

Meeting of the Council of Governors held in Public
on Thursday 11 July 2024 at 15:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME	
A	COUNCIL BUSINESS				15:00	
A1	Welcome and Apologies for absence	SBE	Note	Verbal	5	
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	SBE	Note	A2		
A3	Actions from previous meetings <i>There were no outstanding actions from the meeting held on 25 April 2024</i>	SBE	Note	-		
B	GOVERNOR APPROVALS				15:05	
B1	Re-appointment of the Trust's External Auditors	RM/KS	Approve	B1	10	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:15	
	C1.1	Suzy Brain England OBE - Chair's Report	SBE	Note	Present	10
	C1.2	Rebecca Allen - Governor Activities	RA	Note	Present	5
	C1.3	Kath Smart - Audit & Risk Committee	KS	Note	Present	10
	C1.4	Jo Gander - Quality & Effectiveness Committee	JG	Note	Present	10
	C1.5	Mark Day - Finance & Performance Committee	MD	Note	Present	10
	C1.6	Hazel Brand - Charitable Funds Committee	HB	Note	Present	5
	C1.7	Mark Bailey - People Committee	MB	Note	Present	10
	C1.8	Governor Questions	Gov	Q&A	Verbal	10
	C1.9	Richard Parker OBE - Chief Executive's Report	RP	Note	Present	10
	C1.10	Governor Questions	Gov	Q&A	Verbal	15

D	ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting				16:50
D1	Minutes of the Council of Governors meeting held on 25 April 2024	SBE	Approve	D1	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC				16:55
E1	Questions from members of the public previously submitted prior to meeting. <i>NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governor's post meeting.</i>	SBE	Q&A	Verbal	5
F	INFORMATION ITEMS				17:00
F1	Any Other Business (to be agreed with the Chair before the meeting)	Gov	Note	Verbal	5
F2	Items for escalation to the Board of Directors	SBE	Approve	Verbal	5
F3	Governor Board/Meeting Questions Database	RA	Note	F3	
	Date and time of next meeting: Date: 26 September 2024 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	SBE	Note	Verbal	
G	MEETING CLOSE				17:10



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 5 July 2024

The current details of Governors' Interests held by the Trust are as set out below.

Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.

Jackie Hammerton – Public Governor – Rest of England

Employed by the University of Lincoln

Eileen Harrington – Public Governor – Doncaster

Founder of DonMentia

Run the DonMentia Forum

Andrew Middleton – Public Governor – Bassetlaw

Independent Non-Executive Director - Barnsley Healthcare Federation

Independent Person - Bassetlaw District Council and West Lindsey District Council.

Independent Added Member - Lincolnshire County Council Audit Committee

Member - Joint Independent Audit Committee, Lincs. Police and Crime Commissioner

Chair of Consultant Appointment Panels - United Hospitals Leicester

Chair of Performers List Decision Panels - NHS England.

ad hoc Chair of Commissioning for Individuals Panel - Derby and Derbyshire Integrated Care Board

Mick Muddiman - Public Governor – Doncaster

Member – Labour Party

Retired member UNISON

Lynne Schuller – Public Governor – Bassetlaw

District Councillor, Bassetlaw District Council; Harworth Ward & rep for HWB on Nott County Council

Town Councillor, Harworth Town Council

Member of Labour Party

Sheila Walsh - Public Governor – Bassetlaw

Parish Councillor, Carlton in Lindrick

Professor Lynda Wyld, Partner Governor University of Sheffield

Trustee of the Association of Breast Surgeons

Co-Owner Franks & Wyld Commercial Properties

Gavin Portier – Staff Governor - Nursing & Midwifery

Joint Director of Portier Coaching & Workshops Ltd

Rob Allen – Public Governor – Doncaster

Employed by Doncaster City Council

Member of Labour Party. Branch Officer & Steward Doncaster Unison Branch

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

Irfan Ahmed – Public Governor - Doncaster
Dr Mark Bright – Public Governor – Doncaster
Marc Bratcher - Public Governor – Doncaster
Kay Brown - Staff Governor – Non-Clinical
Denise Carr – Public Governor - Bassetlaw
Natasha Graves – Public Governor – Doncaster
David Gregory – Public Governor - Doncaster
Peter Hewkin – Public Governor - Bassetlaw
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson- Partner Governor – Doncaster Deaf Trust
George Kirk – Public Governor - Doncaster
Lynne Logan – Public Governor – Doncaster
Ainsley McDonnell, Partner Governor
Joseph Money – Staff Governor – Non-Clinical
David Northwood, Public Governor - Doncaster
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Clive Smith – Public Governor - Doncaster
Mandy Tyrell – Staff Governor - Nursing & Midwifery
Andria Birch, Partner Governor - BCVS
Anita Plant, Partner Governor – The Partial Sighted Society

Report Cover Page				
Meeting Title:	Council of Governors			
Meeting Date:	11 July 2024	Agenda Reference:	B1	
Report Title:	Re-appointment of the Trust's External Auditors			
Sponsor:	Jon Sargeant, Chief Financial Officer			
Author:	Rodney Muskett, Interim Deputy Director of Finance			
Appendices:	None			
Report Summary				
<p>To provide an outline proposal of next steps for the external audit contract which expires on 30th September 2024.</p> <p>The Trust Board along with governor colleagues ran a procurement programme to renew its contract for external auditors in 2021. At the time of tender the contract was for a 3-year initial phase with ability to extend the contract for a single year on 2 occasions. The first phase of the contract ends on the 30th September 2024. There is therefore an option to extend the contract for up to two years. The contract allows for a price review if an extension is agreed at the end of each year of the extension. This short paper outlines the recommendation from the Chief Financial Officer and Chair of Audit & Risk Committee on how the Trust should proceed.</p>				
Recommendation:	I and the Chair of ARC recommend that the council of governors take up the extension of the external audit contract for two years and that work commences on a tender process to ensure that the Trust can secure an external auditor at the end of the second years extension.			
Action Required:	Approval	Review and discussion	Take assurance Information only	
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	<i>We deliver safe, exceptional, person-centred care.</i>	<i>We are supportive, positive, and welcoming.</i>	<i>We work together to enhance our services with clear goals for our communities.</i>	<i>We are efficient and spend public money wisely.</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	NA		NA	
Implications				
Relationship to Board assurance framework:	BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action		
	BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way		

		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues
	X	BAF5	If DBTH cannot deliver the financial plan then DBTH will be unable to deliver services and the Trust may not be financially sustainable in long term
		BAF6	If DBTH does not effectively engage and collaborate with its partners and communities then DBTH fails to meet its duty to collaborate, will miss opportunities to address strategic risks which require partnership solutions and will fail to deliver integrated care for benefit of people of Doncaster and Bassetlaw
		BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation won't be sustainable in long term
Risk Appetite Statement compliance	Where appropriate, refer to the DBTH Risk Appetite Statement and indicate whether the matter has been subject to an assessment of DBTH risk appetite - No		
Legal/ Regulation:	External Audit is a legal requirement for a Foundation Trust and part of the NHS regulation regime		
Resources:	Audit fee agreed under the contract		
Assurance Route			
Previously considered by:	Audit & Risk Committee		
Date:	18 April 2024		
Any outcomes/next steps	Council of Governors to agree next steps		
Previously circulated reports to supplement this paper:	N/A		

Re-appointment of the Trust's External Auditors

The Trust Board along with governor colleagues ran a procurement programme to renew its contracts for external auditors in 2021. At the time of tender the contract was a 3 year initial phase with ability to extend the contract for a single year on 2 occasions. The first phase of the contract ends on the 30th September 2024. There is therefore an option to extend the contract for up to two years. The contract allows for a price review if an extension is agreed at the end of each year of the extension. This short paper outlines the recommendation from the CFO on how the Trust should proceed.

External Audit

Council of Governors statutorily appoint the External Auditors, therefore the final decision on the External Auditors contract proposal needs to be agreed with the Council of Governors. The Trusts current External Audit supplier Ernst and Young (EY) have a 3-year contract with the ability to extend for a further year for a maximum of 2 times. As stated above the initial 3 years of the contract ends on the 30th September 2024.

The external audit market continues to be very difficult with a number of NHS organisations struggling to find credible external auditors to be able to close accounts in line with the national timetable.

In discussions with the CFO EY have indicated a willingness to continue to act as the External provider for DBTH. They anticipate that the audit for the 2024/25 financial year would be in line with the contract terms. It is also worth noting that there would be a review after the audit if there were substantial changes to accounting rules and regulations or if a problem was found when the audit was carried out. For the second year (2025/26) the fee would need to be renegotiated in the same way. It is also my understanding from my CFO network that where trusts are getting bids for multi-year external audit contracts bidders will often only commit to a firm fee for the first year of the contract wanting an annual review of the fee formally built into the contract for each year.

Recommendation

I and the Chair of ARC recommend to the Council of Governors taking up the extension of the contract for two years and that work commences on a tender process to ensure that the Trust can secure an external auditor at the end of the second years extension.

Jon Sargeant
CFO

NHS 75


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



Council of Governors

July 2024





hello my name is...

Suzy Brain England OBE

Chair of the Board



From the Chair:

- Engagement in Board Development Sessions – Risk Appetite & Strategic Risks, Safeguarding, Patient Safety Incident Response Framework & refresh of the Trust Strategy
- Royal Garden Party Invitation
- South Yorkshire & Bassetlaw Acute Federation Governor Event
- NHS ConfedExpo 2024 – Manchester Central
- Yorkshire & Humber Chairs Meeting



From the Chair:

- Visit of Sir Kier Starmer & Wes Streeting
- NHS Provider Chair & Chief Executive Network
- Non-executive Director Briefing Sessions
- NHS Providers Governor Focus Conference 2024
- 2024 Governor Elections - nominations are now live (1x Bassetlaw and 3 x Doncaster seats) with a deadline for nominations of 5pm on 2 August 2024



Governor Activities

Rebecca Allen

Associate Director of Strategy, Partnerships
& Governance



May & June Engagement Events


- Board of Directors Meeting held in Public
- Governor Briefing & Development Session – Creating Community Connections – Equality, Diversity & Inclusion
- Informal Virtual Coffee Morning
- South Yorkshire & Bassetlaw Acute Federation Governor Engagement Event
- In person Meet & Greet – Bassetlaw Hospital
- In person Governor Coffee & Catch Up – Doncaster Royal Infirmary
- Governor Briefing – Trust Strategy Refresh
- Governor Survey (post Council of Governors Effectiveness Review recommendations)



Governor Engagement Survey

- Responses to the survey
- Themes from all survey responses
- Next steps
- Lead Governor





hello my name is...

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): June 2024

Positive Assurance

a) Head of Internal Audit Opinion (HOIA) from 360 Assurance – **Significant Assurance** outcome which was received very positively by the Committee.

This is made up of 3 factors;

- i. Audit Recommendations closure rate - 77% (timeliness) – **Significant Assurance** – target 75% or above;
- ii. Individual audit Assignments – **Moderate Assurance** following the outcomes of the audit work which reported 4 audits as Limited Assurance; 2 audits as Moderate Assurance and 6 audits at Significant/ Substantial Assurance
- iii. BAF/ Risk Management – **Significant Assurance** – following implementation of actions during 23/24. Still work to do on delivery of Risk Management training during 24/25

b) External Audit Results Report - ISA 260 from EY – The external audit work had not yet fully completed, however, bearing this in mind, EY communicated that their outstanding work was unlikely to influence the current “clean opinion” on the Accounts. A revised final report will be received from EY and the conclusion was ***“In our opinion the financial statements give a true and fair view of the financial position...have been properly prepared in accordance with the group accounting manual”***. Key messages included:- Improved situation in recording plant, property and equipment testing following revaluation; Following recent ICB funding changes impacting on the “Going Concern” and the mechanism for 24/25 having changed from 23/24 joint work has been done to agree wording and this was circulated to ARC Members; ISA 260 Management Actions to be reviewed by Finance team and agreed; De-brief to be held between Finance Team and EY and reported to Sept ARC

Matters of Concern or Key Issues

a) Audit Report - Moderate Assurance

i. Corporate Governance Audit – This demonstrated there are areas for improvement in the framework, with 7 medium risk findings and 6 low risk findings. The Chairs of the Sub Committees are meeting with the newly appointed Associate Director for Governance, Strategy & Partnerships to work through implementation of those actions pertinent to Committees. Recommendations relate to updating workplans, agreeing what areas are in TORs, key reporting lines and BAF alignment to the newly created strategic priorities. Some recommendations have already been implemented and it will be a key focus of ARC to follow-up on all recommendations.

b) EPRR – Emergency Planning response – a comprehensive oversight paper detailed the actions undertaken during 23/24 to improve the Trusts arrangements for Emergency Planning and Business Continuity. The EPRR compliance rate currently is assessed as 31% and ARC received details of positive changes in training, audit, incidents, evacuation planning which now brings the self-assessment to a higher %age. This will be reviewed in the autumn and assurance re- assigned at that time.

Audit & Risk Committee (ARC): April 2024

Major Actions / Work in Progress

- a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- b) ARC delegated final sign off (for any minor amendments) for the Annual Report to ARC Chair and CEO; and the Annual Accounts and Letter of Representation to ARC Chair and the CFO
- c) Committee Chairs to meet with newly appointed Associate Director for Governance, Strategy & Partnerships to work through recommendations from the Corporate Governance Audit
- d) Information governance colleagues to provide any update on lessons learnt from recent national Cybersecurity incidents.

Post-Accounts De-brief to be held between Finance and EY and highlights reported to September ARC

Decisions Made

- a) DBTH Annual Governance Statement – This was approved by the Audit Committee
- b) DBTH Annual Accounts and Financial Statements – These were approved subject to minor alterations (if required) by the finalisation of External Audit work
- c) ARC Annual Report – Recommended to Board
- d) The Letters of Representation required from the Trust to the External Auditors were approved (subject to any minor amendments)
- e) Extension of SFI's, SO's and Scheme of Delegation – extension approved until September 2024. Will be brought to September's ARC, and onto the next available Board.




Assurance Levels

Internal - Second Line of Defence

Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified management actions are not considered vital to achievement of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions have been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operational weaknesses have been recognised. Existing performance presents an unacceptable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accepted as urgently required.

External - Third Line of Defence

Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.



hello my name is...

Jo Gander

Non-executive Director



Quality & Effectiveness Committee (QEC): June 2024

Positive Assurance

PSIRF Progress and Outcomes report - **Full Assurance**

Psychiatry liaison - **Full Assurance**

Complaints Update report - **Full Assurance**

Mortality report - **Full Assurance**

Sepsis Management - **Full Assurance**

Excellence Accreditation Progress - **Full Assurance**

LMNS Assurance visit & Birth Trauma report noted.

Matters of Concern or Key Issues

Paediatric Audiology – Although progress was on track until the implementation of Cellma, Riomed system. Due to issues relating to the new system an internal IT incident has been announced. DBTH is one of four trusts under regional incident management as a result. **No Assurance**

Risk ID 3209 -Patient tracking Inaccuracies – Although an update was provided to QEC and a plan is in place to address existing concerns in relation to this, there is still outstanding actions requiring completion. QEC requested an update be provided to the next QEC to confirm this has been completed. **Partial Assurance**



Quality & Effectiveness Committee (QEC) cont'd

Major Actions / Work in Progress

Risk ID 3209 -Patient tracking Inaccuracies a further update to be provided to August QEC to confirm completion.


Paediatric Audiology incident resolution.

CQC Action Plan with NED session planned for July '24.

Decisions Made

Complaints Update report – A review of the reporting mechanism for how data is extracted for reporting Option 4 was agreed which is to have an internal target of 90 days for which the divisions will be held to account and also to amend the trust reporting metric to reflect the PHSO standard.





hello my name is...

Mark Day

Non-executive Director



Finance & Performance Committee (F&P): April & May 2024

Positive Assurance

2023/24 Financial Performance – The Committee can provide significant assurance to the Board with the outturn being ahead of plan and the cash position strong. There is of course a significant underlying deficit which needs to be addressed through a Board owned plan. **Significant Assurance**. Although the Month1 financial position is marginally behind plan the Committee can provide significant assurance to the Board on financial performance given the controls in place and progress on developing the cost improvement plan. **Significant Assurance**

2024/25 Financial Planning – substantial progress has been made by the management team despite the lack of a clear national planning framework and a deficit plan for £26.3m agreed at the time of writing which will require a challenging £21m of cost improvements to be delivered. A key area of risk for the year ahead is the delivery of workforce plans. **Significant Assurance**

The management Team has successfully engaged with a complex planning round complying with local and national requirements. It should be noted that although plans have been agreed the underlying deficit still presents a significant challenge and **the Committee recommends that the whole Board be engaged in the debate on productivity improvement to support the long-term sustainability of services.** **Significant Assurance**

Recovery, Innovation & Transformation Update – significant assurance overall but there are still concerns about the performance of the Mexborough Elective Orthopaedic Centre (MEOC) with more work required to ensure a sustainable operating model. **Significant Assurance**

Matters of Concern or Key Issues

Access Standards – it has been confirmed that the Trust achieved 76.1% on the 4-hour ED performance standard and as result it is anticipated that a capital ‘reward’ would be received. The COO confirmed improvements made had come to fruition and emphasised additional resources had not been used nor improvements achieved through reduction in demand, therefore changes could be maintained going forward. It should also be noted that a recommendation has been made that the Trust exits tier two with formal notification awaited.

Notwithstanding these significant improvements only **partial assurance** can be provided to the Board given the range of challenges that remain.

Urgent and Emergency Care – Challenges remain in reaching and maintaining required levels of performance including for Ambulance handovers. A year-end evaluation is planned across Doncaster place which will be reported to the Committee in May 2024. . **Partial Assurance**

CT Demand Management – the challenges in this area remain and will continue to be a focus of the Committee’s work in the coming months . **Partial Assurance**

Access Standards The Committee is assured by the standard of reporting, the identification of key performance concerns, and the work being planned and/or undertaken to address those concerns. Overall, an assessment of partial assurance is still relevant given the number of issues that need to be addressed. However, although it is inevitable that we focus on performance which is below parr it also important to recognise where performance is strong – with notable improvement in ED performance which have been recognised nationally and rewarded with an additional capital allocation to the Trust. **Partial Assurance**

Finance & Performance Committee (F&P) cont'd

Matters of Concern or Key Issues cont'd

Elective Activity – Activity is behind plan in a number of areas with workforce remaining challenges continuing to present the greatest challenge. Positive partial assurance can be reported given the explanations provided and identified actions and it is important to note that although every patient is important the numbers impacted are relatively small in many areas. As previously reported cultural change including embracing the Getting it Right First Time (GIRFT) approach needs to be addressed alongside having the right resources available at the right time. The Committee is planning to have an in depth look at GIRFT in Trauma & Orthopaedics and ENT. **Partial Assurance**

Urgent and Emergency Care Improvement Plan – The Committee looks forward to improved reporting in this key area and received a degree of assurance in relation to the actions planned at place level. Efforts internal to the Trust need to be complimented by those of partners in particular the ambulance service reducing the number of conveyances and social care being able to manage those patients who no longer require hospital care. It is noted the FCMS contract will soon need to be re-procured providing an opportunity for significant redesign. **Partial Assurance**

Access Standards – it has been confirmed that the Trust achieved 76.1% on the 4-hour ED performance standard and as a result it is anticipated that a capital 'reward' would be received. The COO confirmed improvements made had come to fruition and emphasised additional resources had not been used nor improvements achieved through reduction in demand, therefore changes could be maintained going forward. It should also be noted that a recommendation has been made that the Trust exits tier two with formal notification awaited.

CT Demand Management – the challenges in this area remain and will continue to be a focus of the Committee's work in the coming months. **Partial Assurance**

Major Actions / Work in Progress


Diagnostics – a focus needs to be maintained on demand management and effective utilisation of capacity in this area given the concerns identified previously and the critical part played in treatment pathways. Specifically work needs to be undertaken to ensure that DBTH CT scan high demand is reduced, to match clinical guidelines and the practice in other acute providers which are showing significantly lower demand.

Getting it Right First Time (GIRFT) - In depth reviews of Trauma & Orthopaedics and ENT are planned.

Decisions Made

Draft Accounts - The draft accounts were noted with some non-executive members of the Committee having benefitted from an earlier briefing on the accounts provided by the outgoing Deputy Director of Finance.

Provider Licence – the Committee was able to provide confirmation that the Trust will trade as going concern having been assured by the information previously presented to it.



hello my name is...

Hazel Brand


Non-executive Director



Charitable Funds Committee (CFC)

- Transfer of charitable fund-raising function to Doncaster & Bassetlaw Healthcare Services Ltd on 1 April 2024
- Formal contract with DBTH
- Service-level agreements with relevant departments agreed
- Head of Charity appointed, starting this month
- Next meeting on 16 July





hello my name is...

Mark Bailey

Non-executive Director



www.dbth.nhs.uk

People Committee: June 2024

Positive Assurance

People Strategy: Full Assurance

'One year in' evidential overview of actions and impact against each of the 4 pillars of the strategy: looking after our people; belonging in #TeamDBTH, growing for the future and new ways of working and delivering care'. Open reflection on areas which have proved challenging and priorities for year 2.

Research & Innovation Strategy - bi-annual report: Significant Assurance

Assurance of delivery plan underpinning approved research and innovation strategy and achievements against 1st year (year 0) high level objectives. Noting adherence to National Institute of Health and Care Research Clinical Research Network and benchmarking against research criteria for University Teaching Hospital accreditation.

Engagement & Leadership: Significant Assurance

Comprehensive Trust level and local staff survey results engagement with clear actions and central oversight and thematic work. First DBTH Leadership conference with focus on leadership role in speaking up, career conversations and constructive feedback.

Education: Significant Assurance

Statutory compliance at end April 87.9% v. 90% target. Process refinements to support compliance monitoring and interventions where necessary. Oversight and governance of SET+ which comprises nationally determined training. Overview of arrangements to support growth of pre-registration learners.

Workforce Supply & Demand: Significant Assurance

A comprehensive analysis of the workforce position by division, speciality / service and corporate area commensurate with 2024/25 business planning. Clarity on specific areas of risk and actions in place or planned to mitigate. Focus on total workforce including agency / bank and scrutiny on potential operational risk change.

Nursing Workforce review & Safe Staffing: Significant Assurance

Continued improvement in vacancy reduction across unregistered and registered workforce and reduction in the use of agency staffing. Actions taken to embed additional support to the resultant increases in colleagues transitioning from supernumerary / early years status. Safer Nursing Care Tool (SNCT) analysis showing skill mix for in patient wards is in line with national standards however actual registered nurse establishment is challenged during seasonal peaks. This will be further assessed.

Organisational Development - Annual report 2023-24: Significant Assurance

Overview of initiatives to develop and embed inclusive, compassionate leadership capabilities and practices.

Widening Participation 2023/24 Q4: Significant Assurance

Extensive school engagement in Doncaster with plan to increase in Bassetlaw. Career pathways in place with strong apprenticeship programme.

The Committee also noted for assurance the following:

- Collaboration in support of delivery of the **Health Inequalities strategy**.
- **Knowledge and Library** annual report detailing the service to support the People and Research & Innovation strategies.

360 Assurance internal audit giving significant assurance on the alignment of Trust's **Health & Wellbeing** strategy with the national assessment framework.

People Committee cont'd

Matters of Concern or Key Issues

Just Culture (including casework): Moderate Assurance

Workstreams progressing across a number of fronts to incorporate 'Just Culture' approach into policies, practices and language. Learning from national and local cases being incorporated. Notable increases in casework volume increase with extended timescales are a concern; a comprehensive set of recovery plans have been initiated.

Violence & Prevention Standards: Moderate Assurance

Strengthened engagement and actions utilising the risk-based framework for violence prevention and reduction. Audit of patient safety incidents where security support with follow on actions. Action required to give further assurance on the specific actions taken to address / reduce both medical and non-medical incidents.

Major Actions / Work in Progress

Nursing Workforce review & Safe Staffing

Safer Nursing Care Tool (SNCT) analysis showing skill mix for inpatient wards is in line with national standards, however, actual registered nurse establishment is challenged during seasonal peaks. A repeat data collection and analysis is underway, and a skill mix recommendation is to be submitted to the Trust Leadership team.

Violence & Prevention Standards

Future violence and prevention reports to show incidents in categories of medically related and non-medically related so that further assurance can be provided that the actions are being taken to protect our colleagues and that different actions are required for each category.

National Staff Survey:

Divisional / Directorate engagement with teams on local and Trust level results.

Education:

DBTH Education Quality Framework data expansion and refinement including benchmarking with other acute comparable NHS providers.

Research & Innovation

Development of a detailed 5-year business case starting in the financial year 2024 to support the research & innovation strategy.

Decisions Made


Approval of revised Terms of reference for; Equality, Diversity & Inclusion Committee; Workforce & Education Committee



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

Thank you and over to your questions





hello my name is...

Richard Parker OBE

Chief Executive



Our vision is:

Healthier together – delivering exceptional care for all.

Our four strategic priorities are:

Patients



We deliver safe,
exceptional,
person-centred care

People



We are supportive,
positive and
welcoming

Partnership



We work together to
enhance our services
with clear goals for our
communities

Pounds



We are efficient
and spend
public money wisely



We cared for around
10,277 inpatients



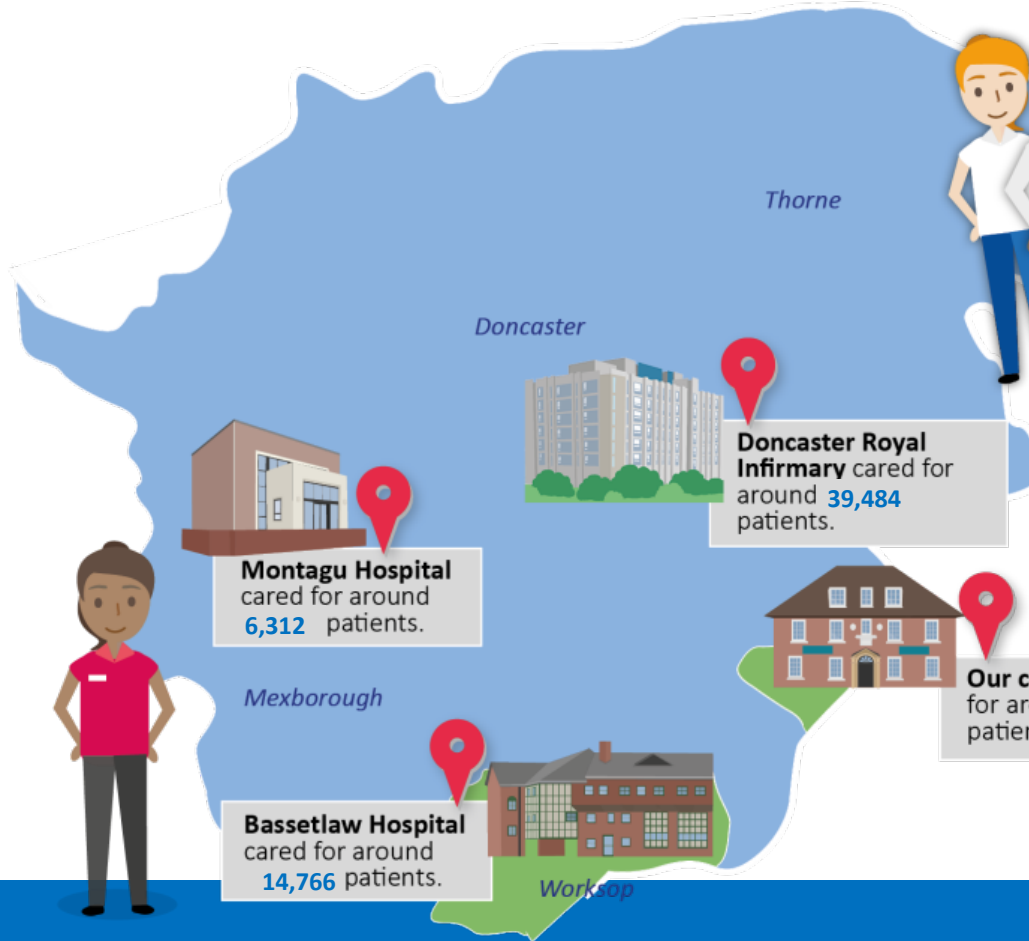
We cared for approximately
45,873 outpatients



We cared for approximately
18,274 emergencies



We delivered approximately
339 babies



Thorne

Doncaster

Doncaster Royal Infirmary cared for around **39,484** patients.

Montagu Hospital cared for around **6,312** patients.

Mexborough

Bassetlaw Hospital cared for around **14,766** patients.

Worksop

Our clinics cared for around **415** patients.

Our activity in May 2024

Activity comparison

Date range: 1 May to 31 May

	2023	2024	Variance
Inpatients	9,505	10,277	8.1%
Outpatients	34,794	45,873	31.8%
Emergency Care	15,228	18,274	20%
Maternity	394	339	-13%



Performance

- In March 2024, the Trust achieved **76.1% in the Four-Hour Emergency Care Standard**, up from 67.27% in February and March 2023.
- NHS England confirmed DBTH as one of the most improved Trust regionally and nationally.
- This achievement is due to the hard work and **dedication of all colleagues**, significantly improving patient service.
- However, although this has unlocked an **additional £2 million** uplift to the Capital Departmental Expenditure Limited (CDEL) it isn't backed by cash.
- If the position does change post the election then the additional funding allows investment in buildings, facilities, and equipment, enhancing patient care access.
- **Thanks to the team** for their support and commitment leading to these improvements.



Keir Starmer visit

- On Saturday 15 June, **Sir Keir Starmer**, our new Prime Minister and **Wes Streeting**, Secretary of State for Health and Social Care visited Bassetlaw Hospital with Bassetlaw MP candidate Jo White.
- The visit was part of Labour's manifesto launch focusing on their commitment to **increase weekly appointments in primary and acute care**.
- Our guests visited Ward B5 as well as theatres, speaking to patients, colleagues and the national media.
- To note, the Trust remained politically neutral, and there are currently five candidates standing for election in Bassetlaw.
- We have followed up on the visit with an invitation to the Prime Minister, Secretary of State and our new MPs to visit DRI.





We
care



Trust updates and developments

- In June, the **MEOC (Mexborough Elective Orthopaedic Centre) at Montagu Hospital** undertook its 100th hip surgery – the centre opened in mid-January, in collaboration with our partner trusts in Barnsley and Rotherham. A huge thank you all involved in making the service a success.
- This month, our **new CT Imaging Suite at Montagu** will reach a significant milestone as construction will reach its highest point. This project forms part of our Community Diagnostic Centre and when opened in Spring 2025, will undertake some 68,000 diagnostic procedures.
- Thanks to support from the Fred and Ann Green Legacy and DBTH Charity, our **new surgical robot “Robi”** is now operating – this has been a long standing ambition for the Trust, and we thank everyone who made this service possible.
- The **Bassetlaw Emergency Village** project continues apace, with the final facility set for completion in late summer/early autumn.



Other developments

- **Introducing Alertive:** Our current bleep system will be replaced by Alertive. Starting in June 2024, emergency messages (CRASH, Fire, Security incidents) are now received via a secure Trust device replacing pagers.
- **Stroke Care Improvement:** Advanced CT perfusion software introduced, extending thrombolysis treatment window from 4.5 to 9 hours and thrombectomy window from 6 to 24 hours.
- **Royal College Appointments:** Mr. Tony Wilkinson elected to the Council of the Royal College of Podiatry. Ms. Lynda Wyld appointed to the Council of the Royal College of Surgeons.
- **Star Awards Nominations:** Now open until mid-July. Nominate colleagues who have excelled over the past year. Aim to beat the record of 800 nominations.



Visitor's Charter

- Following work with colleagues at the Trust, as well as external partners, stakeholders and the wider public, we have developed the **Visitor's Charter**.
- This Charter clearly outlines what patients and visitors can expect of Team DBTH, and vice versa.
- Please, if you have an opportunity, take a look at the document by using the QR code to the right.
- We will be officially launching the Visitor's Charter in the coming days, so please do look out for communications, and supporting materials, in all the usual places.



Scan this QR code
using your phone's
camera



Stem Cell donation

- A member of Team DBTH, Becky Hudson, is currently battling Hodgkin's Lymphoma.
- Following various treatments, Becky requires an urgent stem cell transplants from a donor.
- Unfortunately, the chances of finding a match are roughly one in a million.
- As such, we are asking colleagues to think about signing up to be a donor by visiting <https://www.dkms.org.uk/register-now> and undertaking a mail-in swab test.
- We have shared this request via our social media channels, reaching around a quarter of a million people in the process.
- If you wish to help, please sign-up using the link above – your decision could save a life.





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

Thank you and over to your questions





COUNCIL OF GOVERNORS

**Minutes of the meeting of the Council of Governors held in public
on Thursday 25 April 2024 at 15:00
via Microsoft Teams**

Chair	Suzy Brain England OBE - Chair of the Board
Public Governors	Rob Allen Mark Bright Denise Carr David Gregory Peter Hewkin Lynne Logan David Northwood Lynne Schuller Clive Smith Sheila Walsh
Staff Governors	Kay Brown Joseph Money Gavin Portier
Partner Governors In attendance	Joanne Posnett Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day - Non-executive Director Jo Gander - Non-executive Director Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Emma Shaheen - Director of Communications & Engagement Anneleisse Siddall - Corporate Governance Officer Kath Smart - Non-executive Director
Governor Apologies: Board Member Apologies	Phil Holmes - Partner Governor Anita Plant - Partner Governor

COG24/04/A1 Welcome, apologies for absence (Verbal)

The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.

COG23/04/A2 Declaration of Governors' Interests (Enclosure A2)

No amendments to governors' interests were declared.

The Council:

- ***Noted governors' current declarations of interests***

COG24/04/A3 Actions from previous meetings

There were no outstanding actions.

COG24/04/B2 Chief Executive Update

The Chief Executive shared with the Council of Governors a summary of activity during Quarter 4 2023/24, data from Q4 2022/23 was provided for comparison. An increase in inpatient and emergency care activity was noted in Q4 2023/24 of c.10%, despite extensive industrial action which equated to 12% of the available working time. A change in remuneration to support this period of industrial action was confirmed, with an increase in costs of up to 50% being seen.

The Chief Executive reflected on the Trust's achievements during 2023/24 by executive portfolio:

Chief People Officer

A record breaking staff survey response of 67% demonstrated progress in all areas, with significant assurance being taken from colleague feedback. The Trust had developed and published People, Research and Innovation and Speaking Up Strategies. The launch of the DBTH Way, a refreshed focus on Just Culture and Equality, Diversity and Inclusion supported a focus on organisational culture; with a Leadership Prospectus and Scope for Growth framework supporting workforce development and the recruitment and retention of colleagues.

Chief Operating Officer

In March 2024 the Trust had achieved 76.1% performance against the national four hour emergency care standard, to date the position had been sustained in April and there was the potential for funding to be received in recognition of the improvement. A reduction in ambulance handover time had been seen due to improved flow through the department, supported by effective use of the discharge lounge and increased utilisation of virtual ward pathways. In terms of elective care waits, two patients waited in excess of 78 weeks and the Trust was on track to deliver zero waits over 65 weeks prior to the July deadline.

Chief Nurse

During 2023/24 the Nursing, Midwifery and Allied Health Professionals Strategy had been launched and a draft Visitor's Charter developed. The Trust had successfully implemented the

national Patient Safety Incident Response Framework and was delighted to announce full compliance with the Year 5 Clinical Negligence Scheme for Trusts standards. There remained a significant national focus on maternity safety and the recruitment of registered midwives was the most successful cohort to date. Care Excellence accreditation reviews had been introduced across all inpatient areas and the national Preceptorship Quality Mark had been secured.

Chief Financial Officer and Director of Recovery, Innovation & Transformation

The Trust had delivered a £23.7m deficit against a planned deficit of £26.8m in 2023/24, representing a 11.5% improvement. During Quarter 1 2024/25 a break even income and expenditure position had been delivered. Work on historical funding issues continued and there would be a focus on moving towards a balanced position over time. The Trust had delivered a significant capital plan of £57.6m with improvement projects including the Mexborough Elective Orthopaedic Centre, Community Diagnostic Centre and the Bassetlaw Emergency Care Village, all schemes had been delivered on time and to budget, which was recognised as a significant achievement.

Acting Executive Medical Director

Despite an extended period of industrial action, the Trust had maintained clinical standards and delivery of a safe service. A reduction in both the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) was confirmed. Job planning compliance was an improving picture and the medical appraisal completion rate was reported at c.92%.

Deputy Chief Executive

Since her appointment in October 2023 the Deputy Chief Executive had undertaken a fresh eyes review of the Trust's corporate governance and risk management processes, including standardisation of committee effectiveness reviews and the implementation of Chair's assurance logs to the Board of Directors. Work to refresh the Trust Strategy had commenced, with a view to publishing a five year plan by the end of 2024. The Trust's vision and strategic priorities had been refreshed with a focus on Patients, People, Partnership and Pounds.

Following the Care Quality Commission's inspection in 2023, and as previously communicated, the final report was published last month and the Trust's overall rating had reduced from 'Good' to 'Requires Improvement'. Both announced and unannounced inspections had taken place during periods of industrial action, which had gone ahead in view of the anticipated change to the inspection framework. The Chief Executive shared his disappointment and recognised a deterioration locally and nationally in the effective and responsive standards. The well-led rating was particularly disappointing, impacted by the significant change to the membership of the Board. The inspection of the Medical Imaging department recognised a series of improvements since the last visit, with the service now rated 'Good'. No services were rated 'inadequate' and feedback from the inspection team recognised the friendly, caring nature of the workforce. The Chief Executive articulated a commitment to improve and deliver the required standards to return to 'Good'.

Looking ahead to 2024/25, a number of challenges were anticipated. The Trust had submitted its draft financial plan, but further movement was anticipated prior to the next submission in April. There would be a focus on efficiency and effectiveness, including the potential to review services to ensure the most appropriate use of resources, with efficiencies expected to be c.4% of the operating budget, equating to £22m. The need for colleague support was recognised, to ensure challenges were understood and the art of the possible explored.

Protecting and building on the positive improvements in patient care, as an employer of choice and continuing to build on the successful delivery of capital projects, maintenance and the future implementation of an electronic patient record.

The Chief Executive summarised the significant efforts taken to address the challenged estate at Doncaster Royal Infirmary and following an unsuccessful bid for the New Hospital Programme work had continued with a focus on refurbishment of the site. A comprehensive programme of work had been developed and progressed through discussions with the Department of Health and Social Care and the Minister with responsibility for NHS capital, land and estates. The Trust had developed three major schemes, which included the relocation of the Department of Critical Care, the installation of two modular operating theatres and the refurbishment of the East Ward block. Should funding be approved there may be the potential to consider alternative car parking provision.

The Council of Governors:

- ***noted the Chief Executive Update***

COG24/04/B3 Governor Questions

In response to a question from Public Governor, Dave Northwood regarding how governors would be involved in the refresh of the Trust's Strategy, the Deputy Chief Executive confirmed that work would progress through Spring and into Summer, building upon existing knowledge to develop and form clear objectives for the future. The Trust would consult as part of this work, with governors and the wider public, the support of governors as ambassadors of the Trust would be welcomed within their local communities. The Chief Executive recognised the importance of partnership working, with the need to consider alternative ways to deliver historical healthcare which may see the potential for services to be provided away from a traditional hospital setting in the community. The Glass Works Diagnostic Centre in Barnsley was an example of this, which had not only improved patient and colleague experience but had resulted in increased attendance rates, supporting ease of access and reducing health inequalities.

Public Governor, Clive Smith enquired if there were any plans to refurbish the basement of the East Ward block as part of the developed schemes. Should funding be approved the Chief Executive recognised the benefits of condensing the site and improving the co-location of services.

In response to a question from Public Governor, Sheila Walsh, regarding the replacement of the current lift system within the East Ward block, should funding be approved the Chief Executive acknowledged that through the relocation of services and the use of a decant facility, the volume of lift traffic could provide improved opportunities for refurbishment, ensuring the lifts were compliant with current standards. The Trust would continue to actively pursue funding opportunities and campaign at a local and national level for support to address the challenged estate.

In response to a question from Public Governor, Rob Allen relating to the expansion of on-site parking, the Chief Executive noted the issues related to car parking, in terms of availability and difficulties arising from DRI's location in a residential area. The East Ward block proposal would require the re-provision of the underground car park and following the demolition of Lister Court, to the rear of the Old Ambulance Station, there was the potential for future hard

surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing carbon emissions and the impact on the environment.

COG24/04/C1 Council of Governors' Effectiveness Review

The findings of NHS Providers' Council of Governors Effectiveness Survey and the subsequent external independent review had been provided to the Council of Governors to allow governors to feedback and discuss the report recommendations.

The covering report summarised the findings of the survey and highlighted a series of activities/workshops carried out to support the effective working of the Council of Governors and to address areas identified through the survey.

The Chair welcomed the opportunity to reflect on the findings and recommendations to ensure the Council of Governors received the support to fulfil its collective responsibilities, aligned to good governance and best practice. All feedback would be considered and any decisions arising from the discussion would be taken by the Board of Directors.

The Chair invited feedback from governors, summarised below:

Question: Clarity was sought how the removal of governor observers at Board committees improved the Council of Governors effectiveness. The action appeared to disempower and eliminate governor oversight and limit observation of non-executive directors. Attendance at committees raised governor awareness and enriched input into NED appraisals.

Reflections in response: NHS Providers' advice (2018) confirmed observers at Board committees did not constitute good practice.

The view of external bodies, including the Care Quality Commission was that Board committees should support open, frank and challenging discussions between executive and non-executive directors in private.

The practice at the Trust was not aligned to its South Yorkshire partners.

Non-executive Director, Hazel Brand reflected on the governor duty to represent patients and the wider public and recognised this was an element which appeared to be more difficult to fulfil and suggested opportunities for governors to do so through governors existing networks and contacts. There was also the potential for governors to provide feedback or raise questions from their communities.

Non-executive Director, Kath Smart brought governors attention to point 55 of the independent review and specifically *"It has an impact on the ability of governors carrying out their accountability role. How can governors form an independent view on the performance of the board when they have been party to at least an element of board decision making?"* The role of the governor was to hold non-executive directors to account for performance of the Board. An insight into the business of the committees and assurance sought by the non-executive directors would be included within the Chair's assurance log presented at the Board of Directors meeting.

Question: In order for governors to hold non-executive directors to account for the performance of the Board it would be helpful to observe challenge where things may not have gone as well as expected.

Reflections in response: The Chief Executive recognised the disparity in approach to governor observers across the system and the different opportunities currently afforded to those in an observer capacity and welcomed equal access and transparency for all governors.

The Deputy Chief Executive recognised the need for consistency in approach and to ensure effectiveness across the Board of Directors, its committees and the Council of Governors and suggested it may be helpful to reflect on the effectiveness and associated benefits of observations as compared to participation.

The Chair of the Board presented the independent review recommendations, and further views were offered in respect of hybrid and face to face meeting arrangements and the need for a deputy lead governor. The views would be taken away and considered by the Board of Directors for a decision to be made. Governors were thanked for their invaluable input.

The Council of Governors:

- ***discussed the Council of Governors Effectiveness Review***

COG24/04/C2 Governor Questions from the Database

At the Chair's request, the Company Secretary brought a small selection of questions from the database to governors attention, which included concerns regarding parking and signage at Bassetlaw Hospital, the overnight movement of patients and recent press coverage related to the use of Physician Assistants and the Trust's position on this.

Governors were encouraged to continue to raise questions they receive from their communities through the Trust Board Office who would facilitate a response. Details would be posted to the question database on the governor portal and provided as part of the Council of Governors' meeting papers.

The Council of Governors:

- ***noted the selected questions from the governor question database***

**COG24/04/
D1.0 -1.5 Reports from: the Chair of the Board & Chairs of the Audit & Risk, Quality & Effectiveness, Finance & Performance, Charitable Funds & People Committees**

The Council of Governors:

- ***Received and noted the reports***

COG24/04/D2 Governor Questions related to D1-5

In respect of April's Audit & Risk Committee Chair's assurance log, Public Governor, Dave Northwood requested clarity that the 75% closure rate for audit recommendations related to timely closure and that as the current rate was 77% that a future target would look to secure an improvement on this. The Chair of the Audit & Risk Committee confirmed that the rate did relate to timely closure, the actual closure rate stood at 90% which signalled a clear commitment from the organisation to close high and medium risks. Work to further improve the timely closure rate was required and a target would be agreed for 2024/25, an update would be provided on the next assurance log.

The Chief Executive reiterated the importance of the timely closure of audit recommendations and was supportive of a target above 2023/24's closing position.

COG24/04/D3 Minutes of the Council of Governors held on 1 February 2024

The Council of Governors:

- *Noted and approved the minutes of the Council of Governors held on 1 February 2024*

COG24/04/D4 Governor Question Database

The Council of Governors:

- ***Received and noted the question database***

COG24/04/E1 Any other Business

In response to a message in the meeting chat, the Chair of the Board requested the Company Secretary provide an update on the timescale and process to appoint a Lead Governor. The Company Secretary confirmed the approach communicated following the resignation of the Lead Governor remained unchanged; once the review of the effectiveness survey had been completed expressions of interest would be sought in accordance with the Trust's Constitution.

COG24/04/E2 Items for escalation to the Board of Directors


The Chair confirmed the feedback received relating to the Council of Governors effectiveness review would be taken to the Board of Directors for a decision.

COG24/04/E3 Date and time of next meeting (Verbal)

Date: **11 July 2024**
Time: **15:00**
Venue: **Microsoft Teams**

Meeting **17:05**
Close:

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/01/13	Board of Directors	30/01/2024	Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts.	Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance. When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.	Denise Smith, Chief Operating Officer & Richard Parker OBE, Chief Executive	In the meeting
P24/01/13	Board of Directors	30/01/2024	On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?	The Chief Nurse highlighted the End-of-Life Team provided a specialist service, with specific professional training, there was no evidence from complaints/concerns of any themes related to communication with bereaved families. The information referenced was within the Medical Examiners element of the Executive Medical Director's report and related to a specific group of colleagues, outside of the ward environment. Throughout a patient's journey there would be ongoing conversations and communication was an integral part of colleagues training and education.	Karen Jessop, Chief Nurse	In the meeting
P24/01/13	Board of Directors	30/01/2024	On page 212, given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?	The score referenced was from the summary page of the Board Assurance Framework and related to strategic risk BAF4, if DBTH's estate is not fit for purpose DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues. A significant amount of work had been undertaken on fire safety with the Trust's authorised person working closely with South Yorkshire Fire & Rescue (SYFR). Non-executive Director and Chair of the Audit & Risk Committee, Kath Smart, confirmed regular reports provided assurance that a programme of works had been delivered to time, with agreed plans for 2024/25 jointly agreed with SYFR, with independent assurance and risk assessments undertaken by fire safety consultant. The Chief Financial Officer confirmed the rolling programme of work to ensure patient services remained operational, recognising the risk to patients was greater if service provision was halted.	Kath Smart, Non-executive Director & Jon Sargeant, Chief Financial Officer	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Denise Carr, asked where 'I Want Great Care' originated, if the information could be viewed by patients and how this information would be used.	The Chair explained the Family and Friends Test had been refreshed and a new approach enabled patients to provide feedback via text message which made feedback more accessible.	Suzy Brain England OBE, Chair of the Board	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings.	The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations. <ul style="list-style-type: none"> The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position. As a Place Doncaster had been underfunded. The Chief Executive informed the Trust had made efforts to reduce costs by working with partnerships such as the South Yorkshire Pathology Board, which involved five other Trusts. The Chair added the Trust had a proactive team for continuous improvement.	Richard Parker OBE, Chief Executive OBE	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Clive Smith, had raised if other resources could be encouraged in aid of easing up clinics such as physio recovery in swimming session, etc.	The Chief Executive explained conversations with the Executive Doncaster Place Director would confirm resources available. Non-Executive Director, Joanne Gander, informed local resources could be found on the local council website, in which the public could self-refer.	Richard Parker OBE, Chief Executive OBE & Jo Gander, Non-executive Director	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Partner Governor	18/03/2024	I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council. Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss. Residents within the Bassetlaw area have increasing frustration regarding the waiting times for initial hearing screening for hearing loss, repairs to equipment and ongoing treatment. Loss of hearing is as we are all aware a difficult situation to deal and come to terms with. Many of the residents share the fact that their world is reducing and that the hearing loss impacts on every part of their lives. There is also the potential for any reversible hearing impairment to become long term or irreversible whilst waiting for treatment. The current waiting list for treatment is reported to us as being 2 years. Whilst we are aware of the potential to access treatment from other areas, shared to us by our partners in the Place Based Partnership, we would respectfully ask what actions the Trust is taking to resolve the issue of extended waits and how people may be supported whilst they are awaiting treatment.	Over the past year we have successfully recruited five Audiologists, with the last candidate taking up post in January this year. We have implemented a triage system to ensure patients are offered the most appropriate appointment to meet their needs. Although the waiting list for triage appointment is currently 16-18 weeks, we usually offer a repair appointment within 3 weeks of this telephone consultation. We have also made some amendments to our clinic templates to increase capacity for repair appointments and diagnostics. We are seeking mutual aid from other providers across South Yorkshire and Nottinghamshire and are also exploring options to further increase capacity at Doncaster and Bassetlaw through insourcing and outsourcing. We have submitted a bid to develop an Audiology Care Pathway at Montagu Community Diagnostic Centre and this is being considered, if approved this will support a reduction in waiting times. For the longer term, we are working with colleagues across the ICS to review the service model for audiology services, to ensure we have a sustainable service in place that can meet the needs of our local population.	Lucy Hammond, Divisional General Manager & Denise Smith, Chief Operating Officer	Outside of the meeting
P24/03/G2	Board of Directors	26/03/2024	Do we use Physician's Assistants? If not, will we use them and how will they be supervised?	The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and support.	Dr Nick Mallaband, Acting Executive Medical Director	In the meeting
P24/03/G2	Board of Directors	26/03/2024	What is the procedure to move patients through the night and whether there is any way to mitigate that?	The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.	Denise Smith, Chief Operating Officer	In the meeting
Email	Public Governor -Lynne Schuller	18/04/2024	This is a follow-on update from a question in June23 above. Lynne Schuller asks if there a masterplan for parking, if so does this cover the needs of blue badge users and take into consideration this group and the topography which is currently causing an amount of hardship (the hill from the parking and the drop off point).	Initial response from above was that several "walkthrough" of the site have addressed the initial signage and temporary clinical therapies entrance works. Since then plans have been updated and updates to the site access is updated on the Trust website. (https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/) attached also is a plan of the BDGH site parking kindly sent from the estates department.	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure Sean Tyler, Head of Compliance from estates	 HG0049-PHS-ZZ- -A-9120 - BECV Ph

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Andrew Middleton	22/04/2024	<p>Follow up to 11/1/2024</p> <p>The new facilities at Mexborough (CDC and MEOC) are to serve three borough populations - Doncaster (50%), Rotherham (25%) and Barnsley (25%. In view of the proximity of neighbourhood populations to Mexborough, which span three local government areas:-</p> <p>1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs?</p> <p>2. What marketing has been undertaken on the new services with GPs and others in the three boroughs?</p> <p>3. How will demand be managed should it exceed capacity?</p> <p>With the facility now open, the matter is now more pressing as demonstrated in a meeting today of Barnsley Healthcare Federation, the GP collaborative for all Barnsley's 31 practices, where I am the Independent NED for Finance and Governance. I was asked at today's meeting by GPs, particularly those close by in the Dearne Valley, a host of questions about how MEOC will operate in conjunction with the primary care community in Barnsley. I was somewhat embarrassed at not being able to offer any answers to their questions, or to indicate where they might go for answers.</p> <p>I am asking of you whether the F&P Committee has examined the operational plan for MEOC, through which committee NEDs can seek assurance on questions such as those I asked several weeks ago.</p> <p>The current situation for Barnsley GPs, who are 25% "stakeholders" in the new centre, is that none of them knows anything about the MEOC operational arrangements, including referral protocols.</p> <p>Is this matter within scope of the F&P Committee? It is certainly of interest to the 250,000 population of Barnsley and its 31 GP practices.</p>	<p>1. The digital and IT infrastructure focuses on providing clinicians in the facility with access to data from their host trusts and communicating and reporting clinical information back to the host trusts post operatively. The individual trust systems/clinicians then communicate clinical information for any patients treated at MEOC, this is done in exactly the same way as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trusts operate differing IT systems, however, a temporary solution is in place and working well. The permanent solution is planned for completion by June/July 2024.</p> <p>2. MEOC is set up to receive consultant referrals only, with no direct referrals from GPs, hence why no referral protocols have been developed/shared. It is the responsibility of teams within provider trusts to decide whether patients on their current waiting list, and new referrals, meet the agreed clinical criteria for treatment at MEOC. Some marketing has been undertaken with GPs in order to make them aware of the service that is being provided to their patients via onward referral from consultant orthopaedic surgeons in the three partner trusts.</p> <p>3. The capacity in MEOC was planned to manage a reduction in high-volume, low complexity orthopaedic surgery waiting times, whilst freeing up capacity in host trusts for more complex work, and assisting with a reduction in overall waiting times for the longest waiting patients. Whilst it is not anticipated that further capacity will be required to achieve the waiting list targets aimed for in the business case, the design of the building included consideration of an extension at a later point should this be necessary.</p> <p>The operational policy has been circulated several times for comment to provider trusts' Chief Operating Officers and their teams responsible for delivery of the MEOC plan. There are numerous meetings and structures now in place to discuss operational, clinical and performance matters which are attended by representatives from all three provider trusts.</p> <p>The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issues across the range of the Trust's activities. Given the responsibility (and desire) to collaborate with partners to deliver service solutions to populations wider than Trust's traditional operating footprint we are interested to receive feedback from all stakeholders on any issue impacting the effectiveness of MEOC.</p>	Karen McAlpine, MEOC Operational Lead, Jon Sargeant, Chief Financial Officer and Mark Day, Non-executive Director	Outside of the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Dave Northwood enquired how governors would be involved in the refresh of the Trust Strategy.	The Deputy Chief Executive confirmed that work would progress through Spring and into Summer, building upon existing knowledge to develop and form clear objectives for the future. The Trust would consult as part of this work, with governors and the wider public, the support of governors as ambassadors of the Trust would be welcomed within their local communities. The Chief Executive recognised the importance of partnership working, with the need to consider alternative ways to deliver historical healthcare which may see the potential for services to be provided away from a traditional hospital setting into the community. The Glass Works Diagnostic Centre in Barnsley was an example of this, which had not only improved patient and colleague experience but had resulted in increased attendance rates, supporting ease of access and reducing health inequalities.	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Clive Smith enquired if there were any plans to refurbish the basement of the East Ward block as part of the developed schemes.	Should funding be approved the Chief Executive recognised the benefits of condensing the site and improving the co-location of services.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Sheila Walsh enquired if there were any plans for the replacement of the current lift system within the East Ward block as part of the schemes developed for refurbishment of the DRI site.	Should funding be approved the Chief Executive acknowledged that through the relocation of services and use of a decant facility, the volume of lift traffic could provide improved opportunities to refurbish the lifts to comply with current standards. The Trust would continue to actively pursue funding opportunities and actively campaign at a local and national level for support to address the estate challenges.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Rob Allen enquired what opportunities there may be for the expansion of on-site parking,	The Chief Executive noted the issues related to car parking, in terms of availability and difficulties arising from DRI's location in a residential area. The East Ward block proposal would require the re-provision of the underground car park and Lister Court, to the rear of the Old Ambulance Station, had recently been demolished which offered the potential for future hard surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing the impact on the environment through carbon emissions.	Richard Parker, Chief Executive	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
COG24/04/D2	Council of Governors	25/04/2024	In respect of April's Audit & Risk Committee Chair's assurance log, Public Governor, Dave Northwood requested clarity that the 75% closure rate for audit recommendations related to timely closure and that as the current rate was 77% that a future target would look to secure an improvement.	The Chair of the Audit & Risk Committee confirmed that the rate did relate to timely closure, the actual closure rate stood at 90% which signalled a clear commitment from the organisation to close high and medium risks. Work to further improve the timely closure rate was required and a target was yet to be agreed for 2024/25, an update would be provided on the next assurance log. The Chief Executive reiterated the importance of the timely closure of audit recommendations and was supportive of a target above 2023/24's closing position.	Kath Smart, Non-executive Director & Richard Parker, Chief Executive	In the meeting
Email	Public Governor - Lynne Schuller	06/05/2024	<p>A friend contacted me yesterday; she has Lupus, and her treatment requires an annual scan and examination of her eyes. She was concerned to be told when attending Ophthalmology this week that:</p> <p>A. She will receive a letter from D.R.I. in about 6 months' time explaining changes to the service. Could I ask why will there be an outline of service in 6 months? Is the service subject to a review? If so, will there be a public consultation or consultation with service users?</p> <p>B These proposed changes include visiting an optician, not the consultant at D.R.I. What is the access to said opticians - including how many are available and where they may be situated, and indeed how this may affect Bassetlaw Residents - i.e. is this a South Yorkshire ICB / ICS decision and if so is this mirrored by Nottingham & Nottinghamshire ICB / ICS.</p>	Without further patient information, particularly regarding the treatment received, the service is unable to provide a response and have requested direct contact is made with the Business Manager, Kerry Allen on 01302 642173. Alternatively, should they wish to email Kerry @ kerry.allen3@nhs.net and provide their contact details she will arrange a mutually convenient time to speak.	Kerry Allen, Business Manager	Outside of the meeting
Email (post BoD)	Public Governor - Dave Northwood	07/05/2024	The need for a Lead Governor to be in place to liaise between the Trust and NHS(E), when communication between the latter and the Chair is inappropriate, was outlined by Monitor. It was confirmed at the recent Board meeting that this is an important coordination role. No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?	<p>Following our Board of Directors meeting earlier this week and some subsequent queries from governors about the Lead Governor appointment process, I thought it would be helpful to drop you a line to update on the timelines.</p> <p>Today is Fiona Dunn's last working day at DBTH as our Company Secretary and Director of Corporate Affairs. I am sure you will join me in wishing Fiona all the best in her retirement and we will miss her support to both the Board and Council of Governors. We have been successful in recruiting to a new role of Associate Director of Strategy, Partnerships and Governance, a key appointment in providing ongoing senior leadership in Company Secretary related duties as well as a broader strategic portfolio, working closely with Zara Jones, our Deputy CEO. Formal announcements about our new colleague will follow imminently.</p> <p>Given the changes above and the variety of activities our small Trust Board Office team are undertaking in coming weeks, we intend to start an Expressions of Interest process for the role of Lead Governor in June 2024. The exact date is yet to be finalised, but I hope you will find it helpful to know that this process will start in the near future.</p> <p>Should you have any further queries, please do not hesitate to get in touch via the Trust Board Office. The current interim arrangements in lieu of having a Lead Governor in post will remain until a new appointment is made.</p>	Suzy Brain England OBE, Chair of the Board	Outside of the meeting