

**Meeting of the Council of Governors held in Public
on Thursday 9th November 2023 at 15:00 – 17:25
Via Microsoft Teams
AGENDA**

		LEAD	ACTION	ENC	TIME	
A	COUNCIL BUSINESS				15:00	
A1	Welcome and Apologies for absence	SBE	Note	Verbal	5	
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	SBE	Note	A2		
A3	Actions from previous meetings <i>There were no outstanding actions from the meeting held on 28th September 2023</i>	SBE	Note	-		
B	GOVERNOR APPROVALS					
B1	Chair & NED Appraisal Outcome	SBE	Approve	B1	5	
B2	CoG - Nominations & Remunerations Committee Terms of Reference	AOM	Approve	B2	5	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:15	
	C1.1	Suzy Brain England OBE - Chair's Report	SBE	Note	Present	10
	C1.2	Zara Jones – Deputy Chief Executive Introduction	ZJ	Note	Present	10
	C1.3	Lynne Schuller - Lead Governor's Update	LS	Note	Present	5
	C1.4	Kath Smart - Audit & Risk Committee	KS	Note	Present	10
	C1.5	Jo Gander - Quality and Effectiveness	JG	Note	Present	10
	C1.6	Mark Day - Finance and Performance Committee	MD	Note	Present	10
	C1.7	Hazel Brand - Charitable Funds Committee	HB	Note	Present	10
	C1.8	Mark Bailey - People Committee	MB	Note	Present	10
	C1.9	Richard Parker OBE - Chief Executive's Report	RP	Note	Present	10

	C1.10	Governor Questions (20mins)	Gov	Q&A	Verbal	20
D	ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting					17:00
D1	Minutes of Council of Governors held on 28 September 2023		SBE	Ratify	D1	5
D2	Annual Members Meeting Minutes held on 28 September 2023		SBE	Approve	D2	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC					17:10
E1	<p>Questions from members of 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 governor's post meeting.</i></p>		SBE	Q&A	Verbal	5
F	INFORMATION ITEMS					17:15
F1	Any Other Business (to be agreed with the Chair before the meeting)		Gov	Note	Verbal	5
F2	Items for escalation to the Board of Directors		SBE	Approve	Verbal	5
F3	Governor Board/Meeting Questions Database		AOM	Note	F3	
	<p>Date and time of next meeting:</p> <p>Date: 1 February 2024 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing</p>		SBE	Note	Verbal	
G	MEETING CLOSE					17:25



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 17 October 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

Gavin Portier – Staff Governor - Nursing & Midwifery

Joint Director of Portier Coaching & Workshops Ltd

Rob Allen – Public Governor – Doncaster

Employed by Doncaster City Council

Member of Labour party. Branch officer & Steward Doncaster Unison Branch

The following Governors have stated that they have no relevant interests to declare:

Irfan Ahmed – Public Governor - Doncaster
Dr Mark Bright – Public Governor – Doncaster
Marc Bratcher - Public Governor – Doncaster
Kay Brown - Staff Governor – Non-Clinical
Denise Carr – Public Governor - Bassetlaw
Natasha Graves – Public Governor – Doncaster
David Gregory – Public Governor - Doncaster
Tina Harrison – Partner Governor – Doncaster College and University Centre
Peter Hewkin – Public Governor - Bassetlaw
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson- Partner Governor – Doncaster Deaf Trust
Annette Johnson – Public Governor - Doncaster
George Kirk – Public Governor - Doncaster
Lynne Logan – Public Governor – Doncaster
Ainsley McDonnell, Partner Governor
Joseph Money – Staff Governor – Non-Clinical
David Northwood, Public Governor - Doncaster
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Clive Smith – Public Governor - Doncaster
Mandy Tyrell – Staff Governor - Nursing & Midwifery
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.

Report Cover Page				
Meeting Title:	Council of Governors			
Meeting Date:	9 November 2023	Agenda Reference:	B1	
Report Title:	Chair and Non-Executive Director Appraisal Outcome			
Sponsor:	Suzy Brain England OBE , Chair of the Board & Council of Governors			
Author:	Fiona Dunn, Director Corporate Affairs / Company Secretary			
Appendices:	none			
Report Summary				
Purpose of report	To inform the Council of Governors of the outcomes from the Chair and Non-Executive Director Appraisal process			
Executive Summary				
<p>The Non-executive Directors objective setting, and appraisal process was completed during July and August 2023. The process followed that adopted and agreed by the Council of Governors at the meeting held 6 July 2023. Governors and Executive Directors were provided with an opportunity to feedback on their performance against agreed objectives, their ability to hold executives to account and comment on their strengths and development areas.</p> <p>The Chair’s appraisal process was informed by NHSE guidance, issued in November 2019. Aligned to the provider chair competency framework the guidance provides a standard approach to ensure a meaningful, multi-source assessment against the five core competencies; strategic, people, professional acumen, outcomes focus, and partnerships. The Chair was appraised on 14 July 2023 by Mark Day, Senior Independent Director.</p> <p>This paper reports to governors the Chair’s and Non-executive Directors’ objectives for 2023/24</p>				
Recommendation:	To note the Chair & Non-Executive Directors objectives			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	Yes		Yes	
Implications				
Board assurance framework:	N/A			

Risk register:	N/A
Regulation:	Meets requirement within NHS Code of Governance
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.
Resources:	Actions required are currently being delivered within existing trust Resources highlighted in individual risks
Assurance Route	
Previously considered by:	Council of Governors November 2022
Date:	November 2022
Any outcomes/next steps	N/A
Previously circulated reports to supplement this paper:	Council of Governors meeting 6 th July 2023 – Appraisal Process

The Chair and Non-Executive Directors Objective Setting and Appraisal Process

Summary

The Chair's appraisal was completed on 14 July 2023 by Mark Day Senior Independent Director. Subsequently, the Chair then met with all Non-executive Directors throughout the months of July & August.

The Chair and Non-executive Directors are committed to supporting delivery of the True North objectives and the Trust's vision "To be the safest trust in England, outstanding in all that we do". Breakthrough objectives for 2023/24 were agreed in line with the non-executives' portfolios, with their respective sub-committees of Board focused on delivery through their work. All colleagues had completed their statutory and essential training.

Chair of the Board

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

The Chair had met last year's objectives and the priorities for 2023/24 were agreed as follows:

- Promote and support financial resilience through strategic planning and alignment of behaviors.
- EDI Leadership – continue to make progress to improve the equality, diversity and inclusion of Board membership and the Trusts own staff and senior appointments. Aiming for the membership to be reflective of the health care system in which it operates and the population it serves.
- Promote "system working" ensuring that the Trust is an excellent partner in the ICS and works well as part of provider collaboratives.
- To lead the Board to ensure there is a focus on delivery of the Trust strategy ensuring delivery on the key milestones.
- Continue to develop and build the Board with the introduction of new Non-executive directors and Executive colleagues working alongside Governors.
- Continue to be an ambassador of the Trust through all interactions both inside and outside of the Trust.

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

Non-executive Directors

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

All Non-executive Directors completed the Trust 2022/23 appraisal documentation, they reflected on their achievements in 2022/23, what had gone well and areas which they felt could be improved upon. They considered how they had demonstrated the Trust's "WECARE" values and their contribution to quality improvements over the last 12 months.

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

- Keep up to date with national, regional, and local developments relevant to the work of the Trust.
- Contribute to the Board's foresight and definition of the Trust's strategic opportunities, challenges, priorities, and agenda.
- Develop contribution to the EDI journey in the Trust. Ensure DBTH executives, and throughout the organisation, deliver the six high impact actions in NHSE's EDI Improvement Plan.
- Support and assure progress through relevant committees.
- Gain assurance of the plan and outcomes for strategy delivery areas identified for 2023/4
- Gain assurance on the Trusts BAF & Risk Management approach & improvements.
- Declarations of Interest – Ensuring continued compliance with DOI and the process to achieve compliance with the new Civica system.
- Ensure delivery of 2023/24 Internal Audit Plan.
- Support DBTH's collaboration with NN ICS and Bassetlaw Place, SYB ICS and Doncaster Place,
- Support the Chair and executive team in promoting DBTH's values, particularly through my role as NED Champion of FTSU and also The DBTH Way, Just Culture, PSIRF, GIRFT, Develop, Belong and Thrive Here, Nolan Principles, etc
- Act as an ambassador for the Trust in engagement with stakeholders including the local community.
- Provide support and assurance to the Recovery, Transformation, and Improvement opportunities across the Trust to improve quality and safety, reduce inequality and improve efficiency and effectiveness.
- Champion development of digital capabilities to enhance patient safety, care and experience.
- Advance the Trust's charity work, as an enabler of safer care, innovation and to support the professional development of DBTH colleagues.
- Continue to advocate for a quality improvement approach across the Trust, leading by example at Board level.
- Support the Board in delivering the requirements of the NHS People Plan.

Report Cover Page				
Meeting Title:	Council of Governors			
Meeting Date:	9 November 2023	Agenda Reference:	B2	
Report Title:	Review of Nomination & Remuneration CoG Sub-committee terms of reference			
Sponsor:	Suzy Brain England OBE , Chair of the Board & Council of Governors			
Author:	Fiona Dunn, Director Corporate Affairs / Company Secretary			
Appendices:	ToR			
Report Summary				
Purpose of report	To approve the review of the Nomination & Remuneration CoG Sub-committee terms of reference			
Executive Summary				
<p>The attached terms of Reference has been reviewed to ensure all references and processes continue to be fit for purpose.</p> <p>Minor changes made include:</p> <ul style="list-style-type: none"> • References to Monitor changed to NHS England (NHSE) • Changes to job titles to Director Corporate Affairs & Change to Chief People Officer instead of historical titles • Review of committee membership to reflect loss of partner CCGs. Increased to five public governors from four and added “two from any constituency” to allow flexible membership interest. • No change in quoracy numbers, but to include at least one public Bassetlaw and one public Doncaster representative • Update to Section E2.1 instead of E2.3 of the Code of Governance reference issued by NHSE <p>All other sections remain current and fit for purpose.</p>				
Recommendation:	Recommend the Council of Governors approve the minor changes to the Terms of Reference			
Action Required:	Approval	Discussion	Take assurance	Information only
Link to True North Objectives:	TN SA1:	TN SA2:	TN SA3:	TN SA4:
	<i>To provide outstanding care and improve patient experience</i>	<i>Everybody knows their role in achieving the vision</i>	<i>Feedback from staff and learners is in the top 10% in the UK</i>	<i>The Trust is in recurrent surplus to invest in improving patient care</i>
We believe this paper is aligned to the strategic direction of:	South Yorkshire ICS		NHS Nottingham & Nottinghamshire ICS	
	N/A		N/A	
Implications				
Board assurance framework:	N/A			
Risk register:	N/A			

Regulation:	Meets requirement within NHS Code of Governance
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.
Resources:	Actions required are currently being delivered within existing trust Resources highlighted in individual risks
Assurance Route	
Previously considered by:	Council of Governors January 2021
Date:	Jan2021
Any outcomes/next steps	N/A
Previously circulated reports to supplement this paper:	N/A

Nomination & Remuneration Sub-committee

TERMS OF REFERENCE

1 The Committee

- 1.1 The Nomination and Remuneration Sub-Committee is a Sub-Committee of the Council of Governors of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.
- 1.2 The Nomination and Remuneration Sub-Committee in its workings will be required to adhere to the Constitution of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and the Trust's Provider Licence issued by NHSE.
- 1.3 As a Sub-Committee of the Council of Governors, the Standing Orders of the Council of Governors shall apply to conduct of the working of the Nomination and Remuneration Sub-Committee.

2 Frequency

- 2.1 The Committee will meet as required, including when:
 - 2.1.1 a Chair or Non-executive Director appointment must be made; or
 - 2.1.2 the annual remuneration (e.g. expenses or other payments as appropriate) review of the Non-Executive Directors and Chair is due to take place; or
 - 2.1.3 the objectives or process for the annual appraisal of the Non-Executive Directors and Chair are due to be determined.

3 Notice of Meetings

- 3.1 The Secretary shall give at least 14 days written notice of the date and place of every meeting to all members of the Committee, however most meetings are held using virtual technology at the discretion of the Chair.

4 Membership and Voting

- 4.1 The Chair of the Committee will be the Chair of the NHS Foundation Trust.

4.2 The membership of the Committee will be as follows:

- Trust Chair (Chair of the Committee)
- The Lead Governor
- Five Public Governors, of whom:
 - at least one should be from the Doncaster Constituency
 - at least one should be from the Bassetlaw Constituency
- One Staff Governor
- Two governors from any constituency (staff, public or partner)

4.3 In attendance:

- Director Corporate Governance / Company Secretary
- Corporate Governance Officer
- Chief People Officer (when required)
- Senior Independent Director (when required)

4.4 The Committee may, through the approval of the Chair, seek advice or assistance from an external person with relevant knowledge and experience of the proposed office and the Subject of the appointment. Such a person shall act only as an advisor with no voting rights or other status.

4.5 Before involvement in recruitment and selection processes for Non-Executives, Governors must ideally have undertaken relevant training and been subject to refresh where appropriate.

5 Additional Members

5.1 The Committee shall have the freedom to invite additional members, over and above the membership list above, and seek ratification of the amendment to its terms of reference at the next general meeting of the Council of Governors.

6 Removal of Members

6.1 A Governor's membership of the Committee may be terminated by not less than 75% of the Governors present and voting at a meeting of the Committee if they have failed to attend two consecutive meetings of the Committee unless the Chair is satisfied that:

6.1.1 the absence was due to reasonable cause; and

6.1.2 attendance shall be resumed within a period the Chair considers reasonable.

6.2 Any Governor who is removed from this Committee shall have the opportunity to appeal to the Council of Governors to have this decision reversed.

7 Quorum and voting

7.1 The Committee will be deemed quorate if the following requirements are met:

- Chair or nominated deputy is present
- Four other members of the Sub-Committee are present, of whom at least one should be a Public Governor Doncaster and one Public Governor Bassetlaw.

7.2 Each member of the Committee holds one vote, with the Chair having casting vote in the event of tied results.

8 Remuneration of the Trust Chair

8.1 If the remuneration of the Trust Chair is under consideration, then the Lead Governor is to act as Chair of the Committee.

8.2 The Lead Governor would chair the committee if a matter is to be discussed that relates to the terms and conditions of the Chair and/or SID.

9 Appointment of the Trust Chair

9.1 If the appointment of the Trust Chair is under consideration, then the Senior Independent Director is to act as Chair of the Committee for the duration of the process.

10 Duties

10.1 The Committee will undertake the following duties:

10.1.1 Responsibility for the recruitment and selection of Non-executive Directors, including the Chair:

- a) Agree job descriptions and person specifications as appropriate for Non-executive Director vacancies, including the specification of appropriate skills and experience.
- b) Agree the timescales, process and methods for advertising and recruiting to Non-executive Director posts, including whether to proceed to open advertisement of posts.
- c) Undertake the longlisting and shortlisting of candidates for interview.
- d) Agree interview scoring criteria and interview shortlisted candidates.
- e) Make recommendations regarding the appointment of selected candidates to the Council of Governors.

10.1.2 Responsibility for the appraisal of Non-executive Directors, including the Chair:

- a) Make recommendations to the Council of Governors regarding the annual objectives of the Non-Executive Directors and Chair.
- b) Make recommendations to the Council of Governors regarding the process and procedure for the annual appraisal of the Non-Executive Directors and Chair.
- c) Participate in the annual appraisal process of the Non-Executive Directors and Chair.

10.1.3 Responsibility for the remuneration of Non-executive Directors, including the Chair:

- a) Determine arrangements for the annual review of remuneration levels in accordance with the provisions of Section E.2.1 of the Code of Governance issued by NHSE.
- b) Make recommendations to the Council of Governors on the remuneration of the Chair and Non-Executive Directors.

11 Reporting arrangements

11.1 The Chair of the Committee is responsible for reporting all activities of the Committee to the Council of Governors on those assurance matters covered by these Terms of Reference.

11.2 The minutes of the Committee shall be formally recorded by the Director Corporate Governance/Company Secretary or nominated deputy and Submitted to the Council of Governors. The Chair of the Committee shall draw to the attention of the Council of Governors any issues that require disclosure or action.

11.3 The outcomes of discussions regarding individual Non-executive Directors or candidates shall be communicated to their Subject as soon as practicable following the meeting where they take place. The Committee shall determine how, and by who, such outcomes should be communicated on a case by case basis. Where the final decision rests with the Council of Governors, this shall also be communicated.

12 Amendments

12.1 These Terms of Reference may be Subject to review and alteration. Any amendment or change of membership must be approved by a properly constituted meeting of the Council of Governors.

Date approved by the Council of Governors:	9 th November 2023
Review date:	

NHS 75

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



Council of Governors

November 2023





Chair's Report

Suzy Brain England OBE

Chair of the Board & Council of Governors



From the Chair:

- A warm welcome to newly elected governors & a special thank you to outgoing governors
- Welcomed Lord Markham & Oliver Coppard on their visits of the DRI estate
- Completion of non-executive director appraisals
- Recruitment to the Board Delegate Programme (Cohort 2)
- Raising of the Green Flag in the Rainbow Garden at Bassetlaw & Butterfly Garden at DRI
- Governor Briefings: the DBTH Way & 2023/24 Access Standards



From the Chair:

- Her Royal Highness, Anne, Princess Royal visits the Women & Children's Hospital
- Introductory meetings with the recently appointed Deputy Chief Executive, Divisional Nurse & Divisional Director of Urgent & Emergency Care & Divisional Nurse for Surgery
- Attended NHSE's national ICB & Trust Chairs event
- 2023's Annual Members Meeting
- Facilitated NHS Providers non-executive director induction
- Participated in the Care Quality Commission's well-led inspection
- South Yorkshire Acute Federation Governor Event





Deputy Chief Executive Introduction

Zara Jones

Deputy Chief Executive



Deputy Chief Executive Introduction

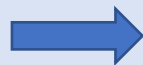
- Joined DBTH in October from Derby and Derbyshire ICB (Exec Director of Strategy)
- Previous experience within provider, commissioner and system leadership roles over 20 years within the NHS
- DCE portfolio at DBTH includes two key areas:
 - Governance
 - Partnerships (including a specific focus on Nottinghamshire / Bassetlaw)
- Some immediate areas of focus over the initial weeks and months include a ‘fresh eyes’ review of our governance and developing a clear partnership strategy/approach, linked to our existing strategies.



Deputy Chief Executive – Portfolio Linkages



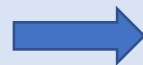
Clear, simple and effective systems and processes



Achieving the Triple Aim

(Legal duty to consider effects of decisions on this)

Making the right decisions to achieve the right outcomes



(Expectation of providers in terms of collaboration)

Engagement in shared planning & decision making

Delivery of services across footprints including system and place

Delivery of improvements agreed through system and place-based partnerships

In partnership through system leadership





Lead Governor Report

Lynne Schuller
Lead Governor



Overview

- Links to Governing bodies across the Integrated Care Systems (ICS)
- Acute Federation
- ICS / Integrated Care Board



Overview

Things we do:

- Questions to Board
- Meet and Greet
- Advocate / Voice of the Community
- Governor observer at Board Committees

Your Role:

- Be engaged
- Have your say
- Feel part of the team
- Make a difference





Non-executive Director Report

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): July & October 2023

Positive Assurances to Provide

- Counter fraud Progress 23/24 – Significant assurance on the update on work for 23/24 and cases being progressed
- Internal Audit Progress & delivery – 23/24 – Significant assurance on the delivery of the IA plan
- External Auditors Annual Report – final reports for 22/23 confirmed the positive position as reported to June and July’s Board and September Council of Governors
- Single Tender Waivers & Losses/Comps – Significant assurance over compliance with the Trust process
- Health, Safety and Security arrangements - The report demonstrated that overall system for Health Safety & Security Management is in place and working to mitigate risks. 2 areas have been selected for further scrutiny: Sharps Incidents and Lone Worker Devices
- Data Security and Protection Toolkit Audit 22/23 – Significant Assurance Audit report. This was a good outcome for the Trust in evidencing the controls and mitigations in place to manage against data and cyber risks
- Declarations of Interest – Good progress has been made with improving the compliance rate up to 80% for declarations of interest with those groups who are deemed to require declarations

Matters of Concern or Key Issues

Audit Reports received:

- Waiting List Clinical Prioritisation Audit– Limited Assurance
- Staff Retention – Return to Work interviews - Moderate Assurance
- Bank & Agency Audit – Limited Assurance

Emergency Planning – EPRR Core Standards Return shows a self-assessed score of 66%

Assurance Levels	
Internal - Second Line of Defence	
Full Assurance	The system design and existing controls are working well. Potential innovations being considered all relate to achieving recognised best practice
Significant Assurance - with minor improvement opportunities	The system design and existing controls are working well. Some minor improvements have been identified. Identified management actions are not considered vital to achievement of strategic aims & objectives - although if unaddressed may increase likelihood of risk
Partial Assurance - with improvements required	The system design and existing controls require strengthening in areas. A few operational weaknesses have been recognised. Existing performance presents some areas of concern regarding exposure to reputational or other strategic risks. Weaknesses identified present an unacceptable level of risk to achieving strategic aims & objectives. A small number of priority actions have been accepted as urgently required.
No Assurance	The system design & existing controls are ineffective. Several fundamental operational weaknesses have been recognised. Existing performance presents an unacceptable exposure to reputational or other strategic risks. Weaknesses identified are directly impacting upon the prevention to achieving strategic aims & objectives. Several priority management actions have been accepted as urgently required.
External - Third Line of Defence	
Substantial	IA - That the framework of governance, risk management and control has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
Significant	IA - That there is generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Moderate	IA - That there is generally sound framework of governance, risk management and control, however, inconsistent application of controls puts the achievement of the organisation's objectives at risk.
Limited	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the organisation's objectives.
Weak	IA - That there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and control that will result in failure to achieve the organisation's objectives.

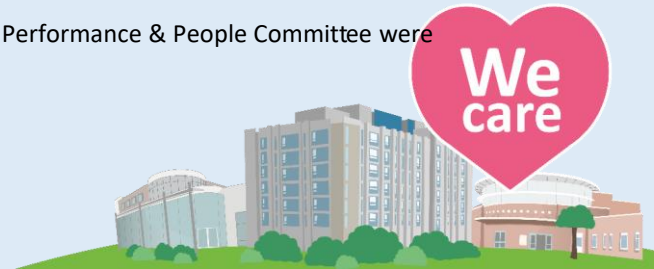
Audit & Risk Committee (ARC) cont'd

Major Actions / Work in progress

- All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery
- Board Assurance Framework – This was reviewed by ARC alongside the Stage 1 HOIA feedback from Internal Audit
- Risk Management Board & Trust Risk register– ARC received reports evidencing the work of RMB in continuing to improve the Trusts Risk Management process & oversight
- Emergency Preparedness – (EPRR) – Further work is continuing to progress areas which are off track, especially Business Continuity and updates will be brought to future ARC
- Security Management – Lone Worker systems – discussion was held around staff safety devices for Lone workers and their utilisation within Divisions. Further data to be reviewed and work to be done to give clearer assurances on usage
- Health & Safety – Sharps Injuries – concern regarding the increase and understanding any root cause

Outcome & Decisions made

- DBTH Standing Orders, Standing Financial Instructions, Delegation of Powers, Risk Management Policy and Standards of Business Conduct Policy – These were reviewed and recommended for approval by Board
- Annual Reports – Annual Reports from Board Assurance Committees; Quality & Effectiveness, Finance & Performance & People Committee were all approved. It was noted these will aim to occur earlier in the cycle for 23/24
- The ARC Annual Report was approved in advance of being presented to July's Board





Non-executive Director Report

Jo Gander

Non-executive Director



Quality & Effectiveness Committee (QEC): October 2023

Positive Assurance to Provide

- Presentation on Equality and Equity in Midwifery received which outlined insights gained to date and next steps in developing plans to address identified health inequalities along with improving access to services for this cohort of patients
- Assurance gained from Chief Nurse report for Quality & Patient Safety
- QEC received and noted: Patient Experience and Involvement, Safeguarding and Infection Prevention and Control Annual Reports
- QEC noted good progress on closure of complaints to agreed timescales

Matters of Concern or Key Issues

- Ongoing concerns regarding the status of clinical audit and governance structure. Deep dive requires rescheduling due to MD absence (arranged for 20 November 2023)
- The Audit & Effectiveness Annual Report update, along with Mortality Data Assurance Group Report and action plan - currently 'work in progress' due to Executive Medical Director absence
- Concerns are escalating around the ability of DBTH to be fully compliant with CNST standards by December 2023 - quality and safety implications as well as financial and reputational impact of non-compliance



Quality & Effectiveness Committee (QEC) cont'd

Major Actions / Work in Progress

- Formal reporting on 'lessons learned' across clinical portfolios to be agreed along with examples of how these have been integrated into service delivery/policy as appropriate
- Three-year delivery plan for Maternity and Neonatal services progress noted through Maternity & Neonatal Transformation report
- Quality Accounts & Quality Measures to be confirmed across the organisation as reporting currently implies this is limited to the Chief Nurse portfolio, for review once guidance received from NHSE on recommended approach
- Agreement on how Quality measure will be referred between other Sub Committees of the Board and QEC to be confirmed e.g., Getting it Right First Time (GIRFT)/Virtual Wards

Decisions Made

- Deep Dive to be rescheduled urgently between Executives and NEDs relating to Clinical Audit delivery in response to the limited assurance received from 360 Assurance report. Agenda to cover delivery plan to deliver recommendations outlined in 360 Assurance report, Clinical Quality Governance structure, TOR for CGC and Audit & Effectiveness Forum, process for ensuring reliability and validity of audit results and any risks associated with current non-compliance
- Audit & Effectiveness Annual Report and Mortality action plan deferred until December's QEC
- Recommendation from Chief Nurse in relation to overdue serious incident actions being defined at agreed deadline date rather than 3 months post deadline approved by the committee. Acknowledging the risk that in the short term this will increase the overdue numbers.
- Patient Safety Incident Response Plan approved





Non-executive Director Report

Mark Day

Non-executive Director



Finance & Performance Committee (F&P): July*, September* & October 2023

- **Positive Assurance to Provide**
- **Matters of Concern or Key Issues**
- **Major Actions / Work in Progress**
- **Decisions Made**

** Chair's assurance logs from July & September are included as appendices in the Council of Governors papers. A verbal update will be provided from October's meeting*





Non-executive Director Report

Hazel Brand

Non-executive Director



Charitable Funds Committee (CFC): September 2023

Positive Assurance to Provide

- Broadly supportive comments on ethical investments had been received from trustees and will be collated to inform future discussions with CFC's investment advisers
- An updated Policy and Terms of Reference were approved, recognising that there may be changes if proposals in the strategic update paper are agreed
- A governor observer raised a number of points that were satisfactorily answered
- Following heightened publicity, the Charitable Funds Development Committee has received a considerable number of bids

Matters of Concern or Key Issues

- Questions were asked about the Charitable Funds Development Committee's awards, particularly those funding staff: did they meet the 'additionality' criteria? It was noted that certain funding for staff could be pilot projects and hence qualify. If roles/posts are to be funded from charitable funds, they need to be fixed term, or fully taken account of in the Trust's workforce headcount because of the ongoing cost burden. The Chief Nurse will look at these posts in the context of the workforce strategy
- Assurance was sought that projects funded by CFC and the Charitable Funds Development Committee could demonstrate their effectiveness. When major projects are completed, presentations to CFC were supported
- Fundraising regulation needs to be put in place: there must be transparency on what donations are used for. Donations may be used to fund posts, which donors might expect to be funded by the NHS



Charitable Funds Committee (CFC) cont'd

Major Actions / Work in Progress

- Fund-raising/Grant-making strategy in hand. To be finalised once the Strategic Update paper on the future management of the fund-raising function has been received and discussed at an additional meeting.
- Business cases for projects that might be funded by the Fred & Anne Green Legacy will be presented at the December meeting having been through DBTH's governance processes.

Decisions Made

- Corrective action in relation to the General Funds Update paper were agreed: to reallocate investment income from 2021/22 and 2022/23; to merge DRI, Bassetlaw, and Montagu General Funds (not including the Fred & Ann Green Legacy); and consolidate/close dormant funds
- Comments on ethical investments will be forward to the CFO to inform future discussions with investment managers, Aberdeen Standard
- The Charitable Fund Policy and Terms of Reference were approved
- It was agreed that recipients of major awards be invited to present their projects/outcomes to the Committee





Non-executive Director Report

Mark Bailey

Non-executive Director



People Committee: September 2023

Positive Assurance to Provide

- **People Strategy** - assurance report providing highlights and areas of risk / escalation concerning implementation and / or delivery of the People Strategy (2023-27). The report links directly to the executive operational delivery plan with outcome success measures.
- **Just Culture** - governance to ensure alignment with patient safety (PSIRF) implementation.
- **Freedom to Speak Up** (2022/3 bi-annual report) - confirmation of continued embedding through case review, resolution and learning with supporting evidence from staff survey.
- **Engagement & Leadership** - comprehensive Staff Survey engagement sessions with verbal reports part of the Divisional performance, overview, and support meetings and actions plans submitted to People & OD team. Good evidence of the capture of ideas and concerns and follow-on tracking of actions / improvements. Expectations for leadership behaviours now being instilled through 'DBTH Way'. Reward and recognition events.
- **Equality, Diversity & Inclusion** (Annual report 2022/3) progression evidenced via the completion of actions in a single EDI plan, EDI measures and staff survey feedback. The single plan consolidates all actions to comply with or enhance the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES), Race Code and Gender Pay Gap.
- **Recruitment** - improvement project work outcomes being evidenced in Q4 2022/23 & Q1 2023/24 data showing improvement in time to recruit - from advert to unconditional offer: 48 days to 38.5 days v. target of 31 days.
- **Safe Staffing** - compliance with national guidance for nursing and midwifery staffing - with evidence of processes and outcomes / actions taken to ensure safe staffing. Noted positive recruitment and development and the continued focus on effective use of bank and agency resource.
- **Education & Education Quality** (Annual report 2022/3) - statutory requirements overview with overall compliance at 85% (amber rating). Challenges noted and being worked on to strengthen governance of Role Specific Training additions to requirements. Executive review scheduled on increasing capacity in delivery of resuscitation, noting assurance that direct patient care areas remain compliant. Preceptorship programme for newly qualified Nurses, Nursing Associates, Midwives and Allied Health Professionals awarded National Gold Standard – first Trust in region.
- Compliance against all Health Education Quality Framework domains. Outstanding feedback from Health Education England monitoring of the learning environment which includes General Medical Council survey for doctors in training and the University of Sheffield Medical School.
- **Knowledge & Library Service** (Annual report 2022/23) - successful migration from Doncaster Council to DBTH and continued South Yorkshire partner support. Good evidence of linkage to strategies for safety and quality of care, training, research and health and wellbeing.
- **Research & Innovation** (bi-annual report) - research and innovation strategy refreshed and approved in January 2023. Assurance taken from formulation of delivery plan elements and first year objectives with good evidence of partner collaboration, recruitment to studies and intent to present business case for return on the required investment in capability.

People Committee cont'd

Matters of Concern or Key Issues

- Recruitment time - the Trust operates a blended governance approach to recruitment activity with approximately two thirds of the recruitment process managed within divisions and the final third within the central recruitment team. A reduction in time to recruit is being realised from improvement initiatives across the different stages however the objective of reducing to the 31 day target from advert to unconditional offer is stated to being dependent on progressing the business case for moving to a single centralised recruitment model with some resource investment. This proposal has been supported in principle and is currently on-hold alongside other cost pressure items
- Workforce Supply & Demand - deferral and postponement of strategic deep dive workshops due to operational demands and the draw on resource and time to plan and run. Shorter more focussed sessions being introduced to complement this approach to look at key challenges
- Work experience opportunities - high level of 'did not attend' in work experience placements including clinical attachments. New framework and guidelines developed to address reasons for non-attendance and assure return on investment of scarce resource



People Committee cont'd


Major Actions / Work in Progress

- Board Assurance Framework (BAF) - SA2 & SA3 refresh as part of 2023/24 Corporate review of all BAF to reflect agreed Trust objectives and risks. A further collective review of the overall BAF is requested as to whether words used in the key actions & progress can be refined further so that when read in isolation, they are unambiguous as to the status of the desired outcome.
- Equality, Diversity & Inclusion - new NHS EDI Improvement high impact actions (6 areas) are being incorporated into the 2023-24 EDI plan priorities – noting some already feature
- Workforce supply and demand - new combined Workforce and Education Committee being enacted from separate bodies to streamline aspects of workforce planning and development.
- Exit Interviews - improvement project underway to improve the capture and analysis of the reasons why people leave DBTH or NHS service. Forms part of wider work on retention.

Decisions Made

- Approval of revised Terms of Reference for the Equality, Diversity and Inclusion Committee (EDI) – the purpose of this committee is to increase participation and engagement of those not currently well represented in decision making roles in the Trust.
- Board Assurance Framework 2023/4 - confirmation of the approach and content of the refreshed Board Assurance Framework for People Strategic Risk 2. (delegated action from the July 2023 Board).
- Workforce supply and demand - terms of reference approval for the newly combined Workforce & Education Committee. This brings together workforce requirement planning with education, training, and development.





hello my name is...

Richard Parker OBE

Chief Executive



www.dbth.nhs.uk

Executive Directors



Richard Parker OBE
Chief Executive



Karen Jessop
Chief Nurse



Denise Smith
Chief Operating Officer



Zoe Lintin
Chief People Officer



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



Dr Tim Noble
Executive Medical
Director



Zara Jones
Deputy Chief Executive

Non-Executive Directors



Suzy Brain England OBE
Chair of the Board



Jo Gander
Non-executive Director (Clinical)



Dr Emyr Jones
Non-executive Director



Kath Smart
Non-executive Director and
Deputy Chair



Mark Bailey
Non-executive Director



Mark Day
Senior Independent Director



Hazel Brand
Non-executive Director



Lucy Nickson
Non-executive Director

Refreshed Board of Directors





MEOC development




Welcome to
Montagu Hospital

Gate B

Main Entrance ↑

All Departments ↑

All Wards ↑

 Enquiries ↑

Minor Injuries Unit ↑

Minor Injuries Unit - Opening Hours

9am-9pm (7 days a week)

Closed Christmas Day

Outside these hours the nearest Emergency Department is at
Doncaster Royal Infirmary or Rotherham District General Hospital

Community Diagnostic Centre

www.dbth.nhs.uk



Bassetlaw Emergency Village

www.dbth.nhs.uk

Background and context

The NHS as a whole is facing an extremely challenging operational financial landscape. This has been driven by:

- Latent impact of pandemic – waiting times and demand
- Significant increase in cost base since 2019/20 (with inflation a leading factor)
- Declining productivity across services earning variable income
- Low levels of recurrent Cost Improvement Plans during the COVID-19 period
- Impact of industrial action
- Workforce pressures



Winter plans

- Our winter planning process started in the summer, with workshops involving all divisional and corporate teams
- We have participated in operational and surge planning across the ICB's to try to ensure a robust escalation frameworks, supported by agreed actions, are in place across the system
- Our high impact interventions for winter are aligned to the delivery of our UEC improvement programme
- Winter is likely to be challenging as we respond to the seasonal pressures, maintain elective and diagnostic recovery and try to deliver the extremely challenging financial plan



Actions we are taking

- Vacancy freeze in non-clinical areas, in line with other organisations
- Discretionary spend/stock management – focus on tight controls on non-pay, limiting spend to only essential items
- Cost pressures and Corporate Investment Group delays – delay and/or reduce revenue cost pressure above run rate
- Winter – forecast currently assumes spend of £1 extra on winter pressures. Our plans aim to reduce this by at least a quarter
- Cost Improvement Plans – Stretch goals on job planning, procurement, theatres, diagnostics, and education SIFT funding



CQC feedback

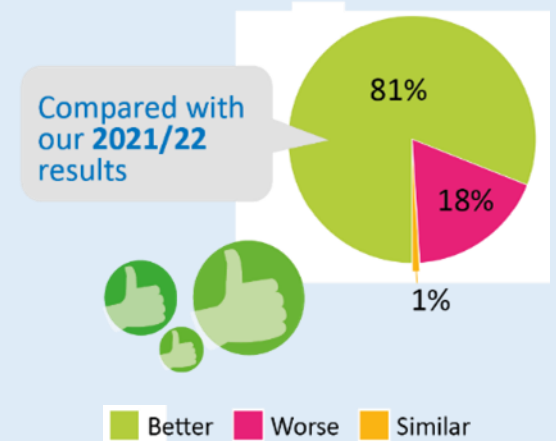
- The Care Quality Commission (CQC) inspection has now concluded
- In effect it was a whole hospital inspection; Urgent and Emergency Care, Medicine, Surgery and Cancer Services, Maternity and Diagnostics and Imaging. Followed by a Well Led Inspection which looks at Leadership, Governance and systems and processes in areas like Freedom to Speak Up
- We do not have too much feedback at present but no immediate patient safety concerns were raised. We have actioned everything raised by the inspection team
- The full report will land with us in early 2024 and we will communicate with colleagues
- A huge thank you to all involved in this process – inspectors described just how friendly the Trust was, and how open and honest colleagues had been to their request



Staff Survey

DBTH's response rate for 2022 was amongst the highest in the country – something we wish to repeat in 2023.

- 65.2% of our people completed the survey (4,252) which was 21% higher than similar organisations. It is suggested that anything above 40% can be considered as representative of the organisation
- At the time of writing, 4,100 colleagues have completed the survey for 2023 – this puts us ahead of last year's pace by around 10 days
- To encourage colleagues, we are running a number of events, details of which are on our usual communications channels
- This is an incredibly important exercise, and as such we are making every effort to ensure colleagues complete the survey



Vaccination

- Our vaccination programmes have begun – with just over 30% of colleagues vaccinated against influenza
- Similar, around 25% of all colleagues have taken up the offer of a COVID vaccine
- A national challenge, vaccination uptake has been very slow this year, and behind the usual pace we set
- We are looking at how we can improve this, as vaccination will be crucial to our winter plans and resilience





Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust



We lead by example and
role model the **DBTH Way**
and our **We Care values**

We are



Kind



Inclusive



Person centred



Empowering



Accountable



Collaborative

We show



Attentive listening



Integrity and honesty



Courage and positivity

Introduction of the DBTH Way





Zara Jones
Deputy Chief Executive



Suzanne Stubs
Deputy Chief Operating Officer



Kate Carville
Project Clinical Lead Nurse MEOC



Karen McAlpine
MEOC Operational Lead



Dr Nick Mallaband
Acting Executive Medical Director



Joanne Stedman
Divisional Nurse U&C



Elizabeth Dunwell
Divisional Nurse Surgery



Lorna Ball
Divisional Nurse Medicine



Mr Ranjit Pande
Divisional Director for Surgery



Andrew Pope
Acting Chief Information Officer

Appointments

www.dbth.nhs.uk



Ken Anderson Chief
Information Officer



Andrea Squires
Divisional General Manager
U&E



Nicki Sherburn Deputy
Divisional Nurse for Surgery



Laura Fawcett-Hall
Head of Performance



Departures

www.dbth.nhs.uk



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



Finance and Performance Committee - Chair's Highlight Report to Trust Board

Subject:	Finance and Performance Committee Meeting	Board Date: 25 July 2023
Prepared By:	Mark Day	
Approved By:		
Presented By:	Mark Day	
Purpose	The paper summaries the key highlights from the Finance and Performance Committee meeting held on 24 July 2023	

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p><u>Cost Improvement Plan 2023/24</u> – The Committee is assured by the framework being used to manage the programme. Board is aware of the challenge presented by the scale of this year's requirement and the risk presented by the programme not yet being fully populated. There is evidence of good engagement across the organisation, but Senior Responsible Owners need to be more ambitious in the targets they set for respective areas if we are to manage the financial position this year and begin to address the underlying deficit.</p> <p><u>Urgent and Emergency Improvement Plan</u> – Some assurance that partners are working collaboratively at 'Place' level but there is a need to determine and agree tangible deliverables so we can understand impact and progress.</p>	<p><u>Diagnostics</u> – remain an area of concern, especially CT and MRI, given the key role played in treatment pathways but the 'deep dive' work recently completed focuses improvement effort including demand management in some areas.</p> <p><u>Health Inequalities</u> – draft Health Inequalities Strategy received providing an encouraging start to this important piece of work. The Committee is encouraging a focused approach on priority areas where impact can be measured.</p> <p><u>Getting it Right First Time</u> – Committee to review how 'compliance' and progress are monitored and reported.</p> <p><u>Performance Reporting</u> – following the recent Audit Report the Committee was assured by the steps being taken to address actions and will monitor progress.</p>
Positive Assurances to Provide	Decisions Made
<p><u>Access Standards Report</u> – new reporting format helps to focus discussion and action. Areas of performance improvement noted but also the negative impact of industrial action.</p> <p><u>Elective Activity Plan</u> – new reporting format proving helpful in focusing discussion and action planning.</p> <p><u>Recovery, Innovation & Transformation Update</u> – assured on progress across a range of initiatives including the revision of Mexborough Elective Orthopaedic Centre (MEOC) governance and leadership arrangements to ensure the development remains on track. Bassetlaw Emergency Village progressing rapidly following the formal confirmation of funding.</p> <p><u>New Hospital</u> – The Executive Team has captured the outcome of recent Board discussions to develop strategies in response to the Trust not being included in the New Hospital Programme. This facilitates the decision-making process about the allocation of resources to this crucial work.</p> <p><u>Financial Performance</u> – Month 3 financial position on plan but with risks to the forecast position linked to performance and financial improvement programmes.</p>	<p>Not Applicable for this meeting</p>

Finance and Performance Committee - Chair's Highlight Report to Trust Board

Subject:	Finance and Performance Committee Meeting	Board Date: 26 September 2023
Prepared By:	Mark Day	
Approved By:		
Presented By:	Mark Day	
Purpose	The paper summaries the key highlights from the Finance and Performance Committee meeting held on 21 September 2023	

The size of the agenda and the need to devote a considerable amount of attention to the new Board Assurance Framework(s) meant that not all the planned business for the meeting could be concluded in the time available. Where it is felt necessary to provide feedback on those items not fully discussed at the meeting they are marked with a '*' which indicates summary provided by the Chair.

Matters of Concern / Key Risks to Escalate	Major Actions Commissioned / Work Underway
<p><u>Winter Planning/Urgent and Emergency Care (UEC) Improvement Plan</u> – Given the critical dependency of Winter planning on urgent and emergency care capability these two items are seen as inextricably linked by the Committee. Although reassured by management's understanding of the challenges, the desire to work with partners, clear understanding of national requirements, and reprioritisation of work the Committee is only able to provide Partial Assurance to the Board in both these areas. UEC planning is well advanced but there is a lack of substantive progress given resource constraints and the need for greater tangible commitment from partners at place level. The capacity provided by Virtual Wards is a key component of capacity and currently only partial assurance can be given to Board in this area at this time. The Board should consider the identification of additional resource including through the further reprioritisation of projects and deployment of staff.</p> <p><u>Cost Improvement Programme</u> – The Committee remains assured by the framework being used to manage the programme and notes that work is underway to better integrate CIP reporting with the reporting of the overall financial position. As stated previously Senior Responsible Owners need to be more ambitious in the targets they set for respective areas and to insist on action. In year financial management is good and significant assurance can be given at this stage on achievement of 2023/24 financial targets but there is material risk to the underlying financial position if CIP plans are not fully developed and or wider system expectations and planning parameters are not modified for future years.</p> <p><u>Diagnostics</u> – performance on diagnostics remains an area of concern given the reported reduction in performance against targets and the key role played in treatment pathways. Committee was reassured by the insight provided by the recent 'deep dive' work and received a positive update on work to reduce demand for CT scanning providing partial assurance in that area but asks the Board to note that management has been asked to review plans, improvement trajectories, and performance reporting and to apprise this Committee of progress.</p>	<p><u>Health Inequalities</u> – draft Health Inequalities Strategy received providing an encouraging start to this important piece of work. The Committee is encouraging a focused approach on priority areas where impact can be measured.</p> <p><u>Getting it Right First Time</u> – Paper deferred to October meeting to review how 'compliance' and progress are monitored and reported.</p> <p>*<u>Access Standards</u> – the quality of reporting has improved considerably allowing the identification of key trends. Given the range and complexity of activity is necessary for the Committee to focus on selected areas and management has been asked to apprise the Committee on the apparent deterioration in Ambulance Handovers, the short- and long-term impact of industrial action, and progress on the deployment of Virtual Wards</p> <p>*<u>Elective Activity Plan</u> – Deteriorating position on elective day cases and outpatients noted in some specialities with Committee asking for an in-depth review on those furthest away from plan.</p> <p>*<u>Clinical Site Strategy</u> – the work to date can be commended. Further development is required, and Board should consider whether that is reviewed at this Committee or full Board and within what timeframe.</p> <p><u>Virtual Wards</u> – Committee has asked for a report on the provisioning of virtual wards for its October 2023 meeting.</p>

Positive Assurances to Provide	Decisions Made
<p><u>Board Assurance framework (BAF)</u> – the Committee critically reviewed BAFs 3, 4, 5, 6, and 7 devoting significant time to the discussion. The new approach was welcomed as was the considered work that had gone onto their production and the Committee was assured that when fully developed the BAFs would support delivery of Trust Strategy. It is recommended to Board that the four-stage approach to defined levels of assurance be adopted and consistently applied across the identified risk areas and that feedback from the Committee is reflected in the next iteration of the framework.</p> <p><u>*Financial Performance</u> – Month 5 financial position on plan but with risks to the forecast position linked to performance and financial improvement programmes.</p> <p><u>*Recovery, Innovation & Transformation Update</u> – assured on progress across a range of initiatives including the revision of Mexborough Elective Orthopaedic Centre (MEOC) and Bassetlaw Emergency Village.</p> <p><u>Self-certification Protecting and Expanding Elective Activity</u> – Committee assured on the transparency of the approach being taken to self-certification but given this is work in progress it cannot provide assurance to Board on substantive content ahead of submission – this is something that will be undertaken by the management team.</p> <p><u>*Performance Assurance Framework</u> - noted as approved by Trust Executive Group, this Committee will monitor delivery and compliance with the framework</p>	<p><u>Doncaster Royal Infirmary Update</u> – the Committee supports the proposed new strategy to progressively developing the DRI site now that funding for a replacement hospital is highly unlikely in medium to long term. If agreed by the Board, it is recommended that further development of the plan and the associated management of infrastructure risk is monitored by the Committee.</p> <p>*Cash Position – cash submission supported and recommended to Board.</p>



COUNCIL OF GOVERNORS

**Minutes of the meeting of the Council of Governors held in public
on Thursday 28 September 2023 at 15:00
via Microsoft Teams**

Chair	Suzy Brain England, Chair of the Board
Public Governors	Rob Allen Mark Bright Peter Hewkin Annette Johnson Lynne Logan Andrew Middleton David Northwood Clive Smith Sheila Walsh
Staff Governors	Kay Brown Vivek Panikkar
Partner Governors	Alexis Johnson Phil Holmes
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Hayley Clarke - Partner, Ernst & Young Alex Crickmar - Deputy Director of Finance Fiona Dunn - Director of Corporate Affairs/Company Secretary Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Kath Smart - Non-executive Director
Governor Apologies:	Joseph Money Lynne Schuller Mandy Tyrrell
Board Member Apologies	Jo Gander - Non-executive Director Emyr Jones - Non-executive Director

COG23/09/A1 Welcome, apologies for absence (Verbal)

The Chair welcomed the Council of Governors and those in attendance to the meeting. The above apologies for absence were noted.

The Chair shared her thanks with those governors whose terms of office had come to an end, recognising their engagement and contribution and welcomed all newly elected governors.

COG23/09/A2 Declaration of Governors' Interests (Enclosure A2)

No amendments to governors' interests were declared.

The Council:

- ***Noted governors' current declarations of interests***

COG23/09/A3 Actions from previous meetings

There were no outstanding actions.

COG23/09/B Auditors Annual Report 2022/23 to the Council of Governors

The Council of Governors received the auditors' annual report, which provided an overview of work completed during the financial year 2022/23.

Hayley Clark confirmed an unqualified opinion had been provided on the trust's financial statements and Ernst & Young's certificate of completion had been issued on 17 August 2023. The Council of Governors' attention was drawn to the Value for Money (VFM) narrative which reported on financial sustainability, governance, and improving economy, efficiency, and effectiveness in accordance with the requirements of the National Audit Office. One significant risk was identified in relation to contractual arrangements for 2023/24 and challenges in respect of the recurring deficit and associated liquidity issues, no significant weakness in arrangements was identified.

Ernst & Young placed on record their appreciation of the Chief Financial Officer, Deputy Director of Finance and the finance team's efforts.

In response to a question from Public Governor, Mark Bright the Chief Executive confirmed the auditor's role to check improvements in economy, efficiency, and effectiveness. Each year the Trust was required to identify savings to reach a balanced financial plan, which was now part of the system plan. The need to consider efficiencies that were safe and sustainable, to deliver recurrent savings was noted.

As a member of the Board's Finance & Performance Committee, Non-executive Director, Kath Smart confirmed that whilst current efficiency plans were robust there remained an unidentified gap. The Chair of the Committee would provide an update at the next Council of Governors' meeting which would include cost improvement plans.

The Chief Executive confirmed that the Trust's finances were now subject to increased scrutiny by NHSE (tier three monitoring). The Trust had sought external assurance of its deficit financial plan, which was monitored on a monthly basis.

In her capacity as Chair of the Audit & Risk Committee, Kath Smart confirmed that the external auditors had concluded that the accounts could be prepared on a going concern basis and acknowledged delivery of the control total. The auditors' annual report validated that the accounts represented a true and fair view of the Trust's finances. A total of seven low/medium recommendations were included within the auditors' report, oversight of which would be via the Audit & Risk Committee.

The Chair of the Board welcomed the feedback and shared her appreciation with the external auditors for their ongoing support.

The Council of Governors:

- *received the 2022/23 Auditors Annual Report*

COG23/09/C1 Minutes of the Council of Governors held on 6 July 2023

The Council of Governors:

- *Noted and approved the Minutes of the Council of Governors held on 6 July 2023*

COG23/09/D1 Questions from members of the public previously submitted prior to the meeting

No questions had been received from the public.

COG23/09/E1 Any other Business

No items of other business were raised.

COG23/09/E2 Items for escalation to the Board of Directors

No items for escalation were reported.

COG23/09/E3 Governor/Board Meeting Question Database

The Council of Governors:

- *Received and noted the question database.*

COG23/09/F1 Annual Members Meeting (virtual)

The Annual Members Meeting had been pre-recorded and would be made available via the Trust's website, YouTube and Facebook. A preview link had been shared with the governors earlier today and would become publicly available at 6pm. The agenda included:

- The Trust's response to COVID-19
- Operational activity
- Highlights and challenges throughout the year

- The Trust's financial performance
- An update on local, regional and national developments in health and social care
- An update from our Lead Governor

Speakers would include:

- Suzy Brain England OBE, Chair of the Board
- Richard Parker OBE, Chief Executive
- Jon Sargeant, Chief Financial Officer
- Lynne Schuller, Lead Governor

Previous year's virtual meetings had received a significantly higher number of viewers than the traditional face to face meeting and it was anticipated that similar coverage would be achieved this year.

The minutes of 2022's Annual Members Meeting had been approved at the Council of Governors meeting on 24 November 2022.

COG23/09/F2 Annual Members Meeting Questions

The following question was received from a member of the public, the response was not available at the time of the recording, for completeness the question and answer are provided below, included on the Trust's 2023 Annual Members' Meeting page and governor question database.

How are accessible facilities for the differently abled being implemented at Bassetlaw, and particularly as part of the Bassetlaw Emergency Village development?

At present, there is a Changing Place facility within the Outpatients at Bassetlaw Hospital. This is available to all visitors and patients at all hours, however from 5pm, individuals may need to request the key from ward colleagues or the team within the Emergency Department. The room features a height adjustable adult changing bed, an electronic ceiling hoist, height adjustable sink, peninsular toilet, shower, non-slip floor and privacy screen.

A full briefing can be [viewed here](#) which describes the accessibility and facilities which will be put in place as part of the Emergency Village project.

Public Governor, David Northwood highlighted the reporting of two never events in 2022/23's quality accounts, in view of the Trust's vision to be the safest Trust in England he sought assurance that appropriate processes were in place to avoid future events.

The Chief Executive identified procedures and practices in place to mitigate risk, including the use of the World Health Organisation checklist, ongoing training and education and the monitoring and sharing of lessons learnt from serious incident investigations. As part of the transition to the Patient Safety Incident Response Framework, training including that of Board members was required. The Trust promoted Just Culture, to ensure colleagues were not fearful of reporting and to ensure learning was shared. The Trust's ambition was to provide the highest quality care and this would continue to be reflected in its vision.

DRAFT

In response to a question from Public Governor, Rob Allen regarding the national reporting and learning system (NRLS) and Marthas Law, the Chief Executive recognised the new ruling would allow patients, their families, or carers the rights to ask for a second opinion. The importance of triangulating information was recognised in arriving at a decision. The transition from serious incident reporting to PSIRF would see a revised focus on learning, which would be reflected in the reporting system.

The Chief Executive confirmed the Trust's comprehensive inspection by the Care Quality Commission had included maternity, urgent and emergency care, the divisions of Medicine and Surgery and the diagnostic and imaging service. The well-led inspection would take place between 2-4 October, the visits had coincided with periods of industrial action. The independent audit was welcomed and the inspection team had provided positive feedback on the welcome and support extended by colleagues. It would be some weeks before the full report and associated actions were received.

COG23/09/F3 Date and time of next meeting (Verbal)

Date: **9 November 2023**

Time: **15:00**

Venue: **Microsoft Teams**

Meeting **15:51**

Close:

ANNUAL MEMBERS' MEETING

**Minutes of the Annual Members Meeting
held on Thursday 28 September 2023
Virtually Recorded Meeting**

Welcome

The Chair of the Board welcomed viewers to the Trust's virtual Annual Members Meeting. The meeting would summarise the Trust's achievements during the period 1 April 2022 to 31 March 2023.

Minutes of the Annual Members Meeting held on 29 September 2022

The Chair of the Board asked members to note the minutes of the previous Annual Members Meeting held on 29 September 2022, which had been approved as a true record at the Council of Governors meeting on 24 November 2022, a copy of which could be found on the Trust's website <https://www.dbth.nhs.uk/about-us/become-a-member/annual-members-meeting/>.

Reflection on 2022/23 – Suzy Brain England OBE, Chair of the Board and Council of Governors

The Chair of the Board reflected on 2022/2023 and shared her appreciation of colleagues' unwavering dedication and support to restore operational services and address challenges faced during the pandemic.

In the last year the Trust had provided exceptional care for a record 795,000 patients, 3,065 of which had received support for Covid-19; alongside influenza and seasonal viruses the winter had been an extremely challenging one for the Trust, as it had been for the NHS nationally.

During 2022/23 the Trust had welcomed a new Chief Nurse, Chief Operating Officer, Chief People Officer and would shortly welcome a substantive Deputy Chief Executive. The renewed leadership team would allow the Trust to continue to develop and grow, with their guidance, invaluable experience, and insight.

The Trust had delivered record breaking capital projects in year. With a focus on the future, vital upgrades and expansions had taken place, including the Community Diagnostic Centre, Mexborough Elective Orthopaedic Centre, Bassetlaw Emergency Village, and a state of the art Central Delivery Suite at Doncaster Royal Infirmary.

The Chair reflected on the spirit of teamwork and the collective efforts to ensure safety, care, and health for all and thanked local communities for their support.

Council of Governors' Report 2022/23 Lynne Schuller, Lead Governor

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

The Lead Governor recognised the roles, responsibilities, and breadth of experience of the collective Council of Governors and its role in representing the local voice of communities and holding non-executive directors to account for performance of the Board. Special thanks were extended to the Deputy Lead Governor, Andrew Middleton.

Following recent governor elections, the Lead Governor took the opportunity to welcome new governors and share her thanks with outgoing governors whose terms of office had ended. During the year governors had been involved in the recruitment of non-executive directors and provided collective input into the Chair and Non-executive Director appraisal process.

Reflecting on recent national press coverage, the Lead Governor confirmed the time taken by governors to understand local, regional and national developments, recognising the implications for the Trust, which was then incorporated into their scrutiny. Governors had attended governor briefing and development sessions, observed the Board of Directors and its Committees and joined system events, adding to their wide knowledge base which enabled challenge and scrutiny leading to transparency and safety.

Plans to increase face to face interactions with local communities were being considered, a meet your governor event had taken place at Bassetlaw Hospital and this would be arranged across the remaining Trust sites. The Trust would like to hear more from its local communities and details on how to become a member of the Trust could be found via the following link <https://www.dbth.nhs.uk/about-us/become-a-member/>

Welcome from Richard Parker OBE, Chief Executive

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

The Chief Executive provided some local and national context, noting that during 2022/23 there had been four major peaks in Covid 19 activity which presented operational challenges, particularly during the winter months. A return to normal infection, prevention and control measures had now been seen, with changes to the requirement to wear face coverings and the lifting of visitor restrictions. Should the level of infection increase the Trust would take necessary steps to return to heightened controls.

Organisational change had been seen in the NHS in 2022/23, with integrated care systems adopted on a statutory basis with effect from 1 July 2022 and a greater focus on collaborative partnership work. A significant change in Board personnel had been seen, with new executive and non-executive directors joining the Board, seven Board members now originated from a clinical background which provided a good balance of experience.

Throughout the year, the Trust had cared for 3,065 patients with Covid-19, a 25% increase compared to the previous year, the benefit of the vaccination programme and enhanced treatment resulted in a reduction in mortality, sadly the Trust continued to see deaths attributed to the virus and the Trust extended its deepest sympathy to all families who had lost a loved one.

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The winter of 2022/23 had been extremely challenging, considering the measures in place and community support it was hoped that the NHS was better able to support the challenges of the winter ahead.

During 2022/23 the Trust had cared for 115,000 inpatients, 482,000 outpatients, 194,000 visits to the emergency department and delivered 4,572 babies. Flow through the hospital had been challenging, with a significant increase seen in the number of patients remaining in a hospital bed who were medically fit for discharge, as a result the Trust's bed occupancy was greater than the recommended 92%. Extensive partnership work to improve this position had taken place and going forwards the use of virtual wards and quality improvement practices would support improved flow.

During the year significant attempts to recover services had been made to return to pre-Covid performance levels, particularly in view of the increased number of patients waiting for treatment, which impacted upon the Trust's ability to reduce waiting lists further.

There had been workforce challenges in year, due to an increased demand for services and with staff personally affected by the virus. A rise in sickness absence had been seen and the resultant need for temporary staff had created budgetary pressures, it was pleasing to report that absence was now returning to pre-Covid levels. A relaunch of the Trust's People Strategy had taken place and significant efforts to recruit and retain colleagues had been prioritised, with an extensive health and wellbeing offer supporting this work which had been recognised by the gold standard Be Well @ Work award. The Chief Executive shared his appreciation of colleagues' hard work and commitment to ensure the best possible care was provided. Despite these challenges 2022/23's staff survey had seen a significant improvement as compared to the previous year with 81% of scores showing an improvement, 1% remaining the same and 18% deteriorating. The Board remained committed to support further improvements to improve colleagues' experiences.

In 2022/23 the Trust had delivered its deficit financial plan of £10.1m, the Trust would continue to contribute to the overall system financial plan in 2023/24 and the importance of spending public money wisely was reinforced.

A significant capital programme had been delivered, totalling £56m, which included the refurbishment of the Central Delivery Suite at Doncaster Royal Infirmary, removal of Reinforced Aerated Autoclaved Concrete at Bassetlaw Hospital, a Community Diagnostic Centre at Montagu Hospital, and the development of Mexborough Elective Orthopaedic Centre as a centre of excellence in partnership with the Rotherham and Barnsley NHS Foundation Trusts.

The Doncaster Royal Infirmary site had a significant maintenance backlog programme, with approximately 600 repairs required, with a capital value of £160m. It had been disappointing to learn that the Trust's bid for the New Hospital Programme had been unsuccessful and efforts were now focused on potential opportunities to secure funding to refurbish services in the short to medium term, with a longer term ambition to pursue a new hospital with the support of elected representatives. The significant cost of a new hospital was recognised but clearly deserved by the community it served.

The Chief Executive shared his appreciation with colleagues and the local communities for their ongoing support.

Annual Accounts 2022/2023

The Chair of the Board welcomed the Chief Financial Officer to the meeting to provide an overview of the Trust's financial performance. 2022/23's accounts had been audited by Ernst & Young and an unqualified opinion on the financial statements and use of resources had been provided.

The Chief Financial Officer confirmed that the Trust had continued to operate under the national financial regime during 2022/23. In year its revenue totalled £555m, with a staff and capital spend of £368m and £56m respectively and following payments and liabilities, a year end deficit of £10.1m had been delivered before any technical accounting adjustments. At the end of the year, the Trust reported a closing cash balance of £32.4m, however, due to a backloaded capital programme there was a significant amount of capital creditors to be paid, and a high proportion of this was due for payment in April 2023.

Covid continued to have an impact on costs in 2022/23, with a £5m spend on covid related costs, £3m of which was pay related, to cover patient segregation, sickness absence cover and additional hours for testing and the vaccination programme and £1.4m was spent on non-pay expenditure, relating to testing kits and laboratory tests.

Looking ahead to 2023/24, the Trust continued to address the impact of the pandemic, working to reduce patient waiting times and recover the elective backlog. The impact of inflationary pressures on the delivery of patient care was noted and a challenging £27m deficit financial plan had been set for 2023/24. The Trust would continue to undertake essential estate maintenance and progress significant capital plans and the Board remained focused on providing value for money by making the best use of resources.

Question and Answer Session

The Chair of the Board introduced the question and answer session.

"What kind of impact are we expecting from Covid 19 this winter?"

The Acting Medical Director confirmed the Trust was sighted on the emerging new variant and was working closely with community partners to roll out the Covid-19 vaccination programme, it was hoped this would mitigate the impact, although planning would assume an increase in admissions over the winter months. Going forwards the delivery of antiviral medicines would be supported in the community, with intravenous infusions remaining the responsibility of the Trust. In addition, an infectious disease department had been developed in the Trust to support planning.

"From a staffing perspective what are the biggest challenges the trust is facing and how do you plan to tackle this in the next 12 months?"

The Chief People Officer confirmed there were two aspects to this question. Firstly, workforce supply, ensuring that the correct number of people undertook the most appropriate roles, equipped with the relevant skills. Secondly, the culture and experience colleagues had whilst working at the Trust, plans to support both aspects were in place.

Earlier this year an ambitious fifteen year, national long term workforce plan had been published by NHSE; the Trust had launched its refreshed People Strategy which articulated the ambitions as an organisation for the next 5 years, underpinned by delivery plans and with clear success measures.

In respect of workforce supply a significant amount of work was ongoing with the Trust's educational partners, engagement with schools and colleges prior to entry into the workforce and the development of a series of training programmes across the various professional groups to support career opportunities and pathways in support of workforce planning and development.

People's experience at the Trust, either as a colleague or learner, was very much addressed by the focus on culture, including development of the DBTH Way framework to clarify behaviours built upon trust values, the Leadership Development Programme, Just Culture, working with the Patient Safety Team and Speaking Up. All approaches supported colleague retention and development.

“What are the plans for the phlebotomy service now that the drive-through Eco Power service is closing?”

The Chief Executive confirmed the Trust had received several questions and concerns with regards to this decision which had been taken in consultation with the commissioner of the service, NHS South Yorkshire Doncaster Place. The decision signalled a return to pre-pandemic practice where patients would have accessed phlebotomy services either via their general practice or on the hospital site. In taking this difficult decision Doncaster Place has consulted with GPs about the availability of facilities and took into consideration that the drive-through service was largely only accessible by car. If the service had continued to be offered across three sites this may have restricted access. A number of patients had raised concerns relating to infection, prevention and control measures where they were immunocompromised and both general practice and the hospital had confirmed they would be able to put in place additional precautions if advised in advance of patients' circumstances. The service would be kept under review to ensure a safe and quality service to meet patient needs.

The following question was received from a member of the public, the response was not available at the time of the recording; for completeness the question and answer are provided below and has been added to the Trust's 2023 Annual Members Meeting web page.

“How are accessible facilities for the differently abled being implemented at Bassetlaw, and particularly as part of the Bassetlaw Emergency Village development?”

At present, there is a Changing Place facility within the Outpatients department at Bassetlaw Hospital. This is available to all visitors and patients at all hours, however from 5pm, individuals may need to request the key from ward colleagues or the team within the Emergency Department. The room features a height adjustable adult changing bed, an electronic ceiling hoist, height adjustable sink, peninsular toilet, shower, non-slip floor and privacy screen.

A full briefing can be [viewed here](#) which describes the accessibility and facilities which will be put in place as part of the Emergency Village project.

Annual Report & Accounts 2022/23

The Chair asked that the Annual Report and Accounts for 2022/23, the annual audit letter and the Trust's Constitution be received. Copies of which could be found on the Trusts website at www.dbth.nhs.uk

In closing, the Chair of the Board thanked all viewers, whilst there had been challenges in 2022/23, the year had been defined by teamwork, hard work and dedication to ensure quality of care.

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Looking forwards to 2023/24, the Trust was committed to working tirelessly to provide the best care and treatment to its patients.

Date and Time of Next Meeting (Verbal)

The next Annual Members' Meeting would take place on 26 September 2024.

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
PC21/04/C1.8	Council of Governors	29/04/2021	Noting the recent new posts (workforce matron, head of nursing), were these roles filled internally and if so has this made more vacancies?	The workforce post and new Heads of Nursing were formed from the existing matron funding, so we have restructured the matrons to ensure equity of work and created the new posts.	David Purdue, Chief Nurse and Deputy CEO	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Relating to Fred and Ann Green, when stating 're-confirming', does this mean the terms of reference are the same as what they have been, or have they undergone some adaptation?	The terms of reference have not been changed for the Fred and Ann Green Legacy, only that the reporting Committee is now the Charitable Funds Committee.	Fiona Dunn	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	In regards to the pressures in A&E, what happens with regards to Primary Care and where we go with it? He also asked about Maternity, the issues raised by Panorama programme and the shortage of midwives.	<p>The Deputy Chief Executive advised that he has weekly meetings with Bassetlaw including all leads regarding the increase of patients in Emergency Department (ED). GP's see 20% more patients than they have previously mostly virtual. Feedback has shown that patients preferred to visit the ED. Open access for diagnostics is available, X-rays were possible, but ultrasounds were not as easy to perform. The 111 hubs had received an increase in patients being sent to ED. A review would take place of how we move forward. The ambulance service had been inundated, 9 ambulances within 15minutes were waiting at ED on 30th June. Bassetlaw had also been affected and had 58 patients in ED.</p> <p>Maternity was raised within the Ockenden report update on the 30th June. Key actions (7) along with spreadsheets (48) were completed and submitted to board in June. David Purdue and Pat Drake sign this off. Maternity had 20 vacancies; 3 staff have taken back their notice. Nottingham and Sheffield Hospitals have been noted that they had received CQC rating 'inadequate'. The DRI are very open with the CQC, submitting any evidence to them whilst being up front and open about any issues. We have 23 newly qualified midwives and were looking at a new pilot to gain more overseas staff. Portugal has more midwives than jobs that through NHS Professionals we were looking at to recruit. 154 newly registered midwives in 2020 and 189 specialised midwives.</p>	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Lynne Schuller raised a number of questions; firstly, would the complaints lead to an action plan? Sheena McDonnell had mentioned that they helped the schools in Doncaster, however were there any help for schools within Bassetlaw? As there had been 820 deaths within DRI were the staff receiving any mental health support and were their managers trained in spotting this?	<p>Mark Bailey advised about the action plan following the complaints audit had been developed and recommendations were being reviewed with a plan that included data identifying any areas of training required.</p> <p>David Purdue explained that training around Mental Health issues had been given to band 7's and above. Vivup is also accessible for all staff and had information on how to identify and access support. Wards 19 and 25 were offering psychological support.</p> <p>GPs in Urgent Care have piloted being on the front door to assist patients and to see what difference it made.</p> <p>Bassetlaw schools had been looked into further and it would be mentioned in the Preceptorship Programme.</p>	Mark Bailey, Non-Executive Director	23/09/2021

PC21/07/C1.9	Council of Governors	01/07/2021	A question was raised regarding the extra funding for the plans for the Women and Children' Hospital.	The local Council would look at the strategic plan for the DRI and that we were up at the top of the listing for a new hospital. This would help with recruitment and contribute to the economy. The Council were looking at the 'Basin site' in Doncaster as a proposed new build location. Jon Sargeant and the Chair were hoping to talk to the Doncaster MP's next week as to whether it is value for money to build a new hospital as the DRI is too small. The Chair added that it would be essential to get backing from the MP's, Council, and the new Secretary of State for Health to gain this decision.	Suzy Brain-England OBE, Chair	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Can staff be trusted to book and receive there Covid-19 vaccines as they cannot receive them onsite any longer?	David Purdue replied that staff had been able to receive the vaccine at the DRI, but this is no longer available, and relies on staff going elsewhere to receive them. It was mentioned whether this would be made compulsory for all NHS staff to receive the vaccine, the Trust is awaiting feedback on this. However, it cannot be enforced if you are pregnant or trying for a baby. To work for the NHS the Hepatitis B vaccine is compulsory and whether the Covid-19 should be the same. Students that are on placement in care home must be fully vaccinated to carry out the placement. The Chair and David Purdue agreed to the suggestion of the addition of wind chimes in the Rainbow Garden and would look into this.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Are staff now beginning to take annual leave as we move more to the winter months'?	Sheena McDonnell added that in the People Committee it was discussed that staff carried leave over in some areas. This was high in some areas and low in others. Staff could also sell annual leave to the trust however this was not promoted widely as the preference is for staff to take suitable rest time. David Purdue explained that it is 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/I3	Board of Directors	16/11/2021	What are the difficulties in discharging to social care settings and the resultant impact on families?	The Chief Nurse confirmed a national discharge policy was in place where the criteria to reside was not met. Issues within social care setting were known and system wide work to improve discharge was in place, six discharge beds had recently been purchased to facilitate discharge from hospital.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/11/I3	Board of Directors	16/11/2021	In view of the need to recover elective surgery was there an additional money to facilitate use of the private sector?	Throughout the pandemic the Trust had continued to work closely with the on-site independent sector provider to maintain delivery of urgent services and to provide additional capacity. All opportunities to explore insourcing and outsourcing had been pursued and bids for all available funding, including the Targeted Investment Fund submitted. In addition the development of the Community Diagnostic Centre/Hub would provide additional MRI/CT capacity on a non-acute site.	Richard Parker, Chief Executive Officer	In the meeting
P21/12/E3	Board of Directors	21/12/2021	Is recovery and restoration achievable and to what extent are the non-executive directors assured of the plans	It was confirmed that Jon Sargeant had been tasked with the delivery of robust recovery plans. Fortnightly focus & delivery group meetings had been put in place, efforts were focused and delivery of plans was joined up and timely. The Chair acknowledged the good working relationships formed with the private sector, supporting clinical prioritisation. Neil Rhodes confirmed that the Finance & Performance Committee would continue to receive updates on progress, although services had been impacted by Covid-19, restoration remained a focus. Plans were robust, and the Trust was reported to be well placed from a planning perspective.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	Is there a breakdown of the reasons that colleagues are not receiving the Covid-19 vaccine?	The Director of People & Organisational Development confirmed there was no central record, although reasons may become apparent through the conversations with the Freedom to Speak-up Guardian.	Karen Barnard, Director of People and Organisational Development	In the meeting
P22/01/F3	Board of Directors	25/01/2022	What action is being taken to deter the incidence of physical violence?	The Chief Nurse confirmed the presence of on-site Saba security. In addition, colleagues undertook conflict resolution training. An update in this respect could be provided to the People Committee. Pat Drake raised awareness that some incidents where violence was reported had the potential to be linked to dementia or patients with behavioural issues and suggested there was a difference between such events and intended violence.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of the new build, please can Bassetlaw be considered/referenced as residents may live closer or equidistant to Doncaster Royal Infirmary.	The Director of Recovery, Innovation & Transformation confirmed that any future consultation would involve the residents of Bassetlaw.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of transport between Doncaster and Bassetlaw is the provision of transport included within appointment letters, including details of how to book?	This matter had been raised previously and it was understood this was included in the letters, but a further check would be made.	Debbie Pook - Deputy Chief Operating Officer – Non-elective	In the meeting
PC21/02/F2	Council of Governors	02/02/2022	Recently there have been lots of questions raised and disquiet in the media about PPE for NHS staff, in particular masks, and whether it is of a high enough standard. Are our staff happy with the level of PPE they are using, especially the masks? And are they able to raise concerns if they feel they need a higher level?	We supply PHE accredited masks to all our staff. In areas with high levels of covid, staff are fit tested for FFP3 masks and we provide all staff with a GVS mask(this is a respirator with replaceable filters). In areas with covid cases we also provide visors as well as masks.	David Purdue, Chief Nurse and Deputy CEO	After the meeting
PC21/02/F2	Council of Governors	02/02/2022	Do we require any local publicity around mask wearing in Health care settings such as hospital , or is there not really a problem with compliance .	The Trust has worked with public health to ensure the messages regarding the wearing of masks in health facilities has been reiterated. We have put up additional signs in all entrances outlining the requirements. There is not an issue at the moment due to the restrictions to visiting	David Purdue, Chief Nurse and Deputy CEO	After the meeting
PC21/02/F2	Council of Governors	02/02/2022	1. Have any staff left or handed in their resignation due to the mandatory vaccination requirement? 2. Should the Government continue on with mandatory vaccine requirement and those staff who do not wish to take up the vaccine leave are we assured we can continue to operate a safe and effective service?	1)to the best of my knowledge none 2)each service would undertake a risk assessment and the leadership teams would then consider the implication of that risk assessment and review service provision.	Karen Barnard, Director of People & OD	After the meeting
P22/02/I2	Board of Directors	22/02/2022	Does the national guidance for risk stratification give the Trust sufficient information to inform individual patients of their position in the queue for procedures and the number of weeks they must expect to have to wait, as promised by the Secretary of State for Health & Social Care when launching My Planned Care?	Due to the fluidity of the waiting list the Executive Medical Director acknowledged identification of a specific position within the queue would be challenging and subject to change. The letter from the National Director of Elective Recovery had requested provider support in supplying specific clinical content by 31 March 2022 and the Interim Director of Recovery, Transformation & Innovation advised that the Head of Information was currently reviewing the requirements to ensure a best possible fit by that date. A generic email account would be in place and work would be undertaken iteratively.	Dr Tim Noble, Executive Medical Director	In the meeting

Governor briefing	Cyber security	14/03/2022	How do you see cyber risk being managed / worked in an increasingly interconnected ICS structure which will by design encourage data sharing protocols.	In many respects the work has already started. In line with the SYB Digital Strategy we are a data provider feeding into the Yorkshire and Humber Care Record (YHCR). Consistent with the Doncaster Place plan, we continue to support the Integrated Doncaster Care Record (IDCR). We are incrementally working with ICS peers towards SNOMED clinical data standards and each of these of these projects are embedded within the DBTH Digital Transformation Business plan for 2022/23.	Ken Anderson, Chief information officer	After the meeting
Governor briefing	Cyber security	14/03/2022	On the environmental risk today I became aware of a solar storm event that may disrupt business and internet networks would this situation be regarded as a cyber risk and how do minimise any effects.	This phenomenon is not related to cyber security, although it can have an adverse impact on electrical communication systems. Given the way in which Trust IT systems are supported within the Trust the potential risk is minimal. The overarching consideration is that business continuity arrangements should apply in the event of any significant downtime (no matter what the cause).	Ken Anderson, Chief information officer	After the meeting
P22/03/13	Board of Directors	29/03/2022	As we will be living with Covid going forwards the reintroduction of visitor restrictions in March was unexpected, what is the long-term plan in terms of approach, particularly to allow carer engagement and support for mental health and wellbeing. Is there any guidance on patient and visitor testing prior to visiting?	The Chief Executive acknowledged the value of receiving/and or being a visitor, which was recognised to impact positively on the incidence of falls and patient hydration and nutrition, however, there was a balance to be found in terms of managing the increased risk of infection. Each ward had vulnerable patients and it was important to protect them, as well as Trust staff. In respect of enforcing testing and considering the recent change to availability of free of charge lateral flow testing it was acknowledged this would be difficult to enforce. The Director of Nursing confirmed that decisions were not taken in isolation but in accordance with guidance and through consultation across South Yorkshire & Bassetlaw ICS. As always special arrangements for end of life and extenuating circumstances would be risk assessed for consideration. The Director of Midwifery acknowledged that no significant change had been seen in respect of maternity services, with the continuation of testing for birthing partners.	Richard Parker, Chief Executive Officer Director of Nursing, Abigail Trainer Lois Mellor, Director of Midwifery	In the meeting
P22/03/13	Board of Directors	29/03/2022	Feedback had been received of an 80-year-old patient discharged in the early hours of the morning, to a carer also in their late 80s. Is there a process/procedure to prevent this from happening?	The Deputy Chief Operating Officer confirmed that it would be unusual to discharge in such circumstances, as this related to a specific patient, the patient details were requested in order that this may be investigated, with support of the Director of Nursing.	Debbie Pook - Deputy Chief Operating Officer – Non-elective	In the meeting
P22/04/E2	Board of Directors	26/04/2022	The paper before today's meeting on Ockenden demonstrates a clear culture of reporting and actions on the quality and safety of maternity services at DBTH. Notwithstanding the attention and actions on this service, how concerned is the Board and Executive Leadership about the sustainability of maternity services which are consistent with Ockenden expectations and best practice, particularly in respect of staffing levels, training compliance and clinical governance processes."	The Chair of the Board acknowledged the Trust's position had been broadly covered in the meeting but invited further comment. The Chief Executive advised the question of appropriate staffing levels, skills, protocols and system support were fundamental in the day-to-day operation of services. The delivery of a safe service was the Trust's number one priority. It was recognised that national reports, such as Ockenden, were a source of anxiety for patient and staff but significant efforts to formally respond to report recommendations would be taken in order to regain public confidence in maternity services.	Richard Parker, Chief Executive	In the meeting
P22/04/E2	Board of Directors	26/04/2022	The Ambulance Handover report highlighted extended waits of 4+ hours at Doncaster Royal Infirmary and 3+ hours at Bassetlaw, what is the escalation process and what triage takes place whilst in the ambulance?	The Chief Executive confirmed that a call prior to presentation would take place, followed by a clinical review involving the ambulance personnel. Where time critical action was required, for example cardiac or stroke presentation this would impact upon the prioritisation of the handover. Historically, delays had not been seen at Bassetlaw, but system pressures were now impacting both sites. The data provided in the handover report highlighted the need for improvements at a Trust, Place and system level and informed the Urgent & Emergency Care Action Plan.	Richard Parker, Chief Executive	In the meeting
PC22/04/C1.2	Council of Governors	28/04/2022	Suzy Brain England asked a question on behalf of the Governors regarding the progression of the New Build.	The Trust was awaiting a further update whether the Trust had made it in to the final 30 hospitals with the next stage being the final 8 hospitals. Due to local elections this was now on hold. Any news would be shared with the Governors.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
PC22/04/C1.2	Council of Governors	28/04/2022	Following the release of a report raised by the high court regarding the discharge of patients from hospitals into care homes	Jon Sargeant commented that as this was a new report nothing had been discussed within the Trust at present.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
PC22/04/C1.3	Council of Governors	28/04/2022	With the Emergency Department pressures are GP services as functional as they should be?	Suzy Brain-England answered that they were operating above pre-covid levels. Evidence showed that GP's and Emergency Department were busy. Dr Tim Noble added that there was a continuing issue with accessing primary care. Monthly meetings took place with the GP's and the Clinical Commissioning Group (CCG) to discuss the continuing issues. Some services were still restricted due to Covid-19 pressures.	Suzy Brain-England OBE, Chair	In the meeting
PC22/04/C1.5	Council of Governors	28/04/2022	Where does the partial assurance fit within the scale of assurance with 360 Assurance?	Kath Smart answered that partial assurance is part of the moderate assurance and accumulated using formula	Kath Smart, Non-Executive Director	In the meeting

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

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

P22/07/13	Board of Directors	26/07/2022	What resource provision is readily available in terms of addressing communication difficulties between staff and patients. How many staff have accessed training in British Sign Language and Makaton and how do we assess a person's need, accessing suitable communication?	The Director of Communications and Engagement confirmed that the Deputy Director of Nursing (Patient Experience) had sourced an opportunity for patient facing colleagues to enrol on a British Sign Language workshop, 80 staff were currently registered with further spaces available. The Trust was also working closely with Doncaster Deaf Trust to understand further challenges around service provision. In addition, the Acting Deputy Chief Nurse has developed a network of learning disability ambassadors, approximately 300 colleagues strong, the ambassadors act as advocates for patients with disabilities and their carers. Plans to raise awareness of support for patients with learning disabilities, via Oliver's Campaign was planned for the coming weeks.	Emma Shaheen, Director of Communications & Engagement	In the meeting
P22/07/13	Board of Directors	26/07/2022	In relation to the Professional Nurse Associate presentation, 80% of colleagues surveyed felt that the initiative improved staff well-being. Do we explore the reasoning behind the 20% not feeling supported?	As the Professional Nurse Advocate role develops and more learning can be shared it was agreed to run a briefing and development session for the governors to have an opportunity to understand more about the role and its impact.	Suzy Brain-England OBE, Chair	In the meeting
P22/07/13	Board of Directors	26/07/2022	The presentation on the research strategy, identified plans to hold public and stakeholder consultations, would this be across place and could the consultation be widened?	Stakeholder engagement would take place in the widest context, including the general public, academic partners and potentially Healthwatch. As the Deputy Director of Education and Research was no longer on the call should governors wish to receive further information a governor briefing and development session could be arranged.	Richard Parker, Chief Executive Officer	In the meeting
N/A	Council of Governors pre-meet	26/09/2022	Governors are seeking assurance that postponed appointments will not lead to preventable clinical harm. Some patients do not proactively seek another appointment if one is cancelled, as I know from previous review of serious incidents, which can lead to irretrievable clinical deterioration. Also there is concern that if a patient does try to reschedule an appointment it might be determined by a non clinician who simply finds a time slot, not taking into consideration the clinical urgency. It has also been evident that trying to access the Trust to rebook an appointment has been extremely difficult on occasion. Basically assurance is required that rescheduling appointments is a robust process within the Trust that does not allow clinical deterioration either through administrative delays or poor clinical oversight.	All patients awaiting appointments are risk assessed as they go through their clinical pathway, the Executive Medical Director, Dr Tim Noble, is the executive lead for this risk stratification process. The Trust is currently exploring automated solutions to support this work and have engaged an external consultant to assist with the elective recovery plan, part of which includes patient pathway validation of all clinical pathways/appointments. A business case to identify the required recurrent resources to validate patient pathways is being developed to source a sustainable solution. Should a patient attempt to schedule an appointment outside of the timeframe identified by the clinician, or if there is a capacity issue preventing an appointment being booked, then this would be escalated from the bookings team into the division for a decision to be made. The central booking team continue to have significant vacancies, exacerbated by the return of Covid and increased sickness absence, recruitment and retention continues to be a key priority for this team, as it is across the Trust. With regards to the cancellation of appointments, whether this is hospital or patient decision, the process is for the booking teams (divisional or central) to re book the patient back in within the allocated time frame if this is identified by the clinician either at grading or on the reconciliation forms and in line with the Access policy. If there is no capacity, the teams escalate into Divisions and they should discuss this with clinicians and instruct booking teams when to rebook the patients . At this point Divisions may decide to put additional clinics on or overbook clinics etc to manage these patients . If a patient DNAs or CNAs more than twice, then there is an expectation that a clinical review of the notes, pathway is carried out in the Division and managed accordingly. Plans are currently being developed to further improve the appointments process and increase the validation of patient pathways. It is impossible to guarantee that no patient will ever come to harm whilst waiting for an appointment, but what can I say is we do know we have had a small number of serious incidents where patients have come to harm waiting and the above work will help to provide assurance of how we are mitigating this risk.	George Briggs, Interim Chief Operating Officer & Karen McAlpine, Interim Deputy Chief Operating Officer	Post meeting

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

P22/11/13	Board of Directors	29/11/2022	In relation to the serious incidents and patient safety is there a link to the freedom to speak up workstream? Ensuring staff are able to actively raise concerns re patient safety, whilst feeling supported could potentially lead to reduction of serious incidents. If the links already exist, do we have a reporting mechanism highlighting near misses?	The Executive Medical Director confirmed the reporting of risks, incidents and near misses was actively encouraged and supported as part of everyday practice, submissions were via Datix, which provided a rich source of information. There was also extensive communication to encourage and support speaking up.	Dr Tim Noble, Executive Medical Director	In the meeting
P22/11/13	Board of Directors	29/11/2022	Staff values and behaviours (Pg 28) links with previous reports of staff attitude. This has remained as a cause for complaint for some time. Has any work been undertaken to understand the details behind this theme and share with patients / visitors any rationale sitting behind the "values and behaviours" or to address if an issue is identified?	In respect of complaints, it was recognised that staff attitude was nearly always the number one cause of concern. Communication was a critical skill, keeping patients and families well informed with regards to decision making and next steps. Where patterns emerged within department/ward targeted support and education would be provided. The Chief People Officer confirmed a leadership behaviour framework would be launched shortly, to focus on values and behaviours for a broad range of colleagues.	Richard Parker, Chief Executive & Zoe Lintin, Chief People Officer	In the meeting
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 & Risk Committee, Kath Smart highlighted the work undertaken by the Company Secretary and the Local Counter Fraud Specialist in respect of declarations of interests, including secondary employment. In addition, pre-Covid the controls associated with agency spend had been subject to review by the Trust's internal auditors and were in line with expectations. A more recent audit had been commissioned where the report had not yet been finalised.</p>	Richard Parker/Kath Smart	In the meeting
COG23/04/C1.11	Council of Governors	27/04/2023	Partner Governor, Sue Shaw sought confirmation that the funding for the Bassetlaw Emergency Village had been received.	The Chief Executive confirmed the monies not yet been received, however, there had been a commitment to fund as part of the STP Wave 4 capital programme, delays had been experienced in relation to Waves 1-3 and the Trust had been advised to continue with the supporting works.	Richard Parker	In the meeting
COG23/04/C1.11	Council of Governors	27/04/2023	Public Governor, Lynne Logan sought clarity in respect of the training needs of NHS Professional midwives.	The Chief Executive confirmed that training would mirror that provided to substantive members of the team. Compliance would be monitored as part of the Clinical Negligence Scheme for Trusts' standards and also as part of any regulatory inspection by the Care Quality Commission. The Chief Executive confirmed that where a midwife held a primary contract with another Trust the training record did not necessarily migrate and the Local Maternity and Neonatal System were exploring opportunities to avoid duplication of effort and resource at a Place and system level to support movement of colleagues.	Richard Parker	In the meeting

	Post Council of Governors	27/04/2023	Can we have regular updates on Bassetlaw Emergency Village's progress and also on the wider impact of the project? Eg, the use of the Clinical Therapy entrance as a replacement main entrance and any issues associated with this. Also, can we have updates on the steps in the car park and any progress in fixing the problem.	<p>Just to confirm that progress on the Bassetlaw Emergency Village project is reported through the Finance & Performance Committee and the Board as part of the Directorate of Recovery, Innovation & Transformation update. The governor observer reports are posted on the governor portal and Board papers available to you via the Trust's website.</p> <p>Whilst this will provide an update on the project it's not likely to include your points about the Clinical Therapies entrance or the steps (I am not familiar with the latter). It was my understanding that after yourself and Lynne Schuller had walked the site the issues with access, signage, seating etc. were shared with the Estates team. I can ask for an up-to-date position, but as you will have noted in Richard's update and his response to Cllr Shaw's question, whilst a commitment to fund has been made, monies are not yet received/"in the bank". Richard referred to retaining the contractors but recognised the loss of approx. 1 month in terms of progressing the BEV works.</p> <p>I will catch up with Fiona when she is back in the office next week to consider the feedback already provided and we can seek an up to date position from Estates, however, the change of access may not be a short term solution, so it's about making sure that the arrangements we put in place offer the best interim solutions they can for our visitors, whilst allowing improvement works to take place.</p> <p>Update 5 June 2023 - Andy White, Head of Capital Infrastructure has confirmed that Integrated Health Projects have arranged for the crane to be on site at Bassetlaw on 11 June to lift the steps into place. The company have been asked to review plans to create a pedestrian route through to outpatients.</p>	Angela O'Mara / Andy White	Outside of the meeting
	Post Council of Governors	27/04/2023	Following Council of Governor meeting today I would like to ask for clarification about the progress of PSIRF that was mentioned. Is this progress in line with the timescale published at the national launch back in August 2022?	The Chief Nurse confirmed at the last Quality & Effectiveness Committee that PSIRF was now back on track to meet the national timeframe. There is a regular update on the agenda to receive assurance.	Fiona Dunn	Outside of the meeting
P23/05/H3	Board of Directors	23/05/2023	When will the Board receive a workforce plan for the new facilities at Mexborough (MEOC and CDC) to provide assurance of sustainable services without diverting staffing from DRI, Bassetlaw, Rotherham and Barnsley Hospitals.	The Chief Financial Officer confirmed the project plan assumed that the workforce would be required prior to Christmas 2023. It was proposed that a dedicated anaesthetist would support the Centre, nursing colleagues would be internationally recruited and medical colleagues sourced via the partner organisations. The Deputy Chair highlighted an opportunity to recruit an additional surgeon had been taken as part of an earlier recruitment campaign. Whilst recruitment of clinical colleagues was identified as a potential risk, the prospect of working in the Elective Orthopaedic Centre was expected to be an attractive opportunity. The clinical model had been progressed and agreement to use a standardised prosthesis reached. The project was supported by appropriate internal processes and delivery of the plan would be the responsibility of the executive directors and their wider leadership teams. Should there be any areas of concern, and the Board Committees felt appropriate assurance was not available they would be able to escalate to the Board.	Jon Sargeant, Chief Financial Officer	In the meeting
P23/06/F2	Board of Directors	27/06/2023	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.	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	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.	Karen Jessop, Chief Nurse	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	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.	Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	In response to a question from Bassetlaw Public Governor, Andrew Middleton, the Deputy Chief Executive confirmed that the Trust was sighted on the Nottingham & 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.		Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	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 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
P23/09/H3	Board of Directors	26/09/2023	We note that the CQC initial feedback has raised multiple concerns. What remedial actions have been undertaken to ensure patient safety and reduce the possibility of these issues arising in the future.	The Chief Nurse confirmed that a comprehensive action plan had been developed to address all areas, this had been shared with Board members and reported to the Board's Quality & Effectiveness Committee.	Karen Jessop, Chief Nurse	In the meeting

COG23/09/F2	Council of Governors / Annual Members Meeting	28/09/2023	How are accessible facilities for the differently abled being implemented at Bassetlaw, and particularly as part of the Bassetlaw Emergency Village development?	<p>At present, there is a Changing Place facility within the Outpatients at Bassetlaw Hospital. This is available to all visitors and patients at all hours, however from 5pm, individuals may need to request the key from ward colleagues or the team within the Emergency Department. The room features a height adjustable adult changing bed, an electronic ceiling hoist, height adjustable sink, peninsular toilet, shower, non-slip floor and privacy screen.</p> <p>A full briefing can be viewed via the link below which describes the accessibility and facilities which will be put in place as part of the Emergency Village project. https://www.dbth.nhs.uk/wp-content/uploads/2023/09/BEV-Project-Accessibility-DDA-Fact-Sheet-07-09-23.pdf</p>	Kirsty Edmondson- Jones, Director of Innovation & Infrastructure	Outside of the meeting
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