Council of Governors part 1
09/12/2024

Mon 09 December 2024, 14:00 - 16:00

Agenda

14:00 - 14:10
10 min

1. Formalities

https://app.admincontrol.net/Bp?info=1

- 1 DCH GoG Agenda 091224 pt1 (002).pdf (2 pages)
- 1b. DCH CoG Minutes 141024 Part One (JS) DCS.pdf (8 pages)
- 1b CoG Actions PART ONE from 14 10 24.pdf (1 pages)

14:10 - 14:15
5 min

2. Chair's Update

- Joint Chair Report for DCHCoG 20241209.pdf (2 pages)

14:15 - 14:45
30 min

3. CEO Report

- COG DCH - Nov 2024.pdf (21 pages)

14:45 - 15:00
15 min

4. Finance Report

- CoG Finance Report to October 2024.pdf (5 pages)

15:00 - 15:10
10 min

5. Reflections on recent Governor meetings

15:10 - 15:25
15 min

6. Governor Matters

15:25 - 15:35
10 min

Break

15:35 - 15:55
20 min

7. NED Update

15:55 - 16:00
5 min

8. Chair's Closing Remarks

16:00 - 16:00
0 min

9. Appendix-information pack

- Gov Information Pack contents page Decemeber 2024.pdf (1 pages)
- Assurance Report QC 26 November 2024.pdf (2 pages)
- Assurance Report - DCH - FPC November 2024 - DU CH.pdf (3 pages)

People and Culture Committee in Common Assurance Report DCH November 2024.pdf (5 pages)
Strategy Transformation and Partnerships CiC Assurance Report Nov 2024.pdf (2 pages)
9.1 Assurance Report - DCH Charitable Funds Committee (19.11.24).pdf (2 pages)

Dorset County Hospital
NHS Foundation Trust

Council of Governors (Part 1) of
Dorset County Hospital NHS Foundation Trust
09 December 2024 at **2.00pm to 4.00pm**
Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams

AGENDA

Ref	Item	Format	Lead	Purpose	Timing
1.	**FORMALITIES**				
	a) Welcome Apologies for Absence:	Verbal	David Clayton-Smith, Trust Chair	Information	2.00
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Information	
	c) Minutes of the Council of Governors Part 1 Meeting dated 14 October 2024	Enclosure	David Clayton-Smith	Approve	
	d) Actions and Matters Arising from those minutes	Enclosure	David Clayton-Smith	Approve	
2.	**Chair's Update**	Presentation	David Clayton-Smith	Information	2.10
3.	**CEO Report**	Presentation	Dawn Dawson Chief Nursing Officer	Assurance	2.15
4.	**Finance Report**	Enclosure	Chris Hearn Chief Finance Officer	Assurance	2.45
	Reflections on recent Governor meetings: • Membership Development Committee • Constitution Review Committee	Verbal	Kathryn Harrison	Assurance	3.00
6.	**Governor Matters** a) Minor injuries services Weymouth and Portland b) Dissemination of information c) Insurance policy for wheelchair assistance d) Cleanliness of exterior area at South 1 and North 1 e) Security guard costs, training	Verbal	Anne Link Kathryn Harrison Tim Limbach Tim Limbach Jean-Pierre Lambert	Information	3.10

	To be covered in the CEO report: f) Waiting list data		Maurice Perks		
Break 3.25-3.35					
7.	**NED Update, Feedback and Accountability Session**	Verbal/ Presentation/ Questions	David Clayton-Smith	Assurance	3.35
8.	**Chair's Closing Remarks and Date of Next Public Meetings:** Council of Governors, 2pm on 17 February 2025		Chair	Information	3.55
9.	**Meeting Closes**				4.00
	Appended to the papers is an information pack for the Governors				

Quorum:
The quorum of the meeting as set out in the Standing Orders of the Council of Governors is below:

No business shall be transacted at a meeting of the Council of Governors unless at least one-third of the whole number of the Governors is present.

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

CONFIDENTIAL

Minutes of the meeting of Monday 14 October 2024
In the Trust HQ Boardroom and via MS Teams

Present:		
David Clayton-Smith	DCS	Trust Chair
Public Governors		
Mike Byatt	MBy	Weymouth & Portland
Judy Crabb	JC	West Dorset
Alan Clark	AC	Weymouth & Portland
Kathryn Harrison	KH	West Dorset (Lead Governor)
Maurice Perks	MPe	North Dorset
Simon Bishop	SB	East Dorset
Staff Governors		
Robin Armstrong	RA	Staff Governor
Max Deighton	MD	Staff Governor
Jack Welch	JW	Staff Governor
Appointed Governors		
Barbara Purnell	BP	Appointed Governor, Friends of DCH
Rory Major	RM	Appointed Governor, Dorset Council

In Attendance:		
Sarah Anton	SA	Corporate Governance Officer
Abi Baker	AB	Corporate Governance Manager
Margaret Blankson	MBl	Non-Executive Director
Matthew Bryant	MB	Joint Chief Executive
Dawn Dawson	DD	Joint Chief Nursing Officer
Mandy Ford	MF	Deputy Director of Corporate Affairs
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Nick Johnson	NJ	Joint Director of Strategy, Transformation & Partnerships
Lynne Paterson	LP	Freedom to Speak Up Guardian (item COG24/64)
Nicola Plumb	NP	Joint Chief People Officer
Adam Savin	AS	Director of Operation, Performance and Planning
Jacqueline Stratford	JS	Joint Governor and Membership Manager (Minutes)
Stephen Tilton	ST	Non-Executive Director

Apologies:		
Jean Pierre Lambert	JPL	Weymouth & Portland
Tim Limbach	TL	West Dorset
Anne Link	AL	Weymouth & Portland
Carol Manton	CM	North Dorset

CoG24/059 **Welcome and Apologies for Absence**

The Chair welcomed everyone to the meeting, both in person and virtually. Apologies were received from Carol Manton, Jean Pierre Lambert, Anne Link, and Tim Limbach

CoG24/060 **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.

No interests were declared.

CoG24/061 **Minutes of the Previous Meeting held on 12 September 2024**

The minutes of the previous meeting held on 12 September 2024 were accepted as a true and accurate record.

CoG24/062 **Actions and Matters Arising**

The action log was approved, noting the updates provided in the action log.

No other matters arising.

CoG24/063 **Chair's Update**

DCS presented his update, circulated earlier, and highlighted:

- The joint NED appointments to be ratified in the part 2 meeting;
- The first iteration of the Joint Committees had been held;
- The Chair and Non-Executive Director appraisals and FPPT had been submitted in good time
- The Chair had carried out hospital visits to services including pathology, Medical Physics, Ridgeway Ward and Maternity services;
- Annual Members Meeting were held for both DCH and DHC;
- Attended the Swanage Hospital League of Friends AGM;
- Speaking event for the League of Friends around creative health and the role of art within healthcare including how to develop art in community hospitals with Judy Gillow and a meeting with Gemma Alldred, The Arts Development Company around Creative Health in Dorset Strategy and also met with Penny Calvert, Creative Health;
- Judy Gillow, UHD attended to observe a DCH Board Part 1 meeting and Eiri Jones will be attending a UHD board meeting.

CoG24/064 **Freedom to Speak Up Introduction**

The Chair introduced Lynne Paterson, DHC FTSU guardian who made a presentation on Freedom to Speak Up which included:

- Background to Mid Staffs and the Frances Report;
- Role of the FTSU guardian;
- Reasons to speak up;
- Who can speak up?
- How to speak up;
- Barriers to speaking up:
- Encouragement around staff speaking up.

KH asked how many people contact FTSU per month? In 2023 there were 20 cases in 2024 this has increased to 50. The increase was felt to be a backlog from Covid and the accessibility and visibility of the FTSU guardian.

RA commented that there were a number of existing routes ie PALS, when would staff use the FTSU and what advice would he give to his team? LP advised that staff should be encouraged to take the route that suits them and to view FTSU as another route available to them. CH felt visibility was an advantage so that staff can be encouraged and there was greater engagement from non-clinical staff. JW agreed that people come through staff network channels ie Without Limits with support from LP and DCH HR directorate. MB stated that the Trust encouraged FTSU and recognised it as an asset in the organisation.

JW asked if there was enough capacity in terms of demand for FTSU and could one person cover the issues? LP explained that her role was currently full time to

meet the demands in the last few months. DD stated that from a safety perspective it was vital for staff to feel psychologically safe to peak up and there were key routes available for people to raise concerns.

CoG24/065 **Chief Executive's report**

The CEO presented a previously circulated report and highlighted:

- New Hospitals programme (NHP) had received funding approval;
- Patients praised standards of care at DCH in the latest adult inpatient survey carried out by the Picker Institute on behalf of the CQC;
- Autumn vaccination programme has commenced;
- Work on winter planning was underway in Dorset and the NHS nationally;
- Weymouth theatre has opened in terms of elective activity;
- In response to a query from Governors - Estates colleagues have been working to improve the hospital grounds;
- Noted the strong work happening in patient experience and referenced the veterens care presentation at the last Board meeting;
- Bournemouth Sympathy Orchestra who visited DCH to bring music to EOL, therapy and stroke recovery, children and young people as part of our commitment to holistic care.

Adam Savile, Director of Operation, Performance and Planning updated the meeting on the paper previously circulated and highlighted the following:

- Emergency pathway – NRTR patients position improved supporting flow and 4 hour standard;
- Elective care – DCH continuous wait list growth was 871 patients higher than plan for August 2024; 6.74% more referrals compared to 2023 and delivery of elective care 16% growth compared to pre-covid levels; patient wait list is shorter and have maintained zero patient wait beyond 104 weeks and end of November 2024 should have eradicated patient waiting over 65 weeks. This was helped by Weymouth theatre opening in September resulting in 230 4-hour theatre lists achieved.
- Patients Cancer – 15% increase in referrals compared to 2023. Capacity is being converted to meet the cancer demand; diagnosis has been 70% above 28 days standard between April-August; despite the growth in demand wait lists have remained static due to increase in the level of activity delivered.
- Patient Diagnostics – Backlog in Cardiology and Endoscopy has continued And performance against the standard has fallen but wait lists have reduced due to work in the imaging modality; Work with UHD and additional activity has been secured for the summer months to resolve these issues.

Dawn Dawson, Chief Nursing Officer highlighted the following items:

- Reminded the meeting of the work around the patient safety incident response framework (PSIRF).
- Reduction of 11% in falls in 2024 and there is continued focus in this area;
- Following concerns in the Mary Anning Unit and improvement plan has been put in place with focussed support.
- Infection prevention and control for DCH was in line with threshold levels set by NHSE for 2024/25;
- New Complaints standards have been implemented;
- Maternity services received a visit from insight team who were pleased with progress.

Nicola Plumb, Chief People Officer highlighted the following items:

- Overall stable position – some progress has been made around appraisal rates which the leadership team will continue to monitor.
- Vaccinations are ongoing and the staff survey was current with a 11% response rate so far. DCH has struggled last 2-3 years and consideration is being given as to the possibility of incentivising staff to respond - UHD had trialled this to good effect.
- Leadership team are looking to reduce WTE numbers whilst also improving peoples experience or working for DCH.

Nick Johnson, Director of Strategy, Transformation and Partnerships highlighted the following items on the Integrated Neighbourhood Teams (INT) progress.

- Focus on the scope of the programme;
- Launched four INT, Weymouth & Portland, Boscombe, Purbeck and Poole West;
- Plan in place for the launch of all INT by financial year end with a sustainable plan in place for these initiatives;

MBy asked the question what agreement was in place for patient records or records cut across different agencies ie NHS and local authority. NJ responded that the first phase was around the health issues which would then include working with local authorities and health and care teams. Currently individual health agencies operate different systems and there is a task and finish group looking at how agencies could access one system in parallel and including local authorities. The Dorset Care Record (DCR) which teams are encouraged to use. Discussions will continue on this issue.

MB referred to the position with patients in the system and the reductions made in bed use and the slowly improving position for NCTR. However, NCTR numbers were still in the red and there was an agreement across the system that NCTR would fall to 35 people in beds at any one time (DCH has approx. 300 hospital beds). This has a significant impact on the system which has been running at 50 or above, a problem which shows up financially as beds have been escalated as a result of NCTR patients who would be better cared for elsewhere.

In terms of the strategic outcome-based commissioning framework, this was one of the system priorities which would be developed by April 2025. This would mean that the emphasis would be on payment by outcomes ie whole episodes of care rather than stages of care with outpatient or follow up appointments. It was agreed that this was under development within the system.

KH asked a question about INT – what difference can patients and members of the public expect to see having these initiatives in place. NJ said that the ambition is to create a system where people can tell their health story once to one health and care team. This would reduce referrals, duplication, linking up all necessary services and allowing teams to get upstream to become proactive rather than reactive. Patients should see improvement immediately once INT is launched in Weymouth & Portland.

An infomatics around the INT was being put together and it was proposed that this would be included in a future Membership Committee for Governors information.

Before introducing the Finance update for DCH, MB stressed that the financial position in Dorset was very challenging. Primary concerns were finance and capacity for winter. Regarding finance, in Dorset the ICS has a financial allocation of £1.8bn per year, the forecast is for a shortfall of £30m in Dorset. That is made up of £24m there is some degree of uncertainty for achieving this for year end and

a deficit from DCH. MB forewarned governors of running a deficit of £20m for this year which does put pressure on DCH and focus will be on these issues in the coming months

Chris Hearn, Joint Chief Finance Officer highlighted a number of issues from the slides circulated earlier:

- The Trust set out with a break even position for the year, noting the large degree of risk articulated above by the CEO, together with a risk across the wider system of £20m deficit.
- From a DCH perspective and a true year to date position at month 5 there was a 6.9m deficit which was £500,000 away from plan.
- Three things are driving the deficit – large degree of inflationary challenges and pressures, increase in the cost of drugs and NCTR funded bed base.
- Development around efficiency in the CIP programme is essential and this was a recognised risk.
- There has been a lot of work around temporary staff and a huge reduction in agency staff of a third since last year.
- Capital remained constrained with relatively limited capital on an annual basis of £7.5m of trust capital each year with work on the Fortuneswell chemotherapy unit and theatre on East wing.
-

MBy had a question on the impact of commissioning and working across ICB and how that demonstrated a financial benefit to the trust? NJ gave an example of this through provider collaborative and service options that have been more sustainable ie UHD on rheumatology and orthodontics. Working closely with ICB to inform them of the work and new modelling and this should not be seen as a top down commissioning instruction from the ICB but rather a partnership.

MP felt that inflation in the cost of drugs and operational pressures was not unexpected and asked if the forecasting and planning system should be improved and what were the risks and contingencies put into the system. CH felt this was a good challenge and stated that the Trust has a robust forecasting system in place and have articulated the risks. The planning cycle was a challenging event on an annual basis and none of the pressures experienced this year were not called out as a risk throughout the planning cycle but the exact details changed throughout the year. It was agreed that the Trust gets central guidance on drugs and work closely with prescribing, pharmacy and clinicians to ensure efficiency

KH raised a question articulated by the public around the waste of drugs – was there a drive to ensure everyone is as efficient as possible? CH agreed external and internal forums to work with pharmacies and collaborative work was being undertaken in the County and a lot of guidance and regulation and benchmarking nationally.

DCS asked what was the typical cost per bed per year re escalation beds – CH said the cost per bed was £450 per day (validated by NHSE). This equates to £164,000 per year each bed in excess of commissioned funds.

DCS asked Governors if they had any feedback from the Joint NED/CoG workshop held on 30 September. KH thought the meeting was very good and helpful in many ways but also it feels as though we have been talking about joint working for long time and feel that this should be put into practise but don't feel in the right place for Governors with the ability to hold the NEDs to account. Governors would like the NEDs to be more engaged. DCS agreed that NEDs could discuss the escalation reports and Governors should observe at Board meetings.

MP asked if the scope of the strategy discussed at the Joint NED/CoG meeting was one ICB, one national health service, a health trust and two NHS acute trusts in Dorset? NH replied that the Joint strategy was for DHC and DCH and majors on partnership working in system with other health and care partners and the day itself was about joint working between DCH/DHC. There was also a presentation from Chair of ICB as the ICB responsible broadly for NHS input for whole county.

JW found the meeting positive but would have appreciated more time for conversation as presentations limited time in the tables for discussion, his preference would be that there are more opportunities to directly engage with NEDs in this format.

MBy asked for clarification around the difference between strategy and strategic with the opportunity of working collaboratively together and opportunity for strategic thinking? DCS says the Trust is run by Executive Directors and NEDs hold them to account and Governors thold the NEDs to accounting for the functioning of the Board and the Committees. Governors do need to come to these activities to comment on these Committees and have a dialogue.

CoG24/066 **Governor Matters**

- Does the Trust enforce parking rules? – MB said the majority of site was a closed environment and therefore self-enforcing. TL who posed the question thought parking in disabled places designated for chemo therapy was being abused and queried if there were sanctions for this Both our transport team and our Security teams do check for illegal parking and do have the power to enforce as a last resort.

  CH responded for patient areas like Chemotherapy, patients have been issued permits which they should display making it easier for our patrols to identify the correct, or incorrect use of this parking facility. Estates and Facilities would encourage anyone who witnesses the misuse of these spaces, or any other dedicated patient parking area to immediately report the same to our Transport Department.

- Arts in Hospital at South Walks House SB asked if the art in the main hospital going to be extended to SWH? - . NJ responded the Arts in Hospital presence in SWH is via the Wayfinding concept and local landmark icons. We have avoided adding additional artwork so as not to confuse this guidance element. There is also a bespoke design in both the staff room and quiet rooms. There are also plans to reinstall a large piece of work as you exit the lift on level 2. It is not clear if this question is referring to staff or public spaces but there are currently no funds to decorate the staff offices. A hot drinks machine for SWH has been included in the latest contract update with the supplier. Lead time 6 to 8 weeks

- Integration of digital across Dorset? – MBy asked if there was a coherent idea of what this means as platform for improving peoples' health in a broader context. NJ responded that the Trust works closely and proactively with system partners to co-ordinate digital initiatives. The ICB is responsible for system wide digital solutions and communications. MB reported back on a meeting he had attended with the ICB and NHS Providers and a national body working with NHSE on

digital exploring and going beyond healthcare records, what is the potential for digital to transform healthcare. This was an ongoing conversation in DCH strategy with the aim of empowering citizens using digital means to manage their own health. This would be a long term aim and obviously aligned to traditional methods to develop a fully integrated electronic health record.

CoG24/067 **NED Update, Feedback and Accountability Session**

Stephen Tilton

Stephen has been a NED at DCH for 4.5 years. Before this he was a NED in Hereford & Worcester Health and Care Trust. He was also an academic classicist from Cambridge with a career in financial services initially working for Price Waterhouse and regulated financial firms or financial regulators. He is a classical musician and was a professional singer and director at Chapel Royal at the Tower of London for 10 years. Until July Stephen chaired Finance and Performance Committee and was a member of risk and audit and quality and chair DCH subco, pharmacy subsidiary. He lives locally.

Stephen attended the first Finance and Performance Committee in common in September. It was a very positive first meeting and an escalation report was included in the information pack. He highlighted this was an opportunity to produce a proper executive summary to gain assurance from Executive Directors, he felt the length of papers was not helpful and this underlined the necessity for a cohesive and clear summary. There are four NEDs attending the meeting, including himself, Andreas Haimboeck-Tichy, Dave Underwood and Frances West. Although the meeting was longer than previously, the operation and organisation of all CiCs will be reviewed in six months.

Stephen felt it was interesting to recognise that DCH had the longest running arts programme in the country and is one of 80 out of 280 Trusts which have such a programme. He referenced the July presentation at Board regarding a patient suffering from dementia in Mary Anning ward presented by a creative health specialist which included arts, crafts and other creative activities including dancing and singing. He recently met with Simon Pearson and Susie Rushbrook, Arts Programme Co-ordinator and will meet with DCS to discuss how to take this forward. To have a discussion with Suresh Ariaratnam to exploring how DHC can become part of an arts in hospital programme.

Margaret Blankson

Margaret is currently vice chair of the Joint People and Culture and in her second term as NED at DCH. Previous experience included 17 years in local government working across leisure, recreation, education, strategic services, community liaison and EDI locally and nationally. She has worked in the private sector and the voluntary sector in charities and continued to work in the public sector with the MET and Prime Minister's office. She worked around the SRB funds, new deals for committee funds into the mid 2000's and worked joined up thinking with private sector and proactive heart health with the private sector and corporate and social responsibilities and in the sports arena exploring how clubs could engage in working with communities, understanding relationship opportunities and social responsibilities. She also worked in South Africa and the Caribbean.

She was currently NHS trustee on board and on senior regulatory appointment panels ie RICS and a consultant around leadership and organisational change and executive leadership. Margaret became a NED following Covid. She also currently sits on the Executive panel fori the Seacole group where part of the role is to

increase the number of BAME NEDs across the country. Margaret is a regular theatre goer

Margaret is currently vice Chair of the People & Culture CiC and Frances West is the Chair and have worked closely to share experiences about what new CiC should look, sound and feel like and they have spent time thinking about joint skill set for all the NEDs attending this CiC and the expected outcomes of the Committee. Margaret outlined the process of the CiC and the focus of the CiC meetings, deep dives and site visits.

JC asked a question around the current figures on annual appraisals was this leading to inequality in staff and educational funding and was there a link with the increased workload for FTSU? Appraisals were an ongoing concern and NEDs have asked the Executive Directors to explain why some divisions fail to provide whilst others manage the appraisal process. There was a focus on the impact of workforce training, sickness and absence. Both Frances West and the CEO had identified these areas of concern and changes were expected in the next quarter.

KH asked what assurance NEDs have in place to look at the right things or to ensure these were being brought to committee and those things that fall through the cracks in both Trusts. ST reassured the meeting that the improved process for the presentation of risk to Committees ensure that risks were easier to identify and consider. The process of agenda setting, consideration of action points and themes together with checks and balances should mitigate the possibility of things falling through the cracks.

DCS responded to a question from KH about there are opportunities to hold the NEDs to account to ensure they were satisfied that the Executive Directors are holding their roles. DCS asked KH how this would work better for Governors. KH felt it would be interesting to see how it works having NEDs regularly attending Council meetings. It was suggested that, following the success of the Joint NED and Councils meeting in September, a quarterly event to work with Governors would provide a platform for Governors to hold NEDs to account.

CoG24/068 **AOB:**

On 20 November there will be a talk in Brownsword Hall, Poundbury by Kate Adie, patron of a charitable campaign to ensure the new DCH A&E department has sufficient art in it. All governors were invited to attend. KH agreed to circulate information to the council.

CoG24/069 **Chair's Closing remarks and date of next public meetings**

The Chair closed the public meeting to move forward for Part 2.

CoG24/070 **Meeting Closes**

Council of Governors Meeting – Part One

Presented to the meeting of 09 December 2024

Meeting Dated: 14 October 2024				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
Nil				

JOINT CHAIR REPORT COUNCIL OF GOVERNORS (DCH) – 14th October to 9th December

DCH	
14th October	CoG Meeting
14th October	Visit to Ridgeway Ward
21st October	Visit to Clinical Engineering
22nd October	Inaugural Annual Thanksgiving (Memorial)
23rd October	Visit to Evershot Ward (Diabetes Inpatient)
4th November	Regular monthly meeting with Kathryn Harrison, Lead Governor
4th November	Quarterly Informal Staff Governor meeting
11th November	Visit to Diabetes Centre (Diabetes Outpatient)
20th November	Hospital Charity Event – An Evening with Kate Adie
2rd December	Chief Medical Officer Interviews
4th December	Senior Leadership Quality Walkaround – Weymouth Community Hospital
DHC	
2nd October	Board of Directors meeting
16th October	Governor Induction meeting
16th October	Chairman & COO Induction meeting
16th October	Becky Aldridge, Governor Co-ordinator meeting
11th November	Quarterly Informal Staff Governor meeting
20th November	Council of Governors meeting
21st November	Introductory meeting with Meherzin Das, Lead of Psychology
Joint	
14th October, 11th November & 9th December	Combined NEDs meetings (DCH & DHC NEDs)
6th November	Joint Board Workshop
6th November	Joint DCH RATOS & DHC Appointments & Renumeration Committee
13th November	Monthly Chair & Deputy Chairs meeting

14th November	NED Digital Special meeting
27th November	Strategy Transformation& Partnerships Committee in Common
Ongoing	Bi-monthly 121s with NEDs
System	
17th October	MP Introductory meeting – Lloyd Hatton, MP (South Dorset)
21st October	MP Introductory meeting – Edward Morello, MP (West Dorset)
22nd October	ICP Board meeting
5th November	Pre- ODPC Steering Group meeting
13th November	Bi-monthly CEO/Chair meeting (NHS Dorset/DCH &DHC/ UHD)
13th November	Quarterly 121 with Jenni Douglas-Todd, ICB Chair
14th November	Quarterly CEOs & Chairs Meeting (DCH/DHC & UHD)
21st November	BCP Culture-led Health & Wellbeing Conversation
22nd November	Chair & NED ODPC Steering Group
3rd December	NHS Provider Digital Boards: Managing Supplier Relationships
5th December	South West 10 Year Plan System Leadership Engagement Workshop
Other	
23rd October	Creative Health in Dorset Strategy 'melting pot' meeting
4th December	Creative Health – Penny Calvert monthly meeting

Dorset County Hospital
NHS Foundation Trust

Council of Governors

09 November 2024

Healthier lives Empowered citizens Thriving communities

Trust Update

Dorset County Hospital
NHS Foundation Trust

14 October 2024

Dorset County Hospital is transforming its Fortuneswell Unit for patients undergoing chemotherapy treatment.

Funded by the Trust and money raised from Dorset County Hospital Charity's Chemotherapy Appeal, the £2million refurbishment will include a revised layout with more space, better facilities and an outdoor courtyard space.

25 November 2024

A procedure room at Dorset County Hospital (DCH) has been transformed into a full operating theatre for Special Care Dentistry and other surgeries.

The £2million project was jointly funded between DCH and NHS Dorset, which commissions the Special Care Dentistry service provided by Somerset NHS Foundation Trust at the main hospital site.

The space within main theatres was originally used for smaller procedures that were carried out under local anaesthetic. Upgrading the room to become an operating theatre allows DCH specialties to perform ear, nose and throat, gynaecology and orthopaedic procedures, as well as general surgeries.

It also gives Special Care Dentistry additional theatre capacity for operations, which will help reduce waiting times for patients. The service provides dentistry care for adults and children with additional needs, including people with learning disabilities and mental health, medical or physical health issues.

Trust Update

Dorset County Hospital
NHS Foundation Trust

27 November 2024

Dorset County Hospital (DCH) is continuing to provide good urgent and emergency care, despite the ongoing pressures faced by Emergency Departments throughout the country.

The latest Urgent and Emergency Care Survey, carried out by the Picker Institute on behalf of the Care Quality Commission, captured the views and experiences of 467 patients who attended DCH's Emergency Department between April and July last year.

The survey asked for patient feedback on their arrival, waiting times, privacy, doctors and nurses, care and treatment, tests, hospital environment and facilities, support recovery at home, leaving A&E, respect and dignity and overall experience.

DCH scored 'better than expected' in overall patient experience in comparison with other trusts, with 82% rating their experience highly. DCH also scored 'better than expected' in questions focused on leaving A&E and 'somewhat better than expected' in questions focused on privacy and respect and dignity. In the remaining questions, DCH scored 'about the same' in comparison to other trusts.

Areas for improvement included further information being provided on how patients can care for their condition at home, ensuring patients understand the explanation given by a doctor or nurse on the condition and treatment and further explanation as to why certain tests were needed.

System Update

Dorset County Hospital
NHS Foundation Trust

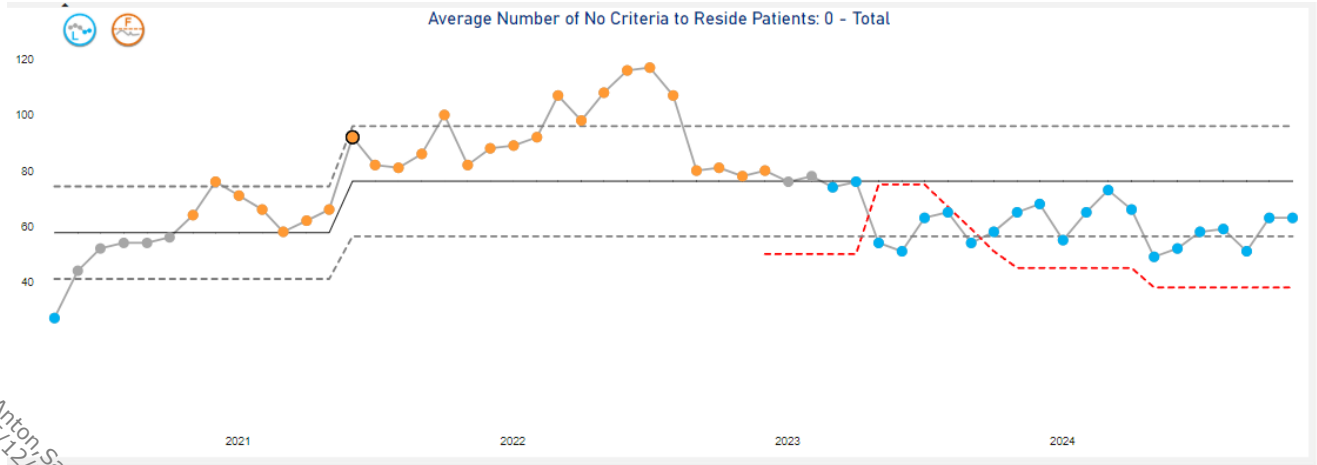
- Continue to work with our GPs to support the sustainability of primary care. We hope to have a proposal of support to discuss with our primary care colleagues by the end of November.
- Implement the service models for mental health access and wellbeing for children and young people and adults. Our aim is to have made sufficient changes that we can start to work towards true parity during 2025/26. This would mean implementing in April 2026 a zero tolerance approach to admitting those with mental health conditions to acute hospitals.
- Commission new service model for all age neurodiversity and ensure all key standards for SEND are achieved. This will enable us to work towards parity in 2025/26, ensuring that from April 2026, we take a zero tolerance approach to neurodiverse children and young people being admitted to acute hospitals.
- Reduce length of stay and reducing the number of patients stuck in hospital who are medically ready to leave - referred to as patients with No Criteria to Reside (NCTR) - awaiting a care package and concluding the Intermediate care model review.
- Continue to implement the dental recovery plan.
- Transform the delivery model by shifting more care to the out of hospital setting and reducing hospital admissions and ED attendances. The implementation of Integrated Neighbourhood Teams is critical to this
- Continue to progress the NHP to a successful conclusion.
- Develop a strategic outcome-based commissioning framework for implementation in April 2025.
- Implement of the plan to embed health inequalities and prevention into our clinical service models. Our health inequalities conference in November will be important in laying out this commitment.
- Commission new models for End-of-Life services and support for those in our communities who are homeless.
- Continue to work with partners on the development of place.

Performance Update

Dorset County Hospital
NHS Foundation Trust

What's been happening - Patients- UEC

Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4 hour performance (all)	81.80%	79.70%	78.20%	76.90%	81.40%	82.20%	79.00%					
4 hour performance trajectory	78.69%	78.37%	78.58%	78.32%	78.26%	78.18%	78.15%	78.30%	78.04%	78.21%	78.21%	78.10%
Variance	3.11%	1.33%	-0.38%	-1.42%	3.14%	4.02%	0.85%					



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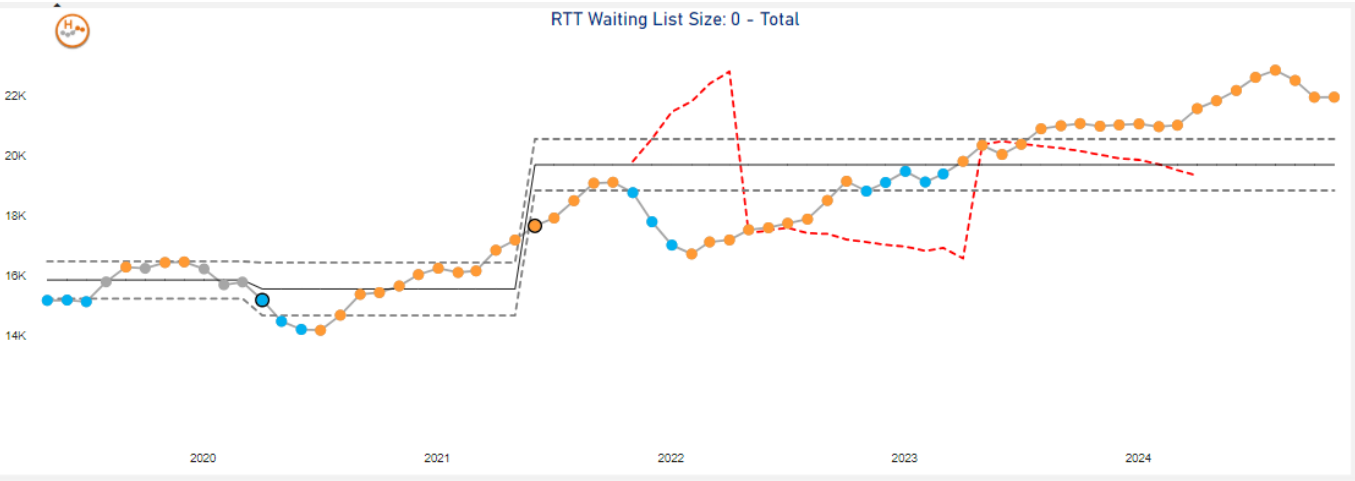
Metric	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24	
	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Average NRTR	33	49	35	52	36	58	36	59	35	51	36	63	36	63
Average number of overnight G&A beds occupied - adult	282	301	296	296	298	304	294	298	288	304	292	307	294	314
Bed Occupancy %	90.10%	97.10%	96.42%	97.30%	98.03%	98.70%	98.00%	98.00%	96.00%	98.00%	97.33%	98.60%	98.00%	98.50%
Percentage of beds occupied by patients no longer meeting the criteria to reside - adult	12.21%	16.30%	12.11%	17.60%	12.24%	19.10%	12.24%	19.80%	12.15%	16.80%	12.33%	20.50%	12.24%	20.10%

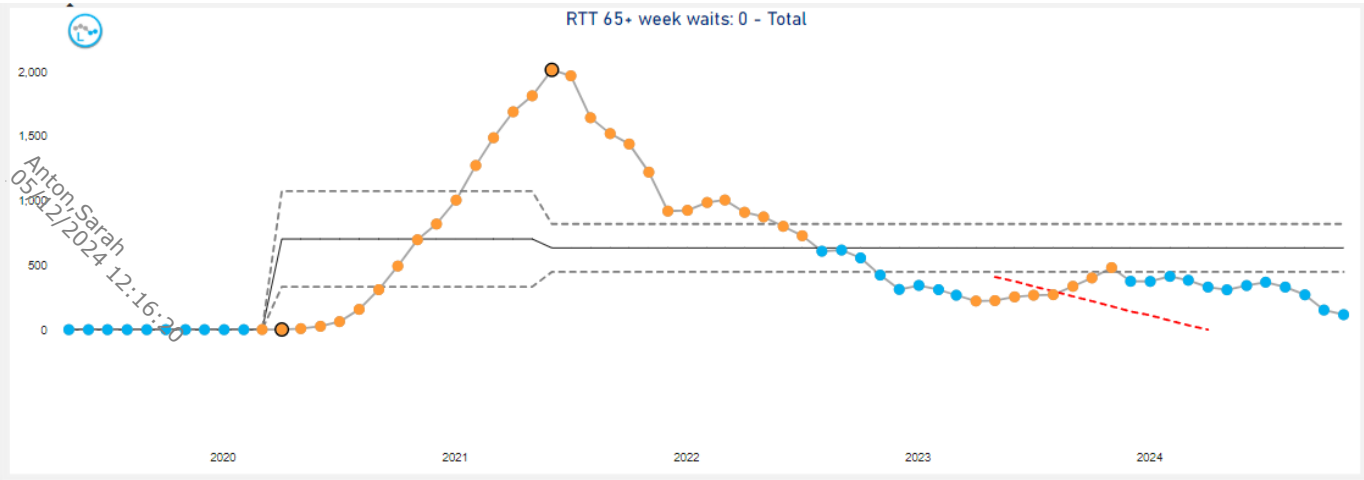
- National target for 2024/25 is 78%, DCH have achieved this for Q1 and Q2
- Demand at the front door is 0.2% up compared to last year and 9.25% up compared to 2019/20
- Growth in demand is coming from walk ins, rather than ambulance or GP expected
- NRTR is above trajectory for Q1 and Q2, with the average number of open beds above plan to account for this and offset the beds not generating flow.
- NRTR significant improvements and progress continues but the Trust performance is still below the trajectory set at operational planning.

Performance Update

Dorset County Hospital
NHS Foundation Trust

What's been happening Patients- Elective Care





- Total waiting is now at its closest to trajectory this year at only 151 patients above plan.
- Referral volumes YTD are 7.92% up compared to last year plans were written on the assumption of zero growth
- Activity levels (volume) are at 108.25% of the 2019/20 baseline
- While the waiting list size has grown, those waiting the longest has decreased from over 2,000 patients waiting over 65 weeks for treatment at the end of the COVID shut down, to 116 at the end of October.
- Zero patients waiting over 104 days at the end of August

Performance Update

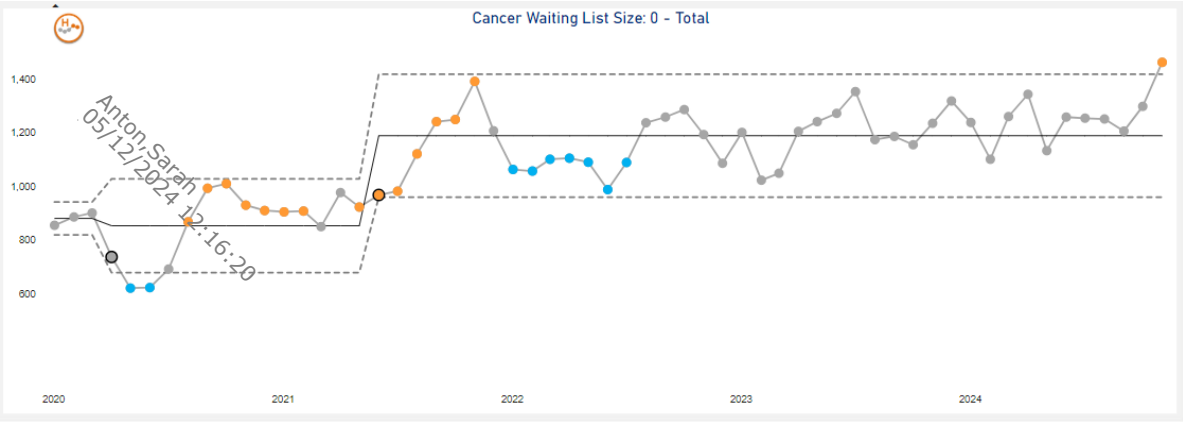
Dorset County Hospital
NHS Foundation Trust

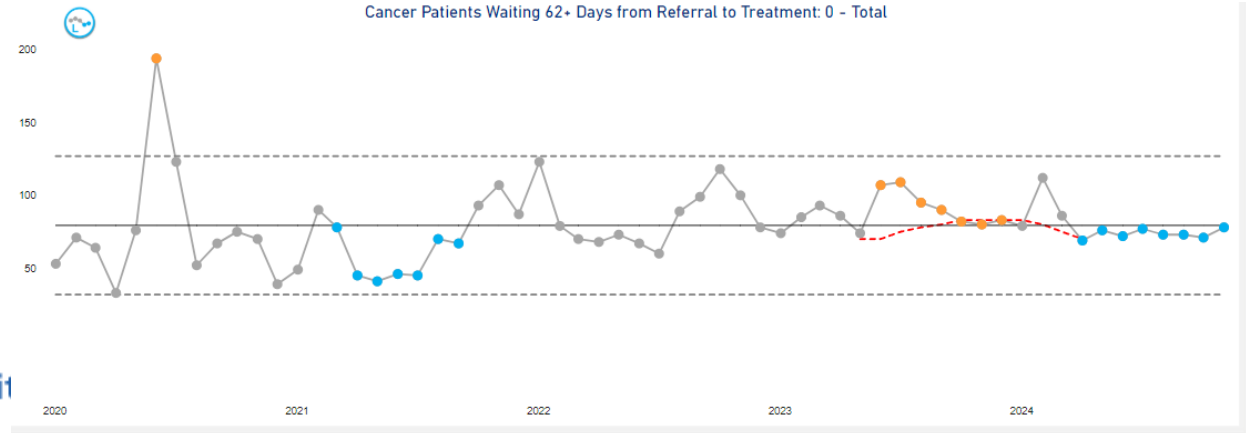
What's been happening Patients Cancer

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FDS op plan	75.33%	75.56%	75.55%	75.10%	75.62%	75.09%	75.93%	75.88%	75.07%	75.04%	76.03%	77.94%
Actual	70.68%	72.91%	75.74%	77.18%	75.38%	74.39%	79.10%					
Var	-4.65%	-2.65%	0.19%	2.08%	-0.24%	-0.70%	3.17%					

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
62 day RTT op plan	71.30%	70.37%	70.91%	70.75%	70.21%	70.11%	70.83%	70.18%	70.09%	70.94%	70.49%	70.69%
Actual	77.21%	63.91%	74.92%	82.41%	68.52%	73.73%	72.60%					
Var	5.91%	-6.46%	4.01%	11.66%	-1.69%	3.62%	1.77%					

- Performance against the 28 day to diagnosis standard has been above 70% consistently since July 2023
- The treatment standard percentage (62 day), DCH has achieved the standard 5 out of 7 months.
- Referrals YTD are 11.64% up compared to last year and 44.35% up compared to 2019/20.
- The growth in demand, has seen the total waiting list size grow, the number in the remained static, due to the level of activity delivered

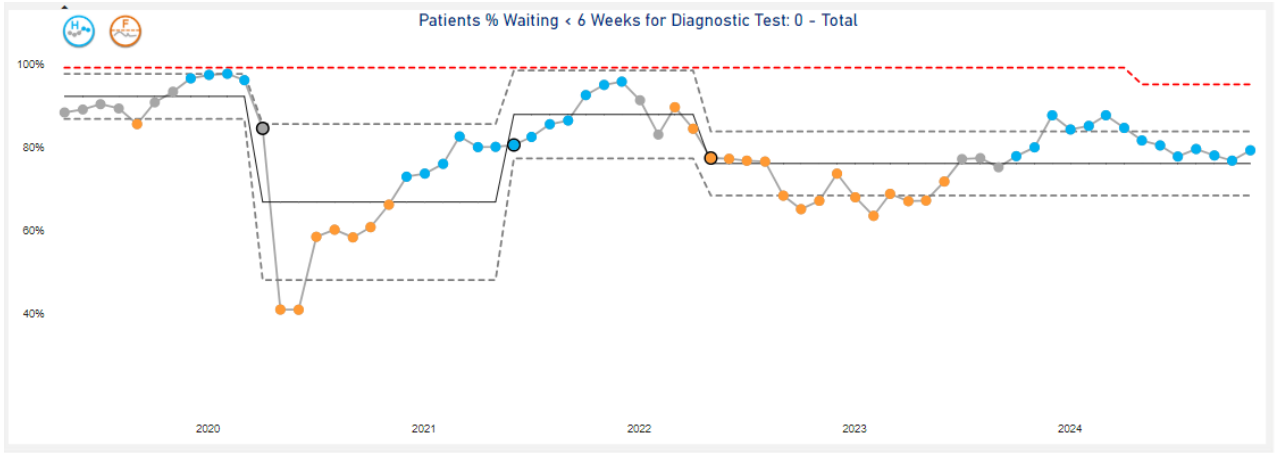


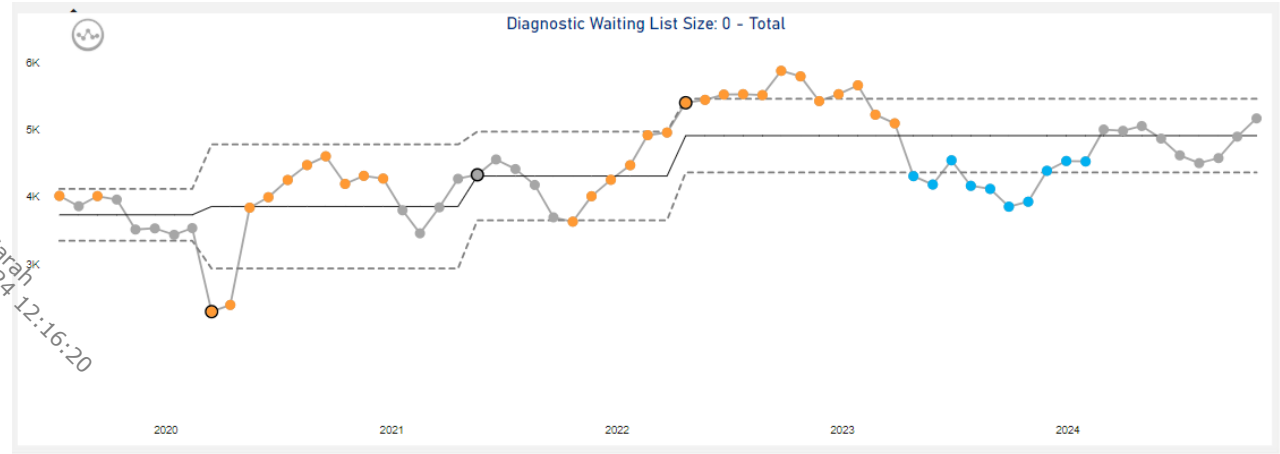


Performance Update

Dorset County Hospital
NHS Foundation Trust

What's been happening Patients Diagnostics





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- Cardiology which to date has experienced growth in the backlog, has for October seen a decrease by 96 which has in turn seen a 5% improvement in their performance
- Performance is on an upward trajectory, and currently exceeding the planned recovery trajectory.

Healthier lives Empowered citizens Thriving communities

Quality Update

Dorset County Hospital
NHS Foundation Trust

- **Infection Prevention and Control** Education Framework, which sets out 3 Tiers or training. Tiers 1 & 2 are e- learning and mandatory, Tier 3 is face to face training for senior staff. We are the first Trust in the Integrated Care System and most of the Southwest to implement this training.
- **Tissue Viability:** PURPOSE T Risk Assessment roll out continues: High number of referrals in October (87) with Pressure ulcers the main activity (39) = 45% of referrals. These can be acquired in and out of hospital.
- **Friends & Family Test (FFT):** We are offering our patients the option of completing a paper or an online form, to help mitigate removal of the previous system to ensure patient feedback is collected. Procurement of a new supplier for FFT is currently on hold. We have capacity to deliver the current approach but with lower responses rates. This has been added to the risk register.
- **Complaints:** The new Trust Complaints Policy has now been published. The focus of implementation is to seek early resolution however there is a backlog of complaints being managed via formal investigation methods which is impeding progress.
- **The Open Visiting policy (11am – 8pm) for general wards went live in November. A new Visitors Charter will support this.**

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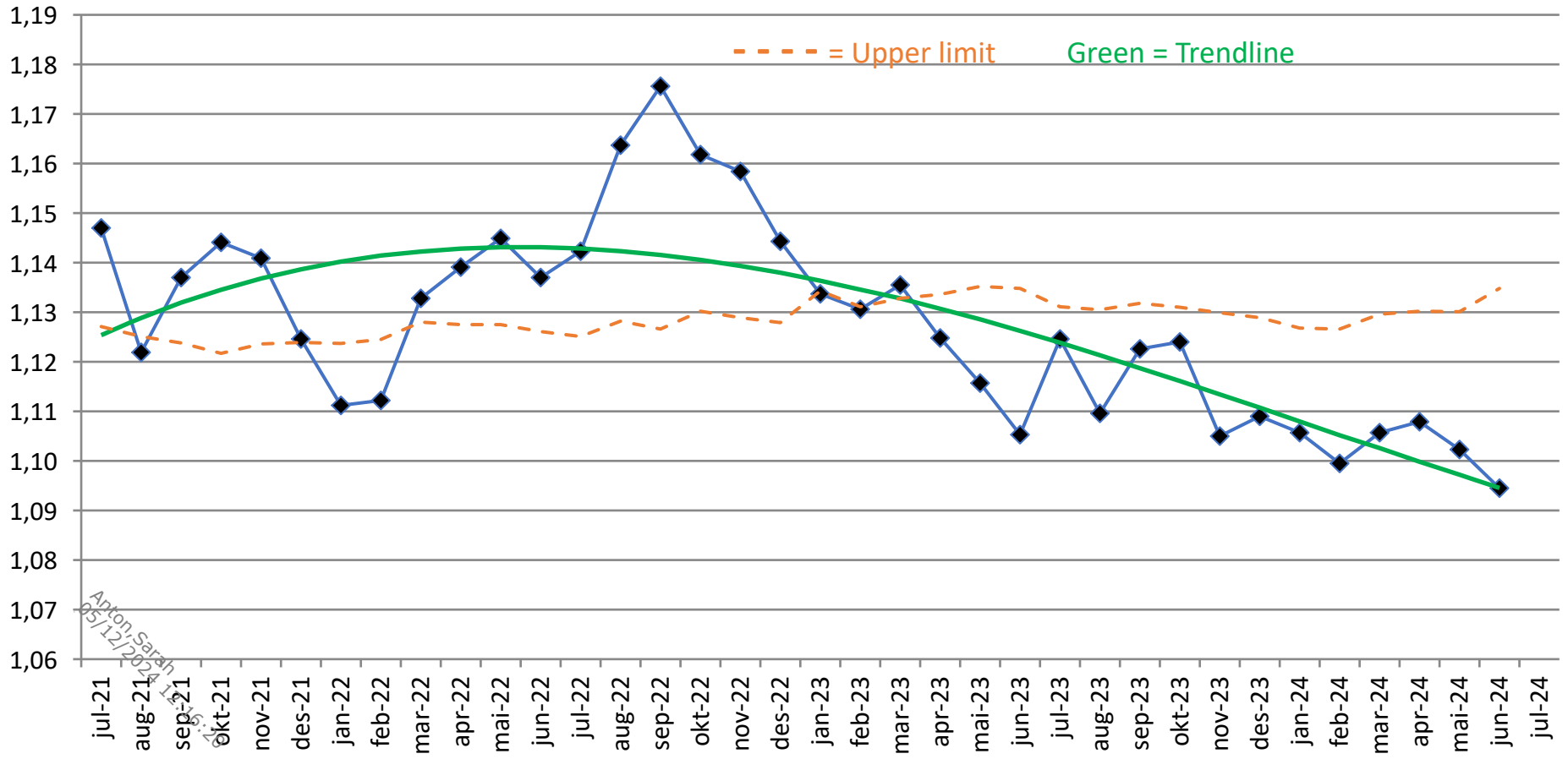
SHMI Update

Dorset County Hospital
NHS Foundation Trust

What's been happening: Patient Mortality



- SHMI = Summary Hospital-level Mortality Indicator
- DCH's SHMI was historically above the normal range, but with no other evidence of increased mortality evident within data
- Problems were identified within the Coding department, where the data used to calculate SHMI is generated
- With the appointment of a new Senior Coder (VS) in 2022 and improved depth of coding, SHMI has improved steadily and has been within the 'normal' range for the past 15 months
- Nevertheless, the DCH 'Hospital Mortality Group' continues to scrutinise all available date on a monthly basis

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People Update

Dorset County Hospital
NHS Foundation Trust

KPIs

	June	July	August	Sept	Oct
Sickness	4.4%	4.6%	4.3%	4.3%	4.6%
Turnover	9.4%	9.4%	9.5%	9.3%	9.4%
Vacancy Rate	4.4%	4.4%	4.6%	4.4%	4.6%
Appraisal Rate	73%	76%	77%	76%	77%
Mandatory Training Compliance	89%	89%	88%	87%	87%

Narrative

- Turnover and vacancy rates have stabilised
- Sickness increased in October, although the trend matches the usual seasonal pattern of absences
- Overall appraisal rates have plateaued, but increases have occurred in the two largest clinical divisions
- Mandatory training reduced to 87% September. Recovery plans in place for the four subjects that are below the 80% lower threshold

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Focus

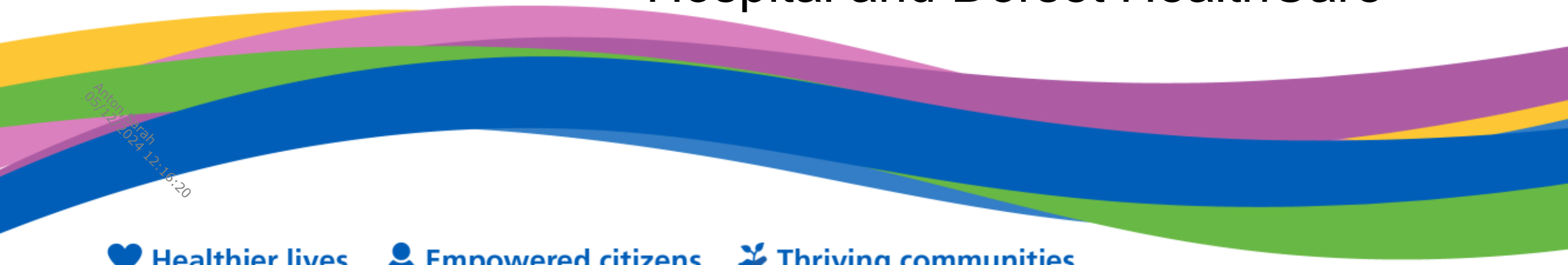
WTE reduction, our obligations in relation to sexual safety, agency use in hard to fill roles, appraisal compliance, annual staff survey

Healthier lives Empowered citizens Thriving communities

Working together, improving lives

Dorset County Hospital
NHS Foundation Trust

The joint strategy for Dorset County Hospital and Dorset HealthCare



Healthier lives Empowered citizens Thriving communities

New vision and mission

Dorset County Hospital
NHS Foundation Trust

Our vision is for:

Our mission is to work in partnership to provide high quality, compassionate services and to nurture an environment where people can be their best

Dorset County Hospital and Dorset HealthCare

Working together, improving lives

Joint strategy 2024-29

NHS

Our vision is for healthier lives, empowered citizens, thriving communities.

Our mission is to work in partnership to provide high quality, compassionate services and to nurture an environment where people can be their best.

Our strategic objectives

Care

We provide safe, compassionate care.

- Improved access to the right care, at the right time, in the right place
- People are equal partners in their care and have a positive experience
- Patients and service users are always safe in our care

Communities

We help build strong communities where people live well and are healthier.

- Improved population health and wellbeing through joined up working across health and care
- People staying well through prevention, detection and early intervention, with more control over their own health
- People and communities involved in shaping health and care services

Colleagues

We are empowered, skilled, caring colleagues who can thrive at work.

- Colleagues are positive about their experience at work
- All colleagues feel they belong and are included
- A sustainable workforce with the right skills now and for the future

Sustainability

Our services are sustainable environmentally and financially and we make best use of resources.

- Releasing time to care through improved processes, skill mix and digitally enhanced technology
- Sustainable models that optimise use of the available resources
- Using our size, scale and reach to make a positive difference to the economic and social wellbeing of Dorset
- Minimise our negative impact on public health and the environment

Our values

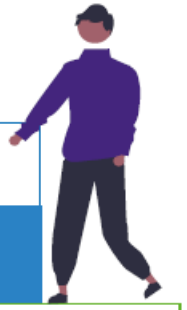
Dorset County Hospital

- Respect
- Integrity
- Teamwork
- Excellence

Dorset HealthCare

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts
- Commitment to learning

10. Strategic summary



Our vision – what we want to see if we are successful in delivering our strategy

Our vision is for healthier lives, empowered citizens, thriving communities

Our mission – what we are here to do, our unique contribution to achieving our vision and that of our health and care system

Our mission is to work in partnership to provide high quality, compassionate services and to nurture an environment where people can be their best

Our values – the things we believe are important and guide us in the way we work

Dorset County Hospital

- Respect
- Integrity
- Teamwork
- Excellence

Dorset HealthCare

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts
- Commitment to learning

Our strategic objectives – where we will focus our efforts to translate our vision into a practical roadmap for success

Care:	Communities:	Sustainability:	Colleagues:
we provide safe, compassionate care	we help build strong communities where people live well and are healthier	our services are sustainable environmentally and financially and we make best use of resources	we are empowered, skilled, caring colleagues who can thrive at work

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Our enabling plans – translating our objectives into meaningful action

Clinical and Quality | Digital | People | Finance | Infrastructure

Our mechanisms for change – the approaches and activities that help us reimagine the way we do business

One transformation approach | Improving together | Culture, comms and engagement plan

Plan on a page

Operational Objective: Set out our future direction of travel to support staff to deliver against our over-arching objectives and enable stakeholders and the public to understand our role in improving health outcomes for people in Dorset.

Communications Objective: Colleagues at both trusts understand how the joint strategy influences what they do and actively contribute to its successful delivery. Wider stakeholders (including local people) understand how we are working to improve lives.

Approach: The main workstreams for this plan are shown below

Audience	What	How	When	Measures
Internal	Embed the principles of the joint strategy across both organisations by proactively engaging colleagues in the ways they prefer	Cultural/OD programme	From Sept 24	Engagement levels, feedback
Internal and external	Develop and embed a clear shared brand and visual identity, creating a range of assets that clearly demonstrate our joint approach	Brand development plan	From Aug 24	Recognition and awareness levels
Internal and external	Deliver a communications campaign to launch the strategy, support the OD programme and regularly share information on progress with all stakeholders	Communications campaign plan	From Sept 24	Feedback, awareness levels
Internal and external	Establish engagement mechanisms to ensure work to deliver the strategy is constantly informed by a range of views and perspectives	Participation and engagement plan	From Sept 24	Participation and involvement levels

Roles, responsibilities and risks

Exec SRO	Nick Johnson	**Plan delivery**	Trust comms teams	**Risks this plan seeks to mitigate**	• Disengaged or concerned colleagues who don't understand and/or are not involved in the change • Concern from partners about impact of change on relationships
C&E strategic lead	Sally Northeast	**Oversight group**	WTPB/ JEMT		

Dorset County Hospital
NHS Foundation Trust

Strategy Enabling Plans

Working Together, Improving Lives

Healthier lives Empowered citizens Thriving communities

Joint Strategy – Development of the Enabling Plans

Clinical and Quality

SROs
Alastair Hutchison, Dawn Dawson, Lucy Knight

Leads
Helena Posnett & Christian Verrinder

Update
Clinical Leadership Group re-framed to support development of the Plan

Emerging themes
Prevention
Population Health
Inequalities

Digital

SRO
Nick Johnson

Lead
James Smithson

Update
Initial work underway since Sep 24 to develop Joint Digital Strategy/Roadmap

People

SRO
Nicola Plumb

Lead
Gemma Shone

Update
People Strategies due for refresh March 25 creating an opportunity for a joint plan

Finance

SRO
Chris Hearn

Lead
Sarah Day (DHC)
Claire Abraham (DCH)

Update
Medium term financial plan development opportunity

Infrastructure

SRO
Chris Hearn

Lead
David McLaughlin (E&F)
Tristan Chapman (Strategic Estates)

Update
Proposal outlining approach to govern and implement opportunities across both trusts

Risks to delivery:
1. Resource and capacity for leads to develop each plan in line with the timeline
2. Balancing timelines and engagement

Planning – Sep/Oct 24
- Agree approach
- Identify and engage with leads
- Develop draft development timeline
- Develop timeline for approvals
- Capture emerging themes for Clinical and Quality Plan

Early development - Nov/Dec 24
- Develop common template
- Agree questions which each plan should address (common/specific)
- Understanding engagement requirements and timescales
- Evidence impact on strategic objectives (driver diagrams)
- Demonstrating cross functionality across plans

Draft and refine Jan/Feb 25
- Complete Broad engagement and analysis
- Draft wording
- Cross reference with existing strategies
- Develop and refine through stakeholder engagement including SLG, JEMT & partners
- Share for final comment and amendments

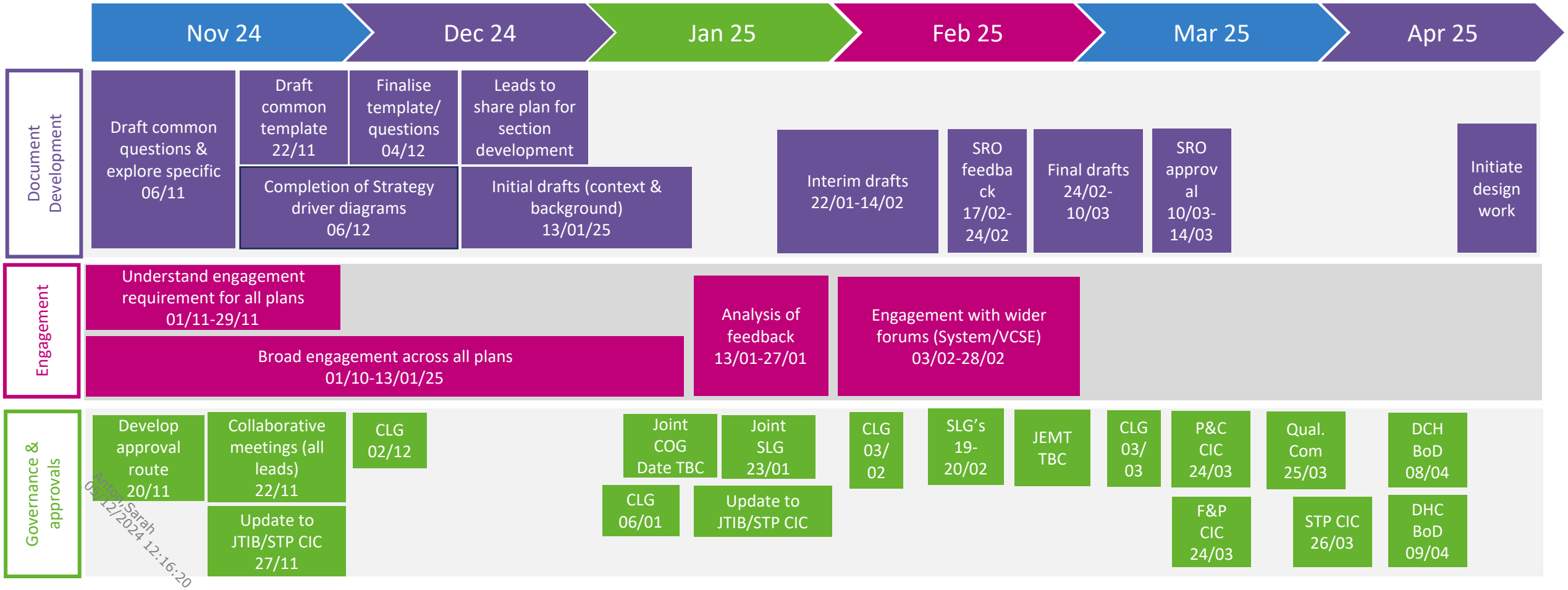
Finalise – Mar/Apr 25
- Produce final drafts for review and approval through subcommittees
- Submit to STP CIC for endorsement
- Submit to Boards for April meetings
- Design work (pending approval)

Phase 1 | Phase 2 | Phase 3 | Phase 4

Draft timeline – October 24

Plan on a Page

Dorset County Hospital
NHS Foundation Trust



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Healthier lives Empowered citizens Thriving communities

One Transformation Approach

Recap - Prioritised Portfolios and Programmes

NHS
Dorset County Hospital
NHS Foundation Trust

Place and Neighbourhoods

SRO: **Dawn Dawson**
Senior STP Lead: ***Judith Dean***

Triumvirate:
Clinical Lead: ***Andy Dean***
Ops Lead: ***Alex Lister***
TIO Lead: ***Lauren Leete***

- **Integrated Neighbourhood Teams**
- **Frailty**

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Mental Health

SRO: **Lucy Knight (?)**
Senior STP Lead: ***[Judith Dean]***

Triumvirate:
Clinical Lead: ***Eman Shweikh***
Ops Lead: ***Morad Margoum***
TIO Lead: ***Lauren Leete***

- **Access Wellbeing**
- **CYP Mental health Transformation**

Sustainable Services

SRO: **Chris Hearn & Alastair Hutchinson**
Senior STP Lead: ***[Judith Dean]***

Triumvirate:
Clinical Lead: ***[ACMO for Transformation]***
Finance Lead: ***Sarah Day & Claire Abraham***
TIO Lead: ***Lauren Leete***

- **Our Dorset Provider Collaborative**
  - **Clinical Networks**
  - **Temporary Workforce (Medical and Nursing**
  - **Procurement**

Working Together

SRO: **Nick Johnson & Nicola Plumb**
Senior STP Lead: **Paul Lewis**

Triumvirate:
P&C: ***Catherine Granville & Emma Hallett***
CIO: ***Stephen Docherty***
Governance: ***Jenny Horrabin***
TIO Lead: ***Ciara Darley***

- **Strategy Implementation**
- **Joint Improvement Framework**
- **Electronic Health Record**
- **Support Services Review**
- **New Hospitals Programme**

Healthier lives Empowered citizens Thriving communities

OUR DORSET PROVIDER COLLABORATIVE.
The ODPC drives strategic, system level transformation, recognising that greater benefits will be achieved by and with our communities by working together at scale.

NOVEMBER 2024 - KEY MESSAGES FROM ODPC LEADERSHIP BOARD

AREA	DECISION/ACTION/UPDATE	LEAD
ODPC Priorities	**Portfolio 1 -** Strategic transformation with an aim to deliver across several priority areas: CANDo – Clinical Acute Networks, Shared Services, Workforce and Agency **Portfolio 2.** Provide a forum for collective provider agreement and decision-making for existing collaborative programmes: One Dorset Pathology, Community Diagnostics, Stroke Board, NHP/Strategic Estates **Portfolio 3:** Five Year Forward Plan Priorities - Integrated Neighbourhood Teams **Portfolio 4.** ODPC Infrastructure and Development - Maturity Development, Ways of Working, PMO/Benefits Management	• ODPC Leadership Board
Temporary staffing	Off Framework Agency switch off enacted on 1st July. 90 % completed, with extensions agreed until Oct 24 for ED / ICU / Midwifery / Children & MH services	Cara Southgate, DHC
Procurement	The Board noted the approach to commence a business case which will consider the viability of a single procurement function	Pete Papworth UHD, Chris Hearn DCH/DHC
Chairs/NEDs Informal Steering Group	The first Trust Chairs/NEDs Informal Steering Group was held on 22nd November, with the respective DCH/DHC and UHD Chairs and Chief Executives, along with a NED from each of the 3 Trusts. This will add further challenge and scrutiny to the ODPC. Quarterly meetings will subsequently take place.	Nick Johnson, DCH/DHC
ODPC Programme Director	A dedicated Programme Director started in December 2024	Nick Johnson, DCH/DHC

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ODPC LEADERSHIP BOARD

The ODPC Leadership Board comprises of Executives from DCH, DHC,UHD, and the Dorset GP Alliance as well as representatives primary care, Wessex Local Medical Committee and the voluntary and community sector. Siobhan Harrington, UHD CEO is the Board's Chair for 2024/25.

Title of Meeting	**Council of Governors**
Date of Meeting	**9 December 2024**
Report Title	**Finance Report to 31 October 2024**
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
Dorset County Hospital NHS Foundation Trust (DCHFT) submitted a break even plan to NHS England (NHSE) on 10th June 2024 for the financial year 2024/25.

Key Messages

Month seven delivered a deficit of £1.4 million after technical adjustments, being £1.7 million away from plan of £0.3 million surplus. The year to date position is £2.6 million away from the reported plan standing at an actual deficit of £8.6 million.

Shortfall in efficiency delivery against planned levels; Insourcing above planned phased levels and a worsening of medical agency usage due to sickness have driven the worsening of the position in month.

The risk adjusted forecast outturn by year end remains intact at circa £6 million noting the expected worsening of the position in line with highlighted risks and focus on identified mitigating actions.

Further factors driving the year to date overspend include costs supporting Industrial Action, high drugs costs specifically for Gastroenterology, Dermatology and blood products which are largely patient specific. Inflationary RPI costs above planned levels are being incurred for provisions, catering, laundry and utilities.

The Trust continues to see heightened operational pressures and increased patient acuity throughout the month with escalated beds used in the region of 19, and circa 76 no criteria to reside (NCTR) patients being supported which were captured at the end of October (not average).

Whilst agency expenditure has continued at lower than budgeted levels, there has been a steady increase in expenditure with total month spend of £0.8 million largely due to medical agency cover for sickness and vacancies in Ophthalmology, Anesthetics and Obs & Gynae specialties. Nursing agency has increased in month across ED and Stroke along with Special Care Baby Unit (SCBU) and Day surgery covering sickness. Break glass Off Framework expenditure has been steadily increasing each month, with £0.050 million incurred in month seven resulting in £0.2 million year to date, with NHS England expecting nil Off Framework spend from July 2025.

An estimated income position for elective recovery funding (ERF) following the national baseline target revision to 109% for Dorset has been included in the position in line with NHSE methodology.

The Trust wide efficiency target for the year stands at £14.4 million and is circa 5% of expenditure budgets in line with peers and national planning expectations.
The target has been identified in full with year to date delivery at 23% of the target being £3.3 million, however efficiency delivery remains a significant risk for the Trust in achieving the break even plan for the year. Progress against planned delivery has slowed in month seven with a renewed focus required in order to recover the pace seen in the initial months of the year.

Capital expenditure for month seven is behind plan at £1.1 million due to timing of equipment purchases. Year to date spend is £11.7 million and behind plan by £3.3 million largely due to NHP enabling works offset by internal schemes being ahead of plan by £0.5 million, both due to timing.

The cash position to October amounts to £8 million ahead of expected forecast due to earlier payments of last years ERF funding and Health Education England funding for January 2025. Pay award funding has also been received to offset this month, however noting a shortfall is currently being validated of up to £0.4m.
Cash remains a high risk area for the Trust with modelling indicating further cash support will be required for December per the Board approved paper submitted during October. A national revenue support request has been submitted for December for £1.4 million of cash support and £1.5 million of working capital, with the Trust awaiting the outcome of this request at the time of writing. A verbal update will follow.

Key Actions

- The Trust is actively deploying targeted recovery actions to ensure mitigations and corrective steps are in place for all overspending areas in order to support delivery of the break even position by year end, noting significant challenges associated and risk to delivery of this as outlined in the report. A weekly Executive led DCH Recovery Group is driving mitigating actions to tackle the risks to the position.

- Target areas include Non clinical bank pay; Facilities incl non pay & provisions; external security; medical additional sessions and medical agency usage; theatre utilisation, NCTR and escalation beds.

- Efficiency support meetings led by CFO ongoing with all areas, overseen by Value Delivery Board

- Working group in place to recover WTE to March 2023 levels overseen by Executive led SRO and DCH Recovery Group meeting

- Ongoing daily cash monitoring – cash shortfall risk in Q3 being validated ahead of national provider revenue request deadline mid September with ongoing efficiency delivery essential in line with planned levels and grip and control paramount

- Agency monitoring continues with medical focus escalated to CMO

- Capital programme monitoring noting over subscription and current internal programme overspend.

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 2024/25.
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. Efficiency delivery remains challenging for the Trust in conjunction with the risk of a shortfall in cash during quarters three and four, being closely monitored with appropriate action being taken.

Freedom of Information Implications – can the report be published?	Yes
Recommendations	To review and note the 2024/25 position to 31 October 2024

Council of Governors Finance Report to 31 October 2024

	Plan 2024/25 £m	Actual 2024/25 £m	Variance £m
Income	163.8	184.2	20.4
Expenditure	(169.8)	(192.7)	(22.9)
Surplus / (Deficit)	**(6.0)**	**(8.5)**	**(2.5)**
Technical Adjustment – Capital Donations/Depreciation	0	(0.1)	(0.1)
Adjusted Surplus/(Deficit)	**(6.0)**	**(8.6)**	**(2.6)**

Variance at Month Seven

1.1 The income and expenditure position at the end of October is a deficit of £2.6 million and is largely driven by:

- Costs incurred supporting Industrial Action
- Above planned levels of inflation continuing linked to patient specific drug usage and increased volumes along with ongoing inflationary pressures
- Heightened operational pressures supporting escalated bed base and NCTR patients
- Efficiency delivery challenges
- Offset by continued improving high cost agency reduction usage

1.2 Pay costs pressures are largely driven supporting the costs of Industrial Action, cover for vacancies and sickness along with operational pressures supporting patients with no medical criteria to reside. There has however been ongoing improvement with agency expenditure reducing significantly from prior months, following key actions delivered by the High-Cost Agency Reduction programme internally. This has been complimented by all Dorset organisations consistently applying a Nursing agency rate reduction of 15% since January 2024, with a further rate reduction applied late March.

1.3 Non Pay costs were above plan largely due to the impact of drugs increases in Dermatology, Rheumatology, Gastroenterology and Ophthalmology as well as ongoing inflationary pressures, in particular gas, electricity, catering supplies (milk, bread, other dairy and oil), blood products, catering and laundry.

1.4 The Trust wide efficiency target stands at £14.4 million for the year, circa 5% of expenditure budgets in line with peers and national planning expectations. Efficiency delivery noted at month seven stands at £3.3 million (23%). At month seven, the target has been identified in full however 47% of schemes classed as high risk for delivery this financial year. Active Executive led oversight supported by the Trusts Value Delivery Board is in place to monitoring progress.

CASH

2.1 At the end of October, the Trust held a cash balance of £8 million, ahead of plan due to income received in relation to pay award, Health Education England funding, earlier than expected income from Dorset ICB, and an HMRC rebate. Given this high risk area, active monitoring and key mitigations have been identified to help manage the cash position. With modelling indicating further potential shortfalls in the latter quarters of the financial year, a national revenue support request has been submitted for December for £1.4 million of cash support and £1.5 million of working capital, with the Trust awaiting the outcome of this request at the time of writing. A verbal update will follow.

CAPITAL

3.1 Capital expenditure for the period to October was behind plan by £3.3 million. Externally funded projects are £3.2 million behind plan due to the changes in the spend profile of the New Hospital Programme (NHP) offset by internally funded and donated projects being ahead of plan by £0.7 million relating to early spend on East Wing Theatre and 2023/24 rollover spend on Ridgeway ward. Leases are behind plan due to timing of one Dorset pathology project £0.8 million.

Appendix 1

Council of Governors Information Pack

Contents:

Board Sub-Committee Escalation Reports (November 2024):

- Quality Committee
- Finance and Performance Committee in Common
- People and Culture Committee in Common
- Strategy, Transformation and Partnership Committee in Common
- Charitable Funds Committee

Dorset County Hospital
NHS Foundation Trust

Quality Committee Assurance Report
for the meeting held on Monday 26 November 2024

Chair	Claire Lehman, NED
Executive Lead	Dawn Dawson, Chief Nursing Officer Alastair Hutchison, Chief Medical Officer
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for **assurance**

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• A general theme across a number of reports relating to IT. This included the Friends and Family Test (FFT), Agyle and Electronic Health Record. • A general theme of public health implications across a number of reports • Ongoing work to develop a Quality Committee in Common with Dorset HealthCare.

Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports:
	• Chief Nursing and Chief Medical Officer update
	• Quality report including:
	  ○ Launch of a new infection prevention and control education framework.
	  ○ The continued work for the Electronic Discharge Summary (EDS) task and finish group to understand and resolve the reasons for delayed EDS.
	  ○ Publication of the new complaints policy
	• Maternity and Neonatal Quality and Safety Report, noting achievement of the Maternity Incentive Scheme for this year.
	  ○ Saving Babies Lives
	  ○ Maternity Insight Visit
	• Senior Leadership Walkaround report
	• Learning from Deaths Report Q2 incl. update on progress with Morecombe Bay
	• Safe Staffing Report, noting the balance between providing quality care and financial stability.
	• End of Life Strategy Presentation
	• Tissue Viability Quality Improvement Plan Update
	• Independent Clinical Governance and Maternity Review Closing Reports, acknowledging the hard work that went in to these reviews and that the work was now embedded as business as usual.
	• Medicines Management Annual Report

	• The following Escalation Report was received, noting the improvement in the quality of reports, and the assurance this provided the committee: ○ Quality Governance Group, noting the work to shape the Quality Committee in Common. Escalation reports from below sub-groups of the Quality Governance Group were also received for assurance. • Medicines Committee • Mental Health Steering Group • Patient Experience and Public Engagement Committee • Research Steering Group
Decisions made at the meeting	•
Issues / actions referred to other committees / groups	•

Dorset County Hospital
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Finance and Performance Committee in Common Assurance Report for the meeting held on Monday 25 November 2024

Chair:	Executive Lead:	Date of Next Meeting:
Dave Underwood	Chris Hearn Anita Thomas	Monday 27 January 2025
Quoracy met?	Yes	
Purpose of the report	To assure the Board on the main items discussed by the Finance and Performance Committee in Common and, if necessary, escalate any matter(s) of concern or urgent business which the Finance and Performance Committee in Common is unable to conclude.	
Recommendation	To receive the report for **assurance**	

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• DCH Board Assurance Framework strategic risk 6 (finance) sits at 16. Given the level of financial challenge the committee agreed to raise the risk likelihood score to 5, bringing the total to 20. • Health and Safety (incl. Fire and Water) Compliance Report. Board Assurance Framework score for strategic risk 5 (estates) increased to 16, pending the completion of fire safety work. • Risk to delivering the financial plan.

Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports:
	• Performance Report (DCH) noting:
	  ○ The Trust has been put in to Tier 2 by NHS England due to performance with 65 week-wait times, which has stalled due to a number of factors. A plan, supported by NHS Dorset, was in place to reach the zero 65 week-wait target by the end of the year.
	  ○ Good performance in region in cancer in relation to cancer performance
	  ○ A workshop with NEDs and Chief Operating Officers was suggested to thoroughly review performance reporting.
	• Finance Report (DCH) noting:
	  ○ There was a risk to delivering the system position. The system had not been formally put in to the investigation and intervention (I&I) regime due to the interventions in place across the system. A formal, extraordinary ICB Board meeting was scheduled to discuss the financial outlook for the remainder of the year.
	  ○ For DCH, cash flow remains a high-risk area but continued to be monitored on a daily basis. Confirmation of ERF funding for December which will help cash position.
	  ○ Continued focus on the cost improvement plan (CIP) with progress against delivery slowing in month. A renewed focus is

	required in order to recover the pace seen in the initial months of the year. ○ Board Assurance Framework score for strategic risk 6 (finance) increased to 20. • 2025/26 Capital Plan. Committee members noted that it would be helpful to see greater detail on the level of risk of non-prioritised schemes. • Health and Safety (incl. Fire and Water) Compliance Report. Board Assurance Framework score for strategic risk 5 (estates) increased to 16, pending the completion of fire safety work. • Estates Compliance Report (DCH) 60% compliance, noting that when issues with compliance were identified action plans were put in place to rectify. • New Hospital Programme Associate Schemes Capital Spend (incl. generator) noting the links to the capital prioritisations earlier in the agenda and that elements of the NHP programme will need to be funded by the Trust. Approval of process and ring fencing of monies for generators. • Assurance reports from the below sub-groups ○ DCH SubCo Assurance and performance reports ○ Capital Planning and Space Utilisation Group • DCH SubCo Annual Report and Accounts • Internal Audit Reports on Nursing Agency Costs
Decisions made at the meeting	• Approval DCH Loan Repayment Plan • Approval of the Proposal for Commissioning of the new CAMHS High Intensity Environment Unit noting that the benefits outweighing shorter-term risks • Approval of the Modern Slavery and Trafficking Statements • Approval of the New Hospital Programme Associate Schemes Capital Spend (incl. generator) and ring fencing of monies for generators.
Issues / actions referred to other committees / groups	• Nil

Quoracy and attendance				
	23/09/2024	**25/11/2024**	**27/01/2025**	**24/03/2025**
Quorate?	Y	Y		
Dave Underwood	Y	Y		
Chris Hearn	Y	Y		
Alastair Hutchison	Apols	Y		

Nick Johnson	Y	Y		
Stephen Tilton	Y	Y		
Anita Thomas	Y	Y		
Frances West	Y	Y		

People and Culture Committee in Common Assurance Report for the meeting held on 25 November 2024

Chair:	Executive Lead:	Date of Next Meeting:
Frances West	Nicola Plumb	Monday 27 January 2025
Quoracy met?	Yes	
Purpose of the report	To assure the Board on the main items discussed by the People and Culture Committee in Common and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.	
Recommendation	To receive the report for **assurance.**	

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework

- Benefits of joint working across organisations
- Sustainability of the work in regards to the People Promise, when the dedicated support team's contract comes to an end in April 2025.
- **DCH**
  - Reduction in sickness levels
  - Ahead of plan for agency reduction, but below our plan for agency spend.
  - Whole-time equivalent reduction programme, reduced in month 7 but we remain behind plan.
  - Essential skills training compliance rates have dropped, recorded at 87% in September and remained at that level in October. Recovery plans are place for the areas that have fallen below the 80% threshold.
  - Overspend on Occupational Health service but increased quality of service. Costs causing overspend were one-off costs.
  - Noted increase of 156% across DCH in regard to FTSU queries being raised.
  - GMC report was positive overall and would provide positive assurance to the Board.
- **Both organisations**
  - National review of mandatory and statutory training is underway.
  - FTSU e-learning has been mandated in both Trusts.

Key issues / matters discussed at the meeting

The committee received, discussed and noted the following reports:

- **Board Assurance Framework**
  Staff Networks risk updated, and Equality, Diversity and Inclusion is being monitored via the BAF.
- **Informal Committee meetings**
  Discussion around how the Committee would like to record informal meetings. Decision was to raise any actions or concerns at the time, and for these to progress via usual management routes, with feedback

to the Committee. Committee felt that recording informal meetings would make them formal.

- **Joint Workforce Wellbeing Plan**
  The Trusts are developing a joint People Plan which will come to Committee in January 2025. The Plan will take a well-being approach and is aligned with the national plan.

  We are looking at how we benchmark, and where there may be gaps within the organisations of 'take up' of the service. There are a lot of networking events taking place, so the teams get to know what is happening across the country. Locally, the team is looking at Trusts within the Dorset system and the psychological support available. And baselining where all the Trusts are at.

  The work is being based around the NHS Wellbeing Framework, which is a culture change tool. The People Promise is clear on what is required. Information is triangulated with the staff survey, with staff well-being being reviewed throughout the year, along with sickness absence rates.

  Dignity and Respect work is also now running, which now includes sexual safety at work.

- **People Promise Update Report**
  Key areas discussed were:
  - Effective appraisals
  - Managers and compassionate leadership
  - Flexible working
  - Awareness and accessibility of opportunities and offers
  - Local inductions
  - Understanding leavers within the first 2 years of service. 30% of leavers not unknown or other as their reason for leaving.

  Project work undertaken by two leads, which has moved this work forward. Without this specific support, the traction on these workstreams would not have been there. The challenge is that we now embed the work that has been started.

- **Workforce Key Performance Indicator Dashboard**
  DCH:
  - Reduction in sickness in months 5 and 6 and a positive decrease in long term absence.
  - Active engagement with Live Well Dorset around blood pressure, we have undertaken events for World Mental Health Day, Worl Menopause Day and commenced the staff flu and Covid vaccination campaigns which has had really good take up.

- Vacancy and turnover rates have both stabilised and both remain within tolerance level
- Current focus is on the whole-time equivalent reduction programme, which did reduce in month 7, but we remain behind plan.
- A review of fixed term contracts has also been undertaken.
- Preparations for a MARS scheme has happened and been discussed at Board, and there is executive oversight of the whole-time equivalent work remains in place and is discussed via a weekly recovery group meeting.
- We remain ahead of plan for agency reduction, but below our plan for agency spend.
- Declining pattern of essential skills has been reported and it was recorded at 87% in September and remained at that level in October. We do have recovery plans in place for the four areas that have fallen below the 80% threshold.
- Staff survey remained open until the end of November, currently at 39% and are on track to exceed our 41% achievement in the last financial year.

- **Review of Occupational Health Services**
  DHC colleagues in attendance declared a potential interest in this item as the service is provided to DCH by DH under an SLA.

  It was noted that this is a critical staff service and the DCH team were impressed by the level of service received in comparison to the previous service provider. Quality of service was evidenced in the KPIs'.

  It was noted that the cost had been greater than expected, (£61k overspent) however the cost should fall over the coming months. This was not a concern as the costs were a one off. However, if the costs continue to be as they are, DCH will have to retender at the end of year 2.

  From a quality and safety view, service we are getting is gold standard, and it became clear that the previous provider was not providing services as contracted, but that they had also undercharged.

  OH Service, DCH and DHC were looking at the DNA rates, to see if that could be lowered, as DNAs have cost implications. OH services is offering clinics and South Walks which is easier for staff to get to.

- **Guardian of Safe Working Report**
  DCH
  Noted this was a mechanism for ensuring that staff are not working over their hours. Report detailed the exception reports received over the last quarter. Nothing had changed from previous reports and there were no areas of concern.

It was noted that the only areas where we were seeing reporting I sin Orthopaedics, which we are already aware of, and it has been problematic over a period of time, and additional resource has been put in over the last two tears. We are keeping an eye on this and if necessary, it can be increased again.

We are going to be taking on more foundation doctors and the Government is expanding medical places and we are now accepting foundation year doctors from across the world provided they meet the appropriate criteria.

- **Freedom to Speak Up Report**
  Noted both Trusts had combined their information, It was note that there was an increase in contacts at DCH, but that was explained as the FTSUG had started undertaking workarounds and undertaking some targeted listening events.

  Numbers for anonymous reporting was lower than the national picture on the benchmarking data, which was positive in that staff felt able to raise their concerns directly.

  Registered nurses and midwives are the highest percentage raising concerns across both organisations, but they are the largest workforce. Admin and clerical are the second highest reporters and again they are the second highest employed staff group. This mirrors the national picture.

  Both FTSUGs will be targeting the quieter reporting areas.

  Across both Trusts the themes are the impact on worker safety and wellbeing is a prominent theme, with poor communication being second.

  DHC currently have associate guardians which are not there in DCH, DCH has a network of champions which DHC don't have, so looking at aligning.

  FTSU e-learning/training has been mandated in each organisation.

- **GMC Survey Action Plan – DCH specific.**
  Noted that the survey related to a single point in time and that the survey only collates feedback from the training posts. DCH has 160 training posts. Response rates had increased from 65% in 2023 to 78.7% this year. Survey was undertaken in April. At this time the rota for Surgery had been rewritten

  There was a lot of positive information in the report, but some areas were scored red. Recent feedback shows an improved position.

	Paediatrics provided and action plan that has been fed back to the medical education group as an exemplar.
	
	Trainer feedback has also improved.
	
	• **Assurance reports from sub-groups**
	  • **DCH Partnership Forum**
	  Issues noted about staff feeling unsettled about not knowing when the reintroduction of parking fees would happen. Referred to SLG or FPC.
	  • **DCH Equality, Diversity, Inclusion and Belonging Steering Group**
	  Noted

Decisions made at the meeting	• Informal Committee meetings not to be minuted. • Approval to establish a ROAG at DHC.
Issues / actions referred to other committees / groups	• Appraisal compliance KPIs to go to SLG • Re-introduction of car parking fees at DCH to go to SLG or FPC • Safeguarding compliance to go via Quality Committee

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Strategy Transformation and Partnerships Committee Assurance Report for the meeting held on 27 November 2024

Chair	David Clayton-Smith, Chair
Executive Lead	Nick Johnson, Chief Strategy, Transformation and Partnerships Officer
Quoracy met?	Yes
Purpose of the report	To assure the Board on the main items discussed by the Committee and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.
Recommendation	To receive the report for **assurance**

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Subsidiary Company Outline Business Case approval • Electronic Health Record Outline Business Case update • New Hospital Programme

Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: • Strategy Delivery Report (assurance) The Committee received the Strategy Delivery Report, with a focus on culture and engagement; development of metrics and dashboards and; programme and timeline for development of enabling plans. • One Transformation Approach Update (assurance) The Committee received an update on the One Transformation Approach including the strategic portfolios of change and key activity in the period. • Our Dorset Provider Collaborative (ODPC) Update (assurance) The Committee received a report on the development of the ODPC and an overview of the key portfolio areas and next steps. This included CANDo; shared services (procurement); workforce and agency – collaborative bank. • Subsidiary Company Outline Business Case (approval) The Committee received the Outline Business Case for the development of a subsidiary business case to deliver support services. Approval was given to proceed to the development of the full business case to be considered via the appropriate governance routes. • Health Innovation Wessex (HIW) (information) An update was provided on the progress made by HIW in Quarter 2. Key achievements across the 46 workstreams were reported. • Social Value Plan (assurance) The report provided an update on the key highlights of the DCH Social Value programme. It was noted that the Social Value Plan currently applies to DCH only, but a joint approach is to be progressed.

	• Electronic Health Record Outline Business Case Update (assurance)
	The Committee received an update on the development of the OBC for the EHR for Dorset and Somerset. The options for affordability were outlined to the members, and members were asked to endorse the proposed approach, with a further update to be provided to Board in December 2024 for approval.
	• Cyber Security Update (assurance)
	The Committee received an update on the cyber security related activities for DCH and DHC. A draft Cyber Security Strategy has been developed and led by Dorset ICB with input from DHC, DCH and UHD.
	• New Hospital Programme (NHP) Update (assurance)
	The Committee received updates on the DCH and DHC NHP project, including the financial positions.
	• Mental Health (MH) Portfolio – Children and Young People (CYP) (assurance)
	As part of its regular deep dives, the Committee received a presentation on the CYP MH Transformation Programme.
	• Assurance Reports (assurance)
	Received assurance reports from:
	  • Sustainability Working Group
	  • NHP Programme Board

Decisions made at the meeting	• Approval of Subsidiary Company Outline Business Case
Issues / actions referred to other committees / groups	• Nil

DCH Charitable Funds Committee Assurance Report for the meeting held on 19.11.2024

Chair	Name Dave Underwood
Executive Lead	Name Nicholas Johnson
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for **assurance**

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• **DCH Charity Annual Accounts 23/24** - Annual Accounts 23/24 recommended to Board (Corporate Trustee) for approval.
Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: • **CFC Minutes (18.9.24)** – approved as an accurate record. • **CFC Actions (18.9.24)** – Charitable Funds Committee ToR reviewed/updated. Committee agreed to appoint a Community co-opted member of the committee; who is not an agent of the Trust. Kathryn Harrison, DCH Governor invited and agreed to be the Community member. All other actions completed or in progress. **DCH Charity Financial Reports 24/25 (M6)** – reports were received. Total income as of end Sep £312,862. Major legacy pending. Unrestricted funds were £279,132 providing a surplus of £39,132 against the reserves target of £240,000. • **DCH Charity Risk Register (6-month review)** – all current risk ratings retained. • **DCH Charity Annual Accounts 23/24 / Auditor's report** – the committee were content with the accounts and auditor's report. Annual Accounts recommended to Board (Corporate Trustee) for approval. • **DCH Charity Business planning 25/26** – verbal report on planning process/timeline. DCH Business Plan 25/26 will come to Board (Corporate Trustee) in March 2025 for approval. • **£2.5M Capital Appeal (ED/CrCU) report (Nov 24)** – soon to announce £500K milestone. Major legacy pending – committee agreed on 18.9.24 to commit £500K of the legacy to the appeal once received, which would take the appeal total in excess of £1M. • **Fundraising & Communications report** – overview of current key fundraising activities and communications.

	• **Lillian Martin legacy update** – awaiting update from lead charity including latest valuation of land.
Decisions made at the meeting	• **Community co-opted member** - Committee agreed to appoint a Community co-opted member of the committee; who is not an agent of the Trust. Kathryn Harrison, DCH Governor invited and agreed to be the Community member.
Issues / actions referred to other committees / groups	• None

Quoracy and Attendance						
	Date 19.11.24	**Date**	**Date**			
Quorate?	Y					
Committee member name	Y Dave Underwood					
Committee member name	Y Chris Hearn					
Committee member name	Y Jo Howarth					
Committee member name	Y Anita Thomas					
Committee member name	Y Margaret Blankson					
Committee member name	Y Stephen Tilton					