

Meeting of the Council of Governors held in Public
On
Thursday 29 April 2021 at 15:00 – 17:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME
A	COUNCIL BUSINESS				15:00
A1	Welcome and Apologies for absence	SBE	Note	Verbal	
A2	Declaration of Governors' Interests	SBE	Note	A2	
	<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>				
A3	Actions from previous meetings	SBE	Note	-	
	<i>There were no outstanding actions from the meeting held on 28th January 2021.</i>				
B	GOVERNOR APPROVALS				
	<i>None</i>				
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:10
C	Presentation				
C1.1	Richard Parker – Chief Executives Report	RP	Note	Present	10
C1.2	Suzy Brain England – Chair's Report	SBE	Note	Present	10
C1.3	Hazel Brand – Lead Governor Update	HB	Note	Present	5
C1.4	Neil Rhodes – Finance and Performance	NR	Note	Present	5
C1.5	Pat Drake – Quality and Effectiveness	PD	Note	Present	5
C1.6	Kath Smart – Audit and Risk	KS	Note	Present	5
C1.7	Sheena McDonnell – People	SM	Note	Present	5
C1.8	Mark Bailey – Charitable Funds	MB	Note	Present	5

C1.9 Governor Questions (30mins)

Gov Q&A Verbal 30

D ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting **16:30****D1** Chair and Non-Executive Director Appraisal Process FD Ratify D1 10**D2** Minutes of Council of Governors held on 28 January 2021 SBE Approve D2 5**E QUESTIONS FROM MEMBERS OF THE PUBLIC** **16:45****E1** Questions from members or the public previously submitted prior to meeting. SBE Q&A Verbal 10

NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.

F INFORMATION ITEMS **16:55****F1** Any Other Business (to be agreed with the Chair before the meeting) Gov Note Verbal 5**F2** Items for escalation to the Board of Directors SBE Approve Verbal**F3** Governor Board/Meeting Questions Database FD Note F3

Date and time of next meeting: SBE Note Verbal

Date: 1st July 2021**Time:** TBC**Venue:** Via Microsoft Teams Video Conferencing**G MEETING CLOSE** **17:00**


Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 29th April 2021

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.

Peter Abell – Public Governor – Bassetlaw

Member of The Labour Party
Member of Community Union

Dennis Atkin – Public Governor – Doncaster

Director/Owner of The Ridge Employability College Ltd
Member of the Doncaster Health Ambassadors Group (Doncaster Healthwatch)
Doncaster NHS Clinical Commissioning Group(Equality Engagement Committee)
Member of the Great North Medical Centre, GP Patients Forum

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Wendy Baird, Partner Governor

Employee of The University of Sheffield – Faculty of Medicine Dentistry and Health – Role as Faculty Director of Research and Innovation

Ann-Louise Bayley, Public Governor

Unite Union, Secretary
Delegate, North East Region of UNITE Union to the National Forum Board
Doncaster Trades Council
South Yorkshire TUC
Yorkshire Humberside and N.E TUC
Stand Up To Racism – Chair
Affiliated to the Labour Party
Member of YWT

Philip Beavers, Public Governor

Retired Judge – The Family Court
Supplemental Magistrate (past Chairman of the Doncaster Bench)
Independent Person under the Localism Act 2011 for Doncaster MBC and Rotherham MBC, regarding Standards in Public Life
Member of the High Sheriff's Advisory Committee for South Yorkshire
Independent Person under the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 for Doncaster MBC and Rotherham MBC. relating to designated Senior Officers of the Authorities.
PCC Secretary, St. Mary's Parish church, Tickhill.

Hazel Brand, Public Governor

Member, Bassetlaw DC
Parish Councillor, Misterton
School Governor, Misterton Primary School
Member, Citizens' Panel, South Yorkshire & Bassetlaw ICS

Linda Espey, Public Governor

Daughter is a Chief Allied Health Professional for DBTH and RDaSH

Dr David Goodhead, Public Governor

Son is a Senior Pharmacist for DBTH
Member of Doncaster Rotary Club
Chair of a Regional DOHSC Mental Health Panel.
Expert Advisor Nationally on NHS Complaints (excluding any comments on alleged negligence in DBTH)

Jackie Hammerton – Public Governor – Rest of England

Employed by the University of Lincoln

Geoffrey Johnson, Public Governor

Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group
Involvement with Patient Participation Network
Co-Chair at Doncaster Metropolitan Borough Council, Carers Strategic Oversight Group

Bev Marshall, Public Governor

Member, Labour Party
Member, Yorkshire Ambulance Service NHS Trust

Susan McCreadie, Public Governor

Director of Captain Cooks Haven Ltd
Member of St Leonard's PCC

Dr Victoria McGregor-Riley, Partner Governor

Deputy Chief Officer, Director of Strategy, NHS Bassetlaw CCG
Trustee for Bassetlaw CAB
Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Lynne Schuller – Public Governor – Bassetlaw

District Councillor, Bassetlaw District Council; Harworth Ward
Town Councillor, Harworth Town Council
Member of Labour Party

Susan Shaw, Partner Governor

Member of Health and Wellbeing Board (Nottinghamshire County Council)
District Counsellor Bassetlaw D.C
Member – Labour Party
Chair of a Charity in Bassetlaw called **Focus on young people in Bassetlaw**

Mary Spencer – Public Governor – Bassetlaw

Member of Citizens Panel – South Yorkshire and Bassetlaw ICS
Elected Parish Councillor for Walkeringham Parish Council
Lay Chair of SYB ICS Cancer Alliance Communication and Engagement Steering Group
Member of SYB ICS Cancer Alliance Advisory Board

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

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

Dr Mark Bright – Public Governor – Doncaster
Kay Brown, Staff Governor
Duncan Carratt, Staff Governor – Non Clinical
Tina Harrison – Partner Governor – Doncaster College and University Centre
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Anthony Fitzgerald, Partner Governor
Sophie Gilhooly – Staff Governor – Other Healthcare
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson, Partner Governor
Lynne Logan – Public Governor – Doncaster
Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
Sally Munro – Staff Governor – Nursing and Midwifery
David Northwood, Public Governor
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Pauline Riley, Public Governor
Mandy Tyrrell, Staff Governor

Fiona Dunn – Company Secretary



Council of Governors April 2021

Richard Parker

Richard Parker OBE
Chief Executive



Covid-19 data

As of 11am on 20 April:

- Current Covid-19 patients: **8**
- Total Covid-19 patients in Intensive Care: **1**
- Total Covid-19 discharges: **2,436**
- Total number of patients who have died: **814**
- Total number of patients who have been cared for: **3,273**



Current position

- **Infection rates declining locally**, but still some work to be done.
- **Declining inpatient numbers** lowest seen since September 2020.
- **However, possible new variants of concern** so we must remain vigilant.
- **Vaccine appears to be working well** with second doses now rolling out.
- **We had concentrated our bed and testing capacity** on the Covid-19 response but are now moving to recovery and restoration.



We cared for around **86,111** inpatients



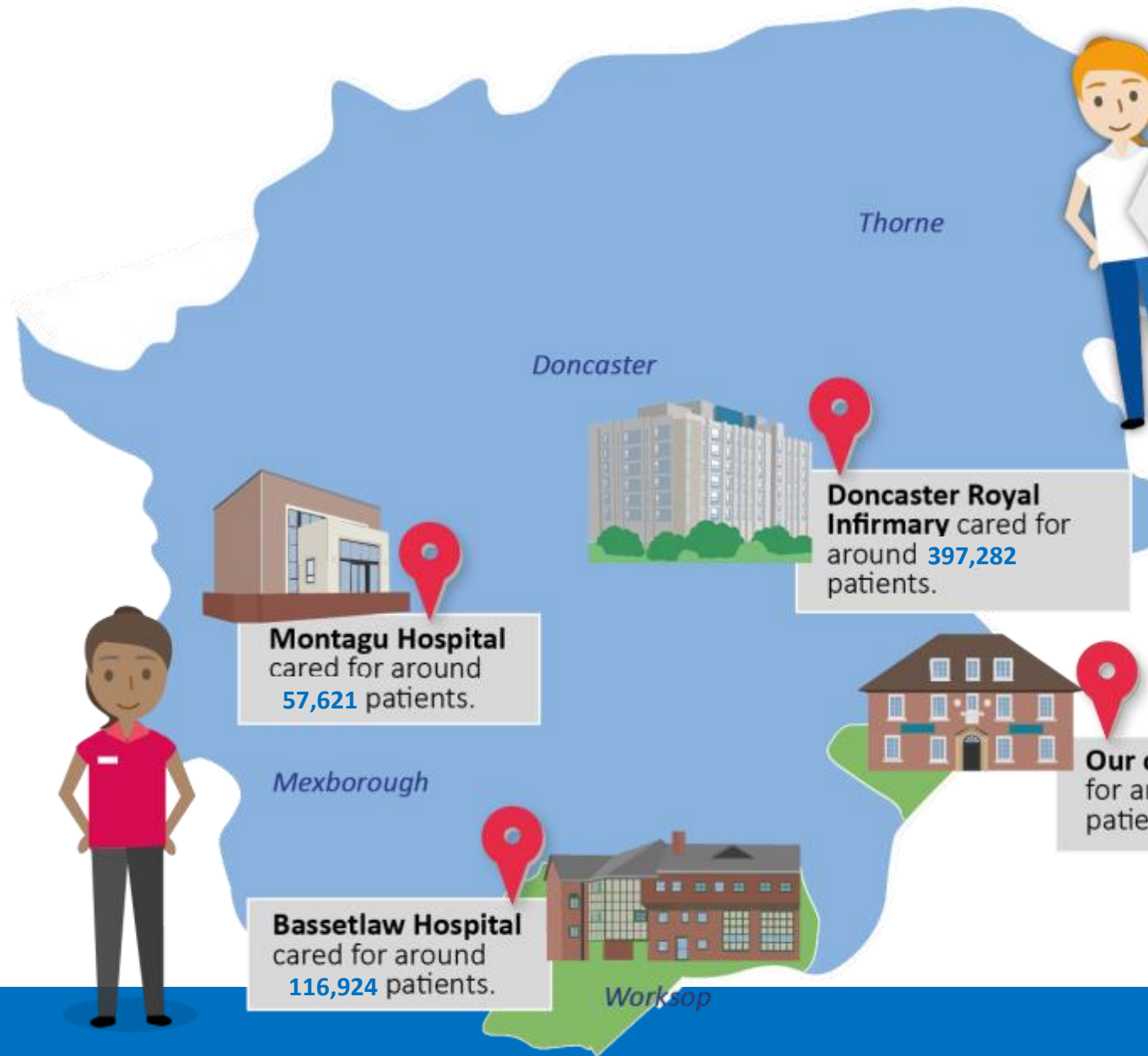
We cared for approximately **337,950** outpatients



We cared for approximately **147,211** emergencies



We delivered approximately **4,287** babies



Our activity throughout the 21/2020 to 21/2021

What's next?

- First and foremost we will be looking to **recover our position**, if COVID-19 rates continue to decline.
- This will mean **working through our waiting lists**, prioritising those with the most urgent need and reducing inequality.
- We will also need work through lessons learnt, inequalities, and **what pressures we can expect** in the next 12 months.
- Finally, we need to balance colleagues having the **opportunity to rest and recharge with the need to respond to the impact of the past year on patients and our communities.**



What's next?

- We will refresh our Trust clinical strategy, and continue to build towards a CQC 'Outstanding' rating.
- There are **changes coming with new NHS legislation in June/July**, and we will need to work through what this means for our Trust.
- We will need to work **evermore closer with our Places and our Integrated Care System (ICS) partners** in order to ensure patients receive the care and treatment they need.
- As a Trust, we have enrolled within the **MAGNET4EUROPE** study, looking at mental health and wellbeing amongst nurses and doctors.
- Finally, **we will continue to push for a new hospital** in Doncaster and the Emergency Village at Bassetlaw.





Compassionate Care Award:
Dr Ken Agwuh



Unsung Hero:
Adam Tingle



Outstanding Contribution:
Team DBTH

Our nominees: Toni Peet, Miriam Boyack, Lisa Robins, Claire Fry, Michael Leng, Richard Somerset, Emma Dickinson, Jackie Bone, Respiratory Ward, Assessment Units, Pathology and Emergency Departments.



In memory of Elaine Doughty

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- As ever, a 'thank you' to Team DBTH for their unwavering dedication throughout the beginning of 2021 and into spring.
- Much of my work has remained digital, with numerous one-to-ones and discussions held with our Executive Team, clinical leaders, Lead and Deputy Governors, NEDs as well as senior additions to the Trust.
- Continued to observe committees and other organisational meetings.



From the Chair:

- Assisted in the diagnostic for Race Equality Code and the adoption of the scheme.
- Involvement in the planning of our Annual Medical Lecture
- Engagement with workshops to prepare for new clinical and Trust strategies.
- Attendance at the Chamber Awards on behalf of Team DBTH.
- Board-to-board session with Sheffield Children's Hospital.
- Observed and engaged with various NHS Providers, ICS and other regional meetings and briefings.



Lead Governor Report



Hazel Brand
Lead Governor



The Governor perspective:

- Congratulations to Peter on election to NHS Providers' Governor Advisory Committee.
- Governors have contributed to the CEX annual appraisal.
- Next is the Chair's and NEDs' appraisal.
- A number of excellent training sessions.
- Coming soon: a review of Quality Accounts - new guidance and the governors' role.
- Planning for 'open surgeries' as soon as Step 4 passes successfully.



Non-Executive Director Report



Neil Rhodes

Deputy Chair & Non-Executive Director



Overview

- Monitor and support the management of the COVID-19 situation.
- Evaluated the sustainability of the response and direction of travel.
- Worked with senior staff to develop a robust recovery plan build elective and outpatient services.
- Scrutinised management of finances in the current year.
- Worked with senior staff to develop robust financial plans for the year ahead including ensuring the development of financial skills in senior clinicians.
- Pursued business with a close eye on the development of ICS and Place based thinking.



Non-Executive Director Report



Pat Drake

Senior Independent Director



Overview

- Key focus in April was:
 1. The Ockenden Report
 2. End of Life Care
 3. Quality Strategy and Framework (CG Review)
 4. Stabilisation and Recovery
 5. Complaints
 6. COVID-19
 7. Infection Prevention and Control



Non-Executive Director Report



Kath Smart

Non-Executive Director



Overview

- ARC has met 29 Jan and 25 March.
- Five internal audit reports: Core Financial Controls, Complaints Handling, Governance – Waiting List Prioritisation, Data Quality and Corporate Governance.
- Significant assurances for the Trust with recommendations for improvement.
- Concern regarding Complaints audit as eight recommendations to be followed up.
- Still work to do on closing audit recommendations, although improved between January and March meeting to 89%.
- Local Counter fraud update: National, Regional and local update including cases progressed and outcomes.



Overview

- Review of both Internal Audit (KPMG) and External Audit (EY) concluded satisfactory performance.
- Improvements to the Declaration of Interest process with 98% completion rate.
- Reports on Health, Safety, Security and Fire show risks, albeit being managed and monitored.
- External Audit work commencing and plan/timetable agreed.
- Procurement process for both Internal and External Audit underway with Governors.



Non-Executive Director Report



Sheena McDonnell

Non-Executive Director



Overview

- People Planning workshop
 1. Priority planning

- People Committee – March 2021
 1. Workforce planning
 2. FTSU
 3. EDI
 4. Staff Survey
 5. Health and Wellbeing



Non-Executive Director Report



Mark Bailey

Non-Executive Director



www.dbth.nhs.uk

Overview

- Trustees of Charitable Funds met in February 2021
 1. Restatement of purpose around ‘additionality of care and staff health and well-being’.
 2. Re-confirmation of the terms and intent of the Fred & Ann Green Legacy
- Unqualified sign-off of 2019/20 accounts by external auditors in March 2021.
- Our new Corporate Fund Raiser now in role and making good progress
 1. Christmas Star, Albemarle Homes partnership and Rainbow Sculpture.
 2. Governor engagement session planned for May
- Positive encouragement to ‘Above and beyond’ submissions especially ‘health & well-being’ opportunities.









Thank you, any questions?

Report Cover Page					
Meeting Title:	Council of Governors				
Meeting Date:	29 th April 2021	Agenda Reference:	D1		
Report Title:	Chair & Non-executive Directors Appraisal Process				
Sponsor:	David Purdue, Deputy Chief Executive Officer				
Author:	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary				
Appendices:	Framework for conducting annual appraisals of NHS provider chairs (April 2021)				
Report Summary					
Purpose of report:	Propose repeat implementation of NHE/I Framework for conducting annual appraisals of NHS provider chairs as undertaken for 2019/2020 appraisal process.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> Repeat use of 2019/2020 process to conduct Chair & Non-executive Directors Appraisal which implemented the NHSE/I framework for conducting annual appraisals of NHS provider chairs Acknowledge updated framework for conducting annual appraisals of NHS provider chairs (April 2021) Outcomes reported back to Council of Governors November 2021 				
Recommendation:	Request Council of Governors acknowledgment for continuing with the utilization of Chair & Non-executive Directors Appraisal Process agreed last year.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	No changes				
Corporate risk register:	N/A				
Regulation:	<ul style="list-style-type: none"> Financial Reporting Council's publications (UK corporate governance code and guidance on board effectiveness) Monitor's code of governance for NHS foundation trusts Framework for conducting annual appraisals of NHS provider chairs (NHSE/I) 				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	N/A				

Assurance Route			
Previously considered by:		Council of Governors - Outcome report 2020	
Date:	<i>11/11/2020</i>	Decision:	Insert any decisions made by the sub-committee/s including outstanding actions. Identify if this has been escalated from sub-committee/s.
Next Steps:		Identify next steps e.g. continued review at sub-committee/s or if further action/advice is required from the Board.	
Previously circulated reports to supplement this paper:		Please indicate the date and paper title if strategically supports this paper.	

EXECUTIVE SUMMARY

The Foundation Trust Code of Governance states *“The Council of Governors, which is responsible for the appointment and re-appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and non-executives, with the chairperson and non-executives. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors”*.

In November 2019 NHS England/Improvement introduced a framework to standardise the provider Chair’s appraisal process. The framework was based on a multiple stakeholder assessment, aligned with five core competencies: **Strategic, People, Professional Acumen, Outcomes Focus** and **Partnerships**.

The principal aim was to ensure that the annual appraisal was a valuable and valued undertaking, that provided an honest and objective assessment of a Chair’s impact and effectiveness, whilst enabling potential support and development needs to be recognised and considered.

This framework was implemented for 2019/2020 appraisal season with outcomes presented to Council of Governors November 2020.

The guidance was updated (April 2021) and can be found at:

<https://www.england.nhs.uk/non-executive-opportunities/wp-content/uploads/sites/54/2021/03/Chair-Appraisal-Framework-April-2021-1.pdf>

Whilst the guidance states that the national framework is not prescriptive, the following requirements should be fulfilled:

- To consult with the NHSI Regional Director as to whether there are any areas of competency in the chair’s performance evaluation that should receive particular focus
- To send the appraisal reporting template (appendix 3 in the guidance) to NHSI’s Chair, Chief Operating Officer and the Regional Director by 30th Jun 2021

It is proposed that the process documented at appendix 1 be adopted again this year, led by the Senior Independent Director (SID), Pat Drake.

Feedback will be sought as per same process as last year, at Trust level, via the Board of Directors and governors (via Lead Governor and also at a system level (external stakeholders).

Timeline for the process:

Key stages	Key steps	Dates
Planning	Acknowledge NHS England process & timetable at Council of Governors	29/4/2021
Chair’s process	Stage 2 : Multisource assessment requested from stakeholders (governors via email to Lead Governor)	30/4/2021 to 14/5/2021
	Stage 3 SID Evaluation of stakeholder responses using assessment template 2)	w/c 17/5/2021

	<p>Stage 4 : SID undertake Chair’s objective setting and appraisal</p> <p>NHSE/I forward of completed appraisal reporting template (appendix3)</p>	<p>w/c 05 June 2021</p> <p>by 30/6/2021</p>
Non-Executive Director (NED) process	<p>Feedback sought from executives, chair and governors about NED objective setting and performance</p> <p>Objective setting and appraisals undertaken by the Chair</p>	<p>May-September 2021</p>
Feedback	<p>Outcomes reported back to Council of Governors</p>	<p>November 2021</p>

The performance evaluation for Non-executive Directors will be led by the Chair of the Board, Suzy Brain England. The NEDs will once again complete the Trust’s standard appraisal paperwork and the discussion will be informed by feedback sourced from members of the Board of Directors and governors.

Following completion of the appraisals the Council of Governors will receive a report detailing, in broad terms, performance against 2020/21’s objectives which were reported at the Council of Governors meeting on 11 November 2020, and the NEDs priorities for 2021/22.

Appendix 1: Process for annual appraisal of NHS provider chairs – summary flowchart

Stage 1: Appraisal preparation

Chair;
appraisal facilitator

Review of assessment template and determination of additional areas of focus; consideration of multisource assessment contributors; agreed timetable.

Sources of reference:

chair's previous appraisal outcomes, personal development plan and in-year objectives; key aspects of the trust's board development plan; the provisions of the provider chair competency framework; current overall trust performance.

Stage 2: Multisource assessment

Identified stakeholders;
chair

Assessments of chair's effectiveness sought from a range of stakeholders identified at Stage 1; completion of self-assessment by chair.

Source of reference:

chair multisource assessment template (**Appendix 2**)

Stage 3: Evaluation

Appraisal facilitator

Evaluation, by appraisal facilitator, of all collated stakeholder assessments; if necessary, further information sought from assessors; evaluation of stakeholders' views considered alongside chair's self-assessment.

Stage 4: Appraisal output

Chair;
appraisal facilitator;
regional director;
NHS Improvement
Chair and Chief
Operating Officer

Appraisal discussion framed around collective evaluation of multisource assessment; consideration given to in-year performance, identification of development or support needs, and consideration of current year's key objectives.

Key points from appraisal discussion formally recorded by appraisal facilitator and agreed by the chair; completed appraisal reporting template forwarded to the Non-Executive Talent and Appointments team (NTAT) who will forward to NHS England and NHS Improvement's regional director for review. Once approved by the regional director the NTAT will send it to NHS Improvement's Chair and Chief Operating Officer for review (and, for NHS trusts, endorsement) ; potential moderation undertaken.

Appendix 2: NHS provider chair multisource assessment template

Overview

This template is intended for use by those asked to contribute to the annual appraisal of NHS provider chairs, a principal component of which is multisource assessment. In addition to inviting responses from identified stakeholders to the statements and questions in the template, chairs will be asked to reflect on the same statements and questions as a means of self-assessment. The collective evaluation of all responses, including those provided by chairs, will form the basis of an appraisal discussion conducted by the appraisal facilitator.

The outcomes arising from the appraisal discussion will be formally recorded and, for NHS trusts, reviewed at regional level (by respective regional directors) and national level (by NHS Improvement's Chair).

The annual appraisal process should be a valuable and valued undertaking that honestly and objectively assesses a chair's impact and effectiveness, while enabling potential support and development needs to be recognised and fully considered. The NHS provider chair competencies framework identifies four key aspects central to the chair's role:

- leading the board, both in shaping the agenda and managing relationships internally and externally
- ensuring the board sets the trust's long-term vision and strategic direction and holding executive directors to account for delivering the trust's strategy
- creating the right tone at the top, encouraging change and shaping the organisation's culture
- building system partnerships and balancing organisational governance priorities with system collaboration (this is becoming more important as

organisations move to integrated care systems, prioritising population health in line with the NHS Long Term Plan).

These aspects are reflected in the framework’s five competency ‘clusters’ (ie strategic, partnerships, people, professional acumen and outcomes focus). Collectively, the competencies associated with each cluster represent a success profile against which chairs’ impact and effectiveness should be annually assessed.

The template consists of themed statements grouped according to the five competency clusters. Based on their direct knowledge of the chair, assessors are asked to provide a response to each statement (ie strongly agree, agree, disagree, or strongly disagree) or to a smaller number of specific statements that will have been indicated by the appraisal facilitator, under covering correspondence.

For each competency, reflecting on their responses to the associated themed statements, assessors are further invited to provide commentary in response to two questions: “what does the chair do particularly well?” and “how might the chair’s impact and effectiveness be improved?” Responses will be particularly valuable in highlighting areas of high impact and good practice, and opportunities for development and support.

Completed templates should be submitted (anonymously or otherwise) direct to the appraisal facilitator.

Multisource assessment – NHS provider chair impact and effectiveness (confidential when completed)

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Assessment period:	

Part 1: Responses to statements relating to the NHS provider chair competencies framework

The following themed statements relate to the chair's impact and effectiveness in their role.

Please respond to as many of the statements as possible.

Where you are unable to provide a response, please leave the relevant field(s) blank.

Competency: Strategic	Strongly agree	Agree	Disagree	Strongly disagree
Leads the board in setting an achievable strategy.				
Takes account of internal and external factors to guide decision-making sustainably for the benefit of patients and service users.				
Provokes and acquires new insights and encourages innovation.				
Evaluates evidence, risks and options for improvement objectively.				
Builds organisational and system resilience, for the benefit of the population of the system as a whole.				

Competency: Partnerships	Strongly agree	Agree	Disagree	Strongly disagree
Develops external partnerships with health and social care system stakeholders.				
Demonstrates deep personal commitment to partnership working and integration.				

Promotes collaborative, whole-system working for the benefit of all patients and service users.				
Seeks and prioritises opportunities for collaboration and integration for the benefit of the population of the system as a whole.				

Competency: People	Strongly agree	Agree	Disagree	Strongly disagree
Creates a compassionate, caring and inclusive environment, welcoming change and challenge.				
Builds an effective, diverse, representative and sustainable team focused on all staff, patients and service users.				
Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.				
Supports, counsels and acts as a critical friend to directors, including the chief executive.				

Competency: Professional acumen	Strongly agree	Agree	Disagree	Strongly disagree
Owens governance, including openness, transparency, probity and accountability.				
Understands and communicates the trust's regulatory and compliance context.				
Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.				

Applies financial, commercial and technological understanding effectively.				
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Competency: Outcomes focus	Strongly agree	Agree	Disagree	Strongly disagree
Creates an environment in which clinical and operational excellence is sustained.				
Embeds a culture of continuous improvement and value for money.				
Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patient safety, experience and outcomes remain the principal focus.				
Measures performance against constitutional standards, including those relating to equality, diversity and inclusion.				

Part 2: Strengths and opportunities

Please highlight the chair's particular strengths and suggest any areas in which there are opportunities for increasing their impact and effectiveness.

Field sizes are adjustable.

Strengths: What does the chair do particularly well?

Opportunities: How might the chair increase their impact and effectiveness?

Part 3: Additional commentary

Please provide any additional commentary relating to any aspects of the chair's conduct, impact and effectiveness in their role.

The field size is adjustable.

Additional commentary

Thank you for participating. Please now send your completed template to the appraisal facilitator, who will treat your responses in strict confidence. Should you wish to discuss any of your responses with the appraisal facilitator, again in strict confidence, please request to do so.

Appendix 3: NHS provider chair appraisal reporting template

This template should be used to formally record a summary of the key outcomes arising from the appraisal discussion between provider chairs and appraisal facilitators.

Name of provider trust:	
Name of chair:	
Name and role of appraisal facilitator:	
Appraisal period:	

Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

a. Summary of significant emergent themes from stakeholder assessments:

--

b. Highlighted areas of strength:

Empty text area for highlighting areas of strength.

c. Identified opportunities to increase impact and effectiveness:

Empty text area for identifying opportunities to increase impact and effectiveness.

Part 2: Self-reflection (for completion by chair)

Summary of self-reflection on multisource stakeholder assessment outcomes:

Empty text area for summarizing self-reflection on multisource stakeholder assessment outcomes.

Part 3: Personal development and support (for completion by chair and appraisal facilitator)

Identification of personal development and/or support needs:			
Description	Proposed intervention	Indicative timescale	Anticipated benefit/measure of success

Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/measure of success	Anticipated constraints/barriers to achievement

Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

Part 6: Submission

a. Copy submitted to nhsi.chairsappraisal@nhs.net who will forward to your regional director, for review

Name of regional director	Date

b. Endorsement by NHS Improvement Chair and Chief Operating Officer (NHSEI will action)

Signature (Chair)	Date

Signature (Chief Operating Officer)	Date

Comments (including potential moderation):

Contact us:

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**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 28 January 2021 at 15:30
Via Microsoft Teams**

Present:			
Chair	Neil Rhodes – Deputy Chair/Non-Executive Director		
Public Governors Via Starleaf	Peter Abell Mike Addenbrooke Dennis Atkin Ann-Louise Bayley Phil Beavers Hazel Brand Mark Bright	Linda Espey David Goodhead Jackie Hammerton Geoffrey Johnson Lynne Logan Ainsley MacDonnell Steve Marsh	Bev Marshall Susan McCreddie David Northwood Pauline Riley Lynne Schuller Mary Spencer Clive Tattley
Staff Governors	Kay Brown	Duncan Carratt	Vivek Pannikar
Partner Governors	Alexis Johnson	Joanne Posnett	Sue Shaw
In attendance:	Richard Parker OBE – Chief Executive Jon Sargeant – Director of Finance Pat Drake, Non-Executive Director and Senior Independent Director Sheena McDonnell – Non-Executive Director Kath Smart – Non-Executive Director Kirsty Edmondson Jones – Director of Estates and Facilities Ken Anderson – Acting Chief Information Officer Mark Bailey – Non Executive Director Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Adam Tingle – Communications and Engagement Manager Abigail Trainer – Deputy Chief Nurse		
Apologies:			
Governor Apologies	Anthony Fitzgerald Sophie Gilhooly Tina Harrison	Phil Holmes Maria Jackson-James Victoria McGregor-Riley	Sally Munro Mandy Tyrrell
Board Member Apologies	Suzy Brain England OBE – Chair Karen Barnard - Director of People and Organisational Development Rebecca Joyce – Chief Operating Officer Dr Tim Noble – Medical Director David Purdue – Deputy Chief Executive and Chief Nurse Marie Purdue – Director of Strategy and Transformation Emma Shaheen – Head of Communications and Engagement Alasdair Strachan – Director of Education and Research		
			ACTION
PC21/01/A1	Welcome and Apologies for Absence (Verbal)		
	The Deputy Chair welcomed the Council of Governors and those in attendance to the meeting. The apologies for absence were noted.		

PC21/01/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	<p>Prior to the meeting two Governors declared additional interests:</p> <p>Dennis Atkin additional declaration: Member of the Doncaster Health Ambassadors Group (Doncaster Healthwatch) Doncaster NHS Clinical Commissioning Group (Equality Engagement Committee) Member of the Great North Medical Centre, GP Patients Forum</p> <p>Geoffrey Johnson additional declaration: Co-Chair at Doncaster Metropolitan Borough Council, Carers Strategic Oversight Group.</p>	
	<p><i>The Council:</i></p> <p>- <i>Noted and confirmed the Declaration of Governors' Interests.</i></p>	
PC21/01/A3	<u>Actions from previous meetings (Enclosure A3)</u>	
	There were no outstanding actions from the meeting held on 11 th November 2020.	
PC21/01/C	<u>Reports of Activity, Performance and Assurance (Presentation)</u>	
PC21/01/C1.1	<u>Richard Parker – Chief Executives Report (Presentation)</u>	
	<p>The Chief Executive provided an update on the Trust's current operational position which highlighted that the number of admissions with COVID-19 remained stable with no current evidence of increased community transmission but noted that the Trust needed to remain vigilante as there were severe pressures in other areas of the country. The Trust had expected to see a significant increase in activity in mid-January, but due to Government measures whilst numbers had risen they had not reached the levels of the wave 2 admissions. The Trust continued to focus its efforts on urgent, emergency and cancer work, and would be in a position to commence the restoration of other services. Work continued with partners to provide mutual aid, should it be required.</p> <p><u>COVID-19 Vaccination Update</u></p> <p>Efforts had continued since December 2020 in the administering of the COVID-19 vaccination, working alongside partners at Doncaster CCG and with Primary Care Networks. The majority of the Trust's frontline colleagues had received their first vaccine. At the time of writing, Yorkshire was second only to the Midlands in the number of vaccines delivered.</p> <p><u>Looking Ahead</u></p> <p>The Trust would continue to closely manage its position, making changes to services and activity levels to manage the pressures. Work would continue with partners both locally, and regionally to ensure we were making the best use of our capacity across the patch. The Trust would continue to vaccinate colleagues in order to minimise any effects of a further wave of COVID-19 infection.</p>	
PC21/01/C1.2	<u>Suzy Brain England – Chairs Report (Presentation)</u>	

	<p>Neil Rhodes presented on behalf of the Chair, the Chairs Report. The Chair wished to thank Team DBTH for their unswerving dedication throughout 2020 and into the New Year, and local communities for their ongoing support throughout the COVID-19 pandemic. Looking forward, there would be a further round of Governor elections to take place later in the year. The Chair wished to reflect on the efforts of the teams involved in the COVID-19 vaccination programme and wished for a more optimistic 2021. The important message of ‘hands, face, space’ was reiterated.</p>	
PC21/01/C1.3	<p><u>Hazel Brand – Lead Governor Update (Presentation)</u></p>	
	<p>Hazel Brand, Lead Governor provided an update on behalf of the Council of Governors that highlighted the key points formed by Governors:</p> <ul style="list-style-type: none"> - Patients must remain at the heart of NHS/social care, - Don't forget the hard-to-reach groups in any re-shaping of services, - A legislative foundation for ICSs would ensure consistency within and between ICSs, - Don't create another layer of bureaucracy, - But get rid of duplication, develop staff skills, make better use of finances, - Good leadership with change management skills was required. <p>The Lead Governor also advised that the Governors had made suggestions for the Executive’s objectives for 2021/22 which included:</p> <ul style="list-style-type: none"> - A focus on the COVID-19 recovery, - To lead implementation of change arising from the ICS development, - Move from a paper to a digital culture, - Keep a focus on the aim to reach ‘outstanding’ status. 	
PC21/01/C1.4	<p><u>Neil Rhodes – Finance and Performance (Presentation)</u></p>	
	<p>Neil Rhodes provided an update on the most recent Finance and Performance Committee meeting that took place on 26 January 2021 which included:</p> <ul style="list-style-type: none"> - The committee had been in receipt of the COVID-19 situation report which outlined the impact that COVID-19 had on the Trust’s elective services and the plan to commence the restoration of elective services, - It was expected that the Trust would break-even at year-end, - The committee received an update on the intended work to improve the emergency department area to be named the Bassetlaw Emergency Care Village. Although announced by the PM and confirmed at PMQ, the funding had not yet been received, however preparatory work was underway internally to ensure that quick mobilisation could take place when the funding was received. It was noted that this was being undertaken as a proportionate financial risk, - Planning and budget setting discussions had taken place for the year ahead and the Committee had received an update pertaining to the ICS financial position. 	
PC21/01/C1.5	<p><u>Pat Drake – Quality and Effectiveness (Presentation)</u></p>	

	<p>Pat Drake provided an update on the most recent Quality and Effectiveness Committee meeting that took place on 24 November 2020 which included:</p> <ul style="list-style-type: none"> - The committee had welcomed back Peter Abell as a governor observer following re-election into his second governor term of office. Lynne Logan was welcomed as a new governor observer of the committee and would join her first meeting on 2nd February 2021, - There had been a restructure within the Chief Nurse Team which would impact and improve the reporting mechanism into the committee, - Pat Drake welcomed Abigail Trainer, Deputy Chief Nurse, in attendance on behalf of the Chief Nurse who would oversee the areas that would report into the committee. Other members of the Chief Nurse Team include Stacey Nutt, Deputy Director of Nursing for Patient Experience and Cindy Storer, Deputy Director of Nursing for Patient Safety, - A new Quality Framework and Strategy would be devised that would be the underlying framework to support the achievement of the strategic objectives, which would include reports of good quality outcomes and demonstrate how the strategic objectives were being achieved, - The committee had expected to undertake a deep dive into complaints in February however as an internal audit was underway, it was agreed that it would be beneficial to move this until the April meeting where the full outcome of the audit would be presented, - The Trust had received the Ockenden Report, which featured actions to be undertaken by all Trusts. Maternity transformation would be a regular feature at the committee and Board. The Chief Nurse was the Maternity Patient Safety Champion for Maternity, a new statutory role required, and Pat Drake had taken the role of Non-Executive Director Patient Safety Champion for Maternity, - The committee work plan had been reviewed and the focus would continue to be on patient safety during the COVID-19 pandemic with a focus on falls, incidents, pressure ulcers, infection prevention and control and discharge. In depth reports on each of these areas would be received at the committee meeting on 2nd February 2021, - The Divisional Reporting Framework had been revised. 	
PC21/01/C1.6	<u>Sheena McDonnell – People (Presentation)</u>	
	<p>Sheena McDonnell provided an update on the most recent People Committee meeting that took place on 12th January 2021 which included:</p> <ul style="list-style-type: none"> - The committee welcomed three governor observers, Mark Bright, Sue Shaw and Kay Brown, - A deep dive had taken place on the preliminary staff survey results with the full results expected in March and the allocate e-rostering system. A software system that allows the Trust to plan and manage the workforce (rotas, annual leave and sickness), 	

	<ul style="list-style-type: none"> - It was noted that workforce planning and recruitment had been identified as a risk, however had been subject to internal audit and would be a regular feature of the People Committee monitored through key performance indicators, - Kirby Hussain had been appointed as the Equality, Diversity and Inclusion Lead, an important role with the link the strategic objectives and the national people plan, in the delivery of inclusive compassionate leadership, - The Trust had signed up to the Race Equality Code, the Council of Governor had already received a workshop on this, - The health and wellbeing of the workforce had featured high on the agenda and would continue throughout 2021 to ensure that support was in place for all colleagues, - Regular updates were received on freedom to speak up and the progress made against action plans, - Widening participation was underway to ensure colleagues continued to develop skills with innovation and the experience they require to undertake their role well to provide high-quality and compassionate care. This would also include the pathways for people into healthcare careers such as apprenticeships, - Thanks was given to the teams involved in the delivery of the COVID-19 vaccination programme. 	
PC21/01/C1.7	<u>Governor Questions (Verbal)</u>	
	<p><u>Question from Hazel Brand</u></p> <p>In regard to a recent article in the Doncaster Free Press, Hazel Brand asked for an update on the location debate relating to the site of the potential new build hospital following much debate about the waterfront location and a possible location near the M18 for ease of access?</p> <p>The Chief Executive advised that he had not seen the article however that the Trust would continue to secure funding to relocate the Doncaster site to a new build site, however the site, yet to be determined, would be identified on a basis of an evaluation of the options and an overall value for money assessment for patients. Although the possible locations had been narrowed down the work was never concluded following the announcement that the new build for Doncaster was not part of the HIP (hospital improvement plan) list. The waterfront site remained an option.</p> <p><u>Question from Peter Abell</u></p> <p>Peter Abell wished to comment on the delivery of services, in regards to a friend's wife who had continued to receive treatment and care from the Trust throughout the pandemic for leukaemia, contrary to reports in the media Peter suggested that cancer services had operated pretty normally. However, asked for an overview of all services that had continued throughout the pandemic?</p> <p>The Chief Executive advised that since the start of the COVID-19 pandemic, the Board had been very clear on the prioritisation of care for emergency care, urgent and cancer care followed by absolute dates, and whilst there was a balance between the</p>	

need to treatment or diagnostics and the risks had to be made with all patients, including cancer patients. If treatment was likely to increase their risks, the treatment plans were altered and managed in that context. The Trust continued to support partner organisations within the ICS with mutual aid.

Question from Peter Abell

Peter Abell asked for further information on the Bassetlaw Emergency Care Village.

The Chief Executive advised that the Finance and Performance Committee had considered the matter, which had been announced by the Prime Minister and Secretary of State following a visit to Bassetlaw Hospital and that funding for the scheme was still expected. The capital paperwork was submitted at the time, however it was then not included as part of the HIP list announcement. The Trust remained optimistic and expected clarity on the funding soon. Work continued to prepare for a prompt start once the funding is confirmed.

Question from Michael Addenbrooke

Michael Addenbrooke firstly noted that prior to the pandemic he had over thirty patients in contact with him at any one time however, noted this was down now to the mid-twenties.

Michael Addenbrooke advised that he had received three questions from patients.

One was how many patients in hospital with COVID-19 were negative when they were admitted?

The Chief Executive advised that at the start of the COVID-19 pandemic, only patients who were symptomatic were tested, however this system had changed and had improved as further guidance had been received and the availability of testing increased, and all patients admitted now were tested upon presentation and again on day five of their stay if the first test was negative. It was noted however that whilst there had been an improvement in the testing regime, that false negative results could be achieved, and this therefore made the analysis of the number difficult. There had been a number of areas in the Trust that had seen outbreaks, which the majority of hospitals had seen due to the risk associated with asymptomatic carriage. All front line healthcare workers were now undertaking twice weekly lateral flow testing and the Trust endeavoured to ensure that control measures were as good as they could be.

Question from Michael Addenbrooke

Michael Addenbrooke asked if the national COVID-19 figures had been inflated and asked if someone who tested positive for COVID-19 five days prior to being knocked down by a car and killed, would they be recorded as dying of COVID-19?

The Chief Executive advised that a cause of death would always be recorded as the main diagnosis. It was noted that the current rate of COVID-19 as a cause of death was between 3-4%. For those who have a significant illness, mortality was increased to a rate of 26% which was consistent across the country.

Question from Michael Addenbrooke

Michael Addenbrooke noted that there had been no indication of a flu pandemic and asked if Covid19 had assisted in this due to the mask wearing and social distancing guidance.

The Chief Executive advised that during winter, flu was usually the dominant virus, however this was not a normal winter and measures in place such as the national lockdown, the flu vaccination programme and the hands, face, space message had contributed to the reduction in the numbers of flu cases seen. Advising that this was the same with norovirus for the same reasons. This was seen to be a positive benefit of the measures in place, as the addition of these viruses alongside Covid19 would have created a significant problem for the NHS.

Question from Lynne Logan

Lynne Logan asked if there had been an issue with staff burn out, or staff leaving the NHS because of the pressures faced during the COVID-19 pandemic?

The Chief Executive noted that the draft staff survey had been received, which was for the Trust, undertaken during wave 2 of the COVID-19 pandemic, which would allow the Trust to identify how colleagues had felt at that point in time. The Chief Executive had worked in the health service since 1982 and had never known a period of sustained pressure like this that this had challenged the resilience of colleagues, and the families and friends of colleagues. It was noted that there had been a doubling of sickness absence amongst colleagues and an impact had been seen of the shielding guidance and therefore suggested that people may evaluate their position in the NHS once through the pandemic. It was noted that the Director of People and Organisational Development had the health and wellbeing of colleagues as a priority, alongside equality, diversity and inclusion, training and development for colleagues

Comment from Sue Shaw

Sue Shaw wished to thank the Chief Executive for his support alongside Bassetlaw District Council on the new Bridge Court Hub, a place to focus on the training and development and access to future careers for those in Bassetlaw.

Question from Geoffrey Johnson

Geoffrey Johnson asked if there was a question within the staff survey pertaining to whether staff were working carers? And asked if the recruitment process identified this information.

Sheena McDonnell advised that through the health and wellbeing offer to colleagues there was opportunity for individual circumstances to be addressed through counselling and support.

The Chief Executive clarified that as the staff survey was a national one, the questions were determined by a national team and therefore a question relating to working carers was not currently included as part of the survey and would need to be agreed nationally.

Question from Clive Tattley

	<p>Clive Tattley suggested that COVID-19 and the different new variants were not likely to go away in the future and wondered if this had been factored in strategically? Clive added that there had been some excellent work undertaken to divide the hospital up and asked if plans were in place for the future or the possibility of future pandemics that would require such divisions on a permanent basis?</p> <p>The Chief Executive noted that whilst the COVID-19 pandemic would end, the COVID-19 virus was likely to be active for some time. Learning from the management of the COVID-19 pandemic would inform planning through the next winter period and into the future and that separate pathways and point of care COVID-19 testing would be needed for some time. Services would need to be robust to withstand the winter period, particularly as COVID-19 was still a factor. The estate would be reviewed and work with partners would take place to identify how services could be provided resiliently and what lessons could, and should be included in the refresh of the Strategic Direction which would be undertaken this year.</p> <p><u>Question from Vivek Pannikar</u></p> <p>Vivek Pannikar had a follow up question regarding the potential new hospital build and asked if there was an aspiration to become a trauma centre, as the Trust undertook similar levels of trauma work as the neighbouring Trust, Sheffield Teaching Hospitals, however did not receive funding as a trauma centre. Vivek added that to attract the best talent having a trauma status would be beneficial.</p> <p>The Chief Executive advised that the designation of trauma centres was nationally determined and compliance with the standards was more extensive than the current offer at the Trust as there had to be on-site neurosurgeons and other speciality posts, which were different to the provision of acute care. It was noted however that the Trust did provide an element of this through vascular surgery, interventional radiology and a comprehensive orthopaedics service. The vision moving forward with a new build at Doncaster, would provide a link between the development of key services and the universities alongside an aspiration to build a significant research portfolio. The Trust was working actively with Doncaster Council regarding the creation of a university campus and a research village offer.</p> <p><i>Pat Drake left the meeting.</i></p>	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Noted the information provided in the presentations and through the question and answer session.</i> 	
PC21/01/D1	<u>Appointment of External Auditors Process and Timeline (Enclosure D1)</u>	
	<p>The Director of Finance informed that Council of Governors that current best practice recommends a three-to-five-year period of appointment for External Audit Services. Our regulator, NHS Improvement, recommends that Foundation Trusts undertake a market-testing exercise to appoint an auditor at least once every five years. The current contract had reached the end of its term. For practical purposes re-tendering means that the existing contract between the Trust and Ernst & Young for external audit services would come to an end on 31st October 2021, with a new contract (and potentially new provider) to commence from 1st November 2021. Ernst & Young would</p>	

	<p>externally audit the annual accounts, quality accounts, charity accounts and Wholly Owned Subsidiary accounts relating to the 2020/2021 financial year.</p> <p>The Council of Governors have the ultimate oversight over the external auditor tendering process. However, the Trust's internal audit contract requires re-tendering in a similar timescale. As it involves a number of potential suppliers who would be suitable for both contracts, it was proposed that the process for both to be conducted at the same time, including the same evaluation panel for both. It was therefore proposed that the Council of Governors:</p> <ul style="list-style-type: none"> - take oversight of the External Auditor appointment process; and - Agree with the Audit and Risk Committee the selection criteria for appointing, re-appointing and removing external auditors. <p>There would be a requirement for a minimum of two, maximum of three governors to be a part of the process.</p>	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Noted the requirement to re-tender,</i> - <i>Noted the outline process and the roles required from the Council of Governors.</i> 	
PC21/01/D2	<u>Minutes of Council of Governors held on 11 November 2020 (Enclosure D1)</u>	
	No changes to note.	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Noted the minutes of the public Council of Governor meeting held on 11th November 2020.</i> 	
PC21/01/E1	<u>Questions from members or the Public (verbal)</u>	
	There were no questions submitted by the public.	
PC21/01/F1	<u>Any Other Business (Verbal)</u>	
	There were no items of any other business.	
PC21/01/F2	<u>Items for escalation to the Board of Directors (Verbal)</u>	
	There were no items of escalation.	
PC21/01/F3	<u>Governor Board/Meeting Questions Database</u>	
	<p>Mark Bright commented in the chat functionality of Teams:</p> <p><i>In relation to Section F: Raised at Pre-meet but for benefit of all attendees, I'd like to compliment the Trust on providing enclosure F3 (Governors Questions and Answers). This was a most welcome enclosure. Shows questions raised by governors, executive director responses, and forums where questions were raised over last 8 months, i.e., through the Covid-19 timeline. F3 was information which assures our public the Council</i></p>	

	<i>of Governors have been active (even if in a virtual sense) during the pandemic; and the good-level of transparency and detail from Trust with answers given. A very much appreciated addition (especially at this time).</i>	
	The Council of Governors - Noted the governor board meeting question database.	
	<u>Date and time of next meeting:</u> Date 29 April 2021 Time 15:00 Venue Microsoft Teams - Videoconferencing	
PC21/01/G	Meeting closed at 17:15.	

Governor Questions and Answers - Updated 22nd April 2021



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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
CoG21/01/28/A	Council of Governors	28/01/2021	When the Communications and Engagement Team release a Press Release to Governors by email, this can be disclosed to the public?	Yes, can be disclosed to the public unless specifically embargoed to a certain time (this would be stated in the copy) they are available to the public and posted to our website immediately after Adam sends them.	Adam Tingle, Communications and Engagement	29/04/2021
Email	N/A	29/01/2021	What are the long Covid19 delivery plans?	So far there are plans in the community for covid services. But, the GP is signposting clinician to direct the patient to the appropriate service, be that respiratory, cardiology, physiotherapy, psychological services etc	Dr Tim Noble, Medical Director	29/04/2021
Email	N/A	10/02/2021	Regarding the potential closure of Ward B2 Mental Health Services Bassetlaw, can you outline the proposal for this?	This ward was not the Trust's. It is NHCT and the CCG are doing a consultation.	David Purdue, Deputy CEO and Chief Nurse	29/04/2021
Email	N/A	16/02/2021	The issue of take up by medical staff of the vaccine offer was raised at the Board. Currently take up of the vaccine is seen primarily as an issue of self-protection. But there is now reported evidence that it also prevents transmission. If this evidence becomes definitive what are the implications for the medical ethics. Would failure to be vaccinated be treated as a breach of medical ethics. Currently staff are using PPE to protect themselves when treating patients with Covid and are also wearing masks and keeping social distance etc to protect others. Has the issue of vaccination and ethics been considered in the Trust.	I think the GMC view is it would be sensible for medical staff to accept vaccination to minimise risk to patients. But it is not being mandated. For the person who is working remotely with no patient contact, it would not affect the patient. All staff groups are encouraged to accept vaccines and we do have comms on the matter. But it is unlikely that we can mandate it.	Dr Tim Noble, Medical Director	29/04/2021
Email	N/A	08/03/2021	What is the policy on the use of televisions on wards?	The Trust are looking at a tender process for patient bedside TVs. Patients can bring televisions in but I imagine this has been discouraged due to IPC and Covid reasons. There is also the issues around noise on wards especially if in bay areas and not in single rooms. We find that many patients bring in a smart device and have access to TV through those which are much smaller and also have ability to use headphones so as to respect everyone's privacy and dignity.	Stacey Nutt, Deputy Director of Nursing (Patient Experience)	29/04/2021
Email	N/A	10/04/2021	Can we have some timescales as to when a formal decision will be made re Bassetlaw CCG?	The formal process for CCGs as part of the White Paper is to have a proposed structure by the end of September ready for the ICS in April 2022. The exact structure for SYB is not yet clear. If this is relation to the potential move to Nottinghamshire ICS rather than SYB, that is unclear as it is a SoS decision.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
Email	N/A	10/04/2021	How many deaths there have been across the Trust re the AstraZeneca vaccine linked to blood clots. If there are any how will the information be cascaded the governors and beyond?	We have not declared any deaths in relation to the AstraZeneca vaccine. Obviously if there was a death with direct coloration to the vaccine that would be an SUI and would be reported through the usual process and shared at BoD.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	When contacting patients waiting for elective surgery, was there any additional; support provided, in addition to the phone call or letter?	The Chief Operating Officer advised that there were many groups availability that patients could access for support such as cancer support groups. The Chief Executive advised that any additional support required would be sourced from a patient's general practitioner on the basis that the Trust would only provide care for the matter that they have been referred for. A further question related to complaints however had been answered during the course of the meeting.	Rebecca Joyce, Chief Operating Officer	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	Had the Trust seen an impact on the number of complaints received during the Covid19 pandemic, in comparison to pre Covid19 levels?	The Chief Nurse advised that there had not been a significant impact on the number of complaints, however noted that Covid19 related complaints had been received and were categorised as such, due to cancellation of appointments or a delay in treatment.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	How many staff had refused the Covid19 vaccination, if any?	The Director of People and Organisational Development advised that this was not known, however noted that there have been small numbers of colleagues that had booked to have their vaccine but were unable to have it at that time. The Trust was not collating refusals, however noted that a survey had been sent to colleagues to identify reasons why they hadn't yet accessed the vaccine. It was expected that some colleagues had not accessed the vaccine due to uncertainty about the potential impact on their individual circumstances. The vaccination programme still continued.	Karen Barnard, Director of People and Organisational Development	29/04/2021

P21/02/H3(i)	Board of Directors	16/02/2021	A question was raised that non-COVID19 related absence reported at 6% seemed high during a winter with no seasonal flu and was there an explanation for this?	The Director of People and Organisational Development advised that although there was a lower proportion of coughs and colds this winter, there had been an increase in stress, anxiety and depression related absences which cannot be recorded as COVID-19 related absence. The People Committee would investigate the data further. The Chief Executive advised that the NHS absence data was not reflective of previous years.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P21/02/H3(i)	Board of Directors	16/02/2021	Have the Stroke Unit bed capacity pressures eased during this quarter in comparison to quarter 3? And what reasons have been identified why more people were having strokes during wave 2 of the COVID-19 pandemic as opposed to wave 1 of the COVID-19 pandemic?	The Medical Director advised that there were no known reasons for the increase in strokes. The Chief Executive advised that the change in data may be as a result of patients presenting themselves with secondary illnesses as opposed to ambulance presentation. The Chief Operating Officer advised that a deep dive into Stroke performance would be undertaken at the Finance and Performance Committee in March 2021.	Dr Tim Noble, Medical Director	29/04/2021
P21/03/H3(i)	Board of Directors	16/03/2021	The vaccination take-up by staff was 85%, which may not be an accurate figure, but there were probably some staff that were hesitant, and the question relates to why this might be? Do you agree that staff have a professional duty to be vaccinated?	It was advised that vaccinations were not mandated, however efforts have been put into encouraging colleagues to have the vaccination, recognising that some colleagues do have good reasons why they don't wish to have it at this time. The Chief Nurse advised that there was a national debate regarding this topic regarding whether certain staff groups should be required to have the vaccination such as students who rotate or bank staff who work across different sites, which would be reviewed within the ICS.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/03/H3(i)	Board of Directors	16/03/2021	Upon review of the Freedom to Speak Up data, it shows that during quarter 1 of 2020/21, there was a significant increase in concerns raised. Can this be explained?	The Director of People and Organisational Development advised that the significant increase relates to the same concern raised by a number of staff within the Emergency Department. The figures relate to the number of individuals that have raised a concern, as opposed to the number of individual concerns raised.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	In reference to the Falls paper C2 page 21, there has been a 19.3% increase in falls in 2020/21 compared to the previous year although the severity of these falls has reduced. Governors have long been concerned about falls and have been told that there is a correlation between this increase and COVID-19, particularly relating to the restriction on visitors. How can staff address this to prevent a further increase in falls if/when we experience a further wave of COVID-19 restrictions? And can governors be appraised of the work of the 'Learning from Falls' panel in due course?	It was noted by the Lead Governor that the majority had been discussed as part of the business of the meeting and that there was a planned briefing session to Governors by the Holistic Care Team. The Chief Nurse added that the Falls Practitioner was part of the Holistic Care Team, and learning would be taken from the quality improvement work underway. If a fourth COVID-19 wave was to occur it would depend on the severity and how the pandemic would be nationally mandated. A further discussion would take place at the Governor Briefing delivered by the Holistic Care Team. It was requested that the Governors be appraised of the learning from falls panel. It was agreed that this would be included in the Holistic Care Team presentation.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	In reference to page 61 of the papers, I see that there will be new quarterly staff survey. Are staff expected to fill these extra surveys in during their working hours? How do they contribute to the annual staff survey – if at all?	The Director of People and Organisational Development advised that it was expected that the quarterly staff survey would run three times per-year, with the annual staff survey to take place in the fourth quarter. It was known that the quarterly staff survey questions would be the nine staff engagement questions as asked in the annual staff survey however it was unknown whether there would be any flexibility to add further questions.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	Given that reducing waiting times has been identified by the Prime Minister as a priority and funding is to be provided, can we be assured that the Trust has in hand plans to increase our capabilities and on the basis of these plans apply for any revenue and capital funds that are on offer?	A comprehensive presentation was given at the Board of Directors meeting on 20th April 2021 outlining the Trust's plans. The presentation is accessible via the website: https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/board-directors-meetings/	Rebecca Joyce, Chief Operating Officer	29/04/2021