

**Meeting of the Council of Governors held in Public
on Tuesday 29 July 2025 at 15:00
Via Microsoft Teams
AGENDA**

			LEAD	ACTION	TIME
A	COUNCIL BUSINESS				15:00
A1	Welcome and Apologies for absence		KS	Note	
A2	Declaration of Governors’ Interests <i>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.</i>		KS	Note	
A3	Actions from previous meetings		KS	Note	5
B	CHIEF EXECUTIVE UPDATE				15:05
B1	Chief Executive Update		RP	Note	15
B2	Trust Strategy 2025		RP	Present	10
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:30
	C1.0	Suzy Brain England OBE - Chair’s Report	KS	Note	-
	C1.1	Lead Governor Updates	JH	Note	5
	C1.2	Kath Smart - Audit & Risk Committee	KS	Note	5
	C1.3	Jo Gander - Quality and Effectiveness	JG	Note	5
	C1.4	Mark Bailey - Finance and Performance Committee	MB	Note	5
	C1.5	Lucy Nickson - People Committee	LN	Note	5
C2	Governor Questions		Gov	Q&A	10
C3	Minutes of Council of Governors held on 15 May 2025		KS	Approve	5
C4	Governor Questions Database		RA	Note	-

D	INFORMATION ITEMS			16:10
D1	Any Other Business (to be agreed with the Chair before the meeting) - Council of Governors Standing Orders & Trust Constitution	All RA RA	Note	5
D2	Items for escalation to the Board of Directors	KS	Approve	5
	Date and time of next meeting: Annual Members Meeting Date: 30 September 2025 Time: 17:00 Venue: DRI Education Centre Council of Governors Date: 13 November 2025 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	KS	Note	
E	MEETING CLOSE			16:20

KSmart

Kath Smart
Deputy Chair of the Board

ATTENDEES FOR PUBLIC COUNCIL OF GOVERNORS MEETINGS						
Note: Put a 1 in box if attended	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting
NAME	25/04/2024	11/07/2024	26/09/2024	07/11/2024	06/02/2025	15/05/2025
GOVERNORS						
Irfan Ahmed					1	Apols
Debbie Benson				Apols	1	1
Andria Birch						
Dr Mark I Bright	1	1	1	1	1	1
Kay Brown	1	1	1	1	1	Apols
Andrew Flynn				1	1	Apols
Jackie Hammerton		1	1	1	Apols	1
Phil Holmes	Apols	Apols	Apols	1		Apols
Maria Jackson-James						
Alexis Johnson					1	
Lynne Logan	1	1	1	1	1	Apols
Phil Mettam				Apols		Apols
Joseph Money	1		1	1	1	Apols
Vivek Panikkar			1	1	1	
Gavin Portier	1	1	1		1	Apols
Jo Posnett	1		1	Apols		
Mandy Tyrrell		1	1	1	1	1
Colin Wallace				1	1	1
Sheila Walsh	1	1	1	1	1	1

Register of Governors' Interests as 23 July 2025

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.

Sheila Walsh - Public Governor – Bassetlaw

Parish Councillor, Carlton in Lindrick

Gavin Portier – Staff Governor - Nursing & Midwifery

Joint Director of Portier Coaching & Workshops Ltd

Andrew Flynn – Public Governor - Doncaster

Town Councillor, Stainforth Town Council

Deborah Benson – Public Governor - Doncaster

Director / Owner Digital Affinity Ltd.

Chairperson, Doncaster Stroke Group

Stroke Voices in Research, Stroke Association

Member of Liberal Democrats

Phil Mettam – Public Governor - Bassetlaw

Owner Phil Mettam Leadership Solutions Ltd

Trustee, RSPCA Rotherham & Doncaster

Crystal Lucas – Public Governor - Bassetlaw

Director of Worksop Pride Community Interest Company

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

Irfan Ahmed – Public Governor - Doncaster

Andria Birch - Partner Governor - BCVS

Dr Mark Bright – Public Governor – Doncaster

Kay Brown - Staff Governor – Non-Clinical

Jackie Hammerton – Public Governor – Rest of England

Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council

Maria Jackson-James – Public Governor – Rest of England

Alexis Johnson- Partner Governor – Doncaster Deaf Trust

Lynne Logan – Public Governor – Doncaster

Joseph Money – Staff Governor – Non-Clinical

Vivek Panikkar - Staff Governor

Lynne Schuller – Partner Governor

Jo Posnett – Partner Governor – Sheffield Hallam University

Mandy Tyrell – Staff Governor - Nursing & Midwifery

Colin Wallace – Public Governor – Doncaster

Action notes prepared by: Anneleisse Siddall

Updated: 15 May 2025




Action Log



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Meeting	Council of Governors	KEY
Date of meeting reporting to:	15 May 2025	Completed
		On Track
		In progress, some issues
		Issues causing progress to stall/stop

No.	Minute No.	Action	Responsibility	Target Date	Update
1	COG25/02/D1	People Committee – Just Culture Clarity on remedial actions for case management work and other options considered to be provided to Council of Governors.	LN	May 2025	Update May – Item included within People Committee 17 June 2025. Item Closed.



hello my name is...

Richard Parker OBE

Chief Executive



www.dbth.nhs.uk

10 Year Health Plan

- The Ten Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- Through the three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – care will be personalised, give more power to patients, and ensure that the best of the NHS is available to all.
- Full plan is available to read on the Government website



Healthier Together - DBTH strategy 2025-29

- In development since March 2024.
- Lots of involvement – seven partners, over 400 patients and community (including seldom heard), and more than 11% (<800) colleagues provided feedback.
- The strategy is underpinned by enabling plans (People, Quality, Estates & Net Zero, Maternity, Health Inequalities and others), ensuring that the vision is translated into achievable, measurable actions.
- The strategy will be integrated into operational planning, governance, performance management, which is already in place at Board level.



Guide by a refreshed strategy

Our Trust vision

At Doncaster and Bassetlaw Teaching Hospitals (DBTH), our vision is simple but powerful:

Healthier together – delivering exceptional care for all.

This vision shapes everything we do, driving our ambition to deliver the best outcomes for patients while creating a supportive, respectful, and empowering environment for colleagues.

To help us achieve this, we're guided by our values and behaviours, known as 'We Care', which are brought to life through living the 'DBTH Way'.



Our Strategic Priorities



Patients

We deliver safe, exceptional, person-centred care.



People

We are supportive, positive and welcoming.



Partnerships

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



Pounds

We are efficient and spend public money wisely.

Our Strategic Ambitions

Provide the best care environments

We are improving care spaces by modernising facilities, enhancing community care, and reducing pressure on DRI, with a focus on funding, safety, and service integration.



Tackling health inequalities

We prioritise health equity through prevention, partnerships, training and targeted support for underserved communities.



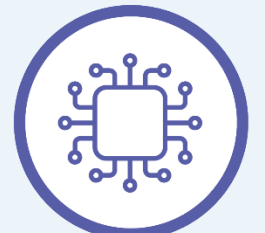
Becoming a leading centre for research and education

We aim to enhance patient care, expand student placements, invest in facilities, and grow clinical trials and funding.



Becoming a digitally enabled and mature organisation

Integrating technology and innovation to improve care, enhance support for colleagues and improve efficiency through an electronic patient record, AI and shared records.



DBTH Way in Action

Part of our independent (*thevaluecircle*) Well-Led Review which is required every three years.

More broadly looking at colleague experience at DBTH – how it feels to work here, what can we improve.

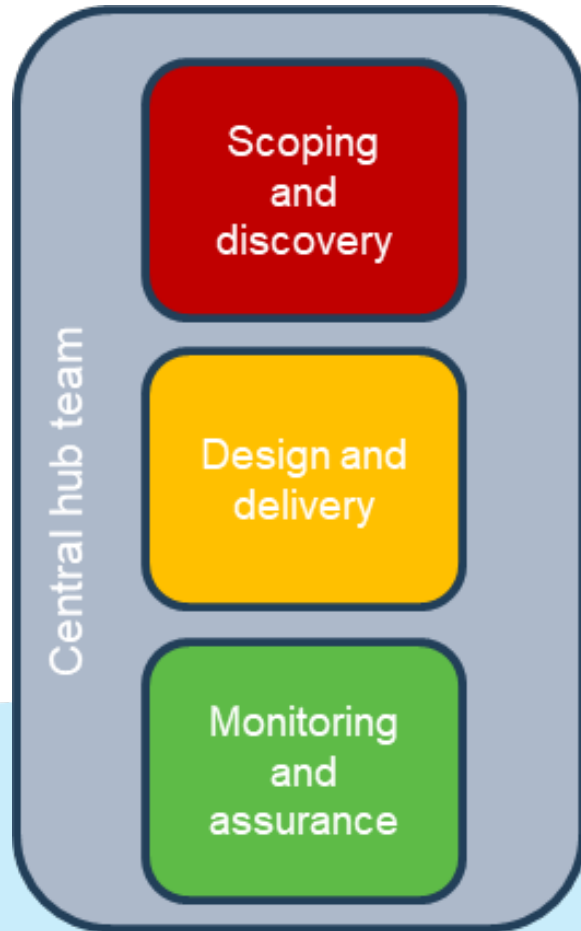
Supports our wider aims to be a supporting, listening and learning organisation.

Colleagues can get involved by:

- Booking on to one of the small, confidential listening groups
- Taking part in the independent survey
- Submitting more detailed feedback
- *Thevaluecircle* will also be making visits to sites and busy areas in order to capture feedback from seldom heard services



DBTH-i: A new approach to improvement



- Improving quality and safety while reducing or eliminating waste.
- Central Co-ordination Hub will be made up of key teams including Quality Improvement, the Programme Management Office, Planning and Service Development, Performance, and Information.
- Supporting colleagues to make changes in their own areas and take part in wider Trust improvement work such as the Bright Ideas Clinic
- Delivering long-term, sustainable change.
- Greater coordination, better use of resources, and a clearer focus on sustainable improvement across the organisation.

Operational Service Delivery

Emergency Care: in May, 74% of patients were admitted, discharged or transferred from ED within 4 hours from arrival

Ambulance handover: in May, c. 8% of ambulance handovers took > 45 minutes. We are working with ambulance service colleagues to ensure all ambulances are hand over within 45 minutes

Diagnostics: in May, 81.6% of patients had their diagnostic test within 6 weeks of referral. In most diagnostic tests, we are achieving or close to achieving the standard of 95% and we continue to make improvements in Audiology

Elective Care: in May, 2.9% of our patients were waiting > 18 weeks from referral. In the majority of specialties we are achieving the national standard of 1%

Cancer: we are on track with the 62 day referral to treatment standard (76.7%) and need to make improvements in the 28 day faster diagnosis standard (76%)

Winter planning: our plans are well developed and will focus on increasing bed capacity, ambulance handover capacity, additional cleaning, portering and discharge transport

Industrial action: Resident doctors will be taking industrial action from 06:59 on Friday 25 July 2025 until 06.59 hours on Wednesday 30 July 2025. Divisional and corporate teams have started to develop plans for this period.



Finance

Year-to-date (YTD) deficit: £1.8 which is on plan

Efficiency schemes and plans: Risk to financial plans continues to decrease as efficiency schemes are identified.

Elective activity: Elective activity for May 2025 exceeded all areas of delivery – needs to continue.

CIP: Overall CIP delivered year to date is £3.3m. This is in line with plan submitted to NHSE. Levels of high risk CIP continues to decrease with developed plans.

Colleague contribution: Over 166 ideas submitted to the Bright Ideas Clinic – a forum set up for colleagues to make savings through reducing waste/ doing things differently



Anti-racism journey

During Race Equality Week (Feb), we proudly joined organisations across Doncaster to reaffirm our collective pledge to take meaningful action against racism.

Since then, we've made positive progress in the three priority areas we committed to:

- **Messaging:** We are currently developing a video with external partners to help colleagues better understand what anti-racism means in practice. These resources will also highlight the importance of allyship.
- **Recruitment:** In April, a Positive Action webinar brought together more than 30 colleagues from across our partner organisations.
- **Workforce Training:** We are working on our inclusive recruitment e-learning training for recruiting managers and this will be launched shortly.

All part of an ongoing journey – we know there is more to do.

The DBTH Way

RACE EQUALITY WEEK
3-7 February 2025

every
Race Equality ^ Week

Doncaster organisations are working together to become anti-racist

On Race Equality week we pledge that in 2025 we will:

- Use anti-racist recruitment practices in our organisations
- Provide anti-racist training for our workforce
- Commit to a Doncaster-wide anti-racism message

I've experienced racism without knowing why. I do see this, not just the local and health authorities, but right across society. Cultural discrimination is **definitely** there in Doncaster.

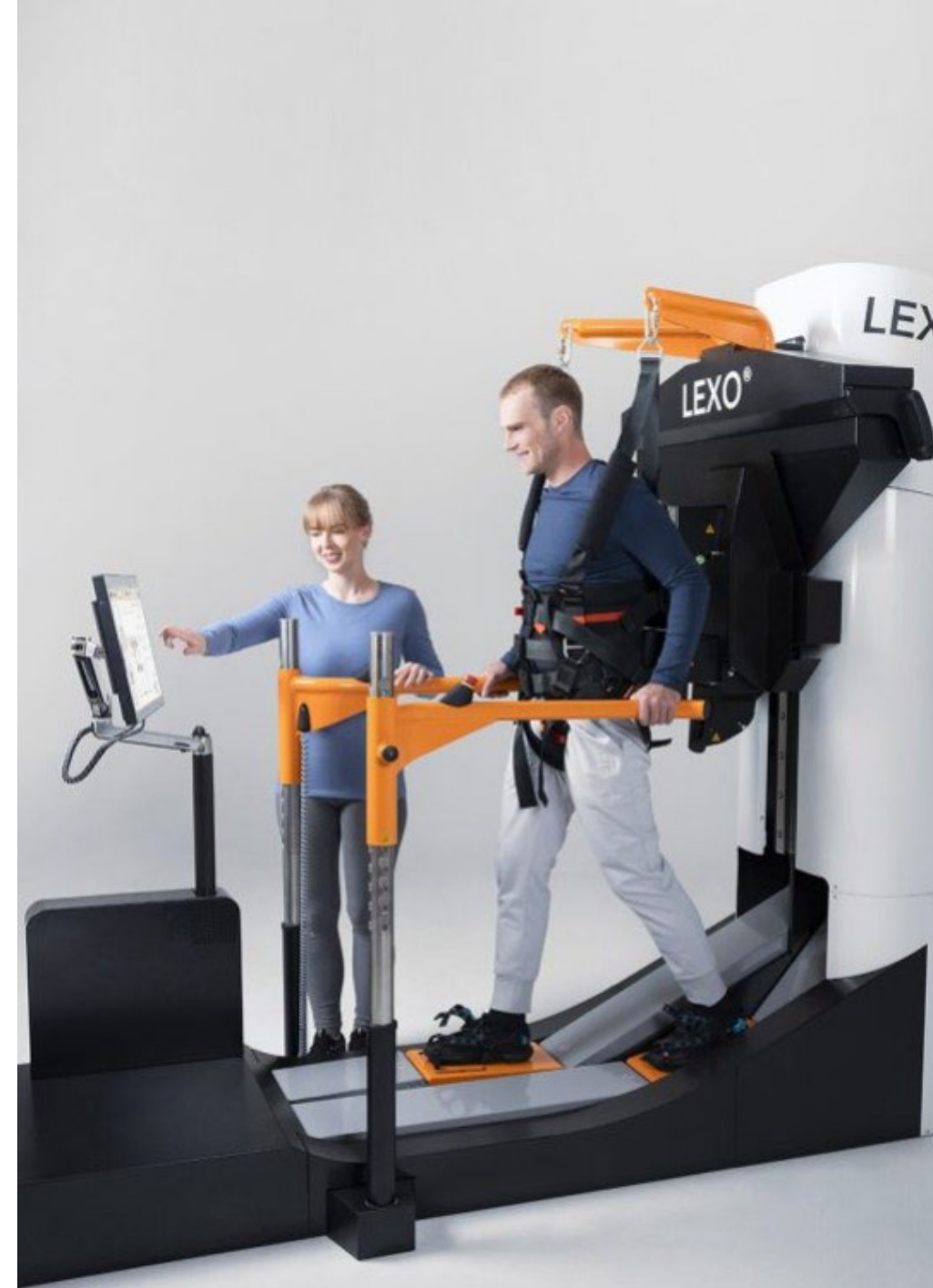
Get involved

Racism has no place in Doncaster

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
City of Doncaster Council
South Yorkshire Police
South Yorkshire Fire & Rescue
Doncaster College
Black Leadership Group
dclt
NHS Rotherham Doncaster and South Humber NHS Foundation Trust

State-of-the-art Stroke rehab gym

- Nears completion at Montagu Hospital
- As part of a wider £1.4 million investment in stroke services
- Cutting-edge facility will offer innovative therapies designed to enhance recovery for stroke patients
- The building is nearing completion and is awaiting the installation of specialist rehabilitation equipment, including the Lexo gait trainer
- A first for the NHS, thanks to generous funding from the Fred and Ann Green Legacy, alongside support from DBTH Charity.



Nearly 2,000 Y8 students
attended the We Care into
the Future event in
Doncaster and Worksop.



Electronic Patient Record (EPR)

We're progressing plans to implement a new Electronic Patient Record from early **2026**, partnering with **Oracle Health** and **Sheffield Teaching Hospitals**, subject to final approval.

- A major step in our digital transformation and future Trust Strategy.
- Will replace current mix of paper and digital systems.
- Improves patient safety, care coordination, and information sharing.
- Supports smoother transitions between services across South Yorkshire and Bassetlaw.
- Proposed go-live: **September 2027** (early work from February 2026).
- Involves all teams – clinical, admin, pharmacy, IT, estates and more.
- Training and support will be central to the programme.

Stay updated via the **EPR section on the Hive**.





Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Healthier together -
Doncaster and Bassetlaw Teaching Hospitals Strategy
2025 to 2029

Our Strategy at a glance

Our Strategy is shaped by our **Vision**, underpinned by our **Values**, and delivered through clear **priorities** and bold **ambitions**.

Our Trust Vision

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This Vision shapes everything we do, driving our ambition to deliver the best outcomes for patients while creating a supportive, respectful, and empowering environment for colleagues.

To help us achieve this, we're guided by our Values and behaviours, known as '**We Care**', which are brought to life through living the '**DBTH Way**'.



Our Strategic Priorities



Patients

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People

We are supportive, positive and welcoming.



Partnerships

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Pounds

We are efficient and spend public money wisely.

Our Strategic Ambitions

Provide the best care environments

We are improving care spaces by modernising facilities, enhancing community care, and reducing pressure on our hospitals, with a focus on funding, safety, and service integration.



Tackling health inequalities

We prioritise health equity through prevention, partnerships, training and targeted support for underserved communities.



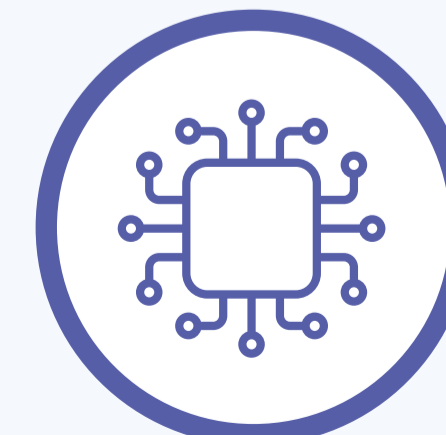
Becoming a leading centre for research and education

We aim to enhance patient care, expand student placements, invest in facilities, and grow clinical trials and funding.



Becoming a digitally enabled and mature organisation

Intergrating technology and innovation to improve care, enhance support for colleagues and improve efficiency through an electronic patient record, AI and shared records.



Key facts

£650 million

annual turnover, 65% spent on workforce.

£164 million

capital investment to improve our buildings, our facilities and equipment over the past five years.

3.6 million

telephone calls received across 12 months and directed onwards to an appropriate service or individual.

1 million

medical instruments processed by our sterile services team each and every single year.

900,000+

patient contacts a year, including:



511,463
Outpatients



129,478
Inpatients



208,057
Emergencies



4,397
Babies

our emergency departments are consistently some of the busiest in South Yorkshire.

425,000

meals served every year to our patients and colleagues.

7,300

colleagues, making us one of the largest employers in the region.

3,500

participants as part of our Born and Bred in Doncaster clinical research

1,400+

apprentices, undergraduates and post graduates.

700+

beds across our hospitals, including 500 at Doncaster Royal Infirmary, 170 at Bassetlaw Hospital and 50 at Montagu Hospital.

Eight

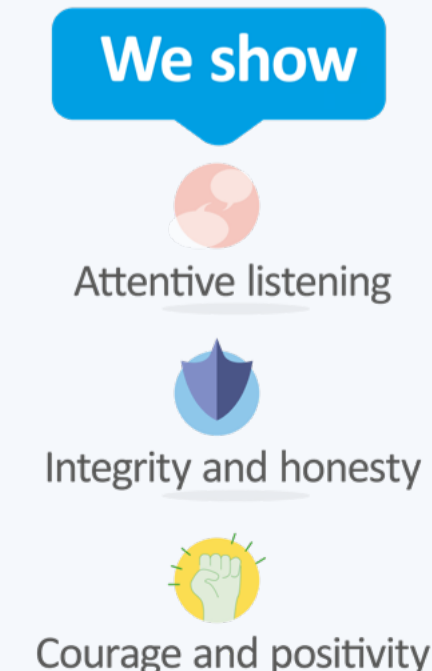
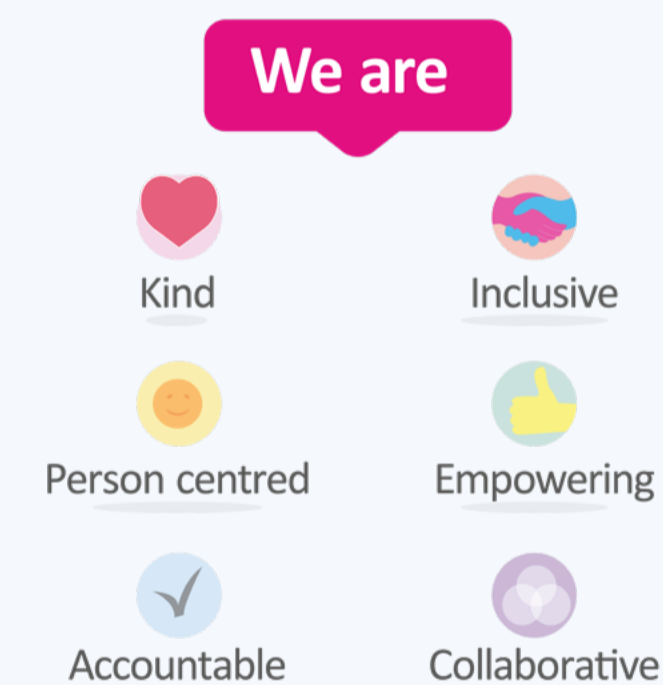
scanners, including four MRI, four CT, and a state-of-the-art robotic surgeon.

Our Values

At DBTH, our **We Care** Values are at the heart of everything we do. They underpin the **DBTH Way** - setting out how we work together, lead by example, and support each other. Both are more than a set of words; they are the standards we hold ourselves to, creating a culture that is kind, inclusive, empowering, and accountable.



We lead by example and role model the **DBTH Way** and our **We Care Values**



Our **Vision statement** is clear:

Healthier together - Delivering Exceptional Care for All

To achieve our Vision, Healthier together – Delivering Exceptional Care for All, we have adopted an approach that focuses on four Strategic Priorities, identified and developed with over 800 colleagues, patients, communities, and partners. Our four priorities describe our core focus as an organisation and they will never change.

Our Strategic Priorities



Patients

We deliver safe,
exceptional,
person-centred care.



People

We are supportive,
positive, and welcoming.



Partnerships

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



Pounds

We are efficient and spend
public money wisely.

Our Strategic Ambitions

Our Strategic Ambitions set out what we aim to achieve over time to deliver better care, strengthen our services, and build a sustainable future. Each ambition ultimately supports our Vision of Healthier together – Delivering Exceptional Care for All, and is underpinned by our Strategic Priorities, which guide the actions we need to take.

This connection is illustrated in the **DBTH Strategic Wheel** later in this document, and we will also explore each of our ambitions in greater depth to show how they shape our future direction.



Provide the best care environments

We are improving care spaces by modernising facilities, enhancing community care, and reducing pressure on DRI, with a focus on funding, safety, and service integration.



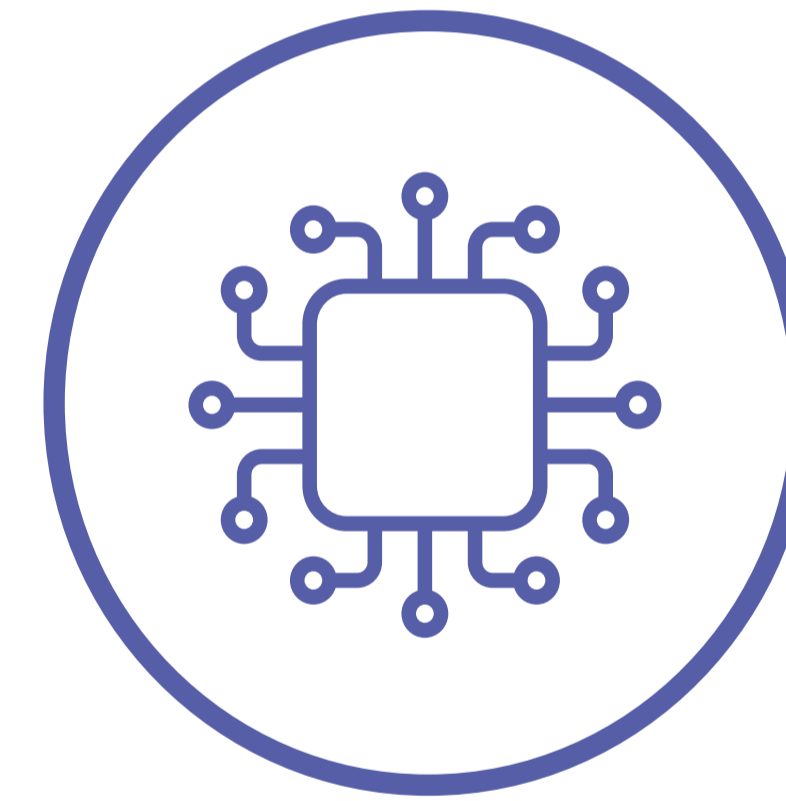
Tackling health inequalities

We prioritise health equity through prevention, partnerships, training, and targeted support for underserved communities.



Becoming a leading centre for research and education

We aim to enhance patient care, expand student placements, invest in facilities, and grow clinical trials and funding.



Becoming a digitally enabled and mature organisation

Integrating technology and innovation to improve care, enhance support for colleagues, and improve efficiency through an electronic patient record, AI, and shared records.

Providing
person-centred
care, empowering
people to take
greater control of
their health.

Patients -

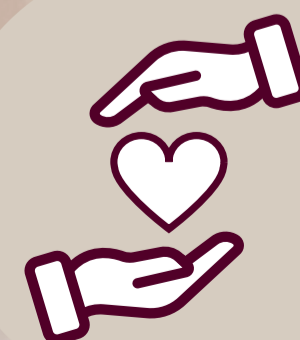
We deliver safe, exceptional, person-centred care.



We want our people to **feel valued, supported,** and **prepared** for today's challenges and future goals, so they can **thrive while providing outstanding care.**

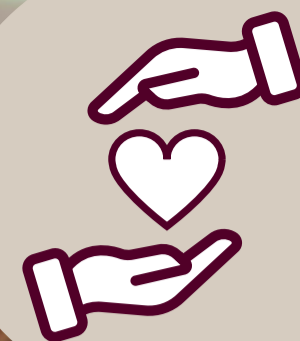
People -

Fostering a supportive, positive and welcoming culture.



Partnerships -

Collaborating to enhance our services.



Transforming care to improve outcomes: By **working closely with others**, we can improve services, **find new solutions** and tackle the wider factors **that affect our community's health.**

Provide the best care environments

We are improving care spaces by modernising facilities, enhancing community care, and reducing pressure on our hospitals, with a focus on funding, safety, and service integration.



Tackling health inequalities

We prioritise health equity through prevention, partnerships, training, and targeted support for under-served communities.



Enabling Plans and alignment

Our Enabling Plans drive key areas like maternity care, quality, health inequalities, digital, estates, people, research, and speaking up. Aligned with national and regional priorities, they ensure our services evolve with healthcare needs.

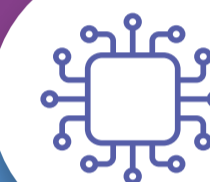
Strategic Priorities

Strategic Ambitions

Enabling and alignment

Becoming a digitally enabled and mature organisation

Integrating technology and innovation to improve care, enhance support for colleagues, and improve efficiency through an electronic patient record, AI, and shared records.



Becoming a leading centre for research and education

We aim to enhance patient care, expand student placements, invest in facilities, and grow clinical trials and funding.



Our delivery time line

2025/26

- Deliver Year 3 of the People Plan.
- Deliver Year 2 of the Research & Innovation enabling plan.
- Deliver the national access standards in the 2025/26 plan.
- Improve patient safety by reducing hospital-acquired pneumonia, optimising antimicrobial prescribing, and strengthening Mental Capacity Act compliance.
- Deliver Year 2 of the three-year maternity and neonatal services plan.
- Strengthen clinical effectiveness and efficiency, meeting Getting It Right First Time, national standards, and benchmarks.
- Deliver Health Inequalities Board commitments for 2025/26.
- Embed stronger governance and risk management at Board and committee level.
- Invest in digital platforms and deliver Electronic Patient Record business case milestones for 2025/26.
- Deliver the 2025/26 financial plan and improve financial sustainability.



2026/27

- Speaking up embedded into DBTH culture.
- Improved access for our most vulnerable families.
- Clinically led transformation of services delivered with health and care partners.
- EPR project is live.
- Sharing core business services to reduce the cost base.
- Develop and invest in research infrastructure and facilities.
- Increase NHS App usage.



2027/28

- Enhanced learner experience and research opportunities.
- Services moved to appropriate place-based settings.
- One public estate and co-location of services with partners.
- Health inequalities framework embedded.
- All information we share with patients and colleagues is accessible.
- EPR successfully implemented.
- Business case for the East Block (DRI) delivered.
- Increase in research investment delivered.
- Talent and innovation expertise grown.



2028/29

- To the best of our ability, we provide the best care environment.
- Health equity is prioritised in everything we do.
- We are a leading centre for education and research.
- We are digitally enabled and mature.



Our Enabling Plans

Although presented as individual documents, our Enabling Plans are interconnected, with the Strategic Priorities and Strategic Ambitions acting as golden threads that integrate all actions towards a unified direction. All of our Enabling Plans can be viewed here:

www.dbth.nhs.uk/about-us/how-we-are-run/trust-strategy/

People: This plan ensures we can attract, recruit, and retain the best by being a welcoming and inclusive employer of choice within our local area. Aligned to the four pillars of the NHS People Plan, it focuses on improving the working lives and experiences of all our colleagues within Team DBTH.

Estates and Net-Zero: Focused on improving and providing the best environments for both patients and colleagues, this plan ensures healthcare facilities meet the highest standards. It aligns with the Trust's annual capital expenditure and includes a rolling programme of works to achieve these ambitions.

Health Inequalities: This plan addresses societal challenges and sets out plans for prevention, elective care pathways, urgent and emergency care, maternity and early life care, children and young people, and research and innovation. It also enhances awareness of health inequalities among our workforce and provides a framework for improvement.

Maternity: Aligning with national maternal and neonatal care themes, this plan integrates its actions with the Health Inequalities document. It supports vulnerable families, strengthens workforce retention and development, and improves patient experience through compassionate, person-centred care in a supportive environment.

Quality: Designed to deliver safe, exceptional, person-centred care, this plan outlines how systems and processes will ensure safety, quality, and effectiveness. It emphasises listening to feedback to provide compassionate, personalised care for all patients.

Quality Improvement and Innovation: Aligned with the NHS Impact model, this plan takes a holistic approach to improvement by building shared purpose, investing in culture and people, and developing leadership behaviours.

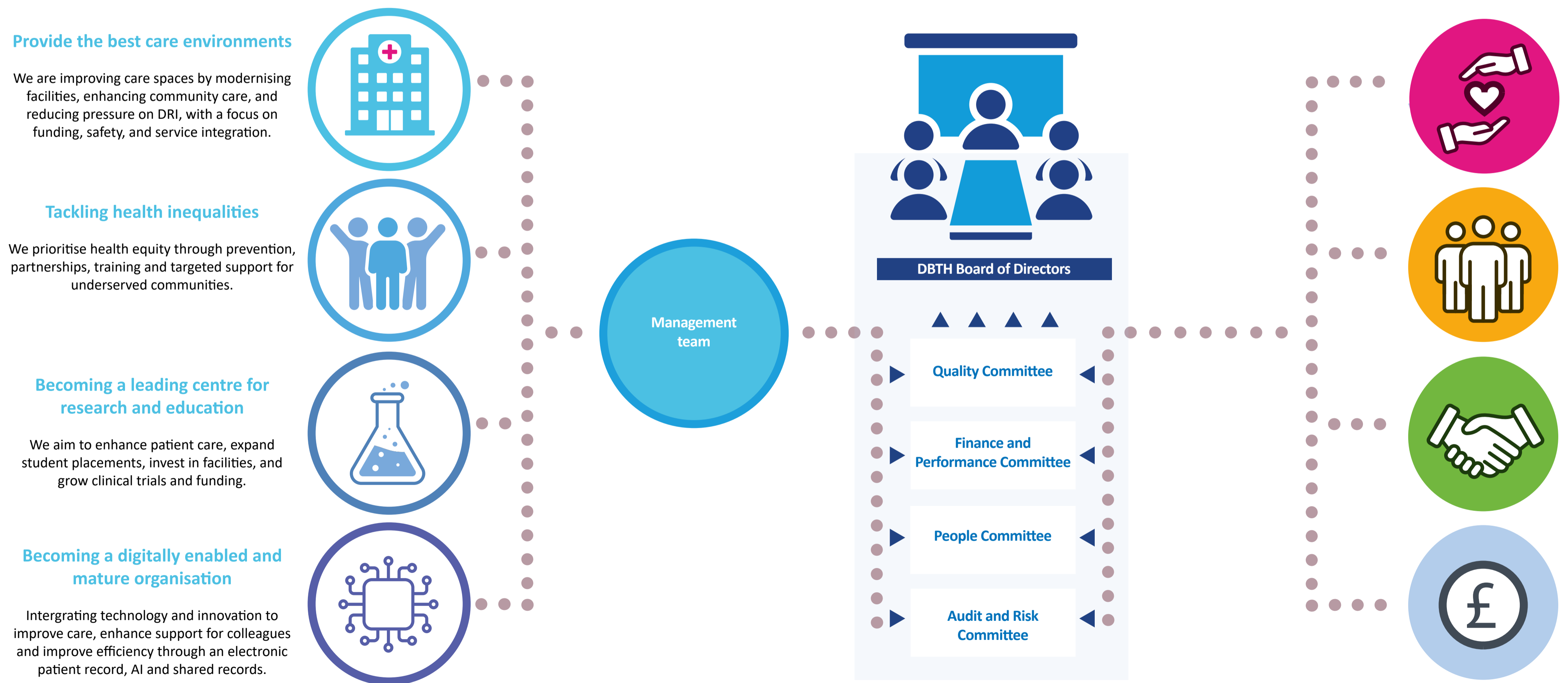
Speaking Up: Aligned with national principles, this plan outlines how we will listen to and support colleagues who need to speak up. Integrated with the People document, it provides measurable actions to foster a listening, learning organisation and a more positive workplace for all.


Research and Innovation: This plan outlines our Vision to become a leading centre of research excellence. It supports the goal of achieving University Teaching Hospital status, growing research talent and increasing innovation capacity to secure grants and funding.



Monitoring and evaluation

We evaluate our progress through established governance structures, using key performance indicators, data analytics, and regular reporting to ensure transparency and alignment with our goals. Enabling Plans are continuously refined based on feedback, outcomes, and emerging trends.





hello my name is...

Suzy Brain England OBE

Chair of the Board



www.dbth.nhs.uk

From the Chair:


- As a Co-opted Director on the Board of Doncaster Chamber of Commerce I was privileged to be one of three local trustees and the CEO Dan Fell to be invited to the House of Lords for the British Chamber of Commerce's President's reception.
- I continue to deliver Masterclasses supporting Directors who wish to become Chartered on behalf of the Institute of Directors.
- I filmed a video supporting the NHS "Northern Greener" Campaign promoting our Green Flag Gardens at our three main hospital sites saying thanks to our gardeners and estate team for their hard work and pride in offering peaceful, restful places. It was released on our public Facebook site.
- Our Acute Federation continues to offer an annual online conference for governors from Foundation Trusts in South Yorkshire. As Chair of the SYBAF, I chaired the most recent event which some of our on governors attended. The engagement, presentations and questions were excellent.



From the Chair:

- I was invited to join our Research and Education leaders at a celebratory event organised by Doncaster College, and we were thrilled to be awarded Employer of the Year for our support with work experience for T level students.
- Richard and I took the new CEO of NHS Providers, Daniel Elkeles, to see our amazing Bassetlaw Emergency Village. Later, Mark Bailey, I and several Chairs and CEOs from the Notts ICB region took place in a round table discussion.
- I was proud to thank the Rapid Relief Team provided by Doncaster's Plymouth Brethren for feeding frontline NHS colleagues in Bassetlaw in support of the national NHS Big Tea. They provided meat and veggie burgers, salad, drinks and fruit and biscuits over an extended lunchtime.
- I chaired the Breaking Stereotypes Women in Business event for Doncaster Chamber.
- After receiving a large number of applications, I chaired the recruitment panel of Governors for two non-executive director posts. News of the successful outcome will be discussed at this meeting.





hello my name is...


Jackie Hammerton
Lead Governor



www.dbth.nhs.uk

From the Lead Governor

- Three governors had attended a training session hosted by the NHS Providers - Governor Focus Conference 2025. This event serves as an important platform for governors to gain insights and enhance their skills.
- In June, Debbie Benson, along with one of our Stroke Nurse Practitioner colleagues participated in the Voluntary Action Doncaster event, promoting stroke health, awareness of governor's roles and the Trusts Membership.
- The process of shortlisting and interviewing candidates for the Non-Executive Director (NED) role involved the participation of several governors.



hello my name is...

Kath Smart

Non-executive Director



Audit and Risk Committee (ARC): June 2025

Positive Assurance

a) Internal Audit :-

- i. Audit Recommendations closure rate for high & medium risks -86 % (timeliness) – Significant Assurance & evidence of continual improvement
- ii. Accounts Payable – Significant Assurance – This was a review of a key financial system and audited the system of effectiveness of the Trust arrangements for Accounts Payable. Two medium risk findings and 1 low risk findings have been agreed relating to requisitions against expired contracts; non-Purchase order sampling; Approval of BACs runs.

b) **ARC Annual Report** – This report detailed ARC’s activities during the year designed to fulfil its Terms of Reference and deliver the workplan. Improvements have been made during the year following the Corporate Governance audit (2024) implementation; Committees undertaking a review of their own effectiveness; and ARC delivering its workplan for the year.

Matters of Concern or Key Issues

Moderate Assurance Audit Reports

Head of Internal Audit Opinion – The opinion for 24/25 is a “moderate opinion” & concludes that *“that there are areas for improvement in the framework of governance, risk management and control and some inconsistent application of controls puts the achievement of objectives at risk. The position reflects the range of audit opinions in year. 360 have completed four audits where improved performance (ie: versus previous audits or internal improvement work was expected but not attained) : Board Assurance Framework, Risk management follow-up, Bank and agency follow-up, Mortality data quality assurance. The HoIA acknowledge that the Trust has progressed agreed actions in relation to these audits since the reports were issued. 360 raised two high-risk findings in respect of business continuity; this was an area of known risk but represents a fundamental system of control in NHS organisations. The HoIA have also reflected on the Trust’s action implementation rate; overall this continues to strengthen versus previous years with a good focus on timely action implementation, however two out of seven high-risk actions have not been implemented on time. One of these remains open with a revised due date in the future”.*

Job Planning Audit – This review demonstrated there has been improvement since the last audit and progress is being made. One medium risk findings and 4 low risk findings were made, including ratifying the Job Planning Policy; escalation & prioritisation for ensuring all senior medical staff who have never had a job plan; quality control checklist and a process for monitoring delivery of sessions against planned activity. These have all been accepted by the Trust. The report was referred into People Committee for oversight, and ARC will follow up on implementation of recommendations.

Partnership Governance – The audit evaluated the progress made in respect of Partnership Governance audit, focussing on key partnerships. It concluded the Trust has numerous mechanisms in place and made 3 key recommendations which cover; mapping of partnership updates; Board level partnership assurance reporting & committee-level partnership reporting. Recommendations were agreed by management.

Audit and Risk Committee (ARC): June 2025


Major Actions / Work in Progress

- a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- b) ARC approved the following areas, subject to minor and non-material alterations required, in which case delegated to the CEO; CFO and ARC Chair as required - Annual Report; and the Annual Accounts & Financial Statements and Letter of Representation
- c) Review progress with the Bank and Agency audit controls at a future ARC
- d) External Audit Results Report - ISA 260 from EY – The external audit work had not yet fully completed, with a number of outstanding areas in accruals and operating expenditure to be finalised before 30th June. A verbal update will be provided to Board. However, key messages included:-
 - i. At this point there were no uncorrected misstatements in relation to the current years audit;
 - ii. There were no corrected misstatements;
 - iii. Changes had been required to the Remuneration report for pension banding correction
 - iv. Work carried out on Fraud risks 1-3 has resulted in no issues to bring to the attention of ARC
 - v. ISA 260 Control Management Actions (4) have reviewed by CFO and are agreed;
 - vi. Follow-up of previous years recommendations (9) shows 2 areas for further action, 6 being satisfactorily completed and 1 ARC asked for further work on (Annual report / AGS version control & freeze date)
 - vii. VFM – Although the VFM commentary is not yet available EY have no matters to report by exception for each of those areas they considered: Financial Sustainability (1 Recommendation made); Risk Management (1 Recommendation made); & CQC Rating (No recommendation).
 - viii. AGS – EY confirmed that the AGS is consistent with other information from their audit and have no other matters to report
 - ix. De-brief to be held between Finance Team and EY and reported to a future ARC

Decisions Made

- a) DBTH Annual Report and Annual Governance Statement – This was approved by the Audit Committee (subject to minor amendments)
- b) DBTH Annual Accounts and Financial Statements – These were approved subject to minor alterations (if required) by the finalisation of External Audit work
- c) The Letters of Representation required from the Trust to the External Auditors were approved (subject to any minor / non-material amendments)
- d) ARC Annual Report – This was approved, albeit still in draft as the final conclusion from EY was not yet available.

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 management actions are not considered vital to achievement 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 have been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operational weaknesses have been recognised. Existing performance presents an unacceptable 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 accepted 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 Committee (QC): June 2025

Positive Assurance

- Complaint Audit Actions **Significant Assurance**
- Maternity Single Delivery Plan **Significant Assurance**
- CQC Update reports and action plan **Significant Assurance**
- PSIRF Progress and Outcomes report **Significant Assurance**
- Interim Audit and Effectiveness Annual Report **Significant Assurance**
- Audiology Update **Significant Assurance**
- Infected Blood Enquiry **Significant Assurance**
- Board Assurance Framework Risk 1,including Trust Risk Register **Significant Assurance**


Matters of Concern or Key Issues - None

Major Actions / Work in Progress

- Obstetric capacity for leadership funding for 25/26 needs to be reviewed by the Board once confirmed due to implications on consultant PA funding.
- Rheumatology consultant recruitment remains a challenge linked to Audit & Effectiveness Annual report plus improvements in Quality Assurance Lead nurse attendance requires improvement.
- Work on improvements to the Audiology service continues
- Business case submitted for 2nd Transfusion Practitioner in line with guidance
Provided by NHS England in light of Infected Blood enquiry

Decisions Made

- Previous meeting minutes approved
- Supported closure of CQC action in relation to documentation
- Medical Device Training requirements from CQC action plan to be shared with People Committee for information.
- QC confirmed its support for the planned business case submission for
2nd Blood transfusion practitioner
- August 2025 QC to be held face to face



hello my name is...

Mark Bailey

Non-executive Director



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Finance & Performance Committee (F&P): May & June 2025

Positive Assurance

Financial & Activity report – Month 1 Significant Assurance - Deficit position marginally favourable to plan. Elective activity exceeds plan in all four points of delivery. Efficiency in line with plan with improvement in net risk level of the plan. Favourable cash due to capital creditors. Capital expenditure behind plan but expected to catch-up.

Estates & Facilities – Annual performance report 2024-25 Significant Assurance -

Comprehensive evidence-based overview of management grip and control of all aspects of estates and facility activity against service levels. Noting improvement plans and decisions on preventive maintenance funding which will maintain current risk levels and intention to implement higher national cleaning standard. Royal Society for the prevention of Accidents (RoSPA) Gold Award recognition of DBTH health & safety processes and culture.

Federated Data Platform – Significant Assurance - Update on NHS wide system to bring together existing operational information from multiple systems. DBTH to implement 4 priority products: inpatients; referral to treatment; outpatients and discharge planning. Plan and engagement assurance on scope and impact on other programmes.

Operational Plan 2025/26 Significant Assurance - The 2025/6 plan commits to a 'break-even' financial position with operational performance trajectories meeting national planning guidelines and priorities by March 2026. Improved rigour in the triangulation of activity, workforce and finance. This plan is a challenging commitment and there is a significant level of risk with dependency on recurrent operational efficiency and productivity savings.

Positive Assurance Cont'd

Operational Performance – May 2025 Significant Assurance - Encouraging position with performance level at commitment in 5 of 7 areas covering emergency care, diagnostics, elective care and cancer. Significant improvement in ambulance handover compared to previous year. 4-hour access time ahead of trajectory for two periods with slight deterioration in the 12-hour measure. Diagnostics performing well with known exception being audiology. Cancer, faster diagnosis marginally behind plan with increased referrals, 62-day standard ahead. Elective care behind trajectory driven by long waits in ENT & T&O.

Note: F&P assurance level at this stage of the year is based on planning clarity and statistically sound progress against trajectory with specific improvement actions being identified or in the process of 'bedding in'.

Financial & Activity – Month 2 Significant Assurance - Deficit position in-line with at £1.8m. Acknowledgement of the need to use non-recurrent adjustments earlier than planned. Net financial risk reduction from £14.9m to £8.2m due to progress on the identification and progression of efficiency schemes; there is now no unidentified cost improvement in the plan. Elective activity exceeds plan in all four points of delivery with focus on ensuring delivery is from a reduced cost base.

Favourable cash due to capital creditors. Capital expenditure behind plan, business cases being developed to ensure no slippage at year-end.

Health & Safety (October 2024 to March 2025)

Comprehensive evidence-based assurance overview of management grip and control of health and safety at DBTH. External validation from Royal Society for the prevention of Accidents (RoSPA) and their Gold Award recognition of DBTH health & safety processes and culture. Noting ongoing work to continue improvement in violence and aggression and musculoskeletal disorders and sharps injuries.

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

Matters of Concern or Key Issues

Operational Plan 2025/6 - The 2025/26 plan commits to a 'break-even' financial position with operational performance trajectories meeting national planning guidelines and priorities by March 2026. Improved rigour in the triangulation of activity, workforce and finance. This plan is a challenging commitment and there is a significant level of risk with dependency on cost improvement of £32m including recurrent operational efficiency and productivity savings.

Major Actions / Work in Progress

Efficiency /cost improvement 2025/6 - Collective ownership by the Executive team with intensive work on the development of detailed schemes at Corporate and Divisional level. New approach to sustainable change with emphasis on engagement and encouraging contribution from all areas with the launch of the Bright Ideas Clinic. Governance and performance review structures are being streamlined to ensure focus on delivery and assurance.

2024/25 Accounts - 'Page turner' with non-executives scheduled for 6th June. External audit underway with Audit & Risk Committee due to receive the final version on 19h June 2025.

Efficiency /cost improvement 2025/6 - New approach to sustainable change with emphasis on engagement and encouraging contribution from all areas with the launch of the DBTHi and the "Bright Ideas Clinic". Governance and performance review structure changes being introduced now to ensure focus on delivery and assurance.

Outpatient Appointments (Internal audit - Limited assurance) - Implementation of recommendations for improvement and consistency in outpatient appointment booking. This will include move to a centralised model by end March 2027.

Decisions Made

Operational Reporting 2025/6 –

Approval to streamlined operational performance assurance reporting i.e.

- Access section to IQPR with a summary against key indicators in NHS contract and the annual plan.
- Detailed information for any standard where performance is not meeting trajectory.
- Electivity activity within a monthly finance and activity overview.

Board Assurance Framework (BAF)

Assurance ratings agreed for the key risks with action planning to address gaps in control for BAF Risk 4: Care environment and Risk 5: Financials.


Assurance ratings agreed for the key risks with action planning to address gaps in control for BAF Risk 3: Demand, Capacity & Flow and Risk 7: Digital & Cyber.

Performance Assurance Framework

Approval of the refreshed Trust's Performance Assurance Framework. This specifies how performance against operational, quality, workforce and financial plans will be monitored and assured. Divisional segmentation with escalating levels of accountability introduced in line with the national performance assessment standards.

Business cases > £1m requiring Board approval

Board approval is recommended for capital business cases covering critical infrastructure investment of £1.8m and £1.5m for Phase 5 of the multi-year electrical infrastructure upgrade. Both cases within approved 2025-6 capital programme.



hello my name is...

Lucy Nickson

Non-executive Director



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People Committee: June 2025

Positive Assurance

IQPR People Metrics – Significant Assurance - The Appraisal season commenced 1st April – 31st July and is on target for the period in terms of completion rate, which is comparable to the prior year and is at 29.22% it is expected that the completion rate increases later on in the appraisal season window due to the leadership cascade

Engagement and Leadership – Significant Assurance - Following the most recent staff survey, the committee heard in detail about the Trust wide actions being taken at directorate, divisional, department level in response to the feedback. Detail about the themes being explored was shared as well as how leaders are engaging with teams about local results in order to develop joint action plans. The committee also heard about the new DBTH welcome and how that is being well received.

Education Report, including Knowledge and Library Services Annual Review: Significant Assurance - A comprehensive report was received. The overall education quality data is positive.

DBTH was named Large employer of the year at the 2025 South Yorkshire Apprenticeship awards. DBTH continues to use its apprenticeship levy with workforce priorities, however, the funds are starting to expire. Further consideration by the exec team is planned. The widening participation work continues to grow with 2025 activities in the planning and with some funding from DBTTH charitable funds to support.

The SET target has dipped slightly to 89.88% in April after two consecutive months at 90%. This is linked to the timing of annual reviews in March and training yet to be undertaken. The Knowledge and Library Services annual review highlights compliance against the KLS delivery plan and continues to meet trust strategic objectives as well as local and national priorities for NHS library services, forming part of the annual quality assurance processes required by NHSE.

Violence Prevention Standards – Significant Assurance - The committee received a detailed report outlining progress being made with initiatives at DBTH on the Violence, prevention and reduction standard between October and March 2024/25. A comprehensive review of the work plan aligned to the NHS standard is underway. In respect of clinically related incidents, the report provided an update on the therapeutic interventions following publication of the National Partnership Agreement, Right Care, Right Person in July 2023. The committee also heard about actions being taken to reduce violence related risks, currently recorded on the Trust's risk register.

Positive Assurance cont'd

Just Culture – Significant Assurance - A comprehensive paper was presented providing updates on the Just Culture workstreams - analysis of casework data and key policy developments alongside recent planned actions. The report highlighted employee related casework, with data showing a significant increase in activity (19.4%) and mostly being related to sickness absence. The decision has been made to retain the term 'Just Culture' at DBTH while noting the new NHS 'Being Fair' guide, published May 2025 as this relates to patient safety matters only. Work continues around 'learning from leavers'.

EDI annual report – Significant Assurance - In May 2025 59% of actions from the DBTH EDI Improvement plan are complete. 40% are on track and two are delayed. A summary of performance against the 6 High Impact areas was provided. The Trust's commitment to the anti-racism NHS framework is evident from the actions described over the prior year.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 20245 – Significant Assurance - The committee heard about the workforce data submissions for the period 1st April 2024 to 31st March 2025 and highlighted positive change in comparison to the prior year. The full paper will be included within Board pack in July 2025.

Annual Organisational Development Report – Significant Assurance - In 2024/25 the leadership and OD team successfully redesigned and aligned leadership content with the Trust's People strategy and DBTH way. Then report outlines significant progress and strong positive feedback on methods being used, such as the TED tool. Key ambitions for 2025/26 include a focus on Action Learning Sets, Leadership programmes and insights discovery to increase the number of people trained to improve communication and appreciation.

Workforce Supply and Demand – Significant Assurance - The Committee heard about two areas of work in this paper – further development of advanced practice (AP) roles across the trust and national review of nursing job profiles. In relation to the former, there is an aim to improve retention rates across the trust as well as identify services areas that would benefit from the introduction of these roles.

In relation to the latter, the committee heard about the approach being taken within DBTH to manage the project and governance arrangements in response to this national workstream, as well as how work is aligned with local system partners. Learning from the band 2/3 nursing profiles has been taken into account while planning this next phase of nursing profile reviews, bands 4 and above.

People Committee: cont'd

Positive Assurance(cont'd)

Safe Staffing and Skill Mix: **Significant Assurance**

No inpatient wards triggered on greater than 10% variance between planned and actual staffing during March 2025, with only 1 ward triggering in April 2025 M1). No significant quality issues were identified. Vacancy position across Nursing & Midwifery is static, with recruitment campaigns in April focused on newly qualified registrants for September and October 2025. While waiting for posts to fill there is likely to be some impact on temporary workforce usage. The report cites the removal of agency cascades across nursing and midwifery, with plans to remove theatre agency cascade by September 2025. There is an enhanced focus on effective rostering. There was no reported impact of the cessation of agency since April across nursing and midwifery.

AHP Biannual Workforce Review – **Significant Assurance**

The report highlights current AHP staffing compared to known standards. The report highlights problems with capacity vs demand in some areas and further capacity, and demand work is a priority in 2025/26. A deep dive into the radiography workforce is also planned for 2025/26. Where there is no national safe staffing guidance, recommended methodology has been used and highlights gaps across several services. Addressing skill mix in some services may reduce some gaps and the Chief Nurse will continue to oversee this work and will provide regular updates through PC.

Board Assurance Framework (BAF)- **Significant Assurance**

A report was presented setting out the latest information used to assess risk mitigation actions within the BAF risk 2 and Trust risk register. The committee took assurance on the actions, recommending the position to the Board of Directors in June 2025.

E-rostering control audit 2023/24 (progress against 360 assurance recommendations) – **Significant Assurance**

The Committee received a report showing that all actions are currently on track for completion by deadline dates. The remaining four actions have deadline dates by Sep 2025.

Major Actions / Work in Progress - None

Decisions Made

Board Assurance Framework (BAF)

In addition to the significant assurance on risk mitigation actions, the committee completed what was an action from the Board to consider the target score for BAF risk 2. The committee concluded that it was appropriate for the risk target to remain at 12, given the current climate



COUNCIL OF GOVERNORS

**Minutes of the meeting of the Council of Governors held in public
on Thursday 15 May 2025 at 15:00
Doncaster Royal Infirmary Boardroom**

Chair	Kath Smart – Deputy Chair	
Public Governors	Debbie Benson Mark Bright Jackie Hammerton Crystal Lucas Colin Wallace Sheila Walsh	
Staff Governors	Mandy Tyrell	
Partner Governors		
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Emyr Jones - Non-executive Director Angela O'Mara – Deputy Company Secretary Richard Parker OBE - Chief Executive Anneleisse Siddall - Corporate Governance Officer (minutes)	
Governor Apologies:	Irfan Ahmed Kay Brown Andrew Flynn Phil Holmes Lynne Logan Phil Mettam Joseph Money David Northwood Gavin Portier	
Board Member Apologies	Suzy Brain-England OBE, Chair of the Board Jo Gander - Non-executive Director Zara Jones - Deputy Chief Executive Lucy Nickson - Non-executive Director	

		<u>ACTION</u>
COG25/05/A1	Welcome, apologies for absence (Verbal)	
	The Deputy Chair welcomed the Council of Governors and those in attendance to the meeting, the above apologies for absence were noted.	
COG25/05/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	No new declarations of interests were presented to the meeting.	
	<i>The Council:</i> - <i>Noted governors' current declarations of interests.</i>	
COG25/05/A3	<u>Actions from previous meetings</u>	
	<p>COG25/02/D1 – People Committee – Just Culture - Non-executive Director, Mark Bailey, confirmed the People Committee would receive a Just Culture report in June 2025 which would provide an overall view of just culture to gain additional assurance.</p> <p>The Chief Executive Officer confirmed an external well-led review had commenced with completion expected in July 2025. An independent review, "The DBTH Way in Action" would also be undertaken to gain an understanding of colleagues' experience of working at the Trust and Speaking Up would be reviewed, with a report expected to be sighted at the Board of Directors. Action Closed.</p>	
COG25/05/B1	<u>Chief Finance Officer Introduction inc. Finance update</u>	
	<p>The Chief Finance Officer confirmed their position since January 2025, following a handover period. They provided a summary of the financial performance for 2024-2025, of which the Trust had successfully met its financial plan for the year, demonstrating a strong commitment to progress despite operational pressures. The 2024-25 plan included the delivery of a Cost Improvement Programme (CIP) of £21.2 million, which was achieved through more non-recurrent measures than initially planned. In addition, the Trust had delivered its largest capital programme, encompassing improvements across estates and digital infrastructure.</p> <p>Looking ahead, several improvements were in place for the upcoming year, which was anticipated to be challenging for the entire NHS. The Trust planned to break even, a goal that was notably more ambitious than past achievements, necessitating a new approach.</p> <p>Public Governor, Colin Wallace, asked for clarification on the risk and what its implications were. The Chief Finance Officer confirmed the most significant risk was the increase in the Cost Improvement Programme (CIP), which posed the greatest challenge. And whilst significant income was secured through a contract with the Integrated Care Board (ICB), the delivery of efficiency plans remained the primary concern.</p>	
	<i>The Council of Governors:</i> - <i>Noted the Chief Finance Officer Introduction inc. Finance update.</i>	

COG25/05/C1	<u>Chief Executive Update – Performance to year end</u>	
	<p>The Chief Executive provided a comprehensive update on the year-end performance, highlighting significant progress in the capital programme, reduced waiting times and improved cancer standards.</p> <p>A response rate of 62% had been achieved as part of 2024's staff survey, areas of improvement had been identified and actions developed. The impact of local and national events had been noted, in line with peers.</p> <p>Government focus on social attitude survey results revealed a significant drop in the public's satisfaction with the NHS, which had reduced from 73% to 21%.</p> <p><u>Performance</u></p> <p>The Trust's activity levels rose across all areas, consistent with previous years, with maternity activity influenced by environmental factors. Urgent and Emergency Care (UEC) performance met the in month four-hour wait-to-be-seen standard at 74.7%, with the required standard increasing to 78% by March 2026.</p> <p>Developments included the opening of Bassetlaw Emergency Village (BEV) and the purchase of the da Vinci® robot, with support from the Fred and Anne Green legacy.</p> <p>2025-26 priorities included an agreed 5% improvement in diagnostic standards, with a target of no more than 1% waiting over 52 weeks for planned treatments. The 65-week wait standard was removed as per government requirements, with ongoing monitoring of reporting standards.</p> <p><u>Quality</u></p> <p>Several factors were identified to ensure both quality and safety, including adequate staffing without compromising standards.</p> <p>From April, mortality reporting would include only Summary Hospital-level Mortality Indicator (SHMI data), and the learning process would undergo continuous review.</p> <p><u>12 months ahead</u></p> <p>The Secretary of State for Health had signalled three major strategic shifts which included moving care from the hospital into the community, sickness to prevention and analogue to digital. There would be a need for the NHS to work differently, with a focus on working in collaboration. The abolishment of NHSE and, reduction in ICB structures would result in significant organisational change. Operating budgets were reduced which commenced the final quarter of the year.</p> <p>The ICB would concentrate on strategic commissioning for change, with Acute services prioritising funded services. The South Yorkshire Acute Federation would maintain its current structure in the year ahead, with a focus on cost considerations.</p> <p><u>Our Plan</u></p> <p>The 2025/26 CIP was £31.4 million with schemes already identified within that figure. There are numerous benchmarking opportunities via Model Hospital and GIRFT available to the Trust, alongside schemes to reduce expenditure eg: Bank and Agency. Colleagues were being engaged across the organisation to identify potential opportunities and turning</p>	

	<p>into actionable plans, while the Executive team concentrated on delivery and benefits. The Trust currently has no reliance on any redundancy schemes as part of the 25/26 plan but like most organisations would need to keep pay cost reductions under review.</p> <p>Any initiative that improved, or maintained quality and financial sustainability would be considered, including an examination of the 4 P's, Patients, People, Partnerships, Pounds, assessing where there was replication of services to determine the most effective approach. It was imperative bank and agency costs were reduced, and the temporary pause to non-essential vacancies remained until June 2025.</p> <p>The Chief Executive updated the Council on the Electronic Patient Record (EPR) system plan and the South Yorkshire drive to share one EPR for access to patient records across the system. The Trust was expected to receive capital in line with the governments 'digital for the future' which would create a transformational change to services across the Trust.</p> <p>The Trust was committed to promoting equality and involving colleagues in the decision-making process. There was a focus on communicating the wider goals of the Trust, understanding the required reductions, and ensuring alignment with strategic priorities. A workshop to generate transformative savings ideas was scheduled to be launched w/c 19 May 2025.</p> <p>The refreshed Trust Strategy emphasised ambitions to provide the best care environment and included estate improvements with capital investments for the tower block, Critical Care, as well as plans to build a new ward block, subject to funding.</p> <p>The Trust aimed to be a leader in research and education and improve equality in deprived areas. Collaborative opportunities were being explored with other trusts, and actions were to be strengthened, which included encouraging divisions and corporate areas to implement best practice change with input from performance management and QI teams.</p> <p>The Trust was also considering opportunities for its Wholly Owned Subsidiary (WOS) to work differently.</p> <p>The recruitment of newly qualified midwives would be subject to competitive interviews this year, with the number of graduates exceeding the vacancy position. Across the Local Maternity & Neonatal System anticipated staffing changes would be considered and the use of part-time contracts considered to maximise employment opportunities.</p> <p>Three key takeaways were: everyone had a part to play, 2025/26 would be challenging for colleagues, and care and values had to go hand in hand.</p> <p>Public Governor, Sheila Walsh, queried the public dissatisfaction survey and whether it was a national issue faced. The Chief Executive Officer confirmed that the social attitude survey had driven changes, with dissatisfaction with waiting times, access, and other broad spectrums addressed. Government advisors had discussed changes in the architecture of the system with the focus to deliver on waiting times, economically manage resources, and living within means.</p> <p>Lead Governor, Jackie Hammerton, was pleased that the impact of newly qualified staff and lack of vacancies were addressed, she also remained positive that colleagues were</p>	
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	<p>asked to engage with the 'bright ideas clinic' and suggested that students and patients should also participate.</p> <p>Lead Governor, Jackie Hammerton, did not consider league tables a helpful standard to work towards, the Chief Executive Officer confirmed the standards were varied.</p> <p>Lead Governor, Jackie Hammerton, asked the Chief Executive what he believed the future of the Council of Governors looked like. The Chief Executive confirmed a return to a Monitor style operation, with potential changes to shared leadership models. However, the focus would remain with Trust models with the requirement to understand local and social attitudes.</p> <p>The Deputy Chair drew attention to health inequalities and the dedicated board discussion on Trust priorities.</p> <p>Public Governor, Mark Bright, asked when the public satisfaction rate had previously achieved 78%, The Chief Executive Director confirmed this percentage was reached approximately 15 years ago.</p> <p>Public Governor, Debbie Benson raised concerns about the sharing of Directors across trusts and its impacts on individual Trusts. The Chief Executive Officer confirmed the need for Trusts to comply with statutory requirements, though these currently did not include specific collaborative measures.</p> <p>Non-executive Director, Mark Bailey, noted that integration would necessitate collaborations, rather than halt them. The Chief Executive Officer emphasised that while integration was meant to induce change, some changes had already been achieved without formal collaborations.</p> <p>Non-executive Director, Mark Bailey, confirmed that NHSE were consulting on a range of structural changes and these would need to be considered as part of a national direction at some point.</p>	
	<p><i>The Council of Governors:</i></p> <p>- <i>Noted the Chief Executive Update – Performance to year end</i></p>	
COG25/05/C2	<u>Governor Questions</u>	
	The governors raised questions in the agenda item above.	
COG25/05/D1	<u>Fit and Proper Person Test</u>	
	<p>The Associate Director of Strategy, Partnerships, and Governance confirmed that the Fit and Proper Person Test (FPPT) was a regulatory requirement to ensure all Board Directors were employed and retained under NHSE FPPT regulations. The enclosed document confirmed that all checks had been completed successfully, and the national return was submitted.</p> <p>The Deputy Chair confirmed that internal auditors, 360 Assurance, were due to undertake an audit of the trust's FPPT process.</p>	

	<i>The Council of Governors:</i> - <i>Noted the Fit and Proper Person Test process.</i>	
COG25/05/D2	<u>Collaboration Verbal Update</u>	
	<p>The Associate Director of Strategy, Partnerships and Governance confirmed that discussions had taken place regarding additional partner governors and although timelines were uncertain, the process had commenced.</p> <p>Lead Governor, Jackie Hammerton, had previously met with Nottingham and Sherwood lead governors and had also contacted Barnsley and Rotherham Lead governors via email, but had yet to meet in person.</p>	
	<i>The Council of Governors:</i> - <i>Noted the Collaboration Verbal Update.</i>	
COG25/05/D3	<u>Non-executive Director Recruitment</u>	
	<p>The Associate Director of Strategy, Partnerships and Governance confirmed the process for the Non-executive Director recruitment, only governors who had been trained in EDI would be actively involved in the process.</p> <p>The Nominations & Remuneration Committee made the final recommendation, however, oversight from NHSE was awaited to gain a regional perspective. Once clarification was provided, the advertisement for the vacancies would proceed.</p>	
	<i>The Council of Governors:</i> - <i>Noted and agreed the members of the Nomination and Remuneration Committee.</i>	
COG25/05/D4	<u>Lead Governor Update</u>	
	<p>Lead Governor, Jackie Hammerton, asked governors to share updates from the governor working groups.</p> <p><u>Communication Working Group</u> Public Governor, Debbie Benson, noted that the communication group and the governor portal was part of the groups work. There were several open actions related to tracking the E-Learning for governors. A survey had been sent out to determine who was using the portal, although the response rate was low. It was planned to resend the survey after implementing adjustments to encourage usage. Lead Governor, Jackie Hammerton, suggested using other forums for discussions outside of the formal council meetings. Public Governor, Debbie Benson, emphasised the importance of encouraging governors to attend meetings.</p> <p><u>Engagement Working Group</u> Public Governor, Sheila Walsh, confirmed the Engagement working group reviewed the role of staff governors and discussed restarting the buddy scheme. It was suggested that staff governors could communicate via Buzz to explain their roles.</p>	

	<p>The working group had identified three engagement areas for the public through inpatient and outpatient services and discussed the level of information required to sign people up for membership, with a trial run planned at Bassetlaw.</p> <p>Lead Governor, Jackie Hammerton, suggested exploring closer collaboration with the Non-executive Directors, such as governors accompanying NEDs during visits.</p> <p>The Associate Director of Strategy, Partnerships and Governance confirmed a membership database cleanse project was due to commence and aimed for completion by summer.</p> <p>Other working group suggestions included the following.</p> <ul style="list-style-type: none"> - New Governor/Membership Banners - Submitting a survey within the healthier together magazine. - Meet and greets extending into communities. - Engaging with people who want to become a governor. - Governor video for the Trust Website. <p>Staff Governor Mandy Tyrrell highlighted how the inclusion of the question about staff governor was welcomed on the Trust's appraisal paperwork to generate discussion and interest.</p> <p>The Deputy Chair noted there were some good ideas and advised Governors could work with the Trust Board office to prioritise those ideas which could be explored further.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the Lead Governor Update.</i> 	
COG25/05/D5	<u>Governor Questions</u>	
	<p>Lead Governor, Jackie Hammerton, enquired about the measurement of patient waiting times for hospital admissions and the challenges associated with prolonged wait times for outpatients in clinics. She asked if there were specific targets to be aware of.</p> <p>The Chief Executive Officer confirmed that, at present, the focus remained on the waiting period to be seen for treatment. He noted that from a productivity perspective, there was an interest in the data, however, acknowledged that in general due to the amount of reported data what was not reported was not collected. Anecdotal feedback might be received through family and friends' tests, but the response rate was low at 5%.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the Governor Questions.</i> 	
COG25/05/E1-E1.5	<u>Presentation</u>	
	<p>E1.0 – Chairs Report</p> <p>E1.1 – Jackie Hammerton - Lead Governor Updates</p> <p>E1.2 – Kath Smart - Audit and Risk Committee</p> <p>E1.3 – Jo Gander – Quality Committee</p> <p>E1.4 – Mark Bailey – Finance and Performance Committee</p> <p>E1.5 – Lucy Nickson – People Committee</p>	


	The above reports were enclosed within the Council of Governors papers and noted by the Council. No queries were raised with the Chair prior to the meeting.		
COG25/05/E2	<u>Governor Questions</u>		
	No other governor questions were asked.		
COG25/05/E3	<u>Minutes of the Council of Governors held on 06 February 2025</u>		
	<i>The Council of Governors:</i> - <i>Approved the minutes dated 06 February 2025.</i>		
COG25/05/E4	<u>Governor Questions Database</u>		
	The Governor Questions Database was enclosed within the Council of Governors papers.		
COG25/05/F1	<u>Any Other Business</u>		
	No items of other business were raised.		
COG25/05/F2	<u>Items for Escalation to the Board of Directors</u>		
	No items for escalation were reported.		
	<u>Date and time of next meeting (Verbal)</u>		
	Date:	29 July 2025	
	Time:	15:00	
	Venue:	Microsoft Teams	
COG25/05/G	Meeting Close:	17:00	

Governor Questions and Answers - Updated as at 9 October 2024



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/01/13	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
P24/01/13	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?	<p>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.</p> <p>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 integral part of colleagues training and education.</p>	Karen Jessop, Chief Nurse	In the meeting
P24/01/13	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?	<p>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.</p> <p>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.</p> <p>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.</p>	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.	<p>The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations.</p> <ul style="list-style-type: none"> •The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position. •As a Place Doncaster had been underfunded. <p>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.</p>	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Partner Governor	18/03/2024	<p>I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council.</p> <p>Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss.</p> <p>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.</p> <p>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.</p>	<p>Over the past year we have successfully recruited five Audiologists, with the last candidate taking up post in January this year. We have implemented a triage system to ensure patients are offered the most appropriate appointment to meet their needs. Although the waiting list for triage appointment is currently 16-18 weeks, we usually offer a repair appointment within 3 weeks of this telephone consultation. We have also made some amendments to our clinic templates to increase capacity for repair appointments and diagnostics.</p> <p>We are seeking mutual aid from other providers across South Yorkshire and Nottinghamshire and are also exploring options to further increase capacity at Doncaster and Bassetlaw through insourcing and outsourcing. We have submitted a bid to develop an Audiology Care Pathway at Montagu Community Diagnostic Centre and this is being considered, if approved this will support a reduction in waiting times.</p> <p>For the longer term, we are working with colleagues across the ICS to review the service model for audiology services, to ensure we have a sustainable service in place that can meet the needs of our local population.</p>	Lucy Hammond, Divisional General Manager & Denise Smith, Chief Operating Officer	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 support.	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
Email	Public Governor -Lynne Schuller	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 "walkthrough" 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 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.	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure Sean Tyler, Head of Compliance from estates	<div> HG0049-PHS-ZZ-A-9120 - BECV Pr</div>

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Andrew Middleton	22/04/2024	<p>Follow up to 11/1/2024</p> <p>The new facilities at Mexborough (CDC and MEOC) are to serve three borough populations - Doncaster (50%), Rotherham (25%) and Barnsley (25%. In view of the proximity of neighbourhood populations to Mexborough, which span three local government areas:-</p> <p>1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs?</p> <p>2. What marketing has been undertaken on the new services with GPs and others in the three boroughs?</p> <p>3. How will demand be managed should it exceed capacity?</p> <p>With the facility now open, the matter is now more pressing as demonstrated in a meeting today of Barnsley Healthcare Federation, the GP collaborative for all Barnsley's 31 practices, where I am the Independent NED for Finance and Governance. I was asked at today's meeting by GPs, particularly those close by in the Dearne Valley, a host of questions about how MEOC will operate in conjunction with the primary care community in Barnsley. I was somewhat embarrassed at not being able to offer any answers to their questions, or to indicate where they might go for answers.</p> <p>I am asking of you whether the F&P Committee has examined the operational plan for MEOC, through which committee NEDs can seek assurance on questions such as those I asked several weeks ago.</p> <p>The current situation for Barnsley GPs, who are 25% "stakeholders" in the new centre, is that none of them knows anything about the MEOC operational arrangements, including referral protocols.</p> <p>Is this matter within scope of the F&P Committee? It is certainly of interest to the 250,000 population of Barnsley and its 31 GP practices.</p>	<p>1. The digital and IT infrastructure focuses on providing clinicians in the facility with access to data from their host trusts and communicating and reporting clinical information back to the host trusts post operatively. The individual trust systems/clinicians then communicate clinical information for any patients treated at MEOC, this is done in exactly the same way as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trusts operate differing IT systems, however, a temporary solution is in place and working well. The permanent solution is planned for completion by June/July 2024.</p> <p>2. MEOC is set up to receive consultant referrals only, with no direct referrals from GPs, hence why no referral protocols have been developed/shared. It is the responsibility of teams within provider trusts to decide whether patients on their current waiting list, and new referrals, meet the agreed clinical criteria for treatment at MEOC. Some marketing has been undertaken with GPs in order to make them aware of the service that is being provided to their patients via onward referral from consultant orthopaedic surgeons in the three partner trusts.</p> <p>3. The capacity in MEOC was planned to manage a reduction in high-volume, low complexity orthopaedic surgery waiting times, whilst freeing up capacity in host trusts for more complex work, and assisting with a reduction in overall waiting times for the longest waiting patients. Whilst it is not anticipated that further capacity will be required to achieve the waiting list targets aimed for in the business case, the design of the building included consideration of an extension at a later point should this be necessary. The operational policy has been circulated several times for comment to provider trusts' Chief Operating Officers and their teams responsible for delivery of the MEOC plan. There are numerous meetings and structures now in place to discuss operational, clinical and performance matters which are attended by representatives from all three provider trusts.</p> <p>The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issues across the range of the Trust's activities. Given the responsibility (and desire) to collaborate with partners to deliver service solutions to populations wider than Trust's traditional operating footprint we are interested to receive feedback from all stakeholders on any issue impacting the effectiveness of MEOC.</p>	Karen McAlpine, MEOC Operational Lead, Jon Sargeant, Chief Financial Officer and Mark Day, Non-executive Director	Outside of the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Dave Northwood enquired how governors would be involved in the refresh of the Trust 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 into 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.	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	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.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Sheila Walsh enquired if there were any plans for the replacement of the current lift system within the East Ward block as part of the schemes developed for refurbishment of the DRI site.	Should funding be approved the Chief Executive acknowledged that through the relocation of services and use of a decant facility, the volume of lift traffic could provide improved opportunities to refurbish the lifts to comply with current standards. The Trust would continue to actively pursue funding opportunities and actively campaign at a local and national level for support to address the estate challenges.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Rob Allen enquired what opportunities there may be for 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 Lister Court, to the rear of the Old Ambulance Station, had recently been demolished which offered the potential for future hard surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing the impact on the environment through carbon emissions.	Richard Parker, Chief Executive	In the meeting
COG24/04/D2	Council of Governors	25/04/2024	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.	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 was yet to 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.	Kath Smart, Non-executive Director & Richard Parker, Chief Executive	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Lynne Schuller	06/05/2024	<p>A friend contacted me yesterday; she has Lupus, and her treatment requires an annual scan and examination of her eyes. She was concerned to be told when attending Ophthalmology this week that:</p> <p>A. She will receive a letter from D.R.I. in about 6 months' time explaining changes to the service. Could I ask why will there be an outline of service in 6 months? Is the service subject to a review? If so, will there be a public consultation or consultation with service users?</p> <p>B These proposed changes include visiting an optician, not the consultant at D.R.I. What is the access to said opticians - including how many are available and where they may be situated, and indeed how this may affect Bassetlaw Residents - i.e. is this a South Yorkshire ICB / ICS decision and if so is this mirrored by Nottingham & Nottinghamshire ICB / ICS.</p>	Without further patient information, particularly regarding the treatment received, the service is unable to provide a response and have requested direct contact is made with the Business Manager, Kerry Allen on 01302 642173. Alternatively, should they wish to email Kerry @ kerry.allen3@nhs.net and provide their contact details she will arrange a mutually convenient time to speak.	Kerry Allen, Business Manager	Outside of the meeting
Email (post BoD)	Public Governor - Dave Northwood	07/05/2024	<p>The need for a Lead Governor to be in place to liaise between the Trust and NHS(E), when communication between the latter and the Chair is inappropriate, was outlined by Monitor. It was confirmed at the recent Board meeting that this is an important coordination role. No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?</p>	<p>Following our Board of Directors meeting earlier this week and some subsequent queries from governors about the Lead Governor appointment process, I thought it would be helpful to drop you a line to update on the timelines.</p> <p>Today is Fiona Dunn's last working day at DBTH as our Company Secretary and Director of Corporate Affairs. I am sure you will join me in wishing Fiona all the best in her retirement and we will miss her support to both the Board and Council of Governors. We have been successful in recruiting to a new role of Associate Director of Strategy, Partnerships and Governance, a key appointment in providing ongoing senior leadership in Company Secretary related duties as well as a broader strategic portfolio, working closely with Zara Jones, our Deputy CEO. Formal announcements about our new colleague will follow imminently. Given the changes above and the variety of activities our small Trust Board Office team are undertaking in coming weeks, we intend to start an Expressions of Interest process for the role of Lead Governor in June 2024. The exact date is yet to be finalised, but I hope you will find it helpful to know that this process will start in the near future.</p> <p>Should you have any further queries, please do not hesitate to get in touch via the Trust Board Office. The current interim arrangements in lieu of having a Lead Governor in post will remain until a new appointment is made.</p>	Suzy Brain England OBE, Chair of the Board	Outside of the meeting
Email	Cllr Harrier Digby - Partner Governor & Lynne Schuller - Public Governor	05/06/2024	<p>Clarity on the issue of patients attending services and booked procedures to find that there is insufficiently trained staff. This leads to the procedure being cancelled and re-booked, sometimes moving venue.</p> <p>The concern here is threefold. The impact on individual patients, having to have undergone cancelled procedures, potential impact on the mental health of patients following cancellations and the impact on waiting lists which remain high.</p> <p>I would request that the number of cancelled procedures is investigated and that this is report alongside an indication as to the reason for cancellation. The Lillie hood of this happening three times to one person and not being a wider issue we believe would be slim and therefore some clarity in regards the numbers would be beneficial.</p>	<p>Dear Councillors Digby and Schuller,</p> <p>Thank you for your email correspondence of 4 June 2024, in relation to the cancellation of elective procedures at the Trust, which I have received for comment via the Trust Board Office. I understand that the specific patient concerns were to be addressed separately by the Patient Advice and Liaison Service, and as such my response below will focus on the overall Trust position.</p> <p>The Trust is required to report against the following national standards relating to cancelled elective procedures:</p> <ul style="list-style-type: none">•Urgent operations cancelled more than once (no patient should have an urgent operation cancelled on more than one occasion)•Breaches of the 28-day guarantee (where any patient cancelled should be re-booked within 28 days) <p>Performance against these standards is reported to the Board's Finance & Performance Committee, where it is subject to scrutiny and challenge, in order that assurance may be provided to the Board of Directors. Performance against all national access standards, along with patient safety and workforce data is presented as part of the Integrated Quality and Performance Report to every meeting of the Board; as this is a meeting held in public all papers are available via the Trust's website.</p> <p>During Quarter 1 2024/25 no urgent operations were cancelled more than once. In addition, I can confirm that a monthly operational report provides the total number of cancellations and a breakdown of the reasons for cancellation; in the latest reporting period (June 2024) cancellations equated to 1.1% of all procedures.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	<p>What is the current status of the 28 Day Rebooking After Cancellation in Theatre?</p>	<p>A number of changes have been made in relation to our management of sickness absence over the last year, and Sickness Absence is a pillar within the Trust’s Workforce (Agency) Workstream with actions monitored through a steering group chaired by the Chief People Officer and on Monday.com. This workstream reports to the Transformation Board, chaired by the Chief Executive. The Trust’s sickness absence policy was refreshed and relaunched last year, supported by briefing sessions and an ongoing review of template letters. The policy and supporting documentation provide a process to manage sickness absence robustly whilst supporting our people and their health & wellbeing.</p> <p>Other improvements in the process of managing sickness absence include focused stretch targets being set at a divisional/directorate level and within individual depts, rather than all areas working towards the Trust-wide target, and triangulating data on sickness and agency/locum usage. Sickness absence rates and trends are monitored at divisional Performance Review Meetings and the People Business Partnering team continue to support managers and there is oversight of all cases within a sickness absence process. It would, of course, not be appropriate to comment on individual cases and sometimes conversations can be happening which may not be visible to the rest of the team.</p> <p>Further actions are underway and planned. These include ongoing work with the Occupational Health team together with recently introduced specialist mental health nurse provision, a task and finish group to improve the process for reporting and managing absence of doctors in training (as it is recognised that this is less clear than for other groups currently) and deep dives where there are particular ‘hot spots’ or trends.</p>	Zoe Lintin, Chief People Officer	Outside of the meeting
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	What plans are there to increase breast screening attendance rates, which seem to be well below pre pandemic levels and not shifting.	<p>Since the previous update the service has moved back to timed appointments and seen that uptake rates have increased to a minimum of 70% each month. This is monitored by the programme manager.</p> <p>The team have also undertaken a number of health promotions, with a stand at Lakeside Shopping centre on the 31st August. We also had a BAME group visiting Devonshire House on 24th September to try to encourage uptake amongst this group, and on Wednesday 25th September, the programme manager attended Mind coffee morning at Worksop to talk about Breast Screening.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting
P24/09/E2	Board of Directors	03/09/2024	Given that the operational risk of fire to the estate was rated at 20, the same score as of October 2023, could the non-executive directors give assurance that actions to reduce the risk were being addressed in a serious, thorough, and timely manner?	It was acknowledged that the fire improvement works related largely to the East Ward Block and were associated with a proposal to renovate and reconfigure. The Board’s Finance & Performance Committee had oversight of this programme of work and the Chair confirmed the Committee was assured by management actions. In addition to the significant assurance received from the internal audit report relating to the planned preventative maintenance of the estate, the Chair of the Audit & Risk Committee also confirmed receipt of a bi-annual health and safety report, which included fire safety and a jointly agreed action plan with South Yorkshire Fire & Rescue Service (SYFRS). The Chief Executive reflected on fire improvement work previously completed in accordance with an enforcement notice, which had been fulfilled to the satisfaction of SYFRS. In addition, the Trust commissioned an external authorised person for fire safety, which provided additional external expert assurance.	Non-executive Directors, Kath Smart & Mark Day & Richard Parker OBE, Chief Executive	In the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Could Governors have more detail about these significant risks from Health and Safety & Fire Prevention.	The significant risks referred to are contained in the Trust Board Assurance Framework (BAF 4) and the Trust Risk register (TRR 12, TRR 1412, and TRR 1807) which were received by Board most recently at its September meeting. Both documents lay out the challenges the Trusts is managing in relation to its Estate, health, safety and fire prevention.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Audit Report -Mortality Data Quality Assurance Audit - There seem to be a lot of issues mentioned needing improvement, and particularly of concern are the performance measures. Are NEDs concerned this has arisen?	The internal audit plan does have areas it specifically targets for review as they are areas of risk or concern. Hence, it is probable there will be findings through delivery of the IA plan. The Mortality review is obviously a key area for the Trust to review and the audit has identified improvements which need to be made in order to improve the governance around mortality assurance. The Committee was disappointed to receive a Limited Assurance report, however, the Medical Director attended ARC and gave an update on the planned work. Delivery of all the recommendations will be monitored by ARC.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	What is TLT	Trust Leadership Team	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	In respect of Losses and Compensations, it was asked if NEDs were happy that immediate and decisive action was not being taken	This area has been discussed before and it was noted that a review of patients property was being undertaken. However, as the numbers of lost patient property has continued, ARC has asked for further work to be undertaken to ascertain if/how these can be reduced to a minimum.	Kath Smart, Non-Executive Director	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Lynne Schuller, Public Governor & Cllr Harriet Digby, Partner Governor	30/10/2024	With satisfaction in the audiology department being at a low point and there being increased concern shared by communities what actions are the trust taking to actively seek to improve the service and the outcomes of the patients within the service.	A full update on the audiology service was provided at the Board of Director meeting held in public on 5 November 2024 by the Deputy Chief Executive. https://www.dbth.nhs.uk/wp-content/uploads/2024/11/Board-of-Directors-5-November-2024-v3.pdf	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was queried if existing members had been removed from the Nomination and Remuneration Committee and if the working group would include previous governor membership or include a refreshed approach.	It was confirmed that governors had not been removed from the Nomination and Remuneration Committee, however also welcomed governors to join as a refreshed approach.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was asked of the estimated cost to using an external recruitment agency for the recruitment of Non-executive Directors.	External recruitment could range between £6,000-£25,000 depending on what was asked of the agency	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B3	Council of Governors	07/11/2024	Was the suggested allocated time (90mins) for an in-person Annual Members Meeting (AMM) sufficient?	the Associate Director of Strategy, Partnerships and Governance confirmed it was sufficient time.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/C1.3	Council of Governors	07/11/2024	As part of the Audit and Risk Committee Assurance log, it was noted how compliance against the emergency preparedness, resilience and response standards was a non-compliant position and there appeared to be no specific timescales for this to be completed.	The Trust had produced a self-assessment and undertaken an internal audit of business continuity, from which the Chief Operating Officer had amended some areas of compliance. From an assurance perspective both internal audit and colleagues had provided feedback, however the Trust awaited feedback from the Integrated Care Board and this would remain an action until receipt and was expected to be published December 2024	Kath Smart, Non-executive Director	In the meeting
COG24/11/C1.7	Council of Governors	07/11/2024	Limited assurance was noted on workforce supply and demand.	Trust was looking at services by division to understand contributing factors. With the constant change in the workforce this was an ongoing task, successful recruitment in nursing and midwifery was recognised, however, there remained posts which were difficult to recruit to and this position was not unique to the Trust.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.7	Council of Governors	07/11/2024	how often were staff surveys undertaken, and were other surveys circulated in between	The staff survey was undertaken annually, with results worked on within divisions and teams to improve, engage and change approaches.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	In respect of Audiology it was asked if referrals for patients on a private basis was considered.	the Trust had contracted with external provider, Scrivens, over a three-year period, with an approximation of 200 patients referred, it was noted that this only amounted to 10% of the wait list. It was timely to ensure the right patients were transferred to appropriate pathways.	Zara Jones, Deputy Chief Executive	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	Flu and covid vaccination had only reached 10% of colleagues, it was asked how this compared to previous years	The Chief Executive confirmed this year's vaccination was significantly lower.	Richard Parker, Chief Executive	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Ifran Ahmed	06/01/2025	I have concerns regarding the waiting times for cancer patients in gynecology in Sheffield. Since gynecological cancer patients from Doncaster are referred to Sheffield, I have observed significant delays in appointments, with some cases exceeding target wait times. Could we obtain detailed information regarding the cancer waiting times in Sheffield.	<p>The below provides a detailed breakdown of 62-day cancer treatment performance and breaches for September 2024, with a focus on tumour-specific delays and systemic issues across local and tertiary care pathways. Here's a summary of the key findings relevant to your concern about gynaecological cancer waiting times in Sheffield:</p> <p><u>Overall 62-Day Treatment Performance (September 2024)</u> Total patients treated: 224 Treated within 62 days: 165 Treated over 62 days: 59 (26.3% breach rate) <u>Gynaecological Cancer-Specific Data</u> Total breaches: 4 1 breach over 104+ days 3 breaches between 63–103 days 1 August 2024: 3 breaches recorded for gynaecology 1 <u>Shared Care Pathways</u> 44 patients (19.6%) were treated under shared care pathways. Many gynaecological patients from Doncaster were referred to Sheffield Teaching Hospitals (STH), contributing to delays. Common breach causes: Delays at Doncaster & Bassetlaw Teaching Hospitals (DBTH) before referral. Outpatient and elective capacity constraints at tertiary centres (e.g., STH). Complex diagnostic pathways and patient-initiated delays 1. <u>Treatment Locations</u> Gynaecological treatments were delivered across: STH @ Royal Hallamshire Hospital STH @ Weston Park Hospital Doncaster & Bassetlaw THFT Some treatments (e.g., chemoradiotherapy) are only available at Weston Park, contributing to scheduling bottlenecks 1. <u>High-Level Breach Reasons</u> Shared Care Pathways: Pathway delays at DBTH before referral. Administrative delays and inadequate outpatient capacity at tertiary centres. Local Pathways: Complex diagnostics. Patient choice delays. <u>Health care provider delays in treatment planning or diagnostics 1.</u></p>	Denise Smith, Chief Operating Officer	Outside of the meeting
Email	Lynne Schuller, Public Governor	10/03/2025	When filling cancellations; which are extremely costly and raise waiting lists, what support is given to patients to access these in a timely manner? Can transport especially for those with limited mobility be considered?	Consideration would need to be taken with regard to the patients availability and ability to attend the cancelled elective appointment, as it would be likely there would be little or no PTS resource available at such short notice i.e. on the day	Neil Little, Transport Manager	Outside of the meeting
Email	Lynne Schuller, Public Governor	10/03/2025	Has any consideration been given to having a shuttle bus with also covers Retford, rather than having to make the way to Worksop in order to access transport?	This would be something to consider however funding along with appropriate consultations and impact assessments regarding the effect such a service may have from a commercial point on incumbent service providers already delivering similar services across the region, for example scheduled bus service operators.	Neil Little, Transport Manager	Outside of the meeting
Email	Lynne Schuller, Public Governor	10/03/2025	Have you considered working with NottsOnDemand bus service in order to assist residents in this area to access safe transport which may more effectively meet their needs?	As part of the Trusts long term sustainability plan, we already work with Stagecoach with regard to journey information and planning resources available for staff, patients and visitors. We will be meeting Stagecoach shortly to review proposals for the re-introduction of discounted bus fares for DBTH staff however Nott's Bus Service on Demand which Stagecoach work with could be something we can discuss further at our next meeting. Also the Trust works alongside Nott's County Councils Transport and Travel Services Place Department who bring together various network groups who can provide support with transport for ward members who may require some additional support with their transport needs i.e. Bassetlaw Action Group - Car Scheme Plus	Neil Little, Transport Manager	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Lynne Schuller, Public Governor	18/03/2025	What dental hygiene is provided to patients; especially in light of the increased risk of infection and can some assurance be provided that vital assistance is given.	<p>Fundamentals of care is part of our Nursing, Midwifery and Allied Health Professionals quality strategy, the detailed workplan includes mouth care. We have a Mouth Care working group which is being led by Infection Prevention and Control – this looks at the best practice, assessments, resources and training as well as supporting some of the audits to monitor compliance.</p> <p>We have access to and complete a mouth care assessment document uploaded to Nerve centre which is completed by the nursing staff and dependant on the answers provided will guide staff on the frequency and nature of the intervention required for mouth care. It uses a risk based approach. Nerve centre prompts depending on the plan. So if they are on a red plan, every four hours colleagues will be prompted to reassess and undertake mouth care, the green plan it prompts every 12 hours. There is an assessment every 24 hours as a minimum. We also have dedicated trolleys with appropriate equipment to support carrying out the clinical activities following assessments. Each of the drawers contain the required products needed to perform mouth care based on the risk assessed status of the patient.</p> <p>Our Quality assurance process also monitors compliance with fundamentals of care (including hygiene) both at ward and divisional level.</p>	Karen Jessop, Chief Nurse	Outside of the meeting
Email	Ifran Ahmed, Public Governor	31/03/2025	Can you please give me more details about audiology improvements including what IT system has been installed what new equipment has been acquired and details about further space expansion.	<p>The new audiology system used is audit base, the Trust has replaced audiology equipment with 18 new affinity machines across 5 locations, DRI, Bassetlaw, Montagu, Sandringham Road Centre and Retford Hospital and have secured standalone audiometers amongst other equipment.</p> <p>In regards to estates improvements, the below have been updated and fully meet IQIPS and NICE standards;</p> <p>1 x Free Field/Testing Room at DRI 2 x Paeds hearing rooms complete at DRI 1 x Adult Assessment Room in DRI OPD complete 1 x Adult Fitting Room in DRI OPD complete 1 x Free Field/Testing room complete at BH 1 x fitting room complete at BH</p>	Nick Mallaband, Medical Director	Outside of the meeting
Email	Debbie Benson Public Governor	22/04/2025	Some of the Endometriosis treatment requires monthly injections and a concern has been raised about appointments being cancelled and not reappointed for a further month thereby delaying treatment and potentially impacting future surgery. Is it possible to understand if this is a temporary problem at Bassetlaw and what activities are taking place to resolve it?	The treatment which the question relates to is Zoladex injections. We have a weekly nurse clinic at Bassetlaw to administer these injections, and we generally don't have any issues with capacity. If a clinic was cancelled for any reason eg sickness, then we would normally be able to move patients to the following week.	Chief Operating Officer	Outside of the meeting
Email	Lynne Schuller, Partner Governor	16/07/2025	<p>Priory Court is a Bassetlaw District Council facility which includes 10 assessment units which are funded by NCC via the Better Care Fund. The aim of the assessment units is the provision of space to discharge patients with no right to remain who require some additional assessment and onward facilitation regarding long term care.</p> <p>There are 10 assessment apartments, purpose built and equipped to allow monitoring of daily living activities and understanding of on-going needs.</p> <p>I am aware that there is continued pressure on hospital stays and at times this has been critical. With this in mind I question why the facility has remained under occupied for long periods of time and if DBTH have plans to use this facility in reducing the pressure on overstretched resource in line with the aim of the provision.</p> <p>I would also add that also within the facility is 27 extra care units, these too at times have scope for additional provision.</p> <p>If this question could be raised to board and a response provided as to me as partner governor, I would appreciate the opportunity to share with my colleagues. If additional information is required, please do not hesitate to reach out and I can either respond or direct to the a more appropriate person to respond.</p>			

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	David Northwood Public Governor	17/07/2025	It is not unknown for meetings held during the day to be abysmally attended by medical staff, who have ongoing duties towards patients. Can the Trust be certain that information gained from the confidential listening groups, handled by the listening circle, is representative of the majority of the medical body employed by the Trust?	<p>The Trust recognises the importance of ensuring that the insights gathered through this process reflect the breadth of experience across our medical workforce. While it is not possible to guarantee that every individual voice is captured, significant efforts have been made to maximise participation and inclusivity.</p> <p>To this end, the value circle has implemented a multi-channel engagement approach, which includes:</p> <ul style="list-style-type: none">• A series of confidential listening groups scheduled across multiple sites and times to accommodate varying clinical commitments• A short, anonymous staff survey and a more detailed feedback form, both designed to allow colleagues to contribute their views flexibly and confidentially• Targeted communications to underrepresented groups, including medical staff, scientists, AHPs, and nurses, to encourage broader participation• On-site walk arounds with QR codes to facilitate real-time sign-up and feedback opportunities, this includes on-site presence in evenings to ensure colleagues on night shifts have opportunities to participate <p>The Trust’s communications and engagement team, in collaboration with senior leaders, has also supported this work through internal channels such as Buzz, Facebook, and direct messaging to managers and consultants and SAS doctors.</p> <p>While attendance at daytime sessions may be challenging for some clinical colleagues due to patient care responsibilities, alternative routes to contribute—such as the survey and detailed feedback form—remain open and actively promoted.</p> <p>While no engagement method can claim to be wholly exhaustive, the Trust and the value circle have taken robust and proactive steps to ensure that the views gathered are as representative as possible of the wider medical body.</p>	Deputy Chief Executive Officer	Outside of the meeting