

Meeting of the Council of Governors held in Public
On
Thursday 24th November 2022 at 15:30 – 17:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME
A	COUNCIL BUSINESS				15:30
A1	Welcome and Apologies for absence	SBE	Note	Verbal	5
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 7th July 2022</i>				
B	GOVERNOR APPROVALS				
B1	Chair & NED Appraisal Outcome	SBE	Approve	B1	5
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:35
C	Presentation				
C1.1	Suzy Brain-England – Chair's Report	SBE	Note	Present	5
C1.2	Lynne Schuller – Lead Governor Update	LS	Note	Present	5
C1.3	Kath Smart – Audit & Risk & Quality and Effectiveness	KS	Note	Present	10
C1.4	Neil Rhodes – Finance & Performance	NR	Note	Present	5
C1.5	Mark Bailey – Charitable Funds	MB	Note	Present	5
C1.6	Mark Day – People Committee Update	MD	Note	Present	5
C1.7	Richard Parker – Chief Executives Report	RP	Note	Present	10
C1.8	Governor Questions (20mins)	Gov	Q&A	Verbal	20

D ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting **16:40**

D1 Minutes of Council of Governors held on 29th September 2022 SBE Approve D1 5

D2 Annual Members Meeting Minutes held on 29th September 2022 SBE Approve D2

E QUESTIONS FROM MEMBERS OF THE PUBLIC **16:45**

E1 Questions from members of the public previously submitted prior to meeting. SBE Q&A Verbal 5

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

F INFORMATION ITEMS **16:50**

F1 Any Other Business (to be agreed with the Chair before the meeting) Gov Note Verbal 5

F2 Items for escalation to the Board of Directors SBE Approve Verbal 5

F3 Governor Board/Meeting Questions Database FD Note F3

Date and time of next meeting: SBE Note Verbal

Date: 2nd February 2023

Time: 15:00

Venue: Via Microsoft Teams Video Conferencing

G MEETING CLOSE **17:00**



Suzy Brain England, OBE
Chair of the Board



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

Title	Chair and Non-Executive Director Appraisal Outcome		
Report to	Council of Governors	Date	24 November 2022
Author	Fiona Dunn, Director Corporate Affairs / Company Secretary		
Purpose			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

Executive summary containing key messages and issues

The Non-executive Directors objective setting, and appraisal process was completed during July 2022. The process followed that adopted and agreed by the Council of Governors at the meeting held 28 April 2022. Governors and Executive Directors were provided with an opportunity to feedback on their performance against agreed objectives, their ability to hold executives to account and comment on their strengths and development areas.

The Chair's appraisal process was informed by NHSE guidance, issued in November 2019. Aligned to the provider chair competency framework the guidance provides a standard approach to ensure a meaningful, multi-source assessment against the five core competencies; strategic, people, professional acumen, outcomes focus, and partnerships. The Chair was appraised on 18 May 2022 by Sheena McDonnell, Senior Independent Director.

This paper reports to governors the Chair's and Non-executive Directors' objectives for 2022/23

Key questions posed by the report

Do governors feel that the objectives for 2022/23 are sufficiently rigorous and robust?

How this report contributes to the delivery of the strategic objectives
The report contributes to the Trust's governance processes which underpin the appropriate delivery of strategic objectives.
How this report impacts on current risks or highlights new risks
The report mitigates the risk of failing to have in place sound governance arrangements as set out in the NHS Code of Corporate Governance.
Recommendation(s) and next steps
That the Chair and NED objectives for 2022/23 are APPROVED.

The Chair and Non-Executive Directors Objective Setting and Appraisal Process – 2022/23

Summary

The Chair's appraisal was completed on 18 May 2022 by Sheena McDonnell, Senior Independent Director. Subsequently, the Chair then met with all Non-executive Directors throughout the month of July.

The Chair and Non-executive Directors are committed to supporting delivery of the True North objectives and the Trust's vision "To be the safest trust in England, outstanding in all that we do". Breakthrough objectives for 2022/23 were agreed in line with the Non-executives' portfolios, with their respective sub-committees of Board focused on delivery through their work. All colleagues had completed their statutory and essential training.

Chair of the Board

Feedback for the Chair's appraisal was sought from Executive, Non-executive, Divisional Directors and governors. In addition, external partners including the Chief Executive of South Yorkshire & Bassetlaw ICS, the Clinical Commissioning Groups, fellow Chairs and NHS Providers were invited to input into the process. All feedback was collated and anonymised before being received by the appraiser.

The Chair had met last year's objectives and the priorities for 2022/23 were agreed as follows:

- To lead the Board to ensure there is a focus on delivery of the Trust strategy ensuring delivery on the key milestones.
- Ensuring a continued focus on EDI and in particular implementation of the Race Equality Code.
- Continue to develop and build the Board with the introduction of new Non-executive directors and Executive colleagues working alongside Governors.
- Review of the Board Constitution to ensure we have a more diverse Council of Governors
- Continue to be an ambassador of the Trust through all interactions both inside and outside of the Trust
- Engage in the delivery on budget and targets, make in-roads into the waiting lists, are well prepared for winter, that patient safety and engagement remain high on the agenda, that recruitment, management development, staff well-being and succession planning get appropriate focus.

In accordance with the guidance, the Chair's appraisal paperwork has been sent to the Chair and Chief Operating Officer of NHS Improvement and Richard Barker, Regional Director - North East & Yorkshire.

Non-executive Directors

Feedback for the Non-executive Directors was sought and collated anonymously from Governors and Executive Directors.

All Non-executive Directors completed the Trust 2021/22 appraisal documentation, they reflected on their achievements in 2021/22, what had gone well and areas which they felt could be improved upon. They considered how they had demonstrated the Trust's "WECARE" values and their contribution to quality improvements over the last 12 months.

Objectives for each NED focused on the breakthrough objectives, tailored to their individual portfolios, including but not exclusively:

- Development of a performance framework for measurement and assurance at the Board and sub-committees of Board.
- Continue to contribute to the improvement of a fit for purpose Board Assurance Framework and Corporate Risk Register.
- Represent the Trust at ICD and Acute Provider Collaborative meetings to strive to be a good partner
- Provide support and assurance to the Recovery, Transformation and Improvement opportunities across the Trust to improve quality and safety, reduce inequality and improve efficiency and effectiveness.
- Ensure effective relationships with Audit providers during 22/23, including reporting to Audit Committee'
- Support the Board to deal with perceived inequalities for patients and staff through Well Being offers.
- Champion development of digital capabilities to enhance patient safety, care and experience.
- Advance the Trust's charity work, as an enabler of safer care, innovation and to support the professional development of DBTH colleagues.
- Support the reset and stabilisation process.
- Continue to advocate for a quality improvement approach across the Trust, leading by example at Board level.
- Support the Board in delivering the requirements of the NHS People Plan.
- Improving equality and diversity with enhanced policies, procedures behaviours and culture, in order to address the BAME and Black Lives Matter issues.



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Council of Governors November 2022

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- Range of board development activities e.g., on FTSU
- Engagement with Notts and SY ICSs
- Continue to welcome international nurses and support the celebration and award of their OSCE (signing off their clinical skills)
- Thanking the volunteers who serve our hospitals at pre-Christmas events
- Engage with Chamber of Commerce and Civic and Community Leaders in support of the diversity agenda
- Developing understanding of and relationships with Place in Doncaster and Bassetlaw
- One to ones with CEO, NEDs, Execs, Trust Board Office other senior new starters and applicants for senior jobs
- Attend NHS leadership events for Chairs and CEOs in York and Manchester
- Greet the new E&D team and Increase understanding of our work in this area
- Work with Governors on NED recruitment plans
- Support NHS Providers as a Trustee Board member and act as the representative on the Governors Advisory Committee, contribute to members survey
- Chair Board meetings



From the Chair:

- Regularly meet Lead and deputy lead governor
- Complete induction for new partner governor and refer on to contacts within our organisation
- Recruit CN and COO
- Attend City Status event with The King
- Attend and present awards at the Star Awards in the Dome
- Attend Medical Advisory Committee
- Observe PEOPLE Committee
- Chair Annual Members meeting
- Chair large governor engagement event for the acute federation. Plan similar event for Notts ICS.



Lead Governor Report



Lynne Schuller

Interim Deputy Lead Governor



Overview

- North Nottinghamshire lead governor networking
- Nottinghamshire health watch
- Understanding the needs of our communities
- Meet your governor events
- Linking in with all governors
- Social activity / one to one chat



Overview

NHS Providers – Governor Advisory Committee report from Peter Abell

- Public Governor
- Member of NHS Providers' Governor Advisory Committee
- NHS Providers – what it is and does for Governors
- Policy Update – Government - Resources – ICS
- Feedback from the Committee and recent Workshops:
- Governor experiences of doing the job
- ICS – experiences and expectations



Non-Executive Director Report



Kath Smart

Non-Executive Director



Overview

Two Audit & Risk Committee (ARC) Meetings – July and October 2022

- Final Year end opinion from EY
- Internal Audit Reports
 - Race Equality Code
 - Data Security and Protection Toolkit
 - Recruitment
 - Follow-up of recommendations
 - Job Planning
 - Financial Sustainability
- Counter Fraud
- Security Management
- Health & Safety
- Emergency Planning
- Register of Interests/ Standards of Business Conduct Policy
- Committee Effectiveness



Overview

Quality and Performance Committee Meetings – September and October 2022

- Quality Improvement Annual update
- Patient Safety Update - Falls/ HAPU /Incidents/ Serious Incidents
- Safer Staffing
- Maternity Quality: CNST ,Maternity Voices, Ockenden and Staffing
- Quality Accounts
- Annual Patient Experience Report
- Tendable
- Learning from Deaths
- Health & Inequalities
- CQC
- Handover of QEC Chair formally to Jo Gander



Non-Executive Director Report



Neil Rhodes

Deputy Chair & Non-Executive Director



Overview

Finance and Performance meeting in July, September and October 2022

- **Ambulance handovers** – continuing pressures at both sites – full action plan – Board oversight
- **Emergency Department** – continuing flow issues, 12 hour trolley waits slightly increasing, 4 hour access slightly better, benchmarks in the pack regionally, ED attendance highest in four years – main increase in minor issues
- **Elective recovery plan** – slow progress – impact of short notice national holiday and staff sickness. Complex position worthy of a fuller discussion. Good plan in place but it needs to start to grip. We now face winter pressures too.
- **Recovery and transformation oversight** – Much stronger reporting, meetings and processes beginning to bite. This area is the key to longer term recovery.
- **Finance** -
 - income and expenditure – Approx. £1m greater deficit than planned for largely due to staff pressures and agency spend – but well controlled
 - CIPs – Marginally ahead of planned delivery and good progress with completing detailed plans
 - Capital spend - £5m behind plan but reprofiled to still achieve full expenditure by year end
 - Cash – solid position £22.8m in hand – on profile
- **My final report as F+P Chair** – handing over to Mark Day



Non-Executive Director Report



Mark Bailey

Non-Executive Director



Charitable funds - overview

Charitable Funds meeting on 15th September 2022

- Fund balance - assurance on investments, income and expenditure
- Approvals for Montague / DRI shuttle bus, International Nurse induction package
- Health & Wellbeing - recognition & reward
 - 'Big Tea' / 6 weeks of summer / multiple team building
- DBTH Star awards event
- "above & beyond" encouraging fund draw down across all areas
 - example: decoration & lighting enhancements in non-patient facing areas
- 'Hearts for Doncaster' Covid-19 memorial
- Serenity Appeal – excellent response
- 'Shining Stars' launch – individuals, communities, businesses and schools



Non-Executive Director Report



Mark Day

Non-Executive Director



Overview

People Committee meetings on 6th September & 8th November 2022

Activity

- Board x3; Audit x1; People x2; Finance & Performance x2; Charitable Funds x1
- Stakeholder Meetings (Internal and External)
- Doncaster Chamber
- Senior Independent Director and Designated Member

People

- Impact of new People Director
- Increasing focus on quality workforce data
- Supporting Wellbeing initiatives and addressing sustainability
- Recruitment - continuous improvement
- Workforce and Widening Participation – inc. *'We Care into the Future'*
- Refreshed Equality, Diversity, and Inclusion Action Plan
- Intensive staff engagement work - healthy staff survey response

Finance & Performance

- Chair from November



Rich Parker

Richard Parker OBE

Chief Executive



Our key priorities in winter

- **Our workforce:** Having the right people, in the right roles and ensuring we provide them with the appropriate tools to do their job, as well as supporting their health and wellbeing – particularly during tough times.
- **Developing our winter plan:** This is an ongoing process - ensuring we meet spikes in activity, as well as closely monitoring capacity, staffing levels and refocusing wherever it is appropriate to do so (like what has happened this month).
- **Meeting the demands of COVID-19:** The pandemic still has some distance left to run and we must stay agile as a result and links to the above.
- **Catching up with our backlog:** There is room for innovation in this regard, and we must do all we can to ensure patients get the care they need.



Our key priorities in winter

- **Meeting our quality targets:** Above all, quality of care must never be impacted by any external factors affecting us – but also if we get the previous priorities right, we believe quality will follow.
- **Keeping an eye on the political environment** – The current upheaval could impact targets, funding as well as our plans for future investments (for example a new hospital). Looking more broadly, things such as industrial action could also have a substantial impact, and we must plan accordingly.

Achieving all of the above within a reasonable financial envelope.



Changes, developments and opportunities

- **Urgent and Emergency Care at Bassetlaw** – Works continues to develop plans to create an ‘Emergency Village’ at Bassetlaw. We are aiming for it to be finished by Spring 2024.
- **RAAC replacement scheme**– Works linked to the above underway, to the tune of £15.944 million. Expected to be complete in March/April 2023.
- **Laboratory Information System and Digital Pathology** – SYB has received confirmation of £22.4m to implement a single laboratory information management systems (LIMS) and Digital Pathology solution across the region.
- **Validation project** – A scheme is underway (cost around £300,000) to bring more validation work in-house, improving patient pathway tracking.
- **Montagu Elective Orthopaedic Centre (MEOC)** – A business case of behalf of DBTH, Rotherham and Barnsley is being submitted to secure funding for the MEOC which will be aiming to develop a centre of excellence for elective orthopaedics as part of the plan to reduce waiting times.





Thank you, any questions?



COUNCIL OF GOVERNORS

**Minutes of the meeting of the Council of Governors Committee held in public
on Thursday 29th September 2022 at 15:00
via Microsoft Teams**

Chair	Suzy Brain England OBE – Chair of the Board	
Public Governors	Peter Abell Mark Bright George Kirk Lynne Logan Andrew Middleton David Northwood Pauline Riley Susan Shaw	
Staff Governors	Kay Brown Mandy Tyrrell	
Partner Governors	Anita Plant	
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Alex Crickmar - Acting Director of Finance Mark Day - Non-executive Director Fiona Dunn - Director of Corporate Affairs/Company Secretary Kirsty Edmondson-Jones - Director of Innovation and Infrastructure Claudia Gammon - Corporate Governance Officer (Minutes) Jo Gander - Non-executive Director Dr Tim Noble - Executive Medical Director Angela O'Mara - Deputy Company Secretary Richard Parker OBE - Chief Executive Neil Rhodes - Non-executive Director Kath Smart – Non-executive Director Dan Spiller – Ernst & Young (Item B1) Adam Tingle - Acting Director of Communications and Engagement	
Governor Apologies:	Irfan Ahmed	
Board Member Apologies	None	

		ACTION
COG22/09/A 1	Welcome, apologies for absence (Verbal)	
	The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apology for absence was noted.	
COG22/09/A 2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	No changes were declared to governors' interests.	
	<i>The Council:</i> - <i>Noted governors' current declarations of interests</i>	
COG22/09/A 3	<u>Actions from previous meetings</u>	
	There were no outstanding actions.	
COG22/09/B 1	<u>Auditors Annual Report 2021/2022 to the Council of Governors</u>	
	<p>External Auditors, Ernst & Young had provided an unqualified opinion of the Trust's financial statements, which confirmed a true and fair view of the Trust's income, expenditure and financial position as at 31 March 2022, presented in detail to the Audit & Risk Committee.</p> <p>Conclusions were reported against the following significant risks:</p> <ul style="list-style-type: none"> • Management override of controls • Risk of manipulation of reported financial performance • Misstatements due to fraud or error – capitalisation of revenue expenditure • Implementation of new Fixed Asset Register (FAR) system <p>The Trust was required to put in place arrangements to secure economy, efficiency and effectiveness in its use of resources and no risks of significant weaknesses for 2021/2022 were identified. In accordance with the National Audit Office Code 2020, commentary was provided against the following specified criteria:</p> <ul style="list-style-type: none"> • Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services • Governance: How the Trust ensures that it makes informed decisions and properly manages its risks • Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services <p>The challenging financial position for 2022/23 was noted and a recommendation made to ensure robust monitoring of cost improvement plans; where non-delivery of financial targets was identified timely action to identify mitigating actions was needed.</p> <p>In addition, the risk associated with the Trust's aged infrastructure was recognised.</p> <p>The Deputy Lead Governor praised the auditors' annual report.</p>	

	<p>The Chair of the Audit & Risk Committee confirmed the report recommendations had been investigated and the recommendation regarding payroll would be presented to the People Committee in January 2023.</p> <p>The Chair thanked Dan Spiller for the report and welcomed the audit result.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the Auditors Annual Report 2021/2022</i> 	
COG22/09/B 2	<p><u>Approval of the Trust's Constitution</u></p> <p>The Trust's Constitution had been updated to reflect legislative and local changes, a draft had been circulated to governors and members of the Board for comment and appropriate feedback incorporated. The Board of Directors had considered and approved the Constitution at its meeting of 27 September 2022, received today for ratification by the Council of Governors.</p> <p>The Company Secretary confirmed the revisions reflected the introduction of the Health and Care Act 2022, noting the statutory footing of Integrated Care Systems (ICS) and the abolition of Clinical Commissioning Groups (CCG). Changes included governors' system responsibilities, opportunities to increase diversity through the appointment of partner governors and clarity on voting and Trust membership.</p> <p>Anita Plant, Chief Executive Officer of the Partially Sighted Society, had been appointed as a partner governor and joined the call today, however, due to technical difficulties Anita had been unable to participate.</p> <p>The Deputy Lead Governor commended the Constitution to the Council of Governors and shared his appreciation of the efforts of the Chair of the Board to engage governors in South Yorkshire and Nottingham & Nottinghamshire ICS events. The Chair took the opportunity to remind governors of the South Yorkshire event due to take place on 3 October 2022.</p> <p>The Council of Governors supported the revisions and approved the Trust's Constitution.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Approved the Trust's Constitution.</i> 	
COG22/09/B 3	<p><u>Approval of the Council of Governors' Standing Orders</u></p> <p>The Company Secretary confirmed the changes to the Constitution had been reflected in the Council of Governors' Standing Orders.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the Council of Governor's Standing Orders</i> 	

COG22/09/C 1	<u>Minutes of the Council of Governors held on 7 July 2022</u>	
	<i>The Council of Governors:</i> - <i>Noted and approved the Minutes of the Council of Governors held on the 7 July 2022</i>	
COG22/09/D	<u>Questions from members of the public previously submitted prior to the meeting</u>	
	No questions had been received from the public.	
COG22/09/E 1	<u>Any other Business</u>	
	No items of other business were raised.	
COG22/09/E 2	<u>Items for escalation to the Board of Directors</u>	
	No items for escalation were reported.	
COG22/09/E 3	<u>Governor/Board Meeting Question Database</u>	
	<i>The Council of Governors:</i> - <i>Received and noted the question database.</i>	
COG22/09/F 1	<u>Annual Members Meeting & Quality Accounts 2021/22 Questions</u>	
	<p>Pre-Covid the Annual Members Meeting had taken place face to face with approximately 30 members of the public in attendance, with the increase in virtual events the Trust had changed its approach and pre-recorded the meeting to be made available via YouTube, Facebook, and Twitter. A link to the recording had been shared earlier today with the governors and would become publicly available at 6pm. The agenda would include:</p> <ul style="list-style-type: none"> ○ The Trust's response to Covid-19 ○ The Trust's overall operational activity ○ Highlights and challenges throughout the year ○ The Trust's financial performance ○ Update on local, regional, and national developments in health and social care ○ Update from the Lead Governor <p>Speakers would include:</p> <ul style="list-style-type: none"> ○ Suzy Brain England OBE, Chair of the Board ○ Richard Parker OBE, Chief Executive ○ Alex Crickmar, Acting Director of Finance 	

	<ul style="list-style-type: none"> ○ Lynne Schuller, Lead Governors ○ A question & answer session supported by directors to respond to governor/public questions submitted via the Trust’s website. <p>The Communications Team would provide feedback on the number of viewings, which had previously reached a significantly higher number than the traditional face to face meeting.</p> <p>The Chair of the Board thanked executive, non-executive and governors for their attendance today and shared her appreciation of the governor engagement at the recent governor briefing session led by the Chief Executive of NHS Nottingham & Nottinghamshire Integrated Care Board.</p> <p>With the number of Covid-19 cases increasing within the hospital and the community, the Chair of the Board reminded colleagues of the importance of hands, face, space and ventilation, alongside the Covid-19 and flu vaccination programmes.</p>		
COG22/09/F 2	Any further questions relating to the Annual Members Meeting could be submitted via email to dbth.trustboardoffice@nhs.net by Friday 7 October 2022 and a response would be provided at the Council of Governors meeting in November 2022.		
COG22/09/F 3	<u>Date and time of next meeting (Verbal)</u>		
	Date: Time: Venue:	24th November 2022 15:00 Microsoft Teams	
	Meeting Close:	15:43	

ANNUAL MEMBERS' MEETING

**Minutes of the Annual Members' Meeting
held on Thursday 29 September 2022
Virtually Recorded Meeting**

Present:

Chair and Governors	Suzy Brain England OBE	Chair of the Board
	Peter Abell	Public Governor - Bassetlaw
	Mark Bright	Public Governor - Doncaster
	Kay Brown	Staff Governor
	George Kirk	Public Governor - Doncaster
	Lynne Logan	Public Governor - Doncaster
	Andrew Middleton	Public Governor - Bassetlaw
	David Northwood	Public Governor - Doncaster
	Pauline Riley	Public Governor - Doncaster
	Susan Shaw	Partner Governor
	Mandy Tyrrell	Staff Governor

In attendance

Mark Bailey - Non-executive Director
Hazel Brand - Non-executive Director
Alex Crickmar - Acting Director of Finance
Mark Day - Non-executive Director
Fiona Dunn - Director of Corporate Affairs/Company Secretary
Kirsty Edmondson-Jones - Director of Innovation and Infrastructure
Claudia Gammon - Corporate Governance Officer
Jo Gander - Non-executive Director
Dr Tim Noble - Executive Medical Director
Angela O'Mara - Deputy Company Secretary
Richard Parker OBE - Chief Executive
Neil Rhodes - Non-executive Director
Kath Smart – Non-executive Director
Dan Spiller – Ernst & Young
Adam Tingle - Acting Director of Communications and Engagement

Apologies for Absence (Verbal)

Irfan Ahmed – Public Governor - Doncaster

Welcome (Verbal)

The Chair welcomed members, trust representatives and partners to the 2021/2022 Annual Members Meeting. This was the third virtual Annual Members Meeting, which would be made available via YouTube, the Trust's website and Facebook page. The meeting would summarise the Trust's achievements during the period 1 April 2021 to 31 March 2022 and reflect on its continued response to Covid 19.

The Chair took the opportunity to remind viewers of the series of member lectures hosted earlier in the year, which covered a range of topics, including research activity, innovation and recruitment, which could be viewed at <https://www.dbth.nhs.uk/dbth-annual-members-lecture-2022/>.

Minutes of the Annual Members' Meeting held on 23 September 2021 (Verbal)

The Chair asked governors and members to note the minutes of the previous Annual Members Meeting held on 23 September 2021, which could be found on the Trust's website <https://www.dbth.nhs.uk/about-us/become-a-member/annual-members-meeting/>.

Reflection on 2021/22 – Suzy Brain England OBE, Chair of the Board and Council of Governors

The Chair reflected on 2021/2022 and recognised the challenges faced by the Trust and the progress made towards the restoration and enhancement of services, taking into consideration lessons learnt throughout the pandemic. The resilience, strength of decision making and proactive approach had ensured the Trust was well placed to face the challenges in the remainder of 2022 and into 2023. This period was expected to be equally challenging with the focus on recovery, delivery of high-quality patient care and progress towards the Trust's vision to be 'outstanding in all we do'.

In addition, the governance and legislative changes faced by the NHS had resulted in the Trust being part of two integrated care systems, South Yorkshire and Nottingham and Nottinghamshire. There was a growth towards stronger relationships with Nottinghamshire colleagues and continuous development with collaboration in two 'Places' and two Integrated Care Boards (ICB).

The continued presence of Covid-19 and the potential for a difficult winter ahead was recognised, however with the experience and expertise of its workforce the Trust remained committed to delivery of the best possible care and like many, looked forward to a return to normality.

The meeting noted the presentation from the Chair of the Board.

Council of Governors' Report 2021/22 Lynne Schuller, Lead Governor

The Chair introduced Lynne Schuller, Lead Governor, to provide an update on behalf of the Council of Governors.

The Lead Governor recognised the valued contribution of her predecessor, Hazel Brand, whose term of office had ended on 31 March 2022 and wished her well in her recent appointment as Non-executive Director. Governors shared their appreciation of the support of the executive and non-executive directors and expressed their thanks to the Trust Board Office colleagues and Deputy Lead Governor, Andrew Middleton.

The Council had welcomed new governors and said farewell to those leaving the voluntary role; governors provided a broad and varied set of skills and experience with which they fulfilled their responsibilities, as determined by NHS England. Representing Trust members and providing a voice for the local communities was a key responsibility, as well as holding the Non-executive Directors to account for the performance of the Board. Governors were able to seek assurance and challenge decision making at their quarterly Council of Governors meetings and seek assurance as

observers at the Board and its sub-committees. They attend regular briefing and development sessions and have access to a wealth of information and resources, via the governor portal.

Following legislative changes in July 2022 governors not only had a duty to represent the interests of the Trust's members and local community but to support collaboration, forming a rounded view of the interests of the public at large.

The Trust would like to hear more from its local communities and details on how to become a member of the Trust could be found via the following link <https://www.dbth.nhs.uk/about-us/become-a-member/>

The meeting noted the Council of Governors' Report.

Welcome from Richard Parker, Chief Executive

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

Locally and nationally healthcare provision had once again been dominated by COVID-19 during 2021/22. The various peaks of infection in the community had translated into increased hospital admissions and in addition to this increased demand, there had been a need to introduce significant changes to infection, prevention and control measures which had impacted upon service delivery. As the Trust moved into the recovery phase, the demand on doctors and nurses to support enhanced activity levels also increased. Community rates of infection impacted on staff sickness absence and the Chief Executive encouraged staff and members of the public to continue to support the vaccination programme.

The Chief Executive summarised Covid-19 related activity during 2021/22 and recognised the importance of the vaccination programme and infection prevention control measures, such as hand, face, space and ventilation. As we move into 2022-23 there was a need to learn to live with Covid, alongside the anticipated return of influenza and norovirus; infection, prevention and control measures would be carefully monitored to ensure patients and staff were kept safe as possible, whilst supporting appropriate visitor access.

The Trust's urgent and emergency services continued to be under pressure and viewers were encouraged to familiarise themselves with alternative care provision, including pharmacy, general practice and 111. At previous Annual Members Meetings, the Trust had reported performance against the 4-hour A&E standard of 95%, in 2021/22 the Trust achieved 73.26%, which was broadly in line with national performance.

In respect of referral to treatment standards, the Trust had achieved 68.3% against the target of 92%. Significant efforts to restore services continued and emergency, cancer and diagnostic services remained a priority.

The Trust was delighted to have received funding from the government for a new community diagnostic centre at Montagu Hospital, providing greater access to diagnostic services. Phase 1 had been implemented and Phase 2 would be developed in 2022/23 to enhance provision and include an elective operating service, in collaboration with partners across South Yorkshire ICS.

The staff survey results for 2021/22 were consistent with the wider NHS, if not better. The Trust had developed its health and wellbeing offer, providing a range of services, including reiki and the

Rainbow Gardens, which provided a quiet space for reflection. Thank-you events, including the annual star awards had also been hosted.

The Chief Executive shared changes to the Board throughout the year, the latest structure could be found on the Trust's website <https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/>.

In terms of next steps, the Chief Executive highlighted the plans for 2022/23 and reinforced the aim to achieve a CQC outstanding rating, to provide services of the highest standard, in the upper quartile nationally, and to work collaboratively with partners across the integrated care systems.

The meeting noted the presentation from the Chief Executive

Annual Accounts 2021/2022

Alex Crickmar, Acting Director of Finance confirmed the Trust's annual accounts for 2021/2022 had been audited by Ernst and Young, who had provided an unqualified opinion on the accounts and the Trust's use of resources.

The Acting Director of Finance confirmed the Trust had reported a year-end surplus of £2.7m before technical accounting adjustments and a cash balance of c. £46m. An overview of staff costs and capital expenditure was provided.

Covid related expenditure had been significant during 2021/22 and included additional staff costs, due to the segregation of COVID and non-COVID patients, sickness cover, additional hours and the work associated with both testing and the vaccination programme.

Looking ahead, the Trust faced challenges associated with emerging from the pandemic, improving waiting times, recovery of the backlog and planning for winter. These, along with the impact of high inflation resulted in a challenging £10m deficit financial plan for 2022/2023.

The capital plan for 2022/23 would focus on essential estates, maintenance and improvement works. The Trust would progress significant capital plans and proposals linked to national programmes including the Community Diagnostic Centre the Bassetlaw Emergency Care Village and the proposal for a new hospital. In all this work, the Trust Board remained focused on achieving best value for money, using all of its resources in the best way to treat our patients.

The meeting noted the Director of Finance's presentation.

Question and Answer Session

The Chair of the Board introduced the question and answer session, a response would be provided to the pre-submitted questions by the relevant director.

What is the Trust expecting this winter in terms of COVID-19 activity, and are you prepared?

The Executive Medical Director confirmed the Trust expected to see an increase in the number of patients presenting with both Covid-19 and influenza and encouraged the uptake of vaccinations. The importance of preventative measures promoted during the pandemic of hands, face, space and ventilation were also reinforced. A winter plan to address the anticipated increase in demand was in place.

The Trust would continue to operate the Covid Medicines Delivery Unit, where neutralising monoclonal antibodies (nMABs) and antiviral drugs would be administered to vulnerable/high risk patients.

We always hear about a shortage of nurses in the news – what is the Trust doing to ensure local people head into the profession?

The Deputy Director of Education and Research highlighted the various pathways to support recruitment of nurses, including placement from local universities, a part-time programme delivered at Doncaster College, the Trainee Nurse Associate and Nursing Degree Apprenticeship opportunities. The Trust also worked closely with local schools, supporting work experience and raising awareness of health service career opportunities, clinical, non-clinical and across all professional groups.

In addition, the Trust was actively involved in international nurse recruitment.

Does the Trust have plans to increase things such as recycling, as well as implement green policies?

The Acting Deputy Director of Estates and Facilities confirmed the Trust's Green Plan had been launched earlier this year. The plan included a comprehensive four-year strategy, which highlighted the Trust's commitment and approach to sustainability, areas of focus included recycling and waste management. By delivering the Green Plan, the Trust would improve sustainability and move towards becoming a net zero organisation, contributing to the NHS's goal to become the world's first net zero health service. Full details of the Trust's Green Plan can be found via this link <https://www.dbth.nhs.uk/about-us/green-plan/>.

Can you tell us about the progress you've made on plans for a new hospital – and when we might to see shovels in the ground?

The Deputy Chief Executive confirmed the Trust was working in partnership with Doncaster Council to develop plans as part of the new hospital programme; the location for which was the Basin site, adjacent to Doncaster College. Good progress had been made and a strategic outline case had been approved by the Trust Board and submitted to NHS England in January 2022, a response was awaited from the Department of Health. Pending this decision, the Trust continued to develop the business case and along with the Sheffield Region the local authority was progressing the site preparation work.

With the looming cost of living crisis, how will you be supporting staff, particularly those on lower pay and potentially struggling?

Mindful of the impact of the cost-of-living crisis, the Chief People Officer confirmed the Trust had a range of services and support for colleagues, which included Wage Stream and Transave Credit Union. The Trust actively promoted benefits and discounts available to NHS staff, it was also in the process of developing links with local food banks and had increased the mileage rate as part of the Trust's expenses policy. Where appropriate, the Trust was working closely with organisations across the integrated care systems to develop a system response.

The information was accessible to all colleagues via the financial wellbeing page on the intranet, and awareness had been shared via internal Trust communication.

The Chair of the Board thanked the public for their questions and the speakers for their comprehensive updates and responses.

Annual Report & Accounts 2021/22

The Chair asked that the Annual Report and Accounts for 2021/22, the annual audit letter and the Trusts Constitution be received. Copies of which could be found on the Trusts website at www.dbth.nhs.uk

In closing, the Chair of the Board thanked the viewers. Whilst there had been challenges in 2021/22, the year had been defined by hard work, strong teamwork and dedication. Looking forward to 2022/23 the Trust was committed to working tirelessly to provide the best care and treatment to its patients.

Date and Time of Next Meeting (Verbal)

The next Annual Members' Meeting would take place on 28 September 2023.

Governor Questions and Answers - Updated to include July's 2022 Board of

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 Programme.	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 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
P21/10/E3	Board of Directors	19/10/2021	Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust's bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague's involvement in the ceremony and for all they do on a daily basis. The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion: <ul style="list-style-type: none"> • PROMPT compliance for HCA/MSWs @ 49.2% • ETG compliance <80% across all roles • 10 steps to safety - multi-professional training @ 76% 	The actions to address the above were largely covered in the Maternity Update report. Governors should continue to monitor performance and governor observers at the Quality & Effectiveness Committee should seek assurance and report back on plans to improve the uptake of training in the next governor report.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/10/E3	Board of Directors	19/10/2021	There is an increase in emergency caesarean sections at Bassetlaw – 18.7% in July and 22.7% in August. This might be just one or two deliveries – can this be put into perspective and is this due to an increase in high-risk mothers?	The Executive Medical Director stressed the key consideration was the appropriateness of the c-section, he also drew governor's attention to the fact that as the caesarean section rate goes up evidence suggest that the still birth rate goes down, and as such there was a balance to be found. The Chief Executive suggested it would be helpful to include the actual numbers of births and caesarean sections in future reports in support of the effect of small number statistics	Dr Tim Noble, Executive Medical Director	In the meeting

P21/11/I3	Board of Directors	16/11/2021	What are the difficulties in discharging to social care settings and the resultant impact on families?	The Chief Nurse confirmed a national discharge policy was in place where the criteria to reside was not met. Issues within social care setting were known and system wide work to improve discharge was in place, six discharge beds had recently been purchased to facilitate discharge from hospital.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/11/I3	Board of Directors	16/11/2021	In view of the need to recover elective surgery was there an additional money to facilitate use of the private sector?	Throughout the pandemic the Trust had continued to work closely with the on-site independent sector provider to maintain delivery of urgent services and to provide additional capacity. All opportunities to explore insourcing and outsourcing had been pursued and bids for all available funding, including the Targeted Investment Fund submitted. In addition the development of the Community Diagnostic Centre/Hub would provide additional MRI/CT capacity on a non-acute site.	Richard Parker, Chief Executive Officer	In the meeting
P21/12/E3	Board of Directors	21/12/2021	Is recovery and restoration achievable and to what extent are the non-executive directors assured of the plans	It was confirmed that Jon Sargeant had been tasked with the delivery of robust recovery plans. Fortnightly focus & delivery group meetings had been put in place, efforts were focused and delivery of plans was joined up and timely. The Chair acknowledged the good working relationships formed with the private sector, supporting clinical prioritisation. Neil Rhodes confirmed that the Finance & Performance Committee would continue to receive updates on progress, although services had been impacted by Covid-19, restoration remained a focus. Plans were robust, and the Trust was reported to be well placed from a planning perspective.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	Is there a breakdown of the reasons that colleagues are not receiving the Covid-19 vaccine?	The Director of People & Organisational Development confirmed there was no central record, although reasons may become apparent through the conversations with the Freedom to Speak-up Guardian.	Karen Barnard, Director of People and Organisational Development	In the meeting
P22/01/F3	Board of Directors	25/01/2022	What action is being taken to deter the incidence of physical violence?	The Chief Nurse confirmed the presence of on-site Saba security. In addition, colleagues undertook conflict resolution training. An update in this respect could be provided to the People Committee. Pat Drake raised awareness that some incidents where violence was reported had the potential to be linked to dementia or patients with behavioural issues and suggested there was a difference between such events and intended violence.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of the new build, please can Bassetlaw be considered/referenced as residents may live closer or equidistant to Doncaster Royal Infirmary.	The Director of Recovery, Innovation & Transformation confirmed that any future consultation would involve the residents of Bassetlaw.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of transport between Doncaster and Bassetlaw is the provision of transport included within appointment letters, including details of how to book?	This matter had been raised previously and it was understood this was included in the letters, but a further check would be made.	Debbie Pook - Deputy Chief Operating Officer – Non-elective	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
P22/02/I2	Board of Directors	22/02/2022	Does the national guidance for risk stratification give the Trust sufficient information to inform individual patients of their position in the queue for procedures and the number of weeks they must expect to have to wait, as promised by the Secretary of State for Health & Social Care when launching My Planned Care?	Due to the fluidity of the waiting list the Executive Medical Director acknowledged identification of a specific position within the queue would be challenging and subject to change. The letter from the National Director of Elective Recovery had requested provider support in supplying specific clinical content by 31 March 2022 and the Interim Director of Recovery, Transformation & Innovation advised that the Head of Information was currently reviewing the requirements to ensure a best possible fit by that date. A generic email account would be in place and work would be undertaken iteratively.	Dr Tim Noble, Executive Medical Director	In 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
P22/03/13	Board of Directors	29/03/2022	As we will be living with Covid going forwards the reintroduction of visitor restrictions in March was unexpected, what is the long-term plan in terms of approach, particularly to allow carer engagement and support for mental health and wellbeing. Is there any guidance on patient and visitor testing prior to visiting?	The Chief Executive acknowledged the value of receiving/and or being a visitor, which was recognised to impact positively on the incidence of falls and patient hydration and nutrition, however, there was a balance to be found in terms of managing the increased risk of infection. Each ward had vulnerable patients and it was important to protect them, as well as Trust staff. In respect of enforcing testing and considering the recent change to availability of free of charge lateral flow testing it was acknowledged this would be difficult to enforce. The Director of Nursing confirmed that decisions were not taken in isolation but in accordance with guidance and through consultation across South Yorkshire & Bassetlaw ICS. As always special arrangements for end of life and extenuating circumstances would be risk assessed for consideration. The Director of Midwifery acknowledged that no significant change had been seen in respect of maternity services, with the continuation of testing for birthing partners.	Richard Parker, Chief Executive Officer Director of Nursing, Abigail Trainer Lois Mellor, Director of Midwifery	In the meeting
P22/03/13	Board of Directors	29/03/2022	Feedback had been received of an 80-year-old patient discharged in the early hours of the morning, to a carer also in their late 80s. Is there a process/procedure to prevent this from happening?	The Deputy Chief Operating Officer confirmed that it would be unusual to discharge in such circumstances, as this related to a specific patient, the patient details were requested in order that this may be investigated, with support of the Director of Nursing.	Debbie Pook - Deputy Chief Operating Officer – Non-elective	In the meeting
P22/04/E2	Board of Directors	26/04/2022	The paper before today's meeting on Ockenden demonstrates a clear culture of reporting and actions on the quality and safety of maternity services at DBTH. Notwithstanding the attention and actions on this service, how concerned is the Board and Executive Leadership about the sustainability of maternity services which are consistent with Ockenden expectations and best practice, particularly in respect of staffing levels, training compliance and clinical governance processes."	The Chair of the Board acknowledged the Trust's position had been broadly covered in the meeting but invited further comment. The Chief Executive advised the question of appropriate staffing levels, skills, protocols and system support were fundamental in the day-to-day operation of services. The delivery of a safe service was the Trust's number one priority. It was recognised that national reports, such as Ockenden, were a source of anxiety for patient and staff but significant efforts to formally respond to report recommendations would be taken in order to regain public confidence in maternity services.	Richard Parker, Chief Executive	In the meeting
P22/04/E2	Board of Directors	26/04/2022	The Ambulance Handover report highlighted extended waits of 4+ hours at Doncaster Royal Infirmary and 3+ hours at Bassetlaw, what is the escalation process and what triage takes place whilst in the ambulance?	The Chief Executive confirmed that a call prior to presentation would take place, followed by a clinical review involving the ambulance personnel. Where time critical action was required, for example cardiac or stroke presentation this would impact upon the prioritisation of the handover. Historically, delays had not been seen at Bassetlaw, but system pressures were now impacting both sites. The data provided in the handover report highlighted the need for improvements at a Trust, Place and system level and informed the Urgent & Emergency Care Action Plan.	Richard Parker, Chief Executive	In the meeting
PC22/04/C1.2	Council of Governors	28/04/2022	Suzy Brain England asked a question on behalf of the Governors regarding the progression of the New Build.	The Trust was awaiting a further update whether the Trust had made it in to the final 30 hospitals with the next stage being the final 8 hospitals. Due to local elections this was now on hold. Any news would be shared with the Governors.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
PC22/04/C1.2	Council of Governors	28/04/2022	Following the release of a report raised by the high court regarding the discharge of patients from hospitals into care homes	Jon Sargeant commented that as this was a new report nothing had been discussed within the Trust at present.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
PC22/04/C1.3	Council of Governors	28/04/2022	With the Emergency Department pressures are GP services as functional as they should be?	Suzy Brain-England answered that they were operating above pre-covid levels. Evidence showed that GP's and Emergency Department were busy. Dr Tim Noble added that there was a continuing issue with accessing primary care. Monthly meetings took place with the GP's and the Clinical Commissioning Group (CCG) to discuss the continuing issues. Some services were still restricted due to Covid-19 pressures.	Suzy Brain-England OBE, Chair	In the meeting
PC22/04/C1.5	Council of Governors	28/04/2022	Where does the partial assurance fit within the scale of assurance with 360 Assurance?	Kath Smart answered that partial assurance is part of the moderate assurance and accumulated using formula	Kath Smart, Non-Executive Director	In the meeting

P22/05/13	Board of Directors	24/05/2022	What arrangements are in place in terms of safeguarding to accommodate those patients who may be in transition from child to adult services provision and in particular those who are regarded to be vulnerable by reason of having learning difficulties or subject to special education needs and or disability (SEND) ?”	<p>The green paper “SEND REVIEW 2022” “Right support Right Place Right Time “</p> <p>The green paper “Transforming Children and Young Peoples Mental Health Provision”</p> <p>At place, health and care providers understand the types of medical alternative provision and how they will support those children and young people who are unable to attend a mainstream, special school, or college because of health needs. This will include expectations of how schools, local authorities and health and care providers will work together to address these health needs whilst delivering high-quality education.</p> <p>The Trust was represented through this process at strategic level within Team Doncaster alongside the Doncaster Children and Young Peoples Mental Health Strategy by the Designated Medical Doctor to influence national, regional and local provision and identify any gaps in provision in transition to adulthood. Working alongside the Clinical Commissioning Group who are currently recruiting a Strategic Designated Clinical Officer to work across the health system. Children and young people identified through the SEMH (Social & Emotional Health Group) are safeguarded through the proactive and monitoring support if waiting for a diagnosis. Diagnosed children and young people are proactively monitored and supported by the CETR process (Care and Treatment Review).</p> <p>Health and Care partners will be part of a truly integrated SEND and alternative provision system, using the opportunity presented by the creation of Integrated Care Boards (ICBs) to enable effective joint working and commissioning of local services. ICBs will have a duty to cooperate with local authorities and will proactively provide input and shape local strategic planning and be responsible for funding and delivery of local health provision to meet the needs of children and young people with SEND with a clear focus on transition. The Trust will work alongside Team Doncaster to shape services moving forward.</p>	Gill Wood, Head of Safeguarding	After the meeting
P22/05/13	Board of Directors	24/05/2022	Does the DBTHFT’s response to domestic abuse align itself with the strategy being developed and implemented by the Doncaster Domestic and Sexual Abuse Theme Group or does this create difficulty, with the Bassetlaw site being located in a different unitary authority area which may have a different approach to addressing the issues and providing support mechanisms	<p>The Trust does align with the Doncaster Domestic and Sexual Abuse Theme Group , the Head of Safeguarding sits on the Domestic Abuse Board for Doncaster to provide assurances from the Trust. Staff within the team attend the Multi Agency Risk Assessment Conferences (MARAC) and provide information as required.</p> <p>The Head of Safeguarding attends the Nottinghamshire Domestic Abuse Local Partnership Board and staff from the team attend the MARAC steering group. To provide assurance to governors there may be differences due to serving populations, however, the safeguarding team provide support to both sites with referral responses / pathways that may differ. From a strategic level, bidding for the independent domestic violence advisors (IDVA) if successful will only serve Doncaster Royal Infirmary, as it is a South Yorkshire Crime Commissioning funded post, however, to provide further assurance from being on the board if future opportunities arise the Head of Safeguarding will be proactive in this area. Opportunities also arise to share good practice in both areas.</p>	Gill Wood, Head of Safeguarding	After the meeting
P22/06/H1	Board of Directors	28/06/2022	Maternity Workforce - The report on page 27 of the bundle includes data on the maternity workforce, which is below the desired standard. The Ockenden Report links staffing levels to mother/baby safety. Would there be a sustainable increase in staffing levels and thus safety if all births were consolidated onto the DRI site, accepting that such a move would require capital investment?	<p>The Chief Executive confirmed that staffing levels were continually assessed to ensure the acuity and dependency of expectant mothers was matched to appropriate staffing levels. In addition, proactive steps to improve recruitment and retention to manage the vacancy position were being taken. If, for safe staffing reasons, it was considered that the merger of the maternity units needed to be considered, the impact on expectant mothers, partners/family and staff would need to be considered as would factors like travel costs, system wide implications and the potential impact on recruitment and retention.</p> <p>It was recognised that over the summer months the position would be very challenging, until the newly registered colleagues commenced in post in October.</p> <p>In terms of keeping up to date, a monthly maternity update was received at Board, governor observer reports from the Quality & Effectiveness Committee were accessible via the governor portal and the Chief Executive reassured governors that any change to provision would be communicated to Board and the Council of Governors.</p>	Richard Parker, Chief Executive Officer	In the meeting
P22/06/H1	Board of Directors	28/06/2022	ICS Developments. The rationale for Integrated Care Systems and provider collaboratives is that joint working and shared commitment will lead to better use of resources and more effective services against the 4 overarching system aims. Could Richard Parker identify the system priorities against these aims, involving DBTH, to be driven by the ICS and Place Board, accepting that not all desired service improvements are achievable in the short term and some require national action	<p>The Chief Executive confirmed that the Trust was a partner in two ICS’s, NHS Nottinghamshire, and NHS South Yorkshire, which become statutory organisations on the 1st of July 2022 and was also a partner in the two Place Boards, Bassetlaw, and Doncaster. The ICS’s working arrangements, plans and objectives are available via their websites, as are the plans for the two Places.</p>	Richard Parker, Chief Executive Officer	In the meeting

P22/06/H1	Board of Directors	28/06/2022	Amanda Pritchard has endorsed proposals by Dr Clair Fuller, from Surrey Heartlands, for better integration of secondary and primary care, in out-of-hospital settings - typically in neighbourhoods. Reportedly all 42 ICS CEOs support such developments. What are the priority pathways in the areas served by DBTH for such transformation, and are DBTH leaders involved in such discussions in both South Yorkshire and Nottinghamshire	The Chief Executive confirmed that the Trust was an active partner in the Nottinghamshire and South Yorkshire ICS's supporting the priorities set out in the plans for 2022/ 2023 which were available on the ICS's websites. DBTH was also a partner in the South Yorkshire and Bassetlaw and Nottinghamshire Acute Federations which have identified several priorities for 2022/ 2023 which were set out in the Acute Federations Annual Report, to be shared at July's Board of Directors.	Richard Parker, Chief Executive Officer	In the meeting
P22/06/H1	Board of Directors	28/06/2022	In relation to the Integrated Care Update: 'Is it intended that there will be a governor observer presence at the relevant Board/Committees once implementation of the systems are undertaken'	It was confirmed there was no provision for governor observers at operational meetings. However, the board meeting of the South Yorkshire Integrated Care Board was a meeting held in public. The inaugural meeting had taken place on 1 July 2022 and this could be viewed at www.southyorkshire.icb.nhs.uk The Chair of the Board would continue to champion the role of governors and indicated there was the potential for a governor conference to be arranged by NHS South Yorkshire.	Richard Parker, Chief Executive Officer	In the meeting
P22/06/H1	Board of Directors	28/06/2022	The maternity report outlines information and staff attitude as the primary cause for complaint. What work has been undertaken to understand more fully what information and what about attitude is the problem - is there any thoughts that this links back to staffing issues (stress)?	The reduction in the number of complaints remained a priority for all areas, considered by the Quality & Effectiveness Committee. A reduction had been evidenced as a result of concerted effort to effectively communicate, including the proactive sharing of information.	Abigail Trainer, Acting Chief Nurse	In the meeting
P22/06/H1	Board of Directors	28/06/2022	In terms of the Nottinghamshire Integrated Care Board and Partnership Board do you assume that the establishment will be broadly similar?	The Chief Executive confirmed that overall, the same architecture would be in place to improve health and social care outcomes for patients but that there were differences in the Governance and meeting structures which reflected the development of both systems. The core purposes of Integrated Care Systems were to: <ul style="list-style-type: none"> •Improve outcomes in populations health and healthcare •Tackle inequalities in outcomes, experienced and access •Enhance productivity and value for money •Help the NHS support broader social and economic development 	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Peter Abell, highlighted the recent press coverage of the Oldham doctor who had been charged with manslaughter, reportedly the doctor was 80+ years of age and assurance was sought as to how doctor's competency was assessed.	The Chief Executive confirmed that the annual appraisal involved self-reflection, supported by evidence, including peer/patient feedback and complaint/incident data in order to inform competency and fitness to practice. The Chief People Officer recognised the robust procedures and support that were in place and confirmed that where incidents occurred, they were appropriately investigated and identified learning embedded into practice. Whilst the revalidation process considered appraisal outputs, it was not dependent on age, as this could be considered discriminatory.	Richard Parker, Chief Executive Officer & Zoe Lintin, Chief People Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Following the announcement that the staff terms and conditions section of the COVID-19 workforce guidance would be withdrawn, Staff Governor, Duncan Carratt, enquired of the potential detrimental effect on completion of lateral flow testing and raised a concern with regards to the financial impact on colleagues, especially considering the current cost of living crisis.	As this was a national directive, the Chief Executive confirmed that compliance was not discretionary. He shared the concerns, with regards to testing, and encouraged staff to maintain routine testing, in accordance with current guidance, and to take all necessary preventative actions. A review of the expenses policy to reflect the current cost of living had taken place and an increase applied in respect of mileage/accommodation costs. As the directive had been received at short notice, the Chief People Officer confirmed that the detail was still being worked through. The change would be implemented on a phased approach and a system wide communication would be issued in due course.	Richard Parker, Chief Executive Officer & Zoe Lintin, Chief People Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	On behalf of Partner Governor, Sue Shaw, Lynne Schuller enquired of Covid vaccine availability and of booster uptake	The Chief Executive confirmed that national uptake was variable, dependent upon individual vulnerabilities. In line with previous vaccination campaigns hospital staff would be offered the opportunity to be vaccinated at their place of work. Members of the public would be contacted by their general practice, however, if vulnerable unvaccinated patients attended a hospital outpatient clinic or were an inpatient, every effort would be made to vaccinate. The campaign was expected to start in August/September.	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Mark Bright, highlighted that a refurbishment to a hospital was now deemed to be a "new hospital" and enquired what this meant in the context of the Trust's bid?	The Department of Health's definition of a new hospital included three specific levels of work, including extensive refurbishment. The Chief Executive confirmed there was still an expectation that a further eight new hospitals would be announced in the Autumn, however, if there was a balance to be achieved between acute and mental health providers, then this had the potential to reduce acute offers to four. It was difficult to know how the change in government leadership would influence the programme.	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Andrew Middleton, acknowledged the successful We Care into the Future event and enquired of potential follow up activity, work experience and/or apprenticeship offers. He also enquired of opportunities to reach out to post education adults.	The work with schools had the potential to extend beyond students and raise awareness of career opportunities with parents and carers. The Chief Executive highlighted the targeted recruitment of health care support workers, however, noted the competitive local market. The Chair of the Board confirmed that governors had attended a briefing session on the expansion of the Foundation School in Health initiative, to include Bassetlaw, earlier in the year. A future opportunity to hear more from the Training and Education team could be considered later in the year/early next year.	Richard Parker, Chief Executive Officer & Suzy Brain England, Chair of the Board	In the meeting

P22/07/13	Board of Directors	26/07/2022	What resource provision is readily available in terms of addressing communication difficulties between staff and patients. How many staff have accessed training in British Sign Language and Makaton and how do we assess a person's need, accessing suitable communication?	The Director of Communications and Engagement confirmed that the Deputy Director of Nursing (Patient Experience) had sourced an opportunity for patient facing colleagues to enrol on a British Sign Language workshop, 80 staff were currently registered with further spaces available. The Trust was also working closely with Doncaster Deaf Trust to understand further challenges around service provision. In addition, the Acting Deputy Chief Nurse has developed a network of learning disability ambassadors, approximately 300 colleagues strong, the ambassadors act as advocates for patients with disabilities and their carers. Plans to raise awareness of support for patients with learning disabilities, via Oliver's Campaign was planned for the coming weeks.	Emma Shaheen, Director of Communications & Engagement	In the meeting
P22/07/13	Board of Directors	26/07/2022	In relation to the Professional Nurse Associate presentation, 80% of colleagues surveyed felt that the initiative improved staff well-being. Do we explore the reasoning behind the 20% not feeling supported?	As the Professional Nurse Advocate role develops and more learning can be shared it was agreed to run a briefing and development session for the governors to have an opportunity to understand more about the role and its impact.	Suzy Brain-England OBE, Chair	In the meeting
P22/07/13	Board of Directors	26/07/2022	The presentation on the research strategy, identified plans to hold public and stakeholder consultations, would this be across place and could the consultation be widened?	Stakeholder engagement would take place in the widest context, including the general public, academic partners and potentially Healthwatch. As the Deputy Director of Education and Research was no longer on the call should governors wish to receive further information a governor briefing and development session could be arranged.	Richard Parker, Chief Executive Officer	In the meeting
N/A	Council of Governors pre-meet	26/09/2022	Governors are seeking assurance that postponed appointments will not lead to preventable clinical harm. Some patients do not proactively seek another appointment if one is cancelled, as I know from previous review of serious incidents, which can lead to irretrievable clinical deterioration. Also there is concern that if a patient does try to reschedule an appointment it might be determined by a non clinician who simply finds a time slot, not taking into consideration the clinical urgency. It has also been evident that trying to access the Trust to rebook an appointment has been extremely difficult on occasion. Basically assurance is required that rescheduling appointments is a robust process within the Trust that does not allow clinical deterioration either through administrative delays or poor clinical oversight.	All patients awaiting appointments are risk assessed as they go through their clinical pathway, the Executive Medical Director, Dr Tim Noble, is the executive lead for this risk stratification process. The Trust is currently exploring automated solutions to support this work and have engaged an external consultant to assist with the elective recovery plan, part of which includes patient pathway validation of all clinical pathways/appointments. A business case to identify the required recurrent resources to validate patient pathways is being developed to source a sustainable solution. Should a patient attempt to schedule an appointment outside of the timeframe identified by the clinician, or if there is a capacity issue preventing an appointment being booked, then this would be escalated from the bookings team into the division for a decision to be made. The central booking team continue to have significant vacancies, exacerbated by the return of Covid and increased sickness absence, recruitment and retention continues to be a key priority for this team, as it is across the Trust.	George Briggs, Interim Chief Operating Officer & Karen McAlpine, Interim Deputy Chief Operating Officer	Post meeting
P22/09/13	Board of Directors	27/09/2022	The Board Assurance Framework cites workforce as the top risk to sustainable performance. Accepting that the Trust is constantly pursuing a range of mitigation actions, workforce shortages remain a significant challenge. Much of the cause lies at the door of national decisions on training places, pay, pensions, etc., over which we have little influence. In respect of elements within the "control" of the Trust, are there further actions being taken or planned to be taken to further improve the workforce situation, particularly in respect of retention? Which of these is working? Additionally, what collaborative actions are being taken with partners within the ICBs (SY and Notts.) to secure longer-term improvement in workforce supply and retention, and which of these is expected to have an early positive impact?"	In view of the complexity of the question and in order to provide a full response it was agreed the Chief People Officer would deliver a governor briefing. This has been scheduled for 13 December 2022.	Zoe Lintin, Chief People Officer	Post meeting

P22/09/I3	Board of Directors	27/09/2022	The Chief Executive has emphasised the necessity of system working with partners in primary care, community services, social care, etc., in order to reduce avoidable attendances at ED and other departments and to improve flow of patients to and from our hospitals. The governors would welcome a presentation and discussion on what actions have been taken or planned within this chain of collaboration, and how effective they have been or are expected to be.	In view of the complexity of the question and in order to provide a full response it was agreed the Chief Executive would deliver a governor briefing. This has been scheduled for 8 December 2022.	Richard Parker, Chief Executive	Post meeting
P22/10/F2	Board of Directors	25/10/2022	Maternity - We note the reset of the trajectory and the improved positions in terms of training. As this is an area that is considered by CQC, if an inspection were to be announced, would this provide any concerns for the trust?	The Chief Executive acknowledged that due to the pressures within Urgent and Emergency Care and Maternity Services the Trust's training figures were not where they needed to be. This had been impacted by recovery responses and the reduction of face-to-face training. The Education Team were working with service leads to review training delivery and a trajectory to achieve compliance by the end of the financial year had been agreed. The People Committee had oversight of this performance.	Richard Parker, Chief Executive	In the meeting
P22/10/F2	Board of Directors	25/10/2022	Handovers - Ambulance handover, delays were typically multi factorial. What collaboration actions were being undertaken by the ICS / ICB and Place in dealing with delays. (It was noted that a full discussion was had on this subject which responded to this question). Is there any data in terms of ambulance diverts? Additional information was a member of the public contacted the lead governor asking why they had been diverted away in an ambulance from their closest hospital at Bassetlaw.	The Interim Chief Operating Officer confirmed that there were policies and procedures in place with both Yorkshire and East Midlands Ambulance Services that when services were challenged contact would be made to divert to the nearest appropriate hospital on the grounds of clinical safety. Data relating to the number of diverts was closely monitored.	George Briggs, Interim Chief Operating Officer	In the meeting