

Council of Governors, part 1, 14/10/2024

Mon 14 October 2024, 14:00 - 16:40

Trust HQ Boardroom and MS Teams

Agenda

14:00 - 14:05 **1. Formalities**

5 min

- 📄 1 DCH CoG Agenda 14 10 24 PART ONE.pdf (1 pages)
 - 📄 1a CoG Minutes 12 09 24 Part One.pdf (7 pages)
 - 📄 1b CoG Actions PART ONE from 12 09 24.pdf (1 pages)
-

14:05 - 14:10 **2. Chair's Update**

5 min

- 📄 Joint Chair Report for DCH CoG 20241014.pdf (2 pages)
-

14:10 - 14:30 **3. Freedom to Speak Up Introduction**

20 min

14:30 - 15:00 **4. CEO Report**

30 min

- 📄 DCHFT Powerpoint Presentation CoG Q4 2324 DRAFT JW- Draft Oct.pdf (20 pages)
-

15:00 - 15:15 **5. Finance Report**

15 min

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

15:15 - 15:20 **6. Reflections on Recent Governor Meetings**

5 min

15:20 - 15:35 **Break**

15 min

15:35 - 15:50 **7. Governor Matters**

15 min

15:50 - 16:35 **8. NED Update, Feedback and Accountability Session**

45 min

16:35 - 16:40 **9. Closing Remarks**









5 min

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16:40 - 16:40

10. Appendix - Information pack

0 min

-  Gov Information Pack contents page October 2024.pdf (1 pages)
-  Escalation Report QC September 2024 - DD CL.pdf (2 pages)
-  Assurance Report Template - DCH - FPC September 2024 - DU.pdf (2 pages)
-  People and Culture Committee in Common Assurance Report DCH fw.pdf (3 pages)
-  Escalation Report WTC August 2024.pdf (1 pages)
-  STP Committee in Common Assurance Report DCH - DCS.pdf (3 pages)
-  Escalation Report RAC September 2024 SP.pdf (1 pages)
-  10.4 DCH Charitable Funds Committee - Escalation Report (18.9.24).pdf (3 pages)

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Council of Governors
 2.00pm to 5.00pm, Monday 14 October 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: Jean-Pierre Lambert, Carol Manton	Verbal		
	b) Declarations of Interest	Verbal		
	c) Minutes of Council of Governors Part One Meeting 12 September 2024	Enclosure		
	d) Actions and Matters Arising from those Minutes	Enclosure		
2.	Chair’s Update	Verbal	Chair	2.05-2.10
3.	Freedom to Speak Up Introduction	Presentation	Lynn Patterson, Freedom to Speak Up Guardian	2.10-2.30
4.	Chief Executive’s Report To receive	Presentation	Matthew Bryant, Chief Executive	2.30-3.00
5.	Finance Report To receive	Enclosure	Chris Hearn, Joint Chief Finance Officer	3.00-3.15
6.	Reflections on recent Governor meetings: <ul style="list-style-type: none"> Joint COG / NED workshop (30th September 2024) 	Verbal	Governor attendees	3.15-3.20
Break 3.20-3.35				
7.	Governor Matters a) Enforcement of parking rules b) Arts in Hospital at South Walks House c) Integration of digital across Dorset	Verbal	Tim Limbach Simon Bishop Mike Byatt	3.35-3.50
8.	NED Update, Feedback and Accountability Session <ul style="list-style-type: none"> Stephen Tilton – Update on activities Margaret Blankson – Update on activities 	Verbal/ Presentation /Questions	Stephen Tilton Margaret Blankson	3.50-4.35
9.	Chair’s Closing Remarks and Date of Next Public Meetings: <ul style="list-style-type: none"> Council of Governors, 2pm on 09 December 2024 		Chair	4.35-4.40
10.	Meeting Closes			4.40
Appended to the papers is an information pack for the Governors.				

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

Minutes of the meeting of Thursday 12 September 2024
via MS Teams

Present:

David Clayton-Smith DCS Trust Chair

Public Governors

Simon Bishop SB East Dorset
Alan Clark AC Weymouth and Portland
Kathryn Harrison KH West Dorset (Lead Governor)
Jean-Pierre Lambert JPL Weymouth and Portland
Anne Link AL Weymouth and Portland
Tim Limbach TLi West Dorset
Carol Manton CM North Dorset

Staff Governors

Max Deighton MD Staff Governor
Midhun Paul MP Staff Governor

Appointed Governors

Barbara Purnell BP Friends of Dorset County Hospital

In Attendance:

Sarah Anton SA Corporate Governance Officer
Abi Baker AB Corporate Governance Manager
Matthew Bryant MBr Chief Executive Officer
Mandy Ford MF Deputy Director of corporate Affairs
Chris Hearn CH Joint Chief Finance Officer
Nick Johnson NJ Deputy CEO and Director of Strategy, Transformation and
Partnership
Michelle McKirdy MM Executive Assistant (Observing)
Stuart Parsons SPa Non-Executive Director
Nicola Plumb NP Chief People Officer
Jacqueline Stratford JS Joint Governor and Membership Manager (Minutes)
Anita Thomas AT Chief Operating Officer

Apologies:

Robin Armstrong RA Staff Governor
Judy Crabb JC West Dorset
Jenni Douglas-Todd JDT Chair, NHS Dorset
Jenny Horrabin JHor Joint Director of Corporate Affairs
Claire Lehman CL Non-Executive Director
Rory Major RM Appointed Governor, Dorset Council
Maurice Perks MPe North Dorset
Jack Welch JW Staff Governor

CoG24/038

Welcome and Apologies for Absence

The Chair welcomed everyone to the meeting, both in person and virtually.
Apologies were received from those noted above.

CoG24/039

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.
SB queried if his dialysis would be an issue for the renal item in the Agenda. The Chair confirmed this was not a conflict of interest.

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CoG24/040 Minutes of the Previous Meeting held on 12 August 2024
 The minutes of the previous meeting held on 12 August 2024 were accepted as a true and accurate record of the meeting which was interrupted by IT issues.

CoG24/041 Actions and Matters Arising
 The action log was approved, noting the updates provided in the action log.

CoG24/042 Chair’s Update
 DCS referred to the paper circulated in advance and outlined some of his key activities since the last meeting:

- MB and DCS had met with the new Leader of the BCP Council, Milly Earl, and noted her interest in the effect of mental health on school exclusions and the Integrated Neighbourhood Teams (INT) initiative.
- DHC initiative around Patient Safety Investigation Response Framework (PSERF) at a workshop run by HSSIB.
- Compliance with updates to the Mental Health Act which linked into the training for DHC and DCH and the crossover for mental health patients supported by DCH.

DCS reminded Governors and NEDs about the upcoming Joint NED/Joint CoG meeting scheduled for 30 September and its aims and content.

CoG24/043 Chief Executive’s Report

MB referred to and summarised the Darzi report which was commissioned to look into the current state and challenges of the NHS and the proposed 10 year plan and noted in particular:

- NHS was in a critical condition shown through the lens of access as waiting lists for elective care have increased in acute, community and mental health areas;
- Patient satisfaction at its lowest ever level;
- Cancer care – significantly higher cancer mortality rates in comparison to other countries;
- Improvement in lung cancer treatment and outcomes, a service hosted by DCH:
- Increased cardiovascular rates of mortality in the under 75 age group;
- Mixed picture on quality in particular maternity services;
- Highlights financial pressures;
- Necessity of listening to the patient voice and importance of staff engagement.
- Deterioration of the health of the nation through the public health lens over the last 15 years.

MB reflected that an honest conversation around the problems was necessary before changes could be made but there should be a balance around the positive work that happened daily in DCH. The proposals aligned with the joint strategy for both DCH and DHC of healthier lives, empowered citizens and thriving communities.

DCS asked what methods for communicating this to staff and the Trust’s approach were in place. MB had communicated this through his weekly CEO bulletin and encouraged an ongoing conversation with both Trusts with staff and participation groups.

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The CEO report was circulated in advance and highlighted the opening of the refurbished Ridgeway Ward, the opening of the new CTC scanner at Weymouth Hospital, the helipad, sensory garden alongside a New Hospitals Programme update together with current performance data.

JPL made a comment around the productivity project and proposed that, using macro data, an increase of 4% in demand for elective care would require an increase in productivity of 4.9% to stabilise the waiting lists. To reduce waiting lists by 50% in four years productivity would need to rise by 5.20% per year accumulated would mean a 22% increase in capacity and productivity. JPL felt that this underlined the necessary focus on the project and the work which the DCH teams were doing in the Weymouth Hospital. MB commented on the relation between productivity, reporting of data and outcomes for the patient.

AT commented on productivity and highlighted:

- the increase in urgent demand and the patients remaining with no reason to reside or who would be better cared for elsewhere;
- The maintenance of high performance in ambulance handovers and the ongoing positive relationship with South West ambulance;
- Ridgeway Ward had opened and Portesham Ward had provided additional capacity and these wards were being used with a different approach, Fortuneswell ward was used for urgent surgery demand reducing the number of formal admissions and the length of stay for patients.
- Whilst managing the continued growth in cancer care demand there had been over 400 referrals in July, the highest number of cancer referrals ever experienced;
- Whilst some expectations were not met fully DCH has continued to maintain very high standards in Dorset for cancer care;
- Continuing to work closely with UHD on complex pathways;
- Work with the independent sector and DCH teams has maintained around 103% more productivity than the baseline year in terms of the volume of cases seen whilst spending less with the independent sector in 2024 than 2023;
- South Walks had seen an 82% occupation rate which was expected to increase with the air quality now fully signed off and included work with Active Dorset and Livewell Dorset.
- Whilst there are improvements and work to do DCH is one of the highest performing trusts for the use of day surgery.

KH asked a question around patients who started treatment at DCH and were then referred to Southampton for a spinal issue and gastroenterology treatment. Was this a new partnership with SGH? AT commented that DCH had a partnership with Southampton across the more complex pathways and where SGH is a centre of excellence. DCH worked in the same way with UHD for complex head and neck surgery and Basingstoke for specific types of cancer care.

CoG24/044

Governor Matters

a) The future of renal services

SB asked a question around the short term and long term future of renal services. What was the plan for the renal unit and the satellite units including both haemodialysis and peritoneal dialysis?

AT responded that DCH was in the process of developing the strategy and business case for both West and East Dorset and working with NHSE

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regional who commission renal services whilst looking for commercial partners and others to work to increase capacity.

SB asked if the service would be run, as now, by different organisations. AT agreed that partnerships would become more common as this was the national model but DCH would remain the regional centre for Dorset and South Somerset and would continue to work to increase space-time and capacity for both Haemodialysis and peritoneal dialysis.

b) Signage around the Trust

AB asked a question on behalf of JC around who has overall responsibility for managing signage and how was funded which was an ongoing concern at Your Voice meetings and with volunteers, staff and patients.

CH reported that a Way Finding Governance Group had been established to address the concerns and the group had taken into account the feedback from the groups mentioned to ensure that there was satisfactory and sufficient signage. Improved signage would be installed over a period of time which was of a standard design and estates compliant.

CH agreed to link in Andrew Kearsley, Estates Compliance and Assets Officer who chairs the Way Finding Governance Group would attend a Your Voice meeting to update.

Action: CH

c) South Walks House utilisation

Previously answered in 24/043 above.

CoG24/045

Finance Report

CH drew the governors' attention to the previously circulated paper, outlining the trust's financial position to month 3 and highlighted that:

- The Trust had submitted a breakeven position over the last 12 months.
- At month three there was a deficit to date of £1.5m broadly in line with planned year to date deficit at month three of £1.4m, £100,000 adverse key drivers for this were industrial action, inflationary aspects of expenditure primarily around high costs drugs and operational pressures ie patients with no criteria to reside, currently in the region of 54.
- Significant decrease over the course of the year in agency spend now at a third of the cost in 2023.
- The Trust had an efficiency target of 5% (£14.3m) which was a consistent system target. End of June the Trust has achieved £6.3m against £14.3m and the Delivery Board are continuing to identify as many efficiencies as possible.

SB asked how confident the Trust was in reaching the savings target for 2024. CH agreed that savings were a challenge however he repeated that £6.3m had been identified and further schemes are currently in train to come on line later this year or impact in future years. He acknowledged that there was a CIP gap currently which was a risk for the plan for this year.

Tli asked if the budget figures were for admin and clinical staff. CH confirmed that the numbers quoted were for the entirety of the Trust budget and incorporated all areas of expenditure across the Trust. Tli asked if one area was carrying another? CH responded that the Trust routinely, through the efficiency programme, benchmark the amount spent and on each non-clinical or corporate

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service the Trust ensures that it was appropriate based on how other organisations were spending and for the size of the organisation.

CoG24/046

Reflections on recent Governor meetings:

NHS Providers Governor Focus Conference

JPL commented that there was discussion on:

- Governor visits to align with areas of specific Governor interest;
- Informal coffee mornings with Governor and NEDs would be better for contact and discussions than online;
- The challenge in membership was ‘What was the value for the member?’ Was there an economic, social, information, health value?
- Some Trusts focussed on performance data – to understand the key issues and what was being done to address them.

DCS asked if there was anything to be learnt around membership that DCH could adopt. JPL referenced an excellent presentation from the Co-Op, there were several options but most interestingly was to have a commitment from each Governor, what they could bring for the next year, how many attendants, how many meeting with members so there was a different commitment from Governors with membership.

DCS felt KH could share these comments and the presentation with the Membership Development Committee. KH also commented on the activity tracker that was kept by the Membership Development Committee and shared with all Governors as a record of their activities.

SB commented that there was no access to the Council of Governors meeting on the website and proposed that this would be included on the website in future. AB confirmed that papers were published on the website in advance of the meeting.

Governor Induction Session

KH confirmed that a survey had been sent out for comments on the Governor Induction Session. AB requested any comments to be forwarded to the Corporate Office and it was agreed to link in with DHC for their actions.

KH asked for details on publicising the Annual Members’ Meeting. AB responded that the meeting had been publicised in the recent newsletter and an email would be sent out to members and there had been engagement work by Comms on social media and the website.

Membership Development Committee (03/09/2024)

KH updated the meeting on the stands Governors manned in the hospital, Dorset County Show and the Melplash Show at West Bay. KH appreciated sharing the stands and supporting the Hospital Charity at both these events.

CoG24/047

NED Update, Feedback and Accountability Session

Stuart Parsons – Introduction / Risk and Audit Committee and the Annual Report and Accounts

SP gave a presentation including:

- Previous experience and background;

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- Role of the Risk & Audit Committee, including the role of the internal auditor, BDO, the external auditor KPMG and TIAA re anti-crime report, BAF, Corporate Risk Register and Clinical Report;
- Annual Report and Accounts including value for money (VFM), fraud risk around expenditure, management override controls and valuation of land and buildings

TLi asked for information on acronyms for Governors to understand what is meant by these.

Action: AB

TLi also queried the responsibility for administrative staff numbers and budget. SP responded that the administration staff numbers was the responsibility of the Executive team and the Finance and Performance Committee who scrutinised and challenged the financial performance of the organisation and also the operational performance of the organisation.

CONSENT SECTION

The following items are to be taken without discussion unless any Governor requests prior to the meeting that any be removed from the consent section for further discussion.

CoG24/048

Quality Account 2023/24

DCS commented that the Council had received a copy in the meeting papers and the Quality Account for 2023/24 had come to Governors previously and had been signed off by the Board. This was a consent item for the Council.

CoG24/049

Any Other Business Lead Governor Selection

DCS summarised the lead governor selection, held every 12 months, nominations were sought and there was one nomination this year, KH who was duly elected and will continue as the lead governor for the next 12 months. He thanked Kathryn for her time and effort in the role.

AB confirmed that there was one expression of interest and therefore no ballot was required. The appointment was subject to approval by the majority of the governor's present today. AB asked if governors were happy to approve KH's re-appointment to the role of Lead Governor. DCS announced there was a majority agreement.

Kathryn Harrison was formally elected to the role of Lead Governor.

(Maurice Perks sent apologies, but had confirmed by email that he is in support of KH continuing in lead gov role)

CoG24/050

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

DCS thanked governors, NED and executive colleagues for a helpful meeting. He reminded the meeting that the Annual Members' meeting was on 23 September in the Education Centre.

The next Council of Governors meeting open to the public was scheduled for 2pm on Monday 14 October 2024, in the Trust HQ Boardroom and virtual via Teams.

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

DRAFT

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Council of Governors Meeting – Part One

Presented to the meeting of 14 October 2024

Meeting Dated: 12 September 2024				
Minute	Action	Owner	Timescale	Outcome
CoG24/044	CH to link Andrew Kersley, Estates Compliance and Assets Officer, who chairs the Wayfinding Governance Group, to attend a Your Voice meeting to update the group on wayfinding within the trust.	CH	October 2024	AK and Judy Crabb put in contact with one another to discuss a date AK can attend a Your Voice meeting.
CoG24/047	Governors to be provided with a summary of commonly used acronyms.	AB	October 2024	<p>NHS Confederation provide a comprehensive acronym guide, which is available at this website: https://www.nhsconfed.org/publications/acronym-buster</p> <p>NHS England also provide a useful guide to understanding NHS jargon: https://www.england.nhs.uk/get-involved/resources/involvejargon/</p>
Meeting Dated: 10 June 2024				
Minute	Action	Owner	Timescale	Outcome
CoG24/029	AB to look in to whether it is a conflict of interest for NEDs, as members of the Trust, to be able to vote in governor elections, for those who would be holding them to account.	AB	August 2024	It is a requirement of the NHS Act (Schedule 7 paragraph 16) that non-executive directors (NEDs) must be a member of the public constituency. NEDs are held to account by the Council of Governors as a collective, rather than by individual governors so voting for an individual governor is not considered a conflict of interest.

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JOINT CHAIR REPORT – DCH COG – 12th September to 14th October 2024

DHC	
10 th September	Strategic Decision Maker course
26 th September	AGM/ AMM
30 th September	NED Team Appraisal Summary submitted to NHSE
2 nd October	Board of Directors meeting
DCH	
12 th September	CoG Meeting
23 rd September	AMM/ AGM
30 th September	NED Team Appraisal Summary submitted to NHSE
3 rd October	Visit to Medical Physics
10 th October	Senior Leadership Quality Walkaround – Maternity with Alastair Hutchison
10 th October	Visit Blood Sciences & Pathology
14 th October	Visit to Ridgeway Ward
Joint	
18 th September	Joint NED Interviews & Joint Nomination & Remuneration Committee to approve Joint NED appointments
23 rd September	Finance & Performance Committee in Common
23 rd September	People & Culture Committee in Common
25 th September	Strategy, Transformation & Partnership Committee in Common
25 th September	Swanage Hospital League of Friends AGM
30 th September	Joint CoG/ Joint NED meeting
7 th October	Hospital Chair League of Friends meeting – Creative Health & Arts in Hospitals
7 th October	Monthly Chair & Deputy Chairs meeting
14 th October	Combined NEDs monthly meeting
Ongoing	Bi-monthly 121s with NEDs

JOINT CHAIR REPORT – DCH COG – 12th September to 14th October 2024

System	
12 th September	Monthly meeting with Penny Calvert, Creative Health
12 th September	Quarterly 121 with Jenni Douglas-Todd, ICB Chair
16 th September	Quarterly 121 with Rob Whiteman, UHD Chair
18 th September	Completed State of the Provider Sector survey – NHS Providers
19 th September	Chair to Chair Meeting – Jenni Douglas-Todd and Rob Whiteman
Other	
5 th September	Creative Health in Dorset Strategy catch up with Gemma Alldred, The Arts Development Company

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Council of Governors

August 2024



Trust update

- **New Hospital Programme project jumps final approval hurdle**

We are delighted that we have now received formal notification from the Treasury that our New Hospitals Programme (NHP) funding for the new emergency department and critical care unit has been approved.

- **Patients praise standards of care at Dorset County Hospital**

Patients have praised the standard of care experienced at Dorset County Hospital (DCH).

The latest adult inpatient survey, carried out by the Picker Institute on behalf of the Care Quality Commission, captured the views and experiences of 590 patients who stayed a minimum of one night as an inpatient at DCH during November 2023.

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System Priorities

The focus for this year has been twofold. The delivery of the operational plan including making progress to stabilising and reverse our financial position and continuing the transformation journey to create stronger foundations for the future. In this context, there are several priority areas :

- Continue to work with our GPs to support the sustainability of primary care.
- Implement the service models for mental health for children and young people and adults, ensuring they delivery genuine parity with physical health services in terms of access.
- Implement the new service model for all age neurodiversity and ensure all key standards for SEND are achieved.
- Reducing and then sustaining our acute bed compliment through reducing length of stay, reducing the number of patients stuck in hospital - referred to as patients with No Criteria to Reside (NCTR) - awaiting a care package and conducting an Intermediate care model review.
- Personal Health Commissioning, reducing the Continuing Healthcare spend, whilst ensuring care needs are met.
- Continue to implement the dental recovery plan.
- Transforming the delivery model by shifting more care to the out of hospital setting and reducing hospital admissions and ED attendances. The launch of integrated neighbourhood teams will be critical to this.
- Continue to progress the NHP to a successful conclusion.
- Develop a strategic outcome-based commissioning framework for implementation in April 2025.
 - Develop a plan to embed health inequalities and prevention into our clinical service models.
 - Continue to contribute the work on social mobility and thriving communities.

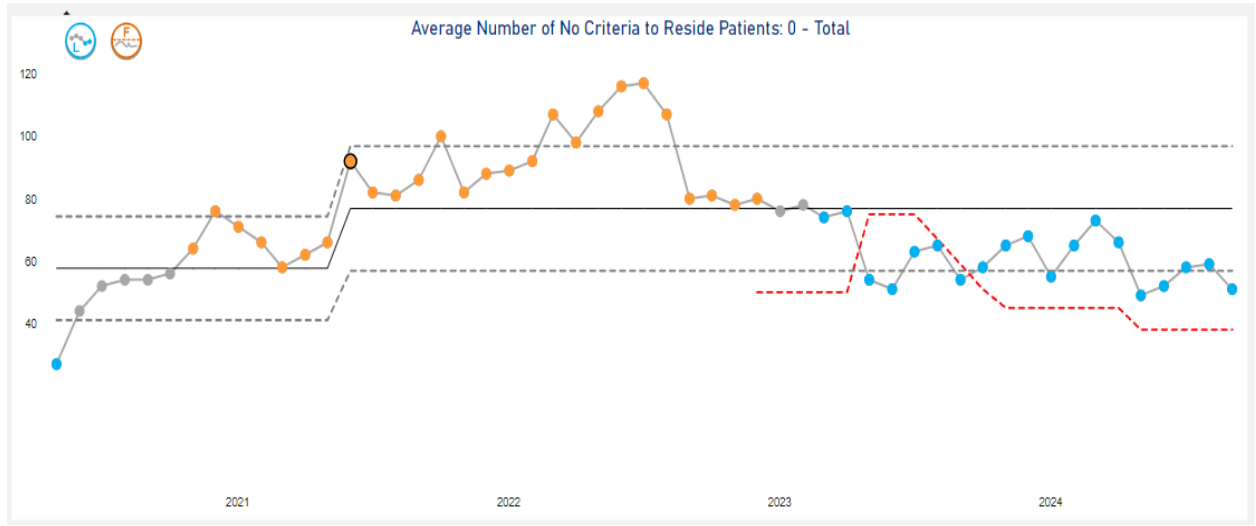
Patients





What's been happening - Patients- UEC

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



- National target for 2024/25 is 78%, DCH have achieved this for Q1 and Q2
- Demand at the front door is 0.4% up compared to last year and 9.55% up compared to 2019/20
- Growth in demand is coming from walk ins, rather than ambulance or GP expected
- NRTR is above trajectory for Q1, with the average number of open bed slightly above plan to account for this.
- NRTR significant improvements and progress continues but the Trust performance is still below the trajectory set at operational planning.

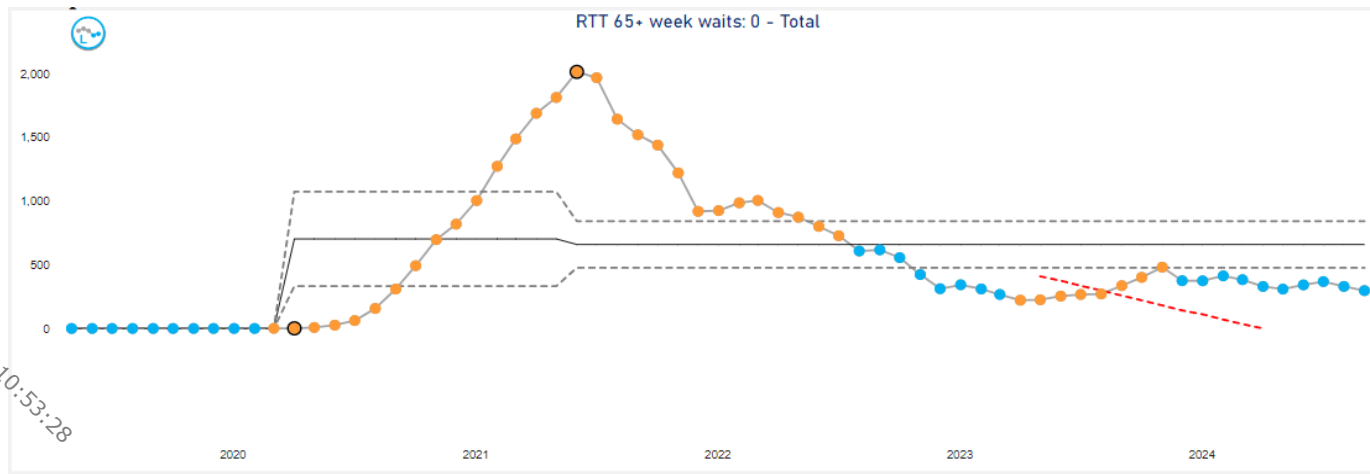
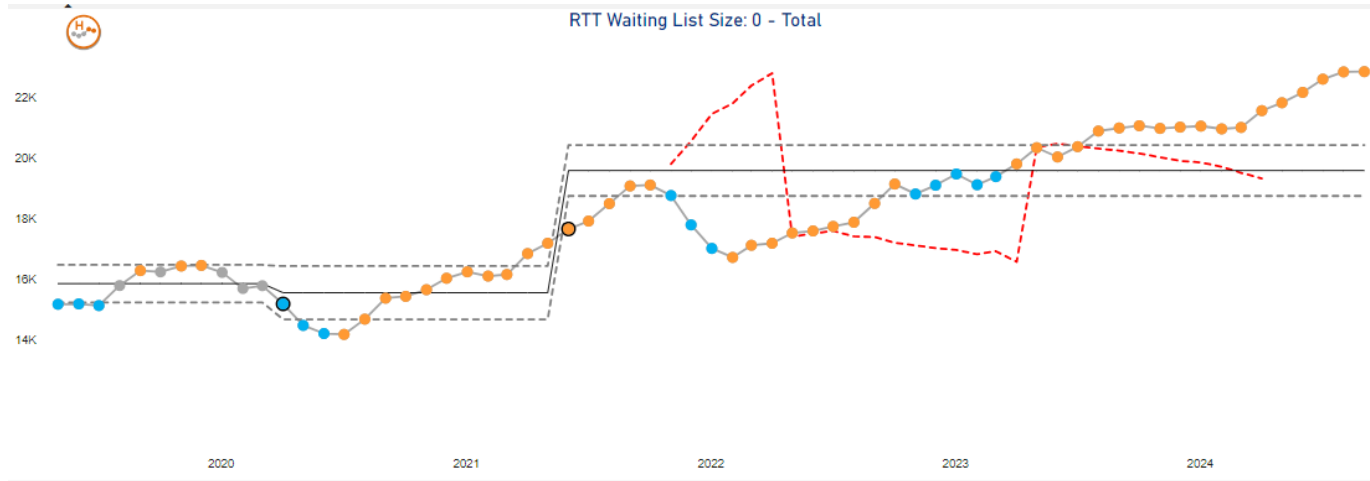
Metric	Apr-24		May-24		Jun-24		Jul-24		Aug-24	
	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
Average NRTR	33	49	35	52	36	58	36	59	35	51
Average number of overnight G&A beds occupied - adult	282	301	296	296	298	304	294	298	288	304
Bed Occupancy %	90.10%	97.10%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

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Outstanding care for people in ways which matter to them



What's been happening Patients- Elective Care



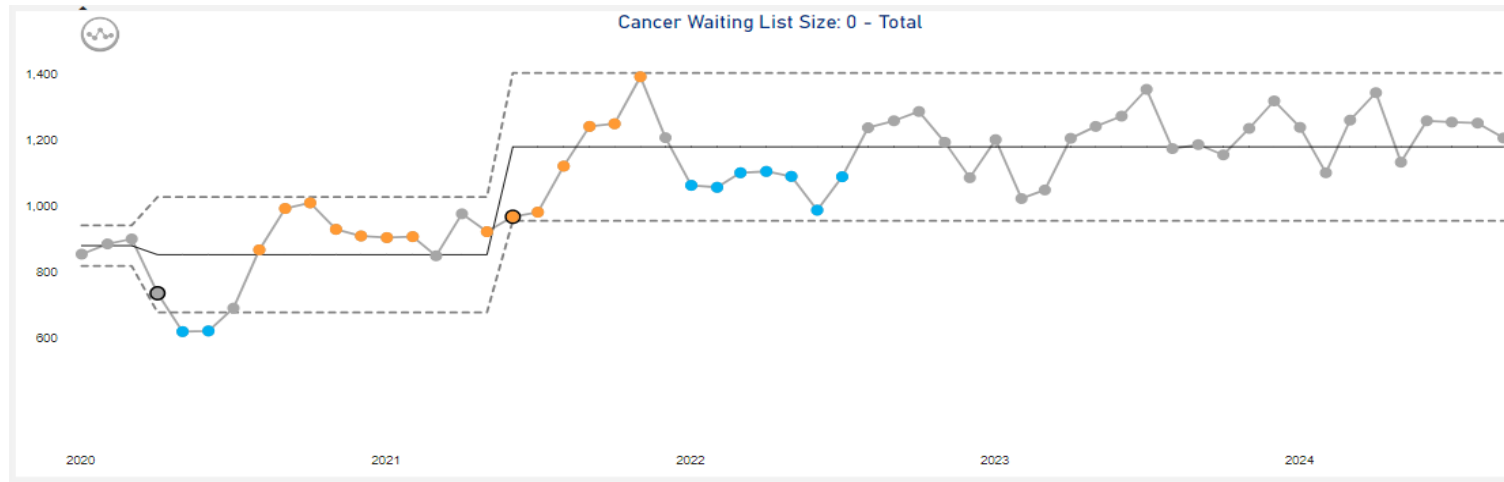
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- Total waiting list continues to growth and is 871 patients larger than plan for Aug-24
- Referral volumes YTD are 6.74% up compared to last year and 15.95% up compared to 20219/20. The plans were written on the assumption of zero growth
- Activity levels (volume) are at 104.92% of the 2019/20 baseline
- Waiting list size has grown, but those waiting the longest has decreased from over 2,000 patients waiting over 65 weeks for treatment at the end of the COVID shut down, to 270 at the end of August.
- Zero patients waiting over 104 days at the end of August

What's been happening Patients Cancer

28 days FDS	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FDS (28 day) op plan	75.33%	75.56%	75.55%	75.10%	75.62%	75.09%	75.93%	75.88%	75.07%	75.04%	76.03%	77.94%
FDS (28 day) actual	70.72%	72.89%	75.74%	77.06%	75.32%							
Variance	-4.61%	-2.67%	0.19%	1.96%	-0.30%							

62 day RTT	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
62 day op plan	71.30%	70.37%	70.91%	70.75%	70.24%	70.11%	70.83%	70.18%	70.09%	70.94%	70.49%	70.69%
Actual	77.09%	63.91%	74.92%	72.22%	65.87%							
Variance	5.79%	-6.46%	4.01%	1.47%	-4.37%							

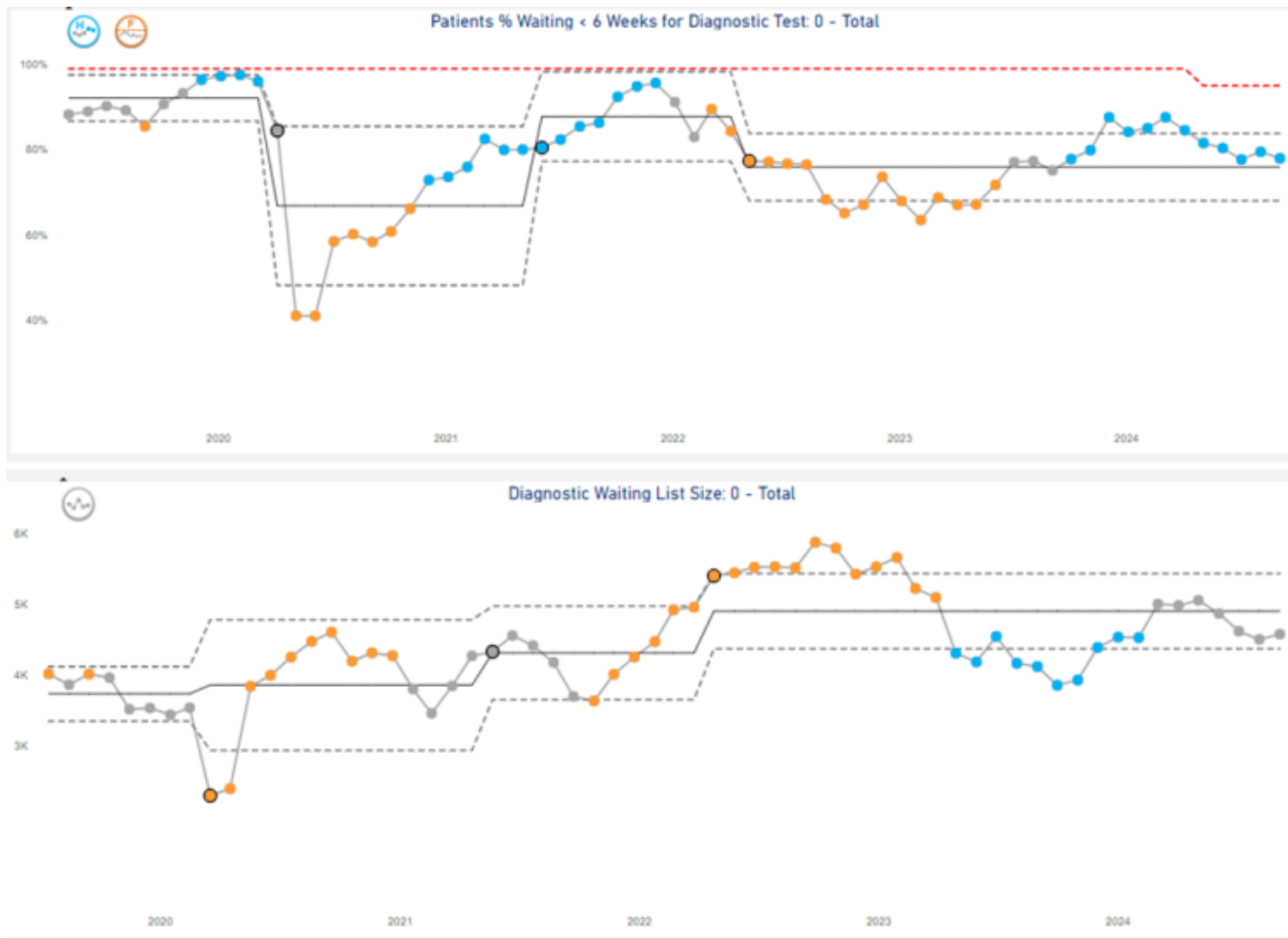


- Performance against the 28 day to diagnosis standard has been above 70% April to August
- The treatment standard percentage (62 day) has returned for 2024/25, DCH has achieved the standard for Q1
- Referrals YTD are 15.26% up compared to last year and 45.08% up compared to 2019/20.
- Despite the growth in demand, the total waiting list size has remained static, due to the level of activity delivered

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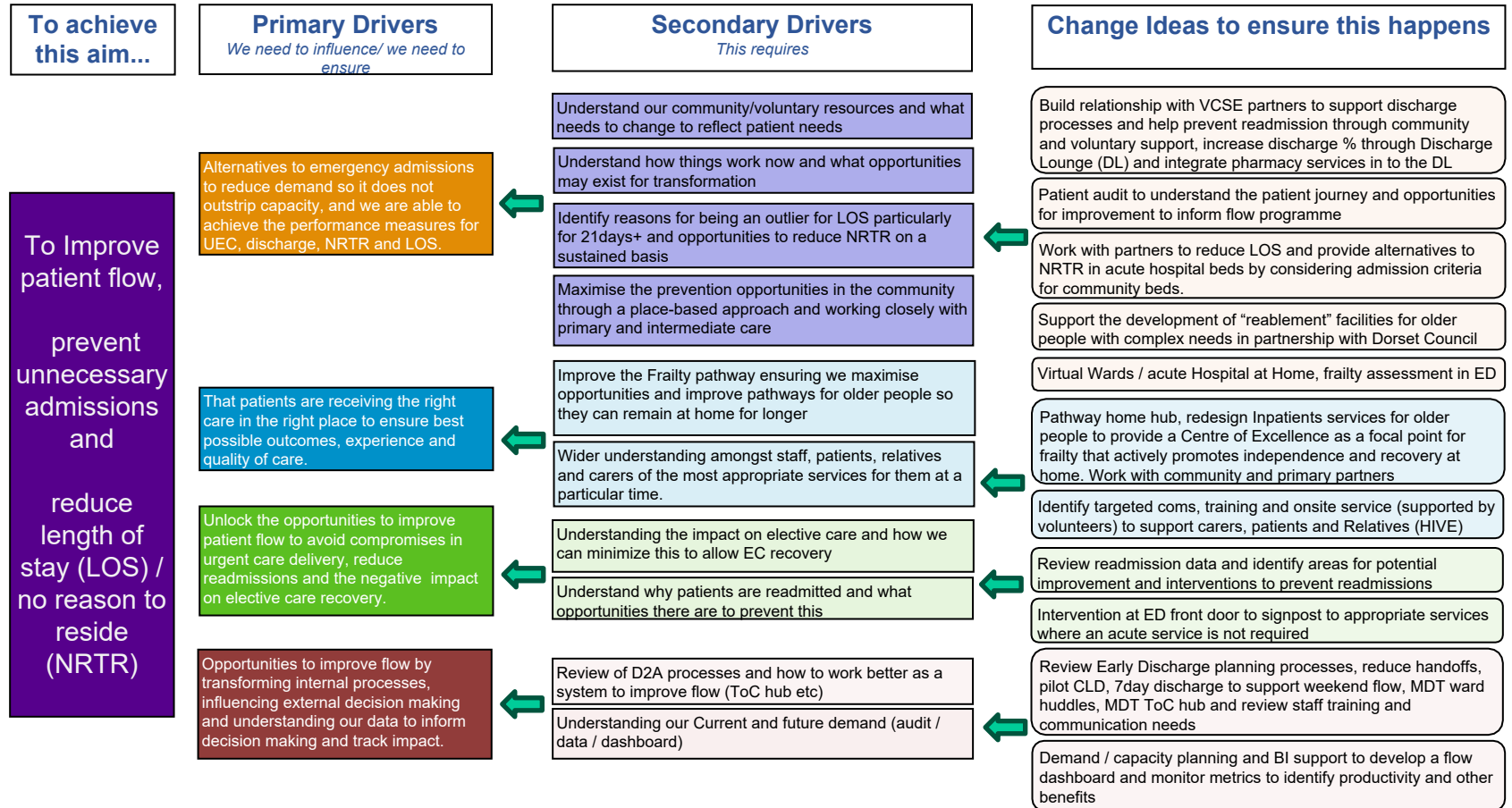
What's been happening Patients Diagnostics



- Cardiology and Endoscopy continue to experience a growth in the backlog size, which is the cause for the fall in performance
- Mutual aid for Echo's has been agreed with UHD and additional activity for Endo secured for the summer months
- Performance against the standard has fallen but the total size of the waiting list is also reducing, thanks to the work in the imaging modalities

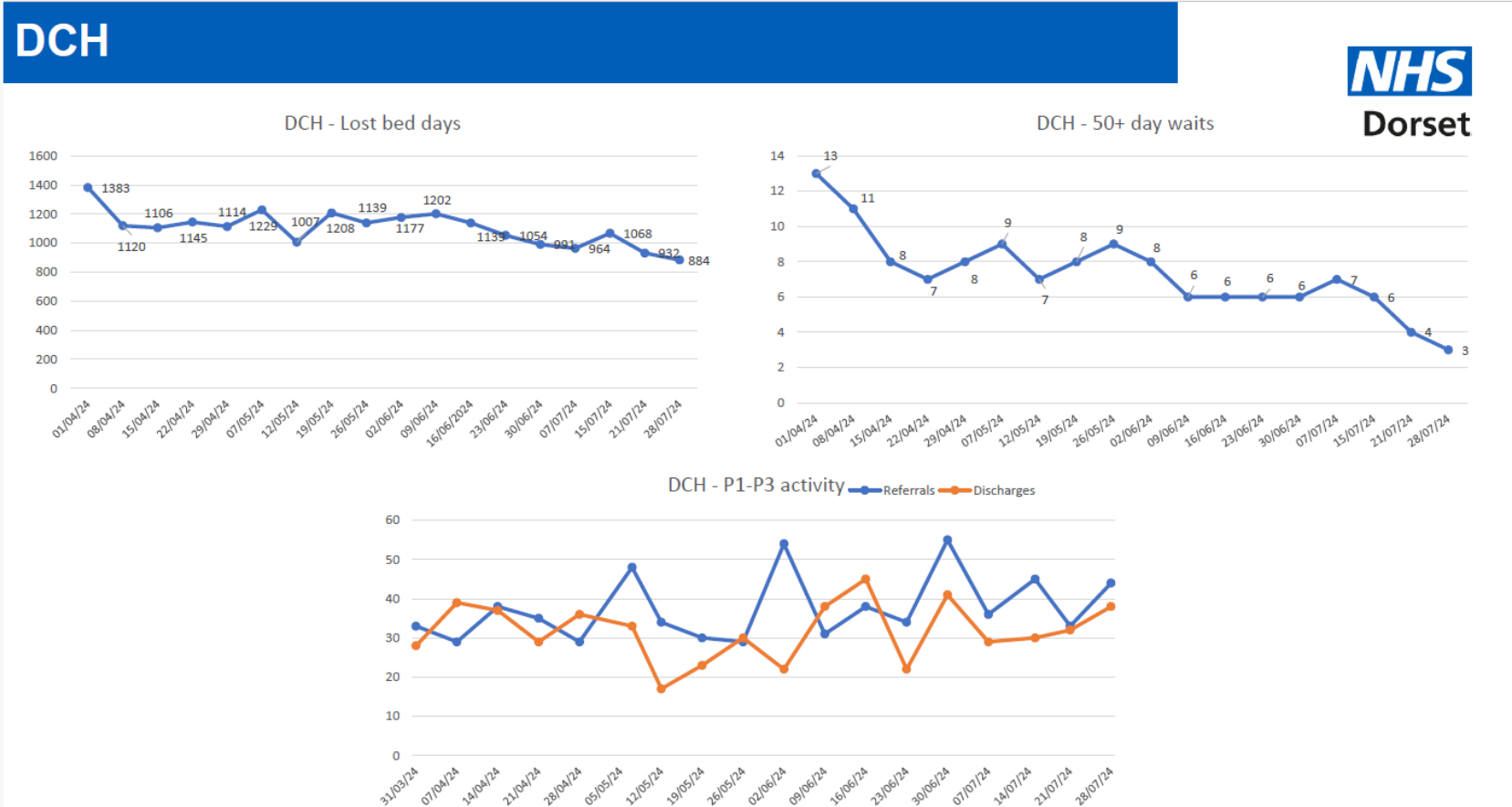
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Patient Flow Transformation Programme Driver Diagram



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Lost bed days- long stays



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Quality

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Quality

- Reducing number of falls – 11% reduction for 23/24. Continued focus on this area
- Improvement plan in place for Mary Anning Unit - quality metrics, staff wellbeing and patient experience improving
- NHS Trust Clostridioides difficile and Gram-negative blood stream infection threshold levels have now been set by NHS England for 2024-2025. We are currently running alongside the threshold levels.
- Implementation of the new National Complaints Standards continues in selected care groups. The new process will mean there will be a change to dashboard metrics in the future. The focus is on early resolution.
- Friends & Family Test (FFT) – We are currently working with our own DTI, Business Intelligence and NHS Dorset Digital Intelligence teams to look at the feasibility of in-house provision. The transition to a paper based and online system for collecting FFT responses means we are experiencing the anticipated drop-in response. It is expected that there will be a more responsive, intuitive digital solution going forwards.

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People

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People

KPIs

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

Narrative

- Turnover and vacancy rates have stabilised in the last quarter
- Sickness has increased in this quarter, although the trend matches the usual seasonal pattern of absences
- Appraisal rates are increasing, following a Trust-wide communication campaign
- Mandatory training reduced to 88% in August but all subjects remain above the 80% lower threshold

Focus

WTE reduction, the experience of staff from minority ethnic communities, agency use in hard to fill roles, appraisal compliance, annual staff survey

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Partnerships



Review of progress to date

Programme Area	Progress	Approved documents				
Governance	<ul style="list-style-type: none"> • Programme Sponsors Agreed - Matthew Bryant and Forbes Watson • Programme SRO Identified – Nick Johnson • Programme Board Established with Executive level representatives from Primary Care, DHC, DCH, UHD, BCP CC, Dorset CC, VCSE, ICB and Public Health • Programme Steering Group established with full system partner representation 					
Mandate and scope confirmation	<ul style="list-style-type: none"> • Programme purpose confirmed • INT fit within place clarified • Focus for 24/25 agreed i.e. bringing the NHS teams together at a Neighbourhood level, to engage smoothly with Council and wider partners • Strategic outcomes agreed • Outline narrative developed 	<ul style="list-style-type: none"> • Programme narrative • Strategic Outcomes 				
INT Footprints	<ul style="list-style-type: none"> • Decision to agree geographies built up from council wards, rather than PCN or existing health or LA service boundaries • Footprints agreed for both Dorset and BCP areas, noting that there may be more than one neighbourhood that emerges within those footprints 	<ul style="list-style-type: none"> • BCP and Dorset Geography Maps 				
Four INTs launched and developed with rolling pan Dorset delivery plan	<ul style="list-style-type: none"> • Weymouth & Portland in development phase • Boscombe in launch phase • 14 Expressions of Interests received from PCNs to join W&P and Bosc as development INTs • Partner review of state of readiness to engage assessment <table border="1" data-bbox="466 1153 1880 1353"> <thead> <tr> <th data-bbox="466 1153 945 1190">Launching Phase (Programme led)</th> <th data-bbox="945 1153 1880 1190">Developing Phase (Locally led, Programme supported)</th> </tr> </thead> <tbody> <tr> <td data-bbox="466 1190 945 1353"> <ul style="list-style-type: none"> • Packs completed with available data and insight information • Provider leads identified and engaged • Initial workshop </td> <td data-bbox="945 1190 1880 1353"> <ul style="list-style-type: none"> • Local lead(s) identified • Project support in place • Initial priorities agreed • Front line teams identified • Work underway to understand and priorities and identify partner links </td> </tr> </tbody> </table>	Launching Phase (Programme led)	Developing Phase (Locally led, Programme supported)	<ul style="list-style-type: none"> • Packs completed with available data and insight information • Provider leads identified and engaged • Initial workshop 	<ul style="list-style-type: none"> • Local lead(s) identified • Project support in place • Initial priorities agreed • Front line teams identified • Work underway to understand and priorities and identify partner links 	
Launching Phase (Programme led)	Developing Phase (Locally led, Programme supported)					
<ul style="list-style-type: none"> • Packs completed with available data and insight information • Provider leads identified and engaged • Initial workshop 	<ul style="list-style-type: none"> • Local lead(s) identified • Project support in place • Initial priorities agreed • Front line teams identified • Work underway to understand and priorities and identify partner links 					

ICB requirements for INT programme delivery for 2024/25, taken from ODPC intentions letter

- The programme will see the **launch and development of the new Integrated Neighbourhood Team (INT) model in four sites** (equally within the BCP and DC Places) **in Q1 and Q2**, with a **rolling delivery programme pan Dorset throughout the remainder of the year.**
- The INT model is the **means by which General Practice and Community Health teams integrate.**
- Scope of services offered to be person- centred, utilising the multidisciplinary approach including **wider determinants of health**, though **on a person/needs-led level, not population health level** (the responsibility for **population health level of improvement will sit with the Place Based Partnership.**
- The expectation is that greater benefits will be gained from pooling of budgets and other resources; looking to further **align commissioning budgets to Place Based Partnerships and INTs going into 25/26**

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ICB requirements for INT programme delivery for 2024/25, taken from ODPC intentions letter (cont)

Within the INT & MDT model, we would expect to see, in order of priority

- a. Clearly defined **INT boundaries**.
- b. Work plan for development and delivery with some **agreed key result indicators and/or outcomes-based metrics**
- c. **Data led prioritisation** for targeted health, care, wellbeing interventions in the given INTs.
- d. **Anticipatory care model embedded + regular caseload monitoring**.
- e. **Full alignment & utilisation of GP care, PCN ARRS roles**
- f. **Full alignment of Community Health Service roles**.
- g. Alignment of Local Authority (LA) care & support services and roles, acknowledging that this will need to be **as and when agreed with LA** partners.
- h. **Full VCS/Community groups involvement, matched according to the agreed INT priorities**
- i. **Agreements and/or clearly defined referral routes etc, that enable INTs to access wider support or advice** (e.g., housing, employment, education).

INT Letter Deliverables

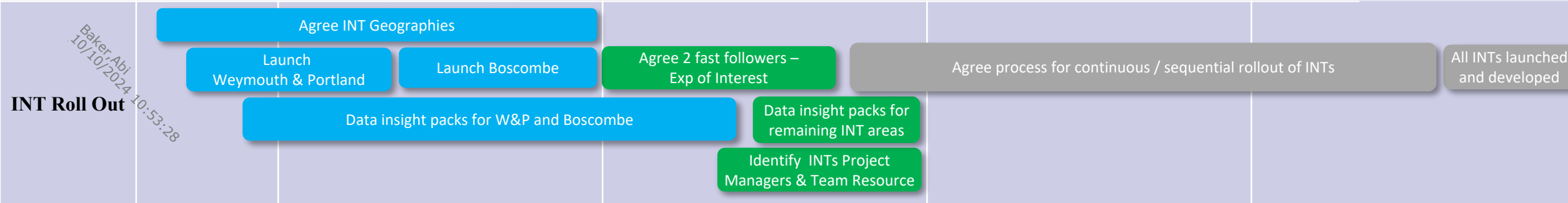
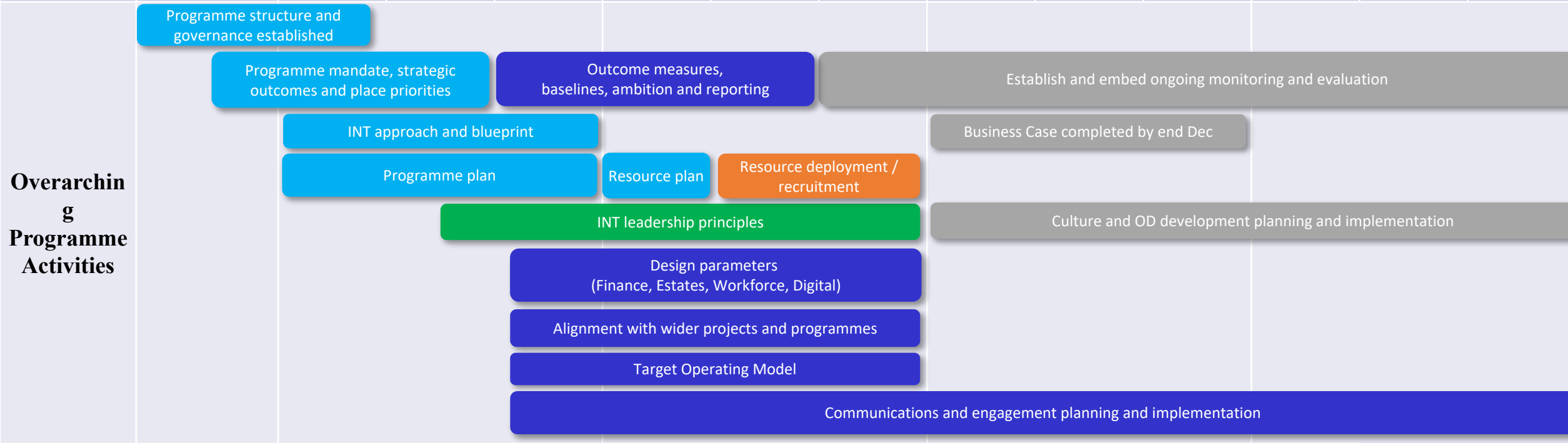
Deliverables	Progress / Plan
Clearly defined INT boundaries	<ul style="list-style-type: none"> Footprints agreed for Dorset and BCP, noting that maybe more than one neighbourhood within footprint
Agreed key result indicators and/or outcomes-based metrics	<ul style="list-style-type: none"> Strategic outcome measures agreed. Metric development workshops running during September to further refine detail
Data led prioritisation for targeted health, care, wellbeing interventions in the given INTs.	<ul style="list-style-type: none"> Weymouth and Portland priorities based on information and evidence contained in data packs and the insights gained through community conversations Boscombe launch workshop uses information and evidence contained in data packs and the insights gained through community conversations as basis for discussion Working group completing remaining packs mapped to geographies using available information
Anticipatory care model embedded + regular caseload monitoring.	<ul style="list-style-type: none"> To be developed with INT areas in response to priorities
Full alignment & utilisation of GP care, PCN ARRS roles and Community Health Service roles.	<ul style="list-style-type: none"> DHC core service list being developed, using principle that things will be based within an INT unless there is a genuine case for them not to be Primary care role list to be developed Compare and contrast partner views and agree approach
Alignment of Local Authority (LA) care & support services and roles, acknowledging that this will need to be as and when agreed with LA partners	<ul style="list-style-type: none"> To be developed with LA colleagues, reflecting pace and priorities of individual INT areas
Full VCS/Community groups involvement, matched according to the agreed INT priorities	<ul style="list-style-type: none"> To be developed with VCSE colleagues in response to priorities
Agreements and/or clearly defined referral routes etc, that enable INTs to access wider support or advice	<ul style="list-style-type: none"> To be developed within Place and INT areas

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Complete
On Track
Behind
Not yet started

	Quarter 1 2024/5				Quarter 2			Quarter 3			Quarter 4		
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	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
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Title of Meeting	Council of Governors
Date of Meeting	14 September 2024
Report Title	Finance Report to 31 August 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	
<p>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.</p> <p>Key Messages</p> <p>Month five delivered a deficit of £0.490 million after technical adjustments, being £0.04 million against a plan of £0.450m deficit. The year to date position is £0.5 million away from plan standing at an actual deficit of £6.9 million.</p> <p>Factors driving the overspend include supporting Industrial Action, high drugs costs specifically for Gastroenterology, Dermatology and blood products which are largely patient specific. Inflationary RPI costs above planned levels are being incurred for provisions, catering, laundry and utilities.</p> <p>The Trust continues to see heightened operational pressures and increased patient acuity throughout the month with escalated beds used in the region of 19, and circa 52 no criteria to reside (NCTR) patients being supported which were captured at the end of August (not average).</p> <p>Agency expenditure has continued at lower than budgeted levels with total month spend of £0.6 million. This reflects the ongoing delivery work of the High Cost Agency Reduction Programme supported by all functions.</p> <p>An estimated income position for elective recovery funding (ERF) following the national baseline target revision to 109% for Dorset has been included in the position in line with NHSE methodology.</p> <p>The Trust wide efficiency target for the year stands at £14.4 million and is circa 5% of expenditure budgets in line with peers and national planning expectations. The target has been identified in full with year to date delivery at 18% of the target being £2.6 million.</p> <p>High risk schemes equate to 36% (£5.2m) of the target, medium risk at 37% (£5.3m) and remaining low risk schemes at 9% (£1.3m)</p> <p>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, with detailed reporting currently under construction expected to be completed imminently.</p> <p>Capital expenditure for month five is behind plan at £0.4 million due to timing of equipment purchases. Year to date spend is £7.8 million and behind plan by £1.4 million largely due to</p>	

NHP enabling works offset by internal schemes being ahead of plan by £0.7m both linked to timing.

The cash position to August amounts to £8.8 million and is ahead of plan due to non-recurrent 2023/24 income from Dorset ICB received earlier than expected, £1.5m of national revenue support paid in April to facilitate repayment of working capital and recent VAT rebate from HMRC.

Cash remains a high risk area for the Trust with modelling indicating further cash support will be required in quarter three.

Key Actions

- The Trust is actively deploying targeted recovery actions to ensure mitigations and corrective steps are in place for all overspending areas in order to support delivery of the break even position by year end, noting significant challenges associated. A weekly Executive Recovery Group meeting has been established to focus on mitigations and recovery of the financial position which will report into the Dorset System Recovery Group.
- Target areas include Non clinical bank pay; Facilities incl non pay & provisions; external security; medical additional sessions and medical agency usage; theatre utilisation, NCTR and escalation beds.
- Efficiency support meetings led by CFO ongoing with all areas, overseen by Value Delivery Board
- Working group in place to recover WTE to March 2023 levels overseen by Exec led SRO
- Ongoing daily cash monitoring – cash shortfall risk in Q3 being validated ahead of national provider revenue request deadline mid September with ongoing efficiency delivery essential in line with planned levels and grip and control paramount
- Agency monitoring continues with medical focus escalated to CMO
- Capital programme monitoring noting over subscription and current internal programme overspend.

Paper Previously Reviewed By
 Chris Hearn, Chief Financial Officer

Strategic Impact
 Trusts are expected to achieve a break-even financial position by the end of the financial year 2024/25.

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

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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 three, being closely monitored with appropriate action being taken.	
Freedom of Information Implications – can the report be published?	Yes
Recommendations	To review and note the 2024/25 position to 31 August 2024

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Council of Governors Finance Report for quarter ended 31 August 2024

	Plan 2024/25 £m	Actual 2024/25 £m	Variance £m
Income	117	126.3	9.3
Expenditure	(123.4)	(133.4)	(10)
Surplus / (Deficit)	(6.4)	(7)	(0.7)
Technical Adjustment – Capital Donations/Depreciation	0	0.2	0.2
Adjusted Surplus/(Deficit)	(6.4)	(6.9)	(0.5)

Variance at Month Five

- 1.1 The income and expenditure position at the end of August is a deficit of £0.5 million and is largely driven by:
- Costs incurred supporting Industrial Action
 - Above planned levels of inflation continuing linked to patient specific drug usage and increased volumes along with ongoing inflationary pressures
 - Heightened operational pressures supporting escalated bed base and NCTR patients
 - Efficiency delivery challenges
 - Offset by continued improving high cost agency reduction usage
- 1.2 Pay costs pressures are largely driven supporting the costs of Industrial Action with £0.4m of the variance as a result of this. There has however been ongoing improvement with agency expenditure reducing significantly from prior months, following key actions delivered by the High Cost Agency Reduction programme internally. This has been complimented by all Dorset organisations consistently applying a Nursing agency rate reduction of 15% since January 2024, with a further rate reduction applied late March.
- 1.3 Non Pay costs were above plan largely due to the impact of drugs increases in Dermatology, Rheumatology, Gastroenterology and Ophthalmology as well as ongoing inflationary pressures, in particular gas, electricity, catering supplies (milk, bread, other dairy and oil), blood products, catering and laundry.
- 1.4 The Trust wide efficiency target stands at £14.4 million for the year, circa 5% of expenditure budgets in line with peers and national planning expectations. Efficiency delivery noted at month five stands at £2.6 million (18%) just behind planned expectations. At month five, the target has been identified in full however 36% of schemes classed as high risk for delivery this financial year. Active Executive led

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oversight supported by the Trusts Value Delivery Board is in place to monitoring progress.

CASH

- 2.1** At the end of August, the Trust held a cash balance of £8.8 million, ahead of plan due to income received earlier than expected from Dorset ICB, an HMRC rebate plus £1.5m of national revenue support received in April 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. Further revenue support is likely during quarter three of the financial year.

CAPITAL

- 3.1** Capital expenditure for the period to August marginally behind plan by 1.4 million. Externally funded projects are £1.7 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 £0.7 million relating to early spend on East Wing Theatre and 2023/24 rollover spend on Ridgeway ward. Leases marginally behind plan make up the remainder of the variance year to date.

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Appendix 1

Council of Governors Information Pack

Contents:

Board Sub-Committee Escalation Reports (September 2024):

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

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Escalation Report

Committee: Quality Committee

Date of Meeting: 17th September 2024

Presented by: Claire Lehman

<p>Significant risks / issues for escalation to Board for action</p>	<ul style="list-style-type: none"> • The importance of and risks relating to digital in relation to a number of workstreams, including clinical coding, Friends and Family Test (FFT), and safeguarding • Continuing issues with renal transport; discussions around whether this needed to be escalated further. • Readmission report and dashboard, in particular the strategic element relating to demographic changes and the implications for the Trust and the system. • Learning from Deaths Q1 Report recommended to Board for approval • Maternity report
<p>Key issues / matters discussed at the Committee</p>	<p>The committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> • Chief Nursing Officer and Chief Medical Officer Update • Quality Report including: <ul style="list-style-type: none"> ○ That the Trust was in between FFT providers at present and was exploring the feasibility of an in-house provider. ○ Discussion around renal transport, noting this had been an issue for nearly a year • Board Assurance Framework, with positive feedback for the revised design. • Quality Risk Report • Maternity Reports including: <ul style="list-style-type: none"> ○ Safety Report ○ Trust Claims Scorecard (Obstetric and Neonatal) ○ Saving Babies Lives (v3) Implementation Report • Trust Response to NHS England Letter – Patient Safety and Quality in highly pressurised services • Health Inequalities: Progress and Priorities Update • Readmission Report and Dashboard • The following Escalation Reports were received, noting the improvement in the quality of reports, and the assurance this provided the committee: <ul style="list-style-type: none"> ○ Medicines Committee ○ Mental Health and Learning Disabilities Steering Group ○ Safeguarding Committee ○ Patient Experience and Public Engagement Committee ○ Clinical Effectiveness Committee ○ Infection Prevention and Control Committee ○ Research Steering Group ○ Patient Safety Committee • August 2024 Final Version Maternity Report (circulated in lieu of August meeting) • ICB Quality Committee Escalation Report
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • Approval of the Quality Assurance Group Terms of Reference.



Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)

- Review of the Board Assurance Framework and Quality Risk Report

Items / issues for referral to other Committees

- People and Culture Committee to seek assurance that an action plan is in place to improve safeguarding training compliance.

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Finance and Performance Committee in Common Assurance Report for the meeting held on Monday 23 September 2024

Chair: Dave Underwood	Executive Lead: Chris Hearn Anita Thomas	Date of Next Meeting: Monday 25 November 2024
Quoracy met?	Yes	
Purpose of the report	To assure the Board on the main items discussed by the Finance and Performance Committee in Common and, if necessary, escalate any matter(s) of concern or urgent business which the Finance and Performance Committee in Common is unable to conclude.	
Recommendation	To receive the report for assurance	

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> Receipt of the revised Board Assurance Framework and committee assigned risks, noting that there was a single set of strategic risks for both Trusts but a separate Board Assurance Framework for each Trust, due to the difference in assurances around those risks. A dynamic document that would be further developed and linked to the Corporate Risk Register for each Trust. New risk relating SR5 regarding to fire compliance. Actions underway to mitigate the risks, but the controls should be noted as red at present. Seasonal Surge (winter) plan – recommended to Board for approval Premises assurance model recommended to Board for approval Annual EPRR Statement
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> Committee in Common Transition Report Corporate Risk Register highlighting a new risk relating to fire compliance, as reported to September’s Risk and Audit Committee. Non-Clinical Risk report. Performance Report Clinical Coding Workforce Strategy. Option four endorsed by the committee. Patient Pathway Improvement Programme Report noting the extent of work undertake in this programme. Finance Report noting <ul style="list-style-type: none"> The balance between vacancies, cost savings and quality impacts. Update on the broader system financial position at half-two and the Trust’s position within that. Introduction of a recovery director at system level to improve the financial position, and weekly executive-led financial recovery meetings. Cost Improvement Programme (CIP) Deep Dive (DCH) noting a 5% CIP requirement with a focus on setting up programmes for long term cost improvements. Growing engagement across the Trust and
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[Redacted]

recognition that CIP is everyone’s responsibility. The committee requested that October’s Informal Meeting would focus on the Cost Improvement Plan for both Trusts.

- Medium Term Financial Plan Update noting that guidance from the Dorset ICB was still in development and there was little to update at this time.

Decisions made at the meeting

- Seasonal Surge (winter) plan recommended to Board for approval
- Premises assurance model recommended to Board for approval
- Recommendation to Board to approve the following contracts:
 - Radiology Reporting Routine Hexarad
 - East Dorset Renal Satellite Unit – Staff

Issues / actions referred to other committees / groups

- Nil

Quoracy and attendance				
	23/09/2024	25/11/2024	27/01/2025	24/03/2025
Quorate?	Y			
Dave Underwood	Y			
Chris Hearn	Y			
Alastair Hutchison	Apols			
Nick Johnson	Y			
Stephen Tilton	Y			
Anita Thomas	Y			
Frances West	Y			

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People and Culture Committee in Common Assurance Report for the meeting held on 23 September 2024

Chair: Frances West	Executive Lead: Nicola Plumb	Date of Next Meeting: 25 November 2024
Quoracy met?	Yes	
Purpose of the report	To assure the Board on the main items discussed by the People and Culture Committee in Common and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.	
Recommendation	To receive the report for assurance .	

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> Receipt of the revised Board Assurance Framework and committee assigned risks, noting that there was a single set of strategic risks for both Trusts but a separate Board Assurance Framework for each Trust, due to the difference in assurances around those risks. A dynamic document that would be further developed and linked to the Corporate Risk Register for each Trust.
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <p>Business calendar</p> <ul style="list-style-type: none"> Workplan brings together PPC from DCH and any developments at DHC. <p>Committee in Common transition report</p> <p>DHC & DCH Strategic Overview and Introduction & People Priorities</p> <p>Workforce Key Performance Indicator Dashboard</p> <p>WTE reduction and workforce plans</p> <ul style="list-style-type: none"> Within the financial context any system with a deficit position is required to look at WTE and reduce numbers to March 2023 figures. Vacancy control panel at both trusts with external assessment to monitor vacancies. Weekly basis system recovery group to look at WTE numbers. <p>Joint Belonging & Inclusion Strategy Priorities and timeframe</p> <ul style="list-style-type: none"> Committee assured the priorities up to end of financial year and review remaining actions with joint people plan. Committee requested more detail on supplemented plan and clarity on reporting back to PCC.
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Equality, Diversity and Inclusion Annual Report

- Timing of the report was discussed and intention going forward is to align the timing of reports across both trusts. DCH report is to come in November and will align in future years.
- Committee noted and approved progress and recommend to the Board.

Guardian of safe working

- 2 main areas trauma and orthopaedics areas of exception reporting.
- Amount of immediate safety concerns increase from previous quarter. Related to feeling overwhelmed and understaffed.
- Areas of concerns remain as accommodation and access to IT but mitigated through local councils within the organisation.

Workforce Race Equality Standard & Workforce Disability Equality Standard

- WRES data at DCH have seen some improvements particularly in bullying and harassment.
- WDES noted that career opportunity declined and reasonable adjustments and targeting management awareness.
- Concern on how well represented the data is as still a low sample.

NHS Riot Response

- NHSE recommendation to the trusts were for DHC update the refusal to treat policy and DCH social media policy to be reviewed.

Mutually agreed resignation scheme (MARS)

- System wide financial pressures have resulted in a proposed MARS being considered across all Dorset NHS organisations to reduce staff numbers and pay bill.
- MARS is a form of voluntary severance and aims to increase the flexibility to the Trust during a period of change and service redesign in the current financial circumstances.
- Committee noted and approved the Scheme and recommend to the Board.

Board Assurance Framework

Escalations from sub-groups

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Decisions made at the meeting

- To align the reporting across both trusts.
- To agree the Inclusion and belonging priorities to the end of the calendar year.

Issues / actions referred to other committees / groups

- Recommend the MARS scheme to the Board for approval
- Recommend the EDI annual report to the Board for noting.

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Working Together

Dorset County Hospital NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

Escalation Report

Executive / Committee: Working Together Committee

Date of Meeting: Thursday 15 August 2024

Presented by: David Clayton-Smith

Significant risks / issues for escalation to Committee / Board for action	<ul style="list-style-type: none">•
Key issues / matters discussed at the Committee	<p>The committee in common considered the following items:</p> <ul style="list-style-type: none">• Working Together Highlight Report and Risk Register noting:<ul style="list-style-type: none">○○• Committees in Common Terms of Reference• Joint Improvement Framework• Joint Strategy Implementation Plan• Integrated Neighbourhood Working• Children and Young People Flagship Outline Business Case• Strategic Risks and Development of the Board Assurance Framework• Review of the Working Together Programme with the NHS Forward Plan , including the ICB Forward Plan
Decisions made by the Committee	<ul style="list-style-type: none">• Approval of the Federation Development Plan Update / Memorandum of Understanding
Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)	<ul style="list-style-type: none">• Report presenting the Strategic Risks and Development of the Board Assurance Framework
Items / issues for referral to other committees	<ul style="list-style-type: none">• Nil

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Strategy, Transformation and Partnership Committee in Common Assurance Report for the meeting held on 25 September 2024

Chair: David Clayton-Smith	Executive Lead: Nick Johnson	Date of Next Meeting: 27 November 2024
Quoracy met?	Yes	
Purpose of the report	To assure the Board on the main items discussed by the Strategy, Transformation and Partnership Committee in Common and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.	
Recommendation	To receive the report for assurance	

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

- Receipt of the revised Board Assurance Framework and committee assigned risks, noting that there was a single set of strategic risks for both Trusts but a separate Board Assurance Framework for each Trust, due to the difference in assurances around those risks. A dynamic document that would be further developed and linked to the Corporate Risk Register for each Trust.

Key issues / matters discussed at the meeting

The committee received, discussed and noted the following reports:

Committee in Common transition report

- Marks that the organisations have moved from one committee to another and to provide assurance the transition has not lost actions or items from the workplan.
- Standardised reporting with aligned front sheets but this is working progress and will evolve over time.

Strategy Launch and Implementation

- Strategy will launch on 30 September and will deliver the culture, communication and engagement plan.
- Noted there are 3 main delivery initiatives.

Joint Improvement Framework

- Noted there is improvement in both organisations, using NHS Impact as guide and working with colleagues from UHD and ICB as well as primary care colleagues.
- Looking ahead – there will be a board development session to share what has been delivered so far and to inform next steps
- Inspire, empower and enable to support staff to make improvement.

One Transformation update

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- Prioritisation of programmes has taken place using a scoring framework. This was co-produced with executives and teams
- The importance of noting the un-prioritised programmes was discussed as these could become a priority of the future.

Integrated Neighbourhood teams

- Top strategic priority and made progress since formally handed over considering the multiple stakeholders.
- Creating better experience for patients across primary and community care. Minimise duplication and encourage situation where patients only have to tell their story once.
- Query if there is the correct level of resource.

Frailty Programme Update

- Following the single point of access call there is a community assessment or SDEC in acute to keep flow.
- If managed right then we can reduce unplanned admission by 27% by 2027. Implementation has been development of virtual ward offer across DCH and DHC and are working well utilising system1. Continue to recruit to teams in those areas – working with GP to increase confidence in referrals and create a newsletter to connect teams.
- Frailty SDEC at DCH has opened
- Need to get single contact link operating

Provider Collaborative update

- Set priorities for 2425 and working to deliver those.
- ODPC board chaired by SH
- CANDO is a collaboration between DCH and UHD, success with Rheumatology and orthodontics
- Temporary workforce and agency spend – led by CS and seen reduced spend and ODPC cannot take complete ownership but helped.
- Shared service with a focus around procurement.
- Whilst in system pressure need to strengthen the focus on acute hospital access and see value release.

Reablement facility update

- Project between Dorset council and DCH to create a reablement centre at THQ – working on for a number of months and now working through detail.
- Dorset county have 3 reablement centres trying to deliver – Bridport, DCH and a site on east
- Developing principles to underpin heads of terms.
- Key areas
 - Long term lease – 125 year leaser

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- Asked for 20 year rolling break clause to buy out of agreement.
- Council do not want break cause in first 40 years so DCH will need to consider
- Good progress on financial arrangements. Net neutral – offering county hall office space for those in THQ and Diabetes. Would need to provide clinical space for diabetes.
- Moving to agreement – key decision for trust.
- Still need to develop service model. Supporting patients 6 week post discharge and admission avoidance.

EHR

NHP

- Summary of funding – Dorset schemes are not included in the government review and have had funding confirmed for all Dorset schemes.
- ST Anns campus schemes in main work contract with Kia and are working to time and budget not concern to report
- DCH in enabling works phase with some challenges with services encountered in ground which has created delays. Work done so far shows still affordable and designing the final scheme and GMP and again the schedule working to making progress hoping to make.

BAF

Decisions made at the meeting

- Endorse the prioritisation of the One Transformation Approach

Issues / actions referred to other committees / groups

- Strategy launch update to the Board
- One Transformation Approach including prioritisation framework to the Board
- Electronic Health Record to part 2 of Board

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Escalation Report

Committee: Risk and Audit Committee

Date of Meeting: 17th September 2024

Presented by: Stuart Parsons

<p>Significant risks / issues for escalation to Board for action</p>	<ul style="list-style-type: none"> • The emerging risk relating to fire safety. • Recommendation for the Board to approve the Risk and Audit Committee Terms of Reference • Recommendation for the Board to approve the Standing Financial Instructions including updates to Scheme of Delegation
<p>Key issues / other matters discussed by the Committee</p>	<p>The committee considered the following items:</p> <ul style="list-style-type: none"> • Risk and Audit Committee Terms of Reference • Board Assurance Framework, noting the revised template and risk-on-a-page view. • Corporate Risk Register • Engagement of External Auditors for Non-Audit Services Policy Review • Standing Financial Instructions including updates to Scheme of Delegation • External Audit progress reports, technical update and benchmarking, noting: <ul style="list-style-type: none"> ◦ The inclusion of enhanced Taskforce for Climate related Financial Disclosures within the recently published Group Accounting Manual for 2024/25, and a broader discussion around addressing climate risk at a system level. • Internal Audit Progress and Follow up Reports noting: <ul style="list-style-type: none"> ◦ Updates on the Nurse Agency Reduction and Data Quality RTT audits ◦ Global risk landscape report ◦ Dorset ICS Advisory report • Health and Safety Steering Group Annual Report • Sub-group escalations from Health, Safety, Fire and Security Group noting an emerging risk in relation to fire safety. • ICB Audit Committee Escalation Report • Annual Review of External Audit
<p>Decisions made by the Committee</p>	<ul style="list-style-type: none"> • Approval of the Engagement of External Auditors for Non-Audit Services Policy Review
<p>Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • The revised Board Assurance Framework was reviewed. • The Corporate risk register was reviewed.
<p>Items / issues for referral to other Committees</p>	<ul style="list-style-type: none"> •

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Escalation Report

Executive / Committee: Charitable Funds Committee

Date of Meeting: 18 September 2024

Presented by: Dave Underwood

Significant risks / issues for escalation to Committee / Board for action

- **Charitable funding – Capital Projects – please see below.**
- **Charitable funding – NHS core requirements – please see below.**

Key issues / matters discussed at the Committee

DCHC Charitable Funds Committee (18.9.24)

- **CFC Terms of Reference review (3yr)**
Proposal supported in principle to appoint Community co-opted member for the committee. Other minor revisions discussed.
- **Charitable funding – Capital Projects**
DCH Charity periodically funds major projects across the Trust to enhance patient care. Two projects in particular have received large funding from the Charity – the Prince of Wales ward redevelopment, and the Purbeck Dementia Day Room – neither of which are currently being used for the purpose intended by the charitable funds that were provided.
Issues considered for charity governance relating to the intended use of funds versus the operational practicalities for an NHS Trust. Committee discussed this matter in detail.

Actions agreed by committee:
- **Charity/Finance to develop additional guiding principles to be added to the Charitable Funds Expenditure Policy and Standing Financial Instructions (SFIs), for granting charitable funding for significant Trust projects. Updated Policies to be approved by Charitable Funds Committee and agreed with the Trust.**
- **Charity/Finance to liaise with POW and Purbeck service managers to ascertain whether the Trust have plans to return these facilities to the use intended by provision of charitable funding. Written confirmation of plans be provided by service managers to Charitable Funds Committee and plans monitored.**
- **Charity/Finance to arrange for external audit of DCHC grant-making processes.**

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- **Charitable funding – NHS core requirements**

Due to NHS/Trust financial pressures, recent increase in number of proposals asking for charitable funding for items that may be considered should be funded by NHS core budgets. Committee discussed this matter in detail.

Actions agreed by committee:

- **Letter to be shared with the Executive Team, then the Council of Governors (pending appointment of Community member to CFC) asking their thoughts on CFC's proposed interim approach to funding such items.**
- **Charity to advise Maternity to submit their application (£48K for baby resuscitation equipment) for consideration by CFC (subject to support from both the Executive and COG).**
- **Committee agreed to set up designated, restricted fund (using funds from General Fund) to support Trust prioritised capital items for interim period between now and the end of the financial year. To be reviewed in Trust budgeting for next year.**
- **Charity/Finance to develop additional guiding principles to be added to the Charitable Funds Expenditure Policy and Standing Financial Instructions SFIs), for granting charitable funding for prioritised Trust capital items. Updated Policies to be approved by Charitable Funds Committee and agreed with the Trust.**
- **DCH Charity Finance/Income 24/25 reports (M4)**
M4 (July) reports 2024/25 were received.
Total income as of end Jul £262,114. Unrestricted funds were £250,756 providing a surplus of £30,756 against the reserves target of £220,000. Major legacy pending (est. value c£825K) for the General Fund.
- **DCHC Reserves Policy**
Committee supported an increase in the charity's annual reserves level from £220k to £240k, to support additional fundraising resource for the ED/CrCU capital appeal.
- **£2.5M Capital Appeal (ED/CrCU) progress report received.**
£477K income/pledges to date as of end Aug 2024.
Proposal supported to commit £500K of the major legacy in support of the ED/CrCU capital appeal.

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Decisions made by the Committee

- **DCHC Reserves Policy**
Committee supported an increase in the charity’s annual reserves level from £220k to £240k, to support additional fundraising resource for the ED/CrCU capital appeal.
- **Major legacy:** DCHC notified of gift in Will pending for General Fund, value est. c.£825K. Proposal received to commit £500K of this legacy in support of the ED/CrCU capital appeal. Proposal supported by CFC.

Implications for the Corporate Risk Register or the Board Assurance Framework (BAF)

- Nil

Items / issues for referral to other Committees

- Nil

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