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 25 April 2024 at 15:00 via Microsoft Teams

Chair	Suzy Brain England OBE - Chair of the Board
Public Governors	Rob Allen Mark Bright Denise Carr David Gregory Peter Hewkin Lynne Logan David Northwood Lynne Schuller Clive Smith Sheila Walsh
Staff Governors	Kay Brown Joseph Money Gavin Portier
Partner Governors	Joanne Posnett
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day - Non-executive Director Jo Gander - Non-executive Director Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Emma Shaheen - Director of Communications & Engagement Anneleisse Siddall - Corporate Governance Officer Kath Smart - Non-executive Director
Governor Apologies:	Phil Holmes - Partner Governor Anita Plant - Partner Governor
Board Member Apologies	

ACTION

COG24/04/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.

COG23/04/A2 **Declaration of Governors' Interests (Enclosure A2)**

No amendments to governors' interests were declared.

The Council:

- ***Noted governors' current declarations of interests***

COG24/04/A3 **Actions from previous meetings**

There were no outstanding actions.

COG24/04/B2 **Chief Executive Update**

The Chief Executive shared with the Council of Governors a summary of activity during Quarter 4 2023/24, data from Q4 2022/23 was provided for comparison. An increase in inpatient and emergency care activity was noted in Q4 2023/24 of c.10%, despite extensive industrial action which equated to 12% of the available working time. A change in remuneration to support this period of industrial action was confirmed, with an increase in costs of up to 50% being seen.

The Chief Executive reflected on the Trust's achievements during 2023/24 by executive portfolio:

Chief People Officer
A record breaking staff survey response of 67% demonstrated progress in all areas, with significant assurance being taken from colleague feedback. The Trust had developed and published People, Research and Innovation and Speaking Up Strategies. The launch of the DBTH Way, a refreshed focus on Just Culture and Equality, Diversity and Inclusion supported a focus on organisational culture; with a Leadership Prospectus and Scope for Growth framework supporting workforce development and the recruitment and retention of colleagues.

Chief Operating Officer
In March 2024 the Trust had achieved 76.1% performance against the national four hour emergency care standard, to date the position had been sustained in April and there was the potential for funding to be received in recognition of the improvement. A reduction in ambulance handover time had been seen due to improved flow through the department, supported by effective use of the discharge lounge and increased utilisation of virtual ward pathways. In terms of elective care waits, two patients waited in excess of 78 weeks and the Trust was on track to deliver zero waits over 65 weeks prior to the July deadline.

Chief Nurse
During 2023/24 the Nursing, Midwifery and Allied Health Professionals Strategy had been launched and a draft Visitor's Charter developed. The Trust had successfully implemented the

national Patient Safety Incident Response Framework and was delighted to announce full compliance with the Year 5 Clinical Negligence Scheme for Trusts standards. There remained a significant national focus on maternity safety and the recruitment of registered midwives was the most successful cohort to date. Care Excellence accreditation reviews had been introduced across all inpatient areas and the national Preceptorship Quality Mark had been secured.

Chief Financial Officer and Director of Recovery, Innovation & Transformation
The Trust had delivered a £23.7m deficit against a planned deficit of £26.8m in 2023/24, representing a 11.5% improvement. During Quarter 1 2024/25 a break even income and expenditure position had been delivered. Work on historical funding issues continued and there would be a focus on moving towards a balanced position over time. The Trust had delivered a significant capital plan of £57.6m with improvement projects including the Mexborough Elective Orthopaedic Centre, Community Diagnostic Centre and the Bassetlaw Emergency Care Village, all schemes had been delivered on time and to budget, which was recognised as a significant achievement.

Acting Executive Medical Director
Despite an extended period of industrial action, the Trust had maintained clinical standards and delivery of a safe service. A reduction in both the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) was confirmed. Job planning compliance was an improving picture and the medical appraisal completion rate was reported at c.92%.

Deputy Chief Executive
Since her appointment in October 2023 the Deputy Chief Executive had undertaken a fresh eyes review of the Trust's corporate governance and risk management processes, including standardisation of committee effectiveness reviews and the implementation of Chair's assurance logs to the Board of Directors. Work to refresh the Trust Strategy had commenced, with a view to publishing a five year plan by the end of 2024. The Trust's vision and strategic priorities had been refreshed with a focus on Patients, People, Partnership and Pounds.

Following the Care Quality Commission's inspection in 2023, and as previously communicated, the final report was published last month and the Trust's overall rating had reduced from 'Good' to 'Requires Improvement'. Both announced and unannounced inspections had taken place during periods of industrial action, which had gone ahead in view of the anticipated change to the inspection framework. The Chief Executive shared his disappointment and recognised a deterioration locally and nationally in the effective and responsive standards. The well-led rating was particularly disappointing, impacted by the significant change to the membership of the Board. The inspection of the Medical Imaging department recognised a series of improvements since the last visit, with the service now rated 'Good'. No services were rated 'inadequate' and feedback from the inspection team recognised the friendly, caring nature of the workforce. The Chief Executive articulated a commitment to improve and deliver the required standards to return to 'Good'.

Looking ahead to 2024/25, a number of challenges were anticipated. The Trust had submitted its draft financial plan, but further movement was anticipated prior to the next submission in April. There would be a focus on efficiency and effectiveness, including the potential to review services to ensure the most appropriate use of resources, with efficiencies expected to be c.4% of the operating budget, equating to £22m. The need for colleague support was recognised, to ensure challenges were understood and the art of the possible explored.

Protecting and building on the positive improvements in patient care, as an employer of choice and continuing to build on the successful delivery of capital projects, maintenance and the future implementation of an electronic patient record.

The Chief Executive summarised the significant efforts taken to address the challenged estate at Doncaster Royal Infirmary and following an unsuccessful bid for the New Hospital Programme work had continued with a focus on refurbishment of the site. A comprehensive programme of work had been developed and progressed through discussions with the Department of Health and Social Care and the Minister with responsibility for NHS capital, land and estates. The Trust had developed three major schemes, which included the relocation of the Department of Critical Care, the installation of two modular operating theatres and the refurbishment of the East Ward block. Should funding be approved there may be the potential to consider alternative car parking provision.

The Council of Governors:

- ***noted the Chief Executive Update***

COG24/04/B3 **<u>Governor Questions</u>**

In response to a question from Public Governor, Dave Northwood regarding how governors would be involved in the refresh of the Trust's Strategy, the Deputy Chief Executive confirmed that work would progress through Spring and into Summer, building upon existing knowledge to develop and form clear objectives for the future. The Trust would consult as part of this work, with governors and the wider public, the support of governors as ambassadors of the Trust would be welcomed within their local communities. The Chief Executive recognised the importance of partnership working, with the need to consider alternative ways to deliver historical healthcare which may see the potential for services to be provided away from a traditional hospital setting in the community. The Glass Works Diagnostic Centre in Barnsley was an example of this, which had not only improved patient and colleague experience but had resulted in increased attendance rates, supporting ease of access and reducing health inequalities.

Public Governor, Clive Smith enquired if there were any plans to refurbish the basement of the East Ward block as part of the developed schemes. Should funding be approved the Chief Executive recognised the benefits of condensing the site and improving the co-location of services.

In response to a question from Public Governor, Sheila Walsh, regarding the replacement of the current lift system within the East Ward block, should funding be approved the Chief Executive acknowledged that through the relocation of services and the use of a decant facility, the volume of lift traffic could provide improved opportunities for refurbishment, ensuring the lifts were compliant with current standards. The Trust would continue to actively pursue funding opportunities and campaign at a local and national level for support to address the challenged estate.

In response to a question from Public Governor, Rob Allen relating to the expansion of on-site parking, the Chief Executive noted the issues related to car parking, in terms of availability and difficulties arising from DRI's location in a residential area. The East Ward block proposal would require the reprovision of the underground car park and following the demolition of Lister Court, to the rear of the Old Ambulance Station, there was the potential for future hard

surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing carbon emissions and the impact on the environment.

COG24/04/C1 **Council of Governors' Effectiveness Review**

The findings of NHS Providers' Council of Governors Effectiveness Survey and the subsequent external independent review had been provided to the Council of Governors to allow governors to feedback and discuss the report recommendations.

The covering report summarised the findings of the survey and highlighted a series of activities/workshops carried out to support the effective working of the Council of Governors and to address areas identified through the survey.

The Chair welcomed the opportunity to reflect on the findings and recommendations to ensure the Council of Governors received the support to fulfil its collective responsibilities, aligned to good governance and best practice. All feedback would be considered and any decisions arising from the discussion would be taken by the Board of Directors.

The Chair invited feedback from governors, summarised below:

Question: Clarity was sought how the removal of governor observers at Board committees improved the Council of Governors effectiveness. The action appeared to disempower and eliminate governor oversight and limit observation of non-executive directors. Attendance at committees raised governor awareness and enriched input into NED appraisals.

Reflections in response: NHS Providers' advice (2018) confirmed observers at Board committees did not constitute good practice.
The view of external bodies, including the Care Quality Commission was that Board committees should support open, frank and challenging discussions between executive and non-executive directors in private.
The practice at the Trust was not aligned to its South Yorkshire partners.

Non-executive Director, Hazel Brand reflected on the governor duty to represent patients and the wider public and recognised this was an element which appeared to be more difficult to fulfil and suggested opportunities for governors to do so through governors existing networks and contacts. There was also the potential for governors to provide feedback or raise questions from their communities.

Non-executive Director, Kath Smart brought governors attention to point 55 of the independent review and specifically "*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?* The role of the governor was to hold non-executive directors to account for performance of the Board. An insight into the business of the committees and assurance sought by the non-executive directors would be included within the Chair's assurance log presented at the Board of Directors meeting.

Question: In order for governors to hold non-executive directors to account for the performance of the Board it would be helpful to observe challenge where things may not have gone as well as expected.

Reflections in response: The Chief Executive recognised the disparity in approach to governor observers across the system and the different opportunities currently afforded to those in an observer capacity and welcomed equal access and transparency for all governors.

The Deputy Chief Executive recognised the need for consistency in approach and to ensure effectiveness across the Board of Directors, its committees and the Council of Governors and suggested it may be helpful to reflect on the effectiveness and associated benefits of observations as compared to participation.

The Chair of the Board presented the independent review recommendations, and further views were offered in respect of hybrid and face to face meeting arrangements and the need for a deputy lead governor. The views would be taken away and considered by the Board of Directors for a decision to be made. Governors were thanked for their invaluable input.

The Council of Governors:

- ***discussed the Council of Governors Effectiveness Review***

COG24/04/C2 **Governor Questions from the Database**

At the Chair's request, the Company Secretary brought a small selection of questions from the database to governors attention, which included concerns regarding parking and signage at Bassetlaw Hospital, the overnight movement of patients and recent press coverage related to the use of Physician Assistants and the Trust's position on this.

Governors were encouraged to continue to raise questions they receive from their communities through the Trust Board Office who would facilitate a response. Details would be posted to the question database on the governor portal and provided as part of the Council of Governors' meeting papers.

The Council of Governors:

- ***noted the selected questions from the governor question database***

COG24/04/ D1.0 -1.5 **Reports from: the Chair of the Board & Chairs of the Audit & Risk, Quality & Effectiveness, Finance & Performance, Charitable Funds & People Committees**

The Council of Governors:

- ***Received and noted the reports***

COG24/04/D2 **Governor Questions related to D1-5**

In respect of April's Audit & Risk Committee Chair's assurance log, Public Governor, Dave Northwood requested clarity that the 75% closure rate for audit recommendations related to timely closure and that as the current rate was 77% that a future target would look to secure an improvement on this. The Chair of the Audit & Risk Committee confirmed that the rate did relate to timely closure, the actual closure rate stood at 90% which signalled a clear commitment from the organisation to close high and medium risks. Work to further improve the timely closure rate was required and a target would be agreed for 2024/25, an update would be provided on the next assurance log.

The Chief Executive reiterated the importance of the timely closure of audit recommendations and was supportive of a target above 2023/24's closing position.

COG24/04/D3 **Minutes of the Council of Governors held on 1 February 2024**

The Council of Governors:

- *Noted and approved the minutes of the Council of Governors held on 1 February 2024*

COG24/04/D4 **Governor Question Database**

The Council of Governors:

- ***Received and noted the question database***

COG24/04/E1 **Any other Business**

In response to a message in the meeting chat, the Chair of the Board requested the Company Secretary provide an update on the timescale and process to appoint a Lead Governor. The Company Secretary confirmed the approach communicated following the resignation of the Lead Governor remained unchanged; once the review of the effectiveness survey had been completed expressions of interest would be sought in accordance with the Trust's Constitution.

COG24/04/E2 **Items for escalation to the Board of Directors**

The Chair confirmed the feedback received relating to the Council of Governors effectiveness review would be taken to the Board of Directors for a decision.

COG24/04/E3 **Date and time of next meeting (Verbal)**

Date:	**11 July 2024**
Time:	**15:00**
Venue:	**Microsoft Teams**
Meeting Close:	**17:05**

Suzy Brain England OBE
Chair of the Board
28 July 2024