

**Meeting of the Council of Governors held in Public
on Thursday 07 November 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 26 September 2024</i>	SBE	Note	-		
B	GOVERNOR APPROVALS				15:05	
B1	Chair & Non-executive Director Appraisal Process 2023/24	RA	Note	B1	5	
B2	NED recruitment and succession Planning	RA	Approve	B2	5	
B3	Dates for Future Council of Governors Meetings plus AMM /AGM	RA	Approve	B3	5	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:20	
	C1.1	Suzy Brain England OBE - Chair's Report	SBE	Note	Present	10
	C1.2	Lead Governor Updates	JH	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	10
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 26 September 2024		SBE	Approve	D1	5
D2	Minutes of the Annual Members Meeting broadcast on 26 September 2024		SBE	Approve	D2	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC					17:00
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					17:05
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: 06 February 2025 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing		SBE	Note	Verbal	
G	MEETING CLOSE					17:15



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 28 October 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.

Eileen Harrington – Public Governor – Doncaster

Founder of DonMentia

Run the DonMentia Forum

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

Andrew Flynn – Public Governor - Doncaster

Town Councillor, Stainforth Town Council

Deborah Benson – Public Governor - Doncaster

Director / Owner Digital Affinity Ltd.

Chairperson, Doncaster Stroke Group

Stroke Voices in Research, Stroke Association

Member of Liberal Democrats

Eric Boocock – Public Governor - Bassetlaw

Director of Operations, Country Roads Catering

Phil Mettam – Public Governor - Bassetlaw

Owner Phil Mettam Leadership Solutions Ltd

Trustee, RSPCA Rotherham & Doncaster

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

Irfan Ahmed – Public Governor - Doncaster

Patrick Bond – Public Governor - Doncaster

Dr Mark Bright – Public Governor – Doncaster

Kay Brown - Staff Governor – Non-Clinical

Denise Carr – Public Governor - Bassetlaw

Natasha Graves – Public Governor – Doncaster

David Gregory – Public Governor - Doncaster

Jackie Hammerton – Public Governor – Rest of England

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

Mandy Tyrell – Staff Governor - Nursing & Midwifery

Andria Birch - Partner Governor - BCVS

Anita Plant - Partner Governor – The Partial Sighted Society

Colin Wallace – Public Governor – Doncaster

Report Cover Page			
Meeting Title:	Council of Governors		
Meeting Date:	7 November 2024	Agenda Reference:	B1
Report Title:	Chair and Non-Executive Director Appraisal Process 2023/24		
Sponsor:	Rebecca Allen, Associate Director Strategy, Partnerships & Governance		
Author:	Angela O'Mara, Deputy Company Secretary		
Appendices:			
Report Summary			
<p>Purpose of the report & Executive Summary</p> <p>The Non-executive Directors' appraisal and objective setting was completed throughout April and May 2024, the process followed that adopted in previous years. Governors and executive directors were provided with an opportunity to feedback on their ability to hold executives to account for performance of the Board.</p> <p>In addition to the Trust's appraisal paperwork, non-executive directors also completed a self-assessment against the NHS Leadership Competency Framework for Board members. The framework, published in February 2024 consisted of six competency domains focused on high-quality and sustainable outcomes, setting strategy and delivering long-term transformation, promoting equality and inclusion, providing robust governance and assurance, creating a compassionate and just culture and building a trusted relationships with partners and communities.</p> <p>The Chair's appraisal process was informed by NHSE guidance, issued in 2019 and updated in March 2024. The framework establishes a more standardised approach for ICB, NHS trust and foundation trust chairs, aligned with the NHS Leadership Competency Framework and informed by multi-source feedback. Feedback was invited from governors, executive directors and the chairs of the South Yorkshire and Nottingham & Nottinghamshire Integrated Care Boards.</p> <p>The Chair's appraisal was completed on 1 May 2024 by Mark Day, Senior Independent Director and in accordance with the guidance was submitted to the Northeast & Yorkshire regional director on 25 June 2024. The Chair's objectives focused on ensuring effective partnership work at Place and across the system, ensuring that mechanisms were in place to hold the executives to account for the delivery of performance, quality and financial plans and ensuring good governance arrangements and related board development against the Care Quality Commission's Well-led framework.</p> <p>Non-executive director's objectives aligned with their individual portfolios and development opportunities along with broader trust-wide themes and included; contribution to the Trust's equality, diversity and inclusion journey to deliver the six high impact actions in NHSE's EDI Improvement Plan, improvement in Board committee effectiveness, contribution to Board oversight and governance, fulfilment of NHSE's non-executive champion roles, maintain awareness of delivery of 2024/25 internal audit plan and contribution to Board oversight and governance.</p>			
Recommendation:	To note the non-executive appraisal process for 2023/24		
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	
	Yes			Yes	
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		
	X	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		
		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:	Your statutory duties: a reference guide for NHS foundation trust governors Code of Governance for NHS Provider Trusts				
Resources:	NHS England » NHS leadership competency framework for board members Governors guide August 2013 UPDATED NOV 13.pdf NHS England » Addendum to your statutory duties – reference guide for NHS foundation trust governors				
Assurance Route					
Previously considered by:					
Date:					
Any outcomes or next steps					
Previously circulated reports to supplement this paper:					

Report Cover Page			
Meeting Title:	Council of Governors		
Meeting Date:	7 November 2024	Agenda Reference:	B2
Report Title:	NED recruitment and succession planning		
Sponsor:	Suzy Brain England, Trust Chair and Chair of the Council of Governors		
Author:	Rebecca Allen, Associate Director Strategy, Partnerships and Governance		
Appendices:			
Report Summary			
Purpose of the report & Executive Summary			
<p>This report sets out the stages of recruitment options for non-executive directors and asks the council to decide on its preferred manner to progress.</p>			
Introduction			
<p>The Council of Governors (CoG) plays a key role in ensuring the trust operates effectively and in line with the needs of the community. In respect to their responsibilities to non-executive directors (NEDs) they are responsible for the appointment (and removal) of NEDs. This includes identifying suitable candidates and making appointment decisions. To maximise the effectiveness of this process and to support the Council or Governors in its duties there are a number of areas that could be enhanced at DBTH, and these are outlined below:</p>			
<ul style="list-style-type: none"> • COG Nomination and Remuneration Committee. Review the Terms of Reference, attendee lists, frequency of meetings and any additional support it may need to exercise its duties. All Board Committee Terms of reference and workplans have recently been reviewed. Best practice states that this should be done at least annually for all regular meetings. Therefore, it is timely that the CoG N&R Committee are also reviewed to ensure they are still fit for purpose and cover all requirements. This is a process that would involve governors directly (via an agreed working group) and supported by the Trust Secretary. • Identify governors who wish to be part of the process, and ensure they are supported with the necessary training requirements for EDI and wider recruitment considerations. Recruitment to NED roles directly involves Governors and (supported by the Trust Secretary), having the right skills in place is paramount. Although not mandated within The Code or legislation, it may also be beneficial for governors to be part of wider recruitment panels, and this is something that can be facilitated where the right skills and training is already in place. • Review and consider remuneration of NEDs as part of the entire process. A recent review conducted by NHS Providers outlines best practice and benchmarking across the sector, which the Council may wish to consider ahead of a recruitment campaign. remuneration-survey-23-24-231024vs2.pdf • Identify the required process, timeframes, and resource implications, including the use of specialist NED recruitment agencies as required. Recruiting to NEDs often involves a long and extensive search process. It can be difficult for a local trust, to have the required reach and breadth of networks to facilitate this in an effective and efficient way. Therefore, utilising specialist groups to support in getting the right outcome is common practice. • Agree a time frame and working group to progress the above. 			
<p>The Trust Secretary, and Deputy Trust Secretary, via the Trust Board office will provide the required support and administration of the above process and ensure that identified governors have access to the required</p>			

training resources. However, there will be an additional requirement on governors' time commitment to deliver the necessary outcomes. Individual governors may wish to consider this as part of their overall volunteering role.				
Recommendation:	The Council is asked to consider and approve the process review and implementation for recruitment of NEDs to the DBTH Board of Directors and to bring back the agreed process and timeframe for the Feb 2025 Council of Governors.			
Action Required:	Decision	Review and discussion	Take assurance	Information
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	
	Yes		Yes	
Implications				
Relationship to Board assurance framework:	x	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	
	X	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	
	x	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	
	X	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	
	x	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	
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation will not 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 YES			
Legal/ Regulation:	The Council of Governors has a duty to appoint (and remove) non-executive directors, and so the Trust needs to provide the required frameworks and resources to support delivery of this duty			
Resources:	Not yet identified fully, will have cost, training, and time requirements.			
Assurance Route				
Previously considered by:	N/A			

Date:	N/A
Any outcomes/next steps	Process and timelines to be presented to the Feb 2025 Council of Governors
Previously circulated reports to supplement this paper:	N/A

Report Cover Page			
Meeting Title:	Council of Governors		
Meeting Date:	7 November 2024	Agenda Reference:	B3
Report Title:	Dates for Future Council of Governors Meetings plus AMM /AGM		
Sponsor:	Suzy Brain England, Trust Chair and Chair of the Council of Governors		
Author:	Rebecca Allen, Associate Director Strategy, Partnerships and Governance		
Appendices:	None		
Report Summary			
<p>Purpose of the report</p> <p>This report provides a list of dates proposed for the Council of Governors through 2025 – 26 and 2026 - 27. These dates enable Governors to plan and ensure they are able to attend where possible. It also highlights the proposed date for the face-to-face meeting of the Annual Members and Governors meeting.</p> <p>Summary</p> <p>The Council of Governors (CoG) plays a key role in ensuring the trust operates effectively and in line with the needs of the community. As such, planning in the key dates for the Council meetings to meet their statutory obligations of the role is key to the Councils effective operation. The suggested dates fit into the Board and Committee cycle, ensuring NEDs are able to attend as required. The times of day of these meetings can be moved to accommodate the majority of governors, for example a morning, lunchtime or early afternoon if requested.</p> <p>Following a number of surveys, the Council stated it would prefer to have the AMM as a physical event, possibly with other activities as part of this. In response to this, these have been planned in for both 2025 and 2026 with a suitable location to be confirmed. We will aim to have the location at one of our own hospital sites, however this is not always possible on specific dates. We will work with the Council to secure the best outcome for this event.</p> <p>Attendance at the four Council of Governor meetings that occur annually, as well as the Annual meeting is a statutory requirement of the governor role. An online forum supports individuals to attend these and so the business of the Council is conducted through this online forum to facilitate that.</p> <p>The Council may wish to review the current attendance list of governors and consider what actions they wish to pursue for governors that do not engage with the Council meetings and in line with the constitution and Governor Code of Conduct.</p> <p>The rest of the Governor work and activities are balanced between online and physical events on one of the DBTH Sites. With the direction of the Council, it is hoped these will extend over the coming year to include community hub venues and a greater presence at Trust events.</p>			

Proposed Dates 2025 – 2026

Council of Governors	
Date	Time
Thursday 15 May 2025	15:00 - 17:00
Tuesday 29 July 2025	15:00 - 17:00
Tuesday 23 September 2025 (Annual Members Meeting in person)	10:00 - 11:30
Thursday 13 November 2025	15:00 - 17:00
Tuesday 24 February 2026	15:00 - 17:00

Proposed Dates 2026 – 2027

Council of Governors	
Date	Time
Thursday 14 May 2026	15:00 - 17:00
Tuesday 28 July 2026	15:00 - 17:00
Tuesday 22 September 2026 (Annual Members Meeting in person)	10:00 - 11:30
Thursday 12 November 2026	15:00 – 17:00
Thursday 18 February 2027	15:00 - 17:00

Recommendation: The Council is asked to consider and approve the dates proposed for CoG meetings and the AMM / AGM.

Action Required:	Decision	Review and discussion	Take assurance	Information
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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
	Yes	Yes

Implications

Relationship to Board assurance framework:	x	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
	X	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
	x	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
	X	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

	x	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
	x	BAF7	If DBTH does not deliver continual quality improvement, research, transformation, and innovation then the organisation will not 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 YES		
Legal/ Regulation:	The Council of Governors has a duty to attend CoG meetings and planning in advance, as well as consideration of the format supports governors to fulfil this duty.		
Resources:			
Assurance Route			
Previously considered by:	N/A		
Date:	N/A		
Any outcomes/next steps			
Previously circulated reports to supplement this paper:	N/A		



hello my name is...

Suzy Brain England OBE

Chair of the Board



www.dbth.nhs.uk

From the Chair:


- Attended the online session for 'Breaking down stigmas and looking after our wellbeing' facilitated by Luke Ambler the founder of Andy's Man Club.
- Welcomed the newly appointed local MPs at a lunch meeting at DRI.
- Attended the Board Delegate Development Programme celebration event.
- Official Bassetlaw Emergency Village handover ceremony.
- Presented the Green Flag Award to the Rainbow Garden at Bassetlaw Hospital.
- Guest speaker at a DBTH People Pathway session.



From the Chair:

- Presented the Chair's Award at the Annual DBTH Star Awards.
- Opened the 16th National ENT Nursing Masterclass on behalf of the Trust.
- Attended an MP Question Time event ran by Doncaster Chamber.
- Attended YHealth for Growth parliamentary reception at the House of Commons.





hello my name is...

Jackie Hammerton

Lead Governor



www.dbth.nhs.uk


Overview

- Annual Members Meeting
- Nottingham & Nottinghamshire ICS Governor Engagement Event
- Governor Briefing Widening Participation
- Welcomed Governors;
 - Deborah Benson
 - Patrick Bond
 - Eric Boocock
 - Andrew Flynn
 - Phil Mettam
 - Colin Wallace
 - Sheila Walsh

Coming Soon

- Christmas Governors Coffee and Catch-Up, 11 December 2024
- Governor Planning at DRI, date to be confirmed





hello my name is...

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): September & October 2024

Positive Assurance

September

- a) Cash & Treasury Management – Significant Assurance
- b) Data Security and Protection Toolkit – Substantial Assurance
- c) External Audit Results Report 23/24 - Annual Audit Report & finalised ISA 260 from Ernst & Young – The external audit conclusion was the same as reported in June, with a summary. The only change was the finalised 8 control issues reported ARC & will be followed up on.
- d) 23/24 De-brief held between Finance Team and Ernst & Young. Key points have been agreed for 2024/25 process.
- e) Risk Management Annual Report – This gave assurance on the progress made during 23/24, with key areas of focus for 24/25. 360 Assurance will review progress in Q4.
- f) Single Tender Waivers – Significant assurance for compliance with the Trust process.
- g) Losses & Compensations – Significant Assurance for compliance with the Trust financial process. However, concern remains of the number and volume of hearing aids/dental /patient property losses which impact patient experience & trust Finances. Work commissioned.
- h) Register of Interests, Corporate Hospitality & Sponsorship – Significant Assurance was given to the process for ensuring a robust approach and the Committee acknowledged the positive steps resulting in an 81% compliance rate for declarations of interest for decision makers during Q1.
- i) Health, Safety & Fire prevention - The report demonstrated that overall system is in place and working to mitigate health & safety risks with significant assurance. The report covered detail on improvements to H&S assurances with the RoSPA accreditation, and arrangements in place to manage risk relating to Electrical Safety, Water Safety, Lifts, Ventilation, Asbestos management and Fire Safety. There are significant risks being pro-actively managed and monitored in these areas.

Positive Assurance

October

- a) Payroll Audit – Significant Assurance – This audit covered whether there is an efficient, effective and robust control environment in relation to pay expenditure. The review highlighted 1 medium risk in relation to controlling user access to the pay systems.
- b) Shared Business Services – Year End Assurance statement – Provided positive/significant independent assurance to ARC that the financial systems have an adequate system of control
- c) Security Management - The report demonstrated that overall system is in place and working to manage security risks with significant assurance. The report covered detail on improvements to security assurances in relation to Mortuary security (following on from the Sir Jonathan Michale Report); Smoking enforcement; Security incidents; Lone Working; and Access control.

Matters of Concern or Key Issues

September

Limited Assurance Audit Report- Mortality Data Quality Assurance Audit – This demonstrated there are areas for improvement in the process and 6 medium risk recommendations agreed by management covering improvement relating to the TOR & membership for the Mortality Governance Committee, oversight of the improvement plan, and establishing appropriate performance measures. The report is referred into QEC and an update on the progress with delivery of the Audit Recommendations is due back to Feb 2025 ARC.



We
care

Audit & Risk Committee (ARC): September & October 2024

Matters of Concern or Key Issues ctd

October

a) **Limited Assurance** Audit Reports

- i. Bank and Agency Control Audit – This audit followed up on the 22/23 work, and demonstrated there are still areas for improvement in the process, with 4 medium risk recommendations agreed by management relating to refresh of & adherence to operational policies to ensure segregation of duties and appropriate control (SOPs). The report is referred into People Committee with IA following-up on closure of all actions;
- ii. Business Continuity Audit – This audit reviewed the Trusts business continuity plans and arrangements and highlighted 2 high, 2 medium and 1 low recommendation relating to refreshing the overarching strategy & policy, updating the business continuity plans from across the Trust (Divisions and Corporate areas); documenting testing of plans and debriefs/ lessons learnt from incidents; improvements to the EPRR Steering group and its Terms of Reference.

b) **Partial Assurance** – was given by ARC for the Risk Management & BAF updates given to the Committee. Information provided in relation to the Risk Management activities was difficult to draw conclusion from, and the BAF showed some areas for improvement to improve compliance alongside the Trusts Risk Management Policy. ARC Recommends that the Trust consider as part of its discussions in December:-

- i) Reviewing the Risk Management Policy to be clearer on requirements for the BAF and Risk information review at Board/ Committee level;
- ii) Improve the timing, process and consistency of review of the BAF & Risk Management; ARC will now review compliance with timetable (on behalf of Board) at each ARC meeting;
- iii) Currently ARC plans to review the BAF process at each of its ARC meetings in line with the current risk management strategy;

c) **Partial Assurance** was given by ARC to the implementation of reviews/ visits/ inspections and accreditations Policy work. Progress is being made in this area, with more to do on collating and oversight of where the risks may lie following independent visits to the Trust. ARC has asked for a further update in 2025.

Emergency Planning Core Standards Return – Following managements self-assessment of the Trusts processes against the required standards, 37/62 standards are fully compliant, 24/62 are partially compliant. This gives an overall score of 60% and equates to a “non-compliant” score in line with the assessment process. There is a full action plan which aims to increase compliance, but with dates past the end of March 2025, the Trust needs to declare **non-compliant** position. The EPRR return will be peer reviewed and results fed back to Audit Committee in due course.

Audit & Risk Committee (ARC): September & October 2024

Major Actions / Work in Progress

September

- a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- b) ARC requested oversight of the progress being made for Trust-wide Data Quality assurance/kitemarking to be reported back to F&P or ARC (dependent on timing)
- c) ARC requested that management/ TLT review where assurance sits in light of Mortuary & Pathology assurance, the Sir Jonathan Michael Report/ Pathology in light of discussions held at QEC and some cross over with other Committees (eg: Security Management).
- d) ARC TOR & Workplan – This has been reviewed and updated. In line with guidance and best practice, it has been agreed that Health, Safety, Fire & Security will no longer be the responsibility of ARC. As part of the due diligence during handover, ARC has asked for management to consider where these key areas report into in the Trusts management structure, and notes that future reporting will be to Finance & Performance Committee, with a significant element to People Committee. Management/ TLT were asked to review reporting lines to ensure this can be achieved.
- e) ARC Chair to meet with CIO to discuss CyberSecurity Assurances provided to ARC
- f) Post-Accounts de-brief held between Finance and EY with clear agreed actions, including the earlier production of the trusts Annual report for 2025 to facilitate smoother year end processes
- g) Risk Management – ARC has requested clear timeline of risk management training plans and rollout be brought to the committee. Progress has been made, but this action is still underway.
- h) Losses & Compensations – In light of repeated claims made in respect of patient property, ARC requested management to review whether a Qi / CIP project may be appropriate

Major Actions/ Work in Progress

October

- a) All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- b) ARC TOR & Workplan – Management/ TLT were asked to review reporting lines of Health, Safety Fire & Security to ensure this can be achieved if revised TOR is approved by Board.
- c) Risk Management Risk management training. This action is still underway.
- d) Losses & Compensations – Patient property. This action is still underway

Decisions Made

September

- a) Standing Financial Instructions, Standing Orders, Reservation of Powers to the Board – These were reviewed and recommended for approval by the Board ;
- b) Requested a change of ARC date to October, so that this is ahead of the next BOD in November 24.
- c) ARC TOR & Workplan – The bulk was approved, with some final minor changes to be made before coming back to October ARC before being recommended to November 24 Board of Directors

October

- a) ARC TOR & Workplan – This was approved and is recommended for approval to November 2024 Board of Directors.
- b) EPRR Annual Assurance Statement – ARC reviewed the statement for EPRR which is an annual declaration, noting that peer review at ICB level is yet to take place. ARC noted the submission for recommendation to Board and asked for a consistency check between the Audit Report on Business Continuity (above a ii) before being signed off at 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): October 2024

Positive Assurance

Full Assurance

PSIRF Progress and Outcomes report

CQC update

Never Events Highlight report

Mortality report inc. Mortality Data Quality Assurance Report (referred from ARC)

Audit and Effectiveness Update Report

Matters of Concern or Key Issues

Paediatric Audiology – **Partial Assurance**

Following previous updates, significant challenges remain across the service, covering adult provision too, resulting in a limited service now being in place whilst issues are addressed. A full update to the Board of Directors in November is scheduled.


Major Actions / Work in Progress

- Risk ID 3209 -Patient tracking Inaccuracies a further update to be provided to December QEC to confirm completion.
- Restore audiology service provision including addressing the specific paediatric audiology improvements to ensure a safe and quality service is delivered.
- Quality & Effectiveness Committee Terms of Reference and Committee workplan

Decisions Made

Paper to come to the next Committee re options appraisal to address areas escalated by the Audit & Risk Committee regarding the Data Quality Assurance Report





hello my name is...

Mark Day

Non-executive Director



Finance & Performance Committee (F&P): October 2024

Positive Assurance

Capital Programme – full assurance

Matters of Concern or Key Issues – partial assurance

Access Elective Recovery Plan – current forecasts indicate performance significantly behind plan. Directorate recovery plans being reviewed but initial indications show a residual shortfall and plans are not risk adjusted for winter pressures.

2024/25 Financial Performance and Forecast Outturn - adverse forecast and slippage on CIP represents a significant risk to the financial position.

Access Standards – figures show a deteriorating position since previous report, especially in relation to Unplanned and Emergency Care with, for example, significant numbers of patients (727) waiting in the ED for more than 12 hours and 13% of patients waiting for more than 1 hour in Ambulances before being admitted to ED.

Elective Activity Report - concerns about Day Case activity and failure to reach target in Ophthalmology, Medical Ophthalmology, Trauma and Orthopaedics and Oral Surgery

EPR Update - positive progress noted but still only partial assurance given complexities of discussions and delays introduced by requirements of other organisations involved.

BAF/Risk Register - escalate Financial Risk to Part 2 of next Board meeting. Committee agreed to review and increase the risk for BAF 3, given partial assurances given in performance papers.



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

Major Actions / Work in Progress

Urgent and Emergency Care Improvement Plan – received for information only, significant work being undertaken to redesign SDEC, frailty and ward length of stay management processes.

Getting It Right First Time Report - work in progress. Committee welcomed the format of the new report which gives much more detail about the implementation of GIRFT recommendations and actions in the clinical directorates/divisions.

Mexborough Elective Orthopaedic Centre Consortium Agreement – no paper presented, to be included in action log for presentation at next Board meeting.


Green Plan Delivery Progress Report – Report presented for information – good progress noted and excellent external peer review of progress by the Trust. Work in progress

Integrated Health Care Programme – Doncaster Plan – Report presented for information – good progress noted.

Decisions Made

Approval of final Winter Plan. Plan is aligned with NHS England plan published in September 2024. There was discussion about the risks inherent in not making allowance for unplanned challenges such as increased staff sickness or industrial action.





hello my name is...

Hazel Brand

Non-executive Director



Charitable Funds Committee September 2024 (CFC)

Positive Assurance

Colleagues planning fund-raising to be asked, as a matter of course, whether any of the 100 'dormant' funds can be used. Significant assurance

Matters of Concern or Key Issues

Expenditure exceeded income by £106k in the four months to July 2024. Total overall funds are, however, £3.2m. Growing the charitable income is a key plank of the HoC's action plan. Moderate assurance

Trustees had asked that a project funded by the Charity should present at each Committee meeting. The colleague scheduled for this meeting did not attend. Trustees are, therefore, unaware of how successful the initiative had been. Moderate assurance

Major Actions / Work in Progress

Further work commissioned:

- Setting up a pilot public lottery, including but not limited to colleagues from Finance, Procurement, Comms & Marketing, and Governance
- Developing a policy on use of the estate, including but not limited to colleagues from Governance, Estates & Facilities, Comms & Marketing
- Review the work plan

Decisions Made

Approve the paper presented by Duncan Batty, Head of Charity (HoC), Doncaster & Bassetlaw Healthcare Services, specifically:


- the need for investment to grow the Charity
- the action plan and details of delivery of the objectives
- setting up a public lottery
- use of DBTH's assets and facilities, including estate, to promote the Charity and recognise projects funded by the Charity

Approve the Committee Effectiveness Review.

Approve the Charitable Funds Committee's Annual Report.

At the March 2025 meeting, review Doncaster & Bassetlaw Hospital Services management of the Charity and its operation.





hello my name is...

Mark Bailey

Non-executive Director



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People Committee: October 2024

Positive Assurance

People Strategy: Full Assurance

Overview of 'Year 2' plan and deliverables building from 'Year 1' which was covered in depth at June 2024 committee. High level performance measure attainment – milestones and outcomes. Recognition of indicators in supporting enabling work.

Engagement & Leadership: Significant Assurance

Trust level and local engagement on 2023 staff survey with clear actions. 2024 survey launched in September with adjustments reflecting experience to improve reach into all areas. National sexual safety at work charter and anti-racist organisation commitments.

Health & Wellbeing – Annual Report 2023-24: Full Assurance

Positive outcomes in 2023 Staff survey. National and regional recognition for innovative health initiatives. 360 Assurance independent audit – 'significant assurance' outcome.

Flexible Working – Annual Report: Significant Assurance

Growth in range and accessibility of formal and informal flexible working opportunities. Improvement noted in staff survey satisfaction level.

Education: Significant Assurance

Statutory compliance at end Sept 89.35% v. 90% target. Medical student / GMC survey improvement in 2024 with no indicators below national averages; higher regional ranking attained. Education & career promotion evidence – including 'We Care into the Future' events engaging 2,000 young people in Doncaster and Bassetlaw.

Appraisal Season 2024: Significant Assurance

Completion rate at 93.5%; exceeding 90% target for 1st time at DBTH. Post appraisal survey on quality of appraisal conversations providing assurance on linkage to performance objectives and opportunity to cover development and well-being. Compliance for medical annual appraisal at 1st April was 94.1% - noting IQPR data correction work is required.

Nursing & Midwifery Workforce review & Safe Staffing: Significant Assurance

Comprehensive report giving evidence of processes and outcomes / actions taken to monitor and ensure safe staffing against national care quality standards. Acknowledgement of much stronger positions on achieving establishment staffing levels with significant progress on agency usage and cost rates.

Workforce Supply & Demand: Significant Assurance – grip & process.

Update to the earlier 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 taken which have addressed or reduced challenged skill types. Continued work on scarce groups including potential system level approaches.

Other assurance items:

- Flu vaccination - report on lessons learned from 2023 staff flu vaccination programme and their incorporation into 2024 programme to increase uptake.
- Health & Safety – analysis to understand and define recovery action to minimise moving & handling, slips, trips and falls and sharps incidents involving staff. Noted formation of cross discipline team working within Health & Wellbeing structure.

People Committee cont'd

Matters of Concern or Key Issues

Workforce Supply & Demand: Limited Assurance on achieving / maintaining in steady state - full establishment skill levels.

Major Actions / Work in Progress

NHS England - Sexual Safety Charter

Policies, behavioural standards and training development to underpin commitment to zero-tolerance approach to unwanted, inappropriate and / or harmful sexual behaviours to our workforce.

Anti-Racism Organisation Commitment

Collaborative work at Doncaster Place and South Yorkshire ICB partners on anti-racism -focus likely to be on a charter, recruitment practices and training.

Bi-annual nursing workforce establishment review

Further data collection and analysis is underway to confirm or adjust ED workforce at DRI and to consider imminent service changes at Bassetlaw with the move into the Emergency Village development. AHP establishment review also underway to inform future planned AHP Biannual workforce reports, in line with National guidance. Data inaccuracies being worked through to ensure an accurate report to future PC.

Safer Nursing Care Tool (SNCT) analysis confirms establishment levels are being met for nursing but the mix of registered to unregistered nurses falls below new national recommendations. A Trust Executive review is planned to review and consider options to progressively achieve the recommended skill mix.

Decisions Made

Medical Appraisal / Revalidation

As a Designated Body for its employed doctors the Trust is required to submit an annual report for medical revalidation and appraisals and a Statement of Compliance to NHS England (NHSE). The People Committee has reviewed the 23/24 performance and assessment of compliance and is recommending signature by the Chief Executive.

Terms of Reference

The review and refresh of the People Committee terms of reference are considered appropriate for providing assurance to the Board that the Trust has structures, processes and controls for the effective delivery of the People Strategy.

Speaking Up (FTSU) – Bi-annual report: Significant Assurance


Comprehensive account of the performance against the 2024-28 Speaking Up Strategy using the delivery plan milestones for year 1 / 2. Report to be shared with DBTH Board.



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

Thank you and over to your questions





hello my name is...

Richard Parker OBE

Chief Executive



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Audiology update

Following a number of challenges - waiting times, IT, equipment and clinical assessments – it is evident that our Audiology services need to improve.

We have contacted service users directly and apologised for any inconvenience caused as we make necessary changes.

Temporary service limitations: To issues and challenges, some services have been temporarily limited until the new year to ensure we meet all standards.

Urgent cases: We're prioritising urgent cases, especially for children, and collaborating with providers in South Yorkshire and Nottinghamshire for support.

Current services: Hearing aid repairs, tinnitus counselling, and diagnostic tests like Auditory Brainstem Response are still available.

Communication with our communities: We will update when this work has complete, and services fully resume in early 2025.



The Autumn Budget

NHS budget allocations:

£1.57bn for surgical hubs, scanners, and radiotherapy. Target: 40,000 extra NHS appointments and procedures per week.

Key challenges:

7.64 million patients awaiting care; backlog doubled since the pandemic.

280,000+ waiting over a year for operations or scans.

Government initiatives:

£1.8bn to reduce waiting lists, AI-enabled scanners, “crack teams” of surgeons to support providers – DBTH in scope of this work.

Outlook:

10-year NHS plan due next spring, informed by Darzi Report.



Scan for more info.



Darzi Report

The *Darzi Report*, published in September, reviews NHS challenges in patient access, quality, and infrastructure. It offers recommendations to shape the Government's upcoming 10-year NHS strategy for sustainability and improved care – the report outlines the following:

Challenges: The NHS struggles with patient access, care quality, staff shortages, and outdated infrastructure, lowering public satisfaction.

Health decline: Life expectancy improves post-pandemic, but poor health years are rising due to worsening social factors.

Service access: Long wait times in GP, urgent and emergency care, mental health, and elective care, with socio-economic disparities.

Financial strain: Underfunding and austerity measures limit resources, with hospitals often prioritised over primary care.

Recommendations: Invest in infrastructure, support staff, reduce wait times, focus on primary care, and implement a 10-year NHS improvement plan which will focus on four areas: **Shift to care in the community**; **Preventive healthcare**; **Digital transformation**; **Economic integration**.



Implications for DBTH

Approach to Surgical and Diagnostic Centres

Potential opportunities for current and future services.

Health on the High Street

Work already underway across Doncaster.

Capital Developments

Critical Care Scheme commences this month, car parking, accommodation, theatre Refurbishments, East Ward Block.

Partnership and further transformation

Scoping work and willingness to work across the region.



Activity at DBTH

September and October 2024

93,325
Outpatients



An increase of 7,426
patients compared to 2023

21,282
Inpatients



A decrease of 848 patients
compared to 2023

34,415
Emergency



An increase of 1,498
patients compared to 2023

589
Babies



A decrease of 151 patients
compared to 2023



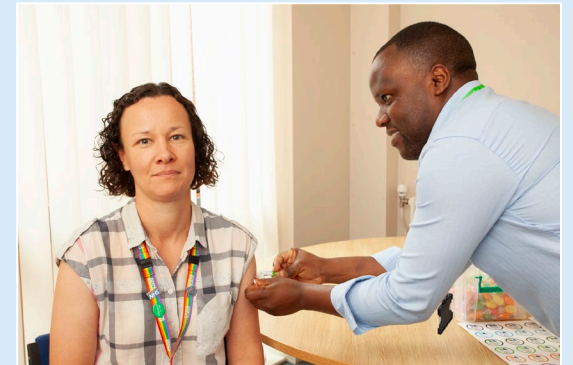
Updates

Staff Survey: Has launched – with, 50% of all colleagues taking part in the first month. Target of 70% set to achieve by 24 November.

Flu and COVID-19 vaccination: Around 10% of all colleagues vaccinated, with 60 peer vaccinators across the Trust.

DBTH Annual Plan: Published on DBTH's website, outlines out annual objectives around activity, people, quality, finance and system working.

FGM clinic: Launched in September.



Patients

We deliver safe, equitable, person-centred care



People

We are a supportive, inclusive and welcoming



Partnership

We work together to enhance our services with our organisations and communities



Pounds

We are efficient and spend public money wisely



Updates

The DBTH Health Inequalities Strategy (2023-2028): Launched this summer, the document focuses on reducing unfair health outcomes in Doncaster and Bassetlaw, ensuring everyone has equal access to care. Colleagues can support this by raising awareness of available services, identifying barriers, and collaborating to reach vulnerable groups.

The Big Conversation: The Government is inviting everyone, from the public to health and care colleagues, to help shape the future of the NHS by sharing experiences and ideas. Feedback will contribute to a new 10-Year Health Plan for England. Head to: <https://tinyurl.com/nhschange2024>





Update: Our new Chief Finance Officer

 Patients We will work with our patients and the public to improve our services.	 People We will work with our staff to improve our services.	 Partnership We will work with our partners to improve our services.	 Pounds We will work with our public money holder to improve our services.
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Update: Emergency Village at Bassetlaw Hospital

 Patients	 People	 Partnership	 Private
			



Update: Imaging Suite at Montagu Hospital

 Patients We will continue to invest in our patient care and experience	 People We will continue to invest in our people and their development	 Partnership We will continue to work in partnership with our stakeholders	 Pounds We will continue to invest in our public money wisely
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Update: Imaging Suite at Bassetlaw Hospital

 Patients We are committed to providing the highest quality patient care and experience.	 People We are committed to providing the highest quality patient care and experience.	 Partnership We are committed to providing the highest quality patient care and experience.	 Pounds We are committed to providing the highest quality patient care and experience.
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Update: NHS app launched within services

 <p>Patients NHS.uk NHS.uk NHS.uk</p>	 <p>People NHS.uk NHS.uk NHS.uk</p>	 <p>Partnership NHS.uk NHS.uk NHS.uk</p>	 <p>Pounds NHS.uk NHS.uk NHS.uk</p>
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**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 26 September 2024 at 15:00
via Microsoft Teams

Chair	Suzy Brain England OBE - Chair of the Board	
Public Governors	Mark Bright Denise Carr David Gregory Jackie Hammerton Lynne Logan Dave Northwood Sheila Walsh	
Staff Governors	Kay Brown Joseph Money Vivek Panikkar Gavin Portier Mandy Tyrrell	
Partner Governors	Jo Posnett	
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Hayley Clark - Ernst & Young (item B1) Zara Jones - Deputy Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary Richard Parker OBE - Chief Executive Jon Sargeant - Chief Financial Officer Emma Shaheen - Director of Communications and Engagement Anneleisse Siddall - Corporate Governance Officer (Minutes) Kath Smart - Non-executive Director Dan Spiller - Ernst & Young (item B1)	
Governor Apologies:	Phil Holmes - Partner Governor Lynda Wyld - Partner Governor	
Board Member Apologies	Rebecca Allen - Associate Director of Partnerships, strategy and Governance Jo Gander - Non-executive Director Zoe Lintin - Chief People Officer	
		ACTION

COG24/09/A1	<u>Welcome, apologies for absence (Verbal)</u>	
	<p>The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.</p> <p>The Chair of the Board shared the sad news that Clive Smith, Public Governor had passed away. Heartfelt condolences were shared widely across the Trust and social media had received many messages of sympathy from colleagues and public alike.</p> <p>Clive's family had contacted the Trust's Communications Team and details of the upcoming funeral would be shared.</p>	
COG24/09/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	No new declarations of interests were presented to the meeting.	
	<p><i>The Council:</i></p> <ul style="list-style-type: none"> - <i>Noted governors' current declarations of interests.</i> 	
COG24/09/A3	<u>Actions from previous meetings</u>	
	There were no outstanding actions from the previous meeting.	
COG24/09/A4	<u>Introduction from the Lead Governor</u>	
	<p>The Chair of the Board welcomed the recently appointed Lead Governor, Jackie Hammerton.</p> <p>Jackie introduced herself and provided an overview of her governor journey to date and her interest in developing the work of the Council of Governors going forwards.</p> <p>The Chair of the Board wished the Lead Governor every success in her new role.</p>	
COG24/09/B1	<u>Auditors Annual Report 2023/24</u>	
	<p>The Council of Governors received the auditors' annual report, which provided an overview of work completed during the financial year 2023/24.</p> <p>Hayley Clark, Ernst and Young, extracted key components which confirmed the unqualified opinion on the Trusts financial statements and accounts. Included within the report was an executive summary, audit of financial statements, value for money statement and appendices, in which there were no significant findings, key risks were listed within the report.</p> <p>Ernst and Young reported a positive working relationships with the Trust and its partners.</p> <p>The Chair of the Board invited comments.</p> <p>The Chief Executive highlighted the findings Ernst and Young had documented on Trust finances and risk. Hayley Clark confirmed that financial internal processes were well managed by the Trust, however risks were highlighted due to the reliance on funding.</p> <p>Non-executive Director, Kath Smart, reminded governors of the statutory process by which the Audit and Risk Committee had oversight of the report. The Audit and Risk Committee had</p>	

	<p>requested that the Chief Financial Officer and Ernst and Young carry out a lessons learnt debrief for a streamlined approach to the preparation of 2024/25's annual report, with feedback to be provided to the Committee.</p> <p>Staff Governor, Gavin Portier, highlighted 23% unidentified Cost Improvement Programmes (CIP) and asked how the Trust benchmarked against other organisations. The Chief Financial Officer confirmed the Trust had performed well in previous years, delivering savings of up to £14m. During the Covid pandemic figures had reduced, and finances were restricted therefore Trusts were expected to find more savings. Overall, the Trust had benchmarked well against other acute providers.</p> <p>Public Governor, Mark Bright, asked the requirement on delivery of savings for next year, the Chief Financial Officer confirmed other Trusts had set an 8% savings target.</p> <p>Lead Governor, Jackie Hammerton, asked if the recent pay award would impair the financial position, the Chief Financial Officer confirmed pay awards would be funded. The Chief Executive confirmed the exception between NHS and NHS Professionals, as the Trust would not cover NHS Professionals back pay.</p> <p>The Chair suggested it may be appropriate to hold the Annual Members Meeting earlier in the year.*</p> <p>The Chair thanked the external auditors and Finance Team, for dedicating their time to the annual report.</p> <p>*Post meeting note: as the annual report and accounts could not be received prior to them being laid before Parliament the date could not be brought forward.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and received the Auditors Annual Report.</i> 	
<p>COG24/09/C1</p>	<p><u>Chair's Assurance Logs</u></p>	
	<p>The Chair confirmed the assurance logs had been provided for noting and asked if governors had questions, that these be shared with the Trust Board Office.</p> <p>Chairs Assurance Logs included the following committees:</p> <ul style="list-style-type: none"> • Audit & Risk Committee • Charitable Funds Committee • Finance & Performance Committee • Quality & Effectiveness Committee 	
<p>COG24/09/C2</p>	<p><u>Outcome of decision at Board of Directors</u></p>	
	<p>The Chair of the Board confirmed the decisions taken at the Board of Directors meeting on 3 September 2024 at which it was agreed that:</p> <ul style="list-style-type: none"> - three Board meetings per year would be held face-to-face across all three hospital sites - the Annual Members Meeting would be held in person. - governors would no longer observe Board Committee meetings. 	

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	<p>It was noted that hybrid meetings could not be offered at present, but dates of the Board of Directors meeting would be circulated, when available.</p> <p>The Chair confirmed questions could be sent via email, which would be added to the Council of Governor's questions and shared within future papers.</p> <p>The Chair noted various activities were scheduled for governors that also included informal meetings.</p>	
COG24/09/C3	<u>Minutes of the Council of Governors meeting held on 11 July 2024</u>	
	The Council of Governors approved the minutes from 11 July 2024.	
COG24/09/D1	<u>Questions from members of the Public previously submitted prior to meeting</u>	
	There were no questions submitted prior to the meeting.	
COG24/09/E1	<u>Any Other Business</u>	
	There was no other business raised prior to or within the meeting.	
COG24/09/E2	<u>Items for escalation to the Board of Directors</u>	
	There were no items to escalate to the Board of Directors.	
COG24/09/E3	<u>Governor Board/ Meeting Questions Database</u>	
	Public Governor, David Northwood, highlighted the question from Partner Governor, Lynda Wyld, related to breast screening services which was without an update. The Deputy Company Secretary confirmed the Chief Operating Officer had been asked to source a response to the question but there was a delay due to the divisions' efforts being focused on the Audiology Service.	
COG24/09/F1	<u>Annual Members Meeting (virtual)</u>	
	<p>The Chair confirmed the Annual Members Meeting was pre-recorded and would be made available via the Trust's website, YouTube, and Facebook. Governors had received a link via email to access a preview of the recording, which would becoming publicly available at 6pm. The agenda included:</p> <ul style="list-style-type: none">▪ Operational activity▪ Highlights and challenges throughout the year▪ Financial performance▪ An update on local, regional and national developments in health and social care <p>Speakers would include:</p> <ul style="list-style-type: none">▪ Suzy Brain England OBE, Chair of the Board▪ Richard Parker OBE, Chief Executive	

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	<ul style="list-style-type: none">▪ Jon Sargeant, Chief Financial Officer <p>The minutes of the Annual Members meeting would be taken to the Council of Governors meeting on 7 November 2024.</p>	
COG24/09/F2	<u>Annual Members Meeting Questions</u>	
	<p>The Chair of the Board encouraged governors and members of the public to share any questions for the Annual Members Meeting with the Trust Board Office before 4 October 2024.</p>	
COG24/09/F3	<u>Date and time of next meeting (Verbal)</u>	
	Date: 07 November 2024 Time: 15:00 Venue: Microsoft Teams	
COG24/09/G	Meeting Close: 15:38	



Minutes of Doncaster & Bassetlaw Teaching Hospitals'

Annual Members Meeting

Pre-recorded for broadcast at 6pm on Thursday 26 September 2024

Welcome

The Chair of the Board welcomed viewers to the Trust's virtual Annual Members Meeting. The meeting would summarise the Trust's achievements during the period 1 April 2023 to 31 March 2024.

Minutes of the Annual Members Meeting held on 28 September 2023

The Chair of the Board asked members to note that the minutes of the previous Annual Members Meeting held on 28 September 2023 had been approved as a true record at the Council of Governors meeting on 9 November 2023, a copy of which could be found on the Trust's website <https://www.dbth.nhs.uk/about-us/become-a-member/annual-members-meeting/>.

Reflection on 2023/24 – Suzy Brain England OBE, Chair of the Board and Council of Governors

The Chair of the Board reflected on 2023/24 and shared her appreciation of colleagues' dedication and efforts, which had been pivotal in supporting the Trust's commitment to delivery of outstanding healthcare.

In the last year, the Trust had made significant progress in enhancing services and improving patient outcomes. Facilities at all three hospital sites had been upgraded to meet the evolving needs of patients, including the refurbishment of medical imaging at Bassetlaw Hospital and a charity funded bereavement suite at Doncaster Royal Infirmary. At Montagu Hospital, the Mexborough Elective Orthopaedic Centre of Excellence and Community Diagnostic Centre had set new standards in specialist care and diagnostics, demonstrating the value of collaborative partnership working.

During 2023/24 the Trust had welcomed Deputy Chief Executive, Zara Jones and Chief Information Officer, Dan Howard. Their fresh perspectives would help to shape the Trust's strategic and digital vision for the future. Specialist roles and services were also introduced, including the Early Pregnancy Loss Midwife and the Rapid Diagnostic Service.

The Trust had celebrated the success of its colleagues, with the Estates & Facilities Team securing Team of the Year at the Building Better Healthcare Awards.

The Trust had delivered its 2023/24 financial plan and a record breaking £57.6m of capital investment, which included the Bassetlaw Emergency Village, and the refurbishment of the

Central Delivery Suite at Doncaster Royal Infirmary.

The launch of the DBTH Way was recognised as a significant milestone in shaping the culture of the organisation, the framework emphasised kindness, inclusivity, and collaboration, setting clear expectations of how colleagues should treat each other and patients.

The Trust had launched its health inequalities strategy, led by Dr Kelly MacKenzie and Richard Woodhouse, which was being embedded into Trust activities. Innovation was central to developments, and with the support of the Fred and Ann Green legacy there had been investment in advanced technology, the da Vinci® robot for minimally invasive surgery and a therapy suite for stroke rehabilitation.

Sustainability and net zero ambitions were guiding the Trust's actions and the Trust's Green Plan had achieved significant results, including a transition to renewable electricity and reducing volatile anaesthetic gases.

There had been transformational progress during 2023/24 and the Trust was well placed to deliver exceptional healthcare for all.

The Chair of the Board expressed her thanks to colleagues, governors, members, volunteers, partner organisations and local communities for their support.

Reflection on 2023/24 - Richard Parker OBE, Chief Executive

The Chair of the Board welcomed the Chief Executive, Richard Parker to the virtual Annual Members meeting.

The Chief Executive recognised the challenges faced by the NHS in 2023/24 at a local and national level, with a focus on returning to pre pandemic activity levels and recovery of the waiting lists.

The workforce was a critical factor in this period of recovery, which had been impacted by significant levels of industrial action and the efforts of colleagues in maintaining a safe service throughout this time was acknowledged. The Chief Executive welcomed the pay settlement and encouraged a speedy resolution for the outstanding general practitioner negotiations.

Where there had been a need to source temporary workforce, this had been subject to careful management, significant financial pressures continued to be seen in 2024/25 across the NHS and in the economy.

During 2023/24 the Trust had cared for 131,000 inpatients, 511,000 outpatients, 199,000 visits to the emergency department and delivered 4,572 babies.

In March 2024, the Trust had met the national standard for patients being seen, treated, discharged, or admitted within four hours of arrival in the Emergency Department and were one of the most improved hospitals in the country. The Chief Executive encouraged the public to use the emergency services wisely, making the most appropriate choice for non-emergency or minor illnesses from the range of available healthcare services.

There had been sustained performance in respect of cancer standards, with a reduction in the 62 day backlog and delivery of the faster diagnosis standard. The 62 day referral to treatment

standard remained a challenge but the Trust continued to drive to achieve all standards in a sustainable way.

Efforts to drive down elective waits continued towards no patient waiting more than 52 weeks by the end of the year, which was recognised as a challenging standard locally and nationally.

There had been a greater focus on collaborative working to ensure consistent delivery of standards. System developments in elective, diagnostic and care in the community services were a key focus. The Mexborough Elective Orthopaedic Centre and the South Yorkshire & Bassetlaw Pathology Partnership were recognised as good examples of organisations working together to provide the best possible care to the communities served and with the support of technological advancement. Future opportunities to collaborate on the delivery of children's services were being explored and the Trust was engaged in a programme of work to implement an electronic patient record.

There had been considerable progress made in the year relating to patient experience with improved results on CQC inpatient and outpatient surveys.

In 2023/24 the Trust delivered its financial plan, with an improvement of 11.5% against its planned deficit, an extensive capital plan was delivered and in view of the disappointing news that the Trust was not part of the New Hospital Programme the Trust continued to explore opportunities to enhance its existing services and facilities. The support of local MPs was actively sought and appreciated and the work remained a significant commitment of the Board of Directors.

The Trust had reassessed its key priorities as part of a refresh of its strategy, focused on, patients, people, partnerships, and pounds. The Trust had launched a Nursing, Midwifery and Allied Health Professionals Quality Strategy, implemented the Patient Safety Incident Response Framework, launched the Sexual Safety Charter and updated many of its policies.

From a quality perspective, improvement had been seen in hospital mortality rates, job planning and the introduction of a Health Inequalities Strategy. Disappointingly, following an inspection by the Care Quality Commission in September 2023 the overall rating of the Trust reduced from "Good" to "Requires Improvement". The Trust was committed to improve the areas identified and a robust plan of action was in place to ensure the rating returns to the national standards as quickly as possible following the introduction of the new inspection framework.

During the year senior posts had been recruited to across the organisation, with advances made in the recruitment of nursing colleagues and significant recruitment of midwives. The DBTH Way provided a framework for colleagues to role model behaviours in line with the Trust's We Care values, alongside a focus on Just Culture.

The Staff Survey secured a 67% participation rate, one of the highest in the country, which provided reliable data with which to work. 71% of responses were better than the national average and further actions would be taken to continue to improve colleagues experience. Of the nine national people promises the Trust was above the standard in all categories.

In terms of awards and accreditations, the Trust was delighted to have been named Employer of the Year at the Doncaster Chamber Business Awards, achieved menopause accreditation and many other nominations for local and national awards. The recognition of long service was reintroduced this year and was much appreciated by colleagues, with many colleagues having

service between 20-50+ years.

The significant investment from the Fred and Ann Green legacy to purchase the da Vinci® robot was acknowledged and the Chief Executive placed on record his thanks to Fred and Ann Green and their family for the enormous impact of the legacy for the Trust, its people, patients and community. The Chief Executive signalled the Trust's continuing commitment to provide high quality to patients.

Annual Accounts 2023/24

The Chair of the Board welcomed the Chief Financial Officer to the meeting to provide an overview of the Trust's financial performance.

2023/24's accounts had been audited by Ernst & Young and an unqualified opinion on the financial statements and use of resources had been provided.

The Chief Financial Officer confirmed that the Trust had moved away from the national financial regime in place throughout the pandemic, to earn money for the work completed. In 2023/24 the Trust had earned £568m of income, after paying colleagues and allowing for all in year liabilities the Trust reported a loss of £23.7m, against an agreed deficit plan of £26.8m.

As at 31 March 2024, the cash balance was £36.3m, however, due to a back loaded capital programme there was a total of £24m of capital creditors at year end, which meant the underlying cash position was c. £12m. The Trust continued to pay suppliers promptly to maintain cash flow in the economy.

There was a significant capital spend in year and the Trust experienced increased costs arising from increased utility prices and inflation. The Trust had however reduced its reliance on temporary staffing.

Looking ahead to 2024/25, the NHS would continue to face the challenge to improve waiting times and recover the backlog of elective patients.

The Trust had an agreed deficit plan of £26.7m, with cash support provided by NHS England. There remained a commitment to spend on essential estates maintenance, with an increased spend on medical equipment and IT as compared to 2022/23. An options appraisal for appropriate use of contingency was underway.

The Trust Board was focused on providing the best value for money for colleagues and patients and was working through a plan for a break even position over the medium term.

Question and Answer Session

The Chair of the Board introduced the question and answer session, where executive colleagues provided a response to members questions received prior to the meeting.

"Given the current state of DBTH's finances, how will this affect plans to refurbish DRI, as well as ongoing maintenance costs?"

The Chief Financial Officer confirmed that the Trust was currently working with colleagues at NHS England and the Department of Health & Social Care to review plans for the Doncaster Royal Infirmary site. A business case to refurbish the East Ward Block was being developed, with submission expected in Summer 2025. In the interim a number of schemes were being worked

up to support enabling programmes of work, including potential changes to staff accommodation, car parking and relocation of the Department of Critical Care.

“How is the Trust tackling issues around diversity and representation?”

The Chief People Officer confirmed there was a comprehensive improvement action plan in place to address equality, diversity and inclusion, aligned to the national NHS actions. This work was reported through the Board’s People Committee. Some of the work related to representation and diversity included an established Reciprocal Mentoring Programme and Board Development Delegate Programme to increase diversity in the talent pathway for both internal and external colleagues. Delegates were able to observe the Board and its committees, to understand ways of working and spend time with Board members. A leadership prospectus had been reframed in line with the DBTH Way and a talent management framework, Scope for Growth, had been introduced. Information from national data sets around equality and diversity and staff survey measures had been analysed to understand the impact of the work on our people.

“What type of workforce challenges is the Trust currently experiencing?”

The Chief People Officer confirmed that the Trust had a robust workforce planning process in place, aligned with business planning. There had been some recruitment successes this year, particularly in nursing and midwifery, including newly qualified and internationally educated colleagues. As a result, a reduction in agency and temporary staffing spend had been seen. There remained some areas of national challenge in medical workforce and the Trust continued to work closely with other organisations across the system to establish collaborative opportunities, the Pathology Network was a good example of this. In respect of retention rates, an improvement had been seen linked to the significant work underpinning the People Strategy. The Trust had well established relationships with external education providers where there were lots of opportunities to develop skills through a range of educational pathways and career development across all professions, including a range of apprenticeships.

“The Trust is forecasting a higher deficit than expected – how does the Trust intend to manage this?”

Following an overspend in the first two months of 2024/25, the Chief Financial Officer confirmed that the Finance and Performance Committee of Board had agreed a review to establish the cause. Should no change be initiated, the potential year end deficit was forecast to be c.£52m. Working with colleagues in divisions and directorates actions were identified to bring the finances back in line with the original financial plan.

The Chair of the Board thanked Trust members for their questions and shared her appreciation with executive colleagues for their responses.

Annual Report & Accounts 2023/24

The Chair asked that the Annual Report and Accounts for 2023/24, the annual audit letter and the Trust’s Constitution be received. Copies of which could be found on the Trusts website at www.dbth.nhs.uk


In closing, the Chair of the Board thanked all viewers.

These were exciting times for the Trust, with opportunities for investment and development, however, the financial challenges faced by the NHS were acknowledged and it was imperative that public money was spent wisely with a commitment to deliver the best possible care for our patients.

DRAFT

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P23/11/13	Board of Directors	28/11/2023	Concerns in relation to the standard of staff accommodation.	In relation to concerns related to the standard of staff accommodation, whilst the matter had been discussed at last month's Board, the Chief Executive had been included in recent correspondence and a further response had been provided. The Chief Executive had ensured, via the Chief Nurse, that the pastoral team for international recruits were sighted on the escalation route, and medical colleagues via their divisional teams. All colleagues were encouraged to raise concerns through the established routes to ensure a timely response. In addition, guidance and relevant contact details would be provided to users of the accommodation to support the reporting of concerns.	Richard Parker, Chief Executive	In the meeting
P23/12/E2	Board of Directors	19/12/2023	Page 89 of the papers the Board is asked to note the Year-to-Date deficit of £23.6m, which is around 5% of our income. (Last year was £17m deficit). Such deficits are inconsistent with True North Strategic Objective No 4 of being in recurrent surplus. We would like to know if there is a plan in place to work towards a budget surplus and if this is so could we please have this plan shared for assurance.	The Deputy Director of Finance confirmed the Trust had commissioned an external review of its underlying deficit, the findings of which validated its analysis. Operational, strategic, and structural drivers were identified, which included the use of temporary staffing, the need for improved partnership working to support effective and efficient service delivery and the challenged estate. The Chief Executive confirmed the Trust's approach to delivery of its financial plan was communicated to the Finance & Performance Committee and the Board, which focused on the appropriate use of limited resources. Pre-covid the Trust had made significant progress in reducing its deficit position, however, it was important to consider the Trust's position against the national context, with the NHS having declared a £1.4bn deficit at month six. The system had declared a deficit plan of £109m, with unidentified savings, and whilst some challenges were local issues, others such as the impact of the BMA rate card on pay spend, had seen the costs of medical cover for industrial action and additional sessions increase by 50% as compared to the previous year. The importance of working collaboratively with partners would be critical to future service delivery.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	Board of Directors	19/12/2023	Page 87 performance against the Better Payment Practice Code is reported as 79% - we are aware on benchmarking against 2 local NHS organisations of figures achieved in the high 90s%, which is positive for supporting local businesses. Does the Trust have a plan to achieve the 90 + rate to work towards best practice? if so, how will this be achieved	The Deputy Director of Finance confirmed the Trust continued to make payments in a timely manner, with no supplier concerns raised at the weekly review meeting.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	Board of Directors	19/12/2023	We note that the Fred & Ann Green Trust fund is adding additionality to the trust, specifically within the Mexborough area. We also note that the fund is reaching the end of its life. This will leave a gap in charitable funding. We would like to understand what the strategy is moving forward in relation to fundraising and filling the void this fund may leave.	The Chair of the Charitable Funds Committee confirmed a proposal to progress the work of the Trust's Charity had been received at the December meeting, in line with the recommendations of the More Partnership. A task and finish group would meet in January 2024 to determine transitional arrangements. There had always been an intention to utilise the funds within the legacy, in accordance with Fred and Ann Green's wishes and the future funding of charitable funds' projects would be a focus on the development of a fundraising strategy to increase donations.	Hazel Brand, Non-executive Director	In the meeting
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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?	<p>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.</p> <p>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.</p> <p>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.</p>	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.	Suzu 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.	<p>The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations.</p> <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. <p>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.</p>	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
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.	<p>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.</p> <p>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.</p> <p>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.</p>	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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 P
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 Trust 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. 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 issue 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	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: 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? 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.	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?	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. 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. 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. 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.	Suzy Brain England OBE, Chair of the Board	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Cllr Harrier Digby - Partner Governor & Lynne Schuller - Public Governor	05/06/2024	<p>Clarity on the issue of patients attending services and booked procedures to find that there is insufficiently trained staff. This leads to the procedure being cancelled and re-booked, sometimes moving venue.</p> <p>The concern here is threefold. The impact on individual patients, having to have undergone cancelled procedures, potential impact on the mental health of patients following cancellations and the impact on waiting lists which remain high.</p> <p>I would request that the number of cancelled procedures is investigated and that this is report alongside an indication as to the reason for cancellation. The Lillie hood of this happening three times to one person and not being a wider issue we believe would be slim and therefore some clarity in regards the numbers would be beneficial.</p>	<p>Dear Councillors Digby and Schuller, Thank you for your email correspondence of 4 June 2024, in relation to the cancellation of elective procedures at the Trust, which I have received for comment via the Trust Board Office. I understand that the specific patient concerns were to be addressed separately by the Patient Advice and Liaison Service, and as such my response below will focus on the overall Trust position.</p> <p>The Trust is required to report against the following national standards relating to cancelled elective procedures:</p> <ul style="list-style-type: none"> • Urgent operations cancelled more than once (no patient should have an urgent operation cancelled on more than one occasion) • Breaches of the 28-day guarantee (where any patient cancelled should be re-booked within 28 days) <p>Performance against these standards is reported to the Board's Finance & Performance Committee, where it is subject to scrutiny and challenge, in order that assurance may be provided to the Board of Directors. Performance against all national access standards, along with patient safety and workforce data is presented as part of the Integrated Quality and Performance Report to every meeting of the Board; as this is a meeting held in public all papers are available via the Trust's website.</p> <p>During Quarter 1 2024/25 no urgent operations were cancelled more than once. In addition, I can confirm that a monthly operational report provides the total number of cancellations and a breakdown of the reasons for cancellation; in the latest reporting period (June 2024) cancellations equated to 1.1% of all procedures.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting
				<p>With regards to the 28-day guarantee standard, the graph to the left shows the Trust's performance over time and the supporting narrative provides an insight into the specialty and reasons for the breach occurring.</p> <p>Breaches of the 28-day guarantee</p> <p>June 2024 2 x Trauma and Orthopaedics 1 x General Surgery</p> <p>All three patients were cancelled due to a lack of theatre time due to anaesthetist sickness, the addition of an urgent trauma patient to the list and a change of theatre list order. Two patients were reappointed in June and one in July</p> <p>May 2024: Trauma and Orthopaedics x 5 General Surgery x 1</p> <p>One cancellation related to surgeon sickness, two due to a technical issue related to laminar air flow, one due to a lack of available equipment, one due to a lack of time, and one due to no available elective bed. Two patients were reappointed in May, three in June and one in July.</p> <p>A Theatre Improvement Programme is in place to increase oversight, strengthen practice and drive improvements, the five workstreams within the programme are detailed below:</p> <ul style="list-style-type: none"> • Optimising theatre lists through planning • Maximising utilisation on the day • Rightsizing the workforce • Applying national productivity metrics • Managing equipment and the environment 		

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	Is there an opportunity for the Trust to make cost savings and reduce its deficit position by urgently reviewing and improving the management of long term or reoccurring sickness absence for medics, relating to a loss of productivity and increased spend on associated cover costs for locums, alongside colleague sick pay?	A number of changes have been made in relation to our management of sickness absence over the last year, and Sickness Absence is a pillar within the Trust's Workforce (Agency) Workstream with actions monitored through a steering group chaired by the Chief People Officer and on Monday.com. This workstream reports to the Transformation Board, chaired by the Chief Executive. The Trust's sickness absence policy was refreshed and relaunched last year, supported by briefing sessions and an ongoing review of template letters. The policy and supporting documentation provide a process to manage sickness absence robustly whilst supporting our people and their health & wellbeing. Other improvements in the process of managing sickness absence include focused stretch targets being set at a divisional/directorate level and within individual depts, rather than all areas working towards the Trust-wide target, and triangulating data on sickness and agency/locum usage. Sickness absence rates and trends are monitored at divisional Performance Review Meetings and the People Business Partnering team continue to support managers and there is oversight of all cases within a sickness absence process. It would, of course, not be appropriate to comment on individual cases and sometimes conversations can be happening which may not be visible to the rest of the team. Further actions are underway and planned. These include ongoing work with the Occupational Health team together with recently introduced specialist mental health nurse provision, a task and finish group to improve the process for reporting and managing absence of doctors in training (as it is recognised that this is less clear than for other groups currently) and deep dives where there are particular 'hot spots' or trends.	Zoe Lintin, Chief People Officer	Outside of the meeting
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	What plans are there to increase breast screening attendance rates, which seem to be well below pre pandemic levels and not shifting.	Since the previous update the service has moved back to timed appointments and seen that uptake rates have increased to a minimum of 70% each month. This is monitored by the programme manager. The team have also undertaken a number of health promotions, with a stand at Lakeside Shopping centre on the 31st August. We also had a BAME group visiting Devonshire House on 24th September to try to encourage uptake amongst this group, and on Wednesday 25th September, the programme manager attended Mind coffee morning at Worksop to talk about Breast Screening.	Denise Smith, Chief Operating Officer	Outside of the meeting
P24/09/E2	Board of Directors	03/09/2024	Given that the operational risk of fire to the estate was rated at 20, the same score as of October 2023, could the non-executive directors give assurance that actions to reduce the risk were being addressed in a serious, thorough, and timely manner?	It was acknowledged that the fire improvement works related largely to the East Ward Block and were associated with a proposal to renovate and reconfigure. The Board's Finance & Performance Committee had oversight of this programme of work and the Chair confirmed the Committee was assured by management actions. In addition to the significant assurance received from the internal audit report relating to the planned preventative maintenance of the estate, the Chair of the Audit & Risk Committee also confirmed receipt of a bi-annual health and safety report, which included fire safety and a jointly agreed action plan with South Yorkshire Fire & Rescue Service (SYFRS). The Chief Executive reflected on fire improvement work previously completed in accordance with an enforcement notice, which had been fulfilled to the satisfaction of SYFRS. In addition, the Trust commissioned an external authorised person for fire safety, which provided additional external expert assurance.	Non-executive Directors, Kath Smart & Mark Day & Richard Parker OBE, Chief Executive	In the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Could Governors have more detail about these significant risks from Health and Safety & Fire Prevention.	The significant risks referred to are contained in the Trust Board Assurance Framework (BAF 4) and the Trust Risk register (TRR 12, TRR 1412, and TRR 1807) which were received by Board most recently at its September meeting. Both documents lay out the challenges the Trusts is managing in relation to its Estate, health, safety and fire prevention.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Audit Report -Mortality Data Quality Assurance Audit - There seem to be a lot of issues mentioned needing improvement, and particularly of concern are the performance measures. Are NEDs concerned this has arisen?	The internal audit plan does have areas it specifically targets for review as they are areas of risk or concern. Hence, it is probable there will be findings through delivery of the IA plan. The Mortality review is obviously a key area for the Trust to review and the audit has identified improvements which need to be made in order to improve the governance around mortality assurance. The Committee was disappointed to receive a Limited Assurance report, however, the Medical Director attended ARC and gave an update on the planned work. Delivery of all the recommendations will be monitored by ARC.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	What is TLT	Trust Leadership Team	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	In respect of Losses and Compensations, it was asked if NEDs were happy that immediate and decisive action was not being taken	This area has been discussed before and it was noted that a review of patients property was being undertaken. However, as the numbers of lost patient property has continued, ARC has asked for further work to be undertaken to ascertain if/how these can be reduced to a minimum.	Kath Smart, Non-Executive Director	Outside of the meeting