

**Meeting of the Council of Governors held in Public  
On  
Thursday 28 September 2023 at 15:00 – 16:15  
Via Microsoft Teams  
AGENDA**

		LEAD	ACTION	ENC	TIME
<b>A</b>	<b>COUNCIL BUSINESS</b>				<b>15:00</b>
<b>A1</b>	Welcome and Apologies for absence <i>Suzy Brain England OBE, Chair of the Board</i>	SBE	Note	Verbal	10
<b>A2</b>	Declaration of Governors' Interests <i>Suzy Brain England OBE, Chair</i>  <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	
<b>A3</b>	Actions from previous meetings <i>Suzy Brain England OBE, Chair of the Board</i>  <b><i>There were no outstanding actions from the meeting held on 6 July 2023</i></b>	SBE	Note	-	
<b>B</b>	<b>GOVERNOR APPROVALS</b>				<b>15:10</b>
<b>B1</b>	Auditors Annual Report 2022/23 to the Council of Governors <i>Hayley Clark, Partner - Ernst &amp; Young</i>	EY	Receive	B1	20
<b>C</b>	<b>ITEMS TO NOTE</b> These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting				<b>15:30</b>
<b>C1</b>	Minutes of the Council of Governors held on 6 July 2023 <i>Suzy Brain England OBE, Chair of the Board</i>	SBE	Approve	C1	5

<b>D</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b>				<b>15:35</b>
	<p>Questions from members or the public previously submitted prior to meeting.</p> <p><i>NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.</i></p>	SBE	Q&A	Verbal	10
<b>E</b>	<b>INFORMATION ITEMS</b>				<b>15:45</b>
<b>E1</b>	<p>Any Other Business (to be agreed with the Chair before the meeting)</p> <p><i>Suzy Brain England OBE, Chair of the Board</i></p>	SBE	Note	Verbal	10
<b>E2</b>	<p>Items for escalation to the Board of Directors</p> <p><i>Suzy Brain England OBE, Chair of the Board</i></p>	SBE	Approve	Verbal	-
<b>E3</b>	<p>Governor/Board Meeting Question Database</p> <p><i>Suzy Brain England OBE, Chair of the Board</i></p>	SBE	Note	E3	-
<b>F</b>	<b>ANNUAL MEMBERS MEETING - Virtual</b>				<b>15:55</b>
<b>F1</b>	<p>Annual Members Meeting</p> <p><i>Suzy Brain England OBE, Chair of the Board</i> <i>Richard Parker OBE, Chief Executive</i></p> <ul style="list-style-type: none"> <li>- Annual Report and Accounts 2022/23</li> <li>- <a href="#">Quality Accounts 2022/23</a></li> <li>- Question and Answer Session regarding the Annual Report and Accounts 2022/23</li> </ul> <p><i>The Annual Members Meeting will be available to view on the Trust's website from 28 September 2023 at 18:00 via the link:</i> <a href="https://www.dbth.nhs.uk/dbth-annual-members-meeting-2023/">https://www.dbth.nhs.uk/dbth-annual-members-meeting-2023/</a></p> <p>Minutes from last year's Annual Members' meeting, approved at the Council of Governors meeting on 24 November 2022, can be found on the Trust's <a href="#">website</a></p> <p>The AMM will cover:</p> <ul style="list-style-type: none"> <li>▪ <i>Our response to COVID-19 during 2022/2023</i></li> <li>▪ <i>Our overall operational activity</i></li> <li>▪ <i>Our highlights and challenges throughout the year</i></li> <li>▪ <i>Our financial performance</i></li> <li>▪ <i>An update on local, regional and national developments in health and social care</i></li> <li>▪ <i>An update from our Lead Governor</i></li> </ul> <p>Speakers will include:</p> <ul style="list-style-type: none"> <li>▪ <i>Suzy Brain England OBE, Chair of the Board</i></li> <li>▪ <i>Richard Parker OBE, Chief Executive</i></li> <li>▪ <i>Jon Sargeant, Chief Financial Officer</i></li> <li>▪ <i>Lynne Schuller, Lead Governor</i></li> <li>▪ <i>Along with other senior colleagues throughout the Trust.</i></li> </ul>	SBE	Receive	F1	20

<b>F2</b>	<p>Any further questions relating to the Annual Members Meeting presentation recording can be submitted up to Friday 6 October 2023 by email and responses will be provided at the Council of Governors meeting in November 2023.</p> <p>Questions to be submitted to: <a href="mailto:dbth.trustboardoffice@nhs.net">dbth.trustboardoffice@nhs.net</a></p>				
<b>F3</b>	<p>Date and time of next meeting:</p> <p><b>Date: 9 November 2023</b>  <b>Time: 15:00</b>  <b>Venue: Via Microsoft Teams Video Conferencing</b></p>	SBE	Note	Verbal	-
<b>G</b>	<b>MEETING CLOSE</b>				<b>16:15</b>



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

## **Register of Governors' Interests as 21 September 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.**

### **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

Mandy Tyrell – Staff Governor - Nursing & Medical

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  
David Northwood, Public Governor - Doncaster  
Vivek Panikkar, Staff Governor  
Jo Posnett – Partner Governor – Sheffield Hallam University  
Andria Birch, Partner Governor - BCVS  
Anita Plant, Partner Governor – The Partial Sighted Society

**Please note:** declarations for those governors elected with effect from 21 September 2023 are currently being collected and will be updated upon receipt.

A stethoscope with a silver chest piece and black tubing is resting on a light blue clipboard. The clipboard has several white medical forms with text and lines. The background is a blurred light blue surface, possibly a desk or table. The overall lighting is bright and clean.

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

**Auditor's Annual Report**

Year ended 31 March 2023

# Contents



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 01/06/22.

This report is made solely to the Audit and Risk Committee, Board of Directors and management of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit and Risk Committee, Board of Directors and management of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit and Risk Committee, Board of Directors and management of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



# Introduction

## **Purpose**

The purpose of the auditor's annual report is to bring together all of the auditor's work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the Trust or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

## **Responsibilities of the appointed auditor**

We have undertaken our 2022/23 audit work in accordance with the Audit Plan that we presented on 18 April 2023. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report;
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To the Secretary of State for Health and Social Care if we have concerns about the legality of transactions or decisions taken by the Trust;
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for and putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.





## Introduction (continued)

### 2022/23 Conclusions

<b>Financial statements</b>	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended. We issued our final auditor’s report on 7 July 2023.
<b>Parts of the remuneration report and staff report subject to audit</b>	We had no matters to report. Management made corrections to the remuneration report where dates of commencement or termination of the offices held by Senior Management were incorrect and where Cash Equivalent Transfer Values (CETV) were not calculated correctly.
<b>Consistency of the other information published with the financial statement</b>	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.
<b>Value for money (VFM)</b>	We had no matters to report by exception on the Trust’s VFM arrangements. We have included our VFM commentary in Section 03.
<b>Consistency of the annual governance statement</b>	We were satisfied that the annual governance statement was consistent with our understanding of the Trust.
<b>Referrals to the Secretary of State</b>	We made no such referrals.
<b>Public interest report and other auditor powers</b>	We had no reason to use our auditor powers.
<b>Reporting to the Trust on its consolidation schedules</b>	We concluded that the Trust’s consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
<b>Reporting to the National Audit Office (NAO) in line with group instructions</b>	We had no matters to report to the NAO.
<b>Certificate</b>	We will issue our certificate at the same time as this report, and it is included as an appendix to this report.



# Audit of the financial statements

## Key findings

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 7 July 2023, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 20 June 2023 Audit and Risk Committee meeting with an update provided by circulation on 7 July 2023. We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan. We reported 2 internal control recommendations in the Audit Results Report that we have included within Appendix B to this report.

Significant risk	Conclusion
<b>Management override of controls</b>	Our audit work found no indication of fraud in either revenue or expenditure balances.
<b>Risk of manipulation of reported financial performance</b>	We have not identified any material weaknesses in the recognition of income or expenditure. We have not identified any instances of inappropriate judgements or estimates being applied.
<b>Misstatements due to fraud or error - capitalisation of revenue expenditure</b>	Our work did not identify any material weaknesses in controls or evidence of material management override concerning the capitalisation of revenue expenditure. Our work did not identify any instances of inappropriate judgements being applied. Our work did not identify any other transactions during our audit which appeared unusual or outside the Trust's normal course of business.

We did not identify any risks of significant weaknesses in the Trust's VFM arrangements for 2022/23

## Scope

We are required to report on whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03). We presented our VFM risk assessment to the April Audit and Risk Committee meeting which was based on a combination of our cumulative audit knowledge and experience, our review of Trust board and committee reports, meetings with the Deputy Director of Finance and evaluation of associated documentation through our regular engagement with Trust management and the finance team.

## Reporting

We completed our risk assessment procedures during the final audit fieldwork and did not identify any significant weaknesses in the Trust's VFM arrangements. We identified significant risks related to financial sustainability as part of our risk assessment procedures. We set out our planned response in our Audit Plan. We had no matters to report by exception in the audit report on the financial statements. However, we did identify matters that we wish to highlight as part of our risk assessment and risk of significant weakness procedures.

Our commentary for 2022/23 is set out over pages 11 to 14. The commentary on these pages summarises our conclusions over the arrangements at the Trust in relation to our reporting criteria (see below) throughout 2022/23. Appendix A includes the detailed arrangements and processes underpinning the reporting criteria. These were reported in our 2021/22 Annual Auditors Report and have been updated for 2022/23 as required.

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Our VFM commentary highlights relevant issues for the Trust and the wider public

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
<b>Financial sustainability:</b> How the Trust plans and manages its resources to ensure it can continue to deliver its services	Uncertainty around contractual arrangements for the 2023/24 year and challenges in respect of the recurring deficit and associated liquidity issues has led us to identify a significant risk in this area.	No significant weaknesses identified
<b>Governance:</b> How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
<b>Improving economy, efficiency and effectiveness:</b> How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified

We had no matters to report by exception in the audit report



## Value for Money (continued)

### Financial Sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services

The Trust has set a challenging budget for 2023/24 as part of achieving a planned deficit of £26.8m, requiring delivery of £22.1m of Cost Improvement Plans (CIPs). This is more than the required total for the prior year (£19.3m). However, the Trust has historically managed to delivery its required savings. The cumulative underlying deficit of £48.9m indicates that the Trust increasingly needs to identify more CIPs capable of transforming the structural position. This early in the financial year, it is not unusual for there to be a large portion of CIPs yet to be identified, however, the current level of £7.4m represents 33% of the total savings required, 10% higher than at the same stage of the 22/23 plan.

There are also challenges concerning the CIPs that have been identified. In the 2022/23 financial year, the Trust experienced a significant increase in the use of agency staff with a c.50% increase from the previous year. Reducing this in the coming financial period has become a key challenge for the Trust for operational reasons and has also been earmarked as a CIP in the challenging forward plan. There will clearly become an interplay between competing risks should staffing levels dip and threaten eligibility for income i.e. Elective Recovery Funding. Turbulence in the sector with staff strike action has had an impact on the agency spend in 2022/23, but continued uncertainty remains a risk to both operational and financial performance.

The acuteness of the risks facing the trust are well recognised throughout the organisation, however, that doesn't diminish the severity of the situation currently facing the Trust.

**Conclusion:** The Trust had the arrangements we would expect to see in 2022/23 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

**Recommendation:** Clearly, the identification of remaining CIPs will be paramount to the delivery of the required deficit this year. The Trust also needs to accelerate the identification of recurring savings otherwise it will continue to face an increasing challenge with each passing financial year.



## Value for Money (continued)

### **Governance: How the Trust ensures that it makes informed decisions and properly manages its risks**

The Trust has an appropriate governance framework in place to make informed decisions and manage risks.

The Board scrutinises the Trust's performance against regulatory requirements and national standards on a monthly basis through its review of the Integrated Quality and Performance Report and emphasises the importance of patient all papers presented are considered for their impact on patient and staff experience.

The Board has a strong working relationship with the Governors aiming to work collaboratively in an open and transparent way. The Trust's arrangements are underpinned by the foundations laid out within the Corporate Governance Manual, which sets the tone throughout the organs of governance in operation across the Trust. The manual also provides, in one place, a reference point for the full framework of governance documentation.

The Trust Board receives assurance from each Board Committee and the Board Assurance Framework (BAF) is regularly reviewed and refreshed for key and emerging risks.

The Board and its committees conducted regular self-assessments of their performance. In 2022/23, the Board committed to a review of whether there was a robust and effective risk management approach at divisional level, which operated in line with the Trust's Risk Identification, Assessment, and Management Policy. The Internal Audit opinion was split; with a significant assurance for risk management activities operating at divisional level, and a limited assurance rating on the design of the divisional risk management framework. Due to overall arrangements being awarded the significant level of assurance, this has not been deemed to have led to a weakness being identified in our work. The Board is continuing to review its risk management processes to bring a stronger focus on strategic and operational risks in 2023/24 and were aware of the risk areas and developments highlighted by the independent review.

**Conclusion: The Trust had the arrangements we would expect to see in 2022/23 to enable it to make informed decisions and properly manage its risks.**



## Value for Money (continued)

### **Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services**

Delivering services post the Covid-19 pandemic has been a challenging task for the Trust. Whilst there has been more certainty in respect of funding streams for 2022/23, delivering effective and efficient services, whilst maintaining standards of care, has been a challenge against a background of greater healthcare needs and achieving adjusted elective treatment targets to reduce the Covid-19 legacy backlog of increased patient waiting times.

The Trust plays an active role in across both integrated care systems and the Trust has developed significant partnerships to ensure that patient care is optimised.

Performance is managed at monthly operational oversight meetings, and under-delivery is escalated and achievement is monitored through out the financial reporting cycle, including the Finance and Performance Committee and Trust Board.

The Trust's 2023/24 financial plan, is based on a thorough understanding of the Trust's internal costings that allows for informed budget preparation and a good baseline to identify realistic CIPs, which will be of particular importance as 2023/24.

**Conclusion: The Trust had the arrangements we would expect to see in 2022/23 to enable it to use information about its costs and performance to improve the way it manages and delivers services.**

# Appendices

## Appendix A – Summary of arrangements

### Financial Sustainability

Reporting Sub-Criteria	Findings
How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	The Trust recognises financial sustainability and the pressures it is facing as a risk within the corporate risk register. The risk register includes actions to mitigate the risk to manage the short and medium-term impact on the Trust's service delivery. These are managed through formal monthly internal reporting on financial pressures, performance against plans and the Trust's liquidity position as well as external reporting of the Trusts progress against plan. The risk register is considered frequently by the executive team and is a regular item for Board consideration and is subject to review by the Audit and Risk Committee.
How the body plans to bridge its funding gaps and identifies achievable savings	In recent years the Trust has a track record of achieving sufficient savings and agreed control totals. The Trust has submitted a plan for 2023/24 that has been agreed within the South Yorkshire Integrated Care System. The plan is challenging, yet also a significant deficit. To achieve the plan, the Trust has the support of commissioners locally within the system. Part of this plan involves obtaining additional Public Dividend Capital to ensure that the Trust remains liquid. The drawdown of additional cash is supported by the Integrated Care Board. To make in-roads into the structural deficit position, working closely with commissioners will be paramount to increase the funding available to match the level of activity the Trust is being expected to deliver.
How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	The Trust has a vision and a long-term strategic plan which articulates how it will deliver its statutory responsibilities. The Trust translates this into an annual operating plan including the financial plans for enabling sustainable delivery of services. This forms the basis of monthly Trust Board reporting. The Trust has prepared and submitted financial plans and savings targets to meet its agreed share of the system control total. While we have not identified any risks to continuing service delivery, detailed medium term financial planning necessarily includes a number of assumptions.
How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system	The Trust reports to each Board meeting on key performance areas including Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The Trust's financial plans include reporting on these "True North" strategic areas as part of its mechanisms for monitoring the achievement of targets for each of the key performance areas. Monthly reporting on the financial position to the Finance and Performance Committee links financial risks to strategic risks.
How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans	Trust management have maintained risk management and governance processes throughout the year. The Finance and Performance Committee review a monthly performance report which is then presented to the Board. The report includes actual year to date financial outturn performance as well as the expected/projected outturn position for the financial year. The report also highlights risks to achieving the planned outturn position, any changes to the original plan and how the Trust plans to address new risks. The Trust recognises Failure to achieve compliance with financial performance and achieve financial plan within its risk register demonstrating how the Trust identifies significant financial pressures and builds them into their short term and medium-term plans.



## Appendix A – Summary of arrangements (continued)

### Governance

#### Reporting Sub-Criteria

How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud

#### Findings

The Trust's Board Assurance Framework (BAF) is refreshed annually to match its strategic aims and align to strategic priorities and risks. The BAF outlines the actions being undertaken by the Trust to provide assurance that risks are being mitigated to an acceptable level, and is reviewed and updated by the senior management team. The Board of Directors have responsibility for oversight of the BAF.

The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive and review the BAF and Corporate Risk Register on a frequent basis.

The Board of Directors monitors a series of quality measures and objectives on a monthly basis. Risks to the quality of care are managed and monitored through robust risk management and assurance processes. The committees of the Board, particularly the Quality and Effectiveness Committee and the People Committee, play a key role in quality governance, receiving reports and using internal audit to test the processes and quality controls in place. This enables rigorous challenge and action to be taken to develop services to enable improvement. The Board gives regular consideration to ensuring service quality in all aspects of its work, including changes to services and cost improvement plans. The Board proactively works to identify and mitigate potential risks to quality.

The Trust has a sound and embedded control environment in place. Relevant policies and procedures are in place and used in practice. We identified no issues of concern from the work we have completed.

The Trust has appropriate fraud prevention policies in place. The annual programme of counter fraud work agreed by the Audit and Risk Committee includes fraud prevention. and the committee received reports from the counter fraud specialist throughout the year.

How the body approaches and carries out its annual budget setting process

The Trust has a track record of submitting planning, key data and final financial information in line with agreed timetables. As the process has evolved to include more involvement at an Integrated Care System (ICS) level, the Trust's internal budgeting and budget monitoring process has continued to pay attention to the relevant deadlines at a national and ICS level. The Trust's internal budgeting and budget monitoring process is reported on a monthly basis to the Finance and Performance committee.

The Trust develops its financial plan and budget using dual processes:

- ▶ Top down: where the Trust quantifies the core financial gap to assess its affordability envelope and inform the scale of the efficiency expectation for forthcoming year. This is developed through the application of national and local planning assumptions, as well as known commitments.
- ▶ Bottom up: where the Trust develops a granular level of activity, income, expenditure, workforce, capacity and efficiency planning.

## Appendix A – Summary of arrangements (continued)

### Governance

#### Reporting Sub-Criteria

#### Findings

How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed

The Trust has the appropriate arrangements in place to set, approve and monitor budgets. The Trust's internal budgeting and budget monitoring process has continued throughout the year, reviewed by management and subsequently reported on a monthly basis to the Finance and Performance Committee. Reporting to the Board also includes non-financial management information on all the Trust's key performance areas. Budget meetings with budget holders were maintained throughout the year and formed the basis for reviewing variances from the base. Throughout the year, monthly reporting on pay and non-pay cost variance analysis, as well as reporting against capital programme progress, has been the source of executive oversight to enable budget monitoring and therefore assess the sustainability of future financial plans.

How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee

The effective operation of the Board, supported with regular, clear and relevant information, is the Trust's key tool for ensuring that it makes properly informed decisions. Published Board papers are presented with header sheets that provide consideration of the key elements of the Trust strategic aims the report relates to, demonstrating the Board is informed of the relevant areas in making decisions. These executive summaries also draw out the implications in terms of legislation, regulation and resources. The minutes evidence the challenge made by non-executive members and the transparency in decision making. The Audit and Risk Committee is comprised of appropriately skilled and experienced members, it has clear terms of reference which emphasises the Committee's role in providing effective challenge and has an annual work plan to help ensure that it focuses on the relevant aspects of governance, internal control and financial reporting.

How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)

The Trust has appropriate Governance structures in place to assure itself that appropriate standards and regulations are met. Declarations of interest are a standing item in all board and Audit and Risk Committee meetings. The Audit and Risk Committee, oversees an annual programme of work that is part of a suite of actions the Trust has in place to monitor adherence to clinical and care related standards and requirements. The Trust has policies and procedures in place to ensure that staff operate in accordance with relevant legislative and regulatory requirements. These policies and procedures are reviewed and revised regularly. Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety.

## Appendix A – Summary of arrangements (continued)

### Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
<p>How financial and performance information has been used to assess performance to identify areas for improvement</p>	<p>The Trust report and monitor financial and non financial performance information through internal governance frameworks. The Board and Audit and Risk Committee oversee financial performance with formal monthly reporting on outturns and financial performance at Finance and Performance Committee monthly meetings.</p> <p>The Board receives reports on performance in its key areas, which include Quality and Effectiveness; People and Organisational Development; and Finance and Performance. The reports clearly outline performance against planned targets and outcomes. Depending on the performance area, a Board committee will have oversight of the actions being identified and taken to address areas where performance is below plan. Each committee has a process in place for monitoring agreed actions and these are then included in subsequent Board reports.</p>
<p>How the body evaluates the services it provides to assess performance and identify areas for improvement</p>	<p>The integrated performance report identifies the key performance indicators for key service areas. These are monitored on a regular basis by the Board and the Finance and Performance committee and where appropriate for areas performing below target requirements action is taken to address. Safety and quality is monitored by the Quality and Effectiveness Committee, which holds quarterly learning sessions on patient safety.</p> <p>The Trust reports performance across its operations in the monthly reporting to the Board against national and local indicators. Where performance is below plan these reports highlight the action being taken to seek the required improvement.</p> <p>The Trust was last inspected by the Care Quality Commission in February 2020 and was rated ‘Good’ overall and ‘Good’ in all areas.</p>
<p>How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve</p>	<p>The Trust reports internally on system working and working with commissioners. The Trust reports it has maintained good and supportive relationships with lead commissioners and on the strengthened collaboration and mutual aid between providers and commissioners as part of reporting to Audit and Risk Committee the preparation for production of the annual report.</p> <p>The Trust has an established Finance and Performance Committee which provides oversight of its active partnership role within the local Integrated Care System. The same Committee also receives regular reports from Service Leads on other partnership working and engagement with stakeholders including local CCGs, now ICBs, and local authorities. The Committee has a remit to request that Service Leads take action where significant partnerships are not delivering the performance or outcomes that the Trust expects. The Board has a duty to work in partnership with service users, carers, local health organisations, local government authorities and others to provide safe, effective, accessible, and well governed services for patients</p>
<p>How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits</p>	<p>Doncaster &amp; Bassetlaw Teaching Hospitals NHS Foundation Trust is an acute provider and the majority of its services are commissioned by local CCGs and some specialist services by NHS England. The Trust monitors outcomes through its governance framework, reporting internally to board and committees and externally via the Annual Governance Report.</p> <p>For procurement, the Trust uses national contracts or agreements wherever possible, primarily through NHS Supply Chain, the Crown Commercial Service and NHS Commercial Alliance. Where it is not possible to use a national agreement, contracts are advertised in the public domain via the government portal Contracts Finder. The Audit and Risk Committee review cases where single tender waivers have been performed and assess the conditions around such incidences.</p>

## Appendix B – Summary of all recommendations

### Recommendations

The table below sets out all the recommendations arising from the financial statements and value for money audits in 2022/23. All recommendations have been agreed by management. We have included the recommendations rated “Moderate in our Audit Results Report” – there were no high risk recommendations made.

Issue	Recommendation	Management Response
Financial statements: Property, Plant and Equipment	<p>We were not been provided with the expected workpapers to support the reconciliation between the fixed asset register and the financial statements.</p> <p>The balance of non-current assets is the most significant item on the statement of financial position and is an area of increased audit focus due to its susceptibility to material misstatement. Delays to and deficiencies in, the provision of accurate information to auditors leads to delays and difficulties in us being able to obtain sufficient and appropriate assurance to close our audit.</p> <p>We recommend further training in this area to support providing the required workpaper to auditors.</p>	<p>We agree with the suggested recommendation that further training and a debrief with the auditors in this area would be beneficial. Some of the timeliness of working papers was impacted by the lead for this area going off sick during the year end and audit.</p>
Financial statements: Preparation of the Remuneration Report	<p>Our testing identified a number of issues. This is a highly sensitive area of the annual report and guidance is published for Trusts to follow. It is important that management ensure that they, and anybody responsible for providing any input to the report, understand the requirements.</p>	<p>This area will be reviewed with the relevant parties involved in pulling the remuneration report together ahead of next year with the points raised by external audit addressed as part of this.</p>
Value for Money: Financial Sustainability	<p>The identification of remaining CIPs will be paramount to the delivery of the required deficit this year. The Trust also needs to accelerate the identification of recurring savings otherwise it will continue to face an increasing challenge with each passing financial year.</p>	<p>The Trust recognise the risks associated with the financial position and the importance of recurrency of CIPs</p>



## Appendix C - Certificate

### Certificate

#### INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

##### Issue of audit opinion on the financial statements

In our audit report for the year ended 31 March 2023 issued on 07 July 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and of the Group as at 31 March 2023 and of the Group's income and expenditure for the year then ended;
- had been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2022 to 2023; and
- had been properly prepared in accordance with the National Health Service Act 2006..

##### Certificate

In our report dated 07 July 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the year ended 31 March 2023. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

*Hayley Clark*

*For and on behalf of Ernst & Young LLP*

*Birmingham*

*17 August 2023*

## EY | Assurance | Tax | Transactions | Consultancy

### About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit [ey.com](https://www.ey.com).

© 2023 EYGM Limited.

All Rights Reserved.

ED None

EY-000070901-01 (UK) 07/18. CSG London.

In line with EY's commitment to minimise its impact on the environment, this document has been printed on paper with a high recycled content.

This material has been prepared for general informational purposes only and is not intended to be relied upon as accounting, tax, or other professional advice. Please refer to your advisors for specific advice.

[ey.com](https://www.ey.com)



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors Committee held in public  
on Thursday 6 July 2023 at 15:00  
via Microsoft Teams

<b>Chair</b>	Kath Smart, Deputy Chair	
<b>Public Governors</b>	Peter Abell Mark Bright Lynne Logan Andrew Middleton David Northwood Pauline Riley Lynne Schuller Sheila Walsh	
<b>Staff Governors</b>	Irfan Ahmed Kay Brown Duncan Carratt Vivek Panikkar	
<b>Partner Governors</b>		
<b>In attendance</b>	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day - Non-executive Director Fiona Dunn - Director of Corporate Affairs/Company Secretary Karen Jessop - Chief Nurse Emyr Jones - Non-executive Director Lucy Nickson - Non-executive Director Tim Noble - Executive Medical Director Angela O'Mara - Deputy Company Secretary (minutes) Jon Sargeant - Deputy Chief Executive	
<b>Governor Apologies:</b>	Dennis Atkin Phil Holmes Alexis Johnson	
<b>Board Member Apologies</b>	Suzy Brain England OBE - Chair of the Board Jo Gander - Non-executive Director Richard Parker OBE - Chief Executive	

		<b>ACTION</b>
<b>COG23/07/A1</b>	<b>Welcome, apologies for absence (Verbal)</b>	
	The Deputy Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.	
<b>COG23/07/A2</b>	<b><u>Declaration of Governors' Interests (Enclosure A2)</u></b>	
	No changes to governors' interests were declared.	
	<b><i>The Council:</i></b>  <b>- <i>Noted governors' current declarations of interests</i></b>	
<b>COG23/07/A3</b>	<b><u>Actions from previous meetings</u></b>	
	There were no outstanding actions.	
<b>COG23/07/C</b>	<b><u>Presentation</u></b>	
<b>COG23/07/C1.1</b>	<b><u>Chair's Report</u></b>  The Deputy Chair provided a summary of the Chair's activities since the previous Council of Governors meeting, which included:  <ul style="list-style-type: none"> <li>• Attendance at NHS Providers Governor Focus Conference</li> <li>• The external launch of the Trust's Research &amp; Innovation Strategy</li> <li>• Completion of the Chief Executive's appraisal and objective setting</li> <li>• Introductory meetings with Toby Lewis, Chief Executive of Rotherham, Doncaster &amp; South Humber NHS Foundation Trust and the Trust's Chief Nursing Information Officer</li> </ul> <p>Governors were reminded that the Annual Members Meeting would take place on 28 September and any questions should be submitted to the Trust Board Office in advance.</p>	
<b>COG23/07/C1.2</b>	<b><u>Lynne Schuller – Lead Governor</u></b>  The Lead Governor confirmed that the change in approach to agree governor questions prior to the Board of Directors meetings had worked well in June and would continue to secure a more inclusive approach.  The governor election campaign was now live, nominations were invited until 3 August, the poll would open on 24 August with results declared on 21 September 2023.  A meet and greet had recently taken place at Bassetlaw Hospital where governors had welcomed the opportunity to engage with patients, visitors and staff members.	



<p><b>COG23/07/C1.3</b></p>	<p><b><u>Kath Smart - Audit &amp; Risk Committee</u></b></p> <p>The Chair of the Audit and Risk Committee provided an insight into June’s Committee meeting, the Chair’s assurance log provided positive assurance in respect of the Getting It Right First Time Programme, NHS Shared Business Services annual assurance statement and an early clean opinion from the external auditors.</p> <p>A moderate Head of Internal Assurance Opinion was provided based on the audit recommendation closure rate, the limited/moderate assurance internal audit reports and moderate assurance in respect of the Board Assurance Framework and risk management.</p> <p>Approval of the annual accounts was provided, should any minor changes be required the Committee members delegated final approval to the Committee Chair and the Chief Financial Officer.</p>	
<p><b>COG23/07/C1.4</b></p>	<p><b><u>Emyr Jones - Quality and Effectiveness Committee</u></b></p> <p>The Deputy Chair of the Quality and Effectiveness Committee shared with the Council of Governors key highlights from the June meeting, which included:</p> <ul style="list-style-type: none"> <li>• Progress in the delivery of the Patient Safety Incident Response Framework</li> <li>• Improved duty of candour compliance</li> <li>• Development of the Trust’s Quality Framework and Strategy</li> </ul> <p>Work in respect of clinical audit and the maternity single delivery plan was progressing. It had been agreed that virtual wards performance would be reported to the Finance and Performance Committee, with quality matters directed to the Quality and Effectiveness Committee.</p>	
<p><b>COG23/07/C1.5</b></p>	<p><b><u>Mark Day - Finance and Performance Committee</u></b></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"> <li>• New access standards reporting</li> <li>• 2023/24 elective care priorities</li> <li>• Financial performance</li> </ul> <p>A deep dive discussion had taken place with regards to the cost improvement programme, the Committee was assured of the approach, however, a need to accelerate progress was recognised. Timely delivery against the urgent and emergency care improvement plan was required prior to the winter months.</p>	
<p><b>COG23/07/C1.6</b></p>	<p><b><u>Hazel Brand – Charitable Funds Committee &amp; Nottingham &amp; Nottinghamshire ICS</u></b></p> <p>The Chair of the Charitable Funds Committee provided an update on the key highlights from the June 2023 meeting, which included:</p> <ul style="list-style-type: none"> <li>• Approval of the Annual Report</li> <li>• Completion of the Committee effectiveness review</li> </ul>	

	<ul style="list-style-type: none"> <li>• Approval of a £25 Christmas gift and top-up funding for the Registered Nurse Degree Programme</li> <li>• Development of a fundraising strategy, to be received at a future meeting</li> </ul> <p>In respect of Hazel Brand’s responsibilities as the non-executive representation for partnership working with Nottingham &amp; Nottinghamshire Integrated Care System, the recent publications of the Integrated Care Strategy and the Joint Forward Plan were shared, which identified the golden thread priorities of prevention, equity and integration and the outputs of the recent Provider Collaborative Board workshop.</p>	
<p><b>COG23/07/C1.7</b></p>	<p><b><u>Mark Bailey – People Committee</u></b></p> <p>The Chair of the People Committee provided an update on the key highlights from May’s meeting, which included:</p> <ul style="list-style-type: none"> <li>• 2022/23 Annual Reports for Leadership &amp; Organisational Development and Health &amp; Wellbeing</li> <li>• Safe staffing</li> <li>• Widening Participation</li> <li>• Medical Appraisals</li> </ul> <p>The People Committee were sighted on the need to complete actions in relation to the NHS Violence Prevention &amp; Reduction Standard by the end of Q1 2023/24 and the DBTH Way and the Committee’s Annual Report were approved.</p>	
<p><b>COG23/07/C1.8</b></p>	<p><b><u>Karen Jessop – Chief Nurse Presentation – Quality Strategy</u></b></p> <p>The Chief Nurse was welcomed to the Council of Governors meeting to share details of the Trust’s Quality Strategy 2023-27, recently presented to the Quality &amp; Effectiveness Committee.</p> <p>The strategy consisted of the following six themes and was aligned to the NHS Long Term Plan and the Trust’s vision “To be the safest trust in England – outstanding in all we do”:</p> <ul style="list-style-type: none"> <li>• Patient Safety</li> <li>• Patient Experience</li> <li>• Clinical Effectiveness</li> <li>• Fundamentals of Care</li> <li>• Care of Our Most Vulnerable</li> <li>• Care Planning &amp; Documentation</li> </ul> <p>Operational delivery plans would underpin the strategy.</p>	
<p><b>COG23/07/C1.9</b></p>	<p><b><u>Jon Sargeant – Deputy Chief Executive Report</u></b></p> <p>In the absence of the Chief Executive, the Deputy Chief Executive updated the Council of Governors on the Trust’s activity during the period March to June, the appointment of the substantive Deputy Chief Executive, Zara Jones, effective from October 2023 and a change to the divisional structure, which resulted in the creation of a new division of Urgent &amp; Emergency Care.</p>	

	<p>In respect of the Trust’s finances, the year ahead was expected to be challenging, a final deficit plan of £26.8m had been submitted, with cost efficiencies of £22.1m. The need to ensure the best use of public money was reinforced, through the provision of efficient and effective services. An external review of the Trust’s underlying deficit position had been commissioned to validate and establish potential efficiencies.</p> <p>Further to the recent announcement that the Trust had been unsuccessful in securing funding for a new hospital, alternative funding and next steps were being considered, a number of visits to the site were planned to include the South Yorkshire Mayor and the Parliamentary Under Secretary of State for Health, Lord Markham. The Trust would continue to work closely with partners to make the case for a new hospital, whilst considering refurbishment.</p> <p>In terms of development across the hospital sites, the work to remove the reinforced aerated autoclaved concrete at Bassetlaw was now complete. The business case for Bassetlaw Emergency Village had been approved, cash had been drawn down and a ground breaking ceremony was planned in the coming weeks. At Montagu Hospital, a refurbishment of the Pain Management Unit had been completed and the modular unit for the Montagu Elective Orthopaedic Centre was now in production.</p> <p>Since the last Council of Governors meeting, the Trust had launched its People Strategy which outlined a commitment to improve the working life of DBTH colleagues, a pay deal had been agreed for colleagues on the national Agenda for Change pay structure and changes made to the route for the hospital’s park and ride and shuttle bus service. As part of the 75<sup>th</sup> anniversary of the NHS, colleagues’ contribution had been recognised at an event at the Yorkshire Wildlife Park and for those long serving team members an afternoon tea was held at Ye Olde Bell in Barnby Moor.</p>	
<p><b>COG23/07/ C1.10</b></p>	<p><b><u>Governor Questions</u></b></p> <p>Doncaster Public Governor, David Northwood welcomed the use of “hello my names is” as a positive action to support improved patient experience and sought assurance that this would be delivered consistently. The Chief Nurse confirmed this was an integral part of colleague induction and was subsequently assessed through Tendable audits, which had demonstrated improved usage.</p> <p>David Northwood also reported a recent conversation with a nurse in training, which highlighted a positive experience at the Trust which was encouraging to hear from a recruitment perspective.</p> <p>Bassetlaw Public Governor, Peter Abell noted the volume of building works ongoing at Bassetlaw and enquired if signage and revised routes had been subject to review by the senior management team. The Deputy Chief Executive confirmed that amendments to signage had been made but gave a personal commitment, with the support of the Head of Patient Experience, to complete a site walkabout, to include a check on the provision of wheelchairs and seating.</p> <p>In response to a question from Bassetlaw Public Governor, Andrew Middleton, the Deputy Chief Executive confirmed that the Trust was sighted on the Nottingham &amp; Nottinghamshire Joint Forward Plan. In respect of the nursing degree funding this was confirmed to be top-up funding and supported the principle of developing Trust colleagues. The Charitable Funds Committee had a duty to ensure approval was in accordance with the policy.</p>	

	Bassetlaw Public Governor, Sheila Walsh spoke positively of the recent health and social care careers fayre held at Retford Oaks Academy and enquired of plans to hold this on an annual basis going forwards. The Deputy Chair agreed to make enquiries and provide feedback in due course.		
	<b><i>The Council of Governors:</i></b>		
	- <b><i>Noted the Presentation</i></b>		
<b>COG23/07/D1</b>	<b><u>Chair &amp; Non-executive Director Appraisal Process</u></b>		
	The Company Secretary's paper confirmed the proposed approach for the Chair and Non-executive's 2022/23 appraisals, including a timeline for completion and subsequent feedback to the November's Council of Governors meeting.		
	<b><i>The Council of Governors:</i></b>		
	- <b><i>Ratified the Chair &amp; Non-executive Appraisal Process</i></b>		
<b>COG23/07/D2</b>	<b><u>Minutes of the Council of Governors held on 28 April 2023</u></b>		
	<b><i>The Council of Governors:</i></b>		
	- <b><i>Noted and approved the Minutes of the Council of Governors held on 28 April 2023</i></b>		
<b>COG23/07/E1</b>	<b><u>Questions from members of the public previously submitted prior to the meeting</u></b>		
	No questions had been received from the public.		
<b>COG23/07/F1</b>	<b><u>Any other Business</u></b>		
	No items of other business were raised.		
<b>COG23/07/F2</b>	<b><u>Items for escalation to the Board of Directors</u></b>		
	No items for escalation were reported.		
<b>COG23/07/F3</b>	<b><u>Governor/Board Meeting Question Database</u></b>		
	<b><i>The Council of Governors:</i></b>		
	- <b><i>Received and noted the question database.</i></b>		
<b>COG23/07/F3</b>	<b><u>Date and time of next meeting (Verbal)</u></b>		
	Date:	<b>28 September 2023 (AMM) 9 November 2023</b>	
	Time:	<b>15:00</b>	
	Venue:	<b>Microsoft Teams</b>	
	Meeting Close:	<b>16:37</b>	

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



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:  • 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
P21/11/13	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 “ 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 &amp; 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 &amp; 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 <a href="http://www.southyorkshire.icb.nhs.uk">www.southyorkshire.icb.nhs.uk</a> 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"> <li>• Improve outcomes in populations health and healthcare</li> <li>• Tackle inequalities in outcomes, experienced and access</li> <li>• Enhance productivity and value for money</li> <li>• Help the NHS support broader social and economic development</li> </ul>	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 divers? 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 divers was closely monitored.	George Briggs, Interim Chief Operating Officer	In the meeting
P22/11/13	Board of Directors	29/11/2022	A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?	The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/11/13	Board of Directors	29/11/2022	In relation to the serious incidents and patient safety is there a link to the freedom to speak up workstream? Ensuring staff are able to actively raise concerns re patient safety, whilst feeling supported could potentially lead to reduction of serious incidents. If the links already exist, do we have a reporting mechanism highlighting near misses?	The Executive Medical Director confirmed the reporting of risks, incidents and near misses was actively encouraged and supported as part of everyday practice, submissions were via Datix, which provided a rich source of information. There was also extensive communication to encourage and support speaking up.	Dr Tim Noble, Executive Medical Director	In the meeting

P22/11/13	Board of Directors	29/11/2022	Staff values and behaviours (Pg 28) links with previous reports of staff attitude. This has remained as a cause for complaint for some time. Has any work been undertaken to understand the details behind this theme and share with patients / visitors any rationale sitting behind the "values and behaviours" or to address if an issue is identified?	In respect of complaints, it was recognised that staff attitude was nearly always the number one cause of concern. Communication was a critical skill, keeping patients and families well informed with regards to decision making and next steps. Where patterns emerged within department/ward targeted support and education would be provided.  The Chief People Officer confirmed a leadership behaviour framework would be launched shortly, to focus on values and behaviours for a broad range of colleagues.	Richard Parker, Chief Executive & Zoe Lintin, Chief People Officer	In the meeting
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 wisely.	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
P23/01/13	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
P23/01/13	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
P23/01/13	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
P23/01/13	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 &amp; 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 &amp; Performance Committee and the Board as part of the Directorate of Recovery, Innovation &amp; 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><b>Update 5 June 2023</b> - 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	<b>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.</b>	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
P23/06/F2	Board of Directors	27/06/2023	<b>I would like to know what the Trust strategy is to recover its breast screening uptake position. The Trust is currently at between 40-50% against a national standard of approximately 75%, with some areas in the region being particularly poor because of poor uptake.</b>	The Chief Operating Officer agreed to provide a full response post meeting, a copy of which would be made available via the governor portal.	Denise Smith, Chief Operating Officer	Outstanding
COG23/07/C1.10	Council of Governors	06/07/2023	<b>Doncaster Public Governor, David Northwood welcomed the use of "hello my names is" as a positive action to support improved patient experience and sought assurance that this would be delivered consistently.</b>	The Chief Nurse confirmed this was an integral part of colleague induction and was subsequently assessed through Tendable audits, which had demonstrated improved usage.	Karen Jessop, Chief Nurse	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	<b>Bassetlaw Public Governor, Peter Abell noted the volume of building works ongoing at Bassetlaw and enquired if signage and revised routes had been subject to review by the senior management team.</b>	The Deputy Chief Executive confirmed that amendments to signage had been made but gave a personal commitment, with the support of the Head of Patient Experience, to complete a site walkabout, to include a check on the provision of wheelchairs and seating.	Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	<b>In response to a question from Bassetlaw Public Governor, Andrew Middleton, the Deputy Chief Executive confirmed that the Trust was sighted on the Nottingham &amp; Nottinghamshire Joint Forward Plan. In respect of the nursing degree funding this was confirmed to be top-up funding and supported the principle of developing Trust colleagues. The Charitable Funds Committee had a duty to ensure approval was in accordance with the policy.</b>		Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	<b>Sheila Walsh spoke positively of the recent health and social care careers fayre held at Retford Oaks Academy and enquired of plans to hold this on an annual basis going forwards.</b>	The Deputy Chair confirmed with Kelly Turkhud, Vocational Educational Manager, plans to host a careers event in Bassetlaw on an annual basis.	Kath Smart, Non-Executive Director & Deputy Chair	Outside of the meeting