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**	
	DCS presented his update, circulated previously and highlighted the following - • 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.	

	• 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**	
	Eiri Jones EJ joined the meeting via MS team and gave the following update - 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. 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. 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	

	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 became 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.	

	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. 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 DHC. This provides FW with a good understanding of the elements of the delivery in both trusts. 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. 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. FW welcomes questions DCS added he is seeing the benefits of the joint working. MD asked what systems means? DCS answered it means Dorset organisations including Primary Care, UHD, and the local authority.	
	Resolved: NED Update, feedback and Accountability Session be received for assurance.	
CoG24/089	**CEO Report**	
	Anita Thomas, Chief Operating Officer presented the previously circulated performance slides and highlighted the following- • 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	

assessment beds for those patients. Short and sharp intervention for up to 48 hours for their maximum benefit.

- 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.

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.

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.

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.

MBy 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.

AT leaves the meeting

Nick Johnson, Joint Director of Strategy and Transformation covered the CEO update in MB absence and highlighted the following points-

- 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.

Jo Howarth, Director of Nursing presented the Quality update on behalf of DD and highlighted the following-

- 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 midwifes, 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.

Nicola Plumb, Joint Chief People Officer presented the previously circulated slides and updated –

- 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.

JPL asked about parking and patient visiting hours, is there an impact that will be monitored? JHo updated the parking has been improved

	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. 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 thing could have been better and to limit the risk of a poor outcome for the patients. 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 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.	
	Resolved: that the CEO report be received for assurance.	
CoG24/090	**Finance Report**	
	Chris Hearn, Chief Finance Officer ran through the finance report that has been previously shared. Highlighting the following: • 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.	

	• 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. 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. 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. 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? 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. 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. 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.	
	Resolved: that the Finance report be received for assurance.	
CoG24/091	**NHS Digital Plan Update**	
	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. SD talked through the previously circulated presentation and highlighted- • Front line Digitisation Programme, this is how NHS E cascade funds to providers, 12 months funding remaining.	

	• 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. DCS thanked SD for the presentation and commented on the importance of working on a joined-up route. 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. 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. 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.	

	Resolved: that the reflections on recent governor meetings be received for assurance.	
CoG24/092	**Governor matters**	
	Question from SB 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. Written response from CH emailed to all governors 03/03/2025 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.	
	Resolved: that Governor matters be received for information	
CoG24/093	**New Hospital Programme (NHP) build update and ED front door change**	
	TC introduced himself and updated the CoG about the commencement and progress about the NHP. TC shared slides that detailed historical pictures of the DCH site and recent pictures. 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. FR explained in more detail about the new hospital building – 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. 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.	

	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. 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. 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. DCS suggested his time next year that could be a governor tour around the new building. NJ added the importance of this investment in serving the growing population.	
	Resolved: that NED update, feedback and Accountability session be received for assurance.	
CoG24/094	**Enabling Plans**	
	Paul Lewis, Joint Director of Strategy improvement introduced himself and thanked all for being so instrumental in helping the development of the strategy. 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. 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. 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. 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. AL asked the question how is funding spent on cyber security? NJ answered there are security teams in place across both trusts. We	

	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. DCS commented that DU has a good understanding of cyber security and works closely with the team.	
	Resolved: that the Enabling Plans be received for information.	
CoG24/095	**Trust Constitution 2025 review and update**	
	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). 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. 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 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. 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. 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. 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. AC commented it must have been a difficult piece of work and was an excellent report and the colour coding was great.	

	KH added we need to discuss who should the appointed governors be. **ACTION-** to discuss who the appointed governors should be. 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. 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. **ACTION** –DCS asked to note this as an action point of targeted recruitment process. 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. 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. DCS confirmed we are quorate to approve the constitution. 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.	**JH/KH** **DCS**
	Resolved: that the Trust Constitution 2025 review and update be approved.	
CoG24/096	**New SOP for Governor Removal**	
	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. DCS confirmed that all governors present approve the SOP for Governor removal.	

	Resolved: that the New SOP for Governor Removal be approved	
CoG24/097	**Feedback from the Membership Development Committee (MDC)**	
	DCS advised that there has not been an MDC however AC and JPL can update about the membership activities they have been involved with. 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. 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. 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 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.	**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**	
	JH updated that they would have hoped to agenda the quality priorities for this meeting but instead will circulate them in draft. SB added he would like to thank AH for his hard work and cheerfulness over the years.	
CoG24/100	**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 22nd April 2025 3- 6 pm

Signed by Chair …….. Date ……..