



University Hospitals Dorset
NHS Foundation Trust

**University Hospitals Dorset NHS Foundation
Trust**

Council of Governors Meeting – Part 1

Thursday 2 October 2025

16:00 – 18:00

Boardrooms, Poole Hospital

and via Microsoft Teams

(Link to join meeting can be found in Outlook Diary Appointment)

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING

The meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 16:00 on Thursday 2 October 2025 in the Boardrooms at Poole Hospital and via Microsoft Teams.

If you are unable to attend, please notify the Company Secretary Team by sending an email to: company.secretary-team@uhd.nhs.uk

Judy Gillow
Interim Trust Chair

AGENDA – PART 1

16:00 on Thursday 2 October 2025

Time	Item		Method	Purpose	Lead
16:00	1	Welcome, Introductions, Apologies & Quorum	Verbal		Chair
16:02	2	Declaration of Interests	Verbal		Chair
16:05	3	Update from Lead Governor	Verbal	Information	Lead Governor
	4	MINUTES			
16:15	4.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 3 July 2025	Paper	Approval	Chair
16:17	4.2	Matters Arising – Action List	Verbal	Review	Chair
	5	TRUST CHAIR AND CHIEF EXECUTIVE UPDATES			
16:20	5.1	Chair's Update	Verbal	Information	Chair
16:30	5.2	Chief Executive's Update	Verbal	Information	CEO
	6	INTEGRATED PERFORMANCE REPORT; QUALITY			
16:40	6.1	Committee Chair Assurance Reports: <ul style="list-style-type: none"> - Audit Committee - Charitable Funds Committee - Finance and Performance Committee - People and Culture Committee - Transforming Care Together - Quality Committee 	Paper ^R /Verbal	Information	Committee Chairs
17:00	6.2	Annual Patient Experience Report	Paper	Information	CNO
	7	GOVERNANCE			
17:10	7.1	Report on Annual Members' Meeting	Verbal	Information	Chair
17:15	7.2	Composition of Board of Directors: Amendment to Trust's Constitution	Paper	Approval	Chair
17:25	7.3	Informal Governor Groups – Terms of Reference	Paper	Approval	Chair/ CoSec

	8	DIGITAL			
17:30	8.1	Update on Electronic Health Records	Paper	Information	CDO
	9	COMMITTEES AND GOVERNOR GROUPS UPDATE			
17:40	9.1	Feedback from Council of Governors Informal Groups: <ul style="list-style-type: none"> Effectiveness Group Membership Engagement Group including calendar of events 	Paper	Review	Group members
	9.2	Feedback from Staff and Appointed Governors	Verbal	Information	Staff and Appointed Governors
	9.3	Feedback from Governor Observers	Verbal	Information	Governors Observers
17:52	10	Urgent Motions or Questions	Verbal		Chair
17:55	11	Any Other Business	Verbal		Chair
18:00	12	Date of Next Council of Governors Meeting: TCB			

* late paper

^R Associated item in Reading Room

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Reading Room

- Integrated Performance Report (*for agenda item 6.1*)

Items for Next Council of Governors Part 1 Agenda – January 2026

Standing Reports

- Chair's Update
- Chief Executive's Update
- Integrated Performance Report/ Committee Chairs' Assurance Report
- Feedback from the Nominations, Remuneration and Evaluation Committee
- Updates from the Council of Governor Groups
- Feedback from Governor Observers
- Feedback from Staff and Appointed Governors

Annual Reports

- Methodology for the Council of Governors' Assessment of Collective Performance
- Methodology for performance evaluation for the Chair and Non-Executive Directors
- Board Assurance Framework (six monthly report)
- Quality Account (six months review)

List of abbreviations:

CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CSTO – Chief Strategy and Transformation Officer

CFO –Chief Finance Officer
CoSec – Company Secretary Team

Other abbreviations

CDEL – Capital Delegated Expenditure Limit SMR – Standardised Mortality Ratio
CIP – Cost Improvement Programme SWAST – South West Ambulance Service NHS Foundation Trust
ED – Emergency Department
HSMR – Hospital Standardised Mortality Ratio
ICB – Integrated Care Board
ICS – Integrated Care System
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
OPEL – Operational Pressures Escalation Levels

AGENDA – PART 2 PRIVATE MEETING

18:15 on Thursday 2 October 2025

Time	Item		Method	Purpose	Lead
18:15	13	Welcome, Introduction, Apologies & Quorum	Verbal		Chair
18:17	14	Declaration of Interests	Verbal		Chair
	15	MINUTES			
18:20	15.1	For Accuracy and to Agree: Minutes of the Council of Governors Meeting held on 25 July 2025	Paper	Approval	Chair
18:22	15.2	Matters Arising – Action List	Paper	Review	Chair
	16	GOVERNANCE			
18:23	16.1	Key themes from the Part 2 meeting of the Board of Directors held on 1 October 2025	Verbal	Information	Chair
18:35	16.2	Feedback from Nominations, Remuneration and Evaluations Committee: <ul style="list-style-type: none"> • Governance Cycle • Governors' attendance at the Council of Governors meetings 	Paper	Approval	Chair
18:40	16.3	Non-Executive Director Appointment	Paper	Ratification	Chair
18:45	16.4	Extension of Non-Executive Director's tenure	Paper	Ratification	Chair
18:50	17	Any Other Business	Verbal		Chair
18:55	18	Reflections on the Meeting	Verbal		Chair
19:00	19	Date of Next Council of Governors Meeting: TBC			

* late paper

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Items for Next Council of Governors Part 2 Agenda – January 2026

Standing Items

- Feedback from Nominations, Remuneration and Evaluations Committee
- Key themes from Board Part 2 meeting.

Annual reports

- Annual Effectiveness of External Audit Process

List of abbreviations:

CEO – Chief Executive Officer

CFO – Chief Finance Officer

CNO – Chief Nursing Officer

CoSec – Company Secretary Team

Other abbreviations

CDEL – Capital Delegated Expenditure Limit

SMR – Standardised Mortality Ratio

CIP – Cost Improvement Programme

SWAST – South West Ambulance Service NHS Foundation Trust

ED – Emergency Department

HSMR – Hospital Standardised Mortality Ratio

ICB – Integrated Care Board

ICS – Integrated Care System

ITU – Intensive Therapy Unit

MSG – Mortality Surveillance Group

NHSE/I – NHS England/Improvement

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

**UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS PART 1 MEETING**

Minutes of the Council of Governors Part 1 meeting held on 3 July 2025 at 4pm in the Boardrooms at Poole Hospital and via Microsoft Teams

Present:	Judy Gillow Colin Blebta Robert Bufton Sharon Collett Sue Comrie Beryl Ezzard Richard Ferns Colin Hamilton-Welsh Paul Hilliard Elizabeth McDermott Andrew McLeod Keith Mitchell Jerry Scrivens Diane Smelt Kani Trehorn Michele Whitehurst Sandy Wilson	Interim Trust Chair (<i>chair</i>) Public Governor: Bournemouth Public Governor: Poole and Rest of Dorset Public Governor: Bournemouth Appointed Governor: Volunteer Group Appointed Governor: Dorset Council Public Governor: Poole and Rest of Dorset Staff Governor: Non-Clinical Appointed Governor: BCP Council Public Governor: Bournemouth Public Governor: Poole and Rest of Dorset Public Governor: Bournemouth Public Governor: Christchurch, East Dorset and Rest of England Public Governor: Bournemouth Staff Governor: Clinical Public Governor: Poole and Rest of Dorset, Lead Governor Public Governor: Christchurch, East Dorset and Rest of England
In attendance:	Andrew Doe Yasmin Dossabhoj Siobhan Harrington Helen Martin Helena McKeown Tara Vachell Claire Whitaker Klaudia Zwolinska	Associate Non-Executive Director Associate Director of Corporate Governance Chief Executive Officer (<i>until CoG098/25</i>) Freedom to Speak Up Guardian (<i>until CoG099/25</i>) Non-Executive Director Freedom to Speak Up Guardian (<i>until CoG099/25</i>) Non-Executive Director, Senior Independent Director Corporate Governance Manager (<i>minutes</i>)

CoG088/25	<p>Welcome, Introductions, Apologies & Quorum</p> <p>Judy Gillow welcomed everyone to the meeting.</p> <p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> • Deniz Cetinkaya, Public Governor, Bournemouth • Rob Flux, Staff Governors, Non-Clinical, • Carrie Stone, Public Governor, Poole and Rest of Dorset • Shelley Thompason, Appointed Governors, Bournemouth University <p>The meeting was declared quorate.</p>
CoG089/25	<p>Declarations of Interest</p> <p>No existing interests in the matters to be considered were declared. In addition, no further interests were declared,</p>
CoG090/25	<p>For Accuracy and to Agree: minutes of the Council of Governors meeting held on 30 May 2025</p> <p>The minutes of the minutes of the Council of Governors meeting held on 30 May 2025 APPROVED as an accurate record, subject to:</p> <ul style="list-style-type: none"> • Removing the reference to the NHS Act from the Resolution Regarding Press, Public and Others

	<ul style="list-style-type: none"> Correcting a typo on page 6 of the meeting materials.
CoG091/25	<p>Matters Arising – Action List</p> <p>It was noted that all actions had been completed and were CLOSED.</p> <p>Rober Bufton referred to the discussion taken place at the previous meeting regarding the impact of meeting changes on attendance. The Council agreed that this subject would be referred to the Constitution Review Group for further discussion.</p>
CoG092/25	<p>Chair’s Update</p> <p>Judy Gillow presented the Chair’s update, including the following:</p> <ul style="list-style-type: none"> The annual Fit and Proper Persons assessments for all Executive and Non-Executive Directors (NEDs) were submitted on time to NHS England, along with the Annual Report and Accounts. Judy Gillow praised the quality of the submissions and thanked the Company Secretary Team. Michael Marsh accepted a conditional offer to join as a NED, with a planned start date of 2 September 2025, pending completion of the necessary checks. A handover was arranged for Michael Marsh to observe the August Quality Committee meeting ahead of taking over as Chair and Maternity Safety Champion. Cliff Shearman and John Lelliott were confirmed to be stepping down at the end of September 2025. Recruitment for a new Finance and Audit NED was underway, with interviews planned around governor availability. <p>Michele Whitehurst provided an update on the arrangements for the Council of Governors carousel, noting that the panel was moved from Wednesday 16 July 2025 to Friday 18 July 2025 to better accommodate availability. Thanks were given to those Governors who confirmed they could attend, and final confirmation of the panel members and facilitator would follow. Governors’ representation on the interview panel was also confirmed.</p> <p>Judy Gillow continued her update, adding the following:</p> <ul style="list-style-type: none"> The aim was for the two new NEDs to start together in September 2025 to complete their induction, with a focus on strong handovers from outgoing members. Judy Gillow would appoint a new Vice Chair from the existing NED team in the autumn, following Cliff Shearman’s departure. She thanked the Company Secretary Team for their ongoing support. She confirmed the reintroduction of a programme for NEDs to undertake at least six service or departmental visits per year, to support Board discussions and staff engagement during a period of significant national change. NEDs would continue to chair consultant appointments, providing further opportunities to engage with clinical staff and support organisational visibility. <p>The Council of Governors NOTED the Chair’s update.</p>
CoG093/25	<p>Chief Executive’s Update</p> <p>Siobhan Harrington presented the CEO update, highlighting the following:</p> <ul style="list-style-type: none"> The recent events in the Trust, including a fire at Royal Bournemouth Hospital. She commended staff for their effective response and teamwork during challenging circumstances. A full debrief and investigation into the fire were underway, with no injuries reported, though some planned surgeries were postponed. She noted the significant changes happening nationally, including the publication of the NHS 10 Year Plan, describing this as a pivotal moment for the NHS and encouraging everyone to read the plan. The Trust remained committed to delivering its annual plan, focusing on changes between Bournemouth and Poole sites, and emphasised the importance of staff engagement, morale, and safety during this period of transformation. The 10 Year Plan was seen as providing a clear direction for the NHS, aiming to reduce bureaucracy and promote local improvements, with a major focus on digital transformation and the creation of 200 neighbourhood centres across England.

- The topping out of the COAST building took place, though there may be a slight delay; formal updates would follow once confirmed, as this could affect timelines for planned changes.
- Performance for months one and two was reviewed, showing overall progress on track, with a slight delay in 65-week waits and a temporary dip in cancer performance, which was recovering in month three.
- Urgent and emergency care met its trajectory in month two, despite operational changes in the emergency department, which was seen as a strong achievement.
- The financial plan remained on track, with a planned deficit in the first half of the year and recovery expected in the second half.
- The Trust was working through a challenging £69 million savings (CIP) programme, including shared services and subsidiary development, which had been difficult for staff. An extraordinary meeting of the Board approved continued work on these changes, with a joint Board meeting scheduled in September 2025 across all three Trusts to agree next steps.
- She highlighted the value of administrative and clerical staff, advocating for better professional development opportunities and recognition for their essential roles, especially as digital initiatives expand.

Diane Smelt congratulated the Executive Team for their foresight in implementing diagnostic changes ahead of the national 10 Year Plan. The Trust was recognised for its progress with initiatives like hospital at home and palliative care at home, and for maintaining strong links between hospital and community clinicians. Recruitment for the primary care GP post was ongoing.

A concern was raised about patient safety as more services moved into the community. The Board reaffirmed its commitment to safety, highlighting the importance of safety walkarounds, the Quality Committee, and the positive impact of the Patient First programme. Governors were encouraged to share both concerns and positive feedback from the community.

The discussion also stressed the need for public confidence in community-based care, noting that while hospitals remain vital for emergencies, many treatments were safer and more appropriate at home or in local centres. Siobhan Harrington shared her experience running community services and emphasised that the success of the 10 Year Plan would depend on public trust in care outside hospitals.

Sharon Collett referred to the recent Board meeting focused on shared services, which was seen as a strong example of effective communication and reassurance for concerned staff. The Board provided clear and accurate information, countering some misinformation circulating among staff. Concerns were raised about union representatives asking staff to sign misleading statements, which was viewed as inappropriate. The opportunity for direct dialogue was considered important for building understanding and reassurance during a challenging period.

Referring back to Siobhan Harrington's earlier point, Sandy Wilson suggested that Governors could play a key role in public relations by helping to communicate and reassure the public that the shift towards more community-based care was a positive development.

Michele Whitehurst noted that the demographic trends showing an ageing population highlighted the need for more prevention and community care. The Coast building was identified as central to the Trust's future vision, especially for elderly services and rapid response, supporting the long-term strategy to meet changing needs.

The conversation expanded to a broader vision for healthcare across Dorset, recognising that organisational boundaries would shift and staff could work across both hospital and community settings. There was enthusiasm about involving clinicians in shaping a shared strategy for the next 5 to 10 years. The Coast building and Poole's elective hub were seen as major opportunities, with ambitions to become a leading centre for elective and emergency care. While new facilities were welcomed, it was acknowledged that further work was needed to reach the highest standards for patient care.

There was strong agreement on the need to help the public understand and accept care at home or in the community as a safe alternative to hospital care. Governors offered to support this message within the community.

	<p>Cllr. Beryl Ezzard noted that Dorset Council acknowledged the challenges posed by new policies but looked forward to working more closely with University Hospitals Dorset (UHD), particularly on the adult social care reablement programme. She highlighted progress made over the past year, crediting Cllr. Steve Robinson's efforts. Dorset Council had also embraced digital transformation and anticipated strong collaboration with UHD going forward.</p> <p>Steve Dickens raised the importance of Governors in promoting and building confidence in patient and outreach services. He noted previous success in increasing understanding and acceptance of the outpatient assessment centre in Beals but reported that some colleagues viewed the move from there to other areas as a backward step.</p> <p>In response to Steven Dickens' point, Siobhan Harrington acknowledged the need for greater public engagement and feedback collection from a Trust perspective. It was noted that St. Mary's had undergone refurbishment, improving the space and facilities. While Beals had presented challenges, particularly around privacy and dignity, the concept remained strong. The Trust recognised the operational benefits of relocating services and committed to improving communication and engagement. A suggestion was made to hold a Governor session focused on the 10-year plan and their role within it.</p> <p>Colin Blebta asked whether the 10 Year Plan would begin to impact day-to-day activities soon or if it was still too early to determine. In response to that, Siobhan Harrington confirmed that the elements of the Plan were already being implemented and aligned with Dorset's medium-term strategy and financial planning. Particular focus was placed on accelerating the development of neighbourhood health teams and the Future Care Programme, which aimed to shift care from hospitals to community settings. This was expected to reduce hospital beds, streamline providers, and improve rehabilitation pathways. It was also noted that significant staffing changes within Integrated Care Boards (ICBs) were anticipated over the next six months.</p> <p>Diane Smelt mentioned the proposal which caused concern, particularly in relation to staffing cuts within ICB and other areas. It was noted that, although these changes were not part of the official 10 Year Plan, there were developments involving Healthwatch and Healthwatch England that could have implications. In response to this, Siobhan Harrington mentioned upcoming reports, including one from Penny Dash, expected within the next 10 days. The Council noted both the advantages and disadvantages of the current approach, which aimed to decentralise public engagement and give more local flexibility. Leaks ahead of official releases caused some confusion, and further clarity was expected from an upcoming meeting with Penny Dash.</p> <p>The Council of Governors NOTED the Chief Executive's Update.</p>
<p>CoG094/25</p>	<p>Board Assurance Framework – 2024/25 and 2025/26</p> <p>Judy Gillow presented the paper in relation to Board Assurance Framework (BAF) 2024/25 and 2025/26. She confirmed that the team had been working on developing the BAF and approved a new reporting format at the Board meeting, which allowed for better discussion of key corporate and strategic risks. Further work was ongoing, including the setup of a risk scrutiny group to align the framework with the corporate risk register and assess the impact of actions taken. The paper also introduced sections on risk tolerance and appetite, which would be explored further in a Board development session later in the year. It was emphasised that the Trust had a low appetite for safety-related risks.</p> <p>Steve Dinceks asked whether there was a definition for the different categories of risk appetite. Judy Gillow responded that this information was available in the Trust's Risk Management Strategy on the Intranet and suggested sharing the relevant section of the Strategy with the Governors to ensure everyone had access to the information.</p> <p>Action: To share categories of risks outlined in the Trust's Risk Management Strategy. Company Secretary Team.</p> <p>The Council of Governors NOTED the Board Assurance Framework – 2024/25 and 2025/26.</p>
<p>CoG095/25</p>	<p>Committee Chair Assurance Reports</p> <p>Judy Gillow reported that Committee Chair Assurance Reports remained in development, and the format had not yet been finalised. She had not yet met with Non-Executive colleagues but aimed to do so within the month to agree on the next steps. The goal was to introduce written risk assurance reports from all Non-Executive chaired Committees by the October Council of</p>

	<p>Governors meeting. In the meantime, two assurance reports were presented to the Board: one by Cliff Shearman, which included escalations, and another by Claire Whitaker.</p> <p>In relation the Charitable Funds Committee chair assurance report, Claire Whitaker reported that at the Committee meeting a range of proposals focused on balancing benefits for patients and staff during a time of transition was discussed. Debbie Anderson, Chairty Director, and her team were reported to be performing well against fundraising targets, and their efforts were praised. Work continued with Care Groups to ensure funds were used effectively, especially during financial pressures and transformation. Planning for the next meeting had begun, with a full agenda anticipated. It was noted that Femi Macaulay would be taking over from Claire Whitaker in September 2025, with a handover planned for August 2025 to ensure a smooth transition.</p> <p>It was reported that Sharath Ranjan provided a verbal update from the People and Culture Committee, highlighting a strong focus on workforce, staff health and well-being, and staff engagement. John Lelliott also gave a verbal update on finance. Siobhan Harringotn had already addressed the key issues discussed at the Finance and Performance Committee, which took place in Part 1 of the meeting.</p> <p>The Council of Governors NOTED the Committee Chair Assurance Reports.</p>
CoG096/25	<p>Annual Audit Committee Review of Effectiveness and the Committee Terms of Reference</p> <p>Judy Gillow presented the Annual Audit Committee Review of Effectiveness and the Committee Terms of Reference. She noted that Tracie Langley had taken over as Chair but was unable to attend. It was noted that the review covered the period up to March 2025 and included detailed feedback from internal auditors, who confirmed that the Committee had discharged its responsibilities effectively and addressed key issues in a timely manner. The Board had also agreed that each Committee would continue to carry out annual effectiveness reviews, with further enhancements planned for the following year as part of ongoing improvement.</p> <p>The Council of Governors NOTED the Annual Audit Committee Review of Effectiveness and the Committee Terms of Reference.</p>
CoG097/25	<p>Nominations, Remuneration and Evaluations Committee – review of Terms of Reference</p> <p>Judy Gillow presented the Nominations, Remuneration and Evaluations Committee – review of Terms of Reference.</p> <p>Yasmin Dossabhoy noted that work was ongoing to incorporate the role of the Associate NED into the Terms of Reference for both the Nominations and Remuneration Committee (NREC) and the Appointments and Remuneration Committee (ARC).</p> <p>The Council of Governors APPROVED the Nominations, Remuneration and Evaluations Committee – review of Terms of Reference Terms of Reference.</p>
CoG098/25	<p>Board of Directors’ Register of Interests</p> <p>Judy Gillow presented Board of Directors’ Register of Interests.</p> <p>The register had been updated and was accessible via a link in the cover sheet. It was confirmed that the register was regularly refreshed in line with the Code of Governance, including updates on Directors’ time commitments. The Council agreed to revisit the item under matters arising at the next meeting to ensure all members had accessed the latest version.</p> <p>ACTION: To share the recent link to the Board of Directors’ register of interests. Company Secretary Team</p> <p>The Council of Governors NOTED the Board of Directors’ Register of Interests.</p>
CoG099/25	<p>Freedom To Speak Up</p> <p>Helen Martin and Tara Vachell presented the Freedom To Speak Up (FTSU) report.</p> <p>Michele Whitehurst thanked for the informative presentation, recognising the ongoing hard work of the FTSU team in engaging with individuals, listening to their concerns, and involving Governors in meaningful ways. The contribution of staff Governors was also acknowledged as vital for understanding internal developments within the organisation.</p>

	<p>It was further emphasised that staff Governors were a key channel for staff to speak up, and that collaboration was essential. In relation to the Behaviour Charter, it was made clear that the initiative should reflect the voices of many, not just a few individuals. Governors were encouraged to share examples and ideas to ensure the work remained authentic and impactful.</p> <p>Sandy Wilson shared her experience with similar charters in other organisations, emphasising that success depended on leadership commitment, clear measurement, and accountability. She stressed the importance of addressing behaviours that did not align with organisational values and praised the charter's alignment with core values. She also advised keeping the approach simple to ensure it remained effective and meaningful.</p> <p>It was emphasised that early, informal conversations were key to resolving misunderstandings and promoting better understanding. Tara Vachell and Helen Martin planned to raise questions at the upcoming People and Culture Committee about whether leaders had the confidence and skills to address poor behaviours. They noted that having a charter was not enough without the ability to act on it and encouraged curiosity about how this was being implemented in practice.</p> <p>Kani Trehorn expressed appreciation for the work on the Behaviour Charter and asked whether it would be included in the induction programme. It was confirmed that the charter would be introduced gradually, starting with induction packs and potentially extending to staff contracts and patient communications. The aim was to clearly communicate the organisation's values and expectations from the outset, while also preparing to address challenges with compassion and understanding.</p> <p>Sharon Collett noted that there was now more emphasis on how things were done and how people supported each other, with new tools available to help. Thanks were expressed for this positive change.</p> <p>Steven Dickens asked whether this approach would be included in the appraisal process. Helen Martin confirmed that the appraisal paperwork already addressed values and behaviours, and that leadership programmes also covered these areas, so the current work was about connecting these elements. It was noted that this should be an ongoing conversation. The discussion also highlighted that, while the process applied to staff, patients and visitors, volunteers had not yet been specifically included in the documentation. It was agreed that examples involving volunteers could be added, and that work was ongoing with Laura Northeast to address this.</p> <p>It was agreed that including volunteers would help make the process more inclusive, and it was requested that an update be brought back once this had been done. The importance of using the right terminology to ensure everyone felt part of the team was discussed, with suggestions to explicitly mention volunteers for now. The FTSU team was thanked for their work, and it was noted that these efforts could help attract more staff by promoting a respectful and values-driven environment.</p> <p>The Council of Governors NOTED the Freedom To Speak Up.</p>
<p>CoG100/25</p>	<p>Feedback from Council of Governors Informal Groups</p> <p><u>Effectiveness Group</u></p> <p>There was no further comments or questions in relation to the report from the Effectiveness Group.</p> <p><u>Membership Engagement Group including calendar of events</u></p> <p>Claire Whitaker summarised the discussion about how feedback from Governors and others was being incorporated into current thinking, with opportunity to strengthen the feedback process. It was agreed that further conversations would take place to ensure feedback, especially from patient engagement, was properly considered in the overall engagement strategy. The value of feedback from Governors' interactions with the community was emphasised, particularly during this period of transformation. There was a commitment to provide an update at the next MEG meeting and to share outcomes with the Council of Governors at its October 2025 meeting.</p> <p>Sandy Wilson added that the Group also discussed the presentation's structure and relevance, noting that the new 10 Year Plan would be valuable for public engagement. Jamie Donalds and Helena Cull agreed to review and update the presentation to ensure it remained current, which was welcomed by everyone.</p>

	<p>The Council of Governors NOTED the feedback from Council of Governors' Informal Groups and APPROVED the annual calendar of events.</p>
CoG101/25	<p>Feedback form Governors' GovernWell conference</p> <p>Judy Gillow welcomed Governors who attended the conference to provide the feedback.</p> <p>Kani Trehorn provided feedback from the conference highlighting a youth Governor's presentation from another hospital which had been inspiring, particularly in showing the benefits of involving younger voices. She suggested exploring similar opportunities, especially given the good relationship with Bournemouth University. Kani Trehorn also mentioned another hospital's approach to sharing committee updates publicly, which could be a useful idea to consider. She agreed to send her report for circulation with the minutes so others could follow up if interested.</p> <p>ACTION: To share the report from the GovernWell conference held on 5 June 2025. Kani Trehorn</p> <p>The Council of Governors NOTED the feedback from Governors' GovernWell conference.</p>
CoG102/25	<p>Feedback from Staff and Appointed Governors</p> <p><u>Appointed Governor update:</u></p> <p>Sue Comrie provided an update on the importance and cost of wheelchairs within the Trust, with recent deliveries funded by the UHD Charity's office. The arrival of new wheelchairs provided an opportunity to review how they were managed and located, including exploring options like designated bays and tracking systems. Staff and volunteers worked together to gather data and improve processes, with ongoing efforts to ensure future procurement and funding are well planned. A report was being compiled to support these discussions and guide future needs.</p> <p>Judy Gillow highlighted how Governors and volunteers had worked together to improve wheelchair provision, with thanks given for their persistence. It was noted that progress was being made, and Sarah Herbert agreed to address concerns about cleanliness and infection risk by working with facilities to ensure wheelchairs were properly maintained.</p> <p><u>Staff Governors update:</u></p> <p>Colin Hamilton-Welsh highlighted that there were around 144,000 patient movements each year, and it was still unclear if current resources were sufficient to manage this effectively. He also noted that other staff priorities included shared services and the no smoking policy, which had been discussed previously.</p> <p>From the perspective of nurses, midwives, and healthcare assistants, Kani Trehorn reported that there were no negative comments. Monthly walkabouts with the diversity lead continued, and there were many compliments about the new Bournemouth BEACH building, making the feedback all positive.</p> <p>The Council of Governors NOTED the Feedback from Staff and Appointed Governors.</p>
CoG103/25	<p>Feedback from Governor Observers</p> <p>Colin Blebta provide feedback from the Finance and Performance Committee meeting, noting strong contributions from all NEDs. Key topics included the digital vision, ICS efficiencies, and the electronic health record programme. While some questions were considered too detailed, overall the meeting was well managed and productive.</p> <p>Sharon Collet gave a summary of the Quality Committee meeting, highlighting its professional and detailed attention to key issues, with a clear focus on important topics that carried through to the Board. Observers felt their presence was valued, as their questions were welcomed and sometimes taken forward for further discussion, reinforcing the positive and inclusive atmosphere.</p> <p>Robert Bufton raised a concern about changes to the process allowing Governors to attend Committee meetings. Previously, any Governor could attend as an observer after informing the Company Secretary and the chair, but this had changed without consultation. He was felt that openness was important for assurance and transparency and asked for this issue be addressed.</p> <p>Due to time constraints, it was agreed that the discussion about Governors attending Committee meetings would be taken outside the meeting. Judy Gilloe and Michele Whiehurst would follow up and revisit the issue at a future meeting.</p>

	The Council of Governors NOTED Feedback from Governor Observers.
CoG104/25	<p>Any Other Business</p> <p>Steven Dickens asked how the new Macmillan Cancer Information Hub at RBH would interact with local Macmillan hospice services, given they were different charities. It was explained that the hub was intended to complement, not compete with, local services, and similar arrangements had worked well elsewhere. To provide further clarity, it was agreed to invite someone from the hub to a future meeting to give a presentation and answer questions.</p> <p>ACTION: To Invite a representative from the Macmillan Cancer Information Hub to give a presentation at a future meeting to address concerns about its impact on local hospice services. Judy Gillow</p> <p>There being no further business, the meeting was closed.</p>
CoG105/25	<p>Resolution Regarding Press, Public and Others</p> <p>The Council of Governors APPROVED, as permitted by the Trust's Constitution and the Standing Orders of the Council of Governors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the nature of the business to be transacted.</p>
	The date and time of the next meeting of the Council of Governors: 2 October 2025 at 16:00.

DRAFT

Council of Governors Part 1 Action List - October 2025

Minute Ref.	Meeting Date	Action	Lead	Due Date	Progress	Status
CoG094/25	03/07/2025	Board Assurance Framework: To share categories of risks outlined in the Trust's risk management strategy.	Comapany Secretary Team	Oct-25	The categories of risks were shared with the Council of Governors on 4 July 2025.	Complete
CoG098/25	03/07/2025	Board of Directors' Register of Interests: To share the recent link to the Board of Directors' register of interests.	Comapany Secretary Team	Oct-25	The link was shared with the Council of Governors on 4 July 2025.	Complete
CoG101/25	03/07/2025	GovernWell conference: To share the report from the GovernWell conference held on 5 June 2025.	Kani Trehorn	Oct-25	Kani Trehorn shared her report with the Council of Governors on 8 July 2025.	Complete
CoG104/25	03/07/2025	Macmillan Cancer Information Hub: To Invite a representative from the Macmillan Cancer Information Hub to give a presentation at a future meeting to address concerns about its impact on local hospice services.	Judy Gillow	Oct-25	Oct-25: Verbal update will be provided at the meeting	In progress

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 6.7

Subject:	Integrated Performance Report (Safety, quality, experience, workforce and operational performance)
Prepared by:	Executive Directors, Adam Morris, Mark Major, Judith May, David Mills, Irene Mardon, Jo Sims, Adrian Tron, Madeleine Seeley, and Tracy Moran
Presented by:	UHD Chief Officers

Strategic themes that this item supports/impacts:	Population & System <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality Outcomes & Safety <input checked="" type="checkbox"/> Sustainable Services <input checked="" type="checkbox"/>
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BAF/Corporate Risk Register: (if applicable)	BAF Risks 1-7 Trust Integrated Performance report for July 2025 - Appendix A
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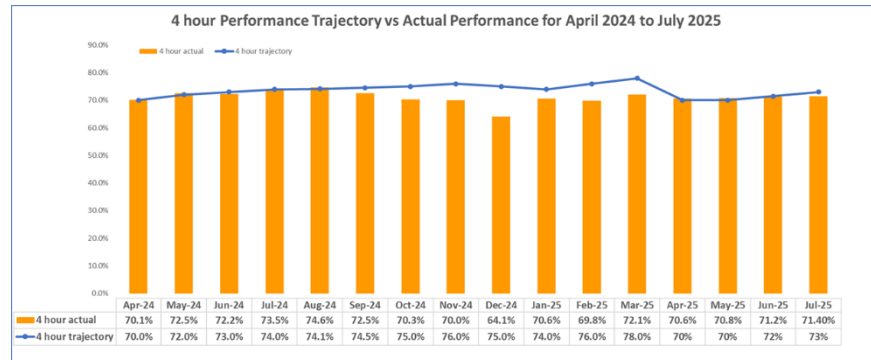
Purpose of paper:	Information
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Executive Summary:	<p>Finance & Efficiency</p> <ul style="list-style-type: none"> The financial Position for the Trust at July 25 has reported a deficit of £4.993 million, £2.233 million better than plan. Value weighted elective activity is at 120% year to date in 2025/26 (against the 2019/20 baseline). This is above the operational plan trajectory of 106.7%. <p>Key headlines for operational performance:</p> <ul style="list-style-type: none"> Performance against the 4-hour organisational standard for July delivered 71.4%, against an internal trajectory of 73%. The number of patients with No Criteria to Reside (NCTR) continues to hold averaging 187 in July vs 185 in June, accounting for c18% of bed base. Focus on the Urgent & Emergency Care delivery programme has been enhanced in July through the 'People & Process' plan. Continuous improvement in planned care pathways has been delivered in July, with RTT 18-week performance exceeding plan at 63.4% and both total waits and time to first appointment reducing. The percentage patients on the waiting list greater than 52 weeks also fell 0.1%, but actual 52week waits were marginally above plan.
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	<ul style="list-style-type: none"> • Two of the three cancer standards (Faster diagnosis and 31day diagnosis to treatment standards) improved and met the operational trajectory as well as the national standard. Performance against the 62-day standard however was more challenged at 68.5% and improvement actions are in place. • Finally, there is now sustained improvement in DM01 performance being demonstrated, driven by improvements in Echocardiology and Neurophysiology in month, with performance reaching 2.5% (target 5%). <p>UHD has consistently met the agency cap since May 2024, with agency costs, as a percentage of pay costs, remaining below the 3.2% target of our annual pay bill and reducing our reliance on the temporary workforce. Our Operational plan and staffing is higher than anticipated with a higher use of bank staff aligned to the Resident Doctors Industrial Action</p> <p>UHD transitioned to Learn from Patient Safety Events (LFPSE) in November 2023 meaning the adoption of a completely different taxonomy for reporting a patient safety event was introduced. However overall reporting remains high (positive).</p>
<p>Background:</p>	<p>The integrated performance report (IPR) includes a set of indicators covering the key aspects of the Trust's performance relating to safety, quality, experience, workforce, and operational performance. It is a detailed report that gives a range of forums the ability if needed to deep dive into a particular area of interest for additional information and scrutiny.</p> <p>As part of our commitment against the CQC Well-Led Framework we continue to develop the format and content of the IPR by:</p> <ul style="list-style-type: none"> • Extending best practice use of Statistical Process Control (SPC) Charts. • Maintaining and updating the indicators that are most relevant to our patients. • Greater focus on key indicators as part of our Patient First roll-out programme linked to the Trust Strategic priorities and the Trust refreshed Strategy Deployment Review process. • Providing SPC training to operational leads who compile the narrative against the data included within the report. <p><i>We recognise as a Trust Board that behind every single metric discussed in this paper there is a patient.</i></p>
<p>Urgent & Emergency Care</p> <p>(2 Assure) (1 Advise)</p>	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency care, supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Assure (1): Performance against the 4-hour standard for July delivered 71.4%, against an internal trajectory of 73%. The target for August is 74% to deliver against the national 78% threshold by year end 25/26. The step change in performance improvement required is recognised and the Organisational Development team have been deployed to work with the UEC SLT and wider UEC senior team to support structure change through challenging rooted cultural behaviours and empowerment of staff.</p>

Regionally led weekly performance calls are in place to track progress against improvement plan and trajectory.

The IPR provides detailed performance against the national Urgent & Emergency Care standards.



Assure (2): Ambulance Performance:

- Average handover duration at Poole was 23.1 minutes and RBH 27.44 minutes. With the regional average being 29.45 minutes.
- Ambulance waits above 60 mins have continued to reduce from 496 in May, 167 in June to 123 in July. The longer waits are at RBH.
- This improvement has been supported by the Trust response to the Timely Handover Process (THP), in place since early June, which involves earlier escalation of capacity concerns likely to avoid providing care in non-clinical areas, which has seen a significant improvement since the implementation of THP.
- Key areas of focus in the coming month will be on waits to be seen (WTBS) and reviewing the ambulance handover process itself, which will include an understanding of the SOP and audits on handover recording accuracy.

Improvement Areas:

The Trust continues to update/monitor the 4 Hour organisational counter measure summaries, the project charters and the team improvement plans.

- **Organisational Development team engagement** to support Emergency department. Focus on engagement, variation and deploying visual management tools as part of broader improvement programme with a focus on 'People & Process'
- **Move to Beach Building.** The move to BEACH has been completed successfully and safely on 14 May 2025. There is now a focus on establishing the 'processes' needed to realise the benefits of the new environment and to provide the capacity to enable Poole to successfully transfer.
- **Non-Admitted Performance /Admitted:** Continued focus on ambulatory pathways and alternative to admissions including SDEC first focus, Community alternatives to admission and maximising Hospital at home.
- **SDEC:** Specialty SDEC meetings conducted re: current provision, future pathways, hours, access points and opportunities. Stage 1 Expansion plans to increase medical SDEC service at RBH site in place agreed, providing additional resilience at weekends. Progress made on improved visibility of SDECS.

- **Length of Stay:** Occupied bed usage continues to track below last year with special cause variation showing sustained improvement and OBD use tracking against the new improvement trajectory.

Advise 1: – No Criteria to Reside

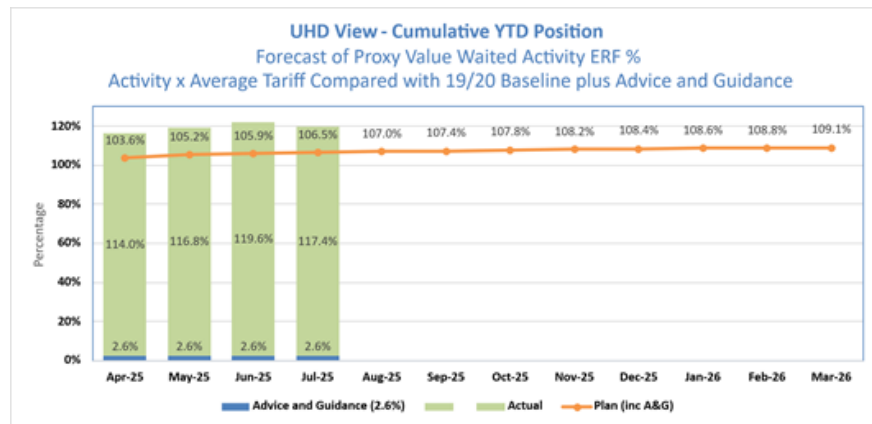
- The number of patients with No Criteria to Reside (NCtR) continues to hold averaging 187 in July vs 185 in June, accounting for c18% of bed base.
- The ‘Transfer of Care,’ (TOC) workstream seeks to reduce the LOS of patients with no criteria to reside and should see a reduction in the number. The project essentially creates a ‘round the table,’ approach helping to connect all partners to improve planning, action in addition to enhancing communication. The programme includes improvements to the system NCTR reporting via a new dashboard, and shared patient tracking across system partners helping to improve planning and response to NCTR. A TOC launch and engagement event is planned for 27th August 2025.
- Pilot Implementation of the TOC commenced in June. The initial focus was on Older People Services (OPS), alongside the internal occupied bed day reduction plan, resulted in a sustained reduction in length of stay.
- Virtual Ward capacity is at 100 beds. The occupancy rate in July was 62.71% which shows opportunity to further develop virtual ward pathways. There has been some variation in metrics due to uncertainty of funding leading to operational challenges. In part, the occupancy variation is related to seasonality although the same reporting for 24/25 showed 66%.

Referral to Treatment (RTT)
(3 Advise, 2 Assure)

Strategic goal: To meet the patient national constitutional standards for Planned and Emergency Care supporting reducing inequalities in outcome and access and improving productivity and value.

Assure (1): The Trust has delivered 120% (provisional value weighted activity) year to date compared to the same period in 2019/20.

Activity levels year to date to July 2025 exceed the Trust’s operational planning trajectory (106.9%), providing a positive start to the year and shorter waits for patients.



Assure (2) 18-week Referral to Treatment (RTT) performance continues to exceed the operational plan trajectory

- RTT performance was maintained at 63.4% in July exceeding the operational plan trajectory by 1%.
- The reduction in RTT waiting list size also exceeds the operational plan trajectory by 7.2%, at 62,203.
- The proportion of patients waiting less than 18 weeks for a first activity (OPA or diagnostics) in July was 74.5% against an operational plan trajectory of 69.9%; thereby also meeting the target.

Advise (1) The percentage of >52 week waits as a proportion of the waiting list reduced by 0.1% however the operational plan trajectory was not met for this measure or the number of actual 52 week waits

Advise (2) 18 RTT Waits >65 weeks were reported at the end of July.

- 18 patients breached 65 weeks at the end of July. Four breaches were due to cancellations during industrial action and the remaining breaches were due to patient choice or complexity. All breaches were within 3 specialties: Neurology, ENT and Gynaecology.
- The percentage of patients on the waiting list waiting greater than 52 weeks improved 0.1% to 3.2% (target 2.7%), but actual 52 week waits were marginally above plan (+109).

Planning requirement	June 25	July 2025	
		Actual	Target
Referral to treatment 18-week performance	63.6%	63.4% ↑	National standard 92% Plan trajectory 62.4% July 2025
Eliminate >65 week waits	14	18 ↑	Plan trajectory 0 July 2025
Reduce >52+ weeks	2099	1959 ↓	Plan Trajectory 1,850 by July 2025
Reduce Waiting List size	62,703	62,203 ↓	Plan Trajectory 67,615 July 2025
Waits for first activity <18 weeks	73.6%	74.5% ↑	Plan trajectory 70% July 2025

The Planned Care Improvement Group has oversight of the improvement projects supporting elective performance.

Key areas of focus

- To maintain delivery of elective activity aligned to the operational plan trajectory in 2025/26.
- Maximise use of capacity in theatres and outpatients; see below.
- Reducing the number of patients waiting over 52 weeks, focusing particularly on the non-admitted pathway, targeting 0 patients >52week waiting a first outpatient appointment in all specialties by the end of August, with some specialties moving down to 48 weeks.
- Continuation of the Quarter 2 validation sprint exercise including additional validation resource deployed within Child Health, Urology, Cardiology, Respiratory, Oncology and Haematology.

	<p>Theatre productivity</p> <ul style="list-style-type: none"> • Capped theatre utilisation (main and day) in July improved at 80.1% and an improvement trajectory is in place to deliver 85% by March 2026. • The Trust remains within the process control limits for theatre case opportunity and continues to deliver well below the target (<15%). • Day case surgery rates (85.3%) exceeded the national target (85%) in the latest reported data – March 2025. <p>Outpatient productivity</p> <p>The proportion of patients waiting less than 18 weeks for a first activity (OPA or diagnostics) in July was 74.5% against an operational plan trajectory of 69.9%; thereby meeting the target.</p> <p>Delivery against the Outpatient Improvement programme continues. The programme has 5 pillars:</p> <ul style="list-style-type: none"> • Excellence in the basics – standardising processes across outpatient services • Productive outpatients - optimising the number of patients able to access care and delivers value. • Improving patient access through digital - empowering patients to actively manage their health through digital tools. • Future outpatients – reconfiguring outpatients to support the planned and emergency care hospital sites. • Right care, right place - improving patient experience and reducing unnecessary hospital attendances. <p>The specific key areas of focus for August are outlined within the IPR.</p> <p>Advise (3): Time to theatre for fractured neck of femur (# NoF) patients – 66.6% were operated on within 36 hours from Emergency Dept admission, demonstrating above national average.</p> <ul style="list-style-type: none"> • Our attainment to surgery within 36 hours of admission has reduced in July to 66.6% (73.4% in June), the number of patients with a fractured NoF attending surgery within 36 hours of being fit or surgery remained mainly static in July at 88.8% (June 89%) • Trauma capacity throughout July was provided at the usual levels despite entering the summer period and industrial action. • The target remains within the upper and lower process control limits; indicating that it is achievable.
<p>Cancer Standards (1 Advise)</p>	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency Care, supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Advise (1) Performance against the cancer waiting times in the latest nationally reported data (June 25) has seen a significant improvement, achieving 77.9%.</p> <ul style="list-style-type: none"> • The Cancer 28 Day Faster Diagnosis Standard (FDS) for June 2025 was finalised at 77.9% against the operational target of 77.75% and the national standard of 75.0%. July performance is on trajectory to exceed both the national standard and operational plan.

	<ul style="list-style-type: none"> • Performance against the 62 Day Standard in June 2025 was 68.5% against an internal trajectory of 71.2%. (national standard 85%). Recovery actions are in place. • Performance against the 31 Day Standard for June 2025 was compliant with the national standard at 96.9% and is expected to be delivered in July. • The over 62 Day PTL for June 2025 was finalised at 182 (38 patients below the 220 UHD target). <p>The specific key areas of focus for June are outlined within the IPR.</p>										
<p>DM01 (Diagnostics report) (1 Assure)</p>	<p>Strategic goal: To meet the patient national constitutional standards for Planned and Emergency Care supporting reducing inequalities in outcome and access and improving productivity and value.</p> <p>Assure (1) The DM01 (Diagnostic) standard performance moved to 2.5% of patients waiting more than 6 weeks for a diagnostic test, achieving the operational planning ambition (5%).</p> <p>Standard: No more than 1% of patients should wait more than 6 weeks for a diagnostic test.</p> <table border="1" data-bbox="512 898 1326 999"> <thead> <tr> <th>July 2025</th> <th>Total Waiting List</th> <th>< 6weeks</th> <th>> 6 weeks</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>UHD</td> <td>11,990</td> <td>11,687</td> <td>303</td> <td>2.5%</td> </tr> </tbody> </table> <p>There has been special cause improvement in DM01 performance for the second consecutive month in July, driven by improvements in Echocardiology and Neurophysiology in Quarter 1 and 2.</p> <p>Further improvement actions are being delivered as detailed within the IPR.</p>	July 2025	Total Waiting List	< 6weeks	> 6 weeks	Performance	UHD	11,990	11,687	303	2.5%
July 2025	Total Waiting List	< 6weeks	> 6 weeks	Performance							
UHD	11,990	11,687	303	2.5%							
<p>Health Inequalities (1 Advise)</p>	<p>Waiting list by Index of Multiple Deprivation (IMD) Analysing elective waits for Quarter 2 2025/26, 9% of patients on the waiting list live in the 20% most deprived areas of Dorset (IMD 1-2). The average weeks waiting at the point of treatment for people in IMD 1-2 continues to show no variation compared to people from IMD 3-10, demonstrating maintenance of 2024/25 performance. Children within the 20% most deprived groups, on average have 0.5 of a week less to wait compared to adults</p> <p>Waiting list by ethnicity: 12% of patients on the waiting list are from community minority ethnicity groupings. An analysis of the average weeks waiting by ethnicity grouping identifies no variation between patients within community minority groups compared with white British populations in Q2. Patients with unknown ethnicity are experiencing 1-week shorter waiting times.</p> <p>Waiting times for children under 18 have shown mixed trends across different ethnic groups. Children from community minority groups are now waiting an average of 6 weeks. In contrast, waiting times for White British children are 10 weeks.</p>										
<p>Maternity (1 Advise)</p>	<p>Advise (1): There are 4 areas currently flagging as red RAG rated:</p> <ul style="list-style-type: none"> • PPH >1.5 liters- ongoing action plan • Apgar <7 at 5 minutes-normal variation 										

	<ul style="list-style-type: none"> • Term admissions to NICU-showing a special cause variation. • Quarterly stillbirth number >2.6 <p>Improvement actions are detailed within the IPR.</p>																																																																																																								
<p>Infection Prevention and Control: (1 Alert, 7 Advise)</p>	<p>Quality, Safety, & Patient Experience Key Points</p> <p>Strategic goals: To achieve top 20% of Trusts in the country for mortality (HSMR) To reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture</p> <ul style="list-style-type: none"> • Alert (1): Meticillin Resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia: No cases of MRSA bacteraemia were identified in July 2025. • Advise (1) <i>Clostridioides difficile</i> cases: Case numbers increased slightly in July 2025, but remains under the mean level. All toxin positive cases undergo investigation and discussion with microbiology. • Advise (2) <i>E.coli</i> bacteraemia: Cases of <i>Escherichia coli</i> bacteraemia decreased slightly in July 2025 compared to June 2025. . The Trust remains above the mean level although case rates remain on a downward trend currently. Focused work within the Medical Care Group continues on the reduction of urinary source bacteraemia. • Advise (3) <i>Klebsiella</i> bacteraemia: Case numbers of <i>Klebsiella</i> increased in July 2025 compared to June 2025. • Advise (4) <i>Pseudomonas</i> bacteraemia: Two cases of <i>Pseudomonas</i> bacteraemia was identified in July 2025; a slight increase compared to June 2025. • Advise (5) Methicillin Sensitive <i>Staphylococcus aureus</i> (MSSA) bacteraemia: The number of Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) decreased in July 2025 compared to June 2025, taking case numbers below the mean level. Advise (6) Hospital Associated cases trend <table border="1" data-bbox="564 1323 1326 1518"> <caption>Hospital Associated Infections Summary for IPR</caption> <thead> <tr> <th>Organism</th> <th>Jul-24</th> <th>Aug-24</th> <th>Sep-24</th> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> </thead> <tbody> <tr> <td>MRSA</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td> <td>1</td> <td>0</td> <td>2</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>MSSA</td> <td>8</td> <td>8</td> <td>5</td> <td>5</td> <td>3</td> <td>5</td> <td>3</td> <td>7</td> <td>8</td> <td>4</td> <td>4</td> <td>6</td> </tr> <tr> <td>C Diff</td> <td>7</td> <td>11</td> <td>11</td> <td>11</td> <td>10</td> <td>14</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> <td>11</td> <td>5</td> </tr> <tr> <td>E Coli</td> <td>14</td> <td>13</td> <td>7</td> <td>9</td> <td>12</td> <td>14</td> <td>18</td> <td>14</td> <td>19</td> <td>18</td> <td>13</td> <td>14</td> </tr> <tr> <td>Kleb</td> <td>3</td> <td>12</td> <td>8</td> <td>8</td> <td>3</td> <td>7</td> <td>8</td> <td>5</td> <td>8</td> <td>3</td> <td>6</td> <td>3</td> </tr> <tr> <td>Pseudo</td> <td>3</td> <td>1</td> <td>0</td> <td>5</td> <td>2</td> <td>3</td> <td>4</td> <td>2</td> <td>0</td> <td>3</td> <td>2</td> <td>1</td> </tr> <tr> <td>Outbreaks</td> <td>1</td> <td>2</td> <td>1</td> <td>0</td> <td>0</td> <td>4</td> <td>5</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Advise (7): Outbreaks/cohort of infectious disease: There was one outbreak of COVID-19 in July 2025 involving seven patients. No reported staff cases. This led to the closure for two bays on the ward for a period of seven days. Reviewed at daily outbreak meeting by ward and IPC staff. 	Organism	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	MRSA	2	2	0	0	0	3	1	0	2	1	0	0	MSSA	8	8	5	5	3	5	3	7	8	4	4	6	C Diff	7	11	11	11	10	14	4	6	8	10	11	5	E Coli	14	13	7	9	12	14	18	14	19	18	13	14	Kleb	3	12	8	8	3	7	8	5	8	3	6	3	Pseudo	3	1	0	5	2	3	4	2	0	3	2	1	Outbreaks	1	2	1	0	0	4	5	5	0	0	0	1
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<p>Clinical Practice Team (1 Assure, 6 Advise, 1 Alert)</p>	<p>Clinical Practice Team:</p> <p>Falls prevention & management: Advise (1): Our current UHD Falls (all harm) per 1,000 bed days is 6.0 in July 2025, and within expected range. Falls moderate and above per 1000 bed days is 0.1.</p> <p>Assure (1): Post-Fall Care: NAIF audit shows ongoing maintained improvement.</p>																																																																																																								

	<ul style="list-style-type: none"> • Assessment Quality: Score at 17%, which is below national average of 24%. • Learning & Collaboration: Working with care groups to streamline PSIRF falls response. • Quality Initiatives: Falls Team leading <i>Fundamentals of Care</i> groups (Safer Activity & Continence Care) to improve care and documentation. • Strategic Focus: Action recommendations from the PSIRF Falls Thematic Review are guiding the Falls Team’s priorities. <p>Alert (1) UHD not fully compliant with NICE NG249 (April 2025), particularly updated falls assessment standards – contributing to low NAIF score (17%).</p> <p>Tissue Viability: Advise (3) Pressure Ulcers: 9 patients have an acquired pressure ulcer of Category 3 and one patient acquired a Category 4 pressure ulcer during June 2025. An After Action Review has been completed. Advise (4): An SOP for the completion of investigation following hospital acquired pressure damage has been drafted and shared for comment. This will clearly define roles and responsibilities for investigation, escalation and dissemination of learning. Advise (5): Educational sessions for pressure ulcer preventative care continue.</p>
<p><i>Patient Experience</i> (4 Advise)</p>	<p>Strategic goal: Every team is empowered to make improvements using patient (or user) feedback, in order that all patients at UHD receive quality care, which results in a positive experience for them, their families and/or carers.</p> <p>Patient Experience and Engagement Team Overview:</p> <p>Patient Experience (inc. PALS and Complaints) performance July 2025</p> <p>Advise (1) The number of open complaints over 55 days is currently at 9. They continue to be prioritised within the complaints team and care groups and are decreasing, with further measures to reduce the number of outstanding complaints in place. Advise (2) Average complaint response timescale July 2025 was a 28.19 working day average for a final response. Advise (3) Friends and Family Test (FFT) The volume of FFTs being received has shown an increase this month, UHD continues to see a sustained high satisfaction score. The Trust’s overall positive score remains above the upper control limit. Advise (4) Mixed Sex Accommodation Breaches No mixed sex accommodation breaches reported in July.</p>
<p><i>Nurse Staffing:</i> (2 Advise, 2 Assure)</p>	<p>Care Hours per Patient Day (CHPPD):</p> <p>Advise (1) July 2025 CHPPD remained stable at 4.8 for Registered Nurses/Midwives combined.</p> <p>Red Flag Reporting: Assure (1) 1 Red Flag was raised in July for Patient at risk of harm as unable to provide enhanced care. There were no critical staffing</p>

	<p>incidents reported indicating that mitigations were enacted to maintain safe staffing levels overall. The overall percentage rota fill rate against planned staffing (day & night) was 95.2%.</p> <p>Workforce Controls: Advise (2) Red flag data is triangulated with other quality and safety information in preparation for unannounced assurance visits to in-patient wards. Assure (2) Ongoing review shows no impact on care delivery or safety due to the current workforce controls.</p>
<p>Workforce Performance:</p>	<p>Strategic goal: To significantly improve staff experience, engagement, and retention.</p>
<p>CPO Headlines</p>	<p>Performance against the 2025/26 Workforce Operating Plan was affected adversely by levels of Bank usage again in M04. Workforce data shows a reduction in total WTE usage to 9801.93 (from 9884.21 in M03). Although there was a reduction in total WTE usage, the downward trajectory in the plan continues to make achievement of planned WTE levels more challenging. M04 saw a 36.65 WTE adverse variance above plan, significantly below the adverse variance in M03 (107 WTE), but still above plan.</p> <p>Once again, the primary driver for the adverse variance was Bank usage (678.21 WTE against a plan of 565 WTE, so 113.21 WTE above plan); the continued Bank usage above plan is because, in some instances, Bank usage takes total workforce above substantive WTE plans including vacancy levels.</p> <p>The Resident Doctors strike action in M04 exacerbated difficulties with Bank usage above plan.</p> <p>Significantly, the use of agency staff was at a year-to-date low in M04 at 83.37 WTE.</p> <p>Work has continued during M04 to prepare for improvements for the administrative workforce at UHD: the Executive Team have agreed that a new project will be launched called Transforming and Valuing Administration (TVA). The TVA Project will focus on job enrichment, multi-skilling, economies of scale and digitalisation for administrative colleagues. Work has continued also on the procurement of a Managed Service Provider (MSP) for temporary workforce.</p>
<p>HR Operations - (4 Advise)</p>	<p>Advise – NHS Pension NHS pensionable pay ranges have been increased this year to align with the pay award; the new ranges will come into effect at the same time as the pay award on 1 August 2025 and will be backdated to 1 April 2025.</p> <p>Advise – August Resident Doctor Rotation Preparation was completed for the 6 August, largest of all Resident Doctor rotations throughout the year. We welcomed 199 new starters to UHD; 128 colleagues rotated out of UHD and there were 209 doctors rotating internally across medical specialties.</p> <p>Advise –Industrial Action (Medical and Dental Staff Pay)</p>

	<p>The British Medical Association (BMA) are in dispute with the Government over pay. Resident Doctors were called to take industrial action during 25-30 July. An average of 39.5% of Resident Doctors rostered to work on weekdays, and 58.2% rostered to work at the weekend, took strike Action at UHD, strikes may extend to January 2026. The BMA are conducting an indicative ballot for industrial action involving Consultants and Specialist, Associate Specialist and Specialty (SAS) doctors, who have until 1 September to vote.</p> <p>Advise – Consultant and SAS Job Planning Care Groups and corporate colleagues are continuing to work with Consultant and SAS doctors to finalise job plans for the 2025/26 job planning round. Progress has been made, currently 70.9% of Consultants and SAS doctors have sign off completed.</p>
<p><i>Blended Education & Training</i> (2 Advise)</p>	<p>Advise: Mandatory and statutory training Current overall compliance is at just over 90% A new national NHSE requirement for a Mandatory Learning oversight Group (MLOG) commenced to review mandatory training and is essential to role training to reduce the learner burden</p> <p>Advise: Newly qualified nurses A workforce risk regarding limited substantive roles for newly qualified nurses and midwives has been identified, workforce planning is taking place with a focus on clinical apprentices to manage.</p>
<p><i>Workforce Systems</i> (1 Assure 2 Advise)</p>	<p>Assure– Local/Additional Payments. From 1st July 2025 profiles were updated to reflect the need to allow only colleagues at Band 8a and above to add overtime, additional duties and negotiated rates: this change has seen a reduction in the volumes of these shifts being added in the month of July.</p> <p>Advise – Medical / Dental Rostering, Medical Job Planning, and Medical Premium Rates (including Waiting List Initiatives WLIs). These projects are now all being led through the Clinical Workforce Corporate Project; it is anticipated that the programme structure will support greater progress and accountability to these projects.</p> <p>Advise– Corporate Project – Fixed Term Contract review – Preparation in July for tighter controls to decision-making regarding the use of Fixed Term Contracts (FTC) will see these controls come into effect in August. Fixed Term Contracts of over two years duration will be assessed and alerts for the finish dates for FTCs of under two years duration will be in sent to line managers for action.</p>
<p><i>Resourcing</i> (2 Advise)</p>	<p>Advise – Vacancy pause for administrative posts The vacancy pause for administrative posts has been in place during M04 (July) and will continue during August.</p> <p>Advise - Time to Hire (TTH): The average time to has shown improvement from January 2025 however this continues to trend upwards, as a result of workforce controls. UHD TTH is 53.7 days. NHS England target is 42 days.</p>
<p><i>Temporary Staffing</i> (1 Advise)</p>	<p>Advise: Agency spend Record low in agency spend for M04 at £463k (M04 in 2024/25 was £1.39M). Introducing additional controls (for clinical nursing, midwifery and support staff) shows a significant drop in M04 - Agency % hours filled. The use of agency Mental Health Support workers dropped by 56% and agency nursing dropped by 25%.</p>

<p>Organisational Development</p> <p><i>(5 Advise)</i></p>	<p>For the first the time since April 22, this has contributed to the Trust wide agency fill rates to drop below 10% to 8.2% - down 4.4% from previous month.</p> <p>Advise - FTSU. 155 staff have raised a concern with the FTSU team since April 2025; 49% relating to behaviours (with 59% attributed to 'incivility').</p> <p>Advise – Appraisal and Talent. Appraisal Essentials sessions have been re-launched with high interest (25 people on first session). Further sessions planned monthly. September and October cohorts of UHD Leadership Fundamentals Programme fully booked (total of 45 staff).</p> <p>Advise - EDI. The third UHD Cultural Celebrations, held on 15th and 18th July, organised by our staff for our staff, were a great success and a true testament to our team spirit and dedication. This year's event was supported by UHD charity and OD and was attended by delegates from BU senior leaders, the Staffside Chair, and colleagues from the ICS.</p> <p>Advise - Engagement. The 2025 National Staff Survey launches on 9th September. Preparations include merging teams to meet minimum reportable numbers and ensure staff voices are heard, along with a data cleansing exercise to verify staff details for survey distribution.</p> <p>Advise - TED (Team Engagement & Development) 15 Team Leaders have been set up on TED platform to begin engaging teams in TED.</p>
<p>Trust Finance Position</p> <p><i>(1 Alert, 2 Advise, 2 Assure)</i></p>	<p>Strategic goal: To return to recurrent financial surplus from 2026/27</p> <p>The Trust is £2.233 million ahead of plan due to the revaluation of an investment property in M3 which was planned for but phased differently. However, there remains a significant shortfall in the value of efficiency savings identified against the target. A full, detailed financial forecast has been prepared based on the Month 3 outturn and is reported against the M4 outputs. This will be updated monthly to inform any necessary corrective action.</p> <p>Alert (1): Efficiency Improvement Programme Efficiency Improvement delivery at M4 is £2.657 million above planned levels. The trust has identified savings opportunities of £58 million, however when adjusted to reflect the risk of delivery, this is reduced to £47 million, representing an improvement of £3.3 million from the M3 reported value. However, this risk adjusted forecast is £22.6 million short of the full year savings requirement. This remains a priority area of focus, with numerous workstreams in place to mitigate this risk.</p> <p>Advise (1): Revenue Position</p>

	<p>At the end of July the Trust reported a deficit of £4.993 million, being £2.233 million better than plan.</p> <p>The delivery of the plan position at M4 is due to the delivery of a gain on revaluation of an investment property in M3, which was planned for but phased over several months. This impact will reduce in the coming months with the position expected to return to plan by month 6</p> <p>-</p> <p>Assure (1): Public Sector Payment Policy</p> <p>In relation to the timely payment of supplier invoices, the Trust is currently delivering performance of 94.7%, slightly below the national standard of 95%.</p> <p>Advise (2): Capital Programme</p> <p>The Trust has reported capital expenditure of £43.5 million YTD, £2.9 million below plan, and is forecasting full achievement of the full year capital programme.</p> <p>Assure (2): Cash</p> <p>As at July 2025 the Trust is holding a consolidated cash balance of £80.0 million which is fully committed which is fully committed against the Medium-Term Capital Programme. This current balance represents 30 days of operating expenditure</p>																						
Key Recommendations:	Members are asked to note the content of the report.																						
Implications associated with this item:	<table border="0"> <tr><td>Council of Governors</td><td><input type="checkbox"/></td></tr> <tr><td>Equality, Equity, Diversity & Inclusion</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Financial</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Health Inequalities</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Operational Performance</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>People (inc Staff, Patients)</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Public Consultation</td><td><input type="checkbox"/></td></tr> <tr><td>Quality</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Regulatory</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Strategy/Transformation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>System</td><td><input checked="" type="checkbox"/></td></tr> </table>	Council of Governors	<input type="checkbox"/>	Equality, Equity, Diversity & Inclusion	<input checked="" type="checkbox"/>	Financial	<input checked="" type="checkbox"/>	Health Inequalities	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	People (inc Staff, Patients)	<input checked="" type="checkbox"/>	Public Consultation	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>	Regulatory	<input checked="" type="checkbox"/>	Strategy/Transformation	<input checked="" type="checkbox"/>	System	<input checked="" type="checkbox"/>
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CQC Reference:	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Caring</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input checked="" type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>										
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Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Finance & Performance Committee (Operational / Finance Performance)	27/08/2025	Pending
Trust Management Group	19/08/2025	Pending
Quality Committee	26/08/2025	Pending

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Audit Committee– Chair’s Report
Presented by:	Tracie Langley, Chair of the Audit Committee
Agenda items discussed:	<p>At its meeting held on 17 July 2025, the Committee received the following:</p> <ul style="list-style-type: none"> • Internal Audit: Progress and Follow Up Report • External Audit: Progress Report • Counter Fraud: <ul style="list-style-type: none"> • Progress Report • Anti-Fraud Bribery and Corruption Policy • Board Assurance Framework • Risk Register • Information Governance • Data Security and Protection Toolkit • Review of Losses and Special Payments >£15k • Commercial Compliance Report • Fit and Proper Persons Test • Audit Committee Terms of Reference
ALERT	<p>The Committee wishes to alert members of the Board that:</p> <ul style="list-style-type: none"> •
ASSURE	<p>The Committee wishes to assure members of the Board that:</p> <ul style="list-style-type: none"> • Quarterly Ward ID checks had commenced and the Committee highly commended the internal audit report. • Identity Checks for Doctors now included in the IA 2026/27 plan • Positive improvements to the BAF • External audit work on track
ADVISE	<p>The Committee wishes to advise the Board that:</p> <ul style="list-style-type: none"> • Papers from Internal Auditors on Global Risk Landscape and NHS Green Plan have been shared for interest.
Review of Risks	Risk register and BAF were noted
Celebrating Outstanding	

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Charitable Funds Committee – Chair’s Report
Presented by:	Femi Macaulay, Non-Executive Director and member of the Committee (<i>chaired the meeting held on 6 August 2025</i>)
Agenda items discussed:	<p>The Committee received the following:</p> <ul style="list-style-type: none"> • Investment Update • Finance Report – Q1 • Fundraising Report – Q1 • Review of Investment Policy • Charity Recharges • Medical Care Group spend plan • Draft University Hospitals Dorset Charity Accounts • Risk Register • Maggie’s Centre proposal <p>In addition, the Committee received various proposals and business cases for consideration.</p>
ALERT	There were no areas about which the Committee wishes to alert members of the Board.
ASSURE	The Committee wishes to assure members of the Board that charity is running well and on plan. Fundraising is on schedule to hit target of £3.6million this year with a good outturn for Q1.
ADVISE	<p>The Charitable Funds Committee wishes to advise the Board that it discussed the opportunity to develop a Maggie’s Centre at Poole. Early conversations with Maggie’s have been constructive, and a potential major donor has expressed interest in supporting the project. The Committee agreed it represents a promising opportunity to enhance cancer care and approved progressing work to develop a full proposal.</p> <p>This update is for awareness only at this stage. A detailed business case will be brought to the Board for consideration and approval in due course.</p>
Review of Risks	Review of the charity risk register did not show any major risks.
Celebrating Outstanding	n/a

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Finance and Performance Committee – Chair’s Report
Presented by:	Tracie Langley, Non-Executive Director and member of the Committee (<i>chair of meeting held on 27 August 2025</i>)
Agenda items discussed:	<p>At its meeting held on 28 July 2025, the Committee received the following:</p> <ul style="list-style-type: none"> • NHS Oversight and Assessment Framework update • 2025/26 Financial Performance Month 3 including Board Assurance Framework and risks rated 12 and above • Forecast Outturn • Efficiency Improvement Programme • New Hospitals Programme: Cashflow and Contract • Operational Performance including Board Assurance Framework and risks rated 12 and above • HealthSet Programme and EPR Stability • Sustainability: Climate Adaptation • Estates Compliance Report • Fire Safety Compliance Update • Car Parking • Risk Register: review of significant risks; new risks rated 12 and above <p>In addition, the Committee received business cases and recommendation reports.</p> <p>At its meeting held on 27 August 2025, the Committee received the following:</p> <ul style="list-style-type: none"> • ICS Update • 2025/26 Financial Performance Month 4 including Board Assurance Framework and risks rated 12 and above • Efficiency Improvement Programme • New Hospitals Programme: Cashflow and Contract • Operational Performance including Board Assurance Framework and risks rated 12 and above • Emergency Department improvement plan – progress report • Winter Plan • HealthSet Programme and EPR Stability • Premises Assurance Model • Sustainability – Exception Reporting • Private Patients Strategy – Deep Dive • Risk Register: review of significant risks; new risks rated 12 and above


	In addition, the Committee received business cases and recommendation reports/briefings.
ALERT	<p>The Committee wishes to alert members of the Board that:</p> <ul style="list-style-type: none"> • The Committee acknowledges the very hard work associated with the identification of the efficiency programme and notes continued progress and appreciate the new reporting showing transparent progression. We recognise that the team cannot slow the progress on recurrent savings and look forward to continued progress. • Continued effort can be seen regarding the improvement of the 4 hour safety target and the Committee looks forward to seeing clear progress towards the target.
ASSURE	<p>The Committee wishes to assure members of the Board that:</p> <ul style="list-style-type: none"> • At months 3 & 4 the financial position is largely within plan.
ADVISE	<p>The Committee wishes to advise the Board that:</p> <ul style="list-style-type: none"> • The ICS update included a robust discussion about an internal mechanism across the ICS to ensure that financial targets were met. The committee agreed that any new mechanism must be additive rather than distracting from delivery.
Review of Risks	
Celebrating Outstanding	The Committee acknowledged the very significant work being undertaken to deliver recurrent savings and recognise that whilst there is still a way to go, there is a sense that the teams are working together to find even more transformative ways to close the gap

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	People and Culture Committee – Chair’s Report
Presented by:	Sharath Ranjan, Chair of the People and Culture Committee
Agenda items discussed:	<p>The Committee received the following:</p> <ul style="list-style-type: none"> • Staff Story – Cultural Celebration • Board Assurance Framework: Breakthrough Objectives and Strategic Initiatives • People and Culture Strategy Progress Report • Integrated Performance Report – People and Culture • Chief People Officer’s Report • Education Learning and Development Annual Plan • Guardian of Safe Working Hours Report • Maternity Safe Staffing Report • Assurance/Alerts and Escalations from Care Groups • Risk Register – Workforce and Organisational Development • People and Culture Committee – Governance Cycle
ALERT	<p>The Committee wishes to alert members of the Board that:</p> <ul style="list-style-type: none"> • People and Culture Strategy: There continued to be a need for focus upon appraisals. In addition to the People and Culture Strategy Progress Report, this was consistent with reporting to the Committee through the Integrated Performance Report and from Care Groups.
ASSURE	<p>The Committee wishes to assure members of the Board that:</p> <ul style="list-style-type: none"> • Guardian of Safe Working Hours Report: The Committee was informed that triangulation was taking place between the GMC report, the National Education and Training Surveys and the Guardian of Safe Working Hours Report, with areas of focus known and action being taken at Care Group level. The Committee received some benchmarking in relation to levels of exception reporting. The limited availability of benchmarking data and the sample size was noted. • Maternity moves to the BEACH Building: Transitional issues to moving to the new building had been experienced, with a plan in place and actions being taken to support staff. This is referenced in the Maternity Staffing paper being presented to the Board, with the Committee having also

	discussed the approach to recruitment of student midwives .
ADVISE	<p>The Committee wishes to advise the Board that:</p> <ul style="list-style-type: none"> • People and Culture Strategy: Good progress had been made with the Behaviour Charter, this had now been launched. • Vacancy controls: There was discussion about vacancy review, including the pause on recruitment to certain roles as well as the perceived impact on staff wellbeing. The feelings expressed by some impacted roles was fed back to the Committee. The importance of the balance of appropriate controls as well as accountability being devolved to teams was discussed. • Care Groups: The Care Groups referenced focus upon culture and support to teams during the transformation. • Administrative and clerical staff: Plans were being developed to transform and value administrative and clerical staff, including effective utilisation of digital opportunities. • Industrial action: The Committee received an update on the approach to management of doctors' industrial action, with established processes in place taking into account prior learning. More broadly, the extent of planning and work involved for the teams during periods of industrial action was recognised to support patients and staff during these challenging times. This was particularly the case in new circumstances and contexts. • Healthy options and prevention: There was discussion in relation to the catering offering and healthy options, as well as preventative health. UK Immigration Policy Changes: Impacted staff had been contacted. Communications would be widely shared, including about the support available.
Review of Risks	<p>In relation to the Board Assurance Framework, and the Trust's strategic priority "<i>Be a great place to work</i>":</p> <ul style="list-style-type: none"> • It was noted that for the risk categories relevant to the strategic risk, the risk appetites were cautious/minimal. For the associated corporate risks rated 15-25, the risks having exceeded appetite and Trust's risk tolerance was also noted. <p>The Quality Committee being sighted on the risk related to therapy was highlighted.</p>
Celebrating Outstanding	<p>Cultural Celebration: The Committee received a presentation about the excellent Cultural Celebration that had taken place in July 2025, this event now being in its third year. This year's theme had been "From every nation, one celebration", with dancing, signing, sharing, enjoyment and learning. Key note speakers had talked about "being our authentic selves" and "moving with one melody at our Trust", which had particularly resonated with staff.</p>



This event aligned to our Patient First true north and cultural integration to support patient care and staff experience. Discussions were also taking place about cross-organisational collaboration including with Bournemouth University and the Dorset system.

Ready 2 Step Academy: The approach to expansion of the work experience programme to a more diverse population of our local community was commended.

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Transforming Care Together Steering Group – Chair’s Report
Presented by:	Judy Gillow, Chair of the Transforming Care Together Steering Group
Agenda items discussed:	<p>At its meeting held on 22 August 2025, the Committee received the following:</p> <ul style="list-style-type: none"> • Service Ready Update • Build Ready Update • People Ready Update • TCT Digital Update • Funding Approach: Medium Term Capital Plan – deferred until September meeting • Workforce Planning • Phase 3 Move Date
ALERT	<p>The Committee wishes to alert members of the Board that:</p> <ul style="list-style-type: none"> • Phase 3 build ready delays – briefing paper for board • Coast building completion delayed until July 2026 • Phase 3 moves to be re-evaluated
ASSURE	<p>The Committee wishes to assure members of the Board that:</p> <p style="text-align: center;">Estates master plan developed for 25/28</p>
ADVISE	<p>The Committee wishes to advise the Board that:</p> <ul style="list-style-type: none"> • Baby Tagging – issues improving and robust monitoring in place. False alarms require further improvement. • Artwork for the Beach and new wayfinding progressing this month • Transforming and valuing administration programme launched
Review of Risks	Key risk – completing phase 3 workforce plans. Focused effort by care groups and should have an improved position next month
Celebrating Outstanding	

BOARD OF DIRECTORS - PART 1 MEETING

Meeting Date: 8 September 2025

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Quality Committee – Chair’s Report
Presented by:	Cliff Shearman, Chair of the Quality Committee
Agenda items discussed:	<p>At its meeting held on 29 July 2025, the Committee received the following:</p> <ul style="list-style-type: none"> • NHS Oversight and Assessment Framework update • Board Assurance Framework • Risk Register: risks rated 12-25 (Quality & Safety) • Integrated Performance Report • Electronic Results Acknowledgment Process • Maternity Safety Champions Report • Mortality Report • Annual Safeguarding Report and Statement • Annual Infection Prevention and Control Report and Statement • Mixed Sex Accommodation Declaration • Quality Committee Terms of Reference and Governance Cycle • Assurance/Alerts/Escalations from the Clinical Governance Group <p>At its meeting on 26 August, the Committee received the following:</p> <ul style="list-style-type: none"> • Deep Dive: Maternity • Maternity and Neonatal Quality and Safety Report Q1 • Integrated Performance Report • Clinical Audit and Effectiveness Report • Annual Health and Safety Report • Resuscitation Report • Paediatric Services Report • Medical Device Review • Assurance/Alerts/Escalations from the Clinical Governance Group
ALERT	<p>The Committee wishes to alert members of the Board that:</p> <ul style="list-style-type: none"> • Funding for the Neurodevelopment service has been reduced by the ICS. Waiting times for assessment are increasing and this was highlighted by the need to restrain an 11year old child in UHD and a significant contributing factor was likely the 18-month wait for a CAMHS assessment.
ASSURE	<p>The Committee wishes to assure members of the Board that:</p>

	<ul style="list-style-type: none"> • UHD is contributing to many clinical audits across a range of clinical areas and is not an outlier in any. However. There are 4 audits that we are not contributing to due to time issues related to data collection. • Paediatric services annual report was presented. Reassurance was given to the Committee that that the high diabetic ketoacidosis rate was improving and that assess to insulin pump therapy was now available to all those eligible. • An update on the Electronic Results Acknowledgment process was presented. This will reduce risk but will take some time to allow for a safe the switch from paper-based requests.
ADVISE	<p>The Committee wishes to advise the Board that:</p> <ul style="list-style-type: none"> • The Medical Device Review is progressing and the framework for the work is well developed. • The move of Maternity and Neonatal services to the Beach building generally went well. Several issues have been identified and there has been leaning by the organisation to avoid these for other services. There has been an increase in activity associated with the move. The reasons for this are being investigated. The need for longer time for team orientation before the move and issues with continued work on the estate affecting clinical work have also been recognised. • The NHS Oversight and Assessment Framework was examined. • The still birth rate for which UHD is an outlier was discussed and the action being to understand this was presented
Review of Risks	
Celebrating Outstanding	

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 6.2

Subject:	Annual Complaints Report 2024/ 25
Prepared by:	Vivian Alividza – Deputy Chief Nursing Officer
Presented by:	Sarah Herbert – Chief Nursing Officer

Strategic themes that this item supports/impacts:	Population & System <input type="checkbox"/> Our People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality Outcomes & Safety <input checked="" type="checkbox"/> Sustainable Services <input type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	Not Applicable
Purpose of paper:	Information
Executive Summary:	<p>In summary, this Complaints Annual Report 2024/25 describes how complaints have been managed at University Hospitals Dorset.</p> <p>The report details the number and nature of complaints received during the year and demonstrates the Trust’s commitment to learning and improvement.</p> <p>This Annual Complaints report therefore sets out the statutory requirements needed to meet these requirements detailed further in the report.</p> <p>For assurance the report concludes that UHD meets the statutory and regulatory responsibilities required alongside,</p> <ul style="list-style-type: none"> •Providing a consistent, positive and proportionate experience for complainants. •Aligned the legacy systems with minimal disruption to services. •Promotes a culture of learning and ensures complaints are acted on to improve services. •Achieves or working towards achieving best practice standards (Patient Association 2013; NHSE 2015; Healthwatch 2016; Parliamentary & Health Service Ombudsman, 2020, Care Quality Commission 2022). •Support the new Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework currently being piloted nationally, of which UHD is part of the early adopter group for this work.

	There are also a number of recommendations to continue to ensure we learn from complaints, focus on early resolution and further reduce our complaint response times.																						
Background:	The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all NHS Trusts provide an annual report on the handling and consideration of complaints.																						
Key Recommendations:	The Council of Governors is asked to note the report.																						
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CQC Reference:	<table border="0"> <tr><td>Safe</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Effective</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Caring</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Responsive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Well Led</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Use of Resources</td><td><input type="checkbox"/></td></tr> </table>	Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>										
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Responsive	<input checked="" type="checkbox"/>																						
Well Led	<input checked="" type="checkbox"/>																						
Use of Resources	<input type="checkbox"/>																						

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Quality Committee	24/06/2025	Noted
Board of Directors	02/07/2025	Noted

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	<table border="0"> <tr><td>Commercial confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Patient confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Staff confidentiality</td><td><input type="checkbox"/></td></tr> <tr><td>Other exceptional reason</td><td><input type="checkbox"/></td></tr> </table>	Commercial confidentiality	<input type="checkbox"/>	Patient confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>	Other exceptional reason	<input type="checkbox"/>
Commercial confidentiality	<input type="checkbox"/>								
Patient confidentiality	<input type="checkbox"/>								
Staff confidentiality	<input type="checkbox"/>								
Other exceptional reason	<input type="checkbox"/>								

Annual Complaints Report 2024-2025

1.0 INTRODUCTION

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), requires that all Trusts provide an annual report on the handling and consideration of complaints. The required inclusions to meet this statutory requirement are detailed in this report.
- 1.2 The Chief Executive is responsible for ensuring compliance with the arrangements made under these regulations. The responsibility for the handling and considering of complaints in accordance with these regulations is delegated, via the Chief Nurse, to the Head of Patient Experience.
- 1.3 This report describes how complaints have been managed at University Hospitals Dorset. The report details the number and nature of complaints received during the year and demonstrates the Trust's commitment to learning and improvement.

2.0 THE PROCESS FOR MANAGING CONCERNS AND COMPLAINTS

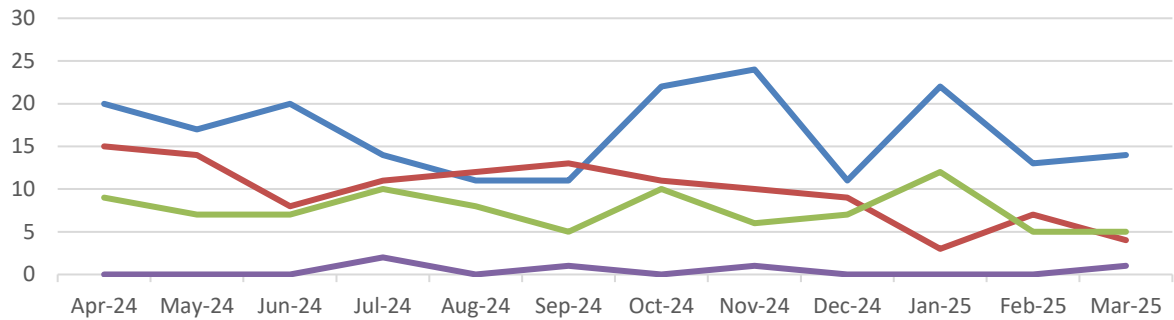
- 2.1 The Trust follows a corporate model for managing concerns and complaints. The Patient Advice and Liaison Service (PALS) team manage any concerns received within the Trust and act as liaison for those raising the concerns between the relevant departments within the Trust. There is also a centralised complaints team and they manage the administration of the complaints, coordination of the complaint investigation and crafting of the complaint responses.

3.0 COMPLAINTS RECEIVED

- 3.1 The Trust received a total of 803 complaints in 2024/2025. This includes the Early Resolution complaints that had not been counted in complaints total received previously. However, as they form part of the complaint process their figures are now included.

The Trust managed 412 formal complaints. This is presented as a monthly trend, by care group, in Graph 1.

Graph 1: Trend of UHD formal complaints by care group

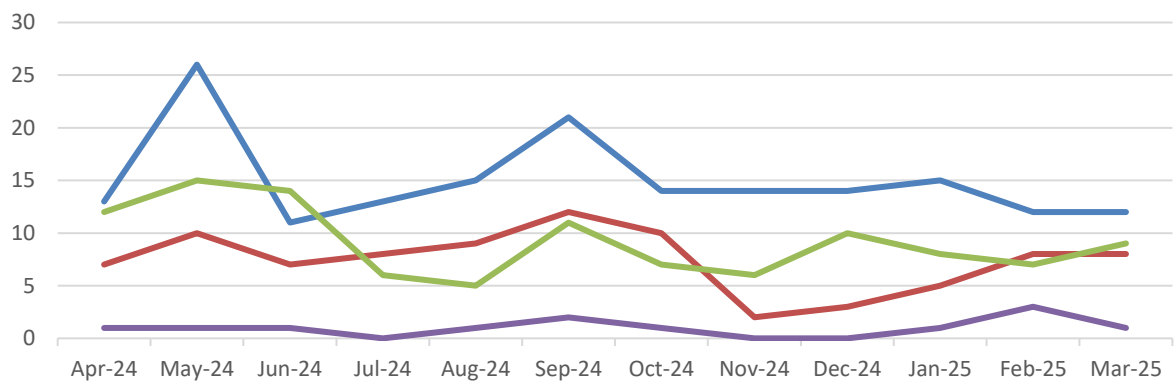


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Medical	20	17	20	14	11	11	22	24	11	22	13	14
Surgical	15	14	8	11	12	13	11	10	9	3	7	4
WCCSS	9	7	7	10	8	5	10	6	7	12	5	5
Other	0	0	0	2	0	1	0	1	0	0	0	1

Medical Surgical WCCSS Other

3.2 In addition to the 412 formal complaints, the Trust also handled 391 early resolution complaints. This has been broken down to the care groups and is shown in Graph 2.

Graph 2: Trend of UHD Early Resolution complaints by care group

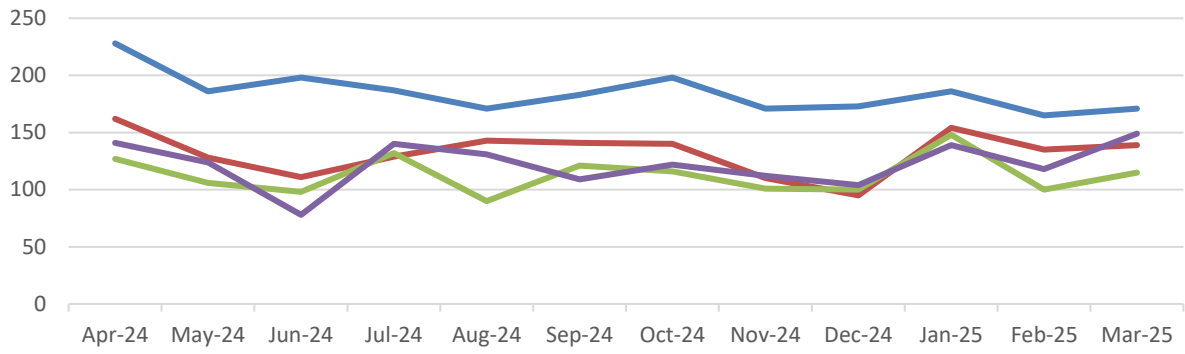


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Medical	13	26	11	13	15	21	14	14	14	15	12	12
Surgical	7	10	7	8	9	12	10	2	3	5	8	8
WCCSS	12	15	14	6	5	11	7	6	10	8	7	9
Other	1	1	1	0	1	2	1	0	0	1	3	1

Medical Surgical WCCSS Other

3.3 A total of 6624 PALS concerns, and contacts were processed and responded to in this year, via PALS. This is detailed in Graph 3.

Graph 3 - Trend of PALS concerns and contacts by care group

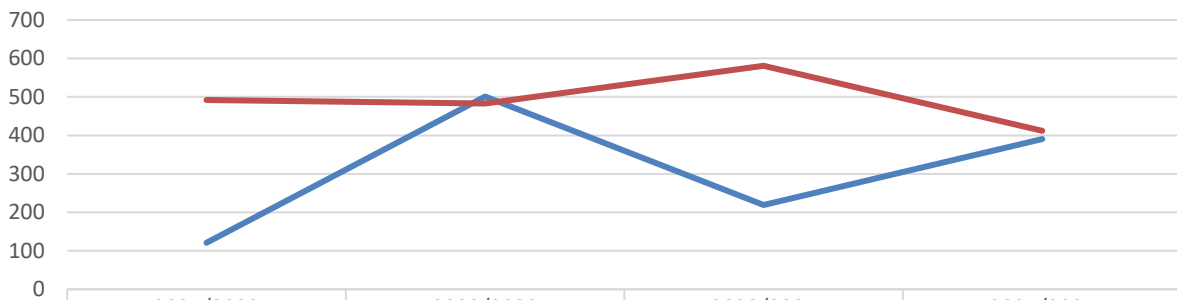


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Medical	228	186	198	187	171	183	198	171	173	186	165	171
Surgical	162	128	111	129	143	141	140	110	95	154	135	139
WCCSS	127	106	98	132	90	121	116	101	100	148	100	115
Other	141	124	78	140	131	109	122	112	104	139	118	149

Medical Surgical WCCSS Other

3.6 The trend in complaints received can be seen in Graph 4. This graph shows the trend since the merger of the legacy Trusts, which demonstrates the increases in early resolution complaints since the Trusts merged and became University Hospitals Dorset (UHD). The graph also shows an increase in ERC's over the past year and a decrease in formal complaints.

Graph 4: Trend in complaints received since becoming UHD



	2021/2022	2022/2023	2023/2024	2024/2025
ERC	121	501	219	391
Formal	492	483	581	412

ERC Formal

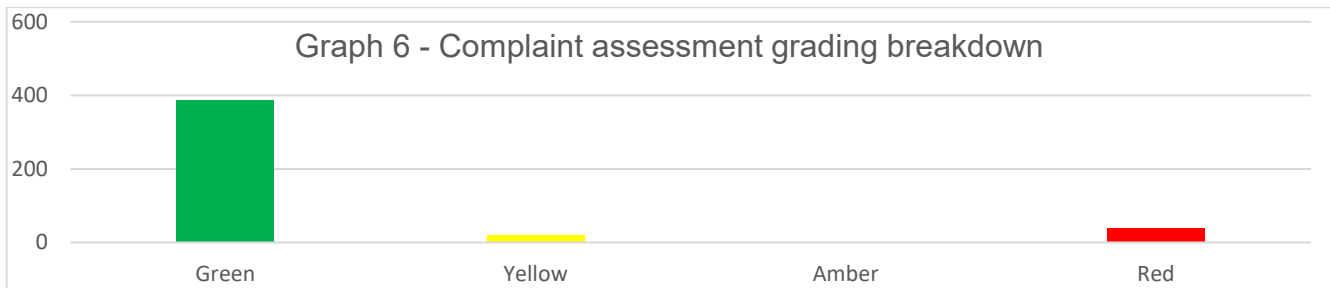
3.7 Table 1 shows the breakdown of persons making a complaint and their method of communication.

Table 2: Complainant profile and mode of communication, 2024/25

Person making the complaint		Mode of communication	
Patient	56.67%	Phone	9.23%
Spouse	10.98%	Email	79.90%
Parent	7.36%	In person	2.99%

Relative / Carer	25.96%	Letter	8.11%
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3.8 Graph 6 shows the breakdown of complaints grading. The Healthcare Assessment Tool (HCAT) was used from April 2021; this is a validated, reliable tool for analysing healthcare complaints about secondary care (Gillespie and Reader 2016). The HCAT breaks down the complaint into three types of “problem”, “clinical problems”, “management problems” and “relational problems”. It then subsequently breaks the complaint down into themes and severity indicators. The complaint severity assessment used at UHD using the HCAT can be located as an appendix of this report.



4.0 RESPONSIVENSS AND PERFORMANCE

4.1 Trust performance is monitored locally (recorded via Datix, an electronic database that enables us to use the information as a reporting tool) and via national KO41a submissions. The data is reported by NHS Digital who through development and operation of national IT and data services help patients get the best care and use data to improve treatment. The information obtained via this collection monitors written complaints received by the NHS regarding Hospital and Community Health Services. This data is published and enables comparison with other Trusts.

4.2 Key performance indicator (KPI) targets are detailed, in tables 4 and 5 below

4.3 The response timescale remained set to 55 working days. This was to enable a more thorough review of the complaint and align the investigation processes, to provide a more detailed response to people who unfortunately needed to raise a complaint. The response timescales have been reduced to 35 working days for 2025/2026.

Table 4: complaint handling performance	Q1	Q2	Q3	Q4	Yr end
Number of complaints received	235	122	192	175	803
% complaints acknowledged within 3 working days (KPI 100%)	98.3%	100%	99.5%	99.5%	99.25%
% response within 55 day internal target (KPI 75%)	54.0%	61.7%	52.08%	42.85%	53.05%
Number re-opened complaint investigations (KPI <10%)	8	10	9	14	41
Complaints opened for investigation by the PHSO	1	4	4	5	14
PHSO investigations closed (& upheld/partially upheld)	2	2	0	0	4

4.4 The outcome of all closed complaints, by quarter, is shown at Table 5, the numbers will be lower than the information in the previous table as there are complaints received that remain under investigation. The data shows that UHD upholds more complaints when compared to the national average. It is of assurance that the Parliamentary Health Service Ombudsman (PHSO) looks at the way the hospital complaint process investigations are conducted as part of their review. In 2024/25 14 complaints were opened for investigation by the PHSO and 4 upheld or

partially upheld. The remaining cases are either still under investigation or were closed without investigation progressing once the complaint casefile and records were supplied.

Quarter	Table 5: Outcome of complaints investigated and resolved						
	Closed	Upheld	National average	Partially Upheld	National average	Not upheld	National average
Q1	228	51 (22.36%)	26.4%	63 (27.63%)	40.1%	114 (50%)	33.5%
Q2	233	84 (36.05%)	26.4%	68 (29.18%)	40.1%	81 (34.76%)	33.5%
Q3	196	55 (28.06%)	26.4%	65 (33.16%)	40.1%	76 (38.77%)	33.5%
Q4	215	63 (29.30%)	26.4%	65 (30.23%)	40.1%	87 (40.46%)	33.5%

4.5 The number of reopened investigations and upheld/partially upheld PHSO investigations are measures of the quality of complaint handling. During 2024/25, the number of reopened investigations fell well below the internal target of <10%.

5.0 BDO AUDIT

5.1 A follow up Audit was carried out in 2024 by partners in BDO and was published in January 2025. There was one recommendation from the review that the Trust were already working on.

Recommendation	Action Agreed	Priority level
The Complaints team should review the 'Ready to Write' queue process to ensure that complaints responses are prioritised appropriately, particularly those that have already breached the target or are at risk of breaching.	<p>The "ready to write" queue process has been reviewed, along with the case ownership within the department.</p> <p>The caseworkers now take ownership of the complaint process and are managing the process completely for the complaints received. Improvements with the numbers of responses awaiting write up have already been seen and these continue to be reduced.</p> <p>The "queue" that is in use now is a flagging system used by, and for, individual caseworkers to be aware that all information have been received.</p> <p>The queue is monitored by the Complaints Performance and Resolution Manager, and in addition the team currently have the support of a bank member of staff who is writing response letters for the department.</p>	Medium

6.0 THEMES AND LEARNING FROM COMPLAINTS

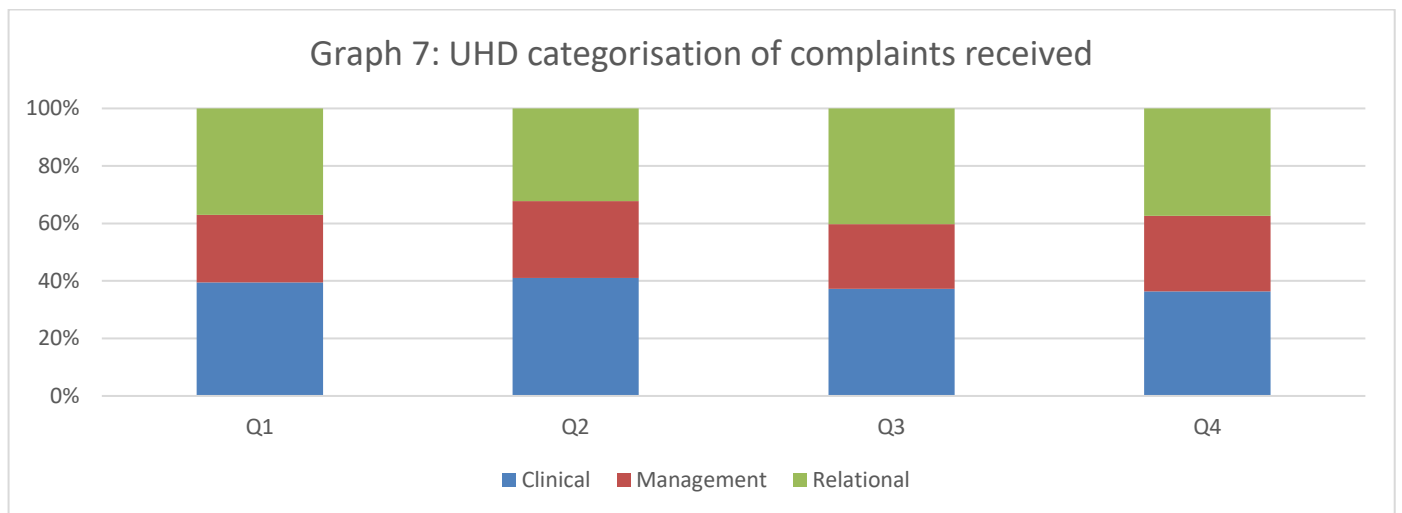
6.1 Learning from the detail of individual upheld complaints is monitored on Datix and is reported via the quarterly patient experience report to Clinical Governance Group. The evaluation of learning and monitoring of improvements are reported in care group governance reports to the Quality Committee.

- 6.2 A high level summary of examples of learning can be found at Appendix A and are shared on the public website alongside the annual reports.
- 6.3 The data collected from complaints is analysed to help identify themes and emerging trends. The themes are extracted from the complaint narrative, taken from the perspective of the patient or their representative.
- 6.4 From 01 April 2021, the tool used for theming complaints was aligned and the grouping of complaint themes based on the HCAT tool; 3 over-arching categories, 9 themes and beneath this, over 50 sub-themes. A summary can be seen at Table 6.

CLINICAL	MANAGEMENT	RELATIONAL
<ul style="list-style-type: none"> •Quality •Safety •Effectiveness 	<ul style="list-style-type: none"> •Environment •Systems & processes •Well led 	<ul style="list-style-type: none"> •Communication/listening •Attitude •Dignity & respect

Table 6: UHD complaint theming: categories and themes

- 6.5 As can be seen in graph 7, the highest proportion of UHD complaints consistently fall into the clinical category; this is similar to the national picture. It should be noted that there are caveats regarding reliability of this comparison: it is collated from the KO41a data collection (community services and NHS hospitals); and secondly, the categories have been manually extrapolated and are therefore subjective. Within Q4 a change in practice to recategorise following investigation was introduced, to improve accuracy of reporting.



- 6.6 The data, by complaint category is shown by quarter in Graph 7, above. The top 3 complaint themes, by category, by quarter are shown in Table 8 overleaf, identifying consistency in many of the top themes reported at Trust level. It is recognised that reporting themes and sub-themes by directorate or specialty will generate more relevant and useable data for trends, learning and improving.
- 6.7 Patient First QI methodology continues to be implemented across the Trust in 2024/25. Review of current data and feedback has been undertaken to identify measurable improvement aims.

Information can be obtained using wider patient feedback such as the Friends and Family Test (FFT) and Have Your Say (HYS) feedback to understand the perspective of our patients, their family and carers.

During Q4 development of a driver metric for patient experience was completed, providing trend data for complaints per 1000 contacts per service. The intention is that this will drive QI work within individual areas.

Opportunities to obtain valuable and useful feedback in from our patients have been explored, and on review it has been identified that:

- Not all patients are asked to comment on their care
- Not all teams across the Trust have access to enough patient feedback to make improvements
- There is not always evidence of learning or continuous improvement as demonstrated in the complaint trend at the Trust

Our aim is to substantially improve our standing in the “overall experience” section in all CQC national surveys of NHS Acute Hospital Trusts over the next three years. The inclusion of the new driver metric for patient experience should provide scope to achieve this.

Whilst this is a longer term plan, once this is in place we should see a reduction in PALS concerns and complaints being raised.

Table 8: 2024/25 TOP COMPLAINT THEMES, BY QUARTER		
Complaint category	Quarter	
CLINICAL Quality eg. Clinical standards Safety eg incidents, staff competencies Effectiveness eg procedural outcomes	Q1	<ul style="list-style-type: none"> • Clinical skills and conduct • Error – diagnosis • Inadequate examination and monitoring
	Q2	<ul style="list-style-type: none"> • Clinical skills and conduct • Inadequate examination and monitoring • Error - diagnosis
	Q3	<ul style="list-style-type: none"> • Clinical skills and conduct • Error - other • Team work
	Q4	<ul style="list-style-type: none"> • Clinical skills and conduct • Substandard care; neglect – personal care • Inadequate examination and monitoring
MANAGEMENT Environment eg facilities, equipment, staffing levels Systems & processes eg bureaucracy, waiting times, accessing services	Q1	<ul style="list-style-type: none"> • Delay – access (outpatient) • Discharge • Documentation / records
	Q2	<ul style="list-style-type: none"> • Discharge • Trust administration and bureaucracy • Delay in accessing emergency / urgent care
	Q3	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy • Documentation / records
	Q4	<ul style="list-style-type: none"> • Discharge • Administration and bureaucracy

Well led: eg leadership and decision		<ul style="list-style-type: none"> • Delay in procedure or referral
RELATIONAL Communication & listening eg not acknowledging information given Attitude eg behaviour Dignity& respect eg caring and patient rights	Q1	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q2	<ul style="list-style-type: none"> • Communication absent • Communication breakdown • Caring and compassion
	Q3	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent
	Q4	<ul style="list-style-type: none"> • Communication breakdown • Caring and compassion • Communication absent

7.0 CONCLUSIONS & RECOMMENDATIONS

- 7.1 The Trust policy and procedures to manage concerns and complaints meets statutory requirements. The complaints procedure includes national best practice recommendations, and the PHSO complaints standards framework.
- 7.2 The Trust has received 412 complaints, 391 early resolution complaints and 6624 PALS enquiries and concerns during 2024/25. This is a marginal increase in the number of complaints received from 2024/25, which reflects the fully merged systems and teams. There continues to be significant increase in the cases managed in the PALS service. There has been overall an increase in Early resolution complaints and a decrease in formal complaints since 2023.
- 7.3 A national comparison of complaints received (NHS Digital) shows that UHD is not an outlier with regards to the number of complaints. The Trust has increased the number of early resolution complaints managed throughout 2024/25.
- 7.4 The Trust previously underperformed with the final response timescale of 55 working days. This in part can be attributed to communication pathways and engagement in the complaints management process, this has now significantly improved.
- 7.5 A focus moving to a 35-day timeline for answering complaints as a Trust standard was introduced in 2024/25 in partnership with our complaints process working closely with the care groups and corporate teams.
- 7.6 A focus on reviewing the “hot spot” areas for concerns and complaints is to be implemented in 2025/26. This will involve breaking down the number of complaints received per area by 1000 contacts. The Trust will have an overall target of less than 0.70 complaints per 1000 contacts. This is an SDR metric for 2025-6.

Appendix A: 2024/25 examples of learning from upheld complaints

You Said: Concerns raised that patient was not wearing an ID band when family member visited them on the ward.

We Did: Ward have changed practice to ensure patients are wearing two ID bands at all times. They are conducting a twice monthly audit to ensure compliance with this and are regularly raising the issue at the daily safety briefings

You Said: It was highlighted that that the appropriately sized blood pressure cuff was not available when a patient came for their surgery, leading to a delay whilst this was sourced

We Did: Stock in theatres has been reviewed and redistributed to ensure that there is a range of cuff sizes available in each theatre

You Said: A patient's family raised concerns regarding the end of life ward setting, stating that the environment was too noisy for their loved one receiving end of life care

We Did: Staff on the ward now place three battery operated candles at the entry of the ward with a sign informing staff and visitors that end of life care is in place. This is also being introduced across other wards

You Said: Concerns raised by family of a patient regarding a lack of support from staff when their relative was nearing the end of their life

We Did: Staff on the ward have received advanced end of life training from the practice educator and there are now six end of life care champions on the ward who can in turn share learning with their colleagues to improve care in this area.

You Said: Concerns raised regarding accessing support following dermatology procedures

We Did: The dermatology post-operative information leaflet is under review. This will include one telephone number for patients to use to enable them to access support quicker and easier

You Said: Feedback received from patient that it was difficult to find information about maternity appointments and what to expect once they complete a referral to our maternity team.

We Did: This information is available on the Maternity Matters Dorset website and has now been added to the front page of the website so it is more accessible for patients

You Said: Patient reported that their endoscopy procedure was cancelled on the day as the correct blood tests had not been carried out.

We Did: It was highlighted this occurred as a result of lack of knowledge on a staff members part. A training afternoon was therefore organised for the whole team to increase staff knowledge and prevent future similar occurrences.

You Said: Concerns raised by a patient that there was a delay in them being referred to the Menopause Clinic following radiotherapy.

We Did: Clinical Team recognise that this is an opportunity to improve processes and are working to have a streamlined referral process in place to ensure patient who have received pelvic radiotherapy are referred to the menopause clinic as standard

You Said: Patient experienced a delay in referral for treatment for osteoporosis

We Did: Database introduced to keep track of all patients referred and to ensure appointments booked within reasonable timeframes

You Said: Concerns raised regarding poor communication from department and delays in care

We Did: Changes to process in department made and additional administrative staff has resulted in improved communication

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 7.2

Subject:	Composition of Board of Directors: Amendment to Trust's Constitution
Prepared by:	Judy Gillow, Interim Trust Chair
Presented by:	Judy Gillow, Interim Trust Chair

Strategic themes that this item supports/impacts:	Population & System <input type="checkbox"/> Our People <input checked="" type="checkbox"/> Patient Experience <input type="checkbox"/> Quality Outcomes & Safety <input type="checkbox"/> Sustainable Services <input type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Decision/Approval
Executive Summary:	The purpose of this paper is to present a minor amendment to the Trust Constitution, aimed at ensuring the effective functioning and decision making of the Board of Directors in its current composition
Background:	<p><u>Responsibilities of the Nominations, Remuneration and Evaluation Committee:</u></p> <p>Further to Annex 5, clause 21.9.3 of the Trust's Constitution, the Committee is to review the structure, size and composition of the Board of Directors from time to time and make any recommendation to the Council of Governors.</p> <p>This is additionally reflected in section 1.2 of the Committee's Terms of Reference, which provides that the Committee is responsible for advising and/or making recommendations to the Council of Governors relating to the composition of the Board of Directors and the skill mix of the Non-Executive Directors.</p> <p>A change to the constitution was requested by the previous chair in 2022 to make the chair additional to the executive (including CEO) and Non-Executive numbers i.e. 8 executives and 8 non-executives plus chair. The proposal is to revert to the board comprising of 8 executives and 8 non-executives (including the chair) with the chair having the casting vote if there was an impasse in decision making</p>

	<p><u>Current composition of the Board of Directors</u></p> <p>Under Clause 21 of the Trust Constitution, the Board of Directors is composed of 17 members: 8 Executives and 8 non-executives plus chair.</p> <p>Following recent changes to the Board's composition, the number of Executive Directors and Non-Executive Directors (including the CEO and Trust Chair) is now equal.</p> <p>This equal representation could pose a potential risk of impasse during decision-making, as it may hinder the Board's ability to secure a majority vote if the chair does not have the casting vote.</p> <p>Given the current financial climate, appointing an additional Non-Executive Director to restore balance is not considered a viable option. Therefore, it is proposed that the Trust Chair's casting vote be reinstated to ensure the Board can continue to function effectively and make timely decisions.</p> <p><u>Amendments to the Trust's Constitution</u></p> <p>Should the Committee consider that it wishes to recommend the changes outlined above, the amendments to be proposed to the Trust's Constitution would be as follows:</p> <p>21.2 The Board of Directors is to comprise:</p> <ul style="list-style-type: none"> • 21.2.1 a non-executive Chair (who shall have a casting vote) <p>And to Annex 7 – Standing Orders for the Practice and Procedure of the Board of Directors as follows:</p> <p>3.1.1 In accordance with Clause 21 of the Constitution, the composition of the Board shall be:</p> <p>(a) a non-executive Chair; (who shall have a casting vote)</p> <p>Under clause 41, the Trust may make amendments to its Constitution only if:</p> <ul style="list-style-type: none"> • More than half of the members of the Council of Governors of the Trust voting approve the amendments; and • More than half of the members of the Board of Directors of the Trust voting approve the amendments. <p>In addition, the Council of Governors should present to the 2026 Trust's Annual Meeting any proposed changes to the policy for the composition of the Non-Executive Directors (Annex 8, clause 7.7.3 to the Trust's Constitution).</p>						
Key Recommendations:	The Council of Governors is asked to consider and, if thought fit, approve the proposed amendments to the Trust Constitution.						
Implications associated with this item:	<table border="0"> <tr> <td>Council of Governors</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Equality, Equity, Diversity & Inclusion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Financial</td> <td><input type="checkbox"/></td> </tr> </table>	Council of Governors	<input checked="" type="checkbox"/>	Equality, Equity, Diversity & Inclusion	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Council of Governors	<input checked="" type="checkbox"/>						
Equality, Equity, Diversity & Inclusion	<input type="checkbox"/>						
Financial	<input type="checkbox"/>						

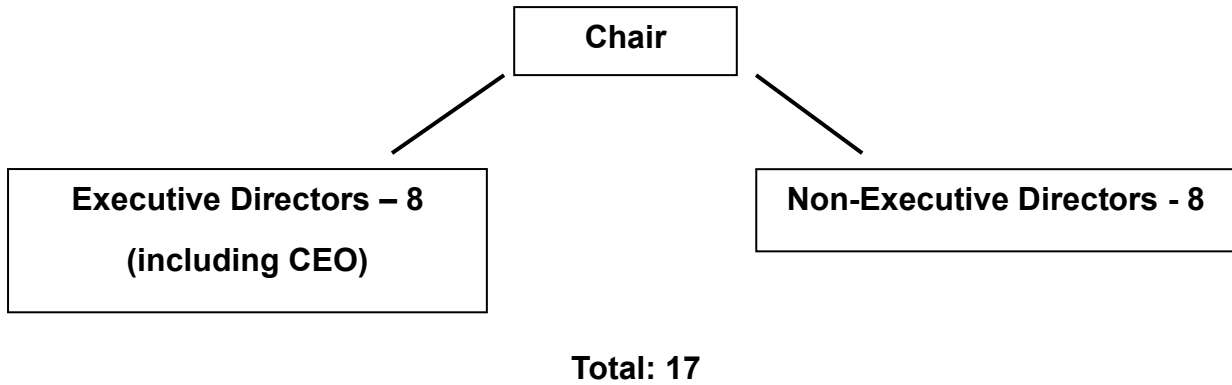
	Health Inequalities	<input type="checkbox"/>
	Operational Performance	<input type="checkbox"/>
	People (inc Staff, Patients)	<input type="checkbox"/>
	Public Consultation	<input type="checkbox"/>
	Quality	<input type="checkbox"/>
	Regulatory	<input checked="" type="checkbox"/>
	Strategy/Transformation	<input type="checkbox"/>
	System	<input type="checkbox"/>
CQC Reference:	Safe	<input type="checkbox"/>
	Effective	<input type="checkbox"/>
	Caring	<input type="checkbox"/>
	Responsive	<input type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input type="checkbox"/>

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Nominations, Remuneration and Evaluation Committee	24/09/2025	The Committee endorsed the report and recommended to the Council of Governors to approve.

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality	<input type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

Appendix A

Board of Directors' composition under current Constitution (amends made in 2022):



Board of Directors' composition under proposed amendment to the Constitution from November 2025:

Executive Directors

Siobhan Harrington – Chief Executive Officer
Beverley Bryant – Chief Digital Officer
Sarah Herbert- Chief Nursing Officer
Mark Mould – Chief Operating Officer
Pete Papworth – Chief Finance Officer
Richard Reanut- Chief Strategy and Transformation Officer
Peter Wilson – Chief Medical Officer
Melanie Withfield – Chief People Officer

Non-Executive Directors

*Judy Gillow – Interim Trust Chair
Tracie Langley
John Lelliott/ Alastair Matthews
Femi Macaulay
Michael Marsh
Helena McKeown
Sharath Ranjan
Claire Whitaker

Andrew Doe – Associate Non-Executive Director

Total: 16

*Chair to have casting vote

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 7.3

Subject:	Informal Governor Groups Terms of Reference: Membership and Engagement Group, Quality Group, Effectiveness Group
Prepared by:	Klaudia Zwolinska, Corporate Governance Manager
Presented by:	Judy Gillow, Interim Trust Chair

Strategic themes that this item supports/impacts:	Population and System <input type="checkbox"/> Our people <input checked="" type="checkbox"/> Patient experience <input checked="" type="checkbox"/> Quality outcomes and safety <input checked="" type="checkbox"/> Sustainable services <input type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	Not applicable
Purpose of paper:	Decision/Approval
Executive Summary:	The terms of reference for the Effectiveness Group, Membership and Engagement Group and Quality Group (the Informal Groups) are now due for annual review by the Council of Governors.
Background:	As provided for in the Terms of Reference for the Informal Groups, these are to be reviewed annually.
Key Recommendations:	To consider and if thought fit approve the terms of reference for: <ul style="list-style-type: none"> • Membership and Engagement Group • Quality Group • Effectiveness Group
Implications associated with this item:	Council of Governors <input checked="" type="checkbox"/> Equality, Equity, Diversity & Inclusion <input type="checkbox"/> Financial <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>
CQC Reference:	Safe <input type="checkbox"/> Effective <input type="checkbox"/>

	Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>
--	---

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
N/A	N/A	N/A

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
--	--

TERMS OF REFERENCE

for the

University Hospitals Dorset NHS Foundation
Trust

**Council of Governors' Informal
Effectiveness Group**

October 2025⁴

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

DOCUMENT DETAILS

Author:	Yasmin Dossabhoy
Job Title:	Associate Director of Corporate Governance
Signed:	
Date:	3-October-2024
Version No: (Author Allocated)	<u>3.0</u>
Next Review Date:	October 202 <u>65</u>

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman <u>Judy Gillow</u>
Signed:	
Date Approved:	3-October-2024
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2023	1.0	July 2024	July 2023	Company Secretary	New Terms of Reference
October 2023	1.1	October 2024	October 2023	Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team. Amendments to invited attendees.
October 2024	2.0	October 2025		Company Secretary	Annual review
<u>October 2025</u>	<u>3.0</u>	<u>October 2026</u>	<u>[October 2025]</u>	<u>Company Secretary</u>	<u>Annual review</u>

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INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	3 October 2024
Print Name	Rob Whiteman <u>Judy Gillow</u>	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS' INFORMAL EFFECTIVENESS GROUP
TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Effectiveness Group (the Group) is a forum for discussion about the effectiveness of the Council of Governors and to informally oversee the development and implementation of plans to enhance Council of Governors' effectiveness, reporting to and making recommendations to the Council of Governors on this.
- 1.2 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To develop a draft work programme and responses/actions to address the Council of Governors' Assessment of Collective Performance (including, but not limited to, any training or development needs) for consideration by the Council of Governors.
- 2.2 To support the implementation of the work programme and responses/actions developed pursuant to paragraph 2.1 above and to monitor progress.
- 2.3 To construct and support the implementation of a draft development plan to further equip Governors in carrying out their roles (working with other stakeholders within the Trust, as appropriate).
- 2.4 To evaluate the effectiveness of activities and events and progress on the actions agreed to be taken in relation to membership consequent upon the Membership and Engagement Strategy and reporting to the Council of Governors on this.
- 2.5 To consider and provide feedback to the Company Secretary Team in relation to the draft form of document used to solicit governors' views on the Council of Governors' collective performance.
- 2.6 To work closely with the Communications Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group shall comprise of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of Governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").
- 3.2 A member of the Communications Team will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the

Associate Director of Corporate Governance considers appropriate may attend the Group.

- 3.3 With agreement of the Group, others may be invited by the Facilitator, including any Director, employee, or external partner to attend particular meetings.

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, on a quarterly basis.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the Group.
- 5.3 The meeting will be declared quorate if at least three members are present.
- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary Team at the request of the Facilitator of the Group.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.
- 5.7 Unless otherwise agreed by the Facilitator, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available, upon request, to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The Facilitator (or their nominee) will report back to the next formal meeting of the Council of Governors.
- 6.3 The Group shall co-ordinate their activity, as appropriate, with the Communications Team particularly to align to the Trust's Communications Strategy.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The facilitation of the Group will be reviewed after an initial one-year period and subsequently at least every two years, or sooner if appropriate.

APPENDIX A

ATTENDANCE AT EFFECTIVENESS GROUP MEETINGS

NAME OF GROUP:	Effectiveness Group		
Present (including names of members present at the meeting)	Meeting Dates		
Was the meeting quorate? Y/N <i>(Please refer to Terms of Reference)</i>			

TERMS OF REFERENCE

for the

University Hospitals Dorset NHS Foundation
Trust

**Council of Governors' Informal
Membership and Engagement
Group**

October 2025⁴

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

DOCUMENT DETAILS

Author:	Yasmin Dossabhoy
Job Title:	Associate Director of Corporate Governance
Signed:	
Date:	October 202 5 4
Version No: (Author Allocated)	4 3.0
Next Review Date:	October 202 6 5

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman <u>Judy Gillow</u>
Signed:	
Date Approved:	[23 October 202 5 4]
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
January 2021	1	January 2023	March 2021	Carrie Stone	New Terms of Reference.
January 2023	1.1	January 2026	March 2023	Company Secretary	The new review date of January 2026. To add a comma in the first paragraph of section 1.1, page 4 after “discussion on membership”.
July 2023	2.0	July 2024	July 2023	Company Secretary	Full review and revision of terms of reference
October 2023	2.1	October 2024		Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team. Amendments to invited attendees.
October 2024	3.0	October 2025		Company Secretary	Annual review

<u>October 2025</u>	<u>4.0</u>	<u>October 2026</u>		<u>Company Secretary</u>	<u>Annual review</u>
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INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	[23 October 202 5 ⁴
Print Name	Rob Whiteman <u>Judy Gillow</u>	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS' INFORMAL MEMBERSHIP AND ENGAGEMENT GROUP

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Membership and Engagement Group (the Group) is a forum for discussion on membership, engagement, development and recruitment of members and to informally oversee and review the Membership and Engagement Strategy on behalf of the Council of Governors, reporting to and making recommendations to the Council of Governors on this.
- 1.3 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To review the Membership and Engagement Strategy and associated action plans and receive regular reports on implementation.
- 2.2 To develop a work programme and action plan in relation to the Membership and Engagement Strategy for consideration by the Council of Governors and review and monitor progress.
- 2.3 To consider actions for growing membership numbers, highlighting any potential barriers and work to resolve their resolution.
- 2.4 To provide focus on encouraging membership amongst “hard to reach” groups and any develop membership representative of the population served by the Trust.
- 2.5 To co-ordinate the involvement of Governors to support recruitment activity and more broadly, as part of its ambassadorial role, the Council of Governors taking appropriate opportunities to promote the Trust within the local community both as an acute trust and as an anchor institution.
- 2.6 To review the public membership profile against the demography of the population to inform decisions on future membership recruitment strategy and recruitment activities.
- 2.7 To assist the Trust Chair in engaging with members to support initiatives to meet broader Trust objectives when and where required.
- 2.8 To develop communication tools (working with internal stakeholders) to support implementation of the Membership and Engagement Strategy that are of use to all membership and the wider public.
- 2.9 To consider the requirements of Governors in communicating with:
- Their constituencies;
 - Between themselves;
 - With the Board of Directors;
 - With other Governors in the Dorset system;
 - Other stakeholders;

In relation to the Membership and Engagement Strategy and recommend tools to aid communication.

- 2.10 To review membership recruitment material (which may include, but not limited to, a welcome and introduction pack for members).
- 2.11 To contribute to the planning and promotion of the Annual Members' Meeting and the Membership Strategy in the Trust's Annual Report.
- 2.12 To work closely with the Communications Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group comprises of up to seven governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of governors to contribute and collectively deliver the responsibilities of the Group.

The Associate Director of Corporate Governance (or, in their absence, their nominated representative) will facilitate the Group (the "Facilitator").

- 3.2 A member of the Communications Team and the Patient Experience Team will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate may attend the Group.
- 3.3 With agreement of the Group, others may be invited by the Facilitator, including any Director, employee, or external partner to attend particular meetings.

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, on a quarterly basis.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Facilitator in consultation with the Group
- 5.3 The meeting will be declared quorate if at least three members are present.
- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary Team at the request of the Facilitator.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Facilitator. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.

- 5.7 Unless otherwise agreed by the Facilitator, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available, upon request, to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The Facilitator (or their nominee) will report back to the next formal meeting of the Council of Governors.
- 6.3 The Group shall refer to the Communications Team in relation to the Communications Strategy.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The facilitation of the Group will be reviewed after an initial one-year period and subsequently at least every two years, or sooner if appropriate.

APPENDIX A

ATTENDANCE AT MEMBERSHIP AND ENGAGEMENT GROUP MEETINGS

NAME OF GROUP:	Membership and Engagement Group		
Present (including names of members present at the meeting)	Meeting Dates		
Was the meeting quorate? Y/N <i>(Please refer to Terms of Reference)</i>			

TERMS OF REFERENCE

for the

University Hospitals Dorset NHS Foundation
Trust

**Council of Governors' Informal
Quality Group**

October 2024

DOCUMENT DETAILS

Author:	Yasmin Dossabhoy
Job Title:	Associate Director of Corporate Governance
Signed:	
Date:	23 October 2024
Version No: (Author Allocated)	4 3.0
Next Review Date:	October 202 6 5

Approving Body/Committee:	Council of Governors
Chair:	Rob Whiteman <u>Judy Gillow</u>
Signed:	
Date Approved:	13 October 202 5 4
Target Audience:	Council of Governors

Document History					
Date of Issue	Version No:	Next Review Date:	Date Approved:	Director responsible for Change	Nature of Change
July 2021	1	July 2022	TBC	Company Secretary	New Terms of Reference
July 2023	2	July 2024	27 July 2023	Company Secretary	Full review and redraft
October 2023	2.1	October 2024	October 2023	Company Secretary	Updated that the Group will be facilitated by the Company Secretary Team. Amendments to invited attendees.
October 2024	3.0	October 2025		Company Secretary	Annual review: updated that the Group will be chaired by a Governor.
<u>October 2025</u>	<u>4.0</u>	<u>October 2026</u>	<u>11 October 2025</u>	<u>Company Secretary</u>	<u>Annual review</u>

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INDIVIDUAL APPROVAL			
Job Title	N/A	Date	N/A
Print Name	N/A	Signature	N/A
COUNCIL OF GOVERNORS' APPROVAL			
If the Council of Governors has approved this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of approving body	Council of Governors	Date	13 -October 202 5 <u>4</u>
Print Name	Judy Gillow Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

QUALITY GROUP

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The Quality Group (the “Group”) is a forum for discussion on matters relating to quality and the Quality Account, on behalf of the Council of Governors.
- 1.2 The Group is an informal group of the Council of Governors of University Hospitals Dorset NHS Foundation Trust and has no delegated authority.

2. RESPONSIBILITIES

- 2.1 To receive and discuss the draft Quality Account.
- 2.2 To receive and discuss any pertinent reports related to the Quality Account.
- 2.3 To co-ordinate with Governors various quality related initiatives proposed by the Head of Patient Experience.

3. MEMBERSHIP AND ATTENDANCE

- 3.1 Membership of the Group comprises of up to seven Governors.

The process for membership of the Group shall be agreed by the Council of Governors, taking into account the skills of Governors to contribute and collectively deliver the responsibilities of the Group.

A Governor elected by the Council of Governors (or, in their absence, their nominated representative) will chair the Group (the “Chair”).

- 3.2 The Associate Director of Clinical Governance and Risk will be invited to attend all meetings of the Group. In addition, such other members of the Company Secretary Team as the Associate Director of Corporate Governance considers appropriate may attend the Group.
- 3.3 With agreement of the Group others may be invited by the Chair, including any Director, employee, or external partner to attend particular meetings.

4. AUTHORITY

- 4.1 None of the powers of the Council of Governors are delegated to the Group.

5. CONDUCT OF BUSINESS

- 5.1 The Group will meet as a minimum, twice a year.
- 5.2 Additional meetings of the Group can be scheduled as requested by the Chair in consultation with the Group.
- 5.3 The meeting will be declared quorate if at least three members are present.

- 5.4 If a meeting of the Group is inquorate, the meeting can proceed if those present agree. Items requiring approval or recommendation to the Council of Governors will (as applicable) be submitted to the next Group meeting or Council of Governors whichever comes first.
- 5.5 Meetings of the Group shall be called by the Company Secretary Team at the request of the Chair.
- 5.6 The Corporate Governance Assistant (or their nominee) is responsible for preparing the agenda for agreement by the Chair. The Corporate Governance Assistant (or their nominee) shall collate and circulate papers to Group members.
- 5.7 Unless otherwise agreed by the Chair, agenda and papers should be circulated no less than five working days before the meeting.
- 5.8 The agenda and papers shall be made available upon request to the Council of Governors.
- 5.9 A brief summary of proceedings will be noted by the Company Secretary Team. The summary notes will be submitted to the next meeting of the Group for approval.

6. RELATIONSHIPS AND REPORTING

- 6.1 The Group shall be accountable to the Council of Governors.
- 6.2 The Chair (or their nominee) will report back to the next formal meeting of the Council of Governors.

7. MONITORING

- 7.1 Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

8. REVIEW

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The position of the Chair of the Group will be reviewed after an initial one-year period and subsequently at least every two years, or sooner if appropriate.

ATTENDANCE AT QUALITY GROUP MEETINGS

NAME OF GROUP:	Quality Group		
Present (including names of members present at the meeting)	Meeting Dates		
Was the meeting quorate? Y/N <i>(Please refer to Terms of Reference)</i>			

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 8.1

Subject:	Update on Electronic Health Record
Prepared by:	Sarah Hill, Assistant Director IT Development & Medical Records
Presented by:	Beverley Bryant, Chief Digital Officer

Strategic themes that this item supports/impacts:	Population & System <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality Outcomes & Safety <input checked="" type="checkbox"/> Sustainable Services <input checked="" type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	BAF Risk 10: Risk that the Trusts Electronic Patient Record is not fit for purpose.
Purpose of paper:	Information
Executive Summary:	HealthSet Programme is the Electronic Health Record Programme with Dorset and Somerset. This will deliver a unified electronic health record built on best practice guidelines that crosses boundaries of health and care – initially covering acute, and community and mental health with an ambition to include, in the longer term, primary care and social care. By joining together across Dorset and Somerset, we aim to meet the current and future challenges by providing a sustainable, high quality healthcare service for our patients.
Background:	<p>The key update is that the new Programme Director has started, three suppliers have responded and are in the evaluation process with the preferred supplier expected to be known by Mid-October. The work on the FBC is progressing well with the overall FBC now available with the Management, Strategic and Commercial case nearly complete as far as possible. The work on benefits is progressing looking at Trust benefits at an operational and clinical level as well as looking at the wider convergence benefits.</p> <p>The go live of the HealthSet programme is March 2028 which is beyond the current EPR support therefore the EPR Stability programme will move UHD to the EDM solution to resolve this and this has formally commenced.</p>

Key Recommendations:	The Council of Governors is asked to review for Information.	
Implications associated with this item:	Council of Governors	<input checked="" type="checkbox"/>
	Equality, Equity, Diversity & Inclusion	<input checked="" type="checkbox"/>
	Financial	<input checked="" type="checkbox"/>
	Health Inequalities	<input checked="" type="checkbox"/>
	Operational Performance	<input checked="" type="checkbox"/>
	People (inc Staff, Patients)	<input checked="" type="checkbox"/>
	Public Consultation	<input type="checkbox"/>
	Quality	<input checked="" type="checkbox"/>
	Regulatory	<input checked="" type="checkbox"/>
	Strategy/Transformation	<input checked="" type="checkbox"/>
	System	<input checked="" type="checkbox"/>
CQC Reference:	Safe	<input checked="" type="checkbox"/>
	Effective	<input checked="" type="checkbox"/>
	Caring	<input checked="" type="checkbox"/>
	Responsive	<input checked="" type="checkbox"/>
	Well Led	<input checked="" type="checkbox"/>
	Use of Resources	<input checked="" type="checkbox"/>

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
N/A	N/A	N/A

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality	<input checked="" type="checkbox"/>
	Patient confidentiality	<input type="checkbox"/>
	Staff confidentiality	<input type="checkbox"/>
	Other exceptional reason	<input type="checkbox"/>

HealthSet Programme (Electronic Health Record) Status Report

Report Prepared By	Lee-Anne Walters	Date Period; September 2025
--------------------	------------------	-----------------------------

Project Aims; A unified electronic health record built on best practice guidelines that crosses boundaries of health and care – initially covering acute, and community and mental health with an ambition to include, in the longer term, primary care and social care. By joining together across Dorset and Somerset, we aim to meet the current and future challenges by providing a sustainable, high quality healthcare service for our patients.

Budget	Schedule	Resource	Issues	Risks	Quality	Overall (RAG)
G	G	G	G	A	G	G

- **Budget is Green** – Has been agreed and requirements are currently within budget.
- **Schedule is Green** – cabinet approval process is an uncontrolled variable at this point
- **Resource is Green** – Sufficient resources have been allocated.
- **Issues are is Green** – No significant issues raised as this stage.
- **Risk is Amber** – three risks are documented below.
- **Quality is Green** – No quality concerns raised at this stage.

Milestones

Milestones		
1.	OBC EPRIB	7/05/25 - Completed
2.	Cabinet approval / JIC	19/06/25 - Completed
3.	Tender published via LPP e-tendering portal	07/07/25 – Completed
4.	Supplier demonstrations	01/10/25 – 07/10/25
5.	Preferred bidder selected	16/10/25
6.	Finalise FBC	30/10/25
7.	FBC EPRIB	11/02/26
8.	Cabinet approval	24/03/26
9.	Contract Award	25/03/26
10.	Forecast Go-Live	10/03/28

Risks – The SROs have completed a risk review and a new RAID has been created for this stage of the programme. The top 3 risks are included in this report.

Risk	Description	Rating	Status
R002	Elongated contract finalisation: IF the period of time is elongated for contract finalisation, THEN there is a risk the programme will not meet the contract award date to enable FD funding to be drawn down.		22/08/25: There is a new requirement for Cabinet Office approval prior to announcing Preferred bidder which is estimated to delay the start of contract finalisation by around 10 working days. Ongoing engagement with national and regional colleagues to

			address this and other risks around approval timelines. Probability rating increased from 2 to 3.
R005	Planning for Big Bang v Phased Go-Live: Organisational appetite for Big Bang may not support programme plans.	16	21/08/25: Suppliers have been asked to provide a phased implementation plan alongside their compliant Big Bang bid to provide us with input to assess the potential impact.
R008	Delays cause failure to drawdown funding from FD: eg If treasury approval of FBC moved into Jan/Feb 2026 then the deadline for contract award is at risk of not being met.	16	20/08/25: Programme plan has been reviewed with the NHSE Team. Team to align the plan to support the draw down from FD. Regular meetings with Region and National colleagues are in place to all work to this single objective

Key Message:

- Three suppliers have made it through the Pass/Fail phase and Evaluation to the written responses is now underway across the programme.
- Demonstration part of evaluation is scheduled to start on 01/10/25 with moderations due to conclude by the 10th October.

Activities completed last Month	Planned Date Completion	Achieved Date completion	Details
PD started		04/08/25	Kemi Adenubi is now in post
Clarifying Questions resolved		14/08/25	
Evaluator time locked in and invites sent	08/08/25	14/08/25*	
Met with NHSE FBC assurance lead to discuss reflection of depreciation in case		14/08/25	
PD & ProgM away day to reset workstreams		19/08/25	Workstream outputs shared with Programme Board & Partnership Board
DHC OBC passed BCRS		29/8/25	
Supplier Pass/Fail scoring		29/08/25	3 suppliers passed this stage and progressed to the next stage.

*Within programme tolerance - no timeline implications

Activities Planned for this Month	Planned Date Completion	Achieved Date completion	Details
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FBC Activities ongoing	-	-	Finance resource allocated, Benefits baseline captures being finalised, appendices being collated
Bid responses sent to Evaluators		01/09/25	
Non Functional scores submission	10/09/25		
DHC OBC EPRIB	10/09/25		This is the EPR Investment Board for the Dorset HealthCare OBC – the final stage of approval before they join the main programme FBC
Functional scores submission	15/09/25		
Question Moderations concluded	30/09/25		

Status	Green	Amber	Red
Risk Management Summary: RAG rating is based on project plan, risk /issues log and quality assurance documentation			
R	There are significant issues with the project. The project requires corrective action to meet business objectives. The issue cannot be handled solely by the project manager or project team.		The matter should be escalated to the project sponsor and project board immediately.
A	A problem has a negative effect on project performance but can be dealt with by the project manager or project delivery team. Action is taken to resolve the problem, or a decision made to watch the situation.		The project board should be notified using a progress report or scheduled briefing with the sponsor.
G	The project is performing to plan. All aspects of project viability are within tolerance.		No action needed

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 02 October 2025

Agenda item: 9.1

Subject:	Feedback from Council of Governors Informal Groups
Prepared by:	Klaudia Zwolinska, Corporate Governance Manager
Presented by:	Effectiveness Group and Membership and Engagement Group members

Strategic themes that this item supports/impacts:	Population & System <input type="checkbox"/> Our People <input checked="" type="checkbox"/> Patient Experience <input type="checkbox"/> Quality Outcomes & Safety <input type="checkbox"/> Sustainable Services <input type="checkbox"/>
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Review and Discussion
Executive Summary:	The purpose of this document is to highlight the work of the two Informal Council of Governors' Groups which have met since the Council of Governors meeting held in July 2025.
Background:	<p>The membership of the Informal Council of Governors' Groups remained unchanged, with three vacancies in the Quality Group and one vacancy in the Effectiveness Group. Governors are encouraged to express their interest in joining either of the two Groups.</p> <p>In addition, Governors are encouraged to put themselves forward to chair the Effectiveness Group and MEG.</p> <p>Effectiveness Group – the Group met on 19 September 2025 and considered the following:</p> <p><u>Council of Governors election</u></p> <ul style="list-style-type: none"> • The Group reviewed arrangements for the upcoming Council of Governors election, focusing on promotional activities to encourage candidate applications. • Dates for drop-in sessions at Bournemouth and Poole Hospitals were agreed; dates for Christchurch Hospital will follow. • Agreed promotional activities include (but are not limited to):

- Designing a poster to promote the election
- Creating a screensaver to promote the staff Governor election
- Promoting the staff Governor election during walkabouts
- Arranging Teams calls if required
- Using the AMM segment where Michele Whitehurst presented an update on the Council of Governors as a promotional video
- Using the members database to invite applications
- The Group considered barriers that may prevent clinical staff from applying and discussed strategies to raise awareness and encourage engagement

New Governors induction

- The Group discussed arrangements for the induction of new Governors, proposing that it be held in January 2026.
- Emphasis was placed on completing administrative tasks and IT setup prior to the formal induction, allowing the session to focus on substantive content.
- The previous induction agenda was reviewed, with suggestions to include:
 - A buddy system
 - Opportunities to observe committee meetings
 - Encouragement for new Governors to express interest in specific groups from the outset
- It was noted that induction presentations should be updated to reflect recent developments, including:
 - The NHS 10-year plan
 - Transformation initiatives
 - Latest regulatory requirements

Terms of Reference and Chairing Arrangements

The Group reviewed its Terms of Reference and discussed chairing arrangements moving forward.

Membership Engagement Group (MEG) – The meeting had not taken place at the time of this paper’s submission. A verbal update from Group members will be provided during the meeting.

The attached 2025/26 calendar of events will be presented at the MEG meeting on 25 September 2025.

Quality Group – Due to unforeseen circumstances, the Quality Group meeting has been rescheduled. A new date will be confirmed and communicated shortly.

Key Recommendations:	To consider and, if thought fit, approve the events set out in the attached paper.	
Implications associated with this item:	Council of Governors <input checked="" type="checkbox"/> Equality, Equity, Diversity & Inclusion <input type="checkbox"/> Financial <input type="checkbox"/> Health Inequalities <input type="checkbox"/> Operational Performance <input type="checkbox"/> People (inc Staff, Patients) <input checked="" type="checkbox"/> Public Consultation <input type="checkbox"/> Quality <input type="checkbox"/> Regulatory <input type="checkbox"/> Strategy/Transformation <input type="checkbox"/> System <input type="checkbox"/>	
CQC Reference:	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/> Use of Resources <input type="checkbox"/>	

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
N/A	N/A	N/A

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality <input type="checkbox"/> Patient confidentiality <input type="checkbox"/> Staff confidentiality <input type="checkbox"/> Other exceptional reason <input type="checkbox"/>
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Bournemouth	Christchurch	Poole	Staff	Appointed
<p>18 November 2025 Church Wives - Kinson Masonic Hall 2.00 – 4.00</p> <p>18 December 2025, Atrium at RBH- Christmas event</p>	<p>Understanding Health Talk on Organ donation, week commencing, 10 22 September 2025 at the Barrington Theatre in Ferndown - TCB</p>	<p>22 October 2025 at 18:30, Lecture Theatre, Education Centre, Poole Hospital- Understanding Health Talk on alcohol misuse</p>		

Governors are invited to attend engagement events organised by the Communications Team to promote membership opportunities.

Those now include attendance at Wellness events in north Dorset:

- 30 September 2025 – 10:00am–12:00pm – Spetisbury Village Hall
- 28 October 2025 – 10:00am–12:00pm – Tarrant Gunville Village Hall

Attendance at Council of Governors Part 1

		3 April 2025	30 May 2025	3 July 2025
Present	Judy Gillow			
	Colin Blebta			
	Robert Bufton			
	Deniz Cetinkaya			A
	Sharon Collett			
	Sue Comrie			
	Steve Dickens		A	
	Beryl Ezzard			
	Richard Ferns			
	Rob Flux	A	A	A
	Colin Hamilton			
	Paul Hilliard			
	Elizabeth McDermott			
	Andrew McLeod	A		
	Keith Mitchell			
	Jeremy Scrivens			
	Diane Smelt			
	Carrie Stone			A
	Kani Trehorn	A		
	Shelley Thompson		A	A
	Michele Whitehurst			
	Sandra Wilson			
	Debbie Anderson			
	Terri Clark			
	Andrew Doe			
	Yasmin Dossabhoy			
In attendance	Judy Gillow			
	Siobhan Harrington			
	Sarah Herbert			
	John Lelliott			
	Tracie Langlely			
	Femi Macaulay			
	Irene Mardon			
	Helen Martin			
	Helena McKeown			
	Marie Miller			
	Mark Mould			
	Pete Papworth			
	Richard Renaut			
	Tina Ricketts			
	Tara Vachell			
	Claire Whitaker			
	Peter Wilson			
Klaudia Zwolinska				
Was the meeting quorate?		Y	Y	Y

Key

	In attendance
	N/A
A	Apologies
	Delegate Sent

Apologies	A
Delegate Sent	D