University Hospitals Dorset

NHS Foundation Trust

Council of Governors Meeting – Part 1

Friday 29 May 2026

10:00-11:00

Training Room at Yeomans House and via Microsoft Teams

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

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

The meeting of the University Hospitals Dorset NHS Foundation Trust Council of Governors will be held at 10:00 on Friday 29 May 2026 at Yeomans House and via Microsoft Teams.

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

Judy Gillow
Interim Trust Chair

AGENDA – PART 1

10:00 on Friday 29 May 2026

Time	Item		Method	Purpose	Lead
10:00	**1**	Welcome, Introductions, Apologies & Quorum	**Verbal**		**Chair**
	2	Declaration of Interests	**Verbal**		**Chair**
	3	Notification of any urgent matters or motions: • Governor observers for People and Culture, Charitable Funds Committees	**Verbal**	**Inform**	**Chair**
	4	**MINUTES**			
10:02	**4.1**	Minutes of the Council of Governors meeting held on 16 April 2026	**Paper**	**Agree**	**Chair**
	4.2	Matters Arising – Action List (*none outstanding)*	**Verbal**	**Review**	**Chair**
	5	**CHAIR'S UPDATE**			
10:05	**5.1**	Chair's Update	**Verbal**	**Inform**	**Chair**
	6	**STRATEGY**			
10:25	**6.1**	2026/27 Operational Plan	**Paper**	**Inform**	**CSTO**
	7	**GOVERNANCE**			
10:35	**7.1**	Convening of Annual Members' Meeting	**Paper**	**Approve**	**CoSec**
10:45	**8**	Reflection on the meeting	**Verbal**		**Chair**
Date of Next Council of Governors Meeting: Thursday 16 July at 16:00 in the Patient First Improvement Hub at Christchurch Hospital.					

* Late paper
R Associated item in Reading Room

This meeting is being recorded for minutes of the meeting to be produced.
The recording will be deleted after the minutes of the meeting have been approved.

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

Standing Reports

- Chair's Update
- Chief Executive's Update
- Integrated Performance 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

- Summary of Operational Plan
- Trust's Annual Report and Accounts
- Financial Accounts – Audit from External Auditors
- Annual Audit Committee Report and consultation on Terms of Reference
- Board Assurance Framework Annual Report (past year)
- Board Assurance Framework (new year)
- Annual Freedom to Speak Up report
- Review of the terms of reference of the Nominations, Remuneration and Evaluations Committee

List of abbreviations:

CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CSTO – Chief Strategy and Transformation Officer
CFO –Chief Finance Officer
CoSec – Company Secretary Team

Other abbreviations

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

AGENDA – PART 2 PRIVATE MEETING

11:00 on Friday 29 May 2025

Time	Item		Method	Purpose	Lead
11:00	**9**	Welcome, Introduction, Apologies & Quorum	**Verbal**		**Chair**
	10	Declaration of Interests	**Verbal**		**Chair**
	11	Notification of any urgent matters or motions • Fundraising policy - Annex A – Guidance and rules for governors in relation to fundraising and receiving donations	**Paper**	**Inform**	**Chair**
	12	**MINUTES**			
11:05	**12.1**	Minutes of the Council of Governors meeting held on 16 April 2026.	**Paper**	**Agree**	**Chair**
11:10	**12.2**	Matters Arising – Action List	**Paper**	**Review**	**Chair**
	13	**STRATEGY**			
11:15	**13.1**	Clinical Strategy Update	**Verbal**	**Inform**	**Susan Varley**
	14	**QUALITY**			
11:25	**14.1**	2026/27 Draft Quality Account	**Paper**	**Inform**	**CNO**
	15	**GOVERNANCE**			
11:35	**15.1**	Update from the Part 2 meeting of the Board of Directors held on 13 May 2026	**Verbal**	**Inform**	**Chair**
11:40	**15.2**	Feedback from Nominations, Remuneration and Evaluation Committee (NREC): • Outcome of the Chair's and Non-Executive Directors' annual performance evaluation • Governors' Attendance at Council of Governors Meetings	**Paper/ Verbal**	**Approve**	**Chair/ SID**
12:00	**17**	Reflections on the Meeting	**Verbal**		**Chair**
Date of Next Council of Governors Meeting: Thursday 16 July at 18:15 in the Patient First Improvement Hub at Christchurch Hospital.					

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

Standing Items

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

List of abbreviations:

CEO – Chief Executive Officer
CNO – Chief Nursing Officer
CFO –Chief Finance Officer
CoSec – Company Secretary Team

Other abbreviations

CDEL – Capital Delegated Expenditure Limit
CIP – Cost Improvement Programme
ED – Emergency Department
HSMR – Hospital Standardised Mortality Ratio
ICB – Integrated Care Board
ICS – Integrated Care System
ITU – Intensive Therapy Unit
MSG – Mortality Surveillance Group
NHSE/I – NHS England/Improvement
#NOF – Fractured neck of femur
OPEL – Operational Pressures Escalation Levels
SDEC – Same Day Emergency Care
SHMI – Summary Hospital-Level Mortality Indicator
SMR – Standardised Mortality Ratio
SWAST – South West Ambulance Service 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 16 April 2026 at 16:00 in the Boardroom at Poole Hospital and via Microsoft Teams

Present:	Claire Whitaker	Non-Executive Director, Senior Independent Director *(Chair)*
	Benjamin Anjo	Staff Governor, Clinical
	Colin Blebta	Public Governor: Bournemouth
	Deniz Cetinkaya	Public Governor: Bournemouth
	Sharon Collett	Public Governor: Bournemouth
	Sue Comrie	Appointed Governor: Volunteer Group
	Steve Dickens	Public: Christchurch, East Dorset and Rest of England
	Rob Flux	Staff Governor: Non-Clinical
	Colin Hamilton-Welsh	Staff Governor: Non-Clinical
	Paul Hilliard	Appointed Governor: BCP Council
	Malcolm Keith	Staff Governor: Non-Clinical
	Roger Mann	Public Governor: Poole and Rest of Dorset
	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
	Kani Trehorn	Staff Governor: Clinical
	Michele Whitehurst	Public Governor: Poole and Rest of Dorset, Lead Governor
	Nick Williams	Public Governor: Poole and Rest of Dorset
In attendance:	Sarah Herbert	Chief Nursing Officer
	Richard Renaut	Chief Transformation Officer
	Andrew Doe	Associate Non-Executive Director
	Tracie Langley	Non-Executive Director
	Femi Macaulay	Non-Executive Director
	Alastair Matthews	Non-Executive Director
	Michael Marsh	Non-Executive Director
	Helena McKeown	Non-Executive Director
	Sharath Ranjan	Non-Executive Director
	Katherine Brereton	Corporate Governance Manager
	Stacey Payne	Corporate Governance Assistant *(minutes)*
	Klaudia Zwolinska	Deputy Company Secretary

CoG0029/26	**Welcome, Introductions, Apologies and Quorum** The Council of Governors and Michael Marsh, Deputy Trust Chair agreed Claire Whitaker to Chair in Judy Gillow's absence. Claire Whitaker introduced the meeting and welcomed Roger Mann, the new Governor for Poole and Rest of Dorset. She also thanked the Non-Executive Directors and Governors for attending. Apologies had also been received from: • Judy Gillow, Interim Trust Chair • Siobhan Harrington, Chief Executive • Peter Fitzmaurice, Public Governor: Poole and Rest of Dorset

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	The meeting was declared quorate.
CoG030/26	**Declarations of Interest** No declarations were made not already recorded in the register.
CoG031/26	**Notification of any urgent matters or motions** There were no urgent matters of motions notified.
CoG032/26	**Minutes of the Council of Governors meeting held on 15 January 2026.** The Council of Governors AGREED the minutes of the last meeting as an accurate record.
CoG033/26	**Matters Arising – Action List** **CoG014/26 RBH Buggy:** To review the reinstatement of the internal buggy. Richard Renaut to give a verbal update. Action to be closed. All other actions were complete.
CoG034/26	**Chair's Update** Claire Whitaker provided the Chair's update covering local and national developments. <u>Delay to the COAST Building – Public Communication</u> Tracie Langley advised that the delay related to contractor and subcontractor arrangements, with insufficient assurance provided on delivery, and that a national colleague had been engaged to support a review and lessons learned; the earliest anticipated completion date had been revised to October 2026. It was reported that the matter had been considered by the Finance Performance and Audit Committees and that, while full assurance could not yet be given, a clear plan was in place to build confidence, with a defined assurance point expected in June 2026, and confidence anticipated to increase incrementally subject to contractor performance. Discussion took place around the contractual arrangements which included financial implications relating to the delay. Claire Whitaker confirmed that the fixed-price contract meant the Trust would not incur additional costs and that this formed the appropriate public explanation. <u>Staff Impact of COAST Building Delay</u> Claire Whitaker and Sarah Herbert confirmed that staff had been informed and consulted, noting mixed responses but no changes to working arrangements or escalated individual issues. It was reported that additional time would support the transition, with targeted change-management plans in place led by the Chief People Officer. <u>Winter Contingency Planning</u> Sarah Herbert reported that advance winter planning was underway, aligned to usual processes, and confirmed that contingency arrangements were being developed in response to potential further delay to the COAST building. It was noted that modelling was in progress across a few scenarios ensuring patient and staff safety. The Council of Governors NOTED the Chair's Update.
CoG035/26	**Update from Lead Governor** Michele Whitehurst welcomed Governors to the meeting, noting that this was the first in-person meeting of the Council of Governors since January, and formally welcomed new Governors. Appreciation was expressed to: Governor buddies for their support, Chairs of the Governor informal groups and to Governors for organising successful public engagement events. Governors were reminded of the forthcoming Pan Dorset event on 23 April and encouraged to attend to strengthen partnership working. Governors reported that recent site visits had been highly beneficial, particularly the visit to the Children's Unit at Bournemouth, which enhanced understanding of services and supported accurate engagement with the public and staff. The opportunity to hear directly from staff was valued, and the quality and commitment of care were acknowledged. It was noted that further site visits would be explored with Judy Gillow to support Governors' ambassadorial role. Claire

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	Whitaker endorsed the value of site visits, noting the insights gained from a recent visit to Christchurch Hospital and confirming that such visits were welcomed by staff and encouraged. Michele Whitehurst highlighted a later agenda paper summarising the work and approvals of the Nominations, Remuneration and Evaluation Committee during 2025/26 and thanked Governors for their significant contribution, professionalism, and support of the Corporate Governance Team. The Council of Governors NOTED the Lead Governor's Update.
CoG036/26	**Chief Executive's Update** On behalf of Siobhan Harrington, Sarah Herbert provided an overview of recent organisational performance, noting sustained winter pressures on capacity and demand reflected in the Integrated Performance Report, with some metrics driven by capacity constraints and elevated non-criteria-to-reside levels. <u>CQC Update</u> An update on the recent CQC report confirmed a Requires Improvement rating, representing an improvement on previous assessments, with three domains, including Caring, rated Good; a reinspection was being sought, and inspection feedback was being addressed, with positive maternity outcomes noted. <u>Delays to COAST building</u> The delay to the COAST building was reiterated as a significant disappointment, although the additional time would be used constructively to further improve and integrate services. <u>National Segmentation</u> An update on national segmentation confirmed the Trust remained in Segment 3, while further improvement was required in flow-related metrics. It was also reported that the Trust's Forward Assurance self-assessment, rated green/amber and agreed by regional and national teams, would shortly enter the public domain. <u>Patient Safety – ICB</u> An update was provided on evolving ICB and regional arrangements, noting that cluster structures were becoming operational following voluntary redundancies, with some uncertainty arising from changes to roles, meeting structures, and accountability. It was reported that the Trust had participated in its first regional review meeting under the new arrangements, with bi-monthly meetings planned and cautious optimism expressed regarding increased collaboration. In discussion regarding patient safety capacity, Sarah Herbert advised that no formal announcements had been made due to ongoing redundancy processes, but that some patient safety focus would be retained. <u>EPIC Update</u> An update on the EPIC electronic patient record programme confirmed that full national approval had been received and that system mapping and integration had commenced, including the transition of maternity services from legacy systems. <u>Staff Survey</u> Sarah Herbert advised that the results had not yet been released but noted that, while national results showed a general decline, the Trust had largely sustained its previous position with only a slight dip in some areas. It was reported that emerging themes reflected known issues, which would require continued focus and action once full results were available. <u>Staff Vaccination Rates</u> Sarah Herbert reported that uptake in the previous year for staff vaccinations had been low and that the Trust had achieved an improvement to approximately 50%, compared with around 37% previously, meeting the required improvement target. It was noted that figures remained subject to final validation and could fluctuate due to staff turnover.

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	Industrial Action During the recent period of industrial action, Sarah Herbert reported that overall performance had remained relatively stable, with Emergency Department performance not significantly deteriorating, although some elective activity had been cancelled due to seasonal factors. Alastair Matthews advised that patient flow had been slowed, increasing non-criteria-to-reside pressures, but noted recent ED performance had improved to approximately 70% and that Dr Ian Sturgess had joined the Trust to support system-wide improvements. The potential benefits of increased consultant presence were acknowledged; however, Governors noted constraints relating to workforce sustainability, availability, and cost, confirming that expanded consultant cover was not a straightforward solution. Staff Awards Governors commented positively on the exceptionally high number of Staff Award nominations received, noting the importance of recognition and staff engagement, and Claire Whitaker highlighted that the unprecedented level of patient-nominated submissions was particularly meaningful and reflected the positive impact of care delivered by staff. The Council of Governors NOTED the Chief Executive's update.
CoG037/26	**Integrated Performance Report** The Governors reviewed the Integrated Performance Report and assurance reports from the Board's committees. Claire Whitaker invited each Non-Executive Director Chair and Governor observer to comment on the reports. Governor Representation on Board Committees Michele Whitehurst raised the issue of Governor representation on Board committees, noting that not all Committees currently had Governor observers. It was confirmed that the People and Culture and Charitable Funds Committees did not currently include Governor observers, and that the Chairs of those Committees had agreed to include them. Klaudia Zwolinska advised that expressions of interest would be sought from Governors. It was commented that, where multiple expressions were received, selection should be agreed by Governors, and it was agreed that this would be discussed further with Judy Gillow outside the meeting. **The Audit Committee** Tracie Langley provided an overview of the Audit Committee's role and recent activity, noting that the Committee acted as the primary conduit for assurance from the Trust's auditors, with a RAG-rated external audit value-for-money report expected by June 2026. Updates were received on internal audit and counter-fraud activity, with assurance provided on the effectiveness of systems, controls, and implementation of recommendations, and positive feedback reported from auditors. Key focus areas were identified as the COAST building programme, ward-level identity checks, fire safety, and a governance refresh, and effective collaboration with other Board committees was noted. Claire Whitaker noted the positive collaboration between the Audit Committee and other Board committees, particularly Finance and Performance, highlighting the effectiveness of joint working and shared assurance. **The Charitable Funds Committee** Femi Macaulay reported that the Trust's Charity should be deployed to maximise benefit to patients and staff, and a comprehensive strategy for fundraising and fund deployment had been requested. The Governors queried the level of unspent reserves, and it was confirmed that a strategic review had been commissioned to identify more transformational opportunities, with Claire Whitaker noting that reserves had increased partly due to reduced demand during the COVID period and welcoming closer alignment with the Trust's transformation programme. BEACH Building Fund Raising Assurance was given that further charitable funding could be considered for eligible BEACH Building enhancements, which would not affect operational readiness but would enhance patient care and facilities.

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	No Criteria to Reside The Governors enquired whether Charity funds could be used to address non-criteria-to-reside challenges. Claire Whitaker confirmed that charitable funding must be additional to core NHS and statutory social care responsibilities and was therefore not an appropriate mechanism to support discharge or patient flow. Submitting Routine Charitable Funding Requests The complexity and accessibility of the charitable funding application process was raised, noting that limited guidance and unfamiliar terminology could discourage staff. Femi Macaulay acknowledged the feedback and agreed to follow this up, including consideration of how the process could be made more accessible. Claire Whitaker emphasised the professionalism and impact of the Charity Team and encouraged continued support for charitable activity, which was reinforced by Femi Macaulay and Sarah Herbert. **The Finance and Performance Committee** Alastair Matthews provided an update on the Finance and Performance Committee, noting its wide remit across finance, performance, estates, and digital/IT, and thanking Colin Blebta for his role as Governor representative. Emergency Department performance was highlighted as a key concern, with sustained improvement yet to be achieved despite previous review, and ongoing actions including external expertise and Getting It Right First Time (GIRFT) input. While the Committee was unable to provide full assurance at that stage, it was reported that the Trust had delivered a break-even position, with most Efficiency Improvement Programme schemes achieved, though significant recurrent savings were still required. Updates were also provided on the capital programme, procurement proposals for a single Dorset function, and backlog maintenance, with assurance given that robust governance and prioritisation arrangements were in place to manage risks within capital constraints. External Procurement Pressures Alastair Matthews confirmed that external pressures such as supply chain risks, logistics, fuel costs continued to be reflected in local planning, these were under ongoing financial and operational oversight. Cancer Pathways It was highlighted that recent performance improvements in fractured neck of femur pathways and anaesthetic services and requested that this be formally fed back to the Orthopaedic and Theatre teams. Concerns were raised regarding cancer performance, with non-achievement of the 28-day Faster Diagnosis, 31-day, and 62-day standards. Alastair Matthews advised that the dip related to staffing pressures in one or two specialties and was not Trust-wide, noting that more recent data showed improvement. Claire Whitaker and Sarah Herbert confirmed that performance was expected to recover further and that diagnostic performance remained a relative strength compared with peer trusts. Estates Infrastructure Richard Renaut advised that backlog maintenance was estimated at approximately £210m, with a risk-based prioritisation approach in place and a review of major investment at Poole Hospital underway. It was noted that while no immediate plans were in place to improve facilities at Poole Hospital due to capital prioritisation, the feedback would be considered alongside improvements to wayfinding, parking, and drop-off arrangements. Construction Activity at Bournemouth Michele Whitehurst raised concerns about congestion and behaviour by construction traffic linked to the COAST building works, and Richard Renaut confirmed that a contractor code of conduct was in place, with incidents addressed and follow-up actions reinforced as required.

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The People and Culture Committee

Sharath Ranjan reported on matters discussed at the meeting on 2 March, highlighting sickness absence trends, appraisal completion, workforce matters, and safe staffing. It was noted that sickness absence had been driven primarily by stress, depression, and musculoskeletal conditions, with actions in place to address this and early improvement seen in some areas. The Committee confirmed ongoing monitoring of sickness absence and noted risks relating to the workforce reduction plan and increased vacancy review requests.

Improvement in appraisal completion rates was reported, alongside progress on work to secure a fairer deal for Band 5 nurses and Agenda for Change staff. Safe staffing assurance was received, thanks were recorded to Paul Froggatt for his work as Guardian of Safe Working Hours, and assurance was given on internal communications, including strong uptake of the UHD staff app.

Employment Rights Bill

In response to Michele Whitehurst question, Sharath Ranjan confirmed that the changes to the Employment Rights Bill would be followed up with the Chief People Officer to clarify the Trust's implementation plans and compliance position.

Transforming Care Together

Alastair Matthews provided an update on the Transforming Care Together programme, outlining its role in managing organisational change, including preparation for the major group move and associated service relocations, with emerging risks monitored and mitigations in place. It was reported that key pressure points identified earlier in the year, particularly in February, had been reviewed in detail, with assurance that appropriate mechanisms were supporting continued delivery. Recent meetings had focused on the COAST building delay, with a detailed review of progress to date and actions required to regain control of the programme, including clarification of what returning to plan entailed. The Committee reviewed the sequence of works for each floor, including closure, sign-off, and assurance arrangements, and it was reiterated that June was a key milestone for increased confidence in delivery, subject to milestones being met. It was advised that a final delivery date could not be confirmed until confidence had built incrementally and that additional time would be required thereafter to complete operational preparations for the move, with progress monitored month by month.

The Quality Committee

Helena McKeown provided an update, reporting positive assurance on Critical Care services following the successful move into the BEACH building and strong national audit outcomes, while noting capacity pressures linked to delayed transfers and system-wide flow challenges affecting Emergency Department performance. Assurance was given that patient safety had not been compromised, staffing flexibility was commended, and Quality Risk Register items and antimicrobial resistance remained under close review. An update from the Maternity and Neonatal Safety Champions confirmed achievement of the Maternity Incentive Scheme, with patient feedback remaining highly positive despite disappointment with the recent CQC outcome. Routine quality assurance reports were reviewed, with complaint response times noted as improving but remaining under scrutiny.

Femi Macaulay reinforced that pressures in urgent and emergency care were driven by patient flow and non-criteria-to-reside challenges, and it was confirmed that these would be standing items on all Board agendas to ensure sustained oversight.

Hand Hygiene Compliance

In response to Steven Dickens query in relation to hand hygiene, Sarah Herbert acknowledged that compliance was below the Trust's aspiration but advised that current figures reflected more robust auditing following the move to external peer review. It was noted that historic data may have overstated compliance. Hand hygiene and uniform compliance were confirmed as organisational priorities, with staff being held to account and ongoing work to strengthen awareness, enforcement, and patient safety culture, including consideration of renewed patient empowerment approaches.

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	Emergency Department Pressures and Care in Non-clinical Areas The Emergency Department staff's professionalism, teamwork, and resilience under sustained pressure were commented on, while raising concerns about the impact of prolonged corridor waits on patient dignity, comfort, and safety. Sarah Herbert agreed that care in non-clinical areas was unacceptable and reaffirmed the Trust's commitment to eradicating it. It was noted that senior leaders regularly visited the Emergency Department and engaged directly with patients. Recent changes to national reporting requirements were highlighted, with the Trust now formally reporting corridor waits exceeding 45 minutes, ensuring increased visibility and Board-level oversight. Non-Criteria-to-Reside and System Pressures Sarah Herbert acknowledged that non criteria to reside patients was complex and system-wide but emphasised the Trust's focus on actions within its direct control. It was reported that external expertise had been sought, with early intervention identified as key to improving discharge flow. The complexity of current discharge pathways was noted, and it was confirmed that simplification would require collaboration with system partners. Non-criteria-to-reside had been a recent focus of Board discussion. The Council of Governors NOTED the Board committees' chairs' assurance reports presented by the Non-Executive Directors.
CoG038/26	**Transformation Programme Update** Richard Renaut provided a brief update, noting that the primary change since the last meeting was the delay to the COAST building, which had been covered earlier in the agenda. Progress across the wider change programme was otherwise reported as positive, and Governors were invited to provide feedback. Wayfinding and Signage In response to Sue Comrie's feedback, Richard Renaut acknowledged that frequent service moves had caused confusion for patients and visitors and advised that a review phase was underway, with further improvements planned and a follow-up review scheduled. Car Parking It was reported that the Trust had acquired the Wessex Fields site, with enabling works underway and additional surface-level parking being delivered, including the return of contractor spaces to Trust use. Richard Renaut confirmed that additional parking would align with carbon reduction objectives, with funding secured for increased electric vehicle charging and longer-term plans for Wessex Fields under development. The Council of Governors NOTED the Transformation Programme update.
CoG039/26	**Nominations, Remuneration and Evaluation Committee** Claire Whitaker presented the NREC Annual Statement of Work and Terms of Reference which were supported by the Committee. NREC Membership It was reported that there remained a vacancy within the Christchurch constituency. It was proposed that the current representative roles held by Carrie Stone, Poole constituency and Rob Flux, non-clinical staff, be extended for a further three-year term. Governors were advised that, should any other Governors wish to put themselves forward for these roles, an expression of interest and subsequent ballot would be arranged within the relevant constituencies. The Council of Governors APPROVED: • NREC Annual Statement of work • NREC Terms of Reference • the extension of membership for Carrie Stone and Rob Flux as there were no further expressions of interest.

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CoG040/26	**Effectiveness Group** Carrie Stone provided an update from the meeting held on 26 March 2026, reporting discussion of the 2026/27 development plan and reminding Governors of the development session scheduled for 23 April. Support was confirmed for agenda items at the 18 June development event, including legislative changes, governance developments, and transformation activity, and for a further development event in September focused on the Patient First agenda. The potential for a further joint session with Non-Executive Directors was discussed, and it was noted that a comment relating to a previous presentation by Yvonne Coghill arose from appraisal feedback and would be clarified outside the meeting. <u>Council of Governors Appraisal</u> An update was provided on the Council of Governors appraisal, with thanks recorded to Stacey Payne for the analysis and year-on-year comparative data. It was noted that responses from newly appointed Governors may have influenced results, the response rate had improved, and key themes for development and enhanced joint working with Non-Executive Directors were identified. It was agreed that key messages would be shared with Judy Gillow. The Council of Governors NOTED the Effectiveness Group Report and APPROVED the Council of Governors assessment of collective performance.
CoG041/26	**Membership and Engagement Group** Keith Mitchell reported that the engagement strategy required refreshing and that plans were underway to increase engagement events, with an emphasis on cross-constituency participation. It was reiterated that all constituency events were open to all Governors. It was noted that constituency meeting notes and speaker event summaries would be shared more widely to support collective working and clearer focus on actionable outcomes. An update was provided on action tracking, noting that 5 of the 14 actions agreed at the previous meeting had already been completed, representing improved discipline in progressing and closing actions. The Council of Governors was asked to approve an increase in Membership and Engagement Group membership from 8 to 9 members, to include an additional appointed Governor, to enable the Terms of Reference to be updated. The Council of Governors NOTED the MEG Report and APPROVED the Group's revised terms of reference and proposed events.
CoG042/26	**Quality Group** Kani Trehorn presented Quality Group report which was NOTED by the Council of Governors.
CoG043/26	**Council of Governors 2027 Meeting Dates** The Council of Governors 2027 meeting dates were APPROVED.
CoG044/26	**Council of Governors Cycle of Business 2027/28** The Council APPROVED the cycle of business.
CoG045/26	**Feedback from Staff and Appointed Governors** <u>BCP Council Update</u> Paul Hillard provided an update from Bournemouth, Christchurch and Poole Council (BCP). It was noted that, while the social care budget had increased, teams were also required to identify savings and efficiencies. The critical role of social care in supporting hospital discharge was emphasised, and it was reported that the Council was trialling a range of technology and artificial intelligence solutions to support people living at home, with the aim of improving safety, independence, and the effectiveness of community-based care and discharge support. <u>Staff and Patient Wellbeing – Impact of Legal Developments</u> Rosie Martin raised concerns about the impact of recent legal developments on transgender staff and patients, noting increased uncertainty and reduced engagement with staff support networks. Claire Whitaker acknowledged the issue and confirmed it would be followed up with the appropriate Executive Lead, with a focus on staff support and wellbeing. <u>Appointed Governors for the Volunteers Group Update</u> Due to time constraints, Sue Comrie's voluntary service report was agreed to be circulated to all attendees following the meeting.

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	The Council of Governors NOTED the staff and appointed Governors updates.
CoG046/26	**Any Other Feedback** Carrie Stone enquired whether the Council of Governors would be able to provide feedback to the 2025/26 Quality Accounts noting that this had not taken plane last year. Klaudia Zwolinska confirmed that the Quality Group would contribute to a formal Governor response this year, with assurance given that the process would be completed and feedback issued. Claire Whitaker thanked all attendees for their contributions and closed the meeting.
The next meeting of the Council of Governors Part 1 would be held on 29 May 2026 at 10:00	

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 29 May 2026

Agenda item: 6.1

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Annual Operational Plan
Prepared by:	Richard Renaut – Chief Strategy & Transformation Officer
Presented by:	Richard Renaut – Chief Strategy & Transformation Officer
Strategic themes that this item supports/impacts:	Population & System ☐ Our People ☐ Patient Experience ☐ Quality Outcomes & Safety ☒ Sustainable Services ☐
BAF/Corporate Risk Register: (if applicable)	All
Purpose of paper:	Information
Executive summary:	As a team we are in the midst of creating our exciting future. The scale and range of challenges is large, but so are the abilities of staff, partners and volunteers. Together we are creating England's largest planned care hospital, as well as a dedicated emergency care hospital. We are also supporting a neighbourhood approach to population health and a single digital approach. Together we want to make Dorset the healthiest place to live in the UK. This delivery plan sets out our strategic goals for the next 5 years and all our objectives and corporate projects for 2026/27. This draws on the NHS 10-year plan and our shared local system plans. All this is summarised in our Patient First triangle. Our strategic themes shape our five objectives. Every member of staff should be contributing to these: - See our patients sooner - Be a great place to work - Improve patient experience, listen and act - Save lives, improve patient safety - Use every NHS pound wisely As an anchor institution, our role in supporting communities and place is important and will continue to grow, especially as the hospital shifts more care out into communities. How best to achieve this ambitious plan, and keep improving, lies with our staff, partners and patients. Together we can deliver the excellent healthcare and be a great place to work, now and for future generations, that we all want to see. This includes key steps this year to transform our services, as well as our longer-term plans, to best serve our communities.

ALERT:	N/A
ASSURE:	N/A
ADVISE:	N/A
Celebrating Outstanding:	N/A
RECOMMENDATION:	The Council of Governors is asked to note the 2026/27 Operational Plan as the Trust's strategic and delivery framework for the year.
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**
Extraordinary meeting of the Finance and Performance Committee	10/02/2026	The Committee endorsed the plan and recommended to the Board to approve to submission to the NHS England.
Extraordinary meeting of the Board of Directors	10/02/2026	The Board approve the plan submission to the NHS England.
Board of Directors	13/05/2026	The Board approved the Operational Plan
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 ☐	

Integrated Delivery Plan 2026/27 - 2030/31

FINAL VERSION V1.1

SW_DOR_UHDFT_5YIDP_12022026

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1. Executive Summary

As a team we are in the midst of creating our exciting future. The scale and range of challenges is large, but so are the abilities of staff, partners & volunteers.

Together we are creating England's largest planned care hospital, as well as a dedicated emergency care hospital.

We are also supporting a neighbourhood approach to population health and a single digital approach. Together we want to make Dorset the healthiest place to live in the UK.

This delivery plan sets out our strategic goals for the next 5 years and all our objectives and corporate projects for 2026/27. This draws on the NHS 10 year plan and our shared local system plans. All this is summarised in our Patient First triangle.

Our strategic themes shape our five objectives. Every member of staff should be contributing to these:

See our patients sooner

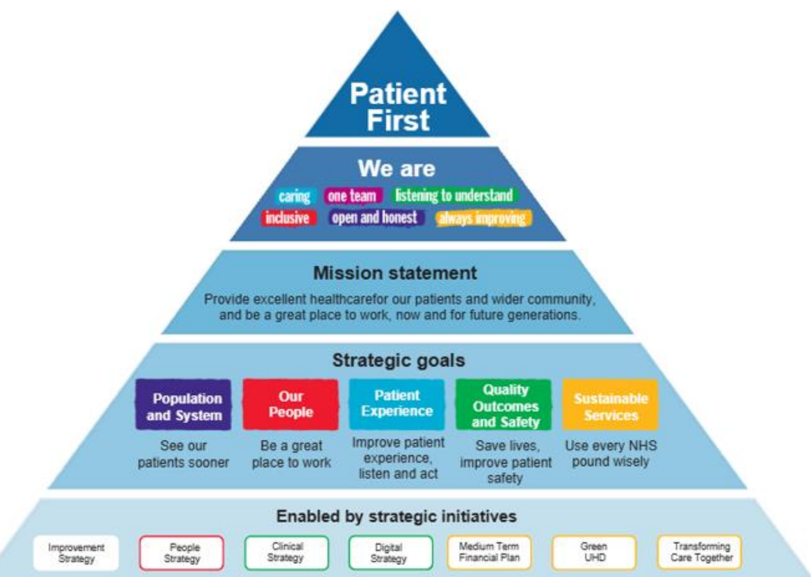
Be a great place to work

Improve patient experience, listen and act

Save lives, improve patient safety

Use every NHS pound wisely

As an anchor institution, our role in supporting communities and place is important and will continue to grow, especially as the hospital shifts more care out into communities.



How best to achieve this ambitious plan, and keep improving, lies with our staff, partners and patients. Together we can deliver the excellent healthcare and be a great place to work, now and for future generations, that we all want to see. This includes key steps this year to transform our services, as well as our longer term plans, to best serve our communities.

Siobhan Harrington
Chief Executive

Judy Gillow
Interim Chair

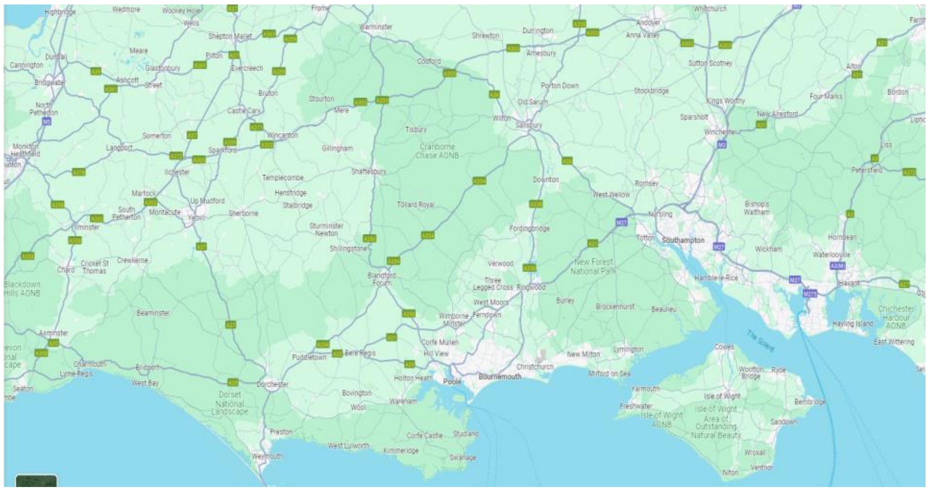
2. Strategic Context

2.1 Our Trust and Our Communities

UHD serves Bournemouth, Poole and Christchurch, East Dorset and Purbeck, and parts of the New Forest for most hospital services. The catchment population is c750,000 with one of the most elderly populations in the UK. Significant health inequalities exist.

Our specialist services also serve the whole of Dorset, South Wiltshire and parts of Hampshire, for a population of c1 million. These services include Oncology, Neurology, Vascular, Cardiac and Interventional Radiology.

Our three main sites are Poole, Royal Bournemouth and Christchurch hospitals. We also have services in many community settings including patient's homes. We then have many staff working offsite at Yeomans Way, Discovery Court and Alderney Sterile Services.



UHD employs around 10,000 staff including via our staff bank. We are blessed with hundreds of volunteers and strong partners, and have a thriving charity and allied independent charities.

All this stands us in good stead for what are significant challenges to meet the health needs of our population, which is ageing and growing, by about 1% per year. In addition the local area remains popular for 30,000+ students and over one million visitors each year.

2.2 Vision, Values and Strategic Themes

Our Vision

To positively transform our health and care services as part of the Dorset Integrated Care System

Our vision:

We are part of an integrated system of health and care, working towards making Dorset the healthiest place to live in England. That requires us to not just change, but transform in many ways. All our enabling strategies work towards this vision, such as digital, integrated neighbourhood teams and preventative healthcare.

Our values:

Our values have been developed as a result of engaging with and listening to our staff to understand ‘what is important to them?’ This appreciative inquiry was carried out over many months with the support of our culture champions - a representative group and cross section of staff across UHD.

Our values underpin our vision and mission. They are the standards shared by all UHD staff. They guide our day to day decisions and the way we behave. They describe what is important to us and ‘the way we do things around here.’ This is why the twelve positive behaviours listed in Section 1.1 are important. As these demonstrate our values in action.

What is striking about the values developed by staff is their duality. Each one consistently and equally speaks to the values for staff **and** for patients.

Patient First is the overarching improvement methodology for University Hospitals Dorset. It is our guiding principle at the heart of everything that we do and is also the long-term approach we take to transforming health services. It sets out that our True North is the ‘patient first and foremost.’ Our values and our change methodology are mutually supportive. Both are built upon compassion, teamwork, communication, respect, continuous improvement, and inclusion.

We intend to keep learning, improving and embedding this.

Our Strategic Themes:

These will support the delivery of our vision and shape our ‘breakthrough’ annual objectives and enabling programmes. The five strategic themes are set out below. These are likely to remain consistent for many years, as these are directly aligned with delivery of our vision.

Strategic Theme	Vision *LONG TERM:* 7-10 years
POPULATION AND SYSTEM *Chief Operating Officer* "See our patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.
OUR PEOPLE *Chief People Officer* "Be a great place to work"	To be a great place to work, attracting and retaining the best talent, as measured by the Trust being in the upper quartile for all 7 elements of the People Promise.
PATIENT EXPERIENCE *Chief Nursing Officer* "Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.
QUALITY OUTCOMES AND SAFETY *Chief Medical Officer* "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).
SUSTAINABLE SERVICES *Chief Finance Officer* "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.

2.3 Current Performance and Key Challenges

The Trust is managing a period of sustained operational demand, particularly within urgent and emergency care, alongside ongoing workforce and patient flow challenges. Despite this, there are encouraging early improvements in performance across several areas, while further work continues to address those where progress is still required. Comprehensive mitigation plans are in place, aligned with the Trust's strategic deployment reviews, to support operational stability and ensure continued delivery of key operational objectives.

Elective recovery continues to prioritise patient safety and experience, supported by targeted initiatives to minimise cancellations and effectively manage waiting times. While RTT performance is currently below plan, the national RTT recovery sprint in Quarter 4 is expected to support a return to plan by year end. The Trust has achieved zero waits over 65 weeks this year and is seeing a sustained month-on-month reduction in waits over 52 weeks. Increased treatment capacity in Quarter 4, focused on patients waiting over 52 weeks, will further support delivery of the 2025/26 trajectory.

Cancer performance remains variable but is demonstrating clear signs of stabilisation and sustained improvement. The Trust is on track to achieve the 28-day Faster Diagnosis Standard by March 2026 and has maintained strong performance with ten consecutive months of compliance against the 31-day standard. The over-62-day patient tracking list continues to be well controlled standing at 169 in December, with a tumour-site-specific trajectory in place to further reduce this by March 2026. Targeted use of Pathway Analyser tools has enabled effective identification, monitoring, and delivery of improvements, particularly across Gynaecology and Colorectal services during the year.

Urgent and Emergency Care performance remains under significant pressure and is below the internal improvement

trajectory and national target. A focused, organisation-wide recovery plan is in place, centred on three priorities: strengthening the organisational front door, improving internal flow, and maximising out-of-hospital admission avoidance. Front-door actions are concentrated on the Emergency Department, with a dedicated cultural change programme and strengthened Rapid Assessment and Treatment (RATs) and escalation processes to enable earlier streaming, reduce hand-offs, and improve timeliness of initial assessment. Internal flow actions target length of stay reductions through improved ward processes and earlier identification of patients with care and discharge needs. In parallel, admission avoidance initiatives are being strengthened to reduce avoidable admissions and improve system flow, supported by a system-wide commitment to reduce the number of patients with No Criteria to Reside (NCtR) to fewer than 110 by Quarter 1 2026.

Diagnostic performance is strong, with consistent achievement of the Trust trajectory (<5%) against the DM01 standard with the diagnostic waiting list at its lowest level since October 2021. The focus remains on sustaining performance below 5% throughout 2025/26.

2.4 Population Health Needs and system strategies

This plan is set within the context that a predominately hospital-based healthcare provider is only a small part of an individuals', and populations health and happiness.

Therefore, this section is to demonstrate the alignment of our plans, with our wider system strategies. These include commissioning strategies, Integrated Neighbourhood Teams (INTs), Future Care for emergency services, the work of the Provider Collaborative, Healthset for Dorset and Somerset Electronic Health Record and many other examples of aligned working.

Our work as an "anchor institution", as an employer, landowner, purchaser of goods and services, and focal point for a community are also important. The progress against what good looks like as an anchor institution, is tracked via our Green UHD plan. In addition, we are active members of numerous networks, and partnerships both as a Trust and through our partnerships, such as the Dorset Provider Collaborative, Wessex Health Partners and others.

To reduce health inequalities the Trust works closely with the ICB & partners. Data analysis using DiiS (Dorset Information Intelligence Service) means excellent insight into our population. Each year UHD will work with partners to identify areas where work on reducing health inequalities can combine with the projects set out in this Annual Plan. Examples including our work in maternity and children's services, community waits for ADHD and autism assessments, homelessness and addiction services and many others.

3.Delivery: Our major projects

3.1 Delivery Approach and break through objectives

As set out in our executive summary, the Patient First Improvement system has three parts: Culture, Toolkit and Management System. It is the management system that will be used to set, enable, track and deliver the ambitious improvements that have been prioritised for 2026/7 and beyond.

Our Annual Operating Plan is organised into the 5 strategic goals. Each of this then has the following sections:

- ✓ Breakthrough objectives and driver metrics
- ✓ Corporate programmes
- ✓ Strategy deployment.

11 SMART breakthrough objectives:

"Breakthroughs" are a small number of areas to focus our "improvement muscle" on (see table and how these link to our strategic goals). We use SMART targets and Statistical Process Controls (SPC) to ensure this is evidence-based progress.

Each year we then select a small number of driver metrics (targets) that are the most important ones. Here a stretching improvement target is set, following a "catch ball" session, to make sure these are the right areas, with the right measures.

The approach is to focus "inch wide, mile deep" to ensure these "drivers" of organisational success have a breakthrough level of improvement, for above just "business as usual" approach.

We still track all our other metrics ("watch" and "discretionary watch"). These again have rules and SPC tracking and cover the dozens of KPIs that are externally reportable.

The Strategy Deployment Reviews (SDRs) are where leaders summerat Trust, Care Group and directorate levels review progress, take counter measures, and celebrate success. The Strategy and PFIS provide the 'golden thread' from mission to day-to-day priorities.

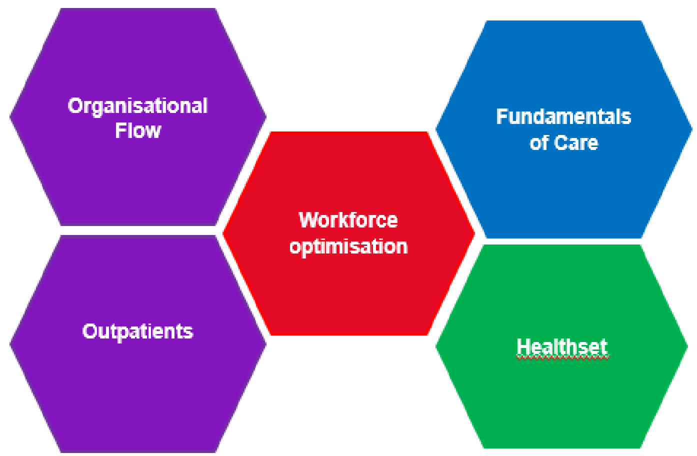
Strategic Goal	Breakthrough Objective *SHORT TERM: ~1 YEAR*	Driver metrics AND TARGETS
POPULATION AND SYSTEM *Chief Operating Officer* "See our patients sooner"	• To achieve shorter waiting times and improved outcomes for patients as measured by achievement of access trajectories within the operational plan (Planned, UEC, Diagnostics and Cancer.	• 82% of *emergency department attendances admitted, transferred or discharged within four hours* • 7% improvement in *patients waiting 18 weeks or less for elective treatment (18-week RTT)* • 80% of *patients treated for cancer within 62 days of referral*
OUR PEOPLE *Chief People Officer* "Be a great place to work"	• To improve permanent staff availability across all professions as measured by the reduction in temporary staffing spend.	• To have favourable *variance of WTE against the budgeted establishment* • To reduce *premium (bank) spend* by 10% against the 2025-26 baseline
PATIENT EXPERIENCE *Chief Nursing Officer* "Improve patient experience listen and act"	• To understand the experience of our patients by actively listening to feedback and using it to inform change in the way we deliver care in a timely way.	• 90% of *total complaints to be closed within 35 days* • 95% for *% of good/very good recorded on FFT* for all areas
QUALITY OUTCOMES AND SAFETY *Chief Medical Officer* "Save lives, improve patient safety"	• To improve mortality and morbidity across the trust as measured by a 5% reduction in hospitalised standardised mortality rate through an improvement in key morbidity metrics.	• 95% *compliance on VTE prescribing within 24 hours of admission* • To reduce the number of *hospital acquired e Coli infection* by 20% • *Uptake of ICE filing* – improved % sign off on a monthly rolling basis
SUSTAINABLE SERVICES *Chief Finance Officer* "Use every NHS pound wisely"	• To operate within the approved budget, including delivering the budgeted Efficiency Improvement Programme target, with at least 60% achieved recurrently.	• To have favourable *Forecast Outturn Variance to Budget* • To achieve 60% *Forecast EIP Recurrent Delivery*

Corporate Programmes:

The following Trust programmes are large, often system wide groups of projects. They all need to deliver real progress within one to two years, to enable us to deliver our strategy.

They are, each in their own right, a “blockbuster” programme with their own governance and sub-projects. All are overseen by the Trust Management Group (TMG) the most senior operational group in the Trust.

Corporate Projects 2026 -27



The colouring of the hexagon indicates just the lead theme

Each programme requires Trust wide engagement and will be prioritised over other projects for resources and attention. The details of these programmes are set out in the later stages of this plan.

Enabling Strategic Initiatives

This final part of PF delivery approach is where we are developing some of our longer term, enabling strategies this year.

These include our:

- Improvement Strategy
- People Strategy
- Clinical Strategy
- Digital Strategy
- Green UHD
- Medium Term Financial Plan
- Transforming Care Together

Taken together the Breakthrough objectives, corporate programmes and enabling strategies all combine to set the bulk of our work programme for the year. These are above our “business as usual” approach to running our services.

By making progress this year, we move towards our patient first goals of excellent healthcare, a great place to work, now and for future generations.

3.2 Overview of Delivery Areas

Quality / Fundamentals of Care

Across UHD, there has been significant progress in strengthening patient safety culture and advancing digital transformation. Patient safety has been a major focus, with Patient Safety Incident Response Framework (PSIRF) methodology embedded within the trust. Maternity safety compliance has been achieved. Clinical effectiveness has also advanced, with the mortality indicator remaining within expected ranges (SHMI at 0.87), and improvements in the timely completion of electronic discharge summaries.

Work to develop a UHD Clinical strategy for the next 5-10 years is now under development. This will set out how we will maximise the benefits of this major investment and take advantage of further advancements in technology and practice.

Work is underway to ensure the strategy is in alignment with the new national 10-year health plan and the “3 shifts” to prevention, neighbourhoods and digital. Our strategy will also be aligned and informed by clinical strategies of our key partners including Dorset NHS Provider Collaborative and local ICS. This is crucial to ensure that by working together we use the collective resources available to best meet the population and our patient's needs.

During winter 2025/26 clinical teams from across the hospital worked with patients and their carers to identify how to harness the opportunities for improvement and identify key areas for us to focus our collective energy in the future.

This is not about doing more of the same. We are keen that we focus more of our efforts not only on those who are sick, but also on helping people stay well throughout life.

The use of technology offers the greatest opportunity to be more productive, and tailor care to individuals. How specialities harness technology for their services, going beyond the hype, is important to ensure clinical strategy drives our digital agenda.

When people do get sick or need support, we know that for many, care closer to home is preferable when it is safe to do so. Working with patients, carers and our partners, our clinical strategy will therefore support neighbourhood working.

All this is only possible with motivated, well-trained staff. As a research active university hospital, we are proud to have close links with our local education providers including Bournemouth University and the Health Science University. These links help us nurture a supportive, learning environment for students and staff in our hospitals and help us continuously improve our services for patients.

We recognise that the clinical strategy will need to be owned at specialty level for it to truly shape our future. We understand that to co-develop a strategy with meaningful engagement from patients, staff and partners will take time.

For this reason, publication is not expected until Spring 2026.

The Fundamental of Care Corporate Project is our response to improving quality for all patients at UHD, which results in a positive experience for them, their families, and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change

Background:

How care is delivered can vary across UHD. This can be as a result of history, geography and local preferences. Care can also become task focused, as opposed to a patient centred, co-designed approach. Ensuring care is up to date, evidence and research based, as well as supporting innovation, requires constant attention. A standard approach to achieving this is needed.

Project Goal:

To identify opportunities for the improvement in the delivery of fundamentals of care, using a systematic approach to quality improvement which will result in the delivery of high-quality care.

Exit Criteria:

Eight workstreams have been identified, each will have a different project exit point, and some will require on going re-evaluation.

Key exit criteria:

- Utilisation of Patient First continuous quality improvement methodology to improve safety
- Sustained reduction in harm, either evidenced through statistical data trends, QA data or patient experience feedback.
- Adoption and embedding of fundamentals of care throughout organisation for example into recruitment, appraisals, education etc.

Operational Delivery

Alongside the realisation of the Planned Care and Emergency Care Hospital service reconfiguration in 2026/27, we have agreed two key corporate projects to optimise operational delivery to achieve shorter waiting times and improved outcomes for patients over the next year and beyond:

Organisational Flow and Outpatient Improvement.

Organisational Flow

Background:

Patient flow is critical to maintain quality and safety for patients in addition to be a key enabler in meeting the Trust's strategic objectives. The 2026/27 corporate project focusses on each of the key constituents of flow:

- Same Day Emergency Care by way of an alternative to admissions (SDEC).
- Ward processes including ward and board rounds.
- Discharge planning including the use of discharge ready dates (DRD) and My Care Needs.
- Robust bed management model and underpinning processes.
- Support services that ensure timely decisions and admissions for patients.
- Transfer of Care hub including the interface with wards.

Project Goal:

To benchmark positively with peer acutes and GIRFT guidance across a range of metrics and to achieve an admitted performance needed to deliver against the 4-hour organisational plan.

To work with partners on system flow, including a care co-ordination hub approach.

Exit Criteria:

- Optimised referrals to SDEC from ED in addition to other health providers and to positively contribute to the 4 – hour organisational standard.
- Clear and consistent process and pathways across wards that effectively connect with the Transfer of Care Hub.
- Adherence to an admitted performance thats aligned to the operational plan to deliver against the 4-hour organisational standard.
- To sustain a length of stay (LOS) commensurate with that of peer acutes and in line with GIRFT.

Outpatients

Background:

Significant progress has been made in 2025/26 towards creating standardised Trust-wide outpatient services delivering high-quality, efficient and patient-centred care, where staff feel well led and engaged, processes are standardised and reliable and services are configured to meet the needs of patients now and in the future.

The 2026/27 corporate project focuses on furthering the improvement in patient access and strengthening clinical and administrative productivity, through redesigned clinical pathways, digital innovation and proactive patient engagement.

Project Goals:

- Accelerated expansion of Advice and Guidance moving to an Advice and Refer model where desirable commencing with Gastroenterology services.
- Standardise and embed clear, consistent outpatient processes that are understood and followed across all teams and sites.
- Provide more convenient and efficient outpatient care through digital transformation. Empowering patients to actively manage their health using digital tools such as virtual consultations, patient portals and remote monitoring.
- Improve patient experience and accessibility, particularly for those with long-term conditions. Reducing unnecessary face-to-face attendances where digital alternatives are clinically appropriate or shifting more outpatient activity closer to where people live, delivering care in community and neighbourhood settings where appropriate.
- Prioritise productive and efficient outpatient delivery that optimises the number of patients able to access care and delivers value. Reducing unnecessary follow-ups and initiating appointments based solely on patient requirements.

Exit Criteria:

- Delivery of key improvements against each improvement pillar.
- Realisable benefits evidenced relating to operational efficiency, clinical productivity, patient experience and strategic alignment and future readiness.

Digital

Background:

UHD has an EPR that is unsupported and several critical IT systems that have minimal contract management arrangements in place. IT Systems have historically been positioned as optional resulting in low levels of digital maturity, adoption and uptake and an environment where both paper and digital are prevalent.

To resolve the clinical and operational risks associated with this, a strategic decision has been taken to work with the other Trusts across Dorset and Somerset to purchase an integrated Electronic Health Record (EHR) System.

The Electronic Health Record Programme for Dorset and Somerset (Healthset) reached a major milestone in November 2025 with the completion of the formal supplier evaluation. A preferred supplier recommendation was approved by all Trust Boards and the Cabinet Office, enabling confirmation of Epic as the chosen partner for our unified EHR solution on 9 December 2025. This achievement marked a significant step toward delivering a single, integrated health record across our services, improving patient care and reducing the need for individuals to repeat their story as they move through the system. The procurement process involved extensive collaboration across four Trusts, with over 168 evaluators contributing to the outcome. The next steps include finalising the contract with Epic by March 2026, following approval of the Full Business Case in February 2026.

Project Goal:

- Implement EPIC within the Healthset programme via a big-bang go-live in April 2028 to improve patient safety and patient care.
- Drive benefits realisation including legacy system closedown, and clinical workflow transformation.

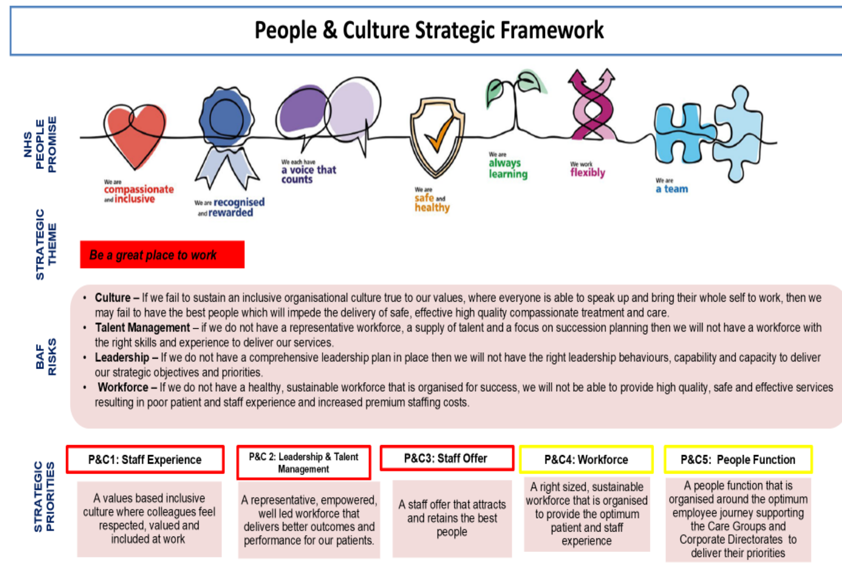
Exit Criteria:

- Safe transition to new system in April 2028.
- Full Business Case benefits realised by 2029/30.
- HealthSet programme transition into steady state business as usual.

4. Workforce optimisation

People Strategy

A People and Culture Strategy was approved by the UHD Board in January 2025. The current strategy has 5 pillars and 19 programmes of work.



People & Culture Strategy on a page linked to Trust Strategic Themes

Strategic Theme: Be a great place to work

Strategic Enabler: People Strategy

	P&C1: Staff Experience	P&C2: Leadership & Talent Management	P&C3: Staff Offer (Retention)	P&C4: Workforce	P&C5: People Function
Strategic Priorities	A values based inclusive culture where colleagues feel respected, valued and included at work	A representative, empowered, well led workforce that delivers better outcomes and performance for our patients	A staff offer that attracts and retains the best people	A right sized and sustainable workforce that is organised to provide the optimum patient and staff experience	A people function that is organised around the optimum employee journey supporting the Care Groups and Corporate Directorates to deliver their priorities
Programmes of Work	1. Team UHD (EDI) Plan 2. Behaviour Charter 3. Culture Champions & Advocate Network Development 4. Care Group & Corporate Directorate Staff Experience Plans 5. Freedom to Speak Up Plan	6. Leadership & Management Development Plan 7. Talent Plan	8. Flexible & Agile Working Plan 9. Education, Learning & Development Plan (including widening participation and work experience) 10. Staff Welfare Plan 11. Staff Health & Wellbeing Plan 12. Transforming Care Together People Ready Plan	13. Workforce Transformation Plan 14. Recruitment Plan 15. Temporary Workforce Plan	16. Workforce Systems Corporate Project 17. Temporary Staffing Model 18. HR Business Partner Model 19. On Call Review

Cross Cutting work: Patient First; Values and Behaviour Framework

13

Work has been underway throughout 2025 and into 2026 reviewing achievements as well as continually recognising successes.

The strategy is now being refreshed and reviewed building a UHD workforce fit for the future as referenced in the 10-year Health Plan for England published in July 2025 and in consideration of the anticipated NHS 10-year workforce plan which is due to be released in Spring 2026. The new strategy will cover the five-year planning horizon from 2026 to 2031.

Workforce Planning

Background:

Workforce Planning is a key focus for UHD to ensure that we have the workforce in place, with the skills required, to deliver UHD objectives.

UHD employs around 10,000 people and the Workforce Plan focuses on this core workforce to meet the health needs of our population, the demographics of which indicate growth (about 1% per year) and proportionately, the population is anticipated to have a higher average age. Additional healthcare demands come from a large student population (30,000+ students) and over one million visitors to the area each year. Our UHD workforce needs to be able to meet the healthcare needs indicated by these demographic trends. UHD continues to experience sustained operational pressure driven by high demand across urgent and emergency care and ongoing challenges with patient flow. Workforce availability, affordability, productivity and training needs are all crucial factors:

- Any changes in workforce will be made in line with national targets, whilst ensuring the Trust continues to conform to patient aligned safety frameworks.
- It should be noted the workforce operational plan does not take into consideration any potential future Industrial Action or ballots which may need to be reflected in workforce monitoring and reporting.

UHD has developed a Workforce Operational Efficiency and Reduction Plan (WORP) Plan for 2026/7 and for the five succeeding years based on certain key assumptions:

- Continuation of requirements to cap agency spending
- Continuation of targets to cap Bank spending
- Workforce KPIs at national benchmark levels
- Job planning at national target levels.
- Improved rostering
- Improving productivity to pre-COVID levels
- Reviewing and addressing infrastructure growth

Workforce Planning priorities map to UHD service priorities:

Elective services: The workforce required to support the priority to safeguard patient safety and experience and deliver targeted flow initiatives to minimise the risk of increased waiting times. Working alongside the Planned Care Improvement Group to support workforce requirements that will facilitate delivery of the key performance targets.

Cancer: Our cancer workforce is key to delivery of the key performance targets, supported by resources to meet the 62-day target.

Diagnostics: Whilst the diagnostics workforce is supporting achievement of most targets, additional resources are supporting Endoscopy.

Urgent and Emergency Care: Achieving key national targets such as the four-hour wait continues to be challenging and there is engagement with the workforce to reengineer underlying processes, including a cultural plan.

Impact of technology on Workforce Planning

UHD has an ambitious agenda regarding both strengthening the patient safety culture and advancing digital transformation. Supporting the workforce to priorities patient safety has been a major focus, with training to ensure that the Patient Safety

Incident Response Framework (PSIRF) methodology is embedded. Workforce change is underway to support the UHD Clinical Coding Team to provide high quality data to underpin key safety indicators such as the Hospital Standardised Mortality Ratio (HSMR) data, recognising the key role that accurately coded data fulfils.

The Workforce Plan aligns with the emerging UHD Clinical strategy for the next 5-10 years; seeking to maximise the benefits of investments in technology and practice. Both the Clinical Strategy and Workforce Plan are being developed to align the new national 10-year health plan and the "3 shifts" to prevention, neighbourhoods and digital.

The Digital Strategy covers key partners in the Dorset NHS Provider Collaborative, and the workforce implications will be similarly aligned as working together will ensure optimum use of scarce workforce resources. Technology represents a huge opportunity for our workforce to be more productive, which is crucial during times of resource constraint. The UHD workforce is not as digitally-literate and digitally enabled as will be required in future; therefore, developing the workforce digital-readiness and competence is a key objective, as is ensuring the reduction of unwarranted variation by encouraging digital maturity, adoption and uptake and striving towards a 'paperless' environment.

Workforce Planning will be a tool by which the workforce is enabled to become more empowered, more flexible and more fulfilled. ensuring we become a modern employer looking after our staff in a modern way whilst working in efficient services.

5. Finance

The Trust has a strong track record of financial delivery and has delivered significant productivity and efficiency savings in recent years supporting a small surplus at year-end. This is reflected in the latest benchmarking:

- The 2024/25 National Cost Collection Index has improved to 98 confirming that the Trust provides a mix of services at lower than the national average cost (represented by an index of 100).
- The Trusts Implied Productivity metrics (2025/26 Month 6) confirms growth of 3.6% compared to the national average of 2.6% and regional average of 2.4%.
- The Trusts corporate benchmarking compares favourably with five of the eight areas rated Green, with plans in place to improve the remaining three.

Despite this, the operational pressures associated with an ageing population and growing number of patients in hospital who no longer require acute care but cannot be safely discharged, has required investment and reduced the Trusts ability to deliver recurrent efficiencies.

5.1 Medium Term Financial Plan

The Trust has prepared a detailed medium term financial plan consistent with national guidance and utilising the latest financial allocations and contractual agreements with commissioners.

Whilst a break-even budget has been set for 2026/27, this is incredibly stretching, requiring efficiency savings of £68.5 million (6.8%), and reliant upon non-recurrent income. This would represent the highest level of savings the Trust has ever delivered and is all within a year in which the Trust undertakes the largest reconfiguration in a generation.

The medium-term financial plan includes minimal growth in health and social care expenditure, despite an ageing population, and chronic issues to address. However, UHD is well positioned over the medium-term given the upcoming reconfiguration and investment in a new electronic health record. In particular, the drivers for a sustainable financial future, are embedded in, and reinforce the need for:

- Reconfiguration
- Productivity
- Shared Services
- Outpatients and Theatres improvements
- Future care for emergency pathways and coordination
- Quality of care [as this lowers cost of poor quality]
- Patient experience, including shared care.

By using the Patient First methodology this then provides the structure, tools, and culture for successful delivery.

Detailed financial, workforce and activity/ performance plans accompany this document and set out the detailed plans. These plans have been triangulated to ensure consistency. Risks and mitigations are also identified and included within these templates.

5.2 Efficiency Improvement Programme

The efficiency improvement programme focuses on the nine constituent areas of efficiency:

Workforce Productivity & Pay Control - Reduce reliance on agency and premium-rate bank staffing, improve job planning, rostering and skill-mix, maximise substantive workforce productivity (e.g. clinic utilisation, theatre lists) and reducing sickness absence and turnover.

Demand Management & Pathway Redesign - Reducing unwarranted variation in clinical pathways, shifting activity to lower-cost settings (community, virtual, primary care).

Outpatients & Elective Efficiency - Standardise outpatient processes Trust-wide, improve clinic utilisation and outcomes-based booking, reduce unnecessary face-to-face appointments and align capacity with demand to reduce backlog growth and outsourcing.

Medicines Optimisation - Increase biosimilar and generic prescribing, reduce waste, over-ordering and stock losses, optimise high-cost drugs and standardise formularies across sites.

Procurement & Non-Pay Spend - Reduce price variation and off-contract spend, standardise consumables, devices and equipment, and tighten controls on temporary, consultancy and discretionary spend.

Estates, Facilities & Energy - Improve energy efficiency and utilities management, rationalise space through new models of care, reduce backlog-related inefficiencies.

Digital & Automation - Use of digital tools to reduce administrative burden, automate booking, validation, coding and reporting, reduce paper, duplication and manual processes and support remote care and self-management.

Income & Coding Assurance - Improve clinical coding accuracy and timeliness, reduce income leakage and under-coding, strengthen validation of activity and contracts and align activity delivery with funded plans.

Corporate Efficiency - streamline corporate functions without compromising safety, reduce duplication across sites and Directorates and deliver shared services through system-level collaboration (ICS).

We will ensure all Efficiency Improvement Plans are clinically led and quality impact assessed and that as many as possible are achieved recurrently and sustainably.

6. Transformation

6.1 Transforming Care Together – Phase 3 and Phase 4

Background:

Our existing healthcare facilities are insufficient to cater to the rising healthcare demands of our ageing community. To ensure access to timely, high-quality healthcare services, we need to transform services and separate planned and emergency care.

The Transforming Care Together programme comprises the Service Ready, Build Ready, People Ready and Move Ready programmes. These will ensure our staff are ready to safely deliver high quality care from our reconfigured Planned and Emergency Hospitals. This is part of a £550m investment, partly funded by the New Hospitals Programme. These once in a generation improvements affect virtually all our staff and patients.

Our four phase plan has already completed Phases 1 and 2 with the opening of the BEACH building and relocation of Maternity Services. Phase 3, the separation of Planned and Emergency Care, will take place over winter 2026/27 delivering clinical and financial benefits.

Phase 4, see the completion of the elective surgical hub at Poole in 2028. This includes additional theatres and admissions unit as well as a permanent location for the Enhanced Post Operative Care Unit. Phase 4 will also see the completion of the Acute Medical Unit and Rapid Access Consultation and Evaluation / Older Persons Assessment Unit complete at RBH in December 2026 and the opening of the Children's Outpatient Facility in Spring 2027.

Our programme is part of NHS Dorset's plans to implement the Clinical Services Review and involves all partners across the ICS with integrated delivery of care outside of hospitals and shifting care into community settings.

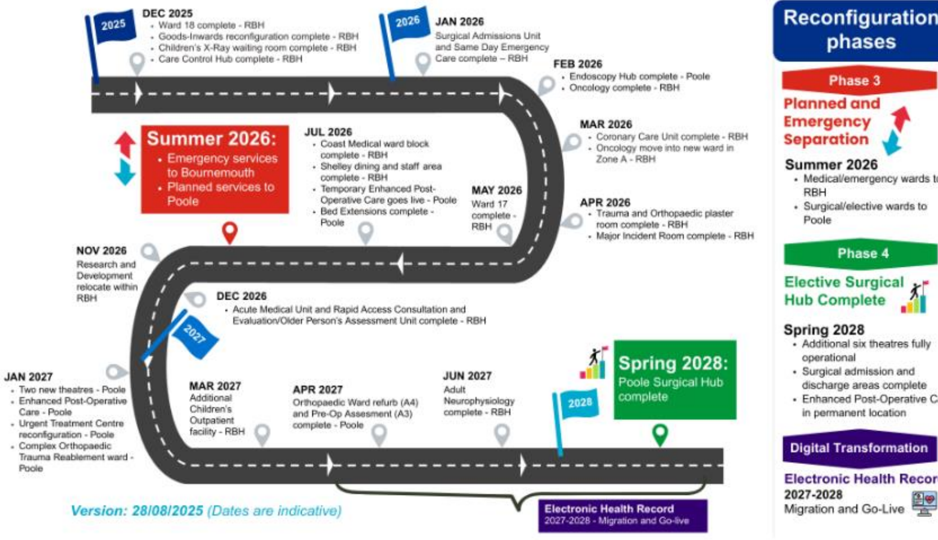
Project Goals:

- Clinical and Financial benefits delivered, improved outcomes for patients, improved productivity and efficiency.
- Establishing the largest planned care Hospital in England located on the Poole Hospital site, establishing the Emergency Hospital on the Royal Bournemouth Hospital site.
- Seamless, safe moves of services & patients into new configurations.
- Workforce retained; staff integrated to safely deliver improved services
- NHP and Coast buildings delivered, space efficiently used.

Exit Criteria:

To have moved to an emergency and planned configuration and all associated services operating as a single service in their new location with the last moves being 2028.

To deliver the benefits as defined in the NHP and STP business cases as outlined in the Clinical Services Review.

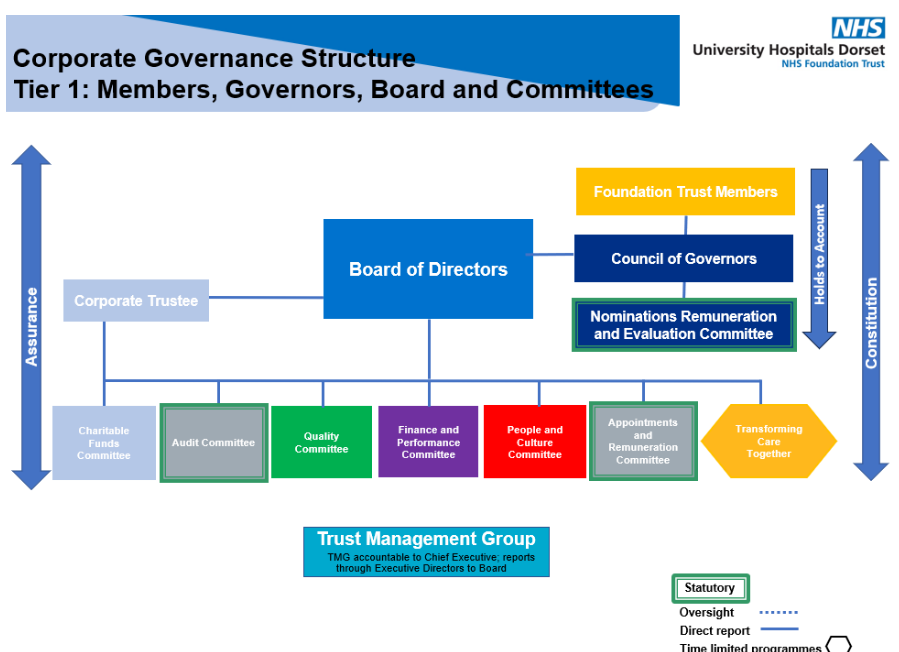


2025
DEC 2025
Ward 18 complete - RBH
Goods-Inwards reconfiguration complete - RBH
Children's X-Ray waiting room complete - RBH
Care Control Hub complete - RBH
2026
JAN 2026
Surgical Admissions Unit and Same Day Emergency Care complete – RBH
FEB 2026
Endoscopy Hub complete - Poole
Oncology complete - RBH
MAR 2026
Coronary Care Unit complete - RBH
Oncology move into new ward in Zone A - RBH
APR 2026
Trauma and Orthopaedic plaster room complete - RBH
Major Incident Room complete - RBH
MAY 2026
Ward 17 complete - RBH
JUL 2026
Coast Medical ward block complete - RBH
Shelley dining and staff area complete - RBH
Temporary Enhanced Post-Operative Care goes live - Poole
Bed Extensions complete - Poole
Summer 2026:
Emergency services to Bournemouth
Planned services to Poole
NOV 2026
Research and Development relocate within RBH
DEC 2026
Acute Medical Unit and Rapid Access Consultation and Evaluation/Older Person's Assessment Unit complete - RBH
2027
JAN 2027
Two new theatres - Poole
Enhanced Post-Operative Care - Poole
Urgent Treatment Centre reconfiguration - Poole
Complex Orthopaedic Trauma Reablement ward - Poole
MAR 2027
Additional Children's Outpatient facility - RBH
APR 2027
Orthopaedic Ward refurb (A4) and Pre-Op Assesment (A3) complete - Poole
JUN 2027
Adult Neurophysiology complete - RBH
2028
Spring 2028:
Poole Surgical Hub complete
Electronic Health Record
2027-2028 - Migration and Go-live
Version: 28/08/2025 (Dates are indicative)
Reconfiguration phases
Phase 3
Planned and Emergency Separation
Summer 2026
Medical/emergency wards to RBH
Surgical/elective wards to Poole
Phase 4
Elective Surgical Hub Complete
Spring 2028
Additional six theatres fully operational
Surgical admission and discharge areas complete
Enhanced Post-Operative Care in permanent location
Digital Transformation
Electronic Health Record
2027-2028
Migration and Go-Live

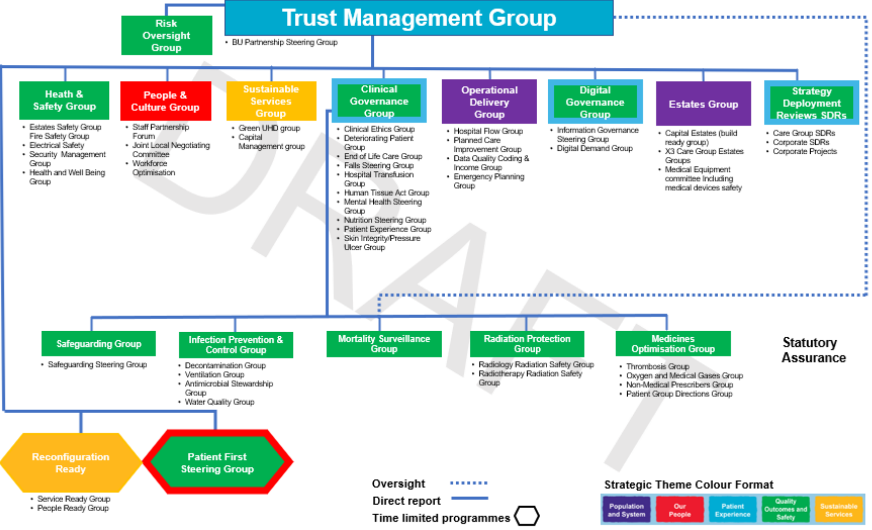
7. Monitoring and Reporting

7.1 Governance and Accountability Arrangement

The governance arrangements for the Trust at Tiers 1 and 2 are shown below. These were reviewed and amended in early 2026 in line with the Patient First Strategy.



Corporate Governance Structure
Tier 2 and 3: Executive Led Groups



Reporting via AAA has been introduced so that Alert, Advise and Assure reports allow a clear line of accountability and escalation. This fits within the accountability framework.

7.2 Performance Monitoring and Reporting

Our performance management system helps us to turn our strategies into action. We use Strategy Deployment Reviews (SDRs) to make sure we are performing well across all of our strategic themes. Each Care Group and Directorate have a Monthly SDR which reviews the driver and watch metrics.

Corporate Services have a quarterly SDR.

The SDRs use counter measure summaries to focus and address root cause issues.

It's important that we measure how we are performing against a wide range of targets. Our scorecards and performance rules, including Statistical Process Controls (SPC), help us to understand, track, and improve performance across the Trust.

At a trust level, we have a UHD Patient First scorecard that is available to all stakeholders. It shows our performance against many different metrics from Trust wide to directorate level. This is available on request.

For the coming year we are looking to better align the process into ward / department level improvement Boards, to further strengthen alignment.

7.3 Risks and Mitigations

The UHD Risk Management Framework explains how a variety of processes fit together to create a consistent and effective way of managing risk across the Trust. The Trust's Board aims to take all reasonable steps in the management of risks to ensure that the organisation's vision, values and strategic objectives are achieved.

Risks are reviewed at each group meeting on the TMG and below structure. Assurance is then reviewed at Board Committees.

A risk oversight group has been established to allow executives and care group leadership to collectively review all risks and plans to manage. This ensures consistency, prioritisation and effective management of the many risks the Trust is facing, to ensure the optimum approach.

The Trust Management Group (TMG) is the lead operational group responsible for oversight of the risks and are responsible for reviewing and approving all new risks rated 15-25.

The corporate risk report is available on request.

7.4 Conclusion

2026/27 represents a hugely ambitious year, to improve quality of services, shift care to the community and reconfigure services. This will help us become more productive, and better able to deliver for the populations we serve.

Our five year goals are set out, plus our key programmes of work that will get us there. Patient First methodology shows how best to make these improvements. This is an ambitious five years, but we have the people, partners and plans to succeed, for the communities we serve.

Annex: One page summary of Strategic Themes to break through objectives

Strategic Goal	Vision *LONG TERM: 7-10 years*	Strategic Goal *MEDIUM TERM: 3 - 5 YEARS*	Breakthrough Objective *SHORT TERM: ~1 YEAR*	Driver metrics AND TARGETS
POPULATION AND SYSTEM *Chief Operating Officer* "See our patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	• To achieve shorter waiting times and improved outcomes for patients as measured by achievement of access trajectories within the operational plan (Planned, UEC, Diagnostics and Cancer.	• 82% of *emergency department attendances admitted, transferred or discharged within four hours* • 7% improvement in *patients waiting 18 weeks or less for elective treatment (18-week RTT)* • 80% of *patients treated for cancer within 62 days of referral*
OUR PEOPLE *Chief People Officer* "Be a great place to work"	To be a great place to work, attracting and retaining the best talent, as measured by the Trust being in the upper quartile for all 7 elements of the People Promise.	• To develop a sustainable workforce measured against the 3 components of staff morale: improving retention, staff feeling supported with sufficient resources, and respected and trusted to do their work	• To improve permanent staff availability across all professions as measured by the reduction in temporary staffing spend.	• To have favourable *variance of WTE against the budgeted establishment* • To reduce *premium (bank) spend* by 15% against the 2025-26 baseline
PATIENT EXPERIENCE *Chief Nursing Officer* "Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	• Rated as Outstanding by CQC as Caring • Over 80% of our employees see patient care as a top priority for UHD • In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys	• To understand the experience of our patients by actively listening to feedback and using it to inform change in the way we deliver care in a timely way.	• 90% of *total complaints to be closed within 35 days* • 95% for *% of good/very good recorded on FFT* for all areas
QUALITY OUTCOMES AND SAFETY *Chief Medical Officer* "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	• In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR) • Rated as Outstanding by CQC for Safety • Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30% • Over 80% of employees believe the Trust promotes a safety culture • Digital integration across all clinical and operational workflows	• To improve mortality and morbidity across the trust as measured by a 5% reduction in hospitalised standardised mortality rate through an improvement in key morbidity metrics.	• 95% *compliance on VTE prescribing within 24 hours of admission* • To reduce the number of *hospital acquired e Coli infection* by 20% • *Uptake of ICE filing* – improved % sign off on a monthly rolling basis
SUSTAINABLE SERVICES *Chief Finance Officer* "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	• Return to recurrent financial surplus from 2028/29 • Rated as Outstanding by the CQC for our Use of Resources • Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030	• To operate within the approved budget, including delivering the budgeted Efficiency Improvement Programme target, with at least 60% achieved recurrently.	• To have favourable *Forecast Outturn Variance to Budget* • To achieve 60% *Forecast EIP Recurrent Delivery*

Draft 2026/27 Annual Operational Plan - Summary of Public Feedback

Context

NHS guidance encourages the Trust to actively seek and consider the views of members and the public on its future plans, and to share this feedback with the Trust Board. In line with this approach, University Hospitals Dorset (UHD) invites involved and engaged Trust members to share their views on the draft 2026/27 Annual Operational Plan through an online questionnaire.

Members are encouraged to comment on the plan overall, highlight what they feel is working well, suggest where the Trust could do things differently, and share any additional ideas or insights to help inform and strengthen the final plan. This approach supports meaningful engagement and helps ensure the plan reflects the views and priorities of the communities UHD serves.

Overall Feedback

A total of 39 responses were received, demonstrating strong member engagement and a clear commitment to supporting the draft Annual Operational Plan. Members welcome the clarity and transparency of the plan and show a well-informed understanding of the significant operational, financial, and workforce challenges facing the NHS, both nationally and locally at UHD.

Feedback clearly endorses the plan’s strong focus on delivering safe, effective care while continuing to enhance patient experience. The themes raised around waiting times, patient flow, and communication closely align with the Trust’s established improvement priorities for urgent and emergency care, flow, and experience measures. Members particularly welcome opportunities to strengthen how patient experience is reflected within performance reporting and improvement activity, reinforcing its central role in shaping services.

Members are broadly supportive of the plan’s ambition, priorities, and strategic direction and express confidence in the Trust’s overall approach. Their interest in how the plan will be delivered in practice reflects a positive and constructive desire to remain engaged and to support successful implementation.

Key themes emerging from the feedback include:

- Delivery and implementation
- Workforce and staffing sustainability
- Accessibility and reducing health inequalities
- Patient experience and safety
- Communication and ongoing engagement

Overall, the feedback demonstrates strong alignment between members and the Trust’s objectives, highlighting a shared sense of purpose and a collective commitment to delivering meaningful improvements for patients, staff, and local communities.

What Members Liked

Members have highlighted many positive aspects of the draft 2026/27 Annual Operational Plan, particularly its clear priorities and objectives for the year ahead, its strong focus on quality, safety, and improving care, and its clear alignment with national NHS priorities and expectations. Members also welcome the plan’s open and honest acknowledgement of the challenges facing services, which is seen as a strength and a sign of realistic and responsible planning.

Overall, feedback shows that members feel reassured by the Trust’s clear direction and thoughtful approach. This provides a strong sense of confidence in both the priorities set and the Trust’s commitment to delivering positive outcomes for patients, staff, and communities throughout 2026/27.

Identified Challenges and Areas for Strengthening

Patient First, Quality, Safety and Experience

Members have shared feedback on some ongoing challenges within urgent and emergency care, including Emergency Department waiting times, patient flow, care delivered outside standard clinical areas, and communication with patients and families. These experiences provide valuable insight into the pressures facing services and highlight the importance of continued focus on improvement in this area.

Members also note the opportunity to make patient experience more visible within performance reporting. They would welcome clearer examples of how patient experience measures are actively used to inform improvement activity, helping to ensure that lived experience continues to play a central role in service development and quality improvement.

Our People (Workforce, Wellbeing and Culture)

Workforce sustainability is a strong and consistent theme in members' feedback, reflecting a shared interest in supporting the people who deliver care. Members highlight several areas where continued focus would add further strength, including recruitment and retention, balancing temporary staffing with long-term workforce planning, and maintaining the right balance between management roles and frontline services.

Members consistently emphasise the importance of staff wellbeing, morale, and access to training and development as essential foundations for delivering safe, high-quality care. This feedback closely aligns with and reinforces the draft Annual Operational Plan's Our People priorities.

Overall, members clearly recognise that successful delivery of the draft Annual Operational Plan depends on a stable, well-supported workforce. Feedback shows strong alignment with the Plan's emphasis on workforce sustainability and demonstrates clear public support for prioritising staff wellbeing and development as key enablers of safe, effective, and high-quality care.

Population, Access and Health Inequalities

Members have highlighted a number of access challenges, including travel distances between hospital sites, parking costs and availability, and limited public transport links, the feedback provides valuable insight into lived experience across local communities.

This feedback reflects the wider population and access challenges facing Dorset and aligns closely with the draft Annual Operational Plan's strong focus on system working, pathway redesign, and reducing inequalities. Members particularly welcome planning that recognises the needs of an ageing population and supports improved access for vulnerable groups. They value the continued emphasis on dementia care, rehabilitation services, and the appropriate use of digital support as positive steps toward enhancing accessibility and improving patient experience.

Sustainable Services, Productivity and Delivery

Members are strongly supportive of the ambition set out in the plan and welcome the clear direction it provides. They are keen to see this ambition translated into practical action and view greater clarity as a positive opportunity to strengthen confidence in delivery. In particular, members would welcome:

- Clearer timescales and delivery milestones
- Greater visibility of how workforce, funding, and estate capacity are aligned to support delivery
- A clear and consistent approach to measuring and monitoring success
- Regular, open updates on progress

Overall, this feedback aligns very positively with the Annual Operational Plan's focus on productivity, financial discipline, and strong governance. Members emphasise the reassurance that comes from

visible delivery and clear assurance, particularly through Patient First, patient experience, and demonstrable quality and safety outcomes, which together help build confidence in the plan's successful implementation.

Communication, Engagement & Governance

The overall presentation of the plan has been positively received, and members have identified several helpful opportunities to make it even more accessible and engaging. In particular, they would value:

- A shorter, plain-English summary to support wider understanding
- Reduced use of acronyms and technical language
- Greater use of visual information, such as charts or diagrams, to bring the plan to life

Members express strong support for the draft Annual Operational Plan's governance and assurance objectives and emphasise the value of clear, accessible communication in building shared understanding. They also demonstrate a clear enthusiasm to remain involved beyond the formal consultation stage.

To support ongoing engagement, members would welcome:

- Earlier notice of future consultations
- Regular, easy-to-understand updates on progress
- Clear examples showing how public and member feedback has shaped decisions

Overall, members feel that continued engagement throughout the delivery of the plan will play an important role in strengthening trust and confidence. They are keen to see how feedback continues to influence decisions and how progress is tracked and shared openly as the plan moves forward.

Specific Services

Members have highlighted challenges around waiting times for cancer diagnosis and treatment. At the same time, they share a significant amount of positive feedback about the quality of care they have received. In particular, members speak highly of chemotherapy services and rehabilitation, describing them as areas of excellence.

These positive experiences are highly valued and seen as strong foundations on which to build. Members are keen for these strengths to be recognised, celebrated, and used to inform further improvement across cancer services moving forward.

Overall Conclusion

Members warmly welcome the ambition and clear direction set out in the draft 2026/27 Annual Operational Plan and express strong support for its overall approach. Feedback reflects a positive engagement with the plan, alongside a constructive desire for continued reassurance around delivery, workforce capacity, funding, and the plan's impact in practice.

Members highlight several areas where additional emphasis would further strengthen confidence and support successful delivery:

- Clear, straightforward communication
- A stronger and more visible focus on patient experience
- Continued, meaningful engagement with members and the public
- Clear examples of how feedback is listened to and actively influences change

By building on these areas, the plan is well placed to further strengthen confidence and deliver positive, lasting outcomes for patients, staff, and local communities.

COUNCIL OF GOVERNORS - PART 1 MEETING

Meeting Date: 29 May 2026

Agenda item: 6.1

COVER SHEET – ALERT, ASSURE, ADVISE	
TITLE:	Statement of the work of NREC 2025/26
Prepared by:	Klaudia Zwolinska, Deputy Company Secretary
Presented by:	Judy Gillow, Interim Trust Chair
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:	The purpose of this paper is to invite the Council of Governors to resolve that the Annual Members' Meeting (AMM) be convened and held on Thursday 24 September 2026 10:00 in Patient First Improvement Hub at Christchurch Hospital.
ALERT:	N/A
ASSURE:	N/A
ADVISE:	Under the Annex 8 sections 7.1 and 7.4 of the Trust Constitution: • *The Trust shall hold an Annual Meeting within eight months of the end of each Financial Year of the Trust* • *All Annual Meetings are to be convened by the Company Secretary by order of the Council of Governors.* Under the Code of Governance for the NHS providers, Section A, 2.7: *NHS foundation trusts must hold a members' meeting at least annually.*
Celebrating Outstanding:	N/A
RECOMMENDATION:	The Council of Governors considers, and if thought fit, approves the convening of the Trust's AMM.
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**
N/A	N/A	N/A
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐	

Annual Members' Meeting

to be held in Patient First Improvement Hub at Christchurch Hospital.
on
Thursday 24 September 2026
10:00-11:00

Welcome	Judy Gillow, Interim Trust Chair
Minutes of the Annual Members' Meeting held on 18 September 2025	Judy Gillow, Interim Trust Chair
Annual Report and Accounts 2025/26 and Forward Plan for 2026/27	Siobhan Harrington, Chief Executive Pete Papworth, Chief Finance Officer
Report from the Council of Governors on its work during 2025/26	Michele Whitehurst, Lead Governor
Questions *(questions submitted in advance to uhd.company.secretary-team@nhs.net by 17 September 2026 will be prioritised)*	Judy Gillow, Interim Trust Chair
Any Other Business	Judy Gillow, Interim Trust Chair
Close	Judy Gillow, Interim Trust Chair

Doors will open at 9:30 where there will be a selection of stands and displays with information about the hospitals.

The Annual Members' Meeting will be followed by an Understanding Health Talk: subject TBC.

CONVENED BY THE COMPANY SECRETARY
BY ORDER OF THE COUNCIL OF GOVERNORS

Date: 29 May 2026

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

		16 April 2026
Governors Present	Judy Gillow	A
	Benjamin Ango	
	Colin Blebta	
	Robert Bufton	
	Deniz Cetinkaya	
	Marie Cleary	A
	Sharon Collett	
	Sue Comrie	
	Steve Dickens	
	Peter Fitzmaurice	A
	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	
	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