

Meeting of the Council of Governors held in Public
On
Thursday 6th July 2023 at 15:00 – 17:15
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 28th April 2023</i>	SBE	Note	-		
B	GOVERNOR APPROVALS					
	No Items of Business					
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:05	
	C1.1	Suzy Brain England OBE - Chair's Report	SBE	Note	Present	10
	C1.2	Lynne Schuller - Lead Governor's Update	LS	Note	Present	5
	C1.3	Kath Smart - Audit & Risk Committee	KS	Note	Present	10
	C1.4	Emyr Jones - Quality and Effectiveness	EJ	Note	Present	10
	C1.5	Mark Day - Finance and Performance Committee	MD	Note	Present	10
	C1.6	Hazel Brand - Charitable Funds Committee & N&N ICS	HB	Note	Present	10
	C1.7	Mark Bailey - People Committee	MB	Note	Present	10
	C1.8	Karen Jessop - Chief Nurse Presentation	KJ	Note	Present	10
	C1.9	Jon Sargeant - Deputy Chief Executive's Report	JS	Note	Present	10
	C1.10	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	Chair and Non-Executive Director Appraisal Process	FD	Ratify	D1	5
D2	Minutes of Council of Governors held on 28 April 2023	SBE	Approve	D2	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC				17:00
E1	Questions from members of the public previously submitted prior to meeting. <i>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.</i>	SBE	Q&A	Verbal	5
F	INFORMATION ITEMS				17:05
F1	Any Other Business (to be agreed with the Chair before the meeting)	Gov	Note	Verbal	5
F2	Items for escalation to the Board of Directors	SBE	Approve	Verbal	5
F3	Governor Board/Meeting Questions Database	FD	Note	F3	
	Date and time of next meeting: Date: 28 September 2023 AMM 9 November 2023 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	SBE	Note	Verbal	
G	MEETING CLOSE				17:15



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 6th July 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 & rep for HWB on Nott County Council

Town Councillor, Harworth Town Council

Member of Labour Party

Sheila Walsh - Public Governor – Bassetlaw

Parish Councillor, Carlton in Lindrick

Professor Lynda Wyld, Partner Governor University of Sheffield

Trustee of the Association of Breast Surgeons

Co-Owner Franks & Wyld Commercial Properties

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

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 July 2023

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- Attendance at NHS Providers' Governor Focus Conference 2023
- Final meeting as a Trustee on NHS Providers' Board & as the Chair Representative on NHS Providers' Governor Advisory Committee
- Supported the external launch of DBTH's Research & Innovation Strategy
- Celebration of the 75th Anniversary of the NHS & the Trust's Long Service Afternoon Tea at Ye Olde Bell, Barnby Moor
- Completion of own and Chief Executive's appraisal and planning for non-executive director discussions in the coming weeks



From the Chair:

- Speaker at the Excellence in Healthcare Conference on Digital Transformation
- Introductory meetings with the recently appointed Chief Nursing Information Officer, Associate Medical Director and Chief Executive of Rotherham, Doncaster & South Humber NHS Foundation Trust
- Attendance at Nottingham & Nottinghamshire's Provider Collaborative Board Development session
- 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



Lead Governor Report



Lynne Schuller

Lead Governor



Overview

- ICB Partnership Event
- Governor Focus Conference – June
- Governor Virtual workshop - September
- Updated questions for board – teams meeting
- Governor ‘*meet & greet*’
- Elections – timeframes



Election Timeframe

Election Stage	Date
Notice of Election /nomination open	Thursday, 6 Jul 2023
Nominations deadline	Thursday, 3 Aug 2023
Summary of valid nominated candidates published	Friday, 4 Aug 2023
Final date for candidate withdrawal	Tuesday, 8 Aug 2023
Electoral data to be provided by Trust	Friday, 11 Aug 2023
Notice of Poll published	Thursday, 24 Aug 2023
Voting packs despatched	Friday, 25 Aug 2023
Close of election	Wednesday, 20 Sept 2023
Declaration of results	Thursday, 21 Sep 2023



Be a friend to the Trust
Become a Governor

Information for prospective Governors



Non-Executive Director Report



Kath Smart

Non-Executive Director



Audit & Risk Committee (ARC) – June 2023

Positive Assurances to Provide

- GIRFT (Getting it Right First Time) Programme – audit work showed there were improvements which could be made, but generally there was a high level of engagement with the GIRFT programme and the Trust should build on this.
- External Audit Results Report - ISA 260 – the external audit work had not yet fully completed, however, bearing this in mind, Ernst & Young communicated that their outstanding work was unlikely to influence the current “clean opinion” on the Accounts which is a positive outcome for the Trust.
- SBS (Shared Business Services) Annual Assurance Statement – demonstrating positive assurance for the Finance systems utilised by the Trust.

Matters of Concern or Key Issues

- Limited Assurance Audit Reports

Governance of Clinical Audit - the 2 high risk actions have agreed timescales and the report was referred into the Quality & Effectiveness Committee for oversight of the issues.

Performance Management Framework Audit - the 3 medium and 1 low risk actions have been agreed with timescales.

The report was referred into the Finance & Performance Committee for oversight of the issues.

- Head of Internal Audit Opinion (HOIA), as anticipated is a “Moderate” outcome due to 3 factors:-

1. Audit Recommendations closure rate 64% (timeliness) – Moderate Assurance – target 75% minimum.

2. Individual audit Assignments – Limited Assurance following the outcomes of 3 audits concluded as Limited ((Performance Framework;
Clinical Audit; Recruitment)

3. BAF/ Risk Management – Moderate Assurance – actions agreed to improve process in 23/24



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

Major Actions / Work in progress

- All the internal audit reports have agreed deadlines for implementation of actions.
- ARC delegated final sign off (for any minor amendments) for the Annual Governance Statement to the ARC Chair and CEO; and the Annual Accounts and Letter of Representation to ARC Chair and the Chief Financial Officer.

Outcome & Decisions made

- DBTH Annual report – This was approved by Audit Committee
- DBTH Annual Governance Statement – This was approved subject to minor changes by the Audit Committee
- DBTH Annual Accounts and Financial Statements – These were approved subject to minor alterations (if required) by the finalisation of External Audit work
- The Letters of Representation required from the Trust to the External Auditors were approved (subject to any minor amendment requests from EY)



Non-Executive Director Report



Emyr Jones

Non-Executive Director



Quality & Effectiveness Committee (QEC) – June 2023

Positive Assurances to Provide

- Assurance received from the Executive Medical Director re outstanding actions from February meeting although business case approval from separation of Clinical Audit and Governance roles represents a cost pressure and will require further follow up.
- Great progress evidenced by the Chief Nurse and team on PSIRF delivery, Quality Strategy draft and Quality Framework development.
- Progress made in March and April with compliance on Duty of Candour across divisions.
- Confirmation of alignment of DBTH with ICB Quality and improvement priorities
- Confirmation that triangulation of incidents, patients' safety events, patient safety and other quality data via the Care Accreditation Recognition for Excellence (CARE) Framework being delivered.
- Evidence that the People Strategy is cross-cutting with the Quality & Effectiveness work

Matters of Concern or Key Issues

- Whilst no formal items were identified for escalation, QEC was asked to note risks identified and be assured that appropriate mitigations are in place, all of which will be discussed and monitored through specialty and divisional clinical governance meetings, with high and extreme risks being discussed and managed at the Risk Management Board.



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

Major Actions / Work in progress

- The Executive Medical Director advised that a business case had been developed to fund separation of Clinical Governance and Audit roles to address issues around Clinical Audit delivery which was being put forward for funding. Further follow up on Clinical Audit plans expected at next QEC as it was highlighted at ARC that funding will present a financial pressure.
- PSIRF and Quality Strategy development continues with an excellent presentation being provided at June's QEC by the Nursing Team.
- Three-year delivery plan for Maternity and Neonatal services - QEC noted the new requirements of the national 'Single Delivery Plan' and the assessment of the current Trust position against those requirements. QEC will continue to actively monitor progress towards achievement of those requirements.

Outcome & Decisions made

- Confirmation of agreement at board that future updates on Virtual Wards will be presented at Finance & Performance Committee moving forward, with any Quality/Safety issues being referred to QEC for consideration as necessary.
- Draft QEC Annual Report 22/23 approved by committee.



Non-Executive Director Report



Mark Day

Non-Executive Director



Finance and Performance Committee

Positive Assurances to Provide

Access Standards Report: New reporting format welcomed. Areas of performance improvement noted.

Elective Care 2023/24 Priorities: Helpful national prioritisation framework published

Recovery, Innovation, and Transformation Update: assured on progress across a range of initiatives including the capital programme.

Financial Performance: Month 2 financial position is essentially on plan but with risks to the forecast position linked to performance and financial improvement programmes.

Granger Report Quarterly Update: Implementation of recommendations is on track (but see below)

People Strategy – Cross-cutting Finance and Performance Work – helpful work to highlight alignment of workstreams and improvement effort across the Trust.



Finance and Performance Committee

Matters of Concern or Key Issues

Cost Improvement Plan 2023/24: An additional meeting of the Committee was held to consider the plan in more detail. The Committee is assured by the approach being taken to building the plan and by the controls in place on budgeting and reporting. However, work needs to be accelerated if plans are to be capable of delivering the financial outcomes required in-year. It will require concerted and ongoing efforts from the whole executive team to ensure the ownership of plans and delivery focus by leaders at all levels given competing priorities.

Urgent and Emergency Improvement Plan: There are positive signs of joint working at 'Place' level but as with the cost improvement plan Board should be aware that progress on defining deliverables and deploying actions and initiatives needs to progress at pace if meaningful change is to impact on winter capacity/management.



Finance and Performance Committee

Major Actions Commissioned / Work Underway

Diagnostic 'Deep Dive': Report received providing very good insight to these services and providing the platform for focused improvement work which will remain of key interest to the Committee given the importance of such services both in their own right and as a key constraint on the delivery of wider objectives.

Drivers of Deficit: Summary Deloitte report reviewed at this meeting providing assurance on both the scale of the underlying deficit and the key areas for improvement action. This work provides important context for all improvement work.

Granger Report (Emergency Preparedness): Still seeking assurance on the progress of major incident planning, now in the context of confirmation that funding for a new hospital will not be forthcoming.

Health Inequalities: To receive the draft Health Inequalities Strategy (July 2023 meeting)

Decisions made

Request for Cash Support: The Committee supported the application for cash support in Quarter 2 to support the planned cash position.



Non-Executive Director Report



Hazel Brand

Non-Executive Director



Charitable Funds Committee – June 2023

Positive Assurances to Provide

- The Committee's Annual Report 2022/23 was approved.
- Governor observations were positive.

Matters of Concern or Key Issues

- The committee effectiveness review provided a baseline on the workings of the Charitable Funds Committee. There is room for improvement, but the report acknowledged recent membership changes and a new Chair and that a clear strategy/workplan is required.



Charitable Funds Committee – June 2023

Major Actions / Work in progress

- Fund balances and reserves policy discussed. More detail on the former to separate out the Fred & Anne Green Legacy. Charitable Funds Committee Chair to meet the Chair of the Board, Lucy Nickson and Jon Sargeant to agree content. Reserves policy to be re-issued.
- Fund-raising/Grant-making strategy and operational plan. Due to be circulated prior to the meeting but not received so a separate workshop will be set up to discuss it, suggest any amendments, and approve at the September meeting.
- Jon Sargeant to bring a paper to the next meeting (if the timing makes it feasible) with high-level outlines of the range of developments that the Fred & Anne Green Legacy could fund.

Decisions made

- Approve funding of £25 voucher for staff for Christmas 2023. The future of this gift will be reviewed beyond 2023's donation, with emphasis on the fund-raising plan to support it.
- Approve top-up funding for 7 internal candidates to undertake the Registered Nurse Degree programme. Further requests for funds not expected.
- Charitable Funds Development Committee report received: more detail requested in future reports.
- Ad hoc projects such as the North Notts Nectar Trail, which was time-consuming but financially unsuccessful, should be avoided.
- The annual workplan was approved.



Collaboration with Nottingham & Nottinghamshire ICS

- Integrated Care Strategy published ([N&N Integrated Care Strategy 2023-27](#))
- Local input to 5-year Joint Forward Plan (JFP) through Bassetlaw Place-based Partnership
- JFP published (30 June) with input from DBTH ([NHS JFP N&N ICS](#))
- Three keys priorities - Prevention, Equity, Integration – are ‘golden thread’
- Provider Collaborative board workshop: focus on priority areas (UEC and workforce) across trusts
- National conference on citizen engagement, including role of NEDs, and local authorities



Non-Executive Director Report



Mark Bailey

Non-Executive Director



Positive Assurances to Provide

- Leadership & Organisation Development (Annual Report 2022/3) - in depth overview of leadership and organisational development programmes - staff survey, leadership behaviours framework - The 'DBTH way'.
- Safer Staffing - Clear evidence of processes and outcomes / actions taken to ensure safe staffing. Positive recruitment and development and the focus on ensuring effective use of bank and agency resource.
- Health & Wellbeing (Annual report 2022/3) - comprehensive review of Health & Wellbeing workstreams and. Developing measures on 'return on investment' to ensure most impactful interventions are supported or enhanced.
- Widening Participation - comprehensive review of activity and strong links to People Strategy. Exceeding Department of Education targets for apprenticeships – 5% of DBTH headcount.
- Medical Appraisal - Closing position for 2022/23 of 89% against NHS England standard of 85%.
- Education: Statutory requirements overview, compliance at 86% (amber rating). Work to strengthen governance of Role Specific Training.
- Improvement Projects - occupational health capacity and effectiveness, data showing reduction in pre-employment check times.
- Committee Effectiveness - self assessment completed. Learning noted for action.

Matters of Concern or Key Issues

- Violence Prevention & Reduction Standards – (biannual report) Attention to complete all identified actions which ensure full compliance to the NHS Violence Prevention and Reduction Standard within 1st quarter 2023/24.



People Committee (cont'd) – May 2023

Major Actions / Work in progress

- National Staff Survey engagement session reports form part of the Divisional performance, overview, and support meetings. Team engagement continue over next two months with local improvement plans being developed.
- Education - 'Deep dive' assurance report on all elements of education quality standards. Feedback from the annual Health Education England 'Monitoring of the Learning Environment' and University of Sheffield Medical School reviews to be provided at July meeting.
- Workforce supply and demand - deep dive workshop programme underway. Clear intention to produce actionable insights into workforce risk areas including difficult to fill positions, training and potential service / role transformation.
- Board Assurance Framework (BAF) - SA2 & SA3 refresh as part of 2023/24 Corporate review of all BAF to reflect agreed Trust objectives and risks.

Decisions made

- Board Assurance: People Strategy - Implementation & effectiveness
- Agreement to the method, format, and frequency for reporting progress against the new People Strategy 2023-27. Assurance to include key highlights and areas of risk / escalation concerning implementation and / or delivery of the desired outcomes. The assurance report to be drawn from the detailed operational delivery plan which has success measures for each strategy theme.
- The DBTH Way - Leadership Behaviours Framework
- Presentation of the 'DBTH Way' to the Trust Executive Group and Board for final approval.
- People Committee Annual Report - approved for submission to The Board.



Chief Nurse Report



Karen Jessop

Chief Nurse





Simon Brown
Deputy Chief Nurse



Kirsty Clarke
Associate Chief Nurse –
Safe staffing



Marie Hardacre
Associate Chief Nurse –
Patient Safety and Quality



Dr Ken Agwuh
Director of IPC



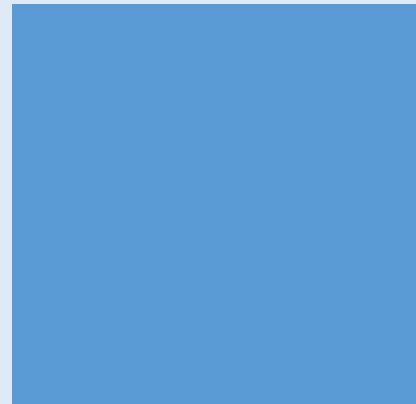
Heather Jackson
Director of AHPs



Professor Parveen Ali
Professor of Nursing



Grace Mhora
Head of Patient Involvement



Our Divisional Nurses
View the Structure Charts



Our Senior Leadership Team

www.dbth.nhs.uk

Our Quality Strategy

- We have developed a strategy to cover the years **2023 to 2027**.
- Feedback initially gained from colleagues in July 2021, provided the starting point for this years work
- The strategy is aligned to the **NHS Long Term Plan (2019)** as well as our Vision as a Trust to be the Safest in England, outstanding in all that we do.
- It complements the intentions of our Integrated Care Systems and adopts the same definition of Quality as the National Quality Board – namely: **Safe, Effective, Positive Experience, Well-Led, Sustainably Resourced and Equitable**.
- The strategy is based around **six ‘themes’** which we will explore shortly.
- To deliver the strategy, we will have a number of supportive operational delivery plans – **it will be everyone’s responsibility to ensure its success**.



#1 Patient Safety

We will continuously improve our systems and processes to ensure our patients receive high-quality, safe and effective care.

Highlights include:

- Implementation of the Patient Safety Incident Response Framework (PSIRF).
- Just Culture
- Improve learning from incidents.
- Implement relevant national frameworks.
- Enhance workforce modelling and Safe Staffing.

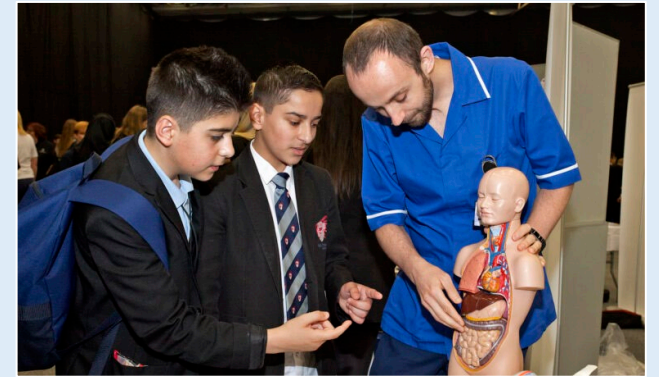


#2 Patient Experience

We will provide compassionate and personalised care which meets the individual needs of our patients. We listen to, and engage, with our patients and their families ensuring their feedback is reflected.

Highlights include:

- Enhance our means of engagement with patients and stakeholders.
- Embed patient involvement in the design of our services, procedures, policies and governance.
- Review how we handle complaints and escalation.
- Celebrate your achievements.



#3 Clinical Effectiveness

We will ensure our care is provided in a manner which maximises the potential to improve outcomes and health anchored within evidence-based practice, continuous improvement and the monitoring of clinical outcomes.

Highlights include:

- Participation in national audits and similar schemes.
- Embedding of Quality Improvement methodologies.
- Further develop links with Research and Innovation.
- Develop and enhance quality measures across services.



#4 Fundamentals of Care

We will recognise and deliver fundamentals of care to ensure our patients receive the quality of care we would wish for our own loved ones.

Highlights include:

- Reduce preventable harms such as falls, pressure ulcers and infection.
- Provide person centred care across all of our health settings.
- Empower patients in their recovery journey to prevent deconditioning.
- Follow best practice and evidence-based principles of care to ensure these are embedded at all levels.



#5 Care of our most vulnerable

We will focus on improving the experience of care for our most vulnerable patients such as those living with dementia, learning disabilities, mental health issues and other health inequalities.

Highlights include:

- Development of a strategy to support colleagues to recognise and assess vulnerabilities within patients.
- Improve documentation and recording of those who may have additional needs.
- Support teams in the understanding and application of the relevant principles of the Mental Capacity Act and other relevant guidance.



#6 Care planning and documentation

We will embrace digital technology, ensure our patients are partners in their plan of care and that their plans reflect their latest care needs. Our documentation will always be in-line with professional standards and support continuity of care for our patients.

Highlights include:

- Ensure our care plans feature person centred care goals, agreed with patients.
- Embrace digital technology, such as an electronic patient record.
- Implement national documentation standards to ensure consistent and accurate recording of information.
- Create a culture of 'effectiveness' and apply this to ward rounds, safety huddles and MDT meetings.





Thank you, questions and comments?

Deputy Chief Executive's Report



Jon Sargeant

Deputy Chief Executive



We cared for around
30,155 inpatients
(+3,267)



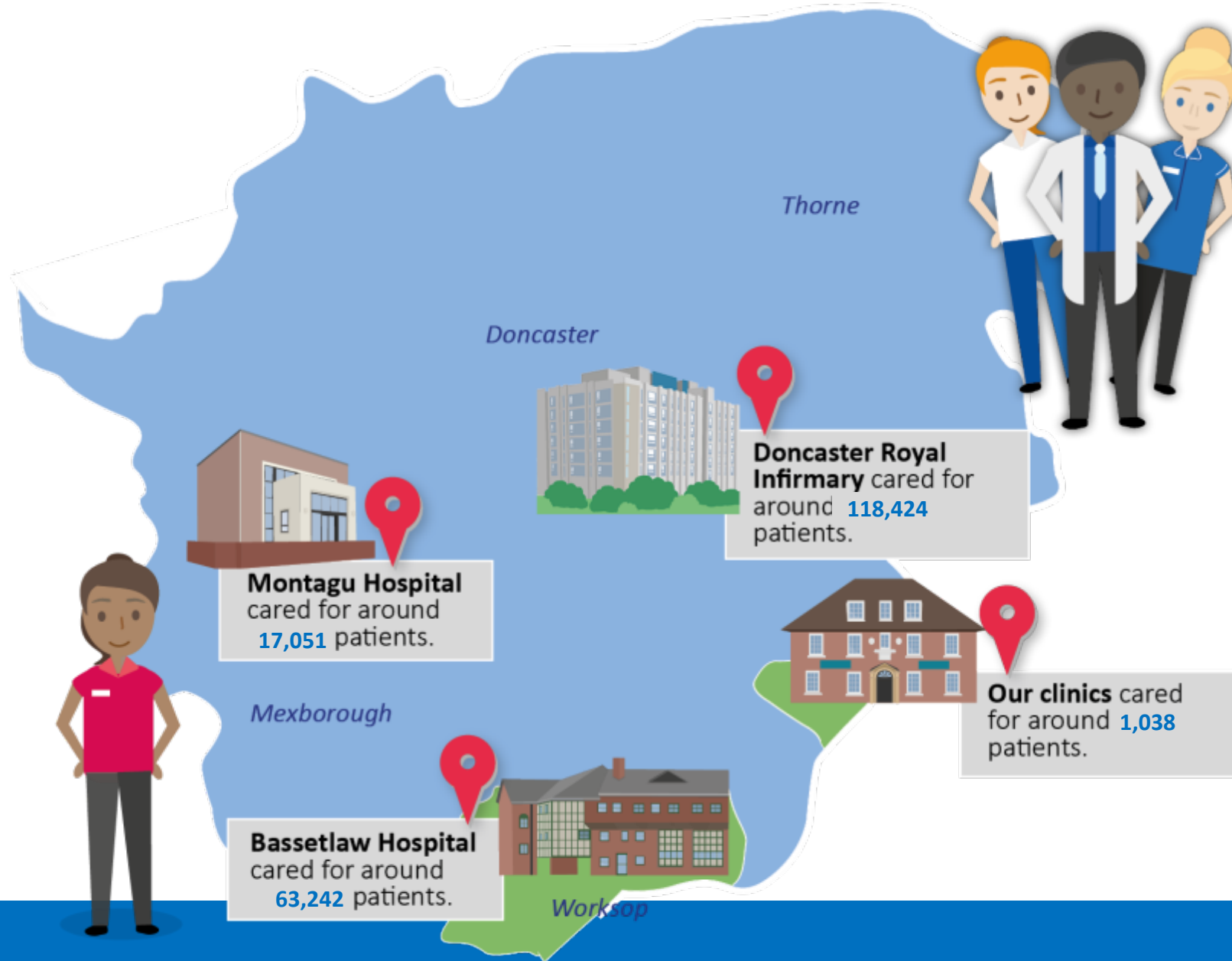
We cared for approximately
123,284 outpatients
(+4,549)



We cared for approximately
45,255 emergencies
(-2,179)



We delivered approximately
1,061 babies
(+21)



Our activity March to June

Increase from previous four months
Decrease from previous four months

Executive Directors



Richard Parker OBE
Chief Executive



Karen Jessop
Chief Nurse



Denise Smith
Chief Operating Officer



Zoe Lintin
Chief People Officer



Jonathan Sargeant
Executive Director of Recovery,
Innovation and Transformation
and Chief Financial Officer



Dr Tim Noble
Executive Medical
Director



Zara Jones
Deputy Chief Executive
[joins later in 2023]

***Jon remains Deputy
Chief Executive until
this time.**

Non-Executive Directors



Suzy Brain England OBE
Chair of the Board



Jo Gander
Non-executive Director (Clinical)



Dr Emyr Jones
Non-executive Director



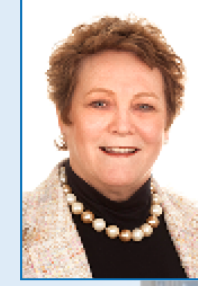
Kath Smart
Non-executive Director and
Deputy Chair



Mark Bailey
Non-executive Director



Mark Day
Senior Independent Director



Hazel Brand
Non-executive Director



Lucy Nickson
Non-executive Director

Our refreshed Board of Directors

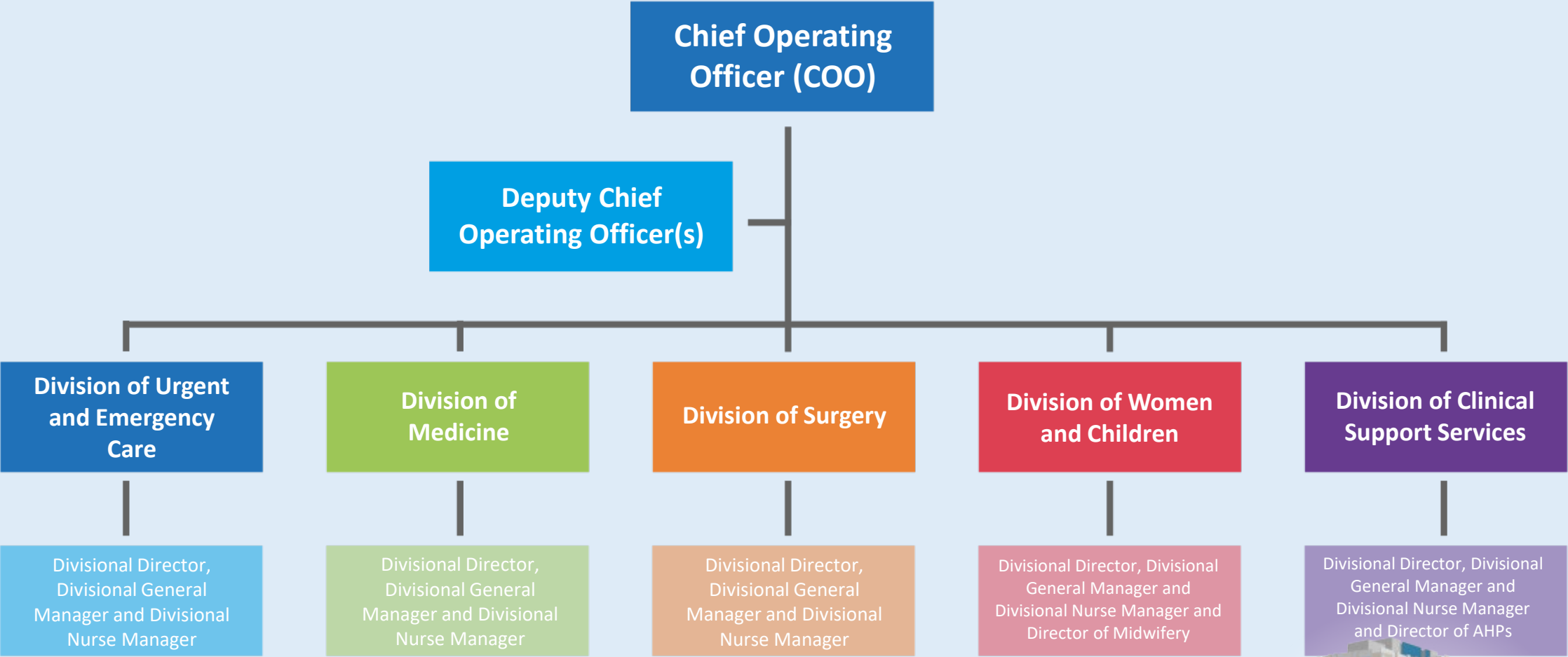
www.dbth.nhs.uk

Changes to Divisional structure

Following a review of our current structure with Trust Executive Group we have decided to make the following changes to help us achieve our objectives:

- We will have two Division responsible for providing medical care - **Urgent and Emergency Care** and **Medicine** respectively.
- **Cancer Services** has moved under the portfolio of the **Deputy Chief Operating Officer** (Elective) and does not belong to a specific Division.
- The Division of **Surgery and Cancer** is now known as the **Division of Surgery**.
- The Division of **Children and Families** is now known as the **Division of Women and Children**.





A note on our finances

- This year will be challenging from a financial perspective and we will end with a **planned deficit**.
- We must ensure that we deliver the **agreed deficit position** as part of our commitments to the wider Integrated Care Boards (ICB) in South Yorkshire and Nottinghamshire.
- We must focus on providing efficient and effective service to make the best use of the public funding we receive - **every penny counts and needs to be spent wisely – particularly around areas such as bank and agency**.
- Currently undertaking financial diagnostic with Deloitte's to understand opportunities and places to improve.
- Alongside this, we still have an incredibly ambitious capital programme to achieve in year.



Unsuccessful hospital bid

- Last month we learned that we were unsuccessful in our bid for funding for a new hospital in Doncaster.
- At present, our backlog maintenance bill at DRI stands at £118 million. We had asked for £1.37 billion to create a new hospital.
- We now need to look at our next steps – what funding is available to us, what can we do with our partners, or do we embark on an ambitious and incremental refurbishment of the existing site.
- All options have their challenges and the decision was incredibly disappointing.
- We are working with our local partners and representatives to continue to make the case for a new hospital in the city.



Changes and developments

- **Urgent and Emergency Care at Bassetlaw and Radiated Aerated Autoclaved Concrete (RAAC)** – RAAC works at Bassetlaw are now complete (making us the first acute provider to eradicate this material from site) and enabling works continue to prepare for the main Bassetlaw Emergency Care Village developments, which former Prime Minister Boris Johnson, visited in March. This has also necessitated the change of the site's blue light route.
- **Labour Suite** – Following investment of almost £3 million, the Labour Suite at Doncaster Royal Infirmary opened its doors in April – this includes the provision of midwifery-led care. Similarly, the Serenity Suite has also opened its doors for bereaved parents.
- **Pain Management Unit refurbished** – Following investment of £2.53 million as part of wider Community Diagnostic Centre works, the PMU at Montagu reopened its doors in April. There is an ambitious capital programme which is now getting underway at Montagu which see around £40 million spent on site.



Changes and developments

- **DBTH People Strategy** – Was launched in April, this outlines our commitments to improve the working life of Team DBTH, with central pillars around '**Looking after our people**', '**New ways of Working and Delivering Care**', '**Belonging in Team DBTH**', and '**Growing for the Future**'.
- **NHS Pay Deal** – A new NHS Pay deal was agreed in April for all colleagues on Agenda for Change. In short, colleagues have received a 5% lift in their wages and two separate payments – a lump sum, and back pay which will cover May and April.

The payment was made as part of June's payroll. A breakdown of what this offer means to colleagues and their band has been shared with colleagues.

- **Shuttle changes** – Our shuttle route at DRI changed from 5 June. The full details are on our website, and our correspondence has been updated.



Changes and developments

- **NHS 75 – Wildlife Park** – To celebrate the NHS' 75th birthday, and thank Team DBTH, we hosted an exclusive event at the Yorkshire Wildlife Park on 1 July. Every colleague has received one free ticket, plus two half price passes – over 3,000 individuals attended on the day.
- **NHS 75 – Afternoon tea** – We invited 70 of our longest serving colleagues to join us at the Ye Olde Bell on Monday for an afternoon tea – together these colleagues have almost 3,000 years of service between them.
- **Health and Wellbeing receives gold** – Finally, the Trust's Health and Wellbeing offer has achieved gold within South Yorkshire's Be Well @ Work scheme.





Thank you – any questions?

Report Cover Page					
Meeting Title:	Council of Governors				
Meeting Date:	6 th July 2023	Agenda Reference:	D1		
Report Title:	Chair & Non-executive Directors Appraisal Process				
Sponsor:	Richard Parker OBE, Chief Executive Officer				
Author:	Fiona Dunn, Director Corporate Governance/Company Secretary				
Appendices:	Framework for conducting annual appraisals of NHS provider chairs (April 2023)				
Report Summary					
Purpose of report:	Confirm the repeat implementation of NHE Framework for conducting annual appraisals of NHS provider chairs as agreed and undertaken by CoG for 2022/2023 appraisal process.				
Summary of key issues/positive highlights:	<ul style="list-style-type: none"> Repeat use of 2022/2023 process to conduct Chair & Non-executive Directors Appraisal which implemented the NHSE framework for conducting annual appraisals of NHS provider chairs (Sept 2019, April 2023) Outcomes reported back to Council of Governors November 2023 				
Recommendation:	Request Council of Governors acknowledgment for continuing with the utilization of Chair & Non-executive Directors Appraisal Process agreed for previous two years.				
Action Require:	Approval	Information	Discussion	Assurance	Review
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:	
	<i>To provide outstanding care for our patients</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>	
Implications					
Board assurance framework:	No changes				
Corporate risk register:	N/A				
Regulation:	<ul style="list-style-type: none"> Financial Reporting Council’s publications (UK corporate governance code and guidance on board effectiveness) Monitor’s code of governance for NHS foundation trusts Framework for conducting annual appraisals of NHS provider chairs (NHSE)- Guidance document: September 2019, Updated document: April 2023 				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	N/A				

Assurance Route			
Previously considered by:		Council of Governors - Outcome report 2021	
Date:	<i>25/11/2021</i>	Decision:	Insert any decisions made by the sub-committee/s including outstanding actions. Identify if this has been escalated from sub-committee/s.
Next Steps:		Identify next steps e.g. continued review at sub-committee/s or if further action/advice is required from the Board.	
Previously circulated reports to supplement this paper:		Please indicate the date and paper title if strategically supports this paper.	

EXECUTIVE SUMMARY

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

In November 2019 NHS England/Improvement introduced a framework to standardise the provider Chair’s appraisal process and reviewed April 2023 . The framework was based on a multiple stakeholder assessment, aligned with five core competencies: **Strategic, People, Professional Acumen, Outcomes Focus and Partnerships**.

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

This framework was agreed and implemented by the Council of Governors for the 2019/2020, 2020/2021 and 2022/2023 appraisal seasons with outcomes presented to Council of Governors November 2020, 2021 and 2022 respectively.

The guidance was updated (April 2023) and can be found at:

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

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

- To consult with the NHSE Regional Director as to whether there are any areas of competency in the chair’s performance evaluation that should receive particular focus
- To send the appraisal reporting template (appendix 3 in the guidance) to NHSE’s Chair, Chief Operating Officer and the Regional Director by 30th Jun 2023

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

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

Timeline for the process:

Key stages	Key steps	Dates
Planning	Acknowledge NHS England process & timetable at Council of Governors	7 th July 2023
Chair’s process	Stage 2 : Multisource assessment requested from stakeholders (governors via email to Lead Governor)	30/5/2023 to 15/6/2023
	Stage 3 SID Evaluation of stakeholder responses using assessment template 2)	w/c 15/6/2023

Report Title: Chair & Non-executive Directors Appraisal Process Author: Fiona Dunn Report Date: 23/6/2023

	<p>Stage 4 : SID undertake Chair’s objective setting and appraisal</p> <p>NHSE forward of completed appraisal reporting template (appendix3)</p>	<p>5th July 2023</p> <p>by 30/6/2022 - extension agreed due to A/L</p>
Non-Executive Director (NED) process	<p>Feedback sought from executives, chair and governors about NED objective setting and performance</p> <p>Objective setting and appraisals undertaken by the Chair</p>	<p>May-September 2023</p>
Feedback	<p>Outcomes reported back to Council of Governors</p>	<p>November 2023</p>

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

Following completion of the appraisals the Council of Governors will receive a report detailing, in broad terms, performance against 2022/23’s objectives which were reported at the Council of Governors meeting on 11 November 2022, and the NEDs priorities for 2023/24.

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

Stage 1: Appraisal preparation

Chair;
appraisal facilitator

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

Sources of reference:

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

Stage 2: Multisource assessment

Identified stakeholders;
chair

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

Source of reference:

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

Stage 3: Evaluation

Appraisal facilitator

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

Stage 4: Appraisal output

Chair;
appraisal facilitator;
regional director;
NHS England
Chief Executive and
Chief Operating
Officer

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

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

Source of reference:

chair appraisal reporting template (**Appendix 3**)

Appendix 2: NHS provider chair multisource assessment template

Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

Please respond to as many of the statements as possible.

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

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

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

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

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

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

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

Part 2: Strengths and opportunities

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

Field sizes are adjustable.

Strengths: What does the chair do particularly well?

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

Part 3: Additional commentary

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

The field size is adjustable.

Additional commentary

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

Appendix 3: NHS provider chair appraisal reporting template

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

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

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

a. Summary of significant emergent themes from stakeholder assessments:

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b. Highlighted areas of strength:

c. Identified opportunities to increase impact and effectiveness:

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

Summary of self-reflection on multisource stakeholder assessment outcomes:

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

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

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

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

Part 5: Suitability for appointment (for completion by chair and appraisal facilitator)

The appraisee has confirmed they continue to be a ‘fit and proper person’ as outlined in [regulation 5](#) and there are no pending proceedings or other matters which may affect their suitability for appointment

YES/NO – If NO please provide details.

Part 6: Overall Assessment Rating and Confirmation

1. Assessment ratings:
 - 1) **Satisfactory** (they are meeting their formal expectations)
 - 2) **Cause for concern** (they are not meeting their formal expectations and will be formally logged and addressed)
- 2.

Confirmation of overall assessment rating and confirmation (please circle and sign below)

1) Satisfactory

2) Cause for concern

Confirmed by	Signature	Date
Chair		
Senior Independent Director, Deputy Chair or Regional Director		

Part 7: Confirmation

Confirmation of key outcomes of appraisal discussion:

Confirmed by	Signature	Date
Chair		
Appraisal facilitator		

Part 8: Submission

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

Name of regional director	Date

b. Endorsement by NHS England Chief Executive and Chief Operating Officer (NHSE will action)



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors Committee held in public
on Thursday 27 April 2023 at 15:30
via Microsoft Teams

Chair	Suzy Brain England OBE - Chair of the Board	
Public Governors	Peter Abell Dennis Atkin Mark Bright Lynne Logan Andrew Middleton David Northwood Pauline Riley Sheila Walsh	
Staff Governors	Kay Brown Duncan Carratt Sophie Gilhooly Vivek Panikkar	
Partner Governors	Susan Shaw	
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day - Non-executive Director Emyr Jones - Non-executive Director Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Kath Smart - Non-executive Director Adam Tingle – Acting Director of Communications & Engagement	
Governor Apologies:	Andria Birch Phil Holmes Anita Plant Lynne Schuller	
Board Member Apologies	Fiona Dunn - Director of Corporate Affairs/Company Secretary Jo Gander - Non-executive Director	

		ACTION
COG23/04/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.	
COG23/04/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	No changes to governors' interests were declared.	
	<i>The Council:</i> - <i>Noted governors' current declarations of interests</i>	
COG23/04/A3	<u>Actions from previous meetings</u>	
	There were no outstanding actions.	
COG23/04/C	<u>Presentation</u>	
COG23/04/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"> • Hosting a non-executive team event, to integrate the fully appointed team and agree Committee and buddying responsibilities • Attendance at NHS Providers' Board meeting and facilitation of board development programmes for executive director induction and working with governors • Recruitment of the Deputy Chief Executive • Championed the role of governors, collaborative system working and monthly meetings with the Company Secretary, Lead and Deputy Lead Governor • Place, Provider Collaborative and Integrated Care System working across South Yorkshire and Nottingham & Nottinghamshire • As a trustee of NHS Retirement Fellowship presented at a local event to share opportunities for former colleagues post retirement • Ongoing support of the Executive Team in respect of industrial action, achieving a balanced financial year-end position and agreeing a 2023/24 budget 	
COG23/04/C1.2	<u>Lucy Nickson - Introduction</u> Following her recent appointment, Lucy Nickson was welcomed to her first meeting of the Council of Governors. Lucy provided governors with an insight into her experience, skills and career highlights to date and would take on the responsibility of Chair of the Teaching Hospital Board, Deputy Chair of the People Committee and a member of the Quality & Effectiveness, Charitable Funds and Nominations & Remunerations Committee. Lucy would also be the nominated non-executive director for health and wellbeing and very much looked forward to contributing to these roles.	

COG23/04/C1.3	<p><u>Emyr Jones – Introduction</u></p> <p>Following his recent appointment, Dr Emyr Jones was welcomed to his first meeting of the Council of Governors. Emyr shared an insight into his personal and professional life, which included a notable service as a Consultant Physician and Medical Director of the Trust. Utilising his skills and experience Emyr would take on responsibility as the Deputy Chair of the Quality & Effectiveness and Charitable Funds Committees and would be a member of the Audit & Risk and Nominations & Remunerations Committees and the Teaching Hospital Board.</p>	
COG23/04/C1.4	<p><u>Andrew Middleton – Deputy Lead Governor</u></p> <p>In the absence of the Lead Governor, the Council of Governors received an update from the Deputy Lead Governor with regards to the opportunity for governor engagement at a system level. The Chair of the Board and Hazel Brand, non-executive representative at Nottingham & Nottinghamshire Integrated Care System events, shared the various opportunities for governors to observe virtual meetings, governor events and Partner Assemblies and encouraged access to the wealth of information available via the governor portal.</p>	
COG23/04/C1.5	<p><u>Kath Smart - Audit & Risk Committee</u></p> <p>The Chair of the Audit and Risk Committee shared an overview of April’s meeting, as part of the Chair’s assurance log. The positive assurance received in respect of counter fraud, security management and the recent financial sustainability audit was acknowledged.</p> <p>The outcome of the risk management audit was noted, alongside key actions for improvement. The impact of limited assurance audits and a lower than required audit closure rate were reflected in a moderate internal audit opinion.</p> <p>Work was ongoing to develop the Board Assurance Framework, to identify those risks likely to impact on delivery of the Trust’s strategic aims and the mitigating actions. The introduction of the Risk Management Board provided a well-represented forum to review and challenge those high and extreme risks to ensure the corporate risk register accurately captured key organisational risks.</p> <p>The introduction of online declarations of interests, gifts, hospitality, and secondary employment, through Civica Declare had proved to be successful in the later quarter of 2022/23, with a significance improvement in compliance from previous years. Colleagues would be invited to declare for 2023/24 with the aim of securing 100% compliance of senior and key decision makers. Finally, in preparation for the new financial year 2023/24 counter fraud, internal audit and Committee workplans had been approved.</p>	
COG23/04/C1.6	<p><u>Emyr Jones – Quality and Effectiveness Committee</u></p> <p>The Deputy Chair of the Quality and Effectiveness Committee shared with the Council of Governors key highlights from the April meeting, which included:</p> <ul style="list-style-type: none"> • Continued development of the Quality Framework and Quality Strategy • Ongoing work towards the implementation of the Patient Safety Incident Response Framework • Project plan to support delivery of the Clinical Negligence Scheme for Trusts standards 	

	<ul style="list-style-type: none"> • Agreement that health inequalities would be reported via the Finance & Performance Committee 	
COG23/04/C1.7	<p><u>Mark Bailey – People Committee</u></p> <p>The Chair of the People Committee provided an update on the key highlights from March’s meeting, which included:</p> <ul style="list-style-type: none"> • 2022 staff survey results, ongoing staff engagement and development of the leadership behaviours framework • Safer staffing and the use of temporary workforce • Progress update on equality, diversity and inclusion actions and associated work • Development of the 2023-27 People Strategy and delivery plan • Just culture work • Progress of job planning audit and completion rate of medical appraisals 	
COG23/04/C1.8	<p><u>Finance and Performance Committee</u></p> <p>The Chair of the Finance and Performance Committee provided an update on the key highlights from the monthly Committee meetings held since the last Council of Governors meeting, which included:</p> <ul style="list-style-type: none"> • Delivery of 2022/23 financial plan, subject to audit • Delivery of 2022/23 Cost Improvement Plans and the shaping of 2023/24 plans • Performance update and strengthened monthly reporting, including the development of a Place Urgent & Emergency Care Improvement Plan • Progress of 2023/24 business plans based upon a realistic assessment of underlying finance and activity position 	
COG23/04/C1.9	<p><u>Hazel Brand – Charitable Funds Committee</u></p> <p>The Chair of the Charitable Funds Committee provided an update on the key highlights from the March 2023 meeting, which included:</p> <ul style="list-style-type: none"> • An external review by More Partnership which identified strengths and areas for development, including the need for a fundraising strategy to progress the work of the Charity, to be aligned with the Trust’s strategic direction • All expenditure agreed in line with the policy • A review of the investment portfolio to be scheduled, including ethical investments • Approval of the Charitable Funds Policy, including the Terms of Reference, subject to inclusion of all voting executive Board members. A policy refresh to capture fundraising activity, operational and regulatory compliance would be required • Approval of charitable funds spend, related to a NHS75 long service celebration and Team DBTH event at the Yorkshire Wildlife Park 	
COG23/04/C1.10	<p><u>Richard Parker – Chief Executive Report</u></p> <p>The Chief Executive provided an update on Covid 19 and influenza inpatient activity, as the rate of infection had declined and the number of patients remained largely static a routine</p>	

	<p>report would no longer be provided. The wearing of masks had now been lifted, with the exception of specific care settings, with no significant impact seen. A booster vaccination for clinically vulnerable groups was expected in Spring.</p> <p>An overview of activity, including inpatient, outpatient, emergency care and births was provided for 2022/23 with a comparison to 2021/22.</p> <p>An insight was provided into developments at Bassetlaw Hospital in respect of urgent and emergency care provision (Bassetlaw Emergency Care Village) and removal of the reinforced autoclaved aerated concrete.</p> <p>At Montagu Hospital, the Pain Management Unit had been relocated into a purpose-built area to accommodate the Community Diagnostic Centre and the Elective Orthopaedic Centre, the latter provided an excellent example of collaborative working with the Rotherham and Barnsley Hospital NHS Foundation Trusts.</p> <p>On the Doncaster site and following a 103 week period of displacement due to the major incident in April 2021, the Chief Executive was delighted to report that the central delivery suite had now reopened. The resilience and efforts of the team were acknowledged and the investment of c£3m very much welcomed. As part of national Care Quality Commission plans an inspection of maternity services was expected in 2023.</p> <p>2022's staff survey had seen the highest ever Trust response rate and one of the highest in the country. The results provided a wealth of information and work to address areas of concern would be progressed, alongside building on those areas where the Trust performed well.</p> <p>In respect of industrial action, the Chief Executive confirmed that the Royal College of Nursing had rejected the Government's proposed pay offer. Whilst the Trust had not reached the required threshold for industrial action, the Council of Governors were informed of affected neighbouring trusts, which may result in an increased level of demand for Trust's services. Thanks were extended to senior doctors and consultant colleagues who had offered support during the junior doctors' industrial action. The impact on patients and activity was noted, alongside the financial impact.</p> <p>Following the Deputy Chief Executive interviews earlier in the week, pre-employment checks were being progressed for the preferred candidate and an announcement would be made in due course.</p> <p>The Chief Executive recognised the delivery of 2022/23's financial plan and shared his appreciation with the team, whilst recognising the financial challenges of 2023/24 and the required efficiencies. As always, there was a need to spend public money wisely, ensuring that productivity and efficiency opportunities were maximised with the support of national programmes, such as Getting it Right First Time and through benchmarking /best practice data sets, such as Model Hospital.</p>	
<p>COG23/04/ C1.11</p>	<p><u>Governor Questions</u></p> <p>Following a recent article in the national press, Public Governor, Peter Abell sought assurance that the procurement of temporary workforce was appropriately managed and there was no conflict of financial interest relating to the agencies of choice. The Chief Executive highlighted</p>	

	<p>the need for senior colleagues and decision makers to declare such an interest. He was not aware of any such declarations and confirmed the use of approved NHSE frameworks for temporary staffing. The Trust was working collaboratively at a system level to ensure consistency of terms, with a reduction in agency spend seen in line with reduced demand. Additional beds on ward 22 were also part of a funded surgical plan.</p> <p>In her capacity as Chair of the Audit & Risk Committee, Kath Smart highlighted the work undertaken by the Company Secretary and the Local Counter Fraud Specialist in respect of declarations of interests, including secondary employment. In addition, pre-Covid the controls associated with agency spend had been subject to review by the Trust’s internal auditors and were in line with expectations. A more recent audit had been commissioned where the report had not yet been finalised.</p> <p>Partner Governor, Sue Shaw sought confirmation that the funding for the Bassetlaw Emergency Village had been received. The Chief Executive confirmed the monies not yet been received, however, there had been a commitment to fund as part of the STP Wave 4 capital programme, delays had been experienced in relation to Waves 1-3 and the Trust had been advised to continue with the supporting works.</p> <p>Public Governor, Lynne Logan sought clarity in respect of the training needs of NHS Professional midwives. The Chief Executive confirmed that training would mirror that provided to substantive members of the team. Compliance would be monitored as part of the Clinical Negligence Scheme for Trusts’ standards and also as part of any regulatory inspection by the Care Quality Commission. The Chief Executive confirmed that where a midwife held a primary contract with another Trust the training record did not necessarily migrate and the Local Maternity and Neonatal System were exploring opportunities to avoid duplication of effort and resource at a Place and system level to support movement of colleagues.</p> <p>Staff Governor, Vivek Panikkar enquired of the expected time frame for completion of job plans. The Chair of the People Committee, Mark Bailey confirmed appropriate action plans were in place to support delivery, however, 100% was not felt to a realistic target in view of factors such as absence, maternity and special leave. To date, the Chief Executive confirmed 156 jobs had been agreed, 150 were in progress, which equated to 89.1%. Historically, applications for Clinical Excellence Awards had been subject to an agreed job plan, more recently awards had been allocated and should this continue, there may be a need to revisit the decision to be linked to a signed off job plan. Job plans should also be aligned to delivery of the Trusts’ strategic objective. In terms of holding Clinical Directors to account for agreed job plans, it was confirmed that completion was monitored via the Performance, Overview and Support meetings.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the Presentation</i> 	
COG23/04/D1	<u>Minutes of the Council of Governors held on 2 February 2023</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 2 February 2023</i> 	

COG23/04/E1	<u>Questions from members of the public previously submitted prior to the meeting</u>		
	No questions had been received from the public.		
COG23/04/F1	<u>Any other Business</u>		
	No items of other business were raised.		
COG23/04/F2	<u>Items for escalation to the Board of Directors</u>		
	No items for escalation were reported.		
COG23/04/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> 		
COG23/04/F3	<u>Date and time of next meeting (Verbal)</u>		
	Date:	6 July 2023	
	Time:	15:00	
	Venue:	Microsoft Teams	
	Meeting Close:	17:00	

Governor Questions and Answers - Updated to include March 2023 Board of



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

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

P22/09/13	Board of Directors	27/09/2022	The Board Assurance Framework cites workforce as the top risk to sustainable performance. Accepting that the Trust is constantly pursuing a range of mitigation actions, workforce shortages remain a significant challenge. Much of the cause lies at the door of national decisions on training places, pay, pensions, etc., over which we have little influence. In respect of elements within the "control" of the Trust, are there further actions being taken or planned to be taken to further improve the workforce situation, particularly in respect of retention? Which of these is working? Additionally, what collaborative actions are being taken with partners within the ICBs (SY and Notts.) to secure longer-term improvement in workforce supply and retention, and which of these is expected to have an early positive impact?"	In view of the complexity of the question and in order to provide a full response it was agreed the Chief People Officer would deliver a governor briefing. This has been scheduled for 13 December 2022.	Zoe Lintin, Chief People Officer	Post meeting
P22/09/13	Board of Directors	27/09/2022	The Chief Executive has emphasised the necessity of system working with partners in primary care, community services, social care, etc., in order to reduce avoidable attendances at ED and other departments and to improve flow of patients to and from our hospitals. The governors would welcome a presentation and discussion on what actions have been taken or planned within this chain of collaboration, and how effective they have been or are expected to be.	In view of the complexity of the question and in order to provide a full response it was agreed the Chief Executive would deliver a governor briefing. This has been scheduled for 8 December 2022.	Richard Parker, Chief Executive	Post meeting
P22/10/F2	Board of Directors	25/10/2022	Maternity - We note the reset of the trajectory and the improved positions in terms of training. As this is an area that is considered by CQC, if an inspection were to be announced, would this provide any concerns for the trust?	The Chief Executive acknowledged that due to the pressures within Urgent and Emergency Care and Maternity Services the Trust's training figures were not where they needed to be. This had been impacted by recovery responses and the reduction of face-to-face training. The Education Team were working with service leads to review training delivery and a trajectory to achieve compliance by the end of the financial year had been agreed. The People Committee had oversight of this performance.	Richard Parker, Chief Executive	In the meeting
P22/10/F2	Board of Directors	25/10/2022	Handovers - Ambulance handover, delays were typically multi factorial. What collaboration actions were being undertaken by the ICS / ICB and Place in dealing with delays. (It was noted that a full discussion was had on this subject which responded to this question). Is there any data in terms of ambulance diverts? Additional information was a member of the public contacted the lead governor asking why they had been diverted away in an ambulance from their closest hospital at Bassetlaw.	The Interim Chief Operating Officer confirmed that there were policies and procedures in place with both Yorkshire and East Midlands Ambulance Services that when services were challenged contact would be made to divert to the nearest appropriate hospital on the grounds of clinical safety. Data relating to the number of diverts was closely monitored.	George Briggs, Interim Chief Operating Officer	In the meeting
P22/11/13	Board of Directors	29/11/2022	A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?	The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting

P22/11/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
	People Committee	07/03/2023	123 job plans had been agreed/signed off on Allocate. With roughly 389 consultants and SAS doctors in the trust this amounts to less than a third of colleagues. The Chief Executive had confirmed this would be a priority for the Executive Medical Director following their appointment. Also, can we have the number of medical staff who have never signed and agreed a job plan.	There was candour in that the Executive Medical Director accepts that the figures should be better. There have as you are fully aware a number of mitigations in play, notwithstanding the pandemic, there has been an increased demand for services alongside a central government ask to reduce waiting lists and increase elective procedures. The emerging picture in relation to completed job planning is 40%, close to the figure you expressed concerns about. This figure needs acceptance with caution due to anomalies with the system, there are a further 15% which are nearing sign off. Those job plans which are in discussion or are nearing review date are transferred of the system in readiness for review, some of these are still in date. It was outlined that there are specific areas of concern and that there will be a targeted approach. It was also shared that there is a need to support the process; each job plan appears to take on average 6 hrs with on 8 hrs per week assigned to the task. The Chair of People Committee is now firmly sighted on this. He has requested a paper moving forward. He is to make a decision as to when this paper should be finalised as he felt that the next committee; one month, would be too long a gap. I felt that assurance was provided that the NEDs will monitor the situation moving forward and will scrutinise rigorously, calling for an improvement in the position.	Lynne Schuller feedback from the People Committee	Post 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
P23/04/G2	Board of Directors	25/04/2023	Why are there persisting long waiting times for non-obstetric diagnostics, particularly ultrasound? Is there an imbalance between supply and demand requiring a strategic solution to address the situation of eleven of the diagnostic tests performing at below national standards.	The Chief Operating Officer acknowledged that performance was not where the Trust would want it to be. A deep dive into diagnostic performance had been undertaken and would be presented to the Board's Finance & Performance Committee. An improvement trajectory by diagnostic test had been agreed to achieve the 95% standard by March 2024. In respect of non-obstetric ultrasound performance four members of the team were currently in training and a review of the current skill mix was required, discussions would take place with the Chief Nurse and Director of Midwifery.	Denise Smith	In the meeting
P23/04/G2	Board of Directors	25/04/2023	The maternity and neonatal update paper refers to the persisting risk (ID16) of insufficiency of staff to ensure right skills for operational need. a). Does this risk apply equally to both delivery sites? And b). to what extent does this staffing reality compromise sustainable achievement of CNST/Ockenden/East Kent standards at both sites (now covered by the Single Delivery Plan).	The Chief Nurse confirmed the risk applied across the Trust, staffing levels were reviewed regularly throughout the day and mitigating actions implemented, including cross site movement of staff. Despite these challenges the level of one to one care in labour was high. The shortage of midwives was a national issue and not unique to the Trust; on a positive, expressions of interest from newly qualified midwives was encouraging. As Chair of the Local Maternity & Neonatal System, the Chief Executive confirmed that staffing levels for the two largest maternity units (the Trust and Sheffield Teaching Hospitals) remained challenged, with more complex presentations seen across its population.	Karen Jessop/ Richard Parker	In the meeting

P23/04/G2	Board of Directors	25/04/2023	Nottingham & Nottinghamshire Provider Collaborative - this paper provides helpful detail on the intent and modus operandi of the Nottinghamshire System provider collaborative. Should there be a role for governors in the planned developments, in view of their key new responsibility as governors to be assured of effective system collaboration? (This issue is currently the subject of debate and correspondence between governors within the National Lead Governors Association)	The Chair of the Board was proactively engaged with both integrated care systems in championing the governor role, with large scale governor events having taken place and invitations extended to Partner Assembly events. Public meetings, including citizen panels were advertised via the respective Integrated Care System websites, available via the governor portal.	Suzy Brain-England	In the meeting
P23/04/G2	Board of Directors	25/04/2023	What assurances is the Board able to provide should co-ordinated strike action (between Royal College of Nursing and British Medical Association members and/or ambulance staff) be voted for?	<p>The Chief Operating Officer provided assurance that whilst a safe service could be maintained, she could only offer limited assurance with regards to delivery of an elective service. This situation would not be unique to the Trust, with a co-ordinated approach expected to be extremely difficult for all providers.</p> <p>The Chief Executive reminded colleagues that the Royal College of Nursing ballot locally had not reached the required threshold. Board members were informed that the consultant workforce would be balloted shortly and the Chief People Officer confirmed that ballots for wider professional bodies were outstanding. Co-ordinated industrial action by nurses, junior doctors and consultants would be unlikely due to probable intervention by the Secretary of State for Health. A negotiated settlement would be welcomed for the benefit of patients and staff.</p>	Denise Smith/Richard Parker/Zoe Lintin	In the meeting
COG23/04/C1.11	Council of Governors	27/04/2023	Following a recent article in the national press, Public Governor, Peter Abell sought assurance that the procurement of temporary workforce was appropriately managed and there was no conflict of financial interest relating to the agencies of choice.	<p>The Chief Executive highlighted the need for senior colleagues and decision makers to declare such an interest. He was not aware of any such declarations and confirmed the use of approved NHSE frameworks for temporary staffing. The Trust was working collaboratively at a system level to ensure consistency of terms, with a reduction in agency spend seen in line with reduced demand. Additional beds on ward 22 were also part of a funded surgical plan.</p> <p>In her capacity as Chair of the Audit & Risk Committee, Kath Smart highlighted the work undertaken by the Company Secretary and the Local Counter Fraud Specialist in respect of declarations of interests, including secondary employment. In addition, pre-Covid the controls associated with agency spend had been subject to review by the Trust's internal auditors and were in line with expectations. A more recent audit had been commissioned where the report had not yet been finalised.</p>	Richard Parker/Kath Smart	In the meeting
COG23/04/C1.11	Council of Governors	27/04/2023	Partner Governor, Sue Shaw sought confirmation that the funding for the Bassetlaw Emergency Village had been received.	The Chief Executive confirmed the monies not yet been received, however, there had been a commitment to fund as part of the STP Wave 4 capital programme, delays had been experienced in relation to Waves 1-3 and the Trust had been advised to continue with the supporting works.	Richard Parker	In the meeting
COG23/04/C1.11	Council of Governors	27/04/2023	Public Governor, Lynne Logan sought clarity in respect of the training needs of NHS Professional midwives.	The Chief Executive confirmed that training would mirror that provided to substantive members of the team. Compliance would be monitored as part of the Clinical Negligence Scheme for Trusts' standards and also as part of any regulatory inspection by the Care Quality Commission. The Chief Executive confirmed that where a midwife held a primary contract with another Trust the training record did not necessarily migrate and the Local Maternity and Neonatal System were exploring opportunities to avoid duplication of effort and resource at a Place and system level to support movement of colleagues.	Richard Parker	In the meeting

	Post Council of Governors	27/04/2023	Can we have regular updates on Bassetlaw Emergency Village's progress and also on the wider impact of the project? Eg, the use of the Clinical Therapy entrance as a replacement main entrance and any issues associated with this. Also, can we have updates on the steps in the car park and any progress in fixing the problem.	<p>Just to confirm that progress on the Bassetlaw Emergency Village project is reported through the Finance & Performance Committee and the Board as part of the Directorate of Recovery, Innovation & Transformation update. The governor observer reports are posted on the governor portal and Board papers available to you via the Trust's website.</p> <p>Whilst this will provide an update on the project it's not likely to include your points about the Clinical Therapies entrance or the steps (I am not familiar with the latter). It was my understanding that after yourself and Lynne Schuller had walked the site the issues with access, signage, seating etc. were shared with the Estates team. I can ask for an up-to-date position, but as you will have noted in Richard's update and his response to Cllr Shaw's question, whilst a commitment to fund has been made, monies are not yet received/"in the bank". Richard referred to retaining the contractors but recognised the loss of approx. 1 month in terms of progressing the BEV works.</p> <p>I will catch up with Fiona when she is back in the office next week to consider the feedback already provided and we can seek an up to date position from Estates, however, the change of access may not be a short term solution, so it's about making sure that the arrangements we put in place offer the best interim solutions they can for our visitors, whilst allowing improvement works to take place.</p> <p>Update 5 June 2023 - Andy White, Head of Capital Infrastructure has confirmed that Integrated Health Projects have arranged for the crane to be on site at Bassetlaw on 11 June to lift the steps into place. The company have been asked to review plans to create a pedestrian route through to outpatients.</p>	Angela O'Mara / Andy White	Outside of the meeting
	Post Council of Governors	27/04/2023	Following Council of Governor meeting today I would like to ask for clarification about the progress of PSIRF that was mentioned. Is this progress in line with the timescale published at the national launch back in August 2022?	The Chief Nurse confirmed at the last Quality & Effectiveness Committee that PSIRF was now back on track to meet the national timeframe. There is a regular update on the agenda to receive assurance.	Fiona Dunn	Outside of the meeting
P23/05/H3	Board of Directors	23/05/2023	When will the Board receive a workforce plan for the new facilities at Mexborough (MEOC and CDC) to provide assurance of sustainable services without diverting staffing from DRI, Bassetlaw, Rotherham and Barnsley Hospitals.	The Chief Financial Officer confirmed the project plan assumed that the workforce would be required prior to Christmas 2023. It was proposed that a dedicated anaesthetist would support the Centre, nursing colleagues would be internationally recruited and medical colleagues sourced via the partner organisations. The Deputy Chair highlighted an opportunity to recruit an additional surgeon had been taken as part of an earlier recruitment campaign. Whilst recruitment of clinical colleagues was identified as a potential risk, the prospect of working in the Elective Orthopaedic Centre was expected to be an attractive opportunity. The clinical model had been progressed and agreement to use a standardised prosthesis reached. The project was supported by appropriate internal processes and delivery of the plan would be the responsibility of the executive directors and their wider leadership teams. Should there be any areas of concern, and the Board Committees felt appropriate assurance was not available they would be able to escalate to the Board.	Jon Sargeant, Chief Financial Officer	In the meeting