University Hospitals Dorset
NHS Foundation Trust

University Hospitals Dorset

NHS Foundation Trust

Council of Governors Meeting – Part 1

Thursday 16 July 2026

16:00-18:00

Patient First Improvement Hub at Christchurch Hospital

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

University Hospitals Dorset
NHS Foundation Trust

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 on Thursday 16 July 2026 at 16:00 at Patient First Improvement Hub at Christchurch Hospital and via Microsoft Teams.

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

Judy Gillow
Interim Trust Chair

AGENDA – PART 1

16:00 on Thursday 16 July 2026

Time	Item		Method	Purpose	Lead
	1	**STANDING ITEMS**			
16.00	1.1	Welcome, apologies and declarations of interest	Verbal		Chair
16.03	1.2	Notification of any urgent matters or motions: • Governor Chair for Effectiveness Group	Verbal		Chair
16.05	1.3	Minutes of the part 1 meeting held on 29 May 2026	Paper	Agree	Chair
16.06	1.4	Matters arising- action log	Paper	Review	Chair
	2	**TRUST CHAIR AND LEAD GOVERNOR UPDATES**			
16.08	2.1	Chair's update	Verbal	Note	Chair
16.20	2.2	Update from Lead Governor	Verbal	Note	Lead Governor
	3	**TRUST PERFORMANCE AND ACCOUNTABILITY**			
16.30	3.1	Chief Executive's update	Verbal	Note	CEO
16.40	3.2	Annual Freedom to speak up report	Paper	Note	FTSU guardian
16.50	3.3	Integrated performance report [R] • Summary of Integrated performance report • Feedback from Board Committee Chairs and governor observers ➢ Audit Committee ➢ Charitable Funds Committee ➢ Finance and Performance Committee ➢ People and Culture Committee ➢ Transforming Care Together ➢ Quality Committee	Paper / Verbal	Assure	NEDs/ Observers

	4	**FEEDBACK FROM COMMITTEES AND GROUPS**			
17.20	**4.1**	Effectiveness Group feedback	**Paper**	**Review**	**Group Members**
17.25	**4.2**	Membership and Engagement Group feedback	**Paper**	**Note**	**Keith Mitchell/ Group Members**
	5	**GOVERNOR DUTIES AND STATUTORY RESPONSIBILITIES**			
17.30	**5.1**	Trust Annual report and accounts 2025/26	**Verbal**	**Note**	**CFO**
17.40	**5.2**	External auditor's report 2025/26	**Verbal**	**Note**	**KPMG**
17.45	**5.3**	Membership strategy	**Paper**	**Agree**	**DoCG**
17:50	**5.4**	Trust Constitution	**Paper**	**Agree**	**DoCG**
	6	**GOVERNOR FEEDBACK**			
17.55	**6.1**	Feedback from Staff and Appointed Governors	**Verbal**	**Note**	**Staff and Appointed Governors**
18.10	**6.2**	Any Other Feedback	**Verbal**	**Note**	**All**
	6.3	**Date of Next Council of Governors Meeting:** Thursday 22 October 2026 at 16:00 at Patient First Improvement Hub at Christchurch Hospital.			

[R] Associated item in Reading Room

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The recording will be deleted after the minutes of the meeting have been approved.

Reading Room

- Integrated Performance Report

Items for Next Council of Governors Part 1 Agenda – October 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

- Annual effectiveness of external audit process
- Quality account 6-month review
- Annual patient experience report
- Report on the annual members meeting

List of abbreviations:

CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CFO –Chief Finance Officer
DoCG – Director of Corporate Governance

AGENDA – PART 2 PRIVATE MEETING

18:15 on Thursday 16 July 2026

Time	Item		Method	Purpose	Lead
	7	**STANDING ITEMS**			
18.15	7.1	Welcome, apologies and declarations of interest	Verbal		Chair
18.17	7.2	Notification of any urgent matters or motions	Verbal	Note	Chair
18.20	7.3	Minutes of the part 2 meeting held on 29 May 2026	Paper	Agree	Chair
18.22	7.4	Matters arising- action log	Paper	Review	Chair
	8	**FEEDBACK FROM COMMITTEES AND GROUPS**			
18.25	8.1	Nominations, Remuneration and Evaluation Committee feedback: - Non-executive team objectives - Fit and proper persons test outcome - Trust Chair recruitment timeline and plan	Paper	Note	Chair
	9	**GOVERNANCE**			
18.45	9.1	Update on the future of the Council of Governors	Verbal	Note	Chair/ Lead Governor
18.55	9.2	Key themes from the Board Part 2 meeting held on 15 July 2026	Verbal	Note	Chair
19.00	9.3	Reflections on the Meeting	Verbal	Note	Chair
	9.4	**Date of Next Council of Governors Meeting:** Thursday 22 October 2026 at 16:00 at Patient First Improvement Hub at Christchurch Hospital.			

[R] Associated paper in the reading room

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

Standing Items

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

University Hospitals Dorset
NHS Foundation Trust

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS PART 1 MEETING

Minutes of the Council of Governors Part 1 meeting held on 29 May 2026 at 10:00 in Yeomans House and via Microsoft Teams

Present:	Judy Gillow	Interim Trust Chair
	Benjamin Ango	Staff Governor: Clinical
	Colin Blebta	Public Governor: Bournemouth
	Marie Cleary	Public Governor: Poole and Rest of Dorset
	Sharon Collett	Public Governor: Bournemouth
	Steve Dickens	Public: Christchurch, East Dorset and Rest of England
	Peter Fitzmaurice	Public Governor: Poole and Rest of Dorset
	Paul Hilliard	Appointed Governor: BCP Council
	Malcolm Keith	Staff Governor: Non-clinical
	Rosie Martin	Public Governor: Christchurch, East Dorset and Rest of England
	Elizabeth McDermott	Public Governor: Bournemouth
	Andrew McLeod	Public Governor: Poole and Rest of Dorset
	Keith Mitchell	Public Governor: Bournemouth
	Jerry Scrivens	Public Governor: Christchurch, East Dorset and Rest of England
	Diane Smelt	Public Governor: Bournemouth
	Carrie Stone	Public Governor: Poole and Rest of Dorset
	Shelley Thompson	Appointed Governor: Bournemouth University
In attendance:	Sarah Herbert	Chief Nursing Officer
	Leonora May	Director of Corporate Governance
	Stacey Payne	Corporate Governance Assistant *(minutes)*
	Richard Renaut	Chief Transformation Officer
	Claire Whitaker	Non-Executive Director, Senior Independent Director
	Sue Comrie	UHD volunteer

CoG0056/26	**Welcome, Introductions, Apologies and Quorum** Judy Gillow introduced the meeting and welcomed Governors and attending Non-Executive colleagues. Apologies had also been received from: • Rob Flux, Staff Governor: Non-clinical • Colin Hamilton-Welsh: Staff Governor: Non-clinical • Michele Whitehurst, Public Governor, Poole and Rest of Dorset and Lead Governor Judy Gillow introduced Leonora May as the new Director of Corporate Governance. The meeting was declared quorate.
CoG057/26	**Declarations of Interest** No declarations were made not already recorded in the register.
CoG058/26	**Notification of any urgent matters or motions** Judy Gillow informed the Council of Governors that one expression of interest was received for the People and Culture Committee, and it was agreed that Rosie Martin would act as Governor Observer alongside the Chair, Dr Sharath Ranjan. No expressions of interest were received for the Charitable Funds Committee. Claire Whitaker highlighted the value of the Charitable Funds Committee, noting its strategic importance in supporting patient care and providing Governors with insight

	into clinical work. It was confirmed that the Committee meets four times per year, with optional additional events. Following this, Sue Comrie expressed an interest in observing the Charitable Funds Committee. The Council of Governors SUPPORTED the appointment of Rosie Martin and Sue Comrie as Governor observers, subject to Sue Comrie's reappointment as a governor.
CoG059/26	**Minutes of the Council of Governors meeting held on 16 April 2026.** The Council of Governors AGREED the minutes of the last meeting as an accurate record.
CoG060/26	**Matters Arising – Action List** All actions were complete.
CoG061/26	**Chair's Update** <u>Staff Awards</u> Judy Gillow reminded the Council of Governors of the Staff Awards on 11 June at the Bournemouth Pavilion, noting a record number of nominations, reflecting a positive organisational culture and strong recognition of staff contributions. It was reported that the high quality of nominations made the shortlisting process, including the Chair's Award, particularly challenging, with the calibre of nominees reflecting well on the organisation. Marie Cleary, as a previous award winner, described the event as a valuable celebration of both individual and team achievements. The Council was advised that two Non-Executive Directors and two Governors could attend. Where interest exceeded availability, places would be allocated via ballot. <u>New Regional Chair</u> Judy Gillow advised that the new NHS Regional Chair, Jill Morgan, had recently taken up post and visited the Trust, where she expressed a positive view of the work being undertaken. During her visit, Jill Morgan engaged with the Emergency Department and received an open overview of current challenges and future ambitions. She was particularly impressed by staff motivation and the culture of improvement. It was noted that regular meetings of Chairs across the system were expected to be established, providing opportunities for shared learning and alignment, with updates to be reported to the Council of Governors. Judy Gillow also attended a regional meeting on the future of Governors and work continuing with NHS alliance. <u>Governor Role Development and National Programme</u> Judy Gillow reported that, following discussions with the Regional Chair, she had been asked to act as the Southwest link with the NHS Alliance, supporting work on the future role of Governors. It was noted that this work remained at an early stage, with limited detail currently available. Legislative changes had commenced in Parliament; however, proposals remained high-level, particularly regarding expectations of the Governor role and responsibilities for community and patient engagement. Further clarity would be required. Diane Smelt sought clarification on the future of Healthwatch. Judy Gillow confirmed that no information was currently available on potential changes or alignment with the Integrated Care Board (ICB) and agreed to seek further clarification. <u>Organisational Updates</u>

	The Council of Governors noted that the Staff Survey Action Plan had been presented to the Board and was being progressed, alongside ongoing work on the People Promise. Judy Gillow advised that the Trust was acting as the host organisation for the procurement system across Dorset, with colleagues from Dorset Healthcare and Dorset County Hospital joining the aligned team. Integration was supported through an induction session, which was well received. Diane Smelt queried whether Dorset Healthcare's designation as an Advanced Foundation Trust would affect these arrangements. Judy Gillow confirmed that procurement alignment had already been agreed and would proceed as planned. The Council of Governors NOTED the Chair's Update.
CoG062/26	**2026/27 Operational Plan** Richard Renaut informed the Council of Governors that the 2026/27 Operational Plan had been developed over the course of the year and had received approval at Board and NHS regional level. The Council of Governors were advised that 39 responses had been received from the public, demonstrating good engagement and alignment with the proposed priorities. The Operational Plan was described as balanced, reflecting the Trust's five strategic goals and key driver metrics, including patient safety, access standards, patient experience, quality, and financial performance. It was further confirmed that the Operational Plan was financially balanced, with a break-even position targeted, supported by a programme of significant savings. Carrie Stone sought clarification on the feedback received from Trust members, noting that while the response rate was relatively small, it would be helpful to understand the themes emerging from those responses. Richard Renaut reported that 39 Trust member responses had been received. Feedback was broadly supportive of the objectives set out in the plan, although some respondents expressed concern regarding the level of ambition and confidence in deliverability. It was noted that this would be addressed through ongoing monitoring via the Integrated Performance Report and other assurance mechanisms. Trust Members also highlighted that the document could be made more accessible, with a need to reduce technical language and potentially develop a more user-friendly or public-facing version in future. Overall, the feedback reflected support for the direction of travel, alongside recognition of the plan's ambitious nature. Sharon Collett referred to recent discussions regarding literacy levels among Trust members and the wider community and asked how this had been considered in ensuring the plan was accessible. Richard Renaut confirmed that this had been recognised as an important consideration. The Council of Governors were advised that there was expertise within the Trust, including the communications and library teams, to support improving accessibility. It was agreed that future versions of the plan would explore the development of a more accessible, public-facing format, noting that improving readability would benefit all audiences. Rosie Martin drew attention to the recent publication of the Equality and Human Rights Commission (EHRC) Code of Practice for Services, Public Functions, and Associations, noting that it had been laid before Parliament and was expected to come into effect following the standard statutory period. She sought clarification on whether any guidance had been issued by NHS England, or whether the Trust had assessed the potential implications of the Code.

	Richard Renaut noted that there was no immediate update available. It was explained that when new national frameworks or codes of practice were issued, these were typically incorporated into updated national guidance. It was further noted that the Trust would be required to comply with any revised guidance, particularly in relation to the Operational Plan and the forthcoming Annual Report, which would reflect any applicable requirements once confirmed. The Council of Governors were advised that further clarity would be provided once national guidance had been issued and reviewed locally. It was further explained that national legislation and requirements, including those relating to human rights and health inequalities, were embedded within the guidance that the Trust was required to follow. Members were advised that this was reflected within the Annual Report, supported by the Annual Report and Accounts Reporting Manual, which acted as a checklist to ensure full compliance with reporting standards. It was expected that any new national requirements, including those referenced, would be incorporated into this framework. The Council of Governors recognised the work of the Company Secretary team in ensuring that all reporting requirements had been fully addressed and aligned with national expectations. Diane Smelt highlighted that a summary of the Trust Members' Public Feedback was included within the report (page 39), noting that it provided a useful overview. Judy Gillow requested that the summary be attached to the minutes for wider visibility. It was agreed that the summary would also be circulated to the Council of Governors to provide helpful context The Council of Governors NOTED the Operational Plan.
CoG063/26	**Convening of Annual Members' Meeting** Leonora May advised that the Trust is required to hold an Annual Members' Meeting (AMM) before the end of September each year. The AMM provides an opportunity to present the Annual Report and Accounts and for Governors to engage with members regarding Trust activities and achievements. It was proposed that the AMM be held at 10:00 on 24 September at Christchurch Hospital, reflecting the approach of rotating venues annually. A draft agenda was included in the meeting papers for review. It was also highlighted that an "Understanding Health Talk" would follow the AMM, although the topic was yet to be confirmed, and suggestions were welcomed. The Council of Governors reflected on the success of the previous year's AMM, noting strong attendance and positive feedback. Judy Gillow encouraged Governors to propose ideas for the "Understanding Health Talk", emphasising the importance of selecting a topic that would engage the local community and provide meaningful value. The Council of Governors were invited to submit suggestions, which would be considered in developing an impactful and relevant programme for this year's event. Rosie Martin suggested that, in advance of the winter period, the "Understanding Health Talk" could focus on the role of pharmacists, highlighting how they can support patients and potentially reduce unnecessary attendance at GP services and Emergency Departments. In light of a recent visit to the new Children's Unit, Diane Smelt noted the valuable information provided regarding services that support children at home. Sharon Collett highlighted a recent session held at Bournemouth University, involving training for medical staff and the South Western Ambulance Service. It was described as highly effective and inclusive, demonstrating how patients could access appropriate care. It was suggested that this could provide a useful topic particularly in supporting public awareness of service pathways.

	Elizabeth McDermott suggested a focus on skin cancer awareness, particularly in light of seasonal risks and the importance of prevention and early detection. Judy Gillow noted the suggestions and advised that topics would be prioritised based on relevance and availability of clinical speakers. It was also recognised that additional topics could be considered for future sessions. The Council was asked to formally APPROVED the arrangements for convening the AMM.
CoG064/26	**Any Other Feedback** Judy Gillow thanked all attendees for their contributions and closed the meeting.
The next meeting of the Council of Governors will be held on 16 July 2026 at 16:00 in the Patient First Improvement Hub at Christchurch Hospital.	

Council of Governors Part 1 Action List - May 2026						
Minute Ref.	**Meeting Date**	**Action**	**Lead**	**Due Date**	**Progress**	**Status**
CoG037/26	16/04/2026	**Employment Rights Bill:** To clarify the Trust's implementation plans and compliance position.	Sharath Ranjan	May-26	**May-26:** Sharath Ranjan to follow up with Melanie Whitfield and give a verbal update at Council of Governors meeting. **July-26:** Sharath Ranjan to give verbal update at the next meeting	In progress
CoG037/26	16/04/2026	**Governor Observers:** To have Governor representation on all Board Committees and seek expressions of interest for People and Culture and Charitable Funds Committees.	Stacey Payne	May-26	**Apr-26:** Expressions of interest were sought from Governors. One was received for People and Culture Committee. **May-26:** Trust Chair and Committee Chair have been notified, to be taken to next Council of Governors meeting.	Complete
CoG040/26	16/04/2026	**Council of Governors Appraisial:** Key themes for Council of Governors development and enhanced joint working with Non-Executive Directors were identified.	Stacey Payne	May-26	**May-26:** Key messages shared with Judy Gillow to shape future development sessions.	Complete
CoG061/26	29/05/2026	**Healthwatch:** Clarification on the future of Healthwatch.	Judy Gillow	Jul-26	**May-26**: Judy Gillow to liaise with the Chair of ICB to confirm the position regarding Healthwatch and provide an update to members. **July-26**: Judy Gillow to give a verbal update at the next meeting.	In progress
CoG062/26	29/05/2026	**Trust Members Public Feedback:** To provide helpful context of public view of the Operational Plan.	Stacey Payne	Jul-26	**May-26:** Send summary of the Trust Members Public Feedback to Governors.	Complete

University Hospitals Dorset
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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

Agenda item: **3.2**

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	FTSU Annual Report 2025/6
Prepared by:	Helen Martin, Freedom to Speak Up Guardian (FTSUG)
Presented by:	Helen Martin
Strategic themes that this item supports/impacts:	Population & System ☐ Our People ☒ Patient Experience ☐ Quality Outcomes & Safety ☒ Sustainable Services ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Information
Executive summary:	UHD demonstrates a strong Freedom to Speak Up (FTSU) culture, supported by established reporting routes, a trained FTSU network, external assurance and positive performance compared with national benchmarks. However, speaking up indicators in the staff survey have slightly declined, suggesting that training and structural arrangements alone may not be sufficient to drive sustained cultural improvement. Concerns raised through FTSU predominantly relate to behaviours, leadership, and management practices, with incivility and inconsistent handling of issues identified as significant contributors to staff dissatisfaction and reduced psychological safety. A further proportion of cases relate to process and system challenges, particularly during periods of merger, transformation, and organisational change, where uncertainty and communication gaps increase speaking up activity. Anonymous reporting continues to rise, sitting now above national averages, indicating potential concerns around psychological safety for some staff groups. The NSS also shows variation in speaking up confidence across staff groups and care areas, with some services demonstrating lower engagement and confidence in raising concerns. Key learning highlights the critical role of effective leadership in creating safe speaking up cultures, the need for consistent and

	timely management of behavioural issues, and the importance of clear communication and psychological safety during organisational change. Strengthening these areas will be essential to improving staff experience, reducing harm to workplace relationships, and sustaining a positive speaking up culture going forward.
ALERT:	462 concerns were raised in 2025/6. Whilst the number of concerns has decreased by 16%, there is a complexity in the cases (26%, 94 cases). More cases have tested legal disclosures including detriment and protected disclosures and a review of process in 2026/7 would be prudent.
ASSURE:	FTSU arrangements are operating effectively and provide a safe and accessible route for staff to raise concerns with 462 cases received in 2025/26. Benchmarking indicates performance remains at or above national standards, and there is no evidence of unmanaged systemic risk. While key themes continue to relate to leadership, behaviours, and organisational processes, these are recognised areas for improvement.
ADVISE:	Key learning highlights the critical role of effective leadership in creating safe speaking up cultures, the need for consistent and timely management of behavioural issues, and the importance of clear communication and psychological safety during organisational change.
Celebrating Outstanding:	UHD has demonstrated strong and robust FTSU arrangements through external assurance and national benchmarking. The FTSU team have been nominated for the open and honest category of 2026 UHD Staff Awards.
RECOMMENDATION:	• Continue to strengthen leadership capability and consistency • Continue to strengthen and develop work on supporting and addressing behaviours • Improving communication during periods of change • Address variation in psychological safety • Monitor anonymous reporting trends • Maintain oversight of FTSU themes through governance reporting and regular triangulation
Implications associated with this item:	Council of Governors ☐ Environmental Sustainability ☐ Equality, Equity, Diversity & Inclusion ☐ Financial ☐ Health Inequalities ☐ Operational Performance ☐ People (inc Staff, Patients) ☒ Public Consultation ☐ Quality ☐ Regulatory ☐ Strategy/Transformation ☐ System ☐

	Explain the impact on each selected area; positive outcomes, risks and mitigations, and any oversight needed.
CQC Assessment Framework:	Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well-Led ☒ Use of Resources ☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
TMG	23/04/2026	Discussion and information shared. Care group work to start on behaviours.
PCC	6/4/26	Approved
Board of Governors	13/5/26	Noted
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐	

University Hospitals Dorset
NHS Foundation Trust

Freedom to Speak Up (FTSU)

Annual Report 2025/6

1.0 Introduction

1.1 The publication of Dr Penny Dash's independent review of patient safety in July last year has prompted changes to national arrangements for Freedom to Speak Up (FTSU). It has been recommended that the National Guardian's Office (NGO) should close as a standalone entity by 30 June 2026. Responsibility for FTSU would then sit with commissioners and providers, with functions aligned alongside other staff voice initiatives within NHS England. Key stakeholders have been consulted on the future programme and its functions, and we await the final model in the next few months.

1.2 Speaking up, and the work of our FTSU team, remain a core pillar of our People Promise at UHD "We each have a voice that counts".

1.3 At UHD we have many channels that our staff can speak up including our line managers, occupational health, staff governors, using our LERN forms, chaplains, education team and our HR team. FTSU is another alternative route.

1.4 The role of the FTSU team is to highlight the challenges and act as an early warning system of where failings might occur. They are also an ally and a critical friend that works in partnership across the organisation to encourage action to improve culture.

1.5 The FTSU team consists of 2 FTSU Guardians alongside a network of 15 FTSU Ambassadors who help raise awareness and support staff in speaking up.

1.6 In January, external assurance and national benchmarking reviews were completed and demonstrated a strong speaking up culture, supported by robust FTSU arrangements (report received at Audit Committee).

1.7 Senior leaders demonstrate a strong and sustained commitment to speaking up, reaffirmed annually through a public statement and declaration of expected behaviours (Bi-annual Report, 2025). Throughout the year, senior leaders, including our Non-Executive Director (NED) for Speaking Up, engage with the Freedom to Speak Up (FTSU) team, support Speaking Up Week, and undertake joint visits to wards and workplaces to reinforce an open and supportive culture including targeted visits to areas where concerns have been raised.

1.8 A refreshed NHSE Board Reflection and Planning tool was completed in May to identify priorities for the next 2 years. Since then, a number of development areas have been progressed, including an internal audit (section 1.5), speaking up staff stories, a refreshed communications campaign and an updated FTSU policy. Work is ongoing to further develop a more mature data collection system.

All tables and graphs can be found in the reading pack.

2.0 A Year at a Glance

April - Published national documents

- NGO guidance on FTSU and Public Disclosure Act. – guidance embedded in UHD FTSU policy and approved by Board in May 2026

April-March

- UHD FTSU Network
- UHD staff Networks
- Dorset and Somerset Network
- South-west regional Networks

Quarterly NGO data submissions (Table 1 in reading pack)

May Published national documents

- NGO review of speaking up experiences of oversea-trained workers in England
- NGO universal Job description (biannual report)

May UHD

FTSU Annual report presented to May board. UHD Board approval of FTSU NHS policy and Behaviour Charter statement

June: The UHD Awards is an important way to recognise each-other. In 2025, over 900 nominations were received. The "Open and Honest" winner was Meris Miller, Workforce nurse for her work supporting our international nursing teams.

July: Publication of the 10 YEAR Plan and DASH review outlining the disbanding of NGO as a standalone entity.

August:

- letter from NHSE to reaffirm the role of FTSUG. It also confirmed that the role will be incorporated into the NHS standard contract for 2026/7 and that NHSE will assume responsibility for this work onwards (section 3).
- NGO Publication of Culture is a patient safety issue – summary of FTSUG (2024/5).
- Retirement of National Guardian, Jayne Chidgey-Clark

August UHD – Launch of Behaviour Charter

Oct – Speak Up Week 13-17

Videos, literature, walkabouts, comms

Sept: NGO FTSUG Survey 2025 Thematic Review highlighted that FTSUG needed more time, resources, recognition and support. UHD benchmarked well.

Nov: NGO Annual report (2024/5) laid before Parliament highlighting the work of NGO and 1300 FTSUG. Over 38 000 cases heard with 40% of cases relating to poor behaviours

Jan-Feb 2026 – FTSU stakeholder engagement sessions with NHSE to hear about how FTSU should be delivered in future.

Jan – UHD.

- Internal audit review of FTSU received by Audit committee. Substantial assurance over both design and operational effectiveness. Service recognised as national exemplar of good practice.
- Trust wide external well led review highlighted FHTS as a strong feature of UHD culture with respected FTSUG and high staff confidence in raising concerns

March 2026 – NGO Temporary workers FTSU review published (to be reviewed with key stakeholders in May).

- NSS 2025 published. UHD showed a small decline across all speaking up questions, although performance remains above national averages. There is variation by care group, profession, ethnicity and long-term condition. Full report received by PCC (March 2026).

All national reports have been received in Board bi-annual paper (Nov 2025). All future papers will be as part of the reading pack.

3.0 FTSU Data

3.1 UHD submit quarterly information to the NGO, which can used to compare with surrounding healthcare providers (Table 1). Whilst the number of referrals does not fully reflect the speaking up culture, it may indicate the impact of staff changes associated with merger and organisational restructuring processes.

3.2 Nineteen percent of staff reported approaching the FTSU team because their line manager was the issue, and a further 24% felt their line manager was not addressing their concern. This suggests potential gaps in leadership capability, confidence, or skill in fostering a psychologically safe environment for staff to speak up (see Table 2). In addition, engagement with the e-learning modules for line managers and senior leaders—Listen Up and Follow Up, which are designed to strengthen a speaking-up culture and understand barriers—remains low (see Table 3).

3.3 Speaking Up is measured in the National Staff Survey (NSS) within the People Promise element "We each have a voice that counts," This year's result shows a small decline across all speaking-up questions, although performance remains above national averages (Graph 1). Question 25f, which is highly regarded to reflect a speaking up culture, shows that 48.8% who completed the survey perceive UHD as having a positive speaking up culture. While this is slightly lower than that reported in 2024 (51.8%) it remains above the comparator (46.6%).

3.4 UHD took the decision in October 2024, to mandate the completion of the NGO/HEE Speak up e-learning module once every 3 years. Nearly 10 000 staff have completed this training (Table 3). The average feedback from this training is 4.6/5 stars. Despite the strong uptake of training, speaking up indicators in the staff survey have declined (section 3.3), highlighting that training alone is insufficient to drive cultural change. A decision of the benefit to the already high burden of mandatory training needs to be made for 2026/7.

3.5 Staff can speak up through many channels at UHD. One channel is through Learning Event Report Notification (LERN) reporting. Over 20 000 referrals were made using LERN forms in 2025/6, of which 370 cases used the LERN; raise an issue (pink) form. LERN: raise an issue are used to report an event that does not represent the values of UHD. Of these cases, 63% related to behaviours. This is similar to 2024/5 (Table 4).

4.0 FTSU Case Referrals – The Headlines 2025/6

4.1 The number of referrals raised to the FTSU team was 462 cases (Graph 2), averaging 38.5 cases a month. This is a decrease of 16% on the previous 12 months (Graph 3). It has been noted that the complexity of each case is increasing (see section 4.3)

4.2 80% of staff reported speaking to someone else before approaching the FTSU team and in 60% of cases more than 2 people.

4.3 Just over a quarter of all FTSU cases were risked assessed as medium to high (94 cases; 26%) requiring further escalation to a senior manager/executive. This trend will be monitored into 2026/7.

4.4 Speaking up via the FTSU team continues to be used predominantly for concerns relating to working environments or relationships rather than patient safety (Graph 4).

4.5 The greatest theme that staff bring to the FTSU team are cases with elements of behaviour (48%), followed by cases involving process and systems (29%), and then worker safety (13%; Graph 4). Cases involving patient safety remains static at 6% which compares similarly to previous years, and that nationally (Graph 5).

4.6 Behaviours: Incivility is the predominant behaviour that staff describe (53%; Table 5).

4.6.1 It is well documented that incivility and being rude directly impacts on patient safety (Cheetham and Turner, 2020).

4.6.2 Both kindness (Q8b) and being polite and respectful (Q8c) questions in the NSS were lower in 2025 than previous years (Graph 6).

4.6.3 The Behaviour Charter was launched in August 2025, and more work is planned in 2026.

4.7 Process and Systems. It is well documented that at times of significant change such as merger, operational or healthcare re-structuring can increase workload of FTSU teams, partly because of issues relating to process, systems or procedures.

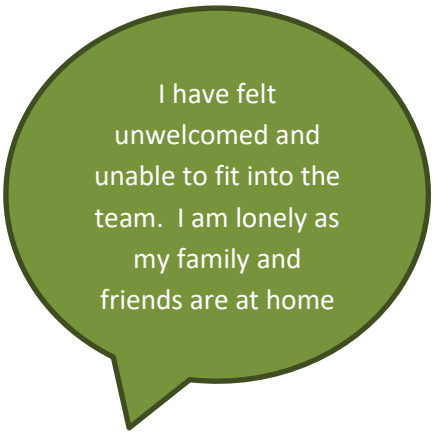
4.7.1 Table 6 looks closer at the themes relating to process and systems. 60% of cases relate to HR issues and how to navigate employment issues including organisation change, agile working, how to raise a grievance, mediation and probation.

4.8 Worker safety and wellbeing (13%) can include insufficient access to equipment and staff and wellbeing at work. It is well documented that considerable healthcare system pressures, alongside external cost of living anxieties and worldwide uncertainties, can all impact of worker wellbeing. Research tells us that until triggers are addressed such as staffing/working environment, the symptoms of feeling overwhelmed will not improve (West et al; 2015).

4.9 The highest referrers to the FTSU service are nurses and midwives accounting for 35% of speaking up cases, followed by administrative staff (19%) reflecting the workforce profile (Table 7).

4.10 Staff can make anonymous referrals to the FTSU team through the UHD app. The percentage of staff who have accessed FTSU anonymously has increased year on year since 2022 and has now increased above national levels (15% UHD compared to 11.6% nationally). Anonymous referrals are staff unwilling/unable to reveal their identity to anyone and may be an indicator of fear and lack of psychological safety (Table 8). Whilst the main theme are behaviours (41%; 28 cases), more concerns raised using anonymous routes describe patient safety issues (19%; 13 cases; Graph 7).

4.11 National reviews tell us that minority staff can feel vulnerable when speaking up and are more likely to suffer detriment (Kline and Somra, 2021). Collecting demographic information is therefore essential. Graph 8 tells us that the voices using FTSU are female and between the ages of 36-55 years old. 21% described themselves from a global majority (96 staff) which alongside our most recent WRES mapping template showing 26.8% (March 2025) concerns raised by this staff group would suggests that the demographic profile of staff raising concerns through FTSU is representative of the wider workforce.



4.12 The predominant theme raised by our global majority staff is also behaviours (59 staff, 61%) followed by process and systems (20 staff; 21%; Graph 9).

4.13 Significant effort is made to ensure that the FTSU team visit and meet all members of staff across each site, and the FTSU Ambassador model allows for this. Table 9 outlines the concerns raised across our care group structure. Staff working within Medicine and WCCSS are high reporters (105 staff each) whereas operations remain low (37 staff).

4.14 Table 9 also triangulates data with question 25f from the NSS, which is highly regarded to reflect a speaking up culture. Of concern are those staff not using FTSU route and have low confidence in raising concerns such as trauma and orthopaedics and strategy, transformation and Estates.

4.15 Evaluation of the FTSU service remains an important metric. 80% of respondents said they would/maybe speak up again. Comments also included “an opportunity to voice frustrations and concerns”, “I have had amazing help”, “I felt cared for”, “the service is so supportive” and “easy and quick to access”. The service has also been nominated for Open and Honest category of the 2026 Staff awards, due to its “exceptional compassion, leadership and service”.

5.0 Learning and Reflections

5.1 Whilst each referral will have its own learning, themes can be drawn to help develop and embed into the culture at UHD (Graph 10).

5.2 The quality of our leadership and management skills accounts for 50% of cases (231 cases). Effective leaders and good management skills create workspaces where staff feel confident to speak up, share ideas and trust that their concerns will be addressed without fear.

5.3 Learning from 22% of cases (103 referrals) focuses on behaviours, highlighting the importance of creating workspaces where staff can build healthy relationships and be their best while ensuring poor behaviours are addressed promptly and with compassion. Inconsistent and slow interventions are frequently cited leading to strained relationships, resulting in potential reputational damage and increased turnover and absence.

5.4 Merger, transformation, team integration creates uncertainty. Learning from these cases (8%; 38 cases) reminds us of the importance of strong leadership skills and effective change management with a focus on prioritising clear communication and creating psychologically safe workspaces where staff feel able to speak up.

6.0 Summary

6.1 The 2025/6 Freedom to Speak Up report highlights a generally strong speaking up culture, but identifies key areas for improvement, particularly in leadership capability, behavioural standards, and change management.

6.2 Strengthening leadership skills, addressing behaviours promptly and compassionately, and improving communication during periods of change are critical to ensuring staff feel confident to speak up and that concerns lead to meaningful action.

7.0 References

Cheetham, L. and Turner, C. (2020). Incivility and the Clinical Leader. *Future Healthcare Journal*.

Kline, R. and Somra, G. (2021). *Difference Matters: The Impact of Ethnicity on Speaking Up*.

Dash, P. (2025). *Review of patient safety across the health and care landscape*. London: Department of Health and Social Care. Available at: GOV.UK.

West, M. A.., Armit, K., et al. (2015). *Leadership in Health Care: A Summary of The Evidence Base*. London: The King's Fund.

NHS
University Hospitals Dorset
NHS Foundation Trust

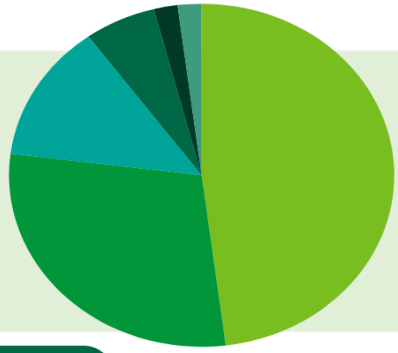
Supporting you to raise concerns
Freedom to speak up

2025 - 2026

NHS University Hospitals Dorset NHS Foundation Trust

462 staff
came to speak to FTSU

Themes
220 referrals for 'attitudes and behaviours'
134 referrals for 'process and systems'
60 referrals for 'staff safety and wellbeing''
29 referrals for 'patient safety'
10 referrals for 'equality, diversity and belonging
7 referrals for 'sexual safety'



Behaviours
53% of concerns related to incivility
14% of concerns related to miscommunication
18% of concerns related to longstanding poor behaviours

19% of staff came to FTSU because they felt their manager was the issue

24% of staff came to FTSU because they felt their manager knew about the issue but was not addressing it

14% of staff came to FTSU because they felt unsafe to speak up

21% of referrals came from global majority staff

69 anonymous referrals via the @UHDapp

What have we learnt?

The need for compassionate and inclusive leadership and better management skills (231 cases). The need to have respectful and civil workplaces (103 cases). The difficulties of team integration and merger (38 cases). The need to get the basics right (32 cases). The importance of health and wellbeing and looking after each other (31 cases).

Supporting you to raise concerns
Freedom to speak up

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

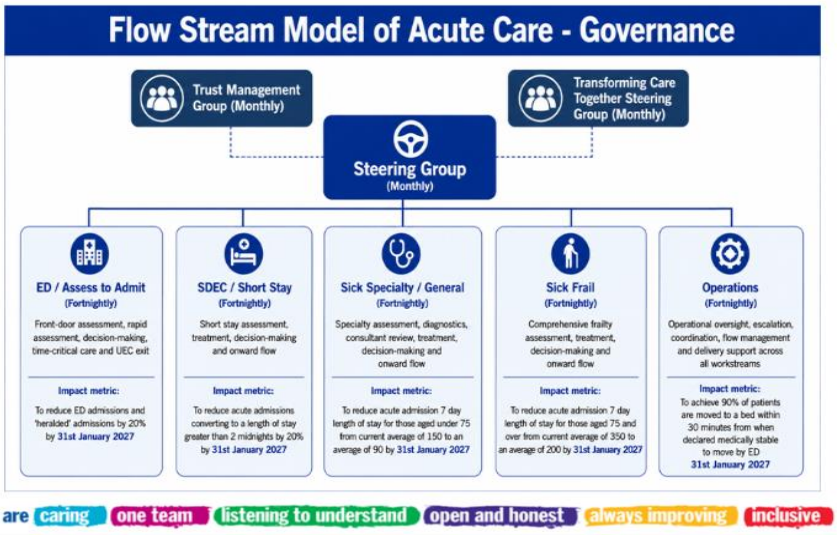
Meeting Date: 16 July 2026

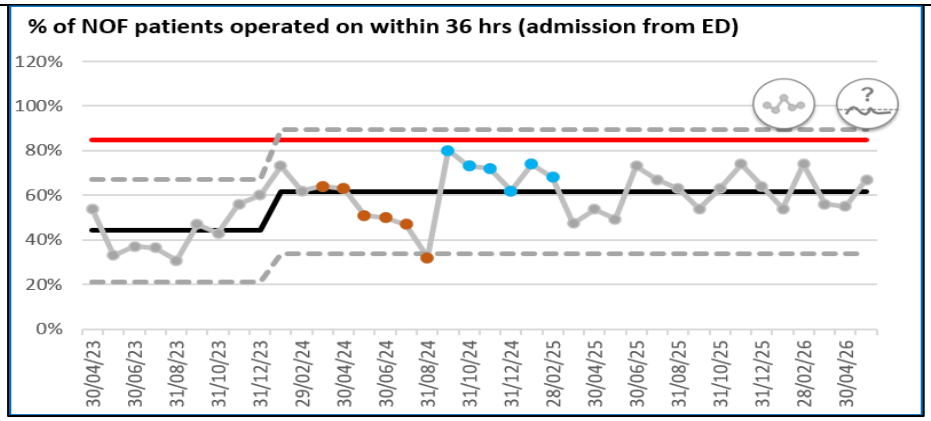
Agenda item: **3.3**

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Integrated Performance Report (Safety, quality, experience, workforce and operational performance)
Prepared by:	Executive Directors, Leanne Rathbone, Mark Major, Judith May, David Mills, Irene Mardon, Jo Sims, Viv Alividza and Adrian Tron.
Presented by:	UHD Chief Officers
Strategic themes that this item supports/impacts:	Population & System ☒ Our People ☒ Patient Experience ☒ Quality Outcomes & Safety ☒ Sustainable Services ☒
BAF/Corporate Risk Register: (if applicable)	BAF Risks 1-7 Trust Integrated Performance report for May 2026 - Appendix A
Purpose of paper:	Assurance
Executive summary:	**Forward Look: Building Momentum** May marks a meaningful step forward in UHD's improvement journey. The NHS Oversight Framework results for Quarter 4 2025/26 provide important external validation of that progress, with UHD rising 17 places nationally from 87th to 70th, and an improved average metric score of 2.34 against 2.51 in Quarter 3. While the Trust remains in segment 3, this is the most significant single-quarter ranking improvement UHD has recorded and reflects the breadth of work now embedded across the organisation on behalf of our patients. The month brought real reasons for confidence across the domains that matter most to patients. The 4-hour standard was met at 70.2%, ahead of trajectory. RTT performance exceeded operational plan at 66.9%, with 65-week waits eliminated and 52-week waits below 1%. Fewer patients experienced moderate or greater harm from falls compared to the same period last year. Maternity continues to perform strongly, with 15 consecutive months of neonatal admission rates below regional and national targets, and 95.2% of black and Asian women on a continuity of care pathway. SDEC is keeping more patients out of hospital who do not need to be there, and theatre utilisation at 82.9% means more patients are receiving planned surgery without delay. The areas requiring continued focus are clear. Patients who are medically ready to leave hospital are waiting too long for community and social care

	provision, with NCtR at around 230 against a target of 110. This is a system-level challenge with direct consequences for the patients who remain with us beyond their clinical need, and for those waiting to come in. Cancer performance in Q1 has not met national recovery targets, and while structured recovery plans are in place and improvements are expected from July onwards, we are acutely aware of what these numbers mean for individual patients waiting for a diagnosis or treatment. The financial position requires disciplined delivery throughout the remainder of the year. The Clinical Vision of Flow programme, launched in May with 130 colleagues, the first meeting of the steering group in June, has taken place, providing a platform through which we will improve the experience of every patient moving through our urgent, emergency and elective pathways. We will report openly to the Board on progress throughout the year ahead.
	Population & System (2) ***Strategic goal: To meet the national constitutional standards for Planned and Emergency care, supporting reducing inequalities in outcome and access and improving productivity and value.*** **Alert 1: No Criteria to Reside:** The May NCtR position remained relatively static at around 230, 30 more than forecast, and 120 above the 110, the figure required to support the Phase 3 hospital reconfiguration. The deterioration flows directly from two connected system failures: the removal/ decommissioning of P1 community capacity, and the absence of a funded pathway for a cohort of patients who sit outside standard commissioning thresholds. **Alert 2: Cancer standards:** Following a challenging start to the Q1 position, recovery actions have been implemented to support improvements which will start to be realised from June 2026 onwards. In April 2026, the Trust did not achieve the 28 Day Faster Diagnosis Standard national recovery target and the Trust's operational plan trajectory (80%), reporting a position of 67.2%. The 62D Standard did not achieve the national recovery target (80%), reporting a position of 65.8%. **Quality Outcomes and Safety (4)** **T*o reduce moderate/severe harm patient safety events by 30% through the development of an outstanding learning culture*** **Alert 1: Outbreaks/cohort of infectious disease:** 1 case of hospital associated MRSA bacteraemia in May 2026 (HOHA). **Patient Experience (none)** *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.* **Our People (4)** ***Strategic goal: To significantly improve staff experience, engagement, and retention.*** **Alert 1:** Bank usage did not achieve a balanced plan with an adverse variance of 33.49 wte against the in-month plan. This reflected the operational pressures experienced during May.

	Alert 2: Off-framework agency usage in M2 doubled to 48 shifts, this was largely driven by enhanced care needs in the Critical Care Unit. A notable month-on-month increase in the use of Registered Mental Health workers, is contributing to off-framework supply utilisation. **Alert 3:** While overall Time to Hire and employment check performance remain within agreed KPIs, there continues to be variation in delivery against some key recruitment service standards, particularly time to shortlist and the time taken to issue conditional offers. **Alert 4:** The number of appraisals completed has not met target compliance. Values based appraisal compliance has failed to achieve the 90% target rate over past 11 months and is at 77.31% for April 2026 Medical and Dental appraisal compliance has failed to achieve the 90% target rate over past 11 months and is at 83.52% for M11 **Sustainable Services – Finance (2)** ***Strategic goal: To return to recurrent financial surplus from 2026/27*** **Alert 1: Revenue Outturn** Whilst the expenditure run rate improved in May, the Trust has delivered a cumulative deficit of £6.249 million being £1.234 million adverse to plan. This includes unplanned Industrial Action costs of £518,000, with the remaining adverse variance relating to efficiency savings being below the phased plan for April and May. NHS England has confirmed that there is no funding for Industrial Action costs which are expected to be mitigated locally. A full outturn forecast is being developed using the Month 2 outturn to identify any additional risks and inform mitigation plans. **Alert 2: Efficiency Improvement Programme** The Trust has delivered £6.2m of savings, being £0.7 million below the phased plan. The trust has identified total savings opportunities of £51.1 million, however when adjusted to reflect the risk of delivery in year, this is reduced to a current forecast of £30.4 million. Whilst this is an increase of £4.8 million from the April report, this is £38.1 million short of the full year savings requirement representing a material financial risk for the Trust.
Population & Systems	Strategic goal: To meet the national constitutional standards for Planned and Emergency care, supporting reducing inequalities in outcome and access and improving productivity and value.
Urgent & Emergency Care **ALERT: 1**	**Alert (1): No Criteria to Reside (NCtR)** The May NCtR position remained relatively static at c.230, 30 more than our forecast, and 120 above the 110 figure we need to support the Phase 3 hospital reconfiguration. The deterioration is directly from two connected system challenges: the removal of P1 community capacity, and the absence of any funded pathway for a cohort of patients who sit outside standard commissioning thresholds. (Appendix A Excessive Hospital Patient Stays) As part of the 5 key priority areas for the wider system, and the commitment to improving UEC pathways alongside an acknowledgement of how internal

	processes and pathways contribute to delay, UHD has enlisted the support of the National UEC Subject Matter Expert, Dr Ian Sturgess and the internal development of a Clinical Vision of Flow programme. The diagnostic work and the baseline data demonstrate improvement potential across all pathways, and for those patients with and without Criteria to Reside. This quality improvement programme launched on 26th May, attended by approximately 130 multidisciplinary UHD colleagues. Beyond launching the initiative, the workshop focused on establishing a shared clinical vision of flow and aligning priority areas around Internal Professional Standards and GIRFT's Clinical Operational Standards. The programme will serve as the vehicle for all UEC improvement activities and act as a critical enabler across the Trust's strategic priorities. The programme is structured into five Executive-sponsored workstreams: and is governed via an oversight group utilising the Patient First improvement methodology. 
Urgent & Emergency Care **ADVISE: 2**	**Advise (1): Ambulance Performance**: Ambulance handover in May saw some improvement to 28 minutes, likely influenced by occupancy in the department and a reduction of mean time LOS within ED. New process in place for corridor care escalation and embedding GIRFT standards to eradicate corridor care and 24hrs waits, which will drive ambulance handover performance.
Urgent & Emergency Care	**Advise (2): Trauma: May performance for time to theatre for fractured neck of femur (#NoF) patients saw 67% of patients operated on within 36 hours of admission.** Performance in May has improved and is above the process mean (common cause variation). The target continues to fall within the process limits, indicating it is achievable. 79% achieved surgery within 36 hours of being fit for surgery.



Key actions:

- Day to day review of trauma position and timely response to provide additional Theatre & Fracture clinic capacity in response to higher level 2 and when in level 3 escalation
- Ongoing recruitment to TAC team and ACP to fill vacancies which contributes to the robustness of the TAC team and provision of Ward rounds and Trauma Hand Hub
- Supporting workforce gaps for TOACU impacting volume of cases which can be carried out in TOACU instead of Theatres
- Developing SipTilSend policy for all Hip Fractures
- Aligning all Trauma theatre activity to all day lists and aligning Surgeon and Anaesthetic job planning to all day sessions
- Ensuring a focus on patient flow through trauma wards and appropriate operational escalation processes are followed for early identification of issues.

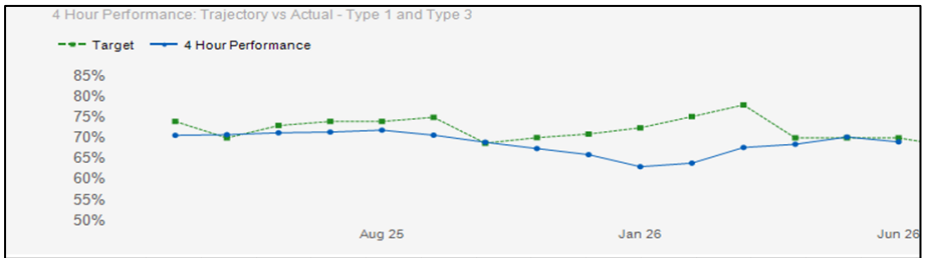
Urgent & Emergency Care

ASSURE (2)

Assure (1) Performance against the admitted 4-hour Organisational standard

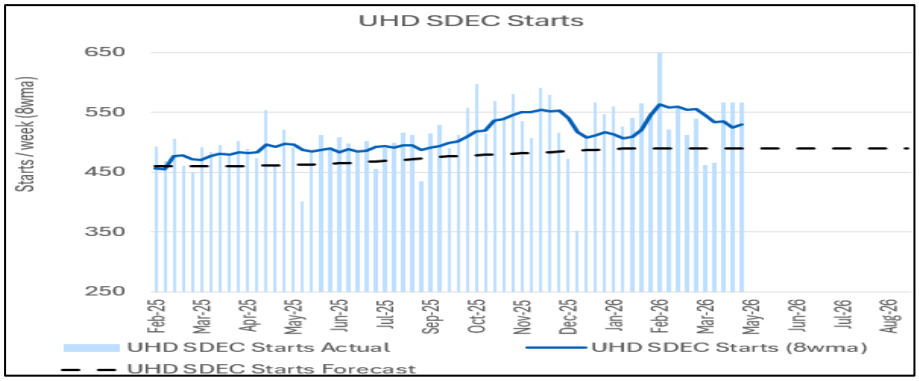
The Trust's performance against the standard was finalized at 70.2%, successfully meeting the 70% trajectory. However, admitted performance remains relatively static at circa 25%.

The *Clinical Vision of Flow* programme, detailed above, is designed to unlock the barriers and constraints currently impeding admitted performance due to sub-optimal patient flow. Additionally, by improving downstream out-flow, the programme will mitigate pressure and reduce congestion within the Emergency Department.



	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Target	74.0%	70.0%	73.0%	74.0%	74.0%	75.0%	68.7%	70.1%	71.0%	72.5%	75.2%	78.0%	70.0%	70.0%
4 Hour Performance	70.6%	70.8%	71.2%	71.4%	71.9%	70.7%	69.0%	67.4%	66.0%	63.0%	63.9%	67.7%	68.5%	70.2%

Assure (2): Alternatives to Admission:

	Avoided admissions through SDECs has continued to outperform the forecast and trajectory. Ongoing improvement work to further exploit opportunities and to extend the service, will be driven through the Clinical Vision of Flow Programme. 
Population & Systems: Planned Care including Cancer standards	**Strategic goal: To meet the national constitutional standards for Planned and Emergency care, supporting reducing inequalities in outcome and access and improving productivity and value.**
ALERT: 1	**Alert (1) Cancer Waiting Times** **Following a challenging start to the Q1 position, recovery actions have been implemented to support improvements which will start to be realised from June 2026 onwards.** In April 2026, the Trust did not achieve the 28 Day Faster Diagnosis Standard national recovery target and the Trust's operational plan trajectory (80%), reporting a position of 67.2%. The 62D Standard did not achieve the national recovery target (80%), reporting a position of 65.8%. There are several factors that have continued to impact performance: • 50% reduction in staffing in the Colorectal service due to sickness alongside pre-planned leave. • 5.5% increase in treatment demand compared to 24/25 • A loss of medical capacity and insourcing capacity due to staff being impacted by the conflict in the Middle East. • Insourcing provider supporting skin failed to deliver against planned activity. There are a set of agreed recovery actions in progress for Q1 of 26/27: • A staffing business case for Colorectal has been submitted for approval following recommendations from a service deep dive review supported by the Wessex Cancer Alliance and has been supported in principle at SSG. • Establishment of a weekly Cancer Improvement Group to improve patient pathways and performance, including a refreshed Cancer

	Improvement Programme underpinned by improvement plans and trajectory per site. • Contract discussions with 18 Weeks support to confirm their commitment to delivering activity for the remainder of 26/27. • Recovery plans and trajectories for all tumour sites to recover the Trust position in Q1, whilst aspiring to meet all the 26/27 targets by March 27. • Executive level escalation and support with all services. • Funding confirmed through the Wessex Cancer Alliance to support additional WLI and insourcing capacity across the major tumour sites.
ADVISE: 1	**Advise (1) The % of patient waiting >52 weeks for Community Health (neurodevelopmental) services remains high.** In May the Trust continued to transfer the longest waiting children on a neurodevelopmental pathway to local Right to Choose providers for assessment. The impact of these transfers, however, was not sufficient to fully mitigate an ongoing increase in patients exceeding 52 weeks on the waiting list. The result is an increase in the % of patient waiting > 52 weeks as a proportion of the total waiting list. Key actions: 1. Continue the transfer of the longest waiting children on a neurodevelopmental pathway to Right to Choose providers (total 622 by end of July). 2.Confirm a plan for children 'ageing out' of the waiting list to ensure equitable access to an adult waiting list. 3.Validation of children on the waiting list to ensure they continue to need assessment. 4. Engagement with DHC regarding use of the Neurodiversity Exploration and Strengths Tool (NEST) in Dorset. 5. Workforce planning for Nurse Medical Prescriber roles to increase long term capacity.
ASSURE: 2	**Assure (1) RTT Performance is exceeding the operational plan target in May** The Trust's operational plan (66.8%) was exceeded in May 2026 (66.9%). This was supported by an increase in the proportion of patients receiving first contact (OPA or diagnostic) within 18 weeks of referral (76.4% of patients seen under 18 weeks), which also exceeded the plan. **Assure (2) The percentage of >52 week waits as a proportion of the waiting list remained below the national target of 1% at 0.99%** Whilst the total number of patients breaching 52 weeks were marginally above trajectory (672 versus 619 plan), the percentage of patients waiting >52 weeks, met the national target again this month. There was an unexpected loss of capacity in Gynaecology due to clinician availability in May that contributed to the position. Steps are being taken to re-provide this capacity in June.

Planning requirement	Apr 26	May 2026	
Referral to treatment 18-week performance	66.5%	66.9%	National standard 92% Trajectory 66.8% May 2026
Eliminate >65 week waits	0	0	Plan trajectory 0
Reduce >52+ weeks	619 (0.91%)	672 (0.996%)	Plan Trajectory, 602 by May 2026 (0.91%)
Reduce Waiting List size	67,800	67,497	Plan Trajectory 66,447 May 2026
Waits for first activity <18 weeks	76.3%	76.4%	Plan trajectory 73.3% May 2026

Celebrating Outstanding:

The Trust is showing sustained improvement in RTT performance to eliminate 65 week waits consistently.

Population & Systems

Health Inequalities and Primary Prevention

ADVISE: 1

Advise (1) The DM01 (Diagnostic) standard performance was 13.7% in May, which means that the operational plan trajectory (7.5%) was not met.

National standard: No more than 1% of patients should wait more than 6 weeks for a diagnostic test.

May 2026	Total Waiting List	<6 weeks	>6 weeks	Performance
UHD	12,709	10,974	1735	**13.7%**

The Trust remains a strong performer on DM01 (Diagnostics) performance in the Southwest Region. Performance in May was mainly impacted by Endoscopy and Echocardiology.

In Endoscopy the key drivers are administrative booking constraints, reduced clinical capacity, and higher complexity colonoscopy procedures and in Echocardiology, the drivers are capacity and a high influx of referrals in March and April. Both services have a phased recovery plan in place focused on restoring utilisation, strengthening the booking function (endoscopy), stabilising clinical capacity, and deploying targeted additional activity. The new Endoscopy build is on schedule to become operational in Quarter 2.

Celebrating Outstanding:

Imaging and physiological measurement both achieved below 2% performance.

Population & Systems

Operational Productivity

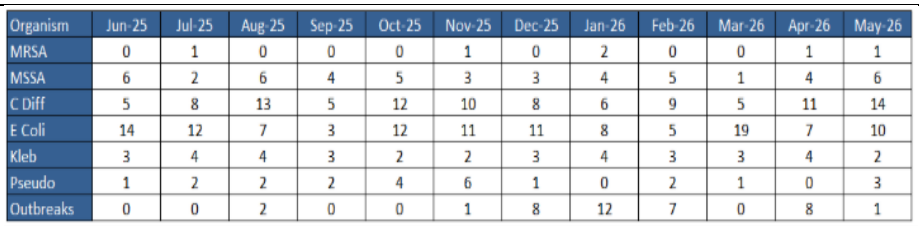
ASSURE 2

Assure (1) Capped theatre utilisation in May was 82.9%, improving above the process mean, but remaining below the national target of 85%.

The Trust has sustained performance above 82% for a second consecutive month. This is a significant achievement and an important marker of the impact of the Theatre Improvement Programme.

	Assure (2) The British Association of Day Surgery (BADS) day surgery rate target (85%) has been exceeded in the latest reported data (Jan 2025) at 85.7%. This performance continues the improvement seen at the end of 2025. Key improvement actions in Q1 26/27 • Both theatre and day case improvement programmes have been relaunched in March 2026 with a focus on using Patient First methodology to deliver optimal theatre and day case utilisation, productivity and patient experience. Programme teams are meeting fortnightly to progress workstreams spanning programme delivery, flow and capacity, data coding and reporting, estates and equipment, and workforce optimisation. • A focused deep dive on the reasons for on the day cancellations. • St Mary's OAC Procedural suite is supporting key specialties to move procedures from Theatres to Outpatients including T&O, Urology and Dermatology, which commenced in April 2026. • A review of opportunities for High Volume Low Complexity List planning is underway within Care Groups. Both improvement programmes are overseen by the Planned Care Improvement Group.
Maternity **ADVISE: 1**	**Maternity** Progress in achievement of maternity improvement plan: Most recent CQC inspection took place in September, with the final report received in March 2026, rated the service as “requires improvement”. Initial recommendations and action plan in place for baby abduction/security and safe staffing rosters.  Staff survey: Initial results show staff feel confident that the Trust prioritises patient care. Areas to focus – improving staff health and well-being, reducing exhaustion and increasing opportunities for teams to meet and discuss effectiveness. Culture improvement plan – Focus on behaviour charter work underway with perinatal leadership team in updating plan for 2026. **Key Areas of Focus** • Bookings completed before 10 weeks 78.4with target set at 65% • Avoidable term admissions to Neonatal unit ATAIN – 15 months of admission rates below the regional and national target. • Percentage of black and Asian women on continuity of care pathway by 28 weeks, 95.2%

	• Percentage of women smoking at delivery 4% national target <6%
Celebrating Outstanding:	Areas to note improvement: Bookings completed,10 weeks 71% with target set at 65% Avoidable term admissions to Neonatal Unit ATAIN – 14 months of admission rates below the regional and national target. Rate per 1000 of women with 3rd and 4th degree tears – fluctuations seen in rates but well below the national target since October 2023. Refresh training planned for June 2026
Infection Prevention and Control:	**Quality, Safety, & Patient Experience Key Points** **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**
ALERT: 1	**Alert (1) Methicillin Resistant *Staphylococcus aureus (*MRSA) bacteraemia:** 1 case of hospital associated MRSA bacteraemia in May 2026 (HOHA). Medical Care Group, OPS speciality. LERN submitted and reviewed at Rapid Review 02/06/26 and AAR to be completed within 20 days.
ADVISE: 5	**Advise (1) *E.coli* bacteraemia:** 910 cases of *E.coli* bacteraemia were identified in May 2026, with 7 being HOHA cases. All cases are being investigated via the PSIRF process to ensure any links or themes are identified for learning with ongoing work through the Fundamentals of Care Bladder and Bowel Group for catheter care an and pathways. **Advise (2) *Klebsiella* bacteraemia**: 2 HOHA cases reported in May 2026, a reduction of 1 compared to April 2026. **Advise (3) *Pseudomonas* bacteraemia:** 3 cases reported in May 2026, an increase of 3 compared to April 2026. No cases were linked or within areas of increased water counts. **Advise (4) Methicillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia:** 7 cases identified in May 2026, an increase of 3 compared to April 2026.Ongoing PSIRF reviews for all cases, noting cannula sites as source of infection have been listed. Cannulation policy reviewed and revised policy in final draft form, for launch next quarter with supportive education. **Advise (5) *Clostridioides difficile* cases**: 14 cases of hospital associated *C.difficile* cases were reported and investigated in May 2026, increasing trajectory in Q1. Cases investigations ongoing, no areas have active outbreaks confirmed and no direct links between cases have been observed to date.

Organism	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
MRSA	0	1	0	0	0	1	0	2	0	0	1	1
MSSA	6	2	6	4	5	3	3	4	5	1	4	6
C Diff	5	8	13	5	12	10	8	6	9	5	11	14
E Coli	14	12	7	3	12	11	11	8	5	19	7	10
Kleb	3	4	4	3	2	2	3	4	3	3	4	2
Pseudo	1	2	2	2	4	6	1	0	2	1	0	3
Outbreaks	0	0	2	0	0	1	8	12	7	0	8	1

Clinical Practice Team **ALERT: 0**	**Falls prevention & management**:
ADVISE: 2	**Advise (1)**: Falls remain within the expected range on the SPC chart; May 2026 falls are comparable to May 2025; however, fewer resulted in moderate or greater harm. May 2026 rate: 7.3 per 1,000 bed days. Three inpatient falls resulted in moderate or greater physical harm, equating to 0.1 per 1,000 bed days. **Advise (2)**: Monthly Falls Steering Group meetings continue and are chaired by the WCCSS Group Director of Nursing (GDON).
ASSURE: 1	**Assure (1)**: eObs functionality for lying and standing BP recording has passed clinical acceptance testing (CAT) phase and is being presented for final sign-off by digital/EHR team.
Patient Experience	**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.**
ALERT: 0	There are no alerts
ADVISE: 2	**Advise (1) - Average complaint response timescale** Average Complaint response time = 51.96 days (increase from April = 39.76 days) **Advise (2) – Contributors to the final response letter will be asked to include the learning from the complaint in the response.** This is helping ensure that learning is captured and will enable the contributors to focus on what can be done to make improvements. It is also reducing the work needed by the complaints team to compose the final response.
ASSURE: 2	**Assure (1) – Complaints are kept up to date.** All complainants are kept up to date regarding any delays in the complaint investigation and response. **Assure (2) - new process for contributors to provide input started 09 March 2026.** Contributors are being asked to add the requested input directly into a final response template letter. This is showing that contributors focus on the questions being asked and the learning from the complaint.
Nurse Staffing:	No areas to alert

ALERT: 0	
ADVISE: 2	**Care Hours per Patient Day (CHPPD):** **Advise (1)** CHPPD for Registered Nurses/Midwives combined for May 2026 is 4.8 which is a slight increase of 0.1 from April 2026, the overall CHPPD for a Registered and non- registered care staff combined is 7.8, which again is a slight increase of 0.1 from April 2026 The Registered Nurse/Midwives fill rate for the trust is 90.4% and an overall percentage rota fill rate against planned staffing (day and night all nursing/care staff) for May 2026 was 91.5%. This is a slight decrease from April 2026. A HealthCare Support Worker (HCSW) trust wide recruitment event is taking place WB 15th June 2026 and a further HCSW open day planned 11th July 2026. **Red Flag Reporting:** **Advise (2)** There has been a decrease in the occurrence of Red Flags in May. 30 Red Flags occurred on adult inpatient wards overall in the trust for May 2026. 55% (11) are due to Patient at Risk as unable to provide Enhanced Care, 30% (6) due to Omission of fundamental care and 15% (3) due to RN shortfall of more than 8 hours or 25% versus shift demand.
ASSURE: 1	**Workforce Controls:** **Assure (1)** Red flags are reviewed by Matrons and data is triangulated with other quality and safety information in preparation for unannounced assurance visits to in-patient wards. Monthly review of Open Red flags by Senior Nursing staff within the Workforce Assurance group.
Workforce Performance:	**Strategic goal: To significantly improve staff experience, engagement, and retention.**
ALERT:2	**Alert (1):** UHD Bank usage did not achieve a balanced plan with an adverse variance of 33.5 wte against in-month plan. **Alert (2):** Off-framework agency usage in M2 doubled to 48 shifts largely driven by enhanced care needs in Critical Care Unit. A notable month-on-month increase in the use of Registered Mental Health workers, is contributing to off-framework supply utilisation.
ADVISE:3	**Advise (1):** Patient First A3s have now been drafted for the three elements of temporary staffing within the Workforce Operational Efficiency and Reduction Plan (WOERP) - 15% bank usage reduction, 30% agency usage reduction, removal of off-framework usage. **Advise (2):** In support of the workforce redesign strand of WOERP the following progress has been made: • Initial session has been held with an overview of the model hospital data to compare workforce metrics as a benchmark against UHD activity

	• Business case workforce growth tracker is being shared from finance and monitored on a monthly basis. **Advise (3):** Agency usage increased this month by 9% compared to last month, however it remains in a favourable position below plan.
ASSURE:3	**Assure (1):** Whilst bank usage increased in M2, Substantive and Agency continued to show favourable positions in the second month of the financial year. • Substantive workforce actual was favourable by 82.1wte against in month plan. • Actual usage for Agency workforce was favourable by 18.13wte against in month plan. **Assure (2):** The 15% reduction in bank spend and the 30% agency spend has been factored into the WTE planned figures for the 26/27 financial year and is being monitored at Trust, Care group and /directorate level by the HRBPs and workforce team. **Assure (3):** Break glass' protocol is in use to mitigate off framework. Additionally, there is a revised sign-off process of off framework authorisation to include Security requests and is expected to relaunch week commencing 22nd June 2026.
Celebrating Outstanding:	Total workforce progressed to a favourable variance of 66.7 whole time equivalents (WTE) against M2 plan. This was underscored by a favourable position in Substantive and Agency WTE in M2 2026-27.
Resourcing:	
ALERT: 1	**Alert (1):** While overall Time to Hire and employment check performance remain within agreed KPIs, there continues to be variation in delivery against some key recruitment service standards, particularly time to shortlist and the time taken to issue conditional offers. This inconsistency creates a risk to sustained improvement, candidate experience and manager confidence, and reinforces the need for continued process streamlining, automation and escalation through agreed governance routes. In addition, the review of vacancy control arrangements identified that the previous VRP model had not consistently provided effective workforce control, with routine requests often progressing with limited visible challenge.
ADVISE:1	**Advise (1):** Implementation of the Trust's Recruitment Service Level Agreements (SLAs) and associated KPIs has continued during May, with the framework now supporting clearer expectations, defined responsibilities and routine monitoring through existing workforce governance. This has been supported by associated reporting development and intranet publication activity, alongside continued socialisation with stakeholders. In parallel, Resourcing has also been supporting live system and corporate recruitment priorities, including ongoing Healthset Resourcing Workstream - Oversight Group activity and tranche-based recruitment planning.
ASSURE: 1	**Assure (1):** Work to improve recruitment performance and strengthen workforce control is continuing through a coordinated programme of action. This includes monthly monitoring of SLA and KPI performance,

	escalation through the Trust Vacancy Review Panel, further refinement of vacancy review arrangements, and continued focus on reducing Time to Hire. May reporting indicates that, since September 2025, 22 working days (four+ weeks) have been removed from Time to Hire, with employment checks averaging 19.3 days against a KPI of 22 days. The revised governance framework is intended to provide stronger assurance over vacancy decisions, alignment to workforce plans and more consistent recruitment practice.
Organisational Development:	
ALERT: 1	**Alert (1)** Appraisals: Number of appraisals completed has not met target compliance • Values based appraisal compliance has failed to achieve the 90% target rate over past 11 months and is at 77.31% for April 2026 • Medical and Dental appraisal compliance has failed to achieve the 90% target rate over past 11 months and is at 83.52% for M11
ADVISE:1	**Advise (1)** Building readiness for change – a total of 36 team leaders have taken part since launching in January. To increase uptake, new shorter, targeted modules have been advertised, and an increase in uptake is noted with an additional 95 bookings made across the modules in April.
ASSURE: 0	
HR Operations: **ALERT: 0** **ADVISE: 1**	Resident Doctors were due to commence a period of industrial action between 7 am on Monday 15 June to 7 am on Friday 19 June 2026, however it was announced on Saturday 13th June that this had been stood down following a revised offer.
ASSURE: 1	All Trusts must demonstrate progress to achieve 4.10% sickness absence rate by March 2027. Trajectory in place from March 2026. As of May 2026, the Trust's sickness absence rate is 4.6% which is favourably below the May 2026 trajectory of 4.7%. A range of targeted actions continue to support improvement, including enhanced focus on the areas with the highest absence levels, strengthened management oversight and line manager training, together with earlier actions through HR, Psychological/Occupational health and musculoskeletal interventions.
Trust Finance Position	**Strategic goal: To return to recurrent financial surplus from 2028/29**
ALERT: 2	**Alert 1: Revenue Outturn** Whilst the expenditure run rate improved in May, the Trust has delivered a cumulative deficit of £6.249 million being £1.234 million adverse to plan.

	Forecast outturn year ending 31/03/2026	2026/27 Plan											
		M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Sickness Absence rate % (total substantive workforce)	**4.70%**	4.70%	4.70%	4.60%	4.60%	4.50%	4.40%	4.30%	4.30%	4.30%	4.20%	4.20%	**4.10%**

	This includes unplanned Industrial Action costs of £518,000, with the remaining adverse variance relating to efficiency savings being below the phased plan for April and May. NHS England has confirmed that there is no funding for Industrial Action costs which are expected to be mitigated locally. A full outturn forecast is being developed using the Month 2 outturn to identify any additional risks and inform mitigation plans. **Alert 2: Efficiency Improvement Programme** The Trust has delivered £6.2m of savings, being £0.7 million below the phased plan. The trust has identified total savings opportunities of £51.1 million, however when adjusted to reflect the risk of delivery in year, this is reduced to a current forecast of £30.4 million. Whilst this is an increase of £4.8 million from the April report, this is £38.1 million short of the full year savings requirement representing a material financial risk for the Trust.
ADVISE: 1	**Advise (1): Capital Outturn** The Trust reported capital expenditure of £13.5 million during April and May, in line with the planned spend. The capital programme has been refreshed to account for the final impact of the 2025/26 programme outturn. The updated programme has enabled additional prioritisation of the high-risk estates backlog, off set by a reduced medical equipment requirement.
ASSURE: 2	**Assure 1: Cash** As at the end of May 2026, the Trust is holding a consolidated cash balance of £98.4 million. After adjusting the £29.1 million of capital payables, this represents 28 days of operating expenditure and an underlying cash balance of £69.2 million. **Assure 2: Public Sector Payment Policy** In relation to the timely payment of invoices, the Trust has exceeded the national standard of 95% with a cumulative performance of 96.6%.
Sustainable Services	**Digital**
ADVISE: 1	**Advise (1) The rate of Advice and guidance requests per 100 first attendances demonstrate significant improvement however the target sits outside the current process control limits** All specialties are now live with Consultant Connect for Advice & Guidance.
ASSURE: 2	**Assure (1) Did not attend or missed appointment rates are demonstrating an improving trajectory at 5.2% (5% target)** The DNA rate (5.2%) is demonstrating normal variation falling below the process mean in May for the second consecutive month (improvement). The Trust continues to expand its use of DrDoctor to support patient self-management of appointments. **Assure (2) ICE for Ordering vs paper - target set for August 2026**

	The Task and Finish group has confirmed that the new carts and equipment will be fully rolled out by the end of June. The roll out of printers into outpatient areas will then continue until August. The plan for the cessation of paper requests to Pathology is being scheduled to support paperless requesting by August, which should result in an increase in ICE filing with improved accuracy.
RECOMMENDATION:	Members are asked to note the content of the report.
Implications associated with this item:	Council of Governors ☐ Environmental Sustainability ☐ Equality, Equity, Diversity & Inclusion ☒ Financial ☒ Health Inequalities ☒ Operational Performance ☒ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☒ Regulatory ☒ Strategy/Transformation ☒ System ☒ Explain the impact on each selected area; positive outcomes, risks and mitigations, and any oversight needed.
CQC Assessment Framework:	Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well-Led ☒ Use of Resources ☒

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Finance & Performance Committee (Operational / Finance Performance)	06/07/2026	Pending
Trust Management Group	25/07/2026	Pending
Quality Committee	07/07/2026	Pending

Appendix A SBAR
Excessive Hospital Patient Stays

S SITUATION	**UHD currently has around 230 patients with no criteria to reside (NCTR)**, against a Phase 3 requirement of 110. The position has been broadly static month on month but the underlying trajectory is

deteriorating, leaving NCTR around 120 off target. The trajectories for NCTR and Occupied Bed Days (OBD) shown below are being updated to reflect the revised hospital consolidation date of April 2027.

Figure 1: NCTR Trajectory

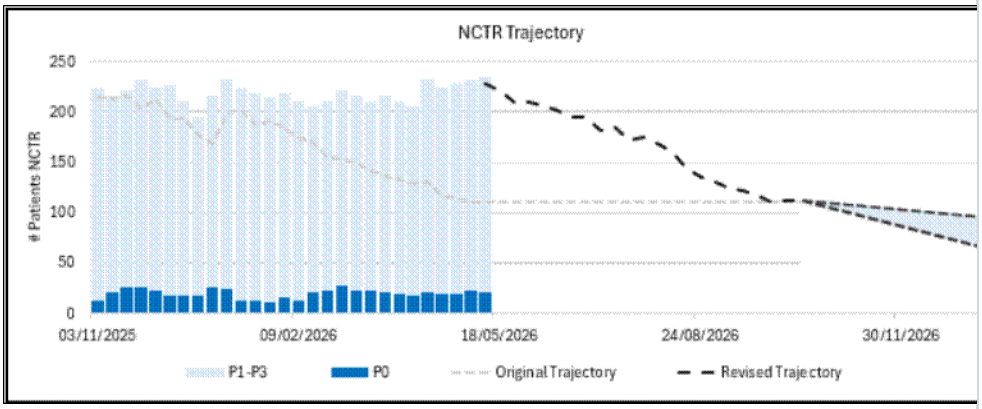
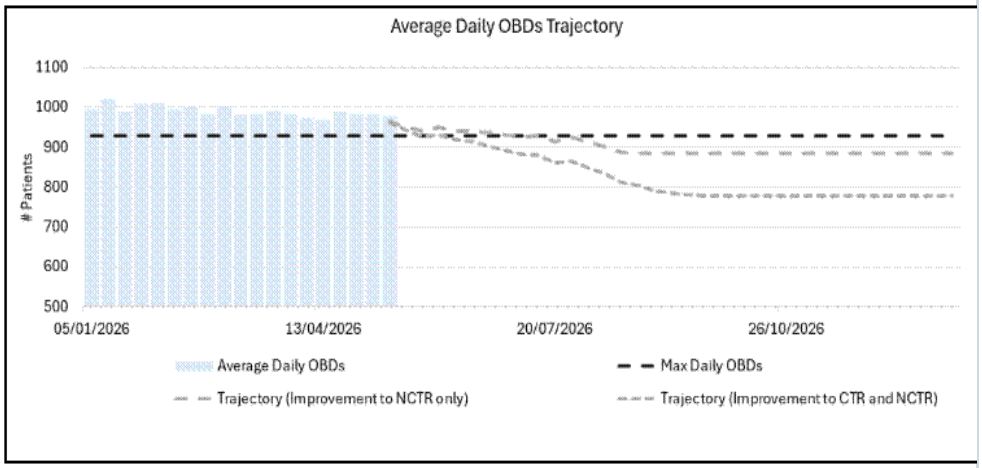


Figure 2: OBD Trajectory



Both trajectories are being revised to align to April 2027 as the planning date for hospital site consolidation. The solid, dashed and dotted lines continue to model three scenarios: NCTR delivery only; combined NCTR and CTR delivery; and current trajectory. The gap between scenarios provides deliberate planning headroom.

Scope: Progress is reported against three requirements: sustaining Horizon 1 ways of working through the Clinical Vision of Flow; delivering the in-gift admitted flow programme; and system re-design and re-commissioning.

B
BACKGROUND

Why has the position not improved?

- **Demand:** Emergency attendance is up 6% and admitted patient acuity exceeds the assumptions on which the bed model was built.
- **System capacity lost:** 610 P1 hours were removed over six weeks (March to April 2026), directly correlating with NCTR rising from 212 to around 230. The Trusted Assessors Service is discontinuing on 30 June 2026, removing a further discharge enabler.

- **Commissioning gaps:** CHC and joint funding routes have been reduced or withdrawn. End-of-life pathway capacity has diminished. These changes removed platforms the original trajectory assumed would remain available.

The challenge differs by cohort. CTR is within the Trust's operational control. A portion of NCTR is in our gift through earlier TOC referrals and internal handoff improvements. The larger NCTR portion requires system commissioning decisions and is not within the Trust's unilateral control.

Figure 3: CTR / NCTR In-Gift Framework

CTR — Criteria to Reside	NCTR — No Criteria to Reside
In our gift — addressed through the Admitted Flow Programme / CVF	Mixed — in-gift portion via CVF; larger portion requires system action
✓ **All CTR length of stay**	✓ TOC referral timeliness (in gift)
✓ TOC referral timeliness	⚠ Commissioning gaps (system)
✓ Internal delays	⚠ Discharge-to-Assess model (system)
	⚠ Social work response times (system)

A
ASSESSMENT

Requirement 1: Hold Horizon 1 Ways of Working (now within CVF)

The ways of working established through Horizon 1, including board rounds, wrap-ups, TOC referral discipline, and SDEC streaming, are now embedded within the Clinical Vision of Flow (CVF) programme. Reporting is being strengthened to provide consistency from ward through to Care Group, with sustainability embedded via the Patient First mechanism. Two health-checks will be undertaken over the coming months to examine sustainability and make recommendations.

- **SDEC** remains a key admission-avoidance lever and is performing above expectation.
- **Home-based intermediate care** length of stay reduction is being sustained.
- **TOC Hub** continues to coordinate complex discharge, operating under severe demand, supported by an enhanced digital discharge platform improving ward tracking.

Requirement 2: Admitted Flow Programme (Clinical Vision of Flow)

The Clinical Vision of Flow is an executive-sponsored programme governed via a steering group, built on Patient First methodology. It delivers improvement through four workstreams, with the inaugural steering group meeting held 29 June 2026.

Clinical Vision of Flow	Emergency Department & Assessment	Same Day Emergency Care & Short Stay	Sick Speciality	Sick Frail
Focus	**Front door flow** Streaming, 12hr waits, ambulance handover	**Avoid admissions** SDEC pathways, under-72hr stays	**Admitted specialty** Review, decisions, LOS management	**Frail cohort** Frailty assessment, deconditioning

Outcome	**Reduce 12hr waits** and corridor care	**Reduce patients** admitted > 2 midnights	**Reduce <75 admitted** > 7 days LOS	**Reduce >75 admitted** > 7 days LOS
Governance	**Executive Sponsor** Clinical Lead SRO	**Executive Sponsor** Clinical Lead SRO	**Executive Sponsor** Clinical Lead SRO	**Executive Sponsor** Clinical Lead SRO

Progress to date:

- Around 1,000 patient reviews completed via ward-based discovery interviews and NEWS2 audit across all UHD wards.
- Full diagnostic completed using a range of UEC and quality indicators.
- Clinical Vision of Flow Workshop attended by approximately 130 multidisciplinary staff across all areas.
- Writing Committee has produced vision statements and improvement plans aligned to GIRFT Clinical Operating Standards and internal professional standards.
- Governance structure in place: Executive Sponsors, Clinical Leads, Senior Responsible Officers, and workstream MDT membership confirmed.
- Length-of-stay and discharge performance targets in development at ward, directorate, and care group level, with corresponding targets for the TOC Hub and joint system performance reporting.

Requirement 3: System Re-Design and Re-Commissioning

Around 50 acute beds at UHD are occupied by patients outside CHC eligibility whose needs exceed Local Authority commissioning thresholds, costing UHD approximately £3.4m per year. This system commissioning gap is being absorbed through acute occupancy. Four conditions must be met to reach 110 NCTR; none has yet been fully delivered.

Condition	Lead	Position
1. Close commissioning gaps (ring-fenced placement budget, delirium in-reach, enhanced P1 offer)	ICB	Business case supported by ICB; progressing to investment panel July 2026.
2. Discharge-to-Assess operationalisation	ICB and system partners	Service standards approved 14 May 2026. Dependent on Condition 1 to deliver capacity.
3. Right-size community P1 and P2 commissioning	Dorset ICS	Case for P1 re-provisioning presented. 300 additional hours agreed for 4 weeks in response to immediate demand. No long-term decision yet.
4. Optimise BCP Adult Social Care response times	BCP Council	Allocation: 5 days vs 2 to 3 day target. CAA completion: 25 to 26 days vs 7 to 21 day target. In-hospital CAA: averaging 37 days. Direct engagement with BCP leadership ongoing.

R
RECOMMENDATION

The Committee is asked to:

- Note progress against the Clinical Vision of Flow programme, including the governance structure now in place
- Note the risk that the current NCTR position of approximately 230 against a target of 110 presents to both the operational health of urgent and emergency care pathways and the April 2027 hospital consolidation programme.
- Note that both the NCTR and OBD trajectories are being updated to align to April 2027 as the planning date for hospital consolidation.
- Note that all four system conditions required to reach 110 NCTR remain undelivered and outside the Trust's direct control, and that the Trust continues to escalate each to the ICB and system partners.
- Note that the business case for the specialist placements budget has ICB support and is progressing to the investment panel in July 2026.

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	Audit Committee – Chair's Report
Presented by:	Tracie Langley, Chair of the Audit Committee

Agenda items discussed:	At its meeting held on **3 June 2026** the Committee received the following:
	• Internal Audit:
	  ○ Progress Report
	  ○ Follow-Up Report
	  ○ Annual Report 2025/26
	• External Audit Progress Report
	  ○ Progress Report
	  ○ Draft External Audit Opinion
	  ○ Draft Letter of Representation
	• Risk register
	• Board Assurance Framework: 2025/26 and 2026/27
	• Information Governance, including:
	  ○ Data Security and Protection Toolkit
	• Annual Report and Accounts – draft
	• Provider Licence – Draft Compliance Report
	• Code of Governance – Draft Compliance Report
	• Register of Interests and Gifts and Hospitality
	• Commercial Compliance Report
	• Review of Losses and Special Payments:
	  ○ Annual report
	  ○ >£15k (for this period)
	• Audit Committee Annual Report

ALERT	The Committee wishes to alert members of the Board that: • None
ASSURE	The Committee wishes to assure the Council of Governors that: • The Committee took assurance from the annual reports and presentations from each of the auditors which contained positive commentary about the way that colleagues in the Trust work with the auditors to continually improve systems and process. • The Audit Committee were assured that there were no significant areas of concern that were not already noted and where action plans were in place for improvement.
ADVISE	The Committee wishes to advise the Council of Governors that: • The Committee received a report from the Internal Auditors referring to their audit work on the Trusts overall spend on drugs. This is an area that the trust recognises

	needs improving, particularly around care group ownership and accountability for specific drugs and the reporting against care group budgets. The Audit Committee has recommended that there continues to be Board oversight of this risk and has referred it to the Finance and Performance Committee for an update at the end of Q2. • There were two areas of non-compliance noted in the annual governance review report, both of which were known about and for which there were mitigating commentary.
Review of Risks	The Committee considered the Risk Register and the BAF and recognised the enormous amount of work being undertaken to improve the way the Trust thinks about, mitigates and reports on risks. The Committee will continue to work with the Trust teams to improve the alignment of key risks to the BAF and the consistency/application of tolerance levels.
Celebrating Outstanding	The Trust has ended what has been a very difficult year in a positive position which was echoed by each of the Auditors in their comment and reports. This is a testament to the leadership team who are supporting the organisation under difficult conditions to keep improving.

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Advise, Assure	
Report from:	Charitable Funds Committee – Chair's Report
Presented by:	Femi Macaulay, Chair of the Charitable Funds Committee
Agenda items discussed:	At its meeting held on **18 May 2026**, the Committee received reports on the following: • Investment Update • Fundraising Report – Q4 • Review of Fundraising and Spending Strategy 2026-29 • Finance Report – Q4 • Fundraising Strategy • WCCSS Care Group spend plan • Lottery safeguards and risks • Draft Annual Report Narrative • Risk Register The Committee also ratified the following: • Fundraising Strategy • Fundraising Policies • Its Governance Cycle In addition, the Committee received various proposals and business cases for approval and one business case for recommendation to Board to approve.
ALERT	There is nothing to alert the Council of Governors.
ASSURE	The charity's financial performance remains strong. Total income for 2025/26 reached approximately £4 million, exceeding the planned target of £3.6 million. This positive variance was driven by strong legacy income and sustained fundraising activity, including the BEACH appeal and a new Wi-Fi donor engagement pilot. The cost to raise a pound remained stable at approximately 22 pence, reflecting continued efficiency. Total fund balances are approaching £18 million at year end. The investment portfolio has grown from approximately £9.7 million to just under £9.9 million over the quarter. The portfolio is deliberately positioned defensively, with significant allocations to cash and alternative assets, reflecting ongoing geopolitical and macroeconomic uncertainty. The ethical investment framework, including restrictions on sectors such as oil and gas, remains in place and has had only marginal impact on performance. The Committee is content with the current

	investment approach and has agreed to receive detailed presentations from Quilter Cheviot on a twice-yearly basis. The Committee formally ratified the Fundraising Strategy 2026-29 and associated Fundraising Policies and Governance Cycle at this meeting. It also endorsed its own Annual Report, with recommendation to the Board to approve.
ADVISE	The Charitable Funds Committee recommends that the Board approve charitable funding for an Interventional Radiography Day Case Unit. The absence of dedicated recovery space is currently constraining service capacity, and the proposed unit would improve patient flow, reduce delays, and support more efficient use of clinical time as activity volumes continue to grow. A range of options were evaluated; the proposed model was judged the most effective in terms of operational efficiency and long-term value. The Committee also wishes to advise the Council of Governors that, while income performance is excellent, there is not yet an equally developed strategy for the deployment of charitable funds. With total fund balances approaching £18 million, the Committee has identified the need to strengthen the strategic approach to expenditure, ensuring charitable investment is clearly linked to agreed Trust objectives and that funds are deployed effectively and in a timely manner. Work to address this will be progressed as a priority. The Committee further advises that the use of charitable funds to support staff posts continues to grow. While the Committee recognises the value of individual proposals, it has emphasised that funded roles must be subject to clear time limits and exit strategies, and that the charity should not inadvertently substitute for core funding responsibilities. Early engagement with commissioners will be important where there is potential for roles to transition into recurrent arrangements. The Committee discussed ethical considerations associated with the expansion of lottery-based fundraising. Concerns were raised at the meeting regarding the potential impact on individuals experiencing financial hardship or vulnerability. The Committee acknowledged that the lottery model has been approved through the Trust's governance framework, including Board consideration, and that robust regulatory safeguards are in place. However, it has agreed that this area warrants ongoing scrutiny given its financial significance and ethical sensitivity, and will maintain rigorous oversight of lottery activity going forward
Review of Risks	Review of the risk register did not identify any major risks. The investment risk remains rated as moderate. Following delivery of the 2025/26 fundraising plan, fund balances have stabilised. The primary area of ongoing focus remains the management of charitable expenditure.

Celebrating Outstanding	The Committee recognises and commends the Charity team for exceeding its annual income target, raising approximately £4 million against a plan of £3.6 million, while maintaining strong cost discipline with a cost-to-raise of 22 pence in the pound. This is a significant achievement and reflects the continued dedication and creativity of the fundraising team and wider charity staff.

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	Finance and Performance Committee – Chair's Report
Presented by:	Alastair Matthews, Chair of the Finance and Performance Committee.
Agenda items discussed:	At its meeting held on **1 June 2026**, the Committee received reports on the following: • Fire Safety update • 2026/27 Financial Performance Month 1 • Efficiency Improvement Programme • National costs submission assurance • New Hospitals Programme: Cashflow and Contract • 2026/27 Operational Performance Month 1, including complex discharge report • HealthSet Programme update and IT essential systems • Green Plan - strategic initiatives • Private Patients Strategy - update • Risk Register: review of significant risks; new risks rated 12 and above (Finance and Performance) • Pathology South Six - letter of intent The Committee Approved: • Karl Storz Theatre Equipment Service and maintenance
ALERT	1. The Trust delivered a deficit of £3.6m in April, £1.0m adverse to Plan, half of which related to the direct costs of industrial action in the month. A formal forecast is expected to be provided to the July Committee meeting. Progress is being made both in reducing the unidentified gap in savings required to deliver the Plan (currently £18.5m) and to improve the level of risk adjusted savings identified (currently £27.5m of a total requirement of £68.5m) - at the current rate of improvement and with 2 months of the year already elapsed the challenge is significant. The Committee reviewed the substantial actions being undertaken and noted there is potential to significantly mitigate the risk, however, this remains a concern until substantial improvements in the above metrics are firmly identified and validated. (Further assurance required) 2. The level of Non-Criteria to reside patients continues to be well in excess of 200, significantly above plan and impacting patients and operational performance. The Trust continues to work on the elements contributing to

	this within its control and is escalating significant wider system related factors related to capacity across pathways with partners. The Committee agreed the key measures to be reported to the Board in future to monitor progress. The interaction of this with delays in the completion of the COAST building is of particular concern as part of the Trust's winter planning process. The Trust Board has a specific focus on this area and it is clear this needs to continue pending clear improvements being evidenced. (Further assurance required) 3. There are ongoing delays to the COAST building programme with the likelihood that the building will not be available until March/April 2027. The Committee noted the actions being taken by the Trust with the Main contractor and NHSE to increase confidence in delivery timescales but at this stage is not assured on a completion date upon which firm operational planning for Phase 3 moves and inter-related capital works can be based. (Further assurance required) 4. Emergency Department 4 Hour wait performance continues to be challenged. There are signs of improvement - the Flow programme is commencing with good clinical engagement which alongside other changes has the potential to positively impact performance. Evidence of positive improvement will need to be seen before assurance can be provided to the Board. (Partially Assured)
ASSURE	1. Whilst recognising significant demand pressures particularly impacting urgent care pathways the Committee noted that the Referral to Treatment Position overall, as well as long waits position, continued to improve in April. Managing the balance between activity and financial pressures throughout the year in order to deliver the overall Operational Plan for 2026/27 will require constant attention. 2. The Committee noted that whilst the level of activity on the HealthSet programme was increasing significantly, the reporting being provided did not cover overall programme timelines, progress, costs etc. The Committee was informed a formal proposal for Governance was due to be presented to the July Trust Board.
ADVISE	1. The Trust failed to meet the 28-day faster diagnosis target and despite significant improvement since January also failed to meet the 62-day referral to treatment target. The Trust has recovery plans in place and close monitoring will be necessary to ensure these plans deliver the necessary Improvements. 2. The Committee noted the letter of intent signed by the Chief Executives of all organisations in the Pathology South Six programme, albeit there has been some delay in progressing compared to the expectation in the business case.

Review of Risks	1. The Committee reviewed, discussed and noted the risks allocated to the F&PC. There was discussion on how some risks that appear to fall into both quality/safety and performance/finance domains are categorised which will be reviewed at the risk oversight committee.
Celebrating Outstanding	1. The Trust continues to make good progress on sustainability, with delivery of many improvements including additional solar energy. The Trust is in the process of commissioning joint work on climate adaption and starting a project to look strategically at decarbonisation which will provide important inputs to the ongoing development of the next Green Plan.

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	Finance and Performance Committee – Chair's Report
Presented by:	Alastair Matthews, Chair of the Finance and Performance Committee.
Agenda items discussed:	At its meeting held on **6 July 2026**, the Committee received reports on the following: • 2026/27 Financial Performance Month 2 • Financial Risks and Mitigations – Month 2 Forecast Outturn Scenarios • Efficiency Improvement Programme • New Hospitals Programme: Cashflow and Contract • 2026/27 Operational Performance Month 2 • Our Dorset Digital Strategy Implementation Report • HealthSet Programme update and IT essential systems • Premises Assurance Model (PAM) • Estates Compliance Report • Private Patients update • Risk Register: review of significant risks; new risks rated 12 and above (Finance and Performance) The Committee recommended to Board to approve: • Private Patient Oncology Concession preferred supplier • IV Fluids Service Contract The Committee approved: • Supply Of Fire Door Surveying and Remedial Work Across UHD • Treasury Cash Management Policy
ALERT	1. The Committee reviewed the financial performance to May 2026 with the Trust delivering a deficit of £6.2m which is £1.2m adverse to Plan, compared to £1.0m adverse the prior month. The initial forecast for the full year indicates the range of full year outturn is substantial this early in the financial year – primarily driven by the level of unidentified EIP (Efficiency Improvement Programme) and the risk adjusted value of the identified schemes. A significant level of mitigations will be required to enable the Trust to deliver its breakeven plan. The Committee reviewed the mitigations and further risks/opportunities and noted the actions being taken (Partially assured) 2. The level of recurrent EIP – there is a substantial shortfall in recurrent EIP delivery forecast in the latest EIP

	reporting. It was clear that there is focus on improving this. The Board is asked to note that the current underlying financial position into 2027/8 will be extremely challenged if the level of recurrent savings is not significantly improved (Not Assured) 3. The Trust is currently falling short against Plan trajectory on Cancer performance – the Committee reviewed the recovery actions for each performance target by tumour site. In doing so it became clear that the actions will, in many instances, take some to impact on the reported performance and can depend on recruiting the required staff, which means performance is not anticipated to fully return to trajectory until Q3 (62 days). Some additional governance arrangements are also being established to increase oversight (Partially assured) 4. The level of Non-Criteria to reside patients continues to be above 200, significantly above Plan. Whilst the Trust progresses actions to address aspects that are within its control there are many factors that impact across the Health and Care system and the level of system working to address this with shared understanding supported by shared evidence and targeting of resourcing needs to develop further (Further assurance required) 5. The COAST building continues to be delayed with confidence as to a completion date low. The Trust is considering strategies to enable the significant planned moves to be delivered in April 2027. The Committee will review the likely operational and financial impacts on the capital programme once the plans are firmed up (Further assurance required)
ASSURE	1. Whilst there are aspects of non-cancer waits that require attention (e.g. Community Health Neurodevelopmental services) overall performance has been on trajectory for the first 2 months, as has ED 4-hour performance 2. Whilst there remain ongoing risks highlighted in the Estates Compliance Report the actions identified to manage and address these were clear
ADVISE	1. Progress on the Healthset Programme continues with no significant concerns being raised at this stage. The Committee noted that the proposed future governance process for the overall pan-provider programme will be coming to the July Board 2. The Trust will need to submit its finalised Premises Assurance Model return in September. The Committee reviewed progress and due to submission deadlines and timing of Board meetings requests that approval of the final return be delegated to F&PC, with a copy of the final return going to Board for information and noting 3. The Committee reviewed and commented on an initial Digital Strategy Implementation report which is expected to come back to the Committee and then Board for approval in September
Review of Risks	1. The Committee noted the risk report and related actions

Celebrating Outstanding	1. The draft of the Digital Implementation Report was well developed and clearly demonstrated how the Dorset Digital Strategy is planned to be realised

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	People and Culture Committee – Chair's Report
Presented by:	Sharath Ranjan, Chair of the People and Culture Committee

Agenda items discussed:	At its meeting on **6 July 2026**, The Committee received the following:
	• Staff Story: Simulation Technicians
	• Chief People Officer's Report, including:
	• People and Culture risk register
	• Integrated Performance Report – Our People
	• Communications: a well-informed workforce
	• Workforce Operational Efficiency and Reduction Plan (WORP)
	• Status report on the progress against the action plans from:
	  ○ WRED/WDES
	  ○ Gender pay gap
	• Medical Revalidation
	• Safe Staffing: Nursing
	• Annual Security Report
	• Guardian of Safe Working Hours Annual Report
	• HR policies
	• Healthcare Science Forums – feedback on recruitment
	• Mandatory Learning Oversight Group Escalation Report

ALERT	**Senior Leadership changes and capacity to deliver transformation / National Changes** With the Chief People Officer's current secondment to the region and the departures of key personnel within the CPO directorate, there is an impact on our people who find it unsettling. The leadership capacity required to deliver the scale of changes across the trust will also be stretched. Mitigations are in place with interim appointments to those key roles and capacity is being monitored. Pete's oversight and early conversations with the directorate has brought a sense of stability. **Values based appraisal completion rates and Quality Assessment** Values based appraisal rates continues to remain below the 90% target for May (74.5%). The committee had previously

	noted an improvement heading towards the March completion deadline. In discussions, the committee was not sufficiently assured of the quality of appraisals and the current mechanisms to assess it. The committee has sought further assurance through an audit/assessment of the quality of appraisals. There is an A3 plan in place to drive improvements.
ADVISE	**Annual Security Report – Incidents of Violence and Aggression towards staff** Although there was a small reduction in the number of incidents related to Violence and Aggression compared to the previous year, the number is still high (900+). The committee noted the report and raised questions around how we could learn from other organisations (in the absence of national benchmarking). Despite our Anti Racism commitment and stated non-tolerance, there is no current data (or reporting requirement) for incidents related to race or any other form of discrimination suffered during these incidents. **Mid-point In patient Establishment Review** The committee received the report and noted the alert related to staff ratios (Registered Vs Unregistered Nurse) below the recommended level – 60:40. The committee was reassured that no wards had ratios below the recommended level which would be deemed inappropriate having considered a range of indicators, reviews and validation. As this is a midpoint review, there are no changes to establishment templates.
ASSURE	**Medical Revalidation and Appraisal** The report is due at the Board for Sign-off. The committee noted the capacity issues related to the appraisers and the plans to address them in 2026-27. Whilst there were appraisals which missed the deadline during the last year, the majority were completed (within 6 months of deadline) and the committee was assured about UHD's current position and reassured about the plan for 2026/27.
Review of Risks	The committee noted the progress in reviewing the current process and the refreshed approach to monitoring and reassessing risks. Most risks presented to the committee relate to shortages in workforce. The committee has asked for pace of completion of the review (summits held in Nov 25 and Mar 26).
Celebrating Outstanding	Staff Story – The committee heard from our Simulation Technicians who had developed a range of digital solutions to support the organisation with simulations beyond conventional applications. They reminded the committee about the vast

	amount of talent across the organisation who are keen to explore innovative solutions through curiosity, drive and exploitation of our existing digital licenses.

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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	Quality Committee – Chair's Report
Presented by:	Michael Marsh, Chair of the Quality Committee
Agenda items discussed:	At its meeting held on **16 June 2026**, the Committee received the following: • Risk Register: risks rated 12 – 25 (Quality & Safety) • Integrated Performance Report • Annual Claims Litigation Report • Maternity and Neonatal Safety Champions Report • Safeguarding Report • Medicine Optimisation Group Report • Dementia Report • Patient Experience Report • Annual Complaints Report • Draft Quality Account • Report from Clinical Governance Group
ALERT	The Committee wishes to alert members of the Board that: • Late notice of the Resident Doctors Industrial Action was called only allowed some clinical activity to be reinstated. • The potential of technology to support improvement as highlighted in the themes identified in the Annual Claims Report, this includes the implementation of Electronic Patient Record and tools such as Ambient Voice Technology to record consultations and discussions.
ASSURE	The Committee wishes to assure members of the Board that: • The Integrated Performance Report shows stabilisation of 4-hour Emergency Access with some reduction in care in non-clinical areas. Work led by Dr Ian Sturgess has been completed, though no measurable improvement has been seen yet it is anticipated it will over the next 3-4 months. NCTR remains at about 230. Within cancer it is recognised that colorectal, urology, and gynaecology need to improve performance. A new Cancer Board will commence next week to drive improvement of the next 3-4 months. There has been a MRSA bacteraemia case. Work continues to drive improvement of VTE prophylaxis uptake. The Committee was **Assured**.

	• The Annual Claims Report shows that poor documentation is a clear theme. The implementation of the electronic patient record should drive improvement with use of mandatory fields. The CMO will communicate key themes to Consultants and Resident Doctors. Other themes will be used in discussions with care groups. The Committee was **Assured.** • **T**he Maternity and Neonatal Safety Report shows neonatal nurse sickness rate of 11.2%and learning from maternity sickness rates is being used. An improvement approach continues in relation to Post Partum Haemorrhages (PPH) greater than 1.5 litres. Most quality indicators are positive. The Committee was **Assured**. • The quarterly Safeguarding Report shows no change in themes. Level 3 children safeguarding training remains a challenge **(69.2%)** and work is progressing to understand cancellations of training sessions. Oliver McGowan training stands at **25% below the ICB 30% target**, work to increase awareness of training is ongoing. The Committee was **Assured**. • The Medicines Optimisation Group Report shows progress on implementation of NICE Cancer TAs and VTE performance. There is focused work on Patient Group Directives to address both a backlog and process issues. The Committee was **Assured**. • The Dementia Report shows key developments, and the new national dementia audit has been completed, and results will be reviewed at a future meeting. Limitations of the audit were noted and the CNO confirmed the desire for UHD to become an exemplar of dementia care. The Committee was **Assured**. • The Patient Experience report shows a decrease in PALS accompanied by increase in formal complaints. The CNO emphasised the importance of a more proactive response with adoption of real-time feedback. The Committee was **Assured**. • The Annual Complaint Report shows about 800 per year and confirms the focus on improving compliance with the 30-day response target. Further analysis of themes and underlying causes will be undertaken to support assurance. The Committee was **Assured**.
ADVISE	The Committee wishes to advise the Board that: • The Clinical Governance Committee has been working on improving governance and reporting through the organisational structures because of the issue of discharge summaries not being sent to General Practice. • The draft Quality Account was reviewed and suggested some wording change for clarity and avoid misrepresentation.
Review of Risks	

	• The Risk Register was reviewed and noted that several key risks had been reviewed by the Risk Oversight Group and the scoring reduced.
Celebrating Outstanding	• Significant work to develop Quality Account including wide engagement.

University Hospitals Dorset
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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
Report from:	Quality Committee – Chair's Report
Presented by:	Michael Marsh, Chair of the Quality Committee
Agenda items discussed:	At its meeting held on **7 July 2026**, the Committee received the following: • Risk Register: risks rated 12 – 25 (Quality & Safety) • Integrated Performance Report • Quality Impact Assessment Report • Maternity Safety Champions Report • Annual Safeguarding Report and Statement • Annual Looked After Children Report • Annual Infection Prevention & Control Report and Statement • Electronic Results Acknowledgement Process • Mixed Sex Accommodation Declaration • National Standards for Healthcare Food & Drink • Report from Clinical Governance Group • Committee Effectiveness Review – Survey Outcome
ALERT	The Committee wishes to alert the Council of Governors that: • There have been 2 MRSA bacteraemia cases since April 2026 and is an area of focus for the Infection Prevention and Control Team. • Issues of prescribing aspirin, folate and antibiotics to pregnant women has been an issue and work continues to find work arounds. • There is an Eliminating Mixed Sex Accommodation Annual Statement to be presented at the public Board and published on the Trust website.
ASSURE	The Committee wishes to assure the Council of Governors that: • Further review of the Medical Devices Corporate Project has confirmed completion of all 30 Isherwood recommendations, clarified the governance model to ensure efficient clinical and managerial input to make best use of investment, maintain patient safety and regulatory compliance. The committee was **Assured.** • The Electronic Results Acknowledgement Process continues its successful role out. A pilot for laboratories rejecting paper requests has started in orthopaedic ward E3. It's anticipated to run for 4 weeks and then rolled out

	Trust wide incorporating lessons learned in the pilot. The committee was **Assured.** • Ongoing work on mortality review processes has identified several weaknesses and steps are being taken to ensure adequate numbers of case reviews and appropriate case selection along with involvement of critical care consultants when required. In addition, involvement of speciality consultants in deaths occurring within ED when required. The committee was **Assured**. • Performance improvements were noted in some elements of access and focus given to areas with poorer performance. NCTR remains over 200 and not all cancer access targets have been achieved. The work on Clinical Vision of Flow and the establishment of the Cancer Board will focus on these issues. The committee was **Assured**. • There is clear evidence that the Equality and Quality Impact Assessment (EQIA) policy and processes are working effectively and identify projects that should not proceed (endoscopy and maternity staffing). Improvements and refinements to the approach are being implemented. The committee was **Assured**. • The maternity Safety report shows that the neonatal nursing sickness remains elevated though has fallen from 11.9% to 8%. The review of APGAR scores of less than 7 at 5 minutes has identified areas of improvement for the MDT to address. The shortage of middle grade obstetric staff has resulted in two diverts of labouring women. The national report combining the work of Broness Amos and Dame Ockenden has a 10-Point Plan that will be brought to the next Board. The committee was **Assured.** • The Annual Safeguarding Report was reviewed and increase complexity of partnership working was highlighted along with the expectation of less Deprivation of Liberty Safeguards (DOLS) following changes in policy nationally. The two Learning Disability and Autism experts that commenced in October 2025 have resulted in improvements. The committee was **Assured**. • The Annual Infection Prevention & Control Report provides confirmation that all mandatory reportable infections have notified. There is a strong focus on hand hygiene and other actions in view of the MRSA cases, noting a 54% reduction in cases on the previous year. C. difficile cases are above the NHSE target which is a national issue and a Quality Improvement project is underway focusing on environment and cleaning as well as antibiotic stewardship. The committee was **Assured**. • The National Standards for Healthcare Food and Drink were reviewed. There is a need for remedial work at the Poole site kitchens. The committee was **Assured**. • The Clinical Governance Committee demonstrates a wide range of work and fulfils its functions effectively. The Committee was **Assured**.

ADVISE	The Committee wishes to advise the Council of Governors that: • There is a lack of confidence in the 'Baby Tagging System' that requires careful consideration of continued reliance on the system. • There is a Board of Directors' Statement of Commitment to Infection Prevention and Control to be endorsed and adopted by the Board.
Review of Risks	• Due to the delays in the COAST building, there is a need to maintain overnight haematology and transfusion services at Poole for a longer period than anticipated (Risk ID 1397). This requires ongoing mitigation.
Celebrating Outstanding	• The OASIS Team have received national recognition at the Royal College of Midwives Research Awards for the work they do in supporting vulnerable women.

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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

ESCALATION and ASSURANCE REPORT – Alert, Assure, Advise	
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:	At its meeting held on **1 June 2026**, the Group received, and reviewed in detail the following: • Programme Risks • People Ready Update • Build Ready Update • Reconfiguration Ready Update ○ Phase 3 Move Planning • TCT Digital Update • Communications and Engagement Update • Winter plan
ALERT	The Committee wishes to alert that: Complex challenges with the Coast building continue with no defined date for completion. No assurance at this stage can be given on a December move date and confidence is low. Several meetings are arranged in the next few weeks with the contractors and the New Hospital program (who are not proposing any formal intervention at this stage). There is ongoing and active engagement with NHSE. The agenda is moving at a fast pace. Since this meeting TMG has discussed options and recommends a move date in mid-April, based on a careful consideration of all the factors. Work with partner organisations is now underway to ensure readiness of the system for the moves, based on April. A fuller update is provided in a separate Board paper.
ADVISE	The Committee wishes to advise: The Committee reviewed a detailed updated Transformation, Communications and Engagement plan. The Committee reviewed a draft of the winter 26/27 capacity assessment and the reconfiguration options, noting the alignment with the phase 3 planning process.

ASSURE	The Committee wishes to assure that: A new BAF risk for transforming care together has been created for 26/27 to ensure effective Board oversight of the overarching configuration.
Review of Risks	A paper detailing all the strategic and transformation program risks was reviewed by the Committee. The overarching portfolio risk has a high score of 20 reflecting high risk of delays in integrating the teams and services and then reconfiguring, to create the planned and emergency hospitals. (critical path management) Emergency department capacity remains a principal ops risk
Celebrating Outstanding	The building works for the AMU/RACE at RBH is ahead of schedule. This provides a new Same Day Emergency Care area, and 52 beds for rapid adult and elderly care assessment, most of which are single rooms.

University Hospitals Dorset
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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

Agenda item: **4.1**

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Effectiveness Group Report
Prepared by:	Stacey Payne, Corporate Governance Assistant
Presented by:	Effectiveness Group Members Leonora May, Director of Corporate Governance
Strategic themes that this item supports/impacts:	Population & System ☐ Our People ☒ Patient Experience ☐ Quality Outcomes & Safety ☐ Sustainable Services ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Review and Discussion
Executive summary:	In response to feedback in the Effectiveness Group meeting 25 June 2026, the priorities focus on strengthening Governors' role in oversight, assurance, and representation, working closely with Non-Executive Directors (NEDs), rather than operational delivery. **Core Areas of Focus were suggested as follows:** <u>1. Strategy, Data and Accountability</u> • Governors work with NEDs to scrutinise how EDI aligns with the Trust's strategy, ensuring clear measures of success, embedded delivery, and sustained improvement. • Governors support robust scrutiny of equality data with NEDs, identifying inequalities, testing assurance, and focusing on measurable improvements rather than reporting alone. • Governors hold NEDs to account for EDI progress, ensuring clear accountability, consistent delivery, and that actions lead to sustained outcomes. <u>2. Listening and Representation</u> • Governors act as a bridge between the Trust and its communities, ensuring diverse voices inform Board

	decisions and that engagement is inclusive, effective, and leads to tangible change. **Governors' role in monitoring EDI, working jointly with NEDs:** • Seek assurance through clear data, reporting, and evidence of impact • Scrutinise progress against priorities and outcomes • Follow up actions to ensure sustained improvement • Triangulate evidence (data, feedback, lived experience) • Represent community insight to inform Board discussions Discussion was had regarding the upcoming pan Dorset CoG event and the group suggested the following topics for consideration on the agenda: - Population health and health inequalities - Research, innovation and University partnerships - Equality, diversity and inclusion - Community engagement and co-production - Patient stories - Sharing best practice across organisations
ALERT:	N/A
ASSURE:	N/A
ADVISE:	N/A
Celebrating Outstanding:	N/A
RECOMMENDATION:	The Council of Governors is asked to review the UHD Governor Development Priorities: Equality, Diversity and Inclusion and discuss topics for focus at the future pan Dorset CoG event.
Implications associated with this item:	Council of Governors ☒ Environmental Sustainability ☐ Equality, Equity, Diversity & Inclusion ☐ Financial ☐ Health Inequalities ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☐ Regulatory ☒ Strategy/Transformation ☐ System ☐
CQC Assessment Framework:	Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well-Led ☒ Use of Resources ☐

Report History: Committees/Meetings at	Date	Outcome

which the item has been considered:		
Effectiveness Group	25/06/2026	More concise Governor Development Priorities (EDI) to be reviewed at the Council of Governors
Effectiveness Group	26/03/2026	Bring Governor Development Priorities (EDI) back to the next Effectiveness Group meeting.
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐	

UHD Governor Development Priorities: Equality, Diversity and Inclusion (EDI)

Governor Focus	Joint Oversight (Governors and NEDs)	Key Lines of Enquiry	Representation and Assurance
Strategy, Data and Accountability	Governors work with NEDs to ensure EDI is embedded within the Trust strategy, supported by clear objectives, measurable outcomes and accountability. Together, they review equality data, monitor progress and seek assurance that actions are delivering sustained improvements.	How is EDI reflected in the Trust's strategic priorities and governance? What do workforce and patient data reveal about inequalities and outcomes? Are delivery expectations, measures and accountability clearly defined? What evidence shows sustained improvement as a result of actions taken? How are areas of concern or limited progress being addressed?	• Board and Committee reports. • Equality, Diversity and Inclusion Strategy and delivery plans. • Workforce and patient equality metrics. • WRES and WDES reporting. • Staff survey and patient experience data. • Internal and external audit findings. • Progress reports against agreed action plans.
Listening and Representation	Governors and NEDs seek assurance that the Trust listens to and engages effectively with diverse communities, staff and members. They review how feedback shapes decision-making and whether engagement leads to meaningful and visible improvements.	How effectively does the Trust reach and involve under-represented groups and communities? Are engagement activities accessible, inclusive and representative? What are the key messages emerging from community, patient and staff voices? How are these insights shaping decisions and service development? What evidence shows that engagement has resulted in measurable change?	• Governor and member feedback. • Community and stakeholder engagement reports. • Staff network feedback and listening events. • Complaints, compliments and patient stories. • Membership data and engagement metrics. • Evidence of changes made in response to feedback.

University Hospitals Dorset
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COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

Agenda item: 4.2

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Membership and Engagement Group
Prepared by:	Keith Mitchell, MEG Chair
Presented by:	Keith Mitchell, MEG Chair MEG members
Strategic themes that this item supports/impacts:	Population & System ☐ Our People ☒ Patient Experience ☐ Quality Outcomes & Safety ☐ Sustainable Services ☐
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Review and Discussion
Executive summary:	MEG had an extra meeting on 10th June to review the strategy and action plan. **GOVERNANCE** The meeting began with Leonora May provided an update following discussions involving Michelle Whitehurst, Judy Gillow and Sarah Herbert regarding future Trust wide patient and community engagement arrangements. A workshop for Governors and Non-Executive Directors is being arranged for July 2026 to support discussion and input into the future engagement model. The Group discussed the future purpose of engagement arrangements, should current structures cease to exist. It was noted that the Trust would continue to have statutory responsibilities to engage with patients and the public, with future arrangements likely to focus more broadly on patient and public engagement rather than Member engagement. **MEMBERSHIP AND ENGAGEMENT STRATEGY 2023-2026** The Group reviewed progress against the current Membership and Engagement Strategy and reflected that previous plans had included a large number of ambitious actions, many of which had not been fully achieved. Governors noted that earlier ways

	of working had been more constituency-based, with regular listening events, health talks, and local engagement activity taking place across constituencies. Although this activity had reduced over time, there was now renewed focus on constituencies working more actively and collaboratively together. The Group agreed that future plans should be more realistic, focused, and achievable, particularly given uncertainty surrounding future Governor arrangements. Priorities relating to engagement with diverse communities were discussed and the possibility of a seminar involving minority communities focusing on mental health awareness and stigma was proposed. Governors agreed this represented a valuable opportunity for future engagement, although further clarity was required regarding how such activity aligned with wider Trust plans. It was reported that discussions with Sarah Herbert had focused on how Governors could better support Trust engagement activity and obtain clearer direction regarding areas where public involvement would be most valuable. It was noted that limited specific direction had been provided so far. The Membership and Engagement Group agreed to extend the current strategy to 2027 and develop a refreshed action plan for further consideration. MEG Meeting 2nd July I am very pleased to report that 13 of the 15 previous actions have been closed. The need for stronger links between governor engagement activity and Board decision-making was discussed and it was disappointing that no progress had been made with this matter. Governors have been particularly active over the past month, supporting a range of engagement activities including a listening event, the Blue Light event, and a Heart Health Talk. These events were well attended and provided valuable opportunities to engage with members, patients and the wider public. Full reports are attached. The group considered the possibility of reintroducing the Trust's open days. These events were previously very popular with members and the public and provided an excellent opportunity to showcase services, engage with local communities, and promote a better understanding of the Trust's work. The group and coms thought this would be a good idea and the summer 2027 was identified as the most realistic time frame following completion of major estate developments. Laura Northeast provided an overview of the Patient Experience Team. She explained that the team’s role is to improve patient experience through engagement, feedback and service improvement activities. Future work will focus on improving transformation communications, increasing the use of video content, exploring enhanced volunteer wayfinding roles,

	maintaining contact with participants to provide feedback on actions taken and extending engagement with underrepresented groups. The Group reviewed the updated strategy and action plan. It was agreed that the Action Plan should focus on broader objectives, with detailed activities managed through event planning and meeting actions. Sue Comrie highlighted the recent volunteer celebration events and the positive recognition given to volunteers across the Trust. It was further noted that additional volunteer recognition and engagement opportunities would be developed in the future, building on the success of the recent celebration events. Future events include a Q&A at Canford Heath Library on Wednesday 5 August, a talk at Friars Cliff Residents Association, Bournemouth listening event, an Age Well event and RBH Atrium Christmas event. Helena Cull provided an update on changes to the Trust's communications approach, with a greater focus on distinguishing between information that staff and volunteers need to know and information that is nice to know. The Membership Newsletter will continue and will include updates on developments across the Trust, including the new scanning facility, Staff Awards, Lead Governor updates and charity news. The revised internal communications structure was outlined, comprising the Staff Bulletin for urgent and time-critical messages, The Brief for important but less time-sensitive information, and The Brightside for positive news stories and organisational achievements. The Brief and The Brightside will be published in alternate months, while urgent communications will continue to be issued separately as required. The revised internal communications structure was outlined, comprising the Staff Bulletin for urgent and time-critical messages, The Brief for important but less time-sensitive information, and The Brightside for positive news stories and organisational achievements. The Brief and The Brightside will be published in alternate months, while urgent communications will continue to be issued separately as required. A new UHD Workplace App is expected to be launched in July to improve access to communications and work is ongoing to identify the most effective communication channels for volunteers.
ALERT:	N/A
ASSURE:	N/A
ADVISE:	N/A
Celebrating Outstanding:	N/A

RECOMMENDATION:	The Council of Governors is asked to review the Membership Strategy Action Plan 2026-27	
Implications associated with this item:	Council of Governors	☒
	Environmental Sustainability	☐
	Equality, Equity, Diversity & Inclusion	☐
	Financial	☐
	Health Inequalities	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☐
	Public Consultation	☐
	Quality	☐
	Regulatory	☒
	Strategy/Transformation	☐
	System	☐
CQC Assessment Framework:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well-Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
MEG	02/07/2026	More concise Membership Strategy Action Plan 2026-27 to be reviewed at the Council of Governors.
MEG	10/06/2026	Bring Membership Strategy Action Plan 2026-27 back to the next MEG meeting.
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

RBH Atrium Listening Event - 30th April 2026

Post code

BH1	BH2	BH3	BH4	BH5	BH 6	BH7	BH 8	BH11	BH12
1	2	1	3	2	4	1	1	1	2
BH15	**BH 19**	**BH 21**	**BH 23**	**BH 24**	**BH25**	**BH 31**	**DT 11**		
1	1	1	2	1	1	**1**	**2**		

Age

U 18	18-24	25-34	35-44	45-54	55-64	65-74	Over 75
	1	2				10	10

Have you heard that Royal Bournemouth is going to be the major emergency hospital for east Dorset and Poole the major planned hospital?

Yes	No
17	5

Comments:

- Walking & getting lost is a problem
- Very good ED
- Good to know this split so know where to go
- Poole very difficult to get to for older people (network of roads)
- Bournemouth Hospital is excellent
- Didn't know Poole would have an UTC
- Good idea
- I live in Swanage and am not happy with the transfer time to Bournemouth in an emergency

Have you had treatment in Bournemouth, Poole or Christchurch Hospitals in the last year?

Yes	No
16	3

If yes – How did you find the experience?

Excellent	14
Good	5
Satisfactory	
Poor	
Very poor	

Further comment

- Communication a problem for the patient experience but didn't affect the care given
- No link between departments
- Appears to be no time to look at patient records before each consultation, patient having to explain the outcome of previous visits, no continuity
- Marvellous service & treatment
- Excellent treatment after heart attack, fast tracked in
- Long wait but pleased with treatment
- Car parking is an issue, coming in for chemo but had to leave home 2 hours before to get a space

- Very friendly/helpful nurses, not the same with the Doctor
- All staff were excellent – very good organisation – can't fault the care
- The main issue was the long delay, but the treatment was very good
- The service and backup were wonderful and there was great support provided
- Staff wonderful, can't fault them
- I have had lifesaving cancer care, and the staff were wonderful and very thorough
- I feel as if I am having very good care
- A&E was very good and the staff were great
- Amazing staff – reception – volunteers – nurses – oncology.
- Friendly and approachable staff
- Very well organised – the staff were very good – very efficient – no staff were hanging around
- I was looked after well in the Derwent – great staff and surgeons
- Orthopaedics is very good
- Very speedy service it was two weeks from seeing the GP to being seen at the hospital
- I don't always see the same person for the after care
- The care was very good except for one agency nurse who wasn't and I sent in a complaint about her
- Two different mix ups with medication AMU RBH - family described area as chaotic
- Variable experience of being fed - much good help but not consistent Fayrewood ward Poole Hospital
- Very positive about experienced maternity staff who carried out forceps delivery
- Much appreciation of post-natal care including continued gynaecology treatment and monitoring -loved room with bed for partner - however high number of births (24 Feb) meant stay in triage lasted 4/5 hours so no room - maternity nurse called from Southampton to assist
- Confusion about position of area (endocrine) which was not explained on the letter (asked for help - no further info) - three letters received- each one giving a different appointment time
- Letter received which was not about the recipient's condition
- Duplicate letters received saying the same thing
- Concerns about assisted dying (general chat)
- Concerns about transgender man using female facility in ward - made complaint about several things during her care

Would you be interested in attending our talk on heart health?

Yes	No
7	15

Are you a member of the Trust?

Yes	No
4	18

Any general comments?

- Is there going to be a bus from Poole to RBH for patients, apparently previous literature has stated this (the individual clearly differentiated the staff bus)?
- Everything in Bournemouth Hospital is very good
- Issues finding a parking space
- Atrium coffee shop should be open longer hours
- Everywhere was very clean – immaculate
- Pleased with the building work that has been done – it looks great
- Parking is an issue

- The hospital is efficient and well run
- Parking worked well today
- Parking crap
- My granddaughter was seen by paediatrics, and the service was very good
- I left a message with a consultant secretary and didn't hear back

Summary

General comments

Feedback from patients was generally positive regarding emergency care and the proposed service changes. Patients described the Emergency Department as "very good" and Bournemouth Hospital as "excellent". Some respondents felt the planned split of services was a good idea and appreciated having clearer information about where to go for treatment. There was also positive feedback about the introduction of an Urgent Treatment Centre at Poole, although some patients were previously unaware of this development.

The main concerns raised related to accessibility and travel. Patients highlighted difficulties with walking long distances and getting lost within hospital sites. Older patients in particular felt that travelling to Poole Hospital was challenging due to the surrounding road network. Concerns were also expressed about emergency transfer times to Bournemouth Hospital for patients living in more rural areas such as Swanage.

Patient experience having received treatment

Overall, patient feedback was very positive regarding the quality of care and professionalism of staff across the hospital. Many patients described staff as "wonderful", "friendly", "approachable" and "efficient", with particular praise for nurses, oncology teams, A&E staff, maternity services, orthopaedics and cardiac care. Several patients highlighted lifesaving treatment, excellent cancer care, speedy referrals and good organisation within departments. Patients generally felt well cared for and supported during their treatment.

However, a number of recurring concerns were identified. Communication was the main issue raised, particularly poor communication between departments, lack of continuity between appointments, patients having to repeatedly explain their history, and confusion caused by inaccurate or duplicate letters and appointment information. Long waiting times were also mentioned in several areas, including A&E, triage and outpatient appointments, although patients often stated that the quality of treatment remained good despite delays.

Other concerns included difficulties with hospital parking, inconsistent experiences with some staff members, medication mix-ups, and variable support with nutrition and feeding on wards. Some patients also raised individual concerns relating to ward environments, complaints about agency staff, and broader issues discussed during care experiences.

General comments

Again, patient feedback was largely positive regarding the overall environment and quality of care at the hospital. Bournemouth Hospital was described as "very good", "efficient and well run", with several patients commenting positively on the cleanliness of the site and the improvements made

through recent building work. Paediatric services also received very positive feedback, with one patient highlighting the excellent care their granddaughter received.

However, parking remained the most common concern raised by patients. Experiences were mixed, with some patients reporting that parking worked well, while many others described difficulty finding spaces and frustration with the parking arrangements overall. Additional comments included requests for longer opening hours at the Atrium coffee shop and questions about whether a patient shuttle bus between Poole and the Royal Bournemouth Hospital would be introduced, as some patients believed previous information had suggested this.

Communication was also highlighted as an area for improvement, with one patient reporting that they left a message with a consultant's secretary but did not receive a response.

Conclusion

Overall, while patient confidence in clinical care and staff remained high, improvements in communication, coordination and consistency of patient experience were identified as key areas for development.

Can I take this opportunity to thank, Elizabeth Mc Dermott, Diane Smelt, Colin Blebta and Sharon Collett the Bournemouth governors who took part in this listening event.

Keith Mitchell

Patient experience – summary

What is going well:

1. High confidence in quality of clinical care - Patients consistently described care as excellent, lifesaving, and thorough, particularly in A&E, oncology, maternity, and cardiac services.
2. Outstanding staff professionalism and attitude - Staff were widely praised as friendly, approachable, efficient, and supportive, with multiple comments highlighting exceptional nursing and multidisciplinary care.
3. Strong patient satisfaction despite pressures - Even where delays occurred, patients often emphasised that the quality of treatment remained very good, indicating strong resilience in service delivery.
4. Positive perception of hospital environment and improvements - Patients noted the hospital as clean, modern, well-organised, and were pleased with recent building developments.
5. Support for service reconfiguration (in principle) - Many patients viewed the planned split between emergency and planned care as a good idea and valued clearer understanding of where to go for treatment.

Challenges for improvement:

1. Communication and coordination across services - Recurrent issues included inconsistent communication, lack of continuity, patients repeating their history, and errors with appointment letters and information.
2. Parking and site accessibility - Parking was the most frequently raised concern, alongside challenges with long walking distances, navigation, and access—especially affecting older patients.
3. Waiting times and delays - Patients reported long waits in A&E, triage, and outpatient settings, impacting overall experience despite good clinical care.
4. Travel time - Concerns were raised about accessibility between sites, particularly difficulties reaching Poole Hospital and long emergency transfer times from rural areas (e.g. Swanage).
5. Consistency of patient experience - While overall care was strong, there were reports of variability in staff interactions, medication errors, feeding support, and follow-up care, indicating a need for more consistent service delivery.

Blue Light Event, Mudeford Quay, Sunday 24th May.

This event occurred on a glorious, hot, Bank Holiday Sunday and our gazebo was situated between "docbikes" with their mini motorcycles and a SWAS ambulance with its blue lights and sirens.

Our draw was a competition to identify which new UHD uniform went with which staff position e.g. nurse, pharmacist or radiographer. The prize was a furry “bug” for the child. This was an excellent way of then encouraging visitors to discuss with us their experiences of the Hospital Trust and for us to encourage membership and coming to the Health Talk in June.

It was viewed as a successful event as Governors were able to engage with many local members of the public.

Thanks to Colin Blebta, Steve Dickens, Colin Hamilton-Welsh, Sue Comrie, Paul Hilliard, Malcolm Keith and Jerry Scrivens for their participation in this event and to John and James Wilson for assistance with setting up and dismantling the gazebo etc.

Feedback from Governors

- Having the new uniforms with the competition to identify them and a bug as a prize was a good idea. Please order some more bugs for future events as we need a draw to our stand.
- Overall visitors had a positive experience of their visit to the Hospitals finding the treatment good and the staff very caring. One or two found the wait from initial consultation with a GP to treatment too long, not joined up care.

- Complaint that in the ED all the seats are joined together so a wheelchair had to be put in front potentially blocking access to others
- Some still thought we were collecting for Charity.
- Much of the material on our stand and board was out of date. Charity decor out of date, nothing appealing to attract visitors.
- Some felt the rebranded uniforms were a good idea whilst a few thought it an unnecessary expense and wondered how comfortable there were to wear.
- Good feedback from the organisers of the event as they want core services in attendance.

Follow up after the event

Following feedback received at the Blue Light event regarding seating arrangements in the Bournemouth Emergency Department (ED) waiting area, the concern was shared with colleagues from Urgent and Emergency Care, Estates and Strategic Planning for review.

The feedback highlighted that the current layout of linked seating could make it more difficult for wheelchair users to access suitable spaces within the waiting area. In some instances, wheelchairs were required to be positioned in front of seating rows, which could impact access for other patients and visitors.

To explore potential improvements, Richard Callaghan, Head of Estates Capital Development, and Alison Pressage, Strategic Health Planner, visited the Bournemouth ED on 17 June 2026. During the review, they noted that the main waiting area is predominantly furnished with rows of four linked seats, while the Rapid Assessment and Treatment (RAT) area contains a number of smaller two- and three-seat units.

As part of the ongoing review, consideration is being given to whether some of the smaller seating units could be relocated to the main waiting area to create additional space for wheelchair users. The team also revisited the original design plans, which indicated that adequate wheelchair spaces had been incorporated into the intended layout. It is recognised, however, that changes to furniture and the addition of equipment over time may have affected the available space.

The feedback has been welcomed, and discussions are continuing with colleagues across the relevant teams to identify any practical improvements that can further enhance accessibility and the experience of patients and visitors. An update on proposed actions and timescales will be provided once the review has been completed.

Heart Health Talk – 16 June 2026

Dr Critoph delivered an excellent and informative talk entitled **"What Can You Do Today to Protect Your Heart Tomorrow?"** The event was extremely well received by the 125 people who attended, with very positive feedback received from participants following the session.

The event also featured eight exhibition stands, which proved very popular with attendees. These included:

- Cardiac Rehabilitation
- Cardiac Research
- Heart Club
- Transformation Team
- Healthwatch
- LiveWell Dorset
- UHD Charity
- Hospital Governors

During his presentation, Dr Critoph covered a range of important topics, including:

- Why prevention matters and how to reduce the risk of heart attacks and heart failure.
- The key factors that drive heart risk, including blood pressure, smoking, cholesterol and metabolic health.
- Exercise as one of the most powerful tools for improving heart health, highlighting the benefits of moderate exercise, strength training, and simply walking more and sitting less.
- Nutrition, focusing on simple and sustainable healthy eating habits, including consuming adequate protein, fibre, vegetables, pulses and healthy fats.
- Diet myths and supplements, explaining that cholesterol is not the primary driver of risk for most people and that supplements cannot replace the benefits of exercise, good sleep and healthy nutrition.

A key message throughout the talk was that small, consistent lifestyle changes can have a significant impact on long-term heart health. Dr Critoph emphasised that preventing heart disease is not about making dramatic changes overnight, but about adopting sustainable habits that can be maintained over time. Attendees particularly appreciated the practical advice provided, leaving the event feeling better informed and empowered to take positive steps to improve their own health and wellbeing.

The talk was followed by a lively and engaging 30-minute question-and-answer session. Dr Critoph also kindly remained afterwards to speak individually with a number of attendees.

I would like to take this opportunity to thank the team at St Saviour's Church for their invaluable support in hosting the event, providing audio-visual assistance and serving refreshments throughout the afternoon.

I would also like to thank the following governors for their support on the day: Jerry Scrivens, Colin Blebta, Elizabeth McDermott, Paul Hilliard and Diane Smelt. Their assistance was greatly appreciated and helped ensure the success of the event. Without their support, the event would not have been possible.

Keith Mitchell
Governor

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 16 July 2026

Agenda item: **5.3**

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Membership Strategy Review
Prepared by:	Stacey Payne, Corporate Governance Assistant
Presented by:	Leonora May, Director of Corporate Governance
Strategic themes that this item supports/impacts:	Population & System ☐ Our People ☒ Patient Experience ☐ Quality Outcomes & Safety ☐ Sustainable Services ☐
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Decision/Approval
Executive summary:	The Membership and Engagement Strategy 2023-2026 has been extended to 2027 and aims to deliver a significant improvement in how we engage with members through to 2027. To achieve this, we will implement the strategy effectively, monitor progress regularly, and continuously evaluate its impact to ensure it meets the needs of our members and communities. A new action plan has been developed to support delivery of the strategy through to 2027, ensuring priorities remain aligned with the Trust's objectives, member feedback, and changing community needs. This paper has been endorsed by the Members and Engagement Group for approval by the Council of Governors, incorporating feedback received from Committee members.
ALERT:	None
ASSURE:	As an NHS Foundation Trust, we are accountable to our patients and the public. Our members have a key role in the Trust's governance; they elect representatives to sit on our Council of Governors, which in turn appoints the Chairman and Non-Executive Directors to the Board of Directors and oversees the Board's performance.
ADVISE:	The Membership Strategy Review has been subject to appropriate scrutiny by the Members and Engagement Group.
Celebrating Outstanding:	None
RECOMMENDATION:	The Council of Governors is asked to approve the extension of the Membership Strategy Review and new Action Plan for 2026/27.

Implications associated with this item:	Council of Governors	☒
	Environmental Sustainability	☐
	Equality, Equity, Diversity & Inclusion	☒
	Financial	☐
	Health Inequalities	☐
	Operational Performance	☐
	People (inc Staff, Patients)	☒
	Public Consultation	☐
	Quality	☐
	Regulatory	☒
	Strategy/Transformation	☐
	System	☐
CQC Assessment Framework:	Safe	☐
	Effective	☐
	Caring	☐
	Responsive	☐
	Well-Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Membership and Engagement Group	02/07/2026	To endorse the extended strategy and new action plan to the Council of Governors to approve.
Membership and Engagement Group Extraordinary	10/06/2026	To review the extended strategy and new action plan at the next Membership and Engagement Group.

Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality	☐
	Patient confidentiality	☐
	Staff confidentiality	☐
	Other exceptional reason	☐

MEMBERSHIP AND ENGAGEMENT STRATEGY 2023-2027

INTRODUCTION

This strategy outlines our plans for membership and engagement development for 2023-2027 for University Hospitals Dorset NHS Foundation Trust (UHD).

It sets out our vision for engaging with our Foundation Trust members and the communities we serve. We need members to be involved so they can hear first-hand what is going on, they can share their views and thoughts on our plans, and they can help influence the development of our hospital services. This will help us improve our services for the benefit of all.

WHY MEMBERSHIP MATTERS

As an NHS Foundation Trust, we are accountable to our patients and the public. Our members have a key role in the Trust's governance; they elect representatives to sit on our Council of Governors, which in turn appoints the Chairman and Non-Executive Directors to the Board of Directors and oversees the Board's performance.

We believe that involving our members, patients and public in decisions about services is an integral part of meeting the needs of the communities we serve. Membership helps give those communities a voice in the running of the Trust and shaping our plans for the future.

This membership strategy sets out a series of objectives for the Trust to maintain, grow and engage its membership. It also describes how the Trust will evaluate the delivery of the strategy. The strategy will be delivered within the wider framework of Trust strategies, which address the issues and equality and diversity, public, patient and carer involvement, user engagement and communications.

Our vision is to develop an actively engaged and vibrant membership. Over the next three years, as a rapidly changing organisation, we want to develop how we engage and involve our members, building a more active membership and giving members a voice in shaping how the organisation works. This strategy outlines the measures we will put in place during 2023-27 to achieve that vision.

This strategy builds on good practice from other Foundation Trusts, NHS Providers, and statutory and regulatory requirements. The Strategy is supported by an action plan which sets out what we will do in practice across the next three years to achieve our vision.

OUR MEMBERSHIP

Our members include our staff, our patients and people from across the diverse communities we serve both locally and regionally.

Who can be a member?

Public members

UHD provides a wide range of hospital and community-based care to a population of 750,000 based in the Dorset, New Forest and South Wiltshire areas. This is a major tourist area and during the summer months over one million holidaymakers visit Bournemouth including substantial numbers of foreign language students.

As a result of the Clinical Services Review, the Royal Bournemouth Hospital will become the major emergency care hospital for the region and Poole Hospital the major planned care hospital. This is already in progress with some changes already executed and considerable builds at both sites and we are seeing a significant investment across University Hospitals Dorset NHS Foundation Trust, providing much better facilities for both patients and staff. These developments will be implemented over the next *three* years.

We offer all those interested in or with a connection to the Trust the opportunity to become a member. Members do not need any special skills or experience. It is free and open to anyone 16 years of age or older. Our public members include patients, volunteers and all other members of the public who wish to become involved. They come from our geographical constituencies of Bournemouth; Christchurch, East Dorset and rest of England, Poole and rest of Dorset.

Staff members

We have c9000 staff members of the Trust. Any member of staff employed by the Trust on permanent contracts or fixed term contracts of 12 months or longer can become a member. Staff also employed through service partners including transport, catering and cleaning staff, also provide valuable services and are also eligible to become members.

Why become a member?

The core benefit of becoming a member is to have a regular voice – to shape the way services are provided, contribute to the future direction of the organisation, and ensure the Trust is responsive to the needs of people and communities it serves. Alongside this, membership provides opportunities to show support for the Trust and its work. In general terms, the benefits of membership include:

- Getting regular and up-to-date information about the Trust
- Invitations to attend free health talks and other events, provident updates on Trust activities and the opportunity to speak with hospital representatives on a range of subjects and to attend and ask questions at the Annual Members' Meeting
- Voting for representatives on the Council of Governors and standing for election to the Council of Governors (for those age 16 years of over)
- Access to NHS Discounts Scheme
- Appropriate involvement in matters affecting the progress of UHD

Representing the interests of members

Members' views and opinions are heard through the Council of Governors, whose role is to represent the interests of members and hold the Board to account through the Non-Executive Directors. All public members aged 16 or over are allowed to stand as a Governor or vote for a Governor. All staff members are able to stand as a Governor or vote for a Governor within their staff constituency.

The Council of Governors is responsible for:

- Representing the interests of members and the public
- Appointing the Chairman and other Non-Executive Directors, and holding them to account for the performance of the Board
- Approving the appointment of the Chief Executive
- Receiving the Trust's Annual Report and Accounts
- Appointing the Trust's external auditors
- Being independent ambassadors of the Trust

The Trust is committed to developing and supporting Governors to enable them to carry out their role and contribute fully to the work of the Council of Governors. Our Governors attend Board meetings and Committees of the Board, giving our Governors broader access. Further details of the composition of the Council of Governors is set out in Appendix 1.

OUR MEMBERSHIP OBJECTIVES 2023-2027

Our vision is to build on the engagement with Trust members in order to create an active and vibrant membership community, one that is representative of the diverse population we serve and of the staff who work here, that has a real voice in shaping the future of the Trust and the services it provides. To achieve this vision our strategy sets out three overarching aims:

1. To build representative membership that reflects our whole population of Dorset and west Hampshire;
2. To improve the quality of mutual engagement and communication so our members are well informed, motivated and engaged;
3. To ensure our staff members have opportunities to become more actively engaged as members.

Delivering these aims is intended to support UHD in meeting its objectives, not least through being a responsive organisation with a good understanding of the needs of its patients and the communities it serves.

Objective 1: To build representative membership that reflects our whole population of Dorset and west Hampshire.

To achieve this, we will:

- Maintain an accurate membership database and analyse our membership on a regular basis
- Develop targeted campaigns to recruit members from any group which is under-represented
- Promote membership opportunities to younger people in our communities
- Refresh the membership pages on the Trust's website
- Articulate clearly the benefits of membership
- Refresh our membership recruitment material
- Work more innovatively with our partners to promote membership

Objective 2: To improve the quality of mutual engagement and communication so our members are well informed, motivated and engaged

To achieve this, we will:

- Promote the work of the Trust's governors, as representatives of our members.
- Develop new opportunities for members to express their views.
- Refresh our existing ways of communicating with members and our approach to membership communication and engagement.
- Develop our programme of engagement events aligned with the Trust's engagement programme.

Objective 3: To ensure our staff members have opportunities to become more actively engaged as members

To achieve this, we will:

- Increase support to staff governors
- Develop a plan to increase awareness of staff governors through staff induction and other training events
- Promote the value of such a role to the benefit of both individual, their department and the constituency they represent

Delivering the strategy and evaluating success

Through this strategy, we want to achieve a step change in how we engage with members. To achieve this, we need to implement and deliver the strategy effectively. As an organisation committed to learning, we recognise the importance of measuring its impact and evaluating its success.

Implementation

We have developed an action plan which sets out the practical steps we will take in each year to implement the strategy.

Evaluating success

The Council of Governors is responsible for the delivery of the strategy, it will be supported by the Governors' Membership and Engagement Group which will report regularly to the Council of Governors.

The Governors' Membership and Engagement Group will directly oversee the Trust's efforts to engage with all of its members. It will receive updates at each meeting on the delivery of the strategy.

Appendix 1

Composition of the Council of Governors by Constituency

Public Constituencies	Number of governors
Bournemouth	6
Christchurch, East Dorset and Rest of England	3 Vacancy x2
Poole and Rest of Dorset	5 Vacancy

Staff Constituencies	Number of governors
Clinical	2
Non-Clinical	3

Appointed Governors - Stakeholder organisations	Number of governors
Dorset Council	Vacancy
Bournemouth, Christchurch and Poole Council	1
NHS Foundation Trust Volunteers Group	1
Bournemouth University	1

Membership Constituencies

Members currently fall into constituencies: Public and Staff. The following table includes a description of each constituency, the minimum membership required (as stated in the Constitution), the current number of members and the number of seats for the constituency on the Council of Governors:

Name of Constituency	For the residents of:	Minimum number of members	Active Members at 11 June 2026	Seats on the Council of Governors
Public	**Bournemouth** The following electoral wards: • Boscombe East & Pokesdown • Boscombe West • Bournemouth Central • East Cliff & Springbourne • East Southbourne & Tuckton • Kinson • Littledown & Iford • Moordown • Muscliff & Strouden Park • Queen's Park • Redhill & Northbourne • Talbot & Branksome Woods • Wallisdown & Winton West • West Southbourne • Westbourne & West Cliff • Winton East	50	4874	6
	Christchurch, East Dorset and Rest of England The following electoral wards and all electoral wards in the rest of England not included in any other area for the Public Constituency set out in this table: • Burton & Grange • Christchurch Town • Commons • Highcliffe & Walkford • Mudeford, Stanpit & West Highcliffe • Colehill & Wimborne Minster East • Corfe Mullen • Cranborne & Alderholt • Cranborne Chase	50	3133	3 Vacancy x2

Name of Constituency	For the residents of:	Minimum number of members	Active Members at 11 June 2026	Seats on the Council of Governors
	• Ferndown North • Ferndown South • St Leonards & St Ives • Stour & Allen Vale • Verwood • West Moors & Three-Legged Cross • West Parley • Wimbourne			
	Poole and Rest of Dorset The following electoral wards: • Alderney & Bourne Valley • Bearwood & Merley • Broadstone • Canford Cliffs • Canford Heath • Creekmoor • Hamworthy • Newtown & Heatherlands • Oakdale • Parkstone • Penn Hill • Poole Town • Beacon • Beaminster • Blackmore Vale • Blandford • Bridport • Chalk Valleys • Charminster St Mary's • Chesil Bank • Chickerell • Crossways • Dorchester East • Dorchester Poundbury • Dorchester West • Eggardon • Gillingham • Hill Forts & Upper Tarrants • Littlemoor & Preston • Lyme & Charmouth • Lytchett Matravers & Upton • Marshwood Vale • Melcombe Regis • Portland • Puddletown & Lower Winterborne • Radipole • Rodwell & Wyke • Shaftesbury Town • Sherborne East • Sherborne Rural • Sherborne West • South East Purbeck • Stalbridge & Marnhull • Sturminster Newton • Swanage • Upwey & Broadwey • Wareham	50	4924	5 Vacancy

Name of Constituency	For the residents of:	Minimum number of members	Active Members at 11 June 2026	Seats on the Council of Governors
	• Westham • West Purbeck • Winterbourne and Broadmayne • Winterbourne North • Yetminster			
Staff	• Clinical • Non-Clinical	5	c9000	5
Totals		155	12931 (Public)	22

Appendix 2
Membership Strategy Action Plan

[TO INCLUDE 2026 ACTION PLAN ONCE AGREED]

Membership and Engagement Strategy 2026-27

The Membership and Engagement Strategy 2023-2026 has been extended to 2027 and aims to deliver a significant improvement in how we engage with members through to 2027. To achieve this, we will implement the strategy effectively, monitor progress regularly, and continuously evaluate its impact to ensure it meets the needs of our members and communities.

Membership and Engagement Strategy Action Plan 2026-27

A new action plan has been developed to support delivery of the strategy through to 2027, ensuring priorities remain aligned with the Trust's objectives, member feedback, and changing community needs.

Objective	Priority	Action	Progress made/Plan to achieve it
Objective 1: To build a representative membership that reflects our whole population of Dorset and West Hampshire	**Priority 1:** To refresh our existing ways of communicating with members and our approach to membership communication and engagement with communities who are under-represented.	• Increase outreach to underrepresented and diverse communities.	• Attend and participate in community events to raise awareness of membership opportunities. • Encourage feedback from underrepresented groups to better understand their needs and experiences.
		• Strengthen partnerships with key stakeholder organisations and community groups.	• Use a wider range of communication channels (digital, in-person, community networks). • Establish a process for reporting back to members on how their feedback has influenced decisions and improvements ("You Said, We Did"). • Work with community leaders and organisations to build trust and improve access to membership.
	Priority 2:		• Introduce regular engagement events.

	To strengthen constituency engagement.	• Continue and expand constituency engagement activities over the next 12 months.	• Improve visibility of membership opportunities within local communities.
Objective 2: To improve the quality of mutual engagement and communications so our members are well informed, motivated and engaged	To improve communication with Members and the public to support engagement on future potential legislative changes.	• Facilitate discussions and awareness around upcoming potential legislative developments.	• Use multiple channels (emails, newsletters, events, social media) to reach members effectively. • Simplify communication materials to improve accessibility and understanding.
		• Provide timely updates and opportunities for stakeholder input.	• Monitor engagement levels and adjust communication methods to improve reach and participation. • Establish regular opportunities for stakeholder input (e.g. surveys, consultations, feedback sessions).
Objective 3: To ensure our staff members have opportunities to become more actively engaged as members	**Priority 1:** To increase support to staff Governors.	• Gather regular feedback from Staff Governors to identify gaps in support.	• Establish a structured feedback schedule (e.g. quarterly check-ins). • Communicate back to Staff Governors on how their feedback has been used ("You said, We did").
	Priority 2: To increase staff engagement and participation as members	• Promote awareness of opportunities to provide feedback through staff governor channel to shape decision making.	• Clearly communicate the value and impact of feedback.
		• Support staff in taking on active roles within the organisation.	• Work with managers to enable protected time for engagement.

			• Recognise and celebrate staff involvement and contributions.
Objective 4: **To Increase dialogue with the trust board**	Strengthen communication between the Trust Board and MEG to ensure member feedback informs Trust priorities and future plans	• Use Board priorities and emerging issues to shape listening events and engagement activities.	• Hold regular dialogue between the Non-Executive Directors and MEG. • Share consultation outcomes with the Board. • Update plans in response to feedback and consultations

University Hospitals Dorset
NHS Foundation Trust

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 15 July 2026

Agenda item: 5.4

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Trust Constitution update
Prepared by:	Leonora May, Director of Corporate Governance
Presented by:	Leonora May, Director of Corporate Governance
Strategic themes that this item supports/impacts:	Population & System ☒ Our People ☒ Patient Experience ☒ Quality Outcomes & Safety ☒ Sustainable Services ☒
BAF/Corporate Risk Register: (if applicable)	N/A
Purpose of paper:	Decision/Approval
Executive summary:	During October and November 2025, both the Board of Directors and Council of Governors approved an amendment to S21 and Annex 7 of the Trust's Constitution to reinstate the casting vote for the Trust Chair to ensure that the Board can continue to make timely decisions, given that from May 2025, the Trust has an equal amount of executive and non-executive directors in post (including the Trust Chair), as one of the non-executive directors is currently in the interim Chair role. There is a clause remaining in S21 of the Trust's Constitution and S3.1 of Annex 7 which states that 'provided that at least half of the Board of Directors, excluding the Chair, shall at all times comprise Non-Executive Directors'. It is proposed that this clause is removed as it is conflicting with the previous amendments made to the Constitution and the current position.
ALERT:	None
ASSURE:	The model Constitution for NHS foundation trusts provides that 'in accordance with the principles of good governance, it is recommended that the Constitution provide that at least half the Boad of Directors, excluding the Chairman, should be non-executive directors. Alternatively, in the event that the Constitution provides for parity on the Board of Directors between executive and non-executive directors, the Chairman should have a casting vote.'
ADVISE:	Provision B.2.7 of the Code of governance for NHS foundation trusts requires that at least half of the Board, excluding the Chair, should be Non-executive directors. Trusts are required to

	explain any departures from the Code in the Annual report. The following explanation for the departure has been provided: During 2025/26 and to date, the Trust has eight executive directors and seven Non-executive directors (excluding the Chair) in post. This is because from May 2025, one of the Non-executive directors took up the role of interim Chair and that role was not backfilled. The postholder's substantive role is as a Non-executive director. This position was supported by the Board, Council of Governors and NHSE regional team to provide continuity and stability to the Board during a period of significant transformation and change. During the period, the Trust's Constitution was updated to include a casting vote for the Chair. Changes to the Trust's Constitution also require approval from the Board of Directors. This report will be presented to the Board of Directors at its meeting on 15 July 2025. 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).
Celebrating Outstanding:	NA
RECOMMENDATION:	The Council of Governors is asked to approve the recommended change to the Trust's Constitution as set out below. Removal of the following clause from S21 and S3.1 of Annex 7 of the Trust's Constitution: 'provided that at least half of the Board of Directors, excluding the Chair, shall at all times comprise Non-Executive Directors'
Implications associated with this item:	Council of Governors ☒ Environmental Sustainability ☐ Equality, Equity, Diversity & Inclusion ☐ Financial ☐ Health Inequalities ☐ Operational Performance ☐ People (inc Staff, Patients) ☐ Public Consultation ☐ Quality ☐ Regulatory ☒ Strategy/Transformation ☐ System ☐ Explain the impact on each selected area; positive outcomes, risks and mitigations, and any oversight needed.
CQC Assessment Framework:	Safe ☐ Effective ☐ Caring ☐

	Responsive	☐
	Well-Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	Date	Outcome
Board of Directors	November 2025	Approval to change to Constitution to reinstate the casting vote for the Trust Chair
Council of Governors	October 2025	Approval to change to Constitution to reinstate the casting vote for the Trust Chair
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐	

Supporting you to raise concerns

Freedom to speak up

2025 - 2026

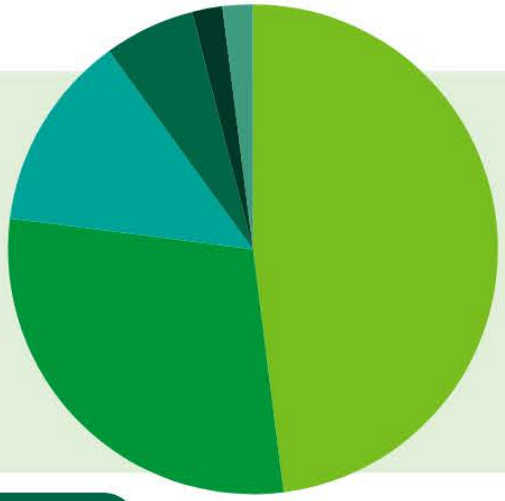
NHS
University Hospitals Dorset
NHS Foundation Trust

462 staff

came to speak to FTSU

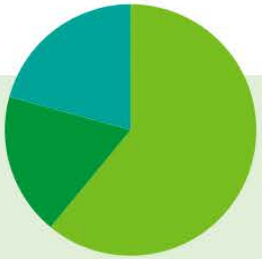
Themes

220 referrals for 'attitudes and behaviours'
134 referrals for 'process and systems'
60 referrals for 'staff safety and wellbeing''
29 referrals for 'patient safety'
10 referrals for 'equality, diversity and belonging
7 referrals for 'sexual safety'



Behaviours

53% of concerns related to incivility
14% of concerns related to miscommunication
18% of concerns related to longstanding poor behaviours



19% of staff came to FTSU because they felt their manager was the issue

24% of staff came to FTSU because they felt their manager knew about the issue but was not addressing it

14% of staff came to FTSU because they felt unsafe to speak up

21% of referrals came from global majority staff

69 anonymous referrals via the @UHDapp

What have we learnt?

The need for compassionate and inclusive leadership and better management skills (231 cases). The need to have respectful and civil workplaces (103 cases). The difficulties of team integration and merger (38 cases). The need to get the basics right (32 cases). The importance of health and wellbeing and looking after each other (31 cases).

		16-Apr-26
Governors Present	Judy Gillow	A
	Benjamin Ango	
	Colin Blebta	
	Deniz Cetinkaya	
	Marie Cleary	A
	Sharon Collett	
	Sue Comrie	
	Steve Dickens	
	Peter Fitzmaurice	
	Rob Flux	
	Colin Hamilton	
	Paul Hilliard	
	Malcom Keith	
	Roger Mann	
	Rosie Martin	
	Elizabeth McDermott	
	Andrew McLeod	
	Keith Mitchell	
	Jeremy Scrivens	
	Diane Smelt	
	Carrie Stone	
	Kani Trehorn	
	Shelley Thompson	
	Michele Whitehurst	
	Nicholas Williams	
	Katherine Brereton	
	Andrew Doe	
	Siobhan Harrington	A
	Sarah Herbert	
	Tracie Langley	
	Femi Macaulay	
	Alastair Matthews	
	Leonora May	
	Helena McKeown	
	Stacey Payne	
	Sharath Ranjan	
	Richard Renaut	
	Claire Whitaker	
	Klaudia Zwolinska	
Was the meeting quorate?		Y

Key

	In attendance
	N/A
A	Apologies
	Delegate Sent