Council of Governors - Part 1 - 10/06/2024

Mon 10 June 2024, 14:00 - 17:00

Trust HQ Boardroom and MS Teams

Agenda

14:00 - 14:05 5 min

1. Formalities

- 1 DCH CoG Agenda 10 06 24 PART ONE.pdf (2 pages)
- 1a CoG Minutes 08 04 24 Part One.pdf (11 pages)
- 1b CoG Actions PART ONE from 08 04 24.pdf (1 pages)

14:05 - 14:10 5 min

2. Chair's Update

Verbal *David Clayton-Smith*

14:10 - 14:40 30 min

3. Chief Executive's Report

Matthew Bryant

- DCHFT Powerpoint Presentation CoG Q4 2324 DRAFT JW- FINAL (002) June.pdf (36 pages)

14:40 - 14:55 15 min

4. Finance Report

Chris Hearn

- CoG Finance Report to April 2024.pdf (4 pages)

14:55 - 15:05 10 min

5. Reflections on Recent Governor Meetings

Verbal

5.1. Membership Development Committee (4th June)

5.2. Nominations and Remuneration Committee (25th April)

15:05 - 15:15 10 min

6. Governor Matters

6.1. To be covered in NED update: Cyber security

Baker, Abi
05/06/2024 12:59:29

15:15 - 15:30 15 min

7. Approach to Resolving Governor Queries

Verbal *David Clayton-Smith*

15:30 - 15:45 15 min

Break

15:45 - 16:30 45 min

8. NED Update, Feedback and Accountability Session

8.1. Eiri Jones - A NED's View of Quality at DCH

8.2. Dave Underwood - Cyber Security Update

16:30 - 16:40 10 min

9. Joint Chief Nursing Officer Role

Dawn Dawson

- CNO - Forward View.pdf (6 pages)

16:40 - 16:45 5 min

10. Elections Update

Verbal *David Clayton-Smith*

16:45 - 16:55 10 min

11. Closer Working with DHC Update

Verbal *David Clayton-Smith*

16:55 - 17:00 5 min

12. Closing remarks

17:00 - 17:00 0 min

13. Appendix 1 - Information Pack

- Gov Information Pack contents page.pdf (1 pages)
- Escalation Report QC April 2024 CL.pdf (2 pages)
- Escalation Report QC May 2024 DD.pdf (2 pages)
- Escalation Report FPC April 2024 JW AT.pdf (2 pages)
- Escalation Report FPC May 2024 AT CH.pdf (2 pages)
- Escalation Report PCC April 2024 EH.pdf (1 pages)
- Escalation Report PCC May 2024 EH.pdf (2 pages)
- 18d. DCH Charitable Funds Committee - Escalation Report (22.5.24).pdf (2 pages)
- Escalation Report WTC April 2024 FW.pdf (2 pages)

Baker,Abi
05/06/2024 12:59:29

Council of Governors
2.00pm to 5.00pm, Monday 10 June 2024
at Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams

Part One Agenda – Open Meeting

1.	**Formalities**		David Clayton-Smith, Chair	2.00-2.05
	a) **Welcome** **Apologies for Absence:** Trevor Hughes, Steve Hussey	Verbal		
	b) **Declarations of Interest**	Verbal		
	c) **Minutes of Council of Governors Part One Meeting 08 April 2024**	Enclosure		
	d) **Actions and Matters Arising from those Minutes**	Enclosure		
2.	**Chair's Update**	Verbal	Chair	2.05-2.10
3.	**Chief Executive's Report** To receive	Presentation	Matthew Bryant, Chief Executive Officer	2.10-2.40
4.	**Finance Report** To receive	Enclosure	Chris Hearn, Joint Chief Finance Officer	2.40-2.55
5.	**Reflections on recent Governor meetings:** • **Membership Development Committee** (4th June) • **Nominations and Remuneration Committee** (25th April: receipt by email of Board Appraisal process in line with the nationally mandated Leadership Competency Framework)	Verbal	Kathryn Harrison Jenny Horrabin	2.55-3.05
6.	**Governor Matters** To be covered in NED update: a) Cyber security in light of recent attack on NHS Dumfries and Galloway	Verbal	Simon Bishop	3.05-3.15
7.	**Approach to Resolving Governor Queries**	Verbal	David Clayton-Smith	3.15-3.30
	Break 3.30-3.45			
8.	**NED Update, Feedback and Accountability Session** • Eiri Jones – A NED's view of quality at DCH	Verbal/ Presentation /Questions	Eiri Jones	3.45-4.30

Baker,Abi
05/06/2024 10:59:29

	• Dave Underwood – Cyber Security Update		Dave Underwood	
9.	**Joint Chief Nursing Officer Role**	Presentation	Dawn Dawson	4.30-4.40
10.	**Elections Update**	Verbal	Chair	4.40-4.45
11.	**Standing Item: Closer working with Dorset HealthCare update**	Verbal	Chair	4.45-4.55
12.	**Chair's Closing Remarks and Date of Next Meetings:** • Governor Induction Session, 9:30am on 24 July 2024 • Council of Governors, 2pm on 12 August 2024		Chair	4.55-5.00
13.	**Meeting Closes**			5.00

Appended to the papers is an information pack for the Governors.

Baker,Abi
05/06/2024 12:59:29

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

Minutes of the meeting of Monday 08 April 2024
in Trust HQ Board Room and via MS Teams

Present:	EJ	Eiri Jones (Deputy Trust Chair) (Chair)
		Public Governors
	SB	Simon Bishop (East Dorset) (virtual)
	SC	Sarah Carney (West Dorset) (virtual)
	JC	Judy Crabb (West Dorset) (virtual)
	KH	Kathryn Harrison (West Dorset) (Lead Governor)
	SH	Steve Hussey (West Dorset)
	SM	Stephen Mason (Weymouth and Portland) (virtual)
	MPe	Maurice Perks (North Dorset) (virtual)
	KP	Kevin Perry (West Dorset) (virtual)
	DT	David Taylor (West Dorset) (virtual)
	LT	Lynn Taylor (North Dorset) (virtual)
		Staff Governors
	MPa	Midhun Paul (virtual)
	TP	Tony Petrou (virtual)
	JW	Jack Welch (virtual)
		Appointed Governors
	TA	Tony Alford (Dorset Council)
	JPL	Jean-Pierre Lambert (Weldmar)
In Attendance:	AB	Abi Baker (Deputy Trust Secretary) (minutes)
	DD	Dawn Dawson (Joint Chief Nursing Officer)
	CH	Chris Hearn (Joint Chief Finance Officer)
	JHor	Jenny Horrabin (Joint Director of Corporate Affairs)
	JH	Jo Howarth (Chief Nursing Officer) (virtual)
	AH	Alastair Hutchison (Chief Medical Officer)
	TH	Trevor Hughes (Head of Corporate Governance)
	NJ	Nick Johnson (Deputy Chief Executive, Chief Strategy, Transformation and Partnerships Officer)
	CL	Claire Lehman (Non-Executive Director)
	SP	Stuart Parsons (Non-Execuitve Director)
	NP	Nicola Plumb (Chief People Officer)
	AT	Anita Thomas (Chief Operating Officer) (up to CoG24/007)
Apologies:	MBr	Matthew Bryant (Chief Executive Officer)
	DCS	David Clayton-Smith (Trust Chair)
	TL	Terri Lewis (Appointed Governor)
	BP	Barbara Purnell (Appointed Governor)

CoG24/001 **Welcome and Apologies for Absence**
The Chair welcomed everyone to the meeting, both in person and virtually. There were apologies from Matthew Bryant, David Clayton-Smith, Terri Lewis, Barbara Purnell.

Baker,Abi
05/06/2024 12:59:29

CoG24/002 **Declarations of Interest**
The Chair reminded governors that they were free to raise declarations of interest at any point in the meeting should it be required.

CoG24/003	**Minutes of the Previous Meeting held on 12 February 2024** The minutes of the previous meeting held on 12 February 2024 were accepted as a true and accurate record.
CoG24/004	**Actions and Matters Arising** The action log was approved, noting the updates provided in the action log.
CoG2/005	**Chair's Update** EJ provided an update on DCS' activities since the last meeting, highlighting his work engaging with internal and external stakeholders, and visiting various sites within Dorset HealthCare's (DHC) estate.

CoG24/006 **Chief Executive's Report**

NJ presented the CEO report in MBr's absence and shared a presentation to the Council, highlighting the following:

- DD was welcomed to the Trust, having joined as Joint Chief Nursing Officer from 1st April. DD was currently in a transition period whilst she learned the role from JH. Thanks were expressed to JH for all her work during her tenure as interim Chief Nursing Officer
- The Trust was finalising the year-end financial position. Work continued to develop the 2024/25 financial and operational plan, with the expectation of a financial breakeven position. Further detail would be provided by CH in the finance update.
- The national introduction of Martha's rule
- System priorities for the next financial year included continuing to deliver on performance, reducing agency spend, commencement of delivery of the five-year forward plan and the creation on integrated neighbourhood teams, and developing a medium-term financial plan as a system.

Updating on operational performance, AT highlighted:

- The Trust had met the 4-hour standard for emergency department (ED) performance this year and was one of only 13 Trusts nationally who had achieved the winter incentive scheme. The target of this was 80% compliance with the 4-hour standard over winter and reducing ambulance handover times compared to last year.
- Over the easter break the Trust had reduced bed occupancy considerably to below 80% and had demonstrated good flow through the hospital.
- Ambulance wait times were holding. Today the Trust was taking a soft divert for Yeovil hospital due to their ambulance handover times.
- Demand in ED had increased, partly due to postcode shift and partly due to acuity
- The elective waiting list was growing. Contributing to this was an increase in referrals to the Trust, and a reduction in some specialties to partners in the east of the county. This was compounded by industrial action throughout the year which limited the Trust's options to improve productivity.
- The Trust was working closely with partners in the east of the county to rebalance waiting times. DCH had put some services back on the e-referral service allowing patients to book and manage their appointments online. UHD had not yet done this.
- Waiting lists were validated regularly with patients being contacted to confirm their appointment was still required and to review their position. The Trust was not an outlier in waiting times for first outpatient appointment. However, the Trust did still have 26 patients waiting 78 weeks; the ambition to have cleared this backlog had been hampered by industrial action. The intention was for these patients to be seen by the end

DRAFT
Baker,Abi
05/06/2024 12:59:29

of May. Moving in to 2024/25 the Trust would focus on eliminating 65 week-waits by September.
- Patients were treated in clinical priority followed by chronological order. When there were surges in two-week-wait or emergency cases this drove longer waits in routine areas.
- The Trust had been asked to deliver 75% compliance with cancer waiting times by the end of the financial year and had achieved this in February and March. The Trust had regained the 62-day standard for cancer by the end of the year and continued to pay close attention to this metric.

Updating on quality performance DD highlighted:
- Martha's rule – a pilot was being rolled out to organisations with 24/7 outreach service with an application process to be part of the pilot scheme.
- Electronic discharge summaries continued to be an area of focus with a deep-dive underway at present to understand possible data quality issues impacting compliance
- Great work in infection prevention and control trajectories, many of which were under target and sustained focus in this area.

JPL suggested that it would be helpful to include detail around capacity in the report, alongside data around demand. AT advised that this was a complex area to distil in to something meaningful and understandable, but she would look in to this for the next meeting.

Updating on people, NP highlighted:
- A positive macro position, including reduction in turnover and vacancy rates, despite some ongoing challenges with some hard to fill roles.
- Broadly positive staff survey results, with many metrics positively above average. Equality and inclusion and appraisal rates continued to be areas for improvement. Following the survey Executives had agreed to host a series of drop-in sessions to hear feedback directly from staff.
- The staff survey had highlighted the issue of sexual safety in the workplace; the Trust had reopened a sexual safety survey to further understand this.

The Council further discussed the sexual safety concerns. KH asked if anything other than the survey was planned. NP felt that the survey indicated that the issue was important to the Trust and reflected on the need to create and nurture a culture for people to understand that such behaviour was not acceptable and for people to be able to speak out about such issues. The survey aligned with the Trust's Freedom To Speak Up (FTSU) work and the outputs would be shared with the senior leadership group so that solutions could be fed directly in to the organisation. NP was open to any suggestions about how to further understand and resolve the concerns around sexual safety. NP recognised that there was no quick way to create a culture of safety where people could speak up. Executives added that there was zero tolerance to unwanted sexual behaviour and that where appropriate there were disciplinary processes that would be followed. The Trust had also signed up to the Sexual Safety Charter. JH noted that the majority of allegations of unwanted sexual behaviour were made against patients who often lacked mental capacity. In cases where patients did have mental capacity, staff were encouraged to legal action and report the matter to the police. They were also able to raise issues with the Trust's Safeguarding team and staff were encouraged to report all incidents on Datix.

JW asked what was being done to address the hard to fill roles. NP described that there was no linear solution, and all innovative solutions were being explored. The

DRAFT
Baker,Abi
05/06/2024 12:59:29

roles were typically in nursing specialisms and some medical roles. The Trust was utilising associate roles and apprenticeships were necessary. NJ added that local managers were encouraged to take creative approaches to recruitment, and this had been done to great effect in Pharmacy recently.

LT asked why appraisal rates continued to be below 100%. The meeting heard that for medical staff appraisals took place around their birthdays and for other staff they took place around their date of joining the Trust. Depending on workload capacity it was not always possible to undertake an appraisal by the annual date, but they might happen soon after then. Executives reflected on the ability to create the time to do appraisals in the current busy environment, whilst recognising their importance in reviewing performance and offering staff career growth. AH provided assurance that medical staff needed to have five annual appraisals within five years, or they risked losing their licence to practice.

LT requested that the Council of Governors receives a presentation from the FTSU Guardian at an upcoming meeting.

Action: AB/DCS

JPL asked about the possibility of increasing the apprenticeships the Trust provided. DD noted that whilst most apprentices typically stayed in post and they were a key way to increase the workforce, apprenticeships were not the most cost-effective option. Educational funding was available for the apprenticeship, but the roles needed backfilling during study leave. Nonetheless apprenticeships did support the Trust's position as an anchor institution and provided career opportunities for staff. The Trust worked collaboratively across the system to enrol as many apprentices as possible.

Finally, updating strategy, transformation and partnership, NJ highlighted:

- The development of the joint strategy. Governors had been involved in the development of the strategy throughout the process and NJ thanked governors for the input. The outputs of the engagement work were now being developed, primarily a vision, mission and strategic objectives. These would be reviewed and approved through the usual governance routes and tested with staff.
- The development of integrated neighbourhood community teams looking at how to improve health and wellbeing of communities by working across the health and social care and voluntary sectors. This could fundamentally, positively, change the model of care provided in Dorset. Further updates would be provided to the Council in due course.
- The One Dorset Provider Collaborative, consisting of the Trust, DHC, UHD, and the GP Alliance, were undertaking significant programmes of work, including creating clinical acute networks between DCH and UHD, working together to maximise capacity, and addressing agency usage across the Dorset system.

With regards to collaborative working, SH asked what IT provision there was for patients who were seen in different Trusts within the ICS. NJ advised that there was currently a lack of interoperability between the digital systems in different trusts and this was a consistent issue. The Trust was currently developing an outline business case considering a shared electronic health record with DHC, UHD, and Somerset Foundation Trust. This was still early in development and was not a certainty.

NJ confirmed that the plans for a reablement centre on the Trust HQ site of the Trust was still live. It had recently been presented to informal cabinet at Dorset Council where they reconfirmed the principal commitment, however the shifting

DRAFT
Baker,Abi
05/06/2024 12:59:29

financial position of both organisations was noted. There was no concrete timetable as yet.

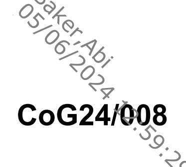
CoG24/007 **Finance Report**

CH drew the governors' attention to the previously circulated paper, outlining the trust's financial position to month 11. In particular, he highlighted that:

- The team were working to close the year end position, but it was slightly too early to announce the position.
- A month 11 deficit of £8.9m; a slight improvement on month 10. Drivers of the deficit were as previously reported.
  - Significant agency spend in line with the number of escalated beds operating in the Trust linked to the no criteria to reside numbers.
  - Inflationary pressures. While inflation had subsided over the year there was still an overspend in utilities including a 25% increase for gas and 65% increase for electricity
  - Efficiency delivery. An ambitious efficiency target had been set at the beginning of the year and the Value Delivery Board was leading a good focus on recurrent savings, but the Trust was still not delivering efficiencies as it set out to do. An even more ambitious target was being developed for 2024/25.
- During half-two planning the Trust had forecast a deficit of £7.5m after taking in to consideration additional income streams to support with industrial action. Forecasting to year end the Trust expected to achieve this deficit. There was broad agreement in the ICS that if this deficit position was achieved funding would be reallocated to bridge the Trust to a breakeven position.
- Planning for 2024/25 continued and the forthcoming year was looking incredibly tough. The initial draft plan for the Dorset system was a deficit of £44m, with the Trust contributing to approximately £8.5m of that. The final plan was due to be submitted in early May and the team continued to work relentlessly to ensure the greatest level of efficiency possible.

SH asked if the pressures that had been faced this year were factored in to next years plan, as they were unlikely to abate. CH noted that the planning guidance had asked trusts to assume no industrial action. Inflationary pressures were expected to reduce over the coming year, although some of those pressures were now part of revised contracts. Plans were in place to reduce agency spend, but this was one of the most significant challenges the Trust faced. JH noted the need to improve headroom in budgets to allow for backfill during annual leave, mandatory training, and sickness, which would reduce the need for temporary staffing. She further noted the need to recruit in to vacancies to also reduce temporary staffing.

TA reflected that the some of the terminology in the report was somewhat ambiguous and would like to further understand them. He also asked when month 12 data would be available. CH advised that the year-end data would not be available for some time as it needed to be finalised, thoroughly checked and challenged, and audited. The figures would be released when able. He further noted that the report attempted to distil a very complex situation in to a brief, succinct report. The intention was not to be ambiguous. The report was specifically for the Council of Governors and CH was receptive to any suggestions about they wanted the report to look.



CoG24/008 **Reflections on recent Governor meetings**

Update from Membership Development Committee (MDC)

DRAFT

KH updated that the committee had met in March had had the usual discussions bout how to engage more with members. KH was happy to support any governors who wanted to set up a stand or hold an event in their community.

KH recalled that the Trust had previously developed 'the DCH Way' newsletter but this had fallen by the wayside since Covid-19, but Governors had started a bi-annual e-bulletin in recent years although this was only sent to members with an email address. The membership survey carried out in autumn 2023 had showed that members wanted to be engaged with more and wanted to receive news by post. Positively, DCS had recently given approval for funding for a bi-annual newsletter to members. This was necessary to be able to communicate with members and would be money well spent. The new newsletter would be four page long, twice a year, and would include updates from two to three governors, and would spotlight particular services of the hospital, such as research, New Hospitals Programme, and the charity. This newsletter would replace the former newsletter and the e-bulletin. The first edition would be published in the summer and governors were invited to feed back to KH what they would like to see in it. Finally, the newsletter needed a name, and governors were asked to contribute suggestions to KH.

Update from Governor Workshop
The workshop had been an opportunity for governors to feed in to the joint strategy development. The draft vision and mission statements and strategic objectives would be presented to the joint Board Development Session on 1st May. KH reflected that the engagement workshops for the governors had worked really well.

CoG24/009 **Jenny Horrabin Welcome**
JHor briefly introduced herself to the Governors. A biography was included in the papers for information.

CoG24/010 **Governor Matters**

a) Nursing apprenticeships with DHC
This matter had been discussed in the CEO update.

b) Assurance around length of wait to access first clinic appointments
JC clarified her questions. She noted that when phoning the central appointments number, patients received a message stating not to call the number if they were asking about when their appointment would be or where they were on a waiting list. JC wondered if there was a more proactive approach that would allow patients to find out this information. EJ suggested that the question be passed to AT for a response.

Action: AT

Secondly, JC was aware of incorrect information being sent out on appointment letters and wondered what action was being taken to improve the situation. JH was aware of this issue already, noted the complexity with and number of letter templates, and confirmed that she was working on a solution to the issue.

CoG24/011 **NED Update, Feedback and Accountability Session**

Baker,Abi
05/06/2024 12:59:29

Claire Lehman – Reflections on Quality Committee, next steps
CL outlined that she was a GP by background and more recently a public health consultant and was also an associate NED at Great Western Hospital in Swindon. She had joined the Trust in July 2023 and was taking over as chair of Quality Committee this month. CL thanked EJ for her chairing of the committee.

CL reflected on the way in which quality was impacted not just by clinical care, but by decisions made in all other spheres of the hospital. CL was assured by the intersectionality of decision making at the Trust and the way in which executives worked collegiately together to improve the quality of care provided. This helped her fulfil her responsibility of holding the Executives to account for the delivery of the strategy.

CL reflected positively on the use of good data indicators in the committee, noting JH's role in developing these, and the use of sharing live data in the committee for further assurance. The intention was for the committee to alternate between a static report in one month and live detail in the next. CL described the importance of this data in providing better care and using it to move to a preventative model of care.

As a NED in another Trust in another ICS, CL reflected positively on the way in which colleagues across the Dorset system worked well together and the options that patients had to choose where they received care. CL considered the demographic of Dorset which was broadly affluent, but with pockets of deprivation and the role of the Governors in engaging with the population to enhance their voice.

As a NED CL gave careful thought to how she could provide purposeful scrutiny and challenge in the committees she sat on. She noted that she did challenge, but this often related to further detail, rather than a concern that an issue was not moving or was not being responded to. She described that the executives were excellent at addressing questions, but that some matters were harder to resolve, such as appraisal rates or mandatory training in maternity. When seeking assurance on a matter, CL considered what outcomes were trying to be sought from a specific piece of work.

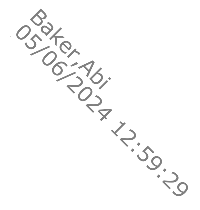
Looking forward, CL echoed the potential for transformation and strategic change to deliver service differently as the increasing demand the NHS faced was inevitable. It was therefore important to work together across the system and to engage with the population of Dorset to empower then to use services judiciously. CL further reflected on the extraordinary job that CH was doing in managing the Trust's finances. For Quality Committee, CL was looking forward to working with DD and described that it was important not to just look at quantitative indicators, but qualitative information when embedding new practices.

CL summarised that she was excited to be part of the Trust. As a local resident she had a vested interest in the hospital and was excited to bring her public health and GP skills to the Trust in her new role as chair of Quality Committee.

EJ thanked CL for her presentation and noted the added value that CL brought to the Trust, particularly with her focus on public health.

DT also thanked CL for her presented, reflecting on the development and importance of community engagement.

Stuart Parsons – Risks relating to the forward strategy
SP shared a presentation on the above topic; the presentation would be circulated after the meeting. SP detailed his background as a qualified accountant and that this was his first role as a NED and in the NHS. He was also the chair of Risk and Audit Committee.


Baker,Abi
05/06/2024 12:59:29

SP highlighted the following key points from his presentation:

- The first slide detailed the highest scoring strategic risks in a clear way,

developed by BDO, the Trust's internal auditors. SP felt that the score of risk PA 2.1 relating to financial sustainability would be increased in the next review of the Board Assurance Framework, given the current financial pressures.
- Although some risks could not be solved by the Trust, mitigations could be put in place to reduce the impact of those risks.
- The NEDs sought assurance at Board sub-committees. Governors observing those meetings would see the NEDs asking questions and making challenges to the executives if they were not satisfied. Assurance was also sought from the reports presented at those committees.
- Further assurance for NEDs came from independent reviews, which were often received at Risk and Audit Committee from the Internal and External Auditors, BDO and KPMG respectively, and from Anti-Crime partners, TIAA. A forward plan of audits, developed by BDO, had been set for the next three years, aligned to strategic risks on the Board Assurance Framework.
- The presentation further detailed the Internal Audit plan for 2024/25. In 2023/24 the terms of reference for each audit were drafted by the executive lead and input was then sought from the relevant NED so that they could ensure that the audit covered all areas needed.
- SP attended all committees at present. He reflected that he did not have the knowledge or experience to challenge on every issue; for example, he did not have a clinical or digital background, and so he looked to his NED colleagues for guidance in these areas.
- A recent Board Development Session had focused on the Board Assurance Framework and Corporate Risk Register and the recent Risk and Audit Committee had requested that those two items were given greater priority on future agendas at all committees, to ensure there was sufficient time for challenge and questions.
- While there were huge challenges ahead, the team were united to address those challenges. SP reflected on the joint working with DHC and the way in which the two trusts were now able to work more collaboratively together to solve the issues they both faced.

EJ reflected on the importance of a good chair of Risk and Audit Committee in keeping the Trust Chair safe and informed, and felt that SP fulfilled this role, stretching his colleagues and ensuring that he was rigorously prepared for committees.

The Council further discussed risk PA2.1 relating to financial sustainability; TA asked what the real consequences were if the Trust was found to be financially unstable. Executive and NED colleagues described that ultimately, patients needed to be served and this was clear in the NHS constitution. The consequence would be that the executive team would be replaced with a 'turnaround team' with a focus on resolving the financial issues. Hospitals were not usually shut because of finances, but because of quality issues. EJ noted that the joint work with DHC was showing potential in financial efficiencies, but that the priority was providing safe and quality care. SP described that the Trust was always open and transparent with the ICB and the NHS England regional team about finances; when the Trust set a financial plan it delivered it, but the same could not be said for all Trusts in the country. EJ further reflected that when she spoke to CH about money, he was clear that it was there to support the delivery of quality care, and this was true of the entire executive team.

Governors asked if key performance indicators could be shared with them. These were contained within the dashboards presented to committees and at public

DRAFT
Baker,Abi
05/06/2024 12:59:29

Board meetings.

SP confirmed that the Internal and External Auditors attended Risk and Audit Committee meetings and that he met with independently with the Internal Auditors prior to each meeting.

CoG24/012 **Quality Priorities**

JH referred to the previously circulated paper, describing that the Trust was required to set qualities priorities each year. The Trust's intention this year was to rollover the priorities set last year, as they continued to be areas of focus for the Trust, across the Dorset system, and nationally. The priorities were divided in to three overarching themes, with three specific priorities in each of them. The overarching themes were:

- Patient safety
- Patient experience
- Clinical effectiveness.

JH spoke to the previously circulated paper and described each priority within those overall themes.

The priorities had been presented to Quality Committee's March meeting. Governors confirmed they agreed with the proposed plan to rollover the priorities in to next year.

CoG24/013 **Leadership Competency Framework**

NP referred to the previously circulated paper which was presented to governors for information. The paper provided an overview of the newly published Leadership Competency Framework from NHS England which was applicable to all Board members and was based on the values of the NHS. The framework would also inform how Board appraisals were undertaken and would align with the new Fit and Proper Persons requirements. NP noted the activity to continue to build on assurances around the appointment of senior people in NHS Foundation Trusts and the forthcoming Board Member Appraisal Framework guidance. JHor advised that the Leadership Competency Framewokr would be rolled out by the end of June, but the Appraisal Framework was not due until the autumn.

CoG24/014 **Governor Election Update**

TH provided an update on the upcoming governor elections, highlighting:

- A number of governors were coming to the end of their current term and would require re-election to continue being a governor
- There were 12 governor seats across six constituencies up for election this year
- A timetable for the elections had been developed, with notice of the election due to be posted in early May and the results due in early July, ahead of the end of current terms on 08 July 2024
- The ambition was for all seats to be contested, but the national apathy around the governor role was noted. It would be helpful for governors to support the Trust in promoting the elections in their local communities.
- One seat up for election was the perennially vacant seat for South Somerset and the Rest of England.

Baker,Abi
05/06/2024 12:59:29

KH asked what more was being done to promote the election, compared to the last round in the autumn. TH advised that more could be done around the wider communication of the election. All members were contacted to make them aware of the election and they were all contacted at each stage throughout the election. Governor support in promoting membership, the governor role and the elections would be helpful. KH asked whether it was possible to revise the constituencies,

noting the vacancy that was always carried in the South Somerset seat, and that there were candidates last year for west Dorset who were not elected but other seats that did not have enough nominations for the vacancies. TH described the complex algorithm applied to set the number of seats, based on population size and that revising constituencies to suit the current demand was not easy or advisable. The meeting heard that in addition to direct contact with members the election was promoted in the Dorset Echo and on social media.

A number of suggestions for increasing membership and interest in the elections were offered, including:

- Advertising in local Somerset newspapers, and referencing the Trust's role in providing stroke services to Yeovil
- Contacting the Trust Secretary at Somerset Foundation Trust, as they had needed to disband the Yeovil Council of Governors as part of the merger. There may be former governors who would be interested in the role at DCH.
- Contacting Patient Participation Groups in GP practices
- Contacting the leagues of friends for hospitals on the boundaries of the Trust's geographic reach, such as Sherborne
- Working with the communications team to develop a stronger advertising campaign, showcasing the work of the governors to bring it to life. Perhaps a short video showing what the governors did and their diverse backgrounds
- Engaging with patients of the hospital

These would be explored by the Corporate Governance team.

CoG24/015 **Standing Item: Closer working with Dorset HealthCare update**

EJ reflected on this morning's Working Together Programme committee in common. She echoed SP's earlier point around the progress of the joint working. Four clinical workstreams had been identified as part of the programme and whilst they had good robust process around them, the shaping of those workstreams was based on the needs of the population and how the services could adapt to meet those needs. Staff from both organisations were working more closely and communicating as it was now felt that permission to do so was implicit. The two Boards had agreed in their January Board meetings to process with a federated model of two unitary boards working collaboratively. EJ further added that the two trusts were ensuring that the Working Together Programme was not detracting from any key national requirements.

AH provided a brief update on the frailty flagship project, noting the need to improve frailty management across the NHS and the impact that staying in hospital can have on people with frailty. This flagship project was working with partners in primary and community care and was bringing together teams that had previously been working separately.

DD updated on the diabetes flagship project, noting the prevalence in Dorset and the increased prevalence in Weymouth and Portland. The year one outline business case was focusing on the complex discharge pathway and support from targeted neighbour health and care professionals. Future years would look at screening for pre-diabetes.

EJ described a real buzz to the Working Together Programme. While it would not solve all the challenges, if it could improve the health of frail patients or patients living with diabetes there would be a big impact.

DRAFT
Baker,Abi
05/06/2024 12:59:29

CoG24/016	**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 10 June 2024, in the Trust HQ Boardroom and virtual via Teams. The Chair thanked everyone for their attendance and contributions and closed the meeting.

Baker,Abi
05/06/2024 12:59:29

Council of Governors Meeting – Part One

Presented to the meeting of 10 June 2024

Meeting Dated: 08 April 2024				
Minute	**Action**	**Owner**	**Timescale**	**Outcome**
CoG24/006 Chief Executive's Report	Consideration to be given to the Freedom to Speak Up Guardian presenting to a future Council of Governors meeting.	**AB DCS**	June 2024	Complete. Scheduled for the October meeting.
CoG24/010 Governor Matters	Clarification to be provided about proactive ways that patients can find out about their position on a waiting list.	**AT**	June 2024	Complete. The message on the central appointments line has now been replaced and the line can be used for checking waiting time progress.

Baker,Abi
05/06/2024 12:59:29

Council of Governors

May 2024

Baker,Abi
05/06/2024 12:59:29

Outstanding care for people in ways which matter to them

System update

Right Care Right Person (RCRP)

RCRP is a partnership approach between Dorset Police, the NHS, social care providers and other partnership agencies to ensure people in crisis are responded to and supported by the appropriate agency in a timely manner so they receive the best care.

Martha's Rule

NHS England has announced the roll out of Martha's Rule in hospitals across England from April 2024, enabling patients and families to seek an urgent review if their condition deteriorates. This is planned to be rolled out to at least 100 NHS sites and will give patients and their families 24/7 access to a rapid review from an independent critical care team if they are worried about their or a family member's condition. NHS Dorset looks forward to the opening of the pilot across the NHS.

Baker,Abi
05/06/2024 12:59:29

System Priorities

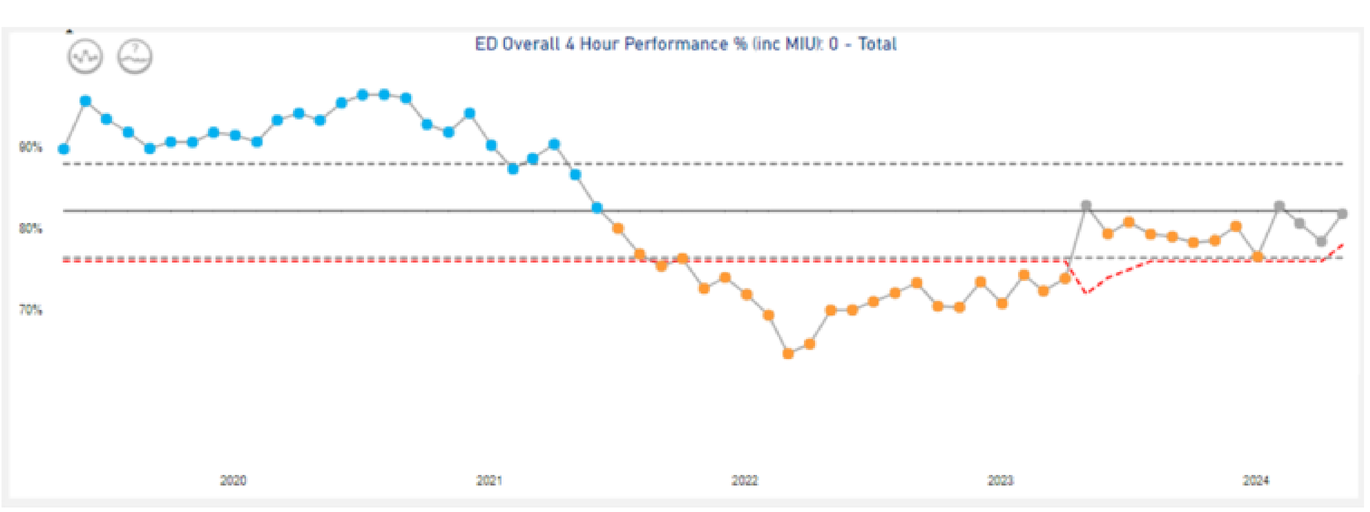
- Reducing and sustaining our acute beds through reducing our No Criteria to Reside and conducting an Intermediate care model review.
- Personal Health Commissioning, stabilising the Continuing Healthcare spend, whilst ensuring care needs are met.
- Productivity improvement through Quality Innovation Productivity and Prevention of Community Health Services, Model Health System and Procedures of Low Clinical Value reviews.
- Running Cost Allowance reduction.
- Prevention (Five Year Forward Plan five pillars), reducing the number of acute Cardiovascular Disease, Respiratory and Falls episodes across Dorset.
- Developing Integrated Neighbourhood Teams.
- Special Education Needs and Disabilities improvement in access.
- Children and Young People Mental Health delivery improvements.

Baker, Abi
03/09/2024 12:03:29

Patients

Baker,Abi
05/06/2024 12:59:29

What's been happening - Patients- UEC



Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
4 hour performacne (all)	82.84%	79.38%	80.81%	79.31%	79.02%	78.30%	78.60%	80.30%	76.60%	82.80%	80.60%	78.40%	81.80%
4 hour performance trajectory	72.00%	74.00%	75.00%	76.00%	76.00%	76.00%	76.00%	76.00%	76.00%	76.00%	76.00%	76.00%	78.00%
Variance	10.84%	5.38%	5.81%	3.31%	3.02%	2.30%	2.60%	4.30%	0.60%	6.80%	4.60%	2.40%	3.80%

Baker,Abi
05/06/2024 12:59:29

- Performance against the 4-hour standard has met trajectory every month for the financial year 2023/24 and DCH has performed better than the national average since November 2022
- Demand at the front door compared to the previous year for the reporting month of April is 3.26% up and compared to the baseline year of 2019/20, is 6.92% up

Outstanding care for people in ways which matter to them

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
Total W/L trajectory	20371	20486	20402	20323	20256	20161	20038	19917	19866	19721	19523
Total W/L actual	20352	20047	20388	20904	21005	21079	20991	21033	21067	20975	21023
Variance	-19	-439	-14	581	749	918	953	1116	1201	1254	1500

- Total waiting list size has since April 2023, and is 513 patients worse than trajectory, the reasons for this growth are multifactorial.
- Referral volumes are 4.22% up compared to last year and 10.37% compared to the baseline year 2019/20. Referral growth at an aggregate level doesn't provide a clear picture on what this means for performance, as peaks in one specialty with reductions in others, don't equal each other out, i.e. lower cardiology referrals doesn't release capacity to address increasing dermatology referrals.
- When the trajectories were written, demand was factored in as remaining flat, this mean the level of activity to meet the activity targets, was not enough to also meet the increase in demand for the services.
- The impact of industrial action on activity levels for 2023/24 was 3%, compounding the growing waiting list.

Baker,Abi
05/06/2024 12:59:29

What's been happening Patients- Elective

- Patients are treated in clinical priority order, followed by chronological order. The increase in demand has been disproportion for urgent and suspect cancer investigation, which has resulted in slower reduction in waiting times, than we had planned for.
- The trust has maintained the position of zero patients waiting over 104+ weeks for 2023/24
- Operational planning guidance requires the Trust to deliver zero 78+ weeks for May-24 and zero 65+ weeks for Sep-24, and a reduction on the number of patients waiting over 52wks.
- New insourcing contracts commenced in May with activity booked until end of September to enable specialties to deliver against the metrics.

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	Apr-24
65+ ww actual	234	254	267	271	336	401	481	375	374	413	383	330	309
65+ww trajectory	409	375	335	298	258	221	181	141	509	564	510	500	259
Variance	-175	-121	-68	-27	78	180	300	234	-135	-151	-127	-170	50

Baker Abi
05/06/2024 12:59:29

What’s been happening Patients Cancer

- Year to date, suspected cancer referrals are 4.45% up on the previous year, and 33.34% up on the reporting year 2019/20.

- Performance against the 28 day to diagnosis standard has been above 70% since July 2023, except for January (after effect of loss of capacity over festive period) fluctuations of a few percentage points each month, DCH exceeded the standard in February and March, with a slight dip in April due to the increased demand for the last four months

28 days FDS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
FDS (28 day) actual	68.90%	54.00%	62.50%	72.50%	72.30%	70.00%	74.85%	74.15%	73.75%	69.69%	77.65%	77.72%	70.89%
FDS (28 day) trajectory	69.66%	72.02%	69.13%	68.98%	69.44%	71.50%	71.15%	74.10%	75.30%	75.64%	75.95%	75.95%	75.33%
Variance	-0.76%	-18.02%	-6.63%	3.52%	2.86%	-1.50%	3.70%	0.05%	-1.55%	-5.95%	1.70%	1.77%	-4.44%

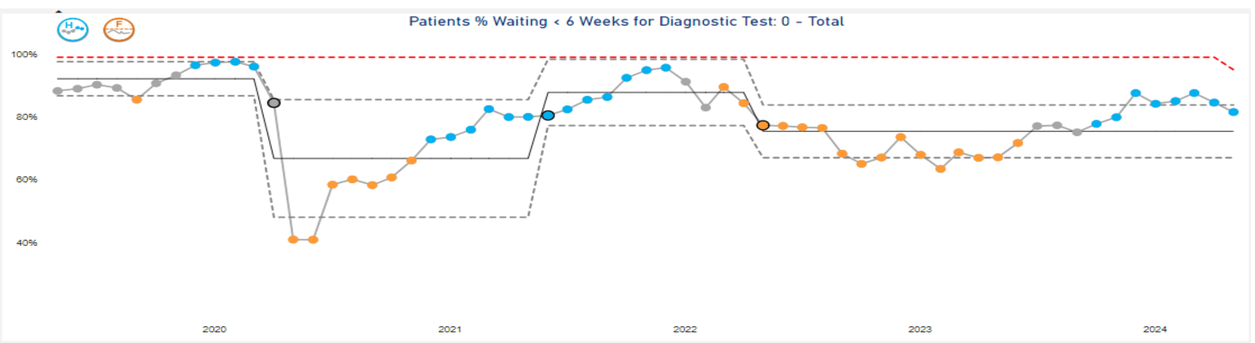
- Reducing the backlog (>62days) of patients waiting on an open urgent suspected cancer pathway. DCH attained the planned trajectory September to November. Seasonal variation saw performance off plan for December to February. With recovery in March, which has been sustained in April

62 day backlog	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
62 day Backlog actual	74	107	109	95	90	82	80	83	96	112	80	69	76
62 day Backlog trajectory	70	70	75	78	80	83	83	83	83	80	75	70	79
Variance	4	37	34	17	10	-1	-3	0	13	32	5	-1	-3

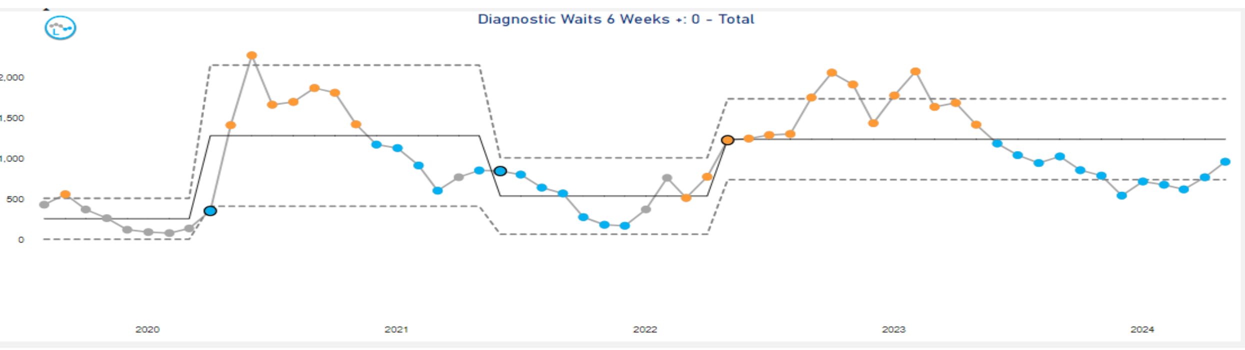
Baker,Abi
05/06/2024 12:59:29

What's been happening Patients Diagnostics

- While overall performance against the 6-week diagnostic standard has improved throughout the financial year 2023/24, and Apr-24 is better than the previous April, the metric is challenged by increase demand.



- The total number of patients waiting over 6 weeks has improved since April 2023, due to increased demand for some modalities, the backlog has started to rise



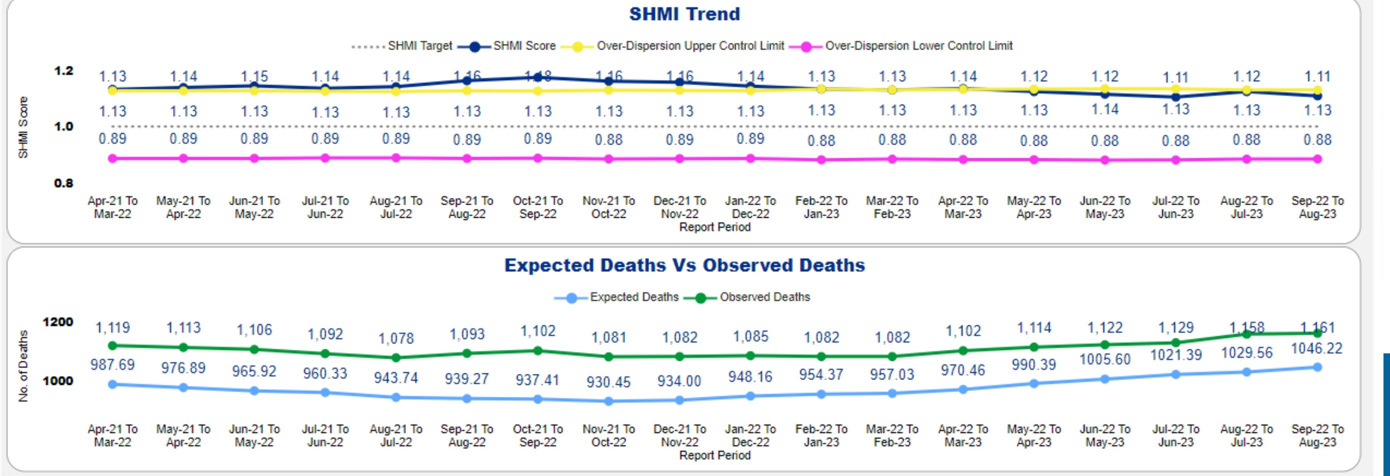
Baker,Abi
05/06/2024 12:59:29

Outstanding care for people in ways which matter to them

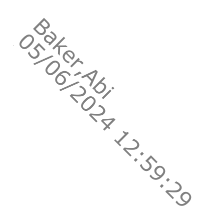
INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

SHMI

Brief Description	The SHMI is the ratio between the actual number of patients who die following hospitalisation at a trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.
Purpose	The purpose of SHMI is to have a transparent and open measure that is developed to provide a more complete picture of hospital mortality with the inclusion of ALL in-hospital deaths as well as deaths up to 30 days after discharge, which is currently not available in any other summary mortality indicators. This is consistent with the view that hospitals should be interested in what happens to their patients in the period immediately following discharge. The SHMI is publicly available with the methodology designed to a degree of rigour and openness that will be subject to continuous review and improvement underpinned by a standards-based approach as defined by the Indicator Assurance Process. The publication of the SHMI is also accompanied by guidelines which help inform appropriate use and interpretation of the indicator and is based on bandings indicating whether a trust is 'higher than expected', 'lower than expected' or 'as expected'.



Quality


Baker,Abi
05/06/2024 12:59:29

Quality Highlights – April 2024

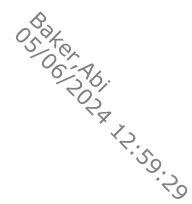
Positive Quality Improvement

- Implementation of the new complaints and PALS policy will include a review of reporting, set up of a dedicated complaints group as well as complaint training packages.

- Trust wide Tissue Viability action plan in place - QI work now being led by the Tissue Viability Team. Datix reporting now includes Unstageable Pressure Ulcers and Deep Tissue Injuries as categories – this will be reflected in Power BI in June's Report

- Ward dashboard now live capturing all quality metrics from Ward to Board

- National mandated reported infections remain within threshold (C. diff, gram negative blood stream infections)



Outstanding care for people in ways which matter to them

Complaints and PALS Policy

Key Points

- New Complaints and PALS policy is now going through approval process.
- The policy will adopt the Parliamentary Health Service Ombudsman (PHSO) national complaint standards: https://www.ombudsman.org.uk/organisations-we-investigate/complaint-standards/nhs-complaint-standards
- The new policy will see some significant change to our complaints processes and will be delivered through an implementation plan.

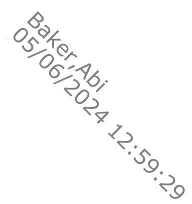
Baker,Abi
05/06/2024 12:59:29

Outstanding care for people in ways which matter to them

Quality Highlights – April 2024

Challenges to Quality Improvement

- Electronic Discharge Summary performance remains below threshold. A review of EDS processes is in progress with the Safer Nursing Lead leading a task and finish group working to expand ward clerk cover Trust wide.
- Rise in re-admission rates post discharge. Deep dive review requested and the full analysis and report will be considered by the Clinical Effectiveness Committee in July and reported to Quality Committee accordingly.



Outstanding care for people in ways which matter to them

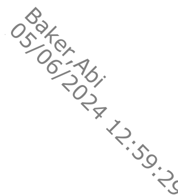
Quality Improvement

Electronic Discharge Summary:

- Focused work is underway on data validation and mechanisms for discharge in radiology, day surgery unit and EDAU. It is anticipated that Trust performance will improve and provide a more accurate reflection of discharge summary performance, as opposed to outpatient procedure/clinic letter communication.
- Review of risks relating to EDS delays for 2023:
- No harm identified in 49 Datix reviews (9 directly involving Datix delay and 40 mentioning EDS in Datix).

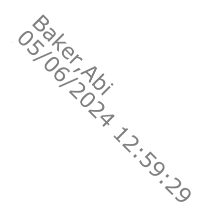
•Themes include:

- ➢ potential delay in medication change
- ➢ delay on physical discharge from ward due to delay obtaining TTOs
- ➢ delay in follow up outpatient appointment
- ➢ delay in dressing change – no harm


Baker,Abi
05/06/2024 12:59:29

Quality Improvement

- There is sustained increases in readmissions (increased by 70%) over the study period - patient level analysis to understand this.
- The main growth in terms of risk is different than the incidence shown above, actually incidence is not as risky as the impact of readmission LoS, which has also increased significantly over this period.
- 10% of our bed base is currently being used by long LOS 1st and second admissions ie a patient staying for 21 days+ in first admission has a 28% chance of readmission within 30 days and then a very significant LoS in the second admission as well.
- Should be a focus of QI as they are easily identifiable and low numbers with a vast risk in terms of bed days.


Baker,Abi
05/06/2024 12:59:29

Outstanding care for people in ways which matter to them

People

Baker,Abi
05/06/2024 12:59:29

People

Metrics

	February	March	April
Sickness	4.46%	3.58%	3.48%
Turnover	10.0%	9.6%	9.1%
Vacancy Rate	3.71%	3.65%	3.47%
Appraisal Rate	78%	76%	76%
Mandatory Training Compliance	89%	89%	89%

Baker,Abi
05/06/2024 12:59:29

Progress

- Turnover and Vacancy rates continue to fall
- Long and short-term sickness has also reduced in last quarter
- Reliance on agency staff continues to reduce
- Government Apprenticeship target for 23/24 achieved
- Focus on staff engagement and retention continues via the **People Promise Exemplar Programme** in conjunction with Dorset Healthcare

Challenges

Potential ongoing industrial action, hard to fill roles, staff experience (particularly staff from minority ethnic communities), WTE controls

Outstanding care for people in ways which matter to them

Partnerships

Baker, Abi
05/06/2024 12:59:29

Outstanding care for people in ways which matter to them

Working Together

Council of Governors

May 2024

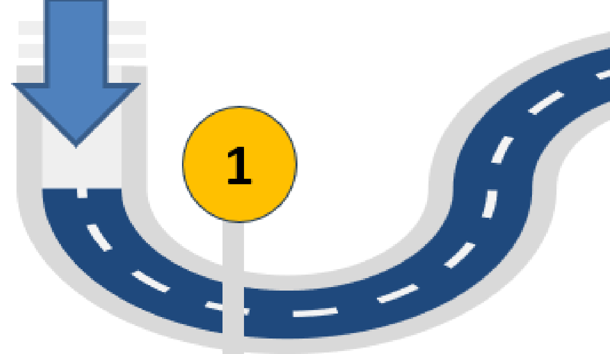
Baker,Abi
05/06/2024

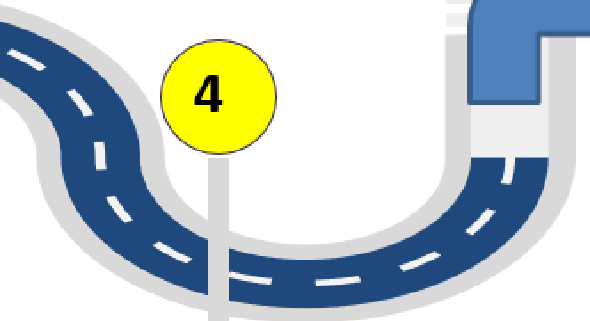
Working Together programme

Dorset County Hospital NHS Foundation Trust
Dorset HealthCare University NHS Foundation Trust

Working Together - where are we now?

Mar – Dec 2022	Jan – Apr 2023	May – Sep 2023	Oct – Sep 2024





Phase 1

DCH & DHC reaching decision to share CEO & Chair and to work more closely together

Phase 2

Establishing Working Together Programme, Recruiting joint appointments, Agreeing MOU

Phase 3

Workstreams underway incl clinical flagships, case studies, workforce modernisation, estates review

Phase 4

Emerging new clinical models; new clinical and non-clinical integrated working; shared services; executive operating model established; joint strategic plans; shared governance arrangements

Baker,Abi
05/06/2024 12:50:29

Working Together

Working in a federated way

Update on progress:

- An evolutionary approach that will be deepened over time
- Supported by effective communications, including the development of Q&A's
- Initial legal advice sought to ensure MOU and joint governance arrangements meet the requirements
- A review of progress is scheduled for Sep/October

Baker,Abi
05/06/2024 12:59:29

In our approach to federation:

- Trusts retain individual sovereignty & accountability to NHSE, regulated by CQC, individual Boards hold Trusts to account
- Joint structures support new models of care
- Shared Executive Team, culture and sense of governance, back-office services
- Joint strategies

Working Together

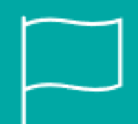
Joint Strategy Development

We know we need to work differently. As our federation develops, our joint strategy gives us a shared direction and purpose as we work to improve the health and wellbeing of our communities.

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
End of 3-month engagement	First draft of strategy; Analysis of feedback and Engagement Event	Draft and iteration of strategy document; Drafting and iteration of vision, mission and strategic objectives		Final vision, mission and strategic objectives	Strategy document to Boards for approval

Baker, Abi 05/06/2024 14:58:29

Working Together



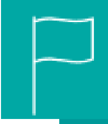
Flagships

Our four clinical flagship projects are exploring how we can transform our services and improve outcomes for patients by working closely together across our two Trusts

Programme	Ambition Summary	Current position	Next Steps
Frailty	Reduce need for avoidable admission for people living with frailty i.e. at high risk of admission Design streamlined, consistent, coherent system to reduce duplication, complexity, unwarranted variation	• Outline Business Case has been approved • planning for year 1 implementation, including development work to support Virtual Ward build in SystmOne	• Clarification of hypothesis of impact and benefits delivery plan • Development of workforce plan and financial overview • Developing detailed plan and oversight of the care model and year one deliverables, incl. • SDEC • Single Contact point • Virtual Ward/ Remote Monitoring • Culture of Collaboration

Baker,Abi
05/06/2024 12:59:29

Working Together

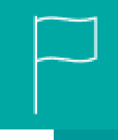


Flagships

Programme	Ambition Summary	Current Position	Next Steps
Diabetes	Support people to live well with diabetes, building knowledge, skills and confidence. Develop easy to access integrated services that proactively reduce need for unplanned intervention	• Outline Business Case approved • Planning for year 1 implementation, including integrated pathway development, colocation and accommodation planning and the roll out of two specific programmes - GIRFT recommendations and roll out of Type 1 insulin Drivers	• Building on the work within the culture of collaboration space to identify opportunities and develop an implementation plan • Detailed planning for year 1 implementation • Development of workforce plan and financial overview

Baker,Abi
05/06/2024 12:59:29

*Situation, background, assessment, recommendation tool



Flagships

Programme	Ambition Summary	Current Position	Next Steps
Children & Young People Parity of Esteem	Reduce duplication, complexity, unwarranted variation in support of CY&P, with social, emotional & MH needs, who present to acute hospital.	• Workshop held which focused on VCSE and Partners and Workforce modelling. • Next workshop booked to focus on Stress Testing the Pathway • Workstreams identified to take forward some of the quick wins • Demo held with other Trusts of their model	• Building on the work within the culture of collaboration space to identify opportunities and develop an implementation plan • Detailed planning for year 1 implementation • Development of workforce plan and financial overview

Baker, Abi 06/06/2024 12:59:29

Working Together

Flagships

Programme	Ambition Summary	Current position	Next Steps
Weymouth & Portland (Admission Avoidance)	Reduce unplanned interventions by taking a population needs based approach; redesigning care pathways to ensure access to right care, in right place, at right time, for their urgent care needs.	• Agreement to move programme into Integrated Neighbourhood Teams • Stakeholder and service mapping • Data pack 'blueprint' for future roll-outs in new areas, to include health and wellbeing insights, service data, community assets, feedback and priorities.	• Develop structure and content of the data pack 'blueprint' to inform priorities • Develop quicker-win opportunities • Begin drafting content for Strategic Outline Case. • Update to Portland Conversation event 14th May.

Baker, Abi
05/06/2024 12:59:29

Working Together

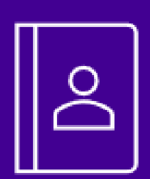
Case Studies

Providing examples from across the Trusts where services are already working together to achieve outcomes for patients

- **10 Case Studies now accessible via Trusts intranet sites:**
  - **Pharmacy**
  - **Temporary staffing**
  - **Audiology**
  - **Eating disorders**
  - **Stroke and Neurology**
  - **Chronic Pain Service**
  - **Learning Disabilities**
  - **Research**
  - **Pulmonary rehab**
  - **Outpatient Assessment Centre**
- **Weymouth Theatres to be completed Q2 24/24**

I wanted to thank you for the leverage you brought to bear in the Chronic Pain Working Together Programme … because of your support, we have now been allotted theatre space at Dorset County Hospital, which is absolutely excellent for our patients who live in the west, who need procedures which are too complex to be carried out at Blandford Community Hospital. They will no longer have to travel all the way to UHD (Royal Bournemouth Hospital) which will make such a difference to the quality of their experience as we provide care closer to home!

Working Together



Joint Executive Posts

Part of the ambition of the Working Together Programme and federated approach includes a shared executive team with joint posts where it makes sense.

Baker, Abi
05/06/2024 12:59:29

Joint Posts:

- Joint Chair
- Joint Chief Executive Officer
- Joint Chief Strategy, Transformation and Partnerships Officer
- Joint Chief Nursing Officer
- Joint Chief People Officer
- Joint Chief Finance Officer
- Joint Director of Corporate Affairs

Further posts awaiting start/appointment:

- Joint Associate Chief Medical Officer for Transformation
- Joint Chief Information Officer
- Joint Director of Estates and Facilities

Our Dorset Provider Collaborative (ODPC)

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

Baker,Abi
05/06/2024 12:59:29

Our Agreement

PROMOTE
Promote early and timely interventions to prevent or minimise deterioration and dependence.

REDUCE
Reduce unwarranted variation and inequality in health outcomes, access to services and experience.

IMPROVE
Improve the resilience, responsiveness and sustainability of services by providing mutual support.

CREATE
Create an environment where people are at the centre of everything we do, and Dorset is the best place to work.

ENSURE
Ensure that specialisation and consolidation occur where this will provide better outcomes and best value for money.

Our Behaviours

1. Build Trust, going beyond self interest for the good of the collaborative.
2. Positive outlook focused on achievements as well as challenges.
3. Encourage innovative thinking and appreciative enquiry.
4. Respect and encourage, differing perspectives, professional advice and guidance.
5. Commit to the Provider Collaborative and dedicate the time.
6. Act with integrity and honesty. Empower others to act.
7. Be accountable to yourself and others for your actions.
8. Provide mutual support to other members.
9. A pro-equity culture will be promoted and developed. Everyone will be treated equally.

Our Values

Working together for the general public and individuals.

The general public and individuals come first in everything we do. We will co-design and co-produce services to ensure they are tailored to the needs of our service users.

Respect, dignity and inclusion.

We value every person – whether patient, their families or carers, or staff - as an individual. We respect their differences, their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We will be inclusive.

Commitment to quality of care.

We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time.

Compassion.

We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need.

Improving lives.

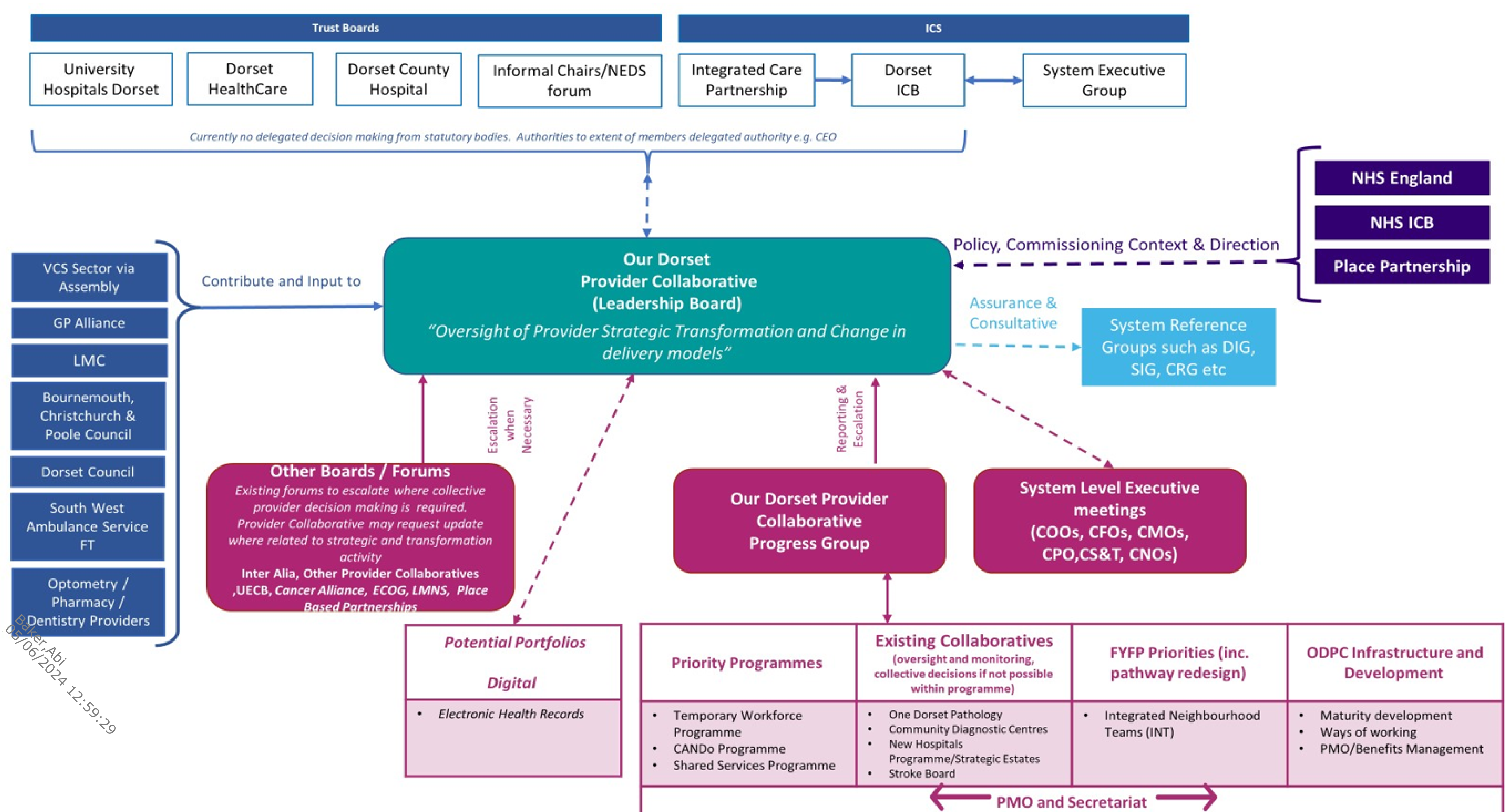
We strive to improve health and wellbeing and people's experiences of the NHS.

Everyone counts.

We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against, or left behind.

Our Principles

1. All stakeholders will work to support the purpose(s) of the Dorset Integrated Care System and the Our Dorset Provider Collaborative. This means that on some occasions, organisational and individual interests will need to be subsidiary. If this results in an organisation being significantly disadvantaged, the implications and impact of this will be identified. The Provider Collaborative Leadership Board will work to recognise and reconcile these difficulties and will provide support to mitigate risks through the transitional period.
2. Trust is the basis of most relationships. All stakeholders will work hard to establish and maintain trust with each other. If trust is compromised, it will be discussed, and work undertaken to seek to repair it.
3. Open, transparent, and constructive dialogue between all the members of the Our Dorset Provider Collaborative will be a given – even if the messages are difficult. When a colleague (or organisation) needs help, others will do their best to provide it. People will not 'play games' with each other.
4. Disagreements (which will inevitably occur) will be handled professionally and in a way that, if necessary, allow people to 'agree to disagree' – without derailing the process.
5. The key stakeholders in the Our Dorset Provider Collaborative are experienced, competent people who are trying to do the right thing, at the right time and in the right way. The systems and processes to measure, monitor and manage performance should be relatively light touch and proportionate to reflect this assumption.
6. It is neither efficient nor effective for everyone to be actively involved in everything. There will therefore be many occasions when people have to act on behalf of others. All parties will at all times act in the best interests of the greater good.



Baker, Abi
05/06/2024 12:59:29

Proposed CANDo Programme 2024/2025

Category	Area	Proposed Projects
Priority Specialties	Ophthalmology	• Further embed network. • Develop Community Model and offer to commissioners. Implement if service offer is accepted. • Support elective hub development at UHD, regaining market share from the independent sector ensuring gains for patients and services in the west of Dorset.
	Dermatology	• Join the ICB led network. • Review pathways and implement service changes intended to speed throughput, ease secondary care pressures, and make best use of community capacity and expertise, improving waiting times and experience for patients.
	Respiratory	• Join ICB led network & support agreed developments in "Optimising Treatment" element of ICB programme (making appropriate links with secondary prevention). • Promote the spread of a population management approach across the whole Dorset system seeking improvements in productivity and reduced inequalities.
	OMF	• Support system partners to develop a future pan Dorset OMF service model for implementation when the current contractual arrangements expire. • The new model must offer improvements in productivity and or value for money and reduced inequalities.
Network support only	Orthopaedics ENT Urology Gastroenterology	• Continue to support quarterly network meetings including shared oversight of GIRFT and performance
	Gynae	• Establish and support quarterly network meetings. including shared oversight of GIRFT and performance. Liaise with ICB in respect of any ICB led programme
	General Surgery	• Establish and support quarterly network meetings including shared oversight of GIRFT and performance
Enabling Projects	Shared oversight of networked Services	• Develop the Dorset Acute Networked Services Board so that both acute trusts collectively monitor the performance of services which are already – or become- networked.
	Shared waiting List	• Develop and implement a tool for collective review of waiting lists enabling dynamic mutual aid (and pre-emptive action not just post referral inter trust patient transfer).
Exiting specialties	Rheumatology	• In Q1 complete the transfer of rheumatology services to UHD delivering an equitable and sustainable service. Transfer resource to other programmes as above.
	Orthodontics	• In Q1 complete the transfer of orthodontics services to UHD delivering an equitable and sustainable service. Transfer resource to other programmes as above.

Notes

1. OMF has been added back in-reflecting renewed interest in developing a shared approach. Slow stream- reflecting contractual commitments
2. Specialties will consider all system spend as in scope not just that spent with the NHS

Baker,Abi 05/06/2024 12:59:28

ODPC priorities 2023/24

CANDo priority specialties

- Ophthalmology, Dermatology, Respiratory, OMF

CANDo network support

- Orthopaedics, ENT, Urology, Gastroenterology, Gynae, General surgery

CANDo enabling

- Shared waiting lists

Temporary staffing

- Nursing and Medical

Shared services

- Procurement

Baker, Abi
05/06/2024 12:59:29

ODPC priorities 2023/24

Existing collaboratives

- One Dorset Pathology
- Community Diagnostic Centres
- Stroke
- Strategic Estates/New Hospitals Programme
- Integrated Neighbourhood Teams

Baker,Abi
05/06/2024 12:59:29

Our Dorset

Integrated Neighbourhood Teams (INT) Programme

Programme Aim

The development of Integrated Neighbourhood Teams that bring together multi-disciplinary practitioners across health and care providers to deliver services to meet the needs of their defined population by focusing on personalised care that is as far as possible anticipatory rather than reactive.

Our integrated neighbourhood teams, will improve the access, experience and outcomes for our communities, with a focus on three essential offers:

1. Streamlining access to care and advice for people who get ill but only use health services infrequently; providing them with more choice about how they access care and ensuring that care is available in their community when they need it
2. Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but ot limited to, those with multiple long-terms conditions
3. Helping people to stay well for longer as part of a more ambitious and joined up approach

Realising the wider benefits of:

- Improved productivity and the satisfaction of providing care to local populations, through greater inter-professional collaboration between individuals working within local teams
- Confident and autonomous integrated MDTs who know the population they serve and have a shared ownership for improving health.

PROGRAMME PLAN & PROGRESS TO DATE:

Action:	By	Status
Define & agree programme governance	15/05/24	
Identify 2 INT early adopters	31/05/24	
Agree programme Vision, Strategic Outcomes and Mandate	31/05/24	
Agree criteria for identifying INT footprints	31/05/24	
Agree INT Design Principles	31/05/24	
Create a template Data & Insights pack; populate for W&P / Boscombe	14/06/24	
Draft Comms & Eng plan for workforce, communities & wider stakeholders	30/06/24	
Identify 2 INT fast followers	31/07/24	

Title of Meeting	Council of Governors
Date of Meeting	**10 June 2024**
Report Title	**Finance Report to 30 April 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 2nd May 2024 for the financial year 2024/25.

Month one delivered a deficit of £1.8 million after technical adjustments, being £0.1 million against plan of £1.7m deficit.

Factors driving the overspend include inflationary RPI costs above planned levels for provisions, catering, laundry, utilities and drugs, specifically Gastro and blood products. The Trust has also seen heightened operational pressures and increased patient acuity and by the end of April had escalated beds of 10, and circa 60 no criteria to reside (NCTR) patients being supported.

Agency expenditure has continued to decrease with an improved total month spend of £0.658 million, being the lowest recorded for the Trust in recent years. This reflects the ongoing delivery work of the High Cost Agency Reduction Programme supported by all functions.
Medical agency usage was lower in month however largely due to the availability of locums for Dermatology and Acute Medicine, with an increase expected from May until a more sustainable recruitment solution is reached.
An estimated income position for elective recovery funding (ERF) following the national baseline target revision to 109% for Dorset has also been included in the position.

The Trust wide efficiency target for the year stands at £14.1 million and is circa 5% of expenditure budgets in line with peers and national planning expectations. Full year efficiency identification so far stands at £5.1 million with further identified placeholder schemes equating to £5.7 million under development. Cost avoidance and cost reduction data capture is being finalised which will lead to an increase in the identified figure once confirmed. The unidentified gap is currently £3.3 million, with regular targeted Trust wide meetings taking place, led by the Chief Financial Officer across all areas to support delivery and closing the gap.
Efficiency delivery remains a significant risk for the Trust in achieving the break even plan for the year, as such enhanced monitoring and reporting is underway.

Capital expenditure for month one stands at £0.9 million in line with plan. The 2024/25 capital programme is over subscribed, however is being closely monitored through Capital Planning and Space Utilisation Group (CPSUG) to ensure all risks are monitored and managed appropriately.

Baker, Abi
05/06/2024 12:59:29

The cash position to April amounts to £13.7 million and is £7.1 million above plan due to non-recurrent 2023/24 income from Dorset ICB received earlier than expected, in conjunction with £1.5m of national revenue support paid in April to facilitate repayment of working capital. Cash remains a high risk area for the Trust and is being closely monitored on a daily basis with key mitigating actions taking place to minimise this risk where appropriate
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 quarter two months, 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 30 April 2024

Baker,Abi
05/06/2024 12:59:29

Council of Governors Finance Report for 1 Month ended 30 April 2024

	Plan 2024/25 £m	Actual 2024/25 £m	Variance £m
Income	23.4	24.3	0.9
Expenditure	(25.1)	(26.1)	(1.0)
Surplus / (Deficit)	**(1.7)**	**(1.8)**	**(0.1)**
Technical Adjustment – Capital Donations/Depreciation	0	0	0
Adjusted Surplus/(Deficit)	**(1.7)**	**(1.8)**	**(0.1)**

Variance at Month One

1.1 The income and expenditure position at the end of April is a deficit of £0.1 million and is largely driven by:

- Above planned levels of inflation continuing linked to RPI increases

1.2 Pay costs pressures have seen 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 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 £14.1 million for the year, circa 5% of expenditure budgets in line with peers and national planning expectations. Efficiency delivery noted at month one stands at £0.2 million (1%) in line with planned expectations. Currently 76% (£10.6m) of the target is identified with 23% remaining unidentified at present (£3.3m). Active Executive led oversight supported by the Trusts Value Delivery Board is in place and monitoring progress.

CASH

2.1 At the end of April, the Trust held a cash balance of £13.7 million, ahead of plan due to income received earlier than expected from Dorset ICB in conjunction with £1.5m of national revenue support received to facilitate payment of working capital. Active monitoring and key mitigations have been identified to help manage the cash position, however noting this is a key risk area for the Trust.

Baker,Abi
05/06/2024 12:59:29

CAPITAL

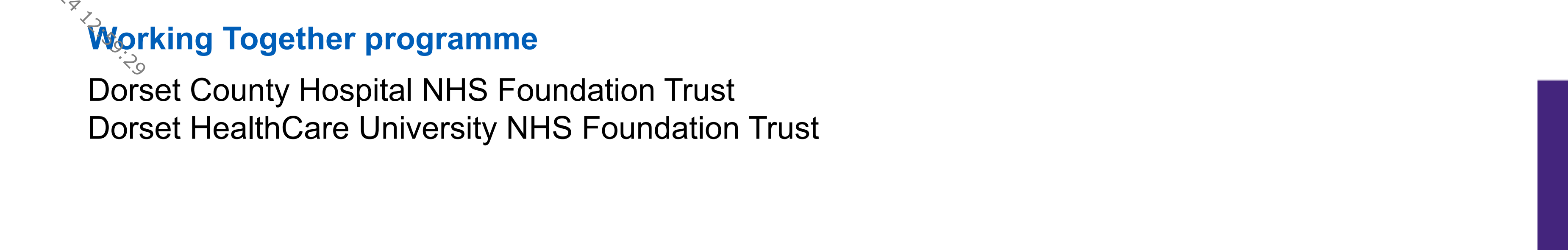
3.1 Capital expenditure for the period to 30 April 2024 was in line with plan at £0.9 million. Externally funded projects are £0.5 million behind plan due to the changes in the spend profile of the New Hospital Programme (NHP) offset by internally funded projects being ahead of plan by £0.5 million relating to early spend on East Wing Theatre and 2023/24 rollover spend on Ridgeway ward.

Baker,Abi
05/06/2024 12:59:29

Working Together

Joint Chief Nursing Officer role

Dawn Dawson



Baker,Abi
05/06/2024 12:48:29

Working Together programme

Dorset County Hospital NHS Foundation Trust
Dorset HealthCare University NHS Foundation Trust

Joint CNO

- Establish common objectives
- Lead & enable the development of new models of care
- Develop clinical & professional cohesiveness through matrix working
- Align governance and processes
- Leading to:
  - improved clinical outcomes
  - Improved quality of care
  - Improved patient experience of care

Baker,Abi
05/06/2024 12:58:29

Key Factors for Success

- Maintained focus on safety & quality
- Clarity on objectives
- High quality governance processes providing assurance
- Learning from other areas
- Team development

Baker,Abi
05/06/2024 12:59:29

What are the key risks ?

- Breadth of role
- Loss of focus on organisational priorities
- Joint CNO spending disproportionate time in one Trust
- Impact on triumvirate working

Delineation of Roles

- ✓ Statutory Responsibilities for DCH Director of Nursing in organisation
  - ✓ Triumvirate lead
  - ✓ IPC
  - ✓ Safe Staffing
  - ✓ Maternity Safety Champion & Baby Friendly Initiative

Baker,Abi
05/06/2024 12:59:29

Executive Accountability with JCNO

- ✓ Statutory Accountability across both Trusts
  - ✓ Quality & Patient Safety
  - ✓ Professional Leadership & Education
  - ✓ CQC – registered individual
  - ✓ Clinical Audit & Effectiveness
  - ✓ Safeguarding
  - ✓ Patient Experience

Baker,Abi
05/06/2024 12:59:29

Appendix 1

Council of Governors Information Pack

Contents:

Board Sub-Committee Escalation Reports (April and May 2024):
- Quality Committee
- Finance and Performance Committee
- People and Culture Committee
- Charitable Funds Committee
- Working Together Committee in Common

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Committee: Quality Committee

Date of Meeting: 23rd April 2024

Presented by: Claire Lehman

Significant risks / issues for escalation to Board for action	• Renal patient transport issues continue – consider further formal escalation. • Access to clinical policies following the move of these on the staff intranet. • Clarification of the call bell update timescales within the Maternity Unit requested. • The second phase following the Fuller enquiry has commenced with the trust undertaking a self-assessment.

Key issues / matters discussed at the Committee	The committee received, discussed and noted the following reports:
	• Maternity Safety Report and the Perinatal Mortality Review noting that standards had been met.
	• Quality Report noting:
	  ○ Control of infection positive performance with C. Diff below trajectory.
	  ○ Improvement in MUST compliance rates.
	  ○ Delivery of PSIRF milestones.
	  ○ SHMI within expected range.
	• Divisional Updates:
	  ○ Transition from Childrens to Adults services update noting the further opportunities through various transformation programmes to further develop transition for young people.
	  ○ Human Tissue Authority (HTA) assessment noting formal inspection planned in May.
	  ○ Fuller Inquiry Update
	• Patient Safety Improvement Plan
	• The following Escalation Reports were received and noted:
	  ○ Patient Safety Committee
	  ○ Infection Prevention and Control Committee
	  ○ Mental Health Steering Group
	  ○ Clinical Effectiveness group highlighting the issues with access to clinical policies on the staff intranet.
	• The National Audit Programme was not available.

Decisions made by the Committee	• Safe Staffing Midpoint Review was approved.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• The committee received a risk summary report to facilitate continual monitoring of quality and safety risks.

Baker,Abi 05/06/2024 12:59:29

Items / issues for referral to other Committees	• Nil

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Committee: Quality Committee

Date of Meeting: 21st May 2024

Presented by: Eiri Jones

Significant risks / issues for escalation to Board for action	• Ongoing concerns around the timeliness of Electronic Discharge Summaries (EDS). Work is underway to ensure that this is a process issue, not an outcome issue. • JAG accreditation was not achieved; it is clear that accreditation processes have changed, and the Trust has six months to improve the position. • Oliver McGowan training compliance continues to be an area requiring improvement.

Key issues / matters discussed at the Committee	The committee received, discussed and noted the following reports:
	• Health Inequalities: Core20plus5 DCH Analysis – presentation outlining how the Trust intends to align with existing transformation and operational workstreams to make health inequalities work mainstream
	• Quality Report
	• Learning from Deaths Report, noting the positive SHMI for the past 11 months. Submission of end of year reporting on time, but an ongoing risk re coding capacity
	• Executive Walkarounds – Biannual Report noting the benefits of the walk around process and the inclusion of governors
	• Maternity Safety Report noting:
	    o Positive progress in terms of post-partum haemorrhage and third- and fourth-degree tears, both now below the national average
	    o Broadly positive metrics
	    o Improved staffing.
	    o Training continued to be an issue
	    o A positive outlook for year 6 of the Maternity Incentive Scheme (MIS)
	• Deep Dive – Tissue Viability Quality Improvement Plan
	• Divisional Updates:
	    o Replacement Call Bell programme update – assurance that progress is being made although some concerns about ongoing business cases
	    o JAG Accreditation – report and next steps
	• Trust-wide Clinical Governance Review
	• Transformation Update and Quality Improvement Quarterly Report
	• The following Escalation Reports were received and noted:
	    o Medicines Committee
	    o Mental Health Steering Group
	    o End of Life Committee
	    o Patient Experience and Public Engagement Committee
	    o Research Steering Group
	    o Safeguarding Group
	• ICB Quality Committee Escalation Report

Baker,Abi
05/06/2024 12:59:29

Decisions made by the Committee	• Learning from Deaths Q4 Report was approved for publishing on the Trust website • Draft Quality Account approved and recommended to the Board • Committee Effectiveness Review process undertaken. Terms of reference and workplan approved for 2024/25, pending further changes as we move to joint committees
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	•
Items / issues for referral to other Committees	• Nil

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: Monday 22nd April 2024

Presented by: Stephen Tilton

Significant risks / issues for escalation to Committee / Board for action	• Financial position for 2425 submission and the impact on NHP.
Key issues / matters discussed at the Committee	**Performance Report** • Trust hit the 28-day performance standard for cancer. Trust was commended on the recovery of the 62-day backlog. • Trust reached the agreed 26 patients over 78 weeks and will be stepped down from Tiering. • Improvement in NCTR by the end of March. • Theatre utilisation dropped due to staff sickness and decisions made to run half-lists instead of full cancellation to achieve the waiting time standards/trauma reductions against a background of reduced bed availability. • Winter Incentive met and there is currently a data validation exercise with SWAST. • ITU full and over footprint during the month indicating an increase in acuity in March, while awaiting the Agyle update that will deliver a standard acuity measure the U&I Care Division will work on a proxy measure for this. • **Elective recovery Funding 24/25** • Ambition to reduce the reliance on insourcing and look to invest into staff to increase resilience. • Any insourcing will be at or below 80% tariff. **Finance Update** • Trust closed 2324 at breakeven by meeting the agreed target with a bridge of income from the system. • 2425 financial position is more challenging with a 5% CIP target and the expectation to submit a breakeven plan. • Revenue support application was approved for April 2024. Will not require support for May but will monitor for June. **Operational Planning Update** • Financial position as of date of the committee was to submit a deficit of £5.7m with a 5% CIP, increase in WTE and capital remaining at £7.4m. • Risk associated to NHP if trust and system do not submit a break even plan. • Operating targets have been modelled and plans have been developed. It was noted that the trust will achieve all targets is has been asked to with further plans being developed where there may be risks. This will be monitored through performance reports coming to committee.

Baker,Abi
05/06/2024 12:59:29

	• 3 key investments have been submitted to the system for discussion which are key in the delivery of productivity and agency reduction and the future sustainability of the trust, each of these carry the risk of increasing WTE for the trust: a) Maternity b) Nursing headroom and internationally education nursing c) Productivity – theatre utilisation
Decisions made by the Committee	• Recommend to the board to approve the financial and operating plan for 2425
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• **Cyber Security Risk Update** Deferred to next month
Items / issues for referral to other Committees	• Cash position and revenue support risk and mitigation to be escalated to RAC • PCC have been asked to closely WTE position and to monitor the vacancies that directly impact the delivery of the operating plan.

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Executive / Committee: Finance and Performance Committee

Date of Meeting: Monday 20th May 2024

Presented by: Stephen Tilton

Significant risks / issues for escalation to Committee / Board for action	• The Electronic Health Records Outline Business Case briefing noted the need for a further Board meeting for approval. • Agency expenditure has reduced significantly.
Key issues / matters discussed at the Committee	**Performance Report** • The report would track performance against Operational Plan targets set rather than trajectories going forward. Original trajectories will be provided in the appendix to the report to support discussions on interventions and escalations. • Four hour standard was met and the number of patients with no reason to reside and the number of escalation beds in operation were reducing. • The waiting list size has subsequently also increased, driven by a 7.2% increase in referrals overall and 30% increase in two-week referrals. • Continued high demand for diagnostic services as a consequence of the increased referrals and long waiting patients. **Finance Report** • The planned system deficit position had been agreed regionally and nationally with DCH returning a year end breakeven position and delivering 5% cost improvements. • DCH planned a deficit position in the first few months of the financial year that would reduce with the phase implementation of the cost improvement programme. • Agency expenditure has reduced significantly. • The cash position remained challenging. The One Transformation Approach was noted. The ‘Can Do’ Update, including discussion of progress with the Oral Maxillo-facial service contract, was noted.
Decisions made by the Committee	• The committee Terms of Reference and Work Plan were approved. • The following subgroup Escalation Reports were received and noted: ○ CAPSUG • The ICB Finance Committee Minutes were noted.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	An Update on the Cyber Security risk was to be circulated to the group and discussed at the next meeting.

Items / issues for referral to other Committees	•

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Executive / Committee: People and Culture Committee

Date of Meeting: Monday 22nd April 2024

Presented by: Margaret Blankson (Chair)

Significant risks / issues for escalation to Board for action	• Loss of dementia training and uncertainty regarding continuous professional development funding from NHS England to support non-medical development.

Key issues / other matters discussed by the Committee	The committee considered the following items:
	• People and Performance Report and Dashboard noting:
	  ○ Slight reductions in vacancy and turnover rates.
	  ○ Increased in sickness absence rates with anxiety, stress and depression remaining the main cause.
	  ○ Apprenticeship target for 23/24 met and exceeded.
	  ○ Pastoral care award from NHS England.
	  ○ Improvements in occupational health provision.
	• Family and Surgical Services Divisional Report noting:
	  ○ A slight increase in turnover due to retirement and relocation of staff.
	  ○ A reduction in appraisal rate compliance.
	  ○ The Theatre Deep Dive emphasised the importance of increasing productivity and staff retention.
	  ○ The introduction of new Theatre Assistant support roles.
	• Recruitment Audit was deferred to the May meeting.
	• The detailed Education and Training Report:
	  ○ A slight reduction in mandatory training compliance.
	  ○ Recruitment of two Medical Education Fellows.
	  ○ Positive feedback from the undergraduate training survey with outcomes above the national average.
	  ○ Pastoral care award from NHS England.
	  ○ Uncertainty regarding future funding streams for continuous professional development.
	• Scope of the People and Culture Committee in Common.

Decisions made by the Committee	• The Equality Diversity and Inclusion Steering Group Terms of Reference were approved.
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Risk relating to the future funding streams for continuous professional development.
Items / issues for referral to other Committees	• None

Baker, Ab 05/06/2024 12:29:29

Escalation Report

Executive / Committee: People and Culture Committee

Date of Meeting: Monday 20th May 2024

Presented by: Margaret Blankson (Chair)

Significant risks / issues for escalation to Board for action	• Significant reductions in agency expenditure with spend at their lowest levels. • The Guardian of Safe Working Report is recommended to the Board. • The Freedom to Speak Up Report is recommended to the Board. • The Social Value Report is recommended to the Board.

Key issues / other matters discussed by the Committee	The committee considered the following items:
	• Guardian of Safe Working Report noting change of Guardian from Kyle Mitchell to Gill McCormick
	• People and Performance Report and Dashboard noting:
	  ○ Reductions in long and short-term sickness absence.
	  ○ Reduction in turnover rates
	  ○ An unchanged appraisal rate.
	• Urgent and Integrated Care Divisional Report noting:
	  ○ Higher staff survey score than previously. One Dorset Pathology structure was in place.
	  ○ The number of vacancies were reducing – including pharmacy.
	  ○ Adam Nicholls was replacing James Metcalfe as Divisional Clinical Directo.
	• The Recruitment Audit, having been deferred from April, noted positive findings overall.
	• Bank and Agency Usage and Expenditure Quarterly Report noted:
	  ○ Average Bank fill rate of 80%
	  ○ Significant reductions in agency expenditure.
	  ○ The appointment to several medical posts reducing medical locum expenditure.
	  ○ Continued efforts to address the clinical coding staff shortages through the apprenticeship scheme and workforce redesign.
	• Freedom to Speak Up and Whistleblowing Report noted an increase in cases following a communications exercise.
	• Social Value Report which outlined a broad range of social value activity aligned to the social value pledge.
	• Communications Activity Report.
	• ICB People Committee Minutes were noted.

Decisions made by the Committee	• The Committee Terms of Reference and Work Plan for the operation of a joint committee with Dorset Healthcare NHS Foundation Trust was deferred to June.
Implications for the Corporate Risk Register or the	• Nil new

Baker, Al 05/06/2024 12:59:29

Board Assurance Framework (BAF)	
Items / issues for referral to other Committees	• None

Baker,Abi
05/06/2024 12:59:29

Escalation Report

Executive / Committee: Charitable Funds Committee

Date of Meeting: 22 May 2024

Presented by: Dave Underwood

Significant risks / issues for escalation to Committee / Board for action	• The committee noted that for the second time in the last 12 months the committee had been unable to meet the minimum attendance to remain Quorate – fortunately there were no significant decisions to be taken at this meeting.
Key issues / matters discussed at the Committee	**DCHC Charitable Funds Committee (22.5.24)** • **DCH Charity Finance/Income 23/24 (Yr End)** reports (M12 Mar 2024) received. Total income for 23/24 as of end Mar £644,722. Unrestricted funds were £441,783, providing a surplus of £221,783 against the reserves target of £220,000. • **Capital Appeal (ED/CrCU)** report received. £450K income/pledges to date as of May 2024. Major donor engagement held at Athelhampton House on 2nd May 2024 – major support pledged from individuals, companies and organisations. £20K pledge from major donor. DCH100 Jurassic Coast Challenge (May 18/19) nearing target to raise £100K for the appeal. £10K received from Dorset County Show 2023. Corporate engagement ongoing. Grants funding and donor engagement programme ongoing. • **DCH Charity Risk Register (6-month review)** reviewed by DCH Charity Strategy Group on 13.5.24 and recommended retain all current risk ratings. Charitable Funds Committee supported this recommendation.
Decisions made by the Committee	•
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	• Nil

Baker,Abi
05/06/2024 12:59:29

Items / issues for referral to other Committees	• Nil

Baker,Abi
05/06/2024 12:59:29

Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

Escalation Report

Executive / Committee: Working Together Committee

Date of Meeting: Monday 8th April 2024

Presented by: Frances West (Deputy Chair DHC)

Significant risks / issues for escalation to Committee / Board for action	• The committee's thanks were extended to the outgoing project manager, the transformation teams in DCH and DHC and clinical staff for their continued commitment to driving improvements and transformation.
Key issues / matters discussed at the Committee	The committee in common considered the following items: • Support Services Review noting common principles and planned executive discussion to agree objectives for the planned reviews. • Achieving the Federated Model - noting the evolutionary process, continued joint working, joint strategy development, the need for wide staff and public engagement and codesign and to seek legal advice on aspects of greater joint working and governance. • Joint Strategy Update with DCH and DHC Board approvals expected in May and early June respectively. • One Transformation Approach to establish the a strategic transformation portfolio, standardised approach, performance measures and co-dependencies. • Change Proposal Process noting the need to understand the impact of change and co-dependency's on staff and the population of Dorset. • Proposal for the development of joint committees noting the draft plan and timescales would be returned to the committee in June. • Review of the Working Together Programme Against the NHS Forward Plan.

Decisions made by the Committee	• The committee endorsed the following Outline Business Cases
	    ○ Diabetes
	    ○ Frailty
	• The committee noted the need to keep change priorities under constant review

Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	The Committee considered the Risk Register noting that the • Clinical integration • Workforce for redesign • Digital integration and • Financial risks were well known by both DCH and DHC Board's and that mitigations had been fully discussed.

Baker, Abi 05/06/2024 12:59:29

Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

Items / issues for referral to other committees	• Nil

Baker,Abi
05/06/2024 12:59:29