

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

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

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

	Resolved: that the minutes of the meeting held on the 22 April 2025 be approved.	
CoG25/023	Matters Arising:	
	The Action Log was considered, and approval was given for the removal of completed items.	
	Resolved: that the action log be received and updates noted.	
CoG25/024	Chairs Update	
	<p>In addition to the previously circulated report DCS highlighted the following-</p> <ul style="list-style-type: none"> • DCS attended a successful event with Kate Adie at the Mowlem Centre, in Swanage, over 300 people attended and raised funds for the A&E appeal. • DCS visited the sunflower trails near Poundbury and highlighted the generosity of the community. • Confirmed that the Trust has submitted the Board's 'Fit and Proper Person' declaration in full and on time, ensuring compliance. • Participated in three quality walkabouts to maintain visibility across hospital operations and engage with staff. • Opened the Non-Medical Prescribing Conference, which included attendees from all Dorset trusts, promoting cross-organisational collaboration. • Attended a performance by musicians from the Bournemouth Symphony Orchestra at Dorset County Hospital. • Highlighted the therapeutic impact of creative health activities on patients and expressed interest in expanding this work. • Participated in a joint workshop on 16 June at Moreton Village Hall. • Attended a Joint Development Workshop on 2 July 2025. • Chaired the Strategy, Transformation and Partnership Committee, noting increasing alignment and collaboration between Trust teams and the positive impact on patient outcomes. • Held regular meetings with Judy Gillow (Acting Chair, UHD), ICB Chairs and Chief Executives. • Participated in the stakeholder panel for the recruitment of BCP Council's new Chief Executive, strengthening inter-agency relationships. • Attended the opening of the Health and Care Academy at Bournemouth and Poole College, supporting T-level education and placements in community hospitals. • Visited the Health Sciences University in Bournemouth to explore opportunities for postgraduate training and workforce planning in alignment with the 10-year strategy. • Co-presented the Dorset-wide Creative Health Strategy with the Arts Development Company at the ICP, securing agreement to progress the initiative. • Emphasised the value of non-medical interventions in improving patient wellbeing and committed to further development of the strategy. <p>DCS said thank you and farewell to NJ as he takes up role as Managing Director at Salisbury and confirmed this is his final meeting. His move to Salisbury is seen as a positive step, where EJ is currently Acting Chair.</p>	

	Acknowledgement and thanks were extended to NJ for his contributions and leadership. MB has reviewed the arrangements for covering NJ responsibilities. It was confirmed that the role will not be directly replaced or recruited for at this time and this will be kept under review. The distribution of NJ portfolio will evolve, particularly in relation to the development of the Integrated Care Partnership (ICP). Congratulations were extended to Nick on his new role and achievements.	
	Resolved: that the Chairs Update be received for information.	
CoG25/025	Trust Executive Update including 10-year plan	
	<p>NJ provided the Trust Executive Update Report and highlighted the following:</p> <ul style="list-style-type: none"> • 10-Year Plan: Released on 3rd July and aligns well with existing local strategy. The plan provides clarity of direction for future developments. • ICB Changes: Dorset will be part of a cluster with Somerset, Bath, Northeast Somerset, Swindon, and Wiltshire. A new cluster Chief Executive has been appointed. • Chemotherapy Unit Redevelopment: Completed following a £2 million investment supported by Fortune Cancer Trust. • Electronic Health Record Programme: Outline Business Case has been approved by Cabinet Office. The procurement process is live. The supplier is expected to be appointed by end of 2025 or early 2026. • New Hospital Projects: Main works started on the Emergency Department and Critical Care Unit with target completion by 2027. • Subsidiary Company Development: Process paused for a month to address trade union concerns. Process reinstated with clear communication to staff with assurance of no changes to terms, conditions, or NHS pensions. <p>DT raised concerns over plans to build new homes in Dorset which will increase the population. He asked about plans from the NHS in place to respond to this.</p> <p>NJ responded and noted the shift in focus within Integrated Care Boards (ICBs) towards strategic commissioning to better plan and deliver services across the population. NJ emphasised the importance of ICBs being clear and proactive in planning services to meet future population needs.</p> <p>Dorset HealthCare previously collaborated with Dorset Council to develop a clear policy on Section 106 and Community Infrastructure Levy (CIL). This policy ensures contributions from housing developments are directed towards health services, including capital and workforce needs.</p> <p>Chris Hearn, Chief Finance Officer in addition to the previously circulated report highlighted the following finance Update – Month 4 (End of July)</p> <ul style="list-style-type: none"> • Financial performance is broadly in line with the year-to-date plan, which is positive. • Current year-to-date deficit stands at £11 million; full-year planned deficit is £9.8 million. • Majority of savings are scheduled for the second half of the year, particularly from month 7 onwards. • Industrial Action Costs incurred due to temporary staffing to maintain safe services; no national funding available to offset this. 	

- Agency expenditure was better than plan and significantly improved compared to previous years.
- Bank staffing spend is above plan year-to-date; a deep dive is underway to understand and ensure appropriate use.
- Efficiency Programme is broadly on track with the plan. Only one-third of efficiencies are recurrent, raising concerns for future years.
- The Trust received system cash at the end of last financial year, supporting current cash strength. If deficit trajectory continues without delivering efficiencies, cash pressure may increase significantly in the latter half of the year. Mitigation planning is underway across the system.

JPL raised a question around the cash injection and asked if steps had already been taken to close the gap and are there likely to be any more cash injections during 2025/26? Also, what is the underlying deficit flowing into 2026/27?

CH responded and explained that the surplus last year was due to a late-year cash injection, which was unexpected and not part of the original financial plan. The trust is unlikely to receive similar injections this year due to current economic constraints. Previously funded industrial action costs and winter pressures are now unfunded, reinforcing the expectation of no additional funding. A system-wide mitigation plan is being developed to manage any potential cash shortfalls, led by finance teams in collaboration with the ICB.

Regarding the underlying deficit into 2026/27, the trust is currently developing a medium-term financial plan (3–5 years) in line with national NHS planning requirements. There is emphasis placed on delivering recurrent efficiencies to avoid compounding future deficits

SB raised a concern around the Cost Improvement programme (CIP) and 40 % of this is high risk and asked what mitigations are being put in place for this?

CH responded that the committee was informed that the efficiency target for the year is £29.1 million, which marks a significant increase compared to previous years and equates to an 8–9% efficiency challenge across Dorset, which is above the national average but reflective of wider NHS pressures. Due to the scale of the challenge, the approach this year focuses on transformational change rather than incremental savings, with much of the programme weighted towards the second half of the year to allow time for development. A weekly Financial Recovery Board chaired by the Chief Executive has been established to oversee progress. While positive steps are being taken, a significant portion of the programme remains high risk due to the scale and timing of delivery.

DT expressed appreciation for the financial management of the Trust, describing it as impressive and well-run. DT raised three key concerns for consideration in future financial planning: the ongoing presence of COVID-19 and whether any government funding is still available to support related costs; the ageing population in Dorset, which is among the oldest in the country and likely to increase healthcare demands; and the impact of maternity service closures, which may shift additional responsibilities and costs to the trust. DT asked whether these factors have been reviewed with a view to securing further financial support.

DU responded and acknowledged the challenges raised. The situation with maternity services was described as a transaction between two foundation trusts, with some support already being received following the closure of a unit. The emphasis was placed on the need to progress transformation work, which involves collaboration not only within NHS trusts but also with local

government, especially in areas like discharge planning and long-term care. These challenges are not solely tied to NHS budgets but also to broader systemic issues.

In addition to the previously circulated report Dawn Dawson the Joint Chief Nursing Officer highlighted the following-

- Focus on infection prevention and management, with efforts to maintain low infection rates.
- Positive downward trend in *Clostridioides difficile* (C. difficile) infections.
- CQC inspection of maternity services took place in April; awaiting publication of the report.
- Implementation of a new complaints process emphasising early resolution.
- Introduction of an EQIA process to assess the quality impact of staffing or funding changes.
- Achievement of JAG accreditation for the endoscopy service.
- Completion of 28 quality walkarounds between October and March, with positive feedback on staff friendliness and welcoming environments.
- Acknowledgement and thanks to governors for their support during quality walkarounds.

Paul Lewis, Joint Director of Strategy & Improvement in addition to the previously circulated slides about the NHS 10-year plan highlighted the following-

- Initial findings from the 10-year plan show strong alignment with the federation's strategy, emphasising population health and collaboration across the federation.
- The federation is well aligned overall, with strengths to build on and opportunities to address weaknesses.
- Ongoing review of the 10-year plan will help assess its fit with existing transformation programmes.
- Commitment to keeping the Council and others updated on progress.

DCS thanked PL for his presentation and reflected that Dorset is making strong progress on the three major shifts outlined in the 10-year plan: moving from analogue to digital, developing neighbourhood services, and focusing on prevention. The ongoing electronic health record procurement supports the digital transition, particularly from a neighbourhood services angle. While national guidance lacks detail on neighbourhood services, Dorset has already laid solid foundations over the past 18 months and secured £6 million in funding from Macmillan to advance this agenda. Additionally, there are promising developments in mental health and preventative care, especially around improving access and early support. Overall, Dorset is well-positioned and actively working ahead of national direction, with readiness to expand efforts as the plan evolves. A more detailed session on the 10-year plan for the governors in the future would be beneficial.

DT commended the staff and services at the hospital after he recently experienced significant surgery.

MP raised concerns that the 10-year plan focussed on dense metropolitan areas which is not as geographically appropriate to rural Dorset? And added where would you set up hubs in rural Dorset?

PL acknowledged this. However, Dorset has the advantage of having assets distributed across the county, offering opportunities to develop integrated health neighbourhoods in a way that suits the local context. While the plan

	frequently refers to neighbourhood health services, the challenge and focus for Dorset in the coming months will be to determine how best to establish these services in areas with sufficient population density, while still recognising the rural nature of the region.	
	Resolved: CEO Report be received for assurance.	
CoG25/026	Non-NHS Activity	
	CH updated regarding the NHS Foundation Trusts' duty under the NHS Act 2006 to ensure that the majority of their income comes from activities related to healthcare services. Each year, the Council of Governors must confirm they are satisfied this requirement is being met. The report outlines that in 2024/25, the Trust received approximately £320 million from healthcare-related activities and around £33.5 million from other sources such as research and development. Based on these figures, it was confirmed that the Trust is clearly complying with the statutory requirement.	
	Resolved: that the Non-NHS Activity be received for assurance.	
CoG25/027	Waiting List data update	
	<p>Adam Savin, Director of Operational Planning and Performance introduced the topic of waiting list metrics at Dorset County Hospital and provided a detailed overview of the metrics and DCH performance.</p> <p>LK asked what is driving the increase in people attending the hospital.</p> <p>AS answered the team has been analysing data by specialty, age, and health inequalities since mid-last year and has observed increases across all areas. With support from the ICB, they conclude that this is due to population growth in West Dorset, driven by housing developments and the expansion of Dorchester and nearby areas. There is also some postcode drift from the East, but overall, the data points to consistent population growth as the main factor.</p> <p>MP recalled a governors' meeting from a few years ago where it was revealed that the hospital had no prior knowledge of Poundbury's expansion, highlighting a lack of communication between housing development planning and hospital service provision. They questioned whether such a feedback process now exists.</p> <p>NJ added we do now have links with council to know that new builds will impact.</p> <p>SB raised how surprised he is that the figures look so good, and what is the reason the more people have been seen.</p> <p>AS confirmed that all tables have been through Finance and Performance Committee and explained that we have providers to give extra activity. The extra work to get more patient seen is from substantive staff working overtime. We are delivering insourcing at a below tariff price.</p> <p>DT raised S106 funding generated from developments, can the NHS receive more funding via S106. AS explained that we are now in commercial arrangements, and we generate income. This year we are a fixed arrangement with the elective recovery fund.</p>	
	Resolved: that the Waiting List data be received for assurance.	

CoG25/028	NED Update, Feedback and Accountability Session including update from the committee chairs	
	<p>DU the Chair of the Finance and Performance Committee in Common emphasising that financial matters remain a central focus of their role and highlighted the following points-</p> <ul style="list-style-type: none"> • Key areas of attention include the ongoing and future financial challenges particularly around cost improvement programmes and efficiency targets. • CH provided a detailed overview of DCH's financial situation, and the support being sought to ensure the effectiveness of current plans and controls. • The efficiency target of 8–9% is considered highly ambitious. Of the 8–9% target, 5% relates to traditional efficiency measures, while the remaining 3% and 1% are linked to non-recurrent efficiencies not achieved in the previous year at both trust and system levels. • Achieving these targets will require transformative changes, including the development of a shared services organisation across Dorset NHS providers. • There is a renewed focus on shared services to improve efficiency in support functions. • The electronic health record (EHR) project has received outline business case approval from the Cabinet Office. • Beverly Bryant, the new joint Chief Digital Officer, has secured support for including Dorset Healthcare's mental health and community services in the Dorset-wide EHR solution. • The Finance and Performance Committee oversees three strategic risks: SR4 (capacity and demand), SR5 (estates and facilities), and SR6 (finance), all part of the Board Assurance Framework. • The committee also reviews corporate risks scoring 15 and above, and 12 and above, in two tiers. There is a focus on ensuring risks registers receive timely updates. • DU described recent walkabouts, including visits to the porters, catering, and estates teams. These visits provided valuable insights into staff concerns and operational realities, helping to inform future planning and communication. A visit to the day surgery unit highlighted challenges faced by staff due to the use of escalation beds for non-surgical patients, which impacts workflow and care delivery. • DU concluded by inviting questions and further discussion on the topics raised <p>SB asked DU if he is happy with the current operational performance of DCH?</p> <p>DU responded by explaining that the Finance and Performance Committee and Board meetings have taken place, and received updates on the performance assessment framework and we are reviewing how the framework will impact the Trust's internal performance evaluation. Early indicators are that DCH is performing well, ranking as the second most productive trust in the Southwest region which is a significant achievement. Positive feedback continues to be received from patients and governors, including a recent account from Governor DT, reinforcing confidence in the quality of clinical care provided.</p> <p>However, the trust acknowledges the ongoing challenge of improving efficiency, particularly in light of the unique difficulties faced by a rural district general hospital. It was also noted that national strategies, including the ten-year plan, often reflect urban contexts, which may not fully align with the rural realities of Dorset. The Trust remains committed to working collaboratively with local partners to ensure high-quality, integrated services across both urban and rural areas, with a continued focus on achieving parity between mental, community, and physical health services.</p>	

Stephen Tilton, Non-Executive Director provided his NED update to the CoG-

- ST reflected on his previous role as Chair of the DCH Finance and Performance Committee and expressed support for the new combined committee structure.
- Emphasised the scale of the efficiency target, noting that last year's 5% SIP achievement was the highest ever for DCH, highlighting the significant challenge ahead.
- Provided reflections on the recent Audit Committee meeting, which took place the previous week.
- Noted that while the agenda was typical for a summer Audit Committee, it included important work on accounts and reporting.
- The committee conducted a thorough review of the BAF and the Corporate Risk Register, with risks already reviewed by individual committees beforehand.
- The highest scoring strategic risks remain SR3 (workforce), SR5 (estates), SR6 (finance), and SR9 (digital), each scoring 15 or higher.
- Highlighted that SR5 (estates) has increased from 16 to 20 due to a higher likelihood of events occurring, based on the results of the Six Facet Survey, which assesses land and property across six categories.
- An updated risk management platform is being developed for DCH and DHC, with a new joint Head of Risk expected to be in post by the end of summer.
- The Audit Committee reviewed the annual tender waiver report, which examines the use of single tender actions; the process will also be reviewed as part of the value for money audit.
- Internal audit progress and follow-up reports were discussed, with no significant issues raised.
- The counter fraud progress report was reviewed, noting the transition from TIAA to the new provider, SAFER, which is expected to bring a more robust approach.
- Four fraud referrals have already been made this year, representing 70% of the total for the whole of the previous year.
- An update was provided on Freedom of Information requests, with DCH previously behind but now improving significantly with support from DHC colleagues.
- Expressed appreciation for governors who participated in recent walkabouts, particularly Carol, and highlighted the value of governors' independent perspectives and engagement with staff on the ground.

Governor feedback from Observing the Board Committees

CM reflected that the Quality Committee has transitioned into a Committee in Common (CIC). This change has prompted discussions, and the agenda has become quite demanding. CL manages the meetings effectively, and the NEDs contributed rigorous scrutiny and challenge. CM has attended two of the three meetings since the change, with LT attending one on their behalf. One of the challenges raised involves actions remaining open on the log for extended periods. There was also a significant discussion about the closure of maternity services in Yeovil, including its impact on staffing gaps, mandatory training, and patient experience. Ophthalmology has been another major topic due to past issues and the need for detailed risk assessments. Overall, the committee ensures thorough oversight, with nothing left unexamined or unchallenged.

AC added his observations of the People and Culture Committee as a newly formed group with a new chair, and its scope of work is impressively broad. AC

explained that he has attended a couple of meetings and found the range of topics covered to be significant. The meetings are chaired by FW, who he described as highly effective, balancing structure with open discussion. NEDs MB and EJ are active contributors, often raising important points. AC added that he found the committee fascinating and is gradually becoming more familiar with it. Having a background in personnel, he observes how much the field has evolved, making the current environment feel entirely different from his past experience.

JPL considered the Finance and Performance CIC to be of good quality, with strong exchanges throughout. A key issue raised was the oversight of operational performance, which is seen as more challenging for NEDs compared to financial oversight. This is partly due to the absence of a medical background among NEDs on the Finance and Performance Committee, although performance is also reviewed by the Quality Committee. Another challenge is the volume and density of data which can be difficult to digest and leaves limited time for discussion. Benchmarking is sometimes helpful for productivity, but not always consistent. There's also limited time to explore the implications of the data and what actions should follow.

KH observed the Strategy, Transformation and Partnership Committee in Common is chaired by the Trust Chair described it as being very well led. KH found the committee highly engaging but notes the sheer breadth of topics covered. Recent meetings have included presentations on frailty, the social value plan, integrated neighbourhood teams, electronic health records, cybersecurity, and the new hospital programme—each highly relevant to current developments. However, there is concern that the volume of content might be too much for one committee to manage effectively in a single session, raising the risk that some issues could be overlooked. Despite this, the effort and depth of work presented by contributors is deeply appreciated. KH reflected on how much goes on behind the scenes that the public may not see and values her role as a governor in helping to share that understanding. While the concern about overload remains, it's acknowledged that some topics not fully addressed in this committee may be picked up by others, helping to ensure coverage across the system.

MP observed the DCH Audit Committee and reflected that an extraordinary meeting of the Audit Committee took place in June to approve the annual report and other key documents, totalling 268 pages. The meeting was efficiently chaired by SP and covered a substantial agenda. The committee benefits from oversight by external auditors, including KPMG and the local counter fraud service. A concern was raised about the limited competition for the audit contract, as KPMG was the sole bidder last time, which could pose a risk if they choose not to bid again. Another observation was that the audit process seemed focused solely on DCH, without reflecting the integration with DHC, suggesting a potential gap in oversight. Nonetheless, the audit process is considered thorough and professionally managed, with benchmarking against other trusts and no major red flags identified. However, there remains some uncertainty about whether the scope of the audit fully captures the complexities of the evolving organisational structure.

CM who also observed DCH Audit Committee – added SP chaired the Audit Committee effectively and now also sits on the Quality Committee, which brings beneficial cross-committee insight. The committee has recently focused on the external audit process and the annual reports for the board. There is a strong culture of challenge and scrutiny throughout.

	<p>DCS added there is a requirement for each trust to have an Audit Committee. This dual structure adds complexity but is necessary for compliance and noted that this point was likely to be raised by DU.</p> <p>DU commented that as joint NED sitting on both Audit Committees he highlighted that their organisations benefit from having KPMG as external auditors and BDO as internal auditors. This shared arrangement allowed the auditors to observe and potentially comment on the challenges related to federation working. The collaboration has led to mutual learning, particularly in the development of both the Board Assurance Framework (BAF) and corporate risk registers, which have improved through cross-pollination between the two organisations and their audit committees.</p> <p>DCS thanked all for their contributions.</p>	
	Resolved: that the NED Update, Feedback and Accountability Session be received for assurance.	
CoG25/029	Patient Experience Team update	
	<p>Hannah Robinson, Head of Patient Experience presented an overview of the evolving approach to patient care, now referred to as "experience of care." She highlighted the importance of engaging patients from the moment they access healthcare, not just when they enter the hospital. The presentation covered the structure of the patient experience team, the role of volunteers, improvements in complaint handling, support for carers and veterans, and new initiatives to better identify and assist these groups. She also encouraged governors to help gather feedback and collaborate more closely with the team. HR highlighted the following points-</p> <ul style="list-style-type: none"> • The term "patient experience" is evolving into "experience of care" to reflect broader responsibility across the healthcare journey. • Dorset County Hospital has a small but active patient experience team supported significantly by volunteers and Governors. • Feedback is gathered through complaints, FFT (Friends and Family Test), and outreach efforts. • The team includes services for complaints, patient information leaflets, public engagement, and volunteer coordination. • Adoption of NHS complaints standards has improved early resolution and response times. • Carers passports and support packs help identify and assist unpaid carers, offering recognition and practical support. • New cards for carers and veterans help flag their status in patient records, improving visibility and support. • Challenges remain in data sharing between GPs and hospitals regarding carer and veteran status. • Training is being developed for discharge teams to better support carers, veterans, and patients with addictions. <ul style="list-style-type: none"> • Governors are encouraged to: <ul style="list-style-type: none"> • Promote feedback collection (via leaflets, FFT, Care Opinion). • Distribute carer and veteran cards. • Visit the Hive or Patient Experience Office for deeper engagement. • Use new contact forms to help patients share feedback more comfortably. <p>AL expressed strong enthusiasm for the hospital's initiatives, especially around carer engagement. Drawing from years of experience working with carers, they praised Julia's outreach efforts to carer groups and highlighted the importance</p>	

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

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

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

Signed by Chair Date

DRAFT