

Meeting of the Council of Governors held in Public
On
Thursday 2nd February 2023 at 15:30 – 17:30
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 24th November 2022</i>				
B	GOVERNOR APPROVALS				
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:35
C	Presentation				
C1.1	Suzy Brain-England – Chair's Report	SBE	Note	Present	10
C1.2	Lynne Schuller – Lead Governor Update	LS	Note	Present	5
C1.3	Kath Smart – Audit & Risk Committee	KS	Note	Present	10
C1.4	Jo Gander – Quality and Effectiveness	NR	Note	Present	10
C1.5	Mark Bailey – Charitable Funds & People Committee	MB	Note	Present	10
C1.6	Mark Day – Finance and Performance Committee Update	MD	Note	Present	10
C1.7	Hazel Brand	HB	Note	Present	5
C1.8	Richard Parker – Chief Executives Report	RP	Note	Present	20
C1.9	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 **17:15**

D1 Minutes of Council of Governors held on 24th November 2022 SBE Approve D1 -

E QUESTIONS FROM MEMBERS OF THE PUBLIC **17:15**

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 **17:20**

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: 27th April 2023

Time: 15:00

Venue: Via Microsoft Teams Video Conferencing

G MEETING CLOSE **17:30**



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 31st January 2023

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)

Member of the Great North Medical Centre, GP Patients Forum

Consultative Member of Doncaster Domestic and Sexual Abuse Strategy Group

Jackie Hammerton – Public Governor – Rest of England

Employed by the University of Lincoln

Eileen Harrington – Public Governor – Doncaster

Founder of DonMentia

Run the DonMentia Forum

Andrew Middleton – Public Governor – Bassetlaw

Independent Non-Executive Director - Barnsley Healthcare Federation

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.

ad hoc Chair of Commissioning for Individuals Panel - Derby and Derbyshire Integrated Care Board

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

Mandy Tyrell – Staff Governor - Nursing & Medical

Sophie Gilhooly – Staff Governor – Other Healthcare

Natasha Graves – 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

Andria Birch, Partner Governor - BCVS

Anita Plant, Partner Governor – The Partial Sighted Society



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



Council of Governors February 2023

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- Chamber Business Awards
- Introductory Meetings with:
 - Chief Operating Officer
 - Chief Nurse
- Acute Federation Board Development Event
- Chair and CEO NHS Providers Network Event
- NED Interviews
- Nominations and Remunerations Meeting
- Board Development Sessions
- Supported Well Being Wednesday
- Director Objective Progress Update
- System Partner Meetings



Lead Governor Report



Lynne Schuller

Interim Deputy Lead Governor



Overview

- Meet the team – calls with a few Governors
- The Hewitt Review – letter and response
- Using social media to promote the Trust
- Weekly update to my community
- NED recruitment
- Notts ICS – Lead Governors meetings
- Visits – partner governors Partially sighted
- Coffee Morning



Non-Executive Director Report



Kath Smart

Non-Executive Director



Overview

Audit & Risk Committee (ARC) Meeting – January 2023

- Internal Audit
 - Financial Sustainability Audit
 - Maternity CNST Standards Review
 - Datix and patient safety
 - Head of Internal Audit opinion – draft 2 inc recommendations follow up
- External audit – follow up of ISA 260 Recommendations
- Counter Fraud
- Health & Safety
- Register of Interests, Hospitality and Sponsorship
- Committee Effectiveness & workplan



Non-Executive Director Report



Jo Gander

Non-Executive Director



Overview

Quality and Performance Committee - December 2022

- Mental Health Strategy & Safeguarding Annual Report
- Review of Violence & Aggression Training & Safer Staffing picked up in People's Committee (only issues on Quality & Effectiveness to be followed up by QEC moving forward)
- Maternity Quality Overview
- Review of Board Assurance Framework - target risk rating & ongoing work with 360 Assurance
- Annual Patient Experience Report & assurance received that actions identified in KPMG report had all been addressed
- Tendable Update
- Learning from Deaths Report
- Clinical Governance & Outcomes Report
- Clinical Audit Findings
- CQC Preparedness & Regulatory Compliance
- 'Sharing how We Care' initiative to be reinstated
- Review of workplan and changes to future agendas agreed



Non-Executive Director Report



Mark Bailey

Non-Executive Director



Overview

Charitable Funds Committee Meeting – December 2022

- Fund balance - assurance on investment performance & risk, income and expenditure
- Approvals for:
 - 3 year funding for Health & Wellbeing Programme
 - additional ENT imaging equipment
 - sponsorship of internal nurse associates into accredited nurse degree programme
 - Staff Christmas gift token & Hospital Shining Stars
- “Above & Beyond” continuing encouraging fund draw down across all areas
- Further ex-committee briefing with Fred & Ann Green Executors on Montagu Diagnostic & Elective Surgery Centre enablers / enhancement - in principle support
- Charity development – advisor report received for Trustee consideration
- Annual accounts 2021/2 – approved post external audit



Overview

People Committee Meeting - January 2023

- Draft People Strategy 2023-27
- Business & Workforce Planning
- Allied Health Professionals - supply & demand
- Recruitment – continuous improvement
- Staff Engagement including recognition
- Education & Widening Participation (Q3)
- Health & Wellbeing
- Leadership behaviours
- Speaking Up Bi-annual Report



Non-Executive Director Report



Mark Day

Non-Executive Director



Overview

Finance and Performance Committee meetings on 24th November, 8th December 2022 & 26th January 2023

- Year end forecast
- Operational Performance
- Winter Plan

- Business Cases in:
 - SYB Pathology Laboratory Information Management System Business Case
 - Bassetlaw Emergency Village Case
 - Patient Pathway Business Case



Non-Executive Director Report



Hazel Brand

Non-Executive Director



Overview

- Becomes the new Chair of Charitable Funds Committee at the next meeting in March
- Met with relatives of the late Fred and Ann Green, to discuss plans for developments at Montagu Hospital
- Represents DBTH at a number of meetings in Nottingham & Nottinghamshire ICS
- Scheduled to meet with members of the Trust's Sustainability Group
- NED Champion for Freedom to Speak Up
- Buddy with the new Chief Nurse, Karen Jessop.



Richard Parker

Richard Parker OBE

Chief Executive



COVID-19 data

As of 8am on 31 January 2023:

- Current active COVID-19 patients: **77**
- Current inpatients: **113**
- Total Covid-19 patients in Intensive Care: **Two**
- Total Covid-19 discharges: **6,756**
- Total number of patients who have died: **1,381**
- Total number of patients who have been cared for: **8,250**

This winter has been the worst we have seen for flu for quite some time. Please encourage vulnerable friends and family to get a vaccine.

Notes on activity

Rate of infection: Is now slowly declining – however, we may see further spikes.

Masking: Remains in place only in clinical settings.

Vaccination: Has ended, but colleagues can still get the jab if required – details on the Hive.



Key operational challenges

- **Urgent and Emergency Care:** We have had one of our busiest ever winters so far, with the usual illness/injuries, combined with COVID, flu and norovirus. From 1 December we have cared for 2,672 more patients than the previous year.
- **Flow through to discharge:** One of our biggest challenges at present is flow from admission through to discharge, with increasing length of stay as a result. We are working hard, as a system, to ensure we are as effective as possible.
- **Staffing:** With COVID-19 and other seasonal illnesses circulating, as well as the usual holidays and periods of absence, in addition to vacancies, we are asking more of colleagues, despite having two challenging years.
- **Bank/agency spend:** Linked to the above, this is at historical highs, and we need to use our resources well, targeting the mitigation of risks.



We cared for around
14,343 inpatients
+1,230



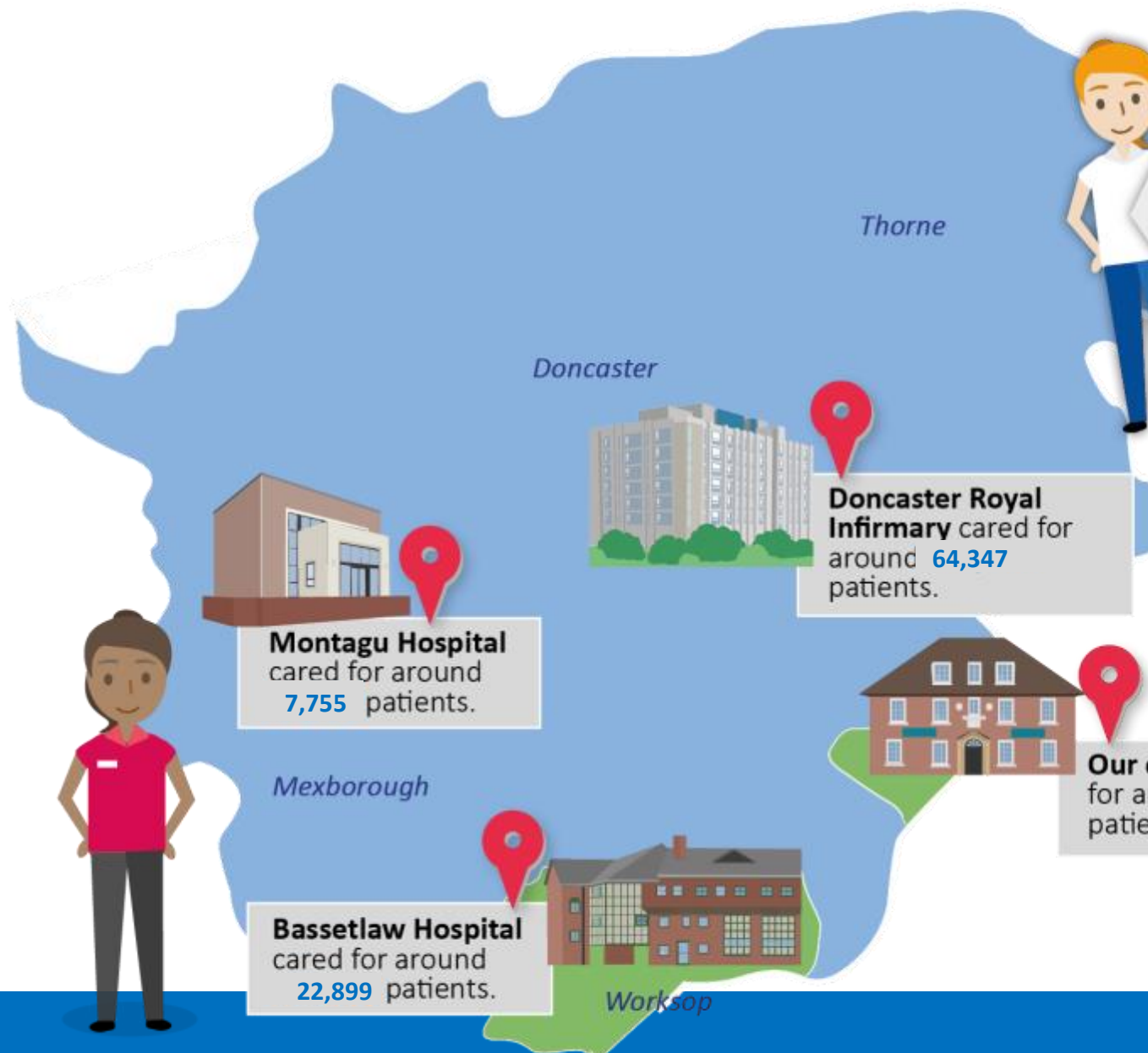
We cared for approximately
55,458 outpatients
+1,000



We cared for approximately
25,144 emergencies
+2,672



We delivered approximately
498 babies
-105



Our activity since 1 December with comparators to 2021/22.

Changes and developments

- **RAAC replacement scheme**– Works linked to the Bassetlaw Urgent and Emergency Village, to the tune of £15.944 million has commenced. Expected to be complete in March/April 2023.
- **Urgent and Emergency Care at Bassetlaw** – Works continues to develop plans to create an ‘Emergency Village’ at Bassetlaw. Once approved we will be aiming for it to be finished by Spring 2024 with construction beginning in the next few weeks.
- **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 programme is underway (cost around £300,000) to restore an in – house validation programme, improving patient pathway tracking and waiting list management.



Changes and developments

- **Labor Suite** – Following investment of almost £3 million, the Labor Suite at Doncaster Royal Infirmary is nearing completion – this includes the provision of midwifery-led care, as well as our new bereavement suite.
- **Community Diagnostic Centre (phase 2)** – £9 million of Funding has been allocated by NHSE/I to implement the second phase of the Community Diagnostic programme - including a new endoscopy suite, ultrasound facilities, multifunctional clinic rooms and training facilities for colleagues.
- **Montagu Elective Orthopaedic Centre (MEOC)** – A business case on behalf of DBTH, Rotherham and Barnsley has been approved to develop a centre of excellence for elective orthopaedics at MMH.



Looking ahead

- **2022/23 planning has started:** Focus will be on the quality and outcome of services for Urgent and Emergency Care, Elective Recovery, Cancer and Diagnostics.
- **A difficult financial year:** This is reflective within the wider NHS, and we are also awaiting implication from the detailed planning guidance and supporting priorities, including the outcome of industrial action and next year's, pay awards.
- **Industrial action:** Already underway – ambulance strike has directly impacted us, however no ballot at the Trust has reached mandatory threshold. We continue to work as a system on this matter until it is resolved.





Thank you, any questions?



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 24th November 2022 at 15:30
via Microsoft Teams

Chair	Suzy Brain England OBE – Chair of the Board	
Public Governors	Peter Abell Irfan Ahmed Dennis Atkin Mark Bright George Kirk Lynne Logan Andrew Middleton David Northwood Pauline Riley Lynne Schuller Sheila Walsh	
Staff Governors	Kay Brown Duncan Carratt Vivek Panikkar Mandy Tyrrell	
Partner Governors		
In attendance	Mark Bailey - Non-executive Director Mark Day - Non-executive Director Fiona Dunn - Director of Corporate Affairs/Company Secretary Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Neil Rhodes - Non-executive Director Kath Smart - Non-executive Director	
Governor Apologies:	Phil Holmes Anita Plant Cllr Sue Shaw	
Board Member Apologies	Hazel Brand - Non-executive Director Jo Gander - Non-executive Director	

		ACTION
COG22/11/A1	Welcome, apologies for absence (Verbal)	
	The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.	
COG22/11/A2	<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>	
COG22/11/A3	<u>Actions from previous meetings</u>	
	There were no outstanding actions.	
COG22/11/B1	<u>Chair and NED Appraisal Outcome</u>	
	The Council of Governors received the Company Secretary's report which summarised the 2021/2022 Chair and Non-executive Director's appraisal process and 2022/23 objectives. Governors were assured by the process, which had provided them with the opportunity to provide anonymised feedback. In response to a question regarding plans to reintroduce the role of Associate Non-executive Director, the Company Secretary confirmed that a range of opportunities were being explored, alongside the recruitment of permanent non-executives, to increase the diversity of the Board and provide development opportunities as an anchor institution. Initial discussions would be progressed through the confidential Board of Directors meeting, with proposals subsequently shared with the Council of Governors.	
	<i>The Council of Governors:</i> - <i>Noted and approved the Chair and NED Appraisal Outcome</i>	
COG22/11/C	<u>Presentation</u>	
COG22/11/C1.1	<u>Suzy Brain England - Chair's Report</u> The Chair of the Board summarised her activities since the last Council of Governors meeting, which included: <ul style="list-style-type: none"> - Chairing the first NHS South Yorkshire Governor Conference - Attendance at the city status conferment ceremony with the Chief Executive - Promotional opportunities to recognise city status for Doncaster Chamber - Attendance at the annual Star Awards and presentation of the Chair's Award - Attendance at the volunteers Christmas brunch celebration - Tour of the planned Bassetlaw Emergency Care Village site with the Chair & Chief Executive of Nottingham & Nottinghamshire Integrated Care Board - 1:1 and introductory meetings, including welcoming each cohort of international nurses 	

<p>COG22/11/C1.2</p>	<p><u>Lynne Schuller - Lead Governor Update</u></p> <p>The Lead Governor shared the following items of activity since the last Council of Governors meeting:</p> <ul style="list-style-type: none"> - Meeting with the Lead Governors of Sherwood Forest Hospitals & Nottinghamshire Healthcare NHS Foundation Trusts - Developing an understanding of the needs of the Trust’s communities - Establishing governor involvement in public engagement - Exploring opportunities to use social media to promote governor links with member and the wider public <p>Peter Abell, fellow Bassetlaw Public Governor, and governor representative on NHS Providers Governor Advisory Committee (GAC) was invited to provide an insight into NHS Providers and his role on GAC.</p> <p>Peter recognised his privileged position as governor representative on the Governor Advisory Committee. As the membership organisation of acute, mental health, ambulance and community trusts, NHS Providers offered support to deliver high quality, patient focused care, facilitating learning, shaping the system in which trusts operate and acting as the provider voice.</p> <p>The Governor support offer was extensive and provided a wide range of training and developmental opportunities, tailored to providers’ needs. The regular GAC meetings also provided a helpful insight into national policy discussions.</p> <p>The Chair of the Board confirmed Sir Julian Hartley, current Chief Executive of Leeds Teaching Hospitals, had been appointed as NHS Providers Chief Executive and was expected to take up the post with effect from 1 February 2023.</p> <p>The Chair of the Board confirmed NHS Providers’ governor support service, GovernWell would celebrate its 10-year anniversary in 2023 and she would participate in an assessment of its offer to ensure it remained relevant and effective.</p> <p>The Deputy Lead Governor took the opportunity to thank the Chair of the Board for her continued support, recognition, and promotion of the governor role.</p>	
<p>COG22/11/C1.3</p>	<p><u>Kath Smart - Audit & Risk and Quality & Effectiveness Committee</u></p> <p>In her capacity as Chair of the Audit & Risk Committee, Kath Smart shared the following updates from the July and October 2022 meetings.</p> <p>In addition to the periodic reports from counter fraud, security management, health & safety and emergency planning, the Committee had received the external auditors’ annual report. 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 of 31 March 2022, which they shared with the Council of Governors at the meeting of 29 September 2022.</p> <p>An overview of the internal audit reports received from 360 Assurance was provided, which included the Race Equality Code, data security and protection toolkit and recruitment. Where</p>	

	<p>a limited opinion had been provided, the executive lead was invited to provide assurance of corrective actions and where further information was required regular updates were scheduled. Where appropriate, as in the case for the follow up of recommendation audit, further scrutiny with regards to progress was escalated to the Board of Directors.</p> <p>Finally, the Trust's internal auditors facilitated an interactive effectiveness review via Slido, a real time application which presented a series of questions drawn from the Healthcare Financial Management Association Audit Committee handbook. Where there was a variance in responses, further dialogue to understand the difference in opinions took place, to consider any required change/improvement.</p> <p>Following a period as interim Chair of the Quality & Effectiveness Committee Kath Smart had now formally handed over to the Trust's clinical Non-executive Director, Jo Gander. Kath provided a summary of the Committee's business considered at the September and October 2022 meetings:</p> <ul style="list-style-type: none"> - Quality Improvement annual update, which demonstrated the growth in innovative improvements and collaborative working with the Programme Management Office - Maternity Services - including compliance with the Clinical Negligence Scheme for Trusts and the Ockenden Review, staffing and development of the Maternity Voices Partnership - Receipt of the Quality Accounts - Launch of Tendable - a clinical audit tool - Learning from Deaths Report and the work of the Medical Examiner Team - High level plans for health inequalities work, Trust appointments and next steps - CQC preparedness 	
<p>COG22/11/C1.4</p>	<p><u>Neil Rhodes - Finance & Performance Committee</u></p> <p>In his capacity as Chair of the Finance & Performance Committee, Neil summarised the key highlights from discussions at the July, September, and October 2022 meetings:</p> <ul style="list-style-type: none"> - Continued oversight of operational pressures in urgent and emergency care, including ambulance handover delays - Challenged elective recovery, impacted by the continued presence of Covid, staff absence and winter pressures - Significant transformational project work, including Bassetlaw Emergency Care Village, Community Diagnostic Centre, and the New Hospital Programme - Sound financial management, current position confirmed as a £1m deficit, adverse to plan, largely due to staffing pressures - Cost improvement savings marginally below plan - Capital spend £5m behind plan, but delivery expected by the year end - Solid cash position of £22m <p>As Neil would leave the Trust at the end of January 2023, a review of the sub-committee chair roles had taken place and Mark Day would take on the responsibility of Chair of the Finance & Performance Committee.</p>	

<p>COG22/11/C1.5</p>	<p><u>Mark Bailey – Charitable Funds Committee</u></p> <p>As Committee Chair, Mark shared the following areas of interest from the last meeting of the Trustees on 15 September 2022:</p> <ul style="list-style-type: none"> - Assurance received on fund balance, investments, income, and expenditure - Expenditure approved to support the Montagu shuttle bus and international nurse accommodation - Continued colleague reward & recognition support, including team building events and the annual Star Awards. Longer term support for the colleague health & wellbeing offer was being progressed and would be considered at the December meeting. - Fundraising efforts for Hearts for Doncaster, Serenity Appeal and Shining Stars <p>Mark Bailey had begun to handover to fellow non-executive, Hazel Brand who would take over as Charitable Funds Committee Chair in 2023.</p>	
<p>COG22/11/C1.6</p>	<p><u>Mark Day – People Committee</u></p> <p>Mark Day shared an insight into his activities since the last Council of Governors, including his support to the Chair of the Board, as shadow co-opted Director on Doncaster Chamber’s Board.</p> <p>In the months since his appointment, Mark had been actively involved in stakeholder meetings and had also assumed the responsibility of Senior Independent Director and Designated Member.</p> <p>Mark would hand over the responsibilities of the People Committee Chair to Mark Bailey and placed on record his appreciation of the energy and insight provided by the Chief People Officer.</p> <p>Mark recognised the ongoing work to streamline recruitment processes, strengthening workforce opportunities as an anchor organisation and enhancing the trust’s approach to equality, diversity, and inclusion.</p>	
<p>COG22/11/C1.7</p>	<p><u>Richard Parker, Chief Executive</u></p> <p>The Chief Executive summarised the key priorities for winter, one of the greatest challenges continued to be the workforce, impacted by the continued presence of Covid, vacancy rates and bed occupancy. The recruitment of internationally educated nurses continued, but there remained a reliance on temporary and agency staffing which impacted on the financial position. A review of the Trust’s recruitment processes was underway, with a view to returning to a centralised recruitment function to standardise practice.</p> <p>Winter Plans had been implemented earlier than expected due to the latest increase in Covid infection rates, further peaks had been seen throughout 2022 which had presented continued challenges as planning assumptions had been based on low levels of infection.</p> <p>Pressures in the Emergency Department were noted, impacted by reduced flow through the hospital. Difficulties in discharging medically fit patients into the community continued to cause operational pressures, resulting in bed occupancy levels as high as 98%, against an optimum occupancy rate of 85%.</p>	

	<p>Despite a largely static conveyance of ambulances at Doncaster Royal Infirmary and Bassetlaw there was a need to significantly improve current wait times for ambulance handovers. The challenging position was impacted by flow out of the organisation and required a system solution.</p> <p>Progress with the elective recovery backlog was slower than expected, impacted by both bed and workforce capacity.</p> <p>Whilst the threshold for industrial action had not been reached at DBTH for nursing staff, further ballots for midwives and medics were expected and with strong support the outcome was uncertain.</p> <p>The published British Medical Association rate card, for the remuneration of additional sessions, had highlighted issues as to whether remuneration had increased appropriately. The Chief Executive confirmed there was no agreement locally or national to the rates which had not been subject to approval from NHS Employers.</p> <p>An overview of the major projects was provided, including the Bassetlaw Emergency Care Village and the removal of the reinforced radiated and aerated concrete (RAAC), the South Yorkshire & Bassetlaw Pathology Laboratory Information Management System, an in-house patient pathway solution and the Montagu Elective Orthopaedic Centre.</p> <p>The business case for the Electronic Patient Record had been approved nationally and would now proceed to tender, this was a significant step forward in the Trust's digital development.</p>	
<p>COG22/11/C1.8</p>	<p><u>Governor Questions</u></p> <p>In response to Vivek Panikkar's confirmation that the Local Negotiating Committee and the Trust Medical Committee had been willing to enter negotiations with regards to the rate card, the Chief Executive confirmed that the Committees' request was for acceptance of, rather than negotiation of the rates. The Chief Executive shared his appreciation of clinicians' historical support in delivery of additional sessions, however, following the release of the BMA rate card several specialities had now written to give notice that they would no longer be undertaking additional sessions. Discussions would take place to identify an appropriate way forward.</p> <p>Following an increase in the remuneration of additional sessions earlier in the year it was suggested that rates be harmonised across the Trust to ensure an equitable position that involved spending public money wisely.</p> <p>Andrew Middleton thanked the Chief Executive for his comprehensive update. In response to a question with regards to the demand analysis completed for the Montagu Elective Orthopaedic Centre, the Chief Executive confirmed the case had been modelled on best practice from specialist hubs and Getting It Right First-Time standards. The work would include orthopaedic cases which would have a significant impact on the waiting list and the Centre would be an excellent example of collaborative working that would support improved place and partnership opportunities.</p> <p>The Chief Operating Officer, Denise Smith and Chief Nurse, Karen Jessop would start in post on 2 and 9 January 2023 respectively and would actively support development of these key projects.</p>	

	As discussed in detail at the Finance & Performance Committee, Lynne Schuller welcomed the support offered by NHSE/I's Emergency Care Improvements Support Team (ECIST) in identifying improved ways of working and the resultant impact on performance standards. The use of Retford Hospital to support the training and education of apprenticeship radiographers for the Community Diagnostic Hub was a good use of the facilities, which had the potential to provide a local service offer as a spoke to the hub.	
	<i>The Council of Governors:</i> - <i>Noted the Presentation.</i>	
COG22/11/D1	<u>Minutes of the Council of Governors held on 29 September 2022</u>	
	<i>The Council of Governors:</i> - <i>Noted and approved the Minutes of the Council of Governors held on the 29 September 2022</i>	
COG22/11/E1	<u>Questions from members of the public previously submitted prior to the meeting</u>	
	No questions had been received from the public. The Chair of the Board suggested the Company Secretary explore opportunities to promote this facility with the support of the Communications and Engagement Team.	FD
COG22/11/F1	<u>Any other Business</u>	
	No items of other business were raised.	
COG22/11/F2	<u>Items for escalation to the Board of Directors</u>	
	No items for escalation were reported.	
COG22/11/F3	<u>Governor/Board Meeting Question Database</u>	
	<i>The Council of Governors:</i> - <i>Received and noted the question database.</i>	
COG22/11/F3	<u>Date and time of next meeting (Verbal)</u>	
	Date: 2nd February 2023 Time: 15:00 Venue: Microsoft Teams	
	Meeting Close: 17.32	

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.	<p>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.</p> <p>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.</p>	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?	<p>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.</p> <p>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.</p> <p>GPs in Urgent Care have piloted being on the front door to assist patients and to see what difference it made.</p> <p>Bassetlaw schools had been looked into further and it would be mentioned in the Preceptorship Programme.</p>	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. With regards to the cancellation of appointments, whether this is hospital or patient decision, the process is for the booking teams (divisional or central) to re book the patient back in within the allocated time frame if this is identified by the clinician either at grading or on the reconciliation forms and in line with the Access policy. If there is no capacity, the teams escalate into Divisions and they should discuss this with clinicians and instruct booking teams when to rebook the patients. At this point Divisions may decide to put additional clinics on or overbook clinics etc to manage these patients. If a patient DNAs or CNAs more than twice, then there is an expectation that a clinical review of the notes, pathway is carried out in the Division and managed accordingly. Plans are currently being developed to further improve the appointments process and increase the validation of patient pathways. It is impossible to guarantee that no patient will ever come to harm whilst waiting for an appointment, but what can I say is we do know we have had a small number of serious incidents where patients have come to harm waiting and the above work will help to provide assurance of how we are mitigating this risk.	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
P22/09/13	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
P22/11/13	Board of Directors	29/11/2022	A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?	The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting

P22/11/13	Board of Directors	29/11/2022	In relation to the serious incidents and patient safety is there a link to the freedom to speak up workstream? Ensuring staff are able to actively raise concerns re patient safety, whilst feeling supported could potentially lead to reduction of serious incidents. If the links already exist, do we have a reporting mechanism highlighting near misses?	The Executive Medical Director confirmed the reporting of risks, incidents and near misses was actively encouraged and supported as part of everyday practice, submissions were via Datix, which provided a rich source of information. There was also extensive communication to encourage and support speaking up.	Dr Tim Noble, Executive Medical Director	In the meeting
P22/11/13	Board of Directors	29/11/2022	Staff values and behaviours (Pg 28) links with previous reports of staff attitude. This has remained as a cause for complaint for some time. Has any work been undertaken to understand the details behind this theme and share with patients / visitors any rationale sitting behind the "values and behaviours" or to address if an issue is identified?	In respect of complaints, it was recognised that staff attitude was nearly always the number one cause of concern. Communication was a critical skill, keeping patients and families well informed with regards to decision making and next steps. Where patterns emerged within department/ward targeted support and education would be provided. The Chief People Officer confirmed a leadership behaviour framework would be launched shortly, to focus on values and behaviours for a broad range of colleagues.	Richard Parker, Chief Executive & Zoe Lintin, Chief People Officer	In the meeting