

**Meeting of the Council of Governors held in Public
on Tuesday 24 February 2026 at 15:00
Via Microsoft Teams
AGENDA**

		LEAD	ACTION	TIME	
A	COUNCIL BUSINESS			15:00	
A1	Welcome and Apologies for absence	MB	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>	MB	Note		
A3	Actions from previous meetings	MB	Note	5	
B	CHIEF EXECUTIVE, CHAIR AND LEAD GOVERNOR UPDATE			15:05	
B1	Acting Chief Executive Update	ZJ	Note	15	
B2	Chairs Report	MB	Note	10	
B3	Lead Governor Update	JH	Note	5	
B4	Governor Questions	Gov	Q&A	10	
C	GOVERNANCE			15:45	
C1	Fit and Proper Persons Test and Reporting	MB	Note	5	
D	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE			15:50	
	D1.1	Jo Gander - Quality Committee	JG	Note	5
	D1.2	Kath Smart - Finance & Performance Committee	KS	Note	5
	D1.3	Lucy Nickson - People Committee	LN	Note	5
D2	Governor Questions		Gov	Q&A	10
D3	Minutes of Council of Governors held on 13 November 2025		MB	Approve	5
D4	Governor Questions Database		RA	Note	-

E	INFORMATION ITEMS			16:20
E1	Any Other Business (to be agreed with the Chair before the meeting)	All	Note	5
E2	Items for escalation to the Board of Directors	MB	Approve	5
	Date and time of next meeting: Council of Governors Date: 14 May 2026 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	MB	Note	
F	MEETING CLOSE			16:30

M.C. Bailey



Mark Bailey
Interim Chair of the Board

ATTENDEES FOR PUBLIC COUNCIL OF GOVERNORS MEETINGS

Note: Put a 1 in box if attended	Council of Governors Meeting						
NAME	11/07/2024	26/09/2024	07/11/2024	06/02/2025	15/05/2025	29/07/2025	13/11/2025
GOVERNORS							
Irfan Ahmed				1	Apols		
Helen Batty							Apols
Debbie Benson			Apols	1	1	1	1
Andria Birch							
Dr Mark I Bright	1	1	1	1	1	1	1
Kay Brown	1	1	1	1	Apols	1	1
Andrew Flynn			1	1	Apols	1	1
Jackie Hammerton	1	1	1	Apols	1	1	Apols
Phil Holmes	Apols	Apols	1		Apols	Apols	Apols
Maria Jackson-James							
Alexis Johnson				1			1
Lynne Logan	1	1	1	1	Apols	1	1
Phil Mettam			Apols		Apols	Apols	
David Northwood	1	1	Apols	1	Apols	NA	1
Vivek Panikkar		1	1	1		1	1
Gavin Portier	1	1		1	Apols	1	Apols
Mandy Tyrrell	1	1	1	1	1	1	1
Colin Wallace			1	1	1	Apols	
Sheila Walsh	1	1	1	1	1	1	1

Register of Governors' Interests as 18 February 2026

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
Volunteer, RDaSH

Gavin Portier – Staff Governor - Nursing & Midwifery

Joint Director of Portier Coaching & Workshops Ltd

Andrew Flynn – Public Governor - Doncaster

Town Councillor, Stainforth Town Council
Public Governor, Rotherham, Doncaster & South Humber NHS FT

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

Lynne Schuller – Partner Governor

Councillor Harworth Ward
Cabinet member for housing and estates
Chair of Health and Partnership Forum
Member of the Labour Party

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

Irfan Ahmed - Public Governor - Doncaster
Helen Batty- Partner Governor - Sheffield Hallam University
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 - City of Doncaster Council
Maria Jackson-James - Public Governor - Rest of England
Alexis Johnson - Partner Governor - Doncaster Deaf Trust

Lynne Logan - Public Governor - Doncaster
Vivek Panikkar - Staff Governor
Louise Preston - Partner Governor – University of Sheffield
Mandy Tyrell - Staff Governor - Nursing & Midwifery
Colin Wallace - Public Governor - Doncaster



Action Log



Meeting: Council of Governors held in public Date of meeting: 13 November 2025	KEY
	Completed
	On Track
	In progress, some issues
	Issues causing progress to stall/stop

No.	Minute No.	Action	Responsibility	Target Date	Update
1.	COG25/11/C1	<u>Governor Briefing & Development Session</u> Trust Board Office to secure a date for a governor briefing on the Digital Enabling Plan	TBO	December 2025	The briefing took place on 12 February 2026. Action to be closed
2.	COG25/11/D2	<u>Response to Governor Question</u> To raise the following question at the meeting of the Finance & Performance Committee on 27 November 2025 <i>Are NEDs aware of the missed rate of follow up appointments for investigations and assured that measures are in place to keep this as close to zero as possible?</i> Arrange for a written response to be provided to the Trust Board Office, to be shared with the governor and added to the Q&A database	MB		December 2025

<p>3.</p>	<p>COG25/11/E1</p>	<p>Response to Public Question – Martha’s Rule Written response to be provided to the following question</p> <p><i>NHS England confirmed on 4 September 2025, via a press release supported by the Secretary of State, that Martha’s Rule is now operating across all 210 acute hospitals in England. Locally, a family reports that on 7 September they requested escalation under Martha’s Rule at this Trust but were told it was not yet implemented. The Quality and Effectiveness Committee’s report to this Council (see Slide 49 of the meeting papers) includes a “Trust Implementation Status update on Martha’s Rule.” In light of this, how are the Board and senior leaders being held accountable by the Council of Governors for achieving full and reliable implementation across all applicable services within this calendar year, including: visible information for patients and families on how to activate the process; staff training and 24/7 responsiveness; and evidence of timely audits and outcome measures that demonstrate the rule is working as intended?</i></p>	<p>JG/Exec</p>	<p>November 2025</p>	<p>Update 21/11/2025 - response provided to the member of public and updated to the governor Q&A database. Action to be closed.</p>
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4.	COG25/11/E1	<p><u>Governor Briefing & Development Session</u> Trust Board Office to secure a date for a briefing on the implementation of Martha's Rule and reporting arrangements. Briefing to take place following the outcomes of the patient wellness questionnaire pilot at Bassetlaw Hospital had been received at the Quality Committee in February 2026.</p>	TBO	December 2025	Briefing scheduled for 13 March 2026. Action to be closed
5.	COG25/11/E1	<p><u>Email to Governors</u> The Chair of the Quality Committee to provide an interim communication to the Council of Governors regarding the Trust's implementation plans related to Martha's Rule</p>	JG	November 2025	Update 17/11/2025 - email circulated to the Council of Governors on behalf of the Chair of the Quality Committee Action to be closed
6.	COG25/11/E1	<p><u>Response to Public Question</u> Written response to be provided to the following question</p> <p><i>The Quality and Effectiveness Committee's report to the Council (see page 48 of the meeting papers) notes that a Prevention of Future Deaths (PFD) report was reviewed. Given that according to judiciary.uk, the Trust has received five PFD reports during 2025, how are the Trust's Board and senior leaders being held accountable for ensuring that the learning from each report is acted on promptly and effectively? Specifically, how does the Council of Governors satisfy itself that clear timescales are set for the required improvements, that progress is independently monitored through the Quality and Effectiveness Committee, and that sustained learning and cultural change are evidenced across the organisation?"</i></p>	JG/Exec	November 2025	Update 21/11/2025 - response provided to the member of public and updated to the governor Q&A database. Action to be closed.
7.	COG25/11/F3	<p><u>Face to face governor informal farewell</u> Trust Board Office to identify a date when the Chair and governors can come together before Christmas for a cuppa and a mince pie</p>	TBO	November 2025	Update 24/11/2025 – arranged for 12 December @ 1:30pm. Action to be closed



Council of Governors

February 2026



hello my name is...

Zara Jones

Acting Chief Executive



www.dbth.nhs.k



Regional and national updates

There have been a number of developments both within the Trust, as well as elsewhere within the NHS:

ICS developments: Consultation on proposed headcount reductions is underway across South Yorkshire and Nottinghamshire.

NHS performance ranking: DBTH is currently ranked 60th of 134 trusts as per national league tables. A slight drop reflects ongoing work to reduce long waits.

Productivity performance: NHS England's latest national data shows we are among the top five acute trusts in the country for improving productivity year on year, delivering increased activity while reducing real-terms resource use.

Regulatory oversight: The Trust has moved from Tier 1 to Tier 2 national monitoring, reflecting sustained progress in reducing long waits in ENT and Orthopaedics.

NHS England reforms: A national timetable has been published for transferring NHS England functions to DHSC, with changes planned through to 2027.

NHS pay award 2026/27: The Government has accepted the independent NHS Pay Review Body recommendation of a 3.3% increase to all Agenda for Change pay bands from 1 April 2026, which will be implemented nationally across the NHS.

Our Trust

Our Trust serves a population of more than **440,000** across South Yorkshire, North Nottinghamshire and surrounding areas – and is part of two **ICS** and **Place** organisations. Our activity between **November** and **January**:



123,813
Outpatients
(4.5% more than 2024/25)



28,398
Inpatients
(1.3% more than 2024/25)



47,334
Emergency
(2% more than 2024/25)



482
Maternity
(14% less than 2024/25)



Operational update

Operational pressures: We continue to see high demand across urgent and emergency care, with beds remaining full in line with the wider system. Respiratory cases and ICU admissions are now falling, and forecasts suggest we are past the peak of winter pressures.

Elective performance and waiting times: Referral to Treatment (RTT) performance remains steady at around 60%, with the overall waiting list broadly unchanged. Ongoing validation work is helping maintain this position. There are continued risks in ENT and Trauma and Orthopaedics, which are being actively managed.

Urgent and Emergency Care: In November 2025, 70.8% of patients spent more than four hours in the Emergency Department, and 4.3% spent more than 12 hours from arrival.

Cancer: In October 2025, 81.2% of patients received a cancer diagnosis or had cancer ruled out within 28 days of referral. 70.3% began treatment within 62 days of referral.





Quality developments

CQC inspection: The CQC has completed its visit to DRI Emergency Department, praising colleagues for being helpful and engaged. A full report will follow.

CardMedic roll-out: The CardMedic app is now live Trust-wide, supporting patients with communication needs and helping reduce health inequalities.

Maternity services: The National Maternity Survey shows performance in line with national standards, with some areas rated better than average.

Martha's Rule (PWQs): From 2 February 2026, Patient Wellness Questions will be introduced at DRI and Montagu, supporting patients and families to raise concerns early.

Nursing workforce investment: Plans are progressing to increase registered nurse numbers on adult inpatient wards, strengthening skill mix and supporting safer care.

Medicine fridge monitoring: Roll-out of the SETRA Cloud monitoring system at DRI begins in early February, following a successful pilot at Bassetlaw.

Quality priorities 2026/27: A survey has launched to help shape next year's quality priorities with all colleagues invited to take part.



Finance update

We are efficient and spend public money wisely.

Year to date position: £1.1m surplus, in line with plan. 66% of cost centres are within budget at the end of month 9 (an improvement over 56% at the end of month 6 and 48% across 2024/25)

Efficiencies: Ongoing savings of £22.0m every year delivered at the end of month 9, forecast to rise to £23.9m by the end of the year.

Risk position: Net financial risk reduced to £0.0m after some funding for Industrial Action impact confirmed. £4.8m of gross risk remaining, linked to Elective Recovery Fund overperformance.

Cash and capital: Cash balance £20.6m, favourable to plan. Capital spend below plan with a £14.6m year-to-date underspend, forecasting recovery by year end.

Bottom line: Strong financial performance in the year to date. Particularly pleasing that we are delivering more ongoing (rather than one-off) savings than previously, as these help tackle the underlying deficit (currently estimated at c£47m).



Scan for more information

DBTH Way in action

Also in 2025, the Trust commissioned an independent culture review to give colleagues a safe, confidential way to share their experiences of working at DBTH. The review found strong pride in patient care and local teams, providing a solid foundation for improvement.

Key strengths

- Strong commitment to patient care.
- Positive team relationships.
- Good local support for wellbeing.

Areas for improvement

- Inconsistent experience across teams and sites.
- Leadership visibility and communication.
- Behaviour, respect and inclusion.
- Impact of operational and infrastructure pressures.

Next steps

The Trust has accepted the findings and is developing a clear action plan, shaped by ongoing colleague engagement. Full reports are available on www.dbth.nhs.uk



Well-Led Review



Scan for more information

In 2025, the Trust commissioned an independent Well-Led Review to assess leadership effectiveness, governance arrangements and assurance processes. The review considered how decision-making, oversight and accountability align with national expectations and support safe, high-quality care.

Key strengths

- Clear commitment to improvement and learning.
- Constructive challenge within Board and governance forums.
- Strong focus on quality and patient safety.

Areas for improvement

- Greater consistency in leadership and decision-making.
- Stronger assurance and performance oversight.
- Improved visibility and engagement at Trust level.

Next steps

The Trust has accepted the findings and is strengthening governance, leadership development and assurance arrangements in response.





Three year plan

The Three-Year Plan sets out how the Trust will deliver safe, sustainable, high-quality care from 2026 to 2029 and meet national NHS planning and assurance requirements.

It shows how we will respond in a joined-up way to rising demand, workforce pressures and financial constraints.

It focuses on:

- **Improving access**, flow and performance across urgent, elective, cancer and diagnostics.
- **Service change and configuration**, including how and where care is delivered.
- **Workforce capacity**, clinical leadership, skills and affordability.
- **Productivity and financial sustainability**.
- **Estates and digital investment** to support safer, more efficient care.
- Partnership working to deliver care differently where appropriate.

The final plan was submitted in mid-February 2026 and complements our existing five-year strategy.



Scan for more information



Boost to diagnostic services: A new CT suite at Doncaster Royal Infirmary and an advanced SPECT-CT scanner at Bassetlaw Hospital are increasing diagnostic capacity, supporting faster, more accurate diagnosis across cancer, cardiology and other complex conditions, and helping reduce waits for patients.



Minor Injuries
Waiting Room



Scan for more
information

Minor Injuries service at Bassetlaw: New SDEC and Minor Injuries services are now open at Bassetlaw Hospital, completing the multi-year urgent and emergency care redevelopment and supporting faster assessment, improved patient flow and more efficient care delivery.





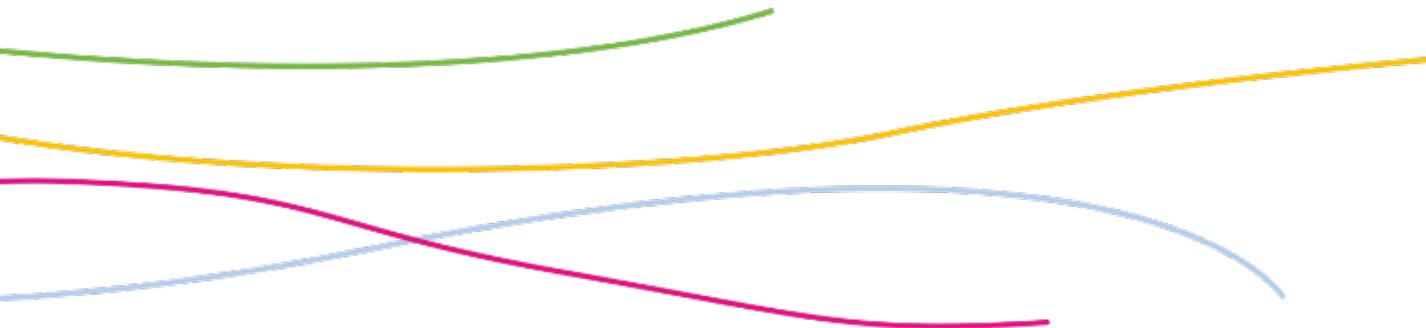
Department of Critical Care: Steelwork is now largely finished on the new facility at Doncaster Royal Infirmary, marking significant progress on the transformational build (complete early 2027) - and we were pleased to show Sally-Ann Jameson, MP for Doncaster Central, progress last week.





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





hello my name is...

Mark Bailey

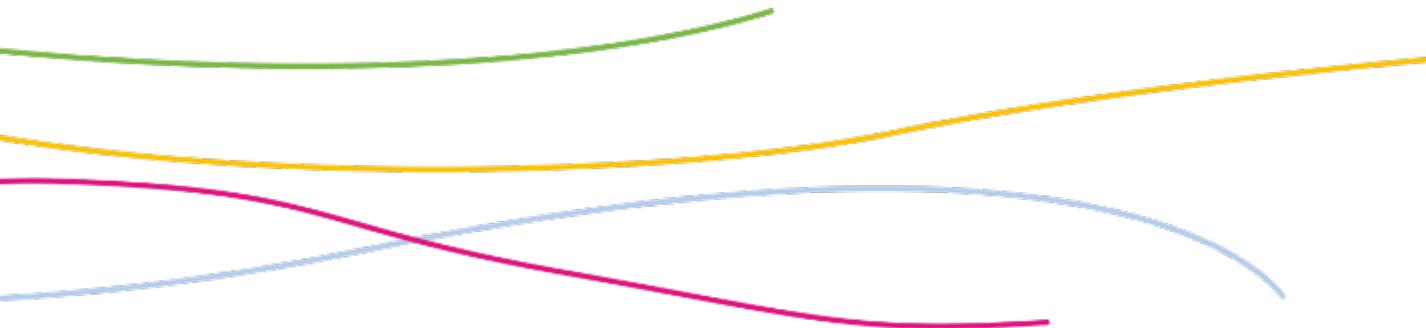
Interim Chair



www.dbth.nhs.uk

From The Chair

- Early focus: our services, our team and relationships
- NHS England - delivery of 2025/6 and next 3 years - our ambition for DBTH
- NHS provider partner relationships – RDaSH, Rotherham, Barnsley, Sheffield Teaching, Yorkshire Ambulance, Sherwood Forest
- Doncaster City Council & Doncaster Colleges Group – our part as an important anchor organisation
- Governor - briefings, drop-in opportunities and future models
- Looking ahead – whole Trust engagement in the way we deliver our strategy



hello my name is...

Jackie Hammerton

Lead Governor



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Report Template				
Meeting Title:	Council of Governors	Meeting Date:	24 February 2026	
Report Title/ Ref:	Fit and Proper Persons Test and Reporting			
Executive Sponsor:	Mark Bailey, Interim Chair			
Authors:	Rebecca Allen, Associate Director Strategy, Partnerships and Governance			
Appendices:				
Purpose of the report	Assurance	Decision required	Information	Discussion
Impacts on Strategic Risks (BAF 1-7)	All BAF risks are impacted if the board does not comply with the Fit and Proper Regulations			

Executive Summary – Key messages and Issues

Purpose of the report

This report provides the Council of Governors with information to demonstrate compliance with the NHSE Fit and Proper Person Test (FPPT) framework, reported to the Board of Directors in January 2026.

Background analysis

The Fit and Proper Person Test is a regulation to ensure that NHS providers meet their obligations to only employ and retain board members who can comply to the requirements under the new NHSE FPPT regulations. This is a legal requirement that the Chair of the Trust is responsible for overseeing.

The recommendations from the Kark Review have strengthened the testing and include:

- checks for disqualification as a Trustee from the Charity Commission Register,
- checks for disqualification as a company director from the disqualified director register
- insolvency or bankruptcy order
- upheld disciplinary findings
- check on employment tribunal history
- check on social media
- check all professional qualifications listed (medical, clinical and accountancy professions)
- each Board member is required to sign and return a self-attestation template that they are fit and proper

For any Board member who leaves after 30 September 2023, we are required to retain an exit reference on file, held on ESR until the age of 75 years, and to be supplied on request.

In order to confidently and quickly check social media and employment tribunal records, the Trust commissioned a professional service to carry out all checks. These are underpinned by algorithms which ‘deep dive’ into all on-line content as part of their searches, as well as the statutory lists noted above.

The FPPT Board register is maintained by the Trust Secretary, with the supporting evidence files of the checks carried out to validate the self-attestation readily available for inspection as required by the CQC. All Declarations of Interest are held within the Civica Declare system online and can be viewed by members of the public [Doncaster & Bassetlaw NHS Trust](#) .

The Trust is further required to submit a declaration that these checks have happened, and all areas are fully compliant with those requirements, and to submit the return before the June deadline. During 2025/26 the FPPT process was subject to an Internal Audit which provided significant assurance, noting some best practice principles, reported through the Audit and Risk Committee.

Recommendations						
The Council of Governors is asked to:						
<ul style="list-style-type: none"> Note the information Take assurance on the FPPT process 						
Healthier together – delivering exceptional care for all						
Patients	<i>This document confirms the compliance with the FPPT regulations which are required for the delivery of patient care.</i>					
People	<i>This document confirms the compliance with the FPPT regulations which are required to support its workforce.</i>					
Partnerships	<i>This document confirms the compliance with the FPPT regulations which supports a commitment to operate, working with its partners.</i>					
Pounds	<i>This document confirms the compliance with the FPPT regulations which supports adherence to delivery of the financial sustainability of the Trust.</i>					
Health Inequalities	<i>This document has no positive or negative impact on health inequalities.</i>					
Legal/ Regulation:	<i>There is a regulatory requirement to confirm compliance with the FPPT regulations annually</i>					
Partner ICB strategies	<i>This document has no positive or negative impact on ICB Strategies</i>					
Assurance Route						
Previously considered by - including date:	Board of Directors - 27 January 2026					
Any outcomes/next steps / time scales	Submission of the national return					
In line with Current risk appetite	Risk Appetite levels: - highlight if this report is outside of Board Assessment					
	None	Minimal	Cautious	Open	Seek	Significant
YES			Regulatory Quality	Finance	People	



hello my name is...

Jo Gander

Non-executive Director



Quality Committee (QC): December 2025 & February 2026

Positive Assurance

Maternity & Neonatal Safety & Quality

- Delivery plan on track for March 2026;
- CNST target achieved for 30 Nov 2025.
- In Feb 2026, Committee received strong assurance on patient safety events, perinatal mortality reviews, investigations and Single Delivery Plan progress.
- Cultural improvement (SCORE) progress monitored, with Safety Champions meeting bi-monthly.

Radiation Safety / IRMER

- Compliance confirmed.
- MHRA safety concerns on lead aprons addressed; affected items removed from use.

Patient Safety

- Reports provided assurance on Learning from Patient Safety Events Panel (Sept–Oct 2025). Thematic analysis of investigations and Martha's Rule update received.
- Benchmarking of PSIRF work completed.

Quality of Care / IQPR

- Trends reviewed.
- Clinical coding being checked for any impact on SHMI scores (update due Feb 2026).
- Feb report noted improvements in infection prevention and compliance with national guidance; action plans in place for C. diff.

Audiology

- NHSE visit update in Dec showed good progress with further work needed.
- Feb deep dive recognised national recruitment challenges; assurance gained on actions.

Infection Control / IPC BAF

- Good overall compliance; three areas partial assurance with continued oversight.

Positive Assurance (Ct'd)

Mortuary Governance

- Oversight strengthened; annual pathology report to Board confirmed.

Board Assurance Framework Risk 1

- Reviewed in both cycles; assurance taken on controls and actions in progress.

Matters of Concern or Key Issues - None

Clinical Audit & Effectiveness (Dec 2025 log)

- NEIA audit flagged long waits for urgent inflammatory arthritis patients. Issue on the risk register; monitored by Effective Assurance Group.
- NELA audit flagged elevated mortality. All 10 deaths reviewed; Audit Completion Form awaited.

Learning from Deaths / Structured Judgement Reviews (Feb 2026 log)

- Concern that increased medical staff involvement has not improved as expected despite training. Approach may need review.

Resuscitation Report (Feb 2026 log)

- Some improvement seen, but data presentation needs to be clearer.
- Need for earlier escalation and better documentation identified.

Quality Committee (QC): August & October 2025

Major Actions / Work in Progress

Ongoing Monitoring & Oversight

- Clinical Audit issues (National Early Inflammatory Arthritis and National Emergency Laparotomy Audits monitored by the Effective Assurance Group with Quality Committee oversight until mitigations implemented.
- Nursing, Midwifery & Allied Health Professionals Quality Strategy – update received.
- Prevention of Future Deaths report – Trust position aligned to national picture; improvement work ongoing.
- Quality Committee workplan being refreshed following December Board Development session.

Feb 2026 Work / Actions Commissioned

- CQC update on Emergency Department unannounced visit noted.
- Drug & Therapeutics Annual Report and Controlled Drugs update received.
- Ongoing work on Learning from Deaths, Mortality Surveillance, and Structured Judgement
- Review engagement.
- Continued oversight of Martha's Rule national implementation.
- Infection Control Board Assurance Framework – three partial-assurance areas monitored via governance route.
- Audiology service actions progressing, recognising national workforce pressures.

Decisions Made

Maternity & Neonatal (Dec 2025 log)

Approved on behalf of the Trust Board:

- Perinatal Mortality Review Tool Q2
- Single Delivery Plan & Clinical Negligence Scheme for Trusts (CNST) updates
- Avoiding Term Admissions Into Neonatal Q1
- Saving Babies' Lives (SBL) v3 Q1
- Quality metrics

Noted on behalf of the Board:

- Maternity and Newborn Safety Investigations (MNSI) / Early Notification Scheme case numbers and full duty of candour compliance
- Board Safety Champions meeting bi-monthly and providing required support
- Progress on the maternity and neonatal cultural improvement plan

Maternity & Neonatal (Feb 2026 log)

- Approved updates on Single Delivery Plan, Maternity Self-Assessment & CNST
- Approved SBL v3 Q2 report
- Approved Neonatal Nursing & Medical Workforce progress
- Noted transitional care progress
- Approved Trust Quality Metrics again at Feb cycle

Other QC Decisions

- Digital Stories project approved; QC will receive stories quarterly.
- Quality Committee Workplan approved (Feb 2026).
- Antimicrobial Resistance Stewardship update approved under delegated authority.
- Committee Effectiveness Review & Annual Report approved.
- Recommended BAF Risk 1 (Quality) for Board approval (March 2026).



hello my name is...

Kath Smart

Non-executive Director



Finance & Performance Committee (F&P): November & December 2025 & January 2026

Positive Assurance

Financial Performance (Months 7–9)

- Delivery of the 25/26 financial plan remains on-track.
- Month 7: Surplus delivered; YTD surplus met. Risk to achieving year-end plan £1m due to industrial action, though efficiency delivery improving.
- Month 8: £0.4m deficit in month (ahead of plan). YTD £1.4m surplus. Efficiency programme improving; risk to year-end position reduced.
- Month 9: £0.3m deficit in month; YTD £1.1m surplus. Industrial action managed; £24.4m savings delivered to date toward £31.4m target.
- Cash position ahead of plan; cash support not expected this financial year.
- Capital programme recoverable following review; EPR Cabinet Office approval allows acceleration of spend.

Operational Performance – Areas of Progress

- 52-week waits ahead of trajectory to meet March target (noting two specialty risks).
- Some improvement actions in emergency and elective care now in place.
- Ambulance handover performance indicators showing sustained improvement.

Planning, Governance & Other Assurances

- HFMA financial governance checklist actions on track.
- Estates & Facilities performance well evidenced (training, sickness, cleanliness, portering, catering, security, estates maintenance).
- BAF reviews: Risks 3, 4, 5 and 7 reviewed with updates agreed.
- Health & Safety: positive external accreditations, ongoing policy and culture work.
- Medium-term planning process underway and progressing to required timetable.

Matters of Concern

Operational Performance

- Only 1 of 6 national access standards met (Oct).
- ED 4-hour standard remains below trajectory for several consecutive months (Oct–Nov).
- November actual: 70.5% (below 71.3% trajectory).
- Attendances remain above commissioned expectations.

Elective performance:

- DBTH moved out of Tier 1 (lowest tier) into Tier 2.
- 65-week waits largely eliminated by December but small no. of breaches
- December activity below plan due to industrial action and flu.
- Cancer performance remains below trajectory for Faster Diagnosis Standard and 62-day target due to high referrals and delays in histopathology and oncology.

IT Business Continuity

- A series of IT issues required review; actions now identified.

Health & Safety

Further work required on:

- Waste management
- Sharps incidents
- Health and safety culture

Capital Programme

- Some elements behind plan; assurances received but small risk of non-delivery remains.

Finance & Performance Committee (F&P): November & December 2025 & January 2026

Decisions Made

Medium-Term Plan (2026–28):

- First submission approved with further work agreed to close non-compliance with national targets.

Registered Nurse Business Case:

- Recommended phased skill-mix improvement to 60% RN minimum; partially offset by agency/bank reductions.

Health Inequalities Oversight:

- Strengthened governance approved, including bi-annual Board reporting.

External Audit Contract:

- Supported awarding contract to preferred bidder following procurement.

Capital Plan:

- Approval to proceed following deep-dive and confirmation of deliverability.

Elective Recovery

- Reviews of 65-week and 52-week waits to continue
- Further modelling underway due to December shortfall in activity.

Cancer Performance

- Referral patterns being analysed.
- Improvement plan in place to meet March 2026 compliance.

Medium-Term Planning (2026–2028)

- Continued triangulation of quality, workforce, activity and financial planning.
- Productivity benchmarking and partnership opportunities being explored.
- NHSE feedback challenging assumptions; some non-compliance likely and to be reviewed by Board.

Financial Sustainability

- New financial model tracking underlying deficit/surplus.
- Continued focus on technical adjustments, ERF payments, efficiency delivery.

Capital Programme Deep Dive

- Orders and spend profiles reviewed.
- EPR approval allows acceleration of capital.

IT Business Continuity Actions

- Lessons learned and future mitigations reviewed and in progress.



hello my name is...

Lucy Nickson

Non-executive Director



People Committee: December 2025

Positive Assurance

Engagement & Leadership

- Staff survey closed 28 Nov; 54% response rate (down from 62%). National acute average: 49%.
- Leadership development work continues.

Education

- 87% SET compliance (Nov). Target: 90%.
- Positive feedback from NHS and University of Sheffield reviews.
- Paediatrics placed on intensive support framework by NHSE.

Violence Prevention Standards (VPR)

- Trust currently amber (partial compliance).
- Increasing security demand in ED affecting core duties.
- New data now shows clearer transparency of “care of the elderly” incidents.
- Assurance taken on actions and oversight.

Just Culture

- Increase in casework driven by sickness management.
- Despite this, sickness absence rates improving.

Equality, Diversity & Inclusion

91% of EDI plan delivered.

All NHSE high-impact actions embedded into strategic priorities.

Workforce Supply, Demand & Pay Efficiency

- Clear expectations for multi-year workforce planning.

Work underway on:

- Alignment of workforce & finance plans
- Sickness reduction 30% reduction in temporary workforce
- Job planning and safety frameworks
- Flu vaccine uptake 32.99% (1 Dec).

Job Planning

- 100% of job plans on L2P system.
- Performance 78% (Nov) vs. 95% target by March 2026.
- All audit actions complete or on track.

Resident Doctors 10-Point Plan

- 18 actions: 8 complete, 5 in progress, 5 awaiting national guidance.
- Continued oversight and engagement in place.

Digitalisation of People Systems

- New medical e-rostering system progressing.
- All resident doctors’ rosters live.
- Consultant rosters: five implemented; more go live from Jan 2026 to Summer 2026.

Board Assurance Framework (BAF)

- Reviewed BAF Risk 2 and workforce-related risks.
- Recommended revised BAF score 4x4 = 16, target score 12 by March 2028.

Decisions Made

- Committee endorsed all assurances provided.
- Recommended updated BAF scoring to the Trust Board (Jan 2026).



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 13 November 2025 at 15:00
via MS Teams

Chair	Suzy Brain England OBE - Chair of the Board
Public Governors	Debbie Benson Mark Bright Andrew Flynn Lynne Logan Sheila Walsh
Co-opted Governors	Kay Brown David Northwood Vivek Panikkar Mandy Tyrell
Partner Governors	Phil Holmes Alexis Johnson Louise Preston
In attendance	Yasmin Ahmed - Deputy Director of Finance Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Mark Bailey - Non-executive Director Jo Gander - Non-executive Director Emyr Jones - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Stephen Radford - Non-executive Director Anneleisse Siddall - Corporate Governance Officer Kath Smart - Non-executive Director Dan Spiller - Ernst & Young (agenda item B1)
Governor Apologies:	Helen Batty - Partner Governor Colin Wallace - Public Governor Jackie Hammerton - Public Governor Gavin Portier - Staff Governor
Board Member Apologies	Lucy Nickson – Non-executive Director Sam Wilde - Chief Finance Officer
Public Observers	Fiona Brookes Rob Brookes David Cuckson Tracey

		<u>ACTION</u>
COG25/11/A1	Welcome, apologies for absence (Verbal)	
	<p>The Chair of the Board welcomed governors, those in attendance and members of the public to the meeting. The above apologies for absence were noted.</p> <p>Non-executive Director, Stephen Radford was welcomed to his first Council of Governors meeting, since his appointment on 1 October 2025.</p>	
COG25/11/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	Governors declarations of interest were included in the meeting papers, no new declarations were received.	
	<p><i>The Council:</i></p> <ul style="list-style-type: none"> - <i>Noted governors' current declarations of interests.</i> 	
COG25/11/A3	<u>Actions from previous meetings</u>	
	There were no actions from the previous meeting.	
COG25/11/B1	<u>Auditors Annual Report 2024/25</u>	
	<p>The Chair of the Board welcomed Dan Spiller of Ernst & Young to the meeting, to provide an overview of the external auditors 2024/25 Annual Report. Dan clarified the responsibilities of the Trust's external auditors, which included offering an opinion on the financial statements, ensuring consistency of reporting between the accounts and the Trust's annual report, verification of the remuneration report and consolidation statements submitted to NHS England.</p> <p>There had been no requirement to report by exception during 2024/25. An unqualified opinion had been offered on the Trust's financial statements, indicating they were a true and fair reflection of 2024/25 income and expenditure and the Trust's financial position as at 31 March 2025. The audit of the financial statements was completed in line with the required deadline of 30 June 2025.</p> <p>In respect of the auditors responsibilities relating to value for money, three risk areas were identified; financial sustainability, risk management (based upon an internal audit report) and the Trust's CQC rating of 2023/24 and it was confirmed that no weaknesses were identified in the Trust's arrangements. The recommendation in respect of risk management recognised an administrative dependency, with further work required to embed risk management across the organisation. The financial sustainability recommendation confirmed the need to develop plans for unidentified savings, this was confirmed by the auditors to be understood by the Trust and had been acted upon.</p> <p>In respect of the four potential areas of risk related to the financial statements, the auditors had nothing to report in respect of misstatements or overstatement of income and expenditure. However, items within the accrual balance were identified as prepayments, and whilst these errors were not significant, when extrapolated, there was a need to report as uncorrected misstatements. In respect of the final risk, valuation of</p>	

	<p>land and buildings, a recommendation had been included within the audit results report, presented to the Audit & Risk Committee.</p> <p>Kath Smart, Chair of the Audit & Risk Committee, advised the Council of Governors that a follow up report to review the auditors recommendations was scheduled to be received in early 2026. In addition, the external auditors and finance colleagues had undertaken a best practice debrief of the process to establish any required change in practice.</p> <p>Non-executive Director, Mark Bailey, confirmed that the Finance & Performance Committee’s chair’s assurance log would reflect work in respect of financial risk and scrutiny later in the meeting.</p> <p>The Chair of the Board expressed her appreciation of the external auditors’ work. As this was the Chair’s last Council of Governors meeting, Dan confirmed it had been a pleasure working with Suzy and shared his best wishes.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the external auditors’ 2024/25 Annual Report</i> 	
COG25/11/B2	<u>Chair & Non-executive Director Appraisal Process 2024/25</u>	
	<p>The Associate Director of Strategy, Partnerships & Governance provided an overview of the annual chair and non-executive director appraisal process, led by the Senior Independent Director and Chair of the Board, respectively. The process made reference to the Leadership Competency Framework, supports non-executive directors’ effectiveness, succession planning and addresses any training and development opportunities.</p> <p>The Council of Governors had contributed to the process, as part of multi-source feedback.</p> <p>The Chair of the Board welcomed the opportunity for non-executive and executive director appraisals, recognising the importance of engaging in a meaningful appraisal aligned with the trust wide appraisal season.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the 2024/25 Chair and Non-executive Director Appraisal Process and outcomes</i> 	
COG25/11/C1	<u>Chief Executive Update</u>	
	<p>The Chief Executive’s presentation provided an overview of the Trust’s operational and financial performance year to date. It reflected on local, regional, and national changes and highlighted recent developments across nursing, midwifery, and allied health professional services. In addition, the presentation brought governors attention to the opening of the Phoenix Therapy Suite, Clinical Research Hub, and ongoing work to implement Orbit, an Electronic Patient Record, developed in partnership with Sheffield Teaching Hospitals.</p> <p>The Chief Executive highlighted the outpatient, inpatient, maternity, and urgent and emergency care activity levels; noting that urgent and emergency care activity had</p>	

	<p>increased by nearly 8% when compared to 2024/25, and was significantly higher than predicted levels, which had impacted performance.</p> <p>National performance league tables had been published in September, the Trust ranked 51st out of 134 trusts and was the highest ranked acute provider in South Yorkshire and the second highest in Nottinghamshire. Due to the trust's deficit financial plan, it was placed in segment three of the NHS Oversight Framework (NOF), which limited its ranking regardless of operational performance. The challenges in meeting 65-week wait targets, particularly in orthopaedics and ENT were noted, resulting in an escalation to tier one oversight, which included national scrutiny. The plan to eradicate 65-week waits by 21 December 2025 and 52-week waits by 31 March 2026 had been presented to NHS England, delivery of the latter being slightly ahead of plan.</p> <p>Nottingham and Nottinghamshire Integrated Care System would join Lincolnshire and Derby and Derbyshire to form a cluster arrangement, Amanda Sullivan had been appointed as the cluster Chief Executive designate. South Yorkshire Integrated Care System would continue in its current state, although it was reported that Gavin Boyle, Chief Executive had retired and Chris Edwards, former Place Director for Rotherham, had been appointed as the interim Chief Executive.</p> <p>National staffing reductions, expected by the end of the year, had been delayed due to the associated redundancy costs, although confirmation had been received this week that an agreement had been reached with the Chancellor of the Exchequer. No additional monies would be received, however, NHS England would be able to overspend against its budget, to the value of the redundancy costs, to be repaid over the following two years.</p> <p>Changes to the national planning and financial framework had been published at the end of last month, moving from an annual to a multi-year planning cycle. Where trusts received financial deficit support, they would be required to deliver a break-even position within three years, or in a small number of cases, five years. Where trusts had been underfunded and experienced financial challenges there was the potential for additional short-term financial support, the impact on the Trust was not yet known. Delivery of the multi-year plans was expected to require advancements in partnership working.</p> <p>Four-hour urgent and emergency care performance was below plan and currently stood at 69.8%, against a plan of 75.7%. The Trust was focused on improving non-admitted pathways and paediatric services to recover the performance gap. Significant improvements had been seen in 12-hour waits and ambulance handover times, with the work at Doncaster being recognised as good practice. Diagnostic performance had been challenging, particularly in audiology, however, an improving trajectory for children and long-waiting adults was now being seen. Cancer performance had reduced, due to an increase in referrals in tumour sites, particularly lung. It was expected that the position would be recovered within the next month.</p> <p>Flow through the hospital remained an issue, due to activity and high bed occupancy, pressures were anticipated during the winter months, and recent publicity indicated a potential earlier start to the flu season with a mutation in the presenting virus causing increased levels of illness. As such, colleagues, friends, and family were encouraged to take up the offer of being vaccinated.</p>	
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	<p>At month seven, delivery of the Trust’s financial plan remained on target, significant recurrent savings had been identified and productivity improved, with a focus on sustainable reductions in pay costs and agency spend. The Trust’s capital plan was below its profile but was expected to deliver in year, pending a final decision on the electronic patient record (EPR) project, which was expected imminently.</p> <p>As a digitally immature organisation, the EPR project was a major enabler for future improvements, with plans for implementation by October 2027. The project was complex but would bring significant benefits to colleagues, patients, safety, and sustainability.</p> <p>The Chief Executive highlighted the recent opening of the Phoenix Therapy Suite at Montagu Hospital, made possible by the generous support of the Fred and Ann Green legacy, for which he shared his appreciation. The service was the only example of NHS funded stroke rehabilitation in the country and had the potential in the future to benefit neighbouring communities through partnership working.</p> <p>Doncaster Cancer Detection Trust (DCDT) had ceased to operate as a registered charity and the Chief Executive took the opportunity to recognise its generous support over many years, funding the purchase of equipment to support the detection and monitoring of cancer. The Trust would continue to support DCDT’s mission through a ring-fenced fund.</p> <p>The Chief Executive shared the Trust’s commitment to being an anti-racist organisation and its work with the Doncaster Anti-racism Partnership which had recently been shortlisted for a national Black, Asian, and Minority Ethnic Health and Care award.</p> <p>In response to a question from David Cuckson, regarding the interoperability of the EPR with general practice and other trust’s systems, the Chief Executive acknowledged that independent systems did not necessarily communicate with each other, however, the EPR would offer improved communication, as would the national procurement of the Federated Data Platform. Having a shared EPR across South Yorkshire had been a conscious decision by the Board, minimising system integration and supporting the rotation of resident doctors.</p> <p>Public Governor, Andy Flynn recognised the variable use of the NHS App across the Trust for appointment letters and reminders and enquired if the introduction of an EPR would affect this. The Chief Executive suggested this was part of a broader digital programme of work. The Trust’s digital enabling plan had recently been approved by the Board of Directors, which included the Trust’s digital ambitions, opportunities and innovations. The lack of an EPR had hindered progress and resulted in a continued reliance on paper records and manual processes. The introduction of electronic observations had already reduced risks and improved efficiency. It was anticipated that further opportunities to enhance safety, quality, productivity, and financial efficiency would be realised through delivery of the digital enabling plan.</p> <p>The Chair of the Board suggested a governor briefing on the digital enabling plan would be beneficial and arrangements would be made by the Trust Board Office.</p>	<p>TBO</p>
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<p>COG25/11/D</p>	<p><u>Reports on Activity, Performance and Assurance</u></p>	
<p>COG25/11/D1.0</p>	<p><u>Suzy Brain England OBE - Chairs Report</u></p>	
	<p>The Chair of the Board provided an overview of her activities since the last Council of Governors meeting.</p> <p>The Trust’s Annual Members Meeting took place at the end of September, held in person at Doncaster Royal Infirmary. Governors, colleagues, members, and partners received the Trust’s 2024/25 Annual Report and Accounts and approved a refresh of the Trust’s Constitution. There was a reflection on 2024/25’s achievements and a look forward to 2025/26. As this was the Chair of the Board’s last Annual Members Meeting, the Chief Executive reflected on Suzy’s time at the Trust, thanking her for her leadership, contribution, and support over the last nine years and to close a montage of photographs and video clips was shown.</p> <p>Last week the Trust’s annual Star Awards took place, an important date in the Trust’s diary, when individual colleagues and teams were recognised for their commitment, innovation, compassion, and sustainability efforts.</p> <p>As part of Team Doncaster’s Partnership Summit, the Chair of the Board delivered her keynote speech. Doncaster business leaders across all sectors came together to review performance against Doncaster's strategic plan and collaborate on future challenges and opportunities. There was a theme of health and the economy, and employers considered how best to keep their workforce fit, train and deliver services, develop and pursue opportunities for the benefit of the city.</p> <p>The Chair of the Board reflected on the sheer volume of activity during her time at the Trust, the significant capital plans delivered and the transformation of services, including the opening of the Emergency Village at Bassetlaw Hospital, Montagu Elective Orthopaedic Centre and Community Diagnostic Centre. Whilst there had been enormous disappointment that the Trust had not secured a place on the New Hospital Programme, the ongoing development of the site was a great achievement and one the Chair was very proud of.</p> <p>To close, the work of the governors, their contribution and support in bringing the public voice to the attention of the Trust was recognised. As volunteers, the role of governors extended beyond attending Council meetings and they demonstrated their desire to understand the work of the Trust, through attendance at the Board of Directors and governor briefing and development sessions and to ensure ways of working remained effective. The Chair of the Board shared her appreciation with governors for their time and support.</p>	

<p>COG25/11/D1.1</p>	<p><u>Governor Activities</u></p>	
	<p>Public Governor, Andy Flynn, brought recent governor activities to colleagues attention. He highlighted the success of the face-to-face Annual Members Meeting, which governors were keen to see repeated in future years and the valuable showcase of services by Trust colleagues prior to the meeting.</p> <p>Following the appointment of Mark Bailey as interim Chair, governors confirmed they looked forward to continuing to work with him, in his new capacity.</p> <p>As a result of a pause in governor elections this year a decision had been taken to co-opt those governors who had reached the end of their elected terms of office, in accordance with the Trust’s Constitution. This was an inclusive process, to retain governor engagement and support and whilst co-opted governors did not have the ability to vote, this was noted to be limited in practice, and all governors’ voices would be heard in order to reach a consensus. Governors welcomed this opportunity to continue to work with, and benefit from, their experience.</p> <p>The Council of Governors welcomed two new partner governors, Helen Batty of Sheffield Hallam University and Louise Preston of the University of Sheffield.</p> <p>The Council of Governors continued to review its ways of working and had recently held a face-to-face workshop to progress this work at Doncaster Royal Infirmary.</p>	
<p>COG25/11/D1.2</p>	<p><u>Audit and Risk Committee</u></p>	
	<p>Kath Smart, Non-executive Director and Chair of the Audit & Risk Committee shared with the Council of Governors the chair’s assurance log from July and October’s meetings.</p> <p>A strong start to the year was noted, with significant assurance internal audit reports received in respect of the Fit & Proper Persons Test Framework, Equality Diversity and Inclusion follow-up and a high confidence, low risk rating assigned to the Data Security and Protection Toolkit. The data quality audit on the cancer Faster Diagnosis Standard returned a limited assurance and as with any reports that received less than significant assurance, the responsible executive director was invited to the committee to provide assurance on the plans to address the audit recommendations.</p> <p>The closure rate of audit recommendation was reported to be the highest since the pandemic, with the closure rate of high and medium risk actions standing at 100% and 89% across all risk levels.</p> <p>In respect of the Emergency Preparedness, Resilience and Response annual submission and update, an improving position was noted, with a multi-year trajectory to achieve full compliance over the next two years.</p>	
<p>COG25/11/D1.3</p>	<p><u>Quality Committee</u></p>	
	<p>Jo Gander, Non-executive Director and Chair of the Quality Committee shared with the Council of Governors the chair’s assurance log from August and October’s meetings.</p>	

	<p>The ongoing work in maternity and neonatal services was noted, with significant reporting required. The log provided details of the reports, which the committee had taken significant assurance on, and an increase in the number of medical colleagues expressing an interest in undertaking Structured Judgement Reviews had been seen.</p> <p>An increase in the number of C. difficile cases was reported and the potential risk of breaching the threshold noted. The Committee was assured by the actions taken to manage the position.</p> <p>The Trust was on track to deliver year seven Clinical Negligence Scheme for Trusts standards, training compliance continued to be an area of focus, with ongoing monitoring to track completion to meet safety action eight.</p> <p>The Chair of the Quality Committee brought governors attention to the pilot of the Maternity Outcome Support Service (MOSS), a new signalling system designed to monitor and improve patient safety and outcomes within maternity services, which was proving to be a valuable addition.</p> <p>In respect of the implementation of Martha’s Rule, a status update was provided to the committee. A question relating to Martha’s Rule had been received from a member of the public and was captured in the minutes at E1.</p>	
<p>COG25/11/D1.4</p>	<p><u>Finance and Performance Committee</u></p>	
	<p>Mark Bailey, Non-executive Director and Chair of the Finance & Performance Committee shared with the Council of Governors a summary of the chair’s assurance logs from August, September, and October’s meetings.</p> <p>The committee examined how operational performance, including outcomes and processes, contributed to financial results, reviewing trajectories, plans, and actions to ensure targets were met. Processes were in place to ensure that cost improvements were not achieved at the expense of quality and safety. There was a need for improvements to be sustainable, providing recurrent savings and the committee examined the mix of in-year financial adjustments and cash-releasing savings.</p> <p>The committee delved into specific areas of improvements, such as theatres and outpatients, reviewing the detail of improvement plans, identified risks had mitigating action plans and were actively managed.</p> <p>The importance of the DBTH-i improvement approach was recognised in securing efficiencies, improved performance and outcomes across the organisation, assurance on which had been provided as part of regional and national conversations.</p>	
<p>COG25/11/D1.5</p>	<p><u>People Committee</u></p>	
	<p>In the absence of the Chair of the People Committee, Non-executive Director and former Chair of the People Committee, Mark Bailey provided an update on the chair’s assurance log from October’s meeting.</p>	

	<p>The Freedom to Speak Up Guardian had presented a comprehensive bi-annual report and there remained a commitment to undertake a peer review of Speaking Up arrangements, which had been paused pending insights from the DBTH Way in Action review.</p> <p>The focus on colleagues health and wellbeing, training and development continued, recognising the challenging times in which the NHS operated.</p> <p>In August 2025, NHS England launched a national 10 Point Plan to improve the working lives of resident doctors, the Trust had submitted a baseline audit against the recommendations in September 2025. Where compliance was not yet achieved, plans were in place, with some elements of national guidance awaited.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chair’s Assurance Logs</i> 	
COG25/11/D2	<u>Governor Questions</u>	
	<p>The Chair shared the following question, received prior to the meeting, from co-opted governor, David Northwood.</p> <p><u>Are NEDs aware of the missed rate of follow up appointments for investigations and assured that measures are in place to keep this as close to zero as possible?</u></p> <p>The Chair of the Finance & Performance Committee thanked David for his question and requested this be considered outside of the meeting and a written response provided. In addition, the Chair suggested the matter be raised with the relevant executive director at the next committee meeting.</p>	MB
COG25/11/D3	<u>Minutes of the Council of Governors held on 29 July 2025</u>	
	<ul style="list-style-type: none"> - <i>The Council of Governors approved the minutes of the Council of Governors meeting of 29 July 2025 as a true record</i> 	
COG25/11/D4	<u>Governor Questions Database</u>	
	The Governor Questions Database was included in the Council of Governors meeting papers.	
COG25/11/E1	<u>Questions from members of the public previously submitted prior to meeting.</u>	
	<p>The Chair of the Board shared the following question received from a member of the public.</p> <p><u>NHS England confirmed on 4 September 2025, via a press release supported by the Secretary of State, that Martha’s Rule is now operating across all 210 acute hospitals in England. Locally, a family reports that on 7 September they requested escalation under Martha’s Rule at this Trust but were told it was not yet implemented. The Quality and Effectiveness Committee’s report to this Council (see Slide 49 of the meeting papers) includes a “Trust Implementation Status update on Martha’s Rule.” In light of this, how are the Board and senior leaders being held accountable by the Council of Governors for</u></p>	

	<p><u>achieving full and reliable implementation across all applicable services within this calendar year, including: visible information for patients and families on how to activate the process; staff training and 24/7 responsiveness; and evidence of timely audits and outcome measures that demonstrate the rule is working as intended?</u></p> <p>Recognising the operational detail in the above question, the Chair of the Board asked if the Chair of the Quality Committee received assurance on the above matters, with the intention of providing a written response after the meeting.</p> <p>The Chair of the Quality Committee confirmed that Martha’s Rule was being rolled out in phases across the NHS, the status report received by the committee provided an overview of the Trust’s implementation plans. There would be an escalation route should patients, families or carers remain concerned with the response from the nurse, or doctor in charge, which would enable an independent view to be sought.</p> <p>The Chair asked Public Governor, Andy Flynn if he was assured by the oversight and assurance taken by the Quality Committee, Andy suggested it would be helpful for a governor briefing to take place on Martha’s Rule and the Trust’s implementation plans in recognition of the impact on patients and their families.</p> <p>An action to arrange a governor briefing to share the implementation plans and reporting arrangements was agreed. The Quality Committee would receive the outcome of the patient wellness questionnaire pilot at Bassetlaw Hospital in February 2026, and it was proposed the governor briefing take place after this.</p> <p>Public Governor, Debbie Benson requested an interim communication be shared with governors to clarify the Trust’s position. The Chair of the Quality Committee agreed to circulate this.</p> <p>The Chair of the Board shared the following question received from a member of the public.</p> <p><u>The Quality and Effectiveness Committee’s report to the Council (see page 48 of the meeting papers) notes that a Prevention of Future Deaths (PFD) report was reviewed. Given that according to judiciary.uk, the Trust has received five PFD reports during 2025, how are the Trust’s Board and senior leaders being held accountable for ensuring that the learning from each report is acted on promptly and effectively? Specifically, how does the Council of Governors satisfy itself that clear timescales are set for the required improvements, that progress is independently monitored through the Quality and Effectiveness Committee, and that sustained learning and cultural change are evidenced across the organisation?”</u></p> <p>The Chair of the Board suggested a written response be provided, to include input from the Chair of the Quality Committee, Executive Team, and a comment in respect of governors oversight.</p>	<p>JG / EXEC</p> <p>TBO</p> <p>JG</p> <p>JG / EXEC</p>
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the public questions and agreed next steps</i> 	

COG25/11/F1	<u>Any Other Business</u>		
	No items of other business were received.		
COG25/11/F2	<u>Items for Escalation to the Board of Directors</u>		
	No items were identified for escalation to the Board of Directors.		
COG25/11/F3	<u>Chairs Final Council of Governors</u>		
	<p>On behalf of the Council of Governors, Public Governor, Andy Flynn shared governors appreciation of Suzy’s contribution and support during her nine years as Chair of the Board. Governors noted the Chair’s dedication, the strengthening of relationships between the Board and the Council, her advocacy for governors locally, regionally and nationally, and her work with system leaders to bring governors together in support of the wider public interests.</p> <p>The Council sent its very best wishes and thanked Suzy for her valued leadership which ensured governors were heard, equipped and supported to fulfil their statutory duties.</p> <p>Deputy Chair, Kath Smart shared her thanks with Suzy, recognising her energy, passion, commitment, and leadership. The Chair’s belief in the need for an effective conduit between the communities served, the Board of Directors and Council of Governors and for championing the role of governors. There was a great deal to be proud of.</p> <p>The Trust Board Office would look to identify a date when governors could come together to share their best wishes in person.</p>		TBO
COG25/11/F4	<u>Interim Chair Mark Bailey</u>		
	<p>Mark Bailey thanked the governors for the opportunity to serve as interim Chair, which meant a great deal to him. Mark emphasised his commitment to bring together talent to deliver excellent, responsive, safe care, recognising the common goal of delivering the best possible service to the communities served.</p> <p>Future discussions were expected to explore increased partnership working and shared services, always with the aim of doing the right thing for patients. Although financial matters had been discussed, the focus would remain on service delivery and caring for both staff and patients.</p> <p>The Chair of the Board offered her best wishes to Mark, noting he had the support of the wider team.</p>		
	<u>Date and time of next meeting (Verbal)</u>		
	Date:	24 February 2026	
	Time:	15:00	
	Venue:	Microsoft Teams	
COG25/11/G	Meeting Close:	16:52	

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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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>	<p>I understand that Priory Court hasn't been used by NCC for some time. It is the responsibility of the relevant community health and social care providers to commission services to meet patient needs on discharge and NCC no longer utilises Priory Court. They would be better placed to respond to any further detailed queries on this decision making process. This would be the same for the other additional capacity referenced, the use of community health and social care provision is not something that we, as an acute trust, have the funding to commission directly.</p> <p>I hope this helps to clarify but please do let me know if you need any further information</p>	Denise Smith, Chief Operating Officer	Outside of the meeting
Email	David Northwood Public Governor	17/07/2025	<p>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 thelisteningcircle, is representative of the majority of the medical body employed by the Trust?</p>	<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, thevaluecircle 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 • Onsite 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 thevaluecircle 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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Debbie Benson Public Governor	12/08/2025	Is there a secure area for bicycles? People would like to cycle to appointments, but they have been unable to find a secure place to leave their bike.	<p>These are specific to the DRI site alone as currently there are no cycle storage facilities available to the public or visitors at either of the Bassetlaw and Mexborough sites, however this is something currently under review as part of the Trusts sustainability plan which will include the creation of such facilities at both sites.</p> <p>Facilities at all sites are available for staff to utilise and are often seen to be well occupied.</p> 	Neil little, Transport Manager	Outside of the meeting
Email	Debbie Benson Public Governor	12/08/2025	What support is available for people with dementia that have problems with eating. People who are in a ward recovering can find it quite distressing if there are people with dementia who they feel are not helped with their meals.	<p>At our hospital, we adopt a person-centred approach for all our patients, including those living with dementia. This involves paying particular attention to their likes, dislikes, and personal preferences. To facilitate this, we encourage the use of the "About Me" document to help our staff better understand each patient's unique needs and preferences.</p> <p>We have implemented the "Meal Times Matter" principles, which emphasize the importance of focusing on meal times. During these periods, all non-essential activities are paused to ensure that patients receive the necessary support. Additionally, some of our frailty wards have social dining areas to create a more supportive and communal environment during meals.</p> <p>To assist patients with eating, we provide various aids such as coloured beakers and plate guards. We are also proud supporters of the principles of John's Campaign, which means that relatives are welcome to assist their loved ones during meals if it is beneficial. This is further supported by our flexible visiting policy and our "Visitors' Charter."</p> <p>We offer specific menus designed to cater to all dietary needs, including pictorial menus to help patients make choices more easily. We also have a "finger buffet" menu available.</p> <p>Upon admission, all patients undergo a MUST (Malnutrition Universal Screening Tool) assessment, and decisions are made regarding food charting. Patients can be referred to our Speech and Language Therapy (SALT) and Dietetics teams for additional support if needed.</p> <p>For patients who face significant challenges with eating due to the progression of dementia, a best interest meeting is often held with family members, Old Age Psychiatry (OPMH), ward staff, and therapy teams. This meeting aims to determine the most appropriate approach, which may include feeding at risk. SALT will also review the patient and recommend the safest feeding options, with the acceptance of aspiration by all concerned parties in the multidisciplinary team (MDT).</p>	Karen Jessop, Chief Nurse	

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Cllr Lynne Schuller, Partner Governor	23/09/2025	I wonder if you could provide me with the most up to date breast screening rates for Bassetlaw please. As a council we are aware that this is an area of reduced uptake and we are wishing to seek to assist in the raising of screening rates where possible.	Attendance has increased from 68.2% in 2023/2024 to 73.1% in 2024/2025, bringing our service levels in line with those of other providers across the South Yorkshire area.	Sara Elliott, Head of Medical Imaging	Outside of the meeting
Email	Debbie Benson Public Governor	06/10/2025	I have had a question raised today from a patient's carer. When her husband was in hospital for a lengthy period, he was unable to get his Covid jab. Is this still the case or are the over 75 and at risk able to get their vaccinations? Does the Covid approach leave stroke patients over 75 and in hospital for 21days, more susceptible to Covid in hospital than at home (where they would be getting the vaccination) and therefore more vulnerable to infection at a time when they are recovering and potentially extending their hospital stay?	This year we are only offering flu vaccine to those who remain inpatients over 21 days. We are not offering covid vaccinations. This is not unique to our Trust. As a Trust, we acknowledge that areas with high numbers of cohorted patients can elevate the risk of any infection. To address this, we have implemented robust infection prevention and control strategies, such as screening, cohorting, and the use of personal protective equipment, to minimise the risk of transmission. While certain patient cohorts are more vulnerable to infections, it is important to note that the COVID-19 vaccination helps mitigate the risk of developing severe symptoms. However, it does not prevent transmission.	Simon Brown, Deputy Chief Nurse	Outside of the meeting
Email	David Northwood Co-opted Public Governor	13/11/2025	At the last meeting the impact of the last Doctor's strike on lost activity was not known. Has this information now been ascertained and factored into plans to meet the next planned industrial action?			
Email	Council of Governors David Northwood Co-opted Public Governor	13/11/2025	Are NEDs aware of the missed rate of follow up appointments for investigations and assured that measures are in place to keep this as close to zero as possible	Waiting times for follow up appointments are monitored by divisional operational teams; these are not part of the assurance metrics included in the Integrated Quality & Performance Report, as this is focused on contractual and National Oversight Framework requirements. In the event of any incidents occurring which relate to follow up waiting times, these would be reported and managed through the Trust incident reporting and patient safety processes. The Quality Committee receives a patient safety report at its bi-monthly meeting, which provides an overview of the outputs from the Learning from Patient Safety Events Panel (LFPSE). Safety improvement plans are in place to drive local quality improvement initiatives, which are monitored through the Patient Safety Assurance Group; this group is chaired by the Chief Nurse and there is the opportunity to escalate matters to the Quality Committee.	F&P Non-executive Directors and Denise Smith, Chief Operating Officer	Outside of the meeting
Email	Member of the Public - Council of Governors	13/11/2025	NHS England confirmed on 4 September 2025, via a press release supported by the Secretary of State, that Martha's Rule is now operating across all 210 acute hospitals in England. Locally, a family reports that on 7 September they requested escalation under Martha's Rule at this Trust but were told it was not yet implemented. The Quality and Effectiveness Committee's report to this Council (see Slide 49 of the meeting papers) includes a "Trust Implementation Status update on Martha's Rule." In light of this, how are the Board and senior leaders being held accountable by the Council of Governors for achieving full and reliable implementation across all applicable services within this calendar year, including: visible information for patients and families on how to activate the process; staff training and 24/7 responsiveness; and evidence of timely audits and outcome measures that demonstrate the rule is working as intended?	Thank you for your question, which was posed at last week's Council of Governors meeting. As promised, below is the written response. NHS England's initial rollout of Martha's Rule focused on organisations with a 24/7 critical care outreach team, which DBTH does not currently have. Consequently, DBTH is part of the second phase of the national rollout and is following the timelines and implementation plan set by NHS England. Key Components of Martha's Rule The initiative comprises three elements: 1. Patient Wellness Questionnaire (PWQ) to support early detection of deterioration. 2. Escalation processes for staff. 3. Escalation process for patients and families. Current Progress and Next Steps • The PWQ has been successfully rolled out at Bassetlaw Hospital (end of October 2025) to test processes and governance. Feedback has been positive, with 93% of patients reporting that the PWQ was easy to understand. • Rollout to paediatrics across the Trust is planned for November, with full Trust implementation scheduled for early in the New Year. • A launch event and staff training programme will commence mid-December, with training continuing through January 2026. Staff and Patient feedback is part of each stage of implementation. • Following PWQ implementation, we will progress to the next stage, ensuring responsiveness through appropriate escalation routes for patients and families. Visible information for patients and families on how to activate the process will be included in this phase. Governance, Accountability, and Assurance • Implementation is being monitored through the Patient Safety Assurance Group, chaired by the Chief Nurse, and reported to the Quality Committee (a committee of the Trust Board) via the Patient Safety Report as required. • Recognition and response to deteriorating patients is a Trust priority within the Patient Safety Incident Response Plan, and Martha's Rule is a key component of this. • Timely audits and outcome measures will be embedded to provide assurance that the process is working as intended. Governors have an open invitation to the bi-monthly Board of Directors meeting, for which they receive the papers and are able to raise questions relating to these, via the Trust Board Office, ahead of the meeting. The Board papers include non-executive directors' chair's assurance logs, for each Board committee meeting, which captures assurance taken, areas of ongoing work, decisions taken, and areas of concern, including any items for escalation to the Board of Directors. Governors can hear first-hand the constructive challenge offered by executive and non-executive directors during the meeting. In addition, a quarterly Council of Governors meeting takes place, the non-executive committee chairs present their assurance logs during the meeting and governors raise questions, relating to these or other matters. Governors are able to fulfil their statutory duty, holding the non-executive directors to account for performance of the Board. To support governors understanding of Martha's Rule and its implementation, it was agreed at the meeting that a briefing session would be arranged.	Karen Jessop, Chief Nurse Jo Gander, Quality Committee Chair	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Member of the Public - Council of Governors	13/11/2025	The Quality and Effectiveness Committee’s report to the Council (see page 48 of the meeting papers) notes that a Prevention of Future Deaths (PFD) report was reviewed. Given that according to judiciary.uk, the Trust has received five PFD reports during 2025, how are the Trust’s Board and senior leaders being held accountable for ensuring that the learning from each report is acted on promptly and effectively? Specifically, how does the Council of Governors satisfy itself that clear timescales are set for the required improvements, that progress is independently monitored through the Quality and Effectiveness Committee, and that sustained learning and cultural change are evidenced across the organisation?”	<p>Thank you for your question and for highlighting the importance of accountability and assurance in relation to Prevention of Future Death (PFD) reports. As you are aware, the question was shared at last week’s Council of Governors meeting and as promised, below is the written response.</p> <p>The Trust recognises the seriousness of PFD reports and the need for timely, effective action. While the increase in PFD reports at DBTH reflects a national trend - there has been a 25% rise across England according to the Chief Coroner’s 2024 report - we remain committed to ensuring that learning is embedded and sustained.</p> <p>Governance and Accountability Framework</p> <ul style="list-style-type: none"> • When a PFD report is received, the Chief Executive commissions a formal response, supported by the Executive Medical Director and Executive Chief Nurse. • The Trust has 56 days to respond, during which clear timescales for improvement actions are agreed. In many cases, actions may already be in progress or completed, as the inquest process often follows significant time after the incident. • All improvement actions are logged on the Trust’s risk management system, with defined deadlines and responsible leads. <p>Independent Oversight and Monitoring</p> <ul style="list-style-type: none"> • Actions arising from PFD reports are reviewed by the Executive Patient Safety Oversight Group, chaired by the Executive Medical Director and Chief Nurse. Closure is only approved when robust evidence of implementation and assurance is provided. • Progress is reported through the Quality Committee, which provides assurance to the Board. • In addition, a recent thematic review of all PFDRs received over the last five years has been completed to identify recurring themes and systemic issues. This review strengthens our approach to learning and improvement. <p>Embedding Learning and Cultural Change</p> <ul style="list-style-type: none"> • Learning from PFD reports is aligned with the Patient Safety Incident Response Framework (PSIRF) priorities, ensuring themes inform Trust-wide safety improvement plans. • Divisional governance structures and clinical teams are engaged to ensure lessons are shared and embedded into practice. • Sustained cultural change is monitored through audits, staff feedback, and patient safety metrics, which are regularly reviewed at Board level. <p>Executive-Led Assurance</p> <ul style="list-style-type: none"> • The Patient Safety Assurance Group and the Effectiveness Assurance Group, both executive-led, will monitor actions arising from PFD reports and ensure that improvements are implemented and maintained over time. <p>Next Steps</p> <ul style="list-style-type: none"> • A Standard Operating Procedure has recently been implemented to ensure all PFD reports are systematically tracked and monitored via the Trust risk management system (DATIX). • The Trust continues to strengthen its learning systems to ensure that improvements are not only implemented promptly but maintained over time. <p>Governors have an open invitation to the bi-monthly Board of Directors meetings, for which they receive the papers and are able to raise questions relating to these, via the Trust Board Office, ahead of the meeting. The Board papers include a quarterly update on learning from deaths and non-executive directors’ chair’s assurance logs, for each Board committee meeting, which captures assurance taken, areas of ongoing work, decisions taken, and areas of concern, including any items for escalation to the Board of Directors. Governors hear first-hand the constructive challenge offered by executive and non-executive directors during the meeting.</p> <p>In addition, a quarterly Council of Governors meeting takes place, the non-executive committee chairs present their assurance logs during the meeting and governors raise questions, relating to these or other matters. Governors are able to fulfil their statutory duty, holding the non-executive directors to account for performance of the Board.</p>	Karen Jessop, Chief Nurse Jo Gander, Quality Committee Chair	Outside of the meeting
Email	Cllr Lynne Schuller, Partner Governor	08/12/2025	I have been contacted by a Councillor whose family member had a medical emergency recently. The Councillor was disturbed to be told by the East Midlands Ambulance Service paramedic who attended that they would not admit the person to Bassetlaw ED due to not taking trauma patients at the department. There was further explanation that this would result in an increased workload for staff at BDGH.	EMAS provided the correct guidance, as Bassetlaw Hospital is not a designated Trauma Unit so the ambulance service does not take trauma patients there, they would go to the nearest Trauma Unit. This isn’t new or a change in practice.	Denise Smith, Chief Operating Officer	Outside of the meeting
Email	Cllr Lynne Schuller, Partner Governor	09/12/2025	I am writing to raise a question as shared to me by one of our District Councillors as partner governor. The question is in relation to the Miscarriage Collection Cradles. As we are aware this solution, allowing dignity in the care of women undergoing a miscarriage, has been shared with our trust; the trust of the resident who has designed and developed the device. It is of concern that the person who has developed the cradle has offered to provide 10 free to seek feedback and to identify if this is a viable piece of equipment for use in maternity services in Bassetlaw (and wider trust). If this was accepted as a viable piece of equipment it would then be offered at a discounted price. Could I ask what would be the estimated usage per year and the subsequent cost, would this in terms of a women’s dignity at a very emotive time be paramount as a cost benefit?	<p>Thank you for bringing your colleague’s concerns to my attention.</p> <p>As you have referenced, the service had previously considered the offer to trial the miscarriage collection cradle, from a patient, procurement and financial perspective and feedback was shared with the constituent.</p> <p>Significant, ongoing unidentified funding would be required to support the provision of a cradle to all expectant mums threatening to miscarry. With approximately 4,400 babies delivered in 2024/25, it is anticipated that a significant number of cradles would be required each year to provide one for every woman, at a unit cost of c.£36.</p> <p>Based upon the assessment, the service did not commit to the trial, as procurement was not feasible. Please be assured that we remain focused on the delivery of compassionate, person-centred care, aligned with the Trust’s strategic priorities</p>	Lois Mellor, Director of Midwifery	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG																												
Email	Mark Bright, Public Governor	20/01/2026	<p>Subject Area: Senior Doctor Attrition Rate</p> <p>Why the past 5 years? A recent prominent news article read 'senior colleague turnover for DBTH in past 5 years averaged 13.89% per year'. [One assumes this is revealed from the NHS Staff Survey]. Article went on to state Trust average to be 'in-line with the NHS average'. Even though 'in-line' it would be informative, as a former People Comms governor observer, to ascertain 'an assurance picture' on specific case of senior doctors/consultants (subsumed in the senior colleagues category data of NHS Staff Survey - if that is the source). Responses to questions, below, would greatly help.</p> <p>Q1. While 13.89% is the average for 'senior colleagues' over the five years: What are the percentages for each of those five years?</p> <p>Q2. What numbers of senior doctors underly each of the five percentage figures for senior colleagues?</p> <p>Q3. How many of these senior doctors, in total, engaged in an exit interview from 2020 to 2025?</p> <p>Q4. What themes emerge from 'senior doctor exit interviews' over past 5 years?</p> <p>Q5. How are any emerged themes informing plans and processes:</p> <p>a. to reduce future senior doctor attrition rate?, and,</p> <p>b. for the Initial Priority Areas of Focus?</p>	<p>Q1. I know that in the meeting you spoke specifically about medical colleagues, and so the data below references medical colleagues as per the earlier discussion and the rest of the questions you have asked. I just wanted to highlight this, as the language is different throughout the questions, all the data in the responses refers to medics. For each of those 5 years the data for medical colleagues is:</p> <table border="1"> <thead> <tr> <th></th> <th>Leavers % (Not FTE)</th> <th>Leavers Head count FTE</th> <th></th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>12.62%</td> <td>47</td> <td>41.71</td> </tr> <tr> <td>2021</td> <td>9.37%</td> <td>41</td> <td>31.10</td> </tr> <tr> <td>2022</td> <td>12.91%</td> <td>49</td> <td>44.47</td> </tr> <tr> <td>2023</td> <td>5.42%</td> <td>36</td> <td>19.65</td> </tr> <tr> <td>2024</td> <td>6.91%</td> <td>34</td> <td>26.04</td> </tr> <tr> <td>2025</td> <td>6.75%</td> <td>33</td> <td>25.88</td> </tr> </tbody> </table> <p>It is worth noting that 2020 – 2022 we recorded higher turnover rates which mirrored the national increase in NHS leavers during the pandemic. The past 3 years has reduced and is below the Trust turnover target of 10%.</p> <p>Q2. As above in Head count and as in Full Time Equivalent Posts</p> <p>Q3. 12 medics chose to engage with the exit interview process at that time</p> <p>Q4. Due to the low numbers of exit interview take up – there is no statistical significance that can be taken from the 207 leavers during that period. However, on the whole, across the questions asked the responses are mainly positive, although one negative comment around the ability for flexible retirement, most left voluntarily through resignation, with three retiring and three resigning due to relocation.</p> <p>Q5. As per the response above – there are no themes that can be ascertained from these interviews or any concerns identified, and from the responses received, 50% left due to retirement and relocation. In terms of all staff attrition, DBTH is embarking on a Trust wide initiative to actively listen and gain feedback from all colleagues. This is action that occurs all of the time and not at the point of leaving.</p> <p>I hope this has answered your questions sufficiently Mark. In terms of governor engagement, I am sure a briefing session can be arranged to discuss further if all governors think this would be beneficial. In terms of the workforce statistics and the recent cultural review, these will be reported through to the Board of Directors which all governors and members of the public are able to attend.</p>		Leavers % (Not FTE)	Leavers Head count FTE		2020	12.62%	47	41.71	2021	9.37%	41	31.10	2022	12.91%	49	44.47	2023	5.42%	36	19.65	2024	6.91%	34	26.04	2025	6.75%	33	25.88	Zoe Lintin, Chief People Officer & Anthony Jones, Deputy Director of People & OD	Outside of the meeting
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Board of Directors	Sheila Walsh, Public Governor	27/01/2026	<p>On Page 131 we have KPIs for ambulance handover times for the Trust as a whole. Is the system for handover in the new ED at Bassetlaw the same as in the old one? Has there been an improvement in handover times since the new ED opened?</p>	<p>The Trust implemented the Transfer of Care protocol with East Midlands Ambulance Service (EMAS) at Bassetlaw Hospital in November 2025, this is to ensure the majority of ambulance handovers take place within 45 minutes of arrival. Ambulance handover times at Bassetlaw hospital have improved since the new Emergency Department opened in in February 2025, with a reduction in the proportion of handovers taking over 45 minutes and an improvement in the average handover time noted.</p>	Denise Smith, Chief Operating Officer	In the meeting																												
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	<p>Could the board reassure governors that the financial requirements to meet the increase in registered nurses will not be at the cost of other posts across the Trust. The governors note the metric of reduced falls as part of the business case for increased registered nurses. We would wish it to be noted that falls reduction requires a multi disciplinary approach . There is also a risk that reduced falls are achieved through reduced patient independence and reduced mobility all of which can have secondary harmful impacts not being recorded.</p>	<p>The proposal to increase the number of registered nurses is being taken forward because the evidence shows clear quality, safety, and efficiency benefits. However, each workforce investment is always considered on its individual merits, supported by a robust business case and evaluated against organisational priorities, service needs, and workforce risks.</p> <p>Resources are constrained nationally, and all investment decisions must therefore be carefully weighed to ensure they are affordable, sustainable, and aligned with the Trust's overall strategic direction. With that in mind, this investment has been designed using a phased and financially responsible approach that avoids displacing or deprioritising other essential posts.</p> <p>We can therefore reassure governors that while we are recommending to the board the investment in registered nurses due to the clear case for doing so, this is not at the expense of other staff groups. The Trust remains committed to supporting a balanced, multidisciplinary workforce, and will continue to consider all future investment proposals fairly, transparently, and on their merits within the broader NHS financial landscape.</p> <p>The Trust's Falls Improvement Strategy includes a dedicated deconditioning workstream alongside the fall's reduction programme. We recognise that positive risk taking is essential to safe mobility, improved patient outcomes, and reductions in length of stay and associated complications. Furthermore, while nursing input is a key component, sustained improvement depends on coordinated contribution from therapy services, medical teams, pharmacy, estates, and wider clinical colleagues.</p>	Karen Jessop, Chief Nurse	In the meeting																												

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	The governors note that the audiology service is recorded as having achieved significant improvement and assurance. How does this align with the questions recently raised in Parliament by Sally Jameson MP	<p>The assurance given on audiology reflects substantial and evidenced improvement from a very poor historic baseline. Over the last two years, the Trust has delivered significant improvement across the parts of the pathway that were the subject to the longest waits:</p> <p>Diagnostics (new referrals)</p> <ul style="list-style-type: none"> • Average wait reduced from over 52 weeks in 2024 (with some patients waiting up to two years and a list of >2,000) to 22 weeks by December 2025. • The waiting list has reduced to around 700 patients. • All remaining patients will have a first appointment by end of March 2026, and from April 2026 new referrals are expected to be seen within 6 weeks, meeting the DM01 national standard (95%). <p>Hearing aid fittings</p> <ul style="list-style-type: none"> • Average waits reduced from over 104 weeks in 2024 to 15 weeks by December 2025. • From April 2026, fittings will be provided within 8 weeks of diagnosis. <p>These improvements have been enabled by system replacement, new equipment, refurbished sound-proof rooms, additional senior staff, strengthened training and competencies, and targeted insourcing. However, the Parliamentary question raised by Sally Jameson rightly reflects the fact that we have more work to do to clear our backlog and reduce all of our long waiting times, particularly for patients requiring review appointments. This cohort reflects historic workforce and capacity constraints and the requirement for staff to be signed off for diagnostics and fittings before undertaking reviews, which has limited flexibility. Insourcing to date has therefore focused on new referrals and fittings where clinical risk was greatest.</p> <p>In parallel, the MP's question was raised on behalf of members of the Audiology Action Group in Doncaster. Those individuals, alongside members of the Deaf community, have been actively involved in the Trust's patient experience work for the last year, including shaping patient communications. They have been supportive of the progress made and the Trust's openness. We appreciate their ongoing input into our improvement work.</p> <p>The Acting Chief Executive met with Sally Jameson MP on 23rd January and discussed the issues. We are aligned that the purpose of raising the issue is to maintain focus, transparency, and momentum and we continue to work with our MPs and other stakeholders to recover the service to ensure our patients and communities receive a high quality accessible audiology service.</p>	Nick Mallaband, Acting Executive Medical Director	In the meeting
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	Is the trust expecting AQR reports from other education providers than the University of Sheffield?	<p>The NHS Education Funding Agreement requires all placement providers to provide regular assurance to NHS England confirming compliance with the Agreement and NHS England's Education Quality Framework. DBTH do not expect AQR reports from any other education providers other than the University of Sheffield. This is because the NHSE Self-Assessment (most recently submitted by DBTH to NHSE in October 2025), provides a multi-professional and nationally consistent provider self-assessment which all other education partners use for their quality assurance of placement.</p> <p>The assessment questions focus on the six NHS England Education Quality Framework domains and NHS Education Agreement's key performance indicators. This is complemented by the NHSE Senior Leadership Engagement visit, most recently hosted at DBTH in November 2025. The School of Medicine and Population Health, University of Sheffield request an additional annual AQR complemented by a senior leaders visit to provide quality assurance specifically for the students on the MBChB (medical students) curriculum. This is comparable to all other placement providers for medical students.</p>	Zoe Lintin, Chief People Officer	In the meeting