

Meeting of the Council of Governors held in Public  
On  
Thursday 28 April 2021 at 15:00 – 17:00  
Via Microsoft Teams  
AGENDA

		LEAD	ACTION	ENC	TIME
<b>A</b>	<b>COUNCIL BUSINESS</b>				<b>15:00</b>
<b>A1</b>	Welcome and Apologies for absence	SBE	Note	Verbal	
<b>A2</b>	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>				
<b>A3</b>	Actions from previous meetings	SBE	Note	-	
	<i>There were no outstanding actions from the meeting held on 2<sup>nd</sup> February 2022.</i>				
<b>B</b>	<b>GOVERNOR APPROVALS</b>				
	<i>None</i>				
<b>C</b>	<b>REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE</b>				<b>15:10</b>
<b>C</b>	<b>Presentation</b>				
<b>C1.1</b>	Suzy Brain England – Chair's Report	SBE	Note	Present	10
<b>C1.2</b>	Jon Sargeant – Chief Executive's Report	JS	Note	Present	10
<b>C1.3</b>	Neil Rhodes – Finance and Performance	NR	Note	Present	5
<b>C1.4</b>	Kath Smart – Audit and Risk	KS	Note	Present	5
<b>C1.5</b>	Lynne Schuller – Interim Deputy Lead Governor Update	HB	Note	Present	5
<b>C1.6</b>	Sheena McDonnell – People & Quality and Effectiveness	SM	Note	Present	10
<b>C1.7</b>	Mark Bailey – Charitable Funds	MB	Note	Present	5
<b>C1.8</b>	Governor Questions (30mins)	Gov	Q&A	Verbal	30

<b>D</b>	<b>ITEMS TO NOTE</b> These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting					<b>16:30</b>
<b>D1</b>	Chair and Non-Executive Director Appraisal Process	AO	Ratify	D1		5
<b>D2</b>	Minutes of Council of Governors held on 2 February 2022	SBE	Approve	D2		5
<b>E</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>					<b>16:40</b>
<b>E1</b>	Questions from members or the public previously submitted prior to meeting.	SBE	Q&A	Verbal		10
	<i>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.</i>					
<b>F</b>	<b>INFORMATION ITEMS</b>					<b>16:50</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	<b>Approve</b>	Verbal		
<b>F3</b>	Governor Board/Meeting Questions Database	AO	Note	F3		
	Date and time of next meeting:	SBE	Note	Verbal		
	<b>Date: 7<sup>th</sup> July 2022</b>					
	<b>Time: 15:00</b>					
	<b>Venue: Via Microsoft Teams Video Conferencing</b>					
<b>G</b>	<b>MEETING CLOSE</b>					<b>16:55</b>



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



## **Register of Governors' Interests as 22<sup>nd</sup> April 2022**

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

### **Wendy Baird, Partner Governor**

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

### **Jackie Hammerton – Public Governor – Rest of England**

Employed by the University of Lincoln

### **Elieen Harrington – Public Governor – Doncaster**

Founder of DonMentia  
Run the DonMentia Forum

### **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

### **Andrew Middleton – Public Governor – Bassetlaw**

Lay Vice Chair - East Riding of Yorkshire CCG (ends 30-06-22)  
Lay Member Finance - Derby and Derbyshire CCG (ends 30-06-22)  
Independent Non-Executive Director - Barnsley Healthcare Federation (ends 8 August 22)  
Independent Person - Bassetlaw District Council and West Lindsey District Council.  
Independent Added Member - Lincolnshire County Council Audit Committee  
Member - Joint Independent Audit Committee, Lincs. Police and Crime Commissioner  
Chair of Consultant Appointment Panels - United Hospitals Leicester  
Chair of Performers List Decision Panels - NHS England.

**Mick Muddiman - Public Governor – Doncaster**

Member – Labour Party  
Retired member UNISON

**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**

**Sheila Walsh - Public Governor – Bassetlaw**

Parish Councillor, Carlton in Lindrick

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

Dr Mark Bright – Public Governor – Doncaster  
Marc Bratcher - Public Governor – Doncaster  
Kay Brown, Staff Governor – Non-Clinical  
Duncan Carratt, Staff Governor – Non-Clinical  
Angela Chapman – Public Governor - Doncaster  
Anthony Fitzgerald, Partner Governor  
Sophie Gilhooly – Staff Governor – Other Healthcare  
Lisa Gratton – Staff Governor – Nursing & Medical  
Natasha Graves – Public Governor – Doncaster  
Linda Haglauer - Public Governor – Doncaster  
Tina Harrison – Partner Governor – Doncaster College and University Centre  
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council  
Maria Jackson-James – Public Governor – Rest of England  
Alexis Johnson, Partner Governor  
George Kirk – Public Governor - Doncaster  
Lynne Logan – Public Governor – Doncaster  
Ainsley McDonnell, Partner Governor  
Sally Munro – Staff Governor – Nursing and Midwifery  
Jane Nickels – Public Governor – Bassetlaw  
David Northwood, Public Governor - Doncaster  
Vivek Panikkar, Staff Governor  
Jo Posnett – Partner Governor – Sheffield Hallam University  
Pauline Riley, Public Governor





Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust



**Council of Governors April 2022**

# Chair's Report



**Suzy Brain England OBE**

Chair of the Board and Council of Governors



# From the Chair:

- Oversaw successful Governor elections and a warm DBTH welcome to our new colleagues.
- Attended various local and regional meetings, workshops and discussions.
- One-to-one meetings conducted with our Non-Executive Directors and Chief Executive.
- Filmed a 23 minute speech with photos for the Women in Healthcare Leadership conference which ran over the weekend April 9 and 10.
- Networked with Chairs in Yorkshire region.





# Chief Executive's Report



**Jon Sargeant**

Deputy Chief Executive



# Covid-19 data

**As of 2pm 26 April 2022:**

- Current Covid-19 patients: **90**
- Total Covid-19 patients in Intensive Care: **One**
- Total Covid-19 discharges: **4,802**
- Total number of patients who have died: **1,134**
- Total number of patients who have been cared for: **6,094**



# Current position related to COVID-19

- We have just **responded to another spike** in COVID-19 activity.
- As a result, we reduced some planned (elective) activity to support the response to the increased urgent and emergency work and cancer work.
- The highest one-day peak in Covid activity was **215 inpatients with the illness (highest overall peak 234)**.
- Since Mid-March to Mid-April, we cared for an additional **739 inpatients** with COVID-19, **discharging 567** individuals, with **63 sadly passing away**.
- We continue to ask colleagues to **wear masks, test twice-weekly, isolate if positive** and observe good standards of **hand hygiene**.
- We are expecting activity to continue to fall throughout the next few days and weeks.
- Visiting restrictions have also eased.



We cared for around **23,065** inpatients



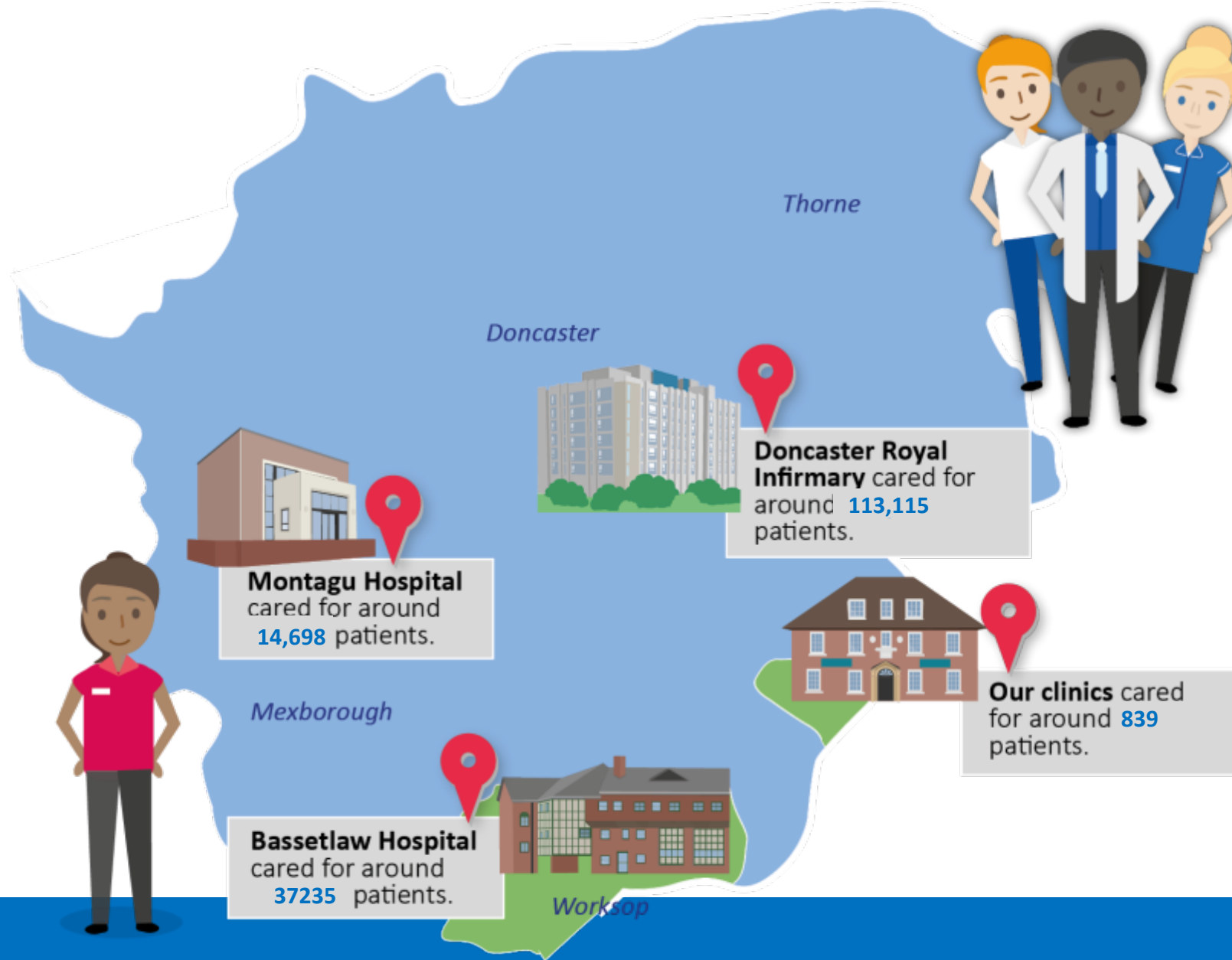
We cared for approximately **100,494** outpatients



We cared for approximately **41,525** emergencies



We delivered approximately **803** babies



# Our activity February to mid-April

# Changes and developments

- **Rebecca Joyce** has stepped down as **Chief Operating Officer** as a result of personal circumstances. Recruitment process underway and interim arrangements are agreed. George Briggs, currently COO at Rotherham Foundation Trust will join the team in June until the recruitment processes is complete.
- **David Purdue** will leave the Trust on 22<sup>nd</sup> May to join NHS England and Improvement.
- **Laura Churm** will join the Trust in the coming weeks as Divisional Director of Nursing for Paediatric and Neonatal Care following Andrea Bliss's retirement.
- **Rachel Wilson** has been appointed Chief Pharmacist following the retirement of long-serving colleague, Andrew Barker.
- **Marie Purdue** been successful in securing the interim position of Managing Director of the South Yorkshire Mental Health, Learning Disability and Autism Alliance.



# Changes and developments

- We have launched the **Serenity Appeal** which seeks to raise £50,000 to be invested in Bereavement Services at the Trust. So far, the campaign has raised around £30,000.
- We are currently in the process of recruiting more than 50 newly-qualified nurses in addition to further international recruitment schemes including Midwifery and Paediatrics.
- Bassetlaw Hospital's Urgent and Emergency Village consultation is complete – with over 2,000 respondents. The majority of respondents were in favour of our plans. We will move to the development stage now.
- Phase one of Community Diagnostic Centre is now complete at Montagu Hospital. As a result, we no longer have a backlog of MRI activity.



# Non-Executive Director Report



**Neil Rhodes**

Deputy Chair & Non-Executive Director



# Overview

- As Deputy Chair representing the Bassetlaw interests with Nottinghamshire ICB - steady progress in relationship building in several meetings – will keep updating progress.
- Finance and Performance Committee 25/4 (Monday this week):
  - Strong end of year financial outturn – balanced position, strong capital expenditure and cash balances.
  - Performance delivery and financial plans for the year ahead commended to Board, challenging in terms of money and recovery of elective position, but responsibly planned and deliverable.
  - Emergency Department pressures and planning – received detailed presentation – strong plans being built and implemented.
  - Detailed Elective Recovery plan briefing to be heard next month, but initial overview promising.





# Non-Executive Director Report



**Kath Smart**

Non-Executive Director



# Overview

## Two Audit & Risk Committee Meetings – March and April

1. Welcomed Linda - Governor observer to her first ARC
2. External Audit (EY)
3. Internal Audit (360 Assurance):
  - i. General Ledger – Significant Assurance
  - ii. Medicines Management - Partial Assurance
  - iii. Backlog Maintenance – Significant Assurance
  - iv. Head of Internal Audit Opinion - Moderate Assurance
4. Counter fraud
5. Health & Safety
6. Security Management



# Lead Governor Report



**Lynne Schuller**

Lead Governor



# Overview

- Welcomed new governors to the Council –
  - 2 induction workshops to welcome 8 new & 3 re-elected public & Staff governors
  - Opportunity to reinforce role and code of conduct of governor
    - Your role is to support the Trust, its vision and values.
    - Your role is a collective one – no one governor can speak on behalf of the others without authority from the Council of Governors (CoG).
- Role of Governors on Board Committees
- Non-Executive Director recruitment - update
- Governors participation - Chair's and NEDs' appraisal.
- Next briefing sessions planned :
  - “Bassetlaw Foundation School in Health”
  - “Stay & Thrive Initiative”



# Non-Executive Director Report



**Sheena Mcdonnell**

Non-Executive Director



# Overview

- People Committee March 2022
  - Workforce Planning
  - Staff survey
  - Workforce assurance
  - Set Compliance
  - Widening Participation
  - HEE Monitoring Visit
  - Leadership Development Offer
  - Health and wellbeing
  - EDI
  - FTSU



# Overview

- Quality & Effectiveness Committee April 2022
  - Focus on AHP's
  - Quality strategy
  - Clinical Governance
  - Patient safety and Safer Staffing
  - Infection prevention and control
  - Maternity services and Ockenden update
  - Bassetlaw Children's Urgent and Emergency Care
  - Patient Experience
  - Health Inequalities



# Non-Executive Director Report



**Mark Bailey**

Non-Executive Director





# Charitable Funds - Overview

- Charitable Funds Trustees – met on 24 March 2022.
- Fund balance – healthy position - assurance on investments, income and expenditure.
- Expenditure approvals for:
  - Health & Wellbeing - therapies garden room / sanctuary
  - Patient care & experience - ‘Magseed’ system for breast cancer treatment
  - Staff & Patient experience - ‘Perfect Ward’ digitisation of ward quality audits & checklists
- Funds Development Committee running – encouraging level of ‘local’ draw on funds.
- Serenity Appeal & North Notts Bee Trail launched.
- Potential ‘over & above’ support to MMH Diagnostic hub and Elective Surgery Centre.





**Thank you, any questions?**

Report Cover Page					
<b>Meeting Title:</b>	Council of Governors				
<b>Meeting Date:</b>	28 <sup>th</sup> April 2022	<b>Agenda Reference:</b>			
<b>Report Title:</b>	<b>Chair &amp; Non-executive Directors Appraisal Process</b>				
<b>Sponsor:</b>	David Purdue, Deputy Chief Executive Officer				
<b>Author:</b>	Fiona Dunn, Deputy Director Corporate Governance/Company Secretary				
<b>Appendices:</b>	Framework for conducting annual appraisals of NHS provider chairs (April 2021)				
Report Summary					
<b>Purpose of report:</b>	Propose repeat implementation of NHE/I Framework for conducting annual appraisals of NHS provider chairs as undertaken for 2020/2021 appraisal process.				
<b>Summary of key issues/positive highlights:</b>	<ul style="list-style-type: none"> <li>Repeat use of 2020/2021 process to conduct Chair &amp; Non-executive Directors Appraisal which implemented the NHSE/I framework for conducting annual appraisals of NHS provider chairs</li> <li>Outcomes reported back to Council of Governors November 2022</li> </ul>				
<b>Recommendation:</b>	Request Council of Governors acknowledgment for continuing with the utilization of Chair & Non-executive Directors Appraisal Process agreed last year.				
<b>Action Require:</b>	Approval	Information	Discussion	Assurance	Review
<b>Link to True North Objectives:</b>	<b>TN SA1:</b>	<b>TN SA2:</b>	<b>TN SA3:</b>	<b>TN SA4:</b>	
	<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					
<b>Board assurance framework:</b>	No changes				
<b>Corporate risk register:</b>	N/A				
<b>Regulation:</b>	<ul style="list-style-type: none"> <li>Financial Reporting Council's publications (UK corporate governance code and guidance on board effectiveness)</li> <li>Monitor's code of governance for NHS foundation trusts</li> <li>Framework for conducting annual appraisals of NHS provider chairs (NHSE/I)</li> </ul>				
<b>Legal:</b>	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
<b>Resources:</b>	N/A				

Assurance Route			
<b>Previously considered by:</b>		Council of Governors - Outcome report 2021	
<b>Date:</b>	25/11/2021	<b>Decision:</b>	Insert any decisions made by the sub-committee/s including outstanding actions. Identify if this has been escalated from sub-committee/s.
<b>Next Steps:</b>		Identify next steps e.g. continued review at sub-committee/s or if further action/advice is required from the Board.	
<b>Previously circulated reports to supplement this paper:</b>		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 agreed and implemented by the Council of Governors for both the 2019/2020 and 2020/2021 appraisal seasons with outcomes presented to Council of Governors November 2020 and 2021 respectively.

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 30<sup>th</sup> Jun 2022

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

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	28/4/2022
Chair’s process	<b>Stage 2</b> : Multisource assessment requested from stakeholders (governors via email to Lead Governor)	12/4/2022 to 29/4/2022
	<b>Stage 3</b> SID Evaluation of stakeholder responses using assessment template 2)	w/c 3/5/2022

	<p><b>Stage 4</b> : SID undertake Chair’s objective setting and appraisal</p> <p>NHSE/I forward of completed appraisal reporting template (appendix3)</p>	<p>w/c 16 May 2022</p> <p>by 30/6/2022</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 2022</p>
Feedback	<p>Outcomes reported back to Council of Governors</p>	<p>November 2022</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 2021/22’s objectives which were reported at the Council of Governors meeting on 11 November 2021, and the NEDs priorities for 2022/23.

# 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)

<b>Name of provider trust:</b>	
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.				

<b>Competency: People</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
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.				

<b>Competency: Professional acumen</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
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:

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**b. Highlighted areas of strength:**

**c. Identified opportunities to increase impact and effectiveness:**

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

**Summary of 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](mailto: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:

NHS England

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**Minutes of the meeting of the Public Session of the Council of Governors  
Held on Wednesday 2<sup>nd</sup> February at 15:30  
Via Microsoft Teams**

**DRAFT**

<b>Present:</b>			
<b>Chair</b>	Sheena McDonnell – Non-Executive Director		
<b>Public Governors</b>	Peter Abell Hazel Brand Mark Bright Lynne Logan Pauline Riley Shelia Walsh	Clive Tattley David Northwood Mick Muddiman Sheila Walsh Phil Holmes	Alexis Johnson Dennis Atkin Geoffrey Johnson Lynne Schuller Mandy Tyrell Susan McCreadie
<b>Staff Governors</b>	Kay Brown	Duncan Carratt	
<b>Partner Governors</b>			
<b>In attendance</b>	Mark Bailey – Non-Executive Director Suzy Brain England OBE, Chair Karen Barnard – Director of People and Organizational Development Pat Drake, Non-Executive Director and Senior Independent Director Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Kirsty Edmondson-Jones – Director of Estates and Facilities Claudia Gammon – Secretarial Support Officer (minutes) Richard Parker OBE – Chief Executive Jodie Roberts – Director of Allied Health Professionals Neil Rhodes – Deputy Chair/Non-Executive Director Jon Sargeant – Director of Finance Kath Smart – Non-Executive Director Ian Stott – Specialty Medicine CD		
<b>Apologies:</b>			
<b>Governor Apologies</b>	Mary Spencer David Goodhead Mike Addenbrooke Sue Shaw	Mark Bratcher Ann – Louise Bayley	
<b>Board Member Apologies</b>	Rebecca Joyce – Chief Operating Officer Dr Tim Noble – Executive Medical Director David Purdue – Deputy Chief Executive and Chief Nurse		
			<b>ACTION</b>

PC22/02 /A1	<p><b><u>Welcome and Apologies for Absence (Verbal)</u></b></p> <p>The Chair welcomed the Council of Governors and those in attendance to the meeting. Sheena McDonnell explained that she would Chair this meeting as The Chair of the Board may not be available throughout. The apologies for absence were noted.</p>	
PC22/02 /A2	<p><b><u>Declaration of Governors’ Interests (Enclosure A2)</u></b></p>	
	<p><b><i>The Council:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted the declaration of Governors’ Interests.</i></b></li> </ul>	
PC22/02 /A3	<p><b><u>Actions from previous meetings</u></b></p>	
	<p><b><i>The Council:</i></b></p> <ul style="list-style-type: none"> <li>- <b><i>Noted that there were no actions from the meeting held on 25 November.</i></b></li> </ul>	
PC22/02 /B1	<p><b><i>No item was raised under this section</i></b></p>	
PC22/02 /C1.1	<p><b><u>Neil Rhodes – Finance and Performance (Presentation)</u></b></p> <p>Neil Rhodes introduced Jon Sargeant, Jodie Roberts and Ian Stott to the council to present a shortened version of the business case for the new hospital build.</p> <p>It was explained that the plans were progressing with a bid into the National Hospital Programme.</p> <ul style="list-style-type: none"> <li>- The aim was to deliver the best experience and care with the site being digital enabled offering smart technology.</li> <li>- Additional parking and access to the hospital would feature.</li> <li>- A green approach would be taken with zero net carbon</li> <li>- The “Basin site” in Doncaster was an ideal location with the college being close by for educational purposes and with the council owning most of the site.</li> <li>- It is approximately 1km from the existing hospital site with walking distance from travel links.</li> <li>- If the bid is accepted the deliverable date would be 2029 costing £1,367m</li> <li>- Although it is 8,000sqm smaller it has 20% more capacity due to a more efficient layout.</li> <li>- A new model of care would be provided including prevention, system-wide support and in and out of hospital care.</li> </ul> <p>Jon Sargeant summarised:</p> <ul style="list-style-type: none"> <li>- Regional priority</li> <li>- MP support</li> <li>- Strong fit with the levelling up of Doncaster and it’s economic regeneration</li> <li>- However, National Hospital Programme is the only route for funding</li> <li>- Timing and delays could be an issue</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>- Potential questions &amp; answers from National Hospital Programme regarding the scheme</li> <li>- Final 8 schemes approved 31<sup>st</sup> July 2022</li> <li>- Arrangements with Doncaster Council</li> <li>- Outline Business Case development</li> </ul>	

	<p>Neil Rhodes thanked those involved in the presentation and commented that the team needed to be kept together and this would need to be kept in mind not to lose traction.</p> <p>The Chair thanked those involved in the presentation</p>	
<p><b>PC22/02 /C1.2</b></p>	<p><b><u>Hazel Brand – Lead Governor Update</u></b></p> <ul style="list-style-type: none"> <li>- Five candidates were interviewed for the Chief People Officer position, a candidate had been chosen and thanks were given to the Governors on the panel.</li> <li>- Hazel referenced that the NED recruitment had received a good response and two dates were arranged for the interviews.</li> <li>- Hazel congratulated Lynne Schuller on her appointment as Interim Deputy Lead Governor.</li> <li>- Governor elections were underway</li> <li>- Hazel would be undertaking work with the NHS retirement fellowship to create a local branch with a view to accommodate a Health and Wellbeing package.</li> <li>- Hazel added that on the 31<sup>st</sup> March 2022 , she will have completed her 9-year role as public governor and would step down as Lead Governor.</li> </ul>	
<p><b>PC22/02 /C1.3</b></p>	<p><b><u>Pat Drake – Quality and Effectiveness</u></b></p> <p>Pat Drake provided an update on the most recent Quality and Effectiveness Committee meeting that took place on 7<sup>th</sup> December 2021 which included:</p> <ul style="list-style-type: none"> <li>- Ambulance waits and discharges were still an issue within the Winter Plan.</li> <li>- The Quality Framework was now complete</li> <li>- Quality Strategy was awaiting feedback from the next Quality and Effectiveness meeting on the 8<sup>th</sup> of February along with Patient Safety strategy.</li> <li>- Previous issues around Ophthalmology were now deescalated.Wait times had been escalated to the Finance and Performance Committee.</li> <li>- Clinical Governance Quality Board was to report to the Quality and Effectiveness Committee from April 2022</li> <li>- Staff absences was up to 14% dued to COVID sickness pressures which meant more agency staffing was being used.</li> <li>- Positive feedback had been received from the National Safety team after a meeting with the Board.</li> <li>- Maternity had seen a small rise in perinatal deaths due to Covid-19 (also seen nationally) therefore expectant mothers were being encouraged to have the COVID vaccine.</li> <li>- Patient Experience survey was mainly focused on food and drink provisions. The outcome of this and complaints trends were to be discussed at the next Quality and Effectiveness meeting on the 8<sup>th</sup> of February.</li> <li>- A Family Liaison service in the hospital had been set up to support those they aren't able to visit family members in hospital e.g., giving messages to loved ones.</li> </ul>	
<p><b>PC22/02 /C1.4</b></p>	<p><b><u>Mark Bailey – Charitable Funds</u></b></p> <p>Mark Bailey provided an update on the most recent Charitable Funds Committee meeting that took place on 9<sup>th</sup> December 2021 which included:</p>	

- Fundraising for the Serenity Suite – self-contained suite for families who experience bereavement/loss of their baby
- Trust “Thank you”, gift vouchers had been issued to all staff, before Christmas
- Staff were all entered into a Christmas Advent Calendar throughout December to win surprises
- Random acts of kindness initiatives, including a tea trolley service among the wards was greatly received by patients and staff.
- Christmas stars and pop-up stores featuring local suppliers selling hand crafted gifts was highlight.
- North Nottinghamshire “Bee trail” had been approved by Bassetlaw Council

PC22/02  
/C1.5

**Suzy Brain England – Chair’s Report**

- The Chair had been involved in the local Chamber and sat on the committee for the ‘City Status’.
- NHS Providers meetings had taken place with an update being delivered shortly on the outcome of the Secretary of States new information regarding NHS vaccines for staff.
- The Chair took part in the carol service at Bassetlaw Hospital alongside the Tickhill male voice choir.
- The Chair had taken part in the Chief People officer recruitment panel
- Support was being given by Neil Rhodes as Deputy Chair, for the new Integrated Care Board meetings for Nottinghamshire.

PC22/02  
/C1.6

**Richard Parker – Chief Executive Report**

**Covid-19 update – as 2<sup>nd</sup> February 2022**

Current Covid-19 patients – 81  
 Total Covid-19 patients in Intensive care – One  
 Total Covid-19 discharges – 3,809  
 Total number of patients who have died – 1,034  
 Total number of patients who have been cared for – 5,066

Mortality rates were lowering with levels positively stabilising, once the weather becomes warmer this will reduce further.

The Chief Executive explained that work was continuing to encourage staff to be vaccinated. Face masks were still to be used within the hospital by patients and staff, and only as the numbers reduce will this change.

The Chief Executive thanked Karen Barnard, Director or People of Organisational Development as this would be her last Council of Governors due to her forthcoming retirement. He wished her all the best for future. There would be an announcement coming shortly introducing the newly appointed Chief People Officer.

Mexboroughs first phase of the Community Diagnostic Centre was complete with scanners now being on site with phase 2 now commencing. Further scanners would be in situ along with additional theatres and other areas refurbished.

PC22/02  
/C1.7

**Governor Questions (Verbal)**

**Several questions were asked after the New Build presentation:**

Question from David Northwood

Mis-communication with the stakeholders was mentioned within the papers, had this now been rectified?

Jon Sargeant confirmed that regular meetings took place every two weeks between the Council and the Director of Estates and Facilities to ensure a strategic and feasible case was being put forward.

Question from Susan McCreddie

What would happen to the old hospital site? What does 'Healing Environment' mean?

Jon Sargeant advised that the old site would be demolished and sold for housing. The 'Healing Environment' referred to the waterfront location for some rooms with the location and times of the sun being taken into consideration. Jodie Roberts added that at present dementia patients don't have any outside space this would be provided for in the future for better care.

Question form Duncan Carratt

As the site is smaller will it still house all staff?

Jon Sargeant answered that staff had been taken into consideration and that if they needed to expand in the future this would be possible.

Question from Hazel Brand

Concerned that moving the hospital would just move the issues somewhere else and was the Basin site suitable?

Jon Sargeant advised that several other sites were investigated including those off the A1 and M18 however they didn't offer sufficient size for development. All aspects of the site must be looked at for the regulators. The new build would be large with modern methods, space to add modular build if required, multi-story car park and walking distance from the station.

**One further question was asked at the end of the meeting due to time**

Question from Peter Abell

The ambulance service had been in the media recently about patients being asked to make their own way to hospital, what was the situation in our area?

The Chief Executive explained that there had been a lot of strain both on the Yorkshire ambulance service and the 999 call handlers due to staff sickness. Therefore, assistance was received from the army due to this increase in demand as a result of Omicron. Sickness was at 30% for these services. The two main challenges were handover delays and a shortage of ambulances. Patients' symptoms were being assessed, and then patients were given advice. and if low risk asked to make there own way to hospital.

Two sites under the most pressure within the region were Doncaster and Sheffield Teaching Hospitals. The handover of ambulances was also increasingly difficult due to Covid-19 and non-Covid-19 pathways.

PC22/02 /D1	<p><b><u>Minutes of Council of Governors held 25<sup>th</sup> November 2021</u></b></p> <ul style="list-style-type: none"> <li>- <i>The Council of Governors Approved the minutes of the public Council of Governor meeting held on 25th November 2021</i></li> </ul>	
PC22/02 /E1	<p><b><u>Questions from members or the Public (verbal)</u></b></p> <p>There were no questions submitted by the public.</p>	
PC22/02 /F1	<p><b><u>Any Other Business (Verbal)</u></b></p> <p>The Chair thanked Karen Barnard on behalf of the Council of Governors and wished her a happy retirement.</p> <p>The Chair thanked Hazel Brand and Mike Addenbrookes for all their work as it was their last Council of Governors meeting.</p> <p>It was also Pat Drakes last Council of Governors as she was also retiring as a Non-Executive Director, she was also thanks and wished all the best.</p>	
PC22/C2 /02/F2	<p><b><u>Governor Board/Meeting Questions Database</u></b></p> <p>The Council of Governors</p> <ul style="list-style-type: none"> <li>- Noted the governor board meeting question database.</li> </ul>	
PC22/02 /F3	<p><b><u>Date and time of next meeting:</u></b></p> <p><b>Date 28 April 2022</b></p> <p><b>Time 15:00</b></p> <p><b>Venue Microsoft Teams - Videoconferencing</b></p>	



Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
PC21/04/C1.8	Council of Governors	29/04/2021	Noting the recent new posts (workforce matron, head of nursing), were these roles filled internally and if so has this made more vacancies?	The workforce post and new Heads of Nursing were formed from the existing matron funding, so we have restructured the matrons to ensure equity of work and created the new posts.	David Purdue, Chief Nurse and Deputy CEO	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Relating to Fred and Ann Green, when stating 're-confirming', does this mean the terms of reference are the same as what they have been, or have they undergone some adaptation?	The terms of reference have not been changed for the Fred and Ann Green Legacy, only that the reporting Committee is now the Charitable Funds Committee.	Fiona Dunn	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	In regards to the pressures in A&E, what happens with regards to Primary Care and where we go with it? He also asked about Maternity, the issues raised by Panorama programme and the shortage of midwives.	The Deputy Chief Executive advised that he has weekly meetings with Bassetlaw including all leads regarding the increase of patients in Emergency Department (ED). GP's see 20% more patients than they have previously mostly virtual. Feedback has shown that patients preferred to visit the ED. Open access for diagnostics is available, X-rays were possible, but ultrasounds were not as easy to perform. The 111 hubs had received an increase in patients being sent to ED. A review would take place of how we move forward. The ambulance service had been inundated, 9 ambulances within 15minutes were waiting at ED on 30th June. Bassetlaw had also been affected and had 58 patients in ED. Maternity was raised within the Ockenden report update on the 30th June. Key actions (7) along with spreadsheets (48) were completed and submitted to board in June. David Purdue and Pat Drake sign this off. Maternity had 20 vacancies; 3 staff have taken back their notice. Nottingham and Sheffield Hospitals have been noted that they had received CQC rating 'inadequate'. The DRI are very open with the CQC, submitting any evidence to them whilst being up front and open about any issues. We have 23 newly qualified midwives and were looking at a new pilot to gain more overseas staff. Portugal has more midwives than jobs that through NHS Professionals we were looking at to recruit. 154 newly registered midwives in 2020 and 189 specialised midwives.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021

PC21/07/C1.9	Council of Governors	01/07/2021	Lynne Schuller raised a number of questions; firstly, would the complaints lead to an action plan? Sheena McDonnell had mentioned that they helped the schools in Doncaster, however were there any help for schools within Bassetlaw? As there had been 820 deaths within DRI were the staff receiving any mental health support and were their managers trained in spotting this?	Mark Bailey advised about the action plan following the complaints audit had been developed and recommendations were being reviewed with a plan that included data identifying any areas of training required. David Purdue explained that training around Mental Health issues had been given to band 7's and above. Vivup is also accessible for all staff and had information on how to identify and access support. Wards 19 and 25 were offering psychological support. GPs in Urgent Care have piloted being on the front door to assist patients and to see what difference it made. Bassetlaw schools had been looked into further and it would be mentioned in the Preceptorship	Mark Bailey, Non-Executive Director	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	A question was raised regarding the extra funding for the plans for the Women and Children' Hospital.	The local Council would look at the strategic plan for the DRI and that we were up at the top of the listing for a new hospital. This would help with recruitment and contribute to the economy. The Council were looking at the 'Basin site' in Doncaster as a proposed new build location. Jon Sargeant and the Chair were hoping to talk to the Doncaster MP's next week as to whether it is value for money to build a new hospital as the DRI is too small. The Chair added that it would be essential to get backing from the MP's, Council, and the new Secretary of State for Health to gain this decision.	Suzy Brain-England OBE, Chair	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Can staff be trusted to book and receive there Covid-19 vaccines as they cannot receive them onsite any longer?	David Purdue replied that staff had been able to receive the vaccine at the DRI, but this is no longer available, and relies on staff going elsewhere to receive them. It was mentioned whether this would be made compulsory for all NHS staff to receive the vaccine, the Trust is awaiting feedback on this. However, it cannot be enforced if you are pregnant or trying for a baby. To work for the NHS the Hepatitis B vaccine is compulsory and whether the Covid-19 should be the same. Students that are on placement in care home must be fully vaccinated to carry out the placement. The Chair and David Purdue agreed to the suggestion of the addition of wind chimes in the Rainbow Garden and would look into this.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Are staff now beginning to take annual leave as we move more to the winter months'?	Sheena McDonnell added that in the People Committee it was discussed that staff carried leave over in some areas. This was high in some areas and low in others. Staff could also sell annual leave to the trust however this was not promoted widely as the preference is for staff to take suitable rest time. David Purdue explained that it is was being monitored closely to ensure that staff take their leave and rest. It was noted that the canteens are open again, having tables for up to 6 people with the opportunity to use the marquee outside also. Breaks at work are important and staff should ideally take a quarter of their annual leave per quarter. Rebecca Joyce explained that there were waiting lists for staff wellbeing accelerator programme and annual leave required balancing. Rebecca Joyce mentioned that she had had a walk about with Kath Smart, asking staff if they used the wellbeing information and whether they were receiving the support they needed. The feedback was positive This is accessed by both clinical and admin staff.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/09/F2	Council of Governors	23/09/2021	In relation to the gender pay comparison how does the Trust positively encourage the females to take up the higher paid roles and advance their careers and do we identify the effects to enable them to take these roles?	The Director of People & Organisational Development explained that the board report relating to the gender pay gap, with evidence that more males have taken up the positions in medical and dentistry and in the most senior roles but there were more opportunities arising for women being evidenced. The Director of People & Organisational Development would be happy to discuss the pay gender gap report further if this was necessary. The Chair reported that more recently the male/female role shift balance was slowly changing. The Chair offered assurance that through the training and development within the organization that there was an equally accessible route for staff to take in all roles. The Chief Executive stated that the Trust secures the best candidate for the job role with the best skills and knowledge with openness and transparency.	Karen Barnard, Director of People & OD	In the meeting
PC21/02/F2	Council of Governors	02/02/2022	Recently there have been lots of questions raised and disquiet in the media about PPE for NHS staff, in particular masks, and whether it is of a high enough standard. Are our staff happy with the level of PPE they are using, especially the masks? And are they able to raise concerns if they feel they need a higher level?	We supply PHE accredited masks to all our staff. In areas with high levels of covid, staff are fit tested for FFP3 masks and we provide all staff with a GVS mask( this is a respirator with replaceable filters). In areas with covid cases we also provide visors as well as masks.	David Purdue, Chief Nurse and Deputy CEO	After the meeting
PC21/02/F2	Council of Governors	02/02/2022	do we require any local publicity around mask wearing in Health care settings such as hospital , or is there not really a problem with compliance .	The Trust has worked with public health to ensure the messages regarding the wearing of masks in health facilities has been reiterated. We have put up additional signs in all entrances outlining the requirements. There is not an issue at the moment due to the restrictions to visiting	David Purdue, Chief Nurse and Deputy CEO	After the meeting

PC21/02/F2	Council of Governors	02/02/2022	1. Have any staff left or handed in their resignation due to the mandatory vaccination requirement? 2. Should the Government continue on with mandatory vaccine requirement and those staff who do not wish to take up the vaccine leave are we assured we can continue to operate a safe and effective service?	1)to the best of my knowledge none 2)each service would undertake a risk assessment and the leadership teams would then consider the implication of that risk assessment and review service provision.	Karen Barnard, Director of People & OD	After the meeting
Governor briefing	Cyber security	14/03/2022	How do you see cyber risk being managed / worked in an increasingly interconnected ICS structure which will by design encourage data sharing protocols.	In many respects the work has already started. In line with the SYB Digital Strategy we are a data provider feeding into the Yorkshire and Humber Care Record (YHCR). Consistent with the Doncaster Place plan, we continue to support the Integrated Doncaster Care Record (IDCR). We are incrementally working with ICS peers towards SNOMED clinical data standards and each of these of these projects are embedded within the DBTH Digital Transformation Business plan for 2022/23.	Ken Anderson, Chief information officer	After the meeting
Governor briefing	Cyber security	14/03/2022	On the environmental risk today I became aware of a solar storm event that may disrupt business and internet networks would this situation be regarded as a cyber risk and how do minimise any effects.	This phenomenon is not related to cyber security, although it can have an adverse impact on electrical communication systems. Given the way in which Trust IT systems are supported within the Trust the potential risk is minimal. The overarching consideration is that business continuity arrangements should apply in the event of any significant downtime (no matter what the cause).	Ken Anderson, Chief information officer	After the meeting