

Meeting of the Council of Governors held in Public
on Thursday 01 February 2024 at 15:15
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME	
A	COUNCIL BUSINESS				15:15	
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 09 November 2023.</i>	SBE	Note	-		
B	GOVERNOR APPROVALS				15:20	
B1	Extension to Non-Executive Director's Term of Office	SBE	Note	Verbal	5	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:25	
	C1.1	Suzy Brain England OBE - Chair's Report	SBE	Note	Present	10
	C1.2	Lynne Schuller - Lead Governor's Update	LS	Note	Present	5
	C1.3	Kath Smart - Audit & Risk Committee	KS	Note	Present	10
	C1.4	Jo Gander - Quality and Effectiveness	JG	Note	Present	10
	C1.5	Mark Day - Finance and Performance Committee	MD	Note	Present	10
	C1.6	Lucy Nickson - Charitable Funds Committee	HB	Note	Present	10
	C1.7	Mark Bailey - People Committee	MB	Note	Present	10
	C1.8	Denise Smith - Winter Update	DS	Note	Present	10
	C1.9	Richard Parker - Chief Executive's Report	ZJ	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				17:10
D1	Minutes of Council of Governors held on 09 November 2023	SBE	Ratify	D1	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC				17:15
E1	Questions from members of the public previously submitted prior to meeting. <i>NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governor's post meeting.</i>	SBE	Q&A	Verbal	-
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	FD	Note	F3	
	Date and time of next meeting: Date: 25 April 2024 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	SBE	Note	Verbal	
G	MEETING CLOSE				17:25



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 1 February 2024

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

NHS 75


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



Council of Governors

February 2024





hello my name is...

Suzy Brain England OBE

Chair of the Board



From the Chair:


- Attendance at NHS Providers Annual Conference & Dinner
- Celebrated colleagues long service at Afternoon Tea Events
- Welcomed Governors to a pre-Christmas Coffee Morning
- Attended the Bassetlaw League of Friends Carol Service
- Official Opening & Tour of the Community Diagnostic Centre at Montagu with the Right Honourable Ed Miliband MP
- Attended Doncaster Business Awards 2023, where the Trust was named “Employer of the Year” and awarded “Campaign of the Year” for the Serenity Appeal



From the Chair:

- Attended the opening of Mexborough Elective Orthopaedic Centre with fellow Chairs of The Rotherham & Barnsley Hospital Foundation Trusts
- Met with the South Yorkshire Mayor to provide an update on plans for the Doncaster Royal Infirmary site, with the Chief Executive & Chief Financial Officer
- Joined a Bespoke Training Session to support the Effective Working of the Council of Governors
- Attended Doncaster Chamber's Women in Business Conference and Roundtable Discussions with local Members of Parliament





hello my name is...

Lynne Schuller

Lead Governor



Overview

- Links with Nottinghamshire Lead Governors
- Nottinghamshire Healthwatch – Memorandum of Understanding
- South Yorkshire Governors forum – Andrew taking the lead
- NHS Providers – Governance and Effectiveness Survey
- Health Innovation Investment Fund – N&N ICB, hold funding
- Coffee Morning – Sorry I missed it, let's meet up soon.....



Overview

Moving Forward

New Deputy Lead Governor –

Welcome to Annette Johnson (Public Doncaster).

Meet & Greet the Governor – 21 Feb 10am MEX
18 Apr 10am DRI
12 Jun 10am BDGH

Coffee catch ups (dining room) – 14 Mar 10am BDGH
16 May 10am online
18 July 10am DRI

NHS Providers


[Home - NHS Providers](#)

9th July – Governor Focus (on-line) more details to follow once announced

Gardening project at Bassetlaw

Carl Smith Workshop - feedback





hello my name is...

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): January 2024

Positive Assurance

- 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. A further item (Partnership Working) has been deferred to 24/25 and replaced with a Corporate Governance Review
- Internal Audit Review of Business Planning – **Significant Assurance** on the processes to support effective business planning and plans to deliver agreed strategic objectives. This work was viewed very positively by ARC, with 2 x low recommendations for implementation in Q1 2024.
- Single Tender Waivers – **Significant assurance** for compliance with the Trust process
- Losses & Compensations – **Significant Assurance** for compliance with the Trust financial process. However, some concern of the number and volume of hearing aids/dental /patient property losses which may impact patient experience.
- Health & Safety Management - The report demonstrated that overall system for H&S Management is in place and working to mitigate health & safety risks with **significant assurance**. Additional assurance were requested on understanding any reasons/ causes for increases in Sharps, Manual Handling and Falls (see work commissioned above)

Matters of Concern or Key Issues

Internal Audit Reports issued:-

- Policy Management Framework Audit - **Limited Assurance** outcome. This audit reviewed the systems in place for ensuring effective Policy Management and agreed a number of recommendations to improve the approach. 3 x medium recommendations relating to updating the overarching framework; utilising Monday.com and ensuring consistency and standardisation were agreed by management. Work aimed to be complete by March 2024. Lead Director: Deputy CEO.
- Mental Capacity Act Compliance – **Limited Assurance** outcome. This audit evaluated the application of the MCA within the Trust. There is 1 high, 2 medium recommendations and 1 low recommendation, all agreed by management. This report was also referred into QEC for oversight. Lead Director: Chief Nurse

Stage 2 Head of Internal Audit Opinion

- Although no assurance level has yet been assigned (due in April) the Committee wished to appraise the Board of the current Audit Recommendations closure rate of 69% for timely closure and 81% overall closure rate. The target aim for this is 75% for timely closure. ARC have asked for an increased focus on closing high risks and mitigations in place whilst high risks are being closed going forward, however, for those high and medium risks which need closure during 23/24, then management will receive reports via TEG.

Audit & Risk Committee (ARC): January 2024

Major Actions / Work in Progress

- All the internal audit reports have agreed deadlines for implementation of actions. ARC will continue to monitor delivery via 360 Assurance follow-up of audit recommendations
- Board Assurance Framework – This was reviewed by ARC alongside the Stage 2 HOIA feedback from Internal Audit which showed there are areas for improvement which are currently being addressed. This will be reviewed by IA in Q4.
- Risk Management Board & Trust Risk register– ARC received two reports evidencing the work of RMB in continuing to improve the Trusts Risk Management process & progress and plans for the future. Progress has been made in reviewing 15+ risks (and now 12+ risks); linking to actions on Datix and reducing the number of extreme risks by ensuring consistency of scoring. This will be reviewed by IA in Q4.
- Committee Effectiveness – The Committee and attendees carried out an effectiveness review, based on the HFMA standards/ questions. The results of this were largely positive, and a full report with an assigned assurance level will be brought back to Board once considered alongside the other Committees effectiveness.
- Audit Recommendations – ARC have requested more information within the papers from management to focus on those overdue high/ medium recommendations. Including narrative of why they are overdue and mitigations whilst being implemented.
- Fair Pay Comparison – ARC considered good progress has been made on understanding the drivers for high activity areas. People Committee will monitor the delivery of the action plan going forward.
- Health & Safety - Additional assurance were requested on understanding any reasons/ causes for increases in Sharps, Manual Handling and Falls incidents, plus the links into H&WB work of the People Committee; and QEC safety work.
- Staff Accommodation – A visit was undertaken by Board members in Dec 2023 to view the staff accommodation to support on-call arrangements. A number of areas for improvement have been identified:-
 - Action plan to focus on decency standards and compliance with health & safety requirements.
 - Establishment of an Accommodation Steering group to oversee future refurbishment – reporting into TEG and People Committee
 - Cessation of utilisation of unrefurbished areas
 - Review of control measures for access and utilisation of staff accommodation

Decisions Made

- ARC approved the Fraud, Bribery & Corruption Policy which has been amended slightly.




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.



hello my name is...

Jo Gander

Non-executive Director



Quality & Effectiveness Committee (QEC): December 2023

Positive Assurance

- Chief Nurse Report – Patient Safety serious incident action plan compliance against time frame for closure and information regarding each divisional team’s compliance, Compliance per division against Duty of Candour requirements and progress made. DBTH now live with the national requirement The Learn from Patient Safety Events (LFPSE) service launched to replace previous national reporting systems. **Significant Assurance**
- Chief Nurse report - Quality - Reduction in Hospital Acquired Pressure Ulcer category two on track to meet trajectory. Tendable audit results across falls demonstrates sustained improvement. DBTH within agreed thresholds for infection prevention and control (IPC). **Significant Assurance**
- Maternity & Neonatal Transformation Report – following approval of key reporting requirements at board update on progress against CNST currently on track to meet target for December 2023 **Significant Assurance**

Matters of Concern or Key Issues

- Clinical Audit update following deep dive, good progress but further improvements still required. Sufficient action taken to close the limited assurance high risk actions from Internal Audit report, but further work and embedding of described processes to follow. **Partial Assurance**
- QEC acknowledged the draft DRI Postmortem inspection report and the Trust's response to the recommendations of Sir Jonathan Michael's report into David Fuller/Maidstone and Tunbridge Wells. **Partial Assurance**
- Nutrition Steering Group Annual Report highlighted the need for a Food & Drink strategy refresh in 2024 and areas of non-compliance requiring improvement. **Partial Assurance**
- Executive Medical Director Report recognising the need for a more streamlined approach and the balance between clinical commitments and evidencing good governance through attendance and active contribution at clinical governance meetings **Partial Assurance**
- Mortality Data Assurance Group Report noted along with acknowledgement that further improvement work in senior clinical/medical engagement in the SJR process is needed plus clinical coding work **Partial Assurance**
- Radiation Safety/IRMER Standards Compliance Update Report – still developments that need to be made and supported so that the trust is able to fully evidence compliance with regulatory demands, including software solution to monitor documents, versions, amendments required in addition to staff equipment training **Partial Assurance**

Quality & Effectiveness Committee (QEC) cont'd


Major Actions / Work in Progress

- Assurance and monitoring of Sir Jonathan Michael's report (Independent Inquiry re. David Fuller case) to be added to the QEC workplan Alison Hall/Howard Timms plus Executive Medical Director to bring a report to the next QEC (February 2024).
- Board Assurance Framework reviewed recognising the Board development session to determine risk appetite and actions required to close the gap required. Committee assured of current position as set out in the BAF but agreed that a view on what it would take to reduce the current risk score to the target score needs to be understood and discussed at future meetings. Also, key issues descriptions will be updated to ensure the narrative reflects the potential risk associated with the descriptions, as opposed to the descriptions being a risk themselves.

Decisions Made

- Revisit Board Assurance Framework overview post Board Development session to confirm risk appetite and actions required to achieve ambition.





hello my name is...

Mark Day

Non-executive Director



Finance & Performance Committee (F&P): November 2023

Positive Assurance

- Access Standard Report – Quality of reporting has greatly improved, and significant assurance can be gained from the management team’s understanding of the issue and design and deployment of initiatives and programmes to drive change and improvement. Significant challenges remain in attaining and maintaining the required levels of performance.
- Elective Action Plan – Reporting is effective and significant assurance is drawn in relation to the identification of improvement actions, however performance remains a challenge given workforce and infrastructure issues. Further improvements in performance will require cultural change including embracing the Getting it Right First Time (GIRFT) approach which this Committee will seek to encourage and monitor.
- Recovery, Innovation & Transformation Update – assured on progress across a range of initiatives including the provision of Mexborough Elective Orthopaedic Centre (MEOC) and Bassetlaw Emergency Village.
- Doncaster Royal Infirmary Update – the Committee received the latest iteration of plans to support the progressive upgrading of the site. The work is to be commended and presents a realistic approach to securing both improvement and funding with the flexibility to adapt to the resources that may become available.
- Financial Performance – Month 7 financial position on plan but with risks to the forecast position linked to performance and financial improvement programmes. 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 the impact of potential changes to targets and the funding regime.

Matters of Concern or Key Issues

- Urgent and Emergency Care (UEC) Improvement Plan – Although some capacity issues are now being addressed and the Committee received an update from the Programme Senior Responsible Owner (SRO) it is right that this critical area of activity is again escalated to board. The Committee took greater assurance in relation to the programme management arrangements and had the opportunity to ask the Programme SRO to encourage an improvement in the quality and consistency of reporting. The key challenges remain having effective data (especially in relation to outcomes) to support decision making, the identification and deployment of clinical champions, and operating in a manner that frees up capacity across the system. The Board should consider the identification of additional resource including through the further reprioritisation of projects and deployment of staff.



Finance & Performance Committee (F&P) cont'd

Matters of Concern or Key Issues cont'd

- Cost Improvement Programme – The Committee is assured by the framework being used and delivery against the programme to date. The level of unidentified schemes remains a concern given the potential impact on the overall financial position, but the Committee is supportive of the efforts by senior leadership to encourage the identification and delivery of actions to keep the programme on course.
- Diagnostics – a focus needs to be maintained in this area given the concerns identified previously and the critical part played in treatment pathways. A further detailed review of progress is scheduled for the next meeting of the Committee.
- ICB and National Financial Update – The Committee was briefed on the complex, and developing, national and regional approach to funding in the wake of additional cost pressures arising from industrial action. Although assured by internal financial management the Committee remains concerned at the risk presented by factors beyond the direct control of management.

Major Actions / Work in Progress

- Getting it Right First Time
- Diagnostics
- Virtual Wards


These three areas of work require both focus and cultural change to secure benefits for patients and improved sustained delivery, and will be key strands of work for the Committee in 2024

Decisions Made

- Winter Plans – funding request approved, and it is noted that the total cost was well within the budget provided for winter schemes.
- Same Day Emergency Care Business Case – received the business case and recommends to the Board for approval as this brings the Trust in line with national standards offering an expansion of care options to patients.

* The Chair's assurance log from January 2024 is included as an appendix in the Council of Governors papers. A verbal update will be provided





hello my name is...

Lucy Nickson

Non-executive Director



Charitable Funds Committee (CFC): December 2023

Positive Assurance

- Annual Report and Accounts 2022/23 approved for submission by 31 January 2024. [Full assurance](#)

Matters of Concern or Key Issues

- Task & Finish group to be formed to further actions relating to the Charity Support proposal. This to focus on next steps, including transition to management by Doncaster and Bassetlaw Healthcare Services Ltd, recruitment to Head of Charity Operations (working title), and service level agreements, with particular reference to financial oversight. **Partial Assurance**
- Ability to meet previously committed initiatives once the Fred & Ann Green Legacy has been spent, and during transition period (above). **Partial Assurance**



Charitable Funds Committee (CFC) cont'd


Major Actions / Work in Progress

- Update of the Dormant Funds policy. A paper to the Committee showed 124 named funds: those that are inactive, fundholders will be contacted with a view to rationalisation
- Re-tender for investment advisers: working group to be convened so that options can be presented to the March meeting
- Audit by Ernst & Young in progress

Decisions Made

- To support the business cases for a rehab robot at Montagu Hospital, and for a surgical robot at DRI, funded from the Fred & Ann Green (FAG) Legacy. The full business case for the latter will be circulated to trustees. A third case for a hydrotherapy pool at Montagu Hospital was not supported due to insufficient funds in the FAG Legacy. Also need to establish if this meets the 'additionality' criteria. May be the subject of a future fund-raising appeal
- 2-year pilot project for a music therapist had been agreed prior to the meeting
- Support the Charity Support proposal with some further actions (see above)
- Support the launch of a new appeal to provide equipment for the paediatric area of the new Bassetlaw Emergency Village. To be launched in the new year





hello my name is...

Mark Bailey

Non-executive Director



www.dbth.nhs.uk

People Committee: November 2023 & January 2024

Positive Assurance

DBTH recognised as Employer of the Year at the Doncaster Business Awards held by the Doncaster Chambers in December 2023.

People Strategy: Full Assurance

- Comprehensive coverage of implementation of in-year actions in the strategy and forward view of the delivery plans.
- Linkage to operational performance and staff survey measures with in-year targets.

Engagement & Leadership: Significant Assurance

- DBTH Way sessions and introduced into leadership programmes and job descriptions.
- Externally facilitated organisational-wide survey on health & wellbeing offer shows that it is having a positive impact on colleagues' wellbeing and their experiences of working at DBTH.
- Long Service Awards programme refreshed with excellent feedback from the December celebration events which recognised colleagues having between 10 & 50 years NHS service.
- Strong participation numbers in the 2023 annual staff survey.

Education: Significant Assurance

- The NHS England annual Self-assessment (SA) report shows compliance in all elements of the education contract.
- Statutory compliance at end November 2023 improved to 86.8% (83.4% in 2022) v. 90% target - amber rating.
- Realigned SET to the updated Core Skills Framework (CSTF) and increased capacity to deliver. Oversight and governance of SET+ which comprises nationally determined training not currently in CSTF.

Equality, Diversity, and Inclusion update: Significant Assurance

- Fully defined and monitored plan - all NHS EDI Improvement high impact actions (6 areas) incorporated.
- Evidence from mandatory reporting, year on year improvements in NHS staff survey results. External validation: RSM UK Consulting - DBTH seen as a leading organisation under the RACE Code accreditation.

Nursing Workforce review & Safe Staffing: Significant Assurance

- Evidence of continuous improvement in vacancy reduction across unregistered and registered workforce in Adult Nursing, ODPs, Children's nursing and Midwifery.

People Committee cont'd

Positive Assurance cont'd

Other **Significant Assurance** areas included:

Speaking-up (bi-annual review), **Agency & Sickness Absence** (Improvement Project), **Research & Innovation** (bi-annual review)

Matters of Concern or Key Issues

Recruitment time: **Significant Assurance** subject to design change implementation.

- The Trust operates a blended approach to recruitment with two thirds of the recruitment process managed within divisions and the final third by a central recruitment team.
- A reduction in time to recruit realised from improvement initiatives and valuable work continues. A significant difference between central and divisionally managed recruitment time.
- Assurance of a funded and prioritised implementation plan for the centralised model is sought to address an anticipated increase in recruitment activity and temporary staffing cost pressures.

Nursing Workforce review & Safe Staffing:

- Whilst successful recruitment to posts is positive, it is noted that the number of staff transitioning from supernumerary / early years status remains at a significant level and will have an impact on the skill mix across areas who held higher proportion of vacancy.
- More reliance on substantive staff to provide ongoing support during this transition period increasing the reliance on practice development nurses, legacy mentors, stay and thrive colleagues, professional nurse advocates and support from the clinical education team.

Staff retention – return to work conversations:

- Internal assurance - 3 medium risk actions - to give clear guidance and training on sickness absence management and to agree a Trust wide approach for the recording of interviews.
- Assurance taken that a high number of people (over 80%) were having return to work interviews.

People Committee cont'd

Major Actions / Work in Progress

National Staff Survey: Comprehensive study and engaged reflection on the Staff Survey outcomes and lessons. Consideration of strategic / operational 'people' implications and priorities.

Education: DBTH Education Quality Framework (EQF) launched in October 2023; Q3 data analysis to be shared at the next PC. Benchmarking with other regional NHS education providers.

Workforce Planning: Implementation of the KPMG strategic workforce planning tool to support 2024/2025 planning.

Research & Innovation: Development of a detailed 5-year business case starting in the financial year 2024 to support the research & innovation strategy


Decisions Made

Revalidation of Doctors: Approval of medical revalidation and appraisal for 2022/23 – assurance to public, employers and other healthcare professionals that licensed doctors are up-to-date and fit to practise.

People Committee - Terms of Reference: Revision to reflect that the Committee work is structured to provide assurance against the 4 themes of the People Strategy.

Speaking Up Strategy (2024-28): Supported for submission to the Board for approval.





hello my name is...

Denise Smith

Chief Operating Officer



Winter Update

- We have seen a significant increase in **ambulance arrivals** compared to the same period last year (43% in October, 33% in November, 19% in December) although Emergency Department attendances overall are comparable
- **Ambulance handover times** have improved compared to last winter, despite the increase in demand
- All **available beds** at Doncaster have been open all year and the bed base at Bassetlaw was increased as planned
- In addition, for short periods of time, we have further increased the bed base at Bassetlaw by using more of the elective surgical short stay ward than originally planned
- We have also, for short periods of time, needed to temporarily suspend our elective inpatient orthopaedic surgery at Doncaster to free up bed capacity for emergency admissions
- Our **bed occupancy** has remained high throughout the winter period, this significantly limits patient flow out of the Emergency Department, leading to delays in patients moving to a ward bed
- Some of our patients experience delays to discharge while they wait for the necessary home care or reablement services to be in place
- However, we have been able to maintain more elective surgery this winter than last year and have continued to reduce the number of patients waiting over 65 weeks
- There have been two periods of **junior doctor industrial action during winter**, 3 days in December and 6 days in January. All essential services were safely maintained although elective activity was cancelled to free up staff to cover essential duties




Winter Update

In addition to the winter plans we put in place, we also take the following actions on a daily basis:

- Plan for discharge as early as possible, making sure take home medications are ready, discharge summaries are written and transport booked
- Transferring patients to the discharge lounge in the morning, so that ward beds are available earlier in the day
- Promptly transferring patients to a ward bed as soon as this is made available
- Escalation of any internal delays to minimise any avoidable delays in diagnostics or treatments for our inpatients
- System calls with health and social care partners to escalate any delays and agree focussed actions
- Transferring patients to the virtual ward to enable patients to continue recovery at home

TRUST	Oct-22	Oct-23	Variance	Nov-22	Nov-23	Variance	Dec-22	Dec-23	Variance
ED attendances	16,223	16,559	336	16,225	16,282	57	16,996	16,332	-664
4 hour performance	68.03%	63.26%	-4.77%	66.64%	66.23%	-0.41%	60.58%	62.36%	1.78%
Number > 12 hours from arrival	1,065	1,002	-63	980	932	-48	1,491	1,155	-336
% > 12 hours from arrival	6.56%	6.05%	-0.51%	6.04%	5.72%	-0.32%	8.77%	7.07%	-1.70%
Number > 12 hours from DTA	384	277	-107	379	296	-83	537	332	-205
% > 12 hours from DTA	2.37%	1.67%	-0.70%	2.34%	1.82%	-0.52%	3.16%	2.03%	-1.13%
Ambulance arrivals	2,606	3,748	1,142	2,708	3,600	892	3,481	4,132	651
Handover within 15 min	33.19%	39.99%	6.80%	34.49%	40.86%	6.37%			
Handover within 30 min	55.71%	66.67%	10.96%	60.01%	70.05%	10.04%			
Handover within 60 min	74.86%	82.97%	8.11%	79.16%	87.16%	8.00%			
Handover > 60 min	25.13%	17.02%	-8.11%	20.94%	12.83%	-8.11%			





hello my name is...

Richard Parker OBE

Chief Executive



Winter activity

The last few weeks have been challenging for the Trust, and the wider system, as we have seen increasing activity from winter viruses and as a result of managing industrial action. To support during this time, we have implemented our winter plan, which included some of the following interventions:

- Additional patient transport in the evenings and overnight period to support our patients to return home from the Emergency Department.
- Additional medical staff to support Acute Medicine in-reach into the Emergency Department.
- Extending the hours of our Same Day Emergency Care service so that more patients can be treated on a day case basis and not require an overnight stay.
- Extending the hours of our Trauma Ambulatory Care Unit to help us manage the forecast increase in trauma demand.
- Additional medical staff in Paediatrics at the weekend to provide the same level of cover as we do in the week.
- Additional junior doctor support to our medical wards at Doncaster Royal Infirmary.

This work continues – and services remain under pressure.



We cared for around
30,047 inpatients

[Last year 27,449]



We cared for approximately
116,563 outpatients

[Last year 114,178]



We cared for approximately
45,124 emergencies

[Last year 44,666]



We delivered approximately
943 babies [Last year 1,056]



Note: The rise in attendances is primarily driven by ambulance conveyances; >30% rise in December and between 16% and 40% October to January.



Thorne

Doncaster



Doncaster Royal Infirmary cared for around **129,146** patients.



Montagu Hospital cared for around **16,694** patients.

Mexborough



Our clinics cared for around **1,136** patients.



Bassetlaw Hospital cared for around **45,701** patients.

Worksop



Our activity November to January

Finance

- The Trust's reported deficit at month nine (December 2023) was £0.5 million - £0.4 million favourable to plan.
- This favourable variance in month was driven by an over achievement on Elective Recovery Fund performance.
- Costs related to industrial action in month amount to £1.7 million, whilst we continue to see overspends in drug expenditure as well as medical and surgical equipment, amongst other things.
- Our year-to-date deficit as at month nine was £24 million, £0.8 million favourable to plan.



Background and context

As you will be aware, the NHS as a whole is facing a challenging financial landscape. This has been driven by:

- Latent impact of pandemic.
- 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.
- Increasing emergency demand.
- High non-pay inflation.
- Impact of industrial action.



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.



Actions we are taking

- Agency/temporary staffing reduction – achieved with improved sickness levels and rota compliance.
- Maximise productivity in theatres and outpatients returning to pre-COVID levels and delivering activity plans.
- Industrial action – we are expecting further monies for industrial action, however this is not yet clear.



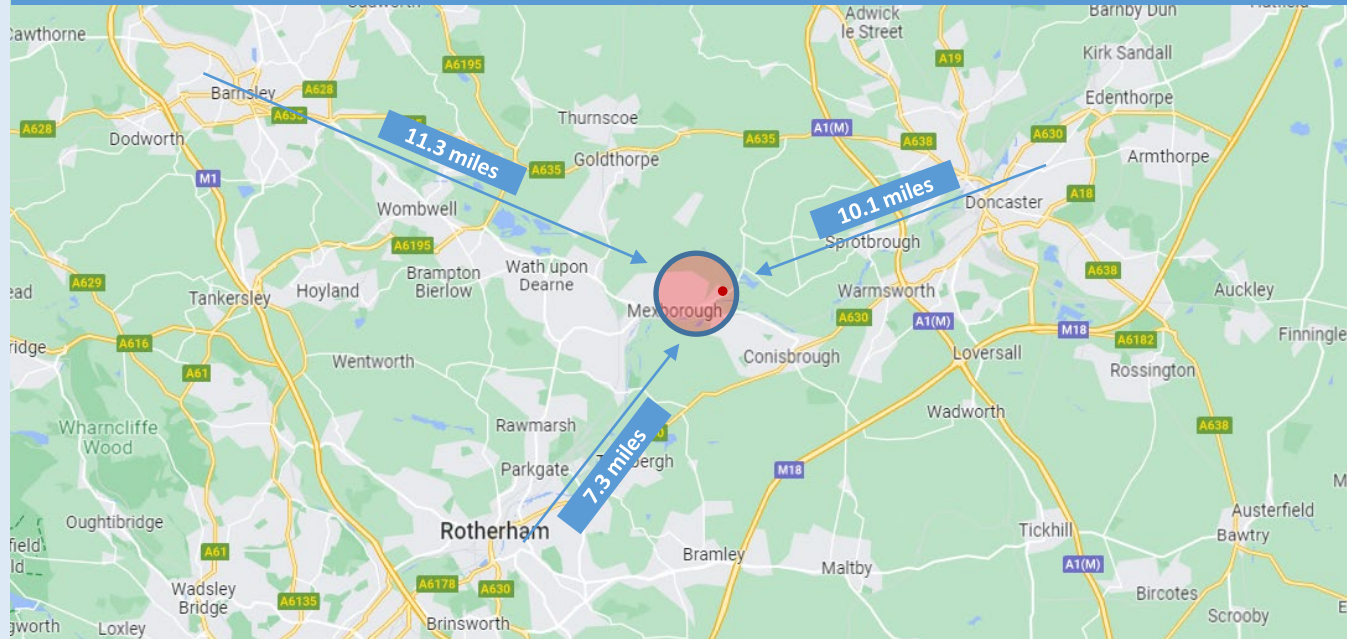
The MEOC opens

- The **Mexborough Elective Orthopaedic Centre of Excellence** (MEOC for short) is a collaboration between our Trust, The Rotherham NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust.
- The facility is the result of an investment of **£14.9 million from NHS England** and will be critical in the reduction of elective waiting lists across the region.
- The MEOC undertakes procedures such as hip and replacement, as well as operations on feet, ankles, hands, wrists and shoulders – in total some 2,200 cases or around 40% of the region's orthopaedic waiting list.
- The facility operates with a shared staffing model (with around 60 colleagues), and operate 48 weeks a year, five days per week.
- Patients have a **choice** of receiving care at the MEOC, or their closest hospital.
- The service opened its doors on **15 January**.



MEOC location

→ Distance from respective hospitals in South Yorkshire







Community Diagnostic Centre

- Late last year, we opened the Endoscopy Unit at Montagu Hospital, which forms part of the Community Diagnostic Centre project.
- Officially opened to patients on 20 November – the facility features two fully functioning procedure rooms in addition to training facilities, and multifunctional clinic rooms, including ultrasound.
- At present, the service is available to patients in Doncaster, however from mid-2024, the team will also care for individuals from Rotherham and Barnsley. In all, the Trust anticipates that by September 2024, around 1,600 procedures will have been carried out within the state-of-the-art facility.
- The CDC has received funding of just under **£25 million** received in total, of which £9 million has been spent in the current phase of development.
- The third phase of the project will begin shortly which will see an Imaging Suite constructed at Montagu Hospital.





Bassetlaw Emergency Village

- With construction beginning in July 2023 with a £17.6 million investment, the Emergency Village at Bassetlaw Hospital is designed to improve and expand emergency care services for the Bassetlaw community, as well as enable 24/7 inpatient paediatric care.
- Once opened in late summer, all urgent and emergency care services at Bassetlaw Hospital will be housed within the new facility, alongside paediatric and acute care.
- In mid-January, construction reached its highest point, and we undertook a short topping-out ceremony, with our Bassetlaw MP in attendance.
- Once complete, the name will revert to the Bassetlaw Emergency Department, rather than village.



Welcome to Bassetlaw Hospital



Bassetlaw Emergency Village

Topping Out Ceremony
19 January 2024

Completion late Summer 2024

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

IHP **20**
Archus

IHP Integrated Health Projects by
VINCI **Sir Robert McALPINE**
CONSTRUCTION

IHP Integrated Health Projects by
VINCI **Sir Robert McALPINE**
CONSTRUCTION

Surgical robot

- With support from our charity and the Fred and Ann Green Legacy, we intend to invest £3.6 million in an Intuitive da Vinci Xi surgical robot.
- It is envisaged that the investment in the state-of-the-art surgical robot will transform the way DBTH performs cancer surgery, specifically for colorectal cancer patients in the first instance.
- Operated by a surgeon, a camera inserted inside the patient and robotic arms are controlled from a console using an advanced set of instruments for a minimally invasive surgery.
- This is an exciting development for the Trust, and, we believe, will transform surgery at the Trust.



Fibroscanner

- Patients at DBTH will now benefit from enhanced liver health assessments thanks to a donated Fibroscanner, or transient elastography machine.
- The scanner was funded by our partners Doncaster Cancer Detection Trust (DCDT) and their kind supporters.
- The £92,000 Fibroscanner enables clinicians to diagnose liver disease by measuring inflammation, stiffness and fatty changes in a patient's liver, in a non-invasive, painless scan which takes less than ten minutes.
- The scanner will play a crucial role in helping to diagnose liver disease at an earlier stage.
- With early diagnosis, patients can make different life-style choices, and we can offer more effective treatments to help reverse the damage, allowing patients to fully recover.



Accomodation

- As Part of our continued commitment to improving the DBTH Accommodation environment, we have now re-opened the newly refurbished, first floor of A Block for colleagues-on-call.
- Following an investment of £183,000, 12 rooms have been refurbished, as well as kitchens.
- Further investment is ongoing throughout D Block accommodation which aims to include a light refurbishment to four kitchens with the addition of full new white goods, improvement to four bathrooms and new furniture and curtains to 45 plus bedrooms.





Employer of the Year
Doncaster Business Awards 2024



Campaign of the Year (Serenity Appeal)
Doncaster Business Awards 2024



Appointments

- **Dan Howard**, Chief Information Officer.
- **Ben Vasey**, Deputy Chief Operating Officer (Elective).
- **Matt Sandford**, Interim Associate Chief Operating Officer.
- **Chris Ditch**, Divisional General Manager for Urgent and Emergency Care.
- **Kelly Cullum**, Divisional General Manager for Clinical Speciality Services.
- **Mel Howard**, Divisional General Manager for Medicine.





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



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

Subject:	Finance and Performance Committee	Board Date: January 2024
Prepared By:	Kath Smart, Deputy Committee Chair & Non-executive Director and Mark Bailey, Non-executive Director	
Approved By:	Finance and Performance Committee members	
Presented By:	Mark Day, Committee Chair & Non-Executive Director	
Purpose	The paper summarises the key highlights from the Finance and Performance Committee meeting held on 25 th January 2024	

Matters of Concern/Escalation Items (with Moderate, Partial or No Assurance)	Major Actions Commissioned / Work Underway
<p><u>Urgent and Emergency Care</u> – Partial Assurance</p> <p>Significant challenges remain in attaining and maintaining the required levels of performance for ED waits and Ambulance Handover. Noting that significant assurance can be gained from the managements understanding of the issues and design and deployment of initiatives and programmes to facilitate safe flow into and out of the acute service, the challenges of reducing length of stay and reducing high occupancy levels remain. System and partner level co-operation remains fundamental to creating capacity to realise an overall performance improvement and pace of change is slower than originally planned when the ECIST team provided support.</p> <p><u>Elective Activity</u> – Partial Assurance</p> <p>Performance for Inpatient and Day case treatment remains a challenge given workforce, infrastructure and industrial action. The absence of a documented ERF plan for the yearend is creating a financial risk. Assurance is drawn in relation to the identification of improvement actions; however, it is evident that these will require cultural change including embracing the Getting it Right First Time (GIRFT) approach.</p> <p><u>Waiting List Clinical Prioritisation Audit</u> - Limited Assurance</p> <p>One high and three medium risks have been agreed with auditors. Corrective action is committed for end March 2024. The High-risk item is the ability to effectively manage waiting lists based on patient prioritisation. Medium risks relate to aspects of the SOP including patient categorisation thresholds and patient record completion.</p> <p><u>Cost Improvement Plan</u> – Partial Assurance</p> <p>Cost improvement plans analysed against original plans showing many are falling short of delivery. Reasons are understood and reporting is giving a current</p>	<p><u>Business Planning 24/25 & Budget Setting 24/25</u></p> <p>Divisional / Corporate business planning for 24/25 aiming for no increases to the Trust cost base (excluding inflation). Expectation that commitments will be founded on delivering more activity, productivity, and quality through implementation of recurrent improvement schemes, adoption of best practice standards and partnership / transformational change. National guidance not yet finalised, and work is ongoing to develop workforce plans which are less mature than required at this stage. People Committee to assure on those workforce plans.</p> <p><u>Diagnostics</u> – a focus needs to be maintained on demand management and effective utilisation of capacity in this area given the concerns identified previously and the critical part played in treatment pathways. Specifically work needs to be undertaken to ensure that DBTH CT scan high demand is reduced, to match clinical guidelines and the practice in other acute providers which are showing significantly lower demand.</p> <p><u>Electronic Patient Record (EPR) system</u> - detailed evaluation of the capabilities and programme / cost considerations associated with the adoption of the STH/Cerner Electronic Patient Record (EPR) system. This will inform the action necessary at Board level against the existing approval for DBTH to pursue convergence to uniform software advocated in NHS England and SY ICS regional strategy.</p> <p>Place Allocations – work was shared relating to ongoing dialogue and evidence to demonstrate how funding allocations for Doncaster align to the health needs of the Doncaster population.</p>

performance of £14m CIP plan delivery forecasting a £17m delivery.	
Significant or Full Assurances	Decisions Made
<p><u>Financial Performance</u> - significant assurance that financial management and control is delivering against plan, with the deficit position at month 9 being marginally favourable to plan and forecast driven by elective recovery fund performance. A year-end deficit of £25.8m is forecast which is £1m improvement to plan (ICB stretch is £4m); Risk remain with Industrial action impact and any change to ERF income. Cost Improvement has delivered £14.4m year to date but is not expected to reach the full year target. Several improvement areas provide opportunity in later years.</p> <p><u>Recovery, Innovation & Transformation Update</u> – significant assurance on progress across a range of initiatives including the opening of the Mexborough Elective Orthopaedic Centre (MEOC) and the construction of the Bassetlaw Emergency Village. Outline proposals to progressively upgrade the Doncaster Royal Infirmary site have been positively received by stakeholders including NHS(E).</p> <p><u>Health Inequalities update</u> – significant assurance - quarterly update on the plans to date & how these are being taken forward</p> <p>Board Assurance Framework - The Committee reviewed and were satisfied with the progress and updates, especially with updates to BAF 7.</p>	<p><u>Downstream Access Postal Service</u> To utilise the Crown Commercial Service’s Postal Goods & Services framework and award to an identified preferred supplier the contract to provide a downstream access postal service. This removes the burden of manually franking 2nd class mail from the postal hub and manages the franking, sorting, and delivery back to Royal Mail at the delivery stage.</p> <p>Terms of Reference for the Cash Committee and Capital Committee were approved</p>

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.



COUNCIL OF GOVERNORS

**Minutes of the meeting of the Council of Governors held in public
on Thursday 9 November 2023 at 15:00
via Microsoft Teams**

Chair	Suzy Brain England OBE, Chair of the Board
Public Governors	Rob Allen Mark Bright Denise Carr Natasha Graves David Gregory Peter Hewkin Annette Johnson George Kirk Lynne Logan Andrew Middleton David Northwood Lynne Schuller Clive Smith Sheila Walsh
Staff Governors	Kay Brown Joseph Money Vivek Panikkar
Partner Governors	Harriet Digby Phil Holmes Anita Plant
In attendance	Mark Bailey - Non-executive Director Hazel Brand - Non-executive Director Mark Day – Non-executive Director Jo Gander - Non-executive Director Zara Jones, Deputy Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Kath Smart - Non-executive Director
Governor Apologies: Board Member Apologies	Mick Muddiman Fiona Dunn - Director of Corporate Affairs/Company Secretary Emyr Jones - Non-executive Director

COG23/11/A1 Welcome, apologies for absence (Verbal)

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

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.

COG23/11/A2 Declaration of Governors' Interests (Enclosure A2)

No amendments to governors' interests were declared.

The Council:

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

COG23/11/A3 Actions from previous meetings

There were no outstanding actions.

COG23/11/B1 Chair & Non-executive Directors Appraisals

Following completion of the Chair of the Board and Non-executive Directors' appraisals the report provided an overview of agreed objectives to support delivery of the Trust's True North objectives.

Having reflected on the objectives, the Council of Governors highlighted the need for objectives to be specific, measurable, achievable and time based. Non-executive Director, Kath Smart shared with governors the specifics of her personal objectives, which included agreed internal audit key performance indicators and compliance with the Trust's Standards of Business Conduct and Employees Declarations of Interest policy.

As Chair of the People Committee, Non-executive Director Mark Bailey confirmed one of his objectives focused on assurance taken by the Committee in respect of the People Strategy delivery plans. In championing digital solutions, appropriate business cases were developed in the respective areas of the business with oversight and approval via the Board Committees and Board.

Non-executive Director, Hazel Brand recognised the collective input of the Council of Governors as part of the non-executive director appraisal process and the opportunities for governor observations at the Board and its committees.

The Council of Governors:

- ***noted the Chair & Non-executive appraisal outcomes***

COG23/11/B2 Council of Governors Nominations & Remunerations Committee Terms of Reference

Changes to the terms of reference for the Council of Governors Nominations & Remunerations Committee were summarised and the refreshed terms of reference appended for approval.

The Council of Governors:

- ***approved the Council of Governors Nominations & Remuneration Committee Terms of Reference***

COG23/11/C1 Presentation

COG23/11/C1.1 Chair's Report

The Chair of the Board provided an overview of her activities since the previous Council of Governor's meeting, which included:

- Visits from the Parliamentary Under Secretary of State at the Department of Health and Social Care, the Mayor of South Yorkshire, and NHS Providers' Chief Executive to consider the challenged DRI estate
- Recruitment to cohort two the Board Delegate Development Programme
- Welcomed HRH Anne, the Princess Royal to open the Serenity Suite
- Participation in the Care Quality Commission's well-led inspection
- Involvement in the South Yorkshire Acute Federation Governor Event and Trust Governor Briefings on the DBTH Way and 2023/24 Access Standards

The streaming of 2023's Annual Members Meetings had once again proved to be very popular, with in excess of 5,000 views. The virtual meeting provided an excellent opportunity for the Trust to share with its members and local communities an insight into operational activity, financial performance and local, regional and national developments in health and social care. With an opportunity for pre-submitted questions to be answered.

COG23/11/C1.2 Zara Jones – Deputy Chief Executive Introduction

The Chair of the Board welcomed the Deputy Chief Executive to the meeting.

The Deputy Chief Executive had recently joined the Trust from her role as the Director of Strategy at Derby & Derbyshire Integrated Care Board. An insight into her previous NHS experience of 20 years was shared with governors, which spanned provider, commissioner, and system leadership roles.

Two key areas of the Deputy Chief Executive's portfolio included partnership working and governance, building on the work to date, to ensure good governance supported effective decision making and delivery of the desired outcomes of the Triple Aim (better health and wellbeing, better quality of health services and sustainable use of NHS resources).

COG23/11/C1.3 Lynne Schuller – Lead Governor

The Lead Governor provided an update on engagement across South Yorkshire and Nottingham & Nottingham Integrated Care Systems.

At a Trust level, and in order to ensure all governors' voices were heard, the Lead Governor would continue to support a governor pre-meet ahead of the Board of Directors meeting. Should governors be unable to join the virtual meeting there would be an opportunity to share questions via email.

Discussions with the Head of Patient Engagement & Experience had taken place to explore opportunities for governors to complement existing engagement strategies, ensuring the views of members, local communities and the wider public were represented.

COG23/11/C1.4 Kath Smart - Audit & Risk Committee

The Chair of the Audit and Risk Committee provided an insight into July and October's Committee meetings. The Chair's assurance log provided positive assurance in respect of counter fraud, health and safety, security management, losses and compensation and single tender waivers, demonstrating appropriate systems were in place to mitigate risks. The 2022/23 Data Security and Protection Toolkit audit provided significant assurance against data and cyber risks, which was a positive outcome.

A summary of limited or moderate assurance internal audit activity was provided, in each case the executive director had been invited to share the agreed actions plans, with the audit report referred into the relevant Board committee for oversight.

A self-assessment of the Emergency Preparedness, Resilience and Response (EPRR) core standards was confirmed at 66%, below the required standard. Work to improve areas of non-compliance was ongoing, with future reports to be shared with the Committee. The reported issues were not unique to the Trust, with similar issues confirmed by peers.

A summary of work in progress included the ongoing development of the Board Assurance Framework, the work of the Risk Management Board and the refreshed Trust Risk Register.

COG23/11/C1.5 Jo Gander - Quality and Effectiveness Committee

The Chair of the Quality and Effectiveness Committee shared with the Council of Governors key highlights from the October meeting. The Chair's assurance log provided positive assurance in respect of plans to address maternity health inequalities, progress towards the implementation of the Patient Safety Incident Response Framework and the timely closure of complaints. Detailed maternity and neonatal reporting was provided to the Board and the Quality & Effectiveness Committee, with executive and non-executive Board level Maternity Safety Champions in place.

Key issues included an outstanding deep dive on the effectiveness of clinical audit, which was due for completion next month and compliance with the Clinical Negligence Scheme for Trusts' safety actions.

A summary of work in progress was provided, which included lessons learnt across clinical portfolios and the three year maternity delivery plan.

COG23/11/C1.6 Mark Day - Finance and Performance Committee

The Chair of the Finance & Performance Committee shared with the Council of Governors the assurance logs from July and September's meeting and provided a verbal update of October's Committee. The breadth of the Committee's business was recognised, with an increasing level of assurance noted due to a refinement of the content of executive directors' reports.

Areas of ongoing concern related to delivery of the Cost Improvement and Urgent & Emergency Care Improvement Plans. The Committee recognised the robust Cost Improvement framework, however, there was a need to identify ambitious and recurrent savings. Whilst Urgent and Emergency Care Improvement plans were developed progress was limited, with a need to turn the plans into action and the Executive Place Director and Senior Responsible Officer would attend next month's meeting to provide a Place update.

The significant efforts to deliver the capital programme and management of finances, including long term planning, were noted. An improved understanding and reporting of virtual wards and Getting It Right First Time was required.

COG23/11/C1.7 Hazel Brand – Charitable Funds Committee

The Chair of the Charitable Funds Committee provided an insight into September's Committee meeting.

The Chair's assurance log provided positive assurance in respect of opportunities explored through the Charitable Funds Development Committee to facilitate work not supported by mainstream funding. There was a need to ensure the effectiveness of funding, and recipients were encouraged to report back to the Committee the impact of the award.

The Chair of the Committee shared her appreciation with fundraisers for their continued efforts.

COG23/11/C1.8 Mark Bailey – People Committee

The Chair of the People Committee shared with the Council of Governors the assurance log from September's meeting which provided an insight into the extensive assurance received by the Committee, including delivery of the underpinning operational People Strategy plans and annual reports relating to equality, diversity and inclusion, education and the knowledge and library service.

Whilst a reduction in time to recruit was noted, achievement of the 31 day target from advert to unconditional offer was dependent upon progression of the centralised recruitment business case.

A summary of ongoing work and decisions taken by the Committee was provided.

COG23/11/C1.9 Richard Parker OBE, Chief Executive

The Chief Executive reflected on the Trust's EPRR self-assessment and confirmed that whilst a downgrading of standards had occurred, the Trust's percentage change was the smallest seen across the system, remedial action plans to address non-compliance were in place.

An extensive update was provided, which included:

- an overview of the refreshed Board and Divisional structure
- the Trust's winter plans, operational activity and current pressures
- the recent Care Quality Commission full hospital inspection, the full report from which was expected in January 2024
- capital Projects:
 - Mexborough Elective Orthopaedic Centre on track to open in early January 2024, with the support of an insourced staffing model.
 - Phase Two of the Community Diagnostic Centre (Endoscopy Suite)
 - Bassetlaw Emergency Village, the right sizing of the Emergency Department and paediatric provision
- local and national financial update
- positive response to 2023's staff survey, 4100 returns completed to date, which compared favourably to 2022.

**COG23/11/
C1.10**

Governor Questions

Bassetlaw Public Governor, Peter Hewkin enquired why there was a focus on the staff survey, with no reference made to patient feedback.

The Chief Executive clarified the topical content of the presentation, making reference to the current 2023 staff survey. Patient feedback, captured as part of surveys, including maternity and cancer services would be provided during the year.

Dave Northwood, Public Governor for Doncaster, noted the opening of Mexborough Elective Orthopaedic Centre was dependent upon insourced staffing and sought assurance that the matter had received appropriate consideration.

The Chief Executive confirmed that due diligence had been undertaken, the insourcing solution ensured that the planned elective activity could proceed without delay. When substantive appointments were made, there was flexibility to scale back the insourced support and from a financial perspective the cost of insourcing was offset by elective recovery funding.

Bassetlaw Public Governor, Andrew Middleton recognised the need for collaboration at a Place and system level. Examples of partnership working were shared, including the Hyper Acute Stroke Service and the ongoing development of the South Yorkshire & Bassetlaw Pathology Transformation Programme. The delivery of Urgent and Emergency Care (UEC) national standards required joined up working, with the support of Place and community based partners. A UEC improvement programme consisting of a series of workstreams saw Place partners as Senior Responsible Officers.

In addition to the attendance of primary care colleagues at the Trust Executive Group, the Chief Executive had also invited senior Place leaders to accompany him on a pathway walk through to allow them to see firsthand the challenges faced by the Trust.

Where service provision was challenged there would be a need to consider future opportunities to revise service models, including the potential to deliver services outside of a hospital setting; a local example where this had proved successful was the Glassworks in Barnsley. The Place Directors of Finance had also raised the matter of funding with the Integrated Care Board's Chief Finance Officer.

Following a recent Board of Directors meeting, Staff Governor, Vivek Panikkar enquired of the investment in staff accommodation and how user feedback was sought. The Chief Executive confirmed discussions at the Board meeting indicated plans to refurbish the East Ward Block, subject to funding hoped to be announced in the Autumn Statement. Opportunities would be explored as part of these plans to free up space on site with a view to providing multi-storey car parking and staff accommodation. In terms of feedback from users of staff accommodation, this was gained via a number of routes, including the Guardian of Safe Working, Trust Medical Council (TMC) Local Negotiating Committee (LNC) and to the Facilities Team. An update to show improvements already undertaken had previously been shared at a meeting of the TMC. In addition, sleep pods had been installed on site to provide alternative rest facilities.

Public Governor, Mark Bright enquired of the expected timescale for action to be taken to address the required areas of improvement in the governance of clinical audit. The Chair of the Quality & Effectiveness Committee confirmed a deep dive discussion was scheduled later that month and a report would be presented to December's committee meeting. The Chief Executive acknowledged the work to clarify executive portfolios and governance arrangements and expected the identification of actions would be reported to the committee in a timely manner.

The Chair of the Board shared her appreciation of the high level of governor engagement, any suggested any further questions be raised with the Trust Board Office.

COG23/11/D1 Minutes of the Council of Governors held on 28 September 2023

The Council of Governors:

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

COG23/11/D2 Minutes of the Annual Members Meeting held on 28 September 2023

The Council of Governors:

- *Noted and approved the Minutes of the Annual Members Meeting held on 28 September 2023*

COG23/11/E1 Questions from members of the public previously submitted prior to the meeting

No questions had been received from the public.

COG23/11/F1 Any other Business

No items of other business were raised.

COG23/11/F2 Items for escalation to the Board of Directors

No items for escalation were reported.

COG23/11/F3 Governor/Board Meeting Question Database

The Council of Governors:

- ***Received and noted the question database.***

COG23/11/F4 Date and time of next meeting (Verbal)

Date: **1 February 2024**

Time: **15:00**

Venue: **Microsoft Teams**

Meeting **17.33**

Close:

Governor Questions and Answers - Updated as at 28 September 2023



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

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

PC21/07/C1.9	Council of Governors	01/07/2021	A question was raised regarding the extra funding for the plans for the Women and Children' Hospital.	The local Council would look at the strategic plan for the DRI and that we were up at the top of the listing for a new hospital. This would help with recruitment and contribute to the economy. The Council were looking at the 'Basin site' in Doncaster as a proposed new build location. Jon Sargeant and the Chair were hoping to talk to the Doncaster MP's next week as to whether it is value for money to build a new hospital as the DRI is too small. The Chair added that it would be essential to get backing from the MP's, Council, and the new Secretary of State for Health to gain this decision.	Suzy Brain-England OBE, Chair	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Can staff be trusted to book and receive there Covid-19 vaccines as they cannot receive them onsite any longer?	David Purdue replied that staff had been able to receive the vaccine at the DRI, but this is no longer available, and relies on staff going elsewhere to receive them. It was mentioned whether this would be made compulsory for all NHS staff to receive the vaccine, the Trust is awaiting feedback on this. However, it cannot be enforced if you are pregnant or trying for a baby. To work for the NHS the Hepatitis B vaccine is compulsory and whether the Covid-19 should be the same. Students that are on placement in care home must be fully vaccinated to carry out the placement. The Chair and David Purdue agreed to the suggestion of the addition of wind chimes in the Rainbow Garden and would look into this.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Are staff now beginning to take annual leave as we move more to the winter months'?	Sheena McDonnell added that in the People Committee it was discussed that staff carried leave over in some areas. This was high in some areas and low in others. Staff could also sell annual leave to the trust however this was not promoted widely as the preference is for staff to take suitable rest time. David Purdue explained that it is was being monitored closely to ensure that staff take their leave and rest. It was noted that the canteens are open again, having tables for up to 6 people with the opportunity to use the marquee outside also. Breaks at work are important and staff should ideally take a quarter of their annual leave per quarter. Rebecca Joyce explained that there were waiting lists for staff wellbeing accelerator programme and annual leave required balancing. Rebecca Joyce mentioned that she had had a walk about with Kath Smart, asking staff if they used the wellbeing information and whether they were receiving the support they needed. The feedback was positive This is accessed by both clinical and admin staff.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/09/F2	Council of Governors	23/09/2021	In relation to the gender pay comparison how does the Trust positively encourage the females to take up the higher paid roles and advance their careers and do we identify the effects to enable them to take these roles?	The Director of People & Organisational Development explained that the board report relating to the gender pay gap, with evidence that more males have taken up the positions in medical and dentistry and in the most senior roles but there were more opportunities arising for women being evidenced. The Director of People & Organisational Development would be happy to discuss the pay gender gap report further if this was necessary. The Chair reported that more recently the male/female role shift balance was slowly changing. The Chair offered assurance that through the training and development within the organization that there was an equally accessible route for staff to take in all roles. The Chief Executive stated that the Trust secures the best candidate for the job role with the best skills and knowledge with openness and transparency.	Karen Barnard, Director of People & OD	In the meeting
P21/10/E3	Board of Directors	19/10/2021	Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust's bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague's involvement in the ceremony and for all they do on a daily basis. The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion: <ul style="list-style-type: none"> • PROMPT compliance for HCA/MSWs @ 49.2% • TG 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 “ 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	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? e.g., 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?	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 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	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure	Outside of the meeting
P23/10/E2	Board of Directors	31/10/2023	Do NEDs feel they have sufficient assurance that the method of compartmentalisation employed at times of fire and emergency will effectively maintain patient and staff safety and ease evacuation if required?	As Chair of the Audit & Risk Committee, Kath Smart confirmed the Committee received assurance on fire and health and safety matters. In addition, on an annual basis the Board received the Premises Assurance Model assessment which provided assurance on regulatory and statutory requirements relating to its estate. Non-executive Director, Hazel Brand, confirmed the requirement for all board members to undertake mandatory fire safety training and this awareness and internal controls provided internal assurance, with external assurance provided by South Yorkshire and Nottinghamshire Fire & Rescue Service. Following the internal incident in the Women & Children's Hospital in April 2021, the Chief Financial Officer confirmed the Trust had commissioned an external report, the recommendations from which had informed an action plan. The Health & Safety Committee had oversight of this improvement plan and a quarterly progress update was reported to the Finance & Performance Committee. Horizontal evacuation was possible at Bassetlaw and Montagu, whilst Doncaster Royal Infirmary required a decant area.	Kath Smart & Hazel Brand, Non-executive Directors	In the meeting
P23/10/E2	Board of Directors	31/10/2023	Are NEDs assured that the quality of rest rooms for non-resident consultants and Senior Doctors are maintained to a good condition and standard in order to provide good quality rest to enable safe working practices?	The Chief Executive confirmed that rest room provision had been discussed at the Trust Medical Committee, where photographs of the refreshed facilities had been shared, as with any refurbishment the need for ongoing maintenance was acknowledged. In addition, sleep pods had been procured to provide a private, quiet space to rest and alternative private sector accommodation sourced. The Chief Financial Officer confirmed the potential for alternative, longer term solutions to be explored across the estate, including the recently cleared Lister Court.	Richard Parker, Chief Executive & Jon Sargeant, Chief Financial Officer	In the meeting
P23/10/E2	Board of Directors	31/10/2023	Governors note the need to adhere to CNST standards within a designated timeframe. Are NEDs assured that a robust action plan is available to meet the standards enabling the Trust to meet its True North Value and Vision of being the safest trust in England.	Dr Emyr Jones, Deputy Chair of the Quality & Effectiveness Committee and Board level Maternity Safety Champion commended the Director of Midwifery and her team for their considerable efforts towards delivery of this standard, the challenges faced had been discussed at agenda item B2. Whilst there was a financial impact of non-compliance, the focus remained on delivery of a safe and quality service, where identified risks were mitigated. Prior to the submission date a meeting of the Maternity Safety Champions would take place and an up-to-date position would be validated. As part of its responsibilities, the LMNS had recently completed a confirm and challenge review. The Lead Governor welcomed the need for the passporting of training, which signalled the commitment to collaborate, a statutory duty of the 2022 Health & Care Act.	Dr Emyr Jones, Non-executive Director	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Bassetlaw Public Governor, Peter Hewkin enquired why there was a focus on the staff survey, with no reference made to patient feedback.	The Chief Executive clarified the topical content of the presentation, making reference to the current 2023 staff survey. Patient feedback, captured as part of surveys, including maternity and cancer services would be provided during the year.	Richard Parker, Chief Executive	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Dave Northwood, Public Governor for Doncaster, noted the opening of Mexborough Elective Orthopaedic Centre was dependent upon insourced staffing and sought assurance that the matter had received appropriate consideration.	The Chief Executive confirmed that due diligence had been undertaken, the insourcing solution ensured that the planned elective activity could proceed without delay. When substantive appointments were made, there was flexibility to scale back the insourced support and from a financial perspective the cost of insourcing was offset by elective recovery funding.	Richard Parker, Chief Executive	In the meeting

COG23/11/C1.10	Council of Governors	09/11/2023	Bassetlaw Public Governor, Andrew Middleton recognised the need for collaboration at a Place and system level.	<p>Examples of partnership working were shared, including the Hyper Acute Stroke Service and the ongoing development of the South Yorkshire & Bassetlaw Pathology Transformation Programme. The delivery of Urgent and Emergency Care (UEC) national standards required joined up working, with the support of Place and community based partners. A UEC improvement programme consisting of a series of workstreams saw Place partners as Senior Responsible Officers.</p> <p>In addition to the attendance of primary care colleagues at the Trust Executive Group, the Chief Executive had also invited senior Place leaders to accompany him on a pathway walk through to allow them to see firsthand the challenges faced by the Trust.</p> <p>Where service provision was challenged there would be a need to consider future opportunities to revise service models, including the potential to deliver services outside of a hospital setting; a local example where this had proved successful was the Glassworks in Barnsley. The Place Directors of Finance had also raised the matter of funding with the Integrated Care Board's Chief Finance Officer.</p>	Richard Parker, Chief Executive	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Following a recent Board of Directors meeting, Staff Governor, Vivek Panikkar enquired of the investment in staff accommodation and how user feedback was sought.	The Chief Executive confirmed discussions at the Board meeting indicated plans to refurbish the East Ward Block, subject to funding hoped to be announced in the Autumn Statement. Opportunities would be explored as part of these plans to free up space on site with a view to providing multi-storey car parking and staff accommodation. In terms of feedback from users of staff accommodation, this was gained via a number of routes, including the Guardian of Safe Working, Trust Medical Council (TMC) Local Negotiating Committee (LNC) and to the Facilities Team. An update to show improvements already undertaken had previously been shared at a meeting of the TMC. In addition, sleep pods had been installed on site to provide alternative rest facilities.	Richard Parker, Chief Executive	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Public Governor, Mark Bright enquired of the expected timescale for action to be taken to address the required areas of improvement in the governance of clinical audit.	The Chair of the Quality & Effectiveness Committee confirmed a deep dive discussion was scheduled later that month and a report would be presented to December's committee meeting. The Chief Executive acknowledged the work to clarify executive portfolios and governance arrangements and expected the identification of actions would be reported to the committee in a timely manner.	Jo Gander, Chair of the Quality & Effectiveness Committee & Richard Parker, Chief Executive	In the meeting
	Post Macular Degeneration Group	15/11/2023	<p>I'd like to raise a question following my attendance at a group; Macular Degeneration Group in Retford. The Group raised a few issues in relation care at DBTH and their receipt if a diagnosis of MD. After the ophthalmologist has assesses vision and eyes, they decide if you are eligible for your sight loss to be certified. It is I believed determined by sight loss in both eyes for a certificate. The consultant can certify you as either severely sight impaired (blind) or sight impaired (partially sighted) by completing the form it allows you to gain any adaptations and benefits which will be needed. Can this not be done at initial appointment instead of moving people into waiting rooms with little information and being asked to wait for protracted periods of time - most had waited more than one hour.</p> <p>In addition I am aware that those diagnosed with sight loss are provided with little explanation, as shared with me on the day. They described being given the leaflets as 'aftercare'. They shared that the leaflets were difficult to read as not in large print. I am aware that we have a partner governor from the partially sighted association, perhaps they could provide signposting information within the clinics?</p> <p>I would appreciate information around the patient satisfaction surveys completed in this area. It very much felt that the people within the group I was invited along to were not satisfied and felt they left with more questions and unsupported. If I could also be advise on the position around provision of the certificate of visual impairment that too would be good as I have advised I will return and update them of the response I receive.</p>	<p>Response from Mr Mohammad Khan:</p> <p>1. Question 1: Registering someone poorly sighted at first visit: This may not be possible as you can't register someone who has a treatable disease. Some patients may need further investigations before coming to a decision and final diagnosis. Some patients may have other treatable conditions like cataracts that may benefit from removal before knowing the final vision of patient. Once it is established that patient has ARMD or any other conditions that can't be treated or vision can't be improved, only then they can be offered registration. The criteria for registration is set up nationally and we follow that as published by Royal college or blind society etc. The patient also has to sign that document and a Consultant signs it as well before it is sent off. I am not sure what is meant by waiting in corridor as we do that in discussion with the patients during consultation. Waiting for an hour might be for the clinic visit and unfortunately clinics do run late as we have a very busy high turnover speciality with reduced medical workforce. If they are having multiple investigations on the same visit then they would be moving from one room to next to get all the bits done before they are seen by the doctor. Not all patients registered have really bad vision but a lot do and their hearing can also be affected as they are mostly elderly.</p> <p>2. Question 2: Explanation of diagnosis: Any diagnosis made should be explained to the patient in a way they would understand. We do have leaflets but those should not replace explanation and I would convey that message to the staff. Leaflets are handed over so that they can know about the condition in detail and any family member can read it to them as well for further details about their condition including support groups. Some actually have tablets they use to magnify and leaflets are available online but we could look into our leaflets or provision of audio / large prints.</p> <p>In terms of question 3, we do encourage patient feedback in all of or clinics via friends and family, there is no specific patient satisfaction survey that we have in Ophthalmology.</p> <p>Obviously we would discuss patient feedback i.e. complaints & compliments initially in our clinical governance meeting and then share with the team as necessary.</p> <p>One of my HCA's is actually doing some voluntary work in this area and she is currently a volunteer for the RNIB who are keen to become involved and work with the hospital eye service to help support patients with visual impairment. She actually attended a recent support meeting with the macular society in Doncaster and incidentally heard real life experiences from some of our patients.</p> <p>It is a shame as we do not have an eye clinic liaison officer which is very much needed for the service to be able to offer the support to patients upon receiving a sight loss diagnosis.</p>	Sent to Elizabeth Dunwell	Outside of the meeting

P23/11/I3	Board of Directors	28/11/2023	How confident can the Trust be that the identified target of 90% of staff, volunteers and governors to be trained/educated in health inequality matters by 31 March 2023 can be met?	The Consultant in Public Health confirmed the 90% standard was aligned to the statutory and essential training compliance, governor and volunteer training would be addressed as part of a briefing and development session.	Dr Kelly McKenzie, Consultant in Public Health	In the meeting
P23/11/I3	Board of Directors	28/11/2023	Concerns in relation to the standard of staff accommodation.	In relation to concerns related to the standard of staff accommodation, whilst the matter had been discussed at last month's Board, the Chief Executive had been included in recent correspondence and a further response had been provided. The Chief Executive had ensured, via the Chief Nurse, that the pastoral team for international recruits were sighted on the escalation route, and medical colleagues via their divisional teams. All colleagues were encouraged to raise concerns through the established routes to ensure a timely response. In addition, guidance and relevant contact details would be provided to users of the accommodation to support the reporting of concerns.	Richard Parker, Chief Executive	In the meeting
P23/12/E2	Board of Directors	19/12/2023	Page 89 of the papers the Board is asked to note the Year-to-Date deficit of £23.6m, which is around 5% of our income. (Last year was £17m deficit). Such deficits are inconsistent with True North Strategic Objective No 4 of being in recurrent surplus. We would like to know if there is a plan in place to work towards a budget surplus and if this is so could we please have this plan shared for assurance.	The Deputy Director of Finance confirmed the Trust had commissioned an external review of its underlying deficit, the findings of which validated its analysis. Operational, strategic, and structural drivers were identified, which included the use of temporary staffing, the need for improved partnership working to support effective and efficient service delivery and the challenged estate. The Chief Executive confirmed the Trust's approach to delivery of its financial plan was communicated to the Finance & Performance Committee and the Board, which focused on the appropriate use of limited resources. Pre-covid the Trust had made significant progress in reducing its deficit position, however, it was important to consider the Trust's position against the national context, with the NHS having declared a £1.4bn deficit at month six. The system had declared a deficit plan of £109m, with unidentified savings, and whilst some challenges were local issues, others such as the impact of the BMA rate card on pay spend, had seen the costs of medical cover for industrial action and additional sessions increase by 50% as compared to the previous year. The importance of working collaboratively with partners would be critical to future service delivery.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	Board of Directors	19/12/2023	Page 87 performance against the Better Payment Practice Code is reported as 79% - we are aware on benchmarking against 2 local NHS organisations of figures achieved in the high 90s%, which is positive for supporting local businesses. Does the Trust have a plan to achieve the 90 + rate to work towards best practice? if so, how will this be achieved.	The Deputy Director of Finance confirmed the Trust continued to make payments in a timely manner, with no supplier concerns raised at the weekly review meeting.	Alex Crickmar, Deputy Director of Finance	In the meeting
P23/12/E2	Board of Directors	19/12/2023	We note that the Fred & Ann Green Trust fund is adding additionality to the trust, specifically within the Mexborough area. We also note that the fund is reaching the end of its life. This will leave a gap in charitable funding. We would like to understand what the strategy is moving forward in relation to fundraising and filling the void this fund may leave.	The Chair of the Charitable Funds Committee confirmed a proposal to progress the work of the Trust's Charity had been received at the December meeting, in line with the recommendations of the More Partnership. A task and finish group would meet in January 2024 to determine transitional arrangements. There had always been an intention to utilise the funds within the legacy, in accordance with Fred and Ann Green's wishes and the future funding of charitable funds' projects would be a focus on the development of a fundraising strategy to increase donations.	Hazel Brand, Non-executive Director	In the meeting