Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS – PUBLIC MEETING

Minutes of the Board of Directors held in public on
Tuesday 7 July 2026 at 9:30am
in the Boardroom at Bassetlaw Hospital

Present:	Mark Bailey - Interim Chair (Chair) Helen Best - Non-executive Director Jo Gander - Non-executive Director 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 Simon Brown - Deputy Chief Nurse Professor Sam Debbage - Director of Education & Research (agenda item D1) Dr Jane Fearnside - Head of Research (agenda item D1) Paula Hill - Freedom to Speak Up Guardian (agenda item E2) Mohammad Khan - Guardian of Safe Working Hours (agenda item E1) Lois Mellor - Director of Midwifery (agenda item F1) Angela O'Mara - Deputy Company Secretary (minutes) Emma Shaheen - Director of Communications & Engagement
Public in attendance:	Hannah Beardmore - Staff Side
Apologies:	Karen Jessop - Chief Nurse

ACTION

P26/07/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.

The Chair recognised the extraordinary work undertaken each and every day to deliver services and encouraged colleagues to reflect on that work as part of today's meeting.

P26/07/A2 **Actions from Previous Meetings (Enclosure A2)**

Action 3 - Speaking Up Reports - the report was included on today's agenda, the frequency of reporting would remain as per current practice. Action closed.

Action 5 - Risk Appetite Statement – the risk appetite statements had been reviewed and were included on today's agenda for ratification. Action closed.

P26/07/B1 **Chair's Report including Partnership Update (Enclosure B1)**

The Board received and noted the Chair's report, which reflected on the Trust's role in the community as a healthcare provider, employer and anchor institution.

Since the last Board meeting, the Chair had spent time with colleagues on the Frailty Assessment Unit, where he had observed a multidisciplinary meeting. He shared with the Board, the care, compassion and professionalism shown by colleagues and their focus on person-centred care, promoting independence, and where safe to do so, to return patients to their home.

The Chair acknowledged the retirement of Chief Executive, Richard Parker, announced last month, and he placed on record his personal appreciation and that of the Board for Richard's significant contribution to the organisation and the wider NHS.

Non-executive Director, Helen Best enquired of opportunities for non-executive directors to become involved in external engagement and the Chair suggested links with partners, including Doncaster Chamber and broader opportunities around the development of the city centre, drawing on individuals areas of expertise, as required.

Non-executive Director, Stephen Radford also suggested the potential for Place, system and community partners to be invited to Board meetings.

The Board:

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

P26/07/B2 **Chief Executive's Report (Enclosure B2)**

The Acting Chief Executive highlighted the alignment of the Trust's plans to national priorities; prevention, neighbourhood health, digital transformation and an overriding need for financial sustainability.

Consistent cultural, leadership and psychological safety themes seen in Lord Mann, Donna Ockenden and Baroness Amos' reports resonate with ongoing improvement work at the Trust with a focus on behaviours, accountability and organisational culture. Board members were challenged to seek evidence, rather than reassurance and look for signals in controls and governance arrangements that may identify an issue.

Progress was reported against the Trust's strategic priorities and key risks were outlined.

The Acting Chief Executive also acknowledged the Chief Executive's retirement and placed on record her thanks and those of colleagues across the organisation. Richard

had served the NHS for 44 years and had been the Trust's Chief Executive for nearly ten years; his contribution throughout that time was recognised.

Today was also the last meeting of Rebecca Allen, Associate Director of Strategy, Partnerships & Governance who had been instrumental in progressing corporate governance during her time at the Trust.

Zoe Lintin, Chief People Officer would leave the Trust at the end of December 2026, and the Chair congratulated the Acting Chief Executive on her appointment as Chief Executive at East Cheshire NHS Trust.

Non-executive Director, Lucy Nickson enquired if there was an opportunity to consider how the Board received more information on patient experience. The Deputy Chief Nurse confirmed that the Trust was working with a trust in the North-East to understand how they captured real time patient feedback. The intention was to share this with the Quality Committee for feedback to the Board.

Non-executive Director, Kath Smart Kath recognised the national recognition of the Trust's Line in the Sand initiative and enquired what internal feedback had been received and what differences were being seen. The Acting Chief Executive confirmed the approach had generated lots of internal conversations, empowering colleagues to speak up about behaviours which did not align with the Trust's values and enabling earlier interventions. There had also been external interest, from the media and other professional groups, including Freedom to Speak Up colleagues. It was recognised that Trust wide engagement from all colleagues and professional groups was required to ensure its success. In terms of the impact, the Chief People Officer confirmed this could be assessed through casework, Staff Side interactions and Freedom to Speak cases, recognising there may be a resultant increase in activity.

Non-executive Director, Kath Smart, reflected on the national publications and enquired, from an accountability perspective, what the assurance loop would be. The Acting Chief Executive recognised the volume of information which flowed into the organisation, received via executive leads and considered and cascaded via the Executive Team into the relevant governance routes. In terms of oversight of the publications the Deputy Chief Executive agreed to give some thought as to how this could be achieved.

The Board:

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

P26/07/B3 **<u>Reset Programme Update (Enclosure B3)</u>**

The Acting Chief Executive confirmed that the Reset Programme had been fully mobilised as the single delivery mechanism for the Medium-Term Plan, with established governance arrangements in place.

Good progress was reported against the five pillars, and at month two delivery of the financial plan was on track. Key risks were identified as conversion of early in-year benefit to recurrent savings, capacity and pace to deliver workforce and cultural

change, and clinical engagement and partner decision making to support service redesign. Mitigating actions were being taken to strengthen capacity.

Non-executive Director, Stephen Radford, welcomed the update. To support Board oversight, he suggested it would be helpful to provide a plan on a page to show delivery to date and provide a clear line of sight. With a risk adjusted position and remedial actions clearly articulated.

Non-executive Director, Kath Smart, recognised fortuitous savings had supported the on plan year to date position and enquired what assurance could be provided in respect of securing recurrent savings. The Chief Finance Officer confirmed not all schemes within the rest pillars were capable of delivery recurrent savings.

In response to an observation by Non-executive Director, Kath Smart, the Deputy Chief Executive confirmed that Reset Programme reporting was still in development and was not intended to duplicate what was received at an operational or committee level meeting. Although it was noted that there was an opportunity via the Board Committee Chair's assurance log to receive additional information. The Chief Operating Officer was working with the performance team to redesign reporting in line with the Medium-Term Plan, National Oversight Framework and NHS Standard Contract.

The Chair welcomed colleagues' feedback to enhance reporting, including a forward trajectory for Board oversight.

The Board:

- ***Noted the Reset Programme Update***

P26/07/C1 **<u>Integrated Performance Report including Finance Report (Enclosure C1)</u>**

The Integrated Performance Report (IPR) provided key performance and safety measures relating to cancer standards for April 2026 and remaining access, quality, and workforce standards for May 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 the Integrated Performance Report would be further developed to reflect the metrics across the National Oversight Framework, Medium-Term Plan and NHS Standard Contract, performance would be reported against plan and include benchmarking, where available.

12 hour waits in the Emergency Department, average ambulance handover times, 31-day decision to treatment and 62-day referral to treatment for cancer patients were all ahead of plan.

4-hour waits in the Emergency Department were behind plan, driven by high demand and timely access to care. Referral to treatment, was behind plan, with a delivery plan in place across all specialities and an elective recovery action plan for Trauma & Orthopaedics.

An improved performance in the cancer Faster Diagnosis Standard was expected next month, following resolution of capacity constraints in the breast pathway.

The Chief Medical Officer reported the Summary Hospital-level Mortality Indicator (SHMI) remained within expected range, with green shoot improvements seen in local data collection. A deep dive into sepsis management had been conducted and actions progressed.

The Deputy Chief Nurse confirmed quality key performance indicators remained on track, confirmation of the C. difficile threshold was awaited, currently levels were below the same reference period last year. Targeted improvement work was ongoing in respect of E. coli to reinforce best practice.

The Chief People Officer confirmed a soft launch of the refreshed sickness absence management policy was planned to support attendance at work and shared a recent opportunity for the Trust to share good practice in absence management at a national workshop. Work continued to align with the national Statutory and Mandatory Programme, a Mandatory Learning Oversight Group had been established, and the Trust was responding to actions arising from an internal audit report commissioned in respect of statutory training.

The Chief Finance Officer reported that the underlying deficit exiting 2026/27 was on track year to date. Financial risks had been updated since the plan submission and the main risk centred on delivery of the efficiency programme. Year to date efficiency savings were on plan.

In month two bank and agency spend was above plan, and an increase had been seen from the previous month. The Trust benchmarked well on bank spend but poorly on agency.

The cash balance stood at £18.m, £8.1m behind plan, this was due to non-receipt of deficit support funding.

The latest published data showed a 10.7% improvement in implied workforce productivity and a 10.1% improvement in implied productivity per £, which placed the Trust in the top quartile nationally.

In response to a question from Non-executive Director, Jo Gander, the Chief Finance Officer confirmed that the 2025/26 National Cost Collection would highlight productivity concerns at a speciality level, this was expected to be received in September 2026.

Non-executive Director, Kath Smart, welcomed the supporting narrative on the cover sheet. In terms of external assurance, she highlighted internal audits in respect of sepsis management, patient flow, statutory and essential training and mortality.

Non-executive Director, Stephen Radford, noted a reduction in statutory and essential training compliance and enquired of the reasons for this, and the plan to recover the position. The Chief People Officer confirmed that the main challenge affecting completion was the ability to release colleagues due to operational pressures. Plans to target by area and topic were to be enacted to consider alternative ways of delivering

training. The Trust was also supportive of engaging in a collaborative approach, explored previously for Oliver McGowan training.

The Chief Medical Officer confirmed discussions were ongoing with the British Medical Association in respect of medic's training compliance.

As Chair of the People Committee, Non-executive Director, Lucy Nickson recognised the impact on compliance of national changes and reassured the Board that education and training was subject to scrutiny and focused discussion at the committee.

The Chair acknowledged the challenges, which were also reported in the perinatal safety and quality reporting, a requirement of the Maternity Incentive Scheme, and confirmed this would remain of interest to the Board through routine reporting.

Non-executive Director, Helen Best, reflected on diagnostics performance and recent discussions arising from the Allied Health Professionals workforce review at the Board's People Committee and enquired what plans were in place to ensure stability in the workforce to deliver the required standards and who was accountable for the delivery of this.

The Chief Operating Officer acknowledged that the report described an overall diagnostic performance and as not all diagnostic standards were behind plan it was confirmed that the narrative should better articulate the position in future reports. The Acting Chief Executive confirmed that divisional performance was considered by the divisional leadership team and executive directors at the Performance Review Meetings, with opportunities to expand thinking across divisions and directorates.

The Board:

- ***Noted and took moderate assurance from the IPR***

P26/07/C1i **<u>Q3 2025/26 Learning from Deaths Report (Enclosure C1i)</u>**

The Chief Medical Officer shared with the Board the Quarter 3 Learning from Deaths report. An improving compliance was reported in respect of Structured Judgement Reviews, with a completion rate of 11% and an improvement trajectory to achieve 15%, in line with national expectations.

Non-executive Director, Stephen Radford, challenged the proposed significant assurance level and enquired of the targeted actions in place to close any gaps. The Chief Medical Officer confirmed this had been extensively debated by the Quality Committee and in view of the improvement trajectory, an improving Summary Hospital-level Mortality Indicator (SHMI) and evidence or good care it was decided this offered significant assurance. The Chair suggested maintaining this level of assurance would be subject to continued delivery. Non-executive Director, Kath Smart, suggested it may have been appropriate for the committee to take a split assurance opinion on outcomes versus process.

The Chief Finance Officer enquired if the national expectation of 15% was reasonable and questioned why the Trust's SHMI differed to that of neighbouring organisations. The Chief Medical Officer highlighted the impact of clinical coding on SHMI and

confirmed that over the last four months inhouse data indicated the actual and expected number of deaths were the same.

In response to a question from Non-executive Director, Lucy Nickson, regarding the number of deaths in the Emergency Department, the Chief Medical Officer confirmed the number of deaths in the department were not of concern and advised the Trust was not an outlier in this area.

Where poor care had been identified, Lucy Nickson noted the reference to "not my patient" mentality, the Chief Medical Officer confirmed this was being addressed through interprofessional standards. On occasions this had occurred between the Emergency Department and the specialty. A shared letter from the Chief Operating Officer, Chief Medical Officer and Divisional Director set out the protocol and the enforcement of this would be critical.

The Board:

- ***Noted and took significant assurance from the Q3 2025/26 Learning from Deaths Report***

P26/07/D1 **Research & Innovation Case Study (Enclosure D1)**

The Chair welcomed the Director of Education & Research and Head of Researach to the meeting to share with the Board a patient case study to highlight the importance of access to research opportunities from a patient, organisation and system level.

The Director of Education & Research reflected on the benefits of the 150 day clinical trial and the opportunities for health inequalities research, widening partnership arrangements and attracting commercial income.

A patient with lupus and myositis had been identified by Dr Yee, Consultant Rheumatologist to take part in the trial due to limited treatment options.

A powerful and emotional statement from the patient described the life changing impact of the condition. The clinical trial allowed the efficacy of the drug to be established compared to a placebo, treatment and monitoring throughout the trial and an extended study to support access to investigational therapies, not available on the NHS.

Non-executive Director, Lucy Nickson, welcomed the opportunity to hear the patient voice and perspectives.

In response to a question from the Chief Finance Officer, the Head of Research confirmed that patients participating in trials received a wealth of information ahead of the trial, with ongoing consultations throughout the trial period.

Non-executive Director, Stephen Radford, noted the potential for participants to receive a placebo as part of a clinical trial, the Head of Research confirmed this was understood by participants who benefited from increased clinical monitoring and oversight and alternative therapies as part of the optional extension to the study.

Non-executive Director, Helen Best, recognised clinical research was dependent upon supporting factors and enquired what support was required to continue to grow and develop in this area. The Director of Education & Research confirmed the continued commitment of the Board to advocate for clinical research.

The Board:

- ***Noted the Research & Innovation Case Study***

P26/07/D2 **2025/26 Quality Accounts (Enclosure D2)**

The Board received and noted the 2025/26 Quality Accounts.

The paper provided assurance that robust governance arrangements were in place to oversee quality, sustain improvement, and address areas requiring continued focus in 2026/27.

In response to a question from Non-executive Director, Kath Smart, regarding lower than expected Friends & Family Test response rates, the Deputy Chief Nurse confirmed plans to recruit to Patient Experience volunteers throughout 2026/27.

The Chief Operating Officer noted the reported increase in urgent and emergency care from the previous year and whilst accurate clarified that an increase had been forecast.

The Board:

- ***Noted the 2025/26 Quality Accounts***

P26/07/E1 **Guardian Of Safe Working Hours Report (Enclosure E1)**

The Chair of the Board welcomed the Guardian of Safe Working Hours to the meeting to present exception reporting for the period 1 February to 31 March 2026.

A total of 190 exception reports had been made during this period, the majority of which were from foundation year or resident doctors, The highest number of exception reports were from General Surgery, Obstetrics and Gynaecology and related to additional hours worked, reflecting the high workload, often compounded by rota gaps, vacancies and seasonal pressures. It was confirmed there had been limited reports in respect of missed educational opportunities.

The data within the report was in line with NHS Employers and the British Medical Association guidance and included exception reports which had been withdrawn or rejected.

Non-executive Director, Stephen Radford, noted the wording in the report which stated the vast majority of resident doctors were able to work safely and enquired what percentage could not work safely. The Chief People Officer confirmed that the language used was that described nationally and related to resident doctors working beyond their contracted hours. Processes to support exception reporting and engagement with resident doctors was established. The Guardian of Safe Working Hours recognised that reporting was based upon an individual's view, often related to pressures arising during the shift linked to sickness or rota gaps.

In terms of actions to address known gaps, the Chief Medical Officer advised that a business case to increase the number of resident doctors in General Surgery was in development.

In response to an observation by Non-executive Director, Kath Smart, regarding reduced attendance at the last Resident Doctors' Forum. The Guardian of Safe Working Hours confirmed the various approaches taken to improve attendance which he felt were impacted by the number of less than full-time resident doctors. The next forum would take place online to support attendance.

Non-executive Director, Lucy Nickson, noted the Trust's compliance with the resident doctors ten-point action plan, overseen by the Board's People Committee and confirmed that feedback from the peer representative indicated a good level of resident doctor engagement.

In response to a question from the Chief Finance Officer regarding enforced use of study leave to maintain statutory and essential training compliance, the Guardian of Safe Working Hours confirmed that no exception reports had submitted in this respect. The Chief People Officer highlighted that the impact of training on resident doctors was considered by the Mandatory Learning Oversight Group.

The Board:

- ***Noted and took significant assurance from the Guardian of Safe Working Hours Report***

P26/07/E2 **<u>Speaking Up 2025/26 Annual Report (Enclosure E2)</u>**

The Chair welcomed the Freedom to Speak Up (FTSU) Guardian to the meeting. The 2025/26 Speaking Up Annual Report had been scrutinised at the Board's People Committee in June 2026, and significant assurance was taken in respect of the systems and processes in place, reflected in the peer view, DBTH Way in Action and wider feedback.

A slight increase in the overall number of cases had been seen from 2024/25, with a more notable increase in individual cases and anonymous reporting, whilst this could be indicative of colleagues' psychological safety, a mechanism to support anonymous reporting had been implemented in year, in line with national guidance and the work of the Trust's Sexual Safety Working Group.

93% of colleagues who had used the FTSU service said they would speak up again, delays in case closure and confidence in Speaking Up continued to impact the overall feedback rate.

The Chief People Officer confirmed that Speaking Up would continue to be reported across the People Committee and the Board of Directors in line with regulatory expectations.

The Acting Chief Executive noted the increase in anonymous reporting and enquired if a reason other than anonymity was known, the FTSU Guardian indicated there was limited insight, however, the form did look to establish if the concern had already been

raised internally or with another SU Partner to understand if the contact was a means of escalation.

The Chief Finance Officer reflected on feedback from the DBTH Way in Action review regarding a perceived lack of confidentiality in the Speaking Up process and asked if this feedback had been seen through other routes. The FTSU Guardian confirmed the peer review had highlighted this aspect of the process as a strength and in line with best practice.

In response to a question from Non-executive Director, Kath Smart, regarding how thematic FTSU learning linked to the Reset Programme, the Chief People Officer confirmed that it formed part of the leadership and culture pillar. Progress against detailed action plans was also shared at the Board's People Committee as part of the Engagement and Leadership report.

Non-executive Director, Kath Smart, enquired of the opportunities to engage with the medical workforce, aside from resident doctors, which had been described earlier. The FTSU Guardian highlighted opportunities where the medical workforce supported learners in the organisation and one to one discussions when visiting clinical areas. In addition, the Chief People Officer highlighted the joint Speaking Up and General Medical Council sessions and the Associate Medical Director for Professional Standards and Revalidation was an active member of the Speaking Up Forum.

The Board:

- ***Noted and took significant assurance from the 2025/26 Speaking Up Annual Report***

P26/07/E3 **<u>Workforce Race & Disability Equality Standards (Enclosure E3)</u>**

The Board received and noted the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data for 2025–2026.

Prior to its submission the data had been considered by the Executive Team and was subsequently received by the Board's People Committee, alongside the 2025/26 Equality, Diversity & Inclusion (EDI) Annual Report.

A copy of the EDI Annual Report was circulated to members of the Board post meeting, at the request of the Chair.

The Chief Finance Officer noted the lack of diversity in members of the Board.

Following the publication of Lord Mann's review into tackling racism and antisemitism in the NHS, the Chief Executive of NHSE had written to all trusts setting out a series of immediate actions. The correspondence had been considered by the Executive Team and follow up actions had been agreed. Where necessary the actions had been incorporated in the EDI Improvement Plan.

The Board:

- ***Noted the 2025/26 Workforce Race & Disability Equality Standards Report***

P26/07/F1 **Perinatal Safety & Quality Interim Report (Enclosure F1)**

The interim Perinatal Safety & Quality Report was shared with the Board and provided concise reporting of the extended report considered by the Board's Quality Committee in June and from a workforce perspective, the bi-annual midwifery workforce report reviewed by the Board's People Committee in June.

The Director of Midwifery highlighted a change in reporting, which would be further refined to include the addition of statistical process control charts and invited colleagues to provide feedback.

The Board's attention was drawn to the assurance summary for the period January to March 2026. This confirmed that perinatal mortality was within the expected range, resulting in zero Maternity Outcomes Signal System (MOSS) alerts, one still birth had occurred, there had been no identified learning from the Perinatal Mortality Review Tool (PMRT) and the Trust quality metrics, and Q4 PMRT report were provided for review and noting.

Training compliance remained an area of ongoing focus to meet the Year 8 Maternity Incentive Scheme standard of 90% compliance at the midpoint reference of August 2026.

The Director of Midwifery confirmed that the Ockenden and Amos independent reviews had now been published, with a 10-point immediate action plan shared for the latter there was a significant amount of work ongoing in maternity and neonatal services related to this.

In view of the recent publications, the Acting Chief Executive checked on colleague morale, the Director of Midwifery recognised the impact on colleagues of continued media focus, particularly when managing complex cases and confirmed an increase in sickness absence had been seen. The Deputy Chief Nurse highlighted the wrap around support available, which included Professional Midwifery Advocates and FTSU safety walkarounds. The support of the leadership team and the need for colleagues to support each other had also been reinforced and for support for patients to be provided at the first point of contact.

Non-executive Director, Lucy Nickson, enquired if there had been any impact on the requests received from expectant mothers. The Director of Midwifery confirmed an increase in requests for home birth had been seen, with the Nest at Doncaster Royal Infirmary being offered as an alternative homely environment as a midwife-led unit. It was also suggested, with the support of the Maternity & Neonatal Voices Partnership. that a carousel be organised to share what to expect when having a baby at the Trust.

The national action plan in response to the Amos report was expected by December 2026, the challenge in meeting these expectations across both sites were recognised and would need to be fully considered.

The Board:

- ***Noted and took significant assurance from the Perinatal Safety & Quality Interim Report and reviewed the Q4 PMRT, Trust Quality Metrics, data measures and the MOSS update.***

P26/07/G1 **2025/26 Estates Return Information Collection**

The mandated annual Estates Return Information Collection had been submitted on 29 June 2026, the national data was expected to be publicly available in October 2026.

An £11m increase in backlog maintain was noted, the net effect of an inflationary increase, a deterioration across the estate, primarily related to electrical and mechanical infrastructure, offset by capital investment.

Non-executive Director, Kath Smart, recognised the deteriorating position despite an increase in capital investment from 2024/25, which signalled that the infrastructure was beyond its economic life.

There was a good grip on risk management across the estate, mitigating actions included the development of the East Ward Block business case. Despite investment there was a significant level of underlying risk due to the ageing estate and backlog maintenance.

The Board:

- ***Noted and took significant assurance* from *the robust processes that are in place to deliver the ERIC return and manage estate performance and supported its submission***

P26/07/G2 **Deficit Support Funding (Enclosure G2)**

The Chief Finance Officer advised the Board that during 2026/27 the Trust had the potential to earn up to £15.7m of Deficit Support Funding (DSF). DSF would be earnt on a quarterly basis, subject to NHSE's expectations in appendix one being met.

Each quarter a Board Assurance Statement would be submitted, the Board's Finance & Performance Committee considered Q1's return at its meeting of 25 June 2026, ahead of sign off by the Chair and Chief Executive. A response was awaited from NHSE.

In response to a question from Non-executive Director, Jo Gander, regarding confidence in the ability to earn DSF, the Chief Finance Officer's noted the reliance on delivery of the plan and whilst risks were being managed, a residual risk remained.

The Board:

- **Noted the conditional receipt of the DSF and required ongoing Board oversight and the submission of the first quarterly Board Assurance statement, following approval by the Finance and Performance committee.**

P26/03/H1 **Chair's Assurance Log – Finance & Performance Committee (Enclosure H1)**

The Board received the Finance & Performance Committee Chair's assurance log from May and June 2026's meetings, which summarised the assurance taken, areas of ongoing work, matters of concern and decisions taken. Significant assurance had been taken on progress of the Trust's digital and data plans, health and safety arrangements and the committee had recommended to the Board approval of the contract award for the renal satellite managed service.

The Board:

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

P26/07/H2 **Chair's Assurance Log – Quality Committee (Enclosure H2)**

The Board received the Quality Committee Chair's assurance log from June 2026's meeting, which summarised the assurance taken, areas of ongoing work, matters of concern and decisions taken. The Committee Chair highlighted ongoing work in strengthen the Trust's position in the National Early Arthritis Audit (NEIAA) audit and Getting It Right First Time reporting.

The Board:

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

P26/07/H3 **Chair's Assurance Log – People Committee (Enclosure H3)**

The Board received the People Committee Chair's assurance log from June 2026's meeting which summarised the assurance taken and decision made.

The Board's attention was drawn to the findings of the Allied Health Professionals workforce review, improvements were noted since the last report, with vacancy levels in therapies below the national benchmark and a reduced reliance on temporary staffing in therapies and radiology. There remained some establishment and demand and capacity gaps, with an improvement plan in place to support more vulnerable professions.

The Committee took significant assurance of the controls in place for Just Culture and moderate assurance on the challenges arising from increased casework, capacity issues and the time taken to achieve an outcome.

The Committee had received its first Healthcare Scientist workforce review, a welcomed and innovative addition. The Chief Medical Officer shared his appreciation with the Lead Healthcare Scientist, Liz Johnson.

The Board:

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

P26/07/H4 **Chair's Assurance Log – Audit & Risk Committee (Enclosure H4)**

The Board received the Audit & Risk Committee Chair's assurance log from June 2026's meeting, which summarised the assurance taken, areas of ongoing work, and matters of concern. The Committee had received two internal audit reports, patient flow had received a limited assurance audit opinion and implementation of planned actions would be followed up by the Committee. The statutory and essential training (SET) audit had provided a significant assurance audit opinion.

The year end accounts process and required submission would be considered in the confidential Board meeting.

The Board:

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

P26/07/H5 **Governance Documents Review (Enclosure H5)**

The Associate Director of Strategy, Partnerships & Governance shared with the Board a suite of corporate governance documents for ratification following decisions taken at the Board Development Session on 14 April and 2 June 2026.

With the support of the Trust's internal auditors, the Trust's risk appetite was reviewed and revisions agreed to the risk appetite statements.

Levels of assurance were aligned with the Trust's internal auditor's assurance framework, with clear descriptors to provide clarity and consistency of application.

The annual review of committee Terms of Reference had taken place, including explicit references to the requirements of the Reset Programme.

The Chief Operating Officer shared her appreciation of the overarching corporate governance manual, developed by the Associate Director of Strategy, Partnerships & Governance. Plans to produce an executive and divisional governance manual would be progressed.

The Board:

- ***Ratified the governance manual. Trust risk appetite statements, Board Committees and Executive Team Terms of Reference***

P26/07/I1 **Board Assurance Framework including Trust Risk Register (Enclosure I1)**

The updated Board Assurance Framework was received for approval following consideration by the Board's assurance committees. In addition to maintaining the BAF as a live document, strategic risk six (partnerships) had been removed as a standalone risk and integrated into the remainder of the framework to recognise where partnerships could enable or be a barrier to delivery of the Trust's strategic objectives.

Non-executive Director, Kath Smart, noted several clinical polices were out of date and enquired if there was any impact on patient safety. The Chief Medical Officer

confirmed that all overdue clinical policies would be reviewed, and a decision taken whether they were categorised as a policy or standard operating procedures and brought up to date by 30 September 2026.

The Deputy Chief Nurse confirmed there was no evidence of harm related to the overdue policies.

The Board

- ***Approved the current BAF risk content and took significant assurance that this enables the Board to fulfil its duty to monitor its highest strategic risks.***
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P26/07/I2 **Triangulation of Information to Identify Agenda Item Themes (verbal)**

The importance and impact of organisational culture was a common theme across reports and discussions, including national publications referenced in the Chief Executive's report, psychological safety, anonymous reporting and confidence in Speaking Up in the 2025/26 Freedom to Speak Up Annual Report and the ongoing work defined in the culture and leadership pillar of the Reset Programme reinforcing behavioural expectations.

Triangulation between people and performance were shared as part of the Integrated Performance Report related to training compliance, delivery of operational standards, temporary staffing and financial performance.

Clarity on the level of assurance sought from papers and discussions at Board assurance committees was also explored.

P26/07/I3 **Board Effectiveness & Demonstrating the DBTH Way**

The Board reflected on the volume of business received, which was managed across the allocated time and adjusted where necessary to support remote presentation of individual agenda items.

Opportunities were afforded to expand discussion to enable an appropriate level of understanding, constructive challenge and appreciation of impact.

Discussions were courteous and in line with the DBTH Way.

P26/07/J1 **Minutes of the meeting held on 5 May 2026 (Enclosure J1)**

The Board:

- ***Approved the minutes of 5 May 2026***

P26/07/J2 **Pre-submitted Questions regarding the business of the meeting (verbal)**
No public or governor questions were received.

P26/07/J3 **Board of Directors Work Plan (Enclosure F6)**

The Board:

- ***Noted the Board of Directors work plan***

P26/07/J4 **Any other business (to be agreed with the Chair prior to the meeting)**

There were no items of other business.

P26/07/J5 **Date and time of next meeting (verbal):**

Date: 1 September 2026
Time: 9:30am
Venue: Boardroom, Doncaster Royal Infirmary

P26/07/G5 **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.***

P26/07/K **Close of meeting (Verbal)**

The meeting closed at 12.58

M.C. Bailey

Mark Bailey
Interim Chair
1 September 2026