

Council of Governors

Mon 17 November 2025, 14:00 - 16:30

DCH HQ and MS Teams

Agenda

14:00 - 14:10 **1. Formalities**

10 min

 1 c DCH Agenda 17.11.2025.pdf (3 pages)

1.1. Welcome, Apologies for Absence, and Quorum

Verbal *David Clayton-Smith*

Information

1.2. Conflicts of Interest

Verbal *David Clayton-Smith*

Information

1.3. Minutes of the Council of Governors Part 1 Meeting dated 18 August 2025

Enclosure *David Clayton-Smith*

Approval

 1 c DCH CoG draft minutes 18.08.25.pdf (13 pages)

1.4. Actions and Matters Arising from those minutes

Enclosure *David Clayton-Smith*

Approval

14:10 - 14:30 **2. Chair's Update**

20 min

Presentation *David Clayton-Smith*

Information

 2. DCH CoG Chair Report November 2025.pdf (11 pages)

14:30 - 15:10 **3. Trust Executive Report**

40 min

Enclosure *Executives*

Assurance

 3. COG DCH Exec Report 171125.pdf (12 pages)

15:10 - 15:50 **4. NED Update, Feedback, and Accountability**

40 min

Verbal/Presentation *Margaret Blankson and Eiri Jones*

Assurance

15:50 - 15:55 **5. Report from the Membership Development Committee**

5 min

Enclosure *Kathryn Harrison*

Bull, Henry
13/11/2025 14:53:43

Information

 5. MDC Report 040925.pdf (1 pages)

15:55 - 16:00 6. Governor Matters

5 min

Verbal David Clayton-Smith

Information

16:00 - 16:10 7. Joint Code of Conduct for Governors

10 min

Enclosure Jenny Horrabin

Approval

 7.a Joint Code of Conduct Front Sheet Nov 25.pdf (1 pages)

 7.b. DCHFT CoG Code of Conduct (Current).pdf (4 pages)

 7.c. DHC Code of Conduct for Governors (Current).pdf (9 pages)

 7.d DCH Joint Code of Conduct (New).pdf (13 pages)

16:10 - 16:25 8. Terms of Reference for Nominations and Remunerations Committee & Membership Committee

15 min

Enclsoure Jenny Horrabin

Approval

 8.a NRC Terms of Reference Front sheet and comparison Nov 25.pdf (13 pages)

 8.b Appendix 2 NRC ToR formmated.pdf (4 pages)

 8.c MDC Terms of Reference Front sheet and comparison_ Nov 2025.pdf (7 pages)

 8.d Appendix 2 MC ToR formatted.pdf (2 pages)

16:25 - 16:30 9. Any Other Business

5 min

Verbal David Clayton-Smith

Information

16:30 - 16:30 10. Chair's Closing Remarks and Dates of Next Public Meetings

0 min

Verbal David Clayton-Smith

Information

 DCH Information Pack 171125.pdf (28 pages)

Meeting Close

Bull, Henry
13/11/2025 14:42:43

**Council of Governors (Part 1) of
Dorset County Hospital NHS Foundation Trust
17 November 2025 at 2.00 pm – 4.30 pm
Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams**

AGENDA

Ref	Item	Format	Lead	Purpose	Timing
1.	FORMALITIES				
	a) Welcome, Apologies for Absence, and Quorum	Verbal	David Clayton-Smith, Trust Chair	Information	2.00
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Information	
	c) Minutes of the Council of Governors Part 1 Meeting dated 18 August 2025	Enclosure	David Clayton-Smith	Approval	
	d) Actions and Matters Arising from those minutes	Enclosure	David Clayton-Smith	Approval	
2.	Chair's Update	Presentation	David Clayton-Smith	Assurance	2.10
3.	Trust Executive Update	Enclosure	Matthew Bryant and Executives	Assurance	2.30
4.	NED Update, Feedback and Accountability Session including update from the committee chairs Update from Governors observers around the committee effectiveness Carol Manton – Quality Committee in common Alan Clark – People and Culture Committee in Common Jean Pierre Lambert – Finance and Performance Committee in Common Kathryn Harrison – Strategy, Transformation and Partnerships Committee in Common Maurice Perks/Carol Manton DCH Audit Committee	Verbal/ Presentation/ Questions	Margaret Blankson Eiri Jones	Assurance	3.10
5.	Report from the Membership Development Committee	Enclosure	Kathryn Harrison	Information	3.50

6.	Governor Matters Judy Crabb Lynn Taylor Jean-Pierre Lambert Anne Link Simon Bishop	Verbal	David Clayton-Smith	Information	3.55
7.	Joint Code of Conduct for Governors	Enclosure	Jenny Horrabin	Approval	4.00
8.	Terms of Reference for Nominations and Committee Terms of Reference for Membership Committee	Enclosure	Jenny Horrabin	Approval	4.10
9.	Any Other Business	Verbal	David Clayton-Smith	Information	4.25
10.	Chair's Closing Remarks and Date of Next Public Meetings: Council of Governors Mon 9 March 2026 2 pm – 5 pm Mon 22 June 2026 2 pm- 5 pm Mon 14 September 2026 2 pm – 5 pm 23 November 2026 2 pm – 5 pm Mon 15 Feb 2026 2 pm – 5 pm Membership Development Committee 02 December 2025 2 pm – 3 pm	Verbal	David Clayton-Smith	Information	4.30
11.	Meeting Close				4.30
	Appended to the papers is an information pack for the Governors				

Quorum:

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

Ten Governors shall form a quorum including not less than five elected

Governors, and not less than one appointed Governor

Bull, Henry
13/11/2025 14:42:43

**Minutes of a meeting of the Council of Governors
of Dorset County Hospital NHS Foundation Trust
held on the 18 August 2025 at 2.00 pm – 4.30 pm
in Trust HQ Board Room and via MS Teams**

Present:		
David Clayton-Smith	DCS	Joint Trust Chair
Simon Bishop	SB	Public Governor, North and East Dorset
Alan Clark	AC	Public Governor, West and South Dorset
Judy Crabb	JC	Public Governor, West and South Dorset
Kathryn Harrison	KH	Public Governor, West and South Dorset (Lead Governor)
Jean- Pierre Lambert	JPL	Public Governor, West and South Dorset
Anne Link	AL	Public Governor, West and South Dorset
Carol Manton	CM	Public Governor, North and East Dorset
Maurice Perks	MPe	Public Governor, North and East Dorset
Jack Welch	JW	Staff Governor (until 5 pm)
Cllr David Taylor	DT	Public Governor
Jan Wagner	JW	Staff Governor
Lynn Taylor	LT	Public Governor
Paul Kent	PK	Appointed Governor (Friends of DCH)
Max Deighton	MD	Staff Governor
Laura Kerr	LK	Appointed Governor People First
In Attendance:		
Sarah Anton	SA	Governor and Membership Manager
Stephen Tilton	ST	Non-Executive Director
Henry Bull	HB	Corporate Affairs Apprentice
Dawn Dawson	DD	Joint Chief Nursing Officer
Mandy Ford	MF	Deputy Director of Corporate Affairs
Chris Hearn	CH	Joint Chief Finance Officer
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Nick Johnson	NJ	Joint Director of Strategy, Transformation & Partnerships
Paul Lewis	PL	Joint Director of Strategy and Improvement
Stuart Parson	SP	Non-executive Director
Adam Savin	AS	Director of Operational Planning and Performance
Alexander Middleton	AM	External Auditor KPMG
Rachel Warton	RW	Chief Medical Officer
Apologies:		
Mike Byatt	MBy	Public Governor, West and South Dorset
Anita Thomas	AT	Chief Operating Officer
Nicola Plumb	NP	Joint Chief People Officer
Matthew Bryant	MB	Joint Chief Executive Officer

CoG25/020	Formalities	Action
	The Chair declared the meeting open and quorate.	
CoG25/021	Conflicts of Interest	
	There were no conflicts of interest declared in the business to be transacted on the agenda.	
CoG25/022	Minutes of the Meeting held on the 22.04.2025	
	The minutes of the meeting held on 22 April 2025 were agreed as an accurate record.	
	Resolved: that the minutes of the meeting held on the 22 April 2025 be approved.	



CoG25/023	Matters Arising:	
	The Action Log was considered, and approval was given for the removal of completed items.	
	Resolved: that the action log be received and updates noted.	
CoG25/024	Chairs Update	
	In addition to the previously circulated report DCS highlighted the following- • DCS attended a successful event with Kate Adey at the Mowland Centre, in Swanage, over 300 people attended and raised funds for the A&E appeal. • DCS visited the sunflower trails near Poundbury and highlighted the generosity of the community. • Confirmed that the Trust has submitted the Board's 'Fit and Proper Person' declaration in full and on time, ensuring compliance. • Participated in three quality walkabouts to maintain visibility across hospital operations and engage with staff. • Opened the Non-Medical Prescribing Conference, which included attendees from all Dorset trusts, promoting cross-organisational collaboration. • Attended a performance by musicians from the Bournemouth Symphony Orchestra at Dorset County Hospital. • Highlighted the therapeutic impact of creative health activities on patients and expressed interest in expanding this work. • Participated in a joint workshop on 16 June at Moreton Village Hall. • Attended a Joint Development Workshop on 2 July 2025. • Chaired the Strategy, Transformation and Partnership Committee, noting increasing alignment and collaboration between Trust teams and the positive impact on patient outcomes. • Held regular meetings with Judy Geller (Acting Chair, UHD), ICB Chairs and Chief Executives. • Participated in the stakeholder panel for the recruitment of BCP Council's new Chief Executive, strengthening inter-agency relationships. • Attended the opening of the Health and Care Academy at Bournemouth and Poole College, supporting T-level education and placements in community hospitals. • Visited the Health Sciences University in Bournemouth to explore opportunities for postgraduate training and workforce planning in alignment with the 10-year strategy. • Co-presented the Dorset-wide Creative Health Strategy with the Arts Development Company at the ICP, securing agreement to progress the initiative. • Emphasised the value of non-medical interventions in improving patient wellbeing and committed to further development of the strategy. DCS said thank you and farewell to NJ as he takes up role as Managing Director at Salisbury and confirmed this is his final meeting. His move to Salisbury is seen as a positive step, where EJ is currently Acting Chair. Acknowledgement and thanks were extended to NJ for his contributions and leadership. MB has reviewed the arrangements for covering NJ responsibilities. It was confirmed that the role will not be directly replaced or	

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	recruited for at this time and this will be kept under review. The distribution of NJ portfolio will evolve, particularly in relation to the development of the Integrated Care Partnership (ICP). Congratulations were extended to Nick on his new role and achievements.	
	Resolved: that the Chairs Update be received for information.	
CoG25/025	Trust Executive Update including 10-year plan	
	NJ provided the Trust Executive Update Report and highlighted the following: • 10-Year Plan: Released on 3rd July and aligns well with existing local strategy. The plan provides clarity of direction for future developments. • ICB Changes: Dorset will be part of a cluster with Somerset, Bath, Northeast Somerset, Swindon, and Wiltshire. A new cluster Chief Executive has been appointed. • Chemotherapy Unit Redevelopment: Completed following a £2 million investment supported by Fortune Cancer Trust. • Electronic Health Record Programme: Outline Business Case has been approved by Cabinet Office. The procurement process is live. The supplier is expected to be appointed by end of 2025 or early 2026. • New Hospital Projects: Main works started on the Emergency Department and Critical Care Unit with target completion by 2027. • Subsidiary Company Development: Process paused for a month to address trade union concerns. Process reinstated with clear communication to staff with assurance of no changes to terms, conditions, or NHS pensions. DT raised concerns over plans to build new homes in Dorset which will increase the population. He asked about plans from the NHS in place to respond to this. NJ responded and noted the shift in focus within Integrated Care Boards (ICBs) towards strategic commissioning to better plan and deliver services across the population. NJ emphasised the importance of ICBs being clear and proactive in planning services to meet future population needs. Dorset HealthCare previously collaborated with Dorset Council to develop a clear policy on Section 106 and Community Infrastructure Levy (CIL). This policy ensures contributions from housing developments are directed towards health services, including capital and workforce needs. Chris Hearn, Chief Finance Officer in addition to the previously circulated report highlighted the following finance Update – Month 4 (End of July) • Financial performance is broadly in line with the year-to-date plan, which is positive. • Current year-to-date deficit stands at £11 million; full-year planned deficit is £9.8 million. • Majority of savings are scheduled for the second half of the year, particularly from month 7 onwards. • Industrial Action Costs incurred due to temporary staffing to maintain safe services; no national funding available to offset this. • Agency expenditure was better than plan and significantly improved compared to previous years.	

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Bull, Henry 13/11/2025 14:42:43	• Bank staffing spend is above plan year-to-date; a deep dive is underway to understand and ensure appropriate use. • Efficiency Programme is broadly on track with the plan. Only one-third of efficiencies are recurrent, raising concerns for future years. • The Trust received system cash at the end of last financial year, supporting current cash strength. If deficit trajectory continues without delivering efficiencies, cash pressure may increase significantly in the latter half of the year. Mitigation planning is underway across the system. JP raised a question around the cash injection and asked if steps had already been taken to close the gap and are there likely to be any more cash injections during 2025/26? Also, what is the underlying deficit flowing into 2026/27? CH responded and explained that the surplus last year was due to a late-year cash injection, which was unexpected and not part of the original financial plan. The trust is unlikely to receive similar injections this year due to current economic constraints. Previously funded industrial action costs and winter pressures are now unfunded, reinforcing the expectation of no additional funding. A system-wide mitigation plan is being developed to manage any potential cash shortfalls, led by finance teams in collaboration with the ICB. Regarding the underlying deficit into 2026/27, the trust is currently developing a medium-term financial plan (3–5 years) in line with national NHS planning requirements. There is emphasis placed on delivering recurrent efficiencies to avoid compounding future deficits SB raised a concern around the Cost Improvement programme (CIP) and 40 % of this is high risk and asked what mitigations are being put in place for this? CH responded that the committee was informed that the efficiency target for the year is £29.1 million, which marks a significant increase compared to previous years and equates to an 8–9% efficiency challenge across Dorset, which is above the national average but reflective of wider NHS pressures. Due to the scale of the challenge, the approach this year focuses on transformational change rather than incremental savings, with much of the programme weighted towards the second half of the year to allow time for development. A weekly Financial Recovery Board chaired by the Chief Executive has been established to oversee progress. While positive steps are being taken, a significant portion of the programme remains high risk due to the scale and timing of delivery. DT expressed appreciation for the financial management of the Trust, describing it as impressive and well-run. DT raised three key concerns for consideration in future financial planning: the ongoing presence of COVID-19 and whether any government funding is still available to support related costs; the ageing population in Dorset, which is among the oldest in the country and likely to increase healthcare demands; and the impact of maternity service closures, which may shift additional responsibilities and costs to the trust. DT asked whether these factors have been reviewed with a view to securing further financial support. DU responded and acknowledged the challenges raised. The situation with maternity services was described as a transaction between two foundation trusts, with some support already being received following the closure of a unit. The emphasis was placed on the need to progress transformation work, which involves collaboration not only within NHS trusts but also with local government, especially in areas like discharge planning and long-term care.	
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Bull, Henry 13/11/2025 14:42:43	These challenges are not solely tied to NHS budgets but also to broader systemic issues. In addition to the previously circulated report Dawn Dawson the Joint Chief Nursing Officer highlighted the following- • Focus on infection prevention and management, with efforts to maintain low infection rates. • Positive downward trend in <i>Clostridioides difficile</i> (C. difficile) infections. • CQC inspection of maternity services took place in April; awaiting publication of the report. • Implementation of a new complaints process emphasising early resolution. • Introduction of an EQIA process to assess the quality impact of staffing or funding changes. • Achievement of JAG accreditation for the endoscopy service. • Completion of 28 quality walkarounds between October and March, with positive feedback on staff friendliness and welcoming environments. • Acknowledgement and thanks to governors for their support during quality walkarounds. Paul Lewis, Joint Director of Strategy & Improvement in addition to the previously circulated slides about the NHS 10-year plan highlighted the following- • Initial findings from the 10-year plan show strong alignment with the federation's strategy, emphasising population health and collaboration across the federation. • The federation is well aligned overall, with strengths to build on and opportunities to address weaknesses. • Ongoing review of the 10-year plan will help assess its fit with existing transformation programmes. • Commitment to keeping the Council and others updated on progress. DCS thanked PL for his presentation and reflected that Dorset is making strong progress on the three major shifts outlined in the 10-year plan: moving from analogue to digital, developing neighbourhood services, and focusing on prevention. The ongoing electronic health record procurement supports the digital transition, particularly from a neighbourhood services angle. While national guidance lacks detail on neighbourhood services, Dorset has already laid solid foundations over the past 18 months and secured £6 million in funding from Macmillan to advance this agenda. Additionally, there are promising developments in mental health and preventative care, especially around improving access and early support. Overall, Dorset is well-positioned and actively working ahead of national direction, with readiness to expand efforts as the plan evolves. A more detailed session on the 10-year plan for the governors in the future would be beneficial. DT commended the staff and services at the hospital after he recently experienced significant surgery. MP raised concerns that the 10-year plan focussed on dense metropolitan areas which is not as geographically appropriate to rural Dorset? And added where would you set up hubs in rural Dorset? PL acknowledged this. However, Dorset has the advantage of having assets distributed across the county, offering opportunities to develop integrated health neighbourhoods in a way that suits the local context. While the plan frequently refers to neighbourhood health services, the challenge and focus for	
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	Dorset in the coming months will be to determine how best to establish these services in areas with sufficient population density, while still recognising the rural nature of the region.	
	Resolved: CEO Report be received for assurance.	
CoG25/026	Non-NHS Activity	
	CH updated regarding the NHS Foundation Trusts' duty under the NHS Act 2006 to ensure that the majority of their income comes from activities related to healthcare services. Each year, the Council of Governors must confirm they are satisfied this requirement is being met. The report outlines that in 2024/25, the Trust received approximately £320 million from healthcare-related activities and around £33.5 million from other sources such as research and development. Based on these figures, it was confirmed that the Trust is clearly complying with the statutory requirement.	
	Resolved: that the Non-NHS Activity be received for assurance.	
CoG25/027	Waiting List data update	
	Adam Savin, Director of Operational Planning and Performance introduced the topic of waiting list metrics at Dorset County Hospital and provided a detailed overview of the metrics and DCH performance. LK asked what is driving the increase in people attending the hospital. AS answered the team has been analysing data by specialty, age, and health inequalities since mid-last year and has observed increases across all areas. With support from the ICB, they conclude that this is due to population growth in West Dorset, driven by housing developments and the expansion of Dorchester and nearby areas. There is also some postcode drift from the East, but overall, the data points to consistent population growth as the main factor. MP recalled a governors' meeting from a few years ago where it was revealed that the hospital had no prior knowledge of Poundbury's expansion, highlighting a lack of communication between housing development planning and hospital service provision. They questioned whether such a feedback process now exists. NJ added we do now have links with council to know that new builds will impact. SB raised how surprised he is that the figures look so good, and what is the reason the more people have been seen. AS confirmed that all tables have been through Finance and Performance Committee and explained that we have providers to give extra activity. The extra work to get more patient seen is from substantive staff working overtime. We are delivering insourcing at a below tariff price. DT raised S106 funding generated from developments, can the NHS receive more funding via S106. AS said we are now in commercial arrangements, and we generate income. This year we are a fixed arrangement with the elective recovery fund.	
	Resolved: that the Waiting List data be received for assurance.	
CoG25/028	NED Update, Feedback and Accountability Session including update from the committee chairs	

Bull, Henry 13/11/2025 14:42:43	DU the Chair of the Finance and Performance Committee in Common emphasising that financial matters remain a central focus of their role and highlighted the following points- • Key areas of attention include the ongoing and future financial challenges particularly around cost improvement programmes and efficiency targets. • CH provided a detailed overview of DCH's financial situation, and the support being sought to ensure the effectiveness of current plans and controls. • The efficiency target of 8–9% is considered highly ambitious. Of the 8–9% target, 5% relates to traditional efficiency measures, while the remaining 3% and 1% are linked to non-recurrent efficiencies not achieved in the previous year at both trust and system levels. • Achieving these targets will require transformative changes, including the development of a shared services organisation across Dorset NHS providers. • There is a renewed focus on shared services to improve efficiency in support functions. • The electronic health record (EHR) project has received outline business case approval from the Cabinet Office. • Beverly Bryant, the new joint Chief Digital Officer, has secured support for including Dorset Healthcare's mental health and community services in the Dorset-wide EHR solution. • The Finance and Performance Committee oversees three strategic risks: SR4 (capacity and demand), SR5 (estates and facilities), and SR6 (finance), all part of the Board Assurance Framework. • The committee also reviews corporate risks scoring 15 and above, and 12 and above, in two tiers. There is a focus on ensuring risks registers receive timely updates. • DU described recent walkabouts, including visits to the porters, catering, and estates teams. These visits provided valuable insights into staff concerns and operational realities, helping to inform future planning and communication. A visit to the day surgery unit highlighted challenges faced by staff due to the use of escalation beds for non-surgical patients, which impacts workflow and care delivery. • DU concluded by inviting questions and further discussion on the topics raised SB asked DU if he is happy with the current operational performance of DCH? DU responded by explaining that the Finance and Performance Committee and Board meetings have taken place, and received updates on the performance assessment framework and we are reviewing how the framework will impact the Trust's internal performance evaluation. Early indicators are that DCH is performing well, ranking as the second most productive trust in the Southwest region which is a significant achievement. Positive feedback continues to be received from patients and governors, including a recent account from Governor DT, reinforcing confidence in the quality of clinical care provided. However, the trust acknowledges the ongoing challenge of improving efficiency, particularly in light of the unique difficulties faced by a rural district general hospital. It was also noted that national strategies, including the ten-year plan, often reflect urban contexts, which may not fully align with the rural realities of Dorset. The Trust remains committed to working collaboratively with local partners to ensure high-quality, integrated services across both urban and rural areas, with a continued focus on achieving parity between mental, community, and physical health services.	
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Bull, Henry 13/11/2025 14:42:43	Stephen Tilton, Non-Executive Director provided his NED update to the CoG- • ST reflected on his previous role as Chair of the DCH Finance and Performance Committee and expressed support for the new combined committee structure. • Emphasised the scale of the efficiency target, noting that last year's 5% SIP achievement was the highest ever for DCH, highlighting the significant challenge ahead. • Provided reflections on the recent Audit Committee meeting, which took place the previous week. • Noted that while the agenda was typical for a summer Audit Committee, it included important work on accounts and reporting. • The committee conducted a thorough review of the BAF and the Corporate Risk Register, with risks already reviewed by individual committees beforehand. • The highest scoring strategic risks remain SR3 (workforce), SR5 (estates), SR6 (finance), and SR9 (digital), each scoring 15 or higher. • Highlighted that SR5 (estates) has increased from 16 to 20 due to a higher likelihood of events occurring, based on the results of the Six Facet Survey, which assesses land and property across six categories. • An updated risk management platform is being developed for DCH and DHC, with a new joint Head of Risk expected to be in post by the end of summer. • The Audit Committee reviewed the annual tender waiver report, which examines the use of single tender actions; the process will also be reviewed as part of the value for money audit. • Internal audit progress and follow-up reports were discussed, with no significant issues raised. • The counter fraud progress report was reviewed, noting the transition from TIAA to the new provider, SAFER, which is expected to bring a more robust approach. • Four fraud referrals have already been made this year, representing 70% of the total for the whole of the previous year. • An update was provided on Freedom of Information requests, with DCH previously behind but now improving significantly with support from DHC colleagues. • Expressed appreciation for governors who participated in recent walkabouts, particularly Carol, and highlighted the value of governors' independent perspectives and engagement with staff on the ground. Governor feedback from Observing the Board Committees CM reflected that the Quality Committee has transitioned into a Committee in Common (CIC). This change has prompted discussions, and the agenda has become quite demanding. CL manages the meetings effectively, and the NEDs contributed rigorous scrutiny and challenge. CM has attended two of the three meetings since the change, with LT attending one on their behalf. One of the challenges raised involves actions remaining open on the log for extended periods. There was also a significant discussion about the closure of maternity services in Yeovil, including its impact on staffing gaps, mandatory training, and patient experience. Ophthalmology has been another major topic due to past issues and the need for detailed risk assessments. Overall, the committee ensures thorough oversight, with nothing left unexamined or unchallenged. AC added his observations of the People and Culture Committee as a newly formed group with a new chair, and its scope of work is impressively broad. AC explained that he has attended a couple of meetings and found the range of	
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Bull, Henry 13/11/2025 14:42:43	topics covered to be significant. The meetings are chaired by FW, who he described as highly effective, balancing structure with open discussion. NEDs MB and EJ are active contributors, often raising important points. AC added that he found the committee fascinating and is gradually becoming more familiar with it. Having a background in personnel, he observes how much the field has evolved, making the current environment feel entirely different from his past experience. JPL considered the Finance and Performance CIC to be of good quality, with strong exchanges throughout. A key issue raised was the oversight of operational performance, which is seen as more challenging for NEDs compared to financial oversight. This is partly due to the absence of a medical background among NEDs on the Finance and Performance Committee, although performance is also reviewed by the Quality Committee. Another challenge is the volume and density of data which can be difficult to digest and leaves limited time for discussion. Benchmarking is sometimes helpful for productivity, but not always consistent. There's also limited time to explore the implications of the data and what actions should follow. A shift is expected as the NHS plans to change the performance assessment framework, potentially taking on more of this responsibility and easing the burden on NEDs. The user suggests this change may reduce the need for such detailed oversight at the committee level, though acknowledges others may see it differently. KH observed the Strategy, Transformation and Partnership Committee in Common is chaired by the Trust Chair described it as being very well led. KH found the committee highly engaging but notes the sheer breadth of topics covered. Recent meetings have included presentations on frailty, the social value plan, integrated neighbourhood teams, electronic health records, cybersecurity, and the new hospital programme—each highly relevant to current developments. However, there is concern that the volume of content might be too much for one committee to manage effectively in a single session, raising the risk that some issues could be overlooked. Despite this, the effort and depth of work presented by contributors is deeply appreciated. KH reflected on how much goes on behind the scenes that the public may not see and values her role as a governor in helping to share that understanding. While the concern about overload remains, it's acknowledged that some topics not fully addressed in this committee may be picked up by others, helping to ensure coverage across the system. MP observed the DCH Audit Committee and reflected that an extraordinary meeting of the Audit Committee took place in June to approve the annual report and other key documents, totalling 268 pages. The meeting was efficiently chaired by SPa and covered a substantial agenda. The committee benefits from oversight by external auditors, including KPMG and the local counter fraud service. A concern was raised about the limited competition for the audit contract, as KPMG was the sole bidder last time, which could pose a risk if they choose not to bid again. Another observation was that the audit process seemed focused solely on DCH, without reflecting the integration with DHC, suggesting a potential gap in oversight. Nonetheless, the audit process is considered thorough and professionally managed, with benchmarking against other trusts and no major red flags identified. However, there remains some uncertainty about whether the scope of the audit fully captures the complexities of the evolving organisational structure. CM who also observed DCH Audit Committee – added SP chaired the Audit Committee effectively and now also sits on the Quality Committee, which brings beneficial cross-committee insight. The committee has recently focused on the external audit process and the annual reports for the board. There is a strong culture of challenge and scrutiny throughout.	
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	DCS added there is a requirement for each trust to have an Audit Committee. This dual structure adds complexity but is necessary for compliance and noted that this point was likely to be raised by DU. DU commented that as joint NED sitting on both Audit Committees he highlighted that their organisations benefit from having KPMG as external auditors and BDO as internal auditors. This shared arrangement allowed the auditors to observe and potentially comment on the challenges related to federation working. The collaboration has led to mutual learning, particularly in the development of both the BAF and corporate risk registers, which have improved through cross-pollination between the two organisations and their audit committees. DCS thanked all for their contributions.	
	Resolved: that the NED Update, Feedback and Accountability Session be received for assurance.	
CoG25/029	Patient Experience Team update	
Bull, Henry 13/11/2025 14:42:43	Hannah Robinson, Head of Patient Experience presented an overview of the evolving approach to patient care, now referred to as "experience of care." She highlighted the importance of engaging patients from the moment they access healthcare, not just when they enter the hospital. The presentation covered the structure of the patient experience team, the role of volunteers, improvements in complaint handling, support for carers and veterans, and new initiatives to better identify and assist these groups. She also encouraged governors to help gather feedback and collaborate more closely with the team. HR highlighted the following points- • The term "patient experience" is evolving into "experience of care" to reflect broader responsibility across the healthcare journey. • Dorset County Hospital has a small but active patient experience team supported significantly by volunteers and governors. • Feedback is gathered through complaints, FFT (Friends and Family Test), and outreach efforts. • The team includes services for complaints, patient information leaflets, public engagement, and volunteer coordination. • Adoption of NHS complaints standards has improved early resolution and response times. • Carers passports and support packs help identify and assist unpaid carers, offering recognition and practical support. • New cards for carers and veterans help flag their status in patient records, improving visibility and support. • Challenges remain in data sharing between GPs and hospitals regarding carer and veteran status. • Training is being developed for discharge teams to better support carers, veterans, and patients with addictions. • Governors are encouraged to: • Promote feedback collection (via leaflets, FFT, Care Opinion). • Distribute carer and veteran cards. • Visit the Hive or Patient Experience Office for deeper engagement. • Use new contact forms to help patients share feedback more comfortably. AL expressed strong enthusiasm for the hospital's initiatives, especially around carer engagement. Drawing from years of experience working with carers, they	

	praised Julia's outreach efforts to carer groups and highlighted the importance of supporting patients who cannot communicate their needs. AL emphasised that effective discharge planning must involve understanding the patient's home situation, and that carers play a vital role in this and also noted the significance of the lanyard initiative, which allows carers to communicate on behalf of patients, helping staff understand and respond appropriately. AL commended the hospital's work in connecting people, supporting carers, and preventing unnecessary readmissions.	
	Resolved: that the update from the patient experience be received for assurance.	
CoG25/30	Membership Engagement report	
	SA explained that this section of the meeting is for the Governors to expand on the membership engagement work they have been doing in addition to the previously circulated report which is a summary of the feedback the Governors have collected at community groups. KH expressed appreciation for the efforts of Alan, John, Pierre, and Anne in organising successful community meetings and highlighted the value of engaging with diverse groups in Weymouth and Portland. She encouraged governors from other areas to consider setting up similar outreach events in their own communities, offering her support and emphasising that they don't need to do it alone. KH noted the professionalism of the materials now being used, including boards and handouts about the new hospital programme, and invited governors to suggest local groups they could connect with to expand engagement beyond the South Coast. AC shared his experience from a meeting at Merley House earlier in the year, where he spoke about the engagement work being done in Weymouth and Portland. He was struck by how unfamiliar and daunting the idea seemed to others, who even asked for help and guidance on what to say during such interactions. KJ raised that she has chaired the MDC for the past three year and although she will continue to do so the option for another governor to step in and take over is there and emphasised that it would be good for another governor to take on this commitment.	
CoG25/31	Governor matters	
	AL asked if there has been considerable good work by the nursing staff and patient experience and discharge team in raising the profile of carers in the hospital. Are there ways we can support this further? This question has been fully answered by HR during the Patient Experience Team Update. JPL asked if DCH partnering with a local fire brigade something to be considered to help elderly patients return home safely? DD explained that they've spoken to AT and confirmed that under the BPS contract, Fire and Rescue services are responsible for conducting safety checks. Additionally, BTSC partners have the authority to initiate a review if necessary. This ensures that there is a system in place to assess and respond to patient needs, although DD raised the question of whether this support is automatically offered to patients. JPL asked - Could the Chair share his perspective on the future of the Council of Governors following the removal of the requirement on foundation trusts to have a Council of Governors? DCS reassured governors that they play a vital role within the trust and their contribution will continue to be part of its future direction, especially as collaboration increases. While there may be changes in the model for integrated care organisations over the next few years, nothing	

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	immediate will alter the current structure of the Council of Governors and this is enshrined in legislation. SB asked can we be assured that any changes on the quality of dialysis for renal patients will be thoroughly understood when the 5-year plan is developed? SB added that AT has invited him to talk to the management team regarding his question. And explained that renal patient has a lifelong connections to the hospital once their disease is discovered and he felt this was an important issue to not be overlooked.	
	Resolved: that the Governors matters be received for information	
CoG25/032	Update on DCH Governor positions	
	JH reported positive progress since the last meeting, noting that several vacant governor positions have now been filled, including appointed, staff, and public governors. The number of governors has increased from 15 to 20, with another new Governor expected soon, bringing the total to 21. New governors include representatives from Kingston Maurward College, People First Dorset, Dorset Mental Health Forum, Friends of Dorset County Hospital, and returning public and staff governors. While there are still some vacancies, although the situation has improved enough to delay further recruitment until the scheduled elections next year, avoiding the need for an early election. JPL raised that the annual report detailed some Governors with an attendance of 0 from 7 possible meetings and emphasised that this needed to be addressed.	
	Resolved: that the DCH Governor positions be received for assurance	
CoG25/033	Standing orders	
	JH explained that the standing orders could not be approved at the previous CoG in March 2025 due to an insufficient number of governors—only 15 were in post when 19 were required. Since the number has now increased to 20, with a possible 21 soon, approval is now feasible. Although the current meeting has 14 governors present and all agree that all governors not here will be asked to approve this item via email. <i>Post meeting note: the required 5 emails were received from the governors who were not present here today to support approval of the Standing Orders.</i>	
	Resolved: that the Standing Orders were approved	
CoG25/034	Annual Report	
	JH explained that the annual report was presented to the Council of Governors as required by the Constitution ahead of its formal presentation at the Annual Members Meeting in September. Although it is a substantial document, it follows national guidance and has been reviewed by auditors, who confirmed full compliance with all reporting requirements. The report will be revisited at the Annual Members Meeting, where a more high-level overview will be provided. The speaker invited questions and noted that this meeting serves as the formal step before the wider public presentation. JP queried that on p288 annual growth rate of, 51% for income is probably incorrect. JH added that we will produce an amendment to this incorrect figure.	
	Resolved: that the Annual Report be received for assurance.	

CoG25/033	Auditors report for the CoG	
	The external audit manager Alexander Middleton from KPMG presented the auditors' annual report for Dorset County Hospital, summarising the audit approach and findings related to both the financial statements and value for money assessment. An unqualified audit opinion was issued ahead of the national deadline, with no significant issues identified.	
	Resolved: that the Auditors report for the CoG be received for assurance	
CoG25/032	Any other business	
	KH thanked NJ for his commitment and hard work during his time at DCH and wished him the very best of luck in his new role	
	Resolved: that the terms of reference for governor committees be approved	
CoG25/019	Date and Time of Next Meeting The next meeting of the Dorset County Hospital NHS Foundation Trust Council of Governors will take place on 17 November 2025	

Signed by Chair Date

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JOINT CHAIR REPORT TO COUNCIL OF GOVERNORS

18th August to 17th November

David Clayton-Smith
Joint Chair
DCH & DHC NHS Foundations Trusts

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28th August	Visits to Chaplaincy and Mortuary & Bereavement Services
1st September	Quality Walkaround – Maumbury Outpatients
1st September	Quarterly meeting with Cllr Nick Ireland, Dorset Council Leader
4th September, 20th October & 10th November	121 with Kathryn Harrison, Lead Governor
16th September	AMM & AGM
25th September	Graduate Management Trainee Scheme Introductory meeting
20th October	Quarterly Informal Staff Governors meeting
27th October	Consultant Haematologist Interviews

3rd November	Quality Walkaround – Evershot Ward
3rd November	Introductory meeting – Tim Harry, Chair Dorset Mental Health Forum
6th November	Consultant Colorectal & General Surgeon Interviews
13th November	Ministerial Visit – Karin Smyth MP, Minister for Health & Social Care & Lloyd Hatton MP visit to NHP

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20th August	Visit to Alumhurst Road site and St Ann's Hospital.
17th September	Visit to CAMHS Gateway, Boscombe
24th September	Corporate Induction – delivered Welcome & Overview
24th September	Extra-ordinary Council of Governors meeting
24th September	AMM & AGM
25th September	DHC NED & Audit Committee Chair shortlisting
1st October	121 with Becky Aldridge, Governor Co-ordinator
8th October	NED & Audit Committee Chair Interviews

15 th October	Nominations & Remunerations Committee
20 th October	Quarterly Informal Staff Governor meeting
22 nd October	Governor Induction

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1st September	Chair & Deputy Chairs catch up (DCH & DHC)
2nd September & 4th November	Joint Board Development
5th September	Staff Network Conference
18th September & 13th November	Committees in Common Chairs bi-monthly meeting
22nd September,	Strategy, Transformation & Partnership Committee in Common (formal)
25th September	Committee Chair and Governor Observer (Strategy, Transformation & Partnership Committee in Common) meeting
26th September	Board Briefing – Financial position update meeting

30 th September	DCH & DHC NED Team Appraisal Summary 2024/25 submitted to NHSE. All NEDs scored as Good overall. Appraisals conducted in accordance with the LCP, Board Member Appraisal Framework/Guidance and incorporated the 6 domains of the NHS Leadership Competency Framework.
7 th October	Board in Common
13 th October	Monthly Combined NEDs (DCH & DHC) meeting
22 nd October	Extra-ordinary Board in Common – Provider Capability Assessment Review
22 nd October	Strategy, Transformation & Partnership Committee in Common (informal)
Ongoing	121s with NEDs
Ongoing	Bi-weekly NEDs financial update drop-ins

20th August	Meeting with Sue Doheny, SW Regional Director
26th August	10-year Health Plan NHS Confederation webinar
15th September, 22nd September & 10th November	Bi-monthly Chair to Chair meeting – Judy Gillow (UHD Chair)
15th September & 17th November	Bi-monthly CEO/Chair meeting (UHD, ICB, DCH/DHC)
22nd September & 10th November	NHS Confederation all member Chairs group meeting
23rd September	Visit from Daniel Elkeles, CEO NHS Providers
29th September	Board to Board to Board (DCH/DHC & UHD)

13th October	Quarterly CEOs & Chairs meeting (UHD, DHC & DCH)
15th October	Quarterly call with Cllr Millie Earl, Leader of BCP Council
17th October	Attended Chairs Forum event in Birmingham
20th October	Bi-monthly 121 with Rob Whiteman, ICB Chair
20th October	CEO & Chair (DCH/DHC & UHD) collaboration dinner
11th & 12th November	NHS Provider Conference
Ongoing	Bi- weekly CEO Escalation Meeting (Region)
Ongoing	NHSC Mental Health Network - Mental Health Chairs Conference call

18 th September	Creative Health in Dorset Strategy progress meeting
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- On 12 November 2025, the Secretary of State for Health and Social Care announced that 8 trusts will be among those assessed as part of the first wave of the Advanced Foundation Trust (AFT) Programme.
- Dorset Healthcare has been named as one of the eight trusts eligible to apply for wave one
- The AFT model is designed to incentivise good performance, giving well-governed and capable boards more freedom to respond to the needs of their communities and deliver improved care.
- DHC will be part of a rigorous assessment process, working closely with NHS England & partners to demonstrate how we meet the assessment criteria.
- New AFT model does propose to move away from the current arrangements in relation to governors - we remain committed to ensuring the voice of our communities is represented in a range of ways.
- AFTs can also apply to be designated as an Integrated Health Organisation (IHO)
- Wave one trusts to submit application by the end of December
- Successful AFTs due to be announced from April 2026 and one designate IHO also announced then.
- ***Being selected to enter this process is a hugely positive reflection on all the hard work being done across the Federation alongside our partners across the health and care system.***



Healthier lives



Empowered citizens



Thriving communities

Dorset County Hospital Council of Governors

Quality Update

17th November 2025

Infection Prevention Management - DCH has a very low threshold figure for Pseudomonas and Klebsiella blood stream infections (BSI) for 2025-2026. As a mitigation for not remaining within these thresholds all Hospital Onset Healthcare Associated (HOHA) are investigated using the IPM PSIRF process. Clostridioides difficile cases for 25-26 have reduced compared to 24-25 case figures, currently running at a 4-year low. Gram-ve reportable BSI rates show a slight increase compared to 24/25. DCH is performing well for Gram -ve *E. coli* rates per 100,000 occupied bed days within the South West region.

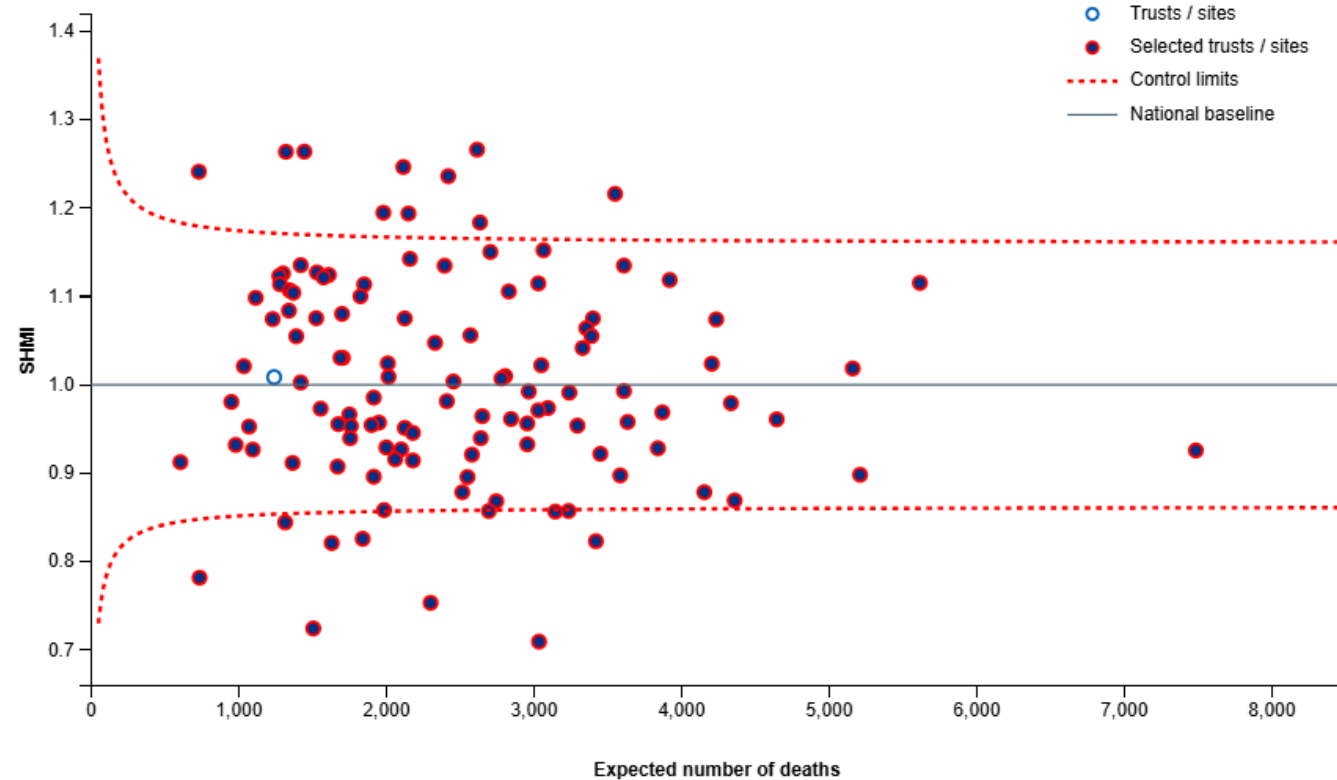
Maternity Service – Final CQC Report was published on the 26th September 2025. Rating for Maternity Services was graded as good following inspection of the Well Led and Safe domains. Some commentary under Well Led domain included “Governance processes had improved since our last inspection, with a clearly defined governance structure, which detailed the governance oversight and accountability from service level to the Trust Board”.

Flu Vaccination Figures – DCH have now vaccinated 47% of DCH staff, ranking DCH among the top 10 Trust’s across England for vaccination rates. Communications continue to all areas and vaccinators are roaming DCH every weekend throughout November.

Marthas Rule Calls for Concern - Following submission of an expression of interest to the National Patient Safety Improvement Programme, DCH Emergency Department was successful in being chosen as a pilot site for the South West region. The pilot was introduced on the 01.10.25. This follows the successful rollout of Call for Concern across inpatient areas.

Summary Hospital-level Mortality Indicator (SHMI)

SHMI funnel plot



SHMI is the ratio of the actual number of people who die following hospitalisation and the number that would be expected to die based on England averages, given the characteristics of the patients treated at the hospital. Our level is as expected, and we are shown with the white dot on the funnel plot.

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Dorset County Hospital Council of Governors

Performance Update

17th November 2025

Performance Update- UEC

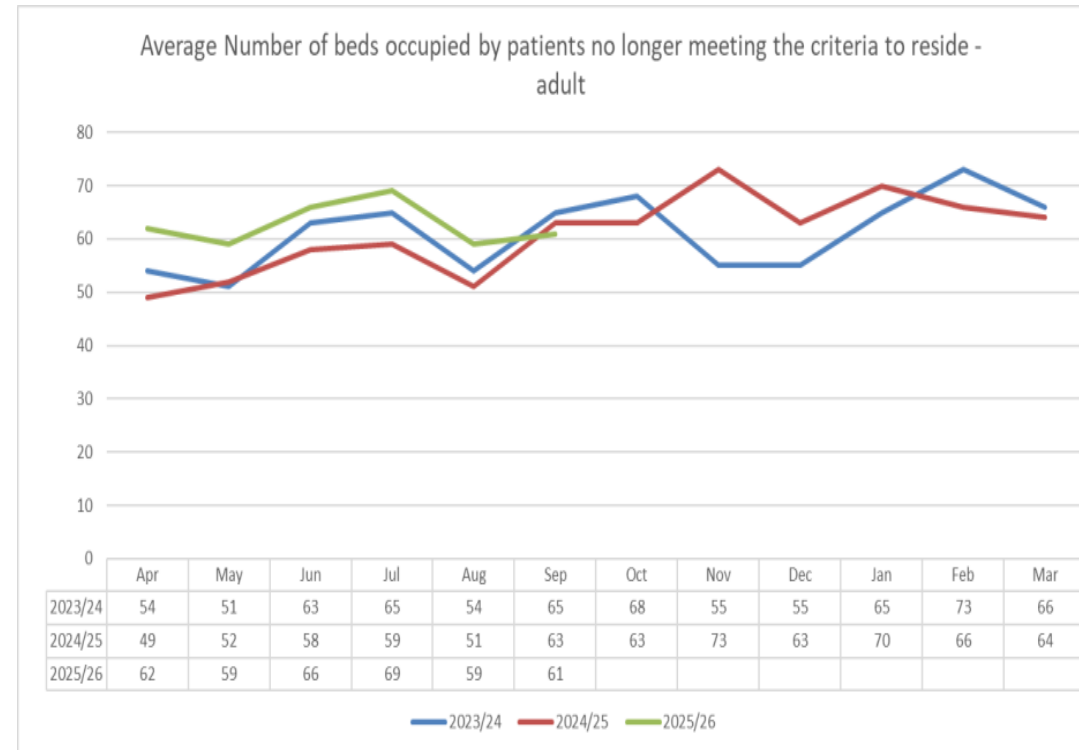


Dorset County Hospital
NHS Foundation Trust

Metric	Ops plan 25/26	Apr-25	May-25	Jun-25
A&E: 4 hour wait % (all)	plan	81.80%	79.64%	78.18%
	actual	82.00%	83.7%	83.4%
	variance	0.20%	4.05%	5.22%
A&E: 4 hour wait % (DCH)	plan	65.98%	61.04%	58.64%
	actual	65.70%	68.46%	68.30%
	variance	-0.28%	7.42%	9.66%
Percentage of A&E attendances over 12 hours	plan	6.57%	6.96%	11.52%
	actual	6.72%	6.45%	6.16%
	variance	0.15%	-0.51%	-5.36%

Metric	Ops plan 25/26	Apr-25	May-25	Jun-25
Number of A&E attendances (DCH)	plan	4,644	4,939	4,739
	actual	4,761	4,930	5,054
	variance	117	-9	315
Total non-elective spells	plan	2,498	2,438	2,331
	actual	2,489	2,424	2,566
	variance	-9	-14	235

Metric	Ops plan 25/26	Apr-25	May-25	Jun-25
Average number of overnight GA beds occup	plan	312	304	312
	actual	306	310	312
	variance	-6	6	0
Bed occupancy %	plan	96.30%	95.60%	96.89%
	actual	97.50%	97.40%	98.80%
	variance	1.20%	1.80%	1.91%



- All three UEC performance metrics (waiting times) are not achieving against the operating plan
- Demand is higher than the operating plan, which is impacting bed occupancy rates
- Further impact on bed occupancy is the increasing number of no criteria to reside
- Length of stay for NCTR has decreased, but volume increased to a point that has wiped out the gains from a reduced LoS
- The proportion of admissions that convert to a NCTR is higher than last year

Performance Update- Elective Care

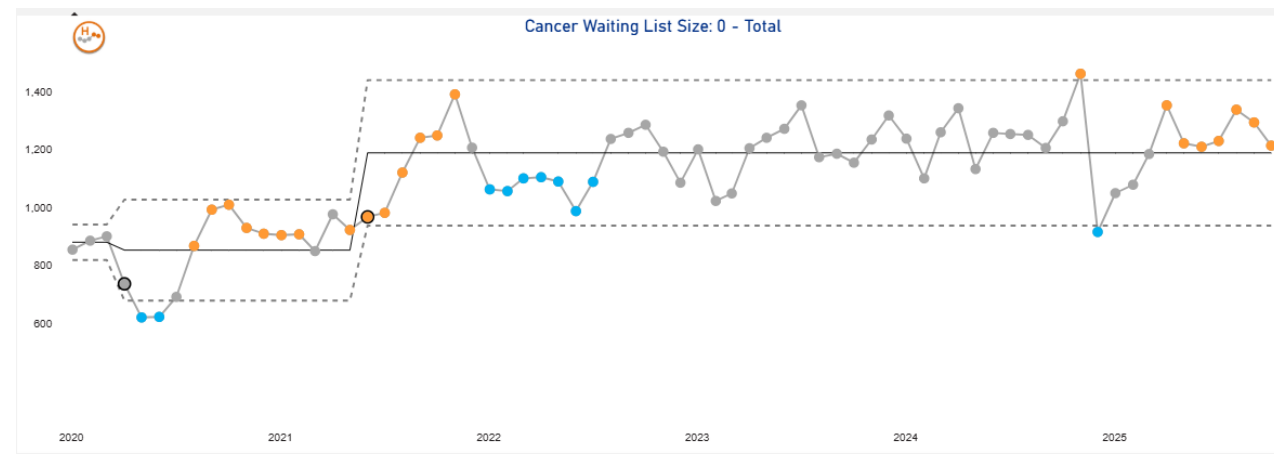
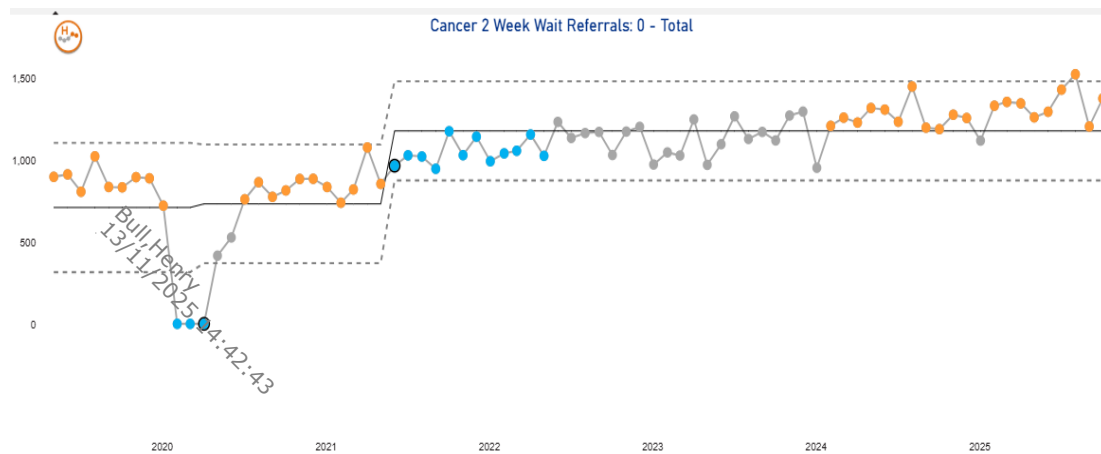
Metric	Ops plan 25/26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
RTT: Total WaitingList	plan	21,542	21,594	21,649	21,710	21,762	21,820
	actual	22,486	22,630	22,414	22,406	22,300	21,411
	variance	944	1,036	765	696	538	-409
RTT: 52wk wait	plan	431	410	390	369	348	327
	actual	448	439	377	368	365	303
	variance	17	29	-13	-1	17	-24
RTT: 52wk cohort % of WaitingList	plan	2.00%	1.90%	1.80%	1.70%	1.60%	1.50%
	actual	1.99%	1.94%	1.68%	1.64%	1.64%	1.42%
	variance	-0.01%	0.04%	-0.12%	-0.06%	0.04%	-0.08%
RTT: % patients waiting <18wks	plan	58.70%	58.70%	58.70%	58.70%	59.00%	59.50%
	actual	58.90%	59.54%	58.98%	59.37%	58.69%	60.24%
	variance	0.20%	0.84%	0.28%	0.67%	-0.31%	0.74%
RTT: % patients waiting <18wks for 1st Activity	plan	63.13%	64.00%	65.00%	66.00%	66.00%	67.00%
	actual	65.50%	66.56%	64.70%	66.87%	68.53%	69.32%
	variance	2.37%	2.56%	-0.30%	0.87%	2.53%	2.32%
RTT: 52wk wait CYP	plan	50	45	40	20	10	0
	actual	57	48	44	20	32	24
	variance	7	3	4	0	22	24

- Total waiting list size has reduced by 1,219 patients since the peak of May. September has seen the total waiting list improve against plan and is 409 better than trajectory.
- Total referrals year to date, April-August are 3.43% up compared to last year. Demand April-August this year, compared to 2023/24 is 12.47% up.
- For the reporting month of September, activity levels (volume) are at 132% of the 2019/20 baseline and 130%, of the levels delivered in 2023/24.
- The trust maintained a position of zero patients waiting over 65+ week waits.
- The trust is meeting trajectory for the number of 52+ week breaches and the proportion of the waiting list that is over 52+ weeks.
- The percentage of patients waiting under 18 weeks and those waiting for a first appointment under 18 weeks are both meeting the operational plan.
- The number of children waiting over 52+ weeks is larger than plan due

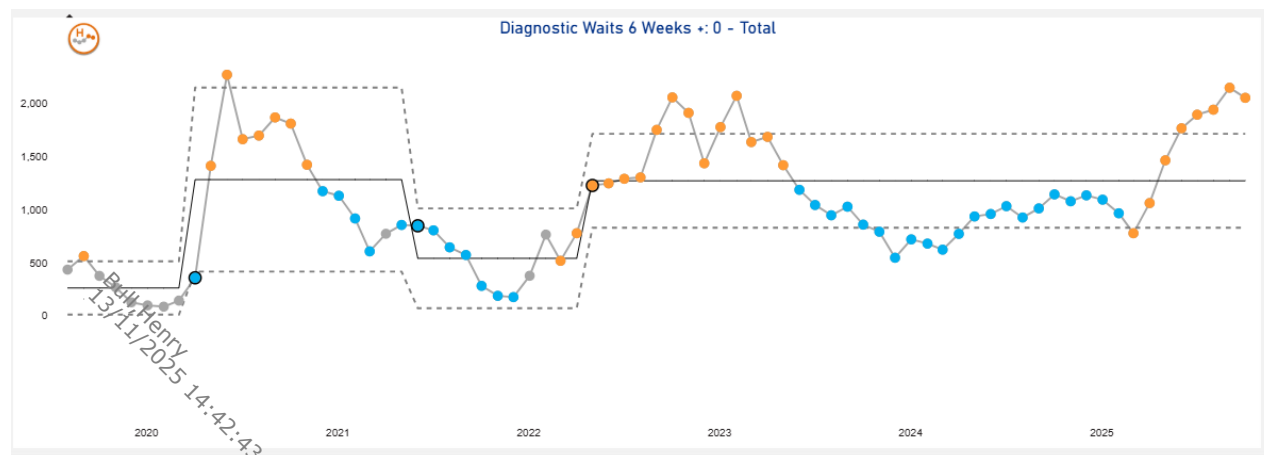
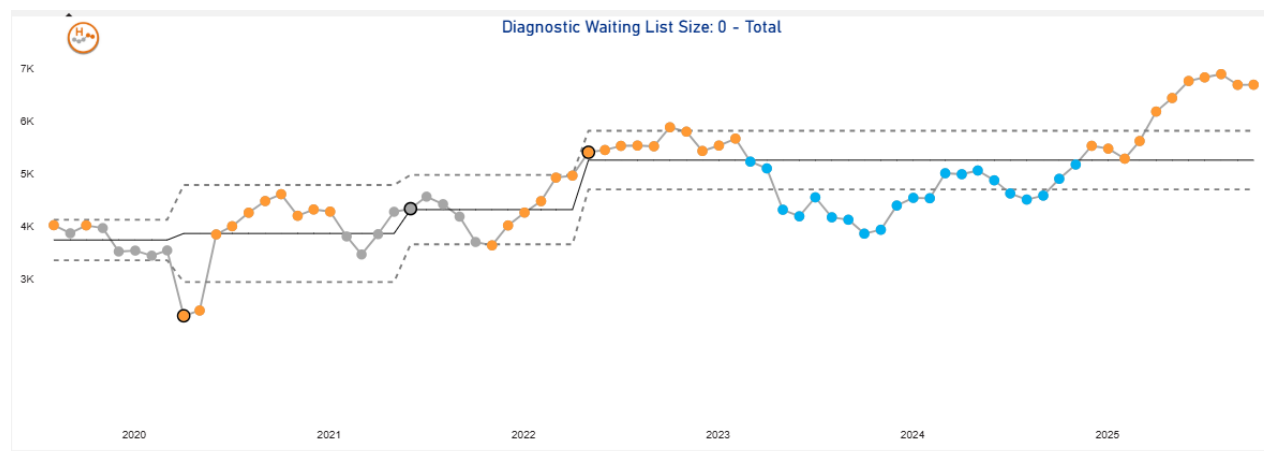
Performance Update- Cancer

Metric	Opsplan 25/26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Cancer: 28 days FDS	Plan	75.07%	75.04%	75.06%	75.89%	76.65%	76.23%
	actual	66.60%	62.50%	72.16%	71.24%	69.11%	66.22%
	variance	-8.47%	-12.54%	-2.90%	-4.65%	-7.54%	-10.01%
Cancer: 31 day DTT (combined)	Plan	90.83%	91.56%	90.95%	92.17%	92.82%	94.15%
	actual	93.16%	91.56%	95.15%	96.48%	92.42%	94.85%
	variance	2.33%	0.00%	4.20%	4.31%	-0.40%	0.70%
Cancer: 62 RTT (combined)	Plan	70.08%	71.43%	70.00%	71.03%	72.90%	72.88%
	actual	78.97%	66.54%	65.22%	67.81%	64.96%	63.50%
	variance	8.89%	-4.89%	-4.78%	-3.22%	-7.94%	-9.38%

- Demand for cancer services surged in the first four months (graph bottom left).
- The impact of demand growth is showing in performance of the 28 day to diagnosis standard, slight recovery end of Q1, decline due to summer surge with recovery against the operating plan forecast in October.
- Treatment, within 31 days of diagnosis remains strong, with performance overachieving against the operational plan.
- Due to the delays at the front of the pathway, performance of the 62 standard is below plan, and is following the same recovery arc as 28 days.
- The total waiting list size is being managed with additional capacity, to meet the demand increase (graph below)



Performance Update- Diagnostics



- There is no requirement for a diagnostic trajectory in this years operational plan, however it is a constitutional target to achieve 99% of procedures within 6 weeks.
- Performance has been falling for the last four months, due to growing backlogs in Endoscopy, Neurophysiology, ultrasound and Cardiology.
- Additional capacity has been agreed for Neurophysiology and Ultrasound, and an Endoscopy recovery plan is in development by the Surgical Division.
- The declining performance has been noted by NHS England and a whole standard recovery plan requested. This will be developed in the next four weeks and will be led by Operational Support, as it covers both Divisions.
- Poor performance in the diagnostic modalities can impact the delivery of the cancer and elective waiting list standards, it is therefore critical performance is improved in this area.

Dorset County Hospital Council of Governors

People Update

17th November 2025

KPIs

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25
Sickness	4.1%	4.0%	4.1%	4.2%	4.3%	4.6%	NA
Turnover	9.6%	9.5%	9.2%	9.1%	9.1%	9.4%	8.4%
Vacancy Rate	4.2%	5.3%	5.9%	5.5%	6.3%	6.4%	6.2%
Appraisal Rate	79%	79%	78%	80%	82%	77%	78%
Mandatory Training Compliance	88%	88%	88%	89%	89%	89%	89%

Narrative

- The turnover rate remains stable
- The vacancy rate has increased; however, this is expected with the focus on WTE Reduction
- Short term sickness absence is increasing. The overall rolling annual figure is now 4.4%.
- Mandatory training compliance remains at 89%. One subject (level 2 Resus) is below the 80% lower threshold
- The appraisal rate improved over the summer months

Focus

Ongoing WTE reduction (inc MARS), Procurement shared service, appraisal compliance, staff survey, Year 1 priorities in Joint People Plan

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Dorset County Hospital Council of Governors

Finance Update to M6 2025/26 (M7 verbal pending ledger close at time of request)

17th November 2025

Dorset County - 2025/26 Financial Headlines to M6



Dorset County Hospital

NHS Foundation Trust

- **Overall Variance to Plan:** £0.004m better than planned deficit position of £16.9m YTD. This position includes £355k of Yeovil maternity costs offset by assumed income
- **Pay:** July Industrial Action costs c.£143k with no assumed income per national advice. November preparation underway with further cost pressure expected
- **Agency** expenditure incurred in month of £0.5m, below plan by £0.040m (2.3% of pay budget & £1.3m improvement vs M1-6 24/25). Driving an achievement of **£0.5m better than YTD plan**, noting however **off framework cost £90k YTD** with daily break glass process in place – CrCu, SCBU, Kingfisher paediatrics 1:1, ED, Lulworth (surgery) & Abbotsbury (surgery) high dependency/acuity patients. Day surgery linked to **operational pressures** – M6 front door increase of 10.2% vs last year & c.1867 more attendances YTD than planned, impact seen in temporary workforce, including average NCTR of 61 in line with prior year levels
- **Bank** expenditure £0.4m above plan in month and **£2.2m above plan YTD** – internal enhanced bank controls in train. Increased use: **Urgent & Emergency Care:** ED & surge (op pressures), Blood sciences & Pharmacy (vacancies). **Family & Surgical services:** Maternity, Theatres, DSU, SCBU, Kingfisher. **Corporate areas:** clinical coding, Estates & Facilities (E&F) areas incl catering, portering (office moves), security (new starters training cover). Spend £1.1m above M1-6 24/25
- **Efficiency delivery £5.6m of the £5.6m planned target YTD, being £14k away from plan YTD. Of which 47% delivered recurrently (£2.6m) and 53% non recurrently (£3m)** – schemes undelivered in month are largely E&F (required to recover), Divisional income generation and bank reduction schemes. **Increased recurrent delivery essential to support recovery of underlying deficit position**
- **At M6 £4.5m (16%) of the total efficiency target unidentified (pre trajectory), with a further £11.6m (40%) classed as high risk; £3.4m (12%) medium risk and £3.9m (13%) low risk noting £5.6m (19%) delivered.** c.£11.6m Shared Services (SubCo) efficiency (£3.3m revenue, £8.3m NR capital goods) pending NHSE confirmation of cash backed or noted overspend position due to recent national communications. **Formal NHSE request to close unidentified efficiency gaps** with detailed **H2 trajectory** to bridge £4.5m unidentified and £1.5m system risk schemes, total £6m incorporated into latest trajectory workings, overseen by FRB – NHSE mid year review Dorset system 29/10/2025
- **Capital** £1.4m spend in month being £4.4m under plan and **£6.1m better than plan YTD** largely due to NHP timing of construction works, timing of equipment purchases, offset by Digital Electronic Health Record (EHR) and stroke works design fees. Excellent completion of Chemotherapy ward, well received
- **Cash £17m** noting prior year £13m receipt; ICB and HEE funding plus ongoing sound cash management practices. **Significant risk area** from H2 reliant on efficiency delivery, effective cost controls and careful timing of capital payments
- **Executive led Recovery Board** focus, new **Improvement Director** in post wef October 2025, with bi-weekly meetings in place to ensure oversight and delivery of the financial, workforce and operational positions

Membership Development Committee Assurance Report for the meeting held on the 4th of September 2025

Chair	Kathryn Harrison
Executive Lead	Jenny Horrabin
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance
Significant matters for assurance or escalation	N/A
Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: • The Reviewing Success Activity Tracker • Upcoming public engagement events • The Membership Demographics Report • Preparations for the Annual Members' Meeting • Membership Resources and the Membership Leaflet • The New Engagement Calendar
Decisions made at the meeting	• To begin the process of redesigning the membership leaflet • Re-schedule the upcoming Membership Development Committee
Issues / actions referred to other committees / groups	N/A

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Report to	Council of Governors	
Date of Meeting	November 2025	
Report Title	Joint Code of Conduct	
Prepared By	Sarah Anton, Joint Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	None	
Action Required	Approval	Y
	Assurance	
	Information	

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No specific implications for the BAF	
Financial	None	
Statutory & Regulatory	Statutory duty for a Foundation Trust to form a Council of Governors and a requirement of Governors that they must follow the Trust's Code of Conduct	
Equality, Diversity & Inclusion	NA	
Co-production & Partnership	Working together where appropriate for joint appointments	

Executive Summary

As part of the federation working arrangements across DCH and DHC we have been aligning our governance and reporting arrangements. Most recently this saw the alignment of the Constitutions and Standing Orders. We are continuing to work with our Governors to review and align where appropriate and have undertaken a review of the Code of Conduct for Governors with an aligned document presented for approval.

The new Code of Conduct both simplifies and strengthens the expectations. We have also taken account of best practice in this area. The Lead Governor (DCH) and Governor Co-ordinator (DHC) were involved in this review.

To support this decision, we have appended and the previous and aligned Code of Conducts:

- Appendix 1 Dorset County Hospital current Governor Code of Conduct
- Appendix 2 Dorset HealthCare current Governor Code of Conduct
- Appendix 3 New Joint Governor Code of Conduct

Recommendation

Council of Governors is recommended to:

Approve the new Governor Code of conduct

GOVERNORS' CODE OF CONDUCT

As a member of Dorset County Hospital NHS Foundation Trust Council of Governors I will:

- Actively support the vision and aims of Dorset County Hospital in developing as a successful Foundation Trust.
- Act in the best interests of the Trust at all times and recognise the need for corporate responsibility.
- Contribute to the work of the Council of Governors in order for it to fulfil its role as defined in the Trust's Constitution.
- Recognise that the Council of Governors exercises collective decision-making on behalf of all patients, local public and staff.
- Acknowledge that, other than when attending meetings and events as a Governor, I have no rights or privileges over any other member of Dorset County Hospital NHS Foundation Trust.
- Recognise that the Council of Governors has no managerial role within Dorset County Hospital NHS Foundation Trust.
- Value and respect Governor colleagues and all members of staff I come in contact with.
- Respect the confidentiality of information I receive in my role as a Governor.
- Act with integrity and objectivity and in the best interests of Dorset County Hospital NHS Foundation Trust, without any expectation of personal benefit.
- Attend meetings of the Council of Governors, Members' Meetings and training events, on a regular basis, in order to carry out my role to the best of my ability.
- Conduct myself in a manner that reflects positively on Dorset County Hospital NHS Foundation Trust, acting as an ambassador for the Trust.
- Abide by the Trust's policies and procedures.
- My behaviours will always be consistent with the Trust Values, and those adopted by the Council of Governors.

In understanding the role of Governor of this NHS Foundation Trust:

- I note Dorset County Hospital NHS Foundation Trust is an apolitical organisation.
- If I am a member of any trade union, political party or other organisation, I recognise that should I be elected, I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (public or staff) that elected me.

- I will be honest and act with integrity and probity at all times.
- I will respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies.
- I will seek to ensure that my fellow Governors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded.
- I will accept responsibility for my own actions.
- I will show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community.
- I will seek to ensure that the membership of the constituency I represent is properly informed and is given the opportunity to influence service development.
- I will seek to ensure that no-one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin.
- I will at all times, comply with the Standing Orders and Standing Financial Instructions of Dorset County Hospital NHS Foundation Trust.
- I will respect the confidentiality of individual patients and comply with the confidentiality policies of Dorset County Hospital NHS Foundation Trust.
- I will not make, permit or knowingly allow to be made, any untrue or misleading statement relating to my own duties or the functions of Dorset County Hospital NHS Foundation Trust.
- I will seek to ensure that the best interests of the public and patients/clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements.
- I will support and assist the Accountable Officer of Dorset County Hospital NHS Foundation Trust in his/her responsibility to answer to the Regulator, Commissioners and the public, in terms of fully and faithfully declaring and explaining the use of resources and the performance of the local NHS in putting national policy into practice and delivering targets.
- I will uphold the seven principles of public life as detailed by the Nolan Committee (see below).

Signed:

Name:

Date:

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Governor Value Statements:

Integrity	Respect	Team Work	Excellence
Be supportive of the Board and ensure that Governors demonstrate the Trust's values.	Speak kindly about each other and be polite at all times.	Work to support hospital staff at all times.	Look for the best result in everything we do as a group.
Always be open and honest.	Treat patients as individuals with individual needs.	Work together as a team. Share knowledge and help each other.	Pledge to strive for excellence for staff and patients to ensure safety and quality of treatment going forward.
Be compassionate and respect confidentiality.	Have patients and staff in the forefront of our thoughts when performing our Governor role.	Show respect when questioning executive directors and NEDs, and act as one team.	Continue to learn about the hospital and its patients' needs.
Be reliable at all times.	Allow others to speak and listen to others without interrupting; respecting their views, skills and experience.	Work together to identify strengths and overcome weaknesses.	Challenge unacceptable behaviour, which is inconsistent with the Trust Values and the Governor Code of Conduct.
Commit fully to Governor role activities and ensure that we represent the public.	Turn up on time.	Be prepared to accept the majority view.	Always seek to improve Trust performance.

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THE SEVEN PRINCIPLES OF PUBLIC LIFE (NOLAN)

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Nolan Committee has set them out for the benefit of all that serve the public in any way.

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CODE OF CONDUCT FOR GOVERNORS

INTRODUCTION

1. This Code of Conduct for Governors sets out the standards and behaviour that Dorset HealthCare University NHS Foundation Trust (the **Trust**) expects from the Council of Governors (individually and collectively) when acting on behalf of, or representing, the Trust.
2. This Code of Conduct for Governors should be read in conjunction with:
 - (a) the Trust's constitution and provider licence;
 - (b) the Trust policies and procedures covering conflicts of interest and anti-fraud, bribery and corruption;
 - (c) the Trust's fit and proper persons requirements;
 - (d) the NHS Foundation Trust Code of Governance and Your statutory duties: A reference guide for NHS foundation trust governors; and
 - (e) the NHS Constitution.

WHY WE HAVE A CODE OF CONDUCT FOR GOVERNORS

3. The Trust's Board of Directors (the **Board**) has ultimate responsibility for all actions carried out by staff and committees throughout the Trust's activities. This responsibility includes the stewardship of significant public resources and the provision of healthcare services to the community.
4. The Board is determined to ensure the organisation inspires confidence and trust amongst its patients, members, staff, partners, funders, suppliers and the public by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the Trust.
5. The Trust has set out its vision to be 'Better Every Day through Excellence, Compassion and Expertise'. In essence, this means constantly improving what it does and becoming more sustainable as a provider of outstanding quality services. The Trust has adopted values and core behaviours that underpin what it does and how it does things.
6. The Council of Governors has an integral role in supporting the Board in promulgating the vision and values to members, patients and the public, and embedding them within the work of the Trust.
7. The Trust's constitution makes provision for Governor elections, the appointment of members of the Council of Governors, practice and procedure of Governors and

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ultimately the removal of Governors. This Code of Conduct for Governors complements the Trust's constitution.

INDUCTION AND TRAINING

8. In order for Governors to be effective in performing their duties and responsibilities, it is essential that individual Governors, and the Council of Governors as a whole, are aware of the nature of their role and responsibilities and the work of the Trust. The Trust will provide a comprehensive induction and ongoing development opportunities to ensure that the Governors have the skills and knowledge they require for their role. Individual Governors are invited to speak to the Chairman and/or Director of Corporate Governance about any further information or training needs.
9. Governors are expected to attend induction and training programmes, given reasonable notice, in line with any individual or collective requirements identified.

ROLE AND FUNCTION OF GOVERNORS

10. The general duties of the Council of Governors are:
 - (a) to hold the non-executive Directors individually and collectively to account for the performance of the Board of Directors, and
 - (b) to represent the interests of the members of the Foundation Trust as a whole and the interests of the public.
11. The overall responsibility for running an NHS foundation trust lies with the Board. Governors are not responsible or accountable for the Trust's strategic planning or performance. The Council of Governors should not seek to become involved in operational issues or the running of the Trust, however, the Council of Governors can bring these issues to the attention of the Board. The Board, through the directors, should be prepared to provide a response to the Council of Governors and explain decisions and actions taken and how feedback provided by the Council of Governors has been considered, and to demonstrate that it has sufficient assurance of the performance of the Trust.
12. The Council of Governors represent the interests of all Trust members and the public, not just the constituency that elected, or organisation that appointed, individual Governors or their personal views.
13. The Trust will provide Governors with guidance and training outlining their specific role and responsibilities. In fulfilling their general roles and responsibilities individual Governors must:
 - (a) adhere to the Trust's rules and policies and support the delivery of its objectives, in particular those relating to NHS foundation trust status and promoting the success of the Trust;
 - (b) act in the best interests of the Trust at all times;
 - (c) contribute to the work of the Council of Governors in order for it to fulfil its role and functions as defined in the Trust's constitution;
 - (d) recognise that their role is a collective one; and
 - (e) support and assist the Chief Executive Officer, as the 'accounting officer', in his/her responsibility to answer to NHS England, commissioners and the public.

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CONFLICTS OF INTEREST

14. The Council of Governors has an obligation to act in the best interests of the Trust and in accordance with the Trust's constitution and provider licence, and to avoid situations where there may be a potential, real or perceived, conflict of interest.
15. Governors should not use their position for personal advantage or seek to gain preferential treatment. Governors should be aware of, and act in accordance with, the standing orders for the Council of Governors and the Trust's [Policy for managing conflicts of interest](#) to identify, declare and manage conflicts of interest.
16. Upon appointment, and at least annually, Governors are invited to complete a declaration of interests form, including membership of any political party. This document must also be updated where a material change occurs. A register of interests will be maintained by the Director of Corporate Governance, and will be made available to the public, in line with the Trust's constitution and the standing orders for the Council of Governors.
17. Failure by a Governor to declare an interest, real or perceived, could result in the process for raising and investigating concerns about Governors set out in the Appendix to this Code of Conduct for Governors being instigated by the Trust.

STANDARDS OF CONDUCT

18. Governors are required to adhere to the highest standards of conduct in the performance of their duties. This Code of Conduct for Governors respects and endorses the seven principles of public life, also known as the Nolan Principles) and all Governors are encouraged to perform their duties in accordance with them. The seven principles are:
 - selflessness;
 - integrity;
 - objectivity;
 - accountability;
 - openness;
 - honesty;
 - leadership.
19. In performing their roles and responsibilities, Governors should act in accordance with the Trust's values and behaviours and:
 - (a) treat fellow Governors with dignity and respect and seek to understand when there are differences in opinion;
 - (b) ensure language and conduct is professional, inclusive and does not have the potential to offend;
 - (c) promote the work and achievements of the Trust while being open to opportunities for learning when attending external meetings or any other events;
 - (d) actively participate in the work of the Council of Governors and support fellow Governors by attending meetings and events when able to do so;
 - (e) ensure that the membership of the constituency, or organisation, that elected/appointed them and the public are kept informed about the Trust and

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seek views from people with different backgrounds and experiences within the membership or partner organisation and the public to feed back to the Board with the aim of enhancing the performance of the Trust; and

- (f) reflect the Trust values:
 - Working together for patients
 - Respect and dignity
 - Commitment to quality of care
 - Compassion
 - Improving lives
 - Everyone counts
 - Commitment to learning.
- 20. All Governors are expected to understand, agree and promote the Trust's mission in every area of their work, which is to deliver integrated healthcare services that empower people to make the most of their lives.
- 21. Any actual or perceived prejudicial action, views or comments shall be investigated and dealt with in line with the process for raising and investigating concerns about Governors set out in the Appendix to this Code of Conduct for Governors.

STAKEHOLDER ENGAGEMENT

- 22. Governors are accountable to the membership. In order to demonstrate their accountability Governors are encouraged to attend events and take opportunities to meet, talk and listen to the members, partner organisations they represent, and the public, to best understand their views and concerns.
- 23. Governors should be fully aware of their representative functions and should not become personally involved in patient or public matters that ought to rightly be handled by the appropriate member of Trust staff. Governors are advised to act as a conduit for forwarding public comments and concerns to the appropriate staff member, when presented with a complaint from a member, patient or the public.

VISITING THE TRUST

- 24. In fulfilling their core duties and responsibilities, Governors may visit Trust sites. For activities other than attending Council of Governors' meetings or member or public events organised by the Trust, arrangements will be discussed and agreed between the Chairman and Director of Corporate Governance, in liaison with appropriate directors and managers.
- 25. Visits to Trust sites in a personal capacity as a patient, carer or visitor are not covered by the previous paragraph.

EXPENSES

- 26. The position of Governor is unremunerated, though reasonable out-of-pocket expenses are paid. Guidance and further information will be provided by the Director of Corporate Governance.

MEETINGS

- 27. Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Director of Corporate Governance in advance of the meeting giving the reasons for this. Governors are expected to attend for the duration of each meeting.

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28. Failure to attend three meetings in any twelve month period may result in the Governor immediately ceasing to hold office unless the reasons for absence are deemed to be due to reasonable causes by the Council of Governors and the Governor will be able to start attending meetings again within a reasonable period.

BOARD AND COUNCIL OF GOVERNORS INTERACTION

29. As a matter of course, Board directors will generally attend a number of Council of Governors' meetings over the course of a year. The Council of Governors may also formally invite any of the Board directors to attend Council of Governors' meetings. Such invitations will be agreed by the Chairman and facilitated by the Director of Corporate Governance.
30. Governors are reminded that the Council of Governors, Board and management have a common purpose: the success of the Trust and the provision of safe and high quality care to the community. As such, Governors are encouraged to only use their powers to withhold consent or removal in those circumstances where other forms of discussion and mediation have been used and not proven fruitful.

MEDIATION

31. In the event of a breakdown of communication between the Board and Council of Governors or between the Governors and directors the expectation is that mediation will be sought.
32. Before any formal mediation process is instigated, the Chairman, Lead Governor/Governor Co-ordinator, Director of Corporate Governance and/or Senior Independent Director (as appropriate) should have met in an attempt to resolve the matter informally. If the matter cannot be resolved informally the process set out in the Trust's Policy for engagement with the Board should be followed.

NHS ENGLAND

33. In general, formal contact with the NHS England will be via the Chairman, Chief Executive Officer or Director of Corporate Governance, as appropriate.
34. This does not prevent the Council of Governors nominating a Governor to act as the Governor responsible for communications with the regulator in such instances when the usual communication line is inappropriate. Neither does it remove the right of any Governor approaching the regulator should they deem this appropriate. Where the Governor responsible for liaising with the regulator or any other Governor wishes to make a formal approach, in this capacity or otherwise, on behalf of the Council of Governors, more than half of the members of the Council of Governors must approve the request.

CONFIDENTIALITY

35. All Governors are required to respect the confidentiality of the information they receive because of their membership of the Council of Governors. As a member and public representative, sometimes dealing with difficult and confidential issues, Governors are required to act with discretion and care in the performance of their role.
36. Governors should only speak to the media with the express permission of the Chief Executive Officer or the Director of Corporate Governance. In situations concerning potential whistleblowing matters, Governors are encouraged to adhere to the Trust's [Freedom to speak up: raising concerns \(whistleblowing\) policy](#) to resolve the matter in the first instance.

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37. Any allegations of breaches of confidentiality will be investigated under the process for raising and investigating concerns about Governors set out in the Appendix to this Code of Conduct for Governors. This does not include protected disclosures as defined in the Public Interest Disclosure Act 1998. Further information regarding whistleblowing can be found in the Trust's [Freedom to speak up: raising concerns \(whistleblowing\) policy](#) or by speaking to the Director of Corporate Governance.

CEASING TO BE A GOVERNOR

38. Governors must continue to comply with the qualifications required to hold public office throughout their period of tenure, as defined in the Trust's constitution. Any changes that would render the Governor ineligible to serve must be notified to the Director of Corporate Governance.
39. As previously mentioned, failure to attend three meetings in any twelve month period may result in the Governor immediately ceasing to hold office unless the reasons for absence are deemed to be due to reasonable causes by the Council of Governors and the Governor will be able to start attending meetings again within a reasonable period.
40. A Governor may resign their office ahead of their tenure by writing to the Director of Corporate Governance. Depending on the reasons and circumstances of the resignation, the Chairman may decide to formally record those particulars in the minutes of the next Council of Governors' meeting. An appointed Governor may also cease to hold office if the organisation that appointed them terminates the appointment.

CONSEQUENCES OF NON-COMPLIANCE

41. In addition to this Code of Conduct for Governors, there is a process for raising and investigating concerns about Governors that appear to breach this Code of Conduct for Governors or specific conditions of service set out in the Appendix to this Code of Conduct for Governors.

While every effort will be made to resolve concerns raised informally, non-compliance with the Code of Conduct for Governors may result in a Governor being removed from the Council of Governors or expelled as a member of the Trust.

42. Further information regarding any aspects of this Code of Conduct for Governors can be requested from the Director of Corporate Governance.

September 2022

Acceptance of the Code of Conduct:

I (full name)

accept and agree to abide by the Trust's Code of Conduct for Governors.

Signed:

Dated:

APPENDIX

PROCESS FOR RAISING AND INVESTIGATING CONCERNS ABOUT GOVERNORS

Purpose of the process

1. This process is to be followed if any concern is raised by a member of the public, another Governor or a member of staff about a Governor's compliance with the Code of Conduct for Governors in carrying out their role and responsibilities as a Governor.
2. The aim of the process is to resolve any concerns regarding the conduct of Governors or compliance with the Code of Conduct for Governors at the earliest opportunity in a fair, reasonable and consistent way while minimising disruption to the work of the Council of Governors or the Board.

Initiating the process

3. Any concerns should be reported to the Director of Corporate Governance within six months of the event giving rise to the concern. Concerns will be documented in writing by the Director of Corporate Governance where the concern is not received in writing and acknowledged within three working days. The Director of Corporate Governance may speak to other persons who may have witnessed the event in order to fully document the concern.
4. The Trust will endeavour to resolve all concerns informally where possible.
5. The Director of Corporate Governance will, in the first instance, arrange for a discussion to take place with the Governor about whom a concern has been raised. This discussion may involve the Chairman of the Trust, the Lead Governor/Governor Co-ordinator, the Director of Corporate Governance or any other person nominated by the Chairman. The person raising the concern may also be invited to join all or part of the discussion if the Director of Corporate Governance considers that this is likely to assist with early resolution of the concern.
6. A written record of the discussion will be made and a copy provided to the Governor concerned within five working days of this. The outcome of the discussion will be shared in writing with the person raising the concern.
7. In the case of a concern being raised about an appointed Governor appointed by local government or a partnership organisation, details of the concern and the outcome of the discussion will be shared with the appointing organisation.

Escalation of the process

8. Where the concern raised:
 - (a) relates to safeguarding, possible litigation, damage to Trust reputation, breach of confidentiality or a serious allegation against a staff member, or
 - (b) has not been resolved by discussion with the Governor concerned or it has not been able to arrange the discussion with the Governor within six weeks of the concern being raised despite reasonable efforts to arrange this or the Governor has refused to participate in any discussion,

the Director of Corporate Governance will escalate the concern to a panel to be appointed by the Chairman for this purpose (the **Panel**).

9. The membership of the Panel will include between three and five members, which may include:

- (a) the Chairman or Senior Independent Director;

- (b) the Lead Governor/Governor Co-ordinator or their deputy; and
 - (c) at least one other Governor.
10. The Panel will determine the process and timescales for investigation taking into consideration the Trust's procedures for the investigation of incidents, complaints and claims and the need to ensure a fair process for everyone involved.
 11. Following investigation the Panel will reach a conclusion, which will be shared with the Governor about whom the concern has been raised and, in the case of a concern being raised about an appointed Governor appointed by local government or a partnership organisation, with the appointing organisation.
 12. All proceedings and the conclusion of the Panel will be documented by the Director of Corporate Governance or another person nominated by the Panel.

Possible outcomes of the process

13. When misconduct takes place or a concern is raised about a Governor the Chairman may be authorised to take such action as may be immediately required, including the exclusion of the Governor concerned from meetings and other events which they attend in their capacity as a Governor.
14. The Director of Corporate Governance or the Panel may conclude following an investigation that:
 - (a) the concern raised is unfounded, a misunderstanding or there is no case to answer;
 - (b) the Governor about whom a concern has been raised should receive a written warning about their conduct and the consequences of future conduct and, if appropriate, be asked to apologise;
 - (c) more formal, independent mediation is required;
 - (d) training and development should be provided either individually for the Governor about whom a concern has been raised or for the Council of Governors as a whole; or
 - (e) a proposal should be made to the Council of Governors to consider whether to remove the Governor about whom a concern has been raised from the Council of Governors and/or to expel the Governor as a member of the Trust in accordance with the Trust's constitution.
15. Where an investigation into a concern has been carried out and conducted in accordance with this process the person raising the concern will not be able to raise the same issue(s) in a subsequent concern or complaint. Where there are a number of concerns (whether from the same person or different persons) related to the same Governor, such concerns can be dealt with as one under this process, if this is deemed to achieve the purpose of this process by the Director of Corporate Governance or the Panel.
16. Malicious use of this process may lead to action being taken under the Code of Conduct for Governors, the Trust's constitution, or the Trust's disciplinary procedures, as appropriate.

Support for Governors

17. The investigation of any concern will remain confidential other than as required by this process.
18. Consideration will be given to the mental health and wellbeing of Governors and others involved in the process and staff support services, occupational health or clinical

colleagues may be involved to provide confidential support and advice, as appropriate. A Governor about whom a concern has been raised may also be accompanied by another person during any discussion or meeting. This may impact on the overall timescale which will be adjusted accordingly.

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Code of Conduct for Governors

Council, Committees and working groups

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Code of Conduct for Governors

Dorset County Hospital

Introduction

1. The purpose of this Code is to provide all governors with guidance on the standards of behavior, conduct and accountability which are expected by the Trust, and to ensure that there is a common understanding of governors' legal and ethical duties. The Code assists governors in carrying out their responsibilities and supports their relationship with the Trust and its Board. The Code aims to promote effective, well-informed and accountable corporate and NHS governance.
2. Acceptance of appointment as a governor of the Council or any of its committees or working groups is construed as acceptance of this Code.

Scope and definitions

3. This Code applies to all governors in their capacity as Governors of Council, the committees of Council, and any forum or group established to support the work of Council.

Values

4. The Trust's strategy, activities, behaviours and decision-making are underpinned by core values to which all governors of the Trust subscribe. These are: **Respect, Integrity, Teamwork, Excellence**
5. As an NHS Foundation Trust, the Trust and therefore its governors must also operate within the principles for those holding public office, as laid down by the Nolan Committee:
 - a. **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
 - b. **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

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- c. **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d. **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e. **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f. **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g. **Leadership:** Holders of public office should promote and support these principles by leadership and example.
6. The Trust is committed to tackling any, and all, forms of discrimination, and to treating individuals fairly, with dignity and respect. It expects all governors of Council to act with integrity, honesty and fairness and to be respectful of each other's views, listening, assessing and evaluating them without prejudice and, in their communications with other Governors of Council, to be open and transparent and inclusive of all governors.
7. The Council is committed to ensuring that it conducts its business in accordance with:
- (a) the Trust's constitution and provider licence;
 - (b) the Trust policies and procedures covering conflicts of interest and anti-fraud, bribery and corruption;
 - (c) the Standards of Business Conduct set by the Board for all staff
 - (d) the Standing Financial Instructions as approved by the Board of Directors
 - (e) the Trust's fit and proper persons requirements;
 - (f) the NHS Code of Governance for Provider Trusts and the Addendum to your statutory duties – reference guide for NHS foundation trust governors and
 - (g) the NHS Constitution.
8. All Governors must be 'fit and proper persons' as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5.

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This means that they are: (a) of good character; (b) have the qualifications, competence, skills and experience which are necessary for their role; (c) are able by reason of their health, after reasonable adjustments are made, to perform properly the tasks of the office or position for which they are appointed; and (d) have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in their employment or in the conduct of any entity with which they are or have been associated.

Powers

9. The Council is responsible for carrying out its statutory duties as provided for by the National Health Service Act 2006 (the 2006 Act) and amended by the Health and Social Care Act 2012 (the 2012 Act).
10. If a governor thinks that Council is likely to exceed its powers by taking a particular decision, they should immediately discuss the issue with the Chair and refer the matter to the Director of Corporate Affairs for advice.

Skill, care and diligent performance

11. Individuals elected or appointed to Council as governors are drawn widely from the community, having regard to provisions on the governorship of Council in the Trust's Constitution, and the need for continuity, representation of the community and Trust stakeholders. All governors are expected to perform the duties of their role competently and conscientiously, and undertake reasonable tasks requested by the Trust.
12. In order to promote effective governance, governors are expected to participate in an annual review of Council effectiveness.

Duties and responsibilities

Induction, training and development

13. Once appointed, Governors are encouraged to obtain a thorough grounding in their duties and responsibilities and should attend the Trust's induction programme for Governors. Governors are expected to be familiar with this Code, the Trust's Constitution, its Strategic Plan and associated Strategies and Supporting Strategies, the NHS Code of Governance for Provider Trusts and the Addendum to your statutory duties – reference guide for NHS foundation trust Governors.

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14. All governors are required to complete training modules that are deemed to be essential to their role, and to accept the terms of the Trust's Media Policy prior to attending their first Council meeting. Governors have a duty to ensure that they are fully aware of and compliant with Trust regulations, policies and procedures such as the financial regulations, material on data protection, intellectual property, bribery, infection control, and equality and diversity. They must also recognise their responsibility under relevant Health and Safety legislation and comply with the Trust's Health and Safety policy and procedures.

Attendance and preparation

15. A high level of attendance at meetings of Council and its committees, Council Away Days and other Council events (as advertised in the Trust's Diary of Meetings), is expected so that governors can perform their functions properly. In person attendance is preferred; however, governors may attend meetings virtually, subject to the approval of the Chair.
16. Governors of Council should prepare appropriately for all meetings, Away Days and Council events.

Periods of absence and unavailability

17. The Trust is committed to creating an enabling environment and wants to support all governors to maintain a healthy work and non-work balance. It is recognised that there may be circumstances when a governor may need to take a period of leave from their role, this should be discussed directly with the Chair and an agreed leave of absence may be permitted subject to the Council's business not being unduly impacted (e.g. quoracy issues).
18. Failure to attend three or more Council meetings consecutively or in any period of 12 months may result in the removal of governorship of Council, unless mitigating circumstances have been notified to the Director of Corporate Affairs and accepted by the Chair of Council. Governors who are unable to attend meetings and events on a regular basis, and in circumstances where taking a period of leave would not be appropriate, should consider offering their resignation to the Chair.

Duty of care

19. Governors owe a duty of care to the Trust and must carry out such duties

responsibly. This means that they should show the Trust the highest loyalty and act in good faith in its best interests. Each person should act honestly, diligently and independently. Their actions should promote and protect the good reputation of the Trust and the trust and confidence of those with whom it deals, and safeguard the Trust's assets, information and confidential discussions affecting the Trust's property, plans and business.

20. Decisions taken by Council must be for the benefit of the Trust and not serve any improper purpose or personal motive. The "benefit of the Trust" can be taken to mean, first and foremost, the pursuit of the Trust's statutory obligations including compliance with the provider licence and the NHS Constitution, the interests of its patients, its staff and other users of the Trust's services, and the safeguarding of public funds.

Statutory Accountability

21. The Council is collectively responsible for observing the duties set out in the 2006 Act and the 2012 Act.
22. The general duties of the Council are:
- (a) to hold the non-executive Directors individually and collectively to account for the performance of the Board of Directors, and
 - (b) to represent the interests of the members of the Trust as a whole and the interests of the public.
23. The overall responsibility for running an NHS foundation trust lies with the Board. Neither the Council nor the individual Governors are responsible or accountable for the Trust's strategic planning or performance and must not become involved in operational issues or the running the Trust. The Council can, however, bring these issues to the attention of the Board. The Board, through the directors, should be prepared to provide a response to the Council and explain decisions and actions taken and how feedback provided by the Council has been considered, and to demonstrate that it has sufficient assurance of the performance of the Trust.
24. The Council represents the interests of all Trust members and the public, not just the constituency that elected, or organisation that appointed, individual Governors or their personal views. Governors must ensure that the membership of the constituency, or organisation, that elected/appointed them and the public are kept informed about the Trust and seek views from people with different backgrounds and experiences within the membership or partner organisation and the public to feed back to the Board via the Council with the

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aim of enhancing the performance of the Trust.

25. Governors are accountable to the membership. In order to demonstrate their accountability Governors are encouraged to attend events and take opportunities to meet, talk and listen to the members, partner organisations they represent, and the public, to best understand their views and concerns.

Collective Responsibility

26. The Council operates by Governors taking majority decisions in a collegial manner at quorate meetings. Therefore, a decision, even when it is not unanimous, is a decision taken collectively and each individual has a duty to stand by it, whether or not they were present at the meeting when the decision was taken. No Governor can act on their own without the proper authority from Council, and all carry equal responsibility for decisions made.
27. If a Governor disagrees with a decision taken by Council, their first duty is to discuss the matter and ensure that this is recorded accurately in the minutes of the meeting. If the individual still disagrees strongly, they should consult the Chair and, if necessary, then raise the matter again with Council when it next meets, if appropriate. Alternatively, the Governor may decide to offer their resignation from office, after consulting the Chair.
28. Governors are expected to promote the interests of the Trust and contribute positively to initiatives that are designed to raise awareness of Council, its committees and its work across the Trust.

Openness, confidentiality and use of official information

29. Under the terms of the Freedom of Information Act 2000, the Trust is designated as a public body, meaning that anyone has the right to ask for information it holds. All correspondence and documents in relation to the Trust, and their subsequent revisions, are subject to the provisions of the Freedom of Information Act 2000 and the Data Protection Act 2018.
30. In keeping with the Trust's values and commitment to transparency and accountability, the Trust publishes the agenda and minutes of meetings of Council on its website. Papers relating to meetings of Council are available for public inspection once they have been approved. There are occasions, however, when the record of discussions and decisions are not made available for public inspection; for example, when the Council is considering sensitive or commercial issues, or matters relating to named individuals, and for other good

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reasons. Such excluded items are kept confidential.

31. It is important that Council and its Committees to have full and frank discussions in order to take decisions collectively. To do so, there must be trust between governors with a shared corporate responsibility for decisions. All governors should maintain confidentiality on all matters classified as confidential, and, when a matter is classified as restricted, governors should act to uphold the designated information security classification.

Conduct, concerns and complaints

32. Effective decision-making requires trust and a shared corporate responsibility, consequently governors are expected to treat their fellow governors, board members and other members of Trust staff with dignity and respect and seek to understand when there are differences in opinion. They must ensure their language and conduct is professional, inclusive and does not have the potential to offend.
33. Whilst the role of a governor includes a representative function, governors must not become personally involved in patient or public matters that ought to rightly be handled by the appropriate member of Trust staff. Governors are advised to act as a conduit for forwarding public comments and concerns to the appropriate staff member, when presented with a complaint from a member, patient or the public.
34. In fulfilling their core duties and responsibilities, Governors may visit Trust sites. For activities other than attending Council of Governors' meetings or member or public events organised by the Trust, arrangements must be discussed and agreed in advance with the Chair and Director of Corporate Affairs, in liaison with appropriate directors and managers.
35. Visits to Trust sites in a personal capacity as a patient, carer or visitor are not covered by the previous paragraph
36. Governors of Council must not exhibit behaviour or engage in activity, whether it be within or external to the Trust, that may damage the good reputation of the Trust. Without providing a precise definition of conduct which is unacceptable, examples include but are not limited to:
- Aggressive or offensive language or behaviour, including physical violence
 - Behaviour bringing the Trust's good name or reputation into disrepute
 - Breach of confidentiality or trust
 - Consistent failure to read papers
 - Consistent failure or refusal to complete essential training modules

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- Consistent inappropriate interpolation in meeting discussions
- Consistent lack of attendance
- Consistent lack of engagement with the business of Council
- Consistent refusal to comply with reasonable requests made by the Chair
- Criminal damage on the Trust's premises
- Discriminatory behaviour
- Failure to observe and comply with relevant Trust policies and/or procedures
- Failure to observe Health and Safety regulations
- Fraud or deliberate falsification of records
- Harassment or bullying or sexual misconduct
- Misuse of Trust equipment and resources including IT, email and the internet
- Serious breach of security or of financial procedures
- Serious breach of information or data
- Serious incapability during Trust duties due to the influence of alcohol or illegal substances

37. Governors should not make statements relating to the Trust or the proceedings of Council or its committees to the press or media, on social media, or at any public meeting and should notify the Director of Corporate Affairs of any such requests. It is unethical for governors publicly to criticise, canvas or reveal the lawful views of other Governors which have been expressed at meetings of Council or its committees.
38. In order to ensure that the affairs of the Trust are conducted in an open and transparent manner, that the Trust is accountable for its use of public funds and that the Trust can demonstrate accountability to its employees, its patients and the community it serves, the Trust has established appropriate arrangements for individuals to raise serious concerns, which are in the public interest, at senior levels within the Trust. All Governors are subject to the terms of, and the protections afforded by, the Trust's Freedom to Speak Up Policy and Procedures.
39. The Trust has also established appropriate procedures to manage complaints of a personal nature that are made against governors. Concerns of this nature can be raised directly to the Director of Corporate Affairs in line with the Standard Operating Procedure (SOP) for the Removal of a Governor from the Council Of Governors.
40. Allegations of misconduct, or complaints of a breach of this Code, will be investigated in accordance with the above SOP and could result in the suspension or removal of the governor from the Council.

Conflicts of interest and loyalty

41. Governors should seek to avoid putting themselves in a position where there is a conflict (actual or potential) between their personal or professional interests and their duties to Council or its committees. They should not allow any conflict of interest or loyalty to arise that might interfere with the exercise of their independent judgement.
42. All interests must be disclosed routinely to the Trust, in accordance with the Trust's Constitution. The interests, financial or otherwise, which they or their spouses, children or other close relatives may have, must be disclosed to the Governance Team so that a Register of Interests may be maintained.
43. For the purpose of this Code, 'interest' is where there is a supply of works or goods, contract or proposed contract, or other matter, private or personal, under consideration by Council or its committees. A person could be perceived to be conflicted if their role as a Governor may create a chance of financial gain, kinship, friendship, or governorship of a commercial company, an association or trade union, trusteeship or if any other benefits may be perceived to arise or potentially to arise from any other private or personal relationship they have.
44. Failure by a Governor to declare an interest, real or perceived, could result in the process for raising and investigating concerns about Governors set out in paragraph 39.

Political activity

45. While governors may be politically active, in the conduct of their work on the Council, its committees or in service to the Trust, they should be (and be seen to be) politically impartial and even-handed in dealing with political parties. Guidance from the Director of Corporate Affairs should be sought if concerns arise about undue political activity by those covered by the Code.

Trust resources

46. All Trust resources must be used for the purposes of the Trust and not for personal use, gain or other purposes. Resources include financial resources, IT equipment, email, internet, telephone and other Trust property.
47. All expenses claims must be submitted no later than a month after the expense

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was incurred. The Trust reserves the right to reject claims submitted after this time. Governors must abide by the Trust's standing financial instructions

48. When claiming expenses, governors must comply with the Trust's financial regulations and take personal responsibility for any HM Revenue and Customs requirements which affect them.

Gifts and hospitality

49. Governors must not accept gifts, hospitality or benefits of any kind from a third party where this might be seen to compromise their personal judgement or integrity or where this might place the person under improper or inappropriate obligation. Any offer or receipt of such gifts, hospitality or benefits should immediately be reported to the Director of Corporate Governance, and Trust guidance followed in accordance with the Gifts and Hospitality Policy.
50. In canvassing for gifts, donations or benefits as part of the philanthropic and fundraising work of the Trust, governors must ensure the appropriate ethical position declared by the Trust is maintained, and ensure gifts and benefits are retained by the Trust without making commitments that the Trust cannot fulfil.
51. The Director of Corporate Affairs holds a Register of Gifts and Hospitality personal to governors and senior personnel. It is open for public inspection by contacting the Governance Team.

Ceasing to be a governor

52. Governors must continue to comply with the qualifications required to hold public office throughout their period of tenure, as defined in the Trust's constitution. Any changes that would render the Governor ineligible to serve must be notified to the Director of Corporate Affairs.
53. A Governor may resign their office ahead of their tenure by writing to the Director of Corporate Affairs. Depending on the reasons and circumstances of the resignation, the Chairman may decide to formally record those particulars in the minutes of the next Council of Governors' meeting. An appointed Governor may also cease to hold office if the organisation that appointed them terminates the appointment.
54. As set out in paragraph 39, there is a process for raising and investigating concerns about governors that appear to breach this Code of Conduct. While every effort will be made to resolve concerns raised informally, non-compliance with this Code may result in a governor being removed from the Council and/or

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expelled as a member of the Trust

Approved by Council: November 2025
Date of next review: November 2027

ACCEPTANCE OF THE CODE OF CONDUCT

I (Full name)

confirm that I have read the Code of Conduct document

and accept and agree to abide by the Trust’s Code of Conduct for Governors.

Signed

Date

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Report to	Council of Governors	
Date of Meeting	November 2025	
Report Title	Nominations and Remuneration Committee Terms of Reference	
Prepared By	Sarah Anton, Joint Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	None	
Action Required	Approval	Y
	Assurance	
	Information	

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No specific BAF risks arising	
Financial	None	
Statutory & Regulatory	Statutory duty for the Council of Governors to appoint, or, if necessary, dismiss the Non-Executive Directors and the Chair	
Equality, Diversity & Inclusion	NA	
Co-production & Partnership	Working together where appropriate for joint appointments	

Executive Summary

1. Executive Summary

It is a statutory duty of the Council of Governors to appoint the Non-Executive Directors. The Nomination and Remuneration Committee (the Committee) is responsible for advising and/or making recommendations to the Council of Governors (the Council) on the appointment and reappointment of the Chair and Non-Executive director (NED) positions on the Board of Directors (the Board).

As part of the federation working arrangements across DCH and DHC we have been aligning our governance and reporting arrangements. Most recently this saw the alignment of the Constitutions and Standing Orders. In light of these changes a review of the Nominations and Remuneration Committee Terms of Reference has been undertaken to ensure alignment of organisational governance. We have adopted the same approach to the TOR review as adopted for Board Committees – by undertaking a comparison and this is included at Appendix 1, with the revised draft Terms of Reference included at Appendix 2.

At this stage we plan to retain individual Nominations and Remuneration Committee – but recognise the benefit to join as a Committee in Common to consider joint appointments.

Recommendation

Council of Governors is recommended to:

- **Approve** the new Terms of Reference for Nominations and Remuneration Committee

Appendix 1 – Nomination and Remuneration Terms of Reference Comparison

TOR Heading	DCH	DHC	Proposed changes
Accountability and Constitution	The Council of Governors (CoG) may appoint Committees of the Council. The CoG shall approve the membership of all the Committees that it has formally constituted and shall determine the Chair of each Committee. (<i>Constitution Annex 6 paragraphs 1.3</i>) The NRC has delegated authority from the CoG to carry out its purpose and duties as defined within these Terms of Reference. All recommendations made by the Committee must be reported to the next CoG meeting.	1.1 The Nomination and Remuneration Committee (the Committee) is responsible for advising and/or making recommendations to the Council of Governors (the Council) on: (continues at 1.1.1 below).	The Nomination and Remuneration Committee (the Committee) is responsible for advising and/or making recommendations to the Council of Governors (the Council) on matters within its remit. The Committee has delegated authority from the CoG to carry out its purpose and duties as defined within the Trust Constitution and these Terms of Reference. The Committee is authorised to seek information from executive directors and managers as is necessary and expedient to fulfil its functions. The Committee is authorised by the Council to request independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust's standing financial instructions. All recommendations made by the Committee will be reported to the next Council meeting.
Purpose Bull, Henry 13/11/2025 14:42:43	To ensure that appropriate procedures and processes are in place for the selection, recruitment, remuneration and other terms and conditions of the Chair and Non-Executive Directors (NEDs). To undertake such procedures and processes as required and make recommendations to the CoG in this regard for Council approval.	1.1.1 the appointment and reappointment of the chair and non-executive director (NED) positions on the board of directors (the Board) of Dorset HealthCare University NHS Foundation Trust (DHC or the Trust); 1.1.2 the remuneration, allowances and other terms and conditions of the chair and NEDs; and	The Committee provides the Council with a means of ensuring a formal, rigorous and transparent procedure for the appointment and reappointment of the Chair and Non-Executive Directors (NEDs) and the determination of remuneration for the Chair and the NEDs in accordance with relevant laws, regulation and best practice and the Trust's constitution and the evaluation of the performance of the Chair and NEDS. The duties and responsibilities of the Committee are more fully described in the duties section below.

TOR Heading	DCH	DHC	Proposed changes
	To regularly review the skill mix of the NEDs to ensure it adequately reflects the needs of the Board and Trust at the time. To annually review information regarding the performance of the Chair and NEDs.	1.1.3 the evaluation of the performance of the chair and NEDs. 1.2 The Committee provides the Council with a means of ensuring a formal, rigorous and transparent procedure for the appointment and reappointment of the chair and NEDs and the determination of remuneration for the chair and the NEDs in accordance with relevant laws, regulation and best practice and the Trust's constitution. 1.3 The duties and responsibilities of the Committee are more fully described in paragraph Error! Reference source not found. below.	
Constitution Bull, Henry 13/11/2025 14:42:43	Nil	1.4 The Committee has been established by the Council. The Committee has no executive powers other than those set out in the Trust's constitution and these terms of reference. 1.5 The Committee is authorised by the Council to act within these terms of reference. 1.6 The Committee is authorised to seek information from executive directors and managers as is necessary and expedient to fulfil its functions. All members of staff are	Covered in Accountability and Constitution section above

TOR Heading	DCH	DHC	Proposed changes
		directed to cooperate with any request made by the Committee. 1.7 The Committee is authorised by the Council to request independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust's standing financial instructions.	
Duties Bull, Henry 13/11/2025 14:42:43	The Nominations and Remuneration (NRC) has the following duties: - Regularly review the Terms and Conditions, including Job Description and Person Specification, of the Chair and NEDs and make recommendations to the CoG in respect of any proposed amendments. - To develop and undertake the selection processes for any new Chair and/or NED appointments, taking into account the views of the Board of Directors on the skills and experience required and the leadership needs of the organisation. - To advertise Chair and/or NED vacancies in at least one appropriate publication, short list suitable candidates (not more than 5 for each vacancy),	The Committee will have the responsibilities and carry out the duties set out below 7.1 Nomination role 7.1.1 regularly review the balance of skills, knowledge, experience and diversity of the NEDs and, having regard to the views of the Board and relevant guidance and policies on NED and board composition, make recommendations to the Council with regard to the outcome of this review; 7.1.2 review the results of the Board performance evaluation process that relate to the composition of the Board; 7.1.3 review annually the time commitment required for the chair and the NEDs; 7.1.4 give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and its plans to address these,	The Committee will have the responsibilities and carry out the duties set out below Nomination role - Periodically review the balance of skills, knowledge, experience and diversity of the NEDs and, having regard to the views of the Board and relevant guidance and policies on NED and board composition, make recommendations to the Council with regard to the outcome of this review. - Give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and its plans to address these, and consulting with the Board as to the skills and expertise needed on the Board in the future. - Agree with the Council a clear process for the appointment of a Chair and any NEDs, including, in the case of any new appointments to the Board; - Preparing a description of the role and capabilities required for the appointment of the Chair or a NED and the expected time commitment, taking into account the views of the Board on the qualifications, skills and experience required.

TOR Heading	DCH	DHC	Proposed changes
convene an interview panel consisting of committee members and external assessors as appropriate, conduct interviews and select a candidate for recommendation to the Council of Governors for approval. - To consider any extension of tenure of the Chair and/or NEDs at the end of each three year term of office (up to 6 years in total, then annually up to a maximum of 9 years) taking into account the latest annual appraisal and bearing in mind the requirement to regularly refresh the composition of the Board and make recommendations to the CoG in this regard. - Annually review the remuneration of the Chair and NEDs to ensure they are fairly rewarded for their contribution to the organisation, having taken into account benchmarking remuneration from other NHS Foundation Trusts and any relevant national arrangements, and make recommendations to the CoG in respect of any proposed amendments. - Receive details of the annual appraisal of the Chair from the Deputy Chair.	and consulting with the Board as to the skills and expertise needed on the Board in the future; 7.1.5 agree with the Council a clear process for the appointment of a chair and any NEDs, including, in the case of any new appointments to the Board; 7.1.5.1 preparing a description of the role and capabilities required for the appointment of the chair or a NED and the expected time commitment, taking into account the views of the Board on the qualifications, skills and experience required; 7.1.5.2 the use of open advertising or the services of external advisers to facilitate the search; and 7.1.5.3 the composition of the interview panel, which should include a majority of governors, and an external assessor; 7.1.6 identify and nominate suitable candidates for appointment by the Council, considering candidates from a wide range of backgrounds on merit and against objective criteria, with due regard for the benefits of diversity on the Board including gender, ethnicity and disability, taking care that appointees have enough time available to devote to the role; 7.1.7 ensure that a proposed chair or NED is a 'fit and proper' person as	- The use of open advertising or the services of external advisers to facilitate the search. - Convene an interview panel consisting of committee members and at least one external assessor. - Identify and nominate suitable candidates for appointment by the Council, considering candidates from a wide range of backgrounds on merit and against objective criteria, with due regard for the benefits of diversity on the Board including gender, ethnicity and disability. - To consider any extension of tenure of the Chair and/or NEDs at the end of each term of office up to 6 years in total, with any extensions considered and approved in accordance with the NHS Code of Governance and Constitution (with an annual re-appointment process for terms beyond six years and up to a maximum of nine years), taking into account the latest annual appraisal and bearing in mind the requirement to regularly refresh the composition of the Board and make recommendations to the CoG in this regard. - Advise the Council in regard to any matters relating to the continuation in office or removal from office of the chair or a NED. - Provide Governor input as required to the Board of Directors' Remuneration and Terms of Service Committee in relation to selection processes to appoint the Chief Executive. Remuneration role - Review the remuneration of the Chair and NEDs to ensure they are fairly rewarded for their contribution to	

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TOR Heading	DCH	DHC	Proposed changes
Bull, Henry 13/11/2025 14:42:43	- Receive details of the annual appraisals of the NEDs (including the Deputy Chair) from the Chair. - Regularly review the skill mix of the Chair and NEDs to ensure it adequately reflects the needs of the Board and Trust at the time, bearing in mind the requirement to regularly refresh the composition of the Board, and make recommendations to the CoG in this regard. - Provide Governor input as required to the Board of Directors' Remuneration and Terms of Service Committee in relation to selection processes to appoint the Chief Executive. - All Committee recommendations must be reported to the next scheduled CoG meeting for Council consideration and, if appropriate, approval.	defined in the NHS provider licence and that procedures are in place for ongoing monitoring of these requirements; 7.1.8 ensure that a proposed chair's or NED's other significant commitments are disclosed to the Council before appointment and that any changes to their commitments are reported to the Council as they arise; 7.1.9 ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointments and that any future business interests that could result in a conflict of interest are reported; 7.1.10 determine whether or not the chair or any NED proposed for appointment is independent (according to the definition in the Code of governance for NHS provider trusts; 7.1.11 ensure that on appointment the chair and NEDs receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board meetings; 7.1.12 advise the Council in respect of the reappointment of any NED, with a particularly rigorous review of any term beyond six years, having given due regard to their performance and ability to contribute to the Board in the light of the	the organisation, having taken into account benchmarking remuneration from other NHS Foundation Trusts and any relevant national arrangements, and make recommendations to the CoG in respect of any proposed amendments. Evaluation and Performance - Agree the process for evaluation of the chair and NEDs. - Receive details of the annual appraisal of the Chair from the Deputy Chair. - Receive details of the annual appraisals of the NEDs (including the Deputy Chair) from the Chair.

TOR Heading	DCH	DHC	Proposed changes
Bull, Henry 13/11/2025 14:42:43		knowledge, skills and experience required; 7.1.13 advise the Council in regard to any matters relating to the continuation in office or removal from office of the chair or a NED; 7.2 Remuneration role 7.2.1 recommend to the Council a framework or policy for the remuneration and terms of service for the chair and NEDs, taking into account applicable guidance and the views of the chair (except in respect of their own remuneration and terms of service), the Chief People Officer and Director of Strategy and/or Chief Executive Officer and any external advisers; 7.2.2 in accordance with all relevant laws and regulations, recommend to the Council the remuneration and allowances, and the other terms and conditions of office, of the chair and NEDs; 7.2.3 agree the process for evaluation of the chair and NEDs and receive and review reports about the performance of the chair and individual NEDs and consider this evaluation output when reviewing remuneration levels; 7.2.4 in adhering to all relevant laws and regulations establish levels of remuneration which:	

TOR Heading	DCH	DHC	Proposed changes
		7.2.4.1 are sufficient to attract, retain and motivate a chair and NEDs of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust; 7.2.4.2 reflect the time commitment and responsibilities of the roles; 7.2.4.3 take into account appropriate benchmarking and market-testing or remuneration in other NHS foundation trust of comparable scale and complexity, while ensuring that increases are not made where Trust or individual performance do not justify them; and 7.2.4.4 are sensitive to pay and employment conditions elsewhere in the Trust, especially when determining any annual salary increases; and 7.2.5 be responsible for establishing the criteria for selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee, either periodically or when considering making major changes and satisfy itself that any advice provided to the Council on remuneration matters is evidence based.	

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TOR Heading	DCH	DHC	Proposed changes
Review of ToR, performance and effectiveness	Regularly review its Terms of Reference, recommending any changes to the CoG. Evaluate its own performance on a regular basis	1.8 At least once a year the Committee will review its collective performance and its terms of reference. Any proposed changes to the terms of reference will be recommended to the Council for approval.	
Membership	Members: - Chair of the Trust - Deputy Chair of the Trust - Lead Governor (to be included in the 6 Public Governors, i.e. not additional to those numbers) - Six Elected Public Governors - One Appointed or Staff Governor In attendance (as required) without voting rights: - Chair of another Foundation Trust acting as independent assessor to the Committee for Trust Chair appointments. - Chief Executive representing the Board of Directors for Trust Chair appointments. - Chief People Officer – to provide HR advice. - The Director of Corporate Affairs or his/her nominee will act as secretary to the Committee.	1.9 The members of the Committee will comprise the chair of the Trust and six governors, including the lead governor or a governor acting in a similar role or capacity, two governors elected by the public constituency, one governor elected by the staff constituency and one governor appointed by a partnership organisation. 1.10 The Council will appoint the governor members of the Committee, other than the lead governor or a governor acting in a similar role or capacity. 1.11 The chair of the Trust will chair the Committee (the Committee Chair). Where the chair has a conflict of interest, for example when the Committee is considering the chair's reappointment or remuneration, the Committee will be chaired by the deputy chair or another NED, who will become a member of the Committee for these purposes. In the absence of the Committee Chair and/or an	The Nominations and Remuneration Committee will comprise - the Chair (or, when a Chair is being appointed, the Senior Independent Director unless they are standing for appointment, in which case another Non- Executive Director) - two public Governors - one staff Governor - one appointed Governor. The Chief Executive will be entitled to attend meetings of the Nominations and Remuneration Committee unless the Committee decides otherwise and the Committee shall take into account the Chief Executive's views. The Council will appoint the governor members of the Committee, other than the lead governor or a governor acting in a similar role or capacity. Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas of risk or operation that are the responsibility of a particular area, manager or individual.

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TOR Heading	DCH	DHC	Proposed changes
Bull, Henry 13/11/2025 14:42:43		appointed deputy, the governors present will elect one of themselves to chair the meeting. 1.12 Only members of the Committee have the right to attend and vote at Committee meetings. However, the following will be invited to attend meetings of the Committee on a regular basis: 1.12.1 the Chief People Officer and Director of Strategy; 1.12.2 the Director of Corporate Governance; and 1.12.3 the Governor and Membership Manager. 1.13 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas of risk or operation that are the responsibility of a particular area, manager or individual. 1.14 The selection panel for the appointment of the chair or a NED should include at least one external assessor from NHS England and/or a representative from NHS Dorset Integrated Care Board. The Trust should engage with NHS England to agree the approach. An external assessor will not be a member of	

TOR Heading	DCH	DHC	Proposed changes
		the Committee or have a vote on any appointment. The chair of another foundation trust may also be invited to act as an independent assessor to the Nomination and Remuneration Committee on appointments.	
Chair	The Chair of the Trust or a NED is to chair the NRC. (Monitor Code of Governance provision C.1.3). Where the Chair is absent, or issues associated with the Chair are under discussion, the Vice Chair of the Trust will chair the NRC.	Detailed above in Membership	The chair of the Trust will chair the Committee. Where the chair has a conflict of interest, for example when the Committee is considering the chair's reappointment or remuneration, the Committee will be chaired by the deputy chair or another NED, who will become a member of the Committee for these purposes. In the absence of the Committee Chair and/or an appointed deputy, the governors present will elect one of themselves to chair the meeting
Appointment of Committee Members	Committee membership will be reviewed annually. Membership will be allocated on a voluntary basis in the first instance, with ballots being held for any over-subscribed places where an agreement cannot be reached between the Governors. Membership will be agreed by the Council of Governors. Where a Governor vacancy occurs, the Council of Governors will be requested to provide a replacement.	Nil	The Council will appoint the governor members of the Committee, other than the lead governor or a governor acting in a similar role or capacity.
Quorum	The quorum shall be any 5 members of the Committee including the Chair or Deputy Chair of the Trust.	1.15 Members should aim to attend every meeting. Where a member is unable to attend a meeting they should notify the Committee Chair	Members should aim to attend every meeting. Where a member is unable to attend a meeting, they should notify the Committee Chair or secretary at least 24 hours in advance of the meeting.

TOR Heading	DCH	DHC	Proposed changes
		or secretary at least 24 hours in advance of the meeting. 1.16 The quorum for a meeting will be four members, including three governors. A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.	The quorum for a meeting will be four members, including three governors.
Frequency	All meetings of the NRC are closed to the public because of the sensitive and personal nature of the information discussed. The NRC shall meet when required but not less than once per year.	5.1 The Committee will meet as required, which will usually be a minimum of four times each year.	The Committee will meet as required, which will usually be a minimum of four times each year.
Reporting and Escalation <i>Bull, Henry 13/11/2025 14:42:43</i>	All Committee recommendations must be reported to the next scheduled CoG meeting for Council consideration and, if appropriate, approval. The Chair or his/her designate shall present a report of each meeting of the NRC to the next meeting of the Council of Governors, this will be presented to the CoG in private session when details concerning individuals are to be discussed.	8.1 The Committee Chair will report to the Council following each meeting on any matters of significance or where actions or improvements are needed. 8.2 The Trust's annual report will include sections describing the work of the Committee including remuneration policies, details of the remuneration paid to NEDs and the process it has used in relation to the appointment of NEDs, including identifying any external advisers or consultants engaged on behalf of the Committee.	The Committee Chair will report to the Council following each meeting on any matters of significance or where actions or improvements are needed. The Trust's annual report will include sections describing the work of the Committee including remuneration policies, details of the remuneration paid to NEDs and the process it has used in relation to the appointment of NEDs, including identifying any external advisers or consultants engaged on behalf of the Committee.

TOR Heading	DCH	DHC	Proposed changes
Agenda and Secretariat	Notice of Meetings Meetings of the NRC shall be called at the request of the Chair. Notice of each meeting, including an agenda and supporting papers, shall be forwarded to each member of the NRC five working days before the date of the meeting. Minutes of Meetings The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.	6.1 Meetings of the Committee will be convened by the secretary of the Committee at the request of the Committee Chair. 6.2 The agenda of items to be discussed at the meeting will be agreed by the Committee Chair with support from the Director of Corporate Governance. The agenda and supporting papers will be distributed to each member of the Committee and the regular attendees, no later than seven days before the date of the meeting. Distribution of any papers after this deadline will require the agreement of the Committee Chair. 6.3 The Director of Corporate Governance will act as secretary of the Committee. The secretary of the Committee will minute the proceedings of all meetings of the Committee, including recording the names of those present and in attendance and any declarations of interest. 6.4 Draft minutes of Committee meetings and a separate record of the actions to be taken forward will be circulated promptly to all members of the Committee.	Meetings of the Committee will be convened by the secretary of the Committee at the request of the Committee Chair. The agenda of items to be discussed at the meeting will be agreed by the Committee Chair with support from the Director of Corporate Governance. The agenda and supporting papers will be distributed to each member of the Committee and the regular attendees, no later than five days before the date of the meeting. The Governor and Membership Manager will act as secretary of the Committee. The secretary of the Committee will minute the proceedings of all meetings of the Committee. The Terms of Reference will be reviewed annually. Any proposed changes to the terms of reference will be recommended to the Council for approval.

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Nominations and Remunerations Committee
Terms of Reference – Draft November 2025

Heading	Scope
1. Accountability	1.1 The Nomination and Remuneration Committee (the Committee) is responsible for advising and/or making recommendations to the Council of Governors (the Council) on matters within its remit.
	1.2 The Committee has delegated authority from the CoG to carry out its purpose and duties as defined within the Trust Constitution and these Terms of Reference.
	1.3 The Committee is authorised to seek information from executive directors and managers as is necessary and expedient to fulfil its functions.
	1.4 The Committee is authorised by the Council to request independent professional advice if it considers this necessary, taking into consideration any issues of confidentiality and the Trust’s standing financial instructions.
	1.5 All recommendations made by the Committee will be reported to the next Council meeting.
2. Purpose	2.1 The Committee provides the Council with a means of ensuring a formal, rigorous and transparent procedure for the appointment and reappointment of the Chair and Non-Executive Directors (NEDs) and the determination of remuneration for the Chair and the NEDs in accordance with relevant laws, regulation and best practice and the Trust’s constitution and the evaluation of the performance of the Chair and NEDS.
	2.3 The duties and responsibilities of the Committee are more fully described in the duties section below.
3. Duties	The Committee will have the responsibilities and carry out the duties set out below. 3.1 Nomination role - Periodically review the balance of skills, knowledge, experience and diversity of the NEDs and, having regard to the views of the Board and relevant guidance and policies on NED and board composition, make recommendations to the Council with regard to the outcome of this review. - Give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and its plans to address these, and consulting with the Board as to the skills and expertise needed on the Board in the future. - Agree with the Council a clear process for the appointment of a Chair and any NEDs, including, in the case of any new appointments to the Board. - Preparing a description of the role and capabilities required for the appointment of the Chair or a NED and the expected time

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Heading	Scope
	commitment, taking into account the views of the Board on the qualifications, skills and experience required. • The use of open advertising or the services of external advisers to facilitate the search. • Convene an interview panel consisting of committee members and at least one external assessor. • Identify and nominate suitable candidates for appointment by the Council, considering candidates from a wide range of backgrounds on merit and against objective criteria, with due regard for the benefits of diversity on the Board including gender, ethnicity and disability. • To consider any extension of tenure of the Chair and/or NEDs at the end of each term of office up to 6 years in total, with any extensions considered and approved in accordance with the NHS Code of Governance and Constitution (with an annual re-appointment process for terms beyond six years and up to a maximum of nine years), taking into account the latest annual appraisal and bearing in mind the requirement to regularly refresh the composition of the Board and make recommendations to the CoG in this regard. • Advise the Council in regard to any matters relating to the continuation in office or removal from office of the chair or a NED. • Provide Governor input as required to the Board of Directors' Remuneration and Terms of Service Committee in relation to selection processes to appoint the Chief Executive. 3.2 Remuneration role • Review the remuneration of the Chair and NEDs to ensure they are fairly rewarded for their contribution to the organisation, having taken into account benchmarking remuneration from other NHS Foundation Trusts and any relevant national arrangements, and make recommendations to the CoG in respect of any proposed amendments. 3.3 Evaluation and Performance • Agree the process for evaluation of the chair and NEDs. • Receive details of the annual appraisal of the Chair from the Deputy Chair. • Receive details of the annual appraisals of the NEDs (including the Deputy Chair) from the Chair.
4. Membership	4.1 The Nominations and Remuneration Committee will comprise • The Chair (or, when a Chair is being appointed, the Senior Independent Director unless they are standing for appointment, in which case another Non- Executive Director), • Two public Governors, • one staff Governor, • one appointed Governor.

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Heading	Scope
	4.2 The Chief Executive will be entitled to attend meetings of the Nominations and Remuneration Committee unless the Committee decides otherwise and the Committee shall take into account the Chief Executive's views. 4.3 The Council will appoint the governor members of the Committee, other than the lead governor or a governor acting in a similar role or capacity. 4.4 Other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary, particularly when the Committee is considering areas of risk or operation that are the responsibility of a particular area, manager or individual.
5. Chair	5.1 The chair of the Trust will chair the Committee. 5.2 Where the chair has a conflict of interest, for example when the Committee is considering the chair's reappointment or remuneration, the Committee will be chaired by the deputy chair or another NED, who will become a member of the Committee for these purposes. 5.3 In the absence of the Committee Chair and/or an appointed deputy, the governors present will elect one of themselves to chair the meeting.
6. Quorum	6.1 Members should aim to attend every meeting. Where a member is unable to attend a meeting, they should notify the Committee Chair or secretary at least 24 hours in advance of the meeting. 6.2 The quorum for a meeting will be four members, including three governors.
7 Frequency	7.1 The Committee will meet as required, which will usually be a minimum of four times each year.
8 Reporting and Escalation	8.1 The Committee Chair will report to the Council following each meeting on any matters of significance or where actions or improvements are needed. 8.2 The Trust's annual report will include sections describing the work of the Committee including remuneration policies, details of the remuneration paid to NEDs and the process it has used in relation to the appointment of NEDs, including identifying any external advisers or consultants engaged on behalf of the Committee.
9 Agenda and Secretariat	9.1 Meetings of the Committee will be convened by the secretary of the Committee at the request of the Committee Chair. 9.2 The agenda of items to be discussed at the meeting will be agreed by the Committee Chair with support from the Director of Corporate Governance. The agenda and supporting papers will be distributed to each member of the Committee and the regular attendees, no later than five days before the date of the meeting. 9.3 The Governor and Membership Manager will act as secretary of the Committee. The secretary of the Committee will minute the proceedings of all meetings of the Committee.

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Heading	Scope
	9.4 The Terms of Reference will be reviewed annually. Any proposed changes to the terms of reference will be recommended to the Council for approval.

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Report to	Council of Governors	
Date of Meeting	November 2025	
Report Title	Membership Committee Terms of Reference	
Prepared By	Sarah Anton, Joint Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	None	
Action Required	Approval	Y
	Assurance	
	Information	

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No specific implications for the BAF arising from this report	
Financial	None	
Statutory & Regulatory	Statutory duties for Governors to represent the interests of the members of the Trust as a whole and the interests of the public.	
Equality, Diversity & Inclusion	NA	
Co-production & Partnership	Working together where appropriate for greater impact	

Executive Summary

One of the two stated duties in the Trust's constitution of Dorset County Hospital and Dorset HealthCare is that the Council of Governors:

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public.

Each Council of Governors has formed a Membership Committee to specifically address the requirement of the Foundation Trust to develop its membership. The Committee leads on the development and implementation of plans for the recruitment of and engagement with the Trust membership, staff and the public and to not only encompasses achieving an increase in numbers, but also improving engagement and ensuring the membership is representative of the population the Foundation Trust serves.

As part of the federation working arrangements across DCH and DHC we have been aligning our governance and reporting arrangements. Most recently this saw the alignment of the Constitutions and Standing Orders. In light of these changes a review of the Membership Committee Terms of Reference has been undertaken to ensure alignment of organisational governance. We have adopted the same approach to the TOR review as adopted for Board Committees – by undertaking a comparison and this is included at Appendix 1, with the revised draft Terms of Reference included at Appendix 2.

At this stage we plan to retain individual Membership Committees – but recognise the benefit to join as a Committee in Common where appropriate for joint working.

Recommendation

Council of Governors is recommended to:

Approve the new Terms of Reference for Membership Committee

Appendix 1 – Membership Development Committee Terms of Reference Comparison

TOR Heading	DCH	DHC	Proposed changes
Name of Committee	Membership Development Committee	Membership Committee	Membership Committee
Accountability	The Committee has delegated authority from the Council of Governors to act on its behalf to achieve the tasks noted above. The activities undertaken and the actions of the Committee will be reported to the Trust Board and the Council of Governors.	The Membership Committee (the Committee) is a Committee of the Council of Governors of Dorset HealthCare University NHS Foundation Trust (the Trust). The Committee will lead on the development and implementation of plans for the recruitment of and engagement with the Trust membership, staff and the public as set out in the Trust's Membership and Engagement Strategy.	The Committee is responsible for leading the development and implementation of plans for recruiting and engaging with the Trust's membership, staff, and the public. The Committee operates under delegated authority from the Council of Governors to carry out these responsibilities. All activities and decisions undertaken by the Committee will be formally reported to the Council of Governors.
Purpose	The purpose of the Membership Development Committee (known in this document as the Committee) is to specifically address the requirement of the Foundation Trust to develop its membership. Development not only encompasses achieving an increase in numbers, but also improving engagement and ensuring the membership is representative of the population the Foundation Trust serves.	- The purpose of the Committee is to support the Trust and the Council of Governors to ensure that: - the Trust has a membership that is representative of the population of the public constituencies and the communities it serves. - members, staff and the public are engaged and involved in decisions about the Trust's strategy and plans for the future and the delivery, development and transformation of services; and	<i>The purpose of each Group has been reviewed and streamlined – no elements of substance have been removed or added but the wording has been streamlined to capture the essence of both</i> The purpose of the Membership Development Committee (the Committee) is to support the Foundation Trust and the Council of Governors in fulfilling the statutory requirement to develop and maintain a vibrant, engaged, and representative membership. This includes not only increasing membership numbers but also enhancing engagement and ensuring that the membership reflects the diversity of the public

TOR Heading	DCH	DHC	Proposed changes
		• members, staff and the public are better informed about decisions made by the Trust and provided with information that empowers them to be in control of their health and wellbeing.	constituencies and communities the Trust serves. • The Committee aims to: • Ensure the Trust has a membership that is representative of its public constituencies and the wider population it serves; • Promote meaningful engagement with members, staff, and the public in shaping the Trust's strategy, future plans, and the delivery, development, and transformation of services; • Support the dissemination of clear and accessible information to members, staff, and the public, empowering individuals to make informed decisions about their health and wellbeing and to understand the Trust's decision-making processes
Duties	The CoG Membership Development Committee will: 1.1 Review and develop the Trust's membership strategy for inclusion within the Annual Plan 1.2 Identify ways of engaging with the membership 1.3 Monitor and develop the membership, especially in those areas that are not representative of the community	The duties of the Committee will be to: (a) Lead the development and review of the Trust's membership and engagement strategy; (b) Lead the development and implementation of a plan, which sets out clear actions and appropriate resources and support for the delivery of the objectives set out in the Trust's membership and engagement strategy; (c) Lead the development and implementation of targeted engagement activities and relationships with local	The Committee will • Lead the development, review, and implementation of the Trust's Membership and Engagement Strategy, ensuring alignment with the Trust Strategy. • Lead the development and implementation of targeted engagement activities and relationships with local stakeholders to support recruitment of members from groups that are under-represented.

TOR Heading	DCH	DHC	Proposed changes
	1.4 Take into account best practice of membership management from the NHS sector 1.5 Support all Governors in their membership engagement, especially those who do not have immediate peer support 1.6 Provide a quarterly membership report to the Council of Governors 1.7 Link into the Annual Plan and Strategic Plan 1.8 Encourage input to the membership newsletter	stakeholders to support recruitment of members from groups that are underrepresented; (d) Approve appropriate methods, tools, materials and training for Governors to promote and support recruitment of members and public and membership engagement; (e) Lead the identification and implementation of a programme of engagement events and activities to support the membership and engagement strategy; (f) Support the development of communication channels tailored at a more local level to facilitate Governors communicating with their constituencies; (g) Survey members and evaluate the success of membership and engagement activities to inform future membership engagement and activities; (h) Identify the most effective ways for Governors to contribute to and participate in public engagement groups and activity within the Dorset integrated care system; (i) Monitor progress towards achieving the objectives set out in the membership and engagement strategy; (j) Keep under review the composition of the Trust's membership and changes to this and monitor how representative this is of	• Keep under review the composition of the membership and its representativeness of the Trust's constituencies. • Approve tools, materials, and training to support Governors in promoting membership and public engagement. • Facilitate tailored communication channels to help Governors connect with their constituencies. • Lead the planning and delivery of engagement events and activities, including the Annual Members' Meeting (AMM). • Incorporate best practices from across the NHS sector into membership management and engagement activities.

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TOR Heading	DCH	DHC	Proposed changes
		the population of the public constituencies and the communities that the Trust serves; (k) Approve an annual report on the work of the Council of Governors during each year, including progress towards achieving the objectives of the membership and engagement strategy, for submission to the Council of Governors and inclusion in the Trust's annual report and for presentation at the Annual Members' Meeting each year; (l) Lead on the preparations for the Annual Members' Meeting (AMM); and (m) Engage with Governors from all constituencies and Partner Governors, to ensure that Governors are involved in the preparation for events and these are well supported and attended, including the AMM.	
Membership	The Committee will consist of: Members 3.1 All Governors are members of the Membership Development Committee Attendees 3.2 The Director of Corporate Affairs or their nominee 3.3 Others may be invited by the Chair as appropriate	The membership of the Committee will comprise all Governors, who will be invited to and entitled to attend all meetings of the Committee. Meetings of the Committee will also be attended by the following: • Associate Director of Communications and Public Engagement • Director of Corporate Governance • Membership Manager	The membership of the Committee will comprise all Governors, who will be invited to and entitled to attend all meetings of the Committee. Meetings of the Committee will also be attended by the following: • Associate Director of Communications and Public Engagement or nominated deputy • Joint Director of Corporate Affairs, or nominated Deputy • Deputy Joint Director of Corporate Affairs • Governor and Membership Manager

TOR Heading	DCH	DHC	Proposed changes
		Other members of Communications Team may be invited to attend all or part of any meetings as and when appropriate.	
Chair	Governor members of the committee will elect two Governors as Chair and Deputy Chair of the committee on an annual basis. In the Chair's absence the Deputy Chair will act as the Chair.	The members of the Committee will elect one of themselves to chair each meeting of the Committee (the Committee Chair).	Governor members of the committee will elect two Governors as Chair and Deputy Chair of the committee on an annual basis. In the Chair's absence the Deputy Chair will act as the Chair.
Quorum	The quorum necessary for the transaction of business shall include at least 3 Governors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in, or exercisable, by the Committee.	A quorum of the Committee will comprise four Governors.	The quorum necessary for the transaction of business shall include at least 3 Governors
Frequency	The Committee shall meet quarterly.	The Committee will meet at least quarterly.	The Committee shall meet quarterly.
Reporting and Escalation	The Chair shall ensure reports are submitted to the Council of Governors quarterly.	The Committee Chair will submit a report to the Council of Governors after each meeting.	The Committee Chair will submit a report to the Council of Governors after each meeting.
Agenda and Secretariat	6. Extraordinary Meetings Extraordinary meetings can be convened by Governors with a	Monitoring The Committee will review its terms of reference on an annual basis.	Secretariat support for the Committee will be provided by the Governor and Membership Manager.

TOR Heading	DCH	DHC	Proposed changes
	minimum of 3 in attendance. These meetings must be held within 5 working days of convening the meeting. 7. Notice of Meetings The notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers shall be forwarded electronically and by post to each member of the Committee and any other person required to attend no later than five working days before the date of the meeting. 8. Minutes of Meetings The Corporate Team shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance. 1. Secretary The Director of Corporate Affairs or their nominee shall act as the secretary of the Committee.	Secretariat support for the Committee will be provided by the Membership Manager.	The Committee will review its terms of reference on an annual basis.

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Membership Committee Terms of Reference – Draft November 2025

Heading	Scope
Accountability	The Committee is responsible for leading the development and implementation of plans for recruiting and engaging with the Trust’s membership, staff, and the public. The Committee operates under delegated authority from the Council of Governors to carry out these responsibilities. All activities and decisions undertaken by the Committee will be formally reported to the Council of Governors.
Purpose	The purpose of the Membership Committee (the Committee) is to support the Foundation Trust and the Council of Governors in fulfilling the statutory requirement to develop and maintain a vibrant, engaged, and representative membership. This includes not only increasing membership numbers but also enhancing engagement and ensuring that the membership reflects the diversity of the public constituencies and communities the Trust serves. • The Committee aims to: • Ensure the Trust has a membership that is representative of its public constituencies and the wider population it serves; • Promote meaningful engagement with members, staff, and the public in shaping the Trust’s strategy, future plans, and the delivery, development, and transformation of services; • Support the dissemination of clear and accessible information to members, staff, and the public, empowering individuals to make informed decisions about their health and wellbeing and to understand the Trust’s decision-making processes.
Duties	The Committee will: Lead the development, review, and implementation of the Trust’s Membership and Engagement Strategy, ensuring alignment with the Trust Strategy. • Lead the development and implementation of targeted engagement activities and relationships with local stakeholders to support recruitment of members from groups that are under-represented. • Keep under review the composition of the membership and its representativeness of the Trust’s constituencies. • Approve tools, materials, and training to support Governors in promoting membership and public engagement. • Facilitate tailored communication channels to help Governors connect with their constituencies.

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Heading	Scope
	• Lead the planning and delivery of engagement events and activities, including the Annual Members' Meeting (AMM). • Incorporate best practices from across the NHS sector into membership management and engagement activities.
Membership	The membership of the Committee will comprise all Governors, who will be invited to and entitled to attend all meetings of the Committee. Meetings of the Committee will also be attended by the following: • Associate Director of Communications and Public Engagement or another member of the communications team, • Joint Director of Corporate Affairs, • Deputy Joint Director of Corporate Affairs, • Governor and Membership Manager, Other members of Communications Team may be invited to attend all or part.
Chair	Governor members of the committee will elect two Governors as Chair and Deputy Chair of the committee on an annual basis. In the Chair's absence the Deputy Chair will act as the Chair.
Quorum	The quorum necessary for the transaction of business shall include at least 3 Governors.
Frequency	The Committee shall meet quarterly.
Reporting and Escalation	The Committee Chair will submit a report to the Council of Governors after each meeting.
Agenda and Secretariat	Secretariat support for the Committee will be provided by the Membership Manager.

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Appendix 1

Council of Governors Information Pack

Contents:

Board Sub-Committee Escalation Reports (November 2025):

1. Quality Committee – 23rd of September.
2. Finance and Performance Committee in Common – 24th of September.
3. People and Culture Committee in Common – 22nd of September.
4. Strategy, Transformation and Partnership Committee in Common – 22nd of September.
5. Risk and Audit Committee – 4th of August.
6. Charitable Funds Committee – 30th of September.
7. Mental Health Legislation Committee in Common – 31st of July.

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Quality Committee in Common Assurance Report for the meeting held on Tuesday 23 September 2025

Chair	Claire Lehman, NED
Executive Lead	Dawn Dawson, Joint Chief Nursing Officer Lucy Knight, Chief Medical Officer (DHC) Rachel Wharton, Chief Medical Officer (DCH)
Quoracy met?	DCH – Yes DHC – No
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Non quoracy for DHC for much of the meeting • Useful discussion around policies, particularly those that were overdue and the need to address the long-overdue policies • Receipt of maternity reports, noting an increase in some key metrics as detailed below. Discussion around deaths in the service. • Thanks were extended to Neil Tomlin (Maternity Improvement Advisor) for support to the maternity team during his time at the Trust.
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Key issues / matters discussed at the meeting	The Committee received, discussed and noted the following reports: Chief Nursing and Chief Medical Officer Update (DCH/DHC) with both Trust's continuing to focus on equality quality impact assessments (EQIAs) as transformational changes were made and cost improvement programmes implemented. <u>Dorset HealthCare:</u> • Safe staffing levels continued to be monitored with Kimmeridge ward on enhanced surveillance. This and other staffing gaps were reported to Quality Governance Group monthly. • Continued support to Melstock ward which was changing the cohort of patients cared for • Ongoing focus on high intensity pathways for patients with mental health needs. There were sustained pressures on beds and the trust was working hard to minimise out of area placements. <u>Dorset County Hospital:</u> • Receipt of the final CQC inspection report in to maternity services. This was embargoed at the time of the committee meeting, with the outcome to return to committee in due course. • Continued focus on reducing bank and agency usage, within the context of increased demand and acuity and reduced bed base. The quality impact of this context was continuously monitored.
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- Clinical colleagues were involved in the development of the Electronic Health Record (EHR)
- Clinical improvement event to take place on Friday, which would involve colleagues from across and outside the Trust, with a focus on improving flow and ensuring patient receive the right care in the right place.
- Launch of a new service for paediatric ophthalmology with University Hospitals Dorset (UHD)

Quality Report (DCH/DHC)

Dorset County Hospital

- Receipt of infection prevention and management metrics/thresholds for the year, with some debate nationally about the calculations used to reach these figures
- Positive progress in relation to tissue viability following focused work
- The southwest was an outlier in mixed sex accommodation breaches, with the trust finding challenged within critical care. A deep dive had been completed and actions identified. However, there were no complaints or concerns raised by patients in this regard.
- Ongoing work to improve duty of candour with further refinements to the application of the policy. Working with DHC re aligning process.
- Review of standards of care of night to be undertaken.

Dorset HealthCare

- One out of area placement reported in June, three in July. All have been fully reviewed.
- One case of seclusion in June, two in July. All managed within the safety parameters of the policy.
- New dashboard live in the Integrated Urgent Care Service (IUCS) which enables real time view of 20-minute call backs.
- Reduction in complaints in August, in line with previous years.
- Mental Health Act visit in July in the adult assessment ward, actions following this are being completed
- A series of actions in relation to Duty of candour are ongoing, following the previous review. Duty of candour increased to 71.1% in August.

Learning from Deaths Report (DCH/DHC)

Dorset County Hospital

- Positively, Summary Hospital Mortality Index (SHMI) was 1.05 which was in the expected range and was predicted that this will continue.
- Previous concerns around fractured neck of femur mortality were data quality issues, but Hospital Mortality Group have requested further review of this through quality improvement work.
- Coding was starting to be a concern again.

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Dorset HealthCare

- The report showed an increased focus on learning.
- There had been a drop in data point from May due to a change in denominator, but there was no significant variation in the rates of death across services.
- 53 unexpected deaths and 30 coroner inquests in the quarter, with no regulation 28 noticed received. Learning had been identified including the need for joined up care for patients
- Five child deaths in the quarter, with one underdoing a tier two response. Learning will be included in the Q2 report.

Regulatory Compliance Internal Assurance report (DHC) updating on the compliance, clinical accreditation, and CQC work in the trust. Discussions about how replicable the report was in DCH, given the different way in which CQC liaise with acute compared to mental health trusts.

Quality Impact Assessment Assurance Report (DCH/DHC)

Dorset County Hospital noting the new, iterative process. EQIAs relating to maternity, Mary Anning, winter plan, Heidelberg scanner have been completed.

Dorset HealthCare noting that this is a well-established panel. A number of EQIAs were considered at the last panel meeting as well as system quality impact assessments that affected the trusts. Awareness and training for staff to complete the necessary assessments could be improved.

Patient Carer Race Equality Framework (PCREF) (DHC)

Progress against implementation plan. Seeing tangible progress in operational steps needed to move towards being anti-racist organisation. The need to think about how to influence upwards to make cultural changes was noted. Quality Governance Group agreed to stand up a working group for PCREF implementation. Work was ongoing to promote the PCREF campaign across the trust.

Policies (DCH/DHC), with both trusts noting the awaited new risk management system, which was expected to include a policies module which would align process across the trusts.

Dorset County Hospital

- 10 policies overdue review. Discussion around how the committee can be assured there is no risk to patient care due to long overdue policies. There was recognition that some of the longest overdue policies have been superseded, and good custom and practice continues regardless of policy status.

Dorset HealthCare

- An exercise to cleanse policies had been undertaken with 24 policies now overdue. Ambitions to reduce this to single figures by the end of

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the year. The complexity and reliance on the system for some of the longest outstanding policies were noted.

There was an aspiration from committee members that there are no policies overdue beyond 12 months within 6 months from now.

Quality Governance Groups Assurance Reports (DCH/DHC)

Dorset County Hospital noting that

- Many of the topics discussed in Quality Governance Group had been discussed today at committee.
- The importance of Quality Committee in Common minutes as evidence for the maternity incentive scheme (MIS) was highlighted.
- SLG had approved investment in staffing and for environmental issues within the aseptic unit, so that it could be reopened.

Dorset Healthcare:

- An external peer review of IUCS service identified good practice and some areas for learning
- Positive progress on actions following last years PLACE report
- Receipt of an assurance report on record keeping in a CAMHS service

Maternity Reports (DCH)

Maternity and Neonatal Quality and Safety Reports, noting:

- Positive position for smoking key performance indicators, term admissions to neonatal unit, and Saving Babies Lives q1 data.
- One neonatal death and one intrauterine death. Bereavement support offered to family and staff and mortality processes were being followed. The committee discussed the deaths in the service recently. Assurance was given that any immediate actions to address safety concerns were implemented, but that otherwise processes were followed and outcomes of those were used to implement any necessary changes or identify themes. The service continued to be open to learning.
- Increase in third- and fourth-degree tears; this was being reviewed by the safety team.
- Audit of Apgar scores was completed with no particular themes identified. Actions were detailed in the report and numbers continued to improve.
- Update on staffing with Yeovil midwives and maternity support workers.
- Thanks and commendation extended to Neil Tomlin for his work at the end of two years of improvement work in maternity.
- Receipt of the Multiprofessional Training Report for Q1. Work continues to ensure that training compliance is met for MIS.

Annual Inpatient Survey and Action Plan (DCH) noting a number of areas where the trust was on or above the national average, and some areas of focus for improvement, including noise at night.

Governance Structure (Joint) outlining the structure of groups that report in to the committee, and detailing trust leads for statutory or regulatory roles.

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	Review of the meeting highlighting the difficulty of time keeping and that whilst we are working to align across the trusts, there may be areas where variation is warranted.
Decisions made at the meeting	Approval of the Learning from Deaths Report
Issues / actions referred to other committees / groups	Nil

Quoracy and Attendance						
	27 May 2025	29 Jul 2025	23 Sep 2025	25 Nov 2025	27 Jan 2026	24 Mar 2026
Quorate?	Y	Y	DCH – Y DHC – N			
Claire Lehman	Y	Y	Y			
Suresh Ariaratnam	Y	Y	A			
Dawn Dawson	Y	Y	A			
Lucy Knight	Y	Y	Apols for most of meeting. Present for the last 45 minutes			
Eiri Jones	Y	Y	Y			
Stuart Parsons	Y	Y	Y			
Rachel Small	A	Y	A			
Anita Thomas	Y	Y	Y until 1500 A for last hour of meeting			
Rachel Wharton	A	A	Y			

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Finance and Performance Committee in Common Assurance Report
for the meeting held on Wednesday 24 September 2025

Chair	Dave Underwood
Executive Lead	Chris Hearn – Joint Chief Financial Officer Rachel Small – Chief Operating Officer, DHC Anita Thomas – Chief Operating Officer, DCH
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Note the increase in activity in urgent and emergency care pathways at DCH and the wider impact of this. • Comprehensive plans in place to review and amend performance reporting across both trusts. • Board Assurance Statements approved for both the Winter Surge Plans. • Emergency Planning Response and Resilience self-assessments 100% compliant. • Note the revised DCH Bed Capacity Plan and associated financial impact.
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: DCH Performance Report (including future reporting at DCH) - ED attendances, emergency admissions and length of stay have increased in the summer months beyond ‘normal’ expected levels impacting and creating pressure on all other areas of acute care. The main drivers for this are understood. - 12 Hour ED waits have increased and is an area of concern that is being addressed through deep-dive work. - The bed base has been reduced but been fully occupied. - High numbers of patients with no criteria to reside continue and recognised as an area of concern. - Referrals continue to grow on the elective pathways particularly for urgent referrals and dermatology. - Cancer performance is not meeting the trajectories, due to delays in the diagnostic stage of the pathway. Treatment times from diagnosis remain strong. - Theatre utilisation remains an area of focus with improvement in some specialties/pathways and deterioration in others. - Committee recognition of the strong performance of Outpatient Initiated Follow Up (PIFU).
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- Largely positive operational productivity report as DCH benchmarks favourably against peer organisations and nationally. Outpatient attendances per consultant WTE was highlighted as being lower than the national and regional median and it being investigated further.

The future performance reporting proposal (paragraph 5.5 of the paper pack) was approved by the committee recognising that DCH will align their approach to modernising the report with DHC as outlined below.

DHC Performance Report (including Approach to Review and Modernisation of the Report)

- Zero inappropriate out-of-area placements were achieved by 31st August 2025 as planned (although there were two reported in month). Recognition that permanently achieving zero is a challenge and some fluctuation would be anticipated in future months.
- Patient flow remains a challenge. In August, 54 patients were identified as being Clinically Ready for Discharge consuming 565 occupied bed days.
- The CAMHS Gateway 4 week-wait metric has dropped significantly to 32% and highlighted as an area for concern. Plan to regain compliance by the end of September.
- 20-minute call back time for the IUCS is tracking below the 90% target. Demand and Capacity modelling is ongoing to help resolve.
- There is focus on referral to treatment waiting times for non-consultant led services where there is likely to be long waiters identified, some of which will be over 52 weeks.

The committee received a comprehensive presentation on the proposed approach to reviewing and modernising performance reporting, based on the Performance Assurance Framework and Insightful Board Guidance. The committee approved the proposed three-stage review (review & streamline, align & prioritise, automate & enable) which will also be adopted by DCH.

Seasonal Surge (Winter) Plan Board Assurance Statement

The DCH Winter plan and associated Board Assurance statement was approved along with the DCH Assurance statement (full DHC surge plan already received approvals). This is required to ensure the Board has oversight that all key considerations have been met for both organisations.

EPRR Assurance Self-Assessment Report

Assurance was provided that The Emergency Planning Response and Resilience (EPRR) self-assessment against the core standards were reported as 100% compliance for DHC and DCH; and have been through a comprehensive review process in collaboration with the ICB.

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Medium Term Financial Plan Update

A verbal update was provided for assurance. There are two key pieces of work underway. The first is a detailed review of the underlying deficits the results of which will be brought back to a future committee and Board. The second is part of national work on 'deconstructing the block contracts' with movement back to payment by delivery (or results). This is more straight forward for DCH as data is more refined and robust, but data is less mature for DHC. In addition, the Dorset system is in the process of commissioning a clinical services review with a particular focus on acute services. This will be discussed in more detail at the next Board to Board-to-Board meeting at the end of September which will help inform the plan further for the remainder of the year.

Shared Service Update

A verbal update was provided on the current process. Dispute with the unions is ongoing. The case has been heard by the internal dispute panel as part of steps to resolution, the outcome of which is being communicated to Unison. In tandem there is an NHS England panel process which is not yet concluded, and more information has been requested from the Trusts. A critical decision point is approaching for 2025/26 implementation feasibility

DCH Finance Report

At month 5, DCH delivered a deficit of £3.2m which is very closely in line with plan leading to a YTD planned deficit of £14.3m. Pay costs for temporary workforce have increased due to operational pressures and increased activity. Pay expenditure is £1.2m above plan. Bank workforce usage remains overspent and remains a financial recovery focus. The DCH efficiency target for the year is £29.1m which is 9% of expenditure budgets. At month 5, £4.5m has been delivered against £4.6m plan. Total schemes identified stand at £24.5m with £4.5m of unidentified schemes with a further £1.5m if system transformation schemes at risk. The cash position as of 31 August was £24.2m and remains ahead of plan. Capital plans spend is ahead of plan by £0.8m.

DHC Finance Report

At month 5, DHC delivered a deficit of £1.1m which is broadly against plan. The Trust has delivered savings of £4.2m against a month 5 yd. target of £3.5m. recognition that cost improvement becomes more challenging in future months as the planned targets increase. The Trust's full year efficiency target is £38.5m. The forecast indicates an actual year-end deficit of £3.87m against a planned surplus of £9.77m. This assumes no further savings are found and spend continues at current rates. Bank expenditure remains high.

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Financial Recovery Board (FRB) Process and Progress Update

In response to the Financial Recovery Review undertaken by David Moon and Mark Mansfield a Financial Recovery Board has been established chaired by the CEO meeting on a fortnightly basis with focus on CIP, WTE, Bank Workforce and recovery plan viability matrix. A delivery team is in the process of being formed headed up by a Recovery Director. The FRB also own a 'grip and control' checklist.

NHSE Assurance report for the Dorset, Hampshire and Isle of Wight Adult Eating Disorder Provider Collaborative (Freedom PC)

DHC undertakes a dual role as both the lead provider and commissioner of the Adult Eating Disorder Collaborative. Significant governance and assurance activities are routinely undertaken as a commissioner which are not currently reported internally. Assurance reports will be brought to all future FPC committee meetings. NHS England also receive a comprehensive report every two months and are assured by, and very complimentary of the report.

Unfunded Beds Statement - Bed plan and associated Finance update

A summary was provided of the current bed capacity plan at DCH for assurance. The Futurecare Programme initially outlined a planned bed reduction of 30 beds by March 2026 and a further 21 beds through additional internal schemes. Year to date demand has exceeded the operational plan and along with increases in length of stay and patients with no criteria to reside, has prompted a revised plan to reduce beds by 25 (not 51) delivering a cost saving opportunity of £2.1m against the operational plan which delivers against the Futurecare requirement. Further work is required to identify the final physical location of all beds once bed reconfiguration has taken place.

Capital Plan Update and delegation of authority (DCH)

Since approving the 2025/26 DCH Capital Programme, the Trust has attracted additional external capital funding. As a result, an additional £1.5m is now available for internal distribution to capital schemes and the capital programme has been revised. The committee approved the revised plan and delegated authority for the awarding of contracts to the CFO.

Risk Management System Procurement

A preferred supplier has been identified for a new pan-Dorset risk management system for DHC, DCH and UHD. A summary of the procurement process and financial implications were provided along with the benefits of a new system. Approval was given by the committee for both capital and revenue spend and to proceed with the preferred supplier. The supporting paper to also be submitted to Board under consent items, noting the revenue implication/cost in future years.

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Generator Procurement and delegation of authority - DCH

An update was provided on the generator procurement process at DCH. Whilst no compliant bids have been received from the tender exercise, a specialist provider has come forward and alternative sourcing plan/strategy has been produced. The recommended approach utilises a UHD hosted framework to onboard a capable Principal Contractor (PC) that is currently engaged with the Trust as well as the inclusion of the specialist Generator provider as a sub-contractor. The committee supported this revised approach and approved the delegation of authority to the CFO to award the contract within the affordability and identified contingency provision if required. The supporting paper to be submitted to Board under consent items to also approve delegation of authority to the CFO.

CAMHS High Intensity Environment Unit – Contract Approval (DHC)

The new build unit is ongoing and expected to be complete in March 2026 (+4 to 8 weeks) commissioned by the Southwest Provider Collaborative. The clinical specification has been approved by the Quality Committee in Common and Commissioners. The financial contract will be on a cost recovery basis and not block which brings financial risk, therefore detailed modelling has taken place to ensure a break-even position as this unit is the first of its kind with no precedent to refer to. The committee approved the contract terms as noted to allow the letter of intent to be issued.

Charitable Funds Annual Report – DHC

The Annual Report and Accounts are complete. These have been subject to independent review by the external auditors. The committee approved the report for onward approval by the Board in Common under consent section.

Premises Assurance Model

A verbal update was provided for assurance on completion of the Premises Assurance Model assessment which is required for submission by the end of September 2025. DHC submission will be late as its incomplete but there is full communication and engagement with NHS England. For DCH, 347 applicable areas have been measured, 27 of which are 'outstanding' and 12 of which are inadequate. 5 of the 12 relate to inadequate food provision, 3 relate to Policies (the main concern being the Lift Safety Policy). Assurance was provided that action plans will be in place to address the inadequate findings.

Six Facet Survey

An update was provided on the estates and facilities backlog and Six Facet Survey. The highest area of identified risk is mainly made up off fire risk assessments and fire compartmentation which is being actively worked on in engagement with the local area fire brigade. Fire risk assessments for patient areas will be fully completed in September. DHC Six Facet Survey is not yet complete.

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Decisions made at the meeting	Approvals by DCH and DHC committees: • Approach to review and modernisation of Performance Reporting • Winter Plan Board Assurance Statements • DCH Capital Plan update and delegation of authority to CFO • Risk Management System Procurement (Joint) • Delegation of authority for Generator Procurement (DCH) • Contractual Arrangements for the CAMHS High Intensity Environment Unit (DHC) • Charitable Funds Annual Report (DHC) • Treasury Management Policy
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Issues / actions referred to other committees / groups	• None
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Quoracy and Attendance				
	29/05/2025	30/07/25	24/09/25	
Quorate?	Y	Y	Y	
Dave Underwood	Y	Y	Y	
Frances West	N	Y	Y	
Stephen Tilton	Y	Y	Y	
Andreas HAIMBOCK-TICHY	Y	Y	N	
Chris Hearn	Y	Y	Y	
Nick Johnson	N	N	N/A	
Rachel Wharton	N	N	N	
Anita Thomas	Y	Y	Y	
Lucy Knight	Y	N	N	
Rachel Small	N	Y	Y	

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People and Culture Committee in Common Assurance Report
for the meeting held on Monday 22 September 2025

Chair	Frances West, NED
Executive Lead	Nicola Plumb, Joint Chief People Officer
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	- Request for the Board to receive the whole-time equivalent reduction/financial implications paper - WRES and WDES reports for DCH and DHC - Recommendation for the Board to approve the mutually agreed resignation scheme (MARS) - Recommendation for the Board to approve the DHC Medical Appraisal and Revalidation – Statement of Compliance
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: Chief People Officer Update (incl. SubCo position) noting: - The ongoing, complex discussions within the system about the financial and operational position - An update on the proposed development of a subsidiary company, with continued engagement with the unions and those individuals affected and recognising the uncertainty the proposal caused for staff. - Upcoming programmes of work for the directorate include staff vaccinations, staff survey, and staff recognition scheme - A positive first meeting of the Joint Culture and Improvement Group with good representation from both trusts. - That morale was a challenge at present, given the high level of pressures in the two trusts. Workforce KPI Dashboard (Joint) DHC, noting: - Largely static key performance indicators with minor positive movements in turnover, employee relation cases, and appraisals. Areas for improvement include mandatory training rates, sickness rates, and vacancies. - Comprehensive discussions around mandatory training compliance for both trusts, noting that work was ongoing to improve this, with compliance in the medical and dental staff group noted to be particularly low. DCH noting: - Strong focus on improving mandatory training rates, with the education team offering ‘get me green’ days to support this. Compliance stood at 89%
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- Stable metrics in relation to sickness, slight spike in informal disciplinary cases, and reduction in turnover.

Progress against the Joint People plan (Joint) noting the progress and challenges in relation to the four overarching goals. The organisational change within the people directorate was noted, as was the increase in health and wellbeing champions. Work was needed to ensure the plan was well known across both organisations.

Workforce Equality Reports DCH WRES and WDES

- WRES: Five scores had improved but there continued to be a disparity in the experiences of staff from black and minority ethnicity backgrounds, compared to white staff, for example in relation to experience of harassment and likelihood of being appointed to a role. Three actions had been identified to address these concerns and were detailed in the report.
- WDES: Improvements in eight metrics, with five actions identified to promote further improvements.
- Discussion around the current anti-immigrant narrative in the media and society and rise of the far right, and the impact on staff. As much support as possible was being provided to staff but it was a challenging and unsettling time for staff.

DHC WRES and WDES

- WRES: Six scores had improved, with an increase in representation of ethnically diverse staff, but those members of staff are more likely to experience harassment, bullying or abuse, and experience higher disciplinary rates than white colleagues.
- WDES: Five scores had declined, with disabled staff two times more likely to go through a capability process, but high levels of satisfaction with workforce adjustments.
- Achievements to date and next steps include the launch of the inclusion and belonging strategy, launching diverse recruitment panels for band 8a+, and promoting active bystander training.

For both Trusts, a recognition that Board representation metrics were incomplete as they only included Board members directly employed by each Trust, so joint roles were not reflected in both Trust's reports.

Staffing Gaps / Safety Concerns (DCH/DHC)

- Robust processes in place both in- and out-of-hours to support safer staffing and support escalation and management of safer staffing concerns, with safer staffing leads in post in both trusts. Policies and procedures were in place and were well-understood by staff.
- Recognition of the impact on patients and staff if safe staffing levels are not managed appropriately.
- Risks in specific areas of the trusts were detailed. The risks well sighted and regularly reviewed at groups and Quality Committee in Common.
- The seriousness of the risks was highlighted, and the Board should be aware of this, with some of the risks scoring 20.

Whole Time Equivalent (WTE) Reduction and Financial Implications (Joint)

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DCH:

- Overall, the Trust was behind plan but the biggest proportion of WTE reduction had been identified. Reduction of substantive posts was on plan, but fluctuations were being seen in bank staff.
- 161.5 WTE identified of the 232 required.
- All plans underwent a quality impact assessment to consider the impact on patient safety.

DHC:

- Ahead of plan by 34.7 WTE. 31% of the reduction had already been realised, but there was a need to further reduce temporary staffing levels.
- 401 WTE identified of the 411 required

Mutually Agreed Resignation Scheme (Joint) noting there was no material change to the scheme compared to the last time it was run, although learning from the implementation of the scheme had been taken on board. Approved by both committees.

Quarterly Guardian of Safe Working Report (DCH/DHC)

DCH:

- The process for raising exception reports had moved to HealthRota which was proving tricky initially but would provide better data in the long run. No particular concerns about the nature or number of reports raised.

DHC:

- No significant changes compared to the last report with all figures within acceptable ranges.

Medical Appraisal and Revalidation – Statement of Compliance (DHC)

- The report was considered at the last committee meeting, but the statement of compliance was now presented for approval and was approved by the committee.

10 Point Plan to Improve Resident Doctors' Working Lives (DCH/DHC)

This was a national initiative to improve resident doctors experience at work. Both trusts had completed the survey element of the task and a three-month task and finish process was underway to meet the requirements. There were many areas rated 'green'; some of those that were 'red' or 'amber' were outside of the trusts' control.

Maternity Multiprofessional Training Report (DCH) noting that it would be discussed in greater detail at Quality Committee in Common. It was important to ensure that doctors and midwives had the right support to meet training compliance.

Policies (DHC) noting that six policies were overdue for review, with the longest overdue by five months. Four of the policies were due to be presented to the Trade Union Partnership Forum for approval imminently.

Assurance reports from below sub-groups of the People and Culture Committee in Common

DCH:

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	- Partnership Forum - Equality, Diversity, Inclusion and Belonging Steering Group - Local Negotiating Committee DHC: - Equality, Diversity, and Inclusion Steering Group - Trade Union Partnership Forum - Workforce Wellbeing Group Governance Structure (Joint) outlining the structure of groups that report in to the committee, and detailing trust leads for statutory or regulatory roles. Committee members noted the usefulness of the document and that it should be shared widely across the organisation.
Decisions made at the meeting	- Approval by the DCH and DHC committees of the Mutually Agreed Resignation Scheme - Approval by the DHC committee of the Medical Appraisal and Revalidation – Statement of Compliance
Issues / actions referred to other committees / groups	Nil

Quoracy and Attendance						
	28 May 2025	28 Jul 2025	22 Sep 2025	24 Nov 2025	26 Jan 2026	23 Mar 2026
Quorate?	Y	Y	Y			
Frances West	A	Y	Y			
Suresh Ariaratnam	Y	Y	Y			
Margaret Blankson	Y	Y	Y			
Dawn Dawson	Y	Y	A			
Eiri Jones	Y	Y	Y			
Lucy Knight	Y	Y	Y			
Nicola Plumb	A	Y	Y			
Rachel Wharton	A	A	A			

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Strategy Transformation and Partnerships Committee Assurance Report
for the meeting held on Monday 22 September 2025

Chair	David Clayton-Smith, Chair
Executive Lead	Dawn Dawson Nicola Plumb
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	- Challenges remain in the development and production of a strategy delivery dashboard to measure, monitor and demonstrate real tangible difference and improvement. - A multi-organisation/agency event is planned for the end of September to focus on Integrated Neighbourhood teams to showcase all the positive work that is underway.
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: Strategy in Action Received a presentation on the pilot of a Children and Young People Mental Health and Neurodiversity Training Programme. The pilot training course was delivered in partnership with Dorset Healthcare colleagues, Dorset Mental Health Forum and people with lived experience. The aim was to build staff confidence and improve collaborative working between teams. Feedback from staff has been very positive. The course continues to be reviewed through PDSA cycles and there will be a further pilot followed by agreement and implementation of a final training course. Strategy Delivery Dashboard including implementation An update was provided on progress against the joint strategy plan in its first year of delivery, recognising the challenge of competing priorities, an everchanging national NHS landscape and capacity within the teams to deliver. The federation has built strong foundations and achieved notable successes. Continued efforts are required to overcome barriers, manage risk and realise the clinical integration benefits. Challenges remain in the development and production of a dashboard to measure, monitor and demonstrate real tangible difference and improvement. There was recognition by the committee that further work is needed to connect enabling plans, transformation programmes, and system priorities into a coherent 'whole'.
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One Transformation Approach Highlight Report and Improvement Activity Update including Peer Open Dialogue Dorset – Early-stage analysis of Pilot Sites

A comprehensive update was provided on the One Transformation Approach Place & Neighbourhood programmes and Mental Health and Working Together Portfolios. A multi-organisation/agency event is planned for the end of September to focus on Integrated Neighbourhood teams to showcase all the positive work that is underway, reduce duplication, help understand the National agenda, network and share ideas. Dorset council has been successful in the first round of applications for the National Neighbourhood Health Implementation Programme which is recognition of all the positive work that is underway.

Joint Improvement Framework

An update was provided on the 'Improving together programme' which is progressing well with engagement at its core to deliver outcomes which are meaningful for colleagues. The programme team have utilised multiple opportunities to listen to colleagues through celebration events such as conferences and QI Week including ward walks, poster competitions, information stands and certificate handouts. This approach and culture supports working across departmental boundaries and helps teams to understand what each other does and how they can benefit each other and the patient. Further work is planned on how to encourage senior leaders not to be recipients of information but proactive leads and role models for improvement, recognising the challenge of the operational environment and capacity to deliver.

Access Well-being – Focussed Review

A presentation was given on the Access Wellbeing Programme detailing its background, principles, progress and ongoing evaluation of outcomes and challenges. Dorset HealthCare has been able to increase support within community mental health services by 27% as part of the total Access Wellbeing model. There have been over 9,500 contacts in the last year compared to 7,500 in the previous year. Over 60 partner organisations have been based in the Universal hubs across Dorset providing a holistic approach. Positive feedback has been received from service users.

Systems Strategic Partnership

A verbal summary was provided on plans for DCH, DHC and UHD to undertake a clinical services review with a particular focus on acute services. This will be discussed in more detail at the next Board to Board to Board meeting at the end of September which will help inform the plan further for the remainder of the year.

Provider collaborative

An update was provided on the current strategic programmes of the Our Dorset Provider Collaborative Board highlighting the progress around

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centralised management of Interventional Radiology services in Dorset, reviewing care pathways for gynaecology patients and developing a Women's Health Hub.

Dorset Innovation Hub

An update was provided on Dorset Innovation Hub's partnership work, highlighting two main schemes: the review of Fractional Exhaled Nitric Oxide Implementation and the development of a Nutrition in Ageing People Collaborative lunch club. The placement of the Innovation Hub will be impacted by the ICB reconfigurations, the outcome of which is still to be determined.

Digital Risks

Assurance was provided that the digital risks at DHC and DCH are identified, reviewed and mitigated, and management processes are in place. Further refinement of risk management systems and processes will occur through the alignment of digital services across Dorset. An initiative to move to a single risk management solution is underway for the three healthcare providers across Dorset. The committee recognised that significant challenges remain to manage and mitigate digital-related risks and acknowledged everything that can be done is being done within the current resources and financial climate. Many risks can be resolved with the implementation of a new EHR across Dorset but this will not occur for some time; therefore, some additional mitigation prioritisation will be required.

Electronic Health Record Programme

An update was provided on the joint procurement and planned implementation of a new EHR across Dorset and Somerset. The programme has been split into six stages, and is currently in the 'procure' stage (stage 2). Tenders have been received by suppliers and evaluations are nearly complete. The DHC outline business case has successfully attracted £10.5million of funding. The draft full business case is expected to be complete in mid-October with full Board approvals expected in November 2025. Implementation is planned from 2026 with 'go-live' in 2028/29. Recognition by the committee that clinical leadership and engagement are critical in this programme.

Green Plan Guidance Refresh

An update was provided on producing the Green plan to align with the new refreshed NHS England guidance. Work is being progressed against the actions for DCH and DHC to produce the plan. Indicative costs for the resources required to develop a full plan in line with the guidance will be proposed, but the Committee could not approve additional costs without further details.

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Policies Update – DHC

An update was provided on the policy status at DHC relevant to the Strategy, transformation and partnership portfolio. There are two applicable policies. The Registration Authority policy is 15 months overdue for review and the digital change and release management policy is 3 months overdue. Confirmation is awaited if these have now been superseded. Updates on DCH policies will be brought to future committee meetings to align with this report.

The following escalation reports from subgroups were received for assurance by the committee members:

Joint

- System Executive Group Assurance Report
- New Hospitals Programme Board Assurance Report

DCH

- Sustainability Working Group Assurance Report
- Digital Transformation and Assurance Group Assurance Report

Consent Items

Committee Governance Structures received for assurance

Decisions made at the meeting

- None

Issues / actions referred to other committees / groups

- Prioritisation of mitigation to address Digital Risks, particularly those dependent on implementation of a new HER (see 'Digital Risks' above)

Quoracy and Attendance

	28/05/2025	28/07/2025	22/09/2025		
Quorate?	Y	Y	Y		
David Clayton-Smith	Y	Y	Y		
Frances West	Y	Y	Y		
Dave Underwood	Y	Y	Y		
Andreas HAIMBOCK-TICHY	Y	Y	N		
Claire Lehman	Y	Y	Y		
Nick Johnson	Y	Apols	N/A		
Chris Hearn	Y	Y	Y		
Dawn Dawson	Y	Y	N		
Nicola Plumb	N	Y til 11	Y		



Audit Committee Assurance Report for the meeting held on 04 August 2025

Chair	Stuart Parsons
Executive Lead	Chris Hearn, Chief Finance Officer
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	- Review of the Board Assurance Framework and Corporate Risk Register, as detailed below. Risk score of SR5: Estates has increased from 16 to 20, due to increased likelihood reflecting the results of the six facets survey - Board Assurance Framework and Corporate Risk Register continue to highlight digital and finance as the highest risks for the trust. - Positive support had been received from DHC colleagues to improve the trust's FOI position; thanks were extended to the team.
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: - Further to an action from a previous meeting the purchase order exclusion list was reviewed, with no unusual findings. - Board Assurance Framework, noting that: - All strategic risks had been reviewed at committees over the last week - The highest scoring risks continue to be SR3: Workforce Capacity; SR5: Estates; SR6: Finance and SR9: Digital Infrastructure (each with a score of 15 or more). - Risk score of SR5: Estates has increased from 16 to 20, due to increased likelihood reflecting the results of the six facets survey - Actions which were past their original scheduled date would be updated to reflect they were behind schedule - Discussion around ensuring regular Joint Transformation Improvement Board (JTIB) meetings were scheduled (re SR7: Collaboration) - Corporate Risk Register, noting that: - Risk appetite review work was ongoing. - An updated platform for risk management was being procured across DCH and DHC. - A new joint head of risk was expected to be in post by the end of the summer. - All high-scoring risks had been reviewed at committees over the last week
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- Three of the four new highest scoring risks related to digital and finance, reflecting the highest scoring areas in the Board Assurance Framework
 - Reflection from committee members that mitigations and actions needed to be SMART. The new joint manager would monitor and improve this.
- Tender Waiver Report, detailing the use of single tender waivers (STW), including three waivers >£100k and the reasons for these. Potential emerging factors that could lead to an increase in STW in the coming year and the steps to ensure these were handled appropriately. The STW process and level of challenge was considered by external auditors as part of their Value for Money audit. The report was approved.
- Internal Audit progress reports, noting:
 - The audit plan was on track, with two amendments to the plan agreed by the committee, prioritising a quality impact assessment audit and an audit of maternity incentive scheme compliance.
 - Cyber security supply chain management audit with moderate assurance re design and effectiveness.
- Internal Audit follow up reports, noting updates to outstanding actions. One action update (re joint strategy) had been received shortly before the meeting and would be included in the next report.
- Counter Fraud Progress Report, noting:
 - The handover from TiAA had been completed in May. Four fraud referrals had been received to date this year, reflecting 70% of last year's referral rate.
 - The 2024/25 Counter Fraud Annual Report presented to the June 2025 meeting of the Audit Committee did not contain a fully completed functional standard return nor a signed statement of assurance, meaning the trust was non-compliant in this regard. This would be returned to the next Audit Committee meeting to rectify the position.
- Freedom of Information Request Compliance showing improved compliance. 79% of requests were completed by the deadline, but this was still below the target set by the ICO. Work was ongoing to escalated delayed responses. Positive support had been received from DHC colleagues to improve the trust's FOI position; thanks were extended to the team.
- Data Security and Protection Annual Compliance, confirming that this was submitted by the deadline. An internal audit by BDO identified how compliance could be improved. New requirements for the DSPT were noted this year and the trust had been cautious in it's self-assessment.

Decisions made at the meeting

- Approval of the Tender Waiver Report

Issues / actions referred to other committees / groups	Nil
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Quoracy and Attendance						
	02 Jun 2025	25 Jun 2025	04 Aug 2025	01 Dec 2025	02 Feb 2026	30 Mar 2026
Quorate?	Y	Y	Y			
Stuart Parsons	Y	Y	Y			
Stephen Tilton	Y	A	Y			
Dave Underwood	Y	Y	Y			

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DCH Charitable Funds Committee Assurance Report for the meeting held on 30.9.2025

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

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Nil
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: • CFC Minutes (22.7.25) – approved as an accurate record. • CFC Actions (22.7.25) – All actions completed or in progress. • DCH Charity Financial Reports 25/26 (M5) – reports were received. Total income as of end Aug 2025 £179,930. Unrestricted funds were £404,451 providing a surplus of £131,451 against the approved reserves target of £273,000. • £2.5M Capital Appeal (ED/CrCU) report (Aug 2025) – report received. £1.165M income and pledges received to date. • Fundraising & Communications report – overview of current key fundraising activities and communications. • Lillian Martin legacy – Advised to support submission of representation to Local Plan re-potential future commercial development of land. Knight Frank to submit on behalf of the beneficiaries. Committee agreed. • AOB – Extreme Sport fundraising guidance and Donation Acceptance/Refusal Policy to be brought to next meeting for review/approval.
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Decisions made at the meeting	• Lillian Martin legacy: Advised to support submission of representation to Local Plan re-potential future commercial development of land. Knight Frank to submit on behalf of the beneficiaries. Committee agreed.
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Issues / actions referred to other committees / groups	None
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Quoracy and Attendance						
	19.11.24	20.1.25	18.3.25	20.5.25	22.7.25	30.9.25
Quorate?	Y	Y	Y	Y	Y	Y
Dave Underwood	Y	Y	Y	Y	Y	Y
Chris Hearn	Y	Y	N	Y	N	Y
Jo Howarth	Y	Y	N	Y	Y	N
Anita Thomas	Y	Y	Y	Y	Y	N
Margaret Blankson	Y	Y	Y	Y	Y	Y
Stephen Tilton	Y	N	Y	Y	N	Y

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Mental Health Legislation Committee in Common (MHLCiC) Assurance Report for the meeting held on 31st July 2025

Chair	Andreas Haimböck-Tichy
Executive Lead	Lucy Knight
Quoracy met?	DHC – Yes DCH - No
Purpose of the report	To assure the Board on the main items discussed by the Committee and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Positive outcomes to recent CQC visits, particularly Glendinning Ward. • The Committee agreed more work is required to understand the declining use of the mental health act to help flag any risks, areas of concern and inform corrective action. • First committee in common meeting where full attendance was challenging. • Mental Health Legislation Annual report well received.
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Key issues / matters discussed at the meeting	Corporate Risk Register Assigned Risks There are currently two assigned risks to the newly formed MHLCiC relating to DOLS legislation and Right Care, Right Person both with a risk score of 12. The committee agreed further clarification is needed on the controls and mitigation that are in place, and further assurance required that there are no wider risk related themes relating to Mental Health Legislation that need to be considered for committee oversight. Mental Health Legislation Assurance Dashboard – DHC (Including training rates) Report highlights were presented covering Q1. The key points conveyed to the committee were: - One section was deemed invalid in the reporting period. - Declining trend in use of the mental health act continues. A more recent reduction is also noted within the acute hospitals, this is particularly evident within Poole Hospital. - A spike is noted in May 25 with regards to number of section 136 detainees. However, total numbers of section detainees continue to sit at much lower level . As total numbers of section 136 reduce, more persons are being assessed within the 3-hour threshold. Considerable and varied discussion on various aspects of the report including possible drivers behind the reduction in section 136 detainees, extracting any learning from the findings of the report and greater clarity
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and summary of actions and areas of concerns for the committee to consider in the future.

Mental Health Legislation Assurance Dashboard – DCH (Including training rates)

The committee recognised that DCH does not have the same level of scrutiny around application of the mental health legislation act and mental health CQC standards and therefore the report is currently lighter than the DHC report but will develop over time. DCH has experienced an increasing number of individuals requiring assessment under the Mental Health Act and Mental Capacity Act at initial presentation. Assurance was provided that the teams are working within the boundaries of their statutory responsibilities.

Mental Health Act Care Quality Commission Inspection Assurance Report

Four services have been reviewed under CQC Mental Health Act Reviews since the start of the year reflecting a notable increase in CQC activity. 7 actions noted and being worked through. A further five actions remain open from the previous year mainly due to awaited improvements/changes to the estate. The extremely positive report on the Glendinning Ward visit for the second time was noted and commended by the committee. The common emerging themes from the review visits in recent months are:

- Treatment authorisations (maintaining them up to date, relevant and appropriate)
- Recording of discussions with patients around consent to treatment and their capacity to consent (and how this may have been supported).
- Management and correct use of Section 62.
- Management of SOAD visits.
- Reading Section 132 rights and keeping people aware of their rights.

Strategic Mental Health Legislation Multi-Agency Group Assurance Report

- Improved contacts with healthcare professionals before invoking section 136 was highlighted as positive.
- Minimal instances recorded of any requirement for mechanical restraint in Quarter 1.
- Positive report on the Mental Health Response Vehicle (MHRV) which launched in April 2025 with 61 contacts in April and 87% of persons treated on the scene. Majority of contacts under 15 minutes, with 11% of persons conveyed to hospital. Second vehicle planned for West Dorset.

Mental Health Legislation Scheme of Delegation
Deferred

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Mental Health Legislation Annual Report

- The paper was summarised with the following highlights:
- Reduction in section 136 related to police power to remove persons to a place of safety. Th average number per month in 2024/25 was 19 compared to much higher figures in previous years.
 - Total use of the Mental Health Act in the acute providers across Dorset has reduced in the past few months.
 - Useful insights into the trends by the Clinical Director were highlighted.
 - There has been no requirement to report to the CQC via the notification process due to deaths under the Mental Health Act in Dorset and no under eighteen-year-olds have need to be admitted to an adult ward.
 - There were 6 instances of a section being allowed to lapse in 2024/25.
 - Numbers of Hospital Managers hearings organised and held are at the highest they have been for four years, with 273 hearings held and arrangements put in place for 463. This represents an approximate 16% increase on 2023/24, in terms of hearings held

Further assurance was requested by the committee in clarifying the key takeaway messages in future reports, the impact of the report findings on patients, and a trend report relating to delays in panel hearings.

Mental Health Legislation Committee Effectiveness Review

A summary of the report was provided. The Committee formally met four times (April 2024 to March 2025) and discharged its responsibilities in all areas. The response rate was low but the committee effectiveness evaluation was positive.

Decisions made at the meeting

To defer approval of the DHC Scheme of Delegation

Issues / actions referred to other committees / groups

Nil

Quoracy and Attendance

	24/04/202	31/07/2025	27/11/2025	29/01/2026
Quorate?	Y	DHC Y DCH N		
Andreas Haimböck-Tichy (DHC)	Y	Y		
Dawn Dawson (or deputy)	N	Y		
Lucy Knight (DHC)	Y	N		
Raceni Wharton (DCH)	N/A	N		
Margaret Blankson (DCH)	Y	N		
Steve Peacock (DHC)	Y	Y		
Suresh Ariaratnam (DHC)	N	Y		