Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Tuesday 24 February 2026 at 15:00
via MS Teams

Chair	Mark Bailey - Chair	
Public Governors	Debbie Benson Mark Bright Jackie Hammerton Andrew Flynn Lynne Logan Sheila Walsh	
Co-opted Governors	Kay Brown Vivek Panikkar David Northwood	
Partner Governors	Helen Batty Phil Holmes Louise Preston	
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Helen Best – Non-executive Director Jo Gander - Non-executive Director Zara Jones – Acting Chief Executive Lucy Nickson – Non-executive Director Anneleisse Siddall - Corporate Governance Officer (minutes) Kath Smart - Non-executive Director	
Governor Apologies:	Mandy Tyrell – Staff Co-opted Governor Irfan Ahmed – Public Governor	
Board Member Apologies	Richard Parker OBE - Chief Executive Stephen Radford - Non-executive Director	
Public Observers	Marianne Sonksen	
		ACTION
COG26/02/A1	**Welcome, apologies for absence (Verbal)**	
	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.	

COG26/02/A2	**<u>Declaration of Governors' Interests (Enclosure A2)</u>**	
	Governors' declarations of interest were included in the meeting papers; no new declarations were received.	
	The Council: - ***Noted governors' current declarations of interests.***	
COG26/02/A3	**<u>Actions from previous meetings</u>**	
	All Actions were closed; no other questions were raised.	
COG26/02/B1	**<u>Acting Chief Executive Update</u>**	
	The Acting Chief Executive provided an update, highlighting several key points from the report. Integration of care with South Yorkshire and Nottinghamshire had posed challenges, particularly due to ongoing changes across the NHS and their impact on work with local commissioners. Wider reforms extended beyond ICBs, and there were updates regarding timetables from NHS England and national changes to the legislation that were planned for April 2027 It was noted that, compared to peers, the organisation had performed well, with productivity serving as a significant measure of success. Despite resource constraints, the organisation ranked among the top five nationally, demonstrating the ability to deliver increased care with the same or fewer resources. A recap of the Trust's activity revealed increased activity across sites and improved statistics, with more activity projected until the end of March 2026 compared to previous years. Operationally, the winter period had been very busy; however, plans had been implemented to manage these pressures. Waiting lists had been reducing, including focussed efforts to eliminate 65-week waits, thereby aiming to remove prolonged waiting times for our patients. Trauma & Orthopaedics (T&O) remained a high-volume speciality, along with Ear, Nose & Throat (ENT) speciality. A national cancer plan had been published recently by the government with expectations on waiting times. The Acting Chief Executive continued to discuss the Care Quality Commission (CQC) visit which had taken place in December 2025, followed by a further visit in January 2026 to assess whether feedback and actions had been completed. The organisation awaited the final CQC written report, which could take up to six months to arrive, and would possibly outline further actions to be taken as necessary. She then went on to speak about Maternity services nationally which were in the process of being reviewed, adding that DBTH services were found to align with national expectations in respect of the maternity survey. Speaking about the "pound's" element of the Trust Strategy, the Acting Chief Executive described the financial position of the Trust which was balancing its priorities to provide good quality care for patients, and the financial year was progressing in line with its plan.	

	The "DBTH Way" initiative saw the board commission two pieces of work: a culture review and a well-led review, which had published findings highlighting strengths and areas for improvement. These findings were to be triangulated to the national staff survey, once these results were available. The 'Well Led' review identified areas for strengthening governance arrangements as well as identifying areas of good practice. These had been incorporated into the three-year plan which included objectives to improve access, increase compliance, listen to colleagues, and invest in clinical leadership, skills, and affordability.	
	The Council of Governors: - ***Noted the Acting Chief Executive Update***	
COG26/02/B2	**<u>Chairs Report</u>**	
	The Chair provided a Board perspective, both internal and external, to complement the Acting Chief Executives report. He confirmed that the Board's primary focus had been on assessing the effectiveness and reach of services, their current status, and future actions. Whilst financial challenges had been acknowledged, the Board had prioritised ensuring that all individuals received appropriate quality care. Significant national attention had been directed at the NHS, particularly regarding public funding constraints, however, it was viewed that with the increased scrutiny had come constructive challenge to support some of the transformation work that was needed. He confirmed that although a strategy had been established, emphasis remained on defining the methods for its delivery and continuing work on the associated delivery plan. The Chair reported positive interactions with partners, characterised by productive discussions, to which the Doncaster Council and Doncaster College had also actively engaged in these efforts. Plans had been made to provide governors with additional briefings and drop-in sessions and further opportunities to engage with the Trust which the Chair openly welcomed The Chair then discussed the anticipated legislative changes which were expected in April 2027 and were expected to remove the current Foundation Trust status and alter the governors' roles. However, the Chair reiterated that he valued the governor's external perspective considered it important to retain in some manner. The Chair confirmed that Governor feedback would be sought regarding ongoing cultural initiatives within the organisation.	
	The Council of Governors: - ***Noted the Chairs Report***	

COG26/02/B3	**<u>Lead Governor Update</u>**	
	The Lead Governor provided an update on the feedback received from the governors. She confirmed that two informal governor workshops had taken place, during which elements of the governor agenda were discussed and plans to progress were considered. A meet and greet event had been organised at Bassetlaw; although attendance was low, the feedback received proved valuable. The recruitment process for a new Non-Executive Director (NED) candidate was ongoing, and she welcomed the approach this time which would hopefully address the governor requirements and more actively support on the time commitments for the recruitment exercise. She stated that the Governor briefings had been reasonably well attended and had received positive feedback. Public Governor, Andrew Flynn, had been working with the Trust Board Office to review the governor dashboard with the aim of making it more accessible and understanding how this would support the governor role. The future of the governor role had been raised as a concern, particularly as several governors were approaching the end of their terms in September 2026, which posed a risk to the quoracy of the Council of Governors, especially at a critical time when decisions around appointments would be required. Discussions had taken place regarding the scheduling of face-to-face Council of Governors meetings with potential dates proposed as May 2026 and November 2026, in addition to the Annual Members' Meeting (AMM) / COG and Annual Public Meeting in September 2026 which would again be a larger public and publicised event. There were 12 governors present on the call, which was considered positive, though further efforts to enhance engagement were recognised as necessary.	
COG26/02/B4	**<u>Governor Questions</u>**	
	Public Governor, Andy Flynn, requested an update concerning the ongoing dispute about changes to the contract rotation for Intensive Care Unit (ICU) nurses. The Acting Chief Executive acknowledged the current difficulties faced by nurses and confirmed that increased press coverage was anticipated in the coming weeks. The process had continued over the last two years, characterised by lengthy discussions, where the Trusts aim was always to maintain patient safety, but had looked at adjustments to also consider individual colleague circumstances. From an Executive perspective, the rationale centred on ensuring ICU nurses were fully skilled and units were appropriately staffed. Negotiations had been challenging, with opposition from Unite, and the staff's concerns were respected. The Acting Chief Executive stated that despite this, no agreement had been reached regarding the required rotation. The plan involved ending existing contracts and re-employing nurses to facilitate rotation. Discussions had taken place regarding how to manage the transition, especially considering long shifts and personal circumstances. A deadline had been set for nurses to sign the new contracts, with the expectation that	

	contracts would be signed by mid-March 2026 and that the eight-week rotation would be implemented over future months. Public Governor, Andy Flynn, queried whether those who did not sign would have their contracts terminated. The Acting Chief Executive confirmed that written communications were being sent to colleagues who had not signed, and it was assumed that those individuals who did not sign, did not wish to continue to work for DBTH. Non-executive Director, Lucy Nickson, provided additional assurance as the Senior Independent Director, and confirmed that patient safety was aligned with national gold standard data. She had spoken with colleagues regarding actions taken over the past two years, which included opportunities for one-to-one discussions, and that further opportunities remained available for both individuals and teams. She was assured by the work and detail undertaken and confirmed that this was not a process that would stop in mid-March, further ongoing work would be needed to fully embed the model and to ensure team cohesion across all sites. Partner Governor, Phil Holmes, referred to the Lead Governor's earlier point about engagement, expressing appreciation for presentations delivered with candour and honesty. He indicated that, from an organisational perspective, support was available from Doncaster Council's Chief Executive Officer, via himself as the partner Governor. The Lead Governor enquired about the transition from tier 1 to tier 2 for elective care. The Acting Chief Executive confirmed that, in this scenario, it was a better position to be in tier 2 than in tier 1, but reiterated the aim was to avoid being categorised in any tier, by addressing the long waits for some services. The Lead Governor commended progress with finance and waiting lists but questioned the balance of delivery across other services and how improvements would be made to productivity when staff already worked hard. The Acting Chief Executive confirmed that staff had worked hard across all services, though measuring outcomes via specific metrics was difficult and only ever told a part of the picture. She highlighted that anecdotal evidence indicates colleagues' reassessments their work-life balance after the COVID pandemic, and that well-being services had contributed significantly to supporting colleagues with this. Audiology had previously been a low-profile service, but lessons had been learned and transferred to other services to improve transparency and visibility. She also confirmed that Staff survey data would be triangulated against other metrics, with a renewed focus on productivity and identifying areas for improvement. Public Governor, Mark Bright, asked whether Ophthalmology was similar to Audiology in terms of profile. The Acting Chief Executive confirmed that Ophthalmology did not correspond directly in this way. Public Governor, Mark Bright, referenced the 13 recommendations from the cultural report, noting some repeated themes across the well-led framework, and asked whether all recommendations would be integrated. The Acting Chief Executive confirmed that the Board had fully accepted the recommendations and would share updates as work progressed as there were themes that were identified in both reports. Public Governor, Mark Bright, queried whether a final date for implementation of the recommendations existed. The Acting Chief Executive replied that, as some	

	recommendations were transactional, and while many had already been identified internally and were being addressed already, appropriate governance needed to be established for other areas. She emphasised that cultural work was an ongoing process, intended to demonstrate progress with partners through measurable evidence but was not a '12-month' fix. The Chair noted that some recommendations were minor and could be completed quickly but emphasised the need for ongoing work that included consultation with colleagues and governors. Public Governor, Debbie Benson, praised the cultural improvements and asked about the future impact of Electronic Patient Record (EPR) implementation on culture and perception. The Acting Chief Executive confirmed that feedback regarding EPR and related communications had been considered, with significant work ongoing. She confirmed that complex changes, if managed through a programme focused on culture and improvement, would be more intuitive. Conversations with colleagues were already underway to ensure inclusivity during change processes. Public Governor, Debbie Benson raised concerns about redundancies within the Integrated Care Board (ICB) and their potential impact on the Trust. The Acting Chief Executive explained that both Nottinghamshire and South Yorkshire ICBs were involved, with Nottinghamshire slightly ahead having now appointed to all its executives For South Yorkshire ICB, the Chief Executive position was being advertised, and the current Chair was due to step down in March 2026. She stressed the importance of collaboration and kindness during these challenging changes, and to be mindful about the individual people that were sat behind the redundancy numbers.	
COG26/02/C1	**Fit and Proper Persons Test and Reporting**	
	The Chair confirmed that the Fit and Proper Persons Test process was a national requirement for all Board Directors and had been successfully signed off by the former Chair of the Board and the Senior Independent Director (for the Chairs position). The Associate Director of Strategy, Partnerships and Governance confirmed that the Fit and Proper Persons Test had been submitted for national sign off.	
	The Council of Governors: - ***Noted the Fit and Proper Persons Test and Reporting***	
COG26/02/D	**Reports on Activity, Performance and Assurance**	
COG26/02/D1.1	**Quality Committee**	
	Non-executive Director, Jo Gander, confirmed that the Quality Committee had received significant assurance from the PSIRF internal audit. She noted that some concerns had been resolved and that the new governance structures were beginning to have a positive impact.	
COG26/02/D1.2	**Finance and Performance Committee**	
	Non-executive Director, Kath Smart, presented the Finance and Performance Committee updates, She highlighted that she was caretaking the Chair role in the absence of Non-executive Director, Stephen Radford who was unwell at the current time. She stated the	

	committee had covered the Trusts financial position and activity areas such as Audiology. A subsequent meeting was held last week, during which it was confirmed that the finance position remained on plan. Concerns regarding the delivery of the capital programme led to a deep dive review and monitoring of the capital plan was maintained. A review of IT business continuity issues was requested, and the Chief Information Officer had also addressed these matters with the Governors in a very recent Governor Briefing session. Further assurance was sought from the Committee regarding health and safety, and processes which were underway. Certain decisions were referred to the Board of Directors, and she also highlighted that 2 of the Trusts Governors had participated fully in the external auditors' procurement and contract award process.	
COG26/02/D1.3	**<u>People Committee</u>**	
	Non-executive Director, Lucy Nickson, confirmed that the People Committee also served as a platform for showcasing achievements, and that the Trust had been a positive outlier in Education. A review of the Board Assurance Framework in relation to People had reflected the national requirements and had increased its scoring from 12 to 16 appropriately. Overall, improvements had been observed, including better management of staff absence and Statutory Essential Training (SET) had been progressing towards the mandatory learning position, in line with national standards. Workforce plans for the next three years had been aligned to national objectives, focusing on reducing reliance on bank and agency staff and ensuring substantive positions were filled.	
	The Council of Governors: - ***Noted and took assurance from the Chair's Assurance Logs***	
COG26/02/D2	**<u>Governor Questions</u>**	
	Partner Governor, Phil Holmes, enquired whether the culture reviews would be addressed by the People Committee and, if not, requested clarification regarding their destination and the process for transacting them alongside progress reporting. The Acting Chief Executive confirmed that ownership belonged to the Board of Directors, which would direct matters to specific Committees as appropriate, and that the Executive team would ensure operational elements were transacted. It was confirmed that transparency would continue through engagement with colleagues and forums. The Chair confirmed that the Medium-Term Three-Year Plan had also aligned with day-to-day operations and how the Board collaborated to support the process. Public Governor, Mark Bright, raised concerns about long waiting times for urgent inflammatory arthritis patients as noted within the Quality Committee. Non-Executive Director, Jo Gander, confirmed that these concerns had been flagged, investigated, and resolved, with outcomes reported to the Committee in February. She noted that the	

	urgency was about the agenda item, rather than in respect to the patients themselves She noted that audit and effectiveness issues had been addressed and assurance received. The Acting Chief Executive acknowledged that, whilst operational matters had been managed, broader workforce challenges persisted, particularly regarding nurses and consultants. It was recognised that recruitment in this area remained difficult, contributing to longer waiting times and affecting efficiency and productivity. Public Governor, Mark Bright, observed that staff flu vaccination rates were around 30%. Non-executive Director, Jo Gander, acknowledged the challenge, noting that despite significant campaigns, increased vaccinators, and roving initiatives, uptake remained low. Non-Executive Director, Lucy Nickson, confirmed that the reported figure referred to December 2025, and anticipated that additional data would be available shortly. She highlighted that the issue reflected a national trend, and the Trust had made considerable efforts; however, a post-COVID effect impacted all vaccination rates nationally, and in respect to all vaccination campaigns, not just flu for frontline healthcare workers. Partner Governor, Phil Holmes, suggested that the Director of Public Health could possibly coordinate a briefing from the Department of Health regarding vaccination rates for governors which would be useful and, with the support of the Council of Governors, agreed to take this forward. The Lead Governor referenced the feedback from the annual quality reviews visits from the University of Sheffield but noted that majority of students originated from Sheffield Hallam University. Non-Executive Director, Lucy Nickson, confirmed that a report had been received following the recent series of visits, she outlined that supportive actions had been taken according to frameworks, but support remained necessary in the area of mentorship. Public Governor, Debbie Benson, enquired about a measles outbreak and whether it was likely to become an issue in Doncaster. Non-Executive Director, Lucy Nickson, confirmed that this matter fell under community data such as Primary Care and there had been no direct alerts to the Trust as an acute healthcare provider. Partner Governor, Phil Holmes, suggested that the Director of Public Health could possibly coordinate a briefing from the Department of Health regarding trends including measles prevalence and, with the support of the Council of Governors, agreed to take this forward. Public Governor, Mark Bright, identified that he had noticed in the council report papers there had been an increase in security demand within the Emergency Department and sought clarity on what this meant. Non-executive Director, Lucy Nickson, confirmed that the focus concerned the effects on security staff, when they were called to ED to resolve particular security issues She noted that considerable work had been undertaken to address the issue, and while there had been a spike in the data, this had now declined compared to earlier reports. Staff Governor, Vivek Pannikar, referred to the Bassetlaw Intensive Treatment Unit, agreeing on the importance of high-quality staff but noting reliance on locum consultants. He questioned whether there were plans to address this. The Acting Chief Executive confirmed that workforce cover remained under ongoing discussion, and temporary staff	

	were sometimes required, however, these individuals still delivered safe practice within the service areas. *Post meeting note: We now have an intensivist from Doncaster on the rota at Bassetlaw 3 days per week in daytime hours to increase the cover. The division is currently working through a plan for remote reviews on the days where there is no on site ICM consultant so that each patient has access to an ICM trained consultant daily; this will be focussed at the weekends to start with.* *We have also recently expanded our consultant workforce at Bassetlaw and now have 5 consultants employed by the trust providing cover to the site. We do recognise that these are general anaesthetists rather than dedicated ICM trained consultants.* The Chair thanked the contributions and questions from the governors and reiterated the valuable contribution that these discussions make to the Trust.		
COG26/02/D3	**Minutes of the Council of Governors held on 13 November 2025**		
	- ***The Council of Governors approved the minutes of the Council of Governors meeting of 13 November 2025 as a true record***		
COG26/02/D4	**Governor Questions Database**		
	The Governor Questions Database was included in the Council of Governors meeting papers.		
COG26/02/E1	**Any Other Business**		
	No items of other business were received.		
COG26/02/E2	**Items for Escalation to the Board of Directors**		
	No items were identified for escalation to the Board of Directors.		
	Date and time of next meeting (Verbal)		
	Date: Time: Venue:	**14 May 2026** **15:00** **Microsoft Teams**	
COG26/02/F	Meeting Close:	16:26	