

Our Ref: 343  
May 2025

## Freedom of Information Act Request

Dear Applicant,

FOI Reference Number:343/2025

We are writing in response to your request for information under the Freedom of Information Act 2000 (FOIA) dated 27/05/2025.

### Your request

You asked for the information set out below.

*“Under the Freedom of Information Act, I would like to request the following information:*

*I am interested in information regarding the Trust Medical Committee meeting of 25<sup>th</sup> October.  
Please could you provide:*

***A copy of any meeting agenda, in full”***

Please see appendix one below.

***“A copy of any transcript of the meeting”***

We are withholding a copy of the full meeting transcript under the following exemption:

**Section 36(2)(b)(i) and (ii) of FOIA – Prejudice to the effective conduct of public affairs**

Disclosure of the full transcript would prejudice:

- The free and frank provision of advice;
- The free and frank exchange of views for the purposes of deliberation; and
- The effective conduct of public affairs.

It is the view of the Trust’s Chief Executive and ‘qualified person’ under FOIA that the above effects would be likely to occur because:

- a) The meeting in question involved open and candid discussion of operational matters, which participants entered into with a reasonable expectation that the full detail would not be made public.
- b) Releasing the transcript in full risks discouraging openness in future meetings, thereby undermining the Trust's ability to conduct its business effectively.
- c) If staff fear that their views and advice will be publically disclosed, again this will lead to a lack of transparency internally within the Trust, and in turn this will ultimately lead to less informed and poor quality decision making, as issues will not be fully reasoned and tested.

Accordingly, this information is exempt under ss. 36(b)(i) and (ii) and (c) FOIA.

### **Public interest test**

Section 36 of FOIA is a 'qualified exemption' which means that as part of its application, the Trust has considered whether the public interest in disclosure of the information covered by the exemption outweighs the public interest in maintaining it.

The public interest factors in favour of disclosure include:

- The inherent public interest in transparency in how public organisations like the Trust operate, and in informed public debate about NHS services, reflected in the general right to information in FOIA.
- Openness leads to greater accountability, demonstrates that the Trust has a grip and introspection on the issues in play, and therefore potentially leads to improved trust and confidence in public bodies.

The public interest factors against disclosure include:

- The strong public interest in maintaining effective routes offer views and advice internally without fear of scrutiny.
- Disclosure could potentially damage the relationship between the Trust and its employees, if it makes it harder for those individuals to be open with the Trust in a 'safe space'. This is likely to lead to staff feeling they cannot raise concerns, ultimately leading to a lack of informed oversight and poor quality decision making.

In light of all of the factors, the Trust believes that maintaining the integrity of internal deliberations and decision-making outweighs the benefit of full disclosure in this instance, and therefore the Trust has concluded the balance of the public interest favours non-disclosure of

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the withheld information at this time. This takes particular account also of the recent nature of the meeting.

We consider that the summary minutes already provided serve to meet the public interest by outlining key discussion points and decisions without prejudicing internal processes.

Please note as per the Trust's CORP/COMM 31 – Social and Media Policy, we ask that all recordings made solely for the purpose of supporting minute taking must be deleted within 30 days of their creation, once the minutes have been finalised.

The transcript would also be the personal data of the attendees. Given the specifics of the meeting it may not be possible to anonymise the transcript. It would be unfair, potentially unlawful and is unnecessary (in light of the summary provided and the considerations described above) to disclose an unredacted version of the full transcript under FOIA, particularly taking account of the reasonable expectations of the staff concerned – who would not expect this information to be disclosed 'to the world' and made available permanently. This information is therefore also exempt on the basis of s. 40(2) FOIA as disclosure would contravene the first data protection principle in the UK GDPR. s. 40(2) FOIA is an 'absolute' exemption and is not subject to the public interest test.

#### **A copy of any minutes of the meeting**

Please see appendix two. Personal data has been removed for the reasons set out above, on the basis of s. 40(2) FOIA.

#### **A copy of any papers considered at the meeting.**

There were no papers considered.

#### **Your rights to complain to the ICO**

If you remain dissatisfied with our response following this internal review, you can complain to the Information Commissioner's Office (ICO). You can find out more about how do this by visiting <https://ico.org.uk/make-a-complaint/foi-and-eir-complaints/foi-and-eir-complaints/>.

This concludes our response to your request.

Yours sincerely

Appendix one:

**Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust  
Trust Medical Committee Meeting**

To be held on Friday 25 October at 12.00 to 1.30pm via MS Teams

**AGENDA**

No.	Item		
1.	Apologies Received: Mr Olu Olubowale, Mr Mohammad Khan	Chair	
2.	Minutes of the last meeting – <b>Friday 20 September 2024</b>	Chair	
3.	HealthRota Training for Consultants	Education Team	
4.	Financial Recovery Plan/Clinical Strategy		
5.	SAS Week - Blue Print for improving SAS lives		
6.	Expanding Mandatory Training Requirements		
7.	Aligning Tenures of Office to Improve Leadership		
8.	Statutory Duty of Candour in the NHS - Challenges		
9.	AOB		
10.	Date of next meeting: <b>Wednesday 20 November 2024 – 12.30 to 2pm</b>		



<b>3</b>	<b>HealthRota Exception Reports</b>	
	<p>The system enables better clinical staffing of areas. Stroke and Diabetes specialities have recently benefitted from use.</p> <p>The People &amp; Workforce Systems team demonstrated how to operate the system and complete exception reports: guidance is attached to these minutes. For any issues with accessing the system, password resets etc please contact <b>REDACTED</b></p> <p>Please note that in order to receive notifications from the system these must be enabled, safety concerns are to be actioned with 48 hours and all other notifications within 7 days.</p> <p>Consultant colleagues are encouraged to engage with the system and respond to notifications in a timely manner in order to support trainees. The People Systems team were thanked for their attendance.</p>	
<b>4</b>	<b>Blue Print for Improving SAS Lives</b>	
	Not discussed.	
<b>5</b>	<b>Expanding Mandatory Training Requirements</b>	
	<p>Concern was expressed regarding the increasing amount of mandatory training to be undertaken and the amount of time this it takes to complete. It was agreed that <b>REDACTED</b> would be asked to clarify on which training was most the necessary and essential for clinicians. <b>REDACTED</b> acknowledged that some of the training could be quite lengthy i.e the Oliver McGowan course. However this is a national requirement and therefore must be completed. SET training is also mandatory and the results are reportable to the CQC. The Trust also offers training on additional subjects such as Sepsis and AKI, these are not mandatory but clinicians are encouraged to complete these.</p>	
<b>6</b>	<b>Aligning Tenures of Office to Improve Leadership</b>	
	<p>Medical HR have now provided written confirmation regarding the 3 year tenure arrangements for senior medical leaders as discussed at the last meeting of the TMC. It is acknowledged that there are some existing roles that are not currently aligned to this period of tenure due to contractual reasons and these are still under review. In addition to director roles these arrangements will also apply to other senior clinical leadership such as clinical governance, education and research.</p> <p><b>REDACTED</b> is keen for this issue to remain current to ensure fairness in presenting fresh opportunities to colleagues.</p>	
<b>7</b>	<b>Statutory Duty of Candour in the NHS Challenges</b>	
	Not discussed.	

<b>8</b>	<p><b>Financial Recovery Plan/Clinical Strategy</b></p> <p><b>REDACTED</b> reported that there is a general feeling from clinicians that they have not been adequately involved in decision making with regard to the Trust’s clinical strategy or given the opportunity to have input into the financial recovery plan despite this having an impact on the ability to deliver services safely. <b>REDACTED</b> assured colleagues that members of the medical directorate team welcomes ideas on how to make improvements and are keen to promote listening and responsiveness.</p> <p><b>A brief overview of the main challenges to be addressed:</b>  Waits in ED and Outpatients  Structure of business meetings and business support requirements  Accuracy of data – one version of the truth  How income is accounted for: discussion with ICB discussion and plan to improve efficiency where required.  Possible expansion – use of Teaching Hospital branding etc.  Review and possible re patriation of sub-contracted services back to the Trust to improve efficiency i.e HIV and robotic prostate service</p> <p><b>Some origins of financial deficit:</b>  Elective Recovery Plan – activity targets not achieved  Use of two sites (Doncaster and Bassetlaw) for duplicate services in some specialties  Cost of staffing resources due to lack of capacity i.e. locum costs.  MEOC – being used for other activities than Orthopaedic. Review and improve adequate staffing as Orthopaedic activity is a high income generator for the Trust.</p> <p>With regard to senior management roles within the nursing directorate <b>REDACTED</b> questioned why such expansion of the senior hierarchy was needed when the Trust is short on other resources such as medical equipment. <b>REDACTED</b> explained the purpose of some of the roles which often relate to the management of incidents/completion of datix but does not have the exact figures in order to comment further on this.</p>	
<b>9</b>	<p><b>Any Other Business</b></p> <p><b>Further Freedom to Speak Up (FTSU) Concerns:</b>  <b>REDACTED</b> expressed an opinion that the Trust in falling short on delivery of the freedom to speak up pledge and does not make good on promises to encourage confidence when raising concerns. Medical colleagues had recently attended a FTSU forum and <b>REDACTED</b> raised concerns in relation to the bullying, harassment and perceived silencing of <b>REDACTED</b> and does not feel that these have been addressed. The FTSU team responded that this is and unique situation and preventing colleagues</p>	

from having contact with their team is not the usual response. **REDACTED** added that that he personally is doing everything he can in order to support his colleague to return to work but also has external involvement and therefore is subject to further external scrutiny.

**REDACTED** probed further on what can be done to reduce bullying and harassment at work and make the freedom to speak up pledge work for clinicians? **REDACTED** provided valid examples of specific issues that have come through the Medical Director's office and have been investigated, responded to, addressed and often resolved satisfactorily. Implementation to the changes of the provision of the HIV service is one of these examples. Resolution of colleague/manager conflict by use of mediation and negotiation is another.

**REDACTED** requested further information on what plan or resources are being utilised to bring doctors back to work following periods of absence and questioned why these decisions are being made by non patient facing staff. **REDACTED** confirmed that there are some ongoing concerns which include varying opinions but all in all these are low and this is evidence by the low number of MHPS investigations or issues which the Trust are referring to the GMC. It was emphasised that the members of the Medical Directorate always do their best to listen and respond to any concerns raised and all clinicians should feel comfortable with approaching them. **REDACTED** added to the discussion that the directorate are making good progress on getting to know colleagues better and building good working relationships. However, there are inevitably some difficult decisions which often have to be made which not everyone will agree with.

**Medical Director/Executive Team visibility within the Trust:** The Trust continues to take steps to improve the visibility of senior colleagues by attending ward visits alongside a Non-Executive Director (NED). The purpose of these visits is to meet the teams, listen to concerns/feedback and offer support. It has been recognised however that there is more work need to spread these visit more evenly across the Trust so that most teams receive a visit. There are also plans underway for members of the Medical Directorate to attend some of the speciality business meetings for the same purposes.

**Engagement and involvement with the NEDs:** **REDACTED** stated that it is generally felt this could be better and questioned what exactly is the role of the NED and how do they relate to relevant to staff and patients. **REDACTED** explained a NED often works 5 days per month for the Trust,

	<p>the majority of which are taken up by attendance at statutory meetings. However, work is ongoing to improve their visibility as explained by the above ward visits. <b>REDACTED</b> questioned why governor visits had ended and could these be re started?</p> <p>The next meeting of the <b>Medical Advisory Committee</b> on Monday 11 November 2024 will be attended by <b>REDACTED</b> GMC Liaison Officer. Colleagues are encouraged to attend where possible.</p>	
<b>10</b>	<b>Date and Time of Next Meeting</b>	
	<p><del>Wednesday 20 November 2024 – 12.30 to 2pm</del> Tuesday 19 November 2024 – 12.30 to 2pm Please note revised date of meeting as requested by <b>REDACTED</b></p>	