

Meeting of the Council of Governors held in Public
On
Thursday 27th April 2023 at 15:00 – 17:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME
A	COUNCIL BUSINESS				15:00
A1	Welcome and Apologies for absence	SBE	Note	Verbal	5
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	SBE	Note	A2	
A3	Actions from previous meetings <i>There were no outstanding actions from the meeting held on 2nd February 2023</i>	SBE	Note	-	
B	GOVERNOR APPROVALS				
	No Items of Business				
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:05
C	Presentation				
C1.1	Suzy Brain-England – Chair's Report	SBE	Note	Present	10
C1.2	Lucy Nickson – New Non-Executive Introduction	LJ	Note	Present	5
C1.3	Emyr Jones – New Non-Executive Introduction	EJ	Note	Present	5
C1.4	Andrew Middleton – Deputy Lead Governor Update	AM	Note	Present	5
C1.5	Kath Smart – Audit & Risk Committee	KS	Note	Present	10
C1.6	Emyr Jones – Quality and Effectiveness	EJ	Note	Present	10
C1.7	Mark Bailey – People Committee	MB	Note	Present	10
C1.8	Mark Day – Finance and Performance Committee Update	MD	Note	Present	10
C1.9	Hazel Brand - Charitable Funds	HB	Note	Present	5

	C1.10	Richard Parker – Chief Executives Report	RP	Note	Present	15
	C1.11	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 **16:50**

D1 Minutes of Council of Governors held on 2nd February 2023 SBE Approve D1 5

E QUESTIONS FROM MEMBERS OF THE PUBLIC **16:55**

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 **17:00**

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 AO Note F3

Date and time of next meeting: SBE Note Verbal

Date: 6th July 2023

Time: 15:00

Venue: Via Microsoft Teams Video Conferencing

G MEETING CLOSE **17:10**



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 21st April 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

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 April 2023

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- Non-executive Team Event – getting to know each other, Committee & buddying relationships
- Ongoing support of the Executive Team in respect of industrial action, balanced financial year–end position and fixing a 2023/24 budget
- NHS Providers Trustee & Facilitation of Board Development Programme (Executive Director Induction & Working with Governors)
- Championing the role of Governors, collaboration across the systems and monthly meeting with the Lead & Deputy Lead Governor



From the Chair:

- Place, Provider Collaborative & Integrated Care System working across South Yorkshire and Nottingham & Nottinghamshire – strategies/plans to be shared via the Governor Portal and in the Board of Directors' Public Papers
- Recruitment of a Deputy Chief Executive to support partnership working and governance
- Launch of a Local Branch of the NHS Retirement Fellowship, providing former colleagues an opportunity to stay in touch post retirement and a possible source of future governors. As a trustee of the charity, I have been helping to modernise and improve its governance arrangements over the last two years
- The Annual General Meeting will take place virtually on 28 September 2023 – please submit any questions you would like answering by Executive Directors to the Trust Board Office



Non-Executive Director Report



Lucy Nickson

Non-Executive Director



Professional background

Qualifications & Professional Roles

- 20 years in the NHS. Nursing, Health Visiting & Management roles – South Yorkshire, North Derbyshire & East Midlands.
- Chief Executive Roles in the healthcare related charity and commercial organisations since 2011.
- Honorary degree Doctor of Medicine – awarded by Sheffield University 2017
- Trained Civil & Commercial Mediator
- Currently CEO for a national charity (Day One Trauma Support) which supports people impacted by major trauma/serious injury. The charity delivers services into the NHS Major trauma centres and trauma units.

Non-Executive & Voluntary Roles Over Time

- South Yorkshire Mayoral Combined Authority Local Enterprise Partnership (LEP) - Chair, Vice Chair and Member 2018-2023
- Honorary Degree Committee Member, University of Sheffield
- Magistrate family & criminal - Chesterfield
- Trustee
- Bereavement Counsellor
- School Governor



Committees & Roles DBTH

Quality & Experience Committee - Member

People – Deputy Chair

Charitable Funds - Member

Teaching Hospitals Board – Chair

Wellbeing Guardian



Dr Emyr Jones

Non-Executive Director

- Retired Consultant Physician and former Medical Director of DBTHFT. Doncaster resident – father of four and grandfather to nine.
- Member of:
 - Finance and Performance Committee
 - Quality and Effectiveness Committee (joint chair)
 - Audit and Risk Committee
 - Charitable Funds Committee (deputy chair)
 - Teaching Hospital Board
 - Nominations and Remuneration Committee



Deputy Lead Governor Report



Andrew Middleton

Deputy Lead Governor

Overview

- Update from Nottingham & Nottinghamshire ICS Lead governors
- Update from National Lead Governors Network on role of Governor within the ICS



Non-Executive Director Report



Kath Smart

Non-Executive Director



Audit & Risk Committee (ARC) - April 2023

Positive Assurances to Provide

- Counter Fraud work progressing as planned
- Financial Sustainability Audit (national piece of work) shows good performance on the whole; action plan in place to be delivered through F&P Committee
- Security Management Bi-annual report – demonstrated ongoing improvements and assurance of management of risk across key LSMS areas
- Single Tender Waivers/ Losses and compensation show compliance with SO/SFI's – although some queries being followed up on the use of NHS Supply Chain

Matters of Concern or Key Issues

- Interim Head of Internal Audit Opinion (HOIA) – Only a “moderate” outcome due to 2 factors:-
- Audit Recommendations closure rate 69% (timeliness); 87% overall closure rate. Needs to be 75% or above to move to a higher outcome. Overdue recommendations information to TEG is to be reviewed by Director of RIT and Audit Recommendations now to be included in Executive Director objectives;
- Risk Management – 2 Recommendations made in relation to the DBTH Board Assurance Framework and Corporate Risk Register, actions agreed by the Company Secretary
- Divisional Risk Management Report - 7 Recommendation areas and the outcome is a split opinion: Significant Assurance - risk management activities operating at a divisional level & Limited Assurance – design of the risk management Framework. All actions have been agreed by management, however, concerns were raised about the extended deadline for RMB reviewing 15+ risks and their mitigating actions (now Oct 2023) and delivering Risk Management Training (March 2024). See “work underway” – Resp owner: Medical Director

Audit & Risk Committee (ARC) (cont'd)

Major Actions / Work in progress

- Declaration of Interest, Gifts, & Hospitality - new system (Civica) has been launched and has made a good start. Work underway to monitor compliance for 23/24 – led by the Company Secretary
- Risk Management – Work needs to be carried out to evidence trajectories and progress towards the extended deadlines for review and mitigation of those risks graded 15+, reporting to TEG and periodically to ARC – led by the Medical Director
- All the audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- BAF update continues to evolve – 23/24 BAF is expected to be developed further including recommendations from 360 Assurance

Outcome & Decisions made

- Internal Audit Plan – The Internal Audit Plan 23/24 was approved by ARC
- Job Planning Audit – The majority of the Internal Audit action have been implemented, except for the ongoing work to ensure 85% of Job Plans are agreed and signed off.
- Terms of Reference & Workplan – These were both approved
- Counter Fraud workplan for 2023/2024 was approved



Non-Executive Director Report



Emyr Jones

Non-Executive Director



Quality & Effectiveness Committee (QEC) - April 2023

Positive Assurances to Provide

- Board Assurance Framework continues to evolve
- Progress of PSIRF delivery confirmed, more details to be shared at next QEC
- Update on Quality Framework development with expectation that Quality Strategy will be presented to QEC in June '23
- Assurance provided by the Director of Midwifery on the project to deliver CNST compliance year 5 and the Ockendon/East Kent requirements. Informed that 3 year delivery plan for Maternity & Neonatal services has now been published by NHS England – update expected at next QEC as part of Maternity report
- Follow up of risks tracked at Risk Management Committee being picked up at the next Executive Group meeting

Matters of Concern or Key Issues

- No formal items escalated although QEC was asked to note risks identified and to be assured that appropriate mitigations are in place, all of which will be discussed and monitored through speciality and divisional clinical governance meetings with high and extreme risks being managed at the Risk Management Board, although the process is still embedding operationally which was also raised at QEC 18.04.23



Quality & Effectiveness Committee (QEC) (cont'd)

Major Actions / Work in progress

- Board Assurance Framework continues to evolve with further additions expected to be included following feedback received from Board in March '23
- Virtual ward work – Medical Director asked to confirm ICS strategy to support alignment with DBTH initiatives. This needs follow up at June QEC as MD on leave for April QEC along with confirmation of the findings from waiting list validation exercise requested by NHS England.

Outcome & Decisions made

- Divisional Presentation part of the agenda has been reviewed to ensure the content is fit for purpose and provide assurance of the Quality and effectiveness of the service being required. Update on the 'Journey so far' for PSIRF planned for June QEC
- Confirmation of the agreement at Board that future updates on Health Inequalities will be presented at the Finance and Performance Committee moving forward.



Non-Executive Director Report



Mark Bailey

Non-Executive Director



Positive Assurances to Provide

- Engagement & Leadership: high response to 2022 staff survey. Maintained or improved position on people promises.
- Safer Staffing: Evidence of process and outcomes taken to ensure safe staffing. Temporary staffing use noted.
- Equality, Diversity & Inclusion: Clear objectives, action plan and evidence of progress through monitoring.
- Education: Statutory requirements overview and completion levels by area understood. External assurance report.

Matters of Concern or Key Issues

Job Planning – limited assurance

The objective of 100% complete job planning for medical staff is not being met.
Significant action taken to improve the level of planning post the 2021/2 KPMG audit.
A significant proportion of plans are not formally signed-off.
Remedial actions are proving to be very difficult to conclude.



Major Actions / Work in progress

- 2023-27 People Strategy – underpinning delivery plan + outcome measures
- Staff Survey engagement
- Workforce supply and demand analysis and action plan
- Core Skills Training framework
- Leadership Behaviours framework
- Just Culture

Outcome & Decisions made

- Board escalation of job planning concern - report on action necessary to recover required.



Non-Executive Director Report



Mark Day

Non-Executive Director



Positive Assurances to Provide

2022/23 Financial Outturn – achieved, subject to audit. The non-recurrent nature of a number of mitigations results in challenges for the 2023/24 financial plan.

2023/24 Cash Position – Although cash support may be required in year the understanding of the position and associated forward planning provide assurance that the implications of the Business Plan are understood and being managed.

2022/23 Cost Improvement Plan - delivered, with good learning to shape 2023/24 plans.

Capital Infrastructure – challenging 2022/23 capital plan delivered and assured that the ongoing major developments at Bassetlaw and Mexborough are funded and appropriately resourced.

Access Standards – some improvement in performance being reported in a number of areas. Reporting being strengthened to improve decision making and prioritisation.

Board Assurance Framework – SA4 reviewed and viewed as relevant, sufficiently detailed, and will be updated to reflect discussion on the 2023/24 Plan.

Going Concern Review – satisfied that accounts should be prepared on a going concern basis.



Matters of Concern or Key Issues

2023/24 Business Plan – Committee assured that the plans submitted are based on a realistic assessment of the underlying position (finance and activity) and provide good insight into the actions required to deliver the outcomes proposed. Governors should note that:

- the realistic assessment means that at this moment in time it may not meet all national expectations;
- the Committee has recommended that external validation of the position/plan is considered;
- plans are ambitious and delivery requires a degree of grip/control and service transformation that has not been possible in recent times;
- reporting needs to be improved (in hand) to ensure that delivery can be carefully monitored, and actions quickly modified in the light of impact evidence; and
- as part of its work the Committee will scrutinise the input of system partners where outcomes are dependent on collaboration.

Urgent and Emergency Improvement Plan – delays in agreeing the plan may negatively impact delivery if not resolved quickly.



Major Actions / Work in progress

2023/24 Business Plan – further iterations in response to regional and national feedback will be considered at future meetings.

Urgent and Emergency Improvement Plan – plan to be reviewed at April 2023 meeting.

Granger Report (Emergency Preparedness) – seeking assurance on the progress of major incident planning –

Cost Improvement Programme – lessons learned review (May 2023 meeting)

Winter Plan – lessons learned review (June 2023 meeting)

Outcome & Decisions made

Not applicable for the last meeting.



Non-Executive Director Report



Hazel Brand

Non-Executive Director



Charitable Funds Committee – 9 March 2023

Positive Assurances to Provide

- Finance well-managed and Committee advised that audit reports in the last few years have been good
- More Partnership review felt to be good - and good foundation to build on with a new strategy/operational plan
- Expenditure in line with policy

Matters of Concern or Key Issues

- Governance of fund-raising activities, particularly when done in isolation from, or at arm's length to, Fund-raising Manager
- Consideration of ethical dimension of investments – review of portfolio to be carried out
- Investigate relationship with Fundraising Regulator



Major Actions / Work in progress

- Update Fund-raising Strategy, aligning with DBTH's corporate and clinical strategies, building on More Partnership's report with additional input by Lucy Nickson, NED
- Include Grant-making Strategy
- Include consideration of structure of charity team
- Provide operational plan covering 1st year in detail
- Suite of finance documents may also need updating once the strategy and plan are agreed
- Provide update on developments at Montagu Hospital with timescales to provide Fred & Ann Green representatives with comfort that progress is being made

Decisions made

- Charitable Funds Policy approved but changes to Terms of Reference to include all (voting) executives recommended
- Support NHS75 event for staff with long service, whether worked at DBTH or wider NHS
- Support summer Team DBTH event at Yorkshire Wildlife Park



Rich Parker

Richard Parker OBE

Chief Executive



COVID-19/Influenza data

As of 8am on 25 April 2023:

- Current active COVID-19 patients: **21**
- Current inpatients: **56**
- Total Covid-19 patients in Intensive Care: **Zero**
- Total Covid-19 discharges: **7,333**
- Total number of patients who have died: **1,453**
- Total number of patients who have been cared for: **8,838**
- Current active Influenza: **2**
- Current inpatients: **5**
- Total Influenza: **695**

As infection rates continue to fall, this will be our last COVID update unless we see a significant uptick.

Notes on activity

Rate of infection: Has declined and is fairly consistent.

Masking: Only required in specific care settings – no significant spikes since this change was made.

Vaccination: Spring booster planned nationally for those in vulnerable groups.



We cared for around **115,802** inpatients

+5,751



We cared for approximately **482,422** outpatients

+8,490



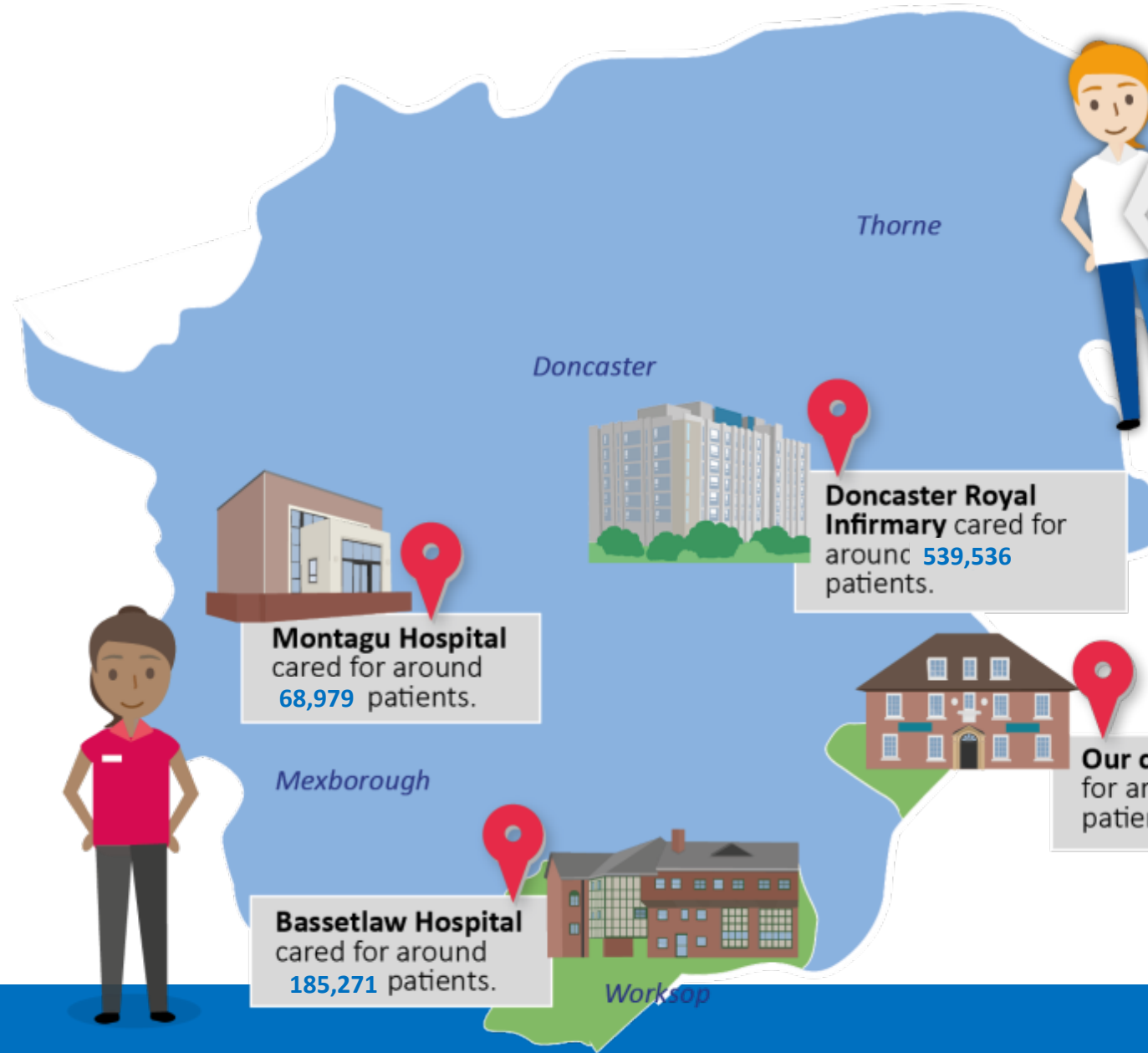
We cared for approximately **194,031** emergencies

-963

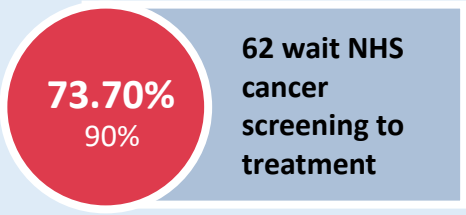
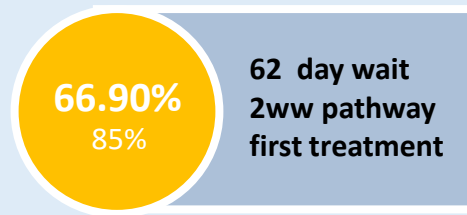
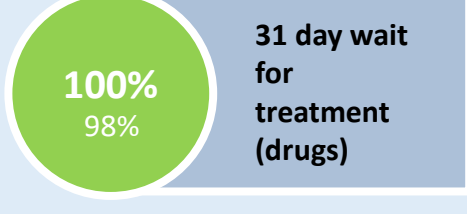
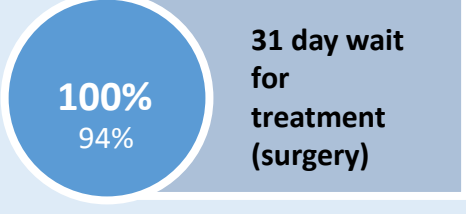
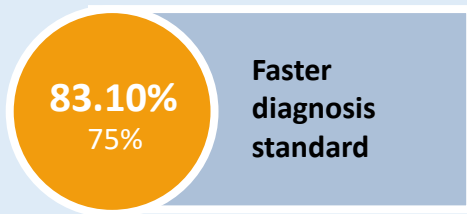


We delivered approximately **4,572** babies

+88



Our activity in 2022/23 with 2021/22 comparators



Surgery and Cancer performance

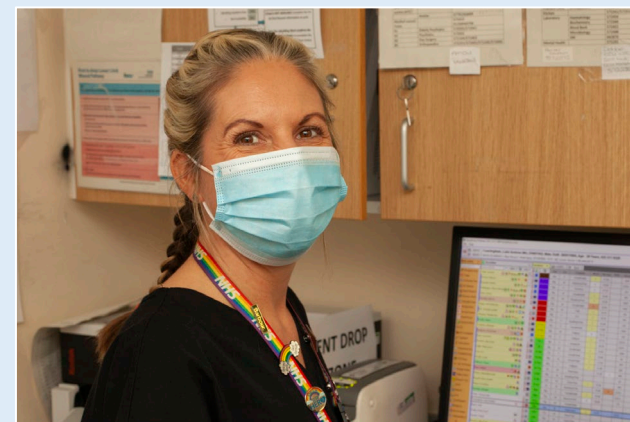
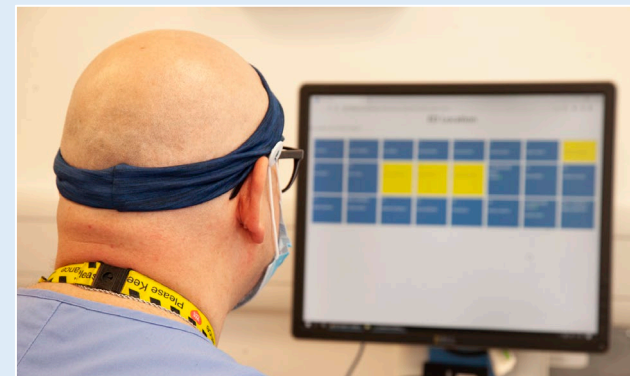
Changes and developments

- **Urgent and Emergency Care at Bassetlaw and RAAC** – Funding now confirmed and all works commenced. In late March, the site was visited by the former Prime Minister, Boris Johnson, and Brendan Clarke-Smith MP to understand our plans and progress. It is anticipated the project will be complete in around 12 months.
- **Pain Management Unit** – As part of current developments at Montagu Hospital to accommodate the Community Diagnostic Centre, as well as Elective Orthopaedic Centre (MEOC), the Pain Management Unit has recently been relocated into a purpose-built area following investment of £2.53 million. Works for the MEOC, which will cost just short of £15 million, will begin shortly.
- **Labour Suite** – Following investment of almost £3 million, the Labour Suite at Doncaster Royal Infirmary officially opened Thursday 20 April, with the first child born at 5pm.
- **Serenity Suite** – With donations of around £130,000 received, a new bereavement suite will be created in the coming weeks to accommodate parents who have experienced the loss of an infant during childbirth.



Changes and developments

- **Staff Survey** – This year the Trust registered it's highest ever vote, with some good progress made in the core areas of the NHS People Promise. Plans are now being worked up to address concerns raised, as well as build upon the things we are doing well.
- **Further industrial action** – The Royal College of Nurses have rejected the proposed pay deal offered by the Government, and as such will continue industrial action. This will take the form of a full withdrawal of service – whilst our Trust won't be directly impacted, with the Junior Doctor strikes and disruption to our neighbours, this will impact on our performance and service provision.
- **Recruitment to the Executive Team and Board of Directors** – We have welcomed two new Non-Executive Directors, Dr Emyr Wyn Jones and Lucy Nickson. Additionally, we are hoping to appoint a Deputy Chief Executive this week.
- **A difficult financial year ahead:** This is reflective within the wider NHS and means we will have to make the most of every penny spent, as well as make cost reductions where possible.





Thank you, any questions?



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors Committee held in public
on Thursday 2 February 2023 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 Eileen Harrington Phil Holmes George Kirk Lynne Logan Andrew Middleton David Northwood Pauline Riley Lynne Schuller Sheila Walsh	
Staff Governors	Mandy Tyrrell	
Partner Governors	Anita Plant	
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Jo Gander - Non-executive Director Claudia Gammon - Corporate Governance Officer (Minutes) Angela O'Mara - Deputy Company Secretary Richard Parker OBE - Chief Executive Kath Smart - Non-executive Director	
Governor Apologies:		
Board Member Apologies	Mark Day - Non-executive Director Fiona Dunn - Director of Corporate Affairs/Company Secretary	

		ACTION
COG23/02/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.	
COG23/02/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>	
COG23/02/A3	<u>Actions from previous meetings</u>	
	There were no outstanding actions.	
COG23/02/B	<u>Verbal Update from the Confidential Council of Governors Meeting – 2 February 2023</u> The Chair confirmed the appointment of two non-executive directors had been ratified at the earlier meeting of the confidential Council of Governors, subject to the satisfactory completion of employment checks. The successful candidates brought with them a wealth of experience and in due course a formal communication would be issued.	
COG23/02/C	<u>Presentation</u>	
COG23/02/C1.1	<u>Suzy Brain England - Chair's Report</u> The Chair provided an overview of her activities since the previous Council of Governors meeting, which included: <ul style="list-style-type: none"> • Chamber Business Awards • NHS Providers' Chair and Chief Executive Network Event • Non-executive Director 1:1s and introductory meetings with the Chief Nurse and Chief Operating Officer • Board Development Sessions • Well-Being Wednesday Information Sessions • Non-Executive Director Interviews • System meetings 	
COG23/02/C1.2	<u>Lynne Schuller - Lead Governor Update</u> The Lead Governor shared an overview of activities since the last Council of Governors meeting, which included: <ul style="list-style-type: none"> • Governor Engagement Opportunities • Non-executive Director Interviews • Nottingham & Nottinghamshire ICS Event • Partner Governor Meeting - The Partially Sighted Society • Governor Coffee Morning 	

<p>COG23/02/C1.3</p>	<p><u>Kath Smart - Audit & Risk</u></p> <p>The Chair of the Audit and Risk Committee provided an update from January 2023's meeting, which included:</p> <ul style="list-style-type: none"> • Financial Sustainability Audit • Maternity CNST Standards Audit • Datix & Patient Safety Audit • Head of Internal Audit Opinion • Count Fraud Progress Report • Bi-annual Health and Safety Report • Launch of Declarations of Interest, via Civica Declare 	
<p>COG23/02/C1.4</p>	<p><u>Jo Gander – Quality and Effectiveness Committee</u></p> <p>The Chair of the Quality and Effectiveness Committee provided an update on the key highlights from the December 2022 meeting:</p> <ul style="list-style-type: none"> • Safer Staffing would now be considered by the People Committee, with any impact on quality shared with the Quality and Effectiveness Committee • Annual Patient Experience Report • Tendable – Clinical Audit Update • Clinical Governance • CQC Preparedness • Sharing How We Care Newsletter • Workplan Review 	
<p>COG23/02/C1.5</p>	<p><u>Mark Bailey – Charitable Funds Committee & People Committee</u></p> <p><u>Charitable Funds Committee</u></p> <p>The Chair of the Charitable Funds Committee provided an update on the key highlights from December 2022's meeting:</p> <ul style="list-style-type: none"> • Hazel Brand would take on the role of Chair with effect from March 2023 • Update on Fund Balances • Expenditure Approvals, which included multi-year funding for Health and Wellbeing, ENT Imaging Equipment and Nurse Associates Degree • Meeting with the Executors of the Fred & Ann Green Legacy • More Partnership Report <p><u>People Committee</u></p> <p>The key highlights from January 2023's meeting included:</p> <ul style="list-style-type: none"> • Presentation of the People Strategy • Recruitment Quality Improvement/Redesign • Health and Wellbeing Activities • Staff Engagement 	

<p>COG23/02/C1.6</p>	<p><u>Finance and Performance Committee</u></p> <p>In the absence of the Chair of the Finance and Performance Committee, Kath Smart provided an update on the key highlights from the Committee meetings held in November, December 2022 and January 2023, which included:</p> <ul style="list-style-type: none"> • Impact of Winter Pressures • Year-end Forecast • Elective and Non-elective Performance • Ambulance Handovers • Business Case Approval Recommendations - SYB Pathology Laboratory Information Management System Business Case, Bassetlaw Emergency Village & Patient Pathway Business Case 	
<p>COG23/02/C1.7</p>	<p><u>Hazel Brand – Non-Executive Director</u></p> <p>Hazel Brand, Non-Executive Director shared an insight into her activities since the previous Council of Governors meeting, which included:</p> <ul style="list-style-type: none"> • Charitable Funds Committee Handover • Trust Representation at Nottingham and Nottinghamshire ICS Events • Pursuit of Sustainability • Ward Visits, including Bassetlaw Emergency Village Site 	
<p>COG23/02/C1.8</p>	<p><u>Richard Parker – Chief Executive Report</u></p> <p>The Chief Executive reported a peak in Covid-19 infection rates in December 2022 /January 2023. Despite a reduction since then, there remained a need for critical care support. Influenza had been prevalent during the winter months and the public were encouraged to be vaccinated.</p> <p>High levels of demand continued to be seen in Urgent and Emergency Care (UEC). An improving performance in ambulance handovers had been seen, although continued work to reduce waits closer to the required standard was required. This demand and high bed occupancy continued to drive the need for temporary staffing which impacted upon delivery of the financial plan. An increase in attendances had been seen across all sites, as compared to previous years and there was a need to recover the waiting lists.</p> <p>Work to remove the Reinforced Autoclaved Aerated Concrete continued in the area that was to be developed as the Bassetlaw Emergency Village. Approval of the business case was outstanding but the need to spend the funding by March 2024 was noted.</p> <p>The South Yorkshire Pathology Laboratory Information Management System business case had received approval and would support digital transformation and efficiencies in the service.</p> <p>Virtual Wards were being trialled to provide support for patients with specific care needs who could be cared for at home/in the community, and a validation project to improve patient pathway tracking was underway.</p>	

	<p>The Central Delivery Suite was in its final phase of redevelopment and was expected to reopen in March 2023. A midwifery led service would be offered and there would be the provision of a new bereavement suite for parents, significant fundraising activities had taken place to support this facility.</p> <p>At Montagu Hospital, work on Phase 2 of the Community Diagnostic Centre was progressing to provide additional facilities, including a training provision.</p> <p>The business case for the Montagu Elective Orthopaedic Centre (MEOC) developed in collaboration with the Rotherham NHS Foundation Trust and Barnsley Hospital had been approved and the works were expected to be completed in October 2023. The facility would support elective recovery on a non-emergency “cold” site, unaffected by emergency pressures.</p> <p>The Chief Executive confirmed Karen Jessop, Chief Nurse and Denise Smith, Chief Operating Officer had now commenced in post, the substantive appointment of a Deputy Chief Executive was expected to go live in March 2023, once appointed the Executive Team would be fully recruited to.</p> <p>Support from NHSE’s Emergency Care Improvement Support Team to improve patient flow through and out of the hospital had been secured. A 12-month improvement programme would address performance across the Place.</p> <p>Additional areas of focus included cancer performance, workforce development, staff retention and the People strategy.</p> <p>The impact of the nursing and ambulance service industrial action was noted and pay negotiations remained uncertain, a ballot in respect of junior doctors’ industrial action had commenced, the potential impact on service delivery was significant.</p>	
<p>COG23/02/C1.9</p>	<p><u>Governor Questions</u></p> <p>Peter Abell acknowledged the current national challenges facing the NHS. In response to a question with regards to the Trust’s reliance on temporary staffing, the Chief Executive confirmed recruitment continued to be a key priority and a long-term workforce plan was being developed to attract staff, alongside colleague retention. A change in perception post Covid and the increase in local competition was noted.</p> <p>In response to a question from David Northwood, the Chief Executive confirmed the workforce for the Montagu Elective Orthopaedic Centre would be provided across all three organisations (Doncaster, Rotherham & Barnsley). The recruitment of an orthopaedic surgeon and international nurses had already taken place.</p> <p>Andrew Middleton recognised the significant projects to enhance provision at both Bassetlaw and Montagu. In response to a question with regards to service pressures, the Chief Executive recognised the need for effective public communication around those services available as an alternative to the Accident & Emergency Department. In addition, plans to support those patients who did not require treatment in hospital to be cared for at home/in the community with the assistance of virtual wards was being progressed.</p>	

	<p>Partners would be actively engaged at Place to support the Urgent & Emergency Care Improvement Programme, and Senior Responsible Officers were accountable for delivery of their respective workstreams.</p> <p>The Chair recognised the efforts of colleagues over the winter period and shared her appreciation.</p>							
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the Presentation</i> 							
COG23/02/D1	<u>Minutes of the Council of Governors held on 24 November 2022</u>							
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and approved the Minutes of the Council of Governors held on the 24 November 2023</i> 							
COG23/03/E1	<u>Questions from members of the public previously submitted prior to the meeting</u>							
	No questions had been received from the public.							
COG23/02/F1	<u>Any other Business</u>							
	No items of other business were raised.							
COG23/02/F2	<u>Items for escalation to the Board of Directors</u>							
	No items for escalation were reported.							
COG23/02/F3	<u>Governor/Board Meeting Question Database</u>							
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the question database.</i> 							
COG23/02/F3	<u>Date and time of next meeting (Verbal)</u>							
	<table border="1"> <tr> <td>Date:</td> <td>27th April 2023</td> </tr> <tr> <td>Time:</td> <td>15:00</td> </tr> <tr> <td>Venue:</td> <td>Microsoft Teams</td> </tr> </table>	Date:	27th April 2023	Time:	15:00	Venue:	Microsoft Teams	
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Governor Questions and Answers - Updated to include March 2023 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 was being monitored closely to ensure that staff take their leave and rest. It was noted that the canteens are open again, having tables for up to 6 people with the opportunity to use the marquee outside also. Breaks at work are important and staff should ideally take a quarter of their annual leave per quarter. Rebecca Joyce explained that there were waiting lists for staff wellbeing accelerator programme and annual leave required balancing. Rebecca Joyce mentioned that she had had a walk about with Kath Smart, asking staff if they used the wellbeing information and whether they were receiving the support they needed. The feedback was positive This is accessed by both clinical and admin staff.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/09/F2	Council of Governors	23/09/2021	In relation to the gender pay comparison how does the Trust positively encourage the females to take up the higher paid roles and advance their careers and do we identify the effects to enable them to take these roles?	The Director of People & Organisational Development explained that the board report relating to the gender pay gap, with evidence that more males have taken up the positions in medical and dentistry and in the most senior roles but there were more opportunities arising for women being evidenced. The Director of People & Organisational Development would be happy to discuss the pay gender gap report further if this was necessary. The Chair reported that more recently the male/female role shift balance was slowly changing. The Chair offered assurance that through the training and development within the organization that there was an equally accessible route for staff to take in all roles. The Chief Executive stated that the Trust secures the best candidate for the job role with the best skills and knowledge with openness and transparency.	Karen Barnard, Director of People & OD	In the meeting
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/I3	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
P22/11/I3	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/I3	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/I3	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
COG22/11/C1.8	Council of Governors	24/11/2022	BMA Rate Card	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. 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	Richard Parker	In the meeting
COG22/11/C1.8	Council of Governors	24/11/2022	Demand analysis for the Montagu Elective Orthopaedic Centre	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.	Richard Parker	In the meeting
P22/12/D2	Board of Directors	20/12/2023	Accepting that abnormal circumstances continue to impact services, nevertheless training completion rates are an ongoing concern. A particular example is the Practical Obstetrics Multi-Professional Training (PROMPT) data, especially for some clinical leadership groups. What further steps can be taken to improve completion rates"	A full explanation of actions had been provided previously by the Director of Midwifery at the Quality & Effectiveness Committee and at Board and completion of training continued to be a priority, with all steps taken to facilitate training opportunities.	Richard Parker	In the meeting
P22/12/D2	Board of Directors	20/12/2023	The Executive Medical Director reports high mortality rates, and appropriately, the establishment of a working group for deeper understanding. Is there merit in inviting an external expert to join this group?	The Chief Executive had reported external assurance of the review would take place and terms of reference for the working group would be developed imminently by the Executive Medical Director.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	When will the Board receive a workforce plan for the Community Diagnostics and MEOC developments at Mexborough?	The Chief Executive confirmed a plan was likely to be available in the Autumn.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	In view of the Trust's persisting financial deficit, and the even greater challenges for 2023/24, what detailed analyses and reports are available to the Executive and Board on unit costs of treatment pathways, use of resources (especially staff), and productivity as compared with peer groups and reference data such as Model Hospital?	The Chief Executive confirmed the Trust had access to a wealth of data for benchmarking purposes, including Healthcare Evaluation Data (HED), Model Hospital, Getting it Right First Time (GIRFT), Estates Return Information Collection (ERIC) and the national corporate benchmarking return. An increasing interest in productivity and the best use of resources was noted.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	The current Health Inequalities landscape within DBTH is not fully understood. What plans are there for governors to undertake a deep dive into this complex issue?	It was suggested this topic could be explored as part of a governor briefing and development session.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	What plans are there for behavioural and attitude research with the public and patients in respect of the ever growing demand for trust services, especially in ED, and where minor conditions might be treatable elsewhere?	The Chief Executive confirmed that research had been undertaken by the Clinical Commissioning Group prior to Covid, however, post pandemic perceptions had changed, including the perceived accessibility to primary care. There was a focus at Place and across the system to deliver an end-to-end service.	Richard Parker	In the meeting
COG23/02/C1.9	Council of Governors	02/02/2023	Peter Abell acknowledged the current national challenges facing the NHS and the reliance on temporary staffing,	The Chief Executive confirmed recruitment continued to be a key priority and a long-term workforce plan was being developed to attract staff, alongside colleague retention. A change in perception post Covid and the increase in local competition was noted.	Richard Parker	In the meeting
COG23/02/C1.9	Council of Governors	02/02/2023	David Northwood enquired of the workforce requirements for the Montagu Elective Orthopaedic Centre	In response to a question from David Northwood, the Chief Executive confirmed the workforce for the Montagu Elective Orthopaedic Centre would be provided across all three organisations (Doncaster, Rotherham & Barnsley). The recruitment of an orthopaedic surgeon and international nurses had already taken place.	Richard Parker	In the meeting

COG23/02/C1.9	Council of Governors	02/02/2023	Andrew Middleton recognised the significant projects to enhance provision at both Bassetlaw and Montagu and enquired of actions to assist with service pressures.	In response to a question with regards to service pressures, the Chief Executive recognised the need for effective public communication around those services available as an alternative to the Accident & Emergency Department. In addition, plans to support those patients who did not require treatment in hospital to be cared for at home/in the community with the assistance of virtual wards was being progressed. Partners would be actively engaged at Place to support the Urgent & Emergency Care Improvement Programme, and Senior Responsible Officers were accountable for delivery of their respective workstreams.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	The Finance Report (page 24 onwards) refers to "without some remedial actions .. the budget targets will not be met (for 22-23)"; and the Trust "is significantly off being able to deliver a break-even financial plan for 23-24". Productivity and efficiency actions are mentioned. At a recent board meeting the CEO confirmed that the Trust uses comparator data from such as Model Hospital/GIRFT. Is the Finance Committee (possibly in confidential session) provided with regular reports of the DBTH position on productivity and efficiency measures as compared with best sector practice and peers?	The Chief Executive confirmed the sharing and analysis of comparator data took place routinely across the system. The suite of data would develop over time and was expected to include theatre efficiency and length of stay information; benchmarking against quality indicators was available at a system, regional and national level.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	The ultimate judgement on the success of the People Strategy (page 37) is the extent to which the Trust is able to supply and retain sufficient staff, with appropriate skills and experience, particularly in clinical settings, without recourse to significant use of expensive agency staff. Is there a target date for achieving such a position. with milestones en route to this goal?	The Chief Executive advised there was not a finite end to recruitment and retention, the architecture of the NHS was ever changing, as were the associated workforce requirements. As such recruitment and retention was seen as a continual cycle of work. Governor observers were assigned to the Board's Committees, including the People Committee and the feedback made available to all governors via the Governor Portal. In addition, local and system governor briefing and development sessions were facilitated to encourage the sharing of information.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	Given the People Strategy commitment to SMARTER and new ways of working, what metrics will be included in the Delivery Plan in respect of staff productivity and efficiency?	Following approval of the strategy, the plan to support delivery would be developed.	Zoe Lintin, Chief People Officer	In the meeting
P23/03/G3	Board of Directors	28/03/2023	Paper C2 has a helpful explanation of the many initiatives to achieve the "top 10% True North ambition" in respect of staff feedback, on which the Board is asked to confirm its commitments. What KPIs constitute the evidence base for judging our current position and what needs to be achieved in 23-24 to attain the True North ambition?	The Chief Executive confirmed that the Breakthrough objectives were reviewed on an annual basis. The Board would shortly receive the outcomes of the 2022/23 director objectives and refreshed 2023/24 objectives. In terms of the People related ambitions the Chief People Officer confirmed these were articulated in the People Strategy, along with the associated success measures. The supporting delivery plan was yet to be agreed, the People Committee would have oversight of progress against the plan.	Richard Parker	In the meeting