

Council of Governors Part One

Tue 22 April 2025, 15:00 - 17:45

Trust Headquarters Boardroom and MS Teams

Agenda

15:00 - 15:10 1. Formalities

10 min

 0. DCH GoG Agenda 22.04.25.pdf (2 pages)

1.1. Welcome and Apologies for Absence

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 3 March 2025

Enclosure *David Clayton-Smith*

Approval

 1 c DCH GoG draft minutes 03.03.2025.pdf (16 pages)

1.4. Actions and Matters Arising

Enclosure *David Clayton-Smith*

Approval

 1. d DCH Action Tracker April.pdf (1 pages)

15:10 - 15:20 2. Chair's Update

10 min

Presentation *David Clayton-Smith*

Information

 2. DCH CoG Chair Report 20250422.pdf (9 pages)

15:20 - 15:40 3. CEO Report

20 min

Presentation *Matthew Bryant*

Assurance

 3. COG DCH - April 2025.pdf (10 pages)

15:40 - 15:50 4. Finance Report

10 min

Enclosure *Chris Hearn*

Assurance

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15:50 - 16:00 5. NED Update, Feedback and Accountability Session, Including Update from the Committee Chairs

10 min
Verbal/Presentation/Questions *Stuart Parsons*
Assurance

16:00 - 16:10 6. Update from Governor Observers Around Committee Effectiveness

10 min
Verbal *All Governor Observers*
Assurance

16:10 - 16:30 7. Quality Priorities

20 min
Verbal *Jo Howarth*
Assurance

16:30 - 16:35 8. Governor Matters

5 min
Verbal *David Clayton-Smith*
Information

16:35 - 16:45 Break

10 min

16:45 - 17:00 9. Staff Survey Results

15 min
Presentation *Nicola Plumb*
Assurance

17:00 - 17:05 10. Update on NED Appointments

5 min
Verbal *Jenny Horrabin*
Information

17:05 - 17:10 11. Terms of Reference for Governor Committees

5 min
Enclosure *All*
Approval

11. a. Membership Development Committee ToR April 2025 - draft.pdf (2 pages)
11. b. Constitution Review Committee ToR - April 2025 - draft.pdf (3 pages)
11. c. Nomination and Remuneration Committee ToR April 2025 - Draft.pdf (3 pages)
11. d. Strategic Plan Committee ToRs April 2025 - Draft.pdf (3 pages)

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17:10 - 17:20 12. Feedback from the Membership Development Committee

10 min

Verbal *Kathryn Harrison/All Governors*

Information

17:20 - 17:25 13. Frequency of Council of Governor Meetings and Workshops

5 min

Enclosure *Jenny Horrabin*

Information

13. DCH governor meetings 2025 Final.pdf (2 pages)

17:25 - 17:30 14. Governor Election Process

5 min

Enclosure *Jenny Horrabin*

Information

14. DCH governor election process V2.pdf (5 pages)

17:30 - 17:40 15. Any Other Business

10 min

Verbal *David Clayton-Smith*

Information

17:40 - 17:45 16. Chair's Closing Remarks and Date of Next Public Meeting

5 min

Verbal *David Clayton-Smith*

Information

17:45 - 17:45 Meeting Close

0 min

Information Pack DCH April CoG.pdf (16 pages)

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**Council of Governors (Part 1) of
Dorset County Hospital NHS Foundation Trust
22nd of April 2025 at 3.00pm to 5.45 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:	Verbal	David Clayton-Smith, Trust Chair	Information	3.00
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Information	
	c) Minutes of the Council of Governors Part 1 Meeting dated 3 rd March 2025	Enclosure	David Clayton-Smith	Approve	
	d) Actions and Matters Arising from those minutes	Enclosure	David Clayton-Smith	Approve	
2.	Chair's Update	Presentation	David Clayton-Smith	Information	3.10
3.	CEO Report	Presentation	Matthew Bryant Chief Executive Officer	Assurance	3.20
4.	Finance Report	Enclosure	Chris Hearn Chief Finance Officer	Assurance	3.40
5.	NED Update, Feedback and Accountability Session including update from the committee chairs Stuart Parsons	Verbal/ Presentation/ Questions	Stuart Parsons	Assurance	3.50
6.	Update from Governors observers around the committee effectiveness	Verbal	All governor observers	Assurance	4.00
7.	Quality Priorities	Verbal	Jo Howarth Director of Nursing	Assurance	4.10
8.	Governor Matters Impact on staff and patient care from reduction in staff	Verbal	David Clayton-Smith Judy Crabb	Information	4.30

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	Peritoneal dialysis nurse training.		Simon Bishop		
Break 4.35– 4.45					
9.	Staff Survey Results	Presentation	Nicola Plumb	Assurance	4.45
10.	Update on NED appointments	Verbal	Jenny Horrabin	Information	5.00
11.	Terms of Reference for Governor Committees	Enclosed	All	Approval	5.05
12.	Feedback from the Membership Development Committee	Verbal	Kathryn Harrison/All governors	Information	5.10
13.	Frequency of Council of Governor meetings and workshops	Enclosed	Jenny Horrabin	Information	5.20
14.	Governor Election Process	Enclosure	Jenny Horrabin	Information	5.25
15.	Any other Business	Verbal	Chair	Information	5.30
16.	Chair's Closing Remarks and Date of Next Public Meetings: Joint Governor and NED Workshop, 1:30pm 16 June 2025 Council of Governors, 2pm 18 August 2025	Verbal	Chair	Information	5.40
17.	Meeting Closes				5.45
	Appended to the papers is an information pack for the Governors				
	There will be a part 2 of this meeting 5.45 – 6 pm				

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

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**Minutes of a meeting of the Council of Governors
of Dorset County Hospital NHS Foundation Trust
held on the 3rd of March at 2 pm
in Trust HQ Board Room and online**

Present:		
David Clayton-Smith	DCS	Joint Trust Chair
Simon Bishop	SB	Public Governor, East Dorset
Mike Byatt	MBy	Public Governor, Weymouth and Portland
Judy Crabb	JC	Public Governor, West Dorset
Alan Clark	AC	Public Governor, Weymouth and Portland
Max Deighton	MD	Staff Governor
Kathryn Harrison	KH	Public Governor, West Dorset (Lead Governor)
Jean- Pierre Lambert	JPL	Public Governor, Weymouth and Portland
Anne Link	AL	Public Governor, Weymouth and Portland
Carol Manton	CM	Public Governor, North Dorset
Rory Major	RM	Appointed Governor Dorset Council
In Attendance:		
Sarah Anton	SA	Governor and Membership Manager
Henry Bull	HB	Corporate Affairs Apprentice
Tristan Chapman	TC	Programme Director DCH
Stephen Docherty	SD	Interim Chief Information Officer
Kara Ellis	KE	Corporate Governance Officer (DCH)
Mandy Ford	MF	Deputy Director of Corporate Affairs
Chris Hearn	CH	Joint Chief Finance Officer
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Jo Howarth	JHa	Director of Nursing
Nick Johnson	NJ	Joint Director of Strategy, Transformation & Partnerships
Eiri Jones	EJ	Joint Non-Executive Director
Claire Lea	CLe	Director, Charis Consultants
Claire Lehman	CL	Non-Executive Director
Paul Lewis	PL	Joint Director of Strategy and Improvement
Nicola Plumb	NP	Joint Chief People Officer
Fiona Richey	FR	Clinical Design Implementation Lead
Anita Thomas	AT	Chief Operating Officer
Frances West	FW	Joint Non-Executive Director
Apologies:		
Matthew Bryant	MB	Joint Chief Executive
Dawn Dawson	DD	Joint Chief Nursing Officer
Maurice Perks	MPe	Public Governor, North Dorset
Jack Welch	JW	Staff Governor
Dave Underwood	DU	Non-Executive Director

CoG24/083	Formalities	Action
	The Chair declared the meeting open and quorate. Apologies for absence were received from MB, MPe and DU. EJ will join online at 2.20 pm	
CoG24/084	Conflicts of Interest	
	There were no conflicts of interest declared in the business to be transacted on the agenda.	



CoG24/085	Minutes of the Meeting held on the 09 December 2024.	
	The minutes of the meeting held on 09 December 2024 were agreed as an accurate record.	
	Resolved: that the minutes of the meeting held on the 09 December 2024 be approved.	
CoG24/086	Matters Arising:	
	The Action Log was considered, and approval was given for the removal of completed items.	
	Resolved: that the action log be received, updates noted, and approval be given for the removal of completed actions.	
CoG24/087	Chairs Update	
	<p>DCS presented his update, circulated previously and highlighted the following -</p> <ul style="list-style-type: none"> • Amanda Pritchard stepped down as CEO for NHS England and will be succeeded by Sir James Mackey. The size of NHS England will be reduced. There is a declared intention for the decision making to be moved down to system level. • Jenny Douglas Todd has resigned as chair of Dorset ICB. • New chair of ICB chosen but not quite appointed. Needs to go to the Secretary of State for approval. • Funds for 2025/26 planning is difficult. Three areas of focus - DCH is a small trust which make services costly to run. There are opportunities to look at design of services and the working relationship with UHD. West of the county location is important for the population. Important to make operations run efficiently and to be objective. Reductions for the whole of Dorset need to be made. Boards will be challenged. • Tim Limbach has stepped down as governor. This reduces governor numbers. Jamie Joyce from Weldmar was going to be a governor however he unfortunately withdrew. • DCS has been attending Quality Walkabouts and connecting with the hospital. • Visit to St. Leonards linked to patient story about wheelchair service who helped a family take a relative to enjoy the last few months of life. • Dave Haslam, NED at DHC and a doctor, David previously chaired the Quality Committee and is supporting the move to a Committees in Common for quality. 	

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	<ul style="list-style-type: none"> Southwest region meeting about 10-year plan. Supporting the pan Dorset working is very important. DCS attended a visit for the Joint strategy roadshow in Bridport and staff were very engaged with this. Sarah Maclin is joining as delivery director for the provider collaborative. Nick Ireland the leader of Dorset County Council, will also be a creative health champion. Creative health and the role this has in preventative care and social care, helping to combat loneliness. The 2nd creative health workshop on the 1st Feb, DCS to take to the Integrated Health partnership. Links are beginning to develop. DCS updated he also has regular budget planning meetings with MB. DCS welcomes questions. 	
	Resolved: that the Chairs Update be received for information.	
CoG24/088	Non-Executive Director (NED) Update, feedback and Accountability Session	
	<p>Eiri Jones</p> <p>EJ joined the meeting via MS team and gave the following update -</p> <p>EJ is now the Board champion as a NED for Children and Young People (CYP). EJ is suited to this due to her clinical background as a children's nurse, in tertiary centres and developing community services for children.</p> <p>The Board felt there needed to be more attention on CYP and the challenges of CYP with MH issues. EJ explained that one benefit of the federation is the increased capability of creating a seamless pathway for CYP with complex physical and emotional or psychological needs. To date Jo Howarth the operational leader for CYP, has led one of the four pathways of the federative work around CYP. There are 7 work streams to engage with CYP. A patient story where CYP came to talk to the Board about their '15 steps' piece important for CYP to have a voice to tell us what was important to them, their priority was digital to enable them to talk with friends.</p> <p>The workstreams led by senior nurses and managers from DHC, Jo Howarth and the paediatric team at DCH are to support CYP with MH needs in the acute setting to create a high-quality integrated pathway to care. To provide skilled multi agency triage in the ED and high quality intervention at the front door to support needs of CYP. This has been</p>	

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co-designed by clinicians of all professional groups, operational managers, partners across the H & C system, taking into account lived experience and parent and carers of CYP.

Rachel Walton the new CMO has previous led on children at the front door and will be an asset to Board on this subject. There is a national challenge of sufficient specialists in MH provision, and this is something both trusts are working on.

EJ highlighted an area of particular concern raised at Board and Quality Committee is meeting the needs of patients with ADHD, the risk is lack of diagnostic services. Short plan is for private provision, although not a long-term solution. Nationally there is an ADHD task force developed.

Paediatrics service is short of speech and language therapists and the community service is stretched. In May the board development workshop will focus on Board understanding and commitment for how we strengthen this provision.

EJ informed that she now observes UHD Board, and a UHD NED observes DCH Board. This is to broaden thinking on how to support CYP. EJ met with local authority leads and education lead. Aligning with the ICB strategy. To invest in children and support families to have healthier lifestyles.

JHo added the work is continuing, this was formally part of the working together programme, we focused on listening to people with lived experience. The challenge is CYP who present in ED with no defined physical or MH need however arrive in DCH ED as a place of safety. We have very committed teams from DCH and DHC and there is more work to come.

Frances West

FW shared slides on the screen and thanked all she has met all through joint work. FW introduced herself to the CoG, although FW has met most of the governors over the past couple of years through joint working this is her first DCH CoG as a joint NED.

FW has connections with Dorset and lived in Blandford Forum after leaving the military in 2008. FW has always lived in regulated roles. Running Public health and housing which are two rule bound services and FW explained that she is used to her service being put under scrutiny. FW worked for EDP drug and alcohol services and Age UK and has experienced the CQC inspections that were happening there.

As a single NED FW has been with DHC for 2.5 years and now as a joint NED reflected how she is enjoying working between an Acute and Community MH trust. As both organisations harness the energy of one another the benefits of this are beginning to become apparent. FW currently serves as the Senior Independent Director (SID) at Westwood Housing Association and will reach the end of her term of 7 years. FW emphasised the importance of good housing and how this links to good health.

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	<p>FW served as NED with Tricuro who deliver adult social care. After chairing the Quality and Safety committee for 18 months FW had to leave due to concerns of contractual conflict of interest with NHS raised by Tricuro.</p> <p>FW informed that in her current DCH and DHC role she chairs People and Culture (P & C) Committees in Common (CIC). FW reflected that MB had given a great handover and now sits as deputy chair. FW is a member of Strategy, Transformation and Partnership (STP) and Finance and Performance CIC. Audit committee at DHC and Quality at DCH. This provides FW with a good understanding of the elements of the delivery in both trusts.</p> <p>FW informed that the Executive team and staffing team have made a great effort to make sure FW has had a great induction into DCH and had a fruitful couple of months learning about the DCH wards and services. Further learning opportunities were provided by estates and with DD across DCH, visits with Fiona Wotherspoon to the Diabetes & Endocrinology Service.</p> <p>FW reflected on her first visit with Andy Miller to the Mary Anning ward looking at the elderly. FW most recent DHC visit to Tarrant Ward at Blandford Community Hospital highlighted where benefits can be delivered by two trusts working together.</p> <p>FW welcomes questions</p> <p>DCS added he is seeing the benefits of the joint working.</p> <p>MD asked what systems means? DCS answered it means Dorset organisations including Primary Care, UHD, and the local authority.</p>	
	Resolved: NED Update, feedback and Accountability Session be received for assurance.	
CoG24/089	<p>CEO Report</p> <p>Anita Thomas, Chief Operating Officer presented the previously circulated performance slides and highlighted the following-</p> <ul style="list-style-type: none"> Pre Xmas there was a rise in norovirus and post Xmas a rise of flu in the community. This impacted on discharge rates and on staff sickness. Flow was maintained and the odd bay was closed but not whole wards. The data on the slides does not show year on year we have reduced no reason to reside, we are still above the planned target, but the number is lower than this time last year. Same day emergency care opened for the elderly who can go directly there or SWAST or from GP referrals, there are 10 	

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Bull Henry 17/04/2025 14:44:10	<p>assessment beds for those patients. Short and sharp intervention for up to 48 hours for their maximum benefit.</p> <ul style="list-style-type: none"> Assessment beds moved for general medicine and surgical presentations from 10 to 14 beds using the same staffing model. The benefits of this have shown as empty beds being available in February at half-term which is usually a very busy time. Waiting list growth is being managed by activity increase. Demand is still growing, and this could be due to increased housing in Blandford. We are seeing a reduction in 65 weeks wait and we on trajectory for anyone not turning up for appointments to be zero. We could be first in region to achieve this. Cancer performance showed a drop in Jan in referrals. Always challenging against the backdrop of pressures that were seen in Jan. Early Feb stats show we are target for the FDS delivery of 77% in March. And 70% seen within 62 days. Diagnostics- improvement work in this area is paying off. Hiring of an additional echo machine and have bided to make this permanent. Hope to continue with increased capacity. Pressures also building in imaging and endoscopy due to the pressures on the cancer pathway and the urgent pathways in winter. <p>JPL asked a question referring to the new settlements, how recent is the demographic data that is used for planning? AT answered we use DICE data that is as up to date as possible. Transient populations such as caravan parks can be harder to predict. Our performance work looked at where referral demand has come from, it is important to establish is it new demand or gifted from another organisation. We determined it is new demand from those areas.</p> <p>SB congratulated AT on waiting lists for long waiters, he also added he thought DCH treated patients who need it the most rather than just those that waited the longest. AT explained that the waiting list is split into 'P' codes. P1 being emergencies presentations and P2 being urgent cancer presentations through to P4 which the consultants deem as less urgent and can wait longer without harm.</p> <p>JC asked about first slide, why is there an increase in walk ins and patients are not using 111 or the Urgent Treatment Centre (UTC). AT explained this can be due to lots of different reasons an UTC on site will be an alternative offer for patients.</p> <p>MB asked in the chat box does choice get considered if waiting a long time. AT answered yes there is choice, and there is the option to approach the ICB for further choice.</p> <p>AT leaves the meeting</p> <p>Nick Johnson, Joint Director of Strategy and Transformation covered the CEO update in MB absence and highlighted the following points-</p>
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	<ul style="list-style-type: none"> Planning guidance for 25/26 was released in January, there is a large amount of work now taking place to plan from a performance/ quality/ financial operation perspective. The entrances for ED have changed today to South wing. This is a result of work starting on Tilbury Douglas new hospital project. AH will retire at end of March and Rachel Wharton will become the CMO, handover currently happening. NJ touched on the SHMI data and commended the work of AH, the data is positive and in the best position for 10 year. <p>Jo Howarth, Director of Nursing presented the Quality update on behalf of DD and highlighted the following-</p> <ul style="list-style-type: none"> Flu peaked on NYE and was well managed. Vaccination rate is 36% for staff for covid, flu vaccination 48%. National incentive scheme for maternity now in the sixth year, this comprehensive governance approach to maternity to address safety concerns around maternity, including midwives, anaesthetic training levels. As the programmes continues into the seventh year there are further targets and ambitions to achieve. This involved a significant rebate from CNS insurance team. New complaints policy is fully embedded, 30 complaints outstanding on the old complaints system. Complaints are being resolved over the phone in a more personised and timelier manner. Resulting in higher satisfaction for staff and families. Open visiting policy launched in November, new visitor charter also launched to outline the standard we expect from visitors and staff. Limiting the number of visitors to a bedside at once is part of that. There is positive feedback so far and we are working through the Quality Impact Assessment to understand the impact on services in light of the financial challenges. Final point to celebrate DCH is a Paediatric Oncology Shared Care Unit (POSQ) that can provide chemotherapy, although we do not hit the numbers due our size of the national standard the rurality and access NHSE and the Paediatric network mean we continue with our designated status. <p>Nicola Plumb, Joint Chief People Officer presented the previously circulated slides and updated –</p> <ul style="list-style-type: none"> The staff survey results are now in and the emphasis will be to look for the joint people plan. Jan figure for appraisal is now 78%. Sick absence is down a 1%. Currently setting target around our people metrics. <p>JPL asked about parking and patient visiting hours, is there an impact that will be monitored? JHo updated the parking has been improved</p>	
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	<p>due to the load of visitors being more spread out over a longer period of time there are not as many condensed times when parking is needed. NJ also added parking will be monitored to see if more spaces are needed.</p> <p>SB asked a question about the SHMI data, coding and regime, is either of these the dominant factor in the data improvement? Jho answered both factors are important in equal measure. The coding it is important to record the patient's comorbidity as this increased a patient likelihood of dying. The focus of the clinical teams has been mortality and morbidity meetings to discuss learnings of when things could have been better and to limit the risk of a poor outcome for the patients.</p> <p>AL asked when phone calls are made to manage complaints, how are these calls recorded and is the complaint written to afterward to confirm the points that were raised? Jho answered sometimes this happens, it is called an early resolution complaint, the idea is to alliterate breakdown of communication. We can record when the complaint was made and when the complaint was closed. The idea of clinical teams to speak with families and complainant early on is to resolve a breakdown of communication. All complaints whether early resolution or further investigation are recorded on Datix. Some of the complaints will require formal written confirmation at the end. They are treated individually</p> <p>MD inquired does this replace informal complaint. JHo responded we don't use the term informal anymore, we use the term early resolution, Confusion comes when a patient makes an enquiry with the PALS. The ombudsman standards try to distinguish between the two for clearer reporting mechanisms.</p>	
	Resolved: that the CEO report be received for assurance.	
<i>Bull Henry 17/04/2025 14:44:10</i>	<p>CoG24/090 Finance Report</p> <p>Chris Hearn, Chief Finance Officer ran through the finance report that has been previously shared. Highlighting the following:</p> <ul style="list-style-type: none"> • The report contained the financial results up to month 9, which is December. • The trust delivered a deficit in month of £1.6 million • Year to date 11.8 million. Which is off plan by £7.3 million. • Number of patients with no criteria to reside is high, these are bed that cause cost pressure. • Pressures from inflation uplift and contracts being renewed. Increased cost of drugs is a £6 million cost pressure. • CIP target of £14 million. To Dec we delivered 5.2 million, on track to deliver £8.4. This is an improvement on the usual £4 million. • Positive highlighted is agency spend is reduced and is lower than last year, especially around high-cost agency. • 4 monthly requested from national team, various reasons why we have not been granted this. 	

	<ul style="list-style-type: none"> • Cash balance of trust as of Dec stood at £3.7 million, which low and we are escalating this through routes in Dorset and nationally. • Cash balance as of January was north of £7 million, recognising that we are working closely within the Dorset system. • Efficiency tariff received of 2.15%. The uplift pay cost alone are 4.7% means there is a significant gap that will be challenging going into next year. <p>JPL asked an external party may impose measures. Are we at risk of going into special measures? DCS answered there is a fine line of being ok or not and this is monitored closely. As a NED DCS confirmed he feels like the executive team are onto all aspects of it.</p> <p>NJ added we are walking tightrope; special measures are now called recovery system. If the recovery system were to happen it will be at a Dorset system level. It will depend on where we are with our operating plan.</p> <p>SB – asked about the Dorset system - Wes Streeting in a recent comment was talking about people having competition with local hospitals and money follows the services. How does this reconcile with looking at it as a system for the whole of Dorset?</p> <p>NJ added there are several comments being heard at the moment that don't reconcile and concluded that the government are still working through how they will go about this.</p> <p>CH responded to JPL previous point that in terms of financial intervention if this happens at a system level it can mean even an organisation with a surplus and in a strong cash balance can find itself in special measures anyway. CH also responded to SB questions and explained that DCH are intertwined as part of the Dorset system and the block of money entering the Dorset system is then effectively distributed.</p> <p>MBy asked in the chat box What are the significant causes of concern within ICB that. The system is under scrutiny rather than DCH, The deficit of ICB? CH explained that all the pieces of the Dorset system together make up the position of the ICB.</p>	
	Resolved: that the Finance report be received for assurance.	
CoG24/091	NHS Digital Plan Update <p>DCS introduced Stephen Docherty, interim Chief Information Officer, who joined on screen and delivered an update around the NHS digital plan. This was of particular interest to MBy.</p> <p>SD talked through the previously circulated presentation and highlighted-</p> <ul style="list-style-type: none"> • Front line Digitisation Programme, this is how NHS E cascade funds to providers, 12 months funding remaining. 	
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	<ul style="list-style-type: none"> • Digital Maturity Assessment - southwest are below average in this area. Next assessment being conducted in April/May 2025. • Darzi report – technologies will enable a shift from ‘diagnose and treat’ to predict and prevent’. Automation can reduce the admin burden. • 10-year plan - there could be a push for a universal national patient record. Use of AI and automation to improve productivity. • Digital Strategy, DCH and DHC are began to develop a joint digital strategy, this will be covered in following slides. • National context about frontline digitisation programme was £1.9 million in 2021. The focus was on electronic patient record. A joint vision statement for Dorset and Somerset illustrated on the slide. • Timeline began in Dec 2023 when the NHS E regional and national teams asked Dorset and Somerset to come together to develop the joint business case. • June 2024 the proposal was taken to DCH and DHC Trust Boards. Subject to further assurances around readiness and capabilities. • New government in July 2024 and we were asked to refine the case and make it affordable. • System decision to remove Dorset MH and move to a phase 2. • SD talked through the proposed timeline for the business case to be resubmitted for approval to joint investment committee, HM Treasury, Cabinet office. Procurement is planned to commence April/May 2025. • SD articulated the current EHR state of DCH, DHC, UHD and Somerset and explained the digital strategy development timeline. Aim for One Dorset digital approach in September 2025. • Digital Strategy aim to develop capabilities, services with modern infrastructure. <p>DCS thanked SD for the presentation and commented on the importance of working on a joined-up route.</p> <p>NJ commented that digital data is central to everything we are trying to do in the future of healthcare. Due to the constrained financial environment it essential to find new ways to work together with other around Dorset to maximise and optimise what we have.</p> <p>MBY added a comment in the chat box around the potential health outcome improvements following digital improvements. SD answered if we develop the digital front door, for access to services. Integrate that with the NHS app to deliver record and manage appointments, this could be helpful. From a population data perspective this can help to understand where to target interventions and develop feedback loops.</p> <p>SB asked is any of work from the Dorset Care record able to be used in relation to this or is that redundant now? SD responded that there is value in the Dorset Care record, however the contract is ending, and we are looking at what the version 2 will look like and will be in use for a while going forward.</p>	
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	Resolved: that the reflections on recent governor meetings be received for assurance.	
CoG24/092	<p>Governor matters</p> <p>Question from SB</p> <p><u>What are the plans for retail outlets on site? When WH Smith announced the closure of High Street stores it stated it was looking to open stores in airports, railway stations, motorway service stations and hospitals.</u></p> <p>Written response from CH emailed to all governors 03/03/2025</p> <p>Dorset County Hospital are working with their strategic development partner, PRIME plc, to explore the opportunity of building a modern main entrance to the hospital which would include a retail and hospitality offer. Similar developments have been successful at Southampton and Portsmouth Hospitals. By involving a private sector partner, it is possible to develop a facility like this at little or no cost to the NHS.</p>	
	Resolved: that Governor matters be received for information	
CoG24/093	<p>New Hospital Programme (NHP) build update and ED front door change</p> <p>TC introduced himself and updated the CoG about the commencement and progress about the NHP.</p> <p>TC shared slides that detailed historical pictures of the DCH site and recent pictures.</p> <p>TC continued to present an image of the planned new building with the ED on the ground floor and on the 1st floor the critical care unit, with a planned new 'winter garden' to allow patients outside. Above that is a plant room and then above that the charity funded helipad.</p> <p>FR explained in more detail about the new hospital building –</p> <p>Design has been about getting efficiencies. ED has major and minor spaces, dedicated MH and paediatric as well as CHAM provision. Ambulance offload and fast track assessment base.</p> <p>Model is designed to work for a district general hospital to ease the flow of patients. With 12 critical care beds with modelling of 24 beds up to 2034.</p>	

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	<p>FR explained the elements of the ED floor plan whilst referring to the detailed plan on screen. FR then explained in detail the Critical Care floor plan and facilities for care that will be available referring to the detailed floor plan shared on screen.</p> <p>TC elaborated that the full business case and planning application for this work has now been approved. We have entered a £64 million pound contract with Tilbury Douglas. If running to schedule we expect the new building to open in 2027.</p> <p>TC outlined the details of the new public entrance. The walk-in patients now come to the new hospital via Williams Ave and drive up to the main courtyard and enter through the Southport entrance. Patients are then seen and treated within that area. New road signage is on the road to direct patients. A new access road for access to the building site that will be open for two years.</p> <p>DCS suggested his time next year that could be a governor tour around the new building.</p> <p>NJ added the importance of this investment in serving the growing population.</p>	
	<p>Resolved: that NED update, feedback and Accountability session be received for assurance.</p>	
<p>CoG24/094</p>	<p>Enabling Plans</p> <p>Paul Lewis, Joint Director of Strategy improvement introduced himself and thanked all for being so instrumental in helping the development of the strategy.</p> <p>PL described the background and formation of the new trust joint strategy and then presented the enabling plans which is how the new joint strategy will be delivered.</p> <p>PL articulated what the joint strategy framework means for all to create an inspiring environment. PL went on to describe the Developing One Transformation approach which includes the NHP we heard about from TC. PL focussed on the Enabling Plans, culture communications engagement plan that will bring the strategy to life.</p> <p>There are 5 enabling plans. Clinical and Quality, Finance, People, Infrastructure and Digital. PL is currently working on a driver diagram to illustrate the enabling plans. Plans started in 2024 once the strategy was approved. Seeking approval March 2025 to have the enable plans signed off.</p> <p>DCS commented that it is now becoming evident that the work is taking a connected shape, DCS encouraged the governors to question can we see this work moving forward in a productive way and encouraged PL to bring back the driver diagram when ready.</p> <p>AL asked the question how is funding spent on cyber security? NJ answered there are security teams in place across both trusts. We</p>	<p>Bull Henry 17/04/2025 14:44:10</p>

	<p>constantly assess our cybersecurity posture and report this to committees and Board. NJ continued to explain that there is always a risk, and this is priority to the digital team, there are business continuity plans in place. Considerations need to be taken when working with other organisations around cyber security.</p> <p>DCS commented that DU has a good understanding of cyber security and works closely with the team.</p>	
	<p>Resolved: that the Enabling Plans be received for information.</p>	
CoG24/095	<p>Trust Constitution 2025 review and update</p> <p>JH introduced this significant piece of work of reviewing the trust constitution incorporating the standing orders which has sought to align the DCH constitution with the DHC constitution. There has been input from a working group (constitution review committee).</p> <p>CL established the background information around this piece of work and explained that she had found a recently reviewed constitution at Liverpool University Hospital and was able to use this as a bench mark of the many new pieces of legislation introduced in 2022, this was a trust working in partnership with Liverpool Women's Hospital, these trust were already working in collaborative way and were making joint appointments which was useful for us to benefit from.</p> <p>CL assured the CoG the constitution review that has been conducted on DCH constitution has been benchmarked against this other very recent piece of work, DCH and DHC remain with separate organisations with separate constitution. CL advised to keep the constitution review under review</p> <p>CL explained that one significant change was to Incorporate Standing Orders and board Standing Orders in source documents, however these can be changed without changing the constitution.</p> <p>The most significant change to the DCH constitution is the recommendation change of the constitutional boundaries. This has been driven by hard to recruit vacancies. By grouping them together and making bigger patches, it will be easier to recruit governors to represent the entire patch.</p> <p>DCS highlighted the different colours that were used in the amended document to mark clearly what has been added or changed. DCS invited KH to add any comments around the constitution review.</p> <p>KH thanked CL and all who put work into this. The biggest change KH would like to mention the boundaries changes and would like us to give these changes a try to fill more governor vacancies. DCS added the boundary changing can help with the vacancies.</p> <p>AC commented it must have been a difficult piece of work and was an excellent report and the colour coding was great.</p>	

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	<p>KH added we need to discuss who should the appointed governors be.</p> <p>ACTION- to discuss who the appointed governors should be.</p> <p>SB thanks CL for the excellent job of the constitution review and would like it to be noted with merger of North and East Dorset. There is a danger of there being no renal voice, for both Poole and Bournemouth satellite units. East Dorset will not be its own constituency in the future.</p> <p>CL added the changes are not risk free about the type of issued SB has just helpfully flagged up. Targeted and focussed engagement is required to ensure full representation.</p> <p>ACTION –DCS asked to note this as an action point of targeted recruitment process.</p> <p>JPL asked if there are more candidates than who we have elected can we keep non-elected candidates as a pool of governor. CL answered yes if there are more candidates than positions available the way the constitution is reworded this is possible. When governors step down it is now more flexible to allow another candidate to step in there place. This will help in managing governor turnover. Currently there is no power to appoint association governors. Even if a candidate didn't get voted in you can invite this person along to CoG as a non-voting member.</p> <p>MBy asked why to delete the ICB representation? CL answered they will not send an appointed governor due to them feeling they have a conflict of interest as they hold the trust to account.</p> <p>DCS confirmed we are quorate to approve the constitution.</p> <p>As there are only 16 governors currently in post, there are not the required 19 governors required to approve the standing orders. Therefore, the remaining 6 governors that are not here today will be emailed to request they approve changes to the standing orders via email. The changes of the Standing Orders will be presented to Board in April 2025 and once approved at Board the changes will be adopted into practice and will be presented to the governors again once there are 19 governors in post.</p>	<p>JH/KH</p> <p>DCS</p>
	<p>Resolved: that the Trust Constitution 2025 review and update be approved.</p>	
<p><i>Bull Henry 17/04/2025 14:44:10</i></p>	<p>CoG24/096 New SOP for Governor Removal</p> <p>JH informed the CoG that in the previous constitution removal of a governor would be considered in a standards committee, that is good practice within a constitution. Now we have drafted a Standard Operating Procedure to follow if we were in the unfortunate position of having to remove a governor to protect the Trust and the individual.</p> <p>DCS confirmed that all governors present approve the SOP for Governor removal.</p>	

	Resolved: that the New SOP for Governor Removal be approved	
CoG24/097	Feedback from the Membership Development Committee (MDC)	
	<p>DCS advised that there has not been an MDC however AC and JPL can update about the membership activities they have been involved with.</p> <p>AC updated how difficult it has been for any group or organisation to engage with him to organise any public engagement. Such as DCC Weymouth library.</p> <p>AC and JPL had a successful meeting in the Palm House with the Weymouth knitting group and the Mother and Baby group with good quality engagement. Display Board are a good focus to get people taking. Planned a further event in April at a Weymouth family church.</p> <p>JHo suggested that AC and JPL could link with Hannah Robinson and the work she does in the volunteer sector. DCS added that SA put AC and JPL in touch with HR</p> <p>AL added that Julia Woodhouse came to our carers meeting in Portland and there was great feedback from Julia being there to help address the issues raised.</p>	SA
	Resolved: that the Feedback from the Membership Development Committee be received for information	
CoG24/098	Update about the terms of reference.	
	JH informed the CoG that usually this time of year we would have already refreshed the Governor committees terms of reference, however due to the constitution review this has been delayed and we will bring the refreshed terms of reference to the next CoG in April.	
	Resolved: that the Update about the terms of reference be received for information	
CoG24/099	AOB	
	<p>JH updated that they would have hoped to agenda the quality priorities for this meeting but instead will circulate them in draft.</p> <p>SB added he would like to thank AH for his hard work and cheerfulness over the years.</p>	
CoG24/100 <i>Henry 10/04/2025 14:44:10</i>	Chair's closing remarks	
	DCS confirmed we have reached the end of part 1 agenda; and will move to part 2 and would like the CoG and JH to remain and all others are excused.	
CoG24/101	Date and Time of Next Meeting	

	The next meeting of the Dorset County Hospital NHS Foundation Trust Council of Governors will take place on 22 nd April 2025 3- 6 pm
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Signed by Chair **Date**

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DCH GoG Action Tracker April 2025

Action No	Minute Reference & Name	Date of Meeting	Topic	Action	Lead	Deadline	Response	Status
1	CoG24/079	09.12.2024	CEO Report - waiting list data	Regarding different ways to express the waiting list data AT to pick up with JPL how to do this by adding caveats	AT	April 25	This is not within the current BI requirements. This is something would like to look at in the future when we are not in operational planning.	Complete
2	CoG24/095	03/03/2025	Reviewing partner organisations for appointed governors	JH and KH to meet and dicuss partner organisations and appointed governors	JH	April 25	Meeting took place to map out partner organisations and agree next steps regarding organisations to contact	Complete
3	CoG24/095	03/03/2025	Recruiting public gobernor to the newly merged constituency	When recruiting a Governor for the new merged constituency make sure that the renal services in East dorset are still represented.	DCS	April 25	Plan for elections being developed and this will depend on indiviudals who come forward for election.	Complete
4	CoG24/097	03/03/2025	Public engagement	SA to provide AC and JPL with Hannah Robinson's contact details	SA	April 25	Hannah Robinson's details passed to AC and JPL and Hannah informed that they will contact her.	Complete

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JOINT CHAIR REPORT TO COUNCIL OF GOVERNORS

3rd March to 22nd April

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

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24th March	Visit to Emergency Department (A&E)
8th April	Board of Directors (Part 1 & 2)

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6th March	Visit to Kings Park Hospital, Bournemouth Older Person's CMHT Team Community Nursing (Hospital at Home) East Adults CMHT
19th March	Visit to Kings Park Hospital, Bournemouth District Nurses Community Neurology Team
21st March	Quality Conference
27th March	Quality Walkaround – Guernsey Ward, Alderney Hospital
9th April	Board of Directors (Part 1 & 2)
10th April <i>Bull Holes 17/03/15 14:44:10</i>	Visits to Pebble Lodge, Nightingale House and Florence House, Alumhurst Road

5th March	Joint Board Workshop
17th March	Extra-ordinary (Joint) CoG Meeting
24th March	Extraordinary Board in Common

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13th March	NHSE Chair & CEO (Leadership) Event
14th March	Board to Board to Board meeting (UHD, DHC/DCH)
20th March	Behind the scenes tour of new BEACH building at Royal Bournemouth Hospital
31st March	Pan-Dorset Council of Governors Workshop (UHD, DCH& DHC & ICB Chair)
2nd April	Visit One Dorset Pathology Hub, Royal Bournemouth Hospital
17th April <i>17/04/2015 14:44:10</i>	Quarterly call with Cllr Millie Earl, Leader BCP Council

Other

16th April

Creative Health Strategy Dorset progress meeting

Bull, Henry
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Other

16th April

Creative Health Strategy Dorset progress meeting

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Board to Board to Board – 14 March 2025

3-way board meeting with board members from all 3 providers within the Dorset system

- Future ways of working collaboratively within the Dorset system.
- Our shared goals to improve healthcare for our population
- Best use of our collective resources to help improve the delivery of healthcare in Dorset.
- Opportunity to take Board members through proposals to create a wholly owned subsidiary across our federation and with University Hospitals Dorset (UHD).

- Business case considered by all Boards in April 25 prior to submitting to the NHSE approval process.

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Pan Dorset Governors Event – 31 March 2025

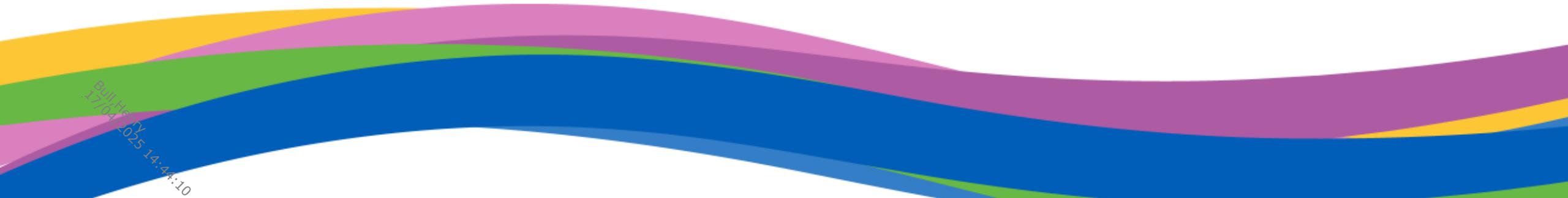
Governor Workshop across 3 Dorset providers

- To build relationships and collaboration across our three Councils of Governors
- To review the role of Governors in public engagement
- Shared learning across all three Trusts from member engagement activity
- *Considered 'How can our Councils of Governors enhance their collective public engagement to ensure that local people are informed and involved when developing and delivering future health and care services?'*
- *Commitment to work together on engaging with our members across Dorset*

Bull Henry
17/04/2025
14/04/2025
10/04/2025

Council of Governors

22 April 2025



Trust Update

- **Dorset County Hospital to benefit from national nature and health initiative**

Dorset County Hospital (DCH) has been chosen to benefit from a scheme that helps hospitals create thriving green spaces to support community wellbeing and local biodiversity.

The Centre for Sustainable Healthcare (CSH) selected Dorset County Hospital to be part of the national Healthy by Nature project.

Funded by the National Lottery Community fund, a Nature Recovery Ranger will be based at DCH to deliver green space activities with local community groups for patients, staff and visitors who might otherwise have limited access to nature.

- **Dorset County Hospital celebrates apprentice achievements at awards ceremony**

Apprentices at Dorset County Hospital (DCH) have been recognised at a special awards ceremony.

DCH currently has over 200 staff undertaking apprenticeships across a wide range of clinical and non-clinical roles, and at different levels – from Level 2 (GCSE equivalent) through to a Level 7 (master's degree).

Organised by the Trust's Apprenticeship team, there were twelve award categories to recognise those that are excelling in their studies and demonstrating the Trust's values. The winners were:

- **Rising Star Award:** Sam Spracklen
- **Outstanding Academic Performance Award:** Rob Membury
- **Best Attitude Award:** Joanna Ballard
- **Most Improved Apprentice Award:** Lydia Dare
- **Role Model Apprenticeship Award:** Lucinda Harris
- **Extraordinary Effort Award:** Carly Brimacombe
- **Best Classroom Participation Award:** Beverley Lagden
- **Most Dedicated Apprentice Award:** Debra Castle
- **Commitment to Professional Development:** Anna Elford
- **Excellence in Functional Skills Award:** Katie Ballard
- **Exceptional Mentor Award:** Sophia Trim
- **Apprentice of the Year Award:** Pete Spurr

Board to Board to Board (DCH / DHC / UHD)

On 14 March 2025 a three-way board meeting was held with board members from all three providers within the Dorset system attending to discuss the future ways of working collaboratively within the Dorset system. It was the second time that the boards of all three providers had met in this way, and we were able to discuss together our shared goals to improve healthcare for our population and how we might make best use of our collective resources to help improve the delivery of healthcare in Dorset.

We used this as an opportunity to take Board members through proposals to create a wholly owned subsidiary across our federation and with University Hospitals Dorset (UHD). We are developing a business case for our Boards to consider prior to submitting to the NHSE approval process.

We have recently decided to appoint a Joint Chief Digital Officer across DCH, DHC and UHD. Beverley Bryant, who has been appointed to this position, shared some of the challenges and work programmes at this meeting.

A follow up meeting is to be arranged during June.

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System Priorities

- Deliver our operation and winter plans as agreed with NHS England.
- Achieve revised financial forecast.
- Agree our Medium-Term Plan and develop delivery programmes that underpin its ambitions.
- Agree a contracting and funding approach that will support the strengthening of the out of hospital model including neighbourhood working.
- Continue to progress our key transformation programmes, namely new hospitals, integrated neighbourhood teams and urgent and emergency care.
- Develop a strategic outcome-based commissioning framework for implementation in 2025.
- Implementation of the plan to embed health inequalities and prevention into our clinical service models.

Commission new models of care for End-of-Life services, neurodiversity and homeless communities.

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Quality Update

- **IPC:** The Trust cases for MRSA Blood Stream Infection (BSI) rates remain low for 2024-2025 (HOHA - Hospital Onset Healthcare Associated and COHA - Community Onset Healthcare Associated), MSSA BSI rates have significantly dropped this year (24-25) and are at the lowest rate for the past five years. Gram-negative Blood Stream Infection (GNBSI) rates for E Coli and Klebsiella are at the lowest rate for the last three years and within the agreed trajectory level set by NHS England. The trust is above the trajectory level for 2024-2025 Clostridioides difficile cases. UK Health Security Agency has stood up a National Incident response due to the increase in Clostridioides Difficile infections in England.
- **Tissue Viability:** Prevalence of acquired Pressure ulcers in March 2025 (24) reduced significantly. Uptake of Tissue Viability training for all staff remains good, also offering training support to DHC Mental Health staff. Referral rates remain high – 80 for March. Replacement B5 Staff Nurse due to start mid-May.
- **Complaints:** An initial review of the new complaints process has been completed during March to determine where the process is working well and where we need to make changes and to confirm next steps to full implementation. Key actions will be to put in place new metrics to track and measure complaints and closer working with the divisional heads of nursing and quality and governance managers to confirm processes and resource / capacity and training needs for successful implementation.
- **FFT:** Overall, there were 348 responses in February – 96.9% of patients who responded in February would recommend the service. This is from the 4 main areas of attendance in Inpatients (97.7%), Outpatients (95.7%), Emergency Department (100.00%) and Maternity (Q2 Labour 90.9%). We received 1 response for ED resulting in the high recommendation rate. There was a decrease in recommendation rates for Maternity Post Natal community discharges and inpatients, there does not seem to be a particular trend in these areas other than consistently reporting poor communication. We have increased the number of responses from outpatient areas, especially Weymouth Outpatients and thank them for their support. We are continuing to take steps to include the FFT digitally by sending out the FFT with emailed correspondence in Maternity and supplying posters with QR code links to ED and other areas to put up in the department. We are continuing to work with areas with nil or low response rates to improve these going forward and have placed staff and volunteers in low response areas to capture more paper questionnaires.
- **Mixed Sex Accommodation:** There has been an increase in the number of breaches reported during March from 82 patients affected compared with 17 patients reported last month.

KPIs

	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
Sickness	4.3%	4.3%	4.6%	4.4%	4.9%	4.8%	4.4%
Turnover	9.5%	9.3%	9.4%	9.4%	9.4%	9.4%	9.3%
Vacancy Rate	3.6%	3.0%	3.2%	2.8%	3.3%	3.1%	3.1%
Appraisal Rate	77%	76%	77%	76%	76%	78%	77%
Mandatory Training Compliance	88%	87%	87%	88%	88%	88%	87%

Narrative

- Turnover and vacancy rates have stabilised in the past six months
- Sickness reduced in February and is following the usual seasonal pattern of absence
- The overall appraisal rate has plateaued, but an increase has occurred in all divisions in March
- Mandatory training compliance is at 87%. Recovery plans in place for the five subjects that are below the 80% lower threshold

Focus

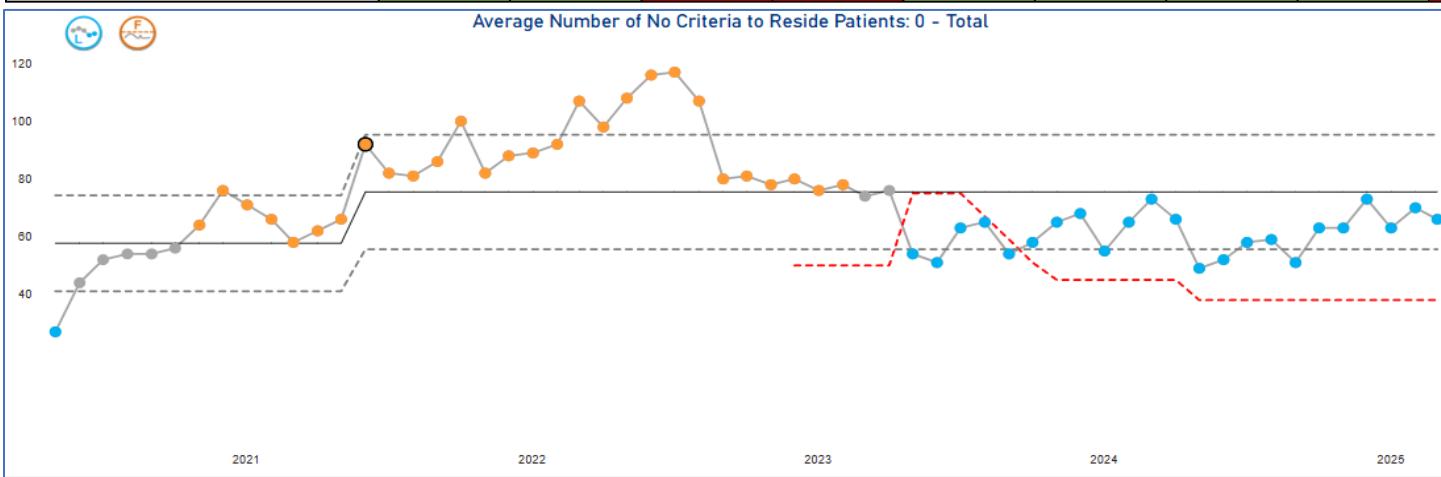
Ongoing WTE reduction, agency use in hard to fill roles, appraisal compliance, dissemination of staff survey results, Joint People Plan

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Performance Update

What's been happening - Patients- UEC

Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4 hour performance (all)	83.00%	79.70%	78.20%	76.90%	81.40%	82.20%	79.00%	79.10%	74.90%	75.20%	78.10%	84.30%
4 hour performance trajectory	78.69%	78.37%	78.58%	78.32%	78.26%	78.18%	78.15%	78.30%	78.04%	78.21%	78.21%	78.10%
Variance	4.31%	1.33%	-0.38%	-1.42%	3.14%	4.02%	0.85%	0.80%	-3.14%	-3.01%	-0.11%	6.20%

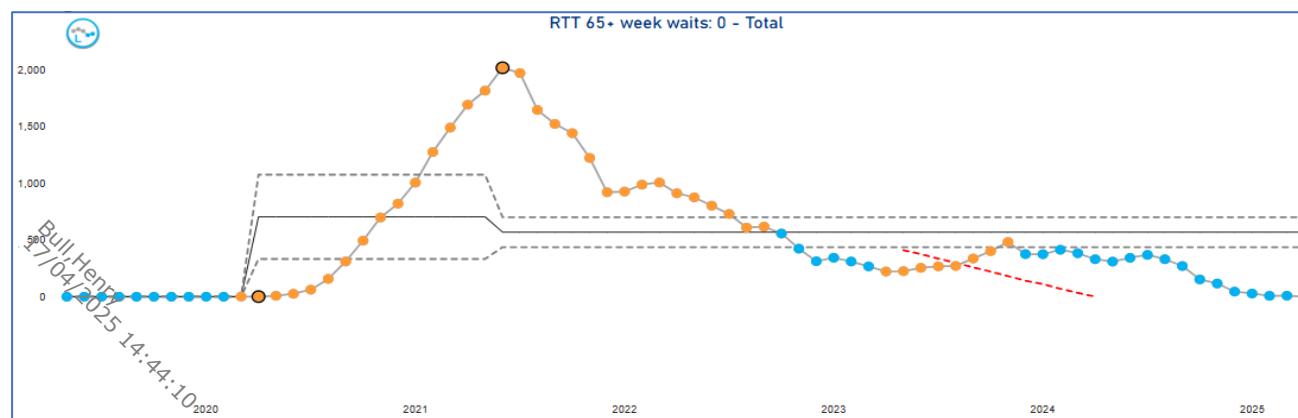
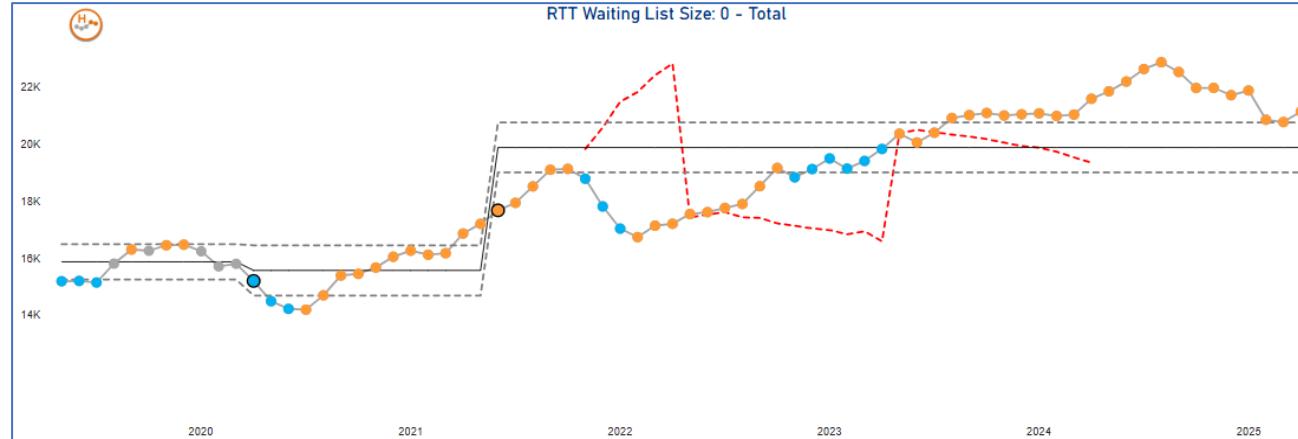


Metric	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24		Nov-24		Dec-24		Jan-25		Feb-25	
	Trajectory	Actual																				
Average NRTR	33	49	35	52	36	58	36	59	35	51	36	63	36	63	36	73	35	63	36	70	36	66
Average number of overnight G&A beds occupied - adult	282	301	296	296	298	304	294	298	288	304	292	307	294	314	297	314	288	316	293	327	294	310
Bed Occupancy %	90.10%	97.10%	96.42%	97.30%	98.03%	98.70%	98.00%	98.00%	96.00%	98.00%	97.33%	98.60%	98.00%	98.50%	99.00%	98.20%	96.00%	98.10%	97.67%	99.50%	98.00%	98.40%
Percentage of beds occupied by patients no longer meeting the criteria to reside - adult	12.21%	16.30%	12.11%	17.60%	12.24%	19.10%	12.24%	19.80%	12.15%	16.80%	12.33%	20.50%	12.24%	20.10%	12.12%	23.30%	12.15%	19.90%	12.29%	21.40%	12.24%	21.30%

- National target for 2024/25 is 78%, DCH performance dipped in December and January due to patient flow inc NRTR, and in February the standard was attained but performance was under trajectory. In March performance exceeded both.
- Demand at the front door is 2.05% down compared to last year and 8.19% up compared to 2019/20 – change to pathways away from ED also contribute to this shift
- NRTR is above trajectory for Q1 and Q2, with the average number of open beds above plan to account for this and offset the beds not generating flow.
- NRTR significant improvements and progress continues but the Trust performance is still below the trajectory set at operational planning.

Performance Update

What's been happening Patients- Elective Care



- Total waiting has been below trajectory since November, for March it is 1,083 below plan.
- Referral volumes YTD are 6.24% up compared to last year plans were written on the assumption of zero growth
- Activity levels (volume) are at 115.58% of the 2019/20 baseline
- While the waiting list size has grown, those waiting the longest has decreased from over 2,000 patients waiting over 65 weeks for treatment at the end of the COVID shut down, to 1 at the end of March.
- Zero patients waiting over 104 weeks at the end of August
- Zero patients waiting over 78 weeks at end of November

Performance Update

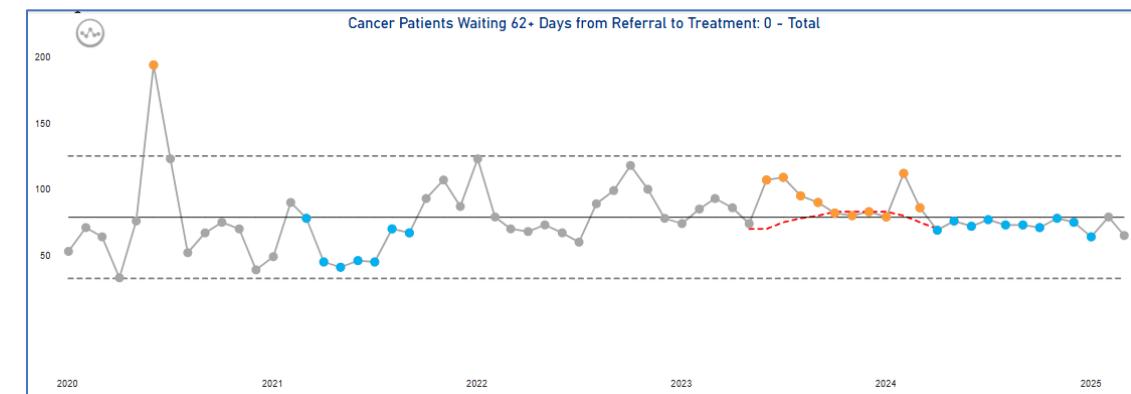
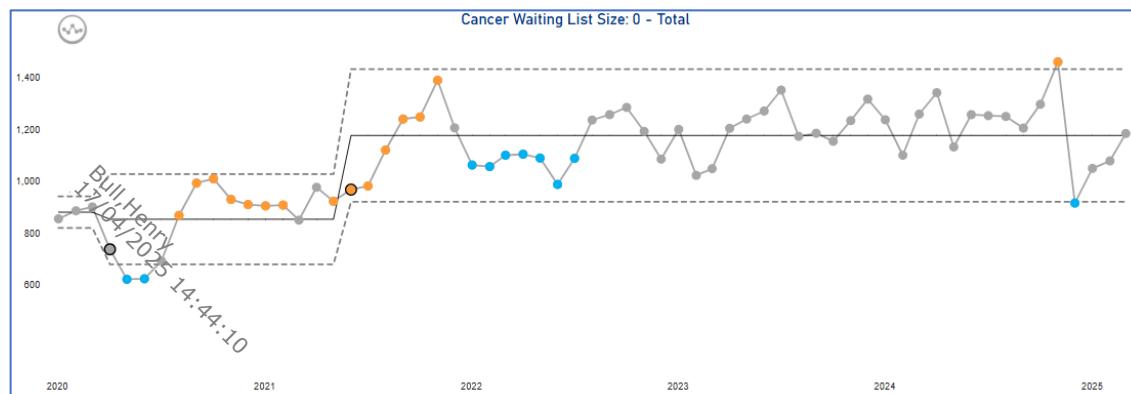
NHS

Dorset County Hospital
NHS Foundation Trust

What's been happening Patients Cancer

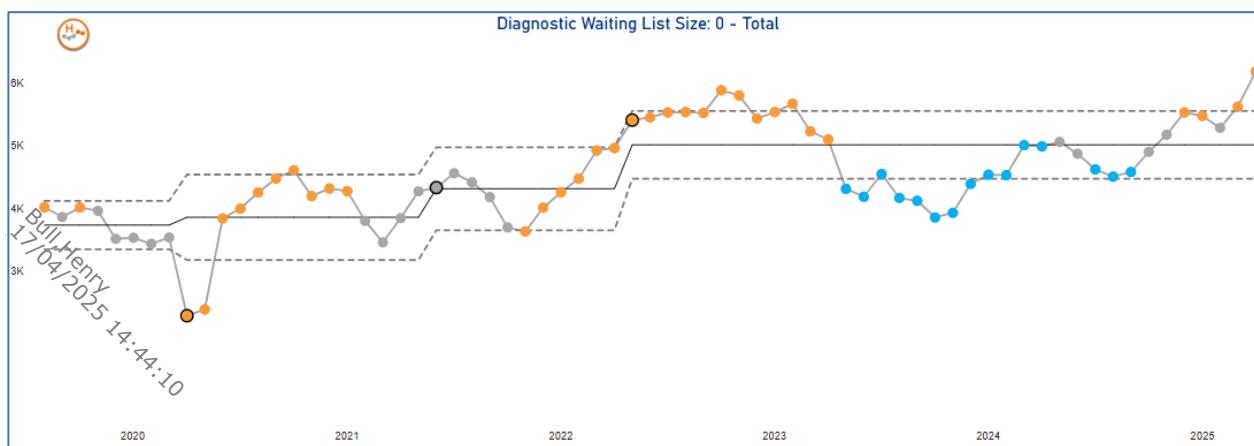
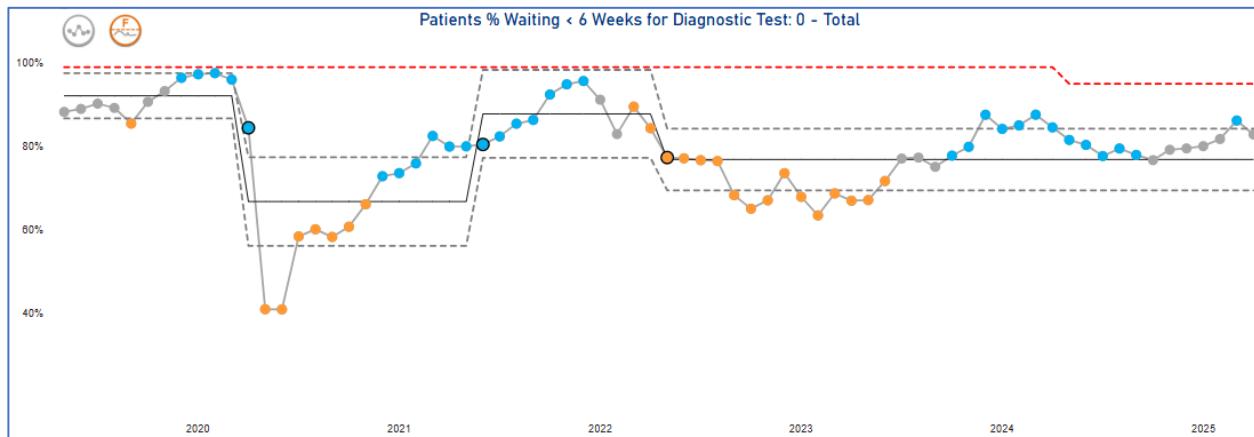
28 days FDS	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FDS (28 day) op plan	75.33%	75.56%	75.55%	75.10%	75.62%	75.09%	75.93%	75.88%	75.07%	75.04%	76.03%	77.94%
FDS (28 day) actual	70.52%	72.69%	75.72%	76.92%	74.89%	74.11%	78.15%	77.61%	78.41%	71.39%	76.19%	78.36%
Variance	-4.81%	-2.87%	0.17%	1.82%	-0.73%	-0.98%	2.22%	1.73%	3.34%	-3.65%	0.16%	0.42%
62 day RTT	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
62 day op plan	71.30%	70.37%	70.91%	70.75%	70.24%	70.11%	70.83%	70.18%	70.09%	70.94%	70.49%	70.69%
Actual	77.37%	63.91%	74.92%	72.26%	69.16%	74.37%	73.15%	79.37%	72.47%	66.43%	70.36%	78.28%
Variance	6.07%	-6.46%	4.01%	1.51%	-1.08%	4.26%	2.32%	9.19%	2.38%	-4.51%	-0.13%	7.59%

- Performance against the 28 day to diagnosis standard has been above 70% consistently since July 2023, the standard was also attained for 7 out of 12 months. The year end uplift target was also attained.
- The treatment standard percentage (62 day), DCH has achieved the standard 9 out of 12 months.
- Referrals YTD are 9.89% up compared to last year and 50.23% up compared to 2019/20.
- The growth in demand, has seen the total waiting list size grow, the number in the backlog has remained static, due to the level of activity delivered



Performance Update

What's been happening Patients Diagnostics



- In year, the overall waiting list has grown by 1,122 patients and the backlog has grown by 126.
- Performance is on an upward trajectory but is currently just under the recovery trajectory

Title of Meeting	Council of Governors
Date of Meeting	22 April 2025
Report Title	Finance Report to 28 February 2025
Author	Claire Abraham, Deputy Chief Financial Officer
Responsible Executive	Chris Hearn, Chief Financial Officer
Purpose of Report (e.g., for decision, information) For information	
At the time of preparing this report, the year end month twelve position is being finalised therefore a verbal update will be given regarding the draft outturn position, subject to audit review.	
Summary Dorset County Hospital NHS Foundation Trust (DCHFT) submitted a break even plan to NHS England (NHSE) on 10 th June 2024 for the financial year 2024/25.	
Key Messages Month eleven delivered a surplus of £1 million after technical adjustments, being £0.6 million away from plan of £1.6 million surplus. The year to date position is £8 million away from the reported plan standing at an actual deficit of £9.4 million. This position is in line with the Trusts risk adjusted forecast outturn trajectory plan of a £9.4 million planned deficit position at month eleven. Insourcing above original planned phased levels; ongoing challenges with drugs and shortfall in efficiency delivery against planned levels drive the position in month. The risk adjusted forecast outturn by year end remains intact noting the highlighted risks and focus on identified mitigating actions. Active dialogue is underway with system partners and the national team with regards to the outcome of the overall risk adjusted forecast outturn (RAFOT) delivery position, with a verbal update to be provided to the Council noting this fast paced changing landscape and timing of reports due with closing the year end position. Factors driving the year to date overspend remain as previously reported: costs supporting Industrial Action; other high drugs costs specifically for Gastroenterology, Dermatology, Rheumatology, Pediatrics and blood products which are largely patient specific. Costs supporting operational pressures including levels of patients with no criteria to reside, and inflationary RPI costs above planned levels are being incurred for provisions, catering, laundry and utilities. The Trust continues to see increased patient acuity throughout the month with escalated beds used in the region of 4, and circa 55 no criteria to reside (NCTR) patients being supported which were captured at the end of February (not average).	

Agency expenditure has continued at lower than budgeted levels, with total month spend of £0.3 million and year to date spend at £6.1m. This time last financial year agency expenditure totaled £12.6m demonstrating a significant improvement in this area. Current year expenditure is split across Nursing areas and medical agency cover for sickness and vacancies in Ophthalmology, Anesthetics and Obs & Gynae specialties. Break glass Off Framework expenditure is being incurred each month, with £0.07 million incurred in month eleven resulting in £0.3 million year to date, with NHS England expecting nil Off Framework spend from July 2024.

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

The Trust wide efficiency target for the year stands at £14.4 million and is circa 5% of expenditure budgets in line with peers and national planning expectations.

The target has been identified in full with year to date delivery at 50% of the target being £7.2 million, however efficiency delivery remains a significant challenge for the Trust.

Progress against planned delivery has significantly picked up pace since month eight with a renewed focus required in order to deliver the identified schemes in the latter parts of the financial year. The Trust is on track to deliver £8.3m of efficiencies this financial year which is the most in Trust history.

Capital expenditure for month eleven is broadly in line with in month £2.5m plan however year to date ear to date spend is £18.6 million and behind plan by £5.3 million largely due to NHP enabling works offset by internal schemes being ahead of plan by £0.9 million, both due to timing.

The cash position to February amounts to £11.8 million, being ahead of expected forecast due to timing of supplier payments made and income received relating to ERF.

Cash remains a high risk area for the Trust with modelling indicating cash support will likely be required for the next financial year pending confirmation of the 2025/26 funding allocation confirmations.

Key Actions

- The Trust is actively deploying targeted recovery actions to ensure mitigations and corrective steps are in place for all overspending areas in order to support delivery of the break even position by year end, noting significant challenges associated and risk to delivery of this as outlined in the report. A bi-weekly Executive led DCH Recovery Group is driving mitigating actions to tackle the risks to the position.
- Target areas include Non clinical bank pay; Facilities incl non pay & provisions; external security; medical additional sessions and medical agency usage; theatre utilisation, NCTR and escalation beds.
- Efficiency support meetings led by CFO ongoing with all areas, overseen by Value Delivery Board
- Working group in place to recover WTE to March 2023 levels overseen by Executive led SRO and DCH Recovery Group meeting, noting a staged approach to recover to March 2024 levels in the first instance (3470 WTE)

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<ul style="list-style-type: none"> • Ongoing daily cash monitoring – cash shortfall risk with ongoing efficiency delivery essential in line with planned levels and grip and control paramount • Agency monitoring continues with medical focus escalated to CMO • Capital programme monitoring noting over subscription and current internal programme overspend being mitigated. 	
<p>Paper Previously Reviewed By Chris Hearn, Chief Financial Officer</p>	
<p>Strategic Impact Trusts are expected to achieve a break-even financial position by the end of the financial year 2024/25.</p>	
<p>Risk Evaluation The Risk and Audit Committee can confirm there has been no non-audit work undertaken by the External Auditors during the current financial year to date.</p>	
<p>Impact on Care Quality Commission Registration and/or Clinical Quality As above</p>	
<p>Governance Implications (legal, clinical, equality and diversity or other): As above</p>	
<p>Financial Implications Failure to deliver a balanced financial position could result in the Trust being put into special measures by NHSE. Efficiency delivery remains challenging for the Trust in conjunction with the risk of a shortfall in cash during quarters three and four, being closely monitored with appropriate action being taken.</p>	
<p>Freedom of Information Implications – can the report be published?</p>	Yes
<p>Recommendations</p>	To review and note the 2024/25 position to 28 February 2025 with a verbal update provided on the draft outturn position for year end

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Council of Governors Finance Report to 28 February 2025

	Plan 2024/25 £m	Actual 2024/25 £m	Variance £m
Income	266	293	27
Expenditure	(267.3)	(302.3)	(35)
Surplus / (Deficit)	(1.3)	(9.3)	(8)
Technical Adjustment – Capital Donations/Depreciation	0	0	0
Adjusted Surplus/(Deficit)	(1.3)	(9.3)	(8)

Variance at Month Eleven

- 1.1 The income and expenditure position at the end of February is a deficit of £8 million and is largely driven by:
 - Costs incurred supporting Industrial Action
 - Above planned levels of inflation continuing linked to patient specific drug usage and increased volumes along with ongoing inflationary pressures
 - Heightened operational pressures supporting escalated bed base and NCTR patients
 - Efficiency delivery challenges
 - Offset by continued improving high cost agency reduction usage
- 1.2 Pay costs pressures are largely driven supporting the costs of Industrial Action, cover for vacancies and sickness along with operational pressures supporting patients with no medical criteria to reside. There has however been ongoing improvement with agency expenditure reducing significantly from prior months, following key actions delivered by the High-Cost Agency Reduction programme internally. This has been complimented by all Dorset organisations consistently applying a Nursing agency rate reduction of 15% since January 2024, with a further rate reduction applied late March.
- 1.3 Non Pay costs were above plan largely due to the impact of drugs increases in Dermatology, Rheumatology, Gastroenterology and Ophthalmology as well as ongoing inflationary pressures, in particular gas, electricity, catering supplies (milk, bread, other dairy and oil), blood products, catering and laundry.
- 1.4 The Trust wide efficiency target stands at £14.4 million for the year, circa 5% of expenditure budgets in line with peers and national planning expectations. Efficiency delivery noted at month eleven stands at £7.2 million (50%). At month eleven, the target has been identified in full however 47% of schemes classed as high risk for delivery this financial year, and being £5.4m away from phased plan at this time. Active

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

CASH

2.1 At the end of February, the Trust held a cash balance of £11.8 million, ahead of plan by £3.3 million due to careful cash management and receipt of ERF and PDC funding. Given this high-risk area, active monitoring and key mitigations have been identified to help manage the ongoing challenging cash position.

CAPITAL

3.1 Capital expenditure for the period to February was behind plan by £5.3 million. Externally funded projects are £5.5 million behind plan due to the changes in the spend profile of the New Hospital Programme (NHP) offset by internally funded and donated projects being ahead of plan by £0.2 million relating to early spend on East Wing Theatre and 2023/24 rollover spend on Ridgeway ward. Leases are behind plan due to timing of one Dorset pathology project £0.7 million.

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COUNCIL OF GOVERNORS' MEMBERSHIP DEVELOPMENT COMMITTEE

Terms of Reference

1. 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 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
- 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

2. Delegation of Authority

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.

3. Membership

The Committee will consist of:

Members

3.1 ~~Six public Governors and one appointed or staff Governor~~

All Governors are members of the Membership Development Committee

Attendees

3.2 ~~Head of Corporate Governance~~ The Director of Corporate Affairs or their nominee

3.3 Others may be invited by the Chair as 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.

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5. Secretary

The ~~Trust Secretary~~ Director of Corporate Affairs or their nominee shall act as the secretary of the Committee.

6. Appointment of Committee

~~The Committee will be filled on a yearly basis in January.~~

7. Committee Vacancies

~~Where a Governor vacancy occurs, the Council of Governors will be requested to provide another Governor replacement by the Council of Governors.~~

6. 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.

7. Frequency of Meetings

The Committee shall meet quarterly.

8. Extraordinary Meetings

Extraordinary meetings can be convened by Governors with a minimum of 3 in attendance. These meetings must be held within 5 working days of convening the meeting.

9. 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.

10. Minutes of Meetings

The ~~Secretary~~ Corporate Team shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

11. Reporting

The Chair shall ensure reports are submitted to the Council of Governors quarterly.

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COUNCIL OF GOVERNORS' CONSTITUTION REVIEW COMMITTEE

Terms of Reference

Establishment

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. (*Constitution Annex 6 paragraphs 6.7.1.3*)

Purpose

The purpose of the Constitution Review Committee ("the Committee") is to review the Trust's Constitution to ensure it meets current Statutory and Local and National governance requirements. All revisions will be presented to the Board of Directors and Council of Governors for approval. In line with the Health and Social Care Act 2012 the regulator will be informed of any changes to the constitution.

Duties

The CoG Constitution Review Committee has the following duties:

- To review and develop the Trust's Constitution taking into account statutory requirements and best practice.
- To ensure that all amendments to the Constitution are first presented to the Board of Directors for approval.
- To ensure that all Constitution amendments, once approved by the Board of Directors, are presented to the Council of Governors for approval.
- To ensure that Constitution amendments are notified to the regulator.

Membership

The Committee will consist of:

- Chair of the Trust
- Deputy Chair
- One Executive Director
- Lead Governor
- Three Public Governors
- One Appointed or Staff Governor
- ~~Head of Corporate Governance~~ Director of Corporate Affairs
- /Others may be invited by the Chair as appropriate

Chair

The Chair of the Trust shall act as the Chair of the Committee. In the Chair's absence, the Deputy Chair shall act as Chair.

Secretary

The Head of Corporate Governance Director of Corporate Affairs or his/her nominee shall act as the secretary of the Committee.

Delegated Authority

The Committee has delegated authority from the Board of Directors and Council of Governors to carry out its purpose and duties as defined within these Terms of Reference. The activities undertaken and other actions of the Committee will be reported to the Board of Directors and Council of Governors.

Appointment of Committee

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.

Committee Vacancies

Where a Governor vacancy occurs, the Council of Governors will be requested to provide a replacement.

Quorum

The quorum necessary for the transaction of business shall comprise the Chair or Deputy Chair and 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.

Frequency of Meetings

The Committee shall meet as required.

Notice of Meetings

Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Chair.

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.

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.

Minutes of Committee meetings, once approved by the Committee Chair, shall be circulated to all members of the Committee and, once approved, shall be submitted to the Council of Governors for ratification and to the Board of Directors for information.

Reporting

The Chair or his/her designate shall present the minutes of each meeting of the Committee to the next meeting of the Council of Governors.

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COUNCIL OF GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE

Terms of Reference

Establishment

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. (*Constitution Annex 6 paragraphs 6.7.1.3*)

Purpose

- 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.
- 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.

Duties

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), 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.
- 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.

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- Regularly review its Terms of Reference, recommending any changes to the CoG.
- Evaluate its own performance on a regular basis.

All Committee recommendations must be reported to the next scheduled CoG meeting for Council consideration and, if appropriate, 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 ~~Head of Corporate Governance~~ Director of Corporate Affairs or his/her nominee will act as secretary to the Committee.

Chair of the Nomination and Remuneration Committee

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.

Delegated Authority

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.

Appointment of Committee

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.

Committee Vacancies

Where a Governor vacancy occurs, the Council of Governors will be requested to provide a replacement.

Quorum

The quorum shall be any 5 members of the Committee including the Chair or Deputy Chair of the Trust.

Frequency of Meetings

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.

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.

Reporting arrangements

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.

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COUNCIL OF GOVERNORS' STRATEGIC PLAN COMMITTEE

Terms of Reference

Establishment

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. (*Constitution Annex 6 paragraph 1.3*) (~~Constitution Annex 6 paragraphs 6.7.~~)

Purpose

The purpose of the Strategic Plan Committee ("the Committee") is to specifically address the need for the CoG to formulate the priorities of the membership and the wider community for the planning process and to engage with the Board of Directors in the formulation of the plans.

Duties

The CoG Strategic Plan Committee has the following duties:

- To establish Members' and Stakeholders' opinions during the year.
- To review the findings from local and national surveys.
- To discuss and agree the collective CoG planning priorities for consideration by the Board of Directors in the preparation of the Trust's Annual Plan as required by Monitor and such Strategic Plans as the Board may develop from time to time.
- To receive a report from the Board of Directors which identifies where Governor opinion has and has not been incorporated into the final version of the plan.
- To ensure the CoG receives the final version of the Annual Plan and any Strategic Plans that are developed.
- To ensure Members and Stakeholders are informed of the Annual Plan and Strategic Plans after such documents are made public.
- To review progress against plan.
- To present update reports as required to the Council of Governors.

Delegated Authority

The Committee has delegated authority from the Council of Governors to carry out its purpose and duties as defined within these Terms of Reference. The activities undertaken and the actions of the Committee will be reported to the Council of Governors and the Board of Directors.

Membership

The Committee will be made up of:

- Chair of the Trust
- Deputy Chair of the Trust
- Lead Governor
- Eleven Governors (Seven Public, Two Staff, Two Appointed Governors)
- Trust Secretary (non-voting) Joint Director of Corporate Affairs (non-voting)
- Others may be invited by the Chair to attend all or part of any meeting

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Chair

The Chair of the Foundation Trust shall act as the Chair of the Committee. In the Chair's absence the Deputy Chair shall act as the Chair of the Committee.

Secretary

The ~~Trust Secretary~~ Joint Director of Corporate Affairs or his/her nominee shall act as the secretary of the Committee.

Delegated Authority

The Committee has delegated authority from the Council of Governors to carry out its purpose and duties as defined within these Terms of Reference. The activities undertaken and other actions of the Committee will be reported to the Council of Governors.

Appointment of Committee

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. Membership will be agreed by the Council of Governors.

Committee Vacancies

Where a Governor vacancy occurs, the Council of Governors will be requested to provide a replacement.

Quorum

The quorum necessary for the transaction of business shall be seven voting members (including the Chair or Deputy Chair and one Staff Governor) of the Committee. 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.

Frequency of Meetings

The Committee shall meet as required, with a minimum of 1 meeting per year.

Extraordinary Meetings

Extraordinary meetings can be convened by Governors with a minimum of seven in attendance. These meetings must be held within five working days of convening the meeting.

Notice of Meetings

Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Chair.

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 5 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.

Minutes of Committee meetings, once approved by the Committee Chair, shall be circulated to all members of the Committee and, once approved, shall be submitted to the Council of Governors for ratification.

Reporting arrangements

The Chair or his/her designate shall present the minutes of each meeting of the Committee to the next meeting of the Council of Governors.

April 2025

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Report to	Council of Governors		
Date of Meeting	22 April 2025		
Report Title	Council of Governor meeting frequency		
Prepared By	Jenny Horrabin, Joint Director of Corporate Affairs		
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs		
Previously Considered By	None		
Action Required	Approval	N	
	Assurance	N	
	Information	Y	

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 Implications	
Financial	No Implications	
Statutory & Regulatory	No Implications	
Equality, Diversity & Inclusion	No Implications	
Co-production & Partnership	No Implications	

Executive Summary

- The Constitution states that Council of Governors will meet formally at least for times per annum.
- For April 2025- April 2026 there will be six Governor meetings. Four of these will be formal meetings of the Council of Governors.
- There will be an additional two meetings which will be Governor/Non-Executive Director (NED) workshops. One of the workshops will be joint with DCH and Dorset HealthCare (DHC) Governors and NEDs. The other workshop DCH only governors and NEDs.
- There will also be the Annual Members meeting (date TBC) in addition to the four CoGs and two workshops.
- The times and dates of the meetings are detailed in the table below. An updated timetable of governor meeting will be emailed to all governors.

Date	Governor meeting	Time	Venue
22 nd April 2025	Council of Governors	3 pm – 6 pm	Dorset County Hospital, Boardroom, Trust HQ
16 th June 2025	Joint DCH/DHC Governor and NED workshop	1.30 pm – 4.30 pm	Moreton Village Hall, The Common, Moreton, Dorchester DT2 8RE
18 th August 2025	Council of Governors	2pm – 5 pm	Dorset County Hospital, Boardroom, Trust Headquarters
17 th November 2025	Council of Governors	2pm – 5 pm	Dorset County Hospital, Boardroom, Trust Headquarters

12th January 2026	DCH only governor and NED workshop, THQ	2pm – 5 pm	Dorset County Hospital, Boardroom, Trust Headquarters
2nd March 2026	Council of Governors	2pm – 5 pm	Dorset County Hospital, Boardroom, Trust HQ

- Reducing Council of Governor meetings to four annual meetings will allow for increased NED attendance. A rota system of two NEDs attending each CoG will remain, although NEDs are encouraged to attend every CoG.
- Reducing the CoG meetings to four per year could appear as less of a time commitment for potential new governors.

Recommendation

Members are requested to:

- **Note** the change in frequency and dates of 25/26 CoG meetings.

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Report to	Council of Governors	
Date of Meeting	22 April 2025	
Report Title	Governor Election Process	
Prepared By	Sarah Anton, Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	None	
Action Required	Approval	N
	Assurance	Y
	Information	N

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 Implications	
Financial	No cost incurred if we do not run an additional election in 2025	
Statutory & Regulatory	Requirement to act in accordance with Constitution and to have a Council of Governors	
Equality, Diversity & Inclusion	We will consider this as part of approaching appointed organisations	
Co-production & Partnership	No Implications	

Executive Summary

This paper is to highlight the number of the Dorset County Hospital (DCH) Council of Governor seats that are currently vacant and to review the process to address this. There are currently 16 governors in post at DCH Council of Governors from a potential of 28 seats.

Vacancies are detailed below

- 5 appointed governors (various organisations detailed below)
- 4 public governors (West and South Dorset)
- 1 public governor (North and East Dorset)
- 1 public governor (South Somerset & Rest of England)
- 1 staff governor

Outlined in the new DCH Trust constitution the CoG can request a total of 8 appointed governors from partner organisations. If the 5 appointed governor vacant posts were filled this would take the number of governors in post up to 21 which would improve numbers and allow functioning of the CoG until the usual planned time of elections in September 2026.

Whilst the high level of vacancies if not desirable running an election out of sequence would impact on the length of terms or the frequency of future elections. There is also a cost and resource implication for running elections.

Appointing to the five appointed vacancies would strengthen the Council of Governors in the short term, bringing the number of Governors to 21 (with 7 vacancies).

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It is therefore proposed that we run a concerted campaign to recruit to the appointed vacancies during Quarter 1 of 2025/26. In the event that we are unable to recruit to these vacancies we will review the position regarding public and staff vacancies and bring a revised proposal to the next meeting of the Council of Governors.

Recommendation

The Council is requested to

- Support the approach to Governor elections.

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Council of Governor Vacancies and Elections

1. Introduction

- 1.1. This paper is to highlight the number of the Dorset County Hospital (DCH) Council of Governor seats that are currently vacant and to review the usual process for election and an alternative to address the high number of governor vacancies.
- 1.2. There are currently 16 governors in post at DCH Council of Governors from a potential of 28 seats.

2. Current Position

- 2.1. Dorset County Hospital would usually hold elections for their Council of Governors on a 3-year cycle, holding elections in July and then the following year hold elections in September, followed by an election free year. Meaning that the next elections are due to take place in September 2026.
- 2.2. As part of the recent Constitution review, we have reviewed the public constituencies and the appointed governors.
 - There are 8 appointed positions. This is the same number that was in the previous constitution, although the number of partner organisations has changed. There are four named organisations (of which one is vacant – Weldmar) and a further four vacancies where the organisations are not named. (Previously there were 5 named organisations and three not named. The ICB has been removed as a named partner organisation due to a conflict of interest).
 - The appointed Governor positions and vacancies are listed in table 1 below.
 - In the new constitution there are three public constituencies (instead of the previous five). Existing Governors and vacancies have been aligned to the new Constituencies in the table 2 below. We currently have 6 public governor vacancies across all three constituencies
 - Four staff Governors of which there is 1 vacancy, as shown in table 3 below.

3. Appointed Governors

- 3.1 Table 1 outlines the current appointed governor seats and vacancies, there are currently three appointed governors in post from a potential eight seats.

Table 1 - Appointed Governors

Partner Organisations	Term End	Terms Served
Terri Lewis - Age UK	2025	1
Barbara Purnell – Friends	2025	1
Cllr Rory Major - Dorset Council	2027	1
Vacancy – Weldmar		
Vacancy – for further national/regional healthcare charity		

Partner Organisations	Term End	Terms Served
Vacancy- for further national/regional healthcare charity		
Vacancy- for further national/regional healthcare charity		
Vacancy- for further national/regional healthcare charity		

3.2 Initial discussions have been held with the Lead Governor regarding the four unspecified organisations and it is proposed that we approach the following types of organisations:

- An organisation that represents people with mental health and/or learning disabilities
- An education organisation (noting that Weymouth College have previously held a position but have not appointed to this)
- Healthwatch
- An organisation representing the views of primary care

4. Public Governors

4.1 Tables 2 shows the existing public Governors aligned to the three constituencies (as per the recently approved Constitution).

4.2 Whilst we are currently carrying six vacancies across all three constituencies it is proposed that we do not run an election at this time. The reason for this is that it will then mean that we will either need to run annual elections or elect Governors to shorter terms to align to our standard election cycle.

4.3 It is proposed that we hold these vacancies until 2026 (with the aim that we will fill the five appointed vacancies as detailed above).

Table 2 - Public governors seats for West and South Dorset

Public Governors		
West and South Dorset	Term End	Terms Served
Mike Byatt	2027	2
Alan Clark	2027	1
Jean-Pierre Lambert	2026	1
Anne Link	2027	1
Judy Crabb	2027	2
Kathryn Harrison	2026	2
David Taylor	2026	1
Vacancy		
North and East Dorset	Term End	Terms Served
Maurice Perks	2027	3

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Simon Bishop	2026	3
Carol Manton	2027	1
Vacancy		
South Somerset & Rest of England	Term End	Terms Served
Vacancy		

Table 3 – Staff Governors

Staff Governors	Term End	Terms Served
Max Deighton	2027	1
Midhun Paul	2026	1
Jack Welch	2026	1
Vacancy		

4.4 It is proposed that we hold these vacancies until 2026 (with the aim we will fill the five appointed vacancies as detailed above).

5. Conclusion

- 5.1 Whilst the high level of vacancies if not desirable running an election out of sequence would impact on the length of terms or the frequency of future elections. There is also a cost and resource implication for running elections.
- 5.2 Appointing to the five appointed vacancies would strengthen the Council of Governors in the short term, bring the number of Governors to 21 (with 7 vacancies).
- 5.3 It is therefore proposed that we run a concerted campaign to recruit to the appointed vacancies during Quarter 1 of 2025/26. In the event that we are unable to recruit to these vacancies we will review the position regarding public and staff vacancies and bring a revised proposal to the next meeting of the Council of Governors.

6. Recommendations

- a. The Council is requested to
 - Support the approach to Governor elections.

Name and Title of Author: Jenny Horrabin, Joint Director of Corporate Affairs and Sarah Anton, Governor and Membership Manager

Date 17 April 2025

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Appendix 1

Council of Governors Information Pack

Contents:

Board Sub-Committee Escalation Reports (April 2025):

1. Quality Committee – 25th of March
2. Finance and Performance Committee in Common – 24th of March.
3. People and Culture Committee in Common – 24th of March.
4. Strategy, Transformation and Partnership Committee in Common – 26th of March.
5. Risk and Audit Committee – 27th of March.
6. Charitable Funds Committee – 18th of March

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DCH Charitable Funds Committee Assurance Report

for the meeting held on 18.3.2025

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

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> DCH Charity Business 25/26 – Committee noted the DCH Charity Business Plan 25/26 has been approved by DCH Board (Corporate Trustee)
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> CFC Minutes (20.1.25) – minor amend noted, then approved as an accurate record. CFC Actions (20.1.25) – All actions completed or in progress. DCH Charity Business 25/26 – Committee noted the DCH Charity Business Plan 25/26 has been approved by DCH Board (Corporate Trustee) DCH Charity Financial Reports 24/25 (M11) – reports were received. Total income as of end Feb 2025 £528,354 (plus additional £53,713 legacy income received in 24/25 (accounted for in 23/24 accounts as notified in 23/24). Major legacy receipt still pending, now expected 25/26. Unrestricted funds were £307,463 providing a surplus of £67,463 against the reserves target of £240,000. £2.5M Capital Appeal (ED/CrCU) report (Feb 2025) – £546K income and pledges received to date. Fundraising & Communications report – overview of current key fundraising activities and communications. Innovation Fund (new): committee agreed to receive a paper from MB at next meeting outlining the objectives/framework for an Innovation Fund. Lillian Martin legacy: sale of land (£250K), expected completion end Mar 2025. Six beneficiaries, DCHC share c.£33K (minus costs).
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Decisions made at the meeting	<ul style="list-style-type: none"> None
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Issues / actions
referred to other
committees / groups

- None

Quoracy and Attendance						
	Date 19.11.24	Date 20.1.25	Date 18.3.25			
Quorate?	Y	Y	Y			
Dave Underwood	Y	Y	Y			
Chris Hearn	Y	Y	N			
Jo Howarth	Y	Y	N			
Anita Thomas	Y	Y	Y			
Margaret Blankson	Y	Y	Y			
Stephen Tilton	Y	N	Y			

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Audit Committee Assurance Report for the meeting held on 27 March 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	<ul style="list-style-type: none"> • Recommendation that the accounts are prepared on a Going Concern position • Approval of Financial Statements (Review of Accounting Policies Areas of Estimation) • Recommendation for the approval of the Standing Orders for the Board
Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> • Going Concern Statement, with a recommendation that the accounts are prepared on a going concern basis, recognising the commitment across the Dorset system to continue providing healthcare. • Financial Statements (Review of Accounting Policies Areas of Estimation), noting no significant changes to the policies. The main area of estimation continues to be the valuation of properties. Non-consolidation of charitable funds. Consolidation of subsidiary company funds. This is in line with previous years. • Internal Audit Plan for 2025/26 noting the plan has been developed following a review of the Board Assurance Framework and in discussion with executives. Some of the audits are aligned with audits at DHC and flexibility in the plan to focus on additional areas as needed. • Internal Audit progress reports, noting: <ul style="list-style-type: none"> ○ Receipt of comments from the ICB on the system operating model governance audit report. ○ The joint strategy report returned moderate assurance on design and moderate assurance on effectiveness. ○ The pressure on teams and risk to the ability to respond to audit actions was noted. • External Audit Value for Money Risk Assessment, noting no risks of significant weakness identified in relation to governance or improving economy, efficiency and effectiveness, but a risk of significant weakness identified in relation to financial sustainability. • Counter Fraud Progress Report and Workplan 2025/26

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- Managing Conflicts of Interest Policy noting alignment with Dorset Healthcare, and in line with the national policy. All staff who are band 8d or above are considered decision makers and will need to declare any interests (including a nil return) on an annual basis. All staff who have a conflict to declare are required to make a declaration. The process for declaring conflicts of interest will be relaunched to staff in the trust.
- Annual Report Timetable
- Freedom to Speak Up and Whistleblowing Arrangements noting assurance around the arrangements in place for staff to raise concerns.
- Standing Orders for the Board noting work to update the constitution and standing orders following changes in national guidance and to align with Dorset HealthCare.

Decisions made at the meeting

- Recommendation for the approval of the Going Concern Statement
- Approval of Financial Statements (Review of Accounting Policies Areas of Estimation)
- Approval of the Internal Audit Plan for 2025/26
- Approval of the Counter Fraud Plan for 2025/26
- Approval of the Managing Conflicts of Interest Policy
- Approval of the Annual Report Timetable
- Recommendation for the approval of the Standing Orders for the Board

Issues / actions referred to other committees / groups

- Nil

Quoracy and Attendance					
	18/06/2024	17/09/2024	17/12/2024	03/02/2025	27/03/2025
Quorate?	Y	Y	Y	Y	Y
Stuart Parsons	Y	Y	Y	Y	Y
Claire Lehman	Y	Y	Y	Y	A
Stephen Tilton	Y	Y	Y	Y	Y
Dave Underwood	Y	Y	Y	Y	A

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Quality Committee Assurance Report

for the meeting held on Tuesday 25 March 2025

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

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> • Ophthalmology continues to be an ongoing issue, but the committee are assured that the plan to resolve the issues are in progress • Approval of Quality Committee in Common terms of reference • Approval Strategy Enabling Plans – Clinical and Quality Plan
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Key issues / matters discussed at the meeting	<p>The Committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> • Chief Nursing and Chief Medical Officer Update, noting <ul style="list-style-type: none"> ◦ An update on the work to resolve issues in ophthalmology ◦ Updates on changes at a national level ◦ Update on senior clinical leadership within the trust, following the retirement of the Chief Medical Officer • Quality report including: <ul style="list-style-type: none"> ◦ The work of the nursing and quality division to thematically cross reference and triangulate feedback data received through a variety of sources. The ways in which NEDs can triangulate information themselves to be assured that there were no recurring themes was also discussed. ◦ Work ongoing to align policy reporting and timely updates of policies across both DCH and DHC <p>Maternity and Neonatal Quality and Safety Report, Saving Babies' Lives Q3 report, and ATAIN – Quarter 3 noting :</p> <ul style="list-style-type: none"> ◦ Update to the risk relating to the number and age of ventilators in the service. The intention was to replace the ventilators one at a time with either capital or charitable funding. ◦ Plans to increase the neonatal workforce by one whole-time equivalent, which would alleviate some challenges around out of hours staffing <ul style="list-style-type: none"> • Patient Safety Incident Response Plan (PSIRP) 2025/26 noting the positive progress being made in this regard and the positive feedback of patients and families involved in the process. • Quality Governance Group assurance report
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	<ul style="list-style-type: none"> Assurance reports from below sub-groups of the Quality Governance Group were also received for assurance. <ul style="list-style-type: none"> Medicines Committee Mental Health Steering Group Patient Safety Committee Safeguarding Committee
Decisions made at the meeting	<ul style="list-style-type: none"> Approval of Quality Committee in Common terms of reference Approval Strategy Enabling Plans – Clinical and Quality Plan Approval of the Learning from Deaths Q3 report
Issues / actions referred to other committees / groups	<ul style="list-style-type: none"> Nil

Quoracy and Attendance												
	23 Apr 2024	21 May 2024	18 Jun 2024	23 Jul 2024	17 Sep 2024	04 Nov 2024	26 Nov 2024	17 Dec 2024	28 Jan 2025	25 Feb 2025	25 Mar 2025	
Quorate?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Claire Lehman	Y	Y	Y	Y	Y	Y	Y	Y	A	Y	Y	Y
Dawn Dawson	A	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	Y
Alastair Hutchison	Y	Y	Y	A	Y	Y	Y	Y	Y	Y	Y	A
Eiri Jones	Y	Y	Y	Y	Y	Y	A	Y	Y	Y	Y	Y
Stuart Parsons	Y	A	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Anita Thomas	Y	Y	Y	Y	A	Y	Y	A	Y	A	Y	
Stephen Tilton	Y	Y	Y	Y	Y	A	A	Y	No longer a member			
Rachel Wharton	Not a member									Y	Y	Y

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**Finance and Performance Committee in Common Assurance Report
for the meeting held on Monday 24 March 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	<ul style="list-style-type: none"> Receipt of the 2025/26 Financial and Operational Plan incl. Capital Programme, which is recommended to the Board for approval Approval of the estates and facilities, and finance and procurement strategy enabling plans
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <p>DCH Finance Report At month 11 DCH is on target to deliver the risk adjusted forecast outturn position. The YTD position is £9.4m deficit. YTD CIP delivery savings are £7.2m against a target of £14.4m. YTD agency expenditure is £6.1m which is a significant improvement compared to same period last year. The month 11 cash position is £11.8m.</p> <p>DHC Finance Report The £1.3m planned year-end surplus position will likely be achieved. YTD overall agency expenditure is £1.5million less than the same period last year, but YTD Medical agency expenditure is £500k more than same period last year. £17.47m of the £19.15m savings requirement has been confirmed and removed from budgets, equating to 91% of the target. Significant cost pressure in out of area placements.</p> <p>2025/26 Financial and Operational Plan incl. Capital Programme The proposed financial plan submission for the Dorset system as at 27th March 2025 was a breakeven position, which is an improvement from the February draft plan submission of an £80.9m deficit. The improvement relates to alignment of system plan assumptions, changes to assumed income, and Integrated Care Board (ICB) commissioning intentions which was presented to, and discussed in detail amongst committee members. The Committee agreed to recommend approval of the plan to the DCH and</p>
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	<p>DHC Board and supported the proposal to delegate authority to the CEO and CFO to make amendments to the plan if needed.</p> <p>Policies</p> <p>A cleanse of the policy system is underway at DHC to ensure the right policies are in the correct portfolios as outlined in committee terms of reference and whether the documents are obsolete. The committee were assured a process is in place to be complete by May 2025 for DHC with implementation for DCH in March 2026.</p> <p>The following escalation reports from sub groups were received for assurance by the committee members:</p> <ul style="list-style-type: none"> • DHC <ul style="list-style-type: none"> - Capital Investment Meeting - Better Quality, Better Value • DCH <ul style="list-style-type: none"> - Capital Planning and Space Utilisation Group – - Value Delivery Board – - SubCo Ltd - Escalation report and performance report
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Decisions made at the meeting	<p>Approvals by DCH and DHC committees:</p> <ul style="list-style-type: none"> • 2025/2026 Operational Plan Approved • Proposal to delegate authority to the CEO and CFO to make amendments to the operational plan if needed supported • Approval of Strategy Enabling Plans, following thorough review and discussion at the informal meeting of the committee in February 2025 • Approval of Shared Services Business Case • Approval of One Dorset Procurement Business Case <p>Approvals by the DCH committee:</p> <ul style="list-style-type: none"> • Approval of Business Case – New Hospital Programme Generators • Approval of Renal Dialysis Unit Refurbishment, noting that the proposal delivers capacity to maintain the service whilst the business case for a longer-term solution is worked up. • Approval of DCH Fortuneswell Pharmacy Development & Sub Co proposal
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Issues / actions referred to other committees / groups	<ul style="list-style-type: none"> • None
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Quoracy and Attendance				
	23/09/2024	25/11/2024	27/01/2025	24/03/2025
Quorate?	Y	Y	Y	Y
Dave Underwood	Y	Y	Y	Y

Chris Hearn	Y	Y	Y	Y
Rachel Small	Y	Y	Y	Y
Anita Thomas	Y	Y	Y	Y
Andreas Haimbock-Tichy	N	Y	N	N
Frances West			Y	Y
Lucy Knight			Y	Y
Alastair Hutchison		Y		N
Rachel Wharton			Y	Y
Stephen Tilton	Y	Y	Y	Y
Nick Johnson	Y	Y	Y	Y

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**People and Culture Committee in Common Assurance Report
for the meeting held on Monday 24 March 2025**

Chair	Frances West
Executive Lead	Nicola Plumb, 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	<ul style="list-style-type: none"> Received the Staff Survey Results which were overall positive for both DCH and DHC. Received the Gender Pay Gap reports Received the Equality, Diversity and Inclusion annual report for DCH Received the Joint Strategy Enabling People Plan
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <p>Workforce KPI dashboard (Joint)</p> <p>Dorset County Hospital:</p> <ul style="list-style-type: none"> Sickness of staff reduced (to 4.45%) throughout January and February. The report showed 9% turnover and 3% vacancy rates and showed good progress in the reduction of agency use. DCH are expected to meet the planned enrolment figures for apprenticeships. However, DCH appraisal recordings need to be investigated. <p>Dorset Healthcare:</p> <ul style="list-style-type: none"> DHC reported marginal changes such as decreases in mandatory training and sickness rates and increases in appraisal compliance. DHC Estates and Facilities pilot has been reported as successful. Total turnover for previous 12 months is 9%. <p>Gender Pay Gap Report</p> <p>Dorset County Hospital:</p> <ul style="list-style-type: none"> 9% year on year reduction to the gender pay gap, in favour of female staff. DCH have seen an increase in females at senior positions as well as an increase in the median hourly work rate. The report detailed steps to maintain this position and work towards closing the gap further. <p>Dorset HealthCare:</p> <ul style="list-style-type: none"> Decrease in the gender pay gap (1.95% gap) which is a consistent reduction over the last 6 years, mainly due to median pay. Continuation of work to reduce the gap further; looking into the female representation on recruitment and selection panels.
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Equality Diversity and Inclusion Annual Report (DCH)

- Inclusion and Belonging Strategy has been implemented. Tracking EDI related metrics is improving. There is work to be done around ethnicity and disability pay gaps and their representation across the organisation, particularly in higher bandings. Slight implications for bank staff – the report focuses mainly on employed staff.

Joint Strategy Enabling Plans – People Plan (Joint)

- Strategic objectives have been set and aims to focus on people's experiences, belonging, skills, and capabilities whilst drawing on our current data for insights. The main priority for year 1 is for the People Plan to be directly connected to operational activities, as well as focussing on emotional wellbeing of staff.

Annual Staff Survey Results (DCH)

- Increase in response rate this year (46%) with staff engagement being significantly higher than sector. Results show significant improvement in 5 out of 7 people promise elements and 1 of 2 themes. Ranked 3rd in region for recommended place to work. 18.8% increase in staff reporting discrimination, which will be investigated. Areas to focus on are appraisals, work pressures and near misses & conflicting demands.

Annual Staff Survey Results (DHC)

- Decrease in response rate. DHC were above average in 6 out of 7 people promise elements and declined in 1 (always learning), with an overall positive result. Most changes are marginal (not statistically significant). Improvement for equality and diversity and staff morale. Decreases for inclusion & compassion, autonomy & raising concerns, career development, staff motivation and work pressures. There will be ongoing work with HR Business Partner's around the 10 lowest-scoring items.

Quarterly Guardian of Safe Working Report (DCH)

- 64 exceptional reports, 3 of which were immediate safety concerns, and the majority were related to working shift patterns.

Quarterly Guardian of Safe Working Report (DHC)

- 10 reports raised between September - October 2024 (all have now been closed). 6 were related to breaching 5hrs continuous rest, 2 related to a busy weekend on call.

Developing Workforce Safeguards Report (DCH)

Developing Workforce Safeguards Report (DHC)

- Self-assessment report which has partial assurance for recommendation 7 and 12. The issue of partial compliance is being addressed separately to this meeting.

Policy Status Report (DHC)

- There will be a quarterly Policy Status Report and the process for this is underway (with a few things that need to be finalised before).

Higher Level Responsible Officer Report and Action Plan (DHC)

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<ul style="list-style-type: none"> Report shows that there is adequate resourcing for appraisals. The HLRO Reports are in the process of aligning with DCH, with discussions of a joint ROAG to start next month. <p>Update report: Mutually Agreed Resignation Scheme (MARS) (Joint)</p> <ul style="list-style-type: none"> The outcome of MARS did not achieve the desired reductions. Suggestions of re-running the MARS scheme, with more transparency. Reports from patient-facing staff that the MARS felt unfair due to being told it was unlikely their applications would be accepted. <p>Assurance reports from below sub-groups of the People and Culture Committee in Common</p> <p>DCH:</p> <ul style="list-style-type: none"> Partnership Forum Equality, Diversity, Inclusion and Belonging Steering Group Local Negotiating Committee <p>DHC:</p> <ul style="list-style-type: none"> Workforce Wellbeing Group Equality, Diversity, Inclusion and Belonging Steering Group Trade Union Partnership Forum
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Decisions made at the meeting	<ul style="list-style-type: none"> Approval of the Gender Pay Gap Report (DCH) Approval of the Gender Pay Gap Report (DHC) Approval of the Equality, Diversity and Inclusion Annual Report (DCH) Approval of the Joint Strategy Enabling Plan – People Plan Approval of Developing Workforce Safeguard Report (DCH & DHC)
Issues / actions referred to other committees / groups	<ul style="list-style-type: none"> Nil

Quoracy and Attendance				
	23/09/2024	25/11/2024	27/01/2025	24/03/2025
Quorate?		Y	Y	Y
Frances West	Y	Y	Y	Y
Dawn Dawson	Y	Y	Y	Y (Left after 15 mins)
Alastair Hutchison	N	Y	N	
Rachel Wharton				Y
Lucy Knight			Y	Y
Suresh Ariaratnam	N	Y	Y	Y
Eiri Jones	Y	Y	Y	Y
Margaret Blankson	Y	Y	N	Y
Nicola Plumb	Y	Y	Y	Y
David Clayton-Smith	Y			

**Strategy Transformation and Partnerships Committee Assurance Report
for the meeting held on Wednesday 26 March 2025**

Chair	David Clayton-Smith, Chair
Executive Lead	Nick Johnson, Chief Strategy, Transformation and Partnerships 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	<ul style="list-style-type: none"> Capacity within the STP team to support the delivery of long term change, transformation and improvement is a constraint. Primary care partnership working (DCH with Royal Manor Health Care) recognised as extremely positive and embodies collaborative working and service transformation. Key working housing joint strategy for DCH and DHC will be critical in recruiting and retaining staff. The DCH Digital recovery plan is making good progress, but challenges remain.
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports:</p> <ul style="list-style-type: none"> Our Dorset Collaborative The committee received a verbal summary highlighting the collaborative work programmes that are underway and planned across the Dorset system. One Transformation Progress Report incl. strategy enabling plan update The committee received an update on the One Transformation Approach including the strategic portfolios of change and key activity in the period. The capacity to deliver the scale of future change, transformation and improvement is a constraint therefore prioritisation and a robust delivery plan will be critical. Joint Health Inequalities Annual Plan & Health Inequalities Workstream Update, including progress against plan The committee received an update on progress against the Q4 workplan including establishment of a Joint Health Inequalities Steering Group which met for the first time in March 2025. Cross-organisational work is underway to inform and progress a Health Inequalities plan for 2025/26. Patient Care Race Equality Framework (PCREF) The committee received an update on progress since January 2025 in relation to implementing the Patient Carer Race Equality Framework (PCREF), and assurance that work is progressing in line with contractual expectations by 31 March 2025. Social Value Annual Plan
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The committee received a summary of the DCH Social Value annual plan for approval noting that a joint approach with DHC has now commenced with the setting up of joint social value operational group commencing in April 2025 and a plan to develop a joint plan for 2026/27.

- Primary Care Partnership

The committee received a summary of the proposal for DCH to partner with Royal Manor Health Care as a first step to a broader strategy of working more closely alongside general practice.

- Dorset Renal Development Strategic Case

The committee received a summary of the strategic business case for improvements in in-centre haemodialysis across Dorset and South Somerset over the next 5-10 years, and the next steps in producing a business case for funding approval.

- Cyber security and risk updates

The committee received an update on the cyber security related activities for DCH and DHC. The development of a system wide Cyber Security Strategy continues led by Dorset ICB with input from DHC, DCH and UHD.

- DCH Digital Recovery Plan – Assurance

The committee received an update on the DCH digital recovery plan highlighting a number of activities to help address historical issues and BAU backlogs such as clinical risk assessment of systems. Assurance was given that activities will be reviewed every fortnight as part of the recovery plan.

- Policies

A cleanse of the policy system is underway at DHC to ensure the right policies are in the correct portfolios as outlined in committee terms of reference and whether the documents are obsolete. The committee were assured a process is in place to be complete by May 2025 for DHC with implementation for DCH in March 2026.

- Frailty Hospital at Home

The committee received a presentation on the hospital at home care model for people living with frailty offering a community-based alternative to hospital admission for patients with acute needs. There have been many positive impacts and outcomes in the last 18 months and committee members commended the team on their achievements

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

DCH:

- Digital Transformation and Assurance Group (DTAG)
- NHP Programme Board Assurance Report

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Decisions made at the meeting	<ul style="list-style-type: none"> • DCH Social Value Programme Annual Plan was approved. • DCH partnership with Royal Manor Health Care was approved. • The Joint Key Worker Housing Strategy was approved. • The creation of a Quality Committee in Common and Mental Health Legislation board level Committee in common was endorsed and approved by the committee
Issues / actions referred to other committees / groups	<ul style="list-style-type: none"> • None

Quoracy and Attendance				
	23/09/2024	25/11/2024	27/01/2025	24/03/2025
Quorate?	Y	Y	Y	Y
Dave Underwood	Y	Y	Y	Y
Chris Hearn	Y	Y	Y	N
Rachel Small	Y	Y	Y	N
Anita Thomas	Y	Y	Y	N
Andreas Haimbock-Tichy	N	Y	N	N
Frances West			Y	N
Lucy Knight			Y	Y
Alastair Hutchison		Y		N
Rachel Wharton			Y	
Stephen Tilton	Y	Y	Y	
Nick Johnson	Y	Y	Y	Y

Bull, Henry
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