Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the Board of Directors held in public on
Tuesday 5 May 2026 at 10:15am
in the Boardroom at Doncaster Royal Infirmary

Present:	Mark Bailey - Interim Chair (Chair) Helen Best - Non-executive Director Jo Gander - Non-executive Director Karen Jessop - Chief Nurse Zara Jones - Acting Chief Executive Zoe Lintin - Chief People Officer Dr Nick Mallaband - Chief Medical Officer Lucy Nickson - Non-executive Director Stephen Radford - Non-executive Director Kath Smart - Non-executive Director Denise Smith - Chief Operating Officer Sam Wilde - Chief Finance Officer
In attendance:	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Angela O'Mara - Deputy Company Secretary (minutes) Kelly Mackenzie - Consultant in Public Health (agenda item D3) Lois Mellor - Director of Midwifery (agenda item E1) Daniel Ratchford - Senior Director & General Manager, IQVIA (agenda C1) Emma Shaheen - Director of Communications & Engagement
Public in attendance:	Tanweer Ahmed - Board Development Programme Delegate Luke Appleton - IQVIA Hannah Beardmore - Staff Side Bo Escritt - Board Development Programme Delegate Gina Holmes - Staff Side Molly Houghton - Graduate Management Trainee Michael Taylor - Cinapsis
Apologies:	Richard Parker OBE - Chief Executive

ACTION

P26/05/A1 **Welcome, apologies for absence and declarations of interest**

The Chair welcomed everyone to the Board of Directors meeting, the above apology for absence was noted, and no conflicts of interest were declared.

World Hand Hygiene Day and the International Day of the Midwife were formally acknowledged by the Board. Members would visit midwifery colleagues during the day to express their appreciation and recognise colleagues' valuable contribution.

P26/05/A2 **Actions from Previous Meetings (Enclosure A2)**

Action 1 - Action Plan - DBTH in Action - an update was provided on the action log, the findings of the health and safety culture review had been considered alongside the wider culture and leadership programme of work. The report at agenda item C2 identified the themes, mapped to individual recommendations of the DBTH Way in Action and Well-led review and the specific actions required to address these. Action closed.

Action 2 - Mortality Review Update - the report was included at agenda item D3. Action closed.

Action 3 - Mental Capacity Assessments - Mental Capacity Act compliance was included as a quality priority for 2026/27, approved by the Quality Committee on 23 April 2026. Quarterly progress reports would be received by the Quality Committee. Action closed.

Action 4 - Sepsis Management - the report would be received by the Board's Quality Committee on 4 June 2026. Action closed.

Action 5 - Speaking Up Reports - a discussion paper would be considered by the Board's People Committee on 16 June 2026, and a subsequent update would be provided to the Board.

Action 6 – Guardian of Safe Working - the Chief People Officer and Chief Medical Officer concluded that it was unlikely there would be appropriate opportunities to right size or remove trainee posts in areas which experienced persistent gaps. However, there were opportunities to consider other routes to recruit to gaps on a fixed term basis, such as increasing the use of locally employed doctors, with existing governance in place through the divisional structures where these issues could be explored. Action closed.

P26/05/B1 **Patient Story - Elisabeth's Story**

The Chief Nurse introduced the short digital recording, which shared the journey of Elisabeth and her parents following her birth at Doncaster Royal Infirmary in 2024; their subsequent contact with the Trust and wider healthcare teams including primary, urgent and emergency care and the private sector.

The story highlights the concerns of Elisabeth's parents which began shortly after her birth and how they continued to seek medical advice related to Elisabeth's symptoms and developmental concerns over a seven-month period, which ultimately led to a diagnosis of spinal muscular atrophy.

The Matron in the digital story referenced the learning, education and changes to guidance, alongside the planned roll out of Martha's Rule which would support families to seek a second opinion. Recent media coverage had also raised public awareness of the condition.

The Chief Nurse recognised the importance of listening and acting upon families' concerns, which was also a key theme from Children & Young People surveys. An extended version of the story, which included Elisabeth's parents, had also been produced to support with learning across the division. Each division had been asked to produce two patient stories and a central repository of these would be available on the Trust's intranet. The Board's Quality Committee would receive a digital patient story on a quarterly basis.

In response to a question from Non-executive Director, Stephen Radford, the Chief Nurse confirmed that the Trust was implementing Marthas Rule in accordance with national guidance. Phase one, which included the introduction of Patient Wellness Questionnaires, was complete. There was a need to consider the Trust's approach to the provision of an independent second opinion due to 24/7 critical care outreach not being available.

The Board:

- ***Noted Elisabeth's Story***

P26/05/C1 **<u>2025 National Staff Survey Results (Enclosure C1)</u>**

The Chair welcomed Daniel Ratchford of IQVIA, the Trust's Staff Survey provider, to the meeting.

Before Daniel reflected on the findings of the 2025 survey, the Chief People Officer confirmed that the staff survey results had been considered alongside the feedback from the DBTH Way in Action, Well-Led, and Speaking Up Peer Review which informed the Culture and Leadership Programme. This rich source of information, including narrative provided as part of the feedback process, was triangulated with patient and people metrics to inform the development of colleague led local improvement plans.

Whilst the response rate of 54% was a reduction to that of 2024, it was not unexpected given the local and national context the Trust and wider NHS operated in. The Trust's 2025 response rate compared favourably to the sector average of 47%, which had also seen a decline from 49% in the previous year.

The year-round cycle of engagement had commenced with local leaders engaged with colleagues in action improvement planning, with support available from the People Business Partner team and oversight of action planning as part of the Performance Review Meetings.

A consistent methodology had been used since the launch of the survey, which supported the tracking of opinion over time, although it was acknowledged that the method of data collection and the associated delay in reporting was now outdated and more responsive means of seeking real time feedback was used in other non-NHS organisations.

Daniel highlighted the importance of colleague engagement, noting the positive impact of an engaged workforce on patient experience and outcomes and in attracting and retaining colleagues.

The presentation provided an at a glance summary of 2024 and 2025 scores across the themes of staff engagement and morale and the seven People Promises. 2025's results showed no significant change in the majority of areas, with a significant improvement seen in People Promise 6 "We work flexibly" and a significant decline in People Promise 3 "We each have a voice that counts". When compared to the sector score, the Trust scored significantly better on colleague morale, People Promise 4 "We are safe and healthy", People Promise 5 "We are always learning" and People Promise 6 "We work

flexibly". The key themes and suggested areas to celebrate and focus for 2026 were shared.

In respect of the advocacy sub section in colleague engagement, it was noted all three questions regarding the care of patients and service users being a top priority, recommending the Trust as a place to work and to receive care/treatment had significantly declined from 2024 and were significantly worse than the sector average.

The Chief People Officer confirmed that as part of action planning all teams would be asked to consider three areas for improvement which included colleagues advocacy in recommending the Trust as a place to work and to receive care/treatment.

The Board:

- ***Noted and took assurance from the 2025 National Staff Survey Results***

P26/05/C2 **DBTH Way in Action & Well-led Review Progress Report (Enclosure C2)**

Since the report findings were shared at January's Board meeting work had been ongoing to map themed recommendations to actions, with identified governance routes, clearly articulated success measures, responsible executive leads, target completion dates and a RAG rated tracker. This cohesive action plan had taken into consideration the findings of the 2025 staff survey, triangulated with broader evidence sources, including the Speaking Up peer review.

The Acting Chief Executive recognised the significance of this work and encouraged members to review, and sense check the plan and impact of the actions. This would remain a live piece of work to support ongoing delivery.

Executive colleagues recognised the all-encompassing nature of the plan and the need to embed the change arising from the actions would be fundamental to its success.

Non-executive Director, Stephen Radford, welcomed the comprehensive action plan and enquired how the actions would positively impact on patient care and experience. The Chief Nurse noted the various sources of evidence where the impact could be seen, including patient surveys, complaint themes, patient metrics, Speaking Up and social media feedback. The Chief People Officer reiterated the strong evidence base that indicated a correlation between engaged colleagues and a positive patient experience.

The Acting Chief Executive reflected on the impact of the audiology improvement work, informed by colleague, patient and partner feedback and engagement, which had included informal and formal service visits. Work continued to drive further improvements across the service.

Non-executive Director, Lucy Nickson, acknowledged that the decline in staff survey response rate from the previous year to 54% was not unexpected and was assured by IQVIA that this reduction had been seen in other trusts, with a reduction seen across the sector.

Non-executive Director, Kath Smart, highlighted the perception, of some colleagues, of a lack of anonymity in the survey. Daniel recognised this view and confirmed the

processes in place to allay that fear with survey providers providing anonymised aggregated data. He also noted that the likely outcome of such a belief would be seen in the response rate, which did not appear to be an issue for the trust when comparing to sector response rates.

Non-executive Director, Kath Smart, enquired of the impact of action planning and in particular if there were areas where feedback had resulted in a positive change, or perhaps the desired outcome had not been achieved. The Chief People Officer cited the positive impact on People Promise six (we work flexibly), with benefits realised by individuals and the organisation. Despite significant efforts to support colleagues in Speaking Up, the benefits were not seen in the staff survey results, further work was ongoing to seek improvements by understanding colleagues views across the organisation and by professional groups.

In response to a question from Non-executive Director, Jo Gander, regarding how learning would be captured from the DBTH Way in Action and Well-led reviews, the Chief People Officer confirmed that the recommendations tracker would be considered by executive led groups and Board committees. The Board of Directors would review progress against the summary action plan at alternate meetings.

The Chief Finance Officer encouraged curiosity around the decline seen in colleague advocacy in respect of recommending the trust as a place to work and receive treatment which should be explored as part of local engagement.

Non-executive Director, Lucy Nickson, recognised the need for communications to address any misconceptions that the focus was on delivery of financial plans and to articulate that quality was equally important.

Daniel Ratchford welcomed the opportunity to present the findings of the staff survey, which he felt was a positive reflection on the importance placed on the survey outcomes by the organisation.

The Chair welcomed the extensive discission and shared his appreciation of this programme of work.

The Board:

- ***Noted and took significant assurance that the Trust had responded to the independent reviews, with partial assurance in respect of longer term cultural and behavioural change which will demonstrate impact over time***

P26/05/D1 **Chair's Report including Partnership Update (Enclosure D1)**

The Board received the Chair's report which confirmed the Trust would move into the delivery phase of its three-year medium-term plan, which would see a more consistent and sustainable way of delivering services. Working alongside our system partners to ensure mutual benefit.

Later this month, governor elections would commence and nominations would be sought for public and colleague governors to contribute to the Trust's future direction of travel.

The Board:

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

P26/05/D2 **Chief Executive's Report (Enclosure D2)**

The Acting Chief Executive brought the Board's attention to the following key highlights from the report.

Delivery of a breakeven financial plan had been supported by receipt of £4.2m of additional funding in the final quarter of 2025/26 and progress was noted in the delivery of urgent and emergency care operational standards, supported by the adoption of national improvement initiatives. There was a need for consistency in delivery, with a balanced approach to finance and quality and for more rapid improvements to be seen in the number of patients waiting over 52 weeks.

The Acting Chief Executive shared her appreciation of colleagues efforts in delivering these improvements and recognised the ongoing support required across the Trust to drive and embed change to create a sustainable organisation.

The positive work to improve audiology patient experience and service improvements by the Trust and in the community was recognised. The Montagu Elective Orthopaedic Centre of Excellence had secured national accreditation and an automation upgrade to the inpatient pharmacy had improved dispensing efficiency and released colleague time for direct patient care.

Additional car parking provision had been made available on the Doncaster Royal Infirmary site, with further expansions planned.

Initial feedback from the Care Quality Commission's inspection of paediatric services was being considered and responded to.

To close, the Acting Chief Executive confirmed that the Chief Medical Officer's recruitment process concluded last week, with the appointment of Dr Nick Mallaband. Dr Mallaband had joined the Trust as a Consultant in Acute Medicine in 2011 and had held senior roles, including the Acting Executive Medical Director role for the previous two years. Along with significant experience and organisational knowledge the appointment provided continuity and congratulations were shared.

The Board:

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

P26/05/D3 **Integrated Quality & Performance Report (Enclosure D3)**

The Integrated Quality and Performance Report (IQPR) provided key performance and safety measures relating to cancer standards for February and remaining access, quality, and workforce standards for March 2026. Where a local or national standard was not met an assurance report provided supporting commentary of the challenges, actions and emerging concerns

The Chief Operating Officer confirmed that significant improvements had been seen in four hour waits due to the national Spring reset initiative, in month performance was 0.5% below target. 12-hour performance and ambulance handovers were both above plan. A variation in the provision of emergency care was seen at Doncaster Royal Infirmary, whilst organisational grip and control had improved there remained challenges with extended waits out of hours. With a more noticeable increase in demand seen at Bassetlaw Hospital.

The standard for patients waiting less than 18 weeks from referral to treatment had not been met, the underperformance was largely driven by the high volume waits in Trauma and Orthopaedics.

In relation to cancer, the Trust had delivered the Faster Diagnosis Standard and 31-day decision to treatment standard. The 62-day wait from referral to treatment standard had not been met, with challenges seen in specific tumour sites, with 26% of prostate waits in excess of 62 days. Internal radiology and external histopathology delays had been seen, and targeted actions were being progressed.

The Chief Nurse reported a combined total of five hospital and community onset healthcare associated C. difficile cases, against a target of four. The 2025/26 national threshold, set upon historical performance, had been breached. The assurance report highlighted strengthened antimicrobial stewardship arrangements, and the Chief Nurse confirmed plans for a Trust C. difficile roundtable.

The Chief Finance Officer confirmed delivery of the 2025/26 financial plan. A record £31.4m of efficiencies had been delivered in year, £22.3m of which were recurrent. This addressed £9.6m of the Trust's underlying deficit, which would need to be resolved during the course of the three-year plan.

The latest published data (month eight) showed implied productivity had improved by 8% when compared to the same period in the previous year and placed the Trust in the best quartile nationally.

2025/26 capital investment programme had been delivered and the cash balance at year end was £53.4m, £37.6m favourable to plan.

The Chief People Officer confirmed that sickness absence stood at 5.6% as at March 2026, against a target of 5%, the Trust continued to perform relatively well when compared to other organisations in this area.

Statutory and Essential Training (SET) compliance was 84.1% against a local target of 90% and feedback from the commissioned audit would be welcomed as part of the audit closure meeting.

Non-executive Director, Jo Gander, enquired of plans to address the prostate wait time, which the Chief Operating Officer confirmed related to a bottleneck at the beginning of the pathway. Discussions with primary care colleagues in respect of referrals had taken place.

Non-executive Director, Stephen Radford, recognised the increasing demand on urgent and emergency care and enquired how improvements could be sustained, the Chief

Operating Officer confirmed that early performance data for April indicated 74% of patients waited no more than four hours, with the main challenge being flow out of the Emergency Department.

The Board

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

P26/05/D3i **Mortality Review Update (Enclosure D3i)**

The Chief Medical Officer clarified the purpose of the Summary Hospital-level Mortality Indicator (SHMI), as a statistical tool to identify variance between the actual and predicted number of deaths. Since 2025 the Trust's SHMI performance had remained stable. Whilst performance was within the national statistical control limits it was at the upper limit and there remained a desire to reduce this towards the baseline of 1.0. It was recognised that the level of deprivation in the local population negatively impacted the Trust's performance.

Robust mortality governance arrangements were in place and the Board's attention was drawn to an improved level of completion of Structured Judgement Reviews (SJRs). The majority of SJRs identified good or excellent care, including the timely recognition and escalation of sepsis, a reflection of the ongoing sepsis improvement work. The timely administration of antibiotics on diagnosis remained challenging and performance was lower than hoped and below that of our peers. A deep dive review of sepsis management would be presented to the Board's Quality Committee in June 2026.

A dashboard was in development, using a range of quality metrics to act as an early alert and warning system; this would be subject to ongoing refinement.

The Chief Medical Officer confirmed that the most recent national published SHMI data spanned the period, December 2024 to November 2025, whilst the data at section five of the report was provided by an internal monitoring tool up to February 2026. Should this performance translate into the national data a positive impact on SHMI was expected.

In response to a question from Non-executive Director, Lucy Nickson, regarding the challenges in the timely administration of antibiotics, the Chief Medical Officer confirmed this was a key action of the Sepsis Action Group. A series of quality improvement initiatives, including prescribing arrangements and antimicrobial ward rounds, were underway across the organisation. A recent update to NICE guidance was noted, which had seen a focus on the identification and escalation of high-risk sepsis.

Non-executive Director, Kath Smart, welcomed the provision of additional data. In response to how mortality was scrutinised at the Performance Review Meetings, the Chief Medical Officer confirmed that this extended beyond divisional and into speciality level data.

Non-executive Director, Kath Smart, acknowledged the increased SJR completion rate and enquired if there was sufficient capacity to deliver an improved position. The Chief Medical Officer confirmed capacity had improved, however, the completion rate in Q3

2025/26 had been impacted by a national software issue and reported that in Q4 a total of 57 SJRs had been completed.

The 2026/27 internal audit plan included an assessment of the systems and processes in place to support learning from deaths, via SJRs. The Chief Medical Officer confirmed that since the previous audit there would be additional areas of focus resulting in a different sample.

The Chief Finance Officer enquired how the Trust's capacity to complete SJRs compared to that of other organisations. The Chief Medical Officer confirmed that whilst progress had not progressed as quickly as hoped, 100% of SJRs requested by the Medical Examiner's team were completed and the remaining reviews were part of a targeted approach. Neighbouring District General Hospitals had a different approach to the completion of SJRs and whilst their capacity was greater, it was not significantly different to that of the Trust.

In response to a question from Non-executive Director, Stephen Radford, the Chief Medical Officer confirmed that co-morbidities and age were factors taken into consideration in SHMI, however, deprivation was not and this had a negative impact on the Trust's performance. The Chief Medical Officer clarified that SHMI primarily focused on acute hospital care whereas healthy life expectancy considered broader population health and living conditions.

The Board:

- ***Noted and took assurance from the Mortality Review Update***

P26/05/D3ii **Health Inequalities Bi-annual Report (enclosure D3ii)**

The Chair welcomed Dr Kelly Mackenzie, Consultant in Public Health to the meeting. The Board's attention was drawn to the areas of focus to address health inequalities in 2026/27, which included education, evidence-based interventions, research and developing a culture where addressing health inequalities became business as usual.

Collaborative programmes of work would focus on the elective care pathway, reducing non-attendance and improving access to Women and Children's services. With funded research projects to understand the prevalence and impact of period poverty and exploring the barriers to accessing perinatal mental health care.

To improve health inequalities data, and with the support of data analyst colleagues, an equity index tool and did not attend (DNA) health inequalities dashboard had been developed, which would be helpful in prioritising efforts and tracking progress.

Board member volunteers were sought to complete the health inequalities self-assessment tool, to benchmark to data collected in April 2025.

The Chief People Officer recognised the positive evaluation of the Change Initiator training and enquired what the expectation was of colleagues upon completion. It was suggested that a follow up questionnaire to understand the application and impact of learning would be beneficial and would enable colleagues to understand how their role made a difference to patients and service users as explored in the Staff Survey.

The Chief Nurse enquired how the shift from training and education into business as usual was best achieved and in terms of the inclusion of health inequalities data, suggested an approach to identify a chosen metric and weave inequalities data into existing reporting. The Chief Operating Officer confirmed that this has been explored with the Associate Director of Planning, Performance and Improvement in regard to access standards and focusing efforts on areas requiring improvement, such as DNA rates.

The Consultant in Public Health welcomed this approach and as the index was now embedded into the trust's data systems, information including ethnicity and deprivation would be accessible.

The Chair encouraged colleagues to explore ways to explore how health inequalities could be incorporated into routine reporting.

The Board:

- ***Noted the Health Inequalities Bi-annual Report***

P26/05/D4 **Delivery of 2025/26 Strategic Success Measures (Enclosure D4)**

The paper highlighted strong delivery against the Trust's strategic ambitions, with clear and triangulated evidence of progress. Where residual risks were identified, forward plans for resolution had been identified.

Going forwards, delivery would be considered as part of the governance arrangements for the medium-term plan.

Non-executive Director, Kath Smart, noted the reference to variable NICE compliance and enquired how improvements would be secured. The Chief Medical Officer confirmed compliance was actively monitored by the Effective Assurance Group, with areas of non-completion subject to scrutiny and approval. Where compliance levels were below required levels, improvement trajectories were agreed. The Board's Quality Committee maintained oversight of clinical effectiveness through routine reporting.

The Chair acknowledged the achievements, welcomed the inclusion of data and clarity of next steps. Communication of the achievements should be shared across the organisation, which would feature as part of a review of 2025/26 and as part of the Trust's Annual Report and Accounts.

The Board:

- ***Noted and took significant assurance from the Delivery of 2025/26 Strategic Success Measures***

P26/05/D5 **Medium Term Plan (Enclosure D5)**

The Chief Finance Officer confirmed that a compliant (with conditions) medium term plan had been agreed by NHSE, which featured financial support during 2026/27 linked to Trust performance.

NHSE's requirements were summarised in the paper, and the Chief Operating Officer confirmed the first draft performance recovery plans were expected by the end of this week.

The Acting Chief Executive confirmed the need to deliver actions at pace to improve patient outcomes and strengthen the sustainability of the organisation. Delivery of the plans would be reported at the Board and its assurance committees.

The Board:

- ***Noted the Medium-Term Plan***

P26/05/E1 **Maternity & Neonatal Safety Report (Enclosure E1)**

The interim report confirmed that perinatal mortality remained within the expected range, with no Maternity Outcomes Signal System (MOSS) alerts.

The Trust quality metrics and MOSS charts were reviewed and noted by the Board, the quality metrics had remained largely static, except for the postpartum haemorrhage (PPH) and neonatal death rate per 1000. The Board's Quality Committee had considered maternity and neonatal safety reporting in more detail at its April 2026 meeting, as captured in the Chair's assurance log.

The information team were working with maternity colleagues to support the presentation of data in line with technical guidance around the use of statistical process control charts.

The Board:

- ***Noted and took assurance from the Maternity and Neonatal Safety Report***
- ***Reviewed and noted the Trust's Quality Metrics***
- ***Reviewed and noted the Maternity Outcomes Signal System (MOSS) update***

P26/05/E2 **Provider Licence Compliance & Self Certification (Enclosure E2)**

The Board received the draft self-certification in respect of the Continuity of Services (Condition 7) of the Provider Licence. This had been reviewed and recommended for sign off by the Audit & Risk Committee at its meeting of 17 April 2026.

The Board approved the declaration and post meeting the Acting Chief Executive and Chair's signatures were applied to allow the declaration to be published on the Trust website.

The Board:

- ***Approved the Provider Licence Compliance & Self Certification***

P26/05/E3 **Unannounced Care Quality Commission Inspection of Children & Young Persons' Service (verbal)**

The Chief Nurse confirmed that written correspondence had been received from the Care Quality Commission which confirmed the initial feedback provided at the time of the unannounced inspection of Children and Young Persons' Services at the Trust on 22 and 23 April 2026.

The feedback was largely positive, with the service demonstrating positive learning and innovation, reflecting a commitment to improve the quality and responsiveness of care. The multidisciplinary team had spoken positively of recent service change, and senior leaders were visible and accessible.

The feedback acknowledged the ongoing review of staffing in line with the Safer Nursing Care Tool and discussions in respect of the operational policy for the assessment area on the Bassetlaw site.

In excess of 130 data submissions were to be verified for submission and in due course factual accuracy would be required when the draft inspection report was received.

The Board:

- ***Noted the verbal update on the Care Quality Commission Inspection of Children & Young Persons' Service***

P26/05/F1 **2025/26 Going Concern Assumption & Delegation of Authority to Approve the Annual Report & Accounts (Enclosure F1)**

Following consideration by the Finance & Performance Committee in March 2026, a recommendation was made to the Board, that the Trust's 2025/26 accounts be prepared on a going concern basis.

The Chief Finance Officer confirmed that the assumption was further strengthened by NHSE's acceptance, with conditions, of the Trust's medium-term plan which included deficit support funding during 2026/27.

As the submission of the annual report and accounts was required ahead of July's Board meeting, the Trust Board delegated authority to the Audit & Risk Committee to approve the audited report and accounts on its behalf.

The Board:

- ***Approved the 2025/26 Going Concern Assumption & delegated authority for approval of the annual report & accounts***

P26/05/G1 **Doncaster & Bassetlaw Healthcare Services Update (Enclosure G1)**

The Chief Finance Officer brought the Board's attention to the key highlights of the report, noting the strong financial performance and delivery of pharmacy key performance indicators.

In response to a question from the Chief People Officer, the Chief Medical Officer confirmed that despite applicants no longer being accepted to the Medical Training Initiative, Doncaster & Bassetlaw Healthcare Services would continue to work in partnership with QiMET International. Internal discussions within the Trust were at an early stage, with more advanced external discussions.

The Chair highlighted his conflict of interest as Chair of Doncaster & Bassetlaw Healthcare Services and welcomed their contribution.

The Board:

- ***Noted and took assurance from the Doncaster & Bassetlaw Healthcare Services Update***

P26/05/G2 **Chair's Assurance Log – Finance & Performance Committee (Enclosure G2)**

The Board received the Finance & Performance Committee Chair's assurance log from April 2026's meeting, which summarised the assurance taken, areas of ongoing work, matters of concern and decisions taken.

Non-executive Director, Stephen Radford, brought the Board's attention to the split assurance taken in respect of the Local Security Management biannual report, which recognised that although effective controls were in place the compliance rating assigned to the Violence Prevention and Reduction Standard was amber due to external limiting factors.

The committee supported the proposed governance model for the Getting it Right First Time Programme and approved the updates to its terms of reference which would be subject to a further review to ensure oversight and assurance on delivery of the Medium-Term Plan.

The Board:

- ***Noted the Chair's Assurance Log***

P26/05/G3 **Chair's Assurance Log – Quality Committee (Enclosure G3)**

The Board received the Quality Committee Chair's assurance log from April 2026's meeting, which summarised the assurance taken, areas of ongoing work, matters of concern and decisions taken.

Non-executive Director, Jo Gander, confirmed the committee had taken partial assurance in respect of the national clinical audit of early inflammatory arthritis and emergency laparotomy, where the Trust had been identified as an outlier. Robust governance and escalation arrangements were in place, however, an improvement in outcomes had not yet been delivered and the committee would retain oversight.

The Board:

- ***Noted the Chair's Assurance Log***

P26/05/G4 **Chair's Assurance Log – People Committee (Enclosure G4)**

The Board received the People Committee Chair's assurance log from April 2026's meeting which summarised the significant assurance taken by the committee, with no matters of concern or escalation to be shared.

The Board:

- ***Noted the Chair's Assurance Log***

P26/05/G5 **Chair's Assurance Log – Audit & Risk Committee (Enclosure G5)**

The Board received the Audit & Risk Committee Chair's assurance log from April 2026's meeting, which summarised the assurance taken, areas of ongoing work, and decisions taken, including the approval of 2026/27 audit plans.

As part of the annual review of committee effectiveness and incorporating recommendations from a recent Board development session, a number of recommendations would be incorporated into future Board committees to enhance assurance, triangulation of evidence and further improve reporting in Board and committee papers.

The Board:

- ***Noted the Chair's Assurance Log***

P26/05/H1 **Board Assurance Framework Compliance & Trust Risk Register (Enclosure H1)**

The Board Assurance Framework (BAF) was received and the content approved, following consideration by executive led discussions at each of the Board's assurance committees. As a live document the BAF continued to be iteratively developed, with work to be undertaken to ensure a read across to the medium-term plan.

The Associate Director of Strategy, Partnerships & Governance confirmed that further to the review of the Trust's risk appetite statements at April's Board development session, a paper would be brought to July's Board meeting for approval. This would propose no change to the appetite scores, with updated supporting statements **RA**

The Board:

- ***Noted the Board Assurance Framework and Trust Risk Register and approved its current content, which enabled the Board to fulfil its duty to monitor its strategic risks.***

P26/05/H2 **Triangulation of Information to Identify Agenda Item Themes (verbal)**

The following examples of triangulated discussions were noted from the meeting:

- Elisabeth's Story and the findings of the Children and Young Persons' Inspection

- Findings of the 2025 Staff Survey, alongside the DBTH Way in Action and Speaking Up peer review
- Summary Hospital-level Mortality Indicator (SHMI) linked to health inequalities actions
- Findings of the Staff Survey, the reporting and compliance with the Violence Prevention and Reduction Standards as part of the Local Security Management report - considered alongside the impact on colleagues as part of the work of the People Committee

P26/05/H3 **Board Effectiveness and Demonstrating the DBTH Way (verbal)**

The Board reflected on today's meeting and shared the following observations:

- The time taken was appropriate for individual discussion items.
- Papers were of a good standard.
- The importance of the Director of Midwifery's contribution at Board was recognised.
- An acknowledgement that there was more to do on the presentation of data, and the use of trajectories.
- Our people were the focus of many discussions.
- Some conversation around the table were difficult to hear, colleagues to be mindful of their volume and revisions to room layout to be explored.
- Challenge was appropriate and courteous.

P26/05/I1 **Minutes of the meeting held on 24 March 2026 (Enclosure I1)**

The Board:

- ***Approved the minutes of the meeting held on 24 March 2026, subject to the amendments shared by the Chief Nurse to agenda item P26/03/D2***

P26/05/I2 **Pre-submitted Governor or Public Questions (verbal)**

The following question was submitted in writing by a member of the public:

Access to Services

1 - what is the Trust standard for answering telephones, does the Board allow for answerphones to be used and if so, what is the expectation on replying to left messages? What response timescales does the Board believe are acceptable.

2 - does the Board or Board sub committees receive performance information on incoming calls that are unanswered and or abandoned? If so, which services perform the worst.

3 - does the Board expect equal access to services no matter the communication type e.g. face to face/ phone calls / email / letter

I should be grateful if I could be provided with a copy of the minutes or correspondence that demonstrates these questions were raised and answered in public.

The Chief Finance Officer confirmed that the Trust's switchboard handled an average of 65,000 calls per month, a response standard of 30 seconds was largely met, with c.7% of calls abandoned before being answered. Performance was available for the switchboard and appointment centre, monitored via the Digital Performance Group, with an agreed escalation route, as required.

Ansaphones were in use across some clinical and corporate areas, however, response times were dependent upon the type of service and it's criticality and were commensurate with clinical needs. Work to measure wider call handling performance was underway.

It was recognised that response times differed between verbal and written communication, due to the nature of contact. Parity of access was supported through services such as Relay UK.

Service standards across corporate and divisional teams were reviewed as part of the executive led Performance Review Meetings, with executive and non-executive board member service visits providing a valuable opportunity to engage directly with colleagues, hearing first hand their experiences and using this to triangulate with other sources of evidence.

P26/05/13 **Any other business (to be agreed with the Chair prior to the meeting)**

No items of other business were raised.

P26/05/14 **Board of Directors Work Plan (Enclosure 14)**

The Board

- ***Received the Board of Directors Work Plan for information***

P26/05/15 **Date and time of next meeting (verbal):**

Date: 7 July 2026
Time: 9:30am
Venue: Boardroom, Bassetlaw Hospital

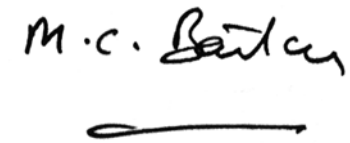
P26/05/I6 **Withdrawal of Press and Public (Verbal)**

The Board:

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

P26/05/J **Close of meeting (Verbal)**

The meeting closed at 14.17



Mark Bailey
Interim Chair
7 July 2026