

Council of Governors

Monday 21 September 2026, 14:00 - 16:45

Trust Headquarters and MS Teams

Agenda

14:00 - 14:10

10 min

1. Service Presentation - Anchor Institution and Joint Social Value Promise

Enclosure

Simon Pearson

Information

 0. DCH Agenda 21.09.2026.pdf (4 pages)

 1. Front Sheet and report - DCH CoG 21.9.26 - Joint Social Value Pledge.pdf (2 pages)

 1a. Joint Social Value Pledge (APPROVED STPCIC 27.7.26) CEO signed 03.09.2026.pdf (9 pages)

14:10 - 14:15

5 min

2. Formalities

2.1. Welcome, Apologies for Absence, and Quorum

Verbal

David Clayton-Smith

Information

2.2. Conflicts of Interest

Verbal

David Clayton-Smith

Information

2.3. Minutes of the Council of Governors dated 6 July 2026

Enclosure

David Clayton-Smith

Approval

 2c. DCH CoG draft minutes 06.07.2026.pdf (12 pages)

2.4. Actions and Matters Arising

Enclosure

David Clayton-Smith

Approval

 2d. DCH Action Tracker September.pdf (1 pages)

2.5. Council of Governors Workplan

Enclosure

David Clayton-Smith

Information

 2e. CoG workplan for papers.pdf (1 pages)

14:15 - 14:25

10 min

3. Freedom To Speak Up

Verbal

Lynn Paterson

Assurance

14:25 - 14:35
10 min

4. Chair's Report

Enclosure

David Clayton-Smith

Assurance

 4. DCH CoG Chair Report 20260921.pdf (15 pages)

14:35 - 14:50
15 min

5. Trust Executive Update

Enclosure

Executive Directors

Assurance

 5. Executive Update.pdf (21 pages)

14:50 - 15:00
10 min

6. Quality Priorities Progress

Presentation

Emma Hoyle

Assurance

 6. DCH Quality Priorities Update Sept26.pdf (12 pages)

15:00 - 15:10
10 min

7. Presentation of the Annual Report & Auditor's Annual Report

Enclosure

Jenny Horrabin & KPMG

Assurance

 7a. DCH COG Annual report Front Sheet.pdf (2 pages)

 7b. DCH COG Annual Report and Accounts Auditors Report.pdf (1 pages)

 7bi. 2025-26 DCH Auditors Annual Report_Final.pdf (17 pages)

15:10 - 15:15
5 min

8. Performance of the External Auditor

Verbal

Stuart Parsons

Assurance

15:15 - 15:50
35 min

9. Non-Executive Director (NED) Update, Feedback and Accountability Session Including Updates from the Board Committees

Verbal

NEDs & Governors

Assurance

 9. Gov Information Pack - September 2026.pdf (1 pages)

 9a. Assurance Report QCIC July 2026.pdf (7 pages)

 9b. Assurance Report July 2026 FPCIC.pdf (7 pages)

 9c. PCCIC July 2026 Assurance Report.pdf (5 pages)

 9d. Assurance Report July 2026 STPCIC.pdf (6 pages)

 9e. Assurance Report DCH Audit Committee 03 August 2026.pdf (2 pages)

 9f. Assurance Report - DCH Charitable Funds Committee (21.7.26).pdf (2 pages)

 9g. Assurance Report July 2026 MHLCIC.pdf (7 pages)

15:50 - 15:55
5 min

10. Report from the Nominations and Remunerations Committee in Common That Took Place on the 23 July 2026

Enclosure

David Clayton-Smith

Assurance

 10. Assurance Report NRCIC 23 July 2026.pdf (1 pages)

15:55 - 16:10
15 min

11. Governor Term Extensions

Enclosure

Jenny Horrabin

Approval

 11. Governor Term Extensions- DCH.pdf (5 pages)

16:10 - 16:30
20 min

12. The NHS Modernisation Bill and Implications for Governors

Enclosure

Jenny Horrabin

Information

 12. The NHS Modernisation Bill and implications for Governors.pdf (11 pages)

16:30 - 16:35
5 min

13. Report from the CoG Engagement and Membership Committee in Common That Took Place on the 19 August 2026

Enclosure

Becky Aldridge

Assurance

 13. Assurance Report from CoGEMCIC 19082026.pdf (1 pages)

16:35 - 16:45
10 min

14. Governor Matters

Verbal

David Clayton-Smith

Information

16:45 - 16:45
0 min

15. Any Other Business

Verbal

David Clayton-Smith

Information

16:45 - 16:45
0 min

16. Chair's Closing Remarks and Date of Next Public Meeting

Verbal

David Clayton-Smith

Information

 DCH Governor Attendance Sept 26.pdf (1 pages)

Meeting Close

Bull, Henry
17/09/2026 12:51:47

**Council of Governors (Part 1) of
Dorset County Hospital NHS Foundation Trust
21 September 2026 at 2.00 pm – 4.50 pm
Board Room, Trust Headquarters, Dorset County Hospital
and via MS Teams**

AGENDA

Ref	Item	Format	Lead	Purpose	Timing
1.	Service Presentation - Anchor Institution and Joint Social Value promise	Enclosure	Simon Pearson Head of Charity & Social Value	Information	2.00
2.	FORMALITIES				
	a) Welcome, Apologies for Absence, and Quorum	Verbal	David Clayton-Smith, Trust Chair	Information	2.10
	b) Conflicts of Interests	Verbal	David Clayton-Smith	Information	
	c) Minutes of the Council of Governors Minutes from the Council of Governors dated 6 July 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	
3.	Freedom to Speak Up	Verbal	Lynn Paterson Freedom to Speak Up Guardian	Assurance	2.15
4.	Chair's Report	Enclosure	David Clayton-Smith	Assurance	2.25
5.	Trust Executive Update	Enclosure	Matthew Bryant, Joint CEO and Executive Directors	Assurance	2.35
6.	Quality Priorities Progress	Presentation	Emma Hoyle Deputy Director of Nursing and Quality	Assurance	2.50
7.	Presentation of the Annual Report & Auditor's Annual Report	Enclosure	Jenny Horrabin Joint Director of Corporate Affairs KPMG	Assurance	3.00

8.	Performance of the External Auditor	Verbal	Stuart Parsons	Assurance	3.10
9.	Non-Executive Director (NED) Update, Feedback and Accountability Session including updates from the Board committees Update from Governors observers around the committee effectiveness Carol Manton – Quality Committee in common Jean Pierre Lambert – Finance and Performance Committee in Common 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	Verbal	Kay Taylor Stuart Parsons Nominated Governor Observers	Assurance	3.15
10.	Report from the Nominations and Remuneration Committee in Common that took place on the 23 July 2026	Enclosure	David Clayton-Smith	Assurance	3.50
11.	Governor term extensions	Enclosure	Jenny Horrabin	Approval	3.55
12.	The NHS Modernisation Bill and implications for Governors	Enclosure	Jenny Horrabin	Information	4.10
13.	Report from the CoG Engagement and Membership Committee in Common- that took place on the 19 August 2026	Enclosure	Becky Aldridge Appointed Governor	Assurance	4.30
14.	Governor Matters	Verbal	David Clayton-Smith	Information	4.35

	How is the Trust responding to the challenges of serving a large rural area with an ageing population, and what work is being done to secure funding that better reflects these pressures? An update on the latest IT developments, specifically the linking of the various hospitals etc. Update about the Dorset County Hospital Charity		Jean-Pierre Lambert Lynn Taylor Simon Bishop		
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 Thursday 26 November 2026 2 pm – 5 pm, THQ Board room and online Mon 15 Feb 2027 2 pm – 5 pm, THQ Board room and online Membership Development Committee Wednesday 21 October 2026 2 pm – 3.30 pm, online Wednesday 20 January 2026 2 pm – 3.30 pm, online Annual Members Meeting Tuesday 29 September 2026 5 pm – 6.30 pm, Education Centre, Dorset County Hospital	Verbal	David Clayton-Smith	Information	4.45
Meeting Close					4.45
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

Bull, Henry
17/09/2026 12:51:47

Report to	DCH Council of Governors	
Date of Meeting	21 September 2026	
Report Title	Anchor Institutions and Joint Social Value Pledge	
Prepared By	Simon Pearson, Head of Charity & Social Value	
Approved by Accountable Executive	Chris Hearn, Chief Finance Officer	
Previously Considered By	Strategy, Transformation & Partnership CIC 27 July 2026	
Action Required	Approval	N
	Assurance	N
	Information	Y

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	SR2: Empowerment; SR3: Workforce capacity; SR5: Estates; SR7: Partnerships and Transformation	
Financial	'No implication'	
Statutory & Regulatory	'No implication'	
Equality, Diversity & Inclusion	As per Joint Social Value pledge	
Co-production & Partnership	As per Joint Social Value pledge	

Executive Summary
In line with Dorset County Hospital and Dorset HealthCare's federated model and Joint Strategy, the new Joint Social Value Programme Group have developed a Joint Social Value Pledge and the associated Joint Social Value Annual Plan 26/27 to take forward our Trusts' commitments to delivering social value for the benefit of the communities we serve. Joint Social Value Pledge (enclosed) Dorset County Hospital and Dorset HealthCare, as anchor institutions, commit to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental well-being of the local population. An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. Through our approach to delivering social value as Health Anchors, we aim to reduce avoidable inequalities and improve health, wealth and wellbeing across our community. Our Joint Social Value Pledge summarises our joint social value commitments and workstreams: Maximise Local Investment We commit to maximise local investment, recognising the social, economic and environmental benefits of buying locally when procuring goods and services. Increase Local Employment We commit to increase employment and training opportunities for local people, especially from areas of high deprivation and unemployment. Recognised as a Good Employer To provide outstanding careers, ensuring our employees have a positive and fulfilling experience - empowering our staff to deliver outstanding services, sustainably, everyday.

Champion Equality, Diversity, Inclusion & Belonging

We champion equality, diversity, inclusion and belonging recognising people from different backgrounds and experience make a valuable contribution to the way in which we work.

Greener & Sustainable

We recognise the impact we have on the environment and our responsibility to improve our sustainability and contribute to better health and well-being of our local community.

Promote Civic Partnerships

Promote partnerships between our Trusts and our civic community, implementing local activities which contribute to reducing inequalities and improving health and well-being for all.

Involving our Community

Ensure we are involving our community in service developments in line with statutory requirements around working in partnership with people and communities.

Dorset Anchors Network

We commit as anchor institutions to build social value objectives into our planning for the delivery of the NHS 10-Year Plan; and in partnership across the Dorset system.

Recommendation

Members are requested to:

- Receive the report **for information**

Bull, Henry
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Social Value Pledge

Our Commitments as Anchor Institutions

First published: July 2026

Updated: xx month 202X

Bull Henry
17/09/2026 12:51



Healthier lives



Empowered citizens



Thriving communities

Social Value

What is Social Value?

Increasingly, organisations are considering their activities holistically, taking account of the wider economic, social and environmental effects of their actions.

Social Value serves as an umbrella term for these broader effects, and organisations which make a conscious effort to ensure that these effects are positive can be seen as adding social value by contributing to the long-term wellbeing and resilience of individuals, communities and society in general.

Dorset County Hospital and Dorset HealthCare, as anchor institutions, commit to maximise the positive social value impact we have on our local communities, contributing to improving the economic, social and environmental well-being of the community we serve. An anchor institution is one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy.

Our Joint Social Value Pledge

We commit, through our approach to delivering social value as Health Anchors, to reduce avoidable inequalities and improve health, wealth and wellbeing across its community.

Up to 90% of a person's health is determined not by the quality of healthcare they receive but by a host of other social, environmental and economic factors such as housing, isolation, green space, employment and access to food. As a hospital we provide quality care, treating people when they are sick, but we also have a broader role, as organisations with a vested interest in people being healthy and as major employers in our area, to directly and indirectly help improve the social, environmental and economic circumstances of our communities.

Our Social Value Pledge presents our commitments to helping to improve the overall well-being of our community.

Our Social Value Principles

- Working together and with our Dorset system partners to improve health and well-being and reduce avoidable inequalities across our community – linked to the Marmot Principles:
 - Giving every child the best start in life;
 - Enabling all children, young people and adults to maximise their capabilities and have control over their lives;
 - Creating fair employment and good work for all;
 - Ensuring a healthy standard of living for all; throughout the life course;
 - Creating and developing sustainable places and communities;
 - Strengthening the role and impact of ill-health prevention;
 - Tackle racism and discrimination, and their outcomes;
 - Pursue environmental sustainability and health equity together.

Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

Bull, Henry
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- Social Value will be embedded as core practice, behaviours and the way that we operate.
- Our Social Value commitments will be embedded in and contribute to delivery of our joint strategic priorities (including current, medium and longer term).
- We will make every penny count, improving local health, wealth and our environment.
- We are inclusive in our approach so that Social Value benefits everyone.
- Our Social Value approach will facilitate shared learning, encouraging innovation through a culture of quality improvement, which creates positive change and delivers best practice.
- Our Social Value approach will deliver Social Impact. We will understand and measure Social Impact - the change and difference that we make locally.
- Social Value will be delivered sustainably and ethically, in terms of 'how' (process) and 'what' (outcomes).
- Our Social Value approach will create a lasting, positive social impact and legacy for the community we serve.

Our Social Value Commitments:

Maximise Local Investment

Procurement activity will be compliant with the requirements of The Public Services (Social Value) Act 2012 as well as current Procurement Regulations which will be used to inform how we can derive social value from our activities. The Act requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts.

We commit to maximise local investment which is financially generative to the local economy, retaining and recirculating wealth locally.

We will take account of the social, economic and environmental impacts of buying locally when procuring goods and services.

Our commitment to local investment includes:

- Our largest investment in the local economy is our workforce.
- Support the local economy by choosing suppliers close to the point of service delivery, where possible.

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Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

- Increase accessibility and improve opportunities for local businesses and social enterprises to bid for contracts throughout the supply chain. Develop local supply chains which will impact on local economic growth for the longer term.
- Commit to sourcing our raw materials locally, where possible.
- Ensure our major capital infrastructure investments deliver measurable social value. Recognise and communicate these social value benefits.
- Work with third sector organisations to deliver services and contracts, where appropriate.

Increase Local Employment

We will commit to increase employment and training opportunities for local people, especially from areas of high deprivation and unemployment, including people with disabilities and learning disabilities, Black, Asian and Minority Ethnic communities, LGBT communities and young people; supporting people into work, apprenticeships and work experience placements.

Our commitment to employment for local people includes:

- Commit to create employment and training opportunities for local residents; including opportunities which contribute to improved social mobility and enable career progression.
- Seek opportunities to work with education and training providers to help ensure young people are equipped with the right skills to match the requirements of the NHS labour market.
- Seek to provide employment opportunities for all ages including those older age groups and those seeking a late-stage career change.
- Promoting improvement and provision of local employment and training opportunities.
- Support the local economy to create jobs and apprenticeships, by adopting procurement strategies that remove barriers to local businesses.
- Work with local third sector organisations to ensure people facing barriers to employment are supported.
- Support volunteering to provide routes into employment.

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Recognised as a Good Employer

As Good Employers to provide outstanding careers, ensuring our employees have a positive and fulfilling experience. We will create opportunities for our people to develop skills and further their careers. We will work together in line with our Trusts' values and empower staff to deliver outstanding services, sustainably, every day.

Our commitment to be a good employer includes:

- Comply with working hours legislation and sector standards.
- To support fair employment by considering/providing a range of employment contracts.
- To support flexible working by considering/providing a range of flexible working options.
- Work towards paying the Living Wage, within the context of Agenda for Change.
- Ensure zero hours contracts do not discriminate or disadvantage individuals in the workplace/market.
- We will provide in-work training opportunities for our people to develop skills and further their careers.
- Understand the different needs of our workforce and implement policies that support their health and wellbeing.
- Foster a loyal and motivated workforce. Work to ensure recruitment practices for new applicants and opportunities for career progression are inclusive of all. Ensure that equality strands are supported through transparent and fair employment processes.
- Ensure we are a Leaderful organisation, recognising that leaders exist at all levels contributing to the success of our hospital.
- Develop workforce volunteering programmes.
- Commitment to the NHS People Plan promise that the NHS is best place to work for all – where we are part of one team that brings out the very best in each other.

Champion Equality, Diversity, Inclusion & Belonging

Our Trusts are committed to being truly inclusive organisations. We recognise that we must value the contribution of people of all backgrounds, abilities and experiences in order to deliver outstanding services. We will work to ensure that our organisations are a place where all our staff and patients feel safe, listened to, and that they belong.

We will work closely with local partners and community organisations to ensure that all voices are heard and every member of Dorset County Hospital and Dorset HealthCare and our wider community has equitable access to the benefits that our Social Value programme will bring.

Our overarching EDIB goals include:

- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at All Levels

Our objectives for achieving these goals are detailed in our Joint Inclusion and Belonging Strategy 2023-2026

Greener & Sustainable

We commit to deliver our Joint Green Plan to deliver long term improvements to the sustainability performance of our Trusts. We recognise the impact we have on the environment and our responsibility to improve our sustainability and contribute to better health and well-being of our local community.

We will work towards the Greener NHS Net-Zero objectives committing to protecting the environment, minimising waste, water and energy consumption and using other resources efficiently within our organisation and supply chains.

Our commitment to being Greener and Sustainable includes:

- In line with 'Delivering a 'Net Zero' National Health Service' (1 October 2020) UK Government and our Trusts are committed to reaching net zero by 2050.
- For the emissions controlled directly by the NHS, Carbon Footprint plans are to reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032. We will be assessing and promoting to staff and general public how as a partnership we can reduce our Carbon Footprint.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.
- Plans continue for reduction of our energy and water consumption.
- Eliminate unnecessary waste by continuing to "reduce, reuse, recycle" and improve the infrastructure to enable people to do so.
- With sources of NHS carbon footprint highlighting Medicines, Medical Equipment and other Supply Chain as the highest ratio to address, addressing Anaesthetics, Medical Devices, Nursing and Pharmacy are included in the new Joint Green Plan.

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Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

- Promote our Green Travel Plans for sustainable transport (public transport/electric vehicles/cycling/walking/car share)
- Improve green areas (e.g. biodiversity, visual attractiveness)
- Ensure that sustainability is thoroughly communicated throughout our Trusts and ensure that appropriate employees receive relevant training as part of induction.
- To work in partnership with local groups and key stakeholders in order to support sustainable development within our community.
- Contributing to a sustainable local economy.

Utilising Estates Major Capital Projects

We commit to promote and monitor the social value delivered by Major Capital Projects developed across the Trusts' Estates. Capital infrastructure developments have the potential to deliver beneficial outcomes such as spend with local contractors/suppliers; local employment, apprenticeships and training; employee volunteering and environmental benefits including contribution to NHS NZC targets and development of green spaces/improved biodiversity.

Our approach to delivering social value through our major capital infrastructure projects will include activities such as (not exhaustive):

- Stipulating social value in our tendering processes and major supplier contracts.
- Working with our major contractors to monitor, measure and report on social value including social return on investment. Ensuring our major capital infrastructure investments deliver measurable social value.
- Facilitating affordable housing to support members of our workforce; aiding recruitment and retention as a good employer.
- Considering how we can support local charities and community organisations with free use of our buildings, where appropriate.

Promote Civic Partnerships

To build on and coordinate effective links between Dorset County Hospital, Dorset HealthCare and our civic community including VCSE organisations, arts and culture sector, large education providers, religious organisations and other civic bodies. To develop joint initiatives and programmes and implement local activities which contribute to reducing inequalities and improving health and well-being for all.

Our commitment to promoting Civic Partnerships includes:

- Dorset County Hospital Charity builds relationships with supporters across our community including patients, families and organisations; delivering funding which enhances patient care and staff welfare at Dorset County Hospital.

Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

Bull Henry
17/09/2026 12:51:42

- Dorset HealthCare Charitable Fund receives and raises funds from across the community it serves for the benefit of the Trust's work. The Trust's community hospitals are supported by valued Leagues of Friends which raise funds to benefit and enhance patient care.
- Volunteers provide valued and essential services for our Trusts and our associated hospitals and services; in addition to the social, skills and other benefits achieved from volunteering.
- Dorset County Hospital Arts in Hospital programme engages with local artists and arts/cultural organisations from our local community. Research demonstrates the benefit arts deliver in contributing to people's well-being, particularly mental health. Our ambition is to develop a Creative Health programme across both Trusts.
- Through existing and new partnerships with local civic bodies we will develop initiatives which contribute to improving our community's social, economic and environmental well-being.

Involve Our Community

A key principle of delivering social value is engagement with our stakeholders. We will play an active role in engaging with our local community by listening to them, involving them and acknowledging their contributions to our social value commitments.

Our commitment to involving our community includes:

- Engage with local residents and service users.
- To promote opportunities for gathering views, including those not heard or voiced.
- To provide feedback to the local community so they can see the results of their involvement. Ensure communities receive timely and appropriate information and communication.

Develop Anchor Networks across the Dorset System

There is an increasing policy focus on reducing avoidable inequalities, prevention and population health and the move towards 'place based' models of care focusing on communities and populations. There is growing synergy between the place-based lens of the NHS and broader policy emphasising localism in shaping the environments where we live.

We commit as anchor institutions to build social value objectives into its planning for the delivery of the NHS 10-Year Plan; and in partnership across the Dorset system.

With our system partners, we will aim to develop Our Dorset's social value vision and pledge in order to maximise our contribution to the wider health and well-being of our local communities.

Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

Bull, Henry
17/09/2016 12:01

Working with Dorset Council, NHS Trusts, BCP Council, Large Education Providers, VCSE sector, Arts and Cultural organisations and Business and Industry to deliver our social value ambition.

We will contribute to the regional and national anchor agenda and networks, to share learning and advance the work of anchor institutions to improve the well-being of the communities we serve.

Monitor & Report

We will monitor and demonstrate our commitment to delivering social value by:

- Implementing recognised procedures for measuring our Social Value outcomes and Social Return on Investment.
- Monitoring our social value outcomes as part of our organisational processes; including patient and community voice.
- Reporting on our Social Value commitments, through an annual Joint Social Value report and in the Dorset County Hospital and Dorset HealthCare Annual Reports.
- Communicate our Social Value commitments and outcomes internally and externally.

By signing this Pledge, we commit to delivering social value as anchor institutions through the provision of our services, contributing to reducing avoidable inequalities and improving the social, economic and environmental well-being of the community we serve.



Signed

(on behalf of Dorset County Hospital/Dorset HealthCare)

Matthew Bryant

Date: 03/09/2026

Designation: Chief Executive

Bull, Henry
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Joint Social Value Pledge: Dorset County Hospital and Dorset HealthCare

**Minutes of a meeting of the Council of Governors
of Dorset County Hospital (DCH) NHS Foundation Trust
held on the 6 July 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
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 Dorset
Anne Link	AL	Public Governor, West and South Dorset
Midhun Paul	MPa	Staff Governor
Maurice Perks	MPe	Public Governor, North and East Dorset
Sharlina Sallehuddin	SS	Appointed Governor, Two Harbours Healthcare for Weymouth and Portland Primary Care Network (PCN)
Jan Wagner	JW	Staff Governor
David Taylor	DT	Public Governor, West and South Dorset
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)
Claire Abraham	CA	Deputy Chief Financial Officer
Beverley Bryant	BB	Chief Digital Officer (Attended 4 pm – 4.30 pm)
Matthew Bryant	MB	Joint Chief Executive Officer
Henry Bull	HB	Corporate Affairs Assistant
Mandy Ford	MF	Deputy Director of Corporate Affairs
Jo Howarth	JHo	Director of Nursing
Claire Lehman	CL	Joint Non-Executive Director
Paul Lewis	PL	Director of Strategy and Improvement
Nicola Plumb	NP	Joint Chief People Officer
Adam Savin	AS	Director of Operational Planning and Performance
Rachel Wharton	RW	Chief Medical Officer
David Underwood	DU	Joint Non-Executive Director
Jim Duffie	JD	Member of the public (observing)
Apologies:		
Dawn Dawson	DD	Joint Chief Nursing Officer
Anita Thomas	AT	Chief Operating Officer
Jenny Horrabin	JH	Joint Director of Corporate Affairs
Chris Hearn	CH	Joint Chief Finance Officer
Eiri Jones	EJ	Joint Non-Executive Director
Alan Clark	AC	Public Governor, West and South Dorset
Jean- Pierre Lambert	JPL	Public Governor, West and South Dorset
Carol Manton	CM	Public Governor, North and East Dorset

CoG26/001	Formalities	Action
	The Chair declared the meeting open and quorate.	

CoG26/002	Conflicts of Interest	
	There were no conflicts of interest declared in the business to be transacted on the agenda.	
CoG26/003	Minutes of the Meeting held on the 18 August 2025 (part 2), 9 March 2026, 20 April 2026	
	It was agreed that the part 2 minutes of the meeting held on the 18 August 2025 were an accurate record and they were approved. It was agreed that the minutes of the part 1 meeting held on the 9 March 2026 were an accurate record and they were approved. It was agreed that the minutes of the Extraordinary Council of Governors in Common with Dorset HealthCare on the 20 April 2026 were an accurate record, and they were approved.	
	Resolved: that the part 2 minutes of the meeting held on the 18 August 2025 were approved. Resolved: that the minutes of the meeting held on the 9 March 2026 were approved Resolved: that the minutes of the meeting held on the 20 April 2026 were approved.	
CoG26/004	Matters Arising:	
	The Action Log was considered, and approval was given for the removal of completed items.	
	Resolved: that the action log be received and updates noted.	
CoG26/005	Council of Governors (CoG) Workplan	
	The Council received the Workplan.	
	Resolved: that the Council of Governor workplan be received for information	
CoG26/006	Chair's Update	
	In addition to the previously circulated report DCS highlighted the following- DCS highlighted the appointment of five new Non-Executive Directors across DCH and DHC, noting the value of bringing broader perspectives to Board discussions. He advised that the Chair appraisal process had been completed and that arrangements remained in place to ensure alignment between organisational objectives and leadership objectives. DCS reported that work across the provider collaborative and wider Dorset system continued, with ongoing focus on partnership working and service development, and updated on the New Emergency	

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	Department and Critical Care Unit development, with good progress continuing towards opening and service implementation. BA commented that creative health had been a key theme at the recent NHS Confed Expo, with examples demonstrating its value within neighbourhood health services. She welcomed the Trust's work in this area and noted that the artwork around the hospital created an inspiring environment. KH asked for clarification on the overall delay to the new Emergency Department project, noting that the report stated it was seven weeks behind the contract programme and could face further delays due to fit-out and link works. KH also asked whether the planned opening remains on track and whether some of the lost time is expected to be recovered RW advised that the expected handover date remains summer 2027, with the facility due to open in the autumn of 2027 as originally planned. Delays to date have been largely weather-related, but work is ongoing to recover lost time. Even taking these factors into account, the anticipated impact on the programme is currently no more than three weeks.	
	Resolved: that the Chairs Update be received for information.	
CoG26/007	Trust Executive Update	
	In addition to the previously circulated Trust Executive report, the Executive Directors or their deputies reported the following – AS reported that non-elective length of stay remained above plan, largely due to ongoing demand pressures and patients remaining in hospital despite being ready for discharge. Elective performance remained below trajectory, while cancer performance improved during the year, finishing close to target. AS noted, that overall elective care performance had improved compared with previous years and that a further update on current-year performance would be provided. SS and RW discussed the rise in emergency department attendances and clarified that while more patients are presenting at the front door, the admission rate remains stable at around 22%. This means admissions have increased in number but not as a proportion of attendances. It was confirmed that there is no evidence of a significant change in the type of patients attending or of more patients being redirected elsewhere. The Trust continues to promote alternatives to admission, including Same Day Emergency Care and Hospital at Home, where appropriate. AS concluded by reporting that attendance growth has been seen across all catchment areas, with a 6% increase from Weymouth and Portland, around 15% growth from East Dorset (BCP postcodes), and a similar increase from Somerset. He noted that percentage increases	

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	noted ongoing focus on sickness absence, appraisal compliance and mandatory training. NP updated Governors on the publication of the new NHS People Standards and advised that these aligned closely with existing Trust workforce priorities and initiatives. NP also highlighted ongoing work to support staff wellbeing and respond to recommendations arising from national reviews relating to equality, diversity and inclusion. BA suggested that, considering the increasing focus on supporting staff to manage vulnerable patients and incidents involving violence and aggression, there may be opportunities for Dorset HealthCare's mental health expertise to be made more readily available to Dorset County Hospital teams to support staff development and patient care. JHo confirmed that a training needs analysis was underway, including a review of conflict resolution and security staff training. She welcomed greater collaboration with Dorset HealthCare to develop a more coordinated approach. NP added that a national review of mandatory training was underway and emphasised the need to balance training requirements with staff capacity. CA provided an update on the Trust's financial position, noting that the year-end outturn was better than planned, supported by reduced agency expenditure, delivery of efficiencies and a stable cash position. The Council heard that the 2026/27 plan includes a challenging savings programme and that performance at Month 2 was broadly in line with plan. Temporary staffing costs and efficiency delivery continue to be closely monitored through established recovery arrangements. CA advised that capital expenditure remains on track and that financial oversight arrangements are in place to support delivery of the Trust's financial plan.	
	Resolved: that the Trust Executive Update be received for information.	
CoG26/008	Non-NHS Activity	
Bull, Henry 17/09/2026 12:51:47	The Council received the annual assurance report on non-NHS activity. Members were advised that this formed part of the Council of Governors' statutory responsibilities and provided assurance that non-NHS activities did not interfere with the Trust's principal purpose of providing NHS healthcare services. It was noted that non-NHS income was primarily generated through research and development, education and training, non-patient care services, and ancillary services such as parking, catering and accommodation. The total level of non-NHS activity remained significantly lower than the value of the Trust's healthcare activities, providing assurance that the Trust continued to operate principally as	

	an NHS provider. The Council was therefore asked to confirm its satisfaction with this position and authorise notification of its decision to the Trust Board.	
	Resolved: that the Non-NHS Activity be received for assurance.	
CoG26/009	Staff Survey results	
	NP presented the DCH staff survey results and noted that performance remained stable, with scores above the national average across all People Promise themes. While some scores had declined slightly, these changes were not considered statistically significant. It was recognised that, despite overall positive results, inequalities in staff experience remain evident, particularly when results are analysed by ethnicity, reinforcing the importance of ongoing inclusion and anti-racism work. The Council heard that the Trust's priorities align closely with national workforce expectations and that existing workforce plans are being used to address areas identified through staff feedback. Members also noted efforts to improve staff survey participation rates. In addition, work is underway to strengthen the staff voice within organisational decision-making. A new staff voice reporting approach is being developed to bring together feedback from a range of sources, including trade unions, staff partnership forums and Freedom to Speak Up processes, providing a more comprehensive understanding of staff experience and helping to inform future action.	
	Resolved: that the Staff Survey Results be received for assurance.	
CoG26/010	Freedom to speak up (FTSU) Update	
	This item has been deferred until the next Council of Governor meeting in September 2026.	
	Resolved: that the Freedom to Speak Up Update be deferred until the September 2026 meeting.	
CoG26/011	NED Update, Feedback and accountability session including updates from the Board Committees	
	CL, The Quality Committee Chair provided an update on committee activity, noting that formal and informal meetings are now well established, with informal meetings increasingly taking place on-site to provide greater visibility of services and operational challenges. Members received briefings on CQC preparation and national guidance relating to corridor care, supported by visits to escalation areas and discussions with patients. CL updated that the Committee had reflected on growing demand, increasing patient acuity and the wider strategic implications for service delivery. These pressures continue to be monitored through the Board Assurance Framework (BAF) and risk management processes, with new operational risks added where appropriate. The Committee will maintain a focus on key quality priorities, including recognising and responding to patient deterioration, medication safety, discharge	

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Bull, Henry 17/09/2026 12:51:47	optimisation, patient experience, clinical effectiveness, maternity services, and reducing health inequalities. CL also highlighted ongoing work by NEDs to strengthen oversight across committees, ensuring risks are considered through multiple perspectives and that assurance is effectively triangulated across the organisation. KH noted that two recently scheduled quality walkarounds had been cancelled at short notice, including one on the day it was due to take place. While recognising that operational pressures can necessitate cancellations, she suggested that visits should continue wherever possible, including during periods of challenge such as outbreaks. This would provide Governors with a more realistic understanding of services and assurance about how teams are operating under normal and pressured conditions, rather than only when departments are able to prepare for visits. JHo explained that quality walkarounds cannot take place on wards experiencing infectious outbreaks due to infection control requirements. She acknowledged recent cancellations and confirmed that work is underway to improve the scheduling process, including identifying alternative wards where possible to avoid cancelling visits and improving communication between teams. DU reflected on the significant demand pressures facing the Trust and the impact these are beginning to have on performance and financial delivery. He provided an overview of his activities over the previous six months, having attended around 100 meetings across DCH, DHC, Federation governance structures and wider system partnerships. DU reported that much of this work had focused on finance, performance, productivity, strategy, digital transformation and assurance. Regular engagement with Board committees, NEDs and senior leaders has supported oversight of organisational risks, performance challenges and future planning. DU updated the CoG on work through the Charitable Funds Committee, including the development of an innovation fund and efforts to better understand how charitable spending supports health inequalities. Good progress was reported on the Emergency Department and Critical Care appeal, with fundraising having exceeded £1.9 million towards the £2.5 million target. DU concluded by highlighting the recent involvement in workforce, housing and capital developments, including visits to the new hospital programme site, where progress on the Emergency Department, Critical Care Unit and helipad developments had been observed DCS thanked DU for his update and reminded the CoG that one of their responsibilities is to ensure the NEDs are supporting the operation of the Board and the update received from DU demonstrates the value that he has added as a NED.	
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	Updates from the Nominated Governor Observers about the Board Committees SA read out the summary of the pre-written report about FPCIC from JPL as he was not present at this meeting to verbally update the CoG himself. The full written report will be emailed to DU as Chair of the Committee. KH welcomed the examples of innovation and good practice presented and sought assurance that learning was being shared across the organisation to support wider improvement. KH also emphasised the importance of maintaining focus on areas requiring improvement alongside celebrating success. As JHo had left the meeting, the question would be raised with JHo outside the meeting. CL welcomed the comments of the Governors and agreed that it was important for committees not only to celebrate success but also to focus attention on areas where improvement is needed. She noted that DCH is open and reflective about its challenges but accepted the importance of continuing to scrutinise areas of weaker performance and patient experience. From a Quality Committee perspective, she supported ensuring that attention is directed towards identifying and addressing areas of concern so that improvements can be made for patients and staff. MP delivered his observations about the Audit Committee and raised a query regarding the management of risks across the developing Federation arrangements, seeking assurance that shared risks are clearly owned and coordinated, and that no risks are overlooked as governance arrangements become increasingly integrated. In response, DU clarified that while DCH and DHC shared a common BAF and strategic risk themes, each organisation maintains its own risk scores, targets and accountability arrangements. Beneath the shared strategic risks, each Trust has a separate corporate risk register and its own departmental and operational risks, which can be escalated where necessary. BA provided an update about the MHLIC and highlighted the importance of monitoring the implementation of Mental Health Act reforms and the opportunities these changes may create for service development and patient care. They noted that ongoing consideration of this work through the Mental Health Legislation Assurance Committee would be of particular interest from a Governor perspective.	SA SA
	Resolved: that the NED Update, Feedback and accountability session including updates from the Board Committees be received for assurance.	
CoG26/013	Board Fit and Proper Person Compliance	
	MF presented the paper regarding compliance with the Fit and Proper Person Requirements. Governors were advised that the necessary	

	checks and processes had been completed in line with NHS England and statutory requirements. The Council's role in providing assurance regarding the appointment and oversight of Non-Executive Directors was noted, and assurance was given that the required procedures had been followed appropriately. MF updated on the annual appraisal process for NEDs and advised that all appraisals are scheduled and progressing in line with the required timetable. It was noted that the leadership competency framework has been fully embedded within appraisal processes to ensure compliance with current guidance. MF also confirmed that Fit and Proper Person checks have been completed for all Non-Executive Directors in accordance with NHS England requirements. No concerns were identified, and all required submissions have been made.	
	Resolved: that the Board Fit and Proper Person Compliance be received for assurance.	
CoG26/014	Joint Trust Strategy	
Bull, Henry 17/09/2026 12:51:47	PL presented an update on delivery of the Federation Strategy and advised that good progress had been made during the first 18 months of implementation despite ongoing NHS reforms, organisational change and operational pressures. The Council noted that key enabling arrangements, including joint governance, shared leadership structures and transformation programmes, were now established and supporting greater collaboration across the Federation. PL acknowledged the continuing challenges of demand, financial pressures and organisational capacity, and advised that the next phase of work would focus on delivering strategic benefits, strengthening neighbourhood health and prevention, and embedding continuous improvement across the Federation. MP sought an update on progress against delivery of the Federation Strategy and asked how it aligned with the NHS 10-Year Health Plan. The Governor requested an assessment of the extent to which the Strategy had been implemented to date. In response, PL advised that the Federation Strategy was aligned with the NHS 10-Year Health Plan and that good progress had been made in establishing key foundations, including governance arrangements, shared leadership structures and transformation programmes. He noted that the focus was now shifting towards delivering measurable outcomes and benefits. NP acknowledged the importance of balanced reporting and advised that progress against the Federation Strategy is monitored through both performance metrics and narrative assessment. NP noted that, as implementation progresses, there is an increasing focus on evidencing outcomes and clearly identifying areas where progress is below expectations or further improvement is required.	

	KH expressed concern that some of the measures used to assess progress against the Federation Strategy remained high level and requested greater clarity on how strategic priorities would be translated into tangible outcomes and measurable benefits for patients. She sought assurance that future reporting would clearly demonstrate the impact of these priorities on patient experience and outcomes. NP agreed that the priorities required clearer, measurable outcomes and advised that future reporting would include specific impact measures aligned to the BAF. Progress would be evidenced through existing quality, performance and workforce indicators, with revised measures considered through future CoG reporting. SS raised concerns about Dorset's growing ageing population and the impact this could have on future demand for health and care services, workforce availability, and financial sustainability. Concerns were also expressed about younger people leaving the county, creating additional workforce pressures. MB acknowledged these challenges, noting that people are living longer with more complex health needs. It was confirmed that prevention, earlier intervention, and neighbourhood health services are key strategic priorities aimed at managing future demand. Workforce sustainability and demographic change will continue to be reflected in the Trust's strategic planning. MB confirmed that Dorset's ageing population and demographic trends are key considerations within the Trust's strategy. Neighbourhood health services, prevention, and partnership working are intended to support future sustainability, although some challenges will require wider system and national solutions. The request for greater visibility of challenges as well as achievements was welcomed, and it was agreed that more supporting data could be provided to future Council meetings. The Trust will continue to balance delivering current services with planning for future demand.	
	Resolved: that the Joint Trust Strategy be received for information.	
CoG26/015	Introduction and Electronic Health Record Update	
BB presented an update on the Dorset-wide Digital Strategy, which has been developed in partnership with Dorset providers, primary care and the ICB. The strategy sets out a five-year vision for digital transformation across the system. BB reported that implementation of a shared Electronic Health Record was now underway, with Dorset HealthCare and Somerset partners working together to deliver a single integrated record across mental and physical health services. Staff are currently involved in the design and build phase, with deployment planned for 2028.		

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	The Council noted that the programme will introduce enhanced digital tools for both staff and patients, including improved patient access to information and services. Governors asked whether the new Electronic Health Record would provide a real-time patient record and sought assurance regarding future interoperability beyond Dorset. BB confirmed that information entered into the system would be available immediately to authorised users, creating a single integrated patient record. BB also advised that national work was underway to improve information sharing between NHS organisations and support wider interoperability across systems. BB advised that the programme would replace fragmented secondary care records with a single integrated digital record, improving information sharing across Dorset and Somerset and enhancing integration with GP systems. The Council noted that, while wider national interoperability remained under development, the new Electronic Health Record system would deliver a significant improvement in the accessibility and sharing of patient information.	
	Resolved: that the Introduction and Electronic Health Record Update be received for Information.	
CoG26/016	Report from the Membership Committee in Common	
	BA reported on the first Membership Committee in Common, held on 20 May 2026. The new CoG Engagement and Membership Committee brings together the former separate membership committees and strengthens the focus on engagement and co-production across both Trusts. BA reported that it had been agreed that separate Annual Members' Meetings would continue in 2026, with Dorset County Hospital holding a face-to-face meeting and Dorset Healthcare continuing with an online format. The committee will continue to focus on developing effective joint working between the two organisations.	
	Resolved: that the Report from the Membership Committee in Common be received for assurance.	
CoG26/017	Governor Matters	
Bull, Henry 17/09/2026 12:51:47	SB challenged the response provided regarding Patient Initiated Follow-Up (PIFU), noting that renal patients had been placed on PIFU despite the report stating that renal services were currently excluded. Concerns were also raised that the report provided data on PIFU uptake but did not demonstrate its impact or outcomes. Further questions were raised regarding renal service data, with the Governor seeking clarification on reported totals and trends in patient numbers. It was noted that the information presented did not fully answer the questions asked.	

	DCS acknowledged the concerns and agreed that further clarification would be sought. It was agreed that a more detailed response would be provided within four weeks to ensure the questions were fully addressed.	AT
	Resolved: that the Governor Matters be received for information.	
CoG26/018	Any other business	
	MF reported that Rory Major the appointed Governor for Dorset Council had stepped down from his Governor role and the Corporate Affairs teams are in discussions with the Council about a replacement. JD, A member of the public who had been observing the meeting welcomed the focus on identifying areas where services are not working well. He referred to a recent complaint that took four months to resolve despite repeated assurances of contact, they highlighted the importance of learning from service failures as well as successes. They emphasised the role of Governors as critical friends and noted that the effectiveness of new processes depends on their consistent delivery in practice.	
	Resolved: that Any other business be received for information.	
CoG26/019	Date and Time of Next Meeting The next meeting of the Dorset County Hospital NHS Foundation Trust Council of Governors will take place on 21 September 2026.	

Signed by Chair Date

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DCH GoG Action Tracker September 2026

Action No	Minute Reference & Name	Date of Meeting	Topic	Action	Lead	Deadline	Response	Status
1	CoG26/011	06/07/2026	NED Update, Feedback and accountability session including updates from the Board Committees	The written Committee feedback from JPL to be sent to DU	SA	July 2026	The written feedback from JPL was sent to DU on the 07/08/2026	Complete
2	CoG26/011	06/07/2026	NED Update, Feedback and accountability session including updates from the Board Committees	JHo to be asked how examples of innovation and good practice are shared across the organisation	SA/JHo	September 2026	JHo advised that examples of innovation and good practice are shared across the organisation through a range of forums, including Grand Rounds (regular medical education meetings), Clinical Governance meetings, training and education events, staff bulletins, Quality Improvement Week, and the Quality Conference.	Complete
3	CoG26/017	06/07/2026	Governor Matters	The Governor matter submitted by SB regarding Patient Initiated Follow-Up (PIFU), was not fully answered	AT	September 2026	AT has offered SB a meeting with the DCH Consultant Nurse in Renal Services so all questions can be fully answered- this meeting is planned for the 18 September 2026	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							
Chair's report	H	Quarterly	X	X	X	X	Chair
Trust Executive Update (slides)	H	Quarterly	X	X	X	X	Chief Executive Officers
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 information session planned for 8 October 2026	H	one off					Chief Operating Officer
Service presentation about the Dorset Intelligence and Insight Service (DIIS) planned to be part of information session on 8 Oct 2026	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

JOINT CHAIR REPORT TO COUNCIL OF GOVERNORS

6th July to 21st September

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

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10th July	Extra-ordinary Board meeting
20th July	Arts in Hospital meeting
20th July	Quarterly Informal Staff Governors meeting
20th July	Stephen Tilton (NED) Farewell dinner
22nd July & 17th August & 9th September	121 with Kathryn Harrison, Lead Governor
6th August	Introductory meeting with Louise Dickinson, newly appointed Associate NED

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19th August	Introductory meeting with Jonty McNuff, newly appointed NED
9th September	NHP Update meeting with Tristan Chapman
9th September	Arts In Hospital Steering Group
9th September	Introductory meeting with Cllr Matt Bell, Dorset Council
21st September	Council of Governors meeting
Ongoing (from 20th August)	Weekly DCH Performance Update (post Recovery Group meetings)

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8th July	Council of Governors meeting
13th July	Quarterly Informal Staff Governor meeting
22nd July	Introductory meeting with Andy Mercer, Governor
23rd July	Introductory meeting with Alex Priest, newly appointed NED
30th July	Introductory meeting with Amy Roff, Governor
5th August	Quality Walkaround – St Brelades Ward, Alderney Hospital
7th August	Quality Walkaround – Bridport Hospital

13 th August	Governor Induction (Deputy Chair attended)
3 rd September	121 with David Dickson, Lead Governor

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6th July & 7th September	Chair & Deputy Chair catch up
9th July & 10th September	Committees in Common Chairs bi-monthly meeting
13th July, 10th August & 14th September	Combined NEDs meeting
14th July & 8th September	Joint Board Development Session
14th July, 22nd July & 27th August	Joint Remuneration Committee
27th July	Strategy, Transformation & Partnership Committee in Common (formal)
11th August	Board in Common (Parts 1 & 2)

19th August	Board in Common Chair Update video
3rd September	Dinner with Matthew Bryant & Shamik Ghosh to discuss potential NED role
8th September	Joint Extra-Ordinary Board in Common
July – September (ongoing)	NED Appraisals & objective setting
Ongoing	Monthly Informal Board Briefing Drop-ins
Ongoing	121s with NEDs

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17th July	Pre-meeting to prepare AFT presentation for MH Chairs Forum
20th July	Quarterly CEO & Chair meeting (DCH/DHC, UHD & ICB)
23rd July	Quarterly meeting with Cllr Millie Earl, Leader of BCP Council
5th August	121 with Judy Gillow (UHD Chair)
10th August	Amos & Ockenden Review discussion with Penny Dash and Duncan Barton
10th August	Bi-monthly CEOs & Chairs meeting – UHD, DHC & DCH

14th August & 17th September	Dorset 2026/27 Planning & Delivery meeting
19th August	NHS Executive Welcome Event – Speaker briefing with Rachel Bean
20th August & 27th August	121 with Gill Morgan, ICB Chair
14th September	ODPC Chair & NEDs Oversight Group (Deputy Chair attending)
Ongoing	NHSC Mental Health Network - Mental Health Chairs Conference call - AFT presentation

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8th July	Introductory meeting with Talbot Village Trust, Bournemouth
30th July	Aspiring Chair Programme Mentoring meeting with Paul Richards Torbay & South Devon NHS FT
10th August & 7th September	Creative Health Committee
26th August	Creative Health Leads Programme meeting

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New Emergency Department and Critical Care Unit update



Topping Out Ceremony



In July, we held a Topping Out Ceremony to mark the building reaching its highest point and mark completion of the installation of the new rooftop helipad, funded by the HELP Appeal.

Measuring at approximately 26.4 square metres, the aluminium helideck can hold a massive 8.6 tonnes.



DCH - ED and CrCU Update



- The concrete frame is now complete and cladding work is progressing on all elevations
- The helipad installation is complete
- The 'fit out' has begun with partitions being installed on the first and second floor
- Ground works on the 'Link Corridor' are underway
- The project is 8 weeks behind contract programme; with a target opening date of October 2027
- The project remains on budget
- Planning for the refurbishment of vacated departments is underway. Funding is in place
- Operational Readiness planning for opening is underway with a formal plan from each department and steering group oversight.

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Our new helipad



Recent progress



Dorset County Hospital Council of Governors

Executive Update

21st September 2026

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CEO Update

21st September 2026

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Leadership Changes at National Level

- New Prime Minister, Secretary of State and CQC Chief Executive
- On 20 July Andy Burnham was announced as the new Prime Minister.
- New cabinet appointed & Yvette Cooper is new Secretary of State for Health and Social Care. She has been an MP for 29 years and served as Chief Secretary to Treasury and Secretary of State for Work and Pensions during Gordon Brown's government. She returned to government as Home Secretary in July 2024, before becoming Foreign Secretary in September last year.

New Quality Strategy

- On 14 July the NHS published a new quality strategy.
- The strategy provides a new structured approach to making quality the organising principle for all NHS activity in England over the next decade.
- Its purpose is to ensure people receive high-quality care consistently across all NHS-funded services. By doing so, it aims to:
 - improve health outcomes
 - improve patient satisfaction with NHS services
 - reduce health inequalities

National maternity updates – triage specification, Ockenden review and Amos review

- Following the Ockenden & Amos maternity reviews a 10-point plan for neonatal and maternity services has been launched.
- A national maternity triage specification developed to support local services in achieving this urgent action, setting out requirements for good maternity triage, recognising maternity triage as a safety-critical clinical environment and the emergency front door for urgent and unscheduled maternity care.
- It establishes consistent national principles to strengthen, protect & sustain this core part of maternity services, closing gaps in current provision and supporting seamless pathways from early pregnancy services into maternity triage, so that women and families receive safe, timely urgent care when they need it.
- There is an expectation that organisations will have fully implemented the specification within 12 months of publication. Additionally, within 3 months of publication, organisations will have audited their current maternity triage services, completed a gap analysis against this specification, and developed an implementation plan, with progress reported through a public Trust Board meeting and shared with regional NHS England teams.

NHSE letter - preventing unlawful access to patient records

- On 8 July a letter was sent to trusts issuing new guidance to support trusts in preventing unlawful access to patient records.
- Patients using NHS services rightly expect their information to be kept secure by the people who treat them. This is why recent reports in the media of staff accessing patient information in unauthorised circumstances are particularly worrying for us all.
- Across both trusts if there is risk flagged that a patient's record is being accessed inappropriately then we have disciplinary procedures in place to address these situations which have been successful used in the past.
- EPIC will have the functionality to evaluate who has had access to a patient record which will be able to analyse regularly. As part of the national plan the trusts have sent communication to all staff regarding inappropriate access to patient records

Executive and Board updates:

- Dawn Dawson became Deputy CEO for both Dorset County Hospital and Dorset Healthcare on 27 July
- Cara Southgate became Interim Chief Nurse for DHC for the next 12 months.
- Recruitment for a 12-month Interim CNO at DCH is underway with interviews scheduled for 25 September.
- In July we welcomed 6 new Non-Executive Directors to the trusts:
 - Nick Braisby Joint NED
 - Louise Dickinson DCH Associate NED
 - Jonty McNuff DCH NED
 - Kay Taylor DCH NED
 - Alexander Priest DHC NED
 - Carly Stewart DHC Associate NED



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DCH Recovery Plan



Dorset County Hospital
NHS Foundation Trust

- On 26 June NHS England wrote to DCH regarding being off plan for performance in UEC, Referral to Treatment Times and Cancer waits. The Trust responded on 13 July with a recovery plan for UEC & a draft plan for RTT
- On 30 July NHS England responded stating that the response did not provide sufficient assurance and that a regional board to board meeting would take place to examine concerns and test the credibility of the recovery plan before making a recommendation to the national team
- This will take place on 2nd October



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DCH Recovery Plan



Dorset County Hospital
NHS Foundation Trust

Actions undertaken

- Additional senior leadership capacity at DCH
- The development of a Recovery Action Plan for each area of concern with clear ownership, outcomes measures and risk ratings
- A weekly CEO chaired Operational Performance Recovery Group was established which reports weekly to Board to:
 - Oversee delivery of recovery plans
 - Monitor performance trajectories
 - Rapidly escalate risks requiring Board attention
- Independent UEC diagnostic by Dr Ian Sturgess
- Independent RTT diagnostic by GIRFT and NHS England
- ICB commitment to address demand growth, discharge delays & resolve any gaps in commissioning through strengthened system oversight & delivery arrangements
- Closer working with UHD

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DCH Revised Recovery Plans



Dorset County Hospital
NHS Foundation Trust

Create Capacity for Effective & Timely Urgent Care

Improve Front
Door Decision
Making

Protect
Assessment
Capacity : AAU
& SDEC

Reduce
Avoidable
Admissions:
Frailty,
Community

Bed Capacity:
Hospital Flow
& Discharge

Clinical Leadership

Operating Model Redesign with Estate Reconfiguration

Create Capacity for Effective Timely Elective Care

Create
Elective
Capacity:
Pathways,
ISP

Improve
Elective
Productivity
Theatre
efficiency

Speciality
Led
Recovery:
GIRFT

Improve PTL
management:
Validation

Moderate
Demand
Growth:
OPA, A&G,
PIFU

Protect
Elective
Capacity:
Workforce,
Equipment

Clinical Leadership

Partnership Working – ICB, UHD & YDH

Create Capacity for Effective Timely Cancer Care

Increase
Diagnostic
Capacity

Tumour Site
Recovery

Reduce
Pathway Delays

Improve Tertiary
Pathways

Clinical Leadership

Partnership Working – Tertiary Centres

- Each plan has been modelled to ensure that performance metrics will be achieved by the end of 26/27
- The Revised Recovery Plans were submitted to NHSE on 10 September



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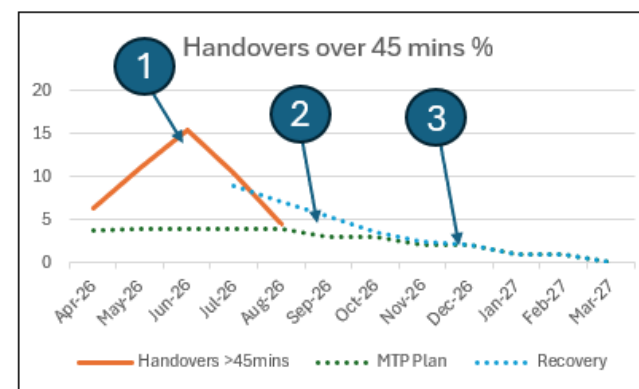
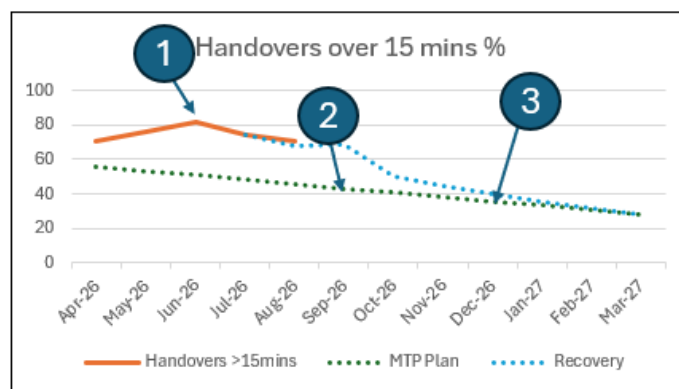
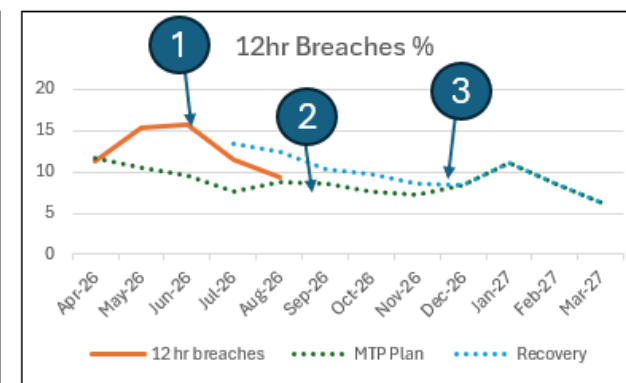
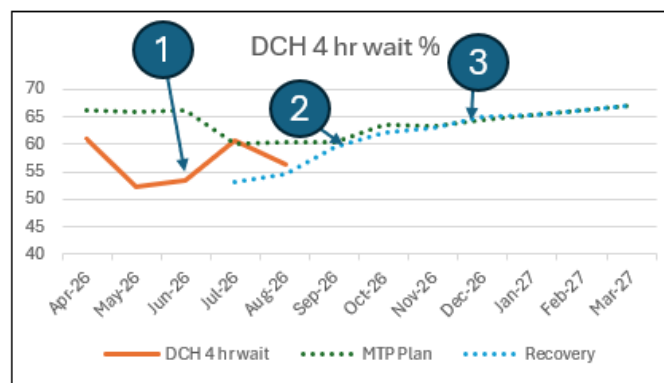
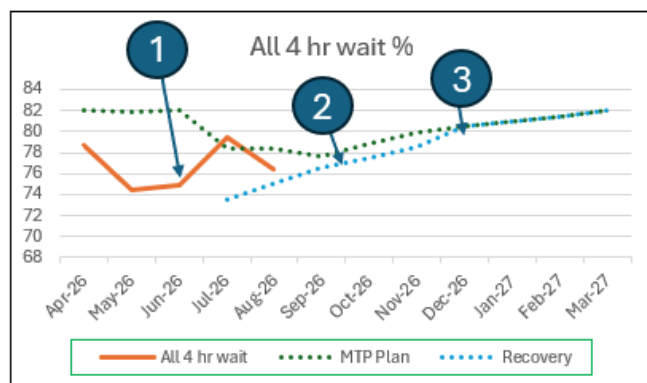


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DCH Recovery Plan

Impact of Actions to Date

- An improvement in UEC performance metrics during July and August



Key

1 = Established 08:45 MDT, increase nurse shift coordinators, EPIC role. Trust commitment to not bedding high-flow areas
2 = Frailty Sprint
3 = Bed reconfig.



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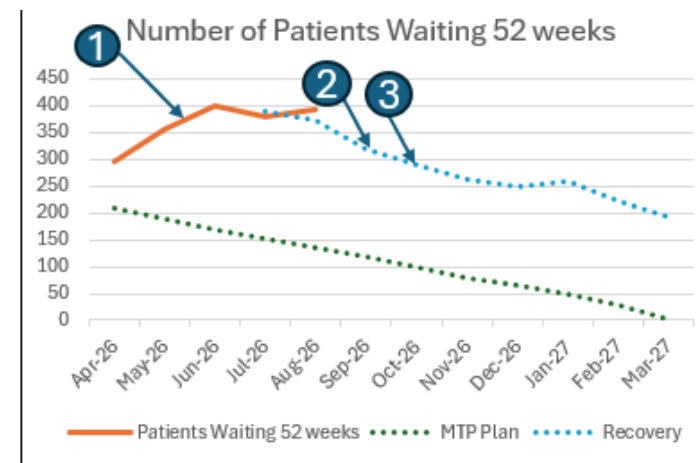
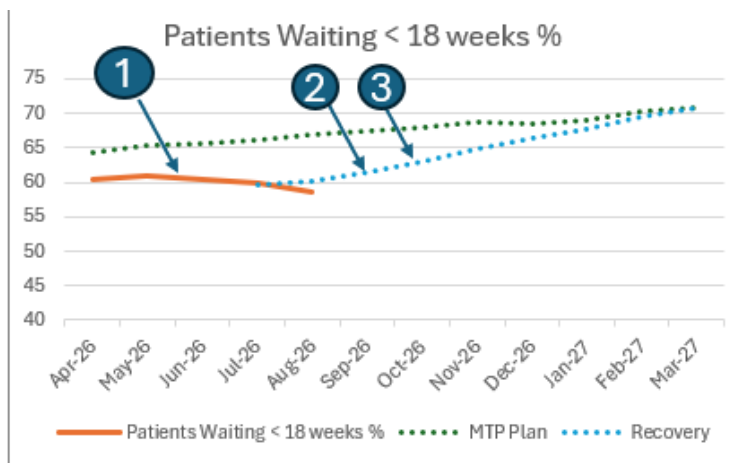
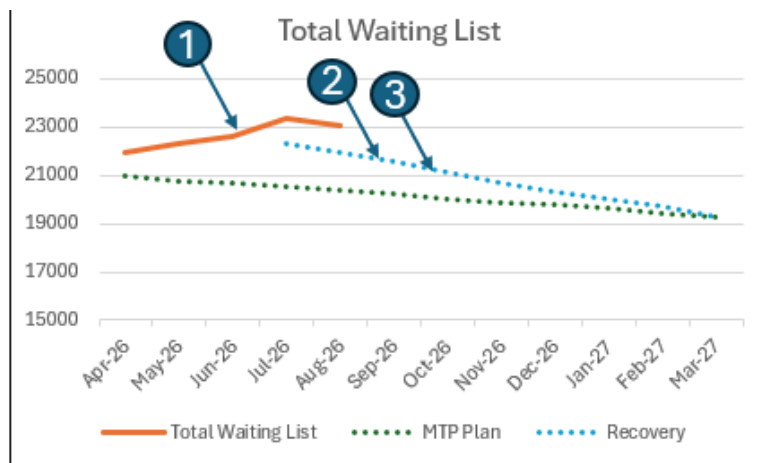
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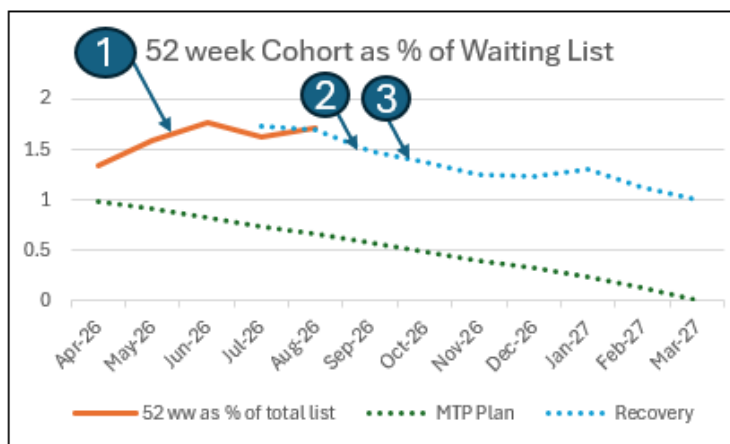
DCH Recovery Plan

- Stabilisation of RTT waiting list during July and August but remain behind plan



Please note validation is still in progress and performance will improve

Monthly modelling will be finalised once orthopaedic funding mechanism & start date confirmed



Key

- 1 = Weekly oversight
- 2 = validation, identified locum consultant increase, first phase ENT recovery
- 3 = Medefer – Gastro, Cardiology and Diagnostic support.



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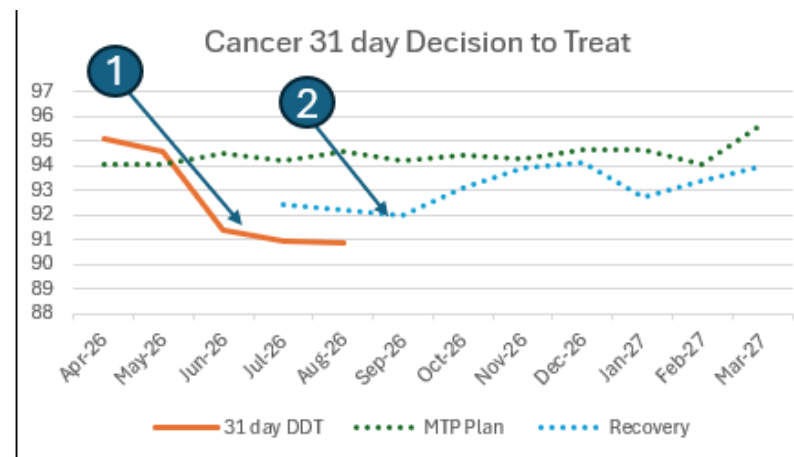
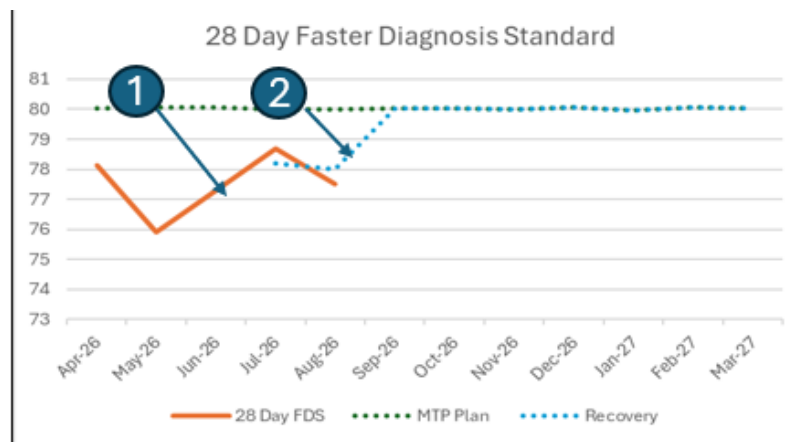
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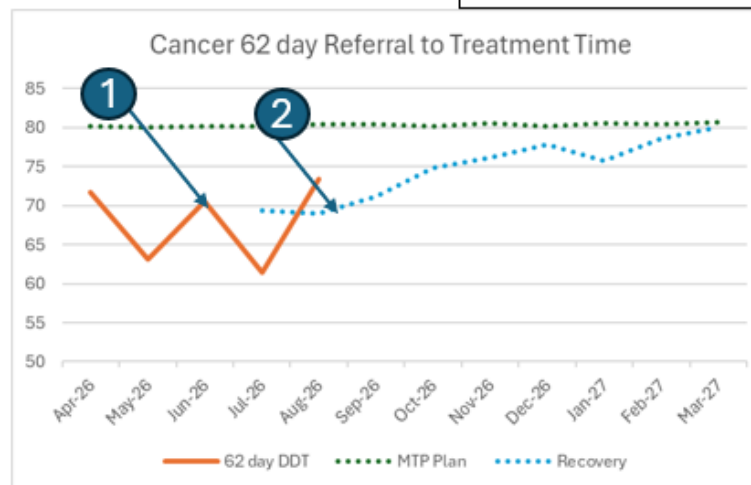
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DCH Recovery Plan

- An improvement in two cancer performance metrics



Please note validation is still in progress and performance will improve



Key

1= Weekly recovery meetings
2= New equipment & scopes



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Quality Update

21st September 2026

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17/09/2026 12:51:47

Patient Safety

Infection Prevention Management – 2 cases of MRSA bloodstream infections year to date. Rates of C.difficile, E.Coli and Klebsiella remain within trajectory. Training and audit compliance remain strong.

Maternity Safety – Following the Baroness Amos Investigation and the Ockenden Review into maternity services, NHS England introduced a Maternity 10-Point Action Plan and Maternity Triage Assessment. The purpose is to ensure NHS organisations take immediate, measurable action to improve safety, quality & experience of maternity and neonatal care. A Task and Finish Group is overseeing delivery, assurance, and gap analysis. An initial baseline assessment against both action plans was submitted to Board for approval prior to submission to NHS England by 25 September 2026. A further update is required by 31 December 2026.

Tissue Viability – Overall trend of acquired pressure ulcers is reducing and particularly noted in wards who have implemented the OSKA mattresses with no pressure ulcers reported in Critical Care for July & August. SSKIN Bundle and PURPOSE T audits now available on BI Ward dashboards. Overall compliance requires improvement. This is a standing agenda item at monthly Tissue Viability Steering group. Category 4 PU reported in July. Patient admitted with existing skin damage which deteriorated as patient unwell for a long period with co-morbidities contributing to the deterioration.

Patient Experience

Complaints - number of complaints being resolved through early resolution process remains consistent with previous months. Actions from review of complaints include review of sharps bins in isolation rooms on Kingfisher Ward and learning has been shared with Maternity regarding regular monitoring of cannula sites during infusion.

FFT – Slight increase noted in response rates for June & July. Additional focus on patient feedback has been raised following publication of the Amos Report for Maternity and the options and functionality of Healthcare Guardian and DrDoctor to improve real-time feedback rates trustwide.

Engagement and co-production –. An initial meeting and two workshops have now been held and mapping activities initiated. During the August workshop engagement activities in place at DCH was presented as well as an update to the group regarding the Neighbourhood Health & Wellbeing programme and its approach to co-production and public engagement. These meetings have set the scene and reviewed engagement across the Federation. A new model of engagement will be proposed at the next meeting. A gap analysis against the NHS England Experience of Care framework has commenced.



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Clinical Outcomes

RCOG – Specialty Educations Advisory Committee - Obstetrics and Gynaecology Team have been highly commended for overall performance, professional development and obstetrics and gynaecology training. Education supervision rated highly ranking DCH in the top 5% nationally. The Team also received the Most Improved Hospital Award which recognises the unit whose TEF scores across all indicators have shown the greatest improvement since the 2025 TEF results.

External review of elective and urgent and emergency care pathways is completed and programmes of improvement and recovery are underway. A range of key performance indicators is in development to track progress against national best practice and GIRFT recommendations.

Local Audit – the programme of prioritised audits has been finalised with a focus on contractual and clinical priorities including sepsis screening, management of deteriorating patients and compliance with 7-day service standards.

Performance Update

21st September 2026

Bull, Henry
17/09/2026 12:51:47

People Update

21st September 2026

Bull, Henry
17/09/2026 12:51:47

People – Dorset County Hospital



Dorset County Hospital
NHS Foundation Trust

KPIs

	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26
Sickness	4.4%	4.2%	4.9%	4.9%	4.5%	4.3%	4.2%	4.6%	4.6%	4.4%
Turnover	8.4%	8.6%	8.5%	8.6%	8.5%	8.1%	8.8%	9.1%	9.1%	9.0%
Vacancy Rate	6.2%	6.7%	6.5%	6.7%	6.8%	7.3%	8.2%	8.9%	9.5%	6.8%
Appraisal Rate	78%	77%	78%	77%	77%	76%	77%	78%	77%	76%
Mandatory Training Compliance	89%	89%	89%	89%	89%	89%	89%	89%	88%	88%

Narrative

- The turnover rate remains stable.
- The vacancy rate has decreased as the establishment has been updated - TUPE posts have been removed
- Sickness absence increased in May and June but has reduced since. The overall rolling annual sickness absence figure remains 4.8%.
- Mandatory training compliance remains at 88%.
- 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 Pathology and four services), Transforming People Services Programme (TPS), Appraisal compliance, Staff survey action plans



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Finance Update to M4 2026/27

21st September 2026

Bull, Henry
17/09/2026 12:51:47

Dorset County - 2026/27 Financial Headlines to M4



Dorset County Hospital

NHS Foundation Trust

- **Overall Variance to Plan:** £0.2m worse than planned deficit position of £3.7m YTD, overspend is the result of £216k of Industrial Action costs incurred in April outside of plan and not yet mitigated. This position includes £0.3m of assumed income to offset ongoing Yeovil maternity costs.
- **Pay:** Overall, £1.1m away from plan YTD which is largely driven by high bank and agency usage linked to operational pressures, sickness and vacancies in addition to Industrial Action, heatwaves and meningitis support costs incurred. Overall position offset by substantive underspends due to vacancies; timing of pay award income received and overachievement of efficiency delivery to date.
- **Agency expenditure** incurred in month of £0.6m, over plan by £0.4m. Actual monthly spend in line with prior quarter run rate, however noting NHSE reductions required, the position is currently **£1.5m worse than YTD plan**, noting **increased requirements within Nursing** causing deterioration in month – main users ED, Purbeck Ward and SCBU. **YTD off framework costs stand at £0.4m.**
- **Bank expenditure** £0.7m above plan in month and **£1.5m above plan YTD** – internal enhanced controls in place. Increased use: IA impact, heatwaves, medical gaps cover, Urgent & Emergency Care: ED sickness, vacancies & surge (op pressures – escalation spaces). Family & Surgical services: Maternity, Theatres. Corporate areas: clinical coding, Estates & Facilities (E&F) areas incl housekeeping, catering, portering, security. Spend above prior run rates.
- **Efficiency delivery achieved £2.9m of the £2.8m planned target YTD, being £109k ahead of plan YTD. Of which 40% delivered recurrently (£1.2m) and 60% non recurrently (£1.8m)** – 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 £3.4m (14%) of the total efficiency target remains unidentified, with a further £3.8m (16%) classed as high risk;** £6.9m (30%) medium risk and £9.2m (40%) low risk noting £2.9m delivered. **Full identification and derisking of schemes continues, noting high risk area, overseen by Finance Recovery Board.**
- **Capital** £10m YTD spend being £6.9m behind plan due to timing of procurement of internally funded schemes (equipment purchases) and New Hospitals Programme construction delays.
- **Cash** £26.8m, £1.2m above plan due to timing of PDC drawdowns, capital spend and receipt of Q1 & Q2 Deficit Support Funding. **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 weekly Operational Recovery** focus, along with **bi-weekly Finance Recovery Board** meetings in place to ensure oversight and delivery of the financial, workforce and operational positions
- Substantive recruitment made to **Joint Improvement Director**, with start date expected mid October 2026.



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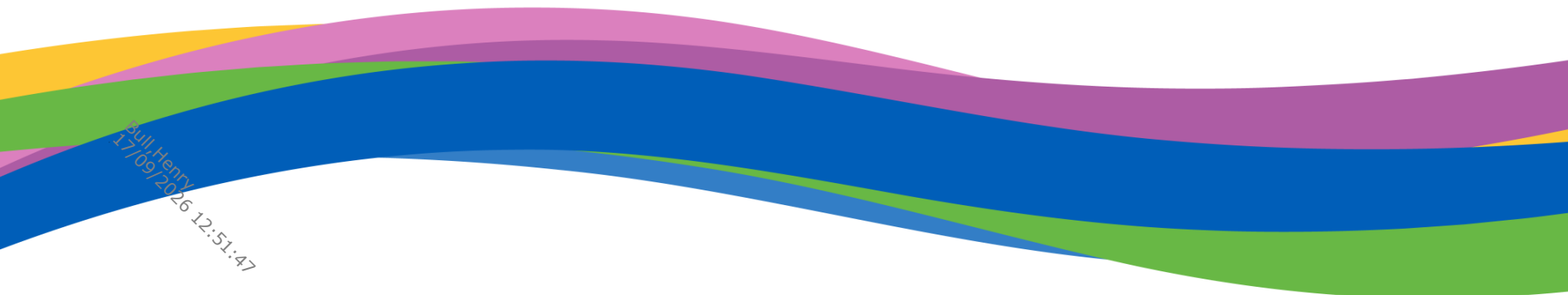
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Quality Priorities 26/27 - Progress report Sept '26

Focusing on improving healthcare outcomes and patient safety



Paul Henry
17/09/2026 12:51:47

Recognition and Reduction of Deterioration



Dorset County Hospital
NHS Foundation Trust

Early Deterioration Alert Dashboard

Develop a digital dashboard which integrates vital signs and staffing data to provide real-time alerts for early clinical deterioration linked with escalation protocols.

Update: Vitals upgrade go-live Oct '26. UAT underway.

Staff Training and Competency

Target training which enhances staff skills in recognising and responding promptly to patient deterioration.

Update: Deterioration, NEWS2 and Sepsis now included in BLS and Simulation training

Multidisciplinary Coordination

Implement regular high-risk handovers to improve situational awareness and foster efficient teamwork in patient care escalation.

Update: to be included in Hospital at Night Project. Scope of project agreed.

Patient Safety and Communication (Martha's Rule)

Enhance communication and family engagement which supports transparency and timely escalation of care.

Update: Martha's Rule now in place across inpatient wards, ED and Maternity. Awaiting national roll out for Neonatal Services.

Safe Medicines, Safe Patients Initiative



Dorset County Hospital
NHS Foundation Trust

Digital Medication Systems and Patients Own Administration

Program of digital prescribing and patients own administration to reduce medication errors across wards.

Update: Patients Own Administration roll out underway. Policies updated and locker management established.

Multidisciplinary Safety Rounds

Analyse near-miss and incident data to improve medication safety practices at ward level. Implement pharmacy led review of high-risk medications in falls management.

Update: Relaunch of ward based Clinical Pharmacist role commenced May 2026.

Education and Training

Develop structured medicines safety training which enhances skills of nurses, doctors and allied health professionals.

Update: action outstanding but included in Medicines Optimisation Plan 26/27

Governance and Continuous Improvement

Improved governance ensures incident thematic analysis fosters a culture of learning and error reduction and enables a targeted approach to improvement.

Update: PSIRF now embedded. Proportionate learning responses are being undertaken in line with PSIRF. Thematic analyses in place for Falls, Pressure Ulcers, Medication Errors, Infection and Maternity themes. Learning is shared through governance structures and Trust and Divisional PSIRF Huddles..

Transfers of Care



Dorset County Hospital

NHS Foundation Trust

Reducing Delays and Harms

Aims to reduce delays for medically optimised patients and prevent harms from prolonged hospital stays like deconditioning and falls.

Update: Independent diagnostic completed by Dr Ian Sturgess, August '26. Baseline data and KPIs identified. Your Future Hospital Programme Inpatient workstream awaiting project management support.

Improvements to Discharge Processes

Multi-disciplinary responsibilities and expansion of criteria-led discharge to reduce on the day delays.

Update: Standard Operating Procedure and pilot phase complete. Awaiting project support to initiate roll out.

High Intensity Users

Use of data and multiagency working to develop personalized plans of care for those with the highest levels of attendance and complexity. This will ensure continuity of care and improved patient experience as well as safer care in the right place at the right time.

Update; CYP dashboard and development of multi-agency care plans in place. Joint work with Neighbourhood teams underway with focus on patients with complex needs in the first instance.

Collaborative Care and Monitoring

Enhanced partnership with community care and use of real-time dashboards support patient flow and proactive discharge planning.

Update: Work outstanding pending progression of Dr Ian Sturgess recommendations.

Patient Experience - real time feedback and response



Dorset County Hospital
NHS Foundation Trust

Integrated Patient Feedback Repository

Explore the development of a digital Insight Hub which consolidates various patient feedback sources into one accessible digital platform for real-time analysis. Utilise data to inform the focus of the Learning Network on improvement priorities.

Update: Dashboard not yet in place.

Real-Time Ward-Level Insights

Frontline teams to be able to access daily ward-level insights via real-time data, enabling prompt response to patient concerns.

Update: Real time feedback awaiting confirmation of Dr Doctor solution. Further work required to improve feedback at point of discharge with potential for role of Discharge Lounge. Ward dashboards currently report complaints and FFT retrospectively.

Quality Improvement and Analytics

The system supports trust-wide quality improvement by identifying communication, dignity, and waiting time issues through analytics.

Update: Re-procurement of Translation Services in progress; Mixed Sex Accommodation breaches focused in reducing incidents in CrCU, Stroke and Renal Services by optimizing patient flow.

Enhanced Accountability and Culture

Reports shared quarterly promote transparency and a culture of listening, improving staff responsiveness and patient trust.

Update: Co-ordinated staff listening events aligned to wards and departments identified as areas for improvement. Patient Reps being requested via Your Voice (Experience of Care Council) for projects e.g. Your Future Hospital workstreams.

Support to Children and Young People with SEMH



Dorset County Hospital
NHS Foundation Trust

Co-designed support and new ways of working

Implementation of early intervention and support in collaboration with Dorset Youth Association

Update: Project initiated February '26. 6-month evaluation to report to CYP Transformation Programme Sept '26

Staff Education and Training

Training staff in trauma-informed and autism-friendly approaches increases confidence and reduces patient distress.

Update: Training not yet initiated. Work required with CAMHs to agree targeted offer. ED aiming to achieve Autism Friendly Status.

Supportive Environment Design

Ensure quiet waiting areas and use of personalised care plans create a calming environment that lowers anxiety and prevents behavioral escalations.

Update: Project group in place with Lived Experience Lead (CAMHS) from Dorset Healthcare building on 15 Steps Challenge findings and future design of Paeds and CYP Mental Health Facilities in NHP ED.

Community Coordination and Feedback

Coordination with community mental health services and regular feedback improve care transitions and service refinement, redesign and improvements.

Update: DCH Clinical Lead, CYP Transformation, engaged in Neighbourhood and DCH Transformation Programmes to deliver service redesign.

Therapeutic Activity Programme



Dorset County Hospital

NHS Foundation Trust

Enhanced Wellbeing and Engagement

Expanding therapeutic activities aims to improve patient wellbeing and reduce agitation through engaging and personalised interventions. This includes implementation of standard approaches to ETOC as well as use of co-ordinated creative health activities for targeted groups.

Update: DCH part of Cohort 4 National ETOC programme. Task and Finish Group in place; policy ratified August '26; training programme in place.

Digital and Interactive Tools

New digital offerings include cognitive stimulation apps and touch-screen systems designed with dementia specialists for personalised care.

Update; 4 RITAs available with funding approved by Friends of DCH for further device Aug '26.

Extended Volunteer Support

Introduce evening volunteer schedules which extend therapeutic activities beyond standard hours, responding to patient feedback.

Update: Limited expansion of volunteers hours however ongoing recruitment of Activity Squad ; Georges Rockstars Music Therapist commenced March '26 on Kingfisher; funding to extend DMWS support for Military Veterans to be sought via DCH Chairty. Operation Jackanory live with Staff and Public volunteers recording stories for children and young people. Youth Volunteer programme relaunched Spring '26.

Community Partnerships and Impact Measurement

Collaborations with cultural organisations enrich the program, with impact measured by improved mood, reduced aggression, and positive staff feedback.

Update: ETOC, Activity Volunteers, Creative workshops, Bournemouth Symphony Orchestra, DMWS and British Legion programmes in place. Violence and Aggression Strategy group monitoring impact with digital dashboard on incidents by ward and department in place. ETOC KPIs to be integrated.

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Digital Consent - Digital consent uses multimedia tools to ensure patients understand risks, benefits, and alternatives before treatment. **Update: Plans underway to implement the Concentric digital consent solution across Endoscopy, ENT and Orthopaedics as a pilot to evaluate benefits, risks and operational impact before considering wider Trust deployment**

Training and Quality Documentation - Targeted training programs ensure high-quality documentation and improve consent conversations across specialties. **Update: Recorded training sessions are available on demand, providing staff with ongoing access to guidance and refresher training. Patient and staff questionnaires will be used throughout the pilot to evaluate user experience, adoption, efficiency and overall satisfaction, helping to inform future rollout decisions.**

Governance and Auditing - Regular audits and monitoring of consent quality help identify and reduce consent-related complaints and incidents. **Update: The pilot is supported by a robust governance framework, including DCB0160 compliance, multidisciplinary hazard workshops, and oversight from a dedicated Clinical Safety Officer responsible for safety case documentation. Regular audits and monitoring will assess consent quality, support compliance, and help reduce consent-related complaints, incidents and clinical risk.**

Integration with Electronic Records - Digital consent integration with electronic records enhances accessibility and reduces administrative delays. **Update: The Digital Team and Concentric have integrated digital consent directly into the Trust's Digital Patient Record (DPR), enabling completed consent forms to flow seamlessly into the patient record. This provides clinicians with easy access to consent documentation within existing workflows, improving efficiency, reducing administration and supporting safer patient care.**

Enhancing Clinical Coding Accuracy

Explore AI-assisted coding audits to identify discrepancies in diagnostic recording to improve data accuracy in mortality indicators. **Update: this will be explored with the changes to Digital and BI infrastructure**

Detecting Avoidable Mortality

Structured Judgement Reviews (SJR) detect avoidable deaths and systemic issues like communication gaps and care planning failures. **Update: Following SJR reviews three improvement priorities, Dorset TEP programme, Standardisation of M&M Meetings & Nasal High flow guidance have been identified as three key areas to progress.**

Mortality Review and Learning

Learning from Deaths Grand Rounds promote sharing of clinical insights and high-quality mortality reviews. **Update: Standardisation of M&M Meetings & Nasal High flow guidance**

Linking Learning to Improvement

Strengthening connections between mortality learning and quality teams ensures actions drive continuous clinical improvement which will be fed back to frontline teams in a meaningful and timely way. **Update: Standardisation of M&M Meetings - SOP development and implementation of minimum standards underway.**

Maternity Safety and Perinatal Equity



Dorset County Hospital
NHS Foundation Trust

Perinatal Equity Dashboard

Development of an equity dashboard will analyse outcomes by demographics to identify care inequalities.

Update: Awaiting formal invitation to join national programme.

Continuity-of-Carer

Focus on improving trust and personalised care for communities with poorer maternity outcomes.

Update: The Ocean Team is now established and focused on women and families with greatest need.

Safety Surveillance Frameworks

Established quality frameworks ensure early risk identification and timely perinatal interventions. **Update: Maternity Care Bundle quality improvement initiative, local programme of work to embed and adopt all elements. Trust local and regional support networks established.**

Strengthening Partnerships

Collaborations with local maternity and neonatal services promote seamless, equitable high-quality care. **Update: Governance & learning forums are well established such as PMRT reviews with UHD plus ad-hoc review with Yeovil, Southampton and Portsmouth. Close working with LMNS well established and continues.**

Reducing Health Inequalities



Dorset County Hospital
NHS Foundation Trust

Inclusive Healthcare

Extend CORE20PLUS5 approach to all age groups to tackle preventable health inequalities effectively and deliver on EDS2 service priorities. **Update: Agreed plan being led by Joint Health Inequalities Group**

Targeted Community Interventions

Focused efforts as part of the acute element of Integrated Neighbourhood Teams via outreach clinics, screening and community engagement programmes to improve early disease detection. **Update: Incorporated in INT Core Design; Engagement and Co-production framework**

Data-Driven Monitoring

Strengthening data analytics to identify disparities and track progress to reduce unplanned hospital admissions. **Update: BI dashboard now in place. Currently monitors RTT, DNAs and Cancer wait times by demographic/service. Work ongoing to expand to Maternity and Children's services.**

Collaborative Service Design

Partnering with underserved communities to co-design services that improve self-management and health outcomes. **Update: an area of focus of the MNVP and the Perinatal Equity programme once started.**

Psychological Safety Environment

Creating a culture where staff feel safe to raise concerns and share improvement ideas is a priority for safe care delivery.

Update: Team Engagement & Development (TED) tool an evidence-based framework designed to measure and improve how workplace teams function now available.

Safety Conversations and Surveys

Test monthly safety conversations and anonymous micro-pulse surveys at team level will help track safety climate and encourage proactive problem-solving.

Update: New NHS Leadership & Management framework launched.

Leadership Development

Focused leadership training enhances compassionate behaviours, communication skills, and inclusive decision-making.

Update: Inclusive Leadership Course now mandatory for all line managers.

Aligned Organisational Goals

Efforts align with national standards promoting speaking up and well-led healthcare organisations to improve outcomes.

Update: New Staff Standards recently launched to improve minimum employment expectations and improve workforce experience.

Report to	Council of Governors	
Date of Meeting	21 September 2026	
Report Title	Annual Report and Accounts 2025/26	
Prepared By	Mandy Ford, Joint Deputy Director of Corporate Affairs	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
Previously Considered By	Audit Committee 01 June 2026 Audit Committee 22 June 2026 Board 22 June 2026	
Action Required	Approval	Y
	Assurance	N
	Information	N

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	No	
Colleagues	No	
Communities	No	
Sustainability	No	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No implication for specific risks	
Financial	No implication arising from this report	
Statutory & Regulatory	It is a statutory requirement that the Trust produces and audits an Annual Report and Accounts each financial year	
Equality, Diversity & Inclusion	No implication arising from this report	
Co-production & Partnership	No implication arising from this report – the Annual Report and Accounts will be presented at the Annual Members Meeting	

Executive Summary
The Annual Report and Accounts outlines the performance of the Trust in 2025/26. Annual report The Trust's Annual Report and Accounts for 2025/26 have been prepared in accordance with the NHS England » NHS foundation trust annual reporting manual 2025/26. The draft document was reviewed by the Trust's External Auditors and amended to reflect their feedback. All content and statutory submissions were approved through the appropriate executive governance processes. The draft Annual Report and Accounts were considered by the Audit Committee on 01 June 2026, with the final version, including validated performance data and audited accounts, reviewed by an extraordinary meeting of the Audit Committee on 22 June 2026. Following completion of the internal approval process, the document was submitted to the Parliamentary Office within the required timescales. In accordance with paragraph 42 of the Trust Constitution, the Annual Report, Annual Accounts and the Auditor's Report must be presented to the Council of Governors at a general meeting and subsequently to Trust members at the Annual Members' Meeting. The Annual Members' Meeting will be held virtually via Microsoft Teams on 30 September 2026 at 5.00pm. The Annual Report and Accounts were laid before Parliament in July 2026 and have been publicly available since that date. Both documents have also been published on the Trust's website.

The Council of Governors is asked to receive and note the Trust's Annual Report and Accounts for 2025/26, together with the Auditor's Report, in accordance with the requirements of the Trust Constitution.

Link to the Trust's Annual Report and Accounts 2026/26 - [DCHFT-Annual-Report-and-Accounts-2025-26-Signed.pdf](#)

Recommendation

Members are requested to:

- **Receive** the Annual Report and Accounts 2025/26

Bull, Henry
17/09/2026 12:51:47

Report to	Council of Governors	
Date of Meeting	21 September 2026	
Report Title	25/26 Auditors' Annual Report	
Prepared By	KPMG	
Approved by Accountable Executive	Chris Hearn – Chief Finance Officer	
Previously Considered By	Audit Committee 22 June 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		No
Colleagues		No
Communities		No
Sustainability		No
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No implication	
Financial	Ensures compliance with relevant requirement for audit reporting in accordance with the DHSC GAM and FT ARM	
Statutory & Regulatory	Ensures compliance with relevant requirement for audit reporting in accordance with the DHSC GAM and FT ARM	
Equality, Diversity & Inclusion	No implication	
Co-production & Partnership	No implication	

Executive Summary
The attached document is our Auditors' Annual Report. This provides a summary of our audit work for 25/26 and includes our findings and conclusions on significant risk areas of the financial statements and our commentary on the value for money arrangements in place at the Trust.

Recommendation
Members are requested to: Receive the report for assurance

Bull, Henry
17/09/2026 12:51:47



Auditor's Annual Report 2025/26

Dorset County Hospital NHS Foundation Trust

—
24 June 2026

Bull Henry
17/09/2026 12:51:47

Contents

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a) Financial Sustainability	
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d) Prior year findings	

This report is addressed to Dorset County Hospital NHS Foundation Trust (the Trust), as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state, those matters we are required to state to them in an auditors' annual report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the to Dorset County Hospital NHS Foundation Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

01 Executive Summary

Bull, Henry
17/09/2026 12:51:47

Executive Summary

Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2025-26 audit of Dorset County Hospital NHS Foundation Trust (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

- 

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).
- 

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.
- 

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.
- 

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	We issued an unqualified opinion on the Trust’s accounts on 24 June 2026. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on page 7.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the annual report has been prepared in line with the NHS Group Accounting Manual (GAM) and the Foundation Trust Annual Reporting Manual (the ARM).
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money. We have nothing to report in this regard.
Other reporting	We did not consider it necessary to issue any other reports in the public interest.

02 Audit of the Financial Statements

Bull Henry
17/09/2026 12:51:47

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2026 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2026 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2025/26; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Audit opinion on the financial statements

We have issued an unqualified opinion on the Trust's financial statements on 24 June 2026.

The full opinion is included in the Trust's Annual Report and Accounts for 2025/26 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

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Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Fraudulent expenditure recognition Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over the Trust's year-end manual accruals balance.	We performed the following procedures to address this risk: • We evaluated the design and implementation of controls for developing manual accruals at the end of the year to verify that they have been completely recorded; • We inspected a sample of invoices of expenditure and payments made, in the period after 31 March 2026, to determine whether expenditure has been recognised in the correct accounting period; • We inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence; • We performed a retrospective review of prior year accruals in order to assess the completeness with which accruals had been recorded at 31 March 2025 and assess the completeness of the accruals recorded at 31 March 2026 compared to those recorded at 31 March 2025. • We performed a year-on-year comparison of a sample of the largest accruals in the prior year and current year and challenge management where the movement is not in line with our understanding of the entity.	We did not identify any material misstatements as a result of our testing.

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Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	We performed the following procedures to address this risk: - Assessed accounting estimates for bias by evaluating whether judgements and decisions in making accounting estimates, even if individually reasonable, indicated a possible bias; - Evaluated the design and implementation of controls over journal entries and post closing adjustments. - Assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates. - Assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the Trust’s normal course of business or are otherwise unusual. - Analysed all journals through the year using data and analytics and focused our testing on those with a higher risk, such as journals with unexpected pairings and impact expenditure recognition posted during the final close-down period.	We did not identify any material misstatements as a result of our testing

Bull, Henry
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03 Value for Money

Bull Henry
17/09/2026 12:51:47

Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

 Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.

 Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.

 Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	12-13	14	15
Identified risks of significant weakness?	Yes	No	No
Actual significant weakness identified?	No	No	No
2024-25 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel			

Value for Money

NATIONAL CONTEXT

In July 2025 the Department of Health and Social Care published the 10 year plan for the NHS. This sets the strategic direction that is planned to be taken for the health service, with a focus built around three key shifts:

- From hospital to community;
- From analogue to digital; and
- From sickness to prevention.

A number of structural changes are planned to support the implementation of the strategy between 2025 and 2027, with NHS England taking greater responsibility for the management of financial performance of providers within the sector and a reduced role for managing finances at an integrated care system level.

It is anticipated that all provider trusts will become foundation trusts and a scheme to pilot 'advanced' foundation trusts was launched during the year, with greater freedoms available for the management of finances as well as the leadership for accountable health organisations available to those providers in the highest performing segment of NHS England's oversight framework.

While revised structures were implemented there continued to be a focus on improving performance in key operational areas, including reducing referral to treatment backlogs and ambulance waiting times. Nationally the proportion of elective patients waiting less than 18 weeks improved from 60% to 65% during 2025-26, though 1.3% of patients continued to wait over 52 weeks to commence treatment. Eliminating long waiters forms a key part of the priorities for the NHS in the year and moving into 2026-27.

Nationally ambulance response times also improved and reduced to the lowest level since 2021 for category 2 response times, reflecting serious but not life-threatening conditions that require ambulance support. The target for this standard remains 18 minutes, which has not been met since 2021.

LOCAL CONTEXT

The Trust provides acute hospital services from its main site in Dorchester, serving a population of nearly 300,000 with over 3,500 staff. The Trust is a member of Dorset ICS ('Our Dorset').

The Trust established a federated model with Dorset HealthCare University NHS Foundation Trust ('DHU'), which included the appointment of a Joint Chair, Chief Executive and other Executive Directors and has seen a new joint strategy 'Working together, improving lives.'

Financial performance

The Trust achieved its planned adjusted financial performance for 2025/26, reporting a deficit of £9.8million in line with its financial plan. The Trust delivered its overall Cost Improvement Programme (CIP) target of £29 million; however, the majority of savings were non-recurrent, with only £4.9 million (17%) delivered on a recurrent basis, which presents ongoing financial sustainability challenges. The Trust reported a cash balance of £27 million at 31 March 2026, representing a favourable variance against the planned position.

Delivery of the financial plan remains a key challenge for the Trust. The Trust recognises being part of an ICS with a challenging financial position, The ICS reported a draft current year surplus of £13.2 million with non-recurrent deficit support funding of £27.0 million.

2026/27 plan

The Trust is forecasting a breakeven position for 2026/27, supported by £17.6 million of non-recurrent deficit funding. The planned CIP is £23.3 million, with £11.6 million expected to be delivered on a recurrent basis.

Capital Programme

New Hospital Programme remains the largest capital programme for 2025/6 and 2026/27 with £42 million included in the 2026/27 financial plan for the new build wards.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Bull, Henry
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Summary of arrangements

We have not identified any significant weakness in the Trust’s arrangements in relation to financial sustainability.

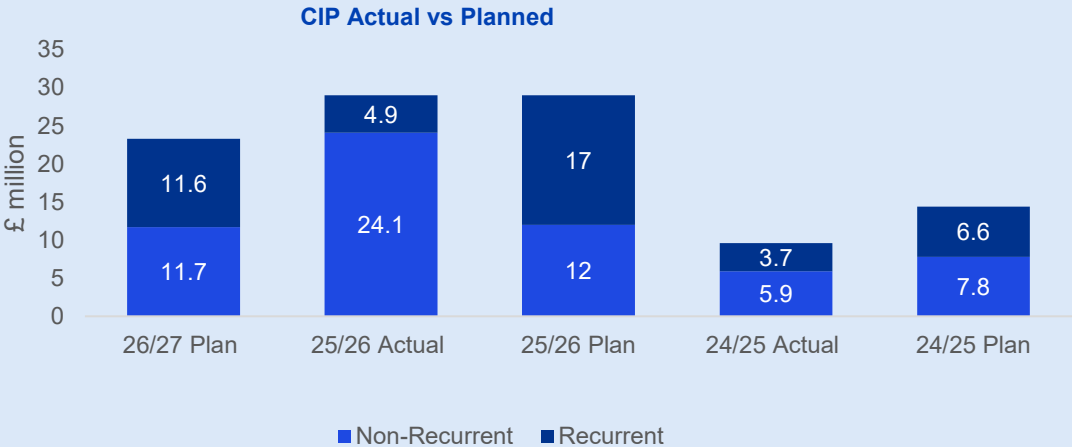
Delivery against 2025/26 plan

The Trust achieved its planned adjusted financial performance for 2025/26, reporting a deficit of £9.8m in line with its financial plan.

A challenging CIP target of £29.1 million was assigned when planning for 2025/26, split between £17 million recurrent and £12 million non-recurrent. The total CIP target represented 8.7% of the budgeted expenditure. The Trust delivered its overall CIP target at year end, however, the majority of savings were non-recurrent, with only £4.9m (17%) delivered on a recurrent basis. This nevertheless represents a significant improvement in delivery compared to prior year, especially given the increased CIP target for 25/26.

The Trust reported a cash balance of £27m at 31 March 2026, representing a favourable variance against the planned position.

This is the first year the Trust has achieved its CIP target in recent years and the delivery of CIP remains a significant focus in the Trust’s financial plan. The graph below demonstrated the recurrent and non-recurrent savings delivered in the last two years and planned 2026/27 CIP:



Financial Sustainability

Capital spend

Capital expenditure of £54.6m was incurred during 2025/26, broadly in line with the planned investment programme, with significant spend relating to the New Hospital Programme. Looking ahead, the Trust is planning capital expenditure of £60.8m for 2026/27, with the largest element continuing to relate to the New Hospital Programme (£42.1m).

The Trust is in Phase One of the New Hospital Programme with construction work having already started in 2024/25. The progress and monitoring of this project is routinely reported to both the Finance and Performance Committee in Common and the Trust’s Board.

Planning for 2026/27

The Trust has engaged the Board and Finance and Performance Committee throughout the process, with necessary background and detail included within such updates to enable scrutiny and challenge. Prior to submission, management obtained approval from the Trust’s Board on 10 February 2026, with minutes evidencing sufficient challenge and scrutiny on all relevant aspects of the draft plan.

The final Trust plan was submitted in March 2026. The Trust is forecasting a breakeven position for 2026/27, supported by £17.6 million of non-recurrent deficit funding. The planned Cost Improvement Programme is £23.3 million, including £11.6 million of recurrent savings. This represents 6.5% (vs. 8.7% for 2025/26) of the budgeted expenditure. While the CIP target remains challenging, the Trust is working closely within the federation and has developed a strategy to identify and deliver further savings opportunities.

Key financial and performance metrics:	2025-26	2024-25
Planned surplus/(deficit)	£ 9.8 million deficit	Breakeven
Actual surplus/(deficit)	£9.8 million deficit	£13 million
Planned CIP as a % of spend	Planned CIP of £29 million:	Planned CIP of £14.4 million:
- Recurrent	— £17.0 million recurrent	— £6.5 million recurrent
- Non-recurrent	— £12.0 million non-recurrent	— £7.8 million non-recurrent
Actual CIP as a % of spend	Achieved CIP of £29 million:	Achieved CIP of £9.5 million:
- Recurrent	— £ 4.9 million recurrent	— £3.7 million recurrent
- Non-recurrent	— £ 24.1 million non-recurrent	— £5.9 million non-recurrent
Year-end cash position	£27.0 million	£25.2 million

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Bull, Henry
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Summary of arrangements

We have not identified any significant weakness in the Trust's arrangements in relation to the Governance.

Rick Management Process

The Trust has established processes for identifying, monitoring and managing risk, with strategic risks recorded in the Board Assurance Framework and operational risks captured in the Trust Risk Register. Risks are assessed using a 5x5 scoring matrix, with higher-scoring risks reported to relevant committees alongside regular updates on new and changing risks. The effectiveness of internal controls and compliance with laws and policies is overseen through Audit Committee reporting, supported by Internal Audit and Local Counter Fraud, with decision-making governed by a formal scheme of delegation.

Governance Framework

The Trust continued to develop and strengthen its governance arrangements during 2025/26, building on the federated model of collaboration established with Dorset HealthCare and Dorset County Hospital. Governance structures have been further integrated through shared executive leadership. The Trust maintains a robust governance framework with well-defined reporting lines, Governance arrangements are subject to ongoing review by the Board, with structured reporting, regular Board and committee evaluations, and a continued focus on transparency, accountability and effective discharge of responsibilities. The Trusts have developed a Joint Risk Strategy for 2026–2030, including a Risk Appetite Statement, which defines risk appetite and risk tolerance, and sets out the basis on which the Trust Board determines its risk appetite, as well as the overall objective of the statement.

Fraud, Laws and Regulation and Officer compliance

The effectiveness of internal controls is monitored by the Audit Committee, through reporting from Internal Audit and Local Counter Fraud. The programme of work for each organisation is approved at the start of the financial year by the Audit Committee, following input by the lead director. Any recommendations raised by Internal Audit or the Local Counter Fraud teams are reported to the Audit Committee. Our review of the Committee papers confirmed that there were appropriate discussions and follow up of recommendations for both Internal Audit and Local Counter Fraud.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

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Relevant Processes

Financial plans are approved by the Board, following review and sign off by budget holders, who monitor performance on a monthly basis, with results reported to the Finance and Performance Committee-in-Common. The Finance and Performance Committee-in-Common will then report upwards into the Board, and evidence has been reviewed of these reports being included within the relevant board packs throughout the period. We also reviewed evidence of the escalation reports between the Finance and Performance Committee-in-Common and Board.

We found there to be appropriate scrutiny and challenge of the budgets, and appropriate approval through the budget holders and the Finance and Performance Committee-in-Common for the 2025/26 budget, as well as overall signoff by the Trust Board. Variance between the plan and actual performance was clearly reported through the Finance and Performance Committee-in-Common to the Board.

Board Decisions

Key strategic decisions are made via the Trust's governance process. A scheme of delegation is in place which sets out where different decisions/approvals should take place. Key decisions are made through management and escalation processes for such matters at divisional operational, executive management and Board level. The Standing Financial Instructions and Scheme of Delegation provide guidance for authorisation limits and responsibility for decision making.

	2026	2025
Control deficiencies reported in the Annual Governance Statement	No deficiencies reported	No deficiencies reported
Head of Internal Audit Opinion	Moderate assurance	Moderate assurance
Oversight Framework segmentation	3 – Mandated Support required to address specific issues.	3 – Mandated Support required to address specific issues.
Care Quality Commission rating	Good – April 2025	Good – November 2018

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust ensures effective processes and systems are in place in order to develop their cost saving efficiency saving program;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

Bull, Henry
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Summary of arrangements

We have not identified any significant weakness in the Trust's arrangements in relation to the Improving economy, efficiency and effectiveness.

Assessing Value for Money and Opportunities for Improvement

The Trust has continued to meet the CIP targets over the past years. A monthly paper is presented to the Trust's Board to report on financial performance, allowing the Trust to assess the level of value for money being achieved..

Partnership Working, including Managing Outsourced Services:

The Trust is a member of the Our Dorset Provider Collaborative (ODPC), which is a partnership of NHS providers established to support collaboration at scale across the Dorset system. Provider collaboratives bring together NHS trusts, alongside primary care partners, to work jointly to improve outcomes and service delivery for their populations. The ODPC comprises Dorset County Hospital NHS Foundation Trust, Dorset HealthCare NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust and the Dorset General Practice Through this arrangement, the Trust works with system partners to deliver shared objectives, including improving population health outcomes, reducing inequalities in access and outcomes, enhancing productivity and value for money, and supporting wider social and economic development within the region.

During 2025/26, the ODPC has overseen a range of programmes aligned to its strategic objectives, focused on improving efficiency, workforce sustainability and service integration across the Dorset system. Progress includes agreement to establish a single procurement function to deliver economies of scale, workforce initiatives to standardise agency arrangements and reduce reliance on temporary staffing, and the development of single service models and joint recruitment approaches to improve resilience and reduce variation in care. The collaborative has also advanced integrated neighbourhood working and expanded access to diagnostics, alongside progressing a single digital strategy and shared Electronic Health Record procurement, while continuing to oversee key system-wide services such as pathology and community diagnostics.

Monitoring of Performance of Services:

The Trust has a performance management framework in place to set the structure of performance management. This details the format of reporting, outlining roles and responsibilities for each level. The main element of performance reporting is through standing agenda items at each Board meeting, with key operational performance indicators on a monthly basis. This reporting highlights performance in different domains in line with the Trust's strategy and highlights key areas for improvement within each domain.



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Document Classification: KPMG Public

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

Contents:

1. Quality Committee – 28th of July.
2. Finance and Performance Committee in Common – 29th of July.
3. People and Culture Committee in Common – 27th of July.
4. Strategy, Transformation and Partnership Committee in Common – 26th of July.
5. Audit Committee – 3rd of August.
6. Charitable Funds Committee – 21st of July.
7. Mental Health Legislation Committee in Common – 30th of July.

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Quality Committee in Common Assurance Report
for the meetings held on
Tuesday 30 June 2026 (informal)
Tuesday 28 July 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	• Discussion around the Board Assurance Framework and Corporate Risk Register, as described below. • Receipt of the Infection Prevention and Control Annual Reports for both Trusts, which would be presented to Board. • Potential challenges to MIS compliance this year, due to staffing and training
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Key issues / matters discussed at the meeting	The informal meeting of the committee held 30th June 2026 received: • Part of the meeting was stood up to be a formal meeting for DCH, to consider the Maternity Neonatal and Obstetric Workforce Report, noting that compliance with key CNST safety standards had been maintained, although workforce pressures persisted, including a reported midwifery deficit identified through the Birthrate Plus review. Members provided challenge that a previously agreed 2024/25 staffing uplift had not yet been delivered and emphasised that, in the current national context, this represented a material safety risk. The Committee requested further discussion re the national reports in to maternity services at the upcoming Board Development Session (14th July 2026). • Mental Health Patient Flow (DHC) outlining the work of the mental health therapeutic admissions programme • A presentation on the End of Life / NACEL Audit (DHC) • A presentation and discussion around tackling communication as a complaint theme (DHC) The formal meeting received of the committee held 28th July 2026, discussed and noted the following reports: Chief Nursing and Chief Medical Officer Update (DHC/DCH)
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Dorset County Hospital

- Focus on maternity service with publication of national reports (Ockenden and Amos). Submissions submitted to ICB as required. A visit from NHS England in August to look at maternity staffing levels.
- Operational demand easing. Heatwaves since the last meeting have been an area of operational and quality focus. Humidity levels in first heatwave caused (approx. four heat-related deaths and (approx. 85) cancellations of planned operations. There were also four heat-related deaths. Work continues locally and regionally to ensure heatwave plans are robust appropriate.
- Redesign of the emergency department front door. to support increasing demand. Trialling command centres, and “call before convey” to support SWAST with identifying patients who don’t need to be conveyed to hospital.

Dorset HealthCare

- CQC Well Led inspection continues with service level factual accuracy checks submitted. Information continues to be shared with CQC as it is requested.
- Work continues to plan for implementation of the new joint risk management system, Healthcare Guardian.
- Staffing issues on Radipole ward, Herm and St Brelade’s, and Waterstone. All these wards were under safer staffing processes with greater oversight of staffing levels. A number of community nursing teams were in business continuity as well.
- Additionally, there were vacancies in senior medical leadership at Herm and St Brelade’s. Retention of senior medical staff has been difficult for a number of years; conversations ongoing about how to make this a sustainable service.
- MenB vaccine support continues
- Visit to southwest neighbourhood team from Claire Fuller (national programme lead), who offered robust challenge, and positive feedback about the work, with a focus on delivery at pace.
- Positive recent meeting with clinical leads across the four trusts regarding EPIC implementation.

Board Assurance Framework (DHC/DCH) including refreshed risks from Q1. At DHC the score for SR1 is 12 with a target of six. At DCH the score for SR1 is 16 with a target of six. Both trusts have a risk appetite of ‘cautious’ for this risk. For DCH there was a discussion around the impact of national maternity reports on the level of assurance from the controls in place.

Corporate Risk Register (DHC/DCH)

Dorset HealthCare

- Second meeting of the new Risk Management Group, with particular focus on reviewing risks open for more than a year. Once reviewed

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these risks were either closed where appropriate or reviewed to understand residual risks.

- There were five risks scoring >15 and 16 new risks.
- Detailed discussion at Risk Management Group re risk 2075 (waits for ADHD service).
- There are multiple risks re capacity within CAMHS. These are being reviewed to understand if they can be consolidated and to understand the harm if they remain at their current level. There is also a focus on understanding national mental health priorities
- 12 risks re staffing (clinical) and 8 re waiting lists/demand and capacity
- Following yesterday's meeting, a referral was expected from People and Culture Committee in Common with regards to the quality impacts of workforce challenges.

Dorset County Hospital

- 14 high score risks for Quality Committee, with secondary committees listed in report where appropriate.
- Risk Management Group reviews risks and moderates their scores
- 4 new risks described for the committee (a national drug shortage; compliance with Maternity Incentive Scheme [MIS]; consistent bedding in SDEC; and all-age palliative care).
- It was not possible to provide the same reports between DCH & DHC given different risk systems. DCH report now includes additional narrative discussed at risk management group to provide contemporaneous information.
- Thorough discussions around the detail of the risks presented to committee and the level of assurance provided.

Quality Report (DHC/DCH) updating on core quality metrics for each Trust. Of note

Dorset HealthCare:

- Increase in reported medication incidents, due to the MenB response and errors reported in that period. This ranged from minor errors with no harm, to duplicated doses. There were a small number of cases, and all were reviewed and acted upon appropriately. Further detail would be taken through Medicines Safety Group and escalated to Quality Committee as necessary.
- Summary of learning from CDiff cases included in the paper.
- Increased workload in complaints recently. Work ongoing to understand the reasons behind this; an increase in lengthy AI generated complaints was thought to be a contributing factor.
- Positively, improvements in statutory duty of candour reporting.

Dorset County Hospital

- Strong performance in hospital acquired infections and pressure ulcers
- Similarly to DHC there had been increased complaint activity, with more complex and AI generated complaints being received.

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- Mixed sex accommodation breaches continue to occur due to pressure and reliance on escalation areas. Strong governance and oversight of these breaches continue. As bed reconfiguration work begins it is hoped that there will be a reduction in breaches.
- A Dorset wide network meeting for infection control and tissue viability helped to share learning with partners.

Quality Governance Groups Assurance Reports (DHC/DCH)

Dorset HealthCare:

- Many of the topics discussed at Group had already been covered or were to be discussed later on the agenda.
- A thorough discussion around the closure of incidents that had been open for a long period of time. This decision was made in agreement with Senior Leadership Group. There were over 3,000 such incidents. Learning for all rated moderate or higher had been acted upon, and all closed incidents would still be available in the archive (which would also be migrated to the new risk management system). Further detail to be provided to the committee in due course.

Dorset County Hospital

- Updates to Quality Governance Group from the groups that report in to it
- Dementia oversight to be incorporated in to the Mental Health and Learning Disability Steering Group to reduce duplication and strengthen oversight
- Discussion around the opportunities to strengthen joint working in a number of areas, whilst recognising the two Trusts remain separate

Infection Prevention and Control Annual Report

Dorset HealthCare:

- A thorough presentation summarising the IPC annual report
- Positive performance against key indicators, including achieving the C.Diff reduction target and significant reduction in bloodstream infections (BSI).
- Areas of partial compliance had been identified through the IPC assurance framework, with 17% of metrics being partially compliant. There were no areas of non-compliance.
- Discussions around the water surveillance process and antimicrobial stewardship

Dorset County Hospital

- Continued low rates of MRSA bacteraemia, a 4-year low in C.Diff infections and a reduction in outbreak activity, particularly norovirus outbreaks. While gram-negative BSI had increased marginally above trajectory, assurance was provided that performance remained strong overall and reflected the challenge of maintaining improvements against increasingly low baseline thresholds.

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- Continued embedding of PSIRF in IPC
- Discussion around IPC oversight for externally provided elective services.

Medicines Management/Optimisation Annual Report

Dorset HealthCare:

- Progress against Dorset wide medicines strategy, with continued delivery of national and local priorities across medicines safety, antimicrobial stewardship, digital transformation, workforce development and medicines optimisation.
- Significant progress in relation to sodium valproate safety arrangements.

Dorset County Hospital

- Assurance provided regarding the effectiveness of medicines governance arrangements, oversight from Medicines Committee, progress towards reopening the Aseptic Unit and ongoing implementation of medicines optimisation initiatives.
- Continued monitoring of controlled drugs through strengthened oversight arrangements
- Differences in the two trusts' reports were discussed with a view to aligning these more closely.

Equality Quality Impact Assessment Assurance Report

Dorset HealthCare:

- Assessments related to the One Dorset Procurement Service, temporary bed closures associated with capital works at Herm Ward and Alhumhurst Ward, and the relocation of a bed space at Colmers Ward
- Discussion around understanding the 'now what' of EQIAs, with further discussion and detail to be provided to a future informal meeting.

Dorset County Hospital

- Noting an equality quality impact assessment regarding headroom.

CQC Urgent and Emergency Care and Medicine Report (DCH)

- Rated 'good' overall with one 'requires improvement' in the metric regarding safety within urgent and emergency care.
- The context of the inspection (during winter pressures with escalation areas open) was noted and congratulations were extended to all involved for the results received.
- A single trust wide action plan to be developed and returned to committee in the coming months.

DHC Internal Assurance Report (incl. Quality Walkarounds Output)

- Monitoring of actions relating to Herm ward and closed actions

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

- Receipt of the Maternity and Neonatal Quality and Safety Report, Learning Reviews and Investigations Report, PMRT Report, Maternity Experience of Care Report and Maternity Training Report.
- Focus on improving APGAR scores which were flagging as an increasing concern.
- One period OPEL 3 and one OPEL 4 in period. The OPEL 4 period lasted most of a weekend
- Home birth service suspended in the reporting period due to no staff to provide cover. Delays to elective c section, due to staffing capacity pressures.
- Two new risks; one re failure to achieve MIS due to staffing and training. Second risk re clinical safety case for BadgerNet and management of associated actins
- Maternity staffing was the highest rated risk, scoring 20. Recruitment progress continues but significant challenges remain. Extensive discussion around staffing noting the need to rebase establishment, the impact of reduced birth rate but increasing complexity, with work ongoing to consider how additional midwives could be funded, and with NHS England due to visit the service in August to look at staffing levels.
- Positively, no Maternity Outcomes Signalling System (MOSS) triggers or concerns identified during the reporting period.

National Reports in to Maternity Care in England

- Receipt of a summary of the national maternity reports (Ockenden and Amos reviews), noting the significant alignment between them.
- A local Task and Finish Group had been established to oversee delivery of the first phase of actions, with work already underway.
- A regional maternity event would take place later in the year to consider the implications of the national reviews for maternity services across the Southwest, including the sustainability of smaller rural maternity units and the impact on equity of access and safety.

Decisions made at the meeting

- Deferral of safeguarding report and DCH Walkarounds report to the September meeting due to the meeting overrunning.

Issues / actions referred to other committees / groups

- Nil

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Quoracy and Attendance							
	26 May 2026	30 June 2026 (DCH)	28 July 2026	29 Sept 2026	24 Nov 2026	26 Jan 2027	23 Mar 2027
Quorate?	Y	Y	Y				
Claire Lehman	Y	Y	Y				
Suresh Ariaratnam	Y	n/a	Y				
Dawn Dawson	N	A	A				
Eiri Jones	Y	Y	Y				
Lucy Knight	Y	n/a	Y				
Stuart Parsons	Y	Y	Y				
Rachel Small	N	n/a	A				
Anita Thomas	Y	A	Y				
Rachel Wharton	Y	Y	A				
Cara Southgate	n/a	n/a	Y				
Jo Howarth	n/a	n/a	Y				

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Finance and Performance Committee in Common Assurance Report
for the meeting held on Wednesday 29 July 2026

Chair	Dave Underwood, NED
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	• Martyn’s Law - recommendation that Trust Board acts as the Responsible person for DCH & DHC, as per NHSE guidance. • The Committee was assured that recovery plans are in place to support urgent and emergency care delivery, with partial assurance provided for elective care recovery whilst plans are still in development.
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Key issues / matters discussed at the meeting	A joint informal meeting with the Strategy, Transformation and Partnerships Committee took place 29th June 2026 covering the following topics for discussion: • Deep Dive into Neighbourhood Programme. • Digital Strategy Update. • Update on the New Hospital Programme followed by a walk-around of the Emergency Department. The formal committee received and considered the following reports: Board Assurance Framework Assigned Risks The Committee received the Quarter 1 Board Assurance Framework report for assurance. Members noted the annual review of strategic risks, including revised risk wording, refreshed controls and assurances, and alignment of target scores with the Trust's risk appetite framework. The Committee's assigned risks remain Capacity and Demand (SR4), Estates (SR5) and Finance (SR6). The Committee noted that Dorset County Hospital risk scores remain elevated across Capacity and Demand, Estates and Finance, reflecting current performance, estate and financial pressures. Members discussed the Capacity and Demand risk and noted that recent performance challenges had prompted a rapid review and strengthened recovery arrangements. Assurance was provided that enhanced oversight, reporting and recovery actions are now in place. The Committee also discussed estate-related risks and received assurance that capital investment continues to be prioritised against the highest-risk
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areas. A summary of the maintenance backlog and associated technical debt will be presented at a future meeting.

Corporate Risk Register Assigned Risks

DHC - report received for assurance noting changes to the risk profile reflecting ongoing mitigation activity and programme delivery. An emerging risk relating to infrastructure requirements to support delivery of the National Child Measurement Programme was noted, with further information being sought before a decision is made on inclusion within the risk register. Assurance was provided on the reduction of risk associated with the CAMHS High Intensity Unit. Members also noted the proposed closure of a longstanding bed availability risk, reflecting sustained mitigation and management over time.

DCH - Members noted new risks relating to endoscopy infrastructure and trauma and orthopaedic waiting times, together with the continued high-rated risk associated with urgent and emergency care performance. Assurance was provided that mitigating actions are in place to manage endoscopy infrastructure risks, with regional support being sought to secure funding for replacement of end-of-life equipment. Further assurance was provided on the trauma and orthopaedic waiting time recovery actions as part of the Trust's wider performance improvement programme. long waiting times within community paediatrics was discussed with assurance that additional capacity has been secured and system-wide work is progressing to support sustainable improvement. The Committee also discussed opportunities to strengthen assurance through future deep dives on cross-cutting risks where there are interdependencies across Board committees

DHC Performance Report

The Committee received Report for assurance. Members noted that nine national performance metrics remain off trajectory, with the majority relating to Talking Therapies and Audiology. Assurance was provided that recovery actions are in place for Audiology, including investment to support backlog reduction and proposals submitted to the ICB to support sustainable service delivery. The Committee noted significant improvement in waiting times, with no patients waiting over 13 weeks. Members also noted that performance against Talking Therapies continues to be impacted by funding constraints and that discussions with the ICB remain ongoing. The Committee discussed ongoing pressures relating to mental health flow, length of stay and out-of-area placements and noted that recovery plans remain in place. Members asked executives to ensure that commissioners make required funding decisions so that DHC can make service delivery decisions as part of operational planning.

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DCH Performance Report

Members noted that Quarter 1 performance was significantly impacted by sustained demand, operational pressures, workforce shortages and infrastructure challenges, resulting in performance below plan across urgent and emergency care and elective recovery measures. Assurance was provided that recovery actions are underway, including strengthened operational oversight, delivery of the Your Future Hospital programme and targeted interventions to improve patient flow. Early signs of improvement during July were noted. The Committee discussed elective care performance and noted continuing pressures relating to waiting lists, workforce availability, equipment failures and capacity constraints. Partial assurance on recovery for elective care was provided, whilst plans are still being developed; with particular focus on orthopaedics, endoscopy and cancer pathways. Members also discussed the interdependencies between committee portfolios and agreed that cross-cutting issues may benefit from future joint committee consideration.

Operational Recovery Group Terms of Reference

The Committee received an update on the establishment of the Operational Performance Recovery Group, introduced in response to actions arising from the NHS England performance review. Assurance was provided that the Group has been established, terms of reference drafted, and weekly meetings commenced with executive oversight in place. Members noted that ICB representation has been incorporated within the arrangements and that weekly performance briefings are now being circulated to Non-Executive Directors. The Committee approved the Terms of Reference.

DHC Finance Report

The Committee received the Report for assurance. Members noted that the Trust remains on plan at Quarter 1, reporting a surplus in line with forecast. The Committee noted delivery of £4.6m of efficiency savings, although performance remains behind plan, primarily reflecting temporary staffing expenditure and continued out-of-area placement pressures. Assurance was provided that both areas remain a focus of the Financial Recovery Programme. Members received assurance that temporary staffing expenditure has reduced compared to the same period last year and that work is underway to improve recurrent savings delivery through establishment review and substantive recruitment. The Committee also noted progress on VAT recovery arrangements and that capital expenditure is below plan, largely reflecting the reprofiling of New Hospital Programme expenditure.

DCH Finance Report

Members noted a small adverse variance against plan at Quarter 1, primarily reflecting industrial action costs and operational pressures.

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Efficiency delivery was reported ahead of plan; however, the Committee noted that a proportion of savings remains unidentified and that delivery of recurrent schemes continues to represent a key financial risk. Assurance was provided that targeted recovery arrangements are in place to support scheme identification and delivery. The Committee noted continued pressures relating to temporary staffing expenditure, whilst recognising the significant reduction in agency spend achieved over recent years. Assurance was provided that focused work is underway to reduce temporary staffing costs and improve recurrent savings delivery. Members also received assurance on the Trust's cash position and noted confirmation of Deficit Support Funding for Quarters 1 and 2. Capital expenditure remains behind plan, largely reflecting the reprofiling of planned schemes, including the New Hospital Programme.

Lead Provider Collaborative Finance and Other Commissioning Activities Contracting Report (DHC)

The Committee received the Adult Eating Disorders Provider Collaborative report for assurance noting that the arrangement remains subject to routine quality monitoring and that the single out-of-area placement is expected to be resolved imminently. A business case to continue as Lead Provider across Dorset, Hampshire and the Isle of Wight has been submitted to Regional colleagues. The Committee noted a forecast surplus within the Collaborative, reflecting lower than anticipated use of out-of-area placements and enhanced packages of care. Members received assurance that the surplus will be reinvested to support service development and improve patient access across the geography. The Committee also discussed quality governance arrangements and agreed that consideration should be given to the alignment of reporting through existing governance structures.

Cost Collection Exercise Report

The Committee received the National Cost Collection post-submission report for ratification. Members noted that the report had been presented in accordance with national guidance following the pre-submission review considered at the previous meeting. Assurance was provided that both Trusts successfully submitted their National Cost Collection returns within the required timescales and with no material issues identified. The Committee noted that the submissions had been subject to detailed review prior to submission and were compliant with national requirements.

Annual Procurement Compliance Report

The Committee received the Report for assurance. No procurement breaches had been identified during the reporting period, and all procurement activity had been undertaken in accordance with regulatory requirements and internal governance processes. Members noted the establishment of the One Dorset Procurement Service, hosted by

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University Hospitals Dorset, and the work underway to align procurement processes across Dorset organisations.

Better Payment Practice Performance (DHC and DCH)

The Committee received the DHC and DCH reports for assurance. Members noted that Dorset HealthCare continues to achieve the required standard across the majority of measures, with minor variances relating to NHS invoice processing. Assurance was provided that appropriate actions are in place to address delays and strengthen process compliance. DCH remains below target for a small number of measures, reflecting challenges in invoice processing and validation. Assurance was provided that a targeted action plan is in place to improve performance. Controls continue to be strengthened across both organisations to reduce late payment charges and support compliance with the Better Payment Practice Code.

Martyn's Law Bi-Annual Update

The Committee received the update report for assurance and noted that implementation activity across both Trusts is progressing in line with NHS guidance. All relevant sites have been assessed and categorised, with Dorset County Hospital identified as an Enhanced Duty premises and a number of sites across both organisations identified as Standard Duty premises. Work is now focused on ensuring compliance with the requirements of each tier ahead of the April 2027 implementation deadline. Members received assurance that policies, procedures, training and testing arrangements are being reviewed and strengthened, with work underway to address identified gaps in monitoring and physical security measures. The Committee also noted the recommendation that Trust Boards act as the Responsible Person under the legislation.

Green Strategy/Net Zero Annual Report (Joint)

The Committee received the Annual Report for assurance noting progress across both Trusts in delivering sustainability objectives, including estate decarbonisation, sustainable procurement, waste reduction and development of net-zero compliant facilities. Assurance was provided that governance arrangements and delivery workstreams are established across the Federation to support implementation of the Green Plan. The Committee also noted the increasing importance of climate adaptation and estate resilience in response to the impact of extreme weather on operational services and infrastructure. Members supported the continued rollout of the Green Plan communications programme and received assurance on ongoing monitoring through established sustainability performance measures.

FutureCare Programme Closedown Report

The Committee received the Closedown Report for assurance noting improvements in patient flow, discharge processes and system-wide

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coordination across health and social care partners. Members noted the establishment of Transfer of Care Hubs, earlier discharge planning and reductions in lengths of stay for patients with no criteria to reside. Assurance was provided that these initiatives have helped mitigate increasing system demand. The Committee also noted that, whilst operational improvements have been achieved, the full benefits of the programme have not yet been realised, including anticipated reductions in bed capacity and associated financial benefits. Further system-wide transformation and community capacity development will be required to support delivery of these benefits.

Joint Financial Recovery Board Terms of Reference

Received for approval. Members noted that the Board continues to operate effectively and provide focused oversight of financial recovery delivery. Minor amendments were proposed, including updating the title from Financial Recovery Group to Financial Recovery Board, the addition of the Associate Director of Financial Recovery Delivery to the membership, and alignment of future reviews with the annual governance cycle. The Committee also supported the proposal to remove the time-limited status of the Board, recognising its ongoing role in supporting financial recovery.

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
 - Emergency Planning & Resilience Group
- DCH:
 - Capital Planning and Space Utilisation Group
 - Emergency Planning & Resilience Group
 - Health & Safety Group
 - Value Delivery Board

Decisions made at the meeting

Approvals and Ratifications by DCH and DHC committees:

- Operational Recovery Group Terms of Reference - DCH
- Cost Collection Exercise Post Submission Report
- Joint Financial Recovery Board Terms of Reference

Issues / actions referred to other committees / groups

- Mental Health Bed Capacity and Patient Flow - Refer to STPCIC for an update on expected impact and benefits realisation.



- Provider Collaborative Adult Eating Disorder - consider the quality aspect of this to report into QCIC.

Quoracy and Attendance						
	27/05/2025	29/07/26				
Quorate?	Y	Y				
Dave Underwood	Y	Y				
Claire Lehman	Y	Y				
Andreas Haimbock-Tichy	N	Y (first 2 hours)				
Chris Hearn	Y	Y				
Lucy Knight	Y	Y				
Rachel Wharton	Y	N				
Anita Thomas	Y	Y				
Rachel Small	N	N				

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People and Culture Committee in Common Assurance Report
for the meetings held on
Monday 29 June 2026 (informal)
Monday 27 July 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	• Discussion of the Board Assurance Framework and Corporate Risk Register as described below • Recommendation for the Board to approve the DCH and DHC Revalidation Reports • Recommendation for Board to have a discussion around the Mann Review and the Trusts' response to the review
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Key issues / matters discussed at the meeting	The informal meeting of the committee held 29th June 2026 was a staff engagement session: • A presentation on the national transformation people services programme, which was noted as an area of high risk for the Trust in relation to delivering the strategic change whilst continuing business as usual • A presentation on the support for locally employed doctors at DCH • A presentation on EDS2 for both Trusts • Receipt of the People and Culture Committee in Common governance structure The meeting held 27th July 2026 received, discussed and noted the following reports: Chief People Officer Update highlighting: • Publication of NHS Staff Standards noting alignment with existing local practices • Publication of NHS Leadership and Management Framework. An assessment of how the trusts meet those requirements to follow. • Transforming People Services programme progressing with speed in the south west region • Nursing job evaluation update, noting progress at each of the trusts
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Board Assurance Framework Q1 Review (Joint) noting updated risks for People and Culture Committee in Common. SR2 has changed from ‘culture’ to ‘empowerment’. All elements of the Board Assurance Framework have been refreshed and reframed in line with the updated risks. For both Trusts the two strategic risks (SR2 Empowerment and SR3 Workforce Capacity) have a risk appetite of ‘seek’. At both trusts, SR2 has a target score of 12 and a mitigated score of 12 and SR3 has a target of 12 and a mitigated score of 16.

Robust discussions around the evidence and controls in place which contribute to an accurate mitigated risk score, with agreement for a future informal session to look in detail at the controls and assurances.

Corporate Risk Register (DHC/DCH)

DHC:

- Work to improve the harm described in risks
- Key risks for the Committee’s attention include recruitment to Reconnect service, and Waterstone remains in safer staffing, with additional support during period of challenge. Recruitment of new staff is ongoing.
- All long-standing risks to be reviewed by the new Risk Management Group

DCH:

- Key long standing risks include risk 2012 regarding the revalidation officer which had been open since 2024 and was a vulnerable position for the trust, and risk 876 re maternity staffing which had been open since 2021.
- Long standing risks were to be reviewed to consider if they needed closing or refreshing to provide an accurate, up to date picture.

Workforce KPI Dashboard (Joint) noting the below KPIs for month 3:

Trust	Sickness	Vacancy Rate	Turnover Rate	Appraisals	Mandatory Training
DCH	4.58%	9.5%	9.5%	77%	88%
DHC	5.45%	7.35%	8.6%	77.7%	94%

- Positive improvements in DHC appraisal rates, but a slight reduction at DCH.
- Stretched employee relations teams with a very high number of sickness employee relations cases in both trusts.
- Discussion around the high rate of turnover in the 31-35 year old age range, noting the impact on pipeline for staff development
- DHC 53 WTE worse than plan (on plan for substantive, but deficit seen in bank and agency)
- DCH better than plan by 119 WTE. Substantive is better than plan by 174 WTE, largely due to delays in recruitment. Bank and agency still higher than planned, particularly in CAMHS, St Brelade’s and Waterstone.

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- Positively, 21 nurses had qualified across DHC and DCH in quarter one and there were 201 and 174 apprentices in DHC and DCH respectively. This was noted as a positive number.
- Work ongoing to improve reporting consistency and thresholds across both trusts
- One fifth of occupational health capacity is lost due to 'did not attends'. Work is ongoing to support staff to attend appointments, including working with managers to ensure staff could be released to attend.

Medical Appraisal and Revalidation Annual Report (and statement of compliance) (DHC/DCH)

DHC:

- 125 doctors with a prescribed connection to DHC. All doctors with a prescribed connection were allocated a trained appraiser and have had an appraisal meeting or a valid reason for exception for the 2025/2026 appraisal year.
- The report is recommended to the Board for approval.

DCH:

- 352 doctors with a prescribed connection to DCH.
- LK continued to the Responsible Officer for DCH as well as DHC, with RW the Deputy Responsible Officer at DCH.
- Approval from SLG to increase remuneration for appraisers from 0.188 PA to 0.25 PA.
- Suggestion from the committee that the Revalidation Policy in development is a joint policy, if this is appropriate for the two organisations.
- The report is recommended to the Board for approval.

National Education and Training Survey (NETS) Results (DHC/DCH)

as an important part of understanding staff experience. The report noted sustained improvement in the quality of the learning environment across Dorset HealthCare and Dorset County Hospital. Learners report better support, improved facilities and a more positive culture, reflecting progress against the Safe Learning Environment Charter. Result scores at DHC exceeded ICB benchmarking and improved in 12 of 13 domains. At DCH scores were above national average in 12 of 13 indicators with 10 showing improvements from 2024. Sexual safety remains below benchmark at DCH mirroring regional performance. Focused improvement plans are in place to address the remaining challenges around wellbeing, workload discrimination and sexual safety.

Sexual Safety Update (Joint) noting progress against the charter implemented in January 2025. Most actions are now completed and embedded within routine business processes. Strong progress has been made in strengthening governance arrangements, policies, mandatory training, specialist investigator capability, reporting mechanisms and

support available to staff who experience inappropriate sexual behaviours at work. Sexual safety is now increasingly embedded within the workforce development, employee relations, safeguarding and inclusion and belonging work. Questions around the variation in processes and policies between the two trusts and how improvement metrics could be evidenced. Discussion around the specialist investigators in the trusts with the option of utilising external investigators when required.

Lord Mann Review – Response and next steps (Joint) noting that Trusts are well positioned with most recommendations from the review already included in existing work programmes. National guidance is awaited for some of the recommendations. A gap analysis highlights a need for a standalone anti-racism policy. The committee had a detailed, nuanced conversation about the implications of the Mann report, what our response will be and the next steps. The Committee requested that the Board discusses the review and the Trusts' response.

The below items were taken under consent, without discussion:

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

DHC:

- Trade Union Partnership Forum
- Local Negotiating Committee

DCH:

- Partnership Forum
- Health and Wellbeing Steering Group

Question re support for change management. OD team working on material for change management, with that training initially focused on the departments that had experienced the most change.

- Local Negotiating Committee
- Equality, Diversity, Inclusion and Belonging Steering Group

Joint:

- Culture and Inclusion Reference Group

Decisions made at the meeting

- Recommendation for Board to approve the Medical Appraisal and Revalidation Statement of Compliance

Issues / actions referred to other committees / groups

- Referrals to Quality Committee in Common regarding the quality impact of staffing challenges, and to Finance and Performance Committee in Common regarding the ability to recruit staff in light of the headcount reduction targets

Quoracy and Attendance						
	27 May 2026	28 Jul 2026	29 Sept 2026	24 Nov 2026	26 Jan 2027	23 Mar 2027
Quorate?	Y	Y				
Suresh Ariaratnam	Y	Y				
Margaret Blankson	Y	Y				
Dawn Dawson (to 27/07/26)	A					
Eiri Jones	Y	Y				
Lucy Knight	Y	Y				
Nicola Plumb	Y	Y				
Rachel Wharton	Y	A				
Cara Southgate						
Jo Howarth						

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Strategy Transformation and Partnerships Committee Assurance Report
for the meeting held on Monday 26th July 2026

Chair	David Clayton-Smith, Chair
Executive Lead	Dawn Dawson, Chief Nursing Officer Nicola Plumb, Chief People Officer Chris Hearn, Chief Finance Officer Beverley Bryant, Chief Digital Information 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	• Advance Foundation Trust workstream report to become a routine agenda item on the committee workplan. • Workforce capacity issues continue to constrain delivery of the full transformation and improvement agenda, with plans in place to mitigate. • Positive NED engagement to attend the forthcoming Quality Improvement Week planned for September 2026. • Committee approved Dorset HealthCare's membership of the Dorset Strategic Estates Partnership (subject to legal review) and delegated authority to the Committee Chair and Finance, Performance and Commercial Committee Chair to give final approval on its behalf. • The Committee has requested a future update on cyber resilience and recovery arrangements, including learning from business continuity exercises and oversight of third-party supplier risks. • Committee Chairmanship is transferring from David Clayton-Smith to Andreas Tichy-Haimbock
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Key issues / matters discussed at the meeting	An informal committee meeting took place 29th June 2026 covering the following topics for discussion: • Deep Dive into Neighbourhood Programme. • Digital Strategy Update. • Update on the New Hospital Programme followed by a walk-around of the Emergency Department. The committee received and considered the following reports: Board Assurance Framework Assigned Risks Committee members received the Quarter 1 Board Assurance Framework report for assurance noting the revised structure following the merger of the previous Collaboration and Partnership and Transformation strategic risks, reducing the risks assigned to the Committee from four to three. There are no overdue actions, and all carried-forward actions were either
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complete or on track. Committee members discussed the increasing alignment of assigned risks across both organisations, reflecting joint working arrangements and shared leadership. Assurance was provided that separate Board Assurance Frameworks remain necessary to reflect Trust-specific risks where required.

Corporate Risk Register Assigned Risks

DHC - Reporting no risks scoring 15 or above within the Committee's remit. noting the closure of the risk relating to the handover of new hospital buildings following successful completion of the transfer process.

DCH - The Committee noted a new risk relating to electronic discharge summaries and a required system upgrade. Assurance was provided that appropriate mitigations and communication arrangements are in place. Updates were also received on existing digital risks relating to infrastructure, legacy systems and digital support arrangements. Members sought assurance on mitigating actions, system resilience, and operational workarounds (endoscopy), with assurance provided that risks continue to be actively managed through established governance arrangements and that primary care colleagues continue to be updated.

Advanced Foundation Trust

The Committee received an update on Dorset HealthCare's Advanced Foundation Trust (AFT) status for assurance noting the opportunities arising from the new operating freedoms. Members noted the strategic ambition to accelerate the shift of care from hospital settings into communities through strengthened neighbourhood working and enhanced partnership with primary care, local authorities and acute providers. The Committee discussed the opportunities presented by AFT status, including increased flexibility in the use of capital and transformation resources, a revised relationship with NHS England and the potential to explore future Integrated Health Organisation arrangements. Members also considered the strategic importance of the Dorset Intelligence and Insight Service (DiiS) platform and received assurance regarding its ongoing role. The Committee welcomed the opportunities presented by AFT status to accelerate innovation, co-production and service transformation.

Strategy in action: Safe Delivering the Green Plan

A comprehensive update on the Joint green plan delivery was provided for assurance with the committee commending the breadth of activity underway across both organisations. Carbon emissions have reduced by investing in energy efficiency measures, solar power and digital transformation. greener clinical practice has been supported through initiatives such as lower carbon anaesthetic options and improved waste reduction, while embedding sustainability and social value considerations into procurement and commissioning decisions. In addition, colleagues, patients and partners have been empowered to play an active role in

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creating a more sustainable health and care system. Assurance was provided that sustainability and net zero considerations are reflected within the organisations' risk management arrangements and estate strategies, including mitigation of climate-related risks such as rising temperatures and the resilience of the estate.

One Transformation Approach Highlight Report & Improving Together Programme Update

The Committee received the report for assurance noting the replacement of the Dorset County Hospital Inpatient Flow Programme with the Frailty Model Programme. Members noted that the four programmes within the portfolio continue to progress broadly as planned, with assurance provided that work is underway to strengthen strategic outcome measures and reporting, including clearer alignment between strategy, transformation activity and demonstrable impact. The Committee discussed programme capacity, noting workforce pressures within both the transformation team and operational services. The Committee also noted plans for the forthcoming Quality Improvement Week in September 2026.

Joint Social Value Plan

The Committee received the Joint Social Value Pledge and Annual Plan 2026/27 for approval. Members welcomed the development of a single approach across Dorset County Hospital and Dorset HealthCare, recognising the opportunity to strengthen collaboration as anchor institutions and maximise social value through employment, procurement, sustainability, community engagement and partnership working. Assurance was provided that governance arrangements are in place through the Joint Social Value Programme Group, with regular monitoring and reporting to support delivery of the programme. Members welcomed the ambition of the joint plan and the opportunities to further support local employment, skills development, inclusion and community engagement across Dorset. The Committee noted that the plan will continue to mature as delivery progresses and approved the Joint Social Value Pledge and Annual Plan 2026/27.

Our Dorset Provider Collaborative

The Committee received an update on the Our Dorset Provider Collaborative and the emerging transformation programme informed by the Vista Health review. Members noted the significant opportunity to improve patient outcomes, patient experience and system sustainability through a long-term programme of change focused on proactive and preventative care, neighbourhood working, urgent and emergency care, planned care and greater service standardisation across Dorset. Assurance was provided that work is underway to develop a phased implementation roadmap, with the Provider Collaborative aligning its transformation priorities to support delivery of this programme. Members discussed the importance of clinical, staff and stakeholder engagement as the

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programme develops, together with arrangements for non-executive oversight and assurance. The Committee noted that detailed implementation plans are still in development and welcomed assurance that engagement with clinicians, staff-side representatives and partner organisations is being embedded throughout the programme. The Committee agreed that regular updates should be brought to future meetings to support ongoing oversight of this significant system-wide transformation programme.

DHC Membership of the Dorset Estate Partnership

The Committee received a report seeking approval for Dorset HealthCare to join the Dorset Strategic Estates Partnership (DEP). Members noted that Dorset County Hospital has been a member of the partnership since 2017 and has successfully utilised the arrangement to support the delivery of strategic estate developments. Assurance was provided that membership would support a more coordinated federated approach to estate planning and development whilst maintaining existing procurement, governance and Standing Financial Instruction requirements. Members discussed the importance of ensuring transparency and maintaining a level playing field for future procurement exercises. Assurance was provided that DEP membership does not commit the Trusts to exclusively using current providers and that all future projects would continue to be subject to established procurement and approval processes. Subject to final legal review, the Committee approved Dorset HealthCare's membership of the Dorset Strategic Estates Partnership and delegated authority to the Committee Chair and Finance, Performance and Commercial Committee Chair to give final approval on its behalf.

Digital Strategy Delivery Roadmap and Artificial Intelligence Governance Overview

The Committee received the Digital Strategy Delivery Roadmap for approval. Members noted that the roadmap translates the previously approved digital strategy into a deliverable programme of work, structured around enabling activity, delivery of the Healthset programme and realisation of benefits through an integrated digital environment. Assurance was provided that feedback from previous Committee discussions had been incorporated, including greater emphasis on information sharing across partner organisations, risk management and primary care integration. Members also noted progress in developing a more consistent approach to AI governance across the Dorset system. The Committee discussed digital inclusion, public adoption, programme interdependencies and the importance of aligning digital transformation with wider strategic and clinical change programmes. Assurance was provided that arrangements are in place to monitor dependencies and that further work is underway to strengthen data and digital governance arrangements. The Committee approved the Digital Strategy Delivery Roadmap and noted that

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future progress reports will include updates on the development of AI governance arrangements.

Cyber Security and Risks Update

The Committee received the cyber security update for assurance. Members noted progress in strengthening cyber resilience across the Dorset system, including the successful migration of Dorset County Hospital to NHSmail, achievement of Data Security and Protection Toolkit standards and ongoing investment in maintaining modern infrastructure. Assurance was provided that arrangements are in place to manage cyber risks within the organisations' low-risk appetite, whilst balancing affordability and operational priorities. The Committee also noted plans to introduce a consistent cyber security reporting framework across all three Dorset Trusts under unified leadership arrangements. Assurance was provided that cyber incident response and business continuity plans have been tested through recent exercises and that lessons learned continue to inform ongoing preparedness. The Committee requested a future update on cyber resilience and recovery arrangements, including learning from business continuity exercises and oversight of third-party supplier risks.

Data Security and Protection Annual Compliance

The Committee received an update on the 2025/26 Data Security and Protection Toolkit (DSPT) submissions for assurance. Members noted that both Dorset HealthCare and Dorset County Hospital had achieved the required standards, with all mandatory outcomes met. Assurance was provided that robust arrangements remain in place to support information governance, data protection and cyber security compliance across both organisations, including oversight of third-party providers and partner organisations that handle NHS information. The Committee noted that both organisations continue to make progress against the evolving cyber assurance requirements of the DSPT, with a clear understanding of the remaining risks and associated mitigations. Assurance was provided that these risks have been reviewed through established governance processes and are considered acceptable and appropriately managed.

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:



- Joint Social Value Plan
- Digital Strategy Delivery Roadmap
- DHC Membership of the Dorset Estate Partnership – approved subject to legal review.

Issues / actions referred to other committees / groups

- None

Quoracy and Attendance						
	28/05/2026	27/07/2026				
Quorate?	Y	Y				
David Clayton-Smith	N	Y				
Eiri Jones	Y					
Dave Underwood	Y	Y				
Andreas Haimbock-Tichy	Y	N				
Claire Lehman	Y	Y				
Chris Hearn	Y	Y				
Dawn Dawson	Y	Y				
Nicola Plumb	N	Y				

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Audit Committee Assurance Report for the meeting held on 03 August 2026

Chair	Stuart Parsons, NED
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	• Receipt of the Board Assurance Framework and Corporate Risk Register with updates as described below • Limited assurance on the ward identity checks audit • Great improvement in FOI reporting, but still not achieving the ICO's target for response times.
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: Board Assurance Framework presented including the revised risks agreed by Board, with all content updated to reflect the updated risks. Target scores have been aligned to the agreed risk appetite statements, and all committees have this week reviewed the risks for which they are responsible. The publications of national maternity reviews and the National Quality Strategy would be referenced in the Q2 Board Assurance Framework. Corporate Risk Register, with detailed description provided of four new high scoring risks. Assurance provided that high score risk areas were being reviewed by the appropriate committees. Improvements in the update notes of risks was requested. Lack of funding is impacting the trust's ability to replace end of life equipment, particularly within DTI, which may cause greater risks in the near future. Internal Audit progress, and follow up, noting: • Good progress in the delivery of the plan for the year so far. The Committee agreed to amend the internal audit plan for 2026/27; adding the Maternity Incentive Scheme and delaying the outpatient follow up audit. • Update on the financial recovery advisory audit, with moderate rating for design and effectiveness.
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- Verbal update received on the recently published ward identity checks audit, noting the limited assurance offered by the audit. Management responses are in hand and will be reviewed to ensure they are timely.
- One action from the equality quality impact assessment audit was overdue but assurance was provided that the revised date would be achieved.

Counter Fraud Progress Report and Annual Report noting two allegations of fraud in Q1 with neither warranting criminal investigation. Over the last year there had been a 14% increase in reported fraud.

Tender Waiver Report noting zero procurement breaches in the reporting period. 65% of single tender waivers were low value under £25,000 and the majority were driven by estates compliance work

Freedom of Information Requests Compliance. Whilst there had been improvements in performance, with 71% of requests responded to within 20 working days, the Trust was still not in line with the Information Commissioners Office (ICO) target of 95% response rate. The improvement was noted and thanks extended to Dorset HealthCare colleagues for their work to reach this position.

Annual Clinical Audit Assurance Reports noting improvements in clinical audit governance and oversight, and that key priorities have been set for the coming year

KPMG Client Technical Update taken under consent without discussion.

Decisions made at the meeting

- Approval of a change to the internal audit plan – adding the Maternity Incentive Scheme and delaying the outpatient follow up audit.

Issues / actions referred to other committees / groups

- Nil

Quoracy and Attendance

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

DCH Charitable Funds Committee Assurance Report for the meeting held on 21.7.26

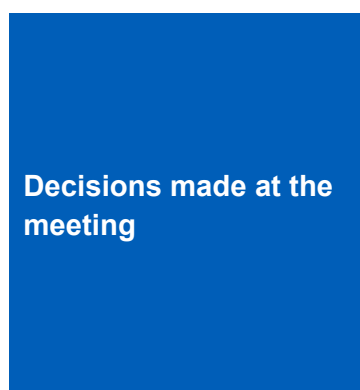
Chair	Dave Underwood, NED
Executive Lead	Chris Hearn, Chief Finance Officer
Quoracy met?	Yes
Purpose of the report	To provide assurance on the main items discussed and, if necessary, escalate any matter(s) of concern or urgent business.
Recommendation	To receive the report for assurance

Significant matters for assurance or escalation, including any implications for the Corporate Risk Register or Board Assurance Framework	• Charity Spend and Health Inequalities Analysis Report: report on DCHC charity spend 23/24 and 24/25 and DIIS health inequality data (all patients) produced by BI team. Report reviewed by committee and agreed to request BI team to analyse spend v. patient data per care area.
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: • CFC Minutes (19.5.26) – Minutes approved. • CFC Actions (19.5.26) – All actions completed or in progress. • Charity Spend and Health Inequalities Analysis Report: report on DCHC charity spend 23/24 and 24/25 and DIIS health inequality data (all patients) produced by BI team. Report reviewed by committee and agreed to request BI team to analyse spend v. patient data per care area. • DCH Innovation Fund: DoN to check on progress of set up of Trusts' Innovation Forum which will triage innovation bids. Committee agreed to consider applications for funding on case-by-case basis. • Charity applications (£10K+): - Arts in Hospital lead (NHP): committee agreed funding from ED/CrCU Appeal Fund of £15,483 for B8a/0.2WTE/18mth employed contract. - PES catheters: committee agreed funding from General Purpose Fund of £27,000. This will be one off support as DCHC does not support recurring costs. • DCH Charity Financial Reports 26/27 (M3) – reports were received. Total income as of end June 2026 £342,362. Unrestricted funds were £285,662 with a reserves surplus of £12,662 against the approved reserves target of £273,000. • DCHC Annual Report & Accounts 25/26: audit in final stages, no concerns. • Lottery proposal: committee supported DCH Charity joining the new NHS Charities Together Health Lottery.
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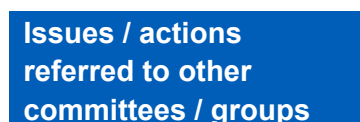


- **£2.5M Capital Appeal (ED/CrCU) report (June 2026)** – report received. £1.86M income and pledges received as of June 2026. Buckham Fair in Aug targeted to raise c.£100K. Appeal forecast to achieve £2M milestone by end Aug 2026.
- **Fundraising & Communications report** – overview of current key fundraising activities and communications. The following report is available in the Board in Common document folder on Admincontrol for the August 2026 meeting, titled: '12.2.1 DCHC Fundraising Communications Update July 2026'
- **Lillian Martin legacy** – Actions carried forward - 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:** None.



Decisions made at the meeting

- **Charity applications (£10K+):**
 - **Arts in Hospital lead (NHP):** committee agreed funding from ED/CrCU Appeal Fund of £15,483 for B8a/0.2WTE/18mth employed contract.
 - **PES catheters:** committee agreed funding from General Purpose Fund of £27,000. This will be one off support as DCHC does not support recurring costs.
- **Lottery proposal:** committee supported DCH Charity joining the new NHS Charities Together Health Lottery.



Issues / actions referred to other committees / groups

- None

Quoracy and Attendance					
	19.5.26	21.7.26			
Quorate?	Y	Y			
Dave Underwood	Y	Y			
Chris Hearn	N	N			
Jo Howarth	N	Y			
Anita Thomas	N	Y			
Margaret Blankson	Y	Y			
Stephen Tilton	Y				

Mental Health Legislation Committee in Common (MHLCiC) Assurance Report
for the meeting held on Thursday 30 July 2026

Chair	Andreas Haimböck-Tichy, NED
Executive Lead	Lucy Knight, Chief Medical Officer
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	• Positive CQC report received about Alumhurst Ward, the Committee would like to commend the work of the Alumhurst Team. • Committee discussed the impact of MHA reform, whilst there are no immediate risks to the organisation, it will be reviewed when the Code of Practice becomes available. • Deep dive review of delays relating to S136 • Committee was not quorate from DCH side. • Noted no Governor attendance, this is under review. • Supreme Court ruling actions were discussed and the Committee view is that it is a positive arrangement. • Work that colleagues have been doing around the brevity of the reports, we are now reporting by exception in the dashboard.
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Key issues / matters discussed at the meeting	Lived Experience of Being Detained: The Committee heard about a patient in his 30s who lives with his parents and occasionally works with his father. He enjoys walking the family dog, driving when able, and spending time with friends. His longer-term aspirations include developing a relationship, living independently, and obtaining employment outside the family business. The patient has a nine-year history of mental health difficulties. Although he initially presented with depression, it subsequently became clear that he is living with schizophrenia. Over the past five years he has experienced four significant relapses. During periods of illness he becomes increasingly confused and disengaged from those around him. When untreated, his mental state deteriorates further, resulting in preoccupation with internal experiences, self-neglect, and episodes of verbal aggression, particularly towards his mother. Following an eight-month period with the Acute Day Therapy Service, the patient made significant progress and remained well for approximately three months. His treatment involved a multidisciplinary approach including occupational therapy, vocational support, psychological intervention, and
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medication. Over the last five years, he has required two admissions under the Mental Health Act and two episodes of support from the Home Treatment Team. He was most recently discharged in March on a Community Treatment Order (CTO), which is now subject to a renewal decision.

The Responsible Clinician discussed the CTO with the patient. The patient stated that, on one level, being subject to a CTO does not particularly trouble him; however, he also reported that it serves as a reminder of his hospital admissions and the legal restrictions placed upon him, which he would prefer not to experience. When asked about barriers to achieving his future goals, the patient identified both his illness and being sectioned as equally significant obstacles.

The Committee heard that, while the patient recognises that his illness has adversely affected his life, he has struggled to consistently acknowledge the role medication has played in maintaining his wellbeing. Following previous periods of recovery and discharge from hospital, home treatment, or the day therapy service, he has repeatedly sought to reduce or discontinue his medication. On each occasion, a relapse has followed within a period of two to three months. The patient is currently prescribed depot medication, which ensures adherence with treatment. The Responsible Clinician reported that he has now returned to his positive baseline and is demonstrating improved stability. Although the patient continues to dislike taking medication and remains uncertain that he requires it, the Responsible Clinician considered there remains a significant risk of relapse should treatment be discontinued.

Having considered the patient's clinical history, his pattern of relapse associated with discontinuation of medication, and the views of both the patient and his family, the Responsible Clinician has requested renewal of the Community Treatment Order. The stated rationale is to provide the patient with a sustained period of stability and wellbeing, enabling him to begin making progress towards his personal goals and aspirations. The renewal request has triggered a Managers' Hearing. The patient has expressed a wish to attend and participate in the hearing, which was viewed positively and as evidence of his engagement with the process.

Corporate Risk Register Assigned Risks:

No risks identified that meet the threshold for committee consideration.

**DHC and DCH Mental Health Legislation Assurance Dashboards
DHC**

- Committee reporting has moved to an exception-based approach, reflecting consistently strong compliance and assurance from routine monitoring.

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- MHA use has continued to increase across the organisation, largely attributed to improved reporting of Section 135 and Section 5(2) activity.
- An increase in Section 5(2) use within inpatient services was observed in June, contributing to the upward trend seen over the last quarter.
- MHA use at RBH continues to decrease, which is thought to be related to the interpretation and application of DoLS eligibility criteria.
- Section 132 rights performance remains positive and within expected levels. Eight patients were discharged before their rights could be fully delivered, most of whom were subject to Section 5(2) and either moved to another section or were discharged before this could occur.
- Section 136 performance remains fully compliant, with cases managed within legislative timeframes.
- Patient appeal processes continue to improve, with most renewal meetings taking place before the next period of detention begins.
- A slight increase in DoLS activity was recorded, consistent with changes following the overturning of the Cheshire West judgment.
- Overall statutory requirements have been met, with strong performance across key priority areas and continued assurance of compliance.

DCH

- MHA use continues to decline, with a downward trend observed since 2024.
- Section 132 rights remain a key area of focus. Compliance percentages are impacted by the small number of patients affected. Work is underway to strengthen internal processes and review the SLA to expand responsibility for reading rights beyond Site Managers. Paediatric Matrons and other staff groups are being engaged to support this work.
- Performance against Section 136 timeframes was challenged over the May Bank Holiday period, with nine patients experiencing delays in ED, resulting in a poor patient experience over the three-day holiday period.
- A clinical case review has been commissioned to examine the nine delayed cases (seven adults and two children) to identify learning and opportunities for improvement.
- A Section 5(2) application breach was identified and is linked to wider patient flow challenges.
- Current processes require patients to be admitted to a bed before being detained under the MHA. The use of EDAU beds for this

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purpose has necessitated moving patients from ED to a physical bed solely to facilitate detention.

- To address these issues, bed reconfiguration plans are being developed to improve patient flow. The EDAU space will be removed as part of the wider redesign.
- The new Emergency Department model will include dedicated assessment areas, mental health rooms and 12-hour assessment spaces, reducing reliance on traditional bed-based pathways.
- Patient pathways will be redesigned for individuals presenting in mental health crisis without physical health needs, ensuring more appropriate assessment and care.
- Additional assessment capacity is being explored through the reconfiguration of space within the current ED footprint when the new build opens.
- Ongoing work is taking place with Dorset HealthCare (DHC) to ensure the appropriate application of legal frameworks and to clarify whether patients require assessment or admission pathways.

Mental Health Act Reform Update (for onward submission to Board)

- The Committee received an update on the Mental Health Act (MHA) reforms, including a summary of the key legislative changes and the associated risks to the organisation.
- The reforms came into force at the beginning of the year and are expected to be implemented over a ten-year period.
- A summary table was presented showing the reforms in chronological order of implementation, together with an assessment of the risks relevant to the Trust.
- The elements due for implementation by February do not currently apply to the Trust and were therefore assessed as presenting a low organisational risk (green rating).
- Similarly, the reforms introduced in April are largely not applicable to the Trust at this stage and have also been assessed as low risk.
- A consultation on the new MHA Code of Practice is currently underway, with publication expected within the next year.
- The forthcoming Code of Practice may present future risks and operational implications for the Trust; however, these cannot yet be fully assessed until the final guidance is available.
- A proposed serious harm detention threshold is expected to raise the threshold for detaining patients under the MHA, although the practical implications remain unclear pending publication of the Code of Practice.

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- The Committee agreed that a further update should be brought back once the Code of Practice has been published, enabling a fuller assessment of risks, impacts and any required actions.

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

- Herm Ward OPMH
Mental Health Act monitoring visits identified 4 actions that have been completed, and two remain in progress. These relate to the building work, one relates to the removal of dormitory accommodation, and second one relates to the requirement to have lockable storage for patients. Agreement to extend these deadlines was gained at QGG on 7th July.
- Alumhurst Ward OPMH
This related to an unannounced CQC MHA visit on 10 June. During that visit the CQC noted some really good practice and no actions were identified which is unusual for a MHA Visit.

Strategic Mental Health Legislation Multi-Agency Group Update

- The multi-agency Mental Health Act group continues to provide oversight and collaborative working across partner organisations.
- The Right Care, Right Person (RCRP) programme continues to be progressed by Police colleagues, with a focus on improving patient outcomes while reducing unnecessary police involvement in mental health responses.
- There was an increase in Section 136 detentions during February and April (27 detentions), including some involving children and young people.
- Performance against the three-hour assessment target for Section 136 detainees is improving, demonstrating progress in timely assessments.
- Attendance and engagement at Multi-Agency Risk Management (MARM) meetings has improved.
- Recurring themes and trends arising from Section 136 activity are being reviewed, with findings and recommendations to be reported back through the group.
- The revised multi-agency Section 135 policy is progressing through the governance and ratification processes of each partner organisation.

Review of Section 136 days

- Compliance with Section 136 assessment times remains stable, performing within established control limits, with a mean compliance rate of 91.4%.

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- While performance is stable, it is not yet optimised, and opportunities for further improvement continue to be explored.
- The main cause of delays is the period between a patient's arrival and the initial request for assessment. Contributing factors include Section 136 suite capacity, coding categorisation issues, and patients being too distressed to participate in an assessment.
- Medical availability remains a challenge, as while an on-call doctor is available, a second doctor is often required to complete the Mental Health Act assessment.
- Some delays are attributed to data coding and classification issues. The Mental Health Law Office has identified that unclear narrative information can result in delays being grouped under broad categories, highlighting the need for further work to improve coding consistency and accuracy.
- Delays can sometimes be clinically appropriate, particularly when patients present during the early hours of the morning and are expected to recover sufficiently for assessment within a short period, such as following intoxication. Intoxication may also contribute to heightened distress or aggression, making immediate assessment inappropriate.
- The service operates two dedicated Section 136 suites. On occasions when both are occupied, delays may occur if a third patient requires assessment; however, teams work proactively to identify alternative arrangements and minimise waiting times, including reducing the length of time police officers are required to remain with detained individuals.
- Current performance monitoring includes a 20-minute target for contacting an Approved Mental Health Professional (AMHP), after which a delay is recorded. Work is underway to review whether this threshold remains realistic.

Decisions made at the meeting

Nil

Issues / actions referred to other committees / groups

Nil

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Quoracy and Attendance				
	28/05/2026	30/07/2026		
Quorate?	DHC Y DCH Y	DHC Y DCH N		
Andreas Haimböck-Tichy (DHC)	Y	Y		
Dawn Dawson (or deputy)	Y	Y		
Lucy Knight (DHC)	Y	Y		
Rachel Wharton (DCH)	Y	N		
Margaret Blankson (DCH)	Y	N		
Nikki Rowland (DHC)	Y	Y		
Suresh Ariaratnam (DHC)	Y	N		
Stuart Parsons (DCH)	Y	Y		
Jenny Horrabin	N	Y		

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Nominations and Remuneration Committee in Common Assurance Report
for the meeting held on 23 July 2026

Chair	Eiri Jones
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	- The Committee received assurance that the Chair's appraisal had been conducted through a robust process, incorporating stakeholder feedback and assessment against agreed objectives and leadership competencies. - The Committee received assurance that the proposed extension of Andreas Haimbock-Tichy's appointment was consistent with the Trust Constitution and would support Board stability and effectiveness during the current Non-Executive Director recruitment process
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Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: - The Chair's annual appraisal, including a review of progress against the previous year's objectives and consideration of the objectives for the year ahead. - Dorset HealthCare Non-Executive Director re-appointment.
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Decisions made at the meeting	- The Chair's annual appraisal and objectives were received for assurance. - The Dorset HealthCare Committee agreed to recommend that the Dorset HealthCare Council of Governors approve the extension of Andreas Haimbock-Tichy's term of office as a Non-Executive Director for a further year, from 30 September 2026 to 30 September 2027. (Full approval required from the Dorset HealthCare Council of Governors)
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Issues / actions referred to other committees / groups	The Dorset HealthCare Committee recommended that the Dorset HealthCare Council of Governors approve the extension of Andreas Haimbock-Tichy's term of office as a Non-Executive Director for a further year, from 30 September 2026 to 30 September 2027.
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Report to	Council of Governors	
Date of Meeting	21 September 2026	
Report Title	Governor Term Extensions	
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	Y
	Assurance	N
	Information	N

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities	Yes	
Sustainability	Yes	
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	No implications	
Financial	No implication.	
Statutory & Regulatory	Maintaining a quorate Council of Governors supports effective governance arrangements and compliance with current statutory and regulatory requirements.	
Equality, Diversity & Inclusion	The Trust's commitment to EDI is strengthened by an inclusive Council of Governors	
Co-production & Partnership	None	

Executive Summary
In 2026, an amendment was made to the Trust Constitution through the introduction of Clause 16.4 of Annex 4, Paragraph 16. This clause allows, in exceptional circumstances and with the agreement of both the Board of Directors and the Council of Governors, for expiring Governor terms to be extended by up to 12 months. The constitutional amendment was approved by the Council of Governors in March 2026 and subsequently approved by the Board of Directors in April 2026. Following this constitutional change and in view of current Governor vacancies and the need to maintain a quorate Council of Governors during July 2026, five Governors whose terms were due to expire on 30 September 2026 were approached to ascertain whether they would be willing to extend their terms of office by a further 12 months. Three Governors Kathryn Harrison, Jean-Pierre Lambert and Midhun Paul confirmed their willingness to continue in their roles for 12 months. This paper therefore seeks approval of those individual term extensions in accordance with Clause 16.4 of the Constitution. Whilst not part of the proposed term extensions, David Taylor will conclude his Public Governor term on 30 September 2026 and, subject to Dorset Council's appointment process, will take up the position of Appointed Governor representing Dorset Council from 1 October 2026. This arrangement will provide continuity within the Council of Governors and further strengthen the partnership between Dorset

County Hospital and Dorset Council. As an experienced Governor, David Taylor is already familiar with the Trust and the responsibilities of the role.

Simon Bishop declined the opportunity to extend his term and will therefore cease to hold office on 30 September 2026.

The following Governors have agreed to extend their terms of office by 12 months, subject to approval by the Council of Governors and the Board of Directors:

- The Public Governor term of Kathryn Harrison, due to expire on 30 September 2026, will be extended until 30 September 2027.
- The Public Governor term of Jean-Pierre Lambert, due to expire on 30 September 2026, will be extended until 30 September 2027.
- The Staff Governor term of Midhun Paul, due to expire on 30 September 2026, will be extended until 30 September 2027.

Subject to approval by the Council of Governors, these proposed term extensions will be presented to the Board of Directors on 13 October 2026 for final approval.

Recommendation

The Council of Governors are asked to –

- **Approve** the extension of the Public Governor term of Kathryn Harrison from 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.
- **Approve** the extension of the Public Governor term of Jean-Pierre Lambert from the 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.
- **Approve** the extension of the Staff Governor term of Midhun Paul from the 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.

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Governor Term Extension

1. Introduction

- 1.1. In 2026, an amendment was made to the Trust Constitution through the introduction of Clause 16.4 of Annex 4, Paragraph 16. This clause allows, in exceptional circumstances and with the agreement of both the Board of Directors and the Council of Governors, for expiring Governor terms to be extended by up to 12 months. The constitutional amendment was approved by the Council of Governors in March 2026 and subsequently approved by the Board of Directors in April 2026.
- 1.2. In July 2026, five Governors whose terms were due to expire on 30 September 2026 were approached to ascertain whether they would be willing to extend their terms of office by a further 12 months. Kathryn Harrison, Jean-Pierre Lambert and Midhun Paul confirmed their willingness to continue in their roles for 12 months.
- 1.3. Following discussions with Dorset Council, David Taylor will conclude his term as a Public Governor on 30 September 2026 and, from 1 October 2026, will take up the position of Appointed Governor representing Dorset Council. This arrangement will provide continuity within the Council of Governors and further strengthen the partnership between Dorset County Hospital and Dorset Council. As an experienced Governor, David is already familiar with the Trust and the responsibilities of the role.
- 1.4. Simon Bishop declined the opportunity to extend his term and will therefore cease to hold office on 30 September 2026.
- 1.5. The following Governors have agreed to extend their terms of office by 12 months, subject to approval by the Council of Governors and the Board of Directors:
 - a. The Public Governor term of Kathryn Harrison will be extended until 30 September 2027.
 - b. The Public Governor term of Jean-Pierre Lambert be extended until 30 September 2027.
 - c. The Staff Governor term of Midhun Paul will be extended until 30 September 2027.
- 1.6. Subject to approval by the Council of Governors, these proposed term extensions will be presented to the Board of Directors on 13 October 2026 for final approval.

2. Risks of not extending the Governor terms

- 2.1. To ensure compliance with the Constitution, the Council of Governors must remain quorate until the anticipated legislative changes take effect in April 2027.
- 2.2. Without the proposed term extensions, the Council would be at increased risk of becoming inquorate due to the number of existing vacancies and expiring Governor terms, reducing its ability to discharge its statutory responsibilities effectively.

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2.3. **Table 1**, Current Elected Governor's Constituencies, names and terms

Constituency	Governors Name	Term Due to end	Number of Terms served
West and South Dorset	Jean-Pierre Lambert	30/09/2026	1
West and South Dorset	Kathryn Harrison	30/09/2026	1
West and South Dorset	David Taylor	30/09/2026	1
West and South Dorset	Mike Byatt	08/07/2027	2
West and South Dorset	Alan Clark	08/07/2027	1
West and South Dorset	Anne Link	08/07/2027	1
West and South Dorset	Judy Crabb	08/07/2027	2
West and South Dorset	4 x Vacancies	N/A	N/A
North and East Dorset	Simon Bishop	30/09/2026	3
North and East Dorset	Maurice Perks	08/07/2027	3
North and East Dorset	Carol Manton	08/07/2027	1
North and East Dorset	Lynn Taylor	08/07/2027	2
South Somerset & Rest of England & Wales	1 x Vacancy	N/A	N/A
Staff	Midhun Paul	30/09/2026	1
Staff	Max Deighton	08/07/2027	1
Staff	Jan Wagner	08/07/2027	1
Staff	1 x Vacancy	N/A	

2.4. **Table 2**, Appointed Governors to represent partner organisations

Partner Organisation	Name of Appointed Governor	Term due to end	Number of Terms served
Coastlands College	Kate Wills	30/06/2028	1
People First	Laura Kerr	31/07/2028	1
Dorset Mental Health Forum	Becky Aldridge	17/11/2028	1
Two Harbours Healthcare	Sharlina Sallehuddin	07/03/2029	1
Dorset Council	David Taylor from 1 October 2026	30/09/2029	2
Organisation to represent older people	Vacancy	N/A	N/A
Organisation to represent the spectrum of palliative and hospice care	Vacancy	N/A	N/A

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3. Recommendations

The Council of Governors are asked to –

- **Approve** the extension of the Public Governor term of Kathryn Harrison from 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.
- **Approve** the extension of the Public Governor term of Jean-Pierre Lambert from the 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.
- **Approve** the extension of the Staff Governor term of Midhun Paul from the 1 October 2026 to the 30 September 2027, in accordance with Clause 16.4 of Annex 4, Paragraph 16 of the Trust Constitution.

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Report to	Council of Governors – DCH and DHC	
Date of Meeting	DCH – 21 September 2026, DHC 23 September 2026	
Report Title	The NHS Modernisation Bill and implications for Governors	
Prepared By	Jenny Horrabin, Joint Director of Corporate Affairs	
Approved by Accountable Executive	Jenny Horrabin, Joint Director of Corporate Affairs	
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? <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	SR7 Partnerships and Transformation	
Financial	No specific implications arising from this report	
Statutory & Regulatory	Report sets proposals if the NHS Modernisation Bill passes as written	
Equality, Diversity & Inclusion	To be built into our engagement approach	
Co-production & Partnership	Engagement and Co-production Development Group in place	

Executive Summary
Following the publication of the 10-year Health Plan in 2025, the Health Bill 2026 currently proceeding through Parliament proposes removing the statutory requirement for Foundation Trusts to have Councils of Governors. A fact sheet on the Health Bill is provided here: Health Bill: providers - fact sheet - GOV.UK While the membership is removed, in their place, the government intends that Foundation Trusts (FTs) introduce ‘more dynamic arrangements to take account of patient, staff and stakeholder insight’. Since the beginning of the year, we have been developing our plans and once the Health Bill was published we have considered in more detail the implications for Dorset County Hospital and Dorset HealthCare. These are set out in the report and include: • Established Engagement and Co-Production Development Group – this has met 3 times to date and will meet again in October 2026, with a draft framework to be produced in October 2026 • Reviewed the proposed legislation and undertaken a mapping exercise – included with this report at Appendix A • Arranged to meet with Staff Governors – September 2026 • Arranged Pan Dorset Governor workshop with Governor colleagues from DCH, DHC and UHD where co-production and engagement will be discussed • Continue to review new guidance as it becomes available The Trust values the wider contribution that governors make through community intelligence, challenge, advocacy and stakeholder connections. Subject to legislative changes, we would seek to retain this expertise through future engagement and participatory arrangements. Rather than creating a replacement body, we plan to strengthen a range of existing mechanisms and develop new approaches that enable broader participation.

We are involving existing Governors in co-producing our approach through the work of the Engagement and Co-production Development Group and will involve our Governors more widely as this work develops.

Recommendation

The Council of Governors is recommended to receive assurance on:

- The actions taken to date and planned to develop our approach
- Our commitment to involving our Governors in developing our approach
- Our commitment to maintaining strong governance that incorporates the voices of our population

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The NHS Modernisation Bill and implications for Governors

1. Introduction and Purpose

Following the publication of the 10-year Health Plan in 2025, the Health Bill 2026 currently proceeding through Parliament proposes removing the statutory requirement for Foundation Trusts to have Councils of Governors. A fact sheet on the Health Bill is provided here: [Health Bill: providers - fact sheet - GOV.UK](#)

While the membership is removed, in their place, the government intends that Foundation Trusts (FTs) introduce ‘more dynamic arrangements to take account of patient, staff and stakeholder insight’.

2. Legislative Changes and Impact on Governor Functions

The statutory responsibilities of Governors are set out in the National Health Service Act 2006 and amended by the 2012 Act. While the abolition of Councils of Governors is dependent on the will of Parliament, it is important to consider what these new arrangements for governance and engagement might look like now, in advance of royal assent (likely spring 2027).

Schedule 3 of the Health Bill 2026 proposes the removal of NHS Foundation Trust membership and Councils of Governors. As a consequence, current governor functions are either: (a) abolished; (b) transferred to the Secretary of State or a nationally determined appointments framework, particularly in relation to Chairs and Non-Executive Directors; or (c) transferred to the Foundation Trust Board of Directors, particularly operational governance functions such as auditor appointment.

3. Our response to date

Since the beginning of the year, we have been developing our plans and once the Health Bill was published we have considered in more detail the implications for Dorset County Hospital and Dorset HealthCare. The table below sets out what we have done so far and our plans for the remainder of the year.

Action	Status
Established Engagement and Co-Production Development Group	The Engagement and Co-production Development Group has been established to oversee the co-production of our approach to patient and public engagement and involvement in decision-making, ensuring lived experience and community insight shape strategy, service change and priorities, in line with the NHS 10 Year Health Plan. The Terms of Reference were shared with the DCH and DHC CoGs on 9th and 11th March 2026 respectively and comments incorporated into final versions Governors are represented on this group (2 x Public Members per Trust and 2 x appointed members per trust) The Group has held 1 meeting (11 May 2026) and 2 workshops (June 2026 and August 2026) with further meetings scheduled (October 2026, December 2026 and February 2027)

Action	Status
	A draft framework for engagement and co-production will be shared with members in October 2026 and then shared more widely during Q3/4 and finalised in Q4. One of the roles of this group is to: <i>Consider the current role of Governors in terms of decision-making and membership engagement and ensure that any gaps are identified and plans put in place to address them</i>. This was addressed in the August workshop.
Reviewed the proposed legislation and undertaken a mapping exercise	This has been completed based on the information currently available. We will continue to review as more information and guidance becomes available. It is included at Appendix A to this report.
Arranged to meet with Staff Governors	We have contacted our staff governors in September 2026 and will meet with them to gather their views. Feedback will be provided to the November CoG.
Arranged PAN Dorset Workshop	We have scheduled a PAN Dorset Workshop on 2 December 2026 (DCH, DHC, UHD) where there will be a session on involvement and co-production
Continue to review new insight and guidance as it becomes available	Attendance at NHS Alliance events in August 2026 (Governors and Trust staff attended)

The table in Appendix A summarises the principal statutory responsibilities of governors and the proposed future arrangements under the Bill (detailed in Schedule 3 of the Health Bill).

An action plan is included at Appendix B.

4. Patient, public and stakeholder involvement

4.1 Why change is required

Although the Bill removes the statutory governor framework, it does not diminish the requirement to involve patients, carers, communities, staff and partners in decision-making. Indeed, the policy direction of the NHS 10 Year Health Plan places greater emphasis on co-production, neighbourhood working and community participation. The proposed changes therefore provide an opportunity to review how Dorset HealthCare and Dorset County Hospital strengthen public involvement through a broader range of mechanisms while retaining the benefits of local accountability and community voice.

The Trust values the wider contribution that governors make through community intelligence, challenge, advocacy and stakeholder connections. Subject to legislative changes, we would seek to retain this expertise through future engagement and participatory arrangements.

Furthermore, to ensure effectiveness, providers' engagement arrangements will be assessed as part of ongoing assurance processes including provider capability assessments, Care Quality

Commission well-led assessments and the assessment process for advanced foundation trust status.

The Engagement and Co-Production Development Group has been established to oversee the co-production of our approach to patient and public involvement.

4.2 Developing the Future Model

The NHS is now much more focused on place, neighbourhoods, population health, co-production and partnership. The question is not "how do we replace governors?" but "what is the most effective way to hear and act on community voice in 2030?".

We already have a broad range of patient and public involvement and co-production activities in both Dorset Healthcare and Dorset County Hospital.

Our approach will seek to preserve the underlying objective of community influence and accountability while moving towards one based on broader participation, inclusion and co-production.

Rather than creating a replacement body, we plan to strengthen a range of existing mechanisms and develop new approaches that enable broader participation. The list outlines the existing direction of travel and is not exhaustive. We are involving existing Governors in co-producing our approach through the work of the Engagement and Co-production Development Group.

Approach	Benefits
Neighbourhood and Place-Based Engagement and Community Forums	Our strategic co-production work with Neighbourhood Teams in Dorset Healthcare is well developed. We will seek to learn and build on this work across our services and communities in both Dorset Healthcare and Dorset County Hospital. This will work through existing place partnerships, local authority structures, voluntary sector networks and community organisations to understand local priorities and concerns. For significant strategic questions, in future the Trust could convene time-limited citizens' panels or deliberative forums drawn from local communities. These arrangements can provide deeper and more representative insight because participants can be selected to reflect the diversity of the population affected by decisions, with a focus on both 'communities of geography' and 'community of experience'.
Digital Engagement	Digital platforms can provide opportunities for larger numbers of patients, carers, staff and residents to contribute views on strategic priorities, service developments and quality improvement initiatives.
Strengthening Existing Patient and Public Involvement	We will build on existing patient experience, patient participation and engagement arrangements to create more systematic routes through which community perspectives inform Board decision-making. There are established arrangement in both Trusts (including Your Voice Group at DHC and the Experience of Care Oversight group at DHC). We will align our approach to the national Quality Strategy and as part of this we are reviewing the NHS England Experience of Care model and will be completing the self-assessment toolkit in each Trust.

Approach	Benefits
	Dorset County Hospital (DCH) Governors have drafted a proposal for future involvement, building on the work of the existing 'Your Voice Group' and this will be considered via the Engagement and Co-production Development Group in October 2026 to ensure we have a co-ordinated approach. A separate informal Governor session will be arranged if required. The draft proposal has been shared with DCH Governors in advance of the Council of Governors meeting. We recognise the benefits of a Dorset wide approach and also the benefits and desire of Governors to maintain a trust specific focus.
Community Partnerships and working with local authorities	We will seek to maintain our relationships with the organisations from which we have appointed Governors through existing and new stakeholder engagement activities. We have ongoing relationships with organisations representing communities that are often under-represented in traditional governance arrangements, including: • voluntary and community sector organisations; • groups representing people with protected characteristics; • carers' organisations; • faith groups; • youth organisations; and • organisations representing deprived communities. We will proactively work with local authorities with long-established routes into communities. This particularly helps us around the wider determinants of health, many of which sit outside the remit of the NHS
System Engagement Leads Network	The System Engagement Leads Network has been doing some work to develop an insights database into which any organisation in the system can put the results of their engagement activities for anyone else to access. We will work with this group to maximise the benefit of this once established.

We will seek to retain the interest and input of current governors and members by providing the opportunity to be included on our database to receive regular communications and have the opportunity to participate in engagement and co-production activities.

While the outputs of our engagement and participation work will feed naturally directly into developing, evaluating and improving our services, the broad themes will also be reported regularly to the Board to ensure there is senior visibility of the way in which the views of our communities are influencing decision-making and service improvement.

A draft framework for engagement and co-production will be prepared in October 2026 and then shared more widely during Q3/4 and finalised in Q4.

4.3 Staff Engagement

The abolition of Councils of Governors will also remove the formal role of staff governors. While staff engagement arrangements fall outside the remit of the Engagement and Co-Production Development Group, it is important that the valuable contribution currently provided through staff governors is not lost.

We are already reviewing our staff engagement architecture to ensure staff continue to have meaningful opportunities to influence strategy, transformation and service improvement. The Staff Voice Report will be presented to the People and Culture Committee in September and will, in part, inform our approach. We will consider the role of existing staff forums, staff networks, listening mechanisms, trade union partnerships and opportunities for direct engagement with the Board. We will consult with Staff Governors in developing our approach. The review will be led jointly by the Chief People Officer and Director of Corporate Affairs to be completed by December 2026.

5. Recommendations

The Council of Governors is recommended to receive assurance on:

- The actions taken to date and planned to develop our approach
- Our commitment to involving our Governors in developing our approach
- Our commitment to maintaining strong governance that incorporates the voices of our population

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Appendix A: Principal statutory responsibilities of governors and the proposed future arrangements under the Bill (detailed in Schedule 3 of the Health Bill).

Current function	Proposed future arrangement (depending on final legislation)
Appointment and, if appropriate, remove, the Chair and NHS Non-Executive Directors	Transferred to Secretary of State / national appointment arrangements. We will align with the process for NHS trusts and support effective use of talent across the NHS - NHS England / DHSC process. Appointments will be made by the Secretary of State. We will continue to build stakeholder engagement into Chair and NED recruitment processes.
Approve (or not) any new appointment of a chief executive	We will align with the process for NHS trusts and support effective use of talent across the NHS - NHS England / DHSC process. We will continue to build stakeholder engagement into recruitment processes.
Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors	Likely transfer to Secretary of State or national appointments framework. There is an existing requirement to remunerate the Chair and Non-Executive Directors in accordance with the national guidance. Variations to this follow the NHS England / DHSC process. Non-executive opportunities in the NHS » A remuneration structure for NHS provider chairs and non-executive directors
Appoint and, if appropriate, remove the NHS foundation trust's auditor	In the NHS, the statutory auditor panel requirements apply to integrated care boards (ICBs) and NHS trusts, while foundation trusts currently have separate arrangements through their councils of governors. However, proposed reforms will bring foundation trusts closer to the arrangements used by NHS trusts and ICBs. Auditor panels play a key role in supporting effective oversight and auditor independence. This means ensuring there is a robust appointment process, clear oversight of the auditor relationship and effective management of conflicts of interest. The Healthcare Financial Managers Association (HFMA) is updating the guidance in this area to include NHS Foundation Trusts. We will follow recommended best practice and any statutory or regulatory requirements in this area.
Receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors.	Removed in current form, because there would no longer be a Council of Governors or governor meeting at which to receive them. The Trust would still have statutory reporting and accounts obligations, but not this governor-facing mechanism. We will hold a public Annual General meeting each year. This will be advertised through our communication and engagement channels to promote the meeting and encourage attendance.
Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors	Schedule 3 removes the Council of Governors and therefore removes the statutory duty to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors. No direct equivalent internal accountability body is currently proposed in the Bill. Foundation Trust oversight will instead operate through the Trust Board's own governance arrangements, regulatory oversight arrangements and national accountability mechanisms. NHS England's current oversight functions are proposed to transfer to the Secretary of State under the Health Bill. The Trust will continue to operate Board, Chair and Non-Executive Director appraisal and evaluation processes in line with the NHS Code of Governance. The effectiveness of the

Current function	Proposed future arrangement (depending on final legislation)
	Board and its committees will continue to be reviewed and reported through the Annual Governance Statement within the Annual Report.
Represent the interests of the members of the trust as a whole and the interests of the public	Schedule 3 removes Trust membership and the Council of Governors. However, the Trust will continue to be subject to statutory duties relating to public, patient and stakeholder engagement. Future arrangements will need to ensure that the voices of patients, carers, communities, partners and staff continue to inform decision-making, service development and strategic planning.
Approving significant transactions, mergers, acquisitions, separations or dissolutions	Schedule 3 removes the Council of Governors and therefore removes the requirement for governor approval of significant transactions and major organisational transactions, including mergers, acquisitions, separations and dissolutions. These matters will continue to be subject to Board approval and relevant statutory, regulatory and Secretary of State approval processes where required.
Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions	Responsibility for determining the strategic appropriateness of non-NHS activities would rest with the Board of Directors as part of its responsibility for the management and stewardship of the Trust, subject to any applicable statutory, regulatory and Secretary of State oversight arrangements.
Approve amendments to the trust's constitution.	Amendments to the Trust's constitution will be determined through the revised statutory governance arrangements, with responsibility resting with the Board of Directors and any applicable regulatory or Secretary of State requirements.

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Appendix B: Action Plan for developing response to Health Bill and impact on Governors

Action	Executive Lead	Status / Timeline
Establish Co-Production and Involvement Development Group	Nicola Plumb, CPO	Complete - In place. The Group has held 1 meeting (11 May 2026) and 2 workshops (June 2026 and August 2026) with further meetings scheduled (October 2026, December 2026 and February 2027)
Map the existing responsibilities and set our plans based on current position	Jenny Horrabin, DoCA	Complete • Report to CoG Sept 26
Keep plans under review as the legislation progresses, and new guidance becomes available	Jenny Horrabin, DoCA	Ongoing – dependent on legislation and guidance
Report on the role of Governors to the Co-Production and Involvement Development Group	Jenny Horrabin, DoCA	Complete • Presentation August 2026
Consider the proposals put forward by the DCH Governors – shared by Kathryn Harrison	Kathryn Harrison – Lead Governor, Nicola Plumb CPO	Ongoing • Emailed to Governors w/c 14 September 2026 and referenced in this report • To consider at the October meeting of the Co-Production and Development Group • To decide if a separate informal Governor meeting required to consider
Develop Framework (structure) Patient and Public Co-production and Involvement (through the work of the Co-production and Involvement and Development Group)	Nicola Plumb, CPO	Ongoing • Draft Q3 • Finalised Q4

Action	Executive Lead	Status / Timeline
Meet with Staff Governors to gather views	Jenny Horrabin, DoCA Nicola Plumb, CPO	Scheduled – Sept 2026
Develop our Board reporting on community influence in decision making and service improvement	Jenny Horrabin, DoCA Nicola Plumb, CPO	To be in place for Q1 27/27
Keep our Governors informed and involved as our plans develop	Jenny Horrabin, DoCA David Clayton Smith, Chair	Ongoing • Report to Governors on Engagement and Co-Production Group - March 2026 • Report to Co-prod and Involvement Group on implications for Governors – Aug 26 • Lead Governor Meetings - 3 Sept 26 • Report to COG – Scheduled Sept 26 • Pan Dorset Governor Workshop – Scheduled 2 Dec 26

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CoG Engagement and Membership Committee in Common Assurance Report for the meeting held on 19 August 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	None
Key issues / matters discussed at the meeting	The committee received, discussed and noted the following reports: - Feedback from the Engagement and Co-production Development Group. - Schedule and service presentations for the Annual Members Meeting (AMM) were discussed and were decided. - Engagement Focus discussion about engagement activity that had taken place and upcoming opportunities. - Received the Trust Membership Report. - Members and Public newsletter - Governors were invited to shape future agenda item of this committee
Decisions made at the meeting	- It was agreed that the service presentation at the DCH Annual Members' Meeting (AMM) will focus on Stroke Services. The DHC AMM, which will be held online, will include a service presentation on Children and Young People's Services. - Accessibility and inclusion considerations continue to be reviewed in relation to moving to a digital-only e-shot newsletter.
Issues / actions referred to other committees / groups	None

Council of Governors Attendance

First Name	Surname	Job Title	Role	Start	End	Meetings Attended	Total # Meetings	06/07/2026
Kathryn	Harrison	Public Governor, West & South Dorset - Lead Governor	Governor			1	1	Present
Simon	Bishop	Public Governor, North & East Dorset	Governor			1	1	Present
Mike	Byatt	Public Governor, West & South Dorset	Governor			1	1	Present
Alan	Clark	Public Governor, West & South Dorset	Governor			0	1	Absent
Judy	Crabb	Public Governor, West & South Dorset	Governor			1	1	Present
Jean-Pierre	Lambert	Public Governor, West & South Dorset	Governor			0	1	Absent
Anne	Link	Public Governor, West & South Dorset	Governor			1	1	Present
Carol	Manton	Public Governor, North & East Dorset	Governor			0	1	Absent
Midhun	Paul	Staff Governor	Governor			1	1	Present
Maurice	Perks	Public Governor, North & East Dorset	Governor			1	1	Present
David	Taylor	Public Governor, West & South Dorset	Governor			1	1	Present
Max	Deighton	Staff Governor	Governor			1	1	Present
Jan	Wagner	Staff Governor	Governor			1	1	Present
Lynn	Taylor	Public Governor, North & East Dorset	Governor			1	1	Present
Paul	Kent	Appointed Governor, Friends of DCH	Governor			1	1	Present
Laura	Kerr	Appointed Governor, People First Dorset	Governor			1	1	Present
Becky	Aldridge	Appointed Governor, Dorset Mental Health Forum	Governor			1	1	Present
Kate	Wills	Appointed Governor, Coastlands College	Governor			1	1	Present
Sharlina	Sallehuddin	Appointed Governor, Two Harbours Healthcare for Weymouth and Portland Primary Care Network (PCN)	Governor			1	1	Present
David	Clayton-Smith	Chair - Non-Executive Director	NED	01/05/2023		1	1	Present

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