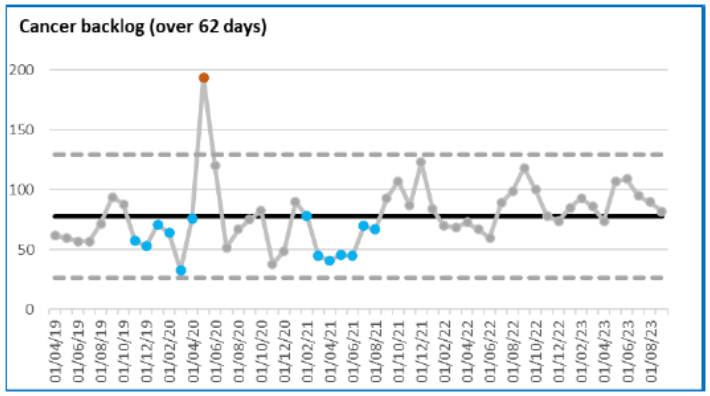


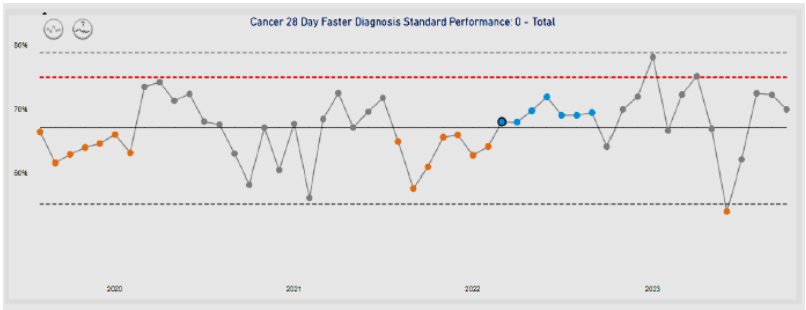
Year to date, referrals are 6% up compared to the previous year. Activity levels,
which have been impacted by industrial action, remain below plan, but the
variance between actual and plan has reduced. Below plan activity levels, combined with higher referral demand, is resulting in an increasing waiting list
(total size).

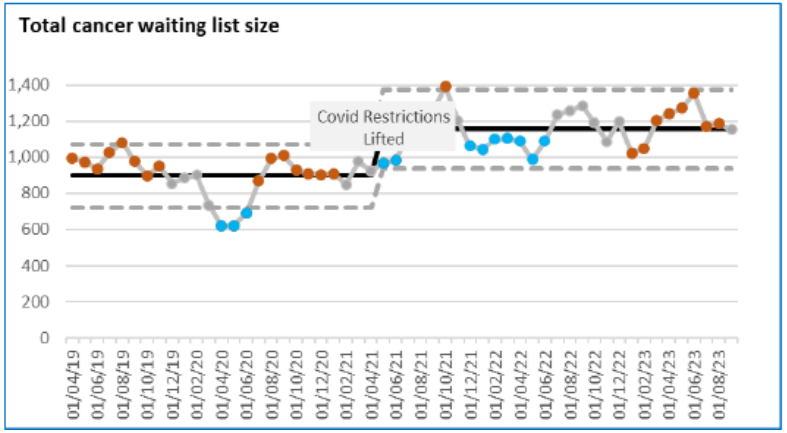
The number of patients waiting over 65+ weeks is 180 off trajectory and patients
waiting over 52+ weeks, is 641 patients off plan.. Patients are treated in clinical
order, followed by chronological order, therefore where activity is below plan, the
recovery of the long waiter's trajectory is impacted the most.

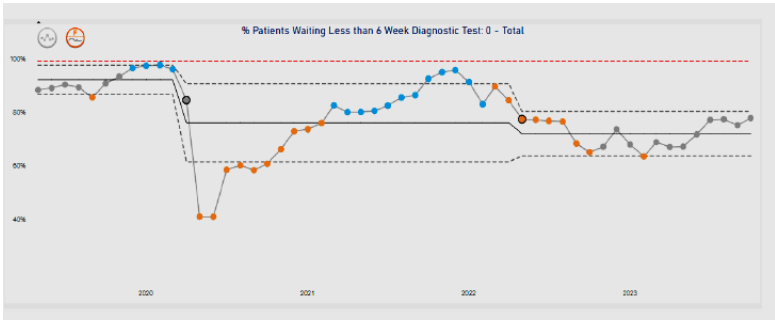
What's been happening Patients Cancer and DM01

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
62+ day op plan	70	70	75	78	80	83
Actual	74	107	109	95	90	82
Var	4	37	34	17	10	-1









Cancer performance has improved in the reporting month, with a reduction in the number of patients in the backlog (over 62 days), this number in the backlog is now better than trajectory. The 28 day to diagnostics standard, has reduced slightly, but remains above 70% and is on track to meet trajectory in October. Diagnostic performance has improved, with a reduction in total waiting list size and the number of patients in the backlog, which is now showing as improving special cause variation.

People

People

	July	August	September
Sickness	4.1%	4.3%	4.4%
Turnover	11.3%	11.2%	11.4%
Vacancy Rate	8.6%	9.5%	7.1%
Appraisal Rate	75%	74%	74%
Essential Skills	90%	90%	89%

Key Headlines

- Most People metrics remained stable over the past quarter.
- Recruitment remains challenging in many roles, but key vacancies are being filled.
- The annual staff flu and Covid vaccination programme commenced 1 October and over 500 staff were vaccinated in the first four weeks
- The 2023 Staff Survey is underway. The overall response rate is currently 32.5% and the survey closes on 24 November.

Place

NAPC | National Association of Primary Care

Introduction and Purpose (1)

The leadership team of the Integrated Care Partnership across the county of Dorset, have a shared strategic priority to make a fundamental shift in the model of care delivery out of hospital. That means building effective teams with all the necessary skills and capabilities around the needs of local populations.

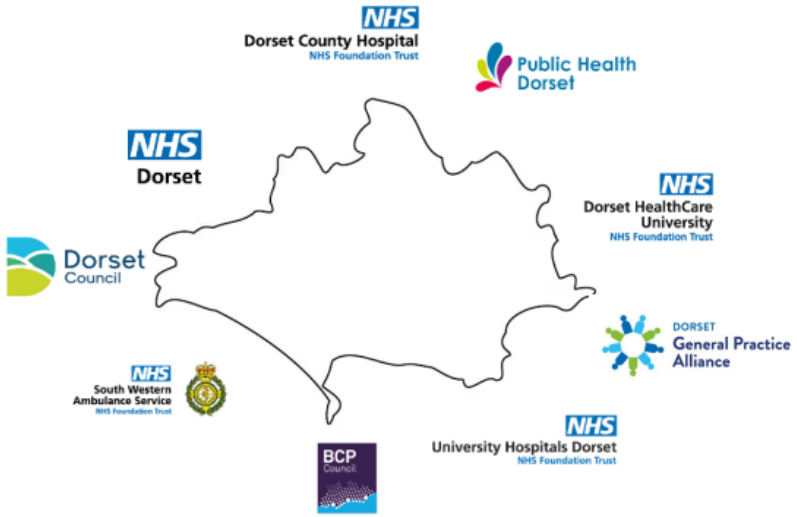
They see this approach as key to improving population health and wellbeing outcomes and mitigate health inequalities. There is also the opportunity to improve productivity and the satisfaction of providing care to local populations, through greater inter-professional collaboration, between individuals working within local teams.

This transition to a new care model and approach will be challenging to achieve and is likely to take several years to fully implement and deliver the desired outcomes.

The good news is that Dorset has solid foundations on which to build: highly rated General Practice in well-established networks; quality Community, Acute and Local Authority teams and a vibrant Voluntary Sector. In addition, Dorset already has some examples of having successfully integrated some teams. Like most systems however, consistency is the challenge.

The National Association of Primary Care was jointly commissioned by Dorset HealthCare, Dorset GP Alliance and NHS Dorset to support the delivery of this aim. In particular, to help draft the first version of an Out of Hospital Integrated Care Framework that starts to build consensus across the system on what the future model might look like, sets out the common ground on the "what", and some of the "how".

Initially, the NAPC team, Katrina Percy and Andy Mullins, conducted a broad listening exercise – engaging with over 120 stakeholders in one-to-one sessions or group discussions across the system from May through to September. An interim report summarising the feedback from those discussions was publish on 30th June, this final report incorporates the discussions they have had since.



NAPC | National Association of Primary Care

Introduction and Purpose (2)

The questions being explored as part of the listening exercise include:

1. What do you understand by the term "out of hospital"?
2. What are the best examples of out of hospital care for older people we have in Dorset - that you would like to be built on?
3. What would your vision for the future of out of hospital care for older people be? (What does it look and feel like?)
4. What might be the barriers in the way of delivering this vision?
5. What do you, or your organisation, need to do to be an active part of delivering this vision?

We found the listening exercise a real pleasure to take part in. We enjoyed hearing about the many great examples across Dorset, the innovation underway and vision for the future. We have also been struck by the passion that everyone displays for improving the health and wellbeing of the populations they serve.

What is very apparent is that there is a great deal of consensus about the broad vision for the future. There are, as you might expect, also some real areas of difference between you. Leaning in and exploring these areas and resolving them in the interests of the people of Dorset, will require patience, a genuine desire to uncover and address assumptions, and above all a focus on building trust and collaboration.

This report is designed to play back the emerging key themes and to stimulate further discussion and debate. These are illustrated using direct, anonymised quotes. It should be read along side the Draft Development Framework for Integrated Neighbourhood Teams which builds on the Listening Exercise and sets out the next steps.

As you read through the report, you might want to use the following questions to guide your reflections:

1. What do you notice about the themes/priorities and your own reactions?
2. What would you like to explore further with your system colleagues?
3. What are you drawn to act on in your own organisation to address any barriers?

The next step is to hold a series of more in depth Design and Development Sessions over the summer before the draft Framework itself is produced.

Katrina Percy

Andy Mullins

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

NHS
Dorset County Hospital
NHS Foundation Trust

NAPC | National Association of Primary Care

Place Based Partnerships together with Integrated Neighbourhood Teams of Teams delivering continuity and holistic care and support to communities they know well

Focus on what matters to local populations and the '5 Pillars', delivered through:

- Holistic, person centred care
- Multidisciplinary teams that know each other and their populations

System outcomes:

- Improved staff satisfaction
- Improved access and uptake
- Reduction in referrals to secondary care
- Reduction in ED attendance and admissions

Confident and autonomous integrated multidisciplinary "teams of teams', built around meaningful populations

Specialist Services

Place Based Partnership – West Dorset

- Dorset Healthcare
- Dorset County Hospital
- GP Alliance
- Dorset Council
- Public Health Dorset
- NHS Dorset
- VCSE
- SW Ambulance Service

Place based partnerships, equal and balanced voices. Accountable for delivery of 5 Pillars and for developing the conditions required to allow the local integrated teams to flourish.

Place Based Partnership – East Dorset

- Dorset Healthcare
- University Hospitals Dorset
- GP Alliance
- Bournemouth Christchurch and Poole Council
- Public Health Dorset
- NHS Dorset
- VCSE
- SW Ambulance Service

"5 Pillars"

1. Supporting people with mental health conditions to live better
2. Save 55,000 children from being overweight
3. Reduce the impact of deprivation (and life expectancy gap)
4. Increase the % of older people living independently in Dorset
5. Increase life expectancy across Dorset

Outstanding care for people in ways which matter to them

Partnerships

Working Together Programme

Case Studies

We are sharing a range of case studies which demonstrate the benefits to patients and staff when we work together.
You can find out more about the case studies created so far by clicking below. There are case study documents and presentations as well as videos for some of the examples.

Stroke and neuro
Presentation
Video

Chronic pain
Presentation
Video (coming soon)

Learning disabilities
Presentation
Video

Research
Presentation
Video

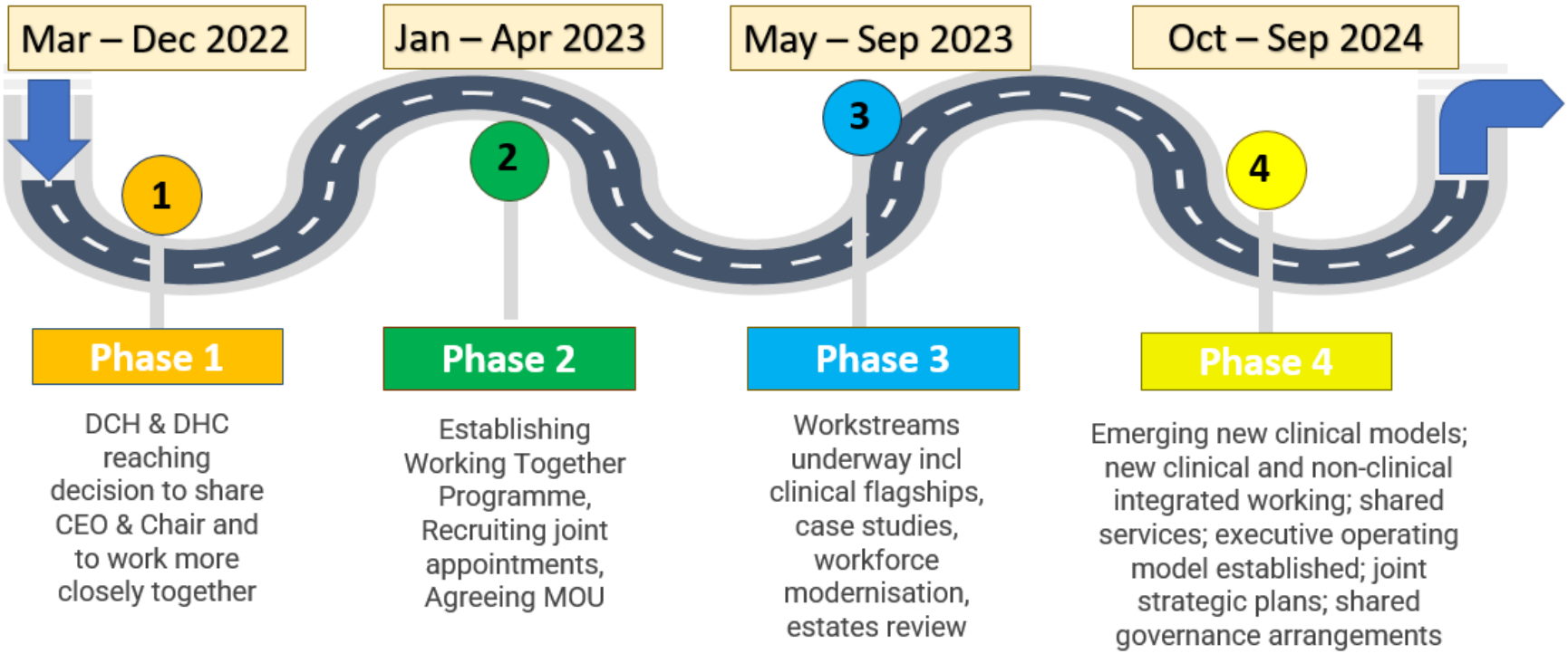
Pulmonary rehab

Presentation
Video (coming soon)

Outpatient assessment centre

Presentation
Video (coming soon)

Working Together



Our Dorset Provider Collaborative

Highlight Report
Development Dashboard

Date	Sept 23	**Executive Sponsor**	Nicholas Johnson
Chai	Siobhan Harrington, Matthew Bryant, Forbes	**Programme**	Lianne Oldham

What Progress has been made in achieving your strategic objectives within this reporting period

- Successful recruitment to role of Programme Manager – Start Date TBC
- 2x Project Managers at beginning of recruitment process. 1 being recruited through DHC to support Workforce and Agency and 1 through DCH to support CANDo, funded through UHD.
- ToRs updated for Pathology, Stroke, Diagnostics to align to ODPC – to be endorsed.
- Draft approach to Maturity Matrix and development plan developed

ID	Risk/Issue Description	Score	Current Mitigation
Risk 001	Lack of resource committed to the ODPC creating a risk that the ODPC will not have the appropriate infrastructure in place to enable delivery and provide assurance of priorities (once determined) impacting the ODPCs ability to achieve its strategic goals.	20	• Developed Options and associated benefits and risks to meet resource requirements • Providers to identify resource based on options • Additional resource identified through UHD – once in position
Risk 003	Lack of commitment of providers to the ODPC in terms of time and attention poses a significant risk to the successful development of the ODPC in the systems architecture and will impact the ultimate effectiveness and ability to achieve its strategic aims.	16	• Crucial to ensure that system providers prioritise the ODPC and are fully committed to ensure the success of the ODPC • Identify Lead Executive Link from each provider
Issue 001	The governance structure developed for the project is only interim and not fully finalised. It is subject to ongoing development and refinement as the System operating model develops, which could create confusion and uncertainty for the collaboratives own	Severity Mediu m	• Engage with those developing the model and input into any wider stakeholder discussions

ID	Milestone	Target	RAG	Latest Update
M-001	Initial provider agreement developed & endorsed by individual trust boards	Jan 23		Complete: To be reviewed as the ODPC progresses
M-002	Terms of Reference Agreed and Endorsed	Feb 23		ToRs updated and endorsed at July 23 meeting
M-003	ODPC Op Model developed and Agreed	Feb 23		Complete: Op Model to implement infrastructure agreed.
M-004	ODPC Governance structure agreed	Feb 23		Complete: Interim agreed (march) , to be reviewed and aligned when system op model developed
M-005	ODPC Comms strategy and outline plan	Apr 23		Draft Strategy developed, priorities agreed, but plan still to be developed and regular comms going out – currently delayed
M-007	Develop plans agreed and resource secured to deliver endorsed priorities	Jul-Aug 23		Framework developed & exercise underway. Shortlisted priorities to be agreed in May to inform BC
M-008	Maturity Development Plan agreed & Dashboard Developed following self-assessment	Sept 23		Self-assessment & gap analysis to be undertaken. Met with other system to see how others are utilising the tool. Approach developed and work now underway to do an initial gap analysis,but resource required.

Development on site

New Hospital Programme

Plans to develop the Dorset County Hospital (DCH) site, including building a brand-new Emergency Department and Critical Care Unit, have been given the green light by local planners.

The Trust's Your Future Hospital programme sets out plans to expand facilities on the site in Dorchester and help meet increasing demand.
These include building a new Emergency Department (ED) and Critical Care Unit (CrCU) on the site of the former Damers First School, as part of the Government's New Hospital Programme.

It will include a rooftop helipad, purpose-built spaces for both major and minor injuries and conditions, a mental health facility, a dedicated emergency paediatrics area, 24 critical care beds, and an ambulance arrivals and fast assessment area.

The Trust submitted its reserved matters application to Dorset Council over the summer after receiving outlining planning permission in January. Now that these have now been approved, DCH has full planning permission to build the new Emergency Department and Critical Care Unit.

Title of Meeting	**Council of Governors**
Date of Meeting	**13 November 2023**
Report Title	**Finance Report to 30 September 2023**
Author	Claire Abraham, Deputy Chief Financial Officer
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 at the end of the second quarter of financial year 2023/24 to September.

Dorset County Hospital NHS Foundation Trust (DCHFT) has delivered a deficit position to month six of £6.8 million after technical adjustments against a planned break even position being £6.8 million away from plan year to date.

The year to date performance is largely driven by:

- Under delivery of Elective recovery funding (ERF) based on national calculations based on months 1-3
- Ongoing industrial action
- Ongoing use of high cost agency to meet demands, driven in part by an expanded bed base
- Above planned levels of inflation
- Efficiency delivery challenges

An income risk associated with system recovery of elective activity (ERF) has been included in the position at £2.2 million shortfall backdated to the start of the financial year following NHSE draft calculations for months 1-3.

The impact of industrial action incurred continues with net costs supporting industrial action amounting to £0.6 million year to date. The opportunity cost relating to Industrial action is not included.

Agency currently stands at £2.5 million overspent against plan, with £1 million of this incurred with highest Off Framework agencies, and within this £0.2 million has been incurred year to date providing support to mental health patients.

Ongoing cover for vacancy and sickness gaps, heightened by operational pressures, with increased acuity and demand whilst supporting circa 23 escalated beds which continues to drive demand. The number of patients at the end of September with no criteria to reside was 58.

Continuation of increased cover for medical rota gaps in Unscheduled Care, Medicine for the Elderly, General Medicine and Urology also contribute to the agency overspend.

Above planned levels of inflation have been incurred year to date with gas over by 25% and electricity over by 65%, although September saw some reduction due to the mild weather.

Drugs, catering supplies, blood product contract and other contract increases are between 8% and 13.5% above planned levels.

The Trust continues to actively reviewing its sustainable energy options including strategy refresh and exploring all contract management opportunities with both cost and volume focus, for ways to mitigate inflationary pressures being incurred.

Further initiatives in relation to the high cost agency reduction project are being deployed at pace to ensure the current trend is turned around, noting the safe removal of highest cost off framework usage is planned in the coming months, aligned with System collaboration.

The Trust has delivered £2.3 million of efficiencies for the year against a year to date plan of £3.3 million. The Trust's Value Delivery Board is actively reinforcing the accountability and deliverables of programmes across the Trust, with Exec SRO sponsorship in place to reinforce the delivery of all schemes, and links to financial recovery active.

The cash position is currently £8.2 million as at September, impacted by heightened expenditure and timing of recent payments which is being closely monitored.

The capital year to date position stands at £0.3 million behind plan due to timings of expenditure payments.

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 2023/24.

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.

Freedom of Information Implications – can the report be published?	Yes
Recommendations	To review and note the 2023/24 quarter two financial position to 30 September 2023

Council of Governors Finance Report for 6 Months ended 30 September 2023

	Plan 2023/24 £m	Actual 2023/24 £m	Variance £m
Income	136.2	136.6	0.4
Expenditure	(136.4)	(144.2)	(7.8)
Surplus / (Deficit)	**(0.2)**	**(7.6)**	**(7.4)**
Technical Adjustment – Capital Donations/Depreciation	0.2	0.6	0.4
Adjusted Surplus/(Deficit)	**0.0**	**(6.8)**	**(6.8)**

Quarter Two Variance

1.1 The income and expenditure variance position at the end of the second quarter shows the Trust is away from plan by £6.8 million and is largely driven by:

- Under delivery of Elective Recovery Funding (ERF) based on national calculations based on months 1-3
- Ongoing industrial action
- Ongoing use of high cost agency to meet demands, driven in part by an expanded bed base
- Above planned levels of inflation
- Efficiency delivery challenges

1.2 Pay costs were above plan due to the ongoing high cost agency usage providing safe cover for vacancies, sickness, heightened operational pressures and the impact of industrial action.

1.3 Non Pay costs were above plan largely due to the impact of ongoing inflationary pressures, in particular gas, electricity, catering supplies (milk, bread, other dairy and oil), blood products, catering and laundry. Above plan expenditure relating to the timing of insourcing activity supporting elective recovery also contributes to the adverse position, although is not expected to continue at current levels based on latest performance modelling.

1.4 The Trust wide efficiency target stands at £10.9 million for the year, circa 4% of expenditure budgets in line with peers and national planning expectations. Full year efficiency delivery noted at quarter two stands at £2.3 million.

CASH

2.1 At the end of quarter two, the Trust held a cash balance of £8.2 million, worse than plan by £9.5 million due to the adverse Income and Expenditure position, in conjunction with the timing of payments linked to capital expenditure and prepayments. Active monitoring and key mitigations have been identified to help manage the cash position.

CAPITAL

3.1 Capital expenditure for the period to 30 September 2023 amounted to £11.6 million against a plan of £11.9 million behind plan due to the timing of planned levels of spend related to externally funded schemes for the New Hospitals Programme and Community Diagnostics Centre workstreams. This position is expected to recover with forecast levels of spend anticipated by the end of the financial year.

Council of Governors

13th November 2023

Update from

Dave Underwood Non-Executive Director (since March 2020)

Dave Underwood Non-Executive Director at DCH…

- Board lead Freedom to Speak Up
- Board lead NED for Technology/Digital/Information Governance
- Senior Independent Director
- Chair Charitable Funds Committee
- Member DCH DHC Working Together Committee in Common
- Member People & Culture, Finance & Performance and Risk & Audit Committees

Title of Meeting	Council of Governors
Date of Meeting	Monday 13 November 2023
Report Title	Lead Governor Selection – Ratification
Author	Abi Baker, Deputy Trust Secretary

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

Summary
Lead Governors are required by NHS England (NHSE) so that they can have a Governor with whom to communicate, without going through the Chair or Head of Corporate Governance, if there are problems in a Trust. The functions of Lead Governor, as defined by NHSE, are very narrow. However, in addition to these statutory duties the Lead Governor role at the Trust includes a range of other duties which are listed in the Lead Governor Role Description, as agreed by the Council of Governors in August 2018.

In September 2022 Kathryn Harrison was selected as Lead Governor for a period from 01 October 2022 to 30 September 2023. However, due to an overlap of the public governor elections and lead governor selection process in August/September 2023 Governors agreed to extend Kathryn's lead governorship for a period of two months. This allowed the Corporate Governance team to undertake the lead governor selection process after the governor elections finished and the makeup of the Council of Governors was confirmed.

Following the call for expressions of interest for the Lead Governor role, which opened on 09 October 2023 and closed on 20 October 2023, one expression of interest was received from Kathryn Harrison.

As there was only one expression of interest a ballot is not required. The appointment is subject to the approval of the majority of those Governors present at the Council of Governors meeting.

Kathryn Harrison's term will run from 20 November 2023 to 30 September 2024.

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

Recommendation	The Council of Governors are requested to ratify the selection of Kathryn Harrison as Lead Governor, from 20 November 2023 to 30 September 2024.

Title of Meeting	**Council of Governors**
Date of Meeting	**13 November 20213**
Report Title	**Vacant Governor Seats**
Author	**Abi Baker, Deputy Trust Secretary**
Responsible Officer	**David Clayton-Smith, Chair**

Purpose of Report (e.g. for decision, information)
To gain the Council of Governors' approval to carry the vacancies in East Dorset, Weymouth and Portland and South Somerset constituencies until the elections due in 2024.

Summary
Following the completion of the 2023 Governor elections, the Council of Governors currently has the following vacancies:

- East Dorset – one vacancy. Two seats were available in this constituency in the 2023 election but only one nomination was received.
- Weymouth and Portland – two vacancies. Three seats were available in this constituency in the 2023 election but only one nomination was received.
- South Somerset and Rest of England – one vacancy. No nominations were received for this seat in the 2023 election.

The Trust's Constitution states:

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

- *To call an election within three months to fill the seat for the remainder of that term of office, or*
- *To invite the next highest polling candidate for that seat at the most recent election, who is willing to take office to fill the seat for any unexpired period of the term of office, or*
- *To carry one or more vacancies (such number to be agreed by the Council of Governors) until the next set of elections due, so long as this is not detrimental to the conduct of Council business."*

<u>Considerations</u>

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

If the Council of Governors were to opt for an additional election, they should be mindful that the cost to the Trust for the elections during 2023 was in the region of £5,800 not including the time factor for Trust staff.

The next round of Governor elections are due to be held in 2024, concluding in early July, and it is recommended that the Council of Governors agree to carry the vacancies in East Dorset, Weymouth and Portland and South Somerset constituencies until the elections due in 2024.

Risk Evaluation
The Council of Governors needs to assure itself that the carrying of these vacancies is not detrimental to the conduct of Council business.

Impact on Care Quality Commission Registration and/or Clinical Quality N/A.	
Governance Implications (legal, clinical, equality and diversity or other): Governance requirement under the Trust's Constitution for the election of governors.	
Financial Implications There would be a financial implication in the current financial year if additional elections were to take place in 2023/24	
Freedom of Information Implications – can the report be published?	Yes

Recommendation	That the Council of Governors agree to carry the vacancies in East Dorset, Weymouth and Portland and South Somerset constituencies until the elections due in 2024.

Title of Meeting	Council of Governors, Part 1
Date of Meeting	13 November 2023
Report Title	Governor meetings proposal
Author	Abi Baker, Deputy Trust Secretary
Responsible Executive	Trevor Hughes, Head of Corporate Governance

Purpose of Report (e.g., for decision, information) For information	
Summary The format of Governor meetings has been under discussion throughout the year, without a clear proposal. Following agreement between the Chair and Lead Governor the future proposal for Governor meetings is laid out in this paper. It is recommended that the informal Governors' Working Group meetings are disbanded, and formal Council of Governors meetings are increased from four to six a year.	
Paper Previously Reviewed By Trevor Hughes, Head of Corporate Governance David Clayton-Smith, Chair	
Strategic Impact Greater clarity and focus around the function of Governor meetings allows Governors to more easily fulfil their duties within formal meetings where business can be transacted. This includes holding the NEDs to account for the performance of the Board.	
Risk Evaluation N/A	
Impact on Care Quality Commission Registration and/or Clinical Quality Nil	
Governance Implications (legal, clinical, equality and diversity or other):	
Financial Implications Nil	
Freedom of Information Implications the report be published?	Yes
Recommendations	To approve the proposal to: 1. Remove Governors' Working Group meetings and 2. Increase the number of Council of Governors meetings from four to six a year

Governor Meetings Proposal

At present, there are two types of meetings that all governors are invited to attend; Council of Governors (COG) meetings and Governors Working Group (GWG) meetings, both of which take place four times per year. COG meetings are formal meetings where business can be transacted, and GWG meetings are less formal and tend to focus on developing governor knowledge in particular topics.

Over the last year there have been discussions around the format of governor meetings and whether these need to be changed. There has been a view that the distinction between GWG and COG meetings has been unclear and that there is a lack of clarity around the function and purpose of GWG meetings.

In March 2023 a Governor Meetings Review Group was established, with representation from the Council of Governors, Corporate Governance Team and a Non-Executive Director (NED). The purpose of the group was to review the existing arrangements for governor meetings and the group met on one occasion. However, the work of the group was put on hold in recognition that the incoming Chair would want to review governor arrangements once in post.

Since joining the trust, the Chair has met with the Lead Governor on a regular basis, and they have discussed the arrangements for governor meetings. The proposal arising from those conversations is for Governor Working Group meetings to be disbanded and to increase Council of Governors meetings to six meetings a year, i.e., bi-monthly. Bi-monthly meetings allow for:

1. Greater clarity around the regularity and dates of meetings for governor colleagues

2. Easier accommodation of the administration of the meetings in the workflow of the Corporate Governance team, than is currently possible with eight meetings a year

3. Greater focus in the role of Governor meetings allows Governors to more easily fulfil their duties, within formal meetings where business can be transacted

Additionally, there is a need to formalise the administrative arrangements in delivering COG meetings (e.g., agenda setting, calling for governor matters etc.). This has proved challenging while administering two quarterly meetings (COG and GWG) but moving to bi-monthly meetings offers the opportunity to support this goal and will ensure greater efficiency in the administration of the meetings.

The COG meetings will be the formal space where governor business will be transacted and six meetings a year are sufficient for this purpose.

In addition to six formal COG meetings a year, time will be given to sessions dedicated to governor training and development. These may take place jointly with the Dorset HealthCare Council of Governors or may take place with Dorset County Hospital Governors only. These will be set up on an ad-hoc basis as required, but do not fall in to the scope of formal COG meetings.

It is further recommended that Non-Executive Director (NED) attendance at COG meetings continues at two NEDs per meeting. This will allow for each NED to attend three meetings per year where they can update the Governors on their work within the Trust and will allow the Governors to fulfil their statutory role of holding the NEDs to account for the performance of the Board.

Following the Governor Workshop on 19th October there is a recognition that COG agendas need to be reviewed. A draft framework for COG agendas is appended to this paper for comment.

The proposal is to remove Governors' Working Group meetings and to introduce six (bi-monthly) COG meetings starting in February 2024. The proposed dates are below:

- 12 February 2024
- 08 April 2024
- 10 June 2024
- 12 August 2024
- 14 October 2024
- 09 December 2024

The Council of Governors is asked to

Approve the proposal to:

1. Remove Governors' Working Group meetings and
2. Increase the number of Council of Governors meetings from four to six a year

Author: Abi Baker, Deputy Trust Secretary
Date: 09 October 2023

Council of Governors
[start time] to [end time], [date]
at Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams

Part One Agenda – Open Meeting

	Agenda item	*Delivery method*	*Time*	*Presenter*
1.	**Formalities**		5 mins	Chair
	a) Welcome **Apologies for Absence:**	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting [date]	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	**Chief Executive's Report** To receive	Enclosure	20 mins	Chief Executive Officer
3.	**Finance Report** To receive	Enclosure	15 mins	Chief Finance Officer
4.	**Reflections on governor meetings** • Membership Development Committee • *Any other meetings that can feed back in a public forum*	Verbal	10 mins	Chair of MDC
5.	**Governor Matters** a) … b) … c) …	Verbal	10 mins	Govs who raised those matters
6.	**Governor feedback on the performance of Board Sub-Committee**	Verbal	15 mins	Governor observers
7.	**NED Update, Feedback and Accountability Session** • NED 1 • NED 2	Verbal/ Presentation/ Questions	40 mins	NED 1 NED 2
8.	*Any other public items*			
9.	*Any other public items*			
10	*Any other public items*			
	Date of Next Public Meeting: Council of Governors, [time and date] and meeting closes			

Council of Governors
[start time] to [end time], [date]
at Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams

Part Two Agenda – Confidential Meeting

	Agenda item	Delivery method	Time	Presenter
1.	**Formalities**		5 mins	Chair
	a) Welcome **Apologies for Absence:**	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part Two Meeting [date]	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	*Any other confidential items*			
3.	*Any other confidential items*			
4.	*Any other confidential items*			
5.	**Governor discussion time**	Verbal	15 mins	Chair
6.	**Chair's Closing Remarks and Date of Next Meetings:** **Council of Governors, [time and date]**	Verbal	5 mins	Chair
7.	**Meeting Closes**			

Implementation of the new Fit & Proper Person Test Framework

Council of Governors Meeting

Executive Lead(s):	Nicola Plumb, Chief People Officer Julie Dawes, Interim Director of Corporate Affairs (DHC)
Accountable Officer(s):	David Clayton-Smith, Joint Chair Matthew Bryant, Joint Chief Executive
Author(s)	Tim Bossenger/Katie Noke/Julie Dawes/Hilary Harrold
Date of Meeting:	13 November 2023
Purpose of Report	1. The purpose of the paper is to advise the Council of Governors of the new Fit and Proper Person Test (FPPT) Framework which was published by NHS England (NHSE) in August 2023. The Framework aims to help strengthen and reinforce the individual accountability of Board members, and the transparency around this. 2. The paper also aims to provide assurance that arrangements are being established to ensure effective implementation of the new Framework, including by describing the specific actions we need to take and the support that will be provided by NHSE.

Executive Summary

NHS England (NHSE) published a new Fit and Proper Person Test (FPPT) Framework on 2 August 2023 alongside guidance for chairs and staff on implementation. A directory of board level learning and development opportunities was published at the same time. NHSE expect elements of the Framework to be used from 30 September 2023 with full implementation by 31 March 2024.

This briefing paper sets out the key elements of what is required by the Framework, gives an overview of its contents and highlights the changes to current arrangements for Dorset County Hospital board members. NHS provider trust chairs are accountable for ensuring this Framework is implemented effectively and nominated senior individuals responsible for taking actions set out in the Framework. Priority actions are proposed to support local implementation of the new requirements.

Recommendations	The Council of Governors is asked: a) To **NOTE** the report, which was presented to the Board of Directors on 26 September 2023.

Implementation of the new Fit & Proper Person Test Framework

Background and Context

1. The licence under which DCH operates as an NHS provider of services requires that the Trust "*must not appoint, or have in place, a person as a Director who is not fit and proper*".

2. 'Fit and proper' has been broadly defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 as being an individual:

   - of good character
   - with the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed
   - who are 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
   - who 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

3. Examples of 'unfitness' are also defined in the legislation:

   - the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged
   - the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland
   - the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986
   - the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it
   - the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland
   - the person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

4. In 2018 Tom Kark QC and Jane Russell (Barrister) were commissioned by the Government to review the FPPT, with a widely held perception that the test under Regulation 5 was not working. The final report, issued in 2019, and having examined the failings at a number of NHS bodies, made seven recommendations. The recommendations covered a broad range of areas including: the competency of Board members, the recording of Board member information (e.g. qualifications and history), mandatory reference requirements for Directors, and powers to disbar Directors for serious misconduct.

5. Formal acceptance of the recommendations was delayed due to the desire to consult widely, and then the subsequent outbreak of the pandemic. When considered, five of the seven recommendations made were formally accepted, with the recommendations not accepted covering the power to disbar Directors and Senior

Managers for serious misconduct[1] and an examination of how FPPT works in social care.

6. On 2 August 2023, NHS England published its new FPPT Framework in response to the five recommendations that were accepted from the Kark review. The purpose of the Framework is to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.

7. The new Framework applies to all Board members–executive/non-executive/permanent/interim - and is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member. The Framework also aims to help Board members build a portfolio to support and provide assurance that they are fit and proper, whilst preventing demonstrably unfit board members from moving between NHS organisations.

8. NHS Trust Chairs are now ultimately responsible and accountable for taking all reasonable steps to ensure that the new Framework is implemented effectively in their organisation, but there are also specific key roles for Chief Executives, Chief People Officers, and Company Secretaries.

9. NHSE regional directors are responsible for ensuring chairs of provider trusts/FTs and ICBs meet the requirements. The Framework (section 3.6) outlines the responsibilities of the chair. Chairs will be subject to the same FPPT requirement.

The New Fit and Proper Test Framework

10. The new Framework is effective from 30 September 2023 and NHS organisations are expected to use it for all new board level appointments or promotions and for annual assessments for all board members going forward from that date. In practice, NHSE expects that certain elements of the Framework should be used from 30 September 2023, with full implementation then required by 31 March 2024.

11. The new Framework, and supporting documentation, can be found at:

    https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/

12. The purpose of the new Framework is to strengthen individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.

13. Whilst the FPPT has was first introduced by the Care Quality Commission (CQC) in 2014, the Framework introduces new and more comprehensive requirements around Board appointments and annual review, going beyond what both DCH and other NHS organisations have been doing previously.

14. It is important to note that the Framework does not require any retrospective action and specifies that it is for all new board appointments or promotions and for future annual assessments.

15. The key changes are:

    - a new *standardised board member reference template* for references for all new appointments, with additional questions (relevant to FPPT). For board members who leave their position, organisations must complete and retain

[1] Recommendation 5 related to the establishment of a new independent body, with its powers including investigation, judgement and sanction. This recommendation is "not being progressed at this time"

locally the new member reference, whether or not the reference has been requested by the prospective employer.

- Updates in the NHS *Electronic Staff Record* (ESR) will be made in order store relevant information related to FPPT checks and references, providing a standardised approach to recording, testing and enabling internal compliance reporting

- An *NHS Leadership Competency Framework* will provide guidance for the competence categories against which a board member should be appointed, developed, and appraised

- a *full FPPT review* will be undertaken, against the core elements of the new Framework, whenever new Board appointments are made (including if a Board member moves to a new role in their current organisation, and annually thereafter

- The *annual assessment* needs to be in line with the FPPT checklist, which is set out at appendix 7 of the Framework, so all NHS organisations are required to ensure that they are fully familiar with this document.

- *annual self-attestations* by Board members to confirm adherence to the regulations will continue.

- for *joint appointments*, checks will be undertaken by the host/employing organisation and confirmed to the other contracting organisations (for Board roles filled by two individual - in essence, job shares – both individuals will need to be assessed).

- The duty to *store information* relevant to the annual assessment (as set out in the checklist) will apply to existing directors (as they will have to comply with the assessment each year) and not only new appointees/promotions.

16. Section 3.1 of the Framework contains three flowcharts on suggested approaches to the assessment, including the board member reference process. The flowchart that illustrates the main process is shown below in Annex 1.

Scope

17. The Framework applies to executive and non-executive directors of integrated care boards (ICBs), NHS Trust and Foundation trusts, NHS England and the CQC, interim as well as permanent appointments where greater then six weeks and those who are called “directors” within Regulation 5. This is irrespective of voting rights on the Board or contractual terms.

18. There is flexibility within the Framework for Trusts to extend its scope to cover other senior managerial positions for example, to those who regularly attend board meetings or otherwise have significant influence on board decisions.

19. Deputies are specifically included within the scope of the Framework if they act up to cover a board members role for a period of six weeks or more. Following recent discussion, the Joint Executive Team have determined that for the avoidance of doubt, that it would be prudent for both DCH and DHC to include deputies (from the point of appointment) within the scope of managing the implementation of the Framework.

20. The annual submission requirement is however limited to board members only.

Local implementation of the new FPPT Framework

21. The immediate steps for implementation of the new approach include:

- To inform Board members – by virtue of this paper – that new data points are being added to the Electronic Staff Record system, which will record the testing of relevant information about Board member qualifications and career history. Board members are asked to highlight any specific concerns in relation to this, noting that the data will be managed and controlled in the same way as the existing data that has been collected.

- From 30 September 2023, appointment processes for board members will be in line with the Framework to ensure that potential appointees have demonstrated they have met the FPPT requirements. The Chief People Officer and Director of Corporate Governance will review and revise current arrangements

- From 30 September 2023, apply the new standardised Board member reference template in relation to taking up references for all new Board appointments

- From 30 September 2023, complete and retain locally the new standardised board member reference for any board member who leaves their position for whatever reason and record whether or not a reference has been requested. This is regardless of whether they are moving immediately to another NHS role. This responsibility will sit with the Trust.

- New data fields in ESR will be used to store information related to FPPT checks and references, in line with the criteria detailed in the Framework. This will provide a standard way to record and report compliance internally. The Associate Director of Corporate Governance will hold responsibility for collating the information in an accurate, complete, and timely manner for updating on ESR on behalf of the Trust Chair. Appropriate system testing for readiness will be carried out. The retrospective population of data is not however being proposed.

22. The identified ongoing work towards ensuring full compliance with all remaining aspects of the Framework by 31 March 2024, include:

- The development of an FPPT project implementation plan outlining the actions to be taken and the associated timescales in order to provide a coordinated approach between the Chief People Officer and Director of Corporate Governance across both DCH and DHC organisations.

- A new standardised Fit and Proper Person Policy and/or Standing Operating Procedure (SOP), incorporating the recommendations from this paper is also currently being developed to ensure each Trust has robust processes in place to adequately perform FPPT assessments, and to adhere to the requirements of Regulation 5. This document will be presented in due course to the respective DCH/DCH Trust Boards for formal approval.

- The establishment of a time limited, joint task and finish group to ensure the required pace and oversight for the implementation of the Framework. This group will be accountable to the DCH/DHC Joint Executive Team with periodic assurance provided to the respective Audit Committees.

- Ensuring that the related principles and values that underpin the Framework and provide additional context to understand the aims are incorporated into our existing Board Development programme, and cover: the NHS Constitution, the seven NHS guiding principles, the core NHS values and the Nolan Principles of Standards in Public Life.

Support to be Provided by NHS England

23. NHSE has committed to providing a range of support for organisations to help effectively implement and embed the new approach, including:

    - Provision of a suite of supporting documentation, covering FPPT checklist, guidance for Chairs, guidance on completing the Board member references, annual self-attestation template, letter of confirmation, annual submission reporting template (available now).

    - A new suite of Board level learning and development opportunities (available now)

    - A new NHS Leadership Competency Framework (LCF) for Board level roles (originally expected to be published before the end of September 2023)

    - A new Board appraisal framework which will be used for the appraisal of all Board Directors for 2023/24 (March 2024)

Link to the Verdict in the Trial of Lucy Letby

24. Although the actions required in response to the verdict in the trial of Lucy Letby are broad – covering, for example, culture and Freedom to Speak-Up, NHSE in their letter of 18 August 2023 took the opportunity to remind all NHS organisations of their obligations under the Fit and Proper Person requirements "*not to appoint any individual as a Board director unless they fully satisfy all FPPT requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not)*".

Governance and Assurance

25. The following governance arrangements have been adopted to date in order to raise the awareness and understanding of the Framework requirements:

Meeting/Committee	Trust	Date of meeting
Joint Executive meeting	Joint	18th September
People & Culture Committee	DCH	18th September
Board Meeting	DCH	27th September
Board Meeting	DHC	4th October
Council of Governors meeting	DHC	31st October
Council of Governors meeting	DCH	13 November

26. Whilst we are still in the process of working out some of the finer operational processes and procedures that will be included in the proposed Fit and Propre Person Test Policy and/or SOP, we are in the spirit of openness and transparency in a position to confirm at this stage that the following robust assurance arrangements will be put in place:

- an annual report of FPPT compliance is presented to the Trust Board and Council of Governors, and that these reports will be diarised in the relevant Committee workplans
- that following presentation at the Trust Board and Council of Governors, the high-level outcomes of the FPPT assessments will be included in the annual report and on the Publications page of the Trust website.
- that the FPPT processes, controls and compliance supporting the FPPT assessments are subject to review by internal audit every three years
- that the specification for any future commissioned well-led or board effectiveness review should include the FPPT process and testing.

Conclusion

27. The new Framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual Directors, a set of standard competencies for all Board directors, and a new way of completing references with additional content whenever a Director leaves an NHS Board.

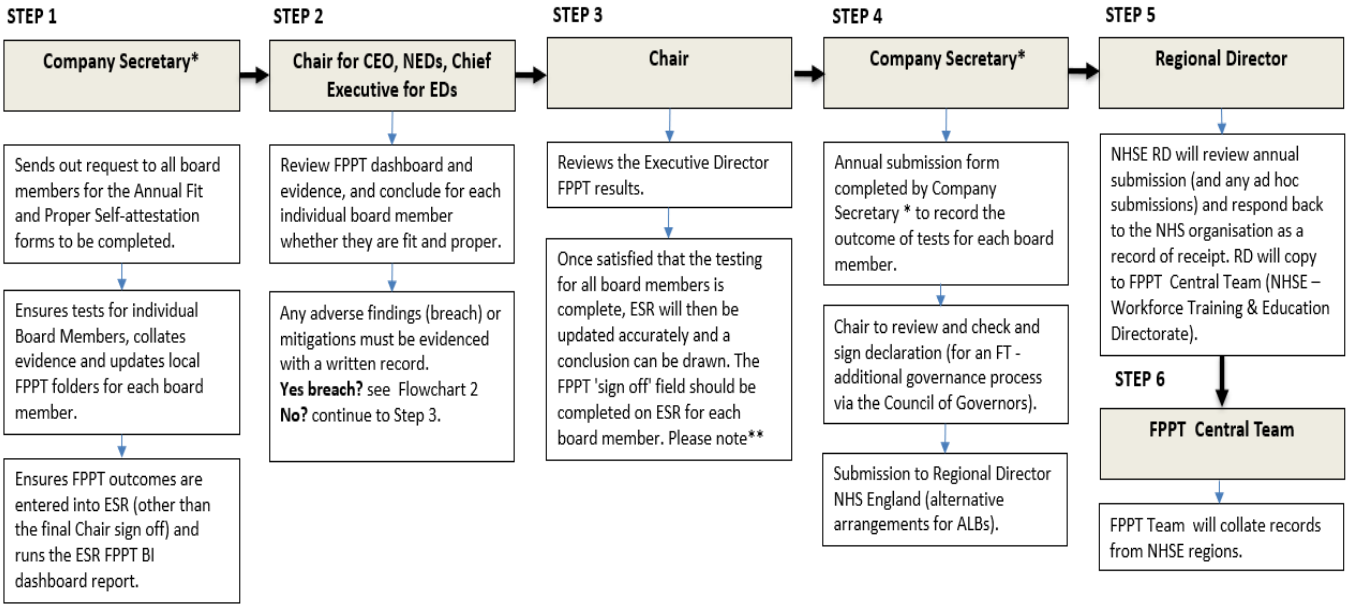
28. Aside from a number of specific requirements to be implemented from 30 September 2023 onwards, there will be some detailed work for the Trust to undertake in order to ensure full implementation and compliance. This is likely to require some new or revised processes.

Recommendations

29. The Council of Governors is asked:

a) To **NOTE** the report, which was presented to the Board of Directors on 26 September 2023.

Fit and Proper Person Test – Implementation Flow Chart



*Or senior member of staff nominated by and behalf of, the Chair, eg HRD
** SID/Deputy Chair to carry out FPPT on the Chair and 'sign off'
SID = Senior Independent Director
ESR= Electronic Staff Record