

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in public on
Tuesday 2 September 2025 at 10am
via MS Teams**

Present:	<p>Mark Bailey - Non-executive Director Suzy Brain England OBE - Chair of the Board Hazel Brand - Non-executive Director Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Dr Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Zoe Lintin - Chief People Officer Dr Nick Mallaband - Acting Executive Medical Director Lucy Nickson - Non-executive Director Richard Parker OBE - Chief Executive Kath Smart – Non-executive Director Denise Smith - Chief Operating Officer</p>
In attendance:	<p>Yasmin Ahmed - Deputy Director of Finance Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Kirsty Edmondson Jones – Director of Infrastructure (item D3-D5) Emma Shaheen - Director of Communications & Engagement Anneleisse Siddall - Corporate Governance Officer (minutes) Sean Tyler – Head of Compliance (item D4-D5)</p>
Public in attendance:	<p>Sheila Walsh Eamonn Harrigan Mark Bright Vic Ragoobur Vivek Panikkar Hannah Beardmore Helen Best</p>
Apologies:	<p>Sam Wilde - Chief Finance Officer</p>

ACTION

P25/09/A1 Welcome, apologies for absence and declarations of interest

The Chair welcomed everyone to the Board of Directors meeting, including observers. Apologies for absence were noted, and no conflicts of interests were declared.

P25/09/A2 Actions from Previous Meetings (Enclosure A2)

Action 1 and 3 - Trust Strategy and 2025/26 Success Measures - actions closed

Action 4 - Audiology Reporting –The Acting Executive Medical Director confirmed a detailed plan and had been worked through with NHSE Intensive Support Team. The Deputy Chief Executive confirmed that the detailed plan and performance data would be shared with the Finance and Performance committee.

Action 5 - Doncaster & Bassetlaw Healthcare Services - action not yet due.

P25/09/A3 Chair's Report including Partnership Update (Enclosure A3)

The Board received and noted the Chair's report, which provided an overview of activities, visits, and key events in the Trust calendar since the last Board of Directors meeting. She highlighted the areas of partnership and engagement work that she had done within her role

The Chair noted that increased engagement, central communications and meetings had increased following changes at NHS England, specifically noting the arrival of the Acting Chief Executive Officer, Jim Mackey, it was also acknowledged that changes at the Integrated Care Board (ICB) level were still pending, but the Board was being kept informed of developments.

The Board:

- ***Noted the Chair's Report***

P25/09/A4 Chief Executive's Report (Enclosure A4)

The Chief Executive's report provided an overview of items of interest at a local, system and national level connected to the work of the Trust and aligned to its own and its partners strategic priorities. The report enclosed a combination of items for consideration including several major transitional capital schemes, such as the groundbreaking event for the new Critical Care facility.

The Board's attention was drawn to staff achievements, and the upcoming flu vaccination campaign, noting its importance and the encouragement for both staff and the wider community to participate. Although the COVID vaccine was not as widely available, the Trust would encourage uptake when possible. He confirmed that while the severity of the upcoming seasons could not be predicted, vaccination remained a key preventative measure for both patients and our colleagues and families.

The Board:

- ***Noted the Chief Executive's Report***

P25/09/B1 Audiology Service Update (Enclosure B1)

The Acting Executive Medical Director provided an update on the audiology services and reported four Audiology main work streams which had progressed within the last

12 months, these included completion of digital upgrades, implementation of new equipment, and refurbishment of audiology rooms.

He confirmed that in line with the improvement plans staff competencies against the required standards were scheduled to be assessed by Senior Audiologists from Sheffield Teaching Hospital in September 2025 prior to an NHS England review in September 2025.

In response to a question from Non-executive Director, Emyr Jones, the Acting Executive Medical Director confirmed staff competencies were addressed within the new audiology structure via regular monitoring, and on completion of the NHS England national reviews it was anticipated that colleagues would be required to undertake national registration.

Since the last update, the Trust was able to track audiology service waiting lists, which had shown 800 paediatric cases waiting to be seen, he added that all patients had been risk-assessed and most were low category risk, graded at clinical prioritisation 4.

Of the risk-assessed harm review figures ten were low, ten moderate, and one severe, with several reviews still awaiting expert independent sign-off. He noted that mutual aid from Nottinghamshire Trust had been requested, and additional options were under consideration to address the backlog of patients waiting.

The Chief Nurse recognised that some children were awaiting harm reviews and asked for their status and associated safety measures. The Acting Executive Medical Director confirmed that all the children had undergone clinical reviews and were placed on appropriate care pathways, with the completion of some reviews still pending.

Non-executive Director, Kath Smart, questioned the sufficiency of colleague well-being support and family assistance to help with travel where mutual aid appointments were further away. The Acting Executive Medical Director acknowledged the challenges that patients were facing and confirmed that the Trust continued to assist families with travel arrangements and aimed to provide convenient appointment times.

The Deputy Chief Executive, Zara Jones, further added that several families had declined mutual aid due to travel preferences, all escalations were communicated to the ICB and NHS England, as required.

The Chief Executive Officer noted that significant pressure persisted system wide for audiology services and the issue had been raised with the ICB and Acute Federation.

The Board:

- ***Noted the Audiology Service Update***

The Acting Executive Medical Director confirmed that the Trust's learning from deaths process had developed significantly over the past 24 months, which included the reporting of Standard Hospital-level Mortality Indicator (SHMI), following the NHS England standard.

He reported that the Trust's SHMI, was decreasing and within expected boundaries, attributing this to the work of the Sepsis Committee, improved care, and a focus on clinical coding.

He confirmed that the number of Structured Judgement Reviews (SJRs) had achieved 9%, with 51 SJRs completed in the last quarter. Further recruitment efforts were carried out to recruit more medical reviewers from colleagues, but the process had stalled, further work was required, and updates on this subject would continue to be taken to the Quality Committee.

Non-executive Director, Lucy Nickson, sought clarification on patient prioritisation for transfers from Bassetlaw Hospital to Doncaster Royal Infirmary. The Acting Executive Medical Director confirmed that there had been prior delays of up to 16 hours and outlined the improvements made which included, immediate ambulance booking, direct transfer to Doncaster A&E when beds were unavailable, a surgical ward round in the Emergency Department, and a surgical tracker system. He expressed confidence that these changes would reduce risk and confirmed that the coroner had been informed of the implementation of these processes.

The Chief Executive Officer further elaborated that the ambulance service regarded patients in hospital as being in a place of safety and prioritised transfers based on clinical need, the newly implemented processes ensured that any deterioration in a patient's condition was identified early to try to ensure that the patients are transferred to the most appropriate location for their treatment as soon as possible.

Non-executive Director, Mark Bailey, commended the inclusion of good practice and asked about prioritising and implementing patient safety changes. The Acting Executive Medical Director confirmed that action plans were monitored through governance structures within the division and audits were commissioned as required. He confirmed that significant changes, such as the surgical tracker, were monitored until project completion.

Non-executive Director, Kath Smart, asked how the Trust ensured learning was embedded, specifically through the clinical audit programme. The Acting Executive Medical Director confirmed that many actions resulted in audits within the programme and oversight from specialty governance through board-level committees, though this was a work in progress.

The Board:

- ***Noted and took partial assurance from the Learning from Deaths Report***

The Chief Operating Officer confirmed that the Board was required to approve the winter plan schemes, involving a £1.3m investment towards workforce costs.

She confirmed that the Trust would participate in a regional 'stress test' exercise and was required to submit a Board Assurance Statement by the end of September 2025. She requested that the Board delegated authority to the Finance and Performance Committee for the final sign-off, as the Board would not reconvene prior to the deadline.

Non-executive Director, Joanne Gander, noted the absence of virtual wards within the document, the Chief Operating Officer confirmed that as the Trust was not the provider, the virtual ward and that this was not part of the Trusts investment plan but assured her that the virtual ward would remain central to the wider system plan, with capacity expected to match the previous year.

Non-executive Director, Lucy Nickson, asked whether the lighter-touch assurance process would affect performance management. The Chief Operating confirmed that the process granted Boards greater autonomy, however this was still linked into the elective plans and overall delivery.

Non-executive Director, Hazel Brand, asked if the regional exercise would include both South Yorkshire and Nottinghamshire. The Chief Operating Officer confirmed this was a Northeast and Yorkshire event, which did not include the Midlands.

Non-executive Director, Emyr Jones, commented on the shift of assurance responsibility from external management to the Board and, given the delegation to the Finance and Performance Committee, highlighted the need for members to have the assurance statement in advance for scrutiny.

The Chair asked the Chief Operating Officer to confirm staff recruitment for newly qualified nurses. The Chief Operating Officer confirmed that recruitment was included within Trust plans, with some medical staffing through the internal bank and domestic and portering staff was also covered within it. She noted that substantive nursing staff recruitment was in progress.

The Chief Executive Officer confirmed that statutory oversight by the ICB and NHS England would continue, with Boards expected to be fully assured of the proposed plans.

The Board:

- ***Noted the national winter planning and preparedness requirements for winter 2025/26***
- ***Approved the winter schemes for 2025/26***
- ***Delegated authority to the Finance and Performance Committee to sign off the Board Assurance Statement prior to submission***

The Deputy Chief Executive provided an update on Health Inequalities, which confirmed that 83% of the workforce had completed health inequalities training and

referenced interventions underway, including collaborative work with South Yorkshire colleagues on an elective waiting list tool.

A Board-level action plan was implemented with individual pledges from Board members, and the integration of health inequalities metrics had been included within the Integrated Quality and Performance Report via an equity index.

In response to Non-executive Director, Lucy Nickson's, question relating to interventions with external partners, the Deputy Chief Executive confirmed that an informal group facilitated exchanges, but further formal governance was needed to support enhanced partnership working.

Non-Executive Director Kath Smart inquired about the effects on Emergency Department demand and high-intensity users in relation to evidence-based interventions. The Deputy Chief Executive confirmed that various interventions had been shown to have a positive impact, and she cited the work with partners such as Mind, but acknowledged that increased interventions would require additional partnerships.

The Chief Operating Officer confirmed a multidisciplinary group focused on high-intensity users already existed and they had reported reduced attendances as a result.

Non-executive Director, Kath Smart, also asked about the robustness of the fair waiting list pilot tool. The Deputy Chief Executive confirmed that the tool, as piloted in Barnsley, had not disadvantaged those further down the waiting list.

The Chief Executive Officer affirmed that health inequalities were continually addressed through overview and scrutiny committees alongside health and wellbeing boards.

The Board:

- ***Noted the progress to date***
- ***Approved the proposed programme of work for the remainder of 2025/26 and 2026/27***

P25/09/C1

Job Evaluation - Updated Nursing & Midwifery Profiles and Data Collection for Board Oversight (Enclosure C1)

The Chief People Officer confirmed that appropriate systems and processes were in place for job evaluation, specifically nursing and midwifery profiles which were being monitored via the People Committee.

She advised that NHS England would be issuing a data collection survey in the autumn.

The Board:

- ***Noted the outlined workstreams and took assurance on the monitoring and management of this work via the People Committee***

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for June 2025 and remaining access, quality, and workforce standards for July 2025. Where a local or national standard was not met an assurance report provided supporting commentary of the challenges, actions and emerging concerns.

The Executive directors provided an overview of their respective key performance indicators.

The Deputy Chief Executive confirmed that the publication of segmentation around the National Performance Framework was expected, and that the framework would be adapted for use with divisions and divisions would be scored accordingly and reported within the Finance and Performance Committee regular reporting regime.

Non-executive Director, Kath Smart, asked that additional information be included on trajectories for sepsis as it was noted that an action plan was in place, but required redesign to gain stability. The Acting Executive Medical Director confirmed that measurement challenges presented, as patients could be flagged with sepsis, but did not have the condition. He noted that the septicaemia SHMI had decreased, suggesting improved care, but recognised the ongoing need to enhance measurement and processes. An additional sepsis trajectory would be brought to the subsequent meeting.

Non-executive Director, Mark Bailey, asked about the likelihood that trajectories were not met, in relation to performance, staff sickness inducing increased bank/agency use, and forward look of job planning.

The Chief Operating Officer confirmed that there were significant challenges within Ear Nose Throat (ENT) and Trauma and Orthopaedics (T&O) services and its respective access of no more than 1% of patients waiting over 52 weeks by March 2026, however this was being worked on by the operational team and was monitored closely at the executive team.

The Chief People Officer confirmed detailed hotspot analysis was shared within the People Committee, as a continued focus.

The Acting Executive Medical Director confirmed efforts to measure delivery versus job planning payment were underway across the trust.

The Chief Executive Officer noted that unforeseen industrial action impacted delivery, ENT and T&O were under significant additional pressure. Strong controls were in place for sickness absence and staffing costs, and job planning had been reviewed and was now better aligned with capacity and demand. He emphasised the need for sustainable standards, likely requiring changes to service models and thus having less reliance on additional sessions.

Non-executive Director, Emyr Jones, praised the improved ambulance handover times but raised infection control concerns, suggesting a review of current processes. The Chief Nurse confirmed processes were continually reviewed and would routinely report into the Quality Committee.

The Board:

- ***Noted and took significant assurance from the Integrated Quality & Performance Report***

Financial & Activity Report – Month 3 (Enclosure D2)

The Chief Finance Officer provided the Financial and Activity Month 3 update within the IQPR.

The Board:

- ***Noted the Month 3 financial and activity report***

P25/09/D3

Board Assurance Framework including Trust Risk Register (Enclosure D3)

The updated Board Assurance Framework (BAF) was received for assurance and approval following scrutiny by the Board's assurance committees.

Non-executive Director Kath Smart highlighted that, despite extensive controls, the estate's strategic risk score remained unchanged since July 2023. She attributed this to persistent risks and incidents and urged the board's attention to this issue.

The Deputy Chief Executive recommended that the board engage in a strategic discussion concerning estate risk. She observed that, despite substantial efforts to manage this risk, the target score remained at twenty, with no short-term reduction in risk. She also suggested the Board evaluate whether there was misalignment between the level of risk reported and the discussions held at the board level, considering that detailed conversations that took place at committee level.

The Director of infrastructure confirmed that plans were in place for a Board Development Session in December 2025, which would include training from the Health and Safety Executive specifically tailored to the Trust. She confirmed that the training would help the board seek assurance from the right sources and understand the risks presented by the site, noting that the estate risk score was likely to remain until funding was secured to address critical infrastructure issues.

Non-executive Director, Kath Smart, asked the Acting Executive Medical Director if actions on BAF Risk 1, structured judgement reviews (SJRs), would be updated as progress had been made. He confirmed that although SJRs increased from ten to fifty, the target was still pending, however actions would be refreshed.

The Board:

- ***Noted took significant assurance from the Board Assurance Framework, approved the content & noted the Trust Risk Register***

P25/09/D4

Premises Assurance Model Assessment Report 2024/25 (Enclosure D4)

The Director of Infrastructure confirmed that the Premises Assurance Model (PAM) Assessment Report 2024/25 was required to be submitted annually to NHS England. She clarified that the PAM provided evidence that robust systems were in place to

keep the estate and facilities safe, measuring compliance against legislation and prioritising capital investment.

The Head of Compliance provided a comprehensive overview of the PAM and its progress which was supported by successful annual PLACE assessments. One inadequate element remained which related to policies and procedures for air pollution control, which also linked to the green plan.

The Deputy Chief Executive Officer asked of the mortuary assessment's relevance to the South Yorkshire and Bassetlaw Pathology Network and responsibility allocation. The Head of Compliance confirmed that collaborative efforts took place with the Head Biomedical Scientist for Histopathology and Sheffield Teaching Hospitals, supported by the Local Security Management Specialist, which ensured the assessment was thorough and evidence based.

The Chief Nurse asked about the inclusion of bereaved relatives' experience in the mortuary, which highlighted the need for improved viewing rooms. The Head of Compliance noted capital funding was available for general improvements, but mortuary-specific needs were not fully outlined and would need to be addressed for future funding.

In response to the Chief Nurse's question related to anti-ligature compliance; the Head of Compliance confirmed that while not all areas were rated highly, significant work was undertaken on ligature risks, with more improvements planned.

In response to a question from the Chair, the Head of Compliance confirmed once the PAM was submitted it would be accessible for external viewing, with plans to triangulate benchmarked data with the potential of opportunities for capital funding.

Non-executive Director, Lucy Nickson, asked for clarification of the integration of patient experience feedback from the PAM alongside other data sources. The Head of Compliance acknowledged that the process required further refinement and emphasised the need to engage patient focus groups and external stakeholders. He further noted that ongoing efforts were essential to enhance these processes through the Patient Environment Group.

The Board:

- ***Approved the Premises Assurance Model Assessment Report 2024/25***

P25/09/D5

Green Plan Refresh 2025 (Enclosure D5)

The Director of Infrastructure presented the Green Plan Refresh for 2025, noting that the Trust had achieved a 39% reduction in emissions, due to renewable electricity, the phasing out of harmful anaesthetic gases, and reaching zero waste to landfill.

She outlined nine mandated focus areas with specific objectives, concluding that refreshed governance would improve accountability and delivery.

The Chief People Officer highlighted the importance of aligning the Green Plan actions with other initiatives, such as sustainable travel for learners. The Head of Compliance

confirmed that appropriate connections with the University of Sheffield had been made to progress this action.

Non-executive Director, Hazel Brand, asked if there were potential to reduce carbon emissions via shuttle buses and park and ride schemes, and asked if these had been addressed in the Green Plan. The Director of Infrastructure confirmed that expanding car parking at Doncaster was under consideration and could potentially phase out park and ride schemes if sufficient investment was obtained. She confirmed that shuttle buses between Montagu and Bassetlaw had reduced single vehicle journeys and would review the Green Plan to ensure inclusion of these measures.

Non-executive Director, Mark Bailey, asked about the process for tracking missed opportunities or actions that could not be funded, suggesting a ledger of opportunity cost for future reference. The Director of Infrastructure confirmed that once opportunities arose, an action plan was developed to include investment projects and business cases, ensuring readiness for funding opportunities.

The Board:

- ***Approved the Green Plan Refresh 2025***

P25/09/D6 Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2024/25 (Enclosure D6)

The Chief Operating Officer presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Report for 2024/25, confirming that the report had already been discussed at the Audit and Risk Committee (ARC) and was a requirement under the EPRR core standards.

She confirmed that section one of the paper detailed the minimum elements needed to satisfy those standards and that the report set out progress against the work plan for 2024/25, flagging areas to be taken forward into the 2025/26 work plan.

The Board:

- ***Took partial assurance from the Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2024/25***

P25/09/D7 Proposed Amendments to the Trust Constitution (Enclosure D7)

The Associate Director of Strategy, Partnerships and Governance proposed amendments to the Trust Constitution, confirming that the document had been reviewed to ensure alignment with the model constitution.

She stated that the amendments required both Board approval and Council of Governors sign-off, and that she had recently met with the Council of Governors, who had proposed several material changes and one clarification. The Associate Director of Strategy, Partnerships and Governance detailed these changes: the tenure of governors was to remain at nine years and a change in the number of elected public governors to increase to twelve, rather than the eleven in the proposed documents.

She further explained the inclusion of an option for a co-opted governor, allowing individuals with significant skills and experience to remain involved under exceptional circumstances, such as when elections could not be held.

Non-executive Director, Lucy Nickson, asked about the rationale for the proposed reduction in governor tenure from nine to six years and the subsequent decision to retain nine years. The Associate Director of Strategy, Partnerships and Governance confirmed that the initial proposal was influenced by NHS England's guidance on reducing terms for Non-executive Directors, but the Council of Governors decided that this should not apply to governors, especially as the constitution could be reviewed again in the future in light of the evolving national context.

Non-executive Director, Hazel Brand, queried the rationale for increasing the number of Doncaster publicly elected governors. The Associate Director of Strategy, Partnerships and Governance confirmed that the original proposal aimed to reduce the number of governors to reflect the number of vacancies typically carried by the Trust. The Council of Governors felt that the reduction was too great and requested an increase to twelve public governors in total, which would still leave vacancies but ensured an engaged group and members per elected group and that this was in line with benchmarking across other trusts.

The Board:

- ***Approved the revised Constitution and recommended it to the Council of Governors***

P25/09/D8 Chair's Assurance Log – Finance & Performance Committee (Enclosure D8)

The Board received the Finance & Performance Committee Chair's assurance logs from August 2025's committee meeting.

Non-executive Director, Mark Bailey, confirmed that the Committee had reviewed month three and took partial assurance as more evidence of sustainable recurrent improvements were required, however progress was being made in this area.

The Board:

- ***Noted and took significant assurance from the Chair's Assurance Log***

P25/09/D9 Chair's Assurance Log – Quality Committee (Enclosure D9)

The Board received the Quality Committee Chair's assurance log which summarised the assurance taken, areas of ongoing work and decisions made by the Committee.

Non-executive Director, Jo Gander, highlighted the recent move of the maternity agenda to the Quality Committee from August 2025.

The Board:

- ***Noted and took significant assurance from the Chair's Assurance Log***

P25/09/D10 Quality Committee Terms of Reference (Enclosure D10)

The Associate Director of Strategy, Partnerships and Governance confirmed that the notable update to the Quality Committee Terms of Reference included revised wording to reflect the inclusion of maternity and neonates.

The Board:

- ***Approved the Quality Committee Terms of Reference***

P25/09/D11 Chair's Assurance Log – Audit & Risk Committee (Enclosure D11)

The Board received the assurance log from the Audit & Risk Committee Chair, which provided a summary of reports concerning annual Emergency Preparedness, Resilience and Response, Cyber Security, Risk Management Policy, and audits conducted by internal auditors, 360 Assurance.

The Board:

- ***Noted and took significant assurance from the Chair's Assurance Log***

P25/09/E1 2024/25 Infection, Prevention & Control Annual Report (Enclosure E1)

The Board:

- ***Noted the 2024/25 Infection, Prevention & Control Annual Report***

P25/09/E2 2024/25 Safeguarding Annual Report (Enclosure E2)

The Board:

- ***Noted the 2024/25 Safeguarding Annual Report***

P25/09/E3 2024/25 Patient Experience Annual Report (Enclosure E3)

The Board:

- ***Noted the 2024/25 Patient Experience Annual Report***

P25/09/E4 Board of Directors Work Plan (Enclosure E4)

The Board:

- ***Noted the Board of Directors Work Plan***

C25/09/F1 Minutes of the meeting held on 1 July 2025 (Enclosure F1)

The Board:

- ***Approved the minutes of the meetings held on 1 July 2025***

C25/09/F2 Pre-submitted Governor or public Questions regarding the business of the meeting (verbal)

No governor or public questions were received.

C25/09/F3 Any other business (to be agreed with the Chair prior to the meeting)

The Chair announced that Non-executive Director, Hazel Brand's, term as a Non-Executive Director was sadly coming to an end and that as a result, she would not be present at the next Board meeting. She outlined her service, noting her tenure as Non-Executive Director, former Lead Governor, and various positions within Trust and thanked Hazel for her contribution and service over many years.

The Chair specifically acknowledged Hazel's advocacy for Bassetlaw, describing her as a champion for the site, and expressed confidence that she would continue to support the Trust in other capacities.

The Chief Executive Officer thanked Hazel's professional contributions throughout her many roles and extended best wishes for her future activities.

C25/09/F4 Date and time of next meeting (verbal):

Date: 4 November 2025

Time: 10:30am

Venue: Boardroom, Montagu Hospital


C25/09/F5 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

C25/09/G Close of meeting (Verbal)

The meeting closed at 12:55



Suzy Brain England OBE

Chair of the Board

4 November 2025