

Meeting of the Council of Governors held in Public  
on Thursday 06 February 2025 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		SBE	Note	-	
B	GOVERNOR APPROVALS				15:05	
B1	Extension of Governors’ Terms of Office		RA	Note	B1	10
B2	DBTH Membership Process		RA	Note	B2	10
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:25	
	C1.1	Suzy Brain England OBE - Chair’s Report	SBE	Note	Present	10
	C1.2	Governor Activities	RA	Note	Present	5
	C1.3	Richard Parker OBE - Chief Executive’s Report	RP	Note	Present	15
	C1.4	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				16:05	
D1	Chairs Assurance logs <ul style="list-style-type: none"><li>• Quality Committee</li><li>• Finance and Performance Committee</li><li>• Charitable Funds Committee</li><li>• People Committee</li></ul> <i>Suzy Brain England OBE, Chair of the Board</i>		SBE	Information		
D2	Minutes of the Council of Governors meeting held on 07 November 2024		SBE	Approve	D2	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC				16:10	

<b>E1</b>	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
<b>F</b>	<b>INFORMATION ITEMS</b>				<b>16:15</b>
<b>F1</b>	Any Other Business (to be agreed with the Chair before the meeting)	Gov	Note	Verbal	5
<b>F2</b>	Items for escalation to the Board of Directors	SBE	Approve	Verbal	5
<b>F3</b>	Governor Board/Meeting Questions Database	RA	Note	F3	5
<b>F4</b>	Collective Governor Response (Nottingham & Nottinghamshire Integrated Care System) – NHS Change Consultation	SBE	Information	F4	
	Date and time of next meeting:  <b>Date: 15 May 2025</b> <b>Time: 15:00</b> <b>Venue: DRI Boardroom</b>	SBE	Note	Verbal	
<b>G</b>	<b>MEETING CLOSE</b>				<b>16:30</b>



**Suzy Brain England, OBE**  
**Chair of the Board**

Attendance sheet – *please see next page*

ATTENDEES FOR PUBLIC COUNCIL OF GOVERNORS MEETINGS					
Note: Put a 1 in box if attended	<b>Council of Governors Meeting</b>	<b>Council of Governors Meeting</b>	<b>Council of Governors Meeting</b>	<b>Council of Governors Meeting</b>	<b>Council of Governors Meeting</b>
<b>NAME</b>	<b>25/04/2024</b>	<b>11/07/2024</b>	<b>26/09/2024</b>	<b>07/11/2024</b>	<b>06/02/2025</b>
<b>GOVERNORS</b>					
Rob Allen	1				
Irfan Ahmed					
Debbie Benson				Apols	
Andria Birch					
Dr Mark I Bright	1	1	1	1	
Kay Brown	1	1	1	1	
Harriett Digby					
Andrew Flynn				1	
David Gregory	1	1	1	1	
Eileen Harrington					
Jackie Hammerton		1	1	1	
Phil Holmes	Apols	Apols	Apols	1	
George Kirk			Apols		
Maria Jackson-James					
Alexis Johnson					
Lynne Logan	1	1	1	1	
Phil Mettam				Apols	
Joseph Money	1		1	1	
David Northwood	1	1	1	Apols	
Vivek Pannikar			1	1	
Gavin Portier	1	1	1		
Jo Posnett	1		1	Apols	
Lynne Schuller	1				
Mandy Tyrrell		1	1	1	
Colin Wallace				1	
Sheila Walsh	1	1	1	1	
Lynda Wyld		Apols	Apols		

## **Register of Governors' Interests as 30 January 2025**

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

**Phil Mettam – Public Governor - Bassetlaw**

Owner Phil Mettam Leadership Solutions Ltd

Trustee, RSPCA Rotherham & Doncaster

**Crystal Lucas**

Director of Worksop Pride Community Interest Company

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

Irfan Ahmed – Public Governor - Doncaster  
Dr Mark Bright – Public Governor – Doncaster  
Kay Brown - Staff Governor – Non-Clinical  
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  
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 - B CVS  
Colin Wallace – Public Governor – Doncaster



## Action Log

<b>Meeting</b>	<b>Council of Governors</b>	<b>KEY</b>
<b>Date of meeting reporting to:</b>	07 November 2024	<b>Completed</b>
		<b>On Track</b>
		<b>In progress, some issues</b>
		<b>Issues causing progress to stall/stop</b>

No.	Minute No.	Action	Responsibility	Target Date	Update
1.	COG24/11/B2	<u><b>Working Group</b></u> Trust Board Office to send an email and ask if governors would be interested in joining a working group that would facilitate the Nomination and Remuneration Committee terms of reference. Governors to respond to Trust Board Office.	<b>TBO/ Governors</b>	<b>February 2025</b>	Update Dec - email sent to governors, interest received from governors. Update Jan – Meeting of the Nomination and Remuneration had taken place on 22 January 2025 to begin discussions of time critical Non-executive Director recruitment.
2.	COG24/11/B3	<u><b>Members attendance</b></u> Lead governor requested a review of members attendance to the council.	<b>TBO</b>	<b>February 2025</b>	Update Dec - Discussed within Governor workshop on the 11 December 2025, attendance enclosed on the agenda.
3.	COG24/11/B3	<u><b>Annual Members Meeting</b></u> A plan to be discussed for 2025's in-person Annual Members meeting.	<b>RA/ES</b>	<b>February 2025</b>	Update Jan –Discussion with the Associate Director of Strategy, Partnerships and Governance and Director of Communications and Engagement had taken place with possible venues discussed and reviewed.
4.	COG24/11/C1.2	<u><b>Boardroom availability</b></u> Corporate Governance Officer to check the availability of DRI boardroom on the 11 December 2024 in preparation of governor workshop / catch-up	<b>AS</b>	<b>December 2024</b>	Update Dec - Meeting room booked, Item to close.

Action notes prepared by: Anneleisse Siddall  
Updated: 07 November 2024

No.	Minute No.	Action	Responsibility	Target Date	Update
5.	COG24/11/C1.6	<u><b>Governor Briefing – Charity</b></u> Corporate Governance Officer to source a date for the governor briefing on the Charity.	AS	February 2024	Update Dec - The board are to review the committee governance arrangements for the charity and in light of recent lead charity personnel changes, it is felt that a fuller briefing session would be advantageous later in the new year. Item to close.

Report Cover Page			
Meeting Title:	Council of Governors		
Meeting Date:	6 February 2025	Agenda Reference:	B1
Report Title:	Extension of Governors’ Terms of Office		
Sponsor:	Rebecca Allen, Associate Director Strategy, Partnerships & Governance		
Author:	Angela O’Mara, Deputy Company Secretary		
Appendices:			
<b>Purpose of the Paper</b>			
This paper proposes the alignment of 2025’s governor election timetable with that of 2023/2024 which will require an extension to the terms of some governors.			
<b>Summary</b>			
The Trust’s latest election campaign attracted a total of six public governors in September 2024, three in each of the Doncaster and Bassetlaw constituencies. A further cohort of eight governors will reach the end of their terms of office in mid-April 2025, seven of whom will be eligible to stand for re-election.			
Whilst the Trust is unable to extend the term of an elected governor beyond three years, it can co-opt the governor in accordance with the Trust’s Constitution:			
<i>“12.5 In the event that a vacancy is not filled by election, or a vacancy arises, the Council of Governors, by agreement at a meeting, may co-opt to that vacancy for an agreed period of time but the co-optee must be from the same constituency as the vacancy”.</i>			
Considering the limited time between the last campaign (September 2024) and mid-April 2025, the associated cost of an externally contracted election service (c.£9,275), and the need to take positive action to avoid repetition of the cycle, it is proposed that the April 2025 election campaign is postponed, with a view to elected governors taking up their seats in September 2025.			
Where there is the option to serve a second or final term, the Trust Board Office has consulted with the affected governors to gauge their interest in continuing to stand. Three of the seven are staff governors (1 x non-clinical, 1 x nursing and midwifery and 1 x medical and dental) and all have agreed to remain as a governor until the next election; two of the three have expressed an interest in standing for re-election at a future date. The remaining four governors are public governors for the Doncaster constituency, only one of the four has expressed an interest in continuing and standing for re-election at a future date. The remaining three do not currently engage with the Trust and will stand down at the end of their current terms of office.			
As such, any negative impact of delaying the election process is minimal and agreement is sought from the Council of Governors to schedule the 2025 election campaign as described.			
The positive work in train to improve communication and ways of working supports the active engagement of the remaining governors and fulfilment of their statutory duties.			
Recommendation:	For the Council to agree to: <ul style="list-style-type: none"><li>Support the postponement of the governor election to align with governors being elected in September 2025.</li></ul>		

	<ul style="list-style-type: none"> <li>Agree the extension of those governors until the elections are held in September 2025</li> </ul>			
<b>Action Required:</b>	<b>Decision</b>	<b>Review and discussion</b>	<b>Take assurance</b>	<b>Information only</b>
<b>Healthier together – delivering exceptional care for all</b>				
<b>Relationship to strategic priorities:</b>	<b>PATIENTS</b>	<b>PEOPLE</b>	<b>PARTNERSHIP</b>	<b>POUNDS</b>
	<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>
<b>We believe this paper is aligned to the strategic direction of:</b>	<b>South Yorkshire ICS</b>		<b>NHS Nottingham &amp; Nottinghamshire ICS</b>	
	<b>N/A</b>		<b>N/A</b>	
<b>Implications</b>				
<b>Relationship to Board assurance framework:</b>		BAF1	If DBTH is not a safe trust which demonstrates continual learning and improvement then risk of avoidable harm and poor patient outcomes/experience and possible regulatory action	
		BAF2	If DBTH is unable to recruit, motivate, retain and develop a sufficiently skilled workforce to deliver services then patient and colleague experience and service delivery would be negatively impacted and we would not embed an inclusive culture in line with our DBTH Way	
		BAF3	If demand for services at DBTH exceeds capacity then this Impacts on safety, effectiveness, experience of patients and meeting national and local quality standards	
		BAF4	If DBTH's estate is not fit for purpose then DBTH cannot deliver services and this impacts on outcomes & experience for patients and colleagues	
	<b>x</b>	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	
	<b>x</b>	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	
<b>Risk Appetite Statement compliance</b>	Where appropriate, refer to the <a href="#">DBTH Risk Appetite Statement</a> and indicate whether the matter has been subject to an assessment of DBTH risk appetite <b>NO</b>			
<b>Legal/ Regulation:</b>	National Health Service Act 2006			
<b>Resources:</b>				
<b>Assurance Route</b>				
<b>Previously considered by:</b>				
<b>Date:</b>				
<b>Any outcomes or next steps</b>				

Report			
Meeting Title:	Council of Governors		
Meeting Date:	6 February 2025	Agenda Reference:	B2
Report Title:	DBTH Membership Process		
Sponsor:	Suzy Brain England, Trust Chair and Chair of the Council of Governors		
Author:	Rebecca Allen, Associate Director Strategy, Partnerships and Governance		
Appendices:			
Report			
<b>Purpose of the report</b>			
This paper sets out how the Trust proposes to engage with its Trust members going forward and to bring it in line with national and local pro-active communication and engagement processes.			
<b>Background</b>			
As a foundation trust DBTH are required by legislation to have a membership that consists of local people, carers, patients, and staff employed by the Trust. It is from these members that individuals put themselves forward as governors and are then elected by the membership. Members can only vote for governors within their own constituencies, thus members registered within Bassetlaw can only vote for Bassetlaw governors, staff members can only vote for staff governors etc.			
All staff employed by DBTH are automatically enrolled as members and make up the largest proportion of members at about 6,500 members. Public membership numbers currently stand at approx. 4,500, although there are only 800 registered with emails. The cost of contacting public members once via post is approximately £6,000 per mail distribution, via 2 <sup>nd</sup> class mail. This is required at least annually, to inform them of the Annual Members Meeting. There is an additional annual cost for the governor elections, where postal votes are also required and this is currently £9,275.			
DBTH is one of only a few Trusts in the country that do not use a provider to centrally manage their membership database, based on email addresses. Regular updates mean details held are accurate and up to date for GDPR compliance, and where members have moved house, or died, communications are not sent out which can also increase distress to family members.			
<b>Membership Numbers vs Active Membership Engagement</b>			
The lack of electronic details for public members, means we do not pro-actively contact members in respect to anything the trust is involved with or doing due to the prohibitive postage costs. When initially becoming a foundation trust, the Trust had to demonstrate a minimum number of members, however, as the difference between foundation trust and NHS trust status has diminished, this is no longer the case. Thus, the question facing many foundation trusts now is; how to maximise the benefit of its members with minimum cost to the Trust?			
The options considered by DBTH Board were:			
<b>Option 1</b> – continue to operate as currently, with the annual costs to the Trust being at least the postage costs of contacting members for the AMM and for elections and an inability to contact more frequently.			

**Option 2** – For DBTH (or externally contracted provider) to write to all members asking them to supply their email addresses for future contact, thus dispensing with the need for any further hard copy postage communications to be sent.

This option would likely reduce public membership numbers by approximately 80%, as the original letter sent, would state they would need to supply an email to continue to remain a DBTH member, failure to respond would mean they would be removed from our membership database. This approach also ensures we are compliant with GDPR.

The move to a system that encourages active membership means it is highly unlikely to return to the membership numbers of over 10 years ago. The Trust would remain open to new members, via advertising and through existing events and communication channels, but the focus would not be on ‘increasing membership numbers’ rather ‘increasing membership engagement’.

It is a requirement of governor duties to engage with the public, and for the Trust to support them to fulfil this duty. Significant feedback from both NHS Providers and the independent survey in April 2024 stated governors wanted a more pro-active role in the Trust and opportunities to meet the public. One action that would encompass all these requirements is to ask governors to sign-up new members as part of their own governor presence at Trust events. This positive role modelling supports the public to know who our governors are, and also to encourage new and existing members to take a more pro-active interest in the Trust, including becoming a governor themselves.

#### Conclusion


The current high numbers of inactive members without email communication details comes at significant financial cost to the Trust annually. Reducing the numbers and concentrating on active engagement will support the Trust to gain value from these costs.

Active engagement of members supports governors in their role to communicate with their constituents and wider public, which is easier to do via regular electronic communications. The request to engage with Trust members has been made by the Council of Governors consistently through both formal and informal comments received.

It was acknowledged and agreed that for those individuals who responded and wished to remain a trust member but had no email address to utilise, these members would continue to receive communications by post, but that this would not be the default setting as it is currently.

Recommendation:	The Council of Governors is asked to note this decision.			
Action Required:	Decision	Review and discussion	Take assurance	Information
Healthier together – delivering exceptional care for all				
Relationship to strategic priorities:	PATIENTS	PEOPLE	PARTNERSHIP	POUNDS
	We deliver safe, exceptional, person-centred care.	We are supportive, positive, and welcoming.	We work together to enhance our services with clear goals for our communities.	We are efficient and spend public money wisely.
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
Risk Appetite Statement compliance	Where appropriate, refer to the <a href="#">DBTH Risk Appetite Statement</a> and indicate whether the matter has been subject to an assessment of DBTH risk appetite <b>YES</b>		
Legal/ Regulation:	Membership is a statutory requirement of an NHS foundation trust.		
Resources:	N/A		
Assurance Route			
Previously considered by:		Trust Board of Directors	
Date:	7 January 2025		
Any outcomes/next steps			
Previously circulated reports to supplement this paper:			



# **hello** my name is...

**Suzy Brain England OBE**  
Chair of the Board



[www.dbth.nhs.uk](http://www.dbth.nhs.uk)

# From the Chair:

- Attended the following:
- The NHS Providers conference in Liverpool.
- A NHSE Regional Engagement Event in York about the NHS 10 Year Plan.
- The Board of Directors Development Session on Strategy and Risk.
- Launch of Doncaster Health Education Alliance with DN Colleges
- Ten to 50-year long service awards afternoon tea at Mount Pleasant.
- Christmas celebrations with Governors and Volunteers.



# From the Chair:

- The first Virtual Ward Carol Service.
- The Bassetlaw League of Friends Carol Service.
- Governor meeting to plan NED retention & recruitment
- Acute Federation meetings
- Visit to DRI's Emergency Department with Karen Jessop, Chief Nurse
- The NHSE Y&H Regional Oversight & Assessment Framework launch





# Governor Activities


# Overview

- Governor Planning Session / Coffee Catch-up
- EDI Recruitment Training
- Governor Planning Meeting
- Governor Briefing – Business Planning

## Coming Soon

- 31st January 2025 - NHS 10 Year Plan
- 11th March 2025 – Governor Briefing – Virtual Wards





# **hello** my name is...

**Jo Gander**

Non-executive Director



# Quality Committee (QC): December 2024

## Positive Assurance

Maternity and Neonatal Update (incorporating CQC Maternity Report, Sands Review of Bereavement Services, MBACE Maternity Report and Picker Maternity Survey) [Full Assurance](#)

Radiation Safety - IRMER Standards Compliance Report [Full Assurance](#)

PSIRF Progress and Outcomes report [Full Assurance](#)

Psychiatry Liaison Report [Full Assurance](#)

Internal Audit Complaints Update Report [Full Assurance](#)

Mortality Surveillance System and process compliance [Full Assurance](#)

Clinical Audit Progress against annual plan and outcomes including NICE Compliance and National Clinical Audit Alerts [Full Assurance](#)

## Matters of Concern or Key Issues

Paediatric Audiology – Service is undergoing a complex and necessary recovery and improvement process with significant work ongoing and good progress being made. However, only limited service is currently available. Concern expressed about the knock-on effect on adult audiology because of the paediatric audiology problem. Also, concerns that ENT consultants/clinical staff had not been adequately briefed on what is happening with audiology in general and that communications with key staff need to be timely and updated. Regular updates on progress with Audiology will be provided to the Public Board of Directors. [Partial Assurance](#)

Patient Tracking Inaccuracies – report received on good progress being made to resolve remaining issues with oversight from NHS England – [Moderate Assurance](#)

Concerns regarding Trust mortality data showing higher than comparator Trusts – though reducing. Significant work being undertaken to investigate and analyse mortality data and to improve the process of Structured Judgement Reviews (SJRs). [Moderate Assurance](#)

## Major Actions / Work in Progress

Paediatric Audiology incident resolution

Ongoing work on Learning from Deaths


## Decisions Made

Quality Committee Workplan agreed

Support for the proposal that mortality data should be reported in the Integrated Performance Report and for a move away from use of Hospital Standardised Mortality Rate (HSMR) to Summary Hospital-level Mortality Indicator (SHMI)

Agreed that Quality Committee needs to ensure that the agenda fully reflects the Board Assurance Framework (BAF) and that, in order to increase QEC's focus on BAF, future Cover Sheets for Committee papers need to highlight BAF implications of the paper.

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...

**Mark Bailey**

Non-executive Director



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# Finance & Performance Committee (F&P): November 2024 & January 2025

## Positive Assurance

Estates Performance KPI Report – [Full Assurance](#)

**Health & Safety - biannual report** - period April – September 2024 **Significant Assurance**

Comprehensive report providing evidence of arrangements for compliance with all relevant Health and Safety, Fire Safety Legislation, Approved Codes of Practice, Guidance and Standards.

## Matters of Concern or Key Issues

2024/25 Financial Performance and Forecast Outturn **partial assurance** - adverse forecast and slippage on CIP represents a significant risk to the financial position with the Committee noting that recovery plans are not delivering the required operational or financial benefits. CEO led meetings to provide challenge to divisional recovery plans had not taken place and now need to be put in place urgently. **Escalate to Board.**

Access Standards **partial assurance** – Trusted entered into ‘Tier2’ for elective surgery, with mandated performance management meetings. Noted that the Urgent and Emergency Care plan is not delivering the required benefits, and that ambulance conveyance rates and handovers remains areas of concern. Audiology continues to be the most significant are under performance.

Elective Activity Report **partial assurance** – the Committee noted some improvement in performance, but the overall position remains a concern. Divisions are encouraged to further consider the approach to managing outpatient bookings.

Access Elective Recovery Plan **partial assurance** – 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.

CT Demand Management **partial assurance** – the Committee welcomed signs of improvement resulting from revised management arrangements. Remains partial assurance given the overall challenge and the need for further and consistent action.

## **2024/25 Financial Performance and Forecast Outturn Partial assurance**

Period 9 financials show a deterioration in the deficit position; adverse to both budget and forecast. Elective activity and CIP underperformance, pay award funding pressures and premium costs for medical staffing drive the adverse variances.

Re-forecast of outturn using current operational performance and improvements realisable in the remaining periods of the financial year conclude that the delivery of the committed plan is at risk. Further risks and potential mitigations additional to operational improvements have been identified. Potential scenarios have been modelled based on these. The ‘most likely’ scenario shows a deficit in line with plan. This will be reviewed again at Period 10 close.

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

## Matters of Concern or Key Issues - continued

### **Access Standards** **Partial Assurance**

Continued attention to improvement work internal to DBTH and with partners however significant challenges are evident in meeting the expected standards for urgent and emergency care. Ambulance handovers and UEC demand is highlighted with the latter driving over-spends on pay with the need for escalation beds.

**Elective Activity** - **Partial Assurance** – recovery of elective surgery is behind plan in several specialities and is a contributory factor to the long waiters not reducing in line with expectations.

### **Doncaster Place - Urgent & Emergency Care Improvement Plan** **Partial Assurance**

The plan is recognised as not fully addressing all challenges seen across the system. Priority areas have been agreed which focus on management of the winter period and an evaluation of their individual and combined impact will be necessary. Areas include improved co-ordination between ED and Yorkshire Ambulance on pre-hospital arrival; service specification for urgent treatment centre care; Same Day Emergency Care to reduce in-patient admissions; virtual ward expansion and community discharge capacity.

## Major Actions / Work in Progress

**GIRFT Report** - Committee welcomed improved visibility brought by new reporting arrangements and noted that the Trust has been invited to join the 'Further Faster Programme' and Ophthalmology leads have been asked to join a national focus group which would bring additional support to the speciality.

### **Electronic Patient Record (EPR)**

Development of the Full Business Case (FBC) presenting the case for DBTH to invest in an Electronic Patient Record (EPR) system by utilising the EPR being implemented at Sheffield Teaching Hospitals (Oracle Health Millennium). Noting that the strategic intent is for this system to be part of a convergence of EPR across Acute Trusts within South Yorkshire.

### **Digital and Data Quality** **Partial Assurance**

"Kitemark" work to improve the quality of data to ensure accuracy and alignment to national definitions. Full assessment by September 2025. Confirmation of executive governance and resourcing plan to deliver and sustain the improvement requested.

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

## Major Actions / Work in Progress - continued

### Getting it right first time (GIRFT) **Partial Assurance**

Programme of benchmarking and adoption / standardisation of best practice. Priority on theatre utilisation, DNA rates, high volume low complexity procedures for cataracts and joints, day case rates and RTT +52 weeks. Assurance sought by the Committee around resolution of patchy divisional engagement which can slow or lose productivity improvement and the connection to financial and operational planning.

### Demand & Capacity planning

Future F&P will seek further assurance on the demand vs. capacity planning for services in 2025/26. As part of this assurance, it is requested that a high-level overview of the current and projected capability for key service lines is included.

## Decisions Made

Committee Workplan – **Approved**.

### Pharmacy Robot Business Case


Approved by the Trust with Chair's action prior to this committee due to tight procurement deadlines. Confirmation of support to the business case and adherence to tendering protocols.

### Workplan

February & March Committees to prioritise time to provide assurance on:

- 2024/5 Financial Outturn Forecast
- Electronic Patient Record (EPR) Full Business Case
- Service demand & capacity planning for 2025/6





# **hello** my name is...

**Hazel Brand**

Non-executive Director



# Charitable Funds Committee December 2024 (CFC)

## Positive Assurance

An investment update was given by LGT Wealth Management. **Significant assurance**

## Matters of Concern or Key Issues

The Head of Charity (HoC) has tendered his notice to leave. This, with a further recruitment process, could lead to a disruption of previously-agreed fund-raising plans/targets. **Partial assurance**

For the first 7 months of 2024/25, the Charity had a deficit of £80k: income from all sources was £412k, total expenditure was £592k, and gains on investments was £100k. Total overall funds are £3.1m. Growing the charitable income is a key plank of the HoC's action plan. **Moderate assurance**

Colleagues taking a place in an activity facilitated by the Charity, eg the London Marathon, must carry out the event to raise funds for the Charity and have appropriate branding. **Moderate assurance**

## Major Actions / Work in Progress

A pilot public lottery had been set up, beginning on 9 December.

A draft Vision & Mission was considered; Zara Jones to present to a Board development session.

Policies on Use of the Estate; Privacy; Fundraising; Gift Acceptance, Refusal & Return; Complaints; and Treating People Fairly to be drafted.

A risk register to be developed.

Take legal advice on taking over another charity, e.g. Cancer Detection Trust.


## Decisions Made

Trustees agreed that paper B2 (Approval of Expenditure) was not appropriate for trustees and the decision should be made by Doncaster & Bassetlaw Healthcare Services Ltd.

Approved the draft Annual Report & Accounts 2023/24.

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





# **hello** my name is...

**Mark Bailey**

Non-executive Director



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# People Committee: December 2024

## Positive Assurance

### People Strategy: **Full Assurance**

Comprehensive high-level summary of implementation of year 2 actions in the strategy and forward view of the delivery plans. Linkage to operational performance and staff survey measures with in-year targets.

### 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.

### Education: **Significant Assurance**

Statutory compliance - six month stable, maintaining 89% compliance v. 90% target. Positive Medical student / GMC survey results for 2024 with specific improvement areas identified. Apprenticeship completions strong.

### Violence & Prevention Standards: **Significant Assurance**

Trust wide programme for recording and prevention / reduction of incidents including security interventions, de-escalation and distraction training in clinical areas with risk assessments for patients presenting as high risk of violent and aggressive behaviour.

### 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 continued progress on agency usage.

### Workforce Supply & Demand: **Significant Assurance**

Structured approach to workforce planning component of the 2025/26 business planning. Process and data improvements identified in 2024/25 to be incorporated.

### Equality, Diversity & Inclusion (EDI): **Significant Assurance**

DBTH EDI improvement plan aligned to NHS goals for diversity and inclusivity. Progress on 6 high impact action areas with plans to incorporate neurodiversity adjustments into recruitment, training and workplace. Reciprocal Mentoring and Board Development Delegate programmes becoming embedded.

## Audit & Assurance Committee:

Reports and action plans noted for:

**Bank & Agency Control:** Limited assurance audit opinion

**Pay Expenditure:** Significant assurance audit opinion

# People Committee cont'd

## **Matters of Concern or Key Issues**

### **Just Culture: Partial Assurance**

Year on year analysis of employee relations casework shows an increase in activity with sickness absence being notably higher. Resolution times have lengthened with performance management and bullying & harassment category cases showing significant deterioration. Remedial actions are being identified however the ability to materially reduce the number of cases and with it shorten timescales is likely to be diminished in what is likely to be a difficult year for employee relations and economic conditions nationally.

## **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.

### **Bi-annual nursing workforce establishment review**

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. Trust Executive review in February 2025 to consider options to progressively achieve the recommended skill mix.

### **Education**

'Optimise, rationalise, reform' NHSE programme for Statutory / Mandatory training. Apprenticeship plans assessment due to proposed national changes. Alignment with National T&C updates.

### **People Systems**

Implementation programme for digitisation of rostering and job planning processes used for Consultant, SAS and Resident doctors.


## **Decisions Made**

### **Board Assurance Framework (including Trust Risk Register)**

Updated and endorsed for submission to the Board.

### **People Committee – Workplan for 2025**

Updated and confirmed against the refreshed Terms of Reference approved by the Board in November 2024.



# **hello** my name is...

**Richard Parker OBE**

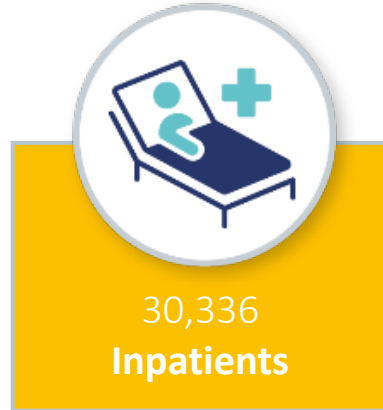
Chief Executive



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# Performance

We have experienced an exceptionally busy start to winter, with activity levels remaining high throughout the festive period. Pressures have been felt both locally and across the region, reflecting the challenges of meeting demand during this critical time. Below are the number of attendances between **1 November to 28 January**:



# Performance

**Increased pressures:** Rise in delayed ambulances and 12-hour waits, but showing improvement compared to last year.

**Virtual Ward impact:** Supporting ~90 patients daily, reducing hospital demand.

**Place-based work:** Helped lower NCRTR numbers, easing system pressures.

**Key takeaway:** Without these contributions, managing demand would have been significantly more challenging.



# Activity comparison

Date range: 1 November to 28 January

Attendance type	2023/24	2024/25	Variance
Inpatients	31,865	30,336	-4.8%
Outpatients	125,292	128,554	+2.6%
Emergency Care	47,842	50,490	+5.5%
Maternity	1,087	889	-18%
<b>Total</b>	<b>206,086</b>	<b>210,269</b>	<b>+2%</b>



# Ministerial visit

**Ministerial visit to DRI:** Karin Smyth MP, Minister of Health for Secondary Care, visited with Sally Jameson MP and Lee Pitcher MP.

**Focus:** Led by estates, finance, and nursing colleagues to highlight ageing infrastructure and redevelopment plans.

**Key challenges:** £116m maintenance backlog, outdated fire safety, 1960s infrastructure, ageing water pipes, limited ventilation, and asbestos management.

**Redevelopment plans:** Critical Care Unit relocation (£19.8m) ongoing. East Ward Block refurbishment, decant building, and modular theatres.

**Our vision:** Modern, safe, and efficient site for future healthcare needs, complemented by 'Health on the High Street' approach.





# DRI refurbishment



# Stroke developments

**Robotic Rehabilitation at Montagu Hospital:** Construction has begun on a state-of-the-art robotic rehabilitation gym for stroke patients, featuring cutting-edge robotic equipment and virtual reality-assisted tools designed to revolutionise patient recovery.

**National Genetic Testing Pilot:** Selected as one of four NHS sites in England, DBTH is trialing a genetic testing service to personalize stroke treatment, ensuring medications like Clopidogrel are effective based on patients' genetic profiles.

**Music Therapy integration:** A two-year pilot program at Montagu Hospital introduces Music Therapy into stroke rehabilitation, utilizing techniques such as Melodic Intonation Therapy to support speech and language recovery.

**Enhanced Stroke Care with CT Perfusion technology:** DBTH has implemented advanced CT perfusion software, extending treatment windows for thrombolysis and thrombectomy, thereby improving outcomes for stroke patients.





# The MEOC is one

**MEOC's first year milestone:** Since January 2024, the Mexborough Elective Orthopaedic Centre of Excellence (MEOC) has performed over 1,300 surgeries, including hip and knee replacements, significantly reducing waiting lists across South Yorkshire and Bassetlaw.

**High patient satisfaction:** With an average length of stay of one day and 72% of patients discharged on the same day as their procedure, MEOC has achieved a 97% average in Friends and Family Test scores, reaching 100% in three months.

**Innovative practices:** The introduction of the 'Sip Til Send' protocol allows patients to stay hydrated until surgery, reducing anxiety and aiding recovery.

**Future plans:** MEOC aims to increase surgical capacity by recruiting additional Orthopaedic Consultants, exploring Saturday operations, and acquiring equipment for more complex procedures.



EMERGENCY DEPARTMENT



→ Accident & Emergency

→ Main Entrance

← Car Park 

↑ Main Car Park 

Way Out

**BEV transition**



# Community award

**Inaugural Community Award:** The Trust received the first University Campus Doncaster Community Award at Doncaster College's annual graduation ceremony.

**Recognition of contributions:** The award honours our outstanding impact on education, community service, and healthcare across South Yorkshire and North Nottinghamshire.

**Commitment to education:** DBTH collaborates with institutions like Doncaster College and Sheffield Hallam University to provide training opportunities in both clinical and non-clinical fields, supporting individuals at all career stages.



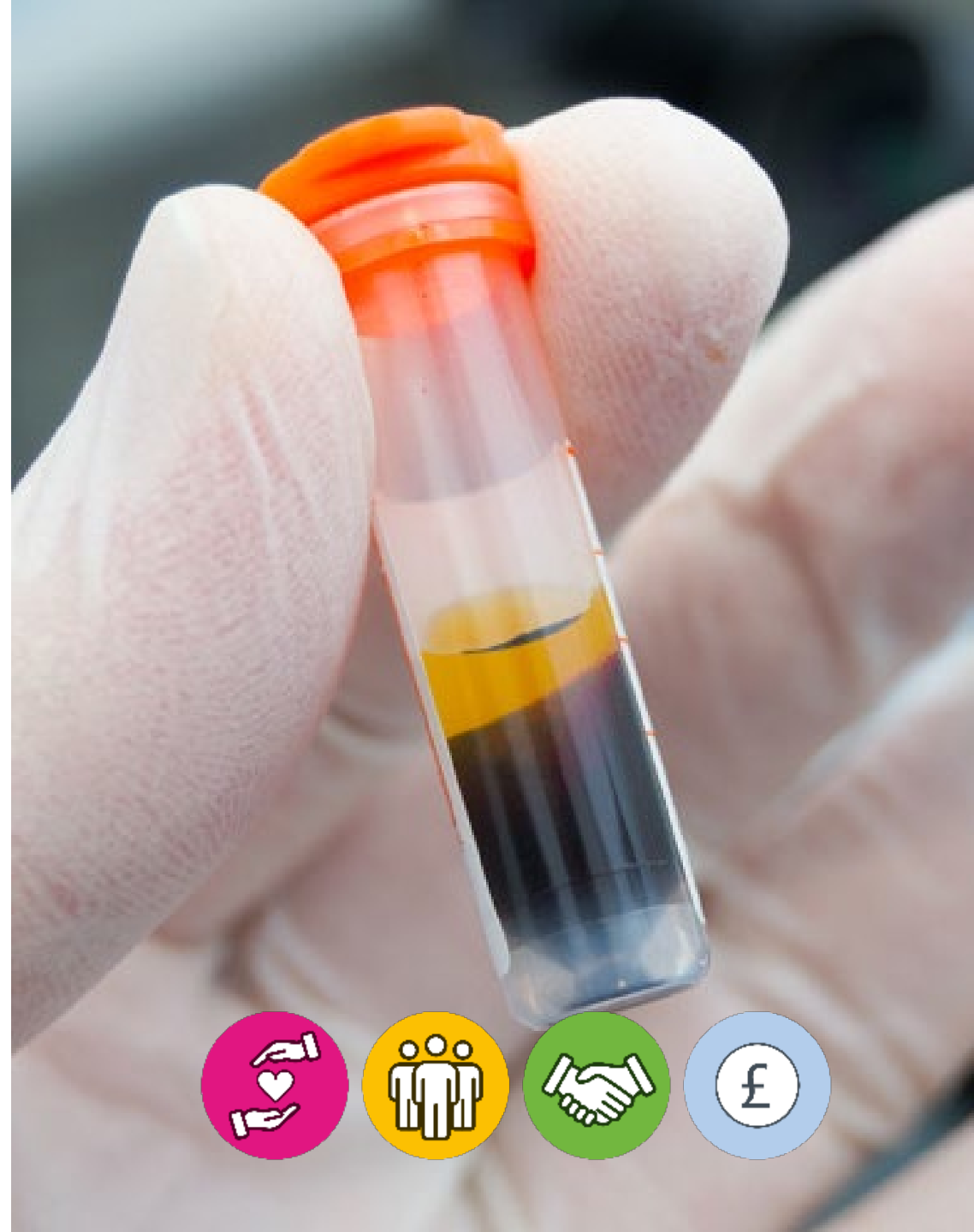
# Research trial

**Pioneering clinical trial participation:** The Trust is the first site in Europe to enrol patients in a clinical trial evaluating Ravulizumab for Immunoglobulin A Nephropathy (IgAN), a kidney disease leading to potential failure.

**About the trial:** This randomised, double-blind, placebo-controlled study aims to assess whether Ravulizumab can reduce proteinuria and slow kidney function decline in adult IgAN patients.

**Mechanism of ravulizumab:** Administered intravenously every eight weeks, Ravulizumab targets the immune system to reduce inflammation and kidney damage associated with IgAN.

**Commitment to research:** DBTH's involvement underscores our dedication to advancing clinical research and providing patients access to innovative treatments through the NHS.



# A final note

**Jon Sargeant** has retired as Chief Finance Officer after serving with dedication, expertise, and candour since October 2016.

On behalf of the entire Trust, we want to say huge thank you to Jon for his contributions—thankfully he won't be going too far, and will continue to lend his expertise to Place-based work, particularly '*Health on the High Street*' initiatives.

**Sam Wilde** has now taken up the substantive role of Chief Finance Officer, and we wish him all the best in the role.





**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 07 November 2024 at 15:00  
via Microsoft Teams**

<b>Chair</b>	Suzy Brain England OBE, Chair of the Board	
<b>Public Governors</b>	Mark Bright Denise Carr Andrew Flynn David Gregory Jackie Hammerton Lynne Logan Colin Wallace Sheila Walsh	
<b>Staff Governors</b>	Kay Brown Vivek Panikkar Joseph Money Mandy Tyrrell	
<b>Partner Governors</b>	Phil Holmes	
<b>In attendance</b>	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Jo Gander - Non-executive Director Emyr Jones - Non-executive Director Zara Jones - Deputy Chief Executive (4pm) Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary Richard Parker OBE - Chief Executive Emma Shaheen - Director of Communications and Engagement Anneleisse Siddall – Corporate Governance Officer (minutes) Kath Smart - Non-executive Director	
<b>Governor Apologies:</b>	Deborah Benson Eric Boocock Phil Mettam Dave Northwood Gavin Portier	
<b>Board Member Apologies</b>	Mark Day – Non-executive Director Denise Smith - Chief Operating Officer	
		<b><u>ACTION</u></b>

COG24/11/A1	<b>Welcome, apologies for absence (Verbal)</b>	
	<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 newly elected governors were welcomed to the Council.</p> <ul style="list-style-type: none"> <li>• Deborah Benson</li> <li>• Patrick Bond</li> <li>• Eric Boocock</li> <li>• Andrew Flynn</li> <li>• Phil Mettam</li> <li>• Colin Wallace</li> </ul>	
COG24/11/A2	<b><u>Declaration of Governors' Interests (Enclosure A2)</u></b>	
	Upon election the new governors had been asked to declare other interests, all declarations were included within this item.	
	<p><b><i>The Council:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted governors' current declarations of interests.</i></b></li> </ul>	
COG24/07/A3	<b><u>Actions from previous meetings</u></b>	
	There were no actions from the previous meeting.	
COG24/11/B1	<b><u>Chair and NED appraisal Process 2023/24</u></b>	
	<p>The Associate Director of Strategy, Partnerships and Governance provided an overview of the appraisal process which had included governor input.</p> <p>The Chair confirmed objectives were agreed as part of the process, which aligned with individual Non-executive Director portfolios.</p> <p>The Senior Independent Director had undertaken the Chair's appraisal, with all appraisals for this season completed between April and May 2024.</p> <p>The Chief Executive confirmed his appraisal had been completed by the Chair and included internal and external stakeholder 360 degree feedback.</p>	
	<p><b><i>The Council of Governors:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the Chair and NED appraisal Process 2023/24</i></b></li> </ul>	
COG24/11/B2	<b><u>NED recruitment and Succession Planning</u></b>	
	<p>The Chair confirmed it was the governor's statutory duty to be actively involved in the recruitment and succession planning of non-executive directors.</p> <p>The Associate Director of Strategy, Partnerships and Governance proposed a working group be formed that would facilitate approval of the Nomination and Remuneration</p>	

	<p>Committee terms of reference, it was noted that NHS Providers shared good practice, and governors may wish to view this before recruitment decisions were made.</p> <p>It was asked that the Trust Board Office be contacted if governors would like to be involved in the working group, relevant skills and training would be required.</p> <p>Staff governor, Kay Brown, queried if existing members had been removed from the Nomination and Remuneration Committee and if the working group would include previous governor membership or include a refreshed approach. The Associate Director of Strategy, Partnerships and Governance confirmed that governors had not been removed from the Nomination and Remuneration Committee. The Associate Director of Strategy, Partnerships and Governance welcomed governors to join as a refreshed approach.</p> <p>Staff governor, Kay Brown confirmed her previous involvement on the committee had provided an invaluable learning experience and recommended governors join, where possible.</p> <p>Public governor, David Gregory, volunteered to join the working group. The Associate Director of Strategy, Partnerships and Governance confirmed governors would be invited to participate.</p> <p>The possibility of utilising an external recruitment agency was suggested. Public governor, David Gregory, asked of the estimated cost, which the Associate Director of Strategy, Partnerships and Governance confirmed could range between £6,000-£25,000 depending on what was asked of the agency.</p> <p>The Associate Director of Strategy, Partnerships and Governance stated this process would be proposed as part of the governors working group, this would then come back to the council of governors in February 2025.</p>	<b><u>TBO/G</u></b> <b><u>ovs</u></b>
	<p><b><i>The Council of Governors:</i></b></p> <p>- <b><i>Approved the NED recruitment and Succession Planning process.</i></b></p>	
<b>COG24/11/B3</b>	<b><u>Dates for Future Council of Governor meetings</u></b>	
	<p>The Associate Director of Strategy, Partnerships and Governance proposed dates for the Council of Governors meetings during 2025-26.</p> <p>Previous governor discussions had recognised the Council would prefer an in-person event, as such it had been suggested the Annual Members Meeting would be attended in-person.</p> <p>Public governor, Mark Bright, asked if the suggested time allocation for the Annual Members Meeting was sufficient if held in-person, the Associate Director of Strategy, Partnerships and Governance confirmed it was.</p> <p>Lead Governor, Jackie Hammerton, requested an in-person Council of Governors meeting on the 15 May 2025, as agreed with fellow governors. As the Annual Members Meeting was held separately from the Council of Governors.</p>	

	<p>The Associate Director of Strategy, Partnerships and Governance suggested the time of the meeting on the 15 May 2025 be considered outside of the meeting, in view of the need for travel time.</p> <p>The Chair asked if the governors approved of the dates provided, Lead Governor, Jackie Hammerton, confirmed governors acknowledged the dates and were happy to approve.</p> <p>In line with the Constitution, the Associate Director of Strategy, Partnerships and Governance stated the requirement for governors to attend regular meetings. As there were several governors with repeated non-attendance, it was asked if governors would be interested in reviewing an approach to improve engagement.</p> <p>Lead Governor, Jackie Hammerton, requested a review of members attendance. The Associate Director of Strategy, Partnerships and Governance confirmed the requirement to attend was included within the Trust's Constitution, a soft approach to implementation was proposed, to bring back to the meeting in February 2025.</p> <p>The Chair confirmed that the Director of Communications and Engagement and Associate Director of Strategy, Partnerships and Governance would agree the arrangements for 2025's Annual Members Meeting.</p>	<p><b><u>TBO</u></b></p> <p><b><u>RA/ES</u></b></p>
	<p><b><i>The Council of Governors:</i></b></p> <p>- <b><i>Approved the dates for future Council of Governors meetings.</i></b></p>	
<b>COG24/11/C1</b>	<b><u>Presentation</u></b>	
<b>COG24/11/C1.1</b>	<p><b><u>Chair's Report</u></b></p> <p>The Chair confirmed their recent attendance at a colleague health and wellbeing event, facilitated by the founder of Andy's Man Club and a working lunch with newly elected Doncaster MPs.</p> <p>The latest cohort of the Board Delegate Development Programme had celebrated its conclusion, aspiring leaders engaged with executive and non-executive directors and attended Committee and Board meetings which provided an insight into the roles and responsibilities of the Board. The programme nurtured a diverse future talent, and it was hoped this would continue.</p> <p>The Bassetlaw Emergency Village was close to completion; however, finalisation of equipment was required.</p> <p>The Chair was pleased to announce that the Trust had received accreditation of the independently judged Green Flag Award for its gardens on the Doncaster and Bassetlaw site, which created a great space for patients and staff.</p> <p>The Chair had the pleasure of attending the Trusts annual Star Awards, colleagues were nominated for a range of awards and as always the event was well attended. The Chair recommended that governors attend wherever possible to join in on the experience and celebrate colleague achievements.</p>	

	The Chair was delighted to have opened the 16 <sup>th</sup> Ear Nose and Throat (ENT) Nursing Masterclass last month at Doncaster Royal Infirmary.	
<b>COG24/11/C1.2</b>	<p><b><u>Lead Governor Updates</u></b></p> <p>Lead Governor, Jackie Hammerton, apologised as she was unable to attend the Star Awards, but welcomed the opportunity to attend future events, along with other governors.</p> <p>Lead Governor, Jackie Hammerton thanked those who had contributed to the recording of the Annual Members Meeting, the Director of Communication and Engagement confirmed that over 2,000 people had viewed the video.</p> <p>Governors had joined the Nottingham &amp; Nottinghamshire Integrated Care System governor event which was found to be insightful, the breakout rooms provided proactive discussions and feedback on the ten-year plan.</p> <p>Unfortunately, the Lead Governor wasn't able to attend the Widening Participation Governor Briefing, however newly elected Public Governor, Andy Flynn, found the briefing informative.</p> <p>Lead Governor, Jackie Hammerton, welcomed the six newly elected governors to the Council and congratulated public governor, Sheila Walsh, on her re-election.</p> <p>As the governor coffee catch-up was planned for the 11 December it was suggested a governor workshop be tagged on to the event. It was asked if the Corporate Governance Officer could look at boardroom availability.</p>	<b><u>AS</u></b>
<b>COG24/11/C1.3</b>	<p><b><u>Kath Smart - Audit &amp; Risk Committee</u></b></p> <p>Non-Executive Director, Kath Smart, highlighted key elements of the Audit and Risk Committee Chair's assurance log, noting the internal audit reports for Cash Treasury Management and the Data Security and Protection Toolkit which offered significant and substantial assurance respectively. Historically, Health and Safety, Fire and Security sat under the Committees remit, this would now be overseen by the Finance and Performance Committee.</p> <p>Where matters of concern linked with audit reports, executive leads were invited to the committee for further comments and updates and as such work had been commissioned to gain further assurance, feedback and action.</p> <p>The Chair asked the difference between internal and external audits and what processes were followed. Non-executive Director, Kath Smart, confirmed the Trust received internal and external audits, the external auditors had a statutory duty to provide the Council of Governors assurance that financial statements reflected a true representation of the Trust's position, the external auditors were appointed by the Council of Governors.</p> <p>It was explained that internal audits were used as a management tool that helped the Trust manage its own objectives to gain assurance, findings were provided to ensure that the trust undertook actions from the recommendations.</p>	

	<p>Lead Governor, Jackie Hammerton, noted that compliance against the emergency preparedness, resilience and response standards was a non-compliant position and there appeared to be no specific timescales for this to be completed. Non-executive Director, Kath Smart, confirmed the Trust had produced a self-assessment and undertaken an internal audit of business continuity, from which the Chief Operating Officer had amended some areas of compliance. From an assurance perspective both internal audit and colleagues had provided feedback, however the Trust awaited feedback from the Integrated Care Board and this would remain an action until receipt and was expected to be published December 2024.</p> <p>The Non-executive Director confirmed that the Committee's terms of reference had been approved by the Board of Directors in November 2024.</p>	
<b>COG24/11/C1.4</b>	<p><b><u>Jo Gander - Quality and Effectiveness Committee</u></b></p> <p>Non-executive Director, Jo Gander, confirmed that she was the non-executive maternity safety champion of the Trust alongside Non-executive Director, Emyr Jones.</p> <p>Non-executive Director, Jo Gander, confirmed that the Quality and Effectiveness Committee was held bimonthly, and noted that the latest chair's assurance log was presented to the Board of Directors.</p> <p>Newest updates included ongoing work of the Care Quality Commissioner (CQC) action plan reporting. Outcomes from the action plan provided the Trust with required improvements. Monday.com was also used to evidence assurance items.</p> <p>Mortality data was regularly presented to the committee by the Acting Executive Medical Director.</p> <p>There had been a change to the clinical governance structure which would continue to be embedded, the effectiveness of which would be reviewed.</p> <p>The Chair confirmed an extensive programme of work was underway in respect of the audiology service; this had executive oversight and would continue to be monitored until improvements had been made.</p>	
<b>COG24/11/C1.5</b>	<p><b><u>Mark Day - Finance and Performance Committee</u></b></p> <p>In the absence of the Committee Chair, governors' attention was drawn to the Finance and Performance Committee assurance log within the presentation.</p>	
<b>COG24/11/C1.6</b>	<p><b><u>Hazel Brand - Charitable Funds Committee</u></b></p> <p>Non-executive Director, Hazel Brand, confirmed the new Head of Charity, Duncan Batty had joined the Charitable Funds Committee, since in post a decision had been made to pilot a public lottery.</p> <p>From April 2024 the charitable function had moved to the Trust's Wholly Owned Subsidiary, Doncaster &amp; Bassetlaw Healthcare Services Limited.</p> <p>The Chair proposed that governors support the charity where possible by joining activities or sharing events with others.</p>	

	<p>The Chair emphasised the need to raise funds for specialist equipment within children's areas and other items that would provide better accessibility and appeal within the emergency departments for illnesses such as dementia.</p> <p>Non-executive Director, Hazel Brand, noted that the Head of Charity was willing to conduct a governor briefing on the Charity. It was asked for dates to be sourced.</p>	<b>AS</b>
<b>COG24/11/C1.7</b>	<p><b><u>Mark Bailey – People Committee</u></b></p> <p>Non-executive Director, Mark Bailey, clarified how the People Committee had historically sat within Quality and Effectiveness Committee, however this was extracted to provide better oversight of people.</p> <p>Updates within the People Committee included.</p> <ul style="list-style-type: none"> <li>• A refresh of the people strategy including elements reported within the staff surveys.</li> <li>• Health and wellbeing activities promoted throughout the Trust with good colleague uptake.</li> <li>• Flexible working that provided opportunities to enhance core services.</li> <li>• Workforce, although strained, provisions were in place.</li> </ul> <p>Public Governor, Mark Bright, noted the limited assurance on workforce supply and demand. Non-executive Director, Mark Bailey, confirmed the Trust was looking at services by division to understand contributing factors. With the constant change in the workforce this was an ongoing task, successful recruitment in nursing and midwifery was recognised, however, there remained posts which were difficult to recruit to and this position was not unique to the Trust.</p> <p>Public Governor, Colin Wallace, asked how often staff surveys were undertaken and if any other surveys were circulated in between, Non-executive, Mark Bailey, confirmed the staff survey was undertaken yearly, with results worked on within divisions and teams to improve, engage and change approaches.</p>	
<b>COG24/11/C1.8</b>	<p><b><u>Governor Questions</u></b></p> <p>Governor questions were provided within agenda items.</p>	
<b>COG24/11/C1.9</b>	<p><b><u>Richard Parker OBE, Chief Executive's Report</u></b></p> <p>The Chief Executive confirmed the significant service challenges within the audiology service and offered his sincere apologies to everyone affected. The standard of service did not meet the Trust's expectations, or what patients had a right to expect.</p> <p>The Deputy Chief Executive confirmed work had commenced following an independent review of audiology services in Scotland, through self-assessment the Trust had identified service issues and required quality improvements, including staff development and training.</p> <p>A visit was undertaken by the Integrated Care Board and NHS England regional colleagues and further issues presented in the form of IT infrastructure relating to software, hardware</p>	

	<p>and database concerns. Comprehensive actions were put in place to ensure selected services could remain open.</p> <p>To seek further assurance on the actions implemented the Trust sought an external opinion which highlighted some ongoing issues and as a result the Trust took the difficult decision to limit the service.</p> <p>The Trust continued to offer simple hearing aid repairs and mutual aid from Sheffield and Rotherham was sought. It was noted that referrals remained open, but the Trust was prioritising patients.</p> <p>Public Governor, Andrew Flynn, asked if referrals for patients on a private basis was considered, the Deputy Chief Executive Director confirmed the Trust had contracted with external provider, Scrivens, over a three-year period, with an approximation of 200 patients referred, it was noted that this only amounted to 10% of the wait list. It was timely to ensure the right patients were transferred to appropriate pathways.</p> <p>The Chief Executive Officer confirmed that mutual aid had proved challenging as there were no providers with significant capacity.</p> <p>The Chief Executive Officer noted the Autumn budget had identified £1.57bn NHS budget allocations for NHS equipment. It was the Trusts aim to prepare the strategy that would include items of improvement for departments and services. The government stated Artificial Intelligence enabled equipment was a priority in an effort to reduce waiting lists, however, the NHS had experienced the biggest challenge of backlogs in history, with a significant number of patients over the 52-weeks wait threshold, specifically within Ear, Nose and Throat and Orthopaedics at the Trust.</p> <p>The Chief Executive confirmed Doncaster Royal Infirmary had opened a new clinic in September 2024 that specialised in supporting expectant mothers that suffered Female Genital Mutilation.</p> <p>The Chief Executive was pleased to announce a new Chief Financial Officer had been appointed.</p> <p>Public governor, Mark Bright, highlighted that flu and covid vaccination had only reached 10% of colleagues, it was asked how this compared to previous years. The Chief Executive confirmed this year's vaccination was significantly lower.</p>	
COG24/11/C1.10	<p><b><u>Governor Questions</u></b></p> <p>The Chair thanked everyone for their input and requested additional questions be sent to the Trust Board office, post meeting.</p>	
COG24/11/D1	<p><b><u>Minutes of the Council of Governors held on 26 September 2024</u></b></p>	
	<p><b><i>The Council of Governors:</i></b></p> <p>- <b><i>Approved the Cog and AMM minutes dated 26 September 2024</i></b></p>	
COG24/11/E1	<p><b><u>Questions from members of the public previously submitted prior to the meeting.</u></b></p>	

**DRAFT**


	No questions had been received from the public.		
COG24/11/F1	<b><u>Any other Business</u></b>		
	No items of other business were raised.		
COG24/11/F2	<b><u>Items for escalation to the Board of Directors</u></b>		
	No items for escalation were reported.		
COG24/11/F3	<b><u>Governor Board/Meeting Question Database</u></b>		
	<b><i>The Council of Governors:</i></b> - <b><i>Received and noted the question database.</i></b>		
COG24/11/F4	<b><u>Date and time of next meeting (Verbal)</u></b>		
	Date:	<b>06 February 2025</b>	
	Time:	<b>15:00</b>	
	Venue:	<b>Microsoft Teams</b>	
	Meeting Close:	<b>17:05</b>	

## Governor Questions and Answers - Updated as at 9 October 2024



### Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/01/13	Board of Directors	30/01/2024	Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts.	Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance. When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.	Denise Smith, Chief Operating Officer & Richard Parker OBE. Chief Executive	In the meeting
P24/01/13	Board of Directors	30/01/2024	On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?	<p>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.</p> <p>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.</p>	Karen Jessop, Chief Nurse	In the meeting
P24/01/13	Board of Directors	30/01/2024	On page 212, given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?	<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 &amp; Rescue (SYFR). Non-executive Director and Chair of the Audit &amp; 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.	Suzy Brain England OBE, Chair of the Board	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings.	<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"> <li>•The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position.</li> <li>•As a Place Doncaster had been underfunded.</li> </ul> <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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Partner Governor	18/03/2024	<p>I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council.</p> <p>Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss.</p> <p>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.</p> <p>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>	<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
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. ( <a href="https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/">https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/</a> ) 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	<div> HG0049-PHS-ZZ-A-9120 - BECV Ph</div>

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Andrew Middleton	22/04/2024	<b>Follow up to 11/1/2024</b> <b>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:-</b> <b>1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs?</b> <b>2. What marketing has been undertaken on the new services with GPs and others in the three boroughs?</b> <b>3. How will demand be managed should it exceed capacity?</b> <b>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.</b> <b>I am asking of you whether the F&amp;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.</b> <b>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.</b> <b>Is this matter within scope of the F&amp;P Committee? It is certainly of interest to the 250,000 population of Barnsley and its 31 GP practices.</b>	1. The digital and IT infrastructure focuses on providing clinicians in the facility with access to data from their host trusts and communicating and reporting clinical information back to the host trusts post operatively. The individual trust systems/clinicians then communicate clinical information for any patients treated at MEOC, this is done in exactly the same way as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trusts operate differing IT systems, however, a temporary solution is in place and working well. The permanent solution is planned for completion by June/July 2024. 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. 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. The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issues across the range of the Trust's activities. Given the responsibility (and desire) to collaborate with partners to deliver service solutions to populations wider than Trust's traditional operating footprint we are interested to receive feedback from all stakeholders on any issue impacting the effectiveness of MEOC.	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 reprovision 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
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Lynne Schuller	06/05/2024	<p>A friend contacted me yesterday; she has Lupus, and her treatment requires an annual scan and examination of her eyes. She was concerned to be told when attending Ophthalmology this week that:</p> <p>A. She will receive a letter from D.R.I. in about 6 months' time explaining changes to the service. Could I ask why will there be an outline of service in 6 months? Is the service subject to a review? If so, will there be a public consultation or consultation with service users?</p> <p>B These proposed changes include visiting an optician, not the consultant at D.R.I. What is the access to said opticians - including how many are available and where they may be situated, and indeed how this may affect Bassetlaw Residents - i.e. is this a South Yorkshire ICB / ICS decision and if so is this mirrored by Nottingham &amp; Nottinghamshire ICB / ICS.</p>	Without further patient information, particularly regarding the treatment received, the service is unable to provide a response and have requested direct contact is made with the Business Manager, Kerry Allen on 01302 642173. Alternatively, should they wish to email Kerry @ kerry.allen3@nhs.net and provide their contact details she will arrange a mutually convenient time to speak.	Kerry Allen, Business Manager	Outside of the meeting
Email (post BoD)	Public Governor - Dave Northwood	07/05/2024	<p>The need for a Lead Governor to be in place to liaise between the Trust and NHS(E), when communication between the latter and the Chair is inappropriate, was outlined by Monitor. It was confirmed at the recent Board meeting that this is an important coordination role. No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?</p>	<p>Following our Board of Directors meeting earlier this week and some subsequent queries from governors about the Lead Governor appointment process, I thought it would be helpful to drop you a line to update on the timelines.</p> <p>Today is Fiona Dunn's last working day at DBTH as our Company Secretary and Director of Corporate Affairs. I am sure you will join me in wishing Fiona all the best in her retirement and we will miss her support to both the Board and Council of Governors. We have been successful in recruiting to a new role of Associate Director of Strategy, Partnerships and Governance, a key appointment in providing ongoing senior leadership in Company Secretary related duties as well as a broader strategic portfolio, working closely with Zara Jones, our Deputy CEO. Formal announcements about our new colleague will follow imminently. Given the changes above and the variety of activities our small Trust Board Office team are undertaking in coming weeks, we intend to start an Expressions of Interest process for the role of Lead Governor in June 2024. The exact date is yet to be finalised, but I hope you will find it helpful to know that this process will start in the near future.</p> <p>Should you have any further queries, please do not hesitate to get in touch via the Trust Board Office. The current interim arrangements in lieu of having a Lead Governor in post will remain until a new appointment is made.</p>	Suzy Brain England OBE, Chair of the Board	Outside of the meeting
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,</p> <p>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"><li>•Urgent operations cancelled more than once (no patient should have an urgent operation cancelled on more than one occasion)</li><li>•Breaches of the 28-day guarantee (where any patient cancelled should be re-booked within 28 days)</li></ul> <p>Performance against these standards is reported to the Board's Finance &amp; 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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	<p>What is the current status of the 28 Day Rebooking After Cancellation in Theatre?</p>	<p>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 &amp; wellbeing.</p> <p>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.</p> <p>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.</p>	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.	<p>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.</p> <p>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.</p>	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Lynne Schuller, Public Governor & Cllr Harriet Digby, Partner Governor	30/10/2024	With satisfaction in the audiology department being at a low point and there being increased concern shared by communities what actions are the trust taking to actively seek to improve the service and the outcomes of the patients within the service.	A full update on the audiology service was provided at the Board of Director meeting held in public on 5 November 2024 by the Deputy Chief Executive. <a href="https://www.dbth.nhs.uk/wp-content/uploads/2024/11/Board-of-Directors-5-November-2024-v3.pdf">https://www.dbth.nhs.uk/wp-content/uploads/2024/11/Board-of-Directors-5-November-2024-v3.pdf</a>	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was queried if existing members had been removed from the Nomination and Remuneration Committee and if the working group would include previous governor membership or include a refreshed approach.	It was confirmed that governors had not been removed from the Nomination and Remuneration Committee, however also welcomed governors to join as a refreshed approach.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was asked of the estimated cost to using an external recruitment agency for the recruitment of Non-executive Directors.	External recruitment could range between £6,000-£25,000 depending on what was asked of the agency	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B3	Council of Governors	07/11/2024	Was the suggested allocated time (90mins) for an in-person Annual Members Meeting (AMM) sufficient?	the Associate Director of Strategy, Partnerships and Governance confirmed it was sufficient time.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/C1.3	Council of Governors	07/11/2024	As part of the Audit and Risk Committee Assurance log, it was noted how compliance against the emergency preparedness, resilience and response standards was a non-compliant position and there appeared to be no specific timescales for this to be completed.	The Trust had produced a self-assessment and undertaken an internal audit of business continuity, from which the Chief Operating Officer had amended some areas of compliance. From an assurance perspective both internal audit and colleagues had provided feedback, however the Trust awaited feedback from the Integrated Care Board and this would remain an action until receipt and was expected to be published December 2024	Kath Smart, Non-executive Director	In the meeting
COG24/11/C1.7	Council of Governors	07/11/2024	Limited assurance was noted on workforce supply and demand.	Trust was looking at services by division to understand contributing factors. With the constant change in the workforce this was an ongoing task, successful recruitment in nursing and midwifery was recognised, however, there remained posts which were difficult to recruit to and this position was not unique to the Trust.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.7	Council of Governors	07/11/2024	how often were staff surveys undertaken, and were other surveys circulated in between	The staff survey was undertaken annually, with results worked on within divisions and teams to improve, engage and change approaches.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	In respect of Audiology it was asked if referrals for patients on a private basis was considered.	the Trust had contracted with external provider, Scrivens, over a three-year period, with an approximation of 200 patients referred, it was noted that this only amounted to 10% of the wait list. It was timely to ensure the right patients were transferred to appropriate pathways.	Zara Jones, Deputy Chief Executive	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	Flu and covid vaccination had only reached 10% of colleagues, it was asked how this compared to previous years	The Chief Executive confirmed this year's vaccination was significantly lower.	Richard Parker, Chief Executive	In the meeting
Email	Ifraan Ahmed	06/01/2025	I have concerns regarding the waiting times for cancer patients in gynecology in Sheffield. Since gynecological cancer patients from Doncaster are referred to Sheffield, I have observed significant delays in appointments, with some cases exceeding target wait times. Could we obtain detailed information regarding the cancer waiting times in Sheffield.		Denise Smith, Chief Operating Officer	Outside of the meeting

# **National Public Engagement on the Future NHS: Response from the Councils of Governors at the three NHS Foundation Trusts in the Nottingham & Nottinghamshire Integrated Care System**

## *Context*

This is a joint response to the government's public engagement exercise on the NHS, by the Councils of Governors at Doncaster & Bassetlaw NHS Foundation Trust (FT); NHS Nottinghamshire Healthcare FT; and Sherwood Forest Hospitals NHS FT. These three Councils represent, individually, each of the three Foundation Trusts within the Nottingham and Nottinghamshire Integrated Care System (ICS).

Councils of Governors are volunteers who have, as their primary purposes, the roles of a) representing trust members and the public, and b) holding non-executive directors to account for the performance of their trust's Board. Since 2022 governors at each FT have the additional duty of taking account of the health needs of the "public at large" in their local systems, i.e. the local populations as a whole.

As the Councils of the three FTs within our ICS we have worked together to produce this shared response to the engagement exercise. Our response covers the key areas we believe need urgent attention if the government's 10 year plan for the NHS is to be successful.

## *Our Statement: The Proposed "Three Shifts"*

We welcome the focus on these three key priorities, although they clearly link to many other features of necessary system reform if a 10 year plan is to be successful. In using the term "reform" we do not mean and would not support the type of structural re-build arising from the Health and Social Care Act 2012, which had damaging competition as a key feature. Reform should be patient-centred, delivering effective care in productive, efficient organisations.

We comment here on each of the proposed shifts. From hospital to community; from analogue to digital; and from sickness to prevention.

### *1. From hospital to community*

This shift will require:

- An urgent plan for improved social care, which we suggest could draw on the recommendations from the Dilnot Commission Report on Social Care<sup>1</sup>, which identified the main problems and solutions as long ago as 2011
- Wider public health models of Making Every Contact Count<sup>2</sup> (MECC), with provision of training / advice sharing across all agencies providing community support, enabling early intervention.
- Formal integration of primary and secondary healthcare, so that patients can receive streamlined services from home, linking to local health centres - including GP services - and on to and from hospital-based care, as necessary
- Enablement of shorter hospital stays through integrated services, benefiting the patient and supporting productivity improvements

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<sup>1</sup> [The Dilnot Commission Report On Social Care | The King's Fund](#)

<sup>2</sup> [MECC Implementation guide](#)

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- Preparation of patients for elective hospital admission through, for example, strengthening exercises, to help shorten stays
- Rehabilitation pathways post-discharge, including at home, with enabled access to services through use of community and retail venues
- Pathways to good health being integrated, so that health education and promotion combine with NHS activities, encouraging healthy lifestyles
- Careers education in other professions whose work can support or obstruct good health should have the health dimension as a component. Teaching, social work, town planning, architecture and civil engineering are examples
- Building and maintaining an accessible and sustainable network of community pharmacies. Current provision is under-resourced
- Health system integration should be planned so as to be supported by the second shift, from analogue to digital. That would enable data and patient records to be readily accessed, including by patients themselves and across primary and secondary care, so that health needs are understood and acted upon in a timely way. Early intervention can then reduce the impact of ill health / surgical interventions.

### *2. From analogue to digital*

In making this shift the following actions are recommended.

- A rapid review of what works already, which could be done in three months and built upon over the first year of the 10 year plan, applying lessons learned.
- This to include identifying the barriers which have prevented this shift so far, other than financial. This should take account of the wider professional or careers training referred to above, underpinning all public service provision with the building blocks for health, supporting individual and community health and well-being
- Mechanisms to be created across primary and secondary healthcare for better patient access to their records and test/treatment results, enabling better decisions and in improving health. This to include empowering patients to be able to choose and book appointments for themselves, within a service offer
- Health professionals and digital champion volunteers (potential new roles) to work with patients at all levels to enable use of apps and related technology through basic Q&A, with accessible information in health settings on how to find support in accessing information as required
- Self-help information on healthy lifestyles to be developed with support from industries benefiting from consumer choices in expenditure, such as supermarkets and hospitality settings.
- Engagement with social media companies to support this shift as part of their corporate social responsibility (CSR).

### *3. From sickness to prevention*

## **National Public Engagement on the Future NHS: Response from the Councils of Governors at the three NHS Foundation Trusts in the Nottingham & Nottinghamshire Integrated Care System**

This is perhaps the most the complex shift of all, as causes of sickness have family, lifestyle, social and cultural components, including diet, housing, work and worklessness.

This would require:

- A “whole life” approach, with better antenatal and maternity care and restored Sure Start types of provision pre-school. Also, recognition in the National curriculum of health promotion as a thread through all key stages. Advice and preventative interventions are also needed in later life, such as enhanced health screening in community settings and workplaces
- A multi-agency assessment of need, highlighting good social care and healthcare. These are operated and funded separately currently and require greater cohesion
- Promoting ease of access to exercise in various forms, to assist prevention and individuals’ own management of health
- Developing broadly defined health education in diverse forms, including in social media, use of entertainment and recreation options, and continual innovation
- Identifying the roles of all health professionals in supporting prevention, not only those in primary care
- Identifying and reducing barriers to accessing healthy lifestyles, including through public consultation.

Learning from current successful improvement activities in the field of prevention should be shared nationwide. A reformed CQC could support this, reporting on best practice.

Innovative pilot projects could be created addressing specific forms of preventative healthcare, but this action should be on a sustainable basis in any locality, to avoid “hit and run” healthcare projects which have set back some communities previously.

Note: Within our local system for Nottingham and Nottinghamshire there are particular community groups in the city and part of the county with the need for support in moving from sickness to prevention. These include factors of ethnicity and severe socio-economic disadvantage. Other local systems will have identified similar communities or particular health requirements. The ICS framework could support sustainable interventions based on local knowledge and community engagement.

We reinforce the point made above about the need to ensure that there is a dimension provided to all professional training where activities impact on physical or mental health, especially affecting the design or re-design of communities and workplaces.

Joining actions together for all three shifts could enable effective community-based prevention, informed by timely data. For government this indicates the need for a cross-departmental approach working to a coordinating minister, with progress milestones in the 10 year plan.

*Resourcing*

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We believe resourcing to be the crux of the problem. Clearly, the “right” budget for health and social care is needed but we recognise that effective and efficient deployment of resources is essential, if provision is to be of high quality and sustainable.

We note:

- A critical consideration for the success of the 10 year plan will be sufficient funding for both revenue and capital
- Many local NHS systems are at breaking point financially and operate in unsuitable facilities for best-practice care. It is evident that the out-dated facilities we often operate from are actually a risk factor, in that they are more costly to run and maintain than an “invest to save” model would provide
- Productivity requires a clear definition to support improvement, which can only happen if health and social care are treated as joint services and resourced sufficiently
- To support this, the Department of Health and Social Care should draw from its title to operate and resource provision so that there is clear, accessible cross-routing between the two services, aimed at excellence in quality and efficiency in operation. This will reduce waste, speed up patient access and throughput, and ensure value for money
- The skills pipeline for staff is also a resource which is a critical success factor for the 10 year plan, requiring a long-term strategy and funding. The “Step in to the NHS” career learning model for schools could be deepened and rolled out further, to create well-informed and sustained access for young people to NHS employment opportunities
- Resource planning should learn from best international comparisons for healthcare provision.

Volunteers in the NHS, of which we are a few, bring a depth of skills, expertise and capacity to our hospitals and other health services. Strategically, this capacity could be grown and deployed further. We are a resource.

We expect that the majority of responses to this NHS engagement exercise will be from “volunteers”; members of the public who are stakeholders in developing an excellent National Health Service. Please continue to draw on our experience and let us know what use you make of it.