

Council of Governors

Mon 06 July 2026, 14:00 - 17:00

Trust Headquarters and MS Teams

Agenda

14:00 - 14:05

1. Formalities

5 min

 1a. DCH Agenda 06.07.2026.pdf (4 pages)

1.1. Welcome, Apologies for Absence, and Quorum

Verbal *David Clayton-Smith*

Information

1.2. Conflicts of Interest

Verbal *David Clayton-Smith*


Information

1.3. Minutes of the Council of Governors

Enclosure *David Clayton-Smith*

Approval

1.3.1. Part 2 Meeting Minutes Dated 18 August 2025

 1c. DCH Draft CoG part 2 minutes 18.08.2025.pdf (3 pages)

1.3.2. Part 1 Meeting Minutes Dated 9 March 2026

 1c.ii. DCH CoG draft minutes 09.03.2026.pdf (12 pages)

1.3.3. Minutes from the Council of Governors in Common Held With DHC Dated 20 April 2026

 1c.iii. CoGIC 20.04.2026.pdf (5 pages)

1.4. Actions and Matters Arising

Enclosure *David Clayton-Smith*

Approval

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

1.5. Council of Governors Workplan

Enclosure *David Clayton-Smith*

Information

 1e. CoG workplan for papers.pdf (1 pages)

14:05 - 14:15

2. Chair's Update

10 min

Presentation *David Clayton-Smith*

Assurance

 2. DCH CoG Chair Report 20260706.pdf (14 pages)

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14:15 - 14:35 3. Trust Executive Update

20 min

Enclosure Executive Directors

Assurance

 3. Executive Update.pdf (12 pages)

14:35 - 14:45 4. Freedom To Speak Up

10 min

Verbal Lynn Paterson

Assurance

14:45 - 14:55 5. Non-NHS Activity

10 min

Enclosure Claire Abraham

Assurance

 5. Front Sheet CoG Non NHS Activity.pdf (2 pages)


14:55 - 15:05 6. Staff Survey Results

10 min

Enclosure Nicola Plumb

Assurance

 6. Joint PCCiC Staff Survey report 2025 FINAL.pdf (25 pages)

 6. Joint PCCiC staff survey results 2026.pdf (13 pages)


15:05 - 15:40 7. Non-Executive Director (NED) Update, Feedback and Accountability Session Including Updates from the Board Committees


35 min


Verbal/Enclosure NEDs and Governors

Assurance


 7. Gov Information Pack - July 2026.pdf (1 pages)

 7.1. Assurance Report QCIC May 2026.pdf (6 pages)


 7.2. Assurance Report May 2026 FPCIC.pdf (7 pages)

 7.3. PCCiC May 2026 Assurance Report.pdf (6 pages)

 7.4. Assurance Report May 2026 STPCIC.pdf (6 pages)

 7.5. Assurance Report DCH Audit Committee June 2026.pdf (3 pages)

 7.6. Assurance Report - DCH Charitable Funds Committee (19.5.26).pdf (2 pages)

 7.7. Assurance Report May 2026 MHLIC.pdf (6 pages)

15:40 - 15:45 Tea Break

5 min

15:45 - 15:50 8. Board Fit and Proper Person Compliance

5 min

Enclosure Jenny Horrabin

Assurance

 8. Board Appraisal and FPPT CoG-July 2026.pdf (2 pages)

15:50 - 16:05 9. Joint Trust Strategy Review

15 min

Presentation Paul Lewis

Assurance

 9. Strategy Review CoG Jul 26.pdf (7 pages)

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16:05 - 16:25 10. Introduction and Electronic Health Record Update

20 min

Verbal *Beverly Bryant*

Information

16:25 - 16:35 11. Report from the Membership Committee

10 min

Enclosure *Becky Aldridge*

Assurance

 11. Assurance Report from MCIC 20 May 2026.pdf (2 pages)

16:35 - 16:45 12. Governor Matters

10 min

Verbal *David Clayton-Smith*

Information

 12. Governor Matters.pdf (2 pages)

Consent

16:45 - 16:45 13. Governor Annual Declarations of Interest

0 min

Enclosure *Jenny Horrabin*

Information

 16. Council of Governors Declarations of interest.pdf (3 pages)

16:45 - 16:45 14. Annual Quality Account

0 min

Link *Dawn Dawson*

Information

16:45 - 17:00 15. Any Other Business

15 min

Verbal *David Clayton-Smith*

Information

17:00 - 17:00 16. Chair's Closing Remarks and Date of Next Public Meetings

0 min

Meeting Close

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**Council of Governors (Part 1) of
Dorset County Hospital NHS Foundation Trust
06 July 2026 at 2.00 pm – 5.00 pm
Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams**

AGENDA

Ref	Item	Format	Lead	Purpose	Timing
1.	FORMALITIES				
	a) Welcome, Apologies for Absence, and Quorum	Verbal	David Clayton-Smith, Trust Chair	Information	2.00
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Information	
	c) Minutes of the Council of Governors <ul style="list-style-type: none"> Part 2 Meeting minutes dated 18 August 2025 Part 1 Meeting dated 9 March 2026 Minutes from the Council of Governors in Common held with DHC dated 20 April 2026 	Enclosure	David Clayton-Smith	Approval	
	d) Actions and Matters Arising	Enclosure	David Clayton-Smith	Approval	
	e) Council of Governors Workplan	Enclosure	David Clayton-Smith	Information	
2.	Chair's Update	Presentation	David Clayton-Smith	Assurance	2.05
3.	Trust Executive Update	Enclosure	Matthew Bryant, Joint CEO and Executive Directors	Assurance	2.15
4.	Freedom to Speak Up	Verbal	Lynn Paterson Freedom to Speak Up Guardian	Assurance	2.35
5.	Non-NHS Activity	Enclosure	Claire Abraham Deputy Chief Financial Officer	Assurance	2.45
6.	Staff Survey Results	Enclosure	Nicola Plumb Joint Chief People Officer	Assurance	2.55
7.	Non-Executive Director (NED) Update, Feedback and Accountability Session	Verbal/ Enclosure		Assurance	3.05

	<p>including updates from the Board committees</p> <p>Quality</p> <p>People</p> <p>Finance</p> <p>Update from Governors observers around the committee effectiveness</p> <p>Carol Manton – Quality Committee in common Jean Pierre Lambert – Finance and Performance Committee in Common (written update) Alan Clark – People and Culture Committee in Common Kathryn Harrison – Strategy, Transformation and Partnerships Committee in Common Maurice Perks DCH Audit Committee Becky Aldridge- Mental Health Legislation Committees in Common</p>		<p>Claire Lehman</p> <p>Margaret Blankson</p> <p>Dave Underwood</p> <p>Nominated Governor Observers</p>		
Tea Break 3.40 – 3.45					
8.	Board Fit and Proper Person Compliance	Enclosure	Jenny Horrabin Joint Director of Corporate Affairs	Assurance	3.45
9.	Joint Trust Strategy Review	Presentation	Paul Lewis Director of Strategy and Improvement	Assurance	3.50
10.	Introduction and Electronic Health Record Update	Verbal	Beverley Bryant Chief Digital Officer	Information	4.05
11.	Report from the Membership Committee in Common - that took place on the 20 May 2026	Enclosure	Becky Aldridge	Assurance	4.25
12.	Governor Matters Question from Simon Bishop about Patient Initiated Follow Up (PIFU) and Renal Patients	Verbal	David Clayton-Smith	Information	4.35

	Question from Jean Pierre-Lambert about peaks of operation activity in the ED. (written answers provided in Governor matters paper)				
CONSENT					
The following items are to be taken without discussion unless any committee member requests prior to the meeting that any be removed from the consent section for further discussion.					
13.	Governor Annual Declarations of Interest	Enclosure	Jenny Horrabin	Assurance	
14.	Annual Quality Account	Link	Dawn Dawson	Information	
15.	Any Other Business	Verbal	David Clayton-Smith	Information	4.45
16.	Chair's Closing Remarks and Date of Next Public Meetings: Council of Governors Mon 21 September 2026 2 pm- 5 pm Mon 23 November 2026 2 pm – 5 pm Mon 15 Feb 2027 2 pm – 5 pm Membership Development Committee Wednesday 19 August 2026 2 pm – 3.30 pm Wednesday 21 October 2026 2 pm – 3.30 pm Wednesday 20 January 2026 2 pm – 3.30 pm Annual Members Meeting Tuesday 29 September 2026 5 pm – 7 pm	Verbal	David Clayton-Smith	Information	5.00
Meeting Close					5.00
Appended to the papers is the Governor attendance register for the Council of Governor meetings					

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 Part 2
of Dorset County Hospital NHS Foundation Trust
held on the 18.08.2025 2025 4.30 pm – 5.00 pm
in THQ Boardroom and Online**

Present:		
David Clayton-Smith	DCS	Trust Chair
Dave Underwood	DU	Non-Executive Director (Chaired the meeting from item 3 onwards)
Simon Bishop	SB	Public Governor, North and East Dorset
Mike Byatt	MBy	Public Governor, West and South Dorset
Judy Crabb	JC	Public Governor, West and South Dorset
Alan Clark	AC	Public Governor, West and South Dorset
Max Deighton	MD	Staff Governor
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
Cllr David Taylor	DT	Public Governor, West and South Dorset
Carol Manton	CM	Public Governor, North and East Dorset
Maurice Perks	MPe	Public Governor, North and East Dorset
Jan Wagner	JW	Staff Governor
Lynn Taylor	LT	Public Governor, North and East Dorset
Paul Kent	PK	Appointed Governor (Friends of DCH)
Laura Kerr	LK	Appointed Governor People First
In Attendance:		
Sarah Anton	SA	Governor and Membership Manager (minutes)
Henry Bull	AB	Corporate Affairs Apprentice
Mandy Ford	MF	Deputy Director of Corporate Affairs
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Apologies:		
Jack Welch	JW	Staff Governor
Paul Kent	PK	Appointed Governor – Friends of DCH

CoG25/8	Formalities	Action
	The Chair declared the meeting open and quorate.	
CoG25/09	Conflicts of Interest	
	DCS stated a conflict of interest in item 3 and confirmed he will leave the room before this and that DU will take over as Chair of the meeting.	
CoG25/10	Minutes of the Meeting held on the 22 April 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.	
CoG25/11	Effectiveness and performance of the internal and external auditors	
	DU stated that BDO is internal audit and KPMG is external auditor, DU clarified the performance of both auditors was discussed in the June Board meeting.	

	<p>The report found that DCH team was responsive to enquiries. Both auditors found DCH good at receiving information and productive to work with. This was reported to Board on 10 June 2025.</p> <p>DCS reflected that he is pleased with how this feedback reflected DCH values.</p> <p>DCS left the meeting and DU continued to Chair the meeting from this point forward.</p>	
	<p>Resolved: that the effectiveness and performance of the internal and external auditors be received for information.</p>	
CoG25/12	<p>Report from the Nomination and Remuneration Committee on the 30 July 2025</p>	
	<p>JH confirmed the items on the papers as</p> <ul style="list-style-type: none"> • Board appraisal update and fit and proper person compliance for assurance. • NED reappointment of Frances West for a further 3 years from the 1 September 2025 until the 31 August 2028 for approval. • Chair’s appraisal for assurance. • Chair’s remuneration for approval. <p>DU endorsed that FW is chair of the People and Culture Committees in Common (P & C CIC), Senior Independent Director (SID) for DHC.</p> <p>DU asked the CoG if they are content to approve the reappointment of Frances West for a further 3 years from the 1 September 2025 until the 31 August 2028. The Council indicated they approve the reappointment.</p> <p>DU articulated the arrangements under which the Chair’s appraisal was conducted and highlighted the area of development necessary.</p> <p>Regarding Chair’s remunerations, JH shared the summary of the Nominations and Remuneration Committee (NRC) from 20 July 2025 on screen. DU explained what the recommendations were and what the uplifts are, a paper with the details had been presented at the NRC on the 30 July 2025 and there had been comprehensive discussion about the uplift.</p> <p>The NRC had reviewed the proposal and accepted the supportive feedback received and recommended that the uplift be approved. DU asked the Council of Governors to indicate their support.</p> <p>The Council of Governors confirm they approve the Chair’s uplift as detailed in the report.</p>	
	<p>Resolved that:</p> <ul style="list-style-type: none"> • Board appraisal update and fit and proper person compliance be received for Assurance. 	

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	<ul style="list-style-type: none"> • NED reappointment of Frances West for a three-year term to 31 August 2028 was approved. • Chair's appraisal be received for assurance. • Chair's remuneration approved. 	
CoG25/13	Any Other Business	
	Nil.	

Signed by Chair Date

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**Minutes of a meeting of the Council of Governors
of Dorset County Hospital (DCH) NHS Foundation Trust
held on the 09 March 2026 at 2.00 pm – 5.00 pm
in Trust HQ Board Room and via MS Teams**

Present:		
David Clayton-Smith	DCS	Joint Trust Chair
Becky Aldridge	BA	Appointed Governor- Dorset Mental Health Forum
Simon Bishop	SB	Public Governor, North and East Dorset
Mike Byatt	MBy	Public Governor, West and South Dorset
Alan Clark	AC	Public Governor, West and South Dorset
Judy Crabb	JC	Public Governor, West and South Dorset
Max Deighton	MD	Staff Governor
Kathryn Harrison	KH	Public Governor, West and South Dorset (Lead Governor)
Paul Kent	PK	Appointed Governor (Friends of DCH)
Laura Kerr	LK	Appointed Governor- People First
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
Sharlina Sallehuddin	SS	Appointed Governor, Two Harbours Healthcare for Weymouth and Portland PCN
Jan Wagner	JW	Staff Governor
Lynn Taylor	LT	Public Governor, North and East Dorset
Kate Wills	KW	Appointed Governor- Coastland College
In Attendance:		
Sarah Anton	SA	Joint Governor and Membership Manager (minutes)
Matthew Bryant	MB	Joint Chief Executive Officer
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
Eiri Jones	EJ	Joint Non-Executive Director
Claire Lehman	CL	Joint Non-Executive Director
Nicola Plumb	NP	Joint Chief People Officer
Frances West	FW	Joint Non-executive Director
Adam Savin	AS	Director of Operational Planning and Performance
Glenn Ford	GF	Trust Member (observing)
Rachel Wharton	RW	Chief Medical Officer
David Underwood	DU	Joint Non-Executive Director
Apologies:		
Anita Thomas	AT	Chief Operating Officer
Maurice Perks	MPe	Public Governor, North and East Dorset

CoG25/048	Formalities	Action
	The Chair declared the meeting open and quorate.	
CoG25/049	Conflicts of Interest	
	There were no conflicts of interest declared in the business to be transacted on the agenda.	

CoG25/050	Minutes of the Meeting held on the 17 November 2025	
	The minutes of the meeting held on 17 November 2025 were agreed as an accurate record	
	Resolved: that the minutes of the meeting held on the 17.11.2025 be approved.	
CoG25/051	Matters Arising:	
	The Action Log was considered, and approval was given for the removal of completed items. SB raised that the Governor removal SOP didn't answer his questions as he had been referring to a Governor resigning. MF replied that she would send to SB the extract from the Constitution that covered this.	MF
	Resolved: that the action log be received and updates noted.	
CoG25/052	Council of Governors (CoG) Workplan	
	JH advised that the programme of work sets out the CoGs s core business, review schedule and purpose, using a familiar format from Board papers. It is flexible, tracks previous and future items, and will be updated as needed. JH confirmed to JPL in response to his questions that finance updates are included at each meeting within the Trust Executive Update, with the Annual Report and Accounts presented annually. MB suggested adding DCH CoG service presentations to the workplan, as is done for DHC CoG.	SA
	Resolved: that the Council of Governor workplan be received for information	
CoG25/053	Chair's Update	
	DCS reflected on delivering a mince pie to staff in the DCH maternity unit, where one staff member shared how welcomed she felt after moving from Yeovil and confirmed she had made the right decision to transfer. DCS noted this as a simple example of how small interactions can reflect positive organisational culture and morale. DCS highlighted the following in addition to the previously circulated slides - <ul style="list-style-type: none"> • Governor/NED workshop (early February 2026) • Quarterly meetings with local council leaders • Engagement with DiiS (county-wide intelligence / data system) • High volume and quality of applications for the NED positions 46 applications received. • Reflected on Eiri Jones being appointed as the Joint Deputy Chair and the support this will offer. • Ongoing strategic dialogue on workforce skill mix linked to the 10-Year Plan, with Leslie Hague, Vice Chancellor of the Health Sciences University and DD has regular meetings to take this forward. • Described the ongoing development work of a county-wide Creative Health strategy. 	

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	<p>DCS updated that the new hospital build is progressing as planned, with groundworks completed and concrete slabs in place for the first three floors, making the structure visible. The helipad is scheduled for installation in May 2026. Although utility works caused some delays, contractors are recovering lost time, and the project remains on budget. Ambulance access is operating as intended, and service planning, recruitment, and preparations for a late 2027 opening are underway. Recent site visits, including by NHS England colleagues, have given positive feedback on progress.</p> <p>JPL asked a question arising from the meeting with Councillor Nick Ireland about the status of the proposed joint facility to support the transition of patients into social care. He queried whether the project was still active or had been discontinued, and if it had ended, what factors had led to that decision.</p> <p>MB responded that earlier discussions had considered a joint facility on the hospital site to support transitions into social care, but thinking had since shifted away from this option. The focus was now on developing facilities elsewhere in Dorchester and across West Dorset, reflecting Dorset Council's forward-looking and progressive approach to service development. It was noted that space on the hospital site was very limited, making off-site solutions more practical, and that alternative locations, including a potential development in Bridport, were being actively explored.</p>	
	Resolved: that the Chairs Update be received for information.	
CoG25/054	Trust Executive Update	
<p>Bull, Henry 02/07/2026 16:47:13</p>	<p>MB reported that winter pressures escalated from late December to early February after a relatively manageable pre-Christmas period, placing sustained strain on the hospital and impacting staff and patient experience, though colleagues responded well. The importance of place-based working was highlighted, with closer collaboration across Dorset partners to support integrated care while maintaining strong links with University Hospitals Dorset (UHD). Progress included joint procurement initiatives and cross-boundary service working. The system's financial position remains very challenging, with deficits likely to persist without intervention, and an external service review is due to be considered by the ICB board, with an update to follow. MB then handed over to JW to provide an update on the Anti-Racism Charter.</p> <p>JW reported significant progress on anti-racism work, including signing the UNISON Anti-Racism Charter as a strong framework. Focus is now on implementation, with mandatory inclusive leadership training being rolled out to all line managers. Data shows a concerning rise in unacceptable behaviour towards global majority colleagues, which is being actively addressed through a clear anti-racism approach. Emphasis was placed on supporting staff and fostering a safe, inclusive environment, particularly given that around 28–30% of the workforce are international staff. JW highlighted this as an important and positive programme of work.</p>	

MB concluded with an update on the Electronic Health Record (EHR) programme, confirming the business case has received final approval, including Cabinet sign-off. The programme is nearing contract signature with the supplier, with implementation to follow in the coming years. The system will cover acute, community and mental health services, with interoperability with primary care highlighted as a key benefit.

MBy asked whether, amid significant NHS changes and increased collaboration, a clearer, more coordinated approach to public communications was needed. He highlighted the importance of system partners aligning messages so that service changes are understood as improvements, rather than fragmented communications from individual organisations.

MB thanked MBy for the question and agreed that communication is key and although some of that is needed on a national level, much is needed at a local level.

DD gave a brief update on quality, noting that the substantive detail had already been covered in the written report and slide pack. No additional issues or new areas of concern were raised verbally, and members were invited to raise any questions arising from the information provided.

AS reported that demand, particularly in emergency care, has exceeded planned levels. Despite this, four-hour performance has remained broadly strong, supported by sustained high bed occupancy reflecting capacity constraints. Elective performance has been positive overall, with reduced waiting lists, though long waits increased in January due to operational pressures and cancelled procedures, alongside national supply issues in orthopaedics. Cancer performance has been more challenging, but remains strong compared to regional peers, with recent improvements since December. While timeliness targets have not consistently been met, the waiting list has remained stable, supporting ongoing recovery.

CG provided a workforce update, noting strong sickness absence performance at 4.4%, recognised as exemplary across the Southwest. Turnover and vacancy rates had risen slightly, with overall metrics remaining stable. Mandatory training levels were steady, though appraisal compliance had dipped slightly and requires renewed focus. Work to reduce whole time equivalent staffing has entered its twelfth month, with delivery a priority for the next year. The Trust continues to manage significant organisational change, and early staff survey results indicate broadly stable findings, with further reporting to follow.

CH provided a financial update at month 10, noting performance against an ambitious plan to deliver a £9.8m deficit. The deficit remained above plan but had improved, with confidence in achieving the year-end position through continued cost control and efficiency delivery. Agency spend was better than plan, though bank costs remained under pressure due to demand. Efficiency programmes were broadly on track, supported by additional income offsets and ongoing scrutiny of higher-risk schemes. Cash levels were stronger than

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expected, though still a potential risk. Looking ahead, plans for the next financial year have been submitted, focusing on achieving a balanced position through further efficiencies, albeit with some delivery risk requiring sustained attention.

MB shared very positive feedback from a recent NHS England visit to DCH. The visit highlighted a strong, collaborative and innovative culture, with praise for integrated working with neighbourhood teams, community outpatient models, stroke services and the growing hyper acute stroke unit. The design of services and rehabilitation approaches, including the use of music, were noted as strengths. The Trust's leadership and energy were also commended, with NHS England describing the organisation as well positioned to contribute to the NHS 10-year plan and demonstrating strong momentum.

PL asked CH whether the medium-term financial plan included a margin of resilience to manage anticipated cost pressures, such as price inflation and rising heating and energy costs, and whether there was sufficient contingency built in to ensure the plan remained achievable.

CH confirmed the medium-term plan included assumptions for non-pay inflation but noted emerging risks, particularly around utilities, which may create additional cost pressures. These will be closely monitored with mitigating actions, including ongoing work through estates and facilities, recognising this as a system-wide challenge.

KH raised concerns about sustained high bed occupancy, reported at around 98%, and queried conflicting information regarding any planned or actual bed reductions last year. She asked for clarification on the scale of any reduction and whether capacity could be reinstated in response to current demand.

AS advised that although a 30-bed reduction had been planned, only 15 beds were temporarily reduced due to building works and were reinstated over winter. Current bed numbers are stable and comparable to last year, with no further reductions planned and an increase expected with new stroke beds. He noted that managing demand will rely on alternatives to inpatient care, such as SDEC (Same Day Emergency Care), and hospital at home, to reduce admissions.

JC asked for clarification if AS was referring to corridor care when he referred to additional spaces?

AS advised that escalation capacity had included corridor care, with measures taken to maintain patient dignity and safety, which was reflected positively in recent CQC feedback despite not being ideal. Additional spaces, including day surgery, discharge lounge and SDEC were also used safely, though they disrupted flow and were more costly, and are not intended for routine use.

MB noted that corridor care is a high-profile national issue, with expectations for appropriate safeguards. DD added that work is underway to define clear criteria, with a paper to be presented to the Quality Committee. Where corridor care has been used, senior leaders

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	have carried out walkthroughs to support patients and families. It was emphasised that corridor care is not acceptable as standard and should be kept to the shortest possible duration.	
	Resolved: that the Trust Executive Update be received for information.	
CoG25/055	Quality Priorities	
	<p>JHo presented the draft Quality Priorities for 2026/27, focusing on a small number of high-impact areas aligned with national and system priorities. Emphasis was placed on strong governance, clear ownership and effective measurement, with delivery through existing committees. Staff engagement, culture and leadership were highlighted as key enablers.</p> <p>MBy welcomed the ambition but asked how this could be clearly communicated to the public and how governors could describe performance in practical terms. JHo acknowledged the challenge and noted the upcoming comprehensive CQC report would provide a clearer, independent narrative on overall quality, with early feedback offering cautious optimism.</p> <p>DD clarified the priorities were centred on safe, effective care and improved patient experience, underpinned by work on inequalities and workforce. KH suggested using real-life examples, which JHo agreed to bring back to Council in September 2026.</p>	JHo
	Resolved: the Quality Priorities will received for assurance	
CoG25/056	NED Update, Feedback and accountability session including updates from the Board Committees	
	<p>CL outlined her role as Chair of the Quality Committee, emphasising the importance of triangulating quality, performance and finance. She noted that DCH and DHC quality committees now operate as a committee in common, with bi-monthly formal meetings and informal sessions to explore emerging issues.</p> <p>Recent discussions have reflected significant operational pressures, with risks appropriately escalated and monitored for quality impact. Despite this, positive performance was highlighted, including strong infection control, high flu vaccination uptake and staff recognition.</p> <p>The committee has also overseen maternity risks, food and drink initiatives supporting wellbeing and local partnerships, and learning from perioperative medicine work. CL highlighted her wider NED role, including site visits and committee work, providing assurance through both observation and data.</p> <p>JHo noted that PLACE assessment results had been published, providing an independent, patient-led benchmark of the care environment across areas such as cleanliness, food, privacy, dignity and accessibility. Year-on-year improvements were highlighted,</p>	

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reflecting environmental enhancements, and it was suggested that a summary be brought to a future meeting as a clear, comparative measure of quality for Governors and the public.

EJ reported on her role chairing both the Quality and People and Culture Committees, noting that despite system pressures the Trust is delivering a high volume of work. The People and Culture Committee provided assurance on workforce, wellbeing, training and compliance, with strong sickness performance and low turnover supported by a continued focus on staff wellbeing. Ongoing scrutiny includes mandatory training, appraisals, equality, diversity and anti-racism, alongside strong compliance with the resident doctors' ten-point plan. She also highlighted work on workforce fraud, professional standards, staff survey actions, and preparation for digital workforce needs linked to the EPR. Engagement through site visits continues to support improvements, including in maternity and renal services. EJ concluded that this work ensures staff are well supported to deliver high-quality care, providing assurance to Governors.

Updated from the Governors

CM added that significant work and scrutiny had supported the Yeovil maternity transition. She emphasised the strong balance of challenge and praise from NEDs, with thorough questioning of all issues. The value of informal Quality Committee meetings was highlighted in enabling in-depth discussion, such as recent focus on perioperative medicine. She concluded that the level of challenge—including from non-clinical NEDs—remains consistently strong and enhances the committee's effectiveness.

AC commented that the formal meeting moved at a very fast pace, making it challenging to follow, but highlighted the rigorous scrutiny and strong challenge from NEDs, particularly under Frances West's chairing, which gave confidence in the process. In contrast, he found the informal meeting more accessible and engaging, with a slower pace allowing deeper discussion, and praised its effective chairing and overall format.

JPL noted that joint committees were working well, with increasing alignment of reporting and processes across both organisations. He highlighted strong challenge from non-executive directors and valued the clinical perspective alongside finance and performance discussions. While the volume of papers and pace of meetings could limit debate, additional time has been agreed to address this, and clearer summaries from informal discussions were suggested. He also praised the achievement of financial targets despite pressures, while recognising ongoing challenges around waiting lists and patient experience.

CM commented briefly about the Audit Committee that there is challenge from the NEDs.

KH cannot comment on the last Strategy and Performance committee as she was not able to attend. However, did raise that she is concerned

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that due to the volume of papers something could be missed. Is there assurance of a safety net that items are not missed?

BA reported that the second Mental Health Act Legislation Assurance Committee in Common (MHLCoC) showed significant improvement, operating as a genuinely joint meeting with balanced, data-driven discussion. She highlighted strong engagement from DHC NEDs, who are developing their understanding through thoughtful challenge. A paper on forthcoming Mental Health Act reforms was also noted, with BA suggesting future consideration of the level of strategic involvement required from NEDs as changes progress.

DCS explained the background in the forming of the MHLCoC and how it is useful for DCH, and added that discussing the revised Mental Health Act in a joint setting helped DCH recognise its relevance, which led to the committee becoming a joint committee rather than sitting solely within DHC.

JH commented that after earlier uncertainty about whether informal meetings should be included in board assurance reporting, the position had changed again. She explained that the informal committees had recently asked for brief summaries of their discussions to be included in assurance reports to the board, and that Governors would begin to see these summaries coming through, where relevant.

CL thanked the Governors for their valid challenges and said these reflected a culture of high trust and high challenge between Governors, NEDs and Executives. She explained that this trust meant she had confidence that any concerns would always be shared openly and promptly, both within and outside meetings, and that nothing would be hidden or obscured. She acknowledged that the volume of business created a risk of missing something but stressed that executive colleagues would always draw important issues to her attention if needed. She concluded by reassuring governors that, alongside trust, there was also space for robust debate and constructive challenge.

EJ highlighted that joint Mental Health Act training had helped build shared understanding and support the development of the committee in common, fostering a culture of learning across both trusts. She emphasised the need for continued learning, particularly given the growing number of people with serious mental illness presenting in acute settings. EJ reassured Governors that NEDs prepare thoroughly through discussions, informal engagement and site visits, and that strong relationships and preparation provide robust assurance despite the volume and complexity of information.

MB noted that risks in complex organisations cannot be fully eliminated and require ongoing review rather than one-off assurance. He emphasised that confidence comes from the effectiveness of NEDs, how they challenge, are heard, and follow issues through. Alongside openness, feedback and strong information sharing. He cautioned against over-reliance on external assurance, stressing the need to balance this with internal scrutiny and diverse perspectives, including

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	staff and patient voices. He concluded that hearing directly about patient experiences is essential and should remain a continued focus.	
CoG25/057	Trust Constitution Update	
	<p>JH explained that the proposed constitutional changes are practical, with the main amendment enabling an extension of governors' terms in light of expected 2027 legislation, avoiding elections during a period of uncertainty and existing vacancies. Minor updates include allowing virtual voting and making appointed governor arrangements more flexible by replacing named organisations with a broader provision.</p> <p>KH supported the proposed changes but noted advice from an NHS Providers webinar that recommended that organisations proceed with scheduled governor elections rather than delay in anticipation of future legislation. While she agreed there was value in retaining experienced governors, she highlighted that the Trust would be choosing to diverge from this guidance.</p> <p>BA raised three points: firstly, whether the proposed constitutional changes were significant enough to require approval at the Annual Members' Meeting (AMM); secondly, whether previously discussed amendments—such as allowing staff governors to act as lead governors—should also be included; and thirdly, whether the terminology for partner and appointed governors was consistent and accurately reflected the organisation's intentions.</p> <p>JH clarified that staff governors at DCH can act as lead governors, but DHC has chosen not to adopt this approach, so differing arrangements remain across the two organisations. No changes are currently proposed for either trust, though it was noted that terminology relating to partner and appointed governors would be reviewed.</p> <p>JH clarified that the proposed change allows flexibility to extend Governors' terms but does not prevent elections if guidance recommended to proceed. She confirmed the changes require approval by the CoG, the Board, and will be reported to the Annual Members' Meeting. The changes can be implemented in practice before being presented at the AMM.</p>	
	Resolved: that the Trust Constitution Update be approved	
CoG25/058	AFT involvement development group	
	<p>It was noted that this approach had been discussed at the previous Governor workshop in Feb 2026, where uncertainty about future legislative changes was acknowledged. The current proposal takes a broader focus on strengthening public and community engagement in decision-making. Feedback, including from BA, will be incorporated to better align with the concept of empowered citizens and refine terminology, with a likely change in the group's name. Members were invited to comment. There was agreement to begin the work, recognising it will evolve over time, with a key priority to ensure governors are fully involved throughout the development of this new engagement approach.</p>	

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DCS took the opportunity to address the recent comments from Governors about the most effective way for intelligence gathered by governors to be shared, including where this information should be directed, what the expected feedback loop should look like, and how processes can be designed to ensure mutual support and effective collaboration.

JC noted that the Trust already has an established Patient Voice Group that gathers feedback, alongside valuable insights from volunteers acting as the Trust's "eyes and ears." Recent volunteer feedback has been shared with the Chair, demonstrating its value. The 'Your Voice' group continues to meet regularly and develop, including work with JHo on patient experience, and members were asked to recognise that this engagement structure is already in place and active.

MBy suggested taking a broader approach to communication, recognising the need to balance traditional patient engagement with a wider focus on listening to and communicating with the public. He emphasised the importance of moving beyond formal structures to create a more inclusive and meaningful public dialogue.

AC noted that elected governors play a key role in engaging with their constituencies and feeding local insight into discussions. While this role was disrupted during COVID on 2020, it remains essential. Regardless of potential future changes to Governor arrangements, the importance of listening to patients, the public and local communities continue to be central and supports the broader engagement approach being discussed.

KH noted that wider engagement is already taking place through Governors' community work, including visits to local groups such as the Women's Institute, knitting groups and church lunch groups. These interactions provide broader, more strategic feedback from community members, complementing the more immediate, practical insights gathered through volunteer-led groups like Your Voice.

BA added that the 10- year plan proposed that there is an opportunity to better share or rebalance power with the public, including current and future patients, by developing new ways of working that bring different voices together on a more equal footing as part of future possibilities and described the public as key stakeholders.

LK said her views aligned with BA, emphasising the need for a strategic approach to engagement. While community outreach is important, she stressed the need to ensure diverse and often underrepresented voices are heard, including people with learning disabilities, those experiencing homelessness, and those with sensory impairments. She highlighted the link to digital inclusion and the importance of not excluding groups most likely to need hospital services.

JH provided assurance that all points raised had been incorporated into the draft terms of reference, with further refinement planned to strengthen the focus on empowering people. The document reflected inclusive engagement with patients, the public and underserved groups.

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<p>Bull, Henry 02/07/2026 16:47:13</p>	<p>It was clarified that the group will shape and oversee the strategic approach rather than deliver it, with governor representatives ensuring wider input. A Pan Dorset governor workshop in April 2026 will focus on engagement, and the terms of reference are expected to evolve as the group develops.</p> <p>MBy suggested that engagement should be rooted in wider community and neighbourhood contexts rather than starting from an NHS perspective. He emphasised working in partnership with local services, groups and networks, recognising that people connect through their communities and lived experiences, with the NHS as part of that landscape but not the starting point for engagement.</p> <p>CL welcomed the discussion as encouraging, highlighting opportunities from evolving AFT arrangements and the changing role of Governors. She emphasised the importance of collaboration across organisations, noting that patients often do not distinguish between NHS providers. Strengthening links with primary care, Patient Participation Groups (PPG) and SWAST was highlighted, with an offer to support connections through existing networks.</p> <p>JPL reported that governors had engaged with around 250 people and continue to meet with different groups regularly. He raised concerns about the lack of clarity on how feedback is used once submitted, noting that it can feel like it disappears without response, and requested clearer guidance on where feedback should be directed, how it should be presented to align with Trust systems, and what format would be most useful.</p> <p>DD explained that the Experience of Care Improvement Framework reflects earlier discussions and focuses on both people currently receiving care and the wider community, with an emphasis on understanding inequalities, reaching marginalised groups and addressing gaps in care. The approach also prioritises the right organisational culture to listen to and learn from feedback gathered from patients, staff, volunteers and community groups, with a strong focus on co-design. It was noted that making effective use of feedback will take time, and the current AFT involvement group terms of reference are an early step aimed at mapping activity, building partnerships and bringing together insight across Dorset. Work is underway to appoint a joint Head of Experience, and the programme will develop over time using quality improvement methods.</p> <p>JHo explained that a report aligned to the experience of care improvement framework was taken to the Board in December as part of the Trust's annual reporting. Ongoing reporting and oversight take place through the Patient and Public Experience of Care Group, which included Governor representation. It was confirmed that any additional feedback or reports can be fed into this group, either directly or via the appropriate leads. Appreciation was expressed for the Council's input, and there was a commitment to continue developing the work and keep Governors informed.</p>	
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	Resolved: that the AFT involvement development group be received for information	
CoG25/059	Report from the Membership Committee	
	<p>KH noted that the paper presented was the report from the most recent Membership Development Committee. The issue around feedback had been discussed at length at that meeting and was not revisited again now. The other main issue considered was whether to move towards a shared membership committee arrangement with DHC, for which a report was included in the meeting papers.</p> <p>The Chair asked the CoG if they are in agreement with the move to form a Membership Committee in common and welcomed any thoughts or comments.</p>	
	<p>Resolved: That the Report from the Membership Committee be received for information</p> <p>Resolved: That the decision to form a Membership Committee in Common with DHC be approved</p>	
CoG25/060	Governor Matters	
	<p>DCS noted that three sets of governor questions had been submitted, these were addressed briefly. LT's question regarding the ambulance service was confirmed as having a written response included in the papers circulated for the meeting today. JC's question relating to the closure of Poole ED was also referenced, with members advised that the latest position indicates a slight delay, likely to be a matter of months rather than days, although the precise timescale is not yet known. MBy's questions were acknowledged, and it was explained that as the relevant lead was not present, written responses would be provided and shared with the full Council.</p>	SA
	Resolved: That Governor Matters be received for information	
CoG25/061	Any Other Business	
	Members were then invited to raise any other business, with none brought forward. The meeting was closed with thanks, noting that it had been a helpful and productive discussion.	
CoG25/062	Date and Time of Next Meeting	
	The next meeting of the Dorset County Hospital NHS Foundation Trust Council of Governors will take place on 6 July 2026.	

Signed by Chair Date

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**Draft minutes of the Extraordinary Council of Governors of
Dorset County Hospital NHS Foundation Trust
and
Dorset HealthCare University NHS Foundation Trust
Wednesday 20 April 2026, 1 pm – 1.30 pm via MS Teams**

Present:		
Becky Aldridge	BA	DCH Appointed Governor – Dorset Mental Health Forum
Anna de Beer	AdB	DHC Public Governor – Dorset & RoEW
Simon Bishop	SB	DCH Public Governor – North and East Dorset
Andy Burgen	AB	DHC Public Governor – Dorset & RoEW
Mike Byatt	MBy	DCH Public Governor – West and South Dorset
Will Chakawhata	WC	DHC Partner Governor- Dorset County Council
Alan Clark	AC	DCH Public Governor – West and South Dorset
David Clayton-Smith	DCS	Joint Trust Chair
Judy Crabb	JC	DCH Public Governor – West and South Dorset
David Dickson	DD	DHC Public Governor – Dorset & RoEW
Kathryn Harrison	KH	DCH Public Governor – West and South Dorset
Matt Hay	MH	DHC Staff Governor
Laura Kerr	LK	DCH Appointed Governor – People First
Paul Kent	PK	DCH Appointed Governor – Friends of DCH
Jean-Pierre Lambert	JPL	DCH Public Governor – West and South Dorset
Anne Link	AL	DCH Public Governor – West and South Dorset
Carol Manton	CM	DCH Public Governor – North and East Dorset
Maurice Perks	MP	DCH Public Governor – North and East Dorset
Keith Standish	KS	DHC Public Governor - BCP
Shalina Sallehuddin	SS	DCH Appointed Governor Weymouth & Portland PCN
David Taylor	DT	DCH Public Governor- West and South Dorset
Hattie Taylor	HT	DHC Staff Governor
Lynn Taylor	LT	DCH Public Governor –North and East Dorset
Jan Wagner	JW	DCH Staff Governor
Sarah Rose	SR	DCH Partner Governor – Dorset Mental Health Forum
Kate Wills	KW	DCH Appointed Governor – Coastlands College
Jacqueline Wilson	JW	DHC Public Governor – BCP
Adrian Yule	AY	DHC Public Governor – Dorset & RoEW
In attendance:		
Henry Bull	HB	Corporate Affairs Assistant
Sarah Anton (minutes)	SA	Joint Governor and Membership Manager
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Apologies:		
Anoop Bains	AB	DHC Staff Governor
Maria Hayward	MH	DHC Staff Governor
Steve Clark	SC	DHC Public Governor – Dorset & RoEW

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CoGiC26/01	Formalities	Action
	The Chair declared the meeting open and quorate. Apologies as listed above in attendees' section.	
CoGiC26/02	Conflicts of Interest	
	KW declared that Kay Taylor is a Governor at Coastlands College.	
	Resolved: that the conflict of interests were declared for information.	
CoGiC26/03	Minutes the Extraordinary Council of Governors in Common held on the 21 January 2026	
	The minutes of the meeting held on 21 January 2026 were agreed as an accurate record.	
	Resolved: that the minutes from the Council of Governors in Common from 21 January 2026 are approved.	
CoGiC26/04	Non-Executive Director (NED) appointment	
	<p>JH presented the assurance report from the Nomination and Remuneration Committee (NRC) in Common that was held on the 15 April 2026 following the NED interviews and outlined the NED positions that are being recruited into.</p> <p>DCS provided a brief overview of each candidate and the strengths they will bring to the Board.</p> <p>Jonty McNuff, brings strong board-level, governance and strategic expertise, complemented by non-executive experience as a director and trustee, and a clear motivation to apply his skills in support of high-quality, sustainable public and community services.</p> <p>Alex Priest, a senior leader in the voluntary and community sector with experience in mental health services, NHS governance and charitable organisations, and has been Chief Executive of Mind in Somerset since 2016.</p> <p>Kay Taylor is an experienced senior leader in education and public service governance, with significant board-level experience across local education systems and the NHS and currently serves as Non-Executive Member and Deputy Chair of Dorset Integrated Care Board.</p> <p>Prof Nick Braisby is an experienced senior leader in higher education with a strong track record in organisational transformation, governance and strategic leadership, most notably as Vice-Chancellor and Chief Executive of Buckinghamshire New University, where he led financial recovery, performance improvement and major estates and partnership developments.</p> <p>SB asked whether the appointment of Associate Non-Executive Directors (Associate NEDs) also required Council of Governors</p>	

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(CoG) approval. DCS clarified that governors are not required to approve Associate NED appointments as they do not form part of the voting Board. Associate NED roles can be used either as a development pathway to a substantive NED role or to address specific skills gaps.

SB referred to a previous experience at DCH where an Associate NED was not given a clear development pathway and had been treated poorly. DCS confirmed that KH had informed him of this situation and that lessons could be learned.

WC raised that, as Associate NEDs are paid a fee from public funds, transparency and succession planning discussions should involve the CoG. DCS confirmed that Associate NEDs are appointed for a one-year tenure. If an Associate NED were subsequently appointed as a substantive NED, this would require full due process through the Nominations and Remuneration Committee (NRC) and CoG approval.

KH noted that previously at DCH, Associate NED appointments did come to the CoG for approval, and that other trusts also take this approach. KH also raised the possibility that if an Associate NED were appointed into a substantive NED role, they may not need to repeat the full interview and stakeholder panel process, having already been through this during the current recruitment round. JH clarified that Associate NED appointments and substantive NED recruitment are separate processes. Appointment to a substantive NED role would require full NRC consideration and CoG approval.

MBy raised concerns regarding equality of opportunity in NED recruitment, noting that individuals without Associate NED experience could be disadvantaged in an open recruitment process. JH advised that when a NED vacancy is identified, the recruitment process would be brought to NRC and CoG for discussion and approval. JH also clarified that Associate NED recruitment is tailored to individual appointments based on organisational need.

DCS confirmed that if expressions of interest were sought for NED roles, Associate NEDs would be permitted to apply, with all NED recruitment and appointment processes subject to NRC discussion.

BA asked via the meeting chat whether the process, expectations, and guidance for NEDs would be documented and accessible for reference by individuals, the Board, and the CoG. BA also asked whether similar documentation existed for Associate NEDs.

JPL commented that NED recruitment should be open in order to access the full range of required skills, and that failure to do so could exclude strong candidates. Governors agreed that it would be beneficial to have a formal written process for Associate NED appointments. KH confirmed that DCH had an Associate NED

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	<p>process in the past and asked whether this could be used until a new process was approved.</p> <p>JH confirmed the action from the discussion was to locate any existing Associate NED process documentation, review it, and submit it to NRC to establish an agreed approach for the future.</p> <p>DCS closed the discussion and asked each CoG separately whether they approved the joint NED appointments, the two single DCH NED appointments, and the single DCH appointment.</p> <p>Both CoGs approved the NED appointments.</p>	
	<p>Resolved: that the following NED appointments are approved-</p> <ul style="list-style-type: none"> • Prof Nick Braisby as the Joint Non-Executive Director. • Jonty McNuff as one of the Dorset County Hospital NHS Foundation Trust Non-Executive Director's. • Kay Taylor as one of the Dorset County Hospital NHS Foundation Trust Non-Executive Director's. • Dr Alexander Priest to act as Dorset HealthCare University NHS Trust Non-Executive Director <p>Resolved: that the remuneration for the Non-Executive Directors and for the Joint Non-Executive Director as detailed in the report is agreed.</p>	
CoGiC26/05	NED Reappointment	
	<p>JH ran through the reappointment of Claire Lehman (CL) and explained that CL has already served a three-year term as a NED at DCH since 18 July 2023 and had subsequently been appointed to a joint NED role with DHC on the 18 May 2025 following the agreed joint process. The DHC appointment had been made coterminous with the existing DCH term. Approval was now sought to extend both appointments for a further three years until 17 July 2029, resulting in a total term of six years at DCH and four years and two months at DHC, with the roles remaining coterminous. JH confirmed that Claire Lehman had completed all required appraisal processes, met the fit and proper person test, and that there were no concerns, and approval of the reappointment was therefore recommended.</p> <p>Both CoGs approved the NED reappointment of CL.</p>	
	<p>Resolved: that Claire Lehman be re-appointed for a second term of three years, commencing on 18 July 2026 and concluding on 17 July 2029, subject to annual appraisal and continued compliance with statutory and regulatory requirements is approved.</p>	
CoGiC26/06	Any other business	
	None	
CoGiC26/07	Close	

	Date and Time of Next Meeting	
	TBC	

Signed by Chair **Date**

The quorum of the meeting for both Dorset County Hospital NHS Foundation Trust and Dorset HealthCare University NHS Foundation Trust:

Ten Governors shall form a quorum including not less than five elected Governors, and not less than one appointed Governor

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DCH CoG Action Tracker July 2026

Action No	Minute Reference & Name	Date of Meeting	Topic	Action	Lead	Deadline	Response	Status
1	CoG25/51	09.03.2026	Matters Airising	SB raised that the Governor removal SOP he has been sent didn't answer his questions as he had been referring to a Governor resigning. MF replied that she would send to SB the extract from the Constitution that covered this	MF	July 2026	MF sent the Consitution to SB	Complete
2	CoG25/052	09.03.2026	Council of Governors Workplan	MB suggested adding DCH CoG service presentations to the workplan, as is done for DHC CoG.	JH	July 2026	a schedule of service presentations will also arranged for DCH CoG	Complete
3	CoG25/055	09.03.2026	Qualtiy Priorites	JHo agreed to bring back to Council in six months real-life examples of the Quality Priorities .	JHo	September 2026	This item has been noted on the Council of Governors workplan to be scheduled for September 2026.	Complete
5	CoG25/060	10.03.2026	Governor Matters	The relevent lead was not present to answer Mike Byatt's digital questions	BB/DU	July 2026	The questions will be covered today by the Electronic Health Record Update and Dave Underwood	Complete

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Council of Governors - Workplan 2026/27							
			26/27 Q1	26/27 Q2	26/27 Q3	26/27 Q4	
DCH		Date of DCH CoG	06.07.2026	21.09.2026	23.11.2026	15.02.2027	
DHC		Date of DHC CoG	08.07.2026	23.09.2026	25.11.2026	17.02.2027	
	S = Statutory, G =General, H=holding to account						Executive Owner (Author)
Standing items							
Minutes of the previous meeting	-	Quarterly	X	X	X	X	Director of Corporate Affairs
Action Tracker	-	Quarterly	X	X	X	X	Director of Corporate Affairs
Governor register of interests	-	Annually	X				Director of Corporate Affairs
Information Pack (containing all assurance report from committees that have taken place since the last meeting)	-	Quarterly	X	X	X	X	Director of Corporate Affairs
Chair's report							
Trust Executive Update (slides)	H	Quarterly	X	X	X	X	Chair
Trust Executive Update (Verbal)	H	Quarterly	X	X	X	X	Chief Executive Officers
NED Update	H	Quarterly	X	X	X	X	NEDs
Service Update	H	Quarterly	X	X	X	X	Service dependent
Quality							
Quality Priorities	H	Annual				X	Chief Nursing Officer
PLACE assessment results	H	Annual				X	Chief Nursing Officer
Quality Account	H	Annual	X				Chief Nursing Officer
Finance and Performance							
Annual Report and Accounts							
*Annual Audit Report (Annual Report and Accounts)	S	Annual		X			Chief Finance Officer
non-NHS income	S	Annual	X				Chief Finance Officer
Audit							
External Auditors Report on the Annual Report	H	Annual		X			Chief Finance Officer
Performance of the External Auditor	H	Annual		X			Chief Finance Officer
Appointment of the External Auditors (next due Feb 2029)	S	3-yearly					Chief Finance Officer
People and Culture							
Freedom to Speak Up	H	Annual	X (DCH)				Chief People Officer
Staff Survey Report	H	Annual	X				Chief People Officer
Governor Committees							
Membership Committee							
Membership and Engagement Bridging Strategy Plan	G	Quarterly	X	X	X	X	Director of Corporate Affairs
Membership Committee Terms of Reference	G	3-yearly	X				Director of Corporate Affairs
Membership Committee Terms of Reference	G	Annual			X		Director of Corporate Affairs
Nomination and Remuneration committee							
Assurance Report of Chair's Appraisal	S	When required					Director of Corporate Affairs
Assurance Report of Chair's Appraisal	S	Annual		X			Director of Corporate Affairs
Assurance Report of NED's Appraisal	S	Annual			X		Director of Corporate Affairs
Receive recommendations of recruitment and remuneration via Assurance Report	S	When required					Director of Corporate Affairs
NR Committee Terms of Reference	S	Annual			X		Director of Corporate Affairs
Governance / Other							
Board Members Fit and Proper Person	H	Annual	X				Director of Corporate Affairs
Council of Governors performance (including roles, structure, composition and procedures)	S	Annual		X			Director of Corporate Affairs
Annual Members meeting Planning	S	Annual	X	X			Director of Corporate Affairs
Annual Members meeting Reflection	S	Annual			X		Director of Corporate Affairs
Council of Governors business							
Constitution Review	S	Annual				X	Director of Corporate Affairs
Standing orders for the Council of Governors	S	Annual				X	Director of Corporate Affairs
Governor Elections	S	Annual		X			Director of Corporate Affairs
Ad hoc reports and presentations							
Update about the Electronic Health Record (DCH/DHC)	H	one off	X				Chief Finance Officer
Joint Strategy implementation update (DCH/DHC)	H	one off	X				Chief Finance Officer
EDI and Health Inequalities/PCREF (DHC) Health inequalities presentation took place at Pan Dorset Governor workshop on 24.04.2026 (EDI session postponed from 2 July 2026)	H	one off					Chief People Officer
Real life examples of how the work the STP CIC do transfers to benefit patients, how could this be conveyed to the public (DCH) (postposed from the 2 July 2026)	H	one off					Chief Finance Officer
Bring real life examples of the Quality Priorities in September 2026 (DCH)	H	one off		X			Chief Nursing Officer
Focus on Dementia - joint Dementia focused assurance session planned for 14 October 2026	H	one off					Chief Operating Officer
Service presentation about the Dorset Intelligence and Insight Service (DIIS) (DCH)	H	one off		X			Director of Corporate Affairs
Joint Dashboard/Improvement session (postposed from 2 July 2026)	H	one off					Chief Finance Officer
Anchor Institution and Joint Social Value Promise	H	one off		X			Chief People Officer

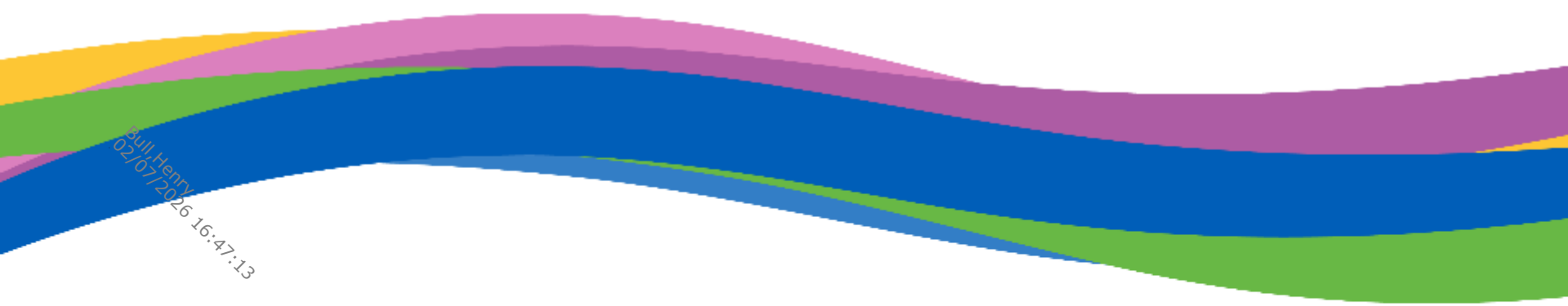


Dorset County Hospital
NHS Foundation Trust

JOINT CHAIR REPORT TO COUNCIL OF GOVERNORS

10th March – 6th July 2026

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



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♥ Healthier lives 👤 Empowered citizens 🌱 Thriving communities

16th March	Meeting with Jane Shaw, Artist – Dorset Arts Week
18th March, 20th April, 1st June & 10th June	121 with Kathryn Harrison, Lead Governor
25th March	Extra-ordinary Board meeting
20th April	Quarterly Informal Staff Governors meeting
27th May	Stephen Tilton (NED) Exit Interview
1st June	Quarterly meeting with Cllr Nick Ireland, Leader of Dorset Council
10th June	Arts In Hospital Steering Group meeting

11th March	Council of Governors meeting
16th March	DHC Board AFT B2B preparation meeting
19th March	AFT Preparation meeting
23rd March	AFT NHSE & DHC Board to Board meeting
13th April & 11th June	121 with David Dickson, Lead Governor
21st April	Attended Malcolm Albery's Funeral & Service
23rd April	Quarterly Informal Staff Governor meeting
8th May	Meeting with Carly Stewart, BU Vice Chancellor to discuss Associate NED role/ appointment

3rd June	Quarterly meeting with Cllr Millie Earl, Leader BCP Council
3rd June	CQC Well Led Inspection preparation with JCNO
4th June	CQC Well Led Inspection Interview preparation with GGi
11th June	New Governor Introductory meeting with Jane Ashworth, Dorset Network of Friends of Community Hospitals

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10th March	NED Recruitment - Longlisting
11th March	Quality Conference 2026
12th March & 14th May	Committees in Common Chairs bi-monthly meeting (Deputy Chair Chaired 14th May meeting)
24th March	NED Recruitment – Shortlisting
30th March & 28th May	Strategy, Transformation & Partnership Committee in Common (formal)
8th March	Board in Common meeting & Joint Board Development Session
31st March, 1st April & 10th April	NED Recruitment – Stakeholder and Interview Panels
9th April, 6th May & 3rd June	Chair & Deputy Chair catch up

13th April 11th May & 8th June	Combined NEDs meeting (Deputy Chair Chaired – 11th May & 8th June meetings)
13th April	Chair Appraisal preparation meeting with Senior Independent Directors (SIDs)
15th April	Board in Common Chair Update video
15th April	Nominations & Remunerations Committee in Common
20th April	Extra-ordinary Council of Governors in Common
27th April	Strategy, Transformation & Partnership Committee in Common (informal)

12th June	Board in Common meeting (Chaired by Deputy Chair)
3rd June	Chair Appraisal meeting with SIDs
Ongoing	Monthly Informal Board Briefing Drop-ins
Ongoing	121s with NEDs

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11th March	ODPC Chair & NEDs Oversight Group
25th March	NHS Dorset Recovery Briefing meeting
22nd April, 1st May & 4th June	121 with Judy Gillow (UHD Chair)
23rd April	Pan-Dorset Governor Workshop
6th May	Meeting with Dame Gill Morgon, SW Region Chair and visit to St Ann's Hospital site
8th May	Dorset 2026/27 Planning & Delivery meeting
26th May	The NHS Alliance Shared Leadership Forum
27th May	121 with Sue Doheny, SW Regional Director

4th June	Quarterly CEO & Chair meeting (DCH/DHC, UHD & ICB)
8th June	Dorset Chair to Chair meeting (DCH/DHC, UHD & ICB)
Ongoing	NHSC Mental Health Network - Mental Health Chairs Conference call

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Other

17th March & 14th April	Creative Health Committee touch-point meeting
7th April & 1st June	Creative Health Committee
29th April	Creative Health Strategy & BU Centre for Seldom Heard Voices – meeting with Progressor Mel Hughes
7th May	Creative Health Strategy Launch Comms meeting
3rd June	Creative Health Economics Business Case Roundtable

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DCH - ED and CrCU Update



Dorset County Hospital
NHS Foundation Trust

- The concrete frame is now complete and cladding work is progressing on all elevations
- Helipad installation is due to finish in time for the topping out ceremony in mid-July
- The 'fit out' has begun with secondary steel supports being installed on the first and second floor
- The link design has been altered to avoid an unexpected obstruction in the ground. Planning will be required and is regarded as low risk
- At time of writing, the project remains 7 weeks behind contract programme. A position that held over the winter. This is expected to be further impacted by delays within the 'fit out' and link
- The project remains on budget
- A high risk remains project team capacity due to vacancies and skill shortages. A mitigation plan is in place
- Operational readiness has begun planning for opening in earnest, with a formal plan from each department and steering group oversight.

New ED and Critical Care Unit at DCH



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Video showing progress over 12 months



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Progress over the last few weeks



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Dorset County Hospital Council of Governors

Executive Update

6th July 2026

Full Report
02/07/2026 16:47:13

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Dorset County Hospital Council of Governors

Quality Update

6th July 2026

Full Report
02/07/2026 16:47:13

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Quality Update



Dorset County Hospital
NHS Foundation Trust

Patient Safety

Patient Falls - The volume of reported in-patient falls continues to be lower than reported in 2024 and 2025. The Falls Action Group continue to meet with attendance from the multidisciplinary team.

Safer Staffing - The Trust has received the findings of an independent review of safe staffing arrangements conducted by the NHS England Safe Staffing Faculty. No immediate risks were identified, and an action plan is in place in response to the recommendations. In addition, the NHS England regional team have completed an assessment of compliance rating one area as amber until such times as the safe staffing quality dashboard includes CHPPD. Work continues with the BI team to refine and a regional webinar is planned to compare and contrast organisational dashboards in use across the Southwest.

Tissue Viability – A reduction in hospital acquired skin damage continues with a slight increase noted on one ward. This has been identified as an areas of unwarranted variation and work has commenced on early identification of vulnerable patients with ED, appropriate risk assessment and intervention prior to transfer to inpatients wards.

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Patient Experience

Friends and Family Test - performance is around **95% average recommendation rate**, which exceeds the 90% threshold. Data continues to be captured manually with an expectation that the NHS App national development will be utilised. Options to utilise other existing digital solutions are being explored.

Complaints - number of complaints being resolved through early resolution process remains high. Actions from review of complaints include redesign of Multi Disciplinary Team outcome form and the process for patients returning to the ward after discharge to collect TTOs has been reviewed so that patients are contacted in this instance. A newly launched Pharmacy Quality Improvement programme will look to improve prescribing, practice and dispensing arrangements to reduce errors and delays.

Learning Network – The Learning Network has now been established with service users to co-design improvements identified from complaints, incidents and feedback. Next meeting scheduled for August 2026. Focus on active work includes: Access and activities lead from The Hive, Carer's café, Conversation café and work with the Your Voice Group.

Engagement and co-production – the first of a series of workshops has commenced to map the Federation approach to engagement and co-production across both Trusts and in line with the 10yr plan. Mapping of activities is underway at DCH and an update recently provided to Your Voice.

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Clinical Outcomes

Enhanced Therapeutic Observations & Care (ETOC) – Rollout of ETOC has begun with a pilot running on Purbeck Ward, in parallel with a review of security arrangements. The aim is to reduce incidents of violence and aggression whilst providing a holistic person-centred approach for vulnerable patients.

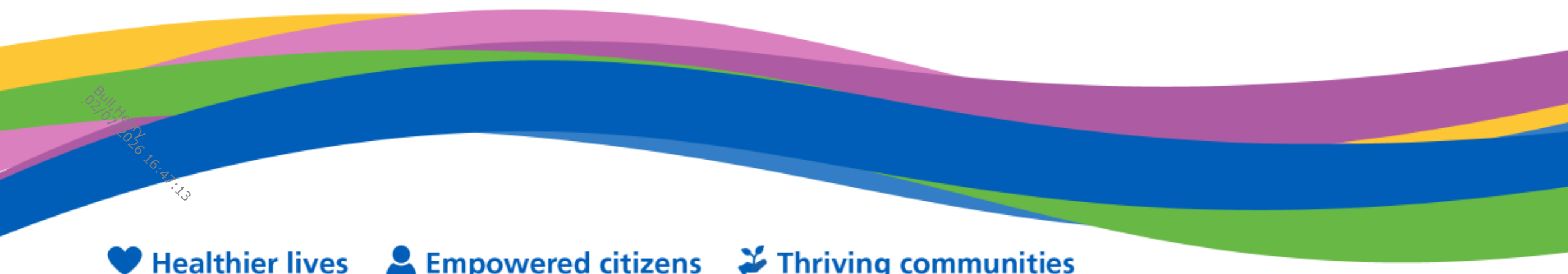
JAG accreditation - The Endoscopy Unit completed its annual review on 31 March 2026. The assessment team commended the service for the significant effort and progress made towards accreditation, identifying several areas of excellence. A number of recommendations were made to further strengthen the service, and accreditation has therefore been extended for six months until 7 September 2026 to allow completion of key actions. A particular focus is being given to completion of the required clinical audits to improve compliance.

Infection Prevention Management - 2025 – 2026 was another successful year, meeting key standards and regulatory requirements for IPM. The Trust recorded low MRSA bloodstream infection rates, stable MSSA performance, and *C. difficile* rates at a four-year low. While GNBSIs for *E. coli*, *Klebsiella*, and *Pseudomonas aeruginosa* were marginally above trajectory, these increases occurred within the context of very low thresholds and ongoing national challenges. The Trust continues to implement focused interventions to improve earlier detection, clinical management, and root cause learning.

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Council of Governors Full year performance

Operational Support



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Performance update UEC 2025/26

Metric	Ops plan 25/26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
A&E: 4 hour wait % (all)	plan	81.80%	79.64%	78.18%	76.89%	81.43%	82.22%	79.03%	79.12%	74.91%	75.17%	78.87%	78.88%
	actual	82.00%	83.7%	83.4%	86.3%	82.8%	79.9%	81.99%	80.72%	77.58%	77.7%	77.1%	79.1%
	variance	0.20%	4.05%	5.22%	9.41%	1.37%	-2.34%	2.96%	1.60%	2.67%	2.53%	-1.77%	0.22%
Number of A&E attendances (DCH)	plan	4,644	4,939	4,739	4,998	5,039	4,633	4,660	4,431	4,626	4,263	4,312	4,774
	actual	4,761	4,930	5,064	5,551	5,545	5,018	5,259	4,820	5,039	5,016	4,258	5,077
	variance	117	-9	315	553	506	385	599	389	413	753	-54	303
A&E: 4 hour wait % (DCH)	plan	65.98%	61.04%	58.64%	56.74%	64.85%	66.89%	60.39%	61.05%	52.40%	52.62%	60.13%	60.14%
	actual	65.70%	68.46%	68.30%	74.50%	68.20%	63.70%	68.42%	66.04%	60.40%	61.50%	59.40%	62.40%
	variance	-0.28%	7.42%	9.66%	17.76%	3.35%	-3.19%	8.03%	4.99%	8.00%	8.88%	-0.73%	2.26%
Number of A&E 12 hour breaches	plan	305	344	546	415	351	342	383	336	551	694	392	434
	actual	320	318	310	417	458	525	642	482	590	788	689	616
	variance	15	-26	-236	2	107	183	259	146	39	94	297	182
Percentage of A&E attendances over 12 hours	plan	6.57%	6.96%	11.52%	8.30%	6.97%	7.38%	8.22%	7.58%	11.91%	16.28%	9.09%	9.09%
	actual	6.72%	6.45%	6.16%	7.53%	8.23%	10.46%	12.21%	10.00%	11.70%	15.70%	16.20%	12.20%
	variance	0.15%	-0.51%	-5.36%	-0.77%	1.26%	3.08%	3.99%	2.42%	-0.21%	-0.58%	7.11%	3.11%
* Ambulance handover: mean handover time	plan	00:16:57	00:16:34	00:21:11	00:17:27	00:18:00	00:19:22	00:19:49	00:18:57	00:26:42	00:26:39	00:20:07	00:20:07
	actual	00:21:57	00:18:59	00:18:59	00:18:42	00:19:10	00:20:50	00:20:20	00:19:30	00:21:10	00:23:09	00:23:20	00:22:12
	variance	00:05:00	00:02:25	00:04:52	00:01:15	00:01:10	00:01:28	00:00:31	00:00:33	00:05:32	00:03:30	00:03:13	00:02:05
SDEC activity	plan	393	401	430	455	446	378	458	405	453	529	399	442
	actual	576	505	615	702	598	572	605	492	526	555	467	479
	variance	183	104	185	247	152	194	147	87	73	26	68	37
Total non-elective spells	plan	2,498	2,438	2,331	2,467	2,467	2,314	2,465	2,321	2,359	2,374	2,206	2,443
	actual	2,489	2,424	2,568	2,746	2,511	2,391	2,614	2,368	2,460	2,527	2,086	2,508
	variance	-9	-14	237	279	44	77	149	47	101	153	-120	65
Non-elective spells with a zero day LoS	Plan	1035	1024	952	1031	1014	1004	1022	1006	1000	1037	929	1029
	actual	948	851	1,045	1,196	990	926	1,062	893	920	898	760	927
	variance	-87	-173	93	165	-24	-78	40	-113	-80	-139	-169	-102
Non-elective spells with a 7+ day LoS	Plan	408	400	381	388	418	342	424	380	438	430	368	407
	actual	407	384	387	418	386	375	431	332	404	414	389	408
	variance	-1	-16	6	30	-32	33	7	-48	-34	-16	21	1
Non-elective average LoS (excl 0 LoS and AHAI)	Plan	8.2	7.5	8.3	7.6	7.8	7.7	8.3	8	9.3	9	8.1	8.1
	actual	10.22	11.1	10.7	11.1	10.6	10.5	10.8	9.96	11.23	10.5	10.8	11.2
	variance	2.02	3.6	2.4	3.5	2.8	2.8	2.5	1.96	1.93	1.5	2.7	3.1

To note

- 4 hour performance hit trajectory for 10 out of 12 months, achieving the end of year position at 79.10%
- Front door demand (attendances) were 10.5% up compared to the previous year
- 12 hour breaches did not achieve trajectory all year, linked to over plan admissions and high bed occupancy
- Length of stay over plan all year, driven by escalation bed use (not as efficient turnover)
- Ambulance handover delays while not on plan, remain in the top half of the Region for performance

Performance update- Elective care 2025/26

Metric	Ops plan 25/26	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
RTT: Total Waiting List	plan	21,542	21,594	21,649	21,710	21,762	21,820	21,880	21,933	21,988	22,043	22,096	22,153
	actual	22,486	22,630	22,414	22,407	22,300	21,411	21,240	21,127	20,838	21,209	21,139	21,475
	variance	944	1,036	765	697	538	-409	-640	-806	-1,150	-834	-957	-678
RTT: 52wk wait	plan	431	410	390	369	348	327	306	285	286	265	243	222
	actual	448	439	377	368	365	303	283	262	270	317	323	245
	variance	17	29	-13	-1	17	-24	-23	-23	-16	52	80	23
RTT: 52wk cohort % of Waiting List	plan	2.00%	1.90%	1.80%	1.70%	1.60%	1.50%	1.40%	1.30%	1.30%	1.20%	1.10%	1.00%
	actual	1.99%	1.94%	1.68%	1.64%	1.64%	1.42%	1.33%	1.24%	1.30%	1.49%	1.53%	1.14%
	variance	-0.01%	0.04%	-0.12%	-0.06%	0.04%	-0.08%	-0.07%	-0.06%	0.00%	0.29%	0.43%	0.14%
RTT: % patients waiting <18wks	plan	58.70%	58.70%	58.70%	58.70%	59.00%	59.50%	60.37%	60.87%	61.37%	61.87%	62.72%	63.89%
	actual	58.90%	59.59%	58.98%	59.40%	58.69%	60.20%	60.38%	61.00%	60.90%	61.91%	61.00%	62.70%
	variance	0.20%	0.89%	0.28%	0.70%	-0.31%	0.70%	0.01%	0.13%	-0.47%	0.04%	-1.72%	-1.19%
RTT: % patients waiting <18wks for 1st Activity	plan	63.13%	64.00%	65.00%	66.00%	66.00%	67.00%	68.00%	69.00%	69.00%	69.00%	69.50%	70.30%
	actual	65.50%	66.56%	64.70%	66.90%	68.53%	69.30%	69.50%	71.50%	70.20%	70.47%	70.50%	69.30%
	variance	2.37%	2.56%	-0.30%	0.90%	2.53%	2.30%	1.50%	2.50%	1.20%	1.47%	1.00%	-1.00%
% of OP follow up without procedure	plan	61.28%	60.23%	60.03%	58.14%	57.05%	56.51%	57.18%	59.13%	54.84%	57.59%	60.19%	60.78%
	actual	56.79%	57.11%	56.30%	56.64%	53.18%	52.94%	52.97%	53.46%	53.02%	52.64%	53.00%	52.05%
	variance	-4.49%	-3.12%	-3.73%	-1.50%	-3.87%	-3.57%	-4.21%	-5.67%	-1.82%	-4.95%	-7.19%	-8.73%
Cancer: 28 days FDS	Plan	75.07%	75.04%	75.06%	75.89%	76.65%	76.23%	77.51%	77.17%	75.74%	80.00%	80.00%	80.06%
	actual	66.33%	62.41%	72.11%	69.87%	67.51%	65.58%	74.98%	74.28%	77.45%	74.02%	83.51%	78.10%
	variance	-8.74%	-12.63%	-2.95%	-6.02%	-9.14%	-10.65%	-2.53%	-2.89%	1.71%	-5.98%	3.51%	-1.96%
Cancer: 31 day DTT (combined)	Plan	90.83%	91.56%	90.95%	92.17%	92.82%	94.15%	95.65%	95.56%	95.77%	95.93%	96.28%	96.12%
	actual	93.16%	91.34%	95.15%	96.51%	92.56%	95.06%	94.76%	91.63%	93.18%	93.24%	96.74%	97.50%
	variance	2.33%	-0.22%	4.20%	4.34%	-0.26%	0.91%	-0.89%	-3.93%	-2.59%	-2.69%	0.46%	1.38%
Cancer: 62 RTT (combined)	Plan	70.08%	71.43%	70.00%	71.03%	72.90%	72.88%	72.66%	76.22%	70.97%	75.91%	75.91%	75.54%
	actual	78.97%	66.80%	64.87%	67.11%	65.60%	63.50%	74.60%	64.21%	79.50%	69.93%	76.49%	75.00%
	variance	8.89%	-4.63%	-5.13%	-3.92%	-7.30%	-9.38%	1.94%	-12.01%	8.53%	-5.98%	0.58%	-0.54%
RTT: 52wk wait CYP	plan	50	45	40	20	10	0	0	0	0	0	0	0
	actual	57	48	44	20	34	24	21	16	20	17	25	32
	variance	7	3	4	0	24	24	21	16	20	17	25	32
PFU	Plan	5.00%	5.00%	5.00%	6.00%	6.00%	6.00%	7.00%	7.00%	7.00%	8.00%	8.00%	8.00%
	actual	5.30%	5.40%	5.60%	6.11%	6.12%	5.40%	7.30%	7.06%	7.32%	8.02%	4.79%	3.94%
	variance	0.30%	0.40%	0.60%	0.11%	0.12%	-0.60%	0.30%	0.06%	0.32%	0.02%	-3.21%	-4.06%

To note

- Waiting list size on plan from September until the end of the year
- 52+ week waits when off trajectory from January, linked to IA, Stryker and Operational pressures (10.5% demand increase at the front door)
- 28d cancer performance did not hit plan, but did increase from 62% at the start of the year to ending on 78% in March 2026
- 62d performance ,recovered to trajectory in February but missed the March target by 0.54%

Dorset County Hospital Council of Governors

People Update

6th July 2026

Full Report
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KPIs

	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Sickness	4.3%	4.6%	4.4%	4.2%	4.9%	4.9%	4.5%	4.3%	4.2%	4.6%
Turnover	9.1%	9.4%	8.4%	8.6%	8.5%	8.6%	8.5%	8.1%	8.8%	9.1%
Vacancy Rate	6.3%	6.4%	6.2%	6.7%	6.5%	6.7%	6.8%	7.3%	8.2%	8.9%
Appraisal Rate	82%	77%	78%	77%	78%	77%	77%	76%	77%	78%
Mandatory Training Compliance	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Narrative

- The turnover rate remains stable.
- The vacancy rate has increased; this is expected with the focus on WTE Reduction.
- The overall rolling annual sickness absence figure remains 4.4%. Long term absence decreased in the past quarter.
- Mandatory training compliance remains at 89%.
- The appraisal rate is stable, but below the 90% Trust target.

Focus

Further WTE reductions in line with operational plan, Anti-Racism campaign, Support to significant levels of organisational change (including Procurement, Pathology and four services), Appraisal compliance, Staff survey action plans



Healthier lives



Empowered citizens



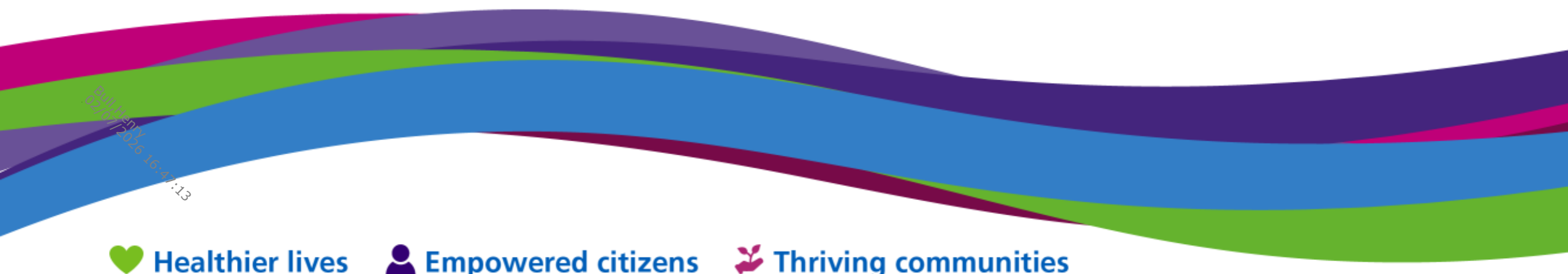
Thriving communities

Dorset County Hospital and Dorset HealthCare

Dorset County Hospital Council of Governors

Finance Update to M2 2026/27

July 2026



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Dorset County - 2026/27 Financial Headlines to M2

- **Overall Variance to Plan:** £0.2m worse than planned deficit position of £2.116m YTD, overspend is the result of £216k of Industrial Action costs incurred in April that could not be mitigated. This position includes £0.2m of assumed income to offset Yeovil maternity costs.
- **Pay:** Overall, £0.3m away from YTD plan which is largely driven by Industrial Action costs totalling £0.2m but also high bank and agency use.
- **Agency expenditure incurred in month of £0.6m, over plan by £0.4m.** Spend £0.3m above M02 2025/26 (£0.3m) and £0.1m above April spend (£0.5m). Driving a position **£0.6m worse than YTD plan**, noting **increased requirements within Nursing** causing deterioration in month – main users ED, Purbeck Ward and SCBU. **M2 off framework costs were £0.07m**, being comparable to prior months.
- **Bank** expenditure £0.6m above plan in month and **£1.3m above plan YTD** – internal enhanced controls in place. Increased use: **IA impact**, medical bank cover, **Urgent & Emergency Care:** ED sickness, vacancies & surge (op pressures). **Family & Surgical services:** Maternity, Theatres. **Corporate areas:** clinical coding, Estates & Facilities (E&F) areas incl housekeeping, catering, portering, security. Spend £0.1m above M02 25/26 (£1.2m) , £0.1 below April (£1.4m) & £0.1m above Q4 avg (£1.2m).
- **Efficiency delivery achieved £1.1m of the £1.2m planned target YTD, being £79k behind plan YTD. Of which 45% delivered recurrently (£0.5m) and 55% non recurrently (£0.6m)** – schemes undelivered in month are largely bank and agency reduction schemes and E&F catering and in-house service schemes. **Increased recurrent delivery and full delivery of current forecasts essential to support recovery of underlying deficit position.**
- **Currently £4.8m (21%) of the total efficiency target remains unidentified, with a further £4.5m (19%) classed as high risk;** £6.3m (27%) medium risk and £6.6m (28%) low risk noting £1.1m (5%) delivered. **Full identification required by end of June following formal NHSE request.**
- **Capital** £3.6m spend in month being £0.2m under plan and **£0.2m under plan YTD** due to timing of procurement of internally funded schemes.
- **Cash** £16.9m, £7.5m behind plan due to timing of PDC drawdowns and capital spend. **Ongoing risk area** from reliant on cash releasing efficiency delivery, effective cost controls and careful timing of capital payments. Daily monitoring in place.
- **Executive led Recovery Board** focus, including **Improvement Director**, with bi-weekly meetings in place to ensure oversight and delivery of the financial, workforce and operational positions

Report to	Council of Governors	
Date of Meeting	6 th July 2026	
Report Title	DCH Non-NHS Activity/Income Compliance NHS Act 2006	
Prepared By	Tyrell Bowcher, Head of Financial Management	
Accountable Executive	Chris Hearn, Chief Finance Officer	
Previously Considered By	n/a	
Action Required	Approval	N
	Assurance	Y
	Information	N

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below	
Board Assurance Framework	Income compliance associated with NHS Act 2006	
Financial	NHS and non NHS income comparison	
Statutory & Regulatory	NHS Act 2006 compliance re NHS and non NHS income	
Equality, Diversity & Inclusion	n/a	
Co-production & Partnership	n/a	

Executive Summary

Executive Summary

One of the areas falling within the remit of the Council of Governors under the National Health Service Act 2006 (the **NHS Act 2006**) following the changes in the Health and Social Care Act 2012 relates to non-NHS activity and income.

Under the NHS Act 2006, NHS Foundation Trusts must ensure that the income they receive from providing goods and services for the health service in England (their principal purpose) is greater than their income from the provision of goods and services for any other purposes (non-NHS income). This is the case for Dorset County Hospital NHS Foundation Trust.

To support the Trust in achieving this where the Trust carries out any activity which is not providing goods and services for the purposes of the health service in England, the Council of Governors must decide whether it is satisfied that carrying out the activity will not to any significant extent interfere with the Trust's fulfilment of its principal purpose or the performance of its other functions and notify the Directors of its decision.

Reviewing non-NHS activity as part of the forward planning process also enables the Council of Governors to monitor when it may need to specifically approve an increase in non-NHS income under other provisions of the NHS Act 2006. This would apply to proposals to increase by 5% or more the proportion of total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England.

The table below details the 2025/26 Trust non NHS activity and income:

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Activity	Income	Income source(s)
Research and development	£1,416,000	NHS, Department of Health and Social Care (DHSC) and other external bodies (Pharmaceutical companies, Universities)
Education and training	£9,042,000	NHS, NHS England, Local authorities and other external bodies (e.g. Pharmaceutical companies, Weymouth college)
Non-patient care services	£10,532,000	NHS, NHS England, Local authorities and other external bodies (e.g. Universities, Air Ambulance, Macmillan)
Other	£4,953,000	NHS, NHS England, Local authorities and other external bodies (e.g. Car parking, Catering, Accommodation)
	£25,943,000	

The Trust's income from healthcare activities in 2025/26 was **£321,703,000**.

Recommendation

The Council of Governors is recommended to:

- 1) Confirm that is satisfied that the Trust's non-NHS activity would not significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or the performance of its other functions; and
- 2) Authorise the Chair or Director of Corporate Affairs to inform the Directors of its decision.

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02/07/2025 16:47:13

Report to	People & Culture Committee in Common	
Date of Meeting	25 March 2026	
Report Title	2025 National NHS Staff Survey Results	
Prepared By	Lauren Farmer - Organisational Development Lead -DHC Sarah Flint – Organisational Development Practitioner-DHC KP Pliskin- Organisational Development Practitioner- DCH Mel Jardine and Julie Barber - Heads of OD	
Approved by Accountable Executive	Nicola Plumb – Joint Chief People Officer	
Previously Considered By	Senior Leadership Group Dorset Health Care University NHS Foundation Trust- 18 March 2026 Senior Leadership Group Dorset County Hospital NHS Foundation Trust- 19 March 2026	
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	SR2: Culture – Staff Survey is one of the reports as a control within the Board Assurance Framework (BAF).	
Financial	The financial implication for the staff survey is the ongoing budgetary requirement to pay for the provider to facilitate the survey and provide us with the results. Both Trusts use IQVIA. The total cost for both Trusts was £22,346 (£12,213 for DCH and £10,133 for DHC).	
Statutory & Regulatory	Participation in the annual NHS Staff Survey is a mandatory requirement for all NHS Trusts nationally.	
Equality, Diversity & Inclusion	The results provide us with specific data in relation to Equality, Diversity & Inclusion and inform our other statutory reports linked to Workforce Race Equality Standards and Workforce Disability Equality Standards. Additional questions also link to our commitments to the NHS National Sexual Safety Charter.	
Co-production & Partnership	Each NHS Trust must pay for its own provision to the organisation that delivers the staff survey and although both DHC and DCH use the same provider, the contracts remain distinct and are managed independently. The data for each Trust is specific and the benchmarking groups they are assessed against are different due to being either a mental health/community trust or an acute.	

Executive Summary
<p>The purpose of the paper is to provide a high-level summary of the 2025 NHS Staff Survey results in both organisations.</p> <p>At DHC the overall response rate increased to 50% from 47% in 2024 but remained below the median for the benchmarking group, which was 52%. At DCH the response rate reduced from 46.4% to 43.5% in 2025, also remaining below the median for the benchmarking group, which was 47%.</p>

Results have been mapped against the seven elements of the NHS People Promise and against the ongoing staff engagement and morale themes for the fifth year. The high-level summary is as follows:

	Improved		Declined		Stayed the same	
	DHC	DCH	DHC	DCH	DHC	DCH
Against benchmark average score	Above average in six of the seven People Promise elements and both themes of staff engagement and morale.	Above average in all seven People Promise elements and both themes of staff engagement and morale.	Declined in one People Promise element – ‘We are always learning’ in comparison to the benchmark.	N/A	N/A	N/A
7 People Promise elements and 2 themes against last year’s score	N/A	Improved in two of the People Promise elements: ‘We are safe and healthy’ and ‘we work flexibly’.	Declined in all 7 People Promise elements and Engagement and Morale.	Decreased in five of the seven People Promise elements and both ‘staff engagement’ and ‘morale’ themes.	N/A	N/A
Twenty-one reportable sub-scores under each element or theme against last year’s score	N/A	Improved in 6 sub-scores: Burnout; Negative experiences; Appraisals; Support for work-life balance; Motivation; and Work Pressure.	Decreased in all sub scores	Decreased in 15 sub-scores, detailed in report below.	N/A	N/A

At DHC the shifts up or down are marginally small and are broadly in line with the national picture. The changes have been so minimal that most are not considered statistically significant except ‘We Work Flexibly’ and ‘Staff Engagement’. It is also important to note that whilst the sub score have declined, DHC are still above the average benchmark score in 17 of the 21 People Promise sub-scores.

At DCH the shifts up or down are also marginally small and are broadly aligned with the national picture. The changes in themes and elements have been so minimal that none are considered statistically significant year on year.

An overview of the People Promise elements and 'Staff Engagement' and 'Morale' themes are included at appendix 1 and 2. Full benchmark reports are available [here](#).

Our primary approach to acting on the survey findings is to continue to embed ownership of the results and actions within teams and services, as well as engaging with key organisation-wide groups and forums to identify cross-cutting themes for action.

The DHC Organisational Development team and relevant teams within DCH will work with key stakeholders and relevant steering groups to review the results and help identify specific areas for action in line with the Dorset HealthCare (DHC) and Dorset County Hospital (DCH) Joint People Plan.

Recommendation

Members are requested to:

- Receive the report for **assurance**.

Bobbie Gemma
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2025 National NHS Staff Survey Results

1. Introduction

- 1.1. Participation in the annual NHS Staff Survey is a mandatory requirement for all NHS Trusts. NHS England sets the framework and questions for the survey, and its administration is then commissioned to independent organisations by individual Trusts. Both Trusts use IQVIA. The total cost for both Trusts was £22,346 (£12,213 for DCH and £10,133 for DHC) including bank which is now mandatory too.
- 1.2. The survey was issued to all staff between 01 October and 28 November 2025, using a mixed method of post and e-mail. Staff participation is not mandatory, and everyone is encouraged to take part, with individual reminders sent throughout the survey period supported by an accompanying promotional campaign.
- 1.3. The full results, including benchmarking data against other similar NHS Trusts are published on 12 March 2026. For the fifth year, the survey results are presented in seven People Promise elements and two themes, allowing year on year comparisons across these themes.
- 1.4. The benchmark group for DHC is Mental Health and Learning Disabilities, and Mental Health, Learning Disabilities and Community. There are 48 organisations within the group for the 2025 survey. The benchmark group for DCH is Acute and Acute & Community Trusts. There are 121 organisations within the group for the 2025 survey.
- 1.5. This report sets out organisation level results and scores compared to the national averages for similar trusts. We also have access to information at directorate and service level.
- 1.6. The bank workers survey is mandatory to organisations with at least 200 bank workers, with reporting for this group provided separately.
- 1.7. The qualitative comments from the 2025 staff survey will be available mid-April 2026.
- 1.8. The NHS Staff Survey is not the only way we hear from staff. We also gather comments and feedback through using the national data collection tool for the National Quarterly People Pulse survey; the Trade Union Partnership forum, Staff Governors, Freedom to Speak Up, staff networks, director visits and other local engagement such as surveys, roadshows, workshops, the Team Engagement & Development (TED) Tool and director-led discussions.
- 1.9. The results for DCH are in Section 2 (pages 5 – 11) and the results for DHC are in Section 3 (pages 13 – 20). An overview of the People Promise elements and 'Staff Engagement' and 'Morale' themes and the statistical testing for both Trusts are included at appendices 1 and 2.

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2. DCH Results

2.1 Response Rate

2.2 The 2025 response rate (43.5%) sits below the median of 47% for the 121 organisations in our benchmarking group. 1622 employees shared their experience of working for the Trust, meaning that we have a substantial insight into people’s daily experiences. Acting on the results must be a combination of locally owned actions and refinements to existing Trust-wide plans where needed.

2.3 The response rate at DCH decreased this year by 3%, in line with the sector average response rate.

2.4 Overall Themes and NHS People Promise Elements - Summary of Scores (2025)

The full benchmark report is available [here](#). A summary of all themes can be found in appendix 1.

- **Overall trend:** Scores have declined slightly across five themes compared to 2024. Scores for two themes: ‘We are safe and healthy’ and ‘we work flexibly’ slightly increased.
- **Benchmark comparison:** All areas remain above sector benchmark averages.
- **Largest year-on-year drop:** Staff engagement (▼-0.11).
- **Strongest relative performance:** ‘We are compassionate and inclusive’ remains the highest scoring element.

Overall, Dorset County Hospital remains above the sector benchmark average in all seven of the NHS People Promise elements and both staff engagement and moral themes. However, there has been a marginal decline across most of the elements compared to 2024. These changes are small and broadly consistent with the national picture.

Element	2024	2025	Change
We are compassionate & inclusive	7.48	7.40	● -0.08
We are recognised & rewarded	6.09	6.05	● -0.04
We each have a voice that counts	6.81	6.76	● -0.05
We are safe & healthy	6.08	6.09	● +0.01
We are always learning	5.74	5.70	● -0.04
We work flexibly	6.92	6.87	● +0.02
We are a team	6.92	6.87	● -0.05

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Element	2024	2025	Change
Staff Engagement (Theme)	7.03	6.92	● -0.11
Morale (Theme)	5.93	5.91	● -0.02

Significance testing shows that year-on-year changes in the 2025 NHS Staff Survey are not statistically significant, indicating relative stability in staff experience despite small downward movements in most scores (Appendix 2).

2.5 Sub score results

Most elements and sub-scores declined year-on-year, with the largest drops in:

- Advocacy (-0.23)
- Development (-0.20)
- Compassionate culture (-0.16)
- Staff engagement (element) (-0.11)
- Involvement (-0.10)
- Compassionate leadership (-0.09)
- Raising concerns (-0.08)

The largest positive change was in the sub-scores:

- Appraisals (+0.13)
- Work-life balance (-0.04)

It is important to note that although most scores have declined, we are above sector average for all but two scores: 'health and safety climate' and 'work pressures'.

The tables below illustrate the sub-scores and benchmark comparison.

People Promise Element one: We are compassionate and inclusive

Sub-score	2024	2025	Change	Benchmark average
Compassionate culture	7.19	7.03	● -0.16	6.97
Compassionate leadership	7.29	7.20	● -0.09	6.99
Diversity & equality	8.53	8.49	● -0.04	8.37
Inclusion	6.91	6.88	● -0.03	6.80

All sub-scores within the Compassionate and Inclusive element show small year-on-year declines, however the largest declines are within compassionate culture (-0.16) and compassionate leadership (-0.09). However, all sub-scores sit above the benchmark average.

Within the compassionate culture element there was a 4% decline in staff feeling that the care of patients is their organisation's top priority but an increase in staff feeling that their role makes a difference to patients. Within the compassionate leadership element 74% of staff felt that their manager cares about their concerns but a lower number (67%) reported that their manager takes effective action to help them with any problems they face. Both these scores sit above the benchmark average.

In relation to diversity and equality it is positive to note that the number of staff who have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months has reduced for the second year running and remains under the benchmark average.

Looking within the inclusion element there remains a strong sense of team identity at DCH, with 71% of staff reporting that they feel valued by their teams and 67.5% reporting a strong personal attachment to their team (5% above the benchmark average).

People Promise Element two: We are recognised and rewarded

There are no sub-scores for this element, which saw a marginal overall decline of 0.04.

The extent to which staff feel that the organisation and their line managers value their work has remained consistent and above benchmark average. It is positive to note that there was an increase in the number of staff who are satisfied with the recognition they get for good work, particularly as the benchmark average in this area declined.

People Promise Element three: We each have a voice that counts

Sub-score	2024	2025	Change	Benchmark average
Autonomy & control	7.08	7.04	● -0.04	6.92
Raising concerns	6.54	6.46	● -0.08	6.30

Both sub-scores in this element show small declines but remain above benchmark average.

The questions relating to autonomy and control, including the ability to make improvements and be involved in changes have stayed relatively stable and remain 4-5% above the benchmark average. The questions relating to raising concerns show a small reduction in both the confidence of staff to raise concerns and the confidence that the concern will be addressed. These are likely to be linked, so whilst these scores remain above the benchmark average, further investigation is needed.

People Promise Element four: We are safe and healthy

Sub-score	2024	2025	Change	Benchmark average
Health & safety climate	5.34	5.31	● -0.03	5.39
Burnout	4.99	5.01	● +0.02	4.94
Negative experiences	7.93	7.95	● +0.02	7.90

The health and safety climate sub-score shows small year-on-year decline and sits below the benchmark average. All questions within this sub-score sit below the benchmark average, except the question relating to whether the organisation takes positive action on health and wellbeing. 57% of staff feel that they are unable to meet the conflicting demands on their time and 72% of staff do not feel that there enough staff for them to do their job properly, producing an obvious tension with the requirement to make savings and reduce headcount.

Both the burnout and negative experiences sub-scores show a small year-on-year improvement, but most of the questions within these sub-scores sit on or beneath the benchmark average, so should remain an area of focus. In relation to burnout, 36% of staff report finding their work emotionally exhausting and 31% report feeling burnt out because of their work. Encouragingly however, there has been a 3.5% reduction in the number of staff feeling unwell because of work related stress, bringing this score below the benchmark average.

In relation to negative experiences, the results indicate that there is still more work to be done. The number of staff experiencing physical violence at work from patients has reduced by 1.6% but this still means that almost 12% of staff have experienced violence at work. The number of staff experiencing harassment and abuse or unwanted behaviour of a sexual nature from patients has also risen for the second-year running. Disappointingly, the number of staff reporting harassment, bullying or abuse at work from colleagues has increased from 18.5% to 20%, the first increase in three years. Sexual safety will also need to remain a high priority, as the incidences of unwanted behaviour of a sexual nature from colleagues remain higher than the benchmark average.

People Promise Element five: We are always learning

Sub-score	2024	2025	Change	Benchmark average
Development	6.60	6.40	 -0.20	6.29
Appraisals	4.86	4.99	 +0.13	4.89

There has been a notable decline in the development sub-score (-0.20), however a positive change in the appraisals sub-score (+0.13)

Looking at the elements within the development sub-score, the results remain positive in relation to offering challenging work and opportunities to improve knowledge and skills, but there has been a 5% decline in the question relating to opportunities for career development. Similarly there has been a 3% decline in the ability to access learning and development opportunities. In the context of the sustained operational pressures these results are not a surprise but will require innovative solutions to be resolved.

In relation to appraisals, there has been a sustained increase in both the number of staff reporting that they have received an appraisal (now 82.5%) and in the number of staff reporting that the appraisal helped them improve and left them feeling valued.

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People Promise Element six: We work flexibly

Sub-score	2024	2025	Change	Benchmark average
Work-life balance	6.45	6.49	● +0.04	6.28
Flexible working	6.50	6.49	● -0.01	6.15

The sub-score for work-life balance increased by 0.04 to 6.49 and the sub-score for flexible working saw a very small decline.

Work-life balance is an area of strength at DCH, with a sustained increase in the number of staff able to achieve a good balance between their work life and their home life and in those that feel the organisation is committed to helping them balance their work and home life.

There has been a small in-year decrease in staff who feel they can approach their immediate manager to talk openly about flexible working, which is likely to account for the small decline in the overall flexible working sub-score.

People Promise Element seven: We are a team

Sub-score	2024	2025	Change	Benchmark average
Team working	6.70	6.68	● -0.02	6.64
Line management	7.13	7.06	● -0.07	6.82

Both team working and line management scores decreased slightly year on year but remain over the benchmark average. In the team working section there were improvements in five of the eight questions but declines in the questions relating to role clarity and how constructively team disagreements are dealt with. The Team Engagement and Development (TED) tool provided by the Organisational Development Team contains resources that will help teams to overcome these issues.

In relation to Line Management, there were small declines in three of the four questions, but all remain above benchmark average.

Staff Engagement theme

Sub-score	2024	2025	Change	Benchmark average
Motivation	7.06	7.07	● +0.01	6.87
Involvement	7.05	6.95	● -0.10	6.77
Advocacy	6.98	6.75	● -0.23	6.63

Whilst the motivation sub-score increased, both sub-scores for involvement and advocacy declined year on year. Involvement fell by 0.10 to 6.95 and advocacy fell by 0.23 to 6.75, mirroring the national trend.

For the questions relating to motivation there were increases in all three questions. 55.8% of respondents stated that they look forward to work, an increase of 1.5% against a national decrease of 2%. However, in relation to involvement and advocacy the results in all six questions declined but remain above benchmark average. Of note, those agreeing that the care of patients/service users is the organisation's top priority reduced by 4% to 72%.

Morale theme

Sub-score	2024	2025	Change	Benchmark average
Thinking about leaving	6.27	6.23	● -0.04	6.00
Work pressure	5.07	5.09	● +0.02	5.20
Stressors	6.45	6.41	● -0.04	6.35

Morale dipped slightly across two measures, with small declines in retention sentiment and overall stress. The work pressure sub-score saw a small increase of 0.02, but this remains below the sector benchmark average.

Within the work pressure sub-score there was a 3% increase in the number of staff who feel able to meet all the conflicting demands on their time at work, but this and the other two questions remain below the benchmark average. In relation to stressors, the scores relating to involvement in changes and autonomy (I have a choice in deciding how I do my work) remain consistent and above the benchmark average. However, the questions relating to clarity of responsibility and time pressures have declined and remain below the benchmark average.

2.6 Friends and Family Questions

Both questions 25c (“I would recommend my organisation as a place to work”) and 25d (“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”) slightly declined year on year. They are included as a component of the Advocacy sub-score; they give an indication of the confidence levels of staff toward the work of the organisation.

Whilst both scores remain above the sector benchmark average, 2025 was the second year in a row that the score for question 25d has decreased; this is in line with the national trend.

Question	2024	2025	Change	Benchmark average
Q25c – Recommend Work	67.58%	62.84%	● -4.74%	57.77%
Q25d – Recommend Treat	68.21%	65.95%	● -2.26%	60.83%

2.7 Workforce Race Equality Standard (WRES)

The data indicates persistent disparities between EM and White staff across all WRES measures. EM staff consistently report higher levels of harassment, bullying, and discrimination. While some year-to-year movement exists, the overall pattern shows EM staff

experiencing significantly poorer workplace experiences than their White colleagues.

This year, the wording of question 15 was changed (staff who feel the organisation provides equal opportunities for career progression and promotion) and historically comparable data is not available.

Question – WRES data DCH	EM 2025	EM 2024	EM 2023	WHITE 2025	WHITE 2024	WHITE 2023
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	30.45	25.08	22.01	20.81	20.18	18.01
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	25.09	24.16	25.84	22.43	21.40	22.57
% of staff who feel the organisation provides equal opportunities for career progression or promotion	55.82	-	-	55.32	-	-
% of staff who experienced discrimination at work from manager/team leader or colleague in last 12 months	13.15	17.85	17.96	6.69	5.42	7.76

2.8 Workforce Disability Equality Standard (WDES)

Staff with long-term health conditions (LTHC) consistently report poorer workplace experiences than those without LTHC across almost every WDES measure. They face higher levels of harassment from patients, managers, and colleagues, feel more pressure to work when unwell, and are less satisfied with how the organisation values their work. Although both groups show some year-to-year variation, the gap between LTHC and non-LTHC staff remains, including lower engagement scores for LTHC staff.

This year, the wording of question 15 was changed (staff who feel the organisation provides equal opportunities for career progression and promotion) and historically comparable data is not available.

Question – WDES data DCH	LTHC 2025	LTHC 2024	LTHC 2023	Without LTHC 2025	Without LTHC 2024	Without LTHC 2023
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	25.88	28.41	22.77	21.29	18.29	17.11
% of staff experiencing harassment, bullying or abuse from managers in last 12 months	12.47	13.72	14.51	6.84	6.95	7.53

% of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	27.63	24.45	24.21	16.65	15.61	18.04
% of staff who reported last experience of harassment, bullying or abuse	53.41	47.24	53.57	51.51	47.15	51.57
% of staff who feel the organisation provides equal opportunities for career progression or promotion	48.83	-	-	57.68	-	-
% of staff who felt pressure from their manager to come into work when not feeling well enough	22.73	18.18	24.51	14.90	15.92	18.00
% of staff who are satisfied with the extent the organisation values their work	34.98	37.28	36.81	47.32	48.02	48.42
% of staff who say their employer has made reasonable adjustments to enable them to carry out their work	73.33	77.82	70.33	Non reportable		
Staff Engagement Score	6.47	6.71	6.71	7.06	7.12	7.19

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3. DHC Results

3.1 Response Rate

3.2 The 2025 response rate increased from 47% in 2024 to 50% in 2025, against a median of 52% for the 48 organisations in our benchmarking group.

3.3 3559 employees shared their experience of working for the Trust, meaning that we have a substantial insight into people’s daily experiences. Acting on the results must be a combination of locally owned actions and refinements to existing Trust-wide plans where needed.

3.4 Overall Themes and NHS People Promise elements - Summary of scores (2025)

The full benchmark report is available [here](#). A summary of all themes can be found in appendix 1.

- **Overall trend:** Scores have declined slightly across all themes compared to 2024.
- **Benchmark comparison:** All areas remain above benchmark averages, except ‘We are Always Learning’, which is slightly below.
- **Largest year-on-year drop:** ‘We are Always Learning’ (▼ -0.10).
- **Strongest relative performance:** ‘We are Compassionate and Inclusive’ and ‘We are a Team’ remain the highest-scoring elements.

Overall, Dorset Health Care remains above the benchmark average in six of the seven NHS People Promise elements and the Morale theme. However, there has been a marginal decline across all elements compared to 2024. The only element scoring below the benchmark is ‘We are Always Learning’, which also shows the largest year-on-year reduction. These changes are small and broadly consistent with the national picture.

Element	2024	2025	Change	Benchmark average
We are compassionate and inclusive	7.83	7.79	-0.04	7.61 (above benchmark)
We are recognised & rewarded	6.46	6.42	-0.04	6.37 (above benchmark)
We each have a voice that counts	7.05	6.98	-0.07	6.89 (above benchmark)
We are safe and healthy	6.55	6.49	-0.06	6.34 (above benchmark)

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Element	2024	2025	Change	Benchmark average
We are always learning	5.86	5.76	-0.10	5.83 (below benchmark)
We work flexibly	7.01	6.90	-0.11 (significant)	6.84 (above benchmark)
We are a team	7.23	7.20	-0.03	7.17 (above benchmark)
Staff Engagement (Theme)	7.19	7.11	-0.08 (significant)	7.02 (above benchmark)
Morale (Theme)	6.38	6.33	-0.05	6.12 (above benchmark)

Significance testing shows that most year-on-year changes in the 2025 NHS Staff Survey are not statistically significant, indicating relative stability in staff experience despite small downward movements in scores (Appendix 2).

Two areas, 'Staff Engagement' and 'We Work Flexibly', show statistically significant declines and will be prioritised for further exploration and action. All other People Promise elements show marginal decreases that are not statistically significant and are consistent with the wider national picture.

Response volumes have increased across all elements and themes, strengthening the reliability of the 2025 results and confidence in the findings.

3.5 Sub score results

All elements and sub-scores declined year-on-year, with the largest drops in:

- Appraisals (-0.19)
- Flexible working (-0.16)
- Work flexibly (element) (-0.11)
- Staff engagement (-0.08)
- Burnout (-0.08)

It is important to note that although all scores have declined, we are above the benchmark average for most of the scores. The tables below illustrate this.

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People Promise Element one: We are compassionate and inclusive

Sub-score	2024	2025	Change	Benchmark average
Compassionate culture	7.48	7.43	-0.05	7.19 (Above benchmark)
Compassionate leadership	7.59	7.56	-0.03	7.54 (Above benchmark)
Diversity & equality	8.79	8.77	-0.02	8.53 (Above benchmark)
Inclusion	7.45	7.40	-0.05	7.18 (Above benchmark)

All sub-scores within the Compassionate and Inclusive element have remained stable over the past 5 years and are above the benchmark average scores. All sub-scores in this element are very close to the highest score for the benchmark group, the inclusion sub-score is 0.02 away. Within the questions relating to compassionate culture, there was a small local decline in the number of staff who agree that the care of patients/service users is the organisations top priority (2.2%), mirroring the national decline in this question (2.4%).

In relation to the number of staff experiencing discrimination at work from patients/service users, their relatives or other members of the public (4.8%), although there has been a slight in-year increase at DHC, the score remains considerably below the benchmark average (8.7%) and close to the best result (4.5%).

The scores relating to teamwork have remained consistent over the past five years. With 70% of staff reporting a strong personal attachment to their team. Behaviours at work also remain strong, the answers to the two questions relating to kindness, understanding and respect both match the best scores in the benchmark group.

People Promise Element two: ‘We are Recognised and Rewarded’

There are no sub-scores for this element. This element has remained stable over the past 5 years and is above the benchmark average score.

The question relating to satisfaction with pay has been historically under the benchmark average at DHC, but has improved in year.

People Promise Element three: ‘We Each Have a Voice That Counts’

Sub-score	2024	2025	Change	Benchmark average
Autonomy and control	7.20	7.11	-0.09	7.11 (In line with benchmark)
Raising concerns	6.90	6.85	-0.05	6.64 (above benchmark)

Both sub-scores show small declines, with a more notable reduction in autonomy and control (-0.09). While changes remain small, the pattern suggests slightly reduced staff confidence in influence and voice compared to 2024. Autonomy and control is in line with the benchmark, whilst raising concerns is 0.21 above the benchmark average.

The specific questions relation to autonomy show that staff feel slightly less able to influence change in their team or department, but still feel they have a choice in deciding how to do their work. The questions relating to raising concerns show a small reduction in both the confidence of staff to raise concerns and the confidence that the concern will be addressed. These are likely to be linked, so whilst these scores remain above the benchmark average, further investigation is needed.

People Promise Element four: ‘We are Safe and Healthy’

Sub-score	2024	2025	Change	Benchmark average
Health & safety climate	5.91	5.86	-0.05	5.82 (Above benchmark)
Burnout	5.41	5.33	-0.08	5.23 (Above benchmark)
Negative experiences	8.32	8.27	-0.05	8.05 (Above benchmark)

All sub-scores show small year-on-year declines, with the largest decline in burnout (-0.08). While changes are small, the pattern indicates slight worsening in wellbeing-related experiences, reinforcing the need for continued focus on staff wellbeing. Positively, all sub scores in this element remain above the benchmark average, and the number of staff who feel that the Trust takes positive action on health and well-being remains considerably higher than the benchmark average (67.3% v 60.4%).

When looking at the specific questions in the health and safety section, the responses relating to adequate staffing levels and materials remain above the benchmark average, but the question relating to competing demands has fallen below the benchmark average and requires further investigation, particularly given the decline in the burnout sub score and the increase in staff reporting that they have felt unwell as a result of work related stress.

In relation to negative experiences, the results indicate that there is still more work to be done. The number of staff experiencing physical violence at work from patients has increased, meaning that almost 8% of staff have experienced violence at work. The number of staff reporting harassment, bullying or abuse at work from colleagues has increased from 11.5% to 12.4%, but remains under the benchmark average.

People Promise Element five: ‘We are Always Learning’

Sub-score	2024	2025	Change	Benchmark average
Development	6.74	6.71	-0.03	6.57 (Above benchmark)
Appraisals	4.97	4.78	-0.19	5.14 (below benchmark)

Both sub-scores have declined, with a notable reduction in appraisals (-0.19) compared to a minimal change in development (-0.03). The development sub-score sits above the benchmark average, whilst appraisals sit below.

Looking at the questions relating to the development sub-score, there has been an improvement in the number of staff who feel able to access the right learning and development opportunities when needed, against a benchmark average decline. However, there has been a decline in perceived opportunities for career development which will need further analysis.

Appraisal compliance is a known area requiring improvement at DHC and an improvement plan is underway. Within the survey results there has been a decline in both appraisal compliance (86.5% to 83.1%) and effectiveness (22.4% to 21%).

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People Promise Element six: 'We Work Flexibly'

Sub-score	2024	2025	Change	Benchmark average
Work-life balance	6.97	6.92	-0.05	6.84 (Above benchmark)
Flexible working	7.04	6.88	-0.16	6.85 (Above benchmark)

Both scores declined year on year, with work-life balance down 0.05 to 6.92 and flexible working down 0.16 to 6.88, which has been identified as a statistically significant decline. However, both scores are above the benchmark average.

In relation to work-life balance, whilst there was an in-year decrease in the number of staff able to achieve a good balance between their work life and their home life and in those that feel the organisation is committed to helping them balance their work and home life, the longer term trajectories in these questions are positive.

There has been a small in-year decrease in staff who feel they can approach their immediate manager to talk openly about flexible working, and in satisfaction with flexible working opportunities, which is likely to account for the decline in the overall flexible working sub-score.

People Promise Element seven: 'We are a Team'

Sub-score	2024	2025	Change	Benchmark average
Team working	7.10	7.05	-0.05	6.94 (Above benchmark)
Line management	7.37	7.36	-0.01	7.40 (Below benchmark)

Both team working and line management scores decreased slightly year on year. Team working decreased by 0.05 to 7.05, while line management remained broadly stable, declining by 0.01 to 7.36. Team working remains above the benchmark average, line management is slightly below.

In the team working section six of the eight questions showed small declines but remain above the benchmark average. There was an increase in the number of staff reporting that they enjoy working with their team and that their team works well together to achieve objectives.

Staff Engagement theme

Sub-score	2024	2025	Change	Benchmark average
Motivation	7.22	7.13	-0.09	7.06 (Above benchmark)
Involvement	7.07	6.98	-0.09	7.03 (Below benchmark)
Advocacy	7.29	7.22	-0.07	6.87 (Above benchmark)

Bibliography
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All three measures declined year on year: motivation and involvement each fell by 0.09 to 7.13 and 6.98, while advocacy decreased by 0.07 to 7.22. When combined, they indicate a statistically significant decline. Whilst motivation and advocacy were above the average benchmark scores, involvement was slightly below.

Looking at the questions relating to motivation, enthusiasm for work has reduced over the past two years but remains above the benchmark average. In relation to advocacy, those agreeing that the care of patients/service users is the organisation's top priority reduced by 2.2% to 79.3% but again, remains above the benchmark average.

Morale theme

Sub-score	2024	2025	Change	Benchmark average
Thinking about leaving	6.66	6.62	-0.04	6.15 (above benchmark)
Work pressure	5.67	5.63	-0.04	5.61 (above benchmark)
Stressors	6.81	6.74	-0.07	6.66 (above benchmark)

Employee morale dipped slightly across all measures, with small declines in retention sentiment, work pressure and overall stress. All three scores remained above the average benchmark scores.

In relation to work pressure, the number of staff who feel able to meet all the conflicting demands on their time at work reduced, but there was an increase in the number of staff who feel that there are enough staff at the organisation for them to do their job properly. The questions relating to stressors all declined but remained above the average benchmark scores. Encouragingly, the number of staff who feel that relationships at work are strained has reduced, bringing DHC close to the best result for this question.

3.6 Friends and family test questions

Overall results remain positive and above benchmark averages. Recommendation of the organisation as a place to work remains strong at 68.8%, despite a slight decrease of 1.4% from 2024, but continues to sit above the 64% benchmark. Confidence in the standard of care has improved slightly to 74.3% (+0.4%) and remains significantly above the 64.5% benchmark. These results indicate sustained staff advocacy and strong confidence in the quality of care provided.

Question	2024	2025	Change	Benchmark average
I would recommend my organisation as a place to work	70.29%	68.88%	- 1.41%	64% (Above benchmark)
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	73.88%	74.31%	+ 0.43%	64.45% (Above benchmark)

Bibliography
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3.7 Workforce Race Equality Standard (WRES)

The data indicates persistent disparities between ethnic minority (EM) and white staff across all WRES measures. EM staff consistently report higher levels of harassment, bullying, and discrimination, alongside lower confidence in equal career progression. While some year-to-year movement exists, the overall pattern shows EM staff experiencing significantly poorer workplace experiences than their white colleagues.

Question – WRES data DHC	EM 2025	EM 2024	EM 2023	WHITE 2025	WHITE 2024	WHITE 2023
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	28.96	27.83	29.91	17.74	17.50	18.36
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	20.16	15.57	21.33	15.32	14.24	14.56
% of staff who feel the organisation provides equal opportunities for career progression or promotion	46.88	54.46	49.34	58.02	61.02	59.63
% of staff who experienced discrimination at work from manager/team leader or colleague in last 12 months	10.85	10.90	16.06	4.70	4.19	4.18

2.8 Workforce Disability Equality Standard (WDES)

Staff with long-term health conditions (LTHC) consistently report poorer workplace experiences than those without LTHC across almost every WDES measure. They face higher levels of harassment from patients, managers, and colleagues, feel more pressure to work when unwell, and are less satisfied with how the organisation values their work. Although both groups show some year-to-year variation, the gap between LTHC and non-LTHC staff remains steady, including lower engagement scores for LTHC staff.

Question – WDES data DHC	LTHC 2025	LTHC 2024	LTHC 2023	Without LTHC 2025	Without LTHC 2024	Without LTHC 2023
% of staff experiencing harassment, bullying or abuse from patients or relatives in last 12 months	21.70	23.27	24.62	17.32	15.99	16.88
% of staff experiencing harassment, bullying or	10.33	9.53	8.95	4.41	4.61	5.06

abuse from managers in last 12 months						
% of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	16.22	15.70	15.14	10.28	9.32	10.32
% of staff who reported last experience of harassment, bullying or abuse	57.14	55.67	57.65	61.30	62.53	56.07
% of staff who feel the organisation provides equal opportunities for career progression or promotion	53.62	56.34	53.28	58.61	61.93	60.82
% of staff who felt pressure from their manager to come into work when not feeling well enough	20.11	16.22	17.69	10.83	10.73	12.89
% of staff who are satisfied with the extent the organisation values their work	45.90	47.12	47.75	53.11	54.54	54.81
% of staff who say their employer has made reasonable adjustments to enable them to carry out their work	83.91	86.63	87.06	Non reportable		
Staff Engagement Score	6.74	6.94	7.00	7.25	7.29	7.31

4. Next Steps

Both DCH and DHC will deepen its analysis of the survey results, ensuring teams take ownership of their data and receive targeted support. High-performing teams will be recognised and learned from, while lower-scoring teams will receive proactive development support through the TED tool. Key stakeholder groups, including the Senior Leadership Groups and the Joint Culture and Belonging Reference Group will review the findings to shape action plans aligned with the Joint People Plan. Detailed reports will be shared widely, with local results accessible via Power BI and supported by updated manager resources and development sessions. Once qualitative feedback is available (free text comments), it will be triangulated with quantitative data to guide further team development work.

This work will be reported to the Committee, in line with the [Medium-Term Planning Framework 26/27](#), which states that Boards will be expected to commit to:

- a full and detailed analysis of all free text comments generated through their staff survey
- identifying, as a minimum, 3 areas where the data shows the greatest staff dissatisfaction, generating a detailed analysis where those issues impact most within their organisation and developing detailed action plans to resolve those issues within year wherever possible.

5. Conclusion

The report summarises the 2025 NHS Staff Survey results for DCH and DHC, highlighting response rates, performance against national benchmarks, and year-on-year changes. Both Trusts remain broadly above their respective sector benchmark averages across most NHS People Promise elements, with DHC above benchmark in six out of seven elements and DCH above benchmark in all seven. However, both organisations experienced small declines across most themes compared with 2024, with DCH showing slight decreases in five of seven People Promise elements and DHC showing marginal declines across all elements. Some areas showed improvement—DCH saw small increases in “We are safe and healthy” and “We work flexibly”, while DHC saw increased response rates and continued strong performance in compassionate and inclusive culture. Despite these shifts, most changes were not statistically significant, indicating overall stability in staff experience.

Sub-score analysis shows more detailed areas of concern. At DCH, the largest declines were in advocacy, development, compassionate culture, and involvement, although most scores remained above benchmark averages. At DHC, the biggest drops were in appraisals, flexible working, and burnout, with “We are Always Learning” falling below benchmark. Both Trusts continue to show persistent inequalities in experiences reported by ethnic minority staff and staff with long-term health conditions, particularly around harassment, discrimination, and perceptions of equal opportunities. Next steps include deeper analysis, targeted support for lower-scoring teams, and alignment of actions with the Joint People Plan. The report concludes that while overall performance remains strong relative to peers, the small declines highlight areas requiring renewed focus to improve staff experience.

Recommendations

- a. The People and Culture Committee in Common are recommended to:
 - i. Receive the report for **assurance**

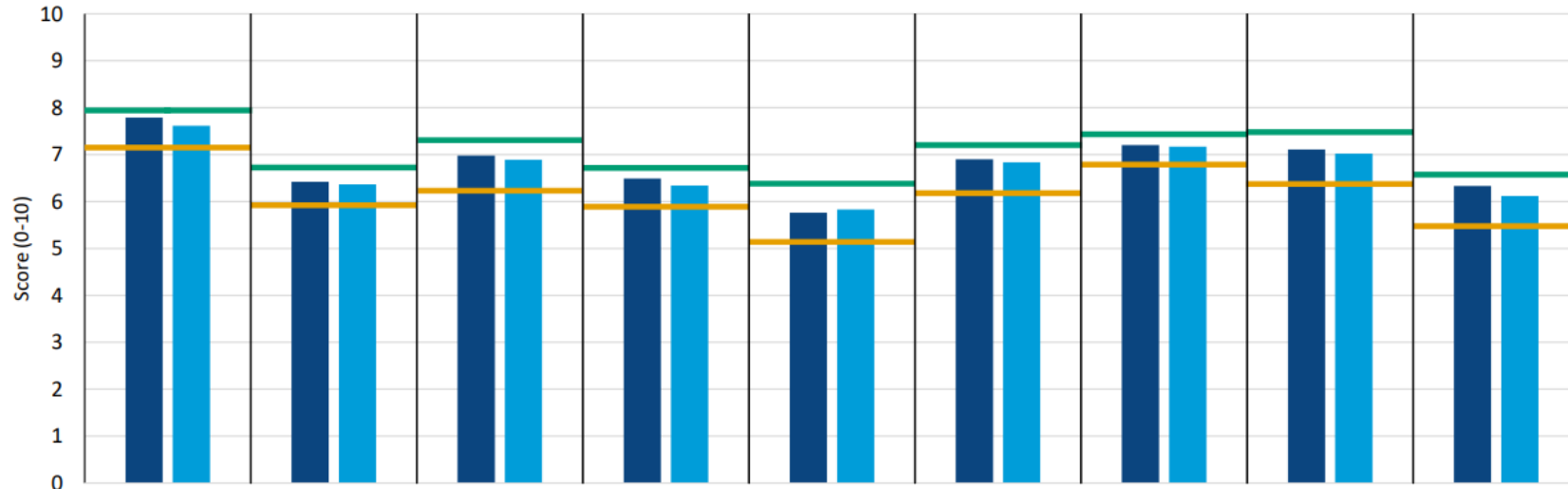
Name and Title of Authors:

Lauren Farmer- Organisational Development lead (DHC)
Sarah Flint - Organisational Development Practitioner (DHC)
Mel Jardine - Head of Organisational Development (DHC)
Julie Barber – Head of Organisational Development (DCH)
Kp Pliskin – Organisational Development Facilitator (DCH)

Date: March 2026

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Benchmark for DHC



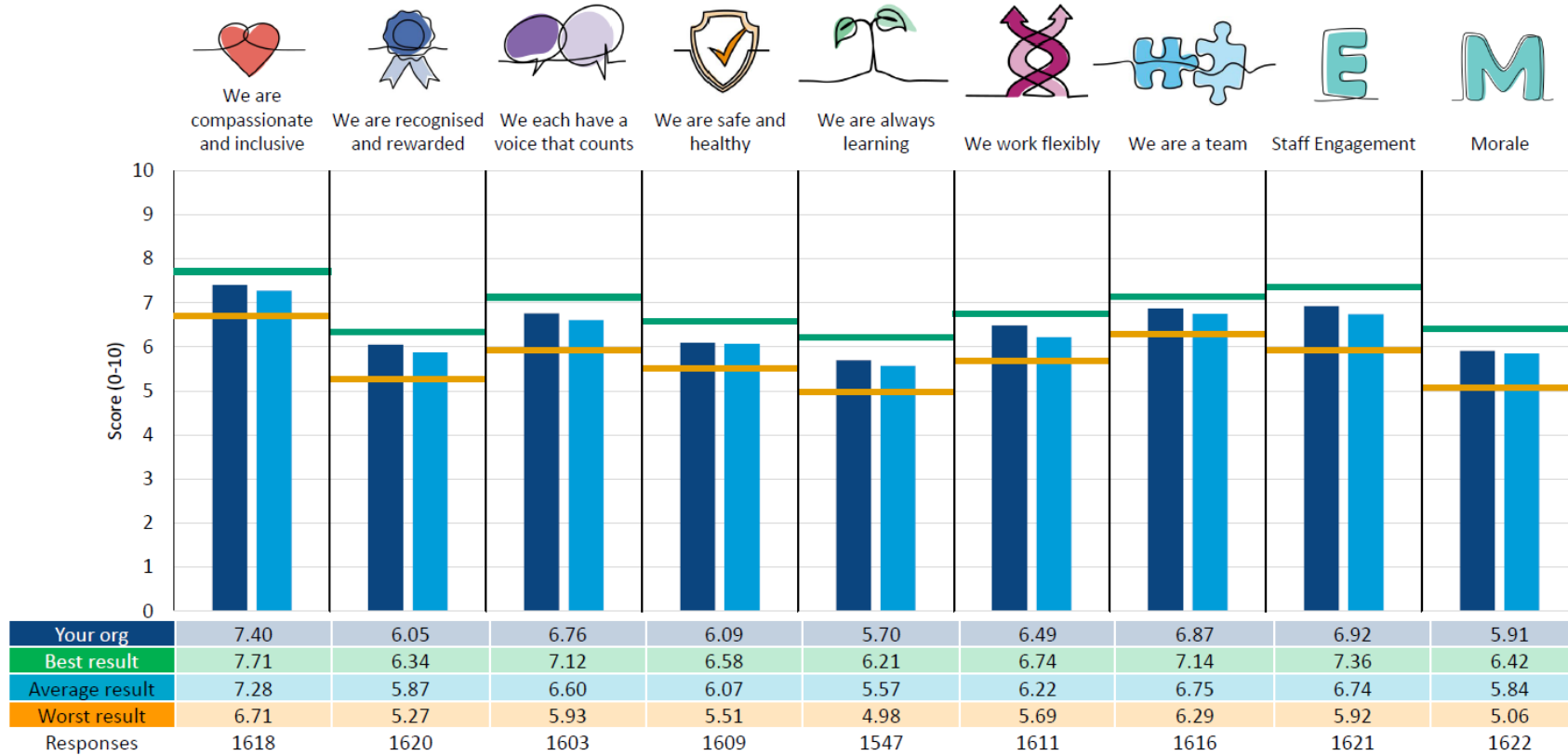
Your org	7.79	6.42	6.98	6.49	5.76	6.90	7.20	7.11	6.33
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	3555	3554	3527	3532	3371	3539	3549	3554	3554

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1.10. Appendix 2

Benchmark for DCH

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



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Statistical difference for DHC

Appendix B: Significance testing – 2024 vs 2025 Survey Coordination Centre

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.83	3288	7.79	3555	Not significant
We are recognised and rewarded	6.46	3282	6.42	3554	Not significant
We each have a voice that counts	7.05	3264	6.98	3527	Not significant
We are safe and healthy	6.55	3275	6.49	3532	Not significant
We are always learning	5.86	3158	5.76	3371	Not significant
We work flexibly	7.01	3267	6.90	3539	Significantly lower
We are a team	7.23	3283	7.20	3549	Not significant
Themes					
Staff Engagement	7.19	3292	7.11	3554	Significantly lower
Morale	6.38	3290	6.33	3554	Not significant

Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Statistical Difference for DCH

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.48	1743	7.40	1618	Not significant
We are recognised and rewarded	6.09	1740	6.05	1620	Not significant
We each have a voice that counts	6.81	1713	6.76	1603	Not significant
We are safe and healthy	6.08	1720	6.09	1609	Not significant
We are always learning	5.74	1650	5.70	1547	Not significant
We work flexibly	6.47	1724	6.49	1611	Not significant
We are a team	6.92	1739	6.87	1616	Not significant
Themes					
Staff Engagement	7.03	1746	6.92	1621	Not significant
Morale	5.93	1745	5.91	1622	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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National Staff Survey 2025 Results

People & Culture Committee in Common

 Healthier lives  Empowered citizens  Thriving communities

Organisation details- DHC



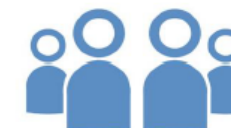
➤ Organisation details

Survey
Coordination
Centre



Dorset Healthcare University NHS Foundation Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **3559**

2025 response rate **50%**

◀ This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts



Survey details

Survey mode **Mixed**

2025 benchmarking group details

Organisations in group: 48

Median response rate: 52%

No. of completed questionnaires: 145759

For more information on benchmarking group definitions please see the [Technical Guide](#).

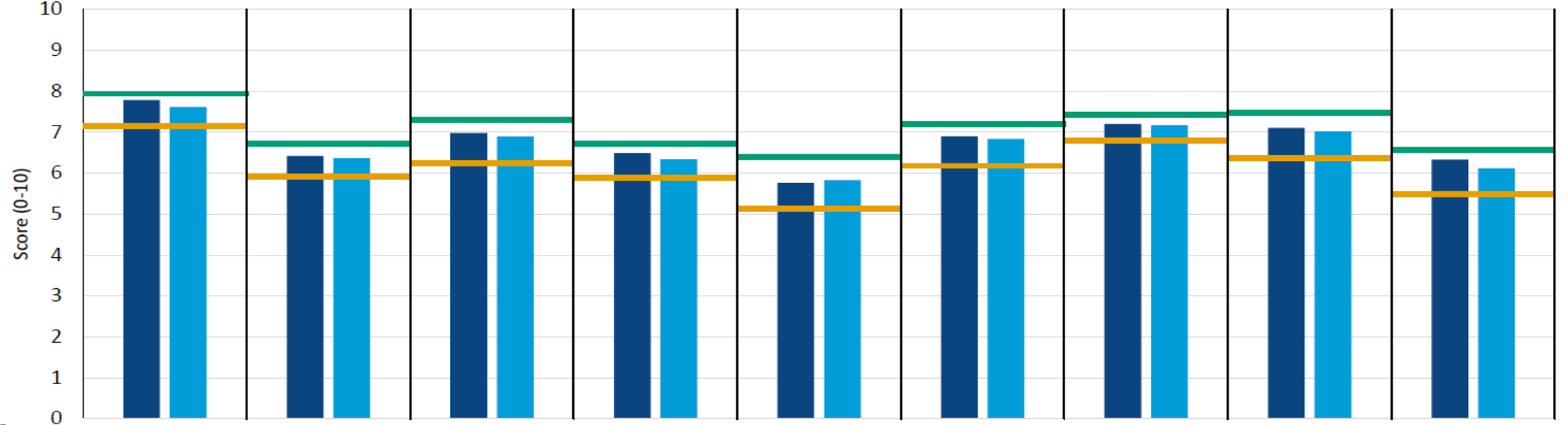
People Promise Theme Overview- DHC



People Promise elements and themes: Overview



People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Your org	7.79	6.42	6.98	6.49	5.76	6.90	7.20	7.11	6.33
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	3555	3554	3527	3532	3371	3539	3549	3554	3554

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Statistical significance- DHC



➤ Appendix B: Significance testing – 2024 vs 2025



Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.83	3288	7.79	3555	Not significant
We are recognised and rewarded	6.46	3282	6.42	3554	Not significant
We each have a voice that counts	7.05	3264	6.98	3527	Not significant
We are safe and healthy	6.55	3275	6.49	3532	Not significant
We are always learning	5.86	3158	5.76	3371	Not significant
We work flexibly	7.01	3267	6.90	3539	Significantly lower
We are a team	7.23	3283	7.20	3549	Not significant
Themes					
Staff Engagement	7.19	3292	7.11	3554	Significantly lower
Morale	6.38	3290	6.33	3554	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Overview - DHC



People Promise Element or Theme performance this year against last year		Sub-Score	Against 2024	Against benchmark
We are compassionate & inclusive	↓	Compassionate culture	↓	↑
		Compassionate leadership	↓	↑
		Diversity and equality	↓	↑
		Inclusion	↓	↑
We are recognised and rewarded	↓	We are recognised and rewarded	↓	↑
We each have a voice that counts	↓	Autonomy and control	↓	→
		Raising concerns	↓	↑
We are safe and healthy	↓	Health and safety climate	↓	↑
		Burnout	↓	↑
		Negative experiences	↓	↑

Overview - DHC



People Promise Element or Theme performance this year against last year		Sub-Score	Against 2024	Against benchmark
We are always learning	↓	Development	↓	↑
		Appraisals	↓	↓
We work flexibly	↓	Support for work life balance	↓	↑
		Flexible working	↓	↑
We are a team	↓	Team working	↓	↑
		Line management	↓	↓
Staff engagement	↓	Motivation	↓	↑
		Involvement	↓	↓
		Advocacy	↓	↑
Morale	↓	Thinking about leaving	↓	↑
		Work pressure	↓	↑
		Stressors	↓	↑

Organisation details: DCH



Organisation details

Survey
Coordination
Centre



Dorset County Hospital NHS Foundation Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **1622**

2025 response rate **43%**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



Survey details

Survey mode **Mixed**

2025 benchmarking group details

Organisations in group: 121

Median response rate: 47%

No. of completed questionnaires: 524528

For more information on benchmarking group definitions please see the [Technical Guide](#).

People Promise Theme overview: DCH

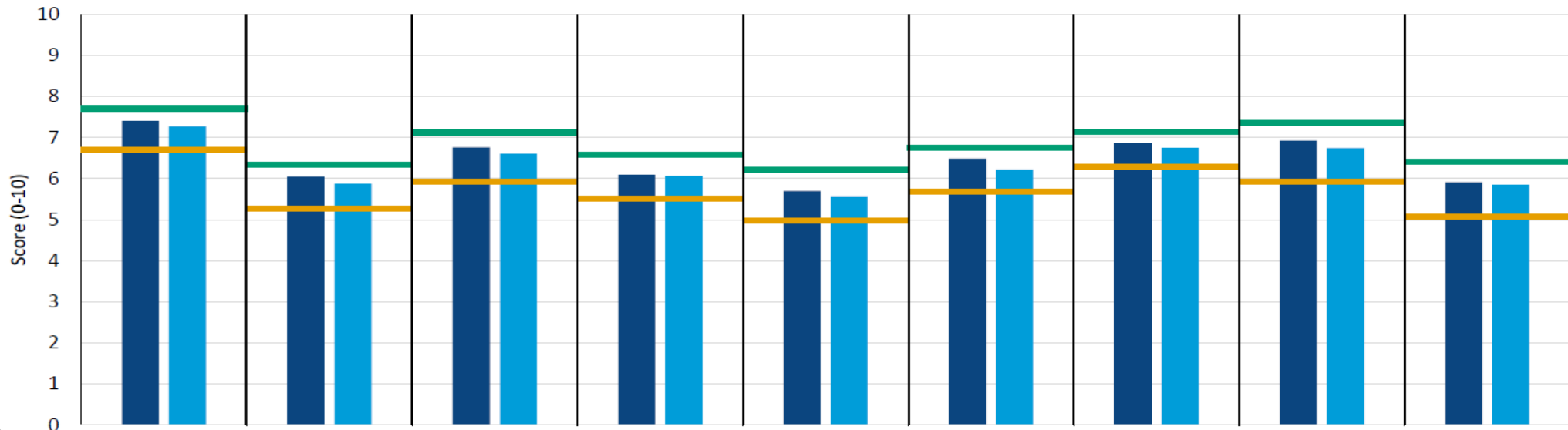


People Promise elements and themes: Overview

Survey
Coordination
Centre



People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Your org	7.40	6.05	6.76	6.09	5.70	6.49	6.87	6.92	5.91
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	1618	1620	1603	1609	1547	1611	1616	1621	1622

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Statistical significance- DCH



Appendix B: Significance testing – 2024 vs 2025



Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.48	1743	7.40	1618	Not significant
We are recognised and rewarded	6.09	1740	6.05	1620	Not significant
We each have a voice that counts	6.81	1713	6.76	1603	Not significant
We are safe and healthy	6.08	1720	6.09	1609	Not significant
We are always learning	5.74	1650	5.70	1547	Not significant
We work flexibly	6.47	1724	6.49	1611	Not significant
We are a team	6.92	1739	6.87	1616	Not significant
Themes					
Staff Engagement	7.03	1746	6.92	1621	Not significant
Morale	5.93	1745	5.91	1622	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Overview - DCH



People Promise Element or Theme scores this year against last year		Sub-Score	Against 2024	Against benchmark
We are compassionate & inclusive	↓	Compassionate culture	↓	↑
		Compassionate leadership	↓	↑
		Diversity and equality	↓	↑
		Inclusion	↓	↑
We are recognised and rewarded	↓	We are recognised and rewarded	↓	↑
We each have a voice that counts	↓	Autonomy and control	↓	↑
		Raising concerns	↓	↑
We are safe and healthy *	↑	Health and safety climate	↓	↓
		Burnout	↑	↑
		Negative experiences	↑	↑

Overview- DCH



People Promise Element or Theme scores this year against last year		Sub-Score	Against 2024	Against benchmark
We are always learning	↓	Development	↓	↑
		Appraisals	↑	↑
We work flexibly	↑	Support for work life balance	↑	↑
		Flexible working	↓	↑
We are a team	↓	Team working	↓	↑
		Line management	↓	↑
Staff engagement	↓	Motivation	↑	↑
		Involvement	↓	↑
		Advocacy	↓	↑
Morale	↓	Thinking about leaving	↓	↑
		Work pressure	↑	↓
		Stressors	↓	↑

Next steps

- Further analyse and understand survey results; theme and triangulate qualitative feedback through Local Intelligence processes
- Unpick disparities between service areas – survey results to be owned locally by teams and services



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- Full results (substantive & bank staff) available at www.nhsstaffsurveys.com
- Improvements or declines in scores are mostly small but they allow us to identify areas of good practice and areas for improvement
- We will use the staff survey results to assess the impact of current programmes of work and support, to identify where we need to adjust focus

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Council of Governors Board Sub-Committee Escalation Reports (July 2026):

Contents:

1. Quality Committee – 26th of May.
2. Finance and Performance Committee in Common – 27th of May.
3. People and Culture Committee in Common – 27th of May.
4. Strategy, Transformation and Partnership Committee in Common – 28th of May.
5. Audit Committee – 1st of June.
6. Charitable Funds Committee – 19th of May.
7. Mental Health Legislation Committee in Common – 28th of May.

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**Quality Committee in Common Assurance Report
for the meetings held on
Tuesday 28 April 2026 (informal)
Tuesday 26 May 2026 (formal)**

Chair	Claire Lehman, NED
Executive Lead	Dawn Dawson, Joint Chief Nursing Officer Lucy Knight, Chief Medical Officer (DHC) Rachel Wharton, Chief Medical Officer (DCH)
Quoracy met?	Y
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"> • Draft Quality Accounts for approval (to be presented to the 22nd June Board meeting, alongside the final Annual Report and Accounts) • Positive response to MenB vaccination requirements in Weymouth • Positive recruitment across both trusts of Chief Digital Information Officers, International Medical Graduates, and Consultants • System-level LeDeR reviews are currently paused due to ICB resourcing constraints, with no assurance yet on resumption. • Confirmation of MIS compliance, rebate >£250,000 which funds midwives • National publications anticipated in the coming months including Ockenden, Thirlwell, Baroness Amos, and MMBRACE reports in to maternity care.
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Key issues / matters discussed at the meeting	<p>The informal meeting of the committee held 28th April 2026 received:</p> <ul style="list-style-type: none"> • CQC Well Led Inspection (DHC) presentation outlining the expectations of the upcoming CQC Well-Led Inspection for DHC. Discussions centred around the need to ensure NEDs were fully appraised ahead of the inspection, utilising experience from the Advanced Foundation Trust application process, and what DCH could learn from the inspection. Consideration would be given to the next informal meeting taking place at St Ann’s Hospital, with a site visit included. • Corridor Care (National Guidance and GIRFT) (DCH) presentation outlining the work ongoing to eliminate corridor care and improve patient experience and hospital efficiency, noting improved performance, areas of focus, and the need for a system wide approach. • Following the presentations committee members undertook a site tour of the DCH escalation areas. Patients were spoken to and all were complimentary of the care they had received.
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The formal meeting received of the committee held 26th May 2026, discussed and noted the following reports:

Chief Nursing and Chief Medical Officer Update (DHC/DCH)

Dorset HealthCare

- Significant ongoing CQC activity was noted, including inspections of Twynham Ward (report awaited), learning disability teams, and continued review activity for Herm Ward and St Brelade's. Positive feedback was received following a visit to new build sites.
- The 111 service has been temporarily relocated under business continuity arrangements due to an estates issue, with mitigations in place to maintain service delivery.
- Re-accreditation of the PMVA training programme was confirmed.
- An update was provided on the recent meningitis response, with effective system-wide vaccination delivery and planning underway for the second dose.
- Two CMIOs have been appointed to support the Epic implementation.
- Progress with the IMG programme was noted, with eight doctors in post and further recruits expected. Robust onboarding arrangements are in place, with early progress reported as positive.

Dorset County Hospital

- Draft CQC reports for Urgent and Emergency Care and Medicine were received, with factual accuracy review underway.
- System-wide work on the Wessex pathology network continues, with a dynamic approach in place to monitor and manage risks.
- Ongoing pressures relating to patient flow were noted, driven by increasing patient complexity despite stable admission rates.
- Continued use of escalation areas and temporary staffing was highlighted, with a focus on reducing corridor care.
- Positive progress with consultant recruitment and single service developments with UHD was noted.
- Staff engagement on pathology changes is ongoing, alongside Trust involvement in network governance.
- Operational pressures remain elevated, including increased demand and workforce gaps, with mitigations in place to maintain safety.

Board Assurance Framework (DHC/DCH) including proposed revised wording for SR1. For DHC the risk score for SR1 remains at 12 against a target of 9, while for DCH this remains at 16 with a target of 12. One action applicable to both Trusts is behind review but is scheduled to be completed for Q1 reporting. Agreement with the proposed new wording for SR1.

Corporate Risk Register (DHC/DCH)

Dorset HealthCare

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- The Committee noted overall movement in the risk profile, with updates since the reporting date reflecting the dynamic nature of the register.
- Previously high-rated risks have reduced or been redefined, including improvements in CMHT staffing and revision of the mental health bed capacity risk.
- New and ongoing risks relate primarily to workforce pressures, service demand, and specific areas of staffing and service delivery.
- Improved risk management processes and more accurate risk descriptions were noted as key drivers for changes in scoring and assurance.

Dorset County Hospital

- A new high-rated risk relating to ADHD medication follow-up was noted, driven by increased demand following expanded diagnostic capacity. Mitigations are in place, including recruitment and development of a nurse-led model, although impact will take time to be realised.
- Risks relating to acute oncology capacity and specialist dietetic staffing were highlighted, reflecting workforce constraints and increasing demand, with mitigations in progress.
- The maternity advice line risk has reduced following planned implementation of a digital solution to support demand management.
- Additional risks relating to administration capacity, stock management, and use of escalation areas were discussed, with assurances provided that impacts are being monitored and addressed. Broad themes related to workforce pressures, increasing service demand, and the need for longer-term system and workforce planning.

Quality Report (DHC/DCH) updating on core quality metrics and the Safe Staffing Report Mid-point Reviews for each Trust. Of note

Dorset HealthCare:

- Overall performance was noted as positive, with improvements in IPC and complaints handling.
- An increase in falls was highlighted, with review work underway.
- Strengthened duty of candour processes and positive patient feedback were noted.
- Isolated serious incidents were reported, including a patient death and brief use of an adult ward for a young person, with appropriate processes followed.
- Positive national recognition for Westminster Memorial hospital for care for patients at end of life and their families.

Dorset County Hospital

- Strong performance in IPC and tissue viability was noted, with reductions in harm incidents.
- Ongoing improvements in falls, staffing assurance, and complaint handling were highlighted.

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- Mixed sex accommodation breaches and operational pressures continue to be managed.
- Progress on digital improvements and audit processes was noted, with further work underway.

Quality Governance Groups Assurance Reports (DHC/DCH)

Dorset HealthCare:

- Updating on two recent meetings including safer staffing, complaints themes, and ongoing service improvement work.
- Specific focus was given to the meningitis response, audiology services, and adoption record processes, with further work planned.
- The report highlighted isolated partnership challenges, with actions in place to support staff and strengthen system working through the Integrated Neighbourhood Teams

Dorset County Hospital

- System-wide work on pathology, including digital upgrades and associated risks as services transition.
- Improved governance arrangements were reported for point of care testing, providing greater assurance across the system.
- Positive progress in paediatric palliative care and transition arrangements was highlighted.
- Adoption of a system-wide treatment escalation plan was noted, with implementation work underway.
- Updates on corridor care and estates-related risks were noted, with assurance that actions are in progress.

Maternity and Neonatal Quality and Safety Reports (DCH) noting:

- Key safety incidents, including a maternal death and a small number of neonatal cases, with appropriate review processes underway.
- Workforce risks remain across maternity and neonatal services, with recruitment underway and mitigations in place.
- Ongoing service risks were noted, including neonatal equipment, EPAC provision, and theatre capacity, with actions progressing.
- Positive assurance was provided through compliance with perinatal review processes, with learning identified and acted upon.
- National publications anticipated in the coming months including Ockenden, Thirlwell, Baroness Amos, and MMBRACE reports in to maternity care.

Learning from Deaths Report (DHC/DCH)

Dorset HealthCare:

- PSIRF reviews identified no evidence of clinical failings, with recurring themes relating to communication, coordination, and proactive care.
- System-level LeDeR reviews are currently paused due to ICB resourcing constraints, with no assurance yet on resumption. However,

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strong internal learning disability mortality review processes were reported, with plans to further strengthen approaches and learning.

Dorset County Hospital

- Increased focus on learning within the report
- Improvements in mortality indicators, with a continued focus on learning and service development, including orthogeriatrics
- Some backlog in structured judgement reviews and ongoing challenges in clinical coding were highlighted, with actions in place.
- Performance issues in specific pathways (e.g. hip fracture) were noted, with improvement plans underway.

Quality Impact of Medic Vacancies in CAMHS (DHC)

- Referred from People and Culture Committee in Common due to concerns. The risk has now reduced to six, with mitigations from high-quality locums and recent recruitment campaigns.
- Recruitment remains ongoing for high-intensity area of CAMHS, with plans in place for senior oversight and discussions around rightsizing the medical workforce in CAMHS.

Internal Assurance Report (DHC) noting recommendation to close a number of actions relating to St Brelade's and Herm Ward, with assurance provided on completion. Progress on dormitory accommodation works was noted, with construction due to commence shortly and interim mitigations in place.

Draft Quality Accounts

Dorset HealthCare which meets all statutory requirements, includes areas for improvement previously identified by the committee, and captures organisational achievements. The report had undergone extensive stakeholder engagement. The Committee approved the Quality Accounts and recommended to the Board for final approval.

Dorset County Hospital which provided a summary of performance against last year's priorities, and proposed priorities for the year ahead with a continued focus on core quality themes, including harm reduction and maternity safety. The Committee approved the Quality Accounts, subject to final updates, and recommended to the Board for final approval.

Quality Impact of Clinical Supervision Rates (DHC) noting the potential impact of gaps in clinical supervision, including risks to decision-making, staff wellbeing, and patient outcomes. Challenges relate primarily to recording rather than delivery of supervision. A structured improvement plan is in place, with a focus on prioritising clinical staff and strengthening oversight and reporting.

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Decisions made at the meeting

- Approval of the Draft Quality Accounts (DHC & DCH)

Issues / actions referred to other committees / groups

- Nil

Quoracy and Attendance						
	26 May 2026	28 July 2026	29 Sept 2026	24 Nov 2026	26 Jan 2027	23 Mar 2027
Quorate?	Y					
Claire Lehman	Y					
Suresh Ariaratnam	Y					
Dawn Dawson	N					
Eiri Jones	Y					
Lucy Knight	Y					
Stuart Parsons	Y					
Rachel Small	N					
Anita Thomas	Y					
Rachel Wharton	Y					

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Finance and Performance Committee in Common Assurance Report for the meeting held on Wednesday 27 May 2026

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"> Board Cross-referral for FPCiC to consider the constituent components of Better Payment Practice Performance and areas of non-compliance deferred to July 2026 due to system wide changes in procurement teams. DHC Performance – continued challenge of LoS > 60 Days impacted by a cohort of complex long stay patients. CRFD running at 19% vs target of 7.5%. CYP Access exceeded plan at 104% and Urgent Community Response consistently exceeding activity and timeliness standards. DCH Performance – Continued focus on improving flow and timely patient movement from ED. Ambulance handovers perform comparatively well regionally. RTT waiting list has reduced. Medium Term Plan – NHSE Feedback received for both organisations – contract remain to be signed but are nearing finalisation. Finance reports: challenge of significant unidentified CIP (£9M DHC & 29% DCH) to be fully identified by end Q1. Corporate Risk Register – committee noted that several of the mitigations in the DCH register were, as presented, either out of date or restatements of the challenge rather than mitigations. The committee chair expressed a desire to find a work around that would provide a more robust basis for gaining assurance recognising the current limitations of the recording system that is due to be replaced later this year.
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Key issues / matters discussed at the meeting	<p>An informal committee meeting took place 29th April 2026 covering the following topics for discussion:</p> <ul style="list-style-type: none"> Productivity Overview – A summary of the 2025/26 NHS implied productivity metric, methodology, data limitations, performance to date and next step recommendations was received. While the methodology is well established, data limitations remain, particularly in community and mental health activity, SDEC coding variations, and the challenge of capturing quality of care improvements in output measures.
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- Discussion on the challenges of measuring the implied productivity in Mental Health & Community Trusts which is required for the first time under the 26/27 National Oversight Framework. Plans were considered to model current and future National Oversight measures (including any future productivity measure) for visibility of this performance in future.

DHC Performance Report

The committee accepted the report for assurance noting the following:

- 2025/26 outturn noted with 9 of 17 operating metrics achieved.
- Length of Stay remains a significant concern, particularly >60 days, with performance adversely impacted by a cohort of complex long-stay patients; clinically ready for discharge at 19% against a 7.5% target.
- NHS Talking Therapies delivery exceeded plan; however, reliable recovery rate remains challenged due to waiting times. Recovery planning is underway with NHS England and the ICB.
- Individual Placement Support performance has deteriorated due to funding, flow and recruitment challenges, impacting delivery.
- CYP Eating Disorders performance impacted by patient choice, Recovery plan in place with expected improvement over three months.
- CYP Access exceeded plan at 104%, noted as positive.
- Mental Health 2+ contacts show a declining trend reflecting ongoing service transformation, including caseload realignment.
- Diagnostic (DM01) performance below standard due to sustained demand and workforce pressures in Audiology; recovery plan in development, with resource requirements under review.
- Virtual Wards marginally below target, reflecting service variation and recent consultant vacancy; new appointment commencing June and system integration work underway.
- Community Hospital Average Length of Stay above target, driven by long-stay cohort; improvement activity ongoing with transition from Future Care Programme to internal oversight.
- Community waiting lists continue to grow, primarily in Audiology and MSK, with recovery actions managed through directorate processes.
- Community RTT transition from April noted, with performance expected to exceed the 78% standard.
- Urgent Community Response consistently exceeding activity and timeliness standards, noted as positive.

DCH Performance Report

The committee accepted the report for assurance with the following highlights:

- Strong year-end delivery against significant demand and winter pressures, including achievement of the 78% RTT and Type 1 ED standard.

- Length of Stay improved pre-winter but remains above target following seasonal pressures. Recovery actions remain in place to restore trajectory.
- April performance impacted by industrial action and bank holidays; recovery achieved by month-end.
- 12-hour waits remain high, with some improvement noted. Continued focus on improving flow and timely patient movement from ED.
- RTT waiting list reduced; impact on 52+ week performance recognised due to denominator effects.
- Follow-up backlog remains below pre-COVID levels.
- Cancer: 31-day standard achieved; 62-day below target, with backlog reduction noted.
- Diagnostic performance improved, supporting recovery plans.
- ED flow remains challenged; ambulance handovers perform comparatively well regionally.
- Elective growth requirement for 2026/27 identified as a key risk; mitigation plans in place.
- Productivity stable overall; outpatient data subject to further validation.
- Non-elective Length of Stay elevated; recovery actions progressing.

Medium Term Plan NHSE Feedback

- NHS England feedback letters have been received for both organisations, with largely consistent themes across the system.
- CIP delivery and risk profile highlighted, with robust internal oversight arrangements in place.
- 2026/27 contracts remain unsigned across the system, but nearing finalisation.
- Financial controls strengthened, with further review of investment control processes underway.
- Dorset HealthCare: focus on NHS Talking Therapies trajectories, with discussions ongoing to agree an affordable plan.
- Dorset County Hospital: additional focus on productivity, with regional support for further analysis.
- Plans accepted subject to conditions, with oversight via regional and internal governance arrangements.

DHC Finance Report

- Month 1 position in line with plan, reporting a £366k surplus (£6k favourable).
- CIP delivery slightly below plan (£1.7m vs £2.0m), with improvement expected from Month 2.
- £9m unidentified CIP, with plans for full identification by end of Q1.
- Cost pressures in out-of-area placements offset by underspends and additional income.
- Financial Recovery Board oversight in place to manage delivery and risk.

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DCH Finance Report

- Month 1 deficit with £216k adverse to plan, driven by industrial action and bank holidays, with no confirmed mitigation funding.
- Budget phasing adjustments underway following zero-based review; stability expected from Month 2. Agency spend reduced but above plan; bank remains a pressure.
- CIP delivery broadly on track; 29% unidentified with Q1 resolution required. Focus on recurrent delivery continues.
- Cash ahead of plan due to timing benefits; close monitoring required.
- Capital broadly on plan, with variances reflecting timing only

Security (LSMS) Annual Report (Joint)

- Comprehensive update provided on compliance with national security response standards with a framework in place to support delivery.
- Violence and aggression reduction strategy progressing,
- Executive-led governance structure established, with senior leadership oversight and initial meetings commenced.
- Engagement underway with staff networks and partners to inform understanding of training effectiveness and support arrangements, particularly for higher-risk groups.
- Strategy to be further progressed through People and Culture Committee, ensuring alignment between operational standards and staff experience.
- Further detailed conversations amongst committee members about staff training rates and the targeting of staff groups with assurance provided on approach to training provision relating to security, violence and aggression. Additional detailed discussion on illicit substances brought onto NHS premises and the associated challenges.

Green/Net Zero Progress Report & Joint Green Annual Plan

- Sustainability progress is broadly on track, with Dorset HealthCare demonstrating stronger performance reflecting prior investment in solar and estate rationalisation; DCH position impacted by estate growth, with improvement expected as investment programmes progress.
- Waste and recycling targets achieved, supported by strong operational delivery and staff engagement.
- Joint working across both organisations strengthened, with increased multidisciplinary participation and system-wide initiatives progressing.
- Approximately 70% of planned actions delivered, with remaining activity focused on larger infrastructure schemes including EV transition, charging infrastructure, and solar/battery investment.
- Green Plan 2026–2029 developed with strong stakeholder engagement and aligned to NHS net zero targets (2040/2045)
- Key priorities in the plan include embedding sustainability in clinical practice and procurement and advancing staff engagement.

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- Notable progress since 2022 includes estate decarbonisation, digital transformation, clinical sustainability initiatives, and externally funded solar investment.
- Ambitious carbon reduction targets noted (80% by 2032), with delivery dependent on securing required capital investment.

Post Meeting Note: In addition to approving the Joint Green Plan based on the detailed summary paper and helpful discussion, committee members were sent the full plan post-meeting for comment which had not been included in the original committee paper pack. No further comments or objections to the approval of the plan were received.

Joint Estates Compliance Report

The committee received the report for assurance, noting that variation in compliance reflects differing reporting systems, with transition to a shared platform planned to improve consistency. DHC compliance is reported at 95% and DCH compliance at 71% which reflects challenges primarily within fire safety and emergency lighting, driven by estate complexity and ongoing asset validation. Fire risk assessment and fire door programmes are progressing on a risk-prioritised basis in partnership with the fire service, alongside wider asset verification and remedial activity, including window restrictors and emergency lighting. The PAM improvement programme continues to progress under strengthened joint governance arrangements.

Health & Safety (including fire and water) Compliance Report DHC

The committee received the report for assurance, noting that it has been prepared in line with statutory requirements and reflects a structured “plan, do, check, act” framework covering monitoring, incident reporting, inspections and training; a strong reporting culture is evidenced with the majority of incidents classified as no or low harm, alongside low external reporting and non-clinical litigation levels. An increase in ligature incidents was noted and assurance provided on continued focus on ligature risk management and suicide prevention across services. Training compliance remains in place with additional emphasis on strengthening management capability, and fire safety governance has been enhanced in line with updated national guidance.

DCH

The committee received the report for assurance, noting that overall compliance remains strong with no red-rated areas and a small number of amber items reflecting ongoing validation activity under the newly appointed Health and Safety Manager. Continued progress noted across divisions in strengthening compliance. Targeted work is underway on COSHH arrangements, including training, support and external specialist

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input. Increased focus on staff safety incidents, particularly within security functions, with a review of training and support arrangements underway. A recent waste management incident has been fully reviewed, with remedial actions undertaken.

DCH SubCo Escalation and Performance report including Terms of Reference

The committee received the report for assurance, noting the transition to an expanded service with a broader outpatient remit and increased estate footprint. Workforce constraints, including recruitment and locum reliance, continue to limit the pace of expansion; Governance arrangements, including refreshed Terms of Reference and KPIs, have been strengthened to reflect the wider remit, Chair succession arrangements were also noted.

National Cost Collection Pre-Submission Report

The committee noted and supported the approach to preparing the 2025/26 national cost collection submission, which underpins key national benchmarks including the model hospital and reference cost index. A structured process and timeline are in place ahead of the July submission deadline.

Board Assurance Framework Assigned Risks

Committee members received the report for assurance. There is one score reduction for SR6 Finance at both DHC and DCH from 16 to 12 reflecting the 25/26 year end position and planning assumptions for year ahead. A full explanation and assurances were provided on overdue actions. A broader refresh of strategic risk wording and introduction of risk appetite statements has been undertaken.

Corporate Risk Register Assigned Risks

The DCH and DHC reports were summarised highlighting the high-risk areas, and assurance was provided on the mitigating actions as follows:

- Bed availability in mental health services (DHC)
- New Build Project (CAMHS HIE) poor subcontractor performance on delivery of mechanical, electrical and plumbing (DHC)
- ED Crowding (DCH)
- Prolonged Wait time in community Padeatircs

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

The following were received for assurance without discussion:

- Joint:
Financial Recovery Board
DHC & DCH Sustainability Working Groups
- DHC:
Capital Investment Meeting
Efficiency Delivery Group

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	<p>Emergency Planning & Resilience Group Health & Safety Group</p> <ul style="list-style-type: none"> DCH: Capital Planning and Space Utilisation Group Emergency Planning & Resilience Group Health & Safety Group Value Delivery Board
Decisions made at the meeting	<p>Approvals by DCH and DHC committees:</p> <ul style="list-style-type: none"> Joint 2026/27 Green Annual Plan DCH SubCo Terms of Reference National Cost Collection Submission Approach (to complete in July 26)
Issues / actions referred to other committees / groups	<ul style="list-style-type: none"> None

Quoracy and Attendance						
	27/05/2025					
Quorate?	Y					
Dave Underwood	Y					
Claire Lehman	Y					
Andreas Haimbock-Tichy	N					
Chris Hearn	Y					
Lucy Knight	Y					
Rachel Wharton	Y					
Anita Thomas	Y					
Rachel Small	N					

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**People and Culture Committee in Common Assurance Report
for the meetings held on
Monday 27 April 2026 (informal)
Wednesday 28 May 2026 (formal)**

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

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> • Board Assurance Framework & Corporate Risk Register as described below. • A number of reports will be presented to Board in line with the workplan including the Equity, Diversity and Inclusion Annual Report, the Guardian of Safe Working Reports, and Freedom to Speak Up Reports • General reflections on the risks relating to changes in people services arising from the target operating model and potential gaps in capacity.
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Key issues / matters discussed at the meeting	<p>The informal meeting of the committee held 27th April 2026 was a staff engagement session:</p> <p>The meeting centred around a freeform discussion with representatives from staff networks and other staff forums, to help committee members fully understand the diversity of experience in our Trusts, as well as identify what more the Board can do particularly, to support improvements in our day to day lives in the workplace.</p> <p>Themes highlighted by colleagues included:</p> <ul style="list-style-type: none"> • The challenge for staff network chairs of dealing with and supporting colleagues through crises especially from staff who are carers. • The opportunity to combine networks across the two trusts • The need to support staff networks and network chairs, including relating to time commitment for the chairing role. A need for a ‘cocoon of support’ was described throughout the meeting. This is something the committee would like to see explored further through the wellbeing offers • Variability across the trusts in staff being able/allowed to attend network meetings • The need to break down barriers between ‘us and them’ i.e. staff and managers (middle and senior) • The role of the sponsor in supporting networks; their role, time commitment and access to them • How to promote the work of the networks across the county
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- Examples of experiences of discrimination and abuse from staff and patients, and fears about the impact of raising grievances
- The need to find a balance between meeting individuals needs and ensuring safe services. This was a challenge, but there was evidence of innovative solutions to flexible working.
- That HR policies are guidelines and that personal circumstances should be taken in to account when applying policies
- The positive impact of valuing and recognising staff contributions
- The broad development offer available from the EDI team to network chairs
- Recognition that culture was not a short-term fix, but took time to embed

Committee members commended the work of the networks and the level of candour with which those present shared their experiences and thoughts.

The meeting held 27th May 2026 received, discussed and noted the following reports:

Chief People Officer Update highlighting:

- Emerging national workforce direction, including the anticipated 10-year plan, with a continued focus on productivity and workforce reshaping, and a likely reduction in reliance on international recruitment
- Ongoing development of national leadership standards and oversight metrics, with further detail awaited, although key measures are expected to include sickness, agency use, and morale
- Progress in refocusing the Joint Culture and Belonging Group, with an emphasis on balancing meaningful staff engagement and psychological safety with clear, purposeful outputs
- The initiation of a review of DBS checking processes, with future proposals to be presented in line with best practice and proportionate risk-based approaches

Board Assurance Framework (Joint) noting no changes to risk scores, no overdue actions, and alignment across both trusts. The Committee discussed the proposed revisions to the strategic risk narratives noting that some further changes were required and noting improved clarity and alignment to risk appetite, including increased tolerance for disruption in the context of transformation. Discussion highlighted the importance of clear articulation of culture and empowerment, alongside the need to maintain effective approaches to workforce engagement recruitment and retention and to ensure consistency across staff groups. The Committee also noted the interdependency between workforce, culture, and transformation programmes, and requested continued visibility of this integration within future reporting.

Corporate Risk Register (DHC/DCH)

DHC:

- New risk relating to Seastone CAMHS high intensity with recruitment ongoing and plans evolving for medical staffing
- Risk relating to Bournemouth West CMHT staffing has now reduced to 12 and likely to close following successful recruitment – significant improvement and positive work to reach this position
- Risks scores broadly reducing or remaining stable
- Discussion around the importance of ensuring proactive workforce and digital integration in new service developments, with assurance provided that dedicated leadership capacity has been established to support infrastructure programmes such as new hospital developments.

DCH:

- A stable position with risks either reduced or maintained and no issues requiring escalation.
- Ongoing recruitment challenges, alongside progress in workforce development and risk reduction.
- Variation in how risk scores are reduced across divisions and agreed that there is an opportunity to improve consistency and transparency, supported by the development of a shared risk management system.

Workforce KPI Dashboard (Joint) noting the below KPIs:

Trust	Sickness	Vacancy Rate	Turnover Rate	Appraisals	Mandatory Training
DCH	4.4%	8.2%	8.8%	77%	89%
DHC	4.7%	8.26%	9.3%	66.3%	92.5%

- A broadly stable position with improvements in sickness absence and reduced agency use.
- Ongoing challenges were noted in appraisal compliance, vacancy rates, and workforce capacity, with continued reliance on temporary staffing.
- The Committee discussed the complexity of sickness absence and the need for clearer data and alignment between analysis and actions.
- The committee emphasised its continued focus on appraisal and supervision

The Committee received a presentation of the **NHSE Transforming People Services** (Joint) and recommended that this be scheduled for review at an upcoming Board Development Session. The plan aligned with the national 10-year plan and the two trusts approach to digital. It was noted that the south west region have been chosen as an early implementer alongside the London region.

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People Enabling Plan 2026/27 Objectives and Delivery Plan (Joint)

noting the priorities reflect:

- targeted support to key programmes aligned to organisational priorities and available capacity
- delivery of operational plan commitments
- continued integration of people services
- a sustained focus on culture, engagement, and inclusion

A number of priorities represent ongoing work rather than discrete time-limited initiatives, reflecting the need for continuity within a complex and evolving environment. The plan aligns with emerging national workforce priorities and wider organisational transformation programmes.

Health and Wellbeing Action Plan (Joint) noting good overall progress with most actions on track and wellbeing increasingly embedded into business as usual. The future approach is being aligned across both Trusts. Discussion questioned the long-term sustainability and reliance on staff goodwill for health and wellbeing services, with emphasis on the importance of leadership, working conditions, and workforce capacity in supporting wellbeing.

Equity, Diversity and Inclusion Annual Report (Joint) noting strong progress and a comprehensive overview of EDI activity across both organisations. The focus on joining EDI work with health inequalities work was highlighted.

Digital Workforce Update (Joint) noting progress in strengthening digital leadership, workforce capability, and a Dorset-wide operating model with an approach of 'must have' rather than 'nice to have'. Discussions around digital as a key enabler of workforce productivity and staff experience, and the opportunities and benefits it affords. The importance of supporting staff engagement and confidence was also noted.

Staff Voice Report (Joint) providing an update on work to develop a report to capture and combine workforce feedback, data, and quality indicators to provide a more integrated understanding of staff experience. Discussion emphasised the importance of ensuring a balanced representation of staff voices, including those less likely to engage.

Quarterly Guardian of Safe Working Report (DHC/DCH)

DHC:

- 11 exception reports, all of which were now closed. No safety concerns
- Discussions ongoing with resident doctors about how to use the fines

DCH:

- stable trends across the full year with no significant areas of concern or vulnerable shifts identified
- reporting continues to improve, which is viewed positively as an indication of staff engagement and willingness to raise concerns.

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- challenges in interpreting “immediate safety concerns” due to limitations in reporting processes and recognised the need to refine how concerns are captured and escalated. Triangulation with other data was importance to provide context.

Freedom to Speak Up Report and Annual Report (DHC/DCH) noting that the FTSU Guardians now report to the Director of Corporate Affairs in line with the recent review of speak up arrangements, and the learning being shared between the two Trusts. Nationally, the National Guardian Office will cease from 1st July with the Department of Health to take over national oversight. Team was congratulated for getting an article accepted for the national newsletter

DHC:

- 215 cases in 2025/26. Training compliance now at 92%. Work continues to fully understand and further address worries about detriment in raising concerns.

DCH:

- 475 contacts in year. 240 contacts in Q3 and 4, in line with previous reports. Only 1 anonymous contact suggesting good level of psychological safety. Listening and engagement events continue in order to hear staff feedback.

Positive examples working across the federation were noted.

Update on the Impact of 10 Point Plan to Improve Resident Doctors’ Working Lives (DHC/DCH). For both trusts good overall progress was noted with most actions complete or compliant and improved engagement with resident doctors, with stronger connection and increased participation in forums. Outstanding actions are being actively managed through established governance routes, including medical leadership forums and representative groups.

Joint Violence Prevention and Reduction Strategy (DHC/DCH) noting alignment with new national standards and a strong focus on staff safety. The approach brought together data, staff feedback, and wider intelligence to better understand trends and inform targeted improvement actions. An increase in reporting is anticipated as awareness and training improve. The importance of considering this alongside related areas, including restrictive practice and wider system factors such as workforce pressures was noted.

The below items were taken under consent, without discussion:

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

DHC:

- Workforce Wellbeing Group
- Trade Union Partnership Forum

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- Equality, Diversity, Inclusion and Belonging Steering Group
 - Local Negotiating Committee
- DCH:
- Partnership Forum
 - Health and Wellbeing Steering Group
 - Local Negotiating Committee
- Nursing and Midwifery Job Profiles (DHC/DCH)**

Decisions made at the meeting

- Approval of the Reducing Violence and Aggression Update (DHC/DCH)
- Approval of the People Enabling Plan 2026/27 Objectives and Delivery Plan

Issues / actions referred to other committees / groups

- Nil

Quoracy and Attendance						
	27 May 2026	28 Jul 2026	29 Sept 2026	24 Nov 2026	26 Jan 2027	23 Mar 2027
Quorate?	Y					
Suresh Ariaratnam	Y					
Margaret Blankson	Y					
Dawn Dawson	A					
Eiri Jones	Y					
Lucy Knight	Y					
Nicola Plumb	Y					
Rachel Wharton	Y					

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Strategy Transformation and Partnerships Committee Assurance Report for the meeting held on Thursday 28th May 2026

Chair	Dave Underwood, Chair
Executive Lead	Dawn Dawson Nicola Plumb Chris Hearn (Beverley Bryant)
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"> A presentation outlining the DCH Ocean Midwives Service which focusses on supporting highly vulnerable women through pregnancy was highly commended (see appendix 1 to this report). Board Assurance Framework – The committee noted the annual review of assigned risks including the proposed revised wording and endorsed the proposal that Strategic Risk 7 Collaboration and Strategic Risk 8 Transformation & Improvement should be merged into a single strategic risk going forward. Corporate Risk Register – DCH the Chair noted that of the 7 risks on the register scoring 15+ the mitigations for 6, as presented, were either out of date or restatements of the problem rather than mitigations. Clinical Digital Risks – Committee members agreed that a regular update for both Trusts from their digital governance groups on prioritisation of digital projects/resources and categorisation/themes of risks should routinely brought to committee for assurance. Improving Together Plan 26/27 – detailed discussion amongst committee members on the importance of making the plan ‘real’ for all staff in the organisation from frontline to Board. One Transformation Approach – a report including refreshed metrics will be presented to committee from July onwards with a focus on embedding measures that demonstrate impact. Social Value – A joint Social Value plan for our Federation is in development and will be presented to committee members in July 2026. One Dorset Provider Collaborative – agreement amongst committee members that a visual representation/infographic of the work streams and their interdependencies would be helpful at a future meeting.
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Key issues / matters discussed at the meeting	<p>An informal committee meeting took place 27th April 2026 covering the following topics for discussion:</p> <ul style="list-style-type: none"> Strategy/Transformation Impact Measures and Milestones to strengthen the information received by the STPCiC to provide greater assurance that the transformation programmes are driving the intended
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strategic outcomes and are maximising their value in delivering their full impact.

- CQC Well-Led Review preparation.

Board Assurance Framework Assigned Risks

Committee members received the report for assurance. There are no changes in the scores to the 4 assigned risks to the committee for DCH and DHC (strategic risks 7,8,9 and 10). A full explanation and assurances were provided on overdue actions. The Committee noted the annual review of strategic risks, including proposed revised wording developed with executive leads, and endorsed the proposal to merge strategic risks 7 and 8 ('Collaboration' and "Transformation and Improvement).

Corporate Risk Register Assigned Risks

DHC – The Committee received the risk report for assurance noting the escalation of a risk relating to the CAMHS High Intensity Unit, which has increased from 12 to 20. This reflects concerns regarding subcontractor performance and the potential impact on delivery timelines. Assurance was provided that the risk is being closely managed and is expected to reduce in the next reporting cycle. A reduction in risk score from 15 to 12 relating to the Estates Management Plan was noted, which reflects strengthened joint working with Dorset County Hospital. The overlap and importance triangulation of corporate risks across board sub-committees was highlighted.

DCH – 7 risks are assigned to the committee that score 15 or above. Overall, assurance was provided on the improvement in the risk profile and active management of remaining risks.

Clinical Digital Risks

A detailed summary of progress across the digital portfolio and the associated risks across the strategic pillars was received by the committee for assurance. Good progress is being made with EHR implementation including strong recruitment and alignment of system workstreams. Primary care integration is underway, and overall delivery remains on track. Progress continues on the target operating model and leadership structure, with recruitment underway. Assurance was provided on strengthening system-wide capability. Progress on infrastructure improvements was noted, including plans to enhance access and user experience. Assurance was provided on addressing legacy issues. Committee members agreed a regular update at future meetings from the DHC and DCH digital governance groups particularly on prioritisation would be helpful, as well as further categorisation/theming of risks to routinely be brought to committee meetings.

Strategy in action (including alignment to the 10-year plan): Safe maternity care for vulnerable families

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A presentation outlining the DCH Ocean Midwives Service which focusses on supporting highly vulnerable women through pregnancy was well received and commended by committee members as a powerful example of strategy realisation of empowering citizens, creating thriving communities, addressing health inequalities, improving outcomes and delivering the '3 shifts' in the NHS 10-year plan.

Strategy Delivery Review, Forward View and Dashboard

The report was summarised for assurance recognising that despite significant change in the wider NHS, the DHC/DCH joint strategy remains well-aligned with the NHS 10-year plan and national priorities. Progress was noted across key areas including neighbourhood health, partnership working and integrated delivery, with collaboration now embedded through joint governance and shared programmes. Evidence of impact included strong patient experience, improved performance metrics and increased access to community services. Priorities for the next phase include maintaining alignment with the external NHS environment, strengthening strategic oversight, embedding outcome-focused metrics and maintaining long-term strategic focus alongside operational pressures.

Improving Together Plan 2026/27

A summary of the Improving Together plan was provided which has been approved by the Joint Transformation and Improvement Board. Quality improvement activity is well established across both organisations, and the plan seeks to further strengthen and embed this into a more consistent and systematic approach with the three priority areas of Leadership, Strategy and Capability and Learning. assurance was provided on the direction of travel, with the plan supporting a more coordinated and mature improvement approach across the Federation. Detailed discussion amongst committee members on the importance of making the plan 'real' for all staff in the organisation ranging from frontline through to Board. Leadership happens at all levels. Committee members approved the plan.

One Transformation Approach Highlight Report

Assurance was provided on progress against the delivery of the 4 major change programmes in the transformation and improvement portfolio. A report with refreshed metrics will be presented from July 2026 with continued focus on embedding measures to demonstrate impact.

DCH Social Value Annual Report 2025/26 including verbal update on DHC Social Value activity

The committee received the DCH report for assurance recognising the significant amount of progress. Ongoing work to support local employment and training through partner organisations was noted, alongside progress on green and sustainability initiatives aligned to the wider strategy. A joint social value plan with DHC is in development and will be presented to

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committee members in July 2026. The work undertaken and progress made was universally congratulated by committee members.

Our Dorset Provider Collaborative Report including update on VistaHealth Workstreams

An overview and progress of the seven programmes of work overseen by the Our Dorset Provider Collaborative report was provided for assurance. The Committee was advised that the programme is transitioning to a revised structure, with four priority workstreams: proactive and preventative care, urgent care coordination, planned care (including single point of access), and women, children's and specialist service and all future reporting will align to these workstreams. Agreement amongst committee members that a visual representation of the workstreams and the interdependencies would be helpful at a future meeting, and acknowledgement of greater involvement is planned from non-executive directors.

Dorset Innovation Hub, Wessex Health Innovation Network & Wessex Health Partners – Bi-annual Update

A Federation Innovation Plan for 2026/27 was presented to the committee for assurance and received endorsement, noting the intention to strengthen and align innovation activity across both organisations, building on existing good practice and addressing variation in capability. stakeholder engagement and benchmarking have been undertaken with peer organisations and system partners to inform the proposed approach which centres around five core elements. Assurance was provided that the framework will support a more consistent, coordinated and strategically aligned approach to innovation across the Federation.

GP Alliance Memorandum of Understanding (MOU)

A proposed MOU was presented to the committee for approval, setting out a strengthened partnership approach with the Dorset GP Alliance. The MOU formalises the ambition to work more collaboratively with primary care, supporting greater integration at neighbourhood level and reducing fragmentation of care. It was highlighted that this supports delivery of strategic priorities, including shifting care closer to home and improving population health outcomes. The proposal includes reciprocal governance arrangements and establishment of a joint strategic oversight group to align priorities, delivery and performance. The MOU was commended and supported by committee members.

Joint Infrastructure Strategy

A summary of the strategy was received by the committee for approval noting it has been developed through extensive engagement with stakeholders and system partners, supported by asset data, population needs analysis and alignment with national and ICB priorities. Key priorities include rationalisation of the estate, investment in new capacity,

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and development of integrated neighbourhood facilities in areas of highest need. The Committee welcomed the strategy, noting the importance of staff engagement and clear communication to support shared ownership and delivery. It was also recognised that further development of quantified plans will be required as the strategy matures.

Senior Information Risk Owner Annual Report (DCH & DHC)

The reports for DHC and DCH were received by the committee for assurance noting one reportable incident during the year at DHC relating to unauthorised data gathering, which had been referred to the ICO and remains under investigation. Assurance was provided that appropriate processes have been followed, with further actions to be taken pending the outcome. Data Security and Protection Toolkit submissions for both organisations are in progress, with internal audit review underway ahead of the deadline. Mandatory Information Governance and cybersecurity training compliance within DHC is slightly below target. Further work is underway to improve compliance.

NHP Realisation Update

A brief positive verbal update on new builds was received for assurance.

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

Joint

- Joint Transformation and Improvement Board Meeting Assurance Report
- DHC & DCH New Hospitals Programme Board Assurance Report
- DHC & DCH Information Governance Group Meeting Assurance reports

Decisions made at the meeting

Approvals by DCH and DHC committees:

- Endorsed the proposal to merge strategic risks 7 and 8 ('Collaboration' and "Transformation and Improvement).
- 2026/27 joint Improving Together Plan
- GP Alliance Memo of Understanding
- Joint Infrastructure Strategy

Issues / actions referred to other committees / groups

- None

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Quoracy and Attendance						
	28/05/2026					
Quorate?	Y					
David Clayton-Smith	N					
Eiri Jones	Y					
Dave Underwood	Y					
Andreas HAIMBOCK-TICHY	Y					
Claire Lehman	Y					
Chris Hearn	Y					
Dawn Dawson	Y					
Nicola Plumb	N					

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Audit Committee Assurance Report for the meeting held on 1 June 2026

Chair	Stuart Parsons
Executive Lead	Chris Hearn, Chief Finance Officer Jenny Horrabin, Director of Corporate Affairs
Quoracy met?	Y
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 Board Assurance Framework and Corporate Risk Register with updates as described below • Head of internal audit opinion for 2025/26 with a rating of “generally satisfactory with improvements required in some areas”. • Positive feedback from external audit regarding the DCH Finance Team and their responsiveness in the year end audit process • Receipt of the draft Annual Report and Accounts and Annual Governance Statement, which were felt to provide a fair and balanced view • Confirmation of compliance with NHS Code of Governance, NHS Provider Licence, and Fit and Proper Persons
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Key issues / matters discussed at the meeting	<p>The committee received, discussed and noted the following reports: Further to an open action, an update on FOI compliance to be provided to the next meeting</p> <p>Board Assurance Framework, noting that:</p> <ul style="list-style-type: none"> • The highest risks for the trust remain SR1, SR3, SR5, SR6, and SR9 • SR6 (finance) score has reduced from 20 to 16 due to the reduction in likelihood • Discussion around the outstanding actions for SR3 and SR6 • The revised wording for strategic risks was reviewed and broadly agreed with. <p>Corporate Risk Register, noting:</p> <ul style="list-style-type: none"> • Some scores were increasing due to operational pressures • The limitations of the reporting system were discussed with the new risk management system expected to provide improved reporting abilities and therefore additional assurance for the committee. Work ongoing to consider how to include current mitigations in the report, as opposed to historic. <p>Internal Audit progress, follow up, and annual reports, noting:</p>
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Data Security and Protection Toolkit (DSPT) audit provided a moderate risk assessment and high confidence level.
 Receipt of the final internal audit plan for 2026/27 and follow up reports with no outstanding issues.
 Head of internal audit opinion for 2025/26 with a rating of “generally satisfactory with improvements required in some areas”. This is the second highest rating and replaces the previous rating of ‘moderate’.

External Audit Update noting a positive year-end audit with thanks extended to the DCH Finance Team for their responsiveness to audit queries. The final external audit report will be presented to the 22nd June Audit Committee, with no VFM weaknesses anticipated.

Counter Fraud Strategic and Operational Plan and Counter Fraud Reports noting a request for increased resource in the 2026/27 plan which was being discussed with CH due to the cost impact. The progress report noted that work during Q4 has focused on investigating allegations of fraud, and completing a thematic fraud risk assessment in relation to AI enabled fraud. One new report of suspected fraud was received during Q4.

Draft Annual Report and Accounts 2025/26 (incl. Annual Governance Statement) were received and felt to provide a fair and balanced view. Discussions around how assurance could be provided with regards to the accuracy of performance information, with an action arising to address this. The final report would be presented to extraordinary Audit Committee and Board meetings on 22nd June.

NHS Code of Governance, NHS Provider Licence, and Fit and Proper Persons Compliance confirming compliance for all three elements for 2025/26.

Managing Conflicts of Interest, and Gifts and Hospitality Compliance update provided, with an action referred to People and Culture Committee in Common regarding how to ensure that the outstanding individuals who have not made a declaration do so.

Decisions made at the meeting

- Approval of Review of Strategic Risks
- Approval of the Internal Audit Annual Report and Opinion
- Approval of the Counter Fraud Strategic and Operational Plan

Issues / actions referred to other committees / groups

- Referral to People and Culture Committee in Common to consider how to ensure that the outstanding individuals who have not made a declaration do so.

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Quoracy and Attendance						
	01 Jun 2026	25 June 2026 (Extraordinary)	03 Aug 2026	30 Nov 2026	01 Feb 2027	30 Mar 2027
Quorate?	Y					
Stuart Parsons	Y					
Dave Underwood	Y					

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DCH Charitable Funds Committee Assurance Report for the meeting held on 19.5.26

Chair	Dave Underwood, NED
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"> The Capital Appeal (ED/CrCU) has now crossed the £1.9M mark and we expect to near £2M during the Summer.
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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 (31.3.26) – ensure Members and In Attendance recorded separately moving forward. Minutes approved. CFC Actions (31.3.26) – All actions completed or in progress. BI Report: report on DCHC charity spend 23/24 and 24/25 mapped against care areas and DIIS health inequality data to be reviewed by committee (ex-committee) and feedback observations. DCH Charity Financial Reports 25/26 (M12 Yr End) – reports were received. Total income as of end Mar 2026 £855,899. Unrestricted funds were £607,493 providing a surplus of £334,493 against the approved reserves target of £273,000. DCHC Credit Card proposal: for virtual credit card facility for DCH Charity presented and approved. DCHC Risk Register review (6mth): all key risks reviewed and current risk ratings approved. DCHC Policies: Fundraising Policy (updated) and Donation Acceptance/Refusal Policy reviewed and approved. £2.5M Capital Appeal (ED/CrCU) report (May 2026) – report received. £1.85M income and pledges received as of May 2026. Gala Dinner raised £300K (net of costs). Additionally, committee agreed to transfer further £70K to the Appeal Fund from the second interim distribution (£150K) from the major legacy. Appeal total now heading towards £2M. Fundraising & Communications report – overview of current key fundraising activities and communications. Please see report enclosed.
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- **Lillian Martin legacy** – Email from lead charity re-land management issues from Knight Frank to be circulated to committee for response. Awaiting update re-payment of c£30K from sale of parcel of land.
- **AOB:**
- **DCHC Appeal (ED/CrCU) – Philanthropy Board:** objective to set up a Philanthropy Board building on the success of the Gala event, working with members of the Appeal committee. Proposal and terms of reference to be circulated for approval.

Decisions made at the meeting

- **DCHC Credit Card proposal:** for virtual credit card facility for DCH Charity presented and approved.
- **Capital Appeal (ED/CrCU):** committee agreed to transfer further £70K to the Appeal Fund from the second interim distribution (£150K) from the major legacy.

Issues / actions referred to other committees / groups

- None

Quoracy and Attendance					
	19.5.26				
Quorate?	Y				
Dave Underwood	Y				
Chris Hearn	N				
Jo Howarth	N				
Anita Thomas	N				
Margaret Blankson	Y				
Stephen Tilton	Y				

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Mental Health Legislation Committee in Common (MHLCoC) Assurance Report for the meeting held on Thursday 28th May 2026

Chair	Andreas Haimböck-Tichy
Executive Lead	Lucy Knight
Quoracy met?	Yes
Purpose of the report	To assure the Board on the main items discussed by the Committee and, if necessary, escalate any matter(s) of concern or urgent business which the Committee is unable to conclude.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> • Patient stories are now being presented to the Committee which gives a practical insight in terms of how the Legislation is applied and how it is making a difference. • Memorandum of Understanding is in place and is making a difference in terms of cross-agency working. • In depth report on the deaths of detained patients and the learning gained from those sad events. • Positive progress on the Section 132 reporting. • Improved dashboard, Mental Health Legislation Team were acknowledged for their dedication and improved reporting.
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Key issues / matters discussed at the meeting <i>Bull Henry 02/07/2026 16:47:13</i>	<p>Discussion around the use of force and restrictive practices being listed as reporting ad hoc to the Committee. It is a quarterly report that goes via the Quality Governance Group, but CMO felt it should come to MHLAC regularly. This will be reviewed.</p> <p>Patient Story: A complex patient story was shared with the Committee involving the long-term use of the Mental Health Act (MHA), a Community Treatment Order (CTO) and the Deprivation of Liberty Safeguards (DOLS). The patient was in a residential care setting, and the Community Mental Health Team (CMHT) had worked with the care home to ensure that the least restrictive practice was in place for this patient. CTO was important as this gave the power to recall to patient to hospital for treatment, which happened twice. This was an example of positive use of the CTO and an approach to working with partner agencies to reduce restrictions and work towards the patient's best interest and quality of life. There was some discussion around how the learning from this case could be shared across the CMHTs. Positive points were flagged around working with the residential home and the patient.</p> <p>Corporate Risk Register Assigned Risks No risks identified that meet the threshold for committee consideration.</p>
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MHL Committee Annual Report:

Committee noted:

- Met four times, two of which were quorate as a joint committee (joint from July 2025) – there were some issues with quoracy on the Dorset County side, so the membership was reviewed and the Director of Corporate Affairs added to the attendees and the meeting has been quorate since then.
- Progress has been monitored via the action tracker.
- Assurance report submitted to Board after each Committee meeting.
- Committee has been regularly attended by Non-Executive Directors for both organisations and other Executives and staff as required.
- Standing agenda items are included on the workplan.
- Following review, Committee has discharged its responsibilities.
- Noted Terms of Reference had already been agreed by Board, due to timings of this Committee, so presented here for completeness. Agreed.
- Noted poor response rate to effectiveness survey, 2 respondents, as such the results could be misleading. ACTION: agreed to re-run the survey at 6 months will all Committee members encouraged to respond.

Policies Relevant to the Work of the Committee

- Noted this was an historic report.
- Monthly process in place to review and chase any policies that are overdue, and those due for renewal in the next 6 months.
- New Intranet due to be launched in Dorset HealthCare in July, so a further cleanse and chase will take place before items are uploaded on to the new system.
- On the new intranet, metatags will be added to each policy for better search functionality.
- Noted the difficulty in getting multi-agency policies agreed.

Memorandum of Understanding (MOU): Escalation of patients detained under DOLS or MHA

Memorandum of Understanding has arisen out of the tricky interface between the Mental Capacity Act (MCA) and the Mental Health Act (MHA), particularly in acute hospitals. There is a difficulty of interprofessional interactions around patients in acutes that are ineligible for DOLS but also don't meet the requirement for a detention under the MHA. These problems are occurring all over the country. The MOU was originally developed in the north of England, but this has been adapted to Dorset.

MOU provides a clear pathway for escalation where there is an agreement around which legal framework to use for people in acute hospitals. It provides a step by step if there is a disagreement on which framework to

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use, and what happens if resolution isn't reached and how to escalate via a three-step process.

DHC and DCH Mental Health Legislation Assurance Dashboards

HealthCare:

- Covered quarter 4 data.
- Noted special cause variation around the MHA at Royal Bournemouth Hospital (RBH), which means that we are seeing less use of the MHA at RBH.
- Noted lower use of the MHA across all providers.
- One incidence of a patient passing away whilst under detention, which was reported to CQC at the time of occurrence.
- One incidence of an under 18 being admitted to an adult environment. Adolescent patient was not admitted to an adult ward, but they were admitted to the health-based placed of safety. Being transparent, this was also notified to the CQC, although it was not a requirement to do so, so that they were aware that an under 18 was within one of our adult facilities but was not interacting or spending time with adult patients.
- Two instances of Sections lapsing.
- Continued increased compliance with ensuring manager's hearings, which have been scheduled following renewal of a Section 3 or renewal or extension of a community treatment order, are held in the current period of detention, rather than falling into the next period of detention.
- Starting to see a slight increase in terms of urgent applications for DOLS. This is being monitored.
- Light touch review requested around the delays in the S136 detentions, and whether there are any clinical concerns.
- Noted the almost mirror images of reduced MHA detentions and the increase in DOLS applications and detentions.

Presentation on Attendance at Hearings:

- Committee had previously raised concerns over the low levels of attendance at Mental Health hearings.
- Noted we have more CTO, or reviews by hospital managers, than Section 3.
- CTO hearings outnumber Section 3 significantly. Hospital Manager hearing referrals are made automatically when a CTO or Section 3 is renewed.
- September to February data was reviewed, and detailed 113 hospital hearings had taken place, 82 of which involved patients subject to a CTO.
- Patient attendance at these hearings are between 5% and 37%.
- Patients are more likely to attend Section 3 hearings, rather than a CTO hearing. Patients are more likely to attend a hearing that relates to an in-hospital detention.

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- Work has been undertaken by the MHA Office to encourage patient attendance at manager's hearing and tribunals.

Dorset County:

- Issue with a Section 5. Requested completed by a resident doctor, but the patient had not been moved from the Emergency Department to the patient administration system as an admission, which would render the 5:2 not valid.
- Increase in numbers during February and March, we saw a high number of admissions from eth Weymouth and Portland area, and these are associated with complexity and safeguarding concerns. Work is being undertaken around high intensity users for calls to see if we can mitigate the need for an ED attendance.
- Psychiatric Liaison Team is undertaking an audit to review the patients that were coming straight to ED and not accessing mental health services at a local level. That information will be reviewed by the Mental Health and Learning Disabilities Group.
- Psychiatric Liaison are also looking at the contacts of those patients in the two weeks prior to attending ED, and whether there was a missed opportunity for earlier intervention.
- One under 18 was detained on Kingfisher, originally under a Section 2 and then a Section 3.
- Discussion was had around the resident doctors and the use of a Section 5:2 to ensure paperwork is completed correctly after some anomalies were found. So many resident doctors rotate after four months, so it is not the right solution to train them all in systems they will infrequently use. We are looking at training our ED Resident doctors and locally employed doctors as they rotate less.
- Dashboard is regularly presented to the Mental Health and Learning Disability Group which is also attended by CAMHS and Psychiatric Liaison colleagues which is working well and gives an opportunity to look at operational issues affecting both organisations.
- There was a planned review of 9 cases following attendances at ED being undertaken in a multi-agency, multi-professional clinical case review to look at joint learning and to see how we may be able to manage patients more effectively together.
- One case will be reviewed via the Right Care, Right Person process, which related to a patient that was bough to ED, but should have gone for a S136 assessment.

Deaths of Detained Patients: MHA Learning Summary

- Cases were managed in accordance with the required procedures, including notifying the CQC, internal reporting via the risk management system and application of Duty of Candour.
- Person 1 died by suicide whilst on Section 17 leave. A key issue identified was an administrative error resulting in the patient being

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recorded incorrectly as informal rather than detailed. The review found that this error did not impact the outcome, and the patient would have been granted leave regardless of legal status.

- Learning identified:
 - Clarity of roles and responsibilities of Approved Clinicians particularly Consultant Practitioner Approved Clinicians.
 - Strengthening staff induction and training in MHA powers (notably Section 23 discharge)
 - Finalisation and implementation of Multi=Professional Approved Clinician (MPAC) guidance.
 - The need for improved understanding of risk assessment in neurodiverse patients, supported by a planned thematic review.
- Person 2 died from cocaine toxicity with underlying coronary artery disease. The review identified no issues or learning related to MHA detention.

Improving Section 132 Reporting - Progress Report

- This Section places a legal duty on hospital managers to ensure that patients detained under the Act are informed, both orally and in writing of their legal authority for their detention, their right to appeal to the Mental Health tribunal, their right to legal representation and advocacy, the role of their nearest relative and other safeguards available to them.
- DHC historically have recorded Section 132 rights on paper forms completed by nursing staff which were then sent to the Mental Health Legislation Office. This process was burdensome, prone to delays and dependent on manual handling.
- To improve efficiency and compliance this process has now been embedded directly into the RiO electronic patient record. This enables some pre-population of data, such as patient and ward details.
- Enables real-time visibility of rights attempts and provides clear dashboards showing the same.
- Benefits have been improved compliance, and better data quality, enhanced patient experience, stronger governance and environmental benefits.

Mental Health Act Care Quality Commission (CQC) Inspections Assurance Report (including individual reports following inspections)

- Three actions in relation to Herm ward have been closed.
- One action has been granted an extension to the deadline date to enable sufficient time for staff to complete training.
- Progress has been made on one action in relation to the removal of dormitory accommodation. Committee note that there remains a risk that the deadline may not be met with this action as there have been delays with securing planning permission.
- Remaining final action was on track.

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Decisions made at the meeting

Nil

Issues / actions referred to other committees / groups

Nil

Quoracy and Attendance				
	28/05/2026			
Quorate?	DHC Y DCH Y			
Andreas Haimböck-Tichy (DHC)	Y			
Dawn Dawson (or deputy)	Y			
Lucy Knight (DHC)	Y			
Rachel Wharton (DCH)	Y			
Margaret Blankson (DCH)	Y			
Nikki Rowlands (DHC)	Y			
Suresh Ariaratnam (DHC)	Y			
Stuart Parsons (DCH)	Y			
Jenny Horrabin	N			

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Report to	Council of Governors	
Date of Meeting	06 July 2026	
Report Title	Board Appraisal Update and Fit and Proper Person Test Compliance	
Prepared By	Jonquil Williams, Joint Corporate Business Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	NA	
Action Required	Approval	No
	Assurance	Yes
	Information	No

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No specific risks arising	
Financial	No specific implications	
Statutory & Regulatory	National requirements in respect of Board Member Appraisals, Leadership Competency Framework and Fit and Proper Person Test	
Equality, Diversity & Inclusion	No implications	
Co-production & Partnership	No implications	

Executive Summary	
1. Board Member Appraisals	
Chair and NED Appraisal Update	
The Chairs appraisal has been completed on 03 June 2026.	
The Non-Executive Director appraisals are in progress and will be completed in accordance with the national deadline of 30 September 2026, with reporting through to the Nominations and Remuneration Committee and Council of Governors in accordance with the normal process.	
Board Member Appraisal Guidance	
In April 2025 NHS England issued new guidance on Board Member Appraisal. The full guidance can be found at NHS England » Board member appraisal guidance .	
This guidance outlines NHS England's expectations and recommendations in the completion of board member appraisals. It has been developed in service of board effectiveness and to ensure a consistent and standard approach to appraisal, recognising that there will be a requirement to adapt depending on the type of organisation and whether the appraisee is an executive or non-executive director.	
The key principles from the guidance are set out below - NHS England expects a board member appraisal:	
is a compilation of mid-year reviews, check-ins and ongoing dialogue about performance and development from throughout the previous year	
<ul style="list-style-type: none"> incorporates the 6 domains of the NHS Leadership Competency Framework (LCF) in assessment, discussion and documentation. The detailed examples are provided as guidance looks forward to the forthcoming year, including objectives and development 	

- incorporates annual multi-source feedback
- has objectives that:
 - clearly link personal objectives to organisational priorities
 - are SMART (Specific, Measurable, Achievable, Relevant, Timebound) taking into account the context of the appraisee's operating environment and any factors outside of their control
 - include an EDI-specific objective (as outlined in the [NHS Equality, Diversity, and Inclusion Improvement plan](#))
 - are documented and reviewed.
- takes a developmental approach, which includes development opportunities identified taking into account the Leadership Competency Framework (LCF), [Healthcare Leadership Model](#), values and behaviours, as well as opportunities to build on strengths

During 2025/26 we continued to implement the Leadership Competency Framework (LCF) as part of the appraisal process and the above have already been incorporated into our processes (including multi-source feedback incorporating the six domains of the LCF and the inclusion of an EDI-specific objective.

2. Fit and Proper Person Test

- The Fit and Proper Person Test (FPPT) has been completed for all Non-Executive Directors in accordance with the national requirements which can be found at [NHS England » NHS England fit and proper person test framework for board members](#).
- Confirmation of completion was submitted to NHS England in accordance with national reporting requirements. No concerns were identified as part of these checks.

Recommendation

Governors are requested to:

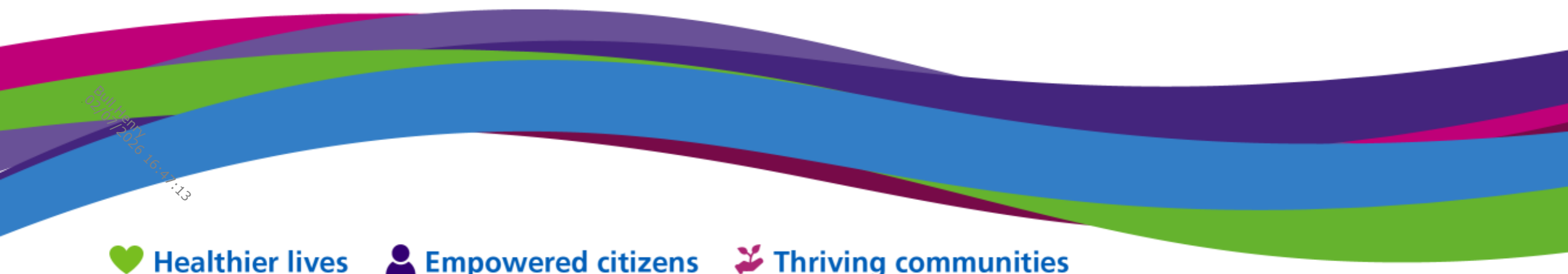
- **Note the update on Board Appraisals**
- **Receive assurance on completion of the Fit and Proper Person Test for all Non-Executive Directors in accordance with national requirements and within national deadlines**

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Strategy Review – 18 months

Council of Governors July 2026

Paul Lewis
Director of Strategy & Improvement



Aims for today

- Context
- Key developments
- Impact
- Key risks
- Priorities for 2026/27

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- New governing party
- NHSE – DHSC merger
- 10 year health plan – Fit for the future
- Dorset, Somerset and BSW ICB mergers
- Advanced Foundation Trust for Dorset Healthcare
- Operational demand

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Key Developments

- Creation of joint Board Committees in common
- Increased integration of corporate leadership arrangements and expansion of joint executive and non-executive roles
- Development of aligned enabling plans across core functions; Clinical & Quality, People, Digital, Estates and Finance
- Delivery of major transformation programmes through the One Transformation Approach; Neighbourhood Health, Unplanned Care DCH, Patient flow DHC and Improvement
- Establishment of a shared improvement methodology
- Other programmes
 - Electronic Health Records – Dorset and Somerset
 - New Hospital Programme
 - Access Wellbeing
 - Our Dorset Provider Collaborative

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- Does the Federation **feel** different?
- Collaboration is the way we work

Care

- Performance against the 62-day cancer standard has improved
- Patient experience measures remain strong across acute, community and mental health services
- Restrictive practice in mental health settings has reduced
- Emergency and flow pressures remain significant, particularly around urgent and emergency care performance and discharge pathways

Communities

- Significant growth in Access Wellbeing activity and community engagement
- Increased numbers of people accessing community mental health services
- Strong progress in neighbourhood and prevention approaches
- Ongoing challenges in diagnostic waiting times and health inequalities reporting

Colleagues

- Continued delivery of the Joint People Plan
- Progress in wellbeing, inclusion, leadership development and workforce modernisation
- Stronger alignment and integration of people services across the Federation
- Continued focus required on workforce pressures and organisational capacity

Sustainability

- Medium-term financial planning and digital strategy approved
- Significant delivery of cost improvement programmes despite operational pressure
- Progress in digital integration and shared infrastructure
- Mixed progress in recurrent efficiency delivery and environmental metrics

The principal risks remain:

- Short-term operational and financial pressures diverting focus from long-term strategic priorities
- Maintaining organisational capacity to deliver large-scale transformation alongside operational delivery
- Ensuring the Strategy is meaningful and visible to colleagues across the Federation
- Continued financial pressure and increasing demand impacting pace of transformation

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Priorities for 2026/27

The next phase of implementation will focus on:

- Continued alignment of strategy, delivery plans and organisational priorities
- Further development of neighbourhood health and prevention approaches
- Strengthening strategic delivery oversight
- Development of longer-term strategic metrics beyond the initial breakthrough measures
- Embedding the Federation's shared improvement methodology and capability
- Using the NHS 10-Year Plan shifts as a framework for prioritisation and transformation

Bullseye
02/07/2026 16:47:13

Membership Committee in Common Assurance Report for the meeting held on 20 May 2026

Chair	Becky Aldridge (DCH) and David Dickson (DHC)
Executive Lead	Jenny Horrabin
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	<ul style="list-style-type: none"> • None
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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"> • Discussed the newly established Engagement and Co-Production Development Group and the need to ensure Governors can provide meaningful input. • Name of this Committee discussed and decided that the name of the Membership Committee in Common should become the CoG Engagement and Membership Committee. • Received the committee workplan for the year ahead. • Annual Members Meeting (AMM) were discussed and it was decided the AMM's should be held separately for 2026. • Received the Trust Membership Report. • Received the Bridging Membership Engagement Strategic Plan report- an update on the progress of the strategic plan. • Engagement Materials- review of current Governor engagement material.
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Decisions made at the meeting	<ul style="list-style-type: none"> • Decision that the committee's name be changed to the CoG Engagement and Membership Committee • Decision was made to keep the AMMs separate for 2026 and to hold the Dorset County AMM in the Education Centre on the main DCH hospital site and to hold the DHC AMM online. • Decision made to form an engagement material task and finish group • Decision to review Trust e-newsletters with the Comms team for accessibility
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Issues / actions
referred to other
committees / groups

- None

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Report to	Council of Governors	
Date of Meeting	6 July 2026	
Report Title	Governor Matters	
Prepared By	Sarah Anton, Joint Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Executive 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 Colleagues Communities Sustainability	The Council of Governors indirectly impacts on delivery of all strategic priorities by influencing these priorities through stakeholder representation, oversight, and holding Non-Executive Directors to account
Implications	Describe the implications of this paper for the areas below.
Board Assurance Framework	No implication
Financial	No implication
Statutory & Regulatory	Requirement of the Constitution that the Council of Governors may ask questions
Equality, Diversity & Inclusion	Is considered throughout
Co-production & Partnership	No implication

Executive Summary					
From Simon Bishop -					
1. Patient Initiated Follow Up (PIFU) What has been the measured effect upon the waiting lists due directly to the implementation of PIFU?					
2. Renal Patients What is the total of transplanted, haemodialysis and peritoneal dialysis patients now compared to three years ago? How many nurses have completed their renal training at DCH in these three years?					
Answer from Anita Thomas - For the Renal Question response:					
		2023-2024	2024-2025	2025-2026	2026-2027
Peritoneal Patients		52	62	72	60
Haemodialysis patients*	Dorchester	111	136	116	87
	Poole	113	114	119	116
	Bournemouth	64	66	66	63
	Yeovil	63	66	67	64
	TOTAL	443	464	461	358
Transplanted patients		32	41	26	5

Training query:

	2023-2024	2024-2025	2025-2026
Renal Work-Based Learning (Renal Course) (Level 6 -7)	5 RGNs	4 RGNs	4 RGNs <i>(course ongoing)</i>

It is intended to continue with this rate each year.

PIFU: Renal is excluded currently

From Jean-Pierre Lambert – The DCH ED has seen peaks of operational pressure in April and June, however not driven by flu or other singular circumstances. It appears to be the general flow of elderly patients and so such peaks are more likely in the future based on demographic trends (cohort >80, combined with population growth). How will the new ED/ICU be set up to deal with such peaks and how will financial resources be available in order to better absorb those peaks going forward?

Answer from Anita Thomas- Deconstructing the block contract discussions continue – we have seen a degree of positive movement in increasing the funding for the UEC pathways which we have recently invested in increased consultant and Nurse Coordinator roles. We have a number of improvement/transformation projects aimed at managing the presentation of the frail elderly to prevent unnecessary admissions such as ‘call before convey’ with our ambulance partners and bringing together DHC Hospital at Home and our ED teams to enable the H@H team to take direct referrals from ED. In addition, we work with the Neighbourhoods Transformation which aims to keep people at home and prevent escalation of needs which in turn reduces reliance on emergency services.

Recommendation

Members are requested to:

- **Receive** the Governor Matters for **Information**

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Report to	Council of Governors	
Date of Meeting	6 July 2026	
Report Title	Council of Governors register of interests	
Prepared By	Sarah Anton, Joint Governor and Membership Manager	
Approved by Accountable Executive	Jenny Horrabin, Joint Executive 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	The Council of Governors indirectly impacts on delivery of all strategic priorities by influencing these priorities through stakeholder representation, oversight, and holding Non-Executive Directors to account
Colleagues	
Communities	
Sustainability	
Implications	Describe the implications of this paper for the areas below.
Board Assurance Framework	No implication
Financial	No implication.
Statutory & Regulatory	Requirement of the Constitution that the Council of Governors annually review the performance of the Council. Forms part of the CQC Well Led domain
Equality, Diversity & Inclusion	Is considered throughout
Co-production & Partnership	The Council of Governor has been working jointly with the DHC Council of Governor where appropriate

Executive Summary

There is a requirement within the Trust Constitution and the Governor Code of Conduct that requires that Governors declare any potential conflicts of interest. The Joint Director of Corporate Affairs holds a Register of Interests that is available on the Trust public website.

Recommendation

Members are requested to:

- **Receive** the Council of Governors register of interests for **assurance**

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Council of Governors register of interests

1. Introduction

1.1. There is a requirement in the Trust Constitution and the Governor Code of Conduct that Governors declare any potential conflicts of interest.

1.2. The Constitution states that-

'Declaration of Interests and Register of Interests

7.1. Governors are required to comply with the Trust's Standards of Business Conduct and to declare interests to the Council in accordance with paragraph 20 of the Constitution and any other material interest as defined below. All Governors should declare such interests on appointment and on any subsequent occasion that a conflict arises.

7.2. Subject to the exceptions in 7.3, a "material interest" is:

7.2.1 any Directorship of a company;

7.2.2 any interest or position in any firm, company, business or organisation (including any charitable or voluntary organisation) which has or is likely to have a trading or commercial relationship with the Trust;

7.2.3 any interest in an organisation providing health and social care services to the National Health Service;

7.2.4 a position of authority in a charity or voluntary organisation in the field of health and social care;

7.2.5 any connection with any organisation, entity or company considering entering into a financial arrangement with the Trust including but not limited to lenders or banks.'

1.3. The Code of Conduct states-

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

1.4 The Trust is required to ensure that all declarations of interest are recorded and maintained and published on the Trust website. Responsibility for ensuring this record is maintained sits with the Joint Executive Director of Corporate Affairs. Responsibility for ensuring that personal information remains up to date and the Trust is notified of any changes, sits with the individual.

2. Recommendations:

Members are requested to:

Receive the Council of Governors register of interests for **assurance**

3. Appendices

The Register of Governor Declarations – April 2026

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DCH Register of Governors Interests- April 2026

Governor	Tenure	Declarations
Judy Crabb	26/09/2024 - 25/09/2027 (second term)	Board Member of HealthWatch Dorset
Jean-Pierre Lambert	09/07/2024-08/07/2027 (first term)	Spouse is Consultant for Victoria Beckham (Fashion) Victoria Beckham (Beauty) and Ryvita
Max Deighton	26/09/2024 - 25/09/2027 (first term)	Nil
Maurice Perks	26/09/2024 - 25/09/2027 (third term)	Nil
Carol Manton	26/09/2024 - 25/09/2027 (first term)	Nil
Alan Clark	09/07/2024-08/07/2027 (first term)	Nil
Anne Link	09/07/2024-08/07/2027 (first term)	Nil
Paul Kent	15/08/2025- 14/08/2028 (first term)	Treasurer of the Friends of DCH, Trustee and Treasurer of the Chesil Sailing Trust, Company Secretary of Morgan Brown Hair and Beauty Ltd
David Taylor	01/10/2023- 30/09/2026 (first term)	-
Lynn Taylor	29/05/2025-08/07/2027 (second term)	Nil
Kathryn Harrison	01/10/2023- 30/09/2026 (second term)	Nil
Michael Byatt	09/07/2024-08/07/2027 (second term)	Nil
Midhun Paul	01/10/2023- 30/09/2026 (first term)	-
Rory Major	24/06/2024-23/06/2027(first term)	-
Simon Bishop	01/10/2023- 30/09/2026 (third term)	Nil
Sharlina Sallehuddin	09/03/2026-08/03/2029 (first term)	Federation Chair of the Weymouth and Portland Primary Care Network.GP Partner Weymouth Bay Medical Practice. Spouse: Mr Paul Ng, Colorectal Consultant Surgeon, Dorset County Hospital
Kate Wills	01/07/2025-30/06/2028 (first term)	Principal & CEO of Coastland College OFSTED Inspector IQA Pearson
Laura Kerr	01/08/2025- 31/07/2028 (first term)	Manager local user-led charity People First Dorset
Becky Aldridge	17/11/2025-16/11/2028 (first term)	CEO of Dorset Mental Health Forum VCSA Governance Board Member

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