Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Meeting of the Council of Governors held in Public
on Thursday 25 April 2024 at 15:00
Via Microsoft Teams
AGENDA

			LEAD	ACTION	TIME
A	**COUNCIL BUSINESS**				**15:00**
A1	Welcome and Apologies for absence		SBE	Note	5
A2	Declaration of Governors' Interests *Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.*		SBE	Note	
A3	Actions from previous meetings *There were no outstanding actions from the meeting held on 01 February 2024*		SBE	Note	
B	**CHIEF EXECUTIVE UPDATE**				**15:05**
B2	Richard Parker – Performance to year end		RP	Present	30
B3	Governor Questions		SBE	Q&A	20
C	**INDEPENDENT REVIEW ON GOVERNOR EFFECTIVENESS**				**15:55**
C1	Council of Governor Effectiveness Review • *NHS Providers* • *Independent Review*		SBE	Discuss	20
C2	Governor Questions from the Database *Three Questions from last Quarter*		FD/AOM	Note	-
D	**ITEMS TO NOTE** These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting				**16:15**
	D1.0	Suzy Brain England OBE - Chair's Report	SBE	Note	-
	D1.1	Kath Smart - Audit & Risk Committee	KS	Note	-
	D1.2	Jo Gander - Quality and Effectiveness	JG	Note	-
	D1.3	Mark Day - Finance and Performance Committee	MD	Note	-

	D1.4	Hazel Brand - Charitable Funds Committee	HB	Note	-
	D1.5	Mark Bailey - People Committee	MB	Note	-
D2	Governor Questions		Gov	Q&A	15
D3	Minutes of Council of Governors held on 01 February 2024		SBE	Ratify	5
D4	Governor Questions Database		FD	Note	-
E	**INFORMATION ITEMS**				**16:35**
E1	Any Other Business (to be agreed with the Chair before the meeting)		Gov	Note	5
E2	Items for escalation to the Board of Directors		SBE	Approve	5
	Date and time of next meeting: **Date: 11 July 2024** **Time: 15:00** **Venue: Via Microsoft Teams Video Conferencing**		SBE	Note	
F	**MEETING CLOSE**				**16:45**

Suzy Brain England, OBE
Chair of the Board

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Register of Governors' Interests as 25 April 2024

The current details of Governors' Interests held by the Trust are as set out below.

Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.

Jackie Hammerton – Public Governor – Rest of England
Employed by the University of Lincoln

Eileen Harrington – Public Governor – Doncaster
Founder of DonMentia
Run the DonMentia Forum

Andrew Middleton – Public Governor – Bassetlaw
Independent Non-Executive Director - Barnsley Healthcare Federation
Independent Person - Bassetlaw District Council and West Lindsey District Council.
Independent Added Member - Lincolnshire County Council Audit Committee
Member - Joint Independent Audit Committee, Lincs. Police and Crime Commissioner
Chair of Consultant Appointment Panels - United Hospitals Leicester
Chair of Performers List Decision Panels - NHS England.
ad hoc Chair of Commissioning for Individuals Panel - Derby and Derbyshire Integrated Care Board

Mick Muddiman - Public Governor – Doncaster
Member – Labour Party
Retired member UNISON

Lynne Schuller – Public Governor – Bassetlaw
District Councillor, Bassetlaw District Council; Harworth Ward
Town Councillor, Harworth Town Council
Member of Labour Party

Sheila Walsh - Public Governor – Bassetlaw
Parish Councillor, Carlton in Lindrick

Professor Lynda Wyld, Partner Governor University of Sheffield
Trustee of the Association of Breast Surgeons
Co-Owner Franks & Wyld Commercial Properties

Gavin Portier – Staff Governor - Nursing & Midwifery
Joint Director of Portier Coaching & Workshops Ltd

Rob Allen – Public Governor – Doncaster
Employed by Doncaster City Council
Member of Labour party. Branch officer & Steward Doncaster Unison Branch

The following Governors have stated that they have no relevant interests to declare:

Irfan Ahmed – Public Governor - Doncaster
Dr Mark Bright – Public Governor – Doncaster
Marc Bratcher - Public Governor – Doncaster
Kay Brown - Staff Governor – Non-Clinical
Denise Carr – Public Governor - Bassetlaw
Natasha Graves – Public Governor – Doncaster
David Gregory – Public Governor - Doncaster
Tina Harrison – Partner Governor – Doncaster College and University Centre
Peter Hewkin – Public Governor - Bassetlaw
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson- Partner Governor – Doncaster Deaf Trust
George Kirk – Public Governor - Doncaster
Lynne Logan – Public Governor – Doncaster
Ainsley McDonnell, Partner Governor
Joseph Money – Staff Governor – Non-Clinical
David Northwood, Public Governor - Doncaster
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Clive Smith – Public Governor - Doncaster
Mandy Tyrell – Staff Governor - Nursing & Midwifery
Andria Birch, Partner Governor - BCVS
Anita Plant, Partner Governor – The Partial Sighted Society
Harriet Digby, Partner Governor **- R**rep for HWB on Nott County Council

NHS 75

Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

Council of Governors

April 2024

#hello my name is…

Richard Parker OBE

Chief Executive

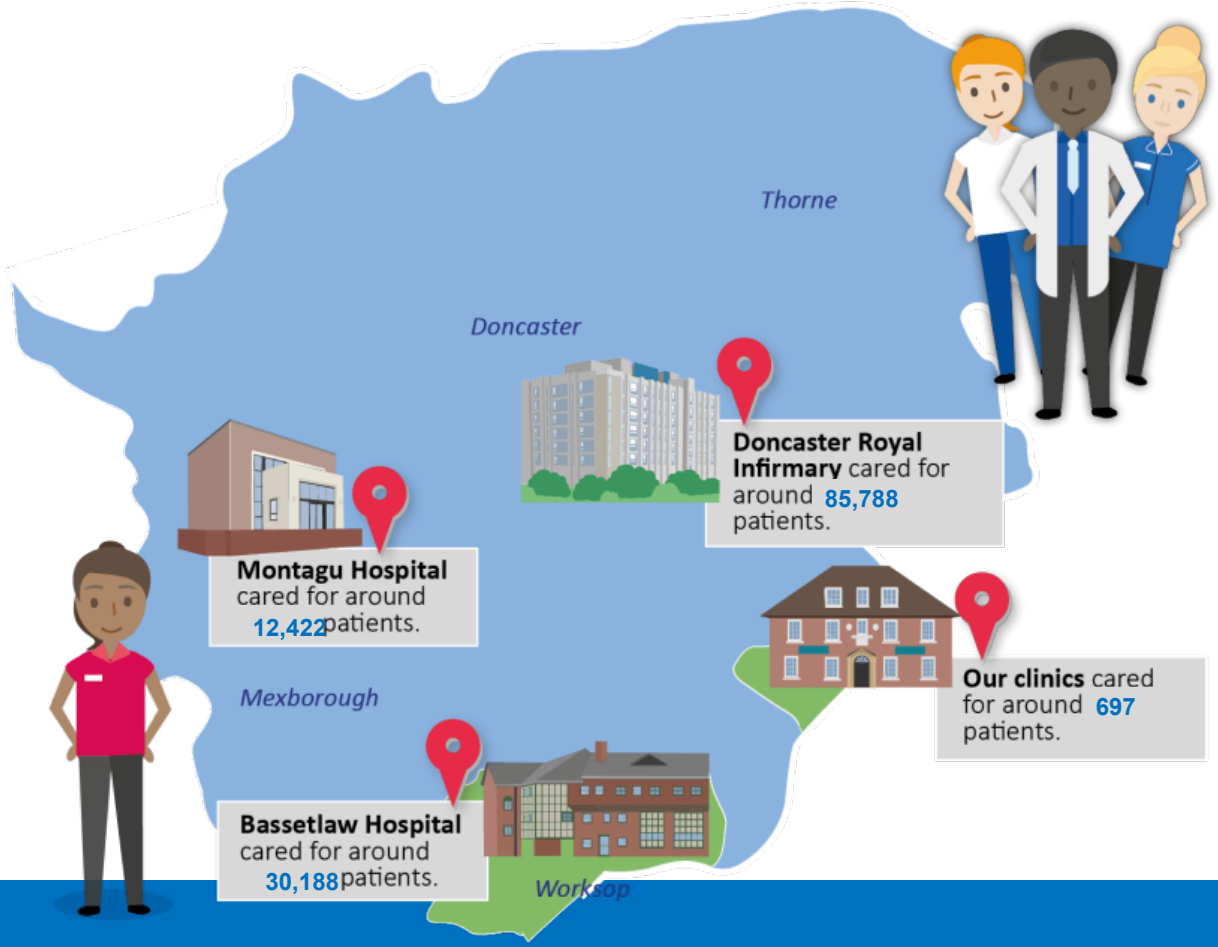
Our activity February and March

We cared for around **19,661** inpatients
[Last year 18,254]

We cared for approximately **78,877** outpatients
[Last year 78,240]

We cared for approximately **29,985** emergencies
[Last year 27,270]

We delivered approximately **572** babies [Last year 429]



Activity comparison

	2022/2023	2023/2024	Variance
Inpatients	18,254	19,661	7.7%
Outpatients	78,240	78,877	0.8%
Emergency Care	27,270	29,985	10%
Maternity	429	572	33%

Activity delivered despite 10 periods of days of industrial action – 44 days – 12% of the available working time.

Achievements in 2023/24

Zoe Lintin, Chief People Officer's portfolio:

- Record-breaking **Staff Survey** take up and positive results showing significant improvement.
- Development and launch of the **DBTH Way** and renewed focus on **Just Culture**.
- Development and publication of strategies (People, Research & Innovation, Speaking Up and Leadership Prospectus).
- Large number of award nominations and wins within portfolio, including **Menopause accreditation**, **DBTH named Employer of the Year** at Doncaster Business Awards.
- Succession planning and **Scope for Growth framework**.
- Launch of **Flexible Working policy** and related toolkit.
- Refresh of Equality, Diversity and Inclusion plan and launch of **Board Development Delegate Programme**.
- Successful relaunch of **Long Service Programme**.

Achievements in 2023/24

Zoe Lintin, Chief People Officer's portfolio:

- Research and Innovation Strategy - initial year - delivered against all KPIs agreed including the development and launch of the NMAHP R&I framework.
- We have been granted a Human Tissue Authority (HTA) licence, which allows us to run Advanced Therapy Investigational Medicinal Product (ATIMP) trials at site.
- The Born and Bred in Doncaster study continues to go from strength to strength with us recruiting over 2,400 (1,432 Woman and 975 Babies to-date. The BaBiD study has had wider positive impacts e.g. community engagement in research, connectivity with partners (HEIs, Doncaster place).
- Expansion of learner numbers across DBTH in all specialisms and groups of learners with our trail-blazing work in widening participation activity including 'We Care into the Future', breadth and depth of work experience, full utilisation of the apprenticeship levy.
- NHSE Annual review confirmed (by the Associate Dean for Quality, Yorkshire and Humber) that DBTH have clear education policies, engage people across the organisation and have a positive attitude towards education (the three Ps).

Achievements in 2023/24

Denise Smith, Chief Operating Officer's portfolio:

- Delivery of the **four-hour standard** in March 2024 up to 76.1%.
- Increased use of the discharge lounge and **improvements in ambulance handover times**.
- Reduction of the **62-day cancer backlog** and delivery of the **Cancer Faster Diagnosis Standard**.
- Improvements in the **six-week diagnostic standard** in Endoscopy and Medical imaging.
- Virtually eliminated elective care long waits (at the end of March zero 104 week waits, two 78 week waits, and 16 patients waiting over 65 weeks).
- Increase in the number of patients on the **Virtual Ward**.
- Maintained safe services over the winter period, with minimal elective cancellations.
- Industrial action – maintained safe essential services through all related periods.
- Completed the recruitment to the leadership team

Achievements in 2023/24

Karen Jessop, Chief Nurse's portfolio:

- Launch of the **Nursing, Midwifery and Allied Health Professionals Strategy** and draft of **Visitor's Charter**.
- Recruitment and establishment of leadership team, embedding evidence based safe-staffing processes.
- Safeguarding team growth and domestic abuse advisors.
- Implementation of **Patient Safety Incident Response Framework (PSIRF) and s**upport and development of the Professional Nurse/Midwife Advocate role within the Trust
- Achievement of CNST Year 5, Maternity Incentive Scheme and most successful year of Registered Midwife recruitment.
- Healthcare and support worker transition project.
- Completed first cohort of **Chief Nurse Fellows and** Support and development of the Professional Nurse/Midwife Advocate role within the Trust.
- Achievement of National Preceptorship Quality Mark for nursing.
- Commenced Care Excellence Accreditation reviews for all inpatient areas.

Achievements in 2023/24

Jon Sargeant, Chief Financial Officer and Executive Director of Recovery, Innovation and Transformation's portfolio:

- **2023/24 Financial Performance:**
  - Delivered a 23.7m deficit against a planned deficit of £26.8m for the financial year 2023/24. 11.5% improvement on plan.
  - Delivered a £57.6m capital plan
  - Managed cashflows in the year finishing the year with £36m cash in hand
- **Mexborough Elective Orthopaedic Centre (MEOC):** Built to time and budget - opened to patients in January. The Unit broke even in the financial year 2023/24.
- **Community Diagnostic Centre at Montagu:** Phase two (Endoscopy) completed, phase three commenced 12 February with CT/MRI building due for completion March 2025.
- **Bassetlaw Emergency Village (ED/CAU/ATC):** Progressing to time and budget, build handover in September.
- **Health Inequalities Strategy:** New strategy published, and available in the usual places.
- **Quality Improvement and Innovation Strategy:** To be published shortly.

Achievements in 2023/24

Acting Executive Medical Director, Dr Nick Mallaband's portfolio:

- Maintained patient safety during industrial action.
- Reduction in hospital mortality rates - improving picture on HSMR and SHMI.
- Improvements in Job Planning.
- Medical Appraisal completed >92%.
- Improved job planning compliance and recruitment.
- Virtual Ward implementation.

Renewing our vision

Zara Jones, Deputy Chief Executive's portfolio:

- Our existing Trust Strategy concluded in 2022. We are now drafting a five-year plan, to be published in 2024.
- As part of this work we are refreshing our vision, as well as supporting priorities – around 10% of all Team DBTH have given their feedback on this work.
- Our draft vision statement is:

  "Healthier together – delivering exceptional care for all."

- Our draft priority statements are as follows:

Patients: We deliver exceptional person-centred care.

People: We are supportive, positive, and welcoming.

Partnership: We work together to enhance our services with clear goals for our communities.

Pounds: We are efficient and spend public money wisely.

CQC Report

- The Trust's CQC rating has been adjusted from **'Good'** to **'Requires Improvement'**.
- Whilst this is disappointing, it is not wholly surprising, given the national and local deterioration in effectiveness and responsiveness standards and the numerous challenges we have faced since the last visit in 2019. All of the announced and unannounced inspections took place during times of **industrial action**.
- Whilst our overall rating has moved, no services have been rated as **'inadequate'**.
- Inspectors noted caring and friendly nature of colleagues, as well as patients expressing a feeling of safety.
- We recognise that there is work to do, and we will work hard to return to **'Good'** **but the process has now changed and is currently being developed**.
- A huge thank you to all Team DBTH for their **hard work and dedication**.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall trust	Requires Improvement → ← Mar 2024	Requires Improvement ↓ Mar 2024	Good → ← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bassetlaw District General Hospital	Requires Improvement → ← Mar 2024	Requires Improvement ↓ Mar 2024	Good → ← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Doncaster Royal Infirmary	Requires Improvement → ← Mar 2024	Requires Improvement ↓ Mar 2024	Good → ← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Montagu Hospital, Mexborough	Requires Improvement ↓ Mar 2024	Good → ← Mar 2024	Good → ← Mar 2024	Good → ← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024
Retford Hospital	Requires Improvement ↓ Mar 2024	Not rated	Good → ← Mar 2024	Good → ← Mar 2024	Good → ← Mar 2024	Good → ← Mar 2024
Overall trust	Requires Improvement → ← Mar 2024	Requires Improvement ↓ Mar 2024	Good → ← Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024	Requires Improvement ↓ Mar 2024

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Challenges ahead in 2024/25

- **24/25 Income and Expenditure Plan:** Draft plan of £38.2m deficit with Cost Improvement Plans of £15.9m. We will be asked to improve on this position for next submission in April, including CIPs of 4 to 5%. Apporx £22m.

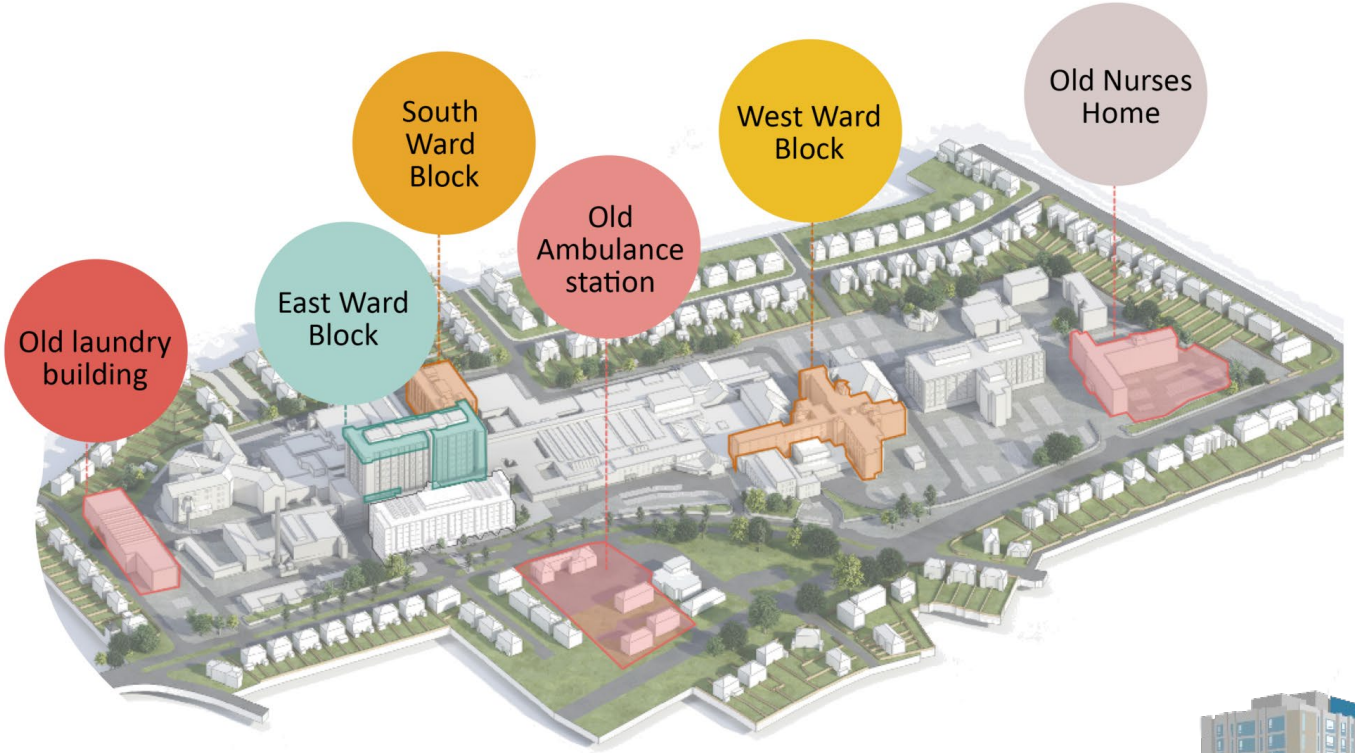
  In all, a very challenging 2024/25 financial position.

- **Capital projects:** Lots of work ahead to ensure we come in on-plan and on-schedule (proven track record of delivery, but hard work ahead).

- **Uncertain political environment:** We know there will be an election this year, which could result in a change of Government, which may bring potential changes.

- **Funding for a new hospital and refurbishment:** We continue to make the case for additional funding for the Trust.

DRI refurbishment proposal



East Ward block

Full refurbishment to East Ward Block to resolve all critical infrastructure and backlog maintenance issues and address areas which do not comply with recognised standards. Improvements to the environment for patients and staff, including provision of en-suite facilities.

A new building to be sited in front of the East Ward block. This will allow a phased approach so existing wards can decant into the newly created space, therefore enabling the refurbishment of the East Ward block.

Other options to include a full refurbishment to around 50% of the existing building, leaving the second half as a vacant shell space for future usages. A 'Do Minimum' investment would resolve the highest infrastructure risk only.

Costs, timeframes and savings

Option	Cost	Years
Preferred	£356m	4.9
Half Shell Space	£299m	4.7
Do Minimum	£341m	4.5

15% reduction in DRI backlog maintenance

Theatres

Three options for 2 modular decant theatres: 1) 600m² theatre annex, twin theatre integration & reconfiguration of 2) 1,300m² or 3) 930m².

Costs, timeframes and savings

Option	Cost	Years
Option 1	£20m	0.7
Option 2	£35m	2.2
Option 3	£26m	2.2

Department of Critical Care (DCC)

DCC relocation to ground floor setting.

Costs, timeframes and savings

Option	Cost	Years
20 Bed DCC	£19m	1.5
22 Bed DCC	£24m	1.6

18% reduction in DRI backlog maintenance for Theatres and DCC

Women's & Children's Block

Full refurbishment, including outstanding fire improvement works and ward upgrades to bring clinical areas to Category B standard.

Other options are 'Do minimum', to include completion of outstanding fire improvements only.

Costs, timeframes and savings

Option	Cost	Years
Full refurb	£87m	4.3
Do minimum	£25m	2.6

10% reduction in DRI backlog maintenance

Total of 43% reduction in DRI backlog maintenance across all improvements

Improvements summary

- East Ward block refurbishment
- Re-site of Critical Care department
- Theatres refurbishment
- Women's and Children's Block refurbishment completion
- Better provision of patient flow
- Extra car parking provision and staff accommodation

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Questions ?

#hello my name is…

Suzy Brain England OBE

Chair of the Board

Council of Governors Effectiveness Review

- To present to the Council of Governors both the results from the NHS Providers CoG Effectiveness Survey and the external independent consideration of the outcome of the CoG effectiveness review.

- To seek the Council of Governors' feedback on recommendations set out within the independent consideration undertaken by an experienced governance professional.

- To ensure that assurance can be taken that the governance processes which are in place are robust and meet the requirements of any external assessor, such as CQC.

Council of Governors Effectiveness Review

Activity since the Effectiveness survey

Some activities addressing points in the survey have already been held or organised for governors, such as :

1. Understand what the Trust has been doing to address the EDI agenda from a staff/patient point of view, held 5th April 2024
2. Understand how the new Head of Patient Experience and Engagement has addressed from a patient and public point of view, to be held 22nd April 2024
3. Understand how governors themselves can together address the diversity of the council and its members - interactive workshop, to be held 8th May 2024)
4. Understand how governors can work effectively together – interactive 3hr workshop 11th January 2024

Council of Governors Effectiveness Review

Recommendations from the independent review:

1. Explore positive action around filling staff governor vacancies and expanding partner governor appointments, building on work with the Doncaster Deaf Trust and Partially Sighted Society-Doncaster [paragraphs 7-8].

2. The council of governors consider looking to invite in those groups who act as proxies for members/the public (such as Healthwatch) to council meetings to get their view on what Trust services are provided and what can be improved [paragraph 12].

3. Explore training resources from Charis Consulting or NHS Providers for increasing effective challenge [paragraph 19].

Council of Governors Effectiveness Review

Recommendations cont'd:

4. One Council of Governors meeting each year is in person, to both look back on the closing year, at the current pressures and forwards to the coming year and could be coincided prior to the virtual Annual Members' Meeting [paragraph 23].

5. Stand down the role of deputy lead governor [paragraphs 40].

6. Cease the practice of having governors sat as observers on board committees (noting this is a decision of the Trust's board of directors) [paragraph 57].

7. Consider a short agenda item for governors to feed back any key issues from patients, members or colleagues that are not already covered on the agenda [paragraph 60].

we invite feedback and thoughts from CoG to inform our next steps and any decisions required by the BoD

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Questions ?

#hello my name is…

Suzy Brain England OBE

Chair of the Board

From the Chair:

- Attended the launch of the Leisure Library to celebrate the refurbishment of the leisure library and improved IT facilities
- Attended the Governor Effectiveness Survey feedback workshop
- Joined the International Woman's day event with attendance from MP Kim Leadbeater.
- Welcomed a visit from Lord Adebowale, Chair of the NHS Confederation
- Attended NHS Providers Embedding anti-racism into our development
- Met new Chair at Rotherham, Mike Richards
- Various ICB SY and ICB Notts Chair meetings
- Attended Yorkshire Regional Chairs' event and NHS Confederation Chairs' event

From the Chair:

- SYB Acute Fed meeting
- Usual one to ones with executive and non-executive directors and new senior appointments
- Heard a grievance appeal
- Engaged in development with board colleagues
- Attended Doncaster Chamber Board meeting
- Attended NHSE meeting for Chairs from Trusts and ICBs in London
- Celebrated end of second Board Delegate Programme and interviewed for third programme (now launched with three delegates)
- Joined a Medical Directors Office walk about to Cardio Respiratory

#hello my name is…

Kath Smart

Non-executive Director

Audit & Risk Committee (ARC): January 2024

Positive Assurance

- Counterfraud Progress 23/24 – **Significant assurance** on the update on work for 23/24, and cases being progressed. Also, **Significant assurance** on the work programme and risk assessment for 24/25.
- Internal Audit Progress & delivery – 23/24 – **Significant assurance** on the delivery of the IA plan.
- Internal Audit Review of Estates Planned Maintenance – **Significant Assurance** on the arrangements in place to establish the PPM programme and to monitor performance against delivery. This work was viewed positively by ARC, with 2 x medium risk recommendations and 6 x low recommendations for implementation in 2024.
- Single Tender Waivers – **Significant assurance** for compliance with the Trust process
- Losses & Compensations – **Significant Assurance** for compliance with the Trust financial process. However, concern remains of the number and volume of hearing aids/dental /patient property losses which may impact patient experience.
- Register of Interests, Corporate Hospitality & Sponsorship – **Significant Assurance** was given to the process for ensuring a robust approach and the Committee acknowledged the positive steps resulting in a 97% compliance rate for declarations of interest for decision makers.
- Security Management - The report demonstrated that overall system for Security Management is in place and working to mitigate security risks with **Significant Assurance.**

Matters of Concern or Key Issues

Interim Head of Internal Audit Opinion

- Although no HoIA assurance level for 23/24 has yet been assigned (22/23 is **Moderate** – 23/24 due in May/June) the Committee wished to appraise the Board that the current Audit Recommendations closure rate has improved to 77% for timely closure and 90% overall closure rate. The target aim for this was 75% for timely closure. The Committee were satisfied this represents a positive move forward with managements increased focus on closing high and medium risks. The Committee were hoping the 75% is sustainable and look to review the target for 24/25.

- Management of Reviews, Visits, Inspections and Accreditations Policy – This report demonstrated **Moderate** assurance in relation to the notification of inspections/ reviews across the Trust. Work is planned to raise the profile, schedule in cyclical visits and ensure the register is more comprehensive (see work underway)

Audit & Risk Committee (ARC): January 2024

Major Actions / Work in Progress

- All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery via 360 Assurance follow-up of audit recommendations

- Board Assurance Framework – This was reviewed by ARC alongside the Interim HOIA feedback from Internal Audit which showed there are areas for improvement which are currently being addressed. Committees appear to be actively utilising the BAF, and there are plans to further utilise the BAF more effectively with Deep Dives and driving the Committees agenda. The BAF will be reviewed by IA in Q4.

- Risk Management Board & Trust Risk register– ARC received report evidencing the work of RMB in continuing to improve the Trusts Risk Management process & progress and plans for the future. Progress has been made in reviewing 15+ risks (and now 12+ risks); linking to actions on Datix, & reducing the number of extreme risks by ensuring consistency of scoring. It was noted 100% of risks had actions plans which is a positive improvement This will be reviewed by IA in Q4.

- Committee Effectiveness – The effectiveness review results based on the HFMA standards/ questions were positive. A full report with an assigned assurance level will be brought back to Board in the ARC Annual Report once considered alongside the other Committees effectiveness.

- Payroll Overpayments – Internal audit have produced a benchmarking report showing overpayments performance. A number of areas were highlighted for consideration and this was referred for further work with Chief People Officer to determine any actions.

- Implementation of Management of Reviews, Visits, Inspections and Accreditations Policy – This report demonstrated some compliance with Policy with management advising more work to be done. ARC requested an update in 6months time.

- Annual Items – ARC Annual Report, Committees Annual Report, Effectiveness Reviews and Annual Governance Statement – These were all shared in draft for review and comment before the year end process in June 2024.
- Contract positions for Internal and External Audit – Work is underway to bring recommendations to the Council of Governors in terms of their statutory role in appointing the External Auditors.

Decisions Made

- ARC recommended Board approval of the refreshed Terms of Reference

Assurance Levels

Internal - Second Line of Defence

Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified manangement actions are not considered vital to achievemnet of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions havae been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operqational weaknesses have been recognise. Existing performance presents an unaccpetable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accpeted as urgently required.

External - Third Line of Defence

Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

#hello my name is…

Jo Gander

Non-executive Director

Quality & Effectiveness Committee (QEC): February & April 2024

Positive Assurance

- Mortuary Update – Requested by the Quality & Effectiveness Committee to provide assurance following the findings of the Sir Jonathan Michael independent enquiry along with the outcomes of the UKAS and HTA visits in 2023. Report to be updated to reflect all sites across DBTH as initial references DRI and separate conversations to be held to clarify the DBS position and process for mortuary staff. **Significant Assurance**
- Chief Nurse Report - Tendable– Presentation received on the use of Tendable within DBTH and the progress made on the use of Tendable as an audit tool. **Significant Assurance**
- Chief Nurse Report - Quality - Reduction in Hospital Acquired Pressure Ulcer category two on track to meet trajectory. Tendable audit results across falls demonstrates sustained improvement. **Significant Assurance**
- Executive Medical Director report. **Significant Assurance**
- Audit & Effectiveness Report – updated to address concerns raised from original draft report. **Significant Assurance**
- Board Assurance Framework – confirmation of move of additional Strategic Aim to be reviewed at QEC to be confirmed by Board. Agreed there needed to be a clear process around managing cross-committee BAF risks and where changes in risk ownership were deemed appropriate. Strategic Aim 1 reviewed. **Significant Assurance**
- Drugs & Therapeutics Annual Report – assurance given that concerns raised by CQC around medicines storage addressed and will be audited moving forward. **Significant Assurance**
- Ward Accreditation update linked to peer review visits and outcomes. **Significant Assurance**
- Exception report -Hospital acquired Pressure Ulcers Category 4 along with mitigating actions to address. **Significant Assurance**
- PSIRF Themes report. **Significant Assurance**
- Board Assurance Framework – Strategic Aim 1 reviewed which will be updated moving to reflect assurance being received through new governance structure. **Significant Assurance**

Matters of Concern or Key Issues

- Risk ID 3209 - Patient tracking inaccuracies – concerns were raised in relation to the impact on patients due to the delay in this issue being resolved, with plans for this to be clear by the end of April ’24. QEC requested an update be provided to the next board on progress due to the next QEC not meeting until June ’24. **Partial Assurance**.
- Concerns raised about the reduced uptake by staff of Flu and Covid immunisations and potential risk of increased staff absence, to be followed up by the People Committee.
- SJR Improvement plan – risk on ability to deliver due to limited training resource availability. **Partial Assurance**

Quality & Effectiveness Committee (QEC) cont'd

Matters of Concern or Key Issues cont'd

- Audit & Effectiveness Update- deferred until next QEC as no supporting evidence to confirm actions have been delivered. Partial Assurance
- Executive Medical Director report – Much of the report focussed on changes to the Governance structure with content from the Clinical Governance update report which provided reassurance rather than evidence and/or follow up. Partial Assurance
- Quality Delivery Plan – Requested that report includes progress against delivery of Measures of success outlined in Quality strategy moving forward with supporting narrative. Partial Assurance

Major Actions / Work in Progress

- Risk ID 3209 - Patient tracking inaccuracies a paper to come to the next Quality & Effectiveness Committee.
- Medical Claims – key themes now being incorporated into reports to the Patient Safety Oversight panel moving forward.
- Q2 CQINS report – work in progress to address clinical frailty assessments in A&E with early sign of improvement for Q3.
- Risk ID 3209 -Patient tracking Inaccuracies recommend further assurance be presented to April Board.
- Q3 CQINS report – work continues to address Clinical frailty assessments in A&E with early sign of improvement for Q3 but only recently included in symphony reporting system so not demonstrated in data for Q3 although expected in Q4.
- Effectiveness Committee TOR to be brough back to June's QEC when clarity on changes to Governance structure confirmed and can be linked to Caring & Safety Committees.
- Maternity Strategy, CQUIN and CQC Update noted – Relevant elements of CQC Action plan to come to QEC/Other Committees to be confirmed in discussion with Chief Nurse.

Decisions Made

- Board Assurance Framework risk appetite confirmed as 'cautious', and to be recommended to Trust Board.
- Clinical Governance Structure proposal recommendation approved by the Committee acknowledging next steps and the need to fit into the wider corporate governance review.
- QEC Effectiveness survey and Annual report approved.

#hello my name is…

Mark Day

Non-executive Director

Finance & Performance Committee (F&P): March 2024

Positive Assurance

- 2023/24 Financial Performance – The Committee can provide significant assurance to the Board on the financial position with the outturn forecast to be slightly favourable to plan, although of course that is a deficit plan. Cost Improvement Programme delivery supports that outturn, but it is important to understand that most gains have been non-recurrent, a position that needs to change if recurrent financial balance is to be restored. **Significant Assurance**
- Year End Processes - Full assurance can be given on preparation for the annual accounts and the Committee agreed that the accounts should be prepared on a going concern basis. **Full Assurance**
- Recovery, Innovation & Transformation Update – significant assurance overall but there are some concerns about the performance of the Mexborough Elective Orthopaedic Centre (MEOC) at this early stage with more work required to ensure a sustainable operating model. **Significant Assurance**

Matters of Concern or Key Issues

- Access Standards - Reporting 'partial assurance' is inevitable given performance levels being below target and what we would like to achieve for patients. However, the Committee does have increasing levels of assurance on the approach being taken by the new management team although there is still a need to see through previously agreed actions. Although it is inevitable that we focus on performance which is below parr it also important to recognise where performance is relatively strong – Cancer being a notable area especially when measured against peers. **Partial Assurance**
- Urgent and Emergency Care – Challenges remain in reaching and maintaining required levels of performance for ED waits and Ambulance Handover. System and partner level co-operation is vital if we are to achieve both the capacity and flow required. The Committee is especially keen that the impact of actions is reviewed in a timely way and that there is a focus on what works. **Partial Assurance**
- Elective Activity –Performance for Inpatient and Day case treatment remains a challenge given workforce, infrastructure, and industrial action. Assurance is drawn in relation to the identification of improvement actions; however, it is evident that these will require cultural change including embracing the Getting it Right First Time (GIRFT) approach. The Committee is planning to have an in depth look at GIRFT in Trauma and Orthopaedics and one other speciality. **Partial Assurance**

Finance & Performance Committee (F&P) cont'd

Matters of Concern or Key Issues cont'd

- 2024/25 Financial Planning – Although full assurance can be recorded for the Trust's approach to planning for the new financial year it is notable that national guidance is both lacking and confusing making planning a significant challenge. There are also some challenges within the Trust in developing realistic divisional level plans which have been appropriately escalated. The Committee recommends that the whole Board be engaged in the debate on productivity improvement in order to support the long-term sustainability of services. **Partial Assurance**

Major Actions / Work in Progress

- Business Planning 2024/25 & Budget Setting 2024/25 - Divisional/Corporate business planning for 2024/25 aiming for no increases to the Trust cost base (excluding inflation). Expectation that commitments will be founded on delivering more activity, productivity, and quality through implementation of recurrent improvement schemes, adoption of best practice standards and partnership / transformational change. National guidance not yet finalised, and work is ongoing to develop workforce plans which are less mature than required at this stage. People Committee to assure on those workforce plans.
- Diagnostics – a focus needs to be maintained on demand management and effective utilisation of capacity in this area given the concerns identified previously and the critical part played in treatment pathways. Specifically work needs to be undertaken to ensure that DBTH CT scan high demand is reduced, to match clinical guidelines and the practice in other acute providers which are showing significantly lower demand.
- Electronic Patient Record (EPR) system – latest update to be discussion at the Confidential Board meeting.
- Financial Allocations – a further update was provided on this ongoing piece of work which has identified an apparent shortfall in resources allocated to Doncaster Place and some indication that allocations within the borough may need to be reviewed.

Decisions Made

- Qi Strategy -This excellent strategy is recommended to the Board for approval.

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Hazel Brand

Non-executive Director

Charitable Funds Committee (CFC): December 2023

Positive Assurance

- Noted the auditors' in-depth audit and unqualified audit opinion on the 2022/23 annual accounts (Full assurance)
- Noted the auditors' opinion that the financial statements (in the Annual Report) give a true and fair view of the state of the charity's affairs as at 31 March 2023 (Full assurance)
- Governor observers reported that they were happy with the business of the "well-run" meeting (Full assurance)
- Suite of new Charitable Funds policies are in line with existing DBTH policies (Significant assurance)

Matters of Concern or Key Issues

- Ability to meet previously-committed initiatives once the FAG Legacy has been spent (with income from dividends reducing and costs increasing). A list of these pre-commitments and costs to be provided at the next meeting. This may mean changing the criteria for bids to the Charitable Funds Development Committee (Partial assurance)
- Baseline data on which to calculate incremental progress on key performance indicators is missing but being worked on (Partial assurance)
- A risk register for the charity is required (No assurance)

Charitable Funds Committee (CFC) cont'd

Major Actions / Work in Progress

- The Dormant Funds policy was agreed and, in consequence, the task of rationalising the named funds had commenced
- Re-tender for investment advisers: suggestions were made on items for inclusion, particularly 'green' energy and other eco-friendly companies, including considering duties as an anchor institution
- Task & Finish group is meeting on one more occasion
- Agreement reached with the representatives of the FAG family on the use of residual funds, once the surgical and rehab robots have been purchased. Photo opp(s) with the representatives agreed
- The Montagu-Doncaster shuttle bus, in its current form, will run for one more year, during which time its use/costs/alternatives will be evaluated
- Comms & Marketing were complimented on the Serenity Appeal being shortlisted for a major award

Decisions Made

- Approved the paper by Doncaster & Bassetlaw Health Services on its running of the Charity, including key performance indicators (KPIs), service level agreements (SLAs), financial plans, acknowledging that 2024/25 will be a year of consolidation and these elements will be kept under review
- 'Soft launch' of a new appeal to provide equipment for the new Bassetlaw Emergency Village, including children and vulnerable adults, has gone live

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Mark Bailey

Non-executive Director

People Committee: April 2024

Positive Assurance

People Strategy: Comprehensive high-level summary of implementation of in-year actions in the strategy and forward view of the delivery plans. Positive movement in operational performance and staff survey measures in line with in-year targets. 'One year in' review planned to confirm / refine activities and priorities. **Full Assurance**

Engagement & Leadership: Very strong engagement evidenced by 2023 annual staff survey response of 67%: one of the highest nationally for acute providers. Year on year improvements in all People Promise themes, staff engagement and morale. Continuing to embed DBTH Way leadership with Just Culture and Patient Safety Incident Response Framework. **Significant Assurance**

Education: Statutory compliance at end February 2024 was 89.2% (83.4% in 2022) v. 90% target – the highest recorded at DBTH. Assurance of on-going alignment with national requirements e.g. additional patient safety and learning disabilities / autism training. **Significant Assurance**

Equality, Diversity and Inclusion - Annual Report: Fully defined and monitored EDI plan with all NHS EDI Improvement high impact actions (6 areas) either in-place or near to completion. Evidence from mandatory reporting, year on year improvements in NHS staff survey results. **Significant Assurance**

Workforce Supply & Demand: Maternity Services - Comprehensive data driven review of proactive recruitment, development and retention action to ensure maternity staffing meets the care needs of increasing complexity in women accessing the service. The Trust now has its highest level of registered midwifes in place and expects to be fully recruited by the end of 2024. **Significant Assurance**

Nursing Workforce review & Safe Staffing: Evidence of further improvement in vacancy reduction across unregistered and registered workforce. Actions taken to embed additional support to the resultant increases in staff transitioning from supernumerary / early years status. **Significant Assurance**

Job Planning: Compliance with all recommendations from 2021 internal audit with all actions complete. Consistency Committee in operation and upgrade to electronic job planning capability planned. Progress on managed reduction in high PA job plans. **Significant Assurance**

Medical Appraisal: 92% compliance at 4th April. NHSE standard is 85% / DBTH standard 90%. **Significant Assurance**

People Committee cont'd

Matters of Concern or Key Issues

Board Assurance Framework (BAF 2) People
The ambitions within the NHS long term workforce plan are not in the short term aligned with the 2024/25 business planning guidelines, with the latter having a focus on restricted workforce growth in the short term.
The Committee noted that despite the significant assurance on the implementation of the DBTH People Strategy and positive movement on key People Indicators the BAF strategic was not expected to reduce to the target level risk of 9 given the national context the Committee agreed it remained at 12.
Understanding on near term workforce risk/ mitigation for clinical and non-clinical role types and the attendant patient service area has been requested.

Major Actions / Work in Progress

- Workforce- A summary on the workforce position commensurate with 2024/25 business planning to provide further clarity on specific areas of risk and actions in place or planned to mitigate.
- National Staff Survey - Divisional / Directorate engagement with teams on local and Trust level results. Expectation for individualised improvement actions to be co-produced with support and assurance oversight by Executive and the People Committee.
- Education - DBTH Education Quality Framework data expansion and refinement including benchmarking with other acute comparable NHS providers.
- Research & Innovation - Development of a detailed 5-year business case starting in the financial year 2024 to support the research & innovation strategy.

Decisions Made

Approved for inclusion in the Trust's annual review and reporting of governance:

- The People Committee Annual Report 2023-24
- The People Committee Effectiveness Survey 2023-24
- Revision to the Terms of reference for the Health & Wellbeing Committee

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Report Cover Page			
Meeting Title:	**Council of Governors**		
Meeting Date:	25 April 2024	**Agenda Reference:**	**C1**
Report Title:	Independent Effectiveness Review of Council of Governors (CoG)		
Sponsor:	Suzy Brain England OBE, Chair of the Board		
Author:	Fiona Dunn, Director Corporate Affairs/Company Secretary		
Appendices:	Independent review of Council of Governors (MK), NHS Providers Effectiveness Survey Results		
Executive Summary			
Purpose of report:	• To present to the Council of Governors both the results from the NHS Providers CoG Effectiveness Survey and the external independent consideration of the outcome of the CoG effectiveness review. • To seek the Council of Governors' feedback on recommendations set out within the independent consideration undertaken by an experienced governance professional. • To ensure that assurance can be taken that the governance processes which are in place are robust and meet the requirements of any external assessor, such as CQC.		
Summary of key issues:	**Background** During January/ February 2024 NHS Providers facilitated the scheduled committee effectiveness survey for the Council of Governors. The survey results were received and a feedback session to governors was held on the 6th March. Alongside this an independent assessment of the survey outcomes was also requested from a governance specialist to ensure that any recommendations to the Council of Governors had been subject to external scrutiny. **Summary** The feedback session reflected on six key standard areas surveyed for committees of council of governors: • Roles and composition of the Council of Governors • Long term strategy consultation • Management of the Council of Governors meetings • Effectiveness of the Council of Governors • The roles of the chair and the lead governor • Equality and diversity The responses were presented to the governors by NHS Providers and are summarised below: <u>Roles and composition of council of governors</u> • Positive response with (83%) agreeing that they have a good understanding of the council role and (82%) of their role and responsibilities within the council.		

	• (65%) of respondents agreed that new members received a satisfactory induction, and (78%) felt that governors receive sufficient ongoing training and development. • Comments were supportive on size and composition of the council. • Results in this key section compare well with other surveys NHS Providers have undertaken. <u>Long term strategy consultation</u> • (67%) of the respondents agreed that they are being sufficiently consulted on the trust's long-term strategy. • However, some comments suggest governors are not clear on their statutory role with regard to forward planning. <u>Management of the council of governors meetings</u> • Scores in this section are generally positive particularly with regard to the CoG papers (72% & 71%) and governors agreeing they can ask questions in their meetings (88%). • Comments were mixed on the value of online as opposed to in person meetings and two comments expressed a desire for more time to ask questions to NEDs. <u>Effectiveness of the council of governors</u> • Overall (78%) agreed that the council is working effectively which is a very good score comparatively. • Scores suggest governors are more comfortable in their holding to account role (67%) than their representing the interests of members and the public role (50%). <u>The role of the chair and the lead governor</u> • Positive response on the role of the chair -the chair is supportive to the needs of the council, facilitates open discussions, listens to all members and keeps the meetings on track (all between 83% -89%). • Best score NHS Providers have seen on their surveys for the lead governor sharing relevant knowledge and information with all governors (83%). One comment acknowledged the governors WhatsApp group. <u>Equality and diversity</u> • Low score (22%) for the council reflecting the diversity of the local population, high score (89%) agreeing that this is important and all comments acknowledge that this is an issue. The independent reviewer attended the feedback session to observe the survey outcome discussion between NHS providers and governors. Their report was then received and is attached for governor review and discussion at the Council of Governor meeting. <u>Activity since the Effectiveness survey</u> Some activities to addressing points in the survey have already been held or organised for governors, such as understanding the issues needed to address the diversity of the council of governors and a bespoke 3hr workshop on Council of Governors Effectiveness and Working Together facilitated by Carl Smith. Four workshops have been organised to: 1. Understand what the Trust has been doing to address the EDI agenda from a staff/patient point of view, held 5th April 2024

	2. Understand how the new Head of Patient Experience and Engagement has addressed from a patient and public point of view, to be held 22nd April 2024 3. Understand how governors themselves can together address the diversity of the council and its members - interactive workshop, to be held 8th May 2024) 4. Understand how governors can work effectively together – interactive 3hr workshop 11th January 2024 It is envisaged that further training and development may need to be provided following discussion at the Council of Governors. This would be targeted at further supporting all governors to be able to carry out their collective and statutory responsibilities as a Council of Governors.
Recommendation:	The Council of Governors is asked to review and consider the findings and recommendations both the NHS Providers feedback, and from within the independent assessment report, to support the consolidation of the governance processes within the Council of Governors, and supporting governors to be able to carry out their collective responsibilities as a Council of Governors, whilst being aligned to good governance and best practice.

Action Require:	**Approval**	~~**Information**~~	Discussion	~~**Assurance**~~	Review

Link to True North Objectives:	**TN SA1:**	**TN SA2:**	**TN SA3:**	**TN SA4:**
	To provide outstanding care for our patients	*Everybody knows their role in achieving the vision*	*Feedback from staff and learners is in the top 10% in the UK*	*The Trust is in recurrent surplus to invest in improving patient care*

Implications	
Board assurance framework:	SA1
Corporate risk register:	N/A
Regulation:	CQC Well Led, NHS Code of Governance
Legal:	Compliance with regulated activities and requirements in Health and Health Care Act 2022
Resources:	N/A

Assurance Route			
Previously considered by:	NHS Providers Effectiveness Feedback session 6th March 2024		
Date:	6/3/24	**Decision:**	
Next Steps:	Recommendations to be reviewed at CoG 25/4/2024		
Previously circulated reports to supplement this paper:	NHS Providers Effectiveness 2024 survey results & slides from Governor feedback session.		

GovernWell: Council of Governors Effectiveness workshop

Trust: Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
Event date: Wednesday 6 March 2024

NHS Providers run GovernWell, the national training programme for foundation trust governors to equip them with the knowledge and skills they need to perform their role effectively. Over the last 10 years, 7000 governors have attended one of our events, with over 450 training courses delivered. And an amazing 98% of foundation trusts have engaged with the programme.

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust has commissioned NHS Providers to run this survey to gather the views of governors on the effectiveness of their council of governors. The survey was sent to governors in the Trust and the 18 full anonymous responses inform this report, which will provide a basis for future training sessions, both in-house and by NHS Providers.

What type of governor are you?

Answer Choices			Response Percent	Response Total
1	Public		77.78%	14
2	Staff		11.11%	2
3	Appointed/Partner		11.11%	2
			answered	18
			skipped	0

Agenda continues on page 2

Roles and composition of the council of governors

I have a good understanding of:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
the role of the council	22.22% 4	61.11% 11	11.11% 2	0.00% 0	5.56% 1	0.00% 0	18
my role and responsibilities within the council	17.65% 3	64.71% 11	5.88% 1	5.88% 1	5.88% 1	0.00% 0	17
						answered	18
						skipped	0

The council has the correct number of members for cohesive team working:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		16.67%	3
2	Agree		66.67%	12
3	Neither agree nor disagree		5.56%	1
4	Disagree		5.56%	1
5	Strongly disagree		0.00%	0
6	Don't know		5.56%	1
			answered	18
			skipped	0

New council members receive a satisfactory induction:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		11.76%	2
2	Agree		52.94%	9
3	Neither agree nor disagree		29.41%	5
4	Disagree		5.88%	1
5	Strongly disagree		0.00%	0
6	Don't know		0.00%	0
			answered	17

Contact: GovernWell governors@nhsproviders.org

New council members receive a satisfactory induction:		
	skipped	1

Governors receive sufficient ongoing training and development to enable them to fulfil their role:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		22.22%	4
2	Agree		55.56%	10
3	Neither agree nor disagree		5.56%	1
4	Disagree		5.56%	1
5	Strongly disagree		5.56%	1
6	Don't know		5.56%	1
			answered	18
			skipped	0

Comments:

- Prefer patient governor status rather than public. It affords greater sense of the importance of focus on patients.
- Too few governors demonstrate evidence-based critical comment on the effectiveness of the NEDs in holding the Executive to account. I explain this as follows: -
    - 1. Them not having had such professional roles (I have been a chief executive, a NED many times, and undertaken inspections for Ofsted and CQC).
    - 2. There is a prevailing culture of not being critical in meetings, and not challenging where under-performance is manifest. This culture is fed by a Chair who avoids being critical and a Lead Governor who also manifests this approach. Indeed, when I tried to get the LG to pass on my critical evidence-based comments as my contribution to the CEOs appraisal I was told my points were "too critical".
    - 3. I write observation reports on the F&P Committee, which draw attention to where NEDs fail to challenge underperformance. The Trust Board Office submits my reports to

the F&P Chair for his "approval", and the thrust Chair has asked me to remove certain comments from my reports. This undermines my duty to hold NEDs to account.

  - 4. None of the observation reports by other governors is objectively critical, being more of a shorter version of the minutes, with no evaluative comments at all.
  - 5. Governor effectiveness is further compromised by the fact of the trust Chair being Chair of the CoG. This is very wrong and a blatant conflict of interest, yet I accept it is in the statute.

- I am very new to the role of governor hence I am unsure of many answers.
- I believe that the balance of public and partner governors is essential this allows a cross section view of the local area and enables the unitary boards to work more effectively.
- Should there be wider Governor involvement in various committees and more communication with Members and the wider public.
- Our Trust has 35 governors of which 20 represent public constituency. The Trust combines two regions, with 13 public governors for one region, 5 for the other, plus 2 Rest of England. 6 Staff and 9 Partner governors constitute remainder. Yet, the Trust is one of, if not, largest employer in region (around 6,700 staff) and serves acute healthcare needs of around 420,000 people. So, CoG composition is probably OK.
- Always thought it confusing some Trusts use the term Public Governor, while others use Patient Governor. Are they the same thing, or fundamentally different from each other?
- Public and Staff roles are not necessarily mutually exclusive: Staff can become ill and have in-patient stays in hospital – thereby becoming members of the public. Are staff also members of the public (and Trust) when they are not working in the hospital? In such cases, staff and public governor roles can be said to intersect.
- The full composition of the Council is too large. However, the number of participants at any one time seems correct. So, allowing for expected absences the size may be correct.

Long term strategy consultation

Governors are consulted on when being renewed							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
the trust's long term strategy consultation	16.67% 3	50.00% 9	22.22% 4	0.00% 0	5.56% 1	5.56% 1	18
						answered	18
						skipped	0

Comments

- Not yet
- We may have sight of the strategies, although these are intermittent, but this does not amount to consultation. The strategies do not start with a neutral engagement with governors on what we feel are the best interests of the communities which elected us. WE are presented with papers derived from national policies, as instructed by NHSE/ICBs.
- Not sure of the strategy
- On the whole: I feel we receive effective briefings on Trust's mission, values, and strategic direction.
- We are fortunate that Governors do have a voice but can feel like just a "rumber stamping" exercise.

Management of the council of governors meetings

The council of governors meetings provide an effective way of accomplishing the business of the council:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		11.11%	2
2	Agree		55.56%	10
3	Neither agree nor disagree		16.67%	3
4	Disagree		11.11%	2
5	Strongly disagree		5.56%	1
6	Don't know		0.00%	0
			answered	18
			skipped	0

I have the opportunity to influence via different ways:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
the asking of questions at the council of governor meetings	22.22% 4	66.67% 12	11.11% 2	0.00% 0	0.00% 0	0.00% 0	18
						answered	18
						skipped	0

The papers for the council of governors meetings:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
are provided in a timely manner to allow members to consider matters fully prior to the meeting	27.78% 5	44.44% 8	16.67% 3	11.11% 2	0.00% 0	0.00% 0	18
provide me with all the information I need	23.53% 4	47.06% 8	23.53% 4	5.88% 1	0.00% 0	0.00% 0	17
						answered	18
						skipped	0

Contact: GovernWell governors@nhsproviders.org

I am happy how the time is used and prioritised at the meetings:

	Answer Choices		Response Percent	Response Total
1	Strongly agree		22.22%	4
2	Agree		38.89%	7
3	Neither agree nor disagree		27.78%	5
4	Disagree		5.56%	1
5	Strongly disagree		5.56%	1
6	Don't know		0.00%	0
			answered	18
			skipped	0

It is clear how actions arising from discussions are followed up and implemented:

	Answer Choices		Response Percent	Response Total
1	Strongly agree		16.67%	3
2	Agree		44.44%	8
3	Neither agree nor disagree		33.33%	6
4	Disagree		0.00%	0
5	Strongly disagree		5.56%	1
6	Don't know		0.00%	0
			answered	18
			skipped	0

I have the opportunity to contribute to the meeting:

	Answer Choices		Response Percent	Response Total
1	Strongly agree		27.78%	5
2	Agree		61.11%	11
3	Neither agree nor disagree		5.56%	1
4	Disagree		0.00%	0
5	Strongly disagree		0.00%	0
6	Don't know		5.56%	1

I have the opportunity to contribute to the meeting:		
	answered	18
	skipped	0

The council seeks appropriate input from interested parties (e.g. subject matter experts, specialty leads etc.) to support its decision making via governor briefing or followup sessions:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		27.78%	5
2	Agree		44.44%	8
3	Neither agree nor disagree		22.22%	4
4	Disagree		5.56%	1
5	Strongly disagree		0.00%	0
6	Don't know		0.00%	0
			answered	18
			skipped	0

Comments:

- Online may afford easier access for those less committed to the role. But are far less valuable as opportunities for networking amongst other governors or private interaction. Must return to face-to-face ASAP.
- CoG meetings are highly stage managed by the Chair to fill the time without serious critical comments. There is too much time on prepared officer presentations and too little for questions. My criticisms make me a pariah, yet I have a thick skin and 40 years of professional challenge experience (and the trust is a consistently poor performer). Most other governors are quiet and appear to take on officers with vastly superior knowledge.
- There is insufficient time to question NEDs.
- Overall: Highly effective. Since March 2020 (start of Covid-19 pandemic), our CoG meetings have been conducted on-line (using MS Teams platform).
- On-line CoG meetings prove more convenient for many governors.

- Pre-pandemic, CoG received a lot of reporting from executives. Now, NEDs present their reports verbally (with sets of accompanying CoG meeting slides). There is a Q&A section, where governors can direct their questions to NEDs. NEDs openly respond – and where needed executives add additional context/content. Chain of accountability goes through: 'governor-to-NED-to-Executive' direction – as I believe it is intended.
- The management is good. On occasion I wonder if Governors should have the main input into how the management is organised.

Effectiveness of the council of governors

Overall, the council of governors is working effectively:				
Answer Choices			**Response Percent**	**Response Total**
1	Strongly agree		11.11%	2
2	Agree		66.67%	12
3	Neither agree nor disagree		5.56%	1
4	Disagree		5.56%	1
5	Strongly disagree		5.56%	1
6	Don't know		5.56%	1
			answered	18
			skipped	0

The council is effective in performing its role in the following areas:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
holding the non-executives to account for the performance of the board	16.67% 3	50.00% 9	22.22% 4	0.00% 0	5.56% 1	5.56% 1	18
representing the interests of the foundation trust members and the local population	11.11% 2	38.89% 7	33.33% 6	16.67% 3	0.00% 0	0.00% 0	18
delivering on the range of statutory duties and responsibilities	5.56% 1	61.11% 11	27.78% 5	0.00% 0	5.56% 1	0.00% 0	18
						answered	18

The council is effective in performing its role in the following areas:		
	skipped	0

The council:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
spends the correct proportion of time on key agenda items / priorities in the meetings relating to its statutory roles	11.11% 2	50.00% 9	22.22% 4	5.56% 1	5.56% 1	5.56% 1	18
takes the time to form a view collectively on the key items of business coming to its meetings/briefings	16.67% 3	44.44% 8	22.22% 4	11.11% 2	5.56% 1	0.00% 0	18
						answered	18
						skipped	0

Comments:

- Suspect it could be much better. Too much tokenistic interaction, not enough with patients.
- I am a new governor and therefore still gathering information and evidence.
- I feel that we would be more effective if we were able to meet face to face as a council sometimes , rather than always having meetings via Microsoft teams video calls .
- Overall: Fairly robust. Along with proper chain of accountability: Trust has 5 Board Sub-committees (each of which reside immediately below Board of Directors). These are Audit and Risk, Finance and Performance, Quality and Effectiveness, People, and Charitable Funds. Individual governors are elected to each committee as observers. Observers are able to ask questions, offer observations, at these sub-committees. Those governors then write a summary report on sub-comm proceedings. Summary reports are made available for CoG members to consult. Nominations and Remuneration is a specialist part of sub-comm structure.
- Governors are able to attend (online) monthly Board of Directors meetings. They can pose questions to BoD (that are asked by Lead Governor). Responses are recorded in 'a rolling database', made available to governors.

- In short, CoG can collectively gain a very good understanding of both Board of Directors, and Board Sub-committee activities, decisions, and actions.
- One caveat: On-line Pre-CoG meetings do not offer environment for honest and frank exchange that face-to-face pre-meets did.
- Being totally convinced that the views of the public are robustly known is a long standing difficult area, but many processes are in place to help determine this.

The role of the chair and the lead governor

The chair:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
is supportive and responsive to the needs of the council of governors	33.33% 6	50.00% 9	11.11% 2	0.00% 0	5.56% 1	0.00% 0	18
facilitates open discussion and challenge	22.22% 4	66.67% 12	5.56% 1	0.00% 0	5.56% 1	0.00% 0	18
listens to all members of the council	33.33% 6	55.56% 10	5.56% 1	5.56% 1	0.00% 0	0.00% 0	18
keeps the meetings on track	50.00% 9	38.89% 7	11.11% 2	0.00% 0	0.00% 0	0.00% 0	18
shares relevant knowledge and information with all governors	44.44% 8	33.33% 6	22.22% 4	0.00% 0	0.00% 0	0.00% 0	18
						answered	18
						skipped	0

The lead governor:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
shares knowledge and information with all governors	44.44% 8	38.89% 7	11.11% 2	0.00% 0	5.56% 1	0.00% 0	18
has a good relationship with the chair	16.67% 3	55.56% 10	5.56% 1	0.00% 0	5.56% 1	16.67% 3	18
						answered	18

The lead governor:		
	skipped	0

Comments:

- Chair should never have been allowed to be same for governors and executive board. This was a failure from the outset which has never been redressed.
- The Lead Governor's relationship is far too cosy and uncritical.
- Our Chair is very experienced. Ambitious and driven. Networks extensively across region. Keeps meetings ticking along nicely. Allows governors to ask questions in various fora. Keen on systems and processes. A tough-minded leader.
- Lead Governor: An ex-nurse, and councillor. Very keen on capturing experiences of the public. Appears effective at negotiating communication between Chair and CoG. Keeps governors up to date via Governor WhatsApp Group.

Equality and diversity

Please tell us to what extent you agree with the following statements							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
The council of governors reflects the diversity of our local population	11.11% 2	11.11% 2	27.78% 5	44.44% 8	0.00% 0	5.56% 1	18
it is important that the council of governors reflect the diversity of our local population	61.11% 11	27.78% 5	11.11% 2	0.00% 0	0.00% 0	0.00% 0	18
						answered	18
						skipped	0

Comments:

- Too quick to apologise for lack of diversity but do nothing.

- Diversity covers all social groups and interests and not just BME characteristics.
- Is the Trust Membership who elect the Governors representative of the population?
- Fine on gender distribution. BAME governor representation is challenging. Do we miss-out on governors who can bring perspective on more difficult to reach sub-populations? Undoubtedly, yes. BAME candidates do put forward their nomination to governor elections though.

Why did you want to become a governor? What issues were driving your interest?

- Assist patients with issues. Seen so many failings unaddressed myself .
- To challenge on behalf of my community for more effective services, and sustainability of the trust.
- I became a governor after being retired from the NHS after 35 years. I became interested after Covid and wanted to help overcome the difficulties that were highlighted at this time.
- After an NHS career. I wanted an opportunity to maintain knowledge of the development of my local trust and the NHS in general.
- As someone who spent all her working life working in the health service, I am committed to trying to ensure that the trust delivers excellent care in a timely manner to the community it serves.
- Was invited to join by the university dean.
- Having worked in NHS for 26 years I felt that after my retirement I can contribute positively utilising my experience in NHS for the betterment.
- To improve patient care.
- Interest in how decisions are made and how the Board is accountable.
- To assist the Trust in its development at a difficult time. To 'give something back'.
- To ensure the voice of the workforce were represented and to ensure the workforce were aware of the role of governors and the working s of the board and governance.

- I wanted to give something back having used the NHS a lot. Also, I wanted to give a voice to patients, in particular groups whose voices are often unheard. The issues I was most interested in were the care of elderly patients and people with mobility issues and their experience using hospitals. I also wanted to see a smoother interface between the NHS and social care.
- I have a long-term chronic health condition. Treated at the hospital for decades, so wanted to give something back (to the hospital and people of Doncaster); Interested in corporate governance of complex bureaucratic organisations; To learn what the hospital was doing well – and discover where it might be able to do better.
- I wanted to be involved in the local community and wanted to relay that to the public to ensure all voices are heard. I wanted to give a different opinion on the matters.
- I wanted to contribute to the Trust and use my knowledge, experience, and skills to help develop and improve the Trust. Issues relating to diversity and disability drive my interest.

Why do you think confidentiality is important in the governor role?

- Protects right to speak. Patients often afraid of consequences.
- Of course, we cannot share any matters about individual patients or other identifiable information. But sharing thoughts with constituents on trust under-performance, based on public papers. is legitimate.
- Confidentiality is ALWAYS important, no matter what the role. Without it there can be no trust.
- Confidentiality is paramount to protect the public and the trust. Sharing knowledge of information which is not ready to be given to the public may be very dangerous.
- We gain sensitive information that is in the public interest, but we have to respect that some information that we receive is not meant to be released to the community.
- Confidentiality is important to protect the Trust, staff and patients.
- Needed to be able to explore issues in a climate of trust and safety.
- The main principle of good governance, the core value of the NHS and creates safe and effective working relationships.

- Confidentiality is crucial because people trust that any information given to the NHS is confidential. Also, information about strategic issues must be accurate and only released to the public when it is ready.
- Firstly, it is important to categorise issues according to 1. Those where confidentiality is required, versus, 2. Those where confidentiality is inappropriate (and even dangerous). So, need to explore the other side of question also: Does the use of the word 'confidentiality' ever get in the way of governors enacting their role? Those times may be rare. However, where does confidentiality come-in where a freedom-to-speak-up issue presents itself?
- It gives people the opportunity to speak their mind and to feel listened to. It also shows a sign of mutual respect between people.
- It is a core value of governance and sustains effective governance and ensures robust accountability.

Overall council of governors performance

Overall, I am satisfied with:							
Answer Choices	**Strongly agree**	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Total**
my contribution to the council of governors	0.00% 0	61.11% 11	16.67% 3	22.22% 4	0.00% 0	0.00% 0	18
how the council's business and decisions of the council are communicated internally	33.33% 6	44.44% 8	11.11% 2	5.56% 1	0.00% 0	5.56% 1	18
how the council's business and decisions of the council are communicated externally	22.22% 4	38.89% 7	16.67% 3	5.56% 1	5.56% 1	11.11% 2	18
the communication between the council of governors and the board of directors	27.78% 5	44.44% 8	11.11% 2	11.11% 2	0.00% 0	5.56% 1	18
						answered	18
						skipped	0

Comments:

- Access to patients, complaints. Staff.

- The Chair should be elected by us, the governors, not imposed by statute. The Council should be embraced for its account-holding role, and listened to and supported in this respect, not regarded as a body of people to be tolerated and fed morals on selected information.
- I am too new to this to give an opinion.
- Due to the Covid pandemic restrictions, we have less ability to meet patients and seek their views about their hospital stay, so that we can discuss with non-executives and see them challenge the executive team.
- Greater involvement within the ICBs and the ability to share knowledge, understanding and needs of our communities.
- Diversity of CoG members including age and ethnicity.
- Need to seek governors from protected characteristics and minority groups of the community that receive services from the trust. increase diversity. the trust is doing work to improve this.
- There is a need for a more hybrid approach with an increase in face-to-face meetings. Achieve this by having the opportunity to talk to NEDs and have some briefings on site. Governors need to have more contact with the public and patients in order to represent their views. Visiting the wards, whether as a ward sponsor or as part of an inspection, enables this plus it allows us to see the patient environment.
- I would welcome governors having opportunity (once again) to do 'ward and estates walkarounds'. They used to occur before March 2020. My concern is that while I feel I can obtain a very good view of corporate governance (near apex of organisation), I am unable to assess how it translates with activities on the wards or other departments. Without increased governor visibility on wards (even if that means being accompanied by a NED in gown and gloves), I believe obtaining 'the most rounded perspectives of Trust performance' becomes extremely difficult, post-pandemic.
- I feel it was hard to start as a governor from square one as I had no idea what was happening for the first couple of months and didn't really understand the types of meetings that took place.

Other views about the role and effectiveness of the council of governors:

- I do not feel that the majority of governors have the time, knowledge and skills to challenge effectively. This is manifest on poor attendance at meetings and the very few questions asked, mostly only information-seeking rather than holding-to-account.
- Governors would benefit from a more unified approach to their role. whilst there are clear areas which need some delineation a core set of responsibilities would be help Governors. it currently feels as though each set of Governors and each trust works moulds the role, greater unity of core functions would assist.
- Some governors need to be more supportive and seeking to be i alignment with the board and organisation rather than looking for to be overly and unnecessarily critical. letting some of the lesser heard voices and thoughts be heard by listening rather than talking.
- The Council is less effective when it only works online. We are starting to resume occasional on-site meetings, so this is changing but it is very, very slow.
- CoG don't really get to know of occasions/issues where Lead Governor has felt need to challenge the Chair, on behalf of interests of the public – and done so. Would prefer to believe any challenging conversation (if it does take place) is not kept away from CoG.
- I believe that it gives everyone a chance to speak and this discussion gives us a chance to improve efficiency.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

25 April 2024

Council of Governors

Independent Review following the NHS Providers Council of Governors Effectiveness Survey

1. In March 2024, I was asked to carry out an independent assessment of the outcomes of Doncaster and Bassetlaw Teaching Hospitals' (DBTH's) council of governors following an NHS Providers' facilitated governor effectiveness review. My experience is as a governance professional/trust secretary working in NHS foundation trusts for eight years and, before that, in corporate governance roles across the public sector for 12 years.

2. The scope of the review was as follows:

   a) Reflection on the outcome of the effectiveness review with suitable, referenced recommendations
   b) Consideration of how aligned DBTH council of governors and governor practice is to that of other foundation trust hospitals within the SYB system and if any changes should be made. Specifically:
      i. Clarification statutorily of the governor role on council of governors in terms of individual and collective responsibilities.
      ii. Clarification statutorily of the role of chair of the board and chair of council of governors.
      iii. Clarification on the difference between non-executive director (NED) and governor roles.
      iv. Clarification statutorily on the requirement and role of lead governor and deputy lead governor and expected duties within their role descriptions.
      v. Clarification statutorily of the process for appointment of lead governor (and/or deputy if needed).
      vi. Relevance and application of Trust values and behaviours (DBTH Way and We Care values), code of conduct and Nolan principles for governors, identifying any different approaches or considerations in the context of a governor not being an employee of the Foundation Trust.
      vii. The role of a governor on committees of the board and other relevant forums, including the approach taken elsewhere and what is deemed good practice.
      viii. Recommendations on different ways of working e.g. virtual / hybrid / face to face for governors, based on practice elsewhere and any relevant guidance in existence.
      ix. Review of the current DBTH council of governors agenda and content and process. Does it meet requirements so that governors can perform their duties?

<u>Reflection on the outcome of the effectiveness review</u>

3. The effectiveness review undertaken by NHS Providers in February 2024 proposed six areas for focus[1]:

   - Improve the diversity of the council of governors.
   - Become more effective in representing the interests of members and the public.

[1] NHS Providers (2024). Council of governors Effectiveness Workshop for DBTH (slides). Slide 21

- Clarity on forward planning responsibilities.
- Review how council of governors actions are followed up and implemented.
- Review and consider collectively what does "effective challenge" look like?
- Review the balance of virtual/in person working.

4. Below are some options for governors to explore as a means to make them more effective. They are not mutually independent as, for example, expanding the diversity of the council is likely to make it more effective in representing the interests of (a broader base of) members and the public.

5. Another thing to say is that the adoption of any of these measures needs to be balanced in relation to the resource available, especially in view of the departure of the current trust secretary and the restructure in light of her retirement.

Diversity of the council of governors

6. The case that a diverse pool of decision-makers is linked to effective decision-making and, in the case of the NHS, better patient care is now unanswerable[2]. The key question is how, especially with a fora like the council of governors over which the Trust has little control in electing, do we expand diversity? I understand the Trust has had some success in obtaining candidates for public governor seats, less so in those candidates getting elected.

7. One proposal is to take positive action within staff governor constituencies where there is often less competition for seats and where the electorate (Trust colleagues) are already bought into the Trust's vision and values around equality, diversity and inclusion. Positive action is about taking specific steps to improve equality such as discussing upcoming governor opportunities with people who could bring diversity to the council and encouraging them to self-nominate. It differs from positive discrimination which is unlawful in English law.

8. The other route for increasing diversity of the council of governors is through the partner governor route. The Trust already has links with the Doncaster Deaf Trust and Partially Sighted Society-Doncaster and could expand this further to include bodies such as BME United Doncaster or Muslim Charity UK (based in Bassetlaw).

Effectiveness in representing interests

9. Representing interests of potentially disparate groups of people across the entire country, in the case of those governors representing Rest of England and Wales, is a perennial challenge for councils of governors, though is perhaps easier for staff governors who are closer to the people and issues they represent. There are many options to encourage member engagement including in-person member events, online member questionnaires and quick-fire "how was your experience and how could it be better" type surveys.

10. The new Addendum challenges governors to look beyond their own membership register and four walls to the "public at large" but offers few clues about how it might be done. One could feel that this places an additional onus on governors to go out and find those views. However, there are one or two clues as to how governors may 'stay close' to the views of members and the wider public:

[2] Kilne, R. (2014). *The "snowy white peaks" of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England* p. 3. (University of Middlesex, London UK)

"Councils of governors must be mindful that a number of different bodies and organisations (such as Healthwatch) represent the interests of the public, and governors should therefore work collaboratively with one another and with other representative bodies, to ensure that the public has been as broadly represented as possible.[3]"

11. The words "work collaboratively with one another" gives some encouragement to governors to forge links and find out what is happening within one another's respective trust areas. Good work is taking place within the Acute Federation and Mental Health, Learning Disability and Autism Provider Collaborative on annual governor events, but there is perhaps room for a smaller more informal group of SYB governors to come together more regularly to share insights and good practice.

"They may also work with their board to consider how best to engage with other bodies and organisations in their system that represent the interests of the public at large (such as voluntary sector organisations and Healthwatch).[4]"

12. This is about recognising that there are already groups out there who engage with the 'public at large' and can offer positive insights about what people feel about the Trust's services. The council of governors could look to invite in those groups who act as proxies for members/the public to get their view on what services are provided and what can be improved. A further outlet for patient views are the new patient safety partners which all trusts are required to appoint under the new Patient Safety Incident Response Framework (PSIRF).

13. DBTH governors currently have the opportunity to meet patients, families and colleagues in the reception area or restaurant of all three hospitals to get their views on the services the Trust provides. There is the potential to make these 'meet and greets' more formal so governors can talk to colleagues, patients and families outside of a ward setting. For the benefit of governors to get to know each other, NEDs, executive directors and other colleagues, the Trust has offered to hold coffee mornings and should continue to do this at least twice a year.

Forward planning

14. The term forward planning is challenging as it is not one that is now regularly used in NHS parlance and could mean different things, depending on who you ask. It could mean the Trust's operational plan, its wider strategic direction or 'future plans' in the most generic sense. For the purposes of this work, I have taken it to mean the latter.

15. The original *Your Statutory Duties* guide recognises that: "the approach to strategic planning taken by boards varies considerably. This also reflects the variation in the way in which councils of governors are involved. The forward plan incorporates both operational and strategic information. The council of governors' role is to ensure that the interests of members of the

[3] NHS England (2022). Addendum to Your statutory duties – reference guide for NHS foundation trust governors. System working and collaboration: role of foundation trust councils of governors p.12. https://www.england.nhs.uk/wp-content/uploads/2022/10/B2077-addendum-to-your-statutory-duties-reference-guide-for-nhs-foundation-trust-governors-october-22 .pdf. [Accessed 24 March 2024]
[4] Ibid. p.13

NHS foundation trust, and of the public, are considered when the NHS foundation trust proposes strategic developments. It may perform this role in various ways[5]."

16. Given the regularity and fluidity of such plans this needs to be an ongoing process. The most practical way of doing this is through presentation and discussion of topics at council meetings and development sessions.

Follow-up of actions

17. On the basis of what I have seen there is little I can add to what appears to be a comprehensive process of action follow-up. Whether governors feel that actions are followed up with sufficient pace and urgency is a separate matter, but consideration needs to be given to the operational and pressurised context that the NHS currently operates within.

18. What is clear is that the governor role is about pulling through assurance from the board, in a similar way to the regulator, and that their questioning and line of sight should be assurance based through non-executive directors. This may be an area that the new Associate Director with the portfolio for governance wishes to consider further once they come into post in the summer.

Effective challenge

19. In anticipation for this review, I asked 20 company secretaries from across the country about what they had done to increase effectiveness in the area of effective challenge. All of them replied that effective challenge was a training issue and pointed to two useful resources that could help in this area.

- NHS Providers' course on effective questioning and challenge
- Claire Lea, Charis Consulting

20. Fundamentally, and linking to the section on values and the DBTH Way (see below), holding to account means challenging appropriately, in a way that does not mean people are being unfairly targeted or criticised. Fundamentally, it needs to be kind.

In-person versus virtual working

21. DBTH's governor induction pack accepts that "governors have not needed to return to the hospital sites since (the Covid-19 lockdown)." However, the recent effectiveness results all point to a desire to return to site which is mentioned multiple times in free-text commentaries.

- "Online may afford easier access … But are far less valuable as opportunities for networking amongst other governors or private interaction[6]."
- "I feel that we would be more effective if we were able to meet face to face as a council sometimes, rather than always having meetings via Microsoft teams video calls[7]."

[5] Monitor (2013). Your statutory duties – reference guide for NHS foundation trust governors. p.58. https://assets.publishing.service.gov.uk/media/5a7ba22ce5274a7202e186e3/Governors_guide_August_2013_UPDATED_NOV_13.pdf [Accessed 24 March 2024]
[6] NHS Providers (2024). Council of governors Effectiveness Workshop for DBTH (survey results) p.8.
[7] Ibid. p.10

- "On-line Pre-CoG meetings do not offer environment for honest and frank exchange that face-to-face pre-meets did[8]."
- "There is a need for a more hybrid approach with an increase in face-to-face meetings. Achieve this by having the opportunity to talk to NEDs and have some briefings on site[9]."
- "The Council is less effective when it only works online[10]."

22. Whilst virtual working has many benefits, the one thing that is lost which may greatly aid the effectiveness of governors is the scope to build working relationships with the chair and directors, getting to know people on a human level (rather than through a screen) and having those informal discussions that build rapport and, fundamentally, trust amongst colleagues.

23. I would propose that at least one Council of Governors meeting each year is in person, and could be coincided prior to the Annual Members' Meeting, to both look back on the closing year, at the current pressures and forwards to the coming year.

<u>The governor role: individual versus collective responsibilities</u>

24. NHS bodies can only make decisions that they are empowered to make. Decisions taken outside of legal authority are known as 'ultra vires' (in other words, "outside the powers").

25. The NHS Act 2006 establishes clear delegations for boards of directors to executive directors and committees of directors (this has since been expanded to include joint committees etc under the 2022 Act):

"15 (1) A public benefit corporation has a board of directors.

(2) The constitution must provide for all the powers of the corporation to be exercisable by the board of directors on its behalf.

(3) But the constitution may provide for any of those powers to be delegated to a committee of directors or to an executive director[11].

26. There is no such delegation for councils of governors and this position is reinforced in various guidance:

"The legislation applies to councils of governors as a whole, not individual governors. Councils have no powers of delegation, so they can only take decisions in full council.[12]"

"Councils of governors do not have a free hand… individual governors have no standing in law; the rights of governors lie with the full council. Unlike the board, the council has no powers of delegation[13]."

27. Ideally, this collective approach should extend to questioning as well as decision-making. Questions should be agreed collectively, through governor pre-meetings rather than on an individual basis and having the Chair on the 'inside' of this meeting would help with effective

[8] Ibid. p.11
[9] Ibid. p.16
[10] Ibid. p. 17
[11] HM Government (2006). *NHS Act 2006* p. 217. https://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf [Accessed 24 March 2024]
[12] NHS England (2022) (n3). p.4
[13] NHS Providers (n1) slide 10

fielding of questions. Questions outside of formal meetings should be directed to the Trust Board Office who can ensure it is addressed appropriately.

Role of chair of the board and chair of council of governors

28. NHS foundation trusts have a unique form of governance arrangement in that the chair of the board of directors is also the chair of the council of governors. The 2006 Act states:

"The constitution must provide for the chairman of the corporation or (in his absence) another person to preside at meetings of the [council] of governors[14].

29. There are good reasons for doing this, as outlined in the original *Your statutory duties* document. It "means that the chair is responsible for leading both the board and council and for ensuring that they work together effectively … ***The dual role of the chair enables clear communication between the board of directors and council of governors***[15]."

30. While the tension/conflict of interest of chairing both these bodies has been well debated, it is considered that mature organisations (i.e. those who attained NHS foundation trust status) could overcome this. We must also remember that inherent conflicts are not new to NHS governance:

- Previously, CCGs had the problem of GPs sitting as part of their governing bodies deciding on funding and resource allocation to GP practices.
- The new integrated care boards include voting partner member roles for foundation trust chief executives who could, very conceivably, be involved in deciding on funding for the organisation they lead.

31. A world without role tensions and conflicts of interest might be ideal but is not always possible. As the latest guidance on NHS conflicts of interest points out, how you manage and navigate them appropriately is the key consideration[16].

Difference between NED and governor role

"It's the NEDs role to scrutinise;
It is the Council's role to ensure that NEDs are doing this[17]."

32. The *Your Statutory Duties* document provides a good precis of the differing roles of directors and governors which is replicated verbatim below and requires no further explanation.

"Directors are paid for their skills, time and expertise in leading the trust both strategically and operationally, as well as for taking responsibility for the performance of the trust and being accountable in the event of failures. The voluntary role of the governor is entirely different to that of a director. Governors are not expected to undertake the above duties or to be ultimately responsible for the performance of the trust. The governor's role … includes specific statutory

[14] HM Government (2006) (n11) p. 216
[15] Monitor (2013) (n5). p.13
[16] NHS England (2017). Managing Conflicts of Interest in the NHS. https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf [Accessed 24 March 2024]
[17] Lea. C. (2020). Health Service Governance, Session 8: Foundation Trusts, CCGs and new models of care. Slide 7. (ICSA, London)

duties, but the board of directors remains ultimately responsible for the trust's operations and performance.

"The overriding duty of the board of directors is to be collectively and individually responsible for promoting the success of the NHS foundation trust so as to maximise the benefits for the members of the NHS foundation trust as a whole and for the public. This means the board is focused on providing high-quality health care to the NHS foundation trust's members and the communities it serves.

"By way of contrast, the overriding role of the council of governors is to hold the nonexecutive directors, individually and collectively, to account for the performance of the board of directors and to represent the interests of foundation trust members and of the public. The board is therefore responsible for the direction and performance of the trust, while the council of governors is responsible primarily for assuring the performance of the board[18]."

33. The following table[19] describes the key differences of the NED and governor.

The role of the Governor	The role of the NED
Accountable to members and hold the NEDs to account for the performance of the board.	Accountable to governors and contribute to the board holding executive directors to account for the performance of the FT.
Question and challenge NEDs about the board's performance in delivering high quality services to members and the public.	Question and challenge executive directors about the trust's performance against its agreed goals and objectives.
Contribute to the development of a robust strategy for the FT that reflects the interests of members and the public.	Scrutinise performance to satisfy themselves as to the integrity of financial, clinical and other information.
Focus on ensuring that NHS foundation trusts listen and respond to the interests and needs of members, the public and other stakeholders.	Scrutinise performance to satisfy themselves that financial and clinical quality controls and risk management systems are robust and defensible.

Requirement and role of lead and deputy lead governor and expected duties

34. The role of the lead governor is well-established and articulated through the 2022 FT Code of Governance[20]. This includes:

- *Facilitating direct communication between NHS England and the NHS foundation trust's council of governors in a limited number of circumstances where it may not be*

[18] Monitor (2013) (n5) p.14
[19] Lea. C (2020) (n17) Slide 8.
[20] NHS England (2022). *Code of governance for NHS provider trusts*, Appendix B section 4. https://www.england.nhs.uk/long-read/code-of-governance-for-nhs-provider-trusts/ [Accessed 24 March 2024]

appropriate to communicate through the normal channels (via the chair or the trust secretary).

- *The main circumstances where NHS England will contact a lead governor are where [they] have concerns about the board leadership provided to an NHS foundation trust… The council of governors appoints the chair and non-executive directors, and it will usually be the case that [NHSE] will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust...*
- *NHS England does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in breach of its licence... Once there is a risk that this may be the case, and the likely issue is one of board leadership, [NHSE] will often wish to have direct contact with the NHS foundation trust's governors, but quickly and through one established point of contact, the trust's nominated lead governor…*
- *The other circumstance where NHS England may wish to contact a lead governor is where, as the regulator, [they] have been made aware that the process for the appointment of the chair or other members of the board, or elections for governors or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, while complying with the trust's constitution, may be inappropriate…*

35. In essence, then, the lead governor provides a conduit through which NHS England may facilitate a conversation about the Trust's governance/leadership where it is not possible to go through usual channels.

36. The publication *Foundations of good governance* concedes that while "it was not Monitor's original intention that the 'lead governor' should 'lead' the governors … some foundation trusts have developed an enhanced role for lead governors.[21]" The publication gives some examples of what this expanded role might include.

37. The lead governor role is not set out in statute, but in guidance (the FT Code of Governance). Although a number of trusts do appoint deputy lead governors this is a role that has essentially evolved via local custom and practice and has no other basis.

38. As such, there is no guidance on the role of deputy lead governors. In fact, what guidance exists would appear to counsel against the principle of deputy lead governors:

"Chairs should avoid creating any kind of 'inner sanctum' and should try to involve all governors as much as possible.[22]"

"It can be tempting for directors to hand-pick a few experienced governors to spend more time with and offer this group greater responsibility. However, this is divisive and will make other governors feel their voice is not being heard. Trusts should remember that it is the council of governors as whole which has statutory responsibilities and power, not individuals or subgroups of governors.[23]"

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[21] NHS Providers & DAC Beechcroft (2015). *The foundations of good governance: A compendium of good practice: third edition* p.91. https://nhsproviders.org/media/1738/foundations-of-good-governance-web-file.pdf. [Accessed 24 March 2024]

[22] Monitor & PA Consulting (2012). Director-governor interaction in NHS foundation trusts: A best practice guide for boards of directors. https://www.fhft.nhs.uk/media/2738/monitor_-_director_govenor_interaction_report_june_2012_0.pdf [Accessed 24 March 2024]

[23] Ibid p.22.

"It is the full council of governors which has statutory duties and power in statute. Take care that the trust does not promote some governors into 'more important' roles than others or imply that some people's opinions are less worthwhile.[24]"

39. In short, the appointment of a deputy lead governor or governors risks creating an 'inner sanctum', sub-group or 'governor cabinet' that is divisive, gives the illusion of greater responsibility and risks diminishing the role of other governors. There is also the potential for one of these individuals to appear as though they are acting on behalf of the Trust when no such authority has been given by the Council.

40. It is for these reasons that this review proposes that DBTH stands down the role of deputy lead governor.

Process of appointment for lead governor

41. The process for the appointment of the lead governor is set out in the *Your statutory duties* guidance:

"The council of governors should vote on or otherwise decide who the lead governor will be; directors (including the chair) should not be involved in this process[25]."

42. There is therefore some discretion in respect of the appointments process for the lead governor. The vote could be either at a council of governors meeting or by electronic ballot which is then ratified at a formal meeting. Either way it should take place as soon as practicable after a vacancy has arisen. As the role of deputy lead governor is not one contained in guidance there is no formal process set out.

Relevance and application of Trust values and behaviours

43. Governors are public office-holders, and not directors nor employees, yet they are required to act in line with the national code of ethics (i.e. the Nolan principles) as well as local codes and values.

44. The FT Code of Governance states that: "Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct[26]. This is supplemented by the Addendum: "It is important that trust boards and their governors act in line with the Nolan principles and are open and transparent with one another. Doing so creates a better environment for challenging conversations[27]."

45. This means having constructive relationships with the board as a whole and its directors individually. The *Your Statutory Duties* explains:

"Notwithstanding the role of the council of governors to hold the non-executive directors to account for the performance of the board, it is important that both the board of directors and council of governors see their interaction as primarily being one of constructive partnership.

[24] Ibid. p.28
[25] Monitor (2013) (n5) p.17
[26] NHS England (2022) (n20) Appendix B, para 1.3
[27] NHS England (2022) (n3) p.19

The board and council should seek to work effectively together in their respective roles and avoid unconstructive adversarial interaction[28]."

46. The Trust's governor induction pack includes the code of conduct for governors which all governors have signed. The Trust also held a governor briefing session on 11 July 2023 on the DBTH Way, facilitated by the Chief People Officer.

47. Within the WE CARE values, under the heading "Everyone counts – we treat each other with courtesy, honesty, respect and dignity", are the following expectations:

- praising more than criticising; being polite and courteous in all communications .. even in disagreement;
- speaking to the person directly before emailing potentially difficult or upsetting news[29].

48. This is relevant because, while holding to account and constructive challenge is a key part of a governor's role, this must be within a framework that has kindness, inclusivity and positivity at its heart[30].

49. The recent effectiveness review highlighted examples from governors themselves where behaviours and actions were not always aligned to the values. It highlighted that "views differed on the right level of challenge displayed within the governor role – some suggested governors do not challenge effectively and others that governors can be too critical[31]." Also, that "some governors need to be more supportive and seeking to be in alignment with the board and organisation rather than looking to be overly and unnecessarily critical[32]."

50. Accountability is a key element of the values. The FT Code of Governance asks trusts to have a "process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust.[33]"

51. The Trust's constitution and code of conduct provides a process for handling complaints relating to governor conduct. One of the reasons given for potential removal of a governor is "s/he has in his/her conduct as a Governor failed to comply and support in a material way with the values and principles of the National Health Service or the Trust, and the Constitution[34]." The Constitution makes it clear that a governor will be suspended from office in certain circumstances[35].

52. During my analysis of the documents, I found that there was some overlap between the governor code of conduct, the constitution and standing orders regarding how to deal with a potential breach of the code and all would benefit from review to ensure consistency of process. Notwithstanding this, workable procedures exist in the meantime.

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[28] Monitor (2013) (n5) p.14
[29] DBTH (2024). *Council of governors Induction Pack – Information for new governors.* p.17
[30] Ibid. p.15
[31] NHS Providers Governor Effectiveness Review (slides) (n1) slide 15
[32] NHS Providers Governor Effectiveness Review (survey results) (n6) p.17
[33] NHS England (2022) (n20) para 4.10
[34] DBTH (2022). DBTH Constitution p.68. https://www.dbth.nhs.uk/wp-content/uploads/2022/10/Trust-Constitution-2022-v-sep22-FINAL.pd. [Accessed 24 March 2024]
[35] Ibid. page 12 and 66-67

53. For example, the constitution mentions an investigating officer taking forward the complaint but there is no such mention in the code of conduct. The DBTH process may also include elements of the code which provide for an independent assessor agreeable to both parties who would consider and determine whether any proposed removal of a governor was reasonable[36].

Governor observers on Board committees

54. The debate around whether governors should attend Board committees has been ongoing for some years. It is fairly widespread practice across the NHS but one which contains a number of pitfalls. NHS Providers said in a 2018 advice note:

"Foundation trusts are free to allow whoever they choose to attend their board committees … However in terms of what constitutes good practice we have a clear view that board committees should not be open to governors[37]."

55. They then set out their reasons for this, namely that:

- It is the board's performance not the NEDs' performance with which governors need to concern themselves, so there is no need for governors to 'see NEDs in action' at board committees for them to carry out their accountability function.
- Privacy is absolutely necessary if committee discussions are to be sufficiently robust. The presence of an audience is likely to make this much more difficult and may lead to restraint in challenge and the assurance sought by the committee not being as robust as it might have been.
- It has an impact on the ability of governors carrying out their accountability role. How can governors form an independent view on the performance of the board when they have been party to at least an element of board decision making?

56. Best practice would therefore lean on the side of not having governors sat as observers on Board committees.

57. The provisions for governor observers are contained within the Board's standing orders (paragraph 6.2, page 12) and would require approval from the board of directors only to change this.

Ways of working – virtual, hybrid, face-to-face

58. This is covered in paragraphs 21-23 relating to the effectiveness review.

Current DBTH council of governors agenda and content and process

59. My review of the current agenda and content in the last two published agenda packs found that there was significant opportunity for governors to hold non-executive directors to account for the performance of the Board, through the section titled "Reports on activity, performance and assurance".

[36] NHS England (2022) (n20) section 4.10

[37] NHS Providers (2018). Governors attending board committees – advice note.

60. I would propose that a similar agenda item could be given over to their other statutory duty, for governors to feed back any key issues from patients, members or colleagues that are not already covered on the agenda. This section could also include presentations and views from groups like Healthwatch and other voluntary sector bodies on their intelligence about the Trust's services.

Ancillary matters

61. During my review of source documentation, there appeared to be some minor inconsistencies within governance documents that would benefit from consideration and review although, again, workable procedures exist in the meantime. The specific areas for review include:

- The Constitution states that the appointment of the senior independent director is the role of council of governors following consultation with the board of directors[38]. The FT code of governance states that this is the role of the board[39].
- There is a lot of duplication between the constitution and standing orders around rules of debate (motions, amendments, chair's ruling). Having these provisions in one document would avoid potential for inconsistency.
- The standing orders section around registration and declaration of interests and standards of business conduct[40] do not reference the governor code of conduct, or the national guidance on *NHS Conflicts of Interest* published in 2017.

Recommendations

62. Based on the analysis of above, I would propose the following recommendations:

a. Explore positive action around filling staff governor vacancies and expanding partner governor appointments, building on work with the Doncaster Deaf Trust and Partially Sighted Society-Doncaster **[paragraphs 7-8].**

b. The council of governors consider looking to invite in those groups who act as proxies for members/the public (such as Healthwatch) to council meetings to get their view on what Trust services are provided and what can be improved **[paragraph 12].**

c. Explore training resources from Charis Consulting or NHS Providers for increasing effective challenge **[paragraph 19].**

d. One Council of Governors meeting each year is in person, to both look back on the closing year, at the current pressures and forwards to the coming year, and could be coincided prior to the virtual Annual Members' Meeting **[paragraph 23]**.

e. Stand down the roles of deputy lead governor **[paragraphs 40]**.

f. Carry out a review of the governor code of conduct, the constitution and standing orders regarding elements of overlap relating to a potential breach of the governor code **[paragraph 52]**.

[38] DBTH (2022) (n34) p.71
[39] NHS England (2022) (n20) section 2.11
[40] DBTH (2022). *Standing Orders – Council of governors 2022.* p. 13-16

g. Cease the practice of having governors sat as observers on board committees (noting this is a decision of the Trust's board of directors) **[paragraph 57]**.

h. Consider a short agenda item for governors to feed back any key issues from patients, members or colleagues that are not already covered on the agenda **[paragraph 60]**.

i. Ensure consistency across governance documentation as highlighted in the *Ancillary Matters* section of this report **[paragraph 61]**.

Matthew Kane

3 April 2024

#hello my name is…

Suzy Brain England OBE

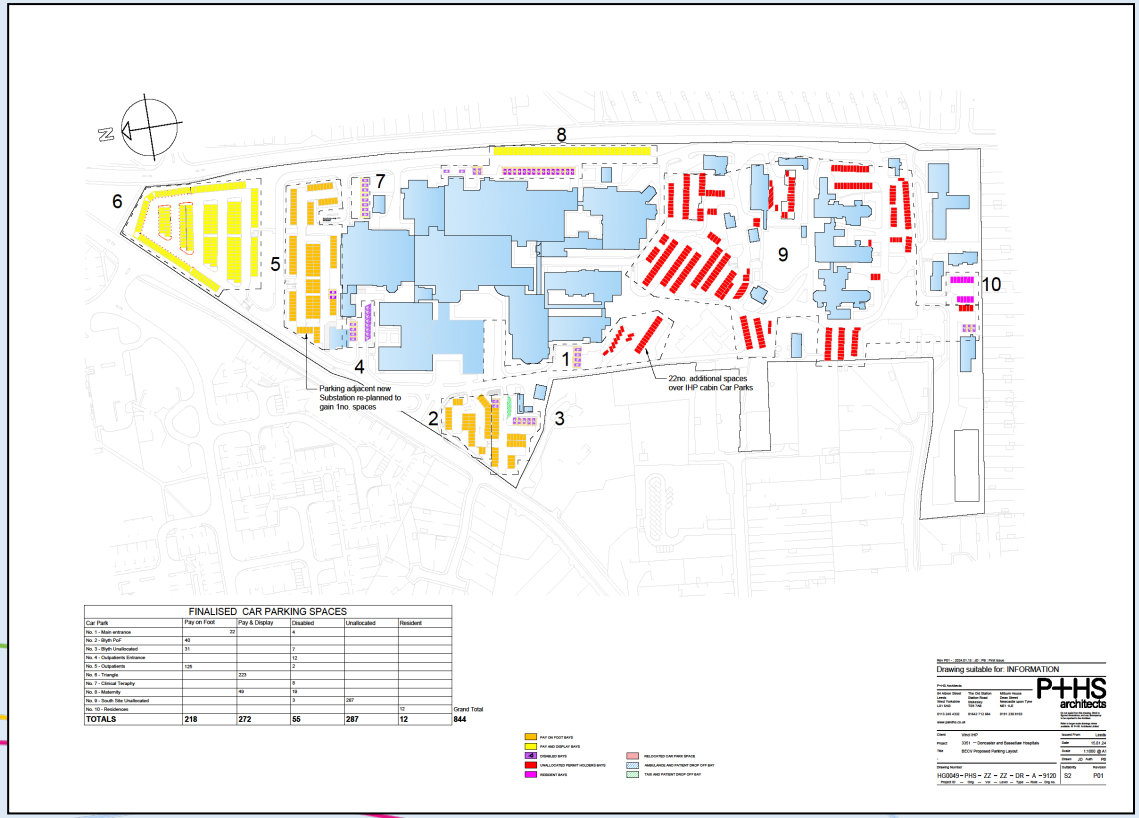
Chair of the Board

Questions from Database

Q: -This is a follow-on update from a question in June23 above. Lynne Schuller asks if there a masterplan for parking, if so does this cover the needs of blue badge users and take into consideration this group and the topography which is currently causing an amount of hardship (the hill from the parking and the drop off point).

A: Initial response from above was that several "walkthroughs" of the site have addressed the initial signage and temporary clinical therapies entrance works. Since then plans have been updated and updates to the site access are updated on the Trust website. (access-routes-to-bassetlaw-hospital-during-building-works attached also is a plan of the BDGH site parking kindly sent from the estates department.

Questions from Database



FINALISED CAR PARKING SPACES

Car Park	Pay on Foot	Pay & Display	Disabled	Unallocated	Resident	
No. 1 - Main entrance	22		4			
No. 2 - Blyth PuF	43					
No. 3 - Blyth Unallocated	31		7			
No. 4 - Outpatients Entrance			12			
No. 5 - Outpatients	126		2			
No. 6 - Triangle		225				
No. 7 - Clinical Teraphy			8			
No. 8 - Maternity		49	19			
No. 9 - South Site Unallocated			3	287		
No. 10 - Residences					12	Grand Total
TOTALS	**218**	**272**	**55**	**287**	**12**	**844**

Questions from Database

Q: What is the procedure to move patients through the night and whether there is any way to mitigate that?

A: The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.

Questions from Database

Q:- Do we use Physician's Assistants? If not, will we use them and how will they be supervised?

A: The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director gave assurance that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles with the changes being managed effectively to ensure appropriate cover and support.

DRAFT

COG24/02/A1 - COG24/02/F

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 01 February 2024 at 15:00
via Microsoft Teams

Chair	Suzy Brain England OBE, Chair of the Board
Public Governors	Ifran Ahmed Mark Bright Denise Carr David Gregory Jackie Hammerton Peter Hewkin Annette Johnson Lynne Logan Andrew Middleton Dave Northwood Lynne Schuller Clive Smith Sheila Walsh Lynda Wyld
Staff Governors	Kay Brown
Partner Governors	Harriet Digby Phil Homes
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Fiona Dunn - Director of Corporate Affairs/Company Secretary Jo Gander - Non-executive Director Zara Jones - Deputy Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary Richard Parker OBE - Chief Executive Emma Shaheen - Director of Communications and Engagement Anneleisse Siddall - Corporate Governance Officer (Minutes) Denise Smith – Chief Operating Officer (agenda item C1.8)
Governor Apologies:	Joseph Money Gavin Portier

Board Member Apologies	Mark Day - Non-executive Director	
		ACTION
COG24/02/A1	**Welcome, apologies for absence (Verbal)**	
	The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.	
COG43/02/A2	**Declaration of Governors' Interests (Enclosure A2)**	
	No new declarations of interests were presented to the meeting.	
	The Council: - ***Noted governors' current declarations of interests.***	
COG24/02/A3	**Actions from previous meetings**	
	There were no outstanding actions.	
COG24/02/B1	**Extension to Non-Executive Director's term of office**	
	The Chair confirmed the decision taken in the confidential Council of Governors meeting to ratify the Nominations and Remunerations Committee approval to extend Non-Executive Director, Kath Smart's term of office.	
	The Council of Governors: - ***noted and ratified the Extension to Non-Executive Director's term of office.***	
COG24/02/C1	**Presentation**	
COG24/02/C1.1	**Chair's Report** The Chair of the Board highlighted recent attendances to events which included: • Colleagues' long service afternoon tea events • Governors' pre-Christmas coffee morning • Bassetlaw League of Friends Carol Service • The official opening of the Community Diagnostic Centre at Montagu with Ed Miliband MP • Doncaster Business Awards 2023, where the Trust was named employer of the year and awarded Campaign of the year for the Serenity Appeal The Chair shared her disappointment that the new hospital bid had been unsuccessful, but remained hopeful that alternative funding would provide an opportunity to improve the Trust's challenged estate. Along with fellow Chairs from Rotherham and Barnsley Hospital Foundation Trusts the Chair of the Board attended the opening of the Mexborough Elective Orthopaedic Centre of Excellence.	

	The Chair referred back to the governor development session held by Carl Smith in January 2024 and welcomed all feedback from governors. It was noted how the Chair had attended Doncaster Chamber's Women in Business Conference and Roundtable Discussions with local Members of Parliament.	
COG24/02/C1.2	**Lynne Schuller – Lead Governor** The Lead Governor explained a draft memorandum of understanding between Healthwatch Nottingham and Nottinghamshire and the Councils of Governors within the Nottingham and Nottinghamshire Integrated Care System had been prepared and in due course governors would be asked to review and provide their feedback. The Lead Governor confirmed the Deputy Lead Governor had developed links with Barnsley and Rotherham Trusts and the Director of Corporate Affairs / Company Secretary would support with further connections. Following confirmation from the Nottingham and Nottinghamshire Integrated Care Board that support from the Health Inequalities Innovation Fund had been paused, a letter expressing the collective concerns of the Council of Governors had been prepared by the Lead Governor and circulated for comment prior to issue. The Lead Governor welcomed Annette Johnson as an additional Deputy Lead Governor. The governors pre-Board of Directors meeting had been effective and allowed relevant questions to be determined. Conversations were being progressed with the Estates Department to take part in a gardening project in the Bassetlaw Rainbow Garden and expressions of interest were sought to litter pick on 27 March, to support the Great British Spring Clean campaign. As the Lead Governor was unable to attend the Governor Development Day, Public Governor, Peter Hewkin was invited to share his thoughts, which confirmed he found the session informative, with ice breakers and problem-solving exercises which enforced good communication. Public Governor, Dave Northwood echoed Peter's comments and enjoyed anecdotes around perceptions of others. The Lead Governor confirmed NHS Providers' Governor Focus Conference would be held virtually on 9 July 2024 and information would be shared by the Trust Board Office in due course.	
COG24/02/C1.3	**Kath Smart - Audit & Risk Committee** The Chair of the Audit and Risk Committee confirmed Public Governor, David Gregory had been welcomed as an observer at January's Committee meeting. The Chair of the Audit and Risk Committee (ARC) summarised the positive assurances provided to the Committee and shared the recommendations of the limited assurance audit reports in respect of Mental Capacity Act Compliance and the Policy Management Framework.	

	Internal auditors, 360 Assurance would oversee and present reports to ARC and actions would be followed up by the Audit Lead to ensure completion by 31 March 2024. Work in progress was summarised as largely positive with areas of improvement addressed and planned for review in Quarter four. The Chair of ARC informed the Fraud, Bribery and Corruption policy had been amended and implemented within the Trust.	
COG24/02/C1.4	**Jo Gander - Quality and Effectiveness Committee** The Chair of the Quality and Effectiveness Committee (QEC) informed meetings occurred bi-monthly, the most recent meeting had been held in December 2023. Updates from the Committee were provided, which highlighted significant assurance, particularly within the Chief Nurse, Maternity and Neonatal Transformation reports. Later this month, progress would be reported in relation to the auditor's recommendations in the Governance of Clinical Audit report and a focused discussion providing assurance and monitoring arising from Sir Jonathan Michael's independent inquiry into the David Fuller case. The Chair of QEC and Non-executive Director, Emyr Jones had a visit scheduled with the Acting Executive Medical Director to the Doncaster Royal Infirmary Mortuary.	
COG24/02/C1.5	**Finance and Performance Committee** As Deputy Chair of the Finance and Performance Committee, Non-Executive Director, Kath Smart provided a verbal update of the January 2024's Chair's assurance log, recently presented to the Board of Directors meeting and appended to the presentation. • Industrial action had been challenging for the Trust and had impacted on urgent and emergency care and elective activity. • Work was ongoing in respect of 2024/25 business and budget planning. • Assurance was provided that the high and medium risk recommendations within the limited assurance Waiting List Clinical Prioritisation Audit report would be completed by 31 March 2024. • A detailed evaluation of capabilities and costs of an Electronic Patient Record system had been considered. • A decision had been made by the Committee to support a change from internal franking to a downstream access postal service which would generate a cost saving for the Trust.	
COG24/02/C1.6	**Charitable Funds Committee** As Deputy Chair of the Committee, Non-Executive Director, Lucy Nickson presented the Charitable Funds Committee update.	

	The Committee had supported business cases using the Fred and Ann Green Legacy fund to purchase rehabilitation and surgical robots and confirmed its agreement to launch an appeal for equipment in the paediatric area of the Bassetlaw Emergency Village. Concerns were shared regarding the ability to meet previously committed initiatives once the Fred & Ann Green Legacy had been spent. In 2023 a recommendation to transition the management of the Charity to the Trusts' Wholly Owned Subsidiary was agreed, the Managing Director of Doncaster and Bassetlaw Healthcare Services Limited would oversee the operation and recruitment of a Head of Charity would be progressed. The 2022/23 Annual Report and Accounts had been approved for submission.	
COG24/02/C1.7	**Mark Bailey – People Committee** The Chair of the People Committee shared the assurance logs from November 2023 and January 2024, which provided an overview of positive assurance, matters of concern, work in progress and decisions made. The Committee was assured by the implementation of in-year actions and delivery plans supporting the People Strategy. The DBTH Way had been incorporated within leadership development programmes, job descriptions and recruitment material. There had been strong participation in 2023's staff survey, and a full report would be available in March 2024. Improvements had been seen in the time to recruit, a blended approach was taken between central and divisional teams, further improvements were likely linked to a design change. Whilst nursing workforce recruitment was successful, the reliance on existing colleagues to support new peers was noted in areas of high vacancies. The development of a five-year business case to support the Research and Innovation Strategy would commence in the next financial year and the importance of research and innovation in relation to securing University Hospital Status was noted.	
COG24/02/C1.8	**Denise Smith – Winter Update** The Chief Operating Officer brought the following highlights to the Council of Governors' attention: • increase in ambulance arrivals as compared to the previous year, despite this increase in demand handover delays had reduced. • high bed occupancy, impacted by delayed discharges. • 55 theatre lists and 1000 outpatient clinics had been stood down due to industrial action. • improved use of the discharge lounge, which had freed up beds on the wards.	

	• partnership working, ensuring timely and appropriate escalation	
COG24/02/C1.9	**Richard Parker OBE, Chief Executive** The Chief Executive informed winter planning had included demands of increased illness and viruses, however there had been no significant outbreaks, as seen in previous years. Measles had made a reoccurrence, and whilst there had been no cases at the Trust, reports had been confirmed at neighbouring organisations. The importance of the immunisation programme was highlighted. The winter plan had ensured support by extending Same Day Emergency Care Service Centres to help manage pressures and provide support. The Chief Executive provided information on activity from November 2023 to January 2024, whilst total admissions to the Emergency Department had remained steady, attendance by ambulance had risen between 16-40% from October 2023 to January 2024. Work with Yorkshire Ambulance Service (YAS) to understand this was ongoing. The Chief Executive confirmed the Trust was ahead of its financial plan at month nine, however significant challenges remained within the South Yorkshire Integrated Care Board (ICB) which encompassed £55m deficit. The likelihood of further industrial action by Junior Doctors was noted and the Chief Executive explained the potential impact this could have on patient wait times. The Chief Executive emphasised next steps and actions. • Refocus plans of improvements with collaborations at Place and across the Integrated Care Systems to ensure efficiency. • Did Not Attend (DNA) rates to be investigated and progress with the text reminder service that would encourage patients to attend appointments. • Executive Directors would continue reviewing posts for vacancy freezes. Montagu Elective Orthopaedic Centre (MEOC) Updates on the MEOC had been provided by the Chief Executive, in which the centre was on plan and in budget. Recruitment continued, supported by an insourcing model. The Chief Executive confirmed the potential capacity of MEOC in line with the Getting it Right First-Time standards. Community Diagnostic Centre The Chief Executive explained there was still development within the Endoscopy Unit at Montagu Hospital with £25 million funding received, with Phase three due to commence in the near future. Bassetlaw Emergency Village (BEV) The BEV had seen investment to expand Emergency Care services for the Bassetlaw community. A topping-out ceremony had recently taken place with the Bassetlaw MP in	

	attendance. The building was ready for work to commence on internal fixtures and fittings and was expected to open in late summer 2024. <u>Da Vinci Xi Surgical Robot – Colorectal Cancer</u> The Chief Executive was pleased to share the Trust had purchased a surgical robot using the Fred and Ann Green Legacy fund, this would provide opportunities to both patients and the Trust with expectations of better recruitment and staff retention. <u>Fibroscanner</u> Doncaster Cancer Detection Trust had provided funds for a Fibroscanner which would provide painless enhanced liver health assessments and early diagnosis. <u>Accommodation</u> In view of colleague concerns a visit had been undertaken by the Chief Executive and Non-Executive Director, Emyr Jones amongst others. Refurbishments had since been carried out in A Block, it was noted colleagues had been provided with instructions on reporting faults or other issues. Stopping of block bookings had been implemented to ensure booked rooms were not empty, a maximum of £440 per month would be charged. The Chief Executive confirmed the following new appointments: - Dan Howard - Chief Information Officer - Ben Vasey - Deputy Chief Operating Officer (Elective) - Matt Sandford - Interim Associate Chief Operating Officer - Chris Ditch - Divisional General Manager (Urgent and Emergency Care) - Kelly Cullum - Divisional General Manager (Clinical Specialist Services) - Mel Howard - Divisional General Manager (Medicine)	
COG24/02/C1.10	**<u>Governor Questions</u>**	
	Public Governor, Denise Carr, asked where 'I Want Great Care' originated, if the information could be viewed by patients and how this information would be used. The Chair explained the Family and Friends Test had been refreshed and a new approach enabled patients to provide feedback via text message which made feedback more accessible. The Lead Governor recommended training from the NHS Providers which included an Effective Questioning and Challenge Workshop. Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings. The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations. • The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position.	

	• As a Place Doncaster had been underfunded. The Chief Executive informed the Trust had made efforts to reduce costs by working with partnerships such as the South Yorkshire Pathology Board, which involved five other Trusts. The Chair added the Trust had a proactive team for continuous improvement. Public Governor, Clive Smith, had raised if other resources could be encouraged in aid of easing up clinics such as physio recovery in swimming session, etc. The Chief Executive explained conversations with the Executive Doncaster Place Director would confirm resources available. Non-Executive Director, Joanne Gander, informed local resources could be found on the local council website, in which the public could self-refer.		
COG24/02/D1	**Minutes of the Council of Governors held on 09 November 2023**		
	The Council of Governors: - ***Noted and approved the Minutes of the Council of Governors held on 09 November 2024.***		
COG24/02/E1	**Questions from members of the public previously submitted prior to the meeting.**		
	No questions had been received from the public.		
COG24/02/F1	**Any other Business**		
	No items of other business were raised.		
COG24/02/F2	**Items for escalation to the Board of Directors**		
	No items for escalation were reported.		
COG24/02/F3	**Governor Board/Meeting Question Database**		
	The Council of Governors: - ***Received and noted the question database.***		
COG24/02/F4	**Date and time of next meeting (Verbal)**		
	Date: Time: Venue:	**25 April 2024** **15:00** **Microsoft Teams**	
	Meeting Close:	**17:28**	

Governor Questions and Answers - Updated as at 22 April 2024

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P22/12/D2	**Board of Directors**	**20/12/2023**	**Accepting that abnormal circumstances continue to impact services, nevertheless training completion rates are an ongoing concern. A particular example is the Practical Obstetrics Multi-Professional Training (PROMPT) data, especially for some clinical leadership groups. What further steps can be taken to improve completion rates"**	A full explanation of actions had been provided previously by the Director of Midwifery at the Quality & Effectiveness Committee and at Board and completion of training continued to be a priority, with all steps taken to facilitate training opportunities.	Richard Parker	In the meeting
P22/12/D2	**Board of Directors**	**20/12/2023**	**The Executive Medical Director reports high mortality rates, and appropriately, the establishment of a working group for deeper understanding. Is there merit in inviting an external expert to join this group?**	The Chief Executive had reported external assurance of the review would take place and terms of reference for the working group would be developed imminently by the Executive Medical Director.	Richard Parker	In the meeting
P23/12/E2	**Board of Directors**	19/12/2023	**Page 89 of the papers the Board is asked to note the Year-to-Date deficit of £23.6m, which is around 5% of our income. (Last year was £17m deficit). Such deficits are inconsistent with True North Strategic Objective No 4 of being in recurrent surplus. We would like to know if there is a plan in place to work towards a budget surplus and if this is so could we please have this plan shared for assurance.**	The Deputy Director of Finance confirmed the Trust had commissioned an external review of its underlying deficit, the findings of which validated its analysis. Operational, strategic, and structural drivers were identified, which included the use of temporary staffing, the need for improved partnership working to support effective and efficient service delivery and the challenged estate. The Chief Executive confirmed the Trust's approach to delivery of its financial plan was communicated to the Finance & Performance Committee and the Board, which focused on the appropriate use of limited resources. Pre-covid the Trust had made significant progress in reducing its deficit position, however, it was important to consider the Trust's position against the national context, with the NHS having declared a £1.4bn deficit at month six. The system had declared a deficit plan of £109m, with unidentified savings, and whilst some challenges were local issues, others such as the impact of the BMA rate card on pay spend, had seen the costs of medical cover for industrial action and additional sessions increase by 50% as compared to the previous year. The importance of working collaboratively with partners would be critical to future service delivery.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	**Board of Directors**	19/12/2023	**Page 87 performance against the Better Payment Practice Code is reported as 79% - we are aware on benchmarking against 2 local NHS organisations of figures achieved in the high 90s%, which is positive for supporting local businesses. Does the Trust have a plan to achieve the 90 + rate to work towards best practice? if so, how will this be achieved**	The Deputy Director of Finance confirmed the Trust continued to make payments in a timely manner, with no supplier concerns raised at the weekly review meeting.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	**Board of Directors**	19/12/2023	**We note that the Fred & Ann Green Trust fund is adding additionality to the trust, specifically within the Mexborough area. We also note that the fund is reaching the end of its life. This will leave a gap in charitable funding. We would like to understand what the strategy is moving forward in relation to fundraising and filling the void this fund may leave.**	The Chair of the Charitable Funds Committee confirmed a proposal to progress the work of the Trust's Charity had been received at the December meeting, in line with the recommendations of the More Partnership. A task and finish group would meet in January 2024 to determine transitional arrangements. There had always been an intention to utilise the funds within the legacy, in accordance with Fred and Ann Green's wishes and the future funding of charitable funds' projects would be a focus on the development of a fundraising strategy to increase donations.	Hazel Brand, Non-executive Director	In the meeting
P24/01/I3	**Board of Directors**	30/01/2024	**Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts.**	Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance. When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.	Denise Smith, Chief Operating Officer & Richard Parker OBE. Chief Executive	In the meeting
P24/01/I3	**Board of Directors**	30/01/2024	**On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?**	The Chief Nurse highlighted the End-of-Life Team provided a specialist service, with specific professional training, there was no evidence from complaints/concerns of any themes related to communication with bereaved families. The information referenced was within the Medical Examiners element of the Executive Medical Director's report and related to a specific group of colleagues, outside of the ward environment. Throughout a patient's journey there would be ongoing conversations and communication was an	Karen Jessop, Chief Nurse	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/01/I3	**Board of Directors**	30/01/2024	**On page 212, given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?**	The score referenced was from the summary page of the Board Assurance Framework and related to strategic risk BAF4, if DBTH's estate is not fit for purpose DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues. A significant amount of work had been undertaken on fire safety with the Trust's authorised person working closely with South Yorkshire Fire & Rescue (SYFR). Non-executive Director and Chair of the Audit & Risk Committee, Kath Smart, confirmed regular reports provided assurance that a programme of works had been delivered to time, with agreed plans for 2024/25 jointly agreed with SYFR, with independent assurance and risk assessments undertaken by fire safety consultant. The Chief Financial Officer confirmed the rolling programme of work to ensure patient services remained operational, recognising the risk to patients was greater if service provision was halted.	Kath Smart, Non-executive Director & Jon Sargeant, Chief Financial Officer	In the meeting
COG24/02/C1.10	**Council of Governors**	01/02/2024	**Public Governor, Denise Carr, asked where 'I Want Great Care' originated, if the information could be viewed by patients and how this information would be used.**	The Chair explained the Family and Friends Test had been refreshed and a new approach enabled patients to provide feedback via text message which made feedback more accessible.	Suzy Brain England OBE, Chair of the Board	In the meeting
COG24/02/C1.10	**Council of Governors**	01/02/2024	**Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings.**	The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations. •The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position. •As a Place Doncaster had been underfunded. The Chief Executive informed the Trust had made efforts to reduce costs by working with partnerships such as the South Yorkshire Pathology Board, which involved five other Trusts. The Chair added the Trust had a proactive team for continuous improvement.	Richard Parker OBE, Chief Executive OBE	In the meeting
COG24/02/C1.10	**Council of Governors**	01/02/2024	**Public Governor, Clive Smith, had raised if other resources could be encouraged in aid of easing up clinics such as physio recovery in swimming session, etc.**	The Chief Executive explained conversations with the Executive Doncaster Place Director would confirm resources available. Non-Executive Director, Joanne Gander, informed local resources could be found on the local council website, in which the public could self-refer.	Richard Parker OBE, Chief Executive OBE & Jo Gander, Non-executive Director	In the meeting
email	**Partner Governor**	18/03/2024	**I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council.** **Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss.** **Residents within the Bassetlaw area have increasing frustration regarding the waiting times for initial hearing screening for hearing loss, repairs to equipment and ongoing treatment. Loss of hearing is as we are all aware a difficult situation to deal and come to terms with. Many of the residents share the fact that their world is reducing and that the hearing loss impacts on every part of their lives. There is also the potential for any reversible hearing impairment to become long term or irreversible whilst waiting for treatment.** **The current waiting list for treatment is reported to us as being 2 years. Whilst we are aware of the potential to access treatment from other areas, shared to us by our partners in the Place Based Partnership, we would respectfully ask what actions the Trust is taking to resolve the issue of extended waits and how people may be supported whilst they are awaiting treatment.**	Reply awaited & follow up reminder sent	sent to Denise Smith, Jenny Chadwick, Lucy Hammond.	Outside of the meeting
P24/03/G2	**Board of Directors**	26/03/2024	**Do we use Physician's Assistants? If not, will we use them and how will they be supervised?**	The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and	Dr Nick Mallaband, Acting Executive Medical Director	In the meeting
P24/03/G2	**Board of Directors**	26/03/2024	**What is the procedure to move patients through the night and whether there is any way to mitigate that?**	The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.	Denise Smith, Chief Operating Officer	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
email	**Public Governor - Lynne Schller**	18/04/2024	**This is a follow-on update from a question in June23 above. Lynne Schuller asks if there a masterplan for parking, if so does this cover the needs of blue badge users and take into consideration this group and the topography which is currently causing an amount of hardship (the hill from the parking and the drop off point).**	Initial response from above was that several "walkthough" of the site have addressed the initial signage and temporay clinical therapies entrance works. Since then plans have been updated and updates to the site access is updated on the Trust website. (https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/) attached also is a plan of the BDGH site parking kindly sent from the estates department.	Kisty Edmondson-Jones, Director of Innovation & InfrastructureSean Tyler, Head of Compliance from estates	PDF HG0049-PHS-ZZ -A-9120 - BECV F