



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 e.g. 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>	
--	--	--

	<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	



Kath Smart
Deputy Chair
29 July 2025