


**Meeting of the Council of Governors held in Public
on Thursday 14 May 2026 at 15:00
Via Microsoft Teams
AGENDA**

		LEAD	ACTION	TIME	
A	COUNCIL BUSINESS			15:00	
A1	Welcome and Apologies for absence	MB	Note		
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>	MB	Note		
A3	Actions from previous meetings	MB	Note	5	
B	CHIEF EXECUTIVE, CHAIR AND LEAD GOVERNOR UPDATE			15:05	
B1	Acting Chief Executive Update – Performance to Year end plus Medium-Term Planning Update	ZJ	Note	15	
B2	Chairs Report	MB	Note	10	
B3	Lead Governor Update	JH	Note	5	
B4	Governor Questions	Gov	Q&A	10	
B5	Governor Briefing – planned DBTH governor event to provide feedback on NHS Providers webinar	Gov	Note	5	
B6	Notice of Governor elections	RA	Note	5	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE			15:55	
	C1.1	Jo Gander - Quality Committee	JG	Note	5
	C1.2	Kath Smart – Audit & Risk Committee	KS	Note	5
	C1.3	Lucy Nickson - People Committee	LN	Note	5
	C1.4	Stephen Radford - Finance & Performance Committee	SR	Note	5
C2	Governor Questions		Gov	Q&A	10
C3	Minutes of Council of Governors held on 06 February 2026		MB	Approve	5

C4	Governor Questions Database	RA	Note	-
D	INFORMATION ITEMS			16:30
D1	Any Other Business (to be agreed with the Chair before the meeting)	All	Note	-
D2	Items for escalation to the Board of Directors	MB	Approve	5
	Date and time of next meeting: Council of Governors Date: 28 July 2026 Time: 15:00 Venue: Via Microsoft Teams Video Conferencing	MB	Note	
E	MEETING CLOSE			16:35

M.C. Bailey


Mark Bailey
Interim Chair of the Board

ATTENDEES FOR PUBLIC COUNCIL OF GOVERNORS MEETINGS

Note: Put a 1 in box if attended	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting	Council of Governors Meeting
NAME	26/09/2024	07/11/2024	06/02/2025	15/05/2025	29/07/2025	13/11/2025	24/02/2026
GOVERNORS							
Irfan Ahmed			1	Apols			Apols
Helen Batty						Apols	1
Debbie Benson		Apols	1	1	1	1	
Andria Birch							
Dr Mark I Bright	1	1	1	1	1	1	1
Kay Brown	1	1	1	Apols	1	1	1
Andrew Flynn		1	1	Apols	1	1	1
Jackie Hammerton	1	1	Apols	1	1	Apols	1
Phil Holmes	Apols	1		Apols	Apols	Apols	1
Maria Jackson-James							
Alexis Johnson			1			1	
Lynne Logan	1	1	1	Apols	1	1	1
Phil Mettam		Apols		Apols	Apols		
David Northwood	1	Apols	1	Apols	NA	1	1
Vivek Panikkar	1	1	1		1	1	1
Gavin Portier	1		1	Apols	1	Apols	
Louise Preston						1	1
Mandy Tyrrell	1	1	1	1	1	1	Apols
Colin Wallace		1	1	1	Apols		
Sheila Walsh	1	1	1	1	1	1	1

Register of Governors' Interests as 05 May 2026

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.

Sheila Walsh - Public Governor – Bassetlaw

Parish Councillor, Carlton in Lindrick
Volunteer, RDaSH

Andrew Flynn – Public Governor - Doncaster

Town Councillor, Stainforth Town Council
Public Governor, Rotherham, Doncaster & South Humber NHS FT

Deborah Benson – Public Governor - Doncaster

Director / Owner Digital Affinity Ltd.
Chairperson, Doncaster Stroke Group
Stroke Voices in Research, Stroke Association
Member of Liberal Democrats

Crystal Lucas – Public Governor - Bassetlaw

Director of Worksop Pride Community Interest Company

Lynne Schuller – Partner Governor

Councillor Harworth Ward
Cabinet member for housing and estates
Chair of Health and Partnership Forum
Member of the Labour Party

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

Irfan Ahmed - Public Governor - Doncaster
Helen Batty- Partner Governor - Sheffield Hallam University
Dr Mark Bright - Public Governor - Doncaster
Kay Brown - Staff Governor - Non-Clinical
Jackie Hammerton - Public Governor - Rest of England
Phil Holmes - Partner Governor - City of Doncaster Council
Maria Jackson-James - Public Governor - Rest of England
Alexis Johnson - Partner Governor - Doncaster Deaf Trust
Lynne Logan - Public Governor - Doncaster
Vivek Panikkar - Staff Governor
Louise Preston - Partner Governor – University of Sheffield
Mandy Tyrell - Staff Governor - Nursing & Midwifery



Council of Governors

February 2026



hello my name is...

Zara Jones

Acting Chief Executive





General updates:

Upgrade to car parks: A new 103-space car park has been approved at Doncaster Royal Infirmary, with further expansion planned, increasing overall capacity by around 25 percent over time.

Appointment of Chief Medical Officer: Dr Nick Mallaband has been appointed following a competitive process.

CQC inspection: Following inspection in late 2025, DRI's Emergency Department has been served with a warning notice - a number of improvements have been implemented as a result. Additionally, an unannounced, and unrelated, inspection of Children and Young People's Services took place in April, with early feedback positive and no immediate safety concerns.

South Yorkshire Integrated Care Board: Chris Edwards has been appointed the Chief Executive following a period as interim in the same role.



Recap on 2025/26

Improvements in urgent and emergency care, though performance remains inconsistent.

Long waits and variation across services remain key issues to address, but we have virtually eliminated the longest waiting times in all but two specialities.

Financial plan delivered, including £31m in recurrent savings, but sustainability requires ongoing change.

Capital investment continue apace, with long-term plans for our sites.

Stronger grip developing through better governance, scrutiny and use of data, but more to do.

Key takeaway from the year:

We have made progress and built a foundation - now we need to deliver our **Three-Year Plan** and **Reset Programme** with pace and consistency to tackle variation and secure sustainable improvement.

Our reset: The difference for patients

Our Three-Year Plan sets out a clear reset turning ambition into measurable improvement and consistently high standards, delivered at pace. Over the next few years we will deliver:

Urgent and emergency care:

- Four-hour performance: **70% → 85%** and 12-hour waits reduced to **~1%**;

Planned care:

- Waiting list reduction of **~54,000 patients** and **fewer long waiters**.
- Increased elective activity (day case +1,600; inpatient +800).
- RTT improving to **national standards**.

Cancer:

- 62-day: **68% → 85%** and faster Diagnosis Standard: **81% → 85%**

Workforce and productivity:

- Reduced reliance on agency, service redesign, and move to sustainable workforce model.

Financial recovery:

- **£90 million + savings** over three years, eliminate deficit and increase funding for patient care and delivery.



Supporting our reset: Five key pillars

Workforce & Organisational Design

The right workforce, organised well, with clear roles and less reliance on temporary staffing.

- **We will:** Reduce agency.
- Redesign structures for efficiency
- Align capacity to demand.
- Organise teams effectively.
- Simplify systems and cut duplication.
- Use digital solution to improve efficiency.

Shape of DBTH

Clear roles for our sites and services, making best use of our estate.

- **We will:** Define clear roles for each hospital.
- Ensure care is delivered in the right settings.
- Reconfigure services for quality and sustainability.
- Strengthen partnerships.
- Deliver more care in community settings.
- Optimise estate and facilities.

Access & Flow

Helping patients move through services more quickly, reliably and with fewer delays.

- **We will:** Increase planned activity.
- Reduce waiting lists.
- Cut last-minute cancellations.
- Use clinic appointments better.
- Improve discharge and patient flow.
- Expand outpatient and diagnostic capacity.
- Strengthen operational performance management.

Productivity & Financial Reset

Using our resources better, controlling spend and improving productivity.

- **We will:** Make better use of theatres, clinics and estate.
- Improve productivity.
- Strengthen control of spend and contracts.
- Reduce vacancy inefficiencies.
- Improve financial oversight.
- Align and deliver all plans.

Culture & Leadership

Stronger leadership, clearer expectations and a more supportive, accountable culture.

- **We will:** Set clear expectations.
- Increase visible leadership and engagement.
- Support teams through change.
- Promote a culture of learning and improvement.
- Ensure leadership supports all four pillars.



1 year

Stabilise & act decisively 2026/27

We focus on grip, control and early improvement.

- Improve Emergency Department four hour performance to 82% and reduce the longest waits.
- Increase elective and day-case activity.
- Begin reducing the waiting list.
- Strengthen site roles and protect planned care.
- Deliver c.£46m of efficiencies through a coordinated programme.
- Progress workforce changes to reduce temporary staffing and improve productivity.

2 year

Deliver change & build momentum 2027/28

We turn early gains into consistent delivery.

- Further improve emergency, elective and cancer standards.
- Deliver a second year of significant savings (c.£44m), with increasing recurrent benefit.
- Expand care closer to home and embed digital pathways.
- Embed clearer roles across Doncaster, Bassetlaw and Montagu.
- Progress service reconfiguration and partnership-led changes.

3 year

Secure a sustainable future 2028/29

We achieve long-term balance and resilience.

- Emergency Department performance around 85%.
- 52-week waits eliminated and RTT in line with national standards.
- Waiting list reduced while treating more patients.
- Cancer standards restored.
- Financial balance achieved with mostly recurrent savings.
- Services operating in a stable, sustainable model.





What's next

Delivery will be overseen through our newly established **Reset Programme**, bringing clear focus, pace and accountability.

How we will deliver:

- A **structured approach**, aligned to our strategic priorities and supported by data, governance and programme management.
- **Clinically led and professionally informed**, with teams shaping changes to ensure safe, practical and sustainable improvements.

What to expect:

- A number of **priority workstreams** will be launched and shared with colleagues in the coming weeks.
- Clear milestones, measures of success and regular updates through established governance.





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





hello my name is...

Mark Bailey

Interim Chair



www.dbth.nhs.uk

From the Chair

Reflecting on the past year: Sustained pressure, rising demand and continued delivery of high-quality care.

Moving into delivery of the Three-Year Plan: Turning ambition into practical and lasting change, improving consistency, and strengthening site identity.


“Line in the sand” approach: Clearer expectations, stronger accountability and reinforcing commitment compassion, kindness and inclusion.

Council of Governors upcoming elections: Ensuring local voices shape the future direction of our Trust.

System working: With community organisations and neighbouring providers to address shared challenges and strengthening our role as an anchor organisation through work with Doncaster Chamber, universities and colleges.

Looking ahead: Delivering the Three-Year Plan through clearer expectations, stronger teamwork and more consistent care across the organisation.





One DBTH means we all shape the culture.



hello my name is...

Jackie Hammerton

Lead Governor



www.dbth.nhs.uk

Report Template				
Meeting Title:	Council of Governors		Meeting Date:	14 May 2026
Report Title/ Ref:	Governor Elections 2026			
Executive Sponsor:	Mark Bailey, Interim Chair			
Authors:	Rebecca Allen, Associate Director of Partnerships, Governance and Strategy			
Appendices:	N/A			
Purpose of the report	Assurance	Decision required	Information	Discussion
Impacts on Strategic Risks (BAF 1-7)				
Executive Summary – Key messages and Issues				
<p>DBTH recognises that due to the cancellation of the elections in 2025 the trust is now operating with a reduced Council of Governors. Even with the impending changes to legislation, it is critical that the Trust is able to function within its legislative requirements and that means having a quorate council of Governors actively engaged.</p> <p>The Trust has now commenced the process for forthcoming Governor elections. This paper informs the Council of Governors on the timetable and process. The formal election timetable is outlined below and provides sufficient time to enable prospective candidates to consider the role, review the eligibility criteria, and submit a nomination within the required period. During this time governors are encouraged to engage with the membership and public to encourage members of the Trust and colleagues to nominate themselves for election. Becoming a member of the Trust is easy and following completion of that process –a nomination can then quickly be completed.</p> <p>The forthcoming elections provide an important opportunity to refresh and strengthen the Council by encouraging a broad range of members and stakeholders to stand for election. A proactive approach to nominations supports wider awareness of the Governor role, promotes participation from under-represented groups and communities, and helps ensure that the Council continues to reflect the population and members it serves. Communications will be issued via our usual channels (including member communications and the Trust website and social media pages), setting out key dates, eligibility requirements, and guidance on how to nominate.</p> <p>To support a fair, transparent, and accessible process, nomination information will be clear and consistent, and prospective candidates will be signposted to role descriptions, time commitments, and opportunities to speak with current Governors or the Corporate Governance Team within the trust Board Office. This will help ensure candidates understand both the responsibilities and the value of the role, and it will support informed participation throughout the election period.</p> <p>Existing Governors who are eligible to stand for re-election will be sent a direct link to enable them to nominate themselves. In addition, canvassing and encouragement of potential new Governors by existing Governors would be warmly welcomed, to help broaden the field of candidates and increase engagement across our constituencies.</p>				

Nomination and Election Timetable

ELECTION STAGE	OPTION 4 - 41 days
Trust to send nomination material and data to CES	Thursday, 7 May 2026
Notice of Election / nomination open	Thursday, 21 May 2026
Nominations deadline	Friday, 5 Jun 2026
Summary of valid nominated candidates published	Monday, 8 Jun 2026
Final date for candidate withdrawal	Wednesday, 10 Jun 2026
Electoral data to be provided by Trust	Friday, 12 Jun 2026
Notice of Poll published	Wednesday, 24 Jun 2026
Voting packs despatched	Thursday, 25 Jun 2026
Close of election	Wednesday, 15 Jul 2026
Declaration of results	Thursday, 16 Jul 2026

Recommendations

The Council of Governors is asked to note the commencement of the Governor Elections 2026 *process*

Healthier together – delivering exceptional care for all

Patients	Supports effective patient representation and engagement by restoring a quorate Council of Governors, helping to support safe effective quality patient care
People	Strengthens public and staff voice through refreshed Governor representation, supporting engagement with colleagues.
Partnerships	Promotes wider stakeholder engagement across constituencies by encouraging nominations and participation, supporting constructive relationships with members, communities and partners.
Pounds	Maximising the election process election to provide value for money through a clear timetable and robust administration.
Health Inequalities	The elections will be promoted widely to encourage participation from under-represented groups and communities, helping ensure the Council better reflects the population it serves.
Legal/ Regulation:	Ensures the Trust can continue to meet its legislative requirements by working towards a quorate Council of Governors, with a fair, transparent and accessible election process.
Partner ICB strategies	This does not impact on ICB strategy either positively or negatively

Assurance Route

Previously considered by - including date:	N/A					
Any outcomes/next steps / time scales	No Council Decision required					
Is this in line with Current risk appetite	Highlight only where this report is outside of the Board Risk Appetite below.					
	None	Minimal	Cautious	Open	Seek	Significant
YES			Regulatory Quality	Finance	People	



hello my name is...

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): April 2026

Significant Assurance

a) Counter Fraud progress Q4 25/26 – Significant Assurance was given to the arrangements in place to prevent, detect, investigate fraud. Note was taken of the conclusion of the LPE work in relation to declarations of interest and the current cases being managed by the LCFS.

b) Counter Fraud workplan & risk assessment 26/27 – The fraud risk assessment has been updated and utilised to inform planned work for 26/27. This covers: strategic governance, inform and involve, prevent and deter and hold to account. ARC were satisfied this meets the needs of DBTH.

c) Internal Audit Update - The audit plan is 94% delivered and is aiming to be on target to provide the year end opinion for the June ARC. Audit Recommendations closure rate for high & medium risks remains high at 96% (timeliness for high & medium risks). The year-end HOIA was not able to be finalised as 2 audits are yet to conclude and the outcomes of the Culture and Well Led work needs to be reviewed, which is due for presentation at May's Trust Board.

d) Management reports - Risk Management & BAF – Significant Assurance - ARC reviewed the risk report, the risk report and the current BAF. It was noted the Board has recently reviewed the high risk BAF 4 in relation to the Care Environment and changes agreed had been implemented and would be seen in the next Finance and Performance Committee which monitored this Strategic BAF risk ; work to include the areas from the recent Well Led; Culture and Medium Term plan; and Board discussions on SHMI and Sepsis had been added to BAF1 for review at the Quality Committee which monitors this Strategic Risk. Compliance with the Trust Risk Policy un respect to BAF and risk Board and committee oversight was noted and positive.

e) Management Report – Losses/ Special Payment and Single Tender Waivers - These were found to be mainly in line with processes (see work commissioned a)

f) Management Report - Register of Interests, Hospitality & Sponsorship – A good year-end position giving significant assurance of decision makers who have completed declarations of interests in line with Policy.

g) Management Report - EPRR Workplan – Plans noted to continue to increase compliance with the national standards, supported by clear priorities and plans. Significant assurance was assigned to the process, with impact/outcome to be evaluated later in the year

h) Management Report – Committee Self-Assessment; Chairs Annual Report; Terms of Reference, Workplan and Review of Board Committees Annual Reports and Effectiveness – Discussion was held that these reports were accurate and represented that the Committees had met their TOR during 25/26. The Board session on “assurance” highlighted additional areas to take into account and the Committee were keen to adopt these. (See work commissioned d).



Audit & Risk Committee (ARC): April 2026

Matters of Concern or Key Issues – None

Work Underway / Major Actions Commissioned

a) **Single Tender Waivers** – A minor number of STW's were challenged regarding the documentation of reasons why they were not tendered. Agreed to follow up with the Chief Finance Officer.

b) **Draft Annual Governance Statement (AGS)** – The draft AGS was discussed with some areas identified for further consideration; work is underway to finalise with areas highlighted for further amendments.

c) **External Audit – ISA 260 Recommendations follow-up** – The narrative was accepted and will be followed up by Ernst & Young as part of their year-end work

d) **Committee Effectiveness** – Following the assurance discussions at the Board Strategic session on 14 April a number of areas were recommended to be taken forward including:-

- Integrated Governance section on agendas
- Committee effectiveness evaluations as part of the committee conversation within the integrated governance section
- More focus when appropriate on triangulation
- Continued training & support for report authors to analyse and estimate assurance levels and gaps

Decisions Made

Internal Audit Plan 26/27 - The internal audit plan was approved by the Committee following review of previous audit work done, the BAF/ risk register, input from Executives and Non-Executives. It was agreed items which didn't make it onto the Internal Audit plan would be reviewed alongside Committee workplans to identify if further assurances would be needed.

External Audit Plan and Fee – The external audit plans & risks for conclusion of the 25/26 work was presented and accepted by ARC

Policy Approvals made:-

Standards of Business Conduct Policy
Fraud, Bribery & Corruption Policy





hello my name is...

Stephen Radford

Non-executive Director



Finance & Performance Committee (F&P): March & April 2026

Significant Assurance

Financial Performance – Month 11 - Delivery of 25/26 financial plan remains on track for all the elements required by the Trust to achieve break even. However, as per previous reports the system financial position means that Q4 DSF for the ICS has not been earned and DBTH's share of that will not now be received. Key headlines on delivery are a £1.7m deficit in month £1.4m worse than the £0.3m deficit plan as a result of the lost Q4 DSF, with a year-to-date position of £2.3m deficit. Non recurrent technical adjustments have helped the position, albeit at lower level than in previous months. The efficiency programme delivery has delivered £29.1m of in-year savings delivered to date and remains on track for the year-end target of £31.4m. Capital was still behind plan, but ahead of the recovery trajectory committed in the recent Deep Dive into the capital position. The Cash position is slightly below plan year-to date although expected to be ahead of plan at year end. No cash support will be required in 25/26. The Committee reviewed assurances in cashflow planning & assumptions.

Financial Performance – Month 12 - The Trust reported an outturn deficit of £17m before deficit support funding in line with plan. Productivity schemes yielded both recurrent and non-recurrent savings for the year ended of £31.4m with recurrent standing at £22.3m, both above original plan. 66 FTEs had been saved in the year. Cash position outturn position was significantly favourable to plan owing to receipt of £38.4m PDC funding. Capital spend was in line with plan at year end with a major surge in spending in the last month of the financial year. Draft accounts for 26/27 have been submitted to NHSE and our external auditors.

Estates & Energy Management – CIP Deep Dive - Really positive report demonstrating some excellent work in delivery, and exceeding cost savings targets in-year. Held up as a model of good practice in the Trust.

Capital Programme Delivery (Infrastructure) - Good evidence of outcomes from capital investment in the Trusts Infrastructure.

Digital & Data Progress Report - Details of continued progress in the digital and data plans for the Trust.

Artificial Intelligence Policy - Demonstrating governance & guidance around the use and application of AI.

Strengthening Financial Management & HFMA Checklist - Providing evidence of continued improvement against standards required. Some actions still left to complete, but demonstrating good grip and oversight of the position.

Year-End process (25/26) - Assurances were given on plans for year end, including accounts production, accounting policies and the evidence to support adoption of the "Going concern" basis for producing the accounts. F&P were satisfied with all areas.

Committee Effectiveness Review - Following a review of the outcome of Committee members views of its effectiveness, the conclusion was that Committee met its Terms of reference for 25/26 and the outcome was positive. Some areas for improvement were identified around workplan streamlining, and scope to ensure all items are covered which will be taken into planning for 26/27.

Operational Performance - Individual performance areas not achieving targets are separately identified (above) for assurance in this report. The Cancer Faster Diagnosis Standard 28 day and 31-day target standards were both achieved for December.

Local Security Management - The F&P Committee received the Local Security Bi-Annual Report for the second half of 2025/26. For this report the Committee took split assurance. Significant assurance was taken from the internal controls and processes in place to manage security and violence prevention and reduction at DBTH. These demonstrated comprehensive oversight and action.

IT Business Continuity Incidents Update - Following a number of IT issues, the F&P Committee received an initial report in February 2026. A further report was requested re-planned actions and progress which had been achieved. This report showed significant progress in the action plans and the lessons that had been learnt from these incidents.

Board Assurance Framework – BAF 3,4, 7 &5 - These were both reviewed and updated verbally with additional information on consideration of risk reduction (BAF 5), updated narrative regarding BAF 4 and consideration for the BAF reflecting the MTP requirements from April 2026.

These BAF risks were reviewed with updates having been made to key controls, progress, closing out 25/26 actions, risk appetite and mitigating actions. The wording for BAF Risk 7 had been revised. These and other changes to the BAF risks were considered, and the BAF risks under consideration were found to provide significant assurance. The latest BAF was recommended to the Board for approval.

Finance & Performance Committee (F&P): March & April 2026

Matters of Concern or Key Issues – None

Operational Performance – January 2026

Emergency Care:

The Emergency Department (ED) 4 hours target was slightly below improvement trajectory for January 2026 (National expectation 78%; Local trajectory 70.7%; Actual in month Performance 67.9%). Attendances remain slightly below plans however increased attendances at Doncaster Royal Infirmary (DRI) impacted performance. The Committee reviewed plans in place and noted that trajectories to the end of March increase to the required 78%, although it was noted that on unvalidated data mitigations were having a positive impact during February and March. ED waits over 12 hours also increased to 6.7% against a target of 5.4%, although once again this is now showing signs of improving on unvalidated data, Ambulance Performance was showing a slight performance drop in January due to increased conveyancing demand, following sustained performance over previous months. Mitigating actions were in place.

Elective Care:

The Trust remains in Tier 2 for elective performance with 59.5% of patients waiting less than 18 weeks against a target of 64.7%.

Risk remains with 2 specialties given level of additional activity required. Noting that activity in January had improved from December and was above plan for outpatients follow-up and daycases, with elective and outpatients new slightly below plan, but year-to-date all areas remained above plans.

Cancer:

62 day target – 71.9% against trajectory of 74.8% due to increased referrals and contributory delays in histopathology and oncology. Analysis of breaches and improvement plan in place to meet standards by March 2026.

Productivity and Efficiency

This report demonstrated ongoing improved productivity metrics, showing that the Trust continues to narrow the gap between the baseline period (19/20) and the latest published position. Further plans in place as part of the DBTH improvement work, and the Committee are awaiting information on Getting It Right First-Time impact & plans at a future Committee.

Operational Performance – March 2026 **Partial Assurance**

Emergency Care:

- ED 4 hours performance has improved significantly in the month in the to 77.5% against a planned target of 78%. This reflects UEC Sprint Re-set improvement actions taken in March 2026. However, notable variation in performance between the two acute sites remains which indicates inconsistency in flow /operations. The challenge will be to make this positive change sustainable
- ED waits over 12 hours decreased to 2.5% against a plan of 2.9%. Again, a significant improvement over the position in January 2026.
- Ambulance hand-over performance has continued to improve, with average handover performance ahead of plan. This reflects improved patient flow/system responsiveness
- Demand for A&E was 2.8% above plan in the month and has increased particularly in Bassetlaw

Elective Care:

- Trust performance continues to improve with 61.1% of patients waiting less than 18 weeks against a target of 65.8%.
- The Trust remains in Tier 2 for elective performance
- The most significant risks to >18 week & 52-week performance targets is Trauma and Orthopaedics (T&O) speciality. Substantive improvements are required or both overall targets are likely to be missed by the Trust

Cancer:

- For 62-day Referral to Treatment is behind plan of 75.3% by 1.5%, other cancer standards were deemed to provide significant assurance
- The Trust continues to experience internal delays in radiology and external delays relating to histopathology.

Local Security Management **Partial Assurance**

The F&P Committee noted that there were certain elements of the NHSE Violence Prevention & Reduction (VPR) standard meant that the the Trust's compliance level had been assessed as 'Amber' category. It was explained that factors were largely outside the control of the Trust. The F&P Committee decided assurance level should be split accordingly

Finance & Performance Committee (F&P): March & April 2026

Matters of Concern or Key Issues (Ctd)

Planning Update 26/27 - The F&P Committee received a report setting out the accepted 2026/27 closed down planning position and the conditions attached to its delivery

- New Reset governance has been implemented to oversee operational improvement, workforce change, CIP delivery and financial run rate
- Budgets for 26/27 have now been rolled-out across the Trust including divisional saving targets
- Represents good progress for the Trust to-date

Work Underway / Major Actions Commissioned

Medium Term Planning - Medium term plan work has moved on towards completion following the most recent feedback from NHSE, including challenging both Finance and Performance plans. Final approval is expected imminently. Further work to identify how delivery will be monitored in our assurance committees/ Board to be taken forward.

Revised GIRFT Approach & Governance Model- The F&P Committee received a proposal to revise the Trust governance model for GIRFT that separates clinically led peer reviews and from specialty reports from the Further Faster, surgical hubs, theatre productivity, coding and outpatient improvement programmes. These changes will resolve the current ambiguity in ownership and embed GIRFT into existing Trust governance rather than creating additional boards. It is planned to implement the initial Model Health System and local metrics dashboard for routine review Q1 2026/27

The Committee approved the planned changes to GIRFT governance and reporting for implementation.

Decisions Made

Neonatal Senior House Officer Business Case – This Business Case was reviewed which aims to increase staffing levels to support the Paediatric Night On call rota in line with Clinical Negligence Scheme for Trusts and British Association of Perinatal Medicine (BAPM) standards. The case was presented by the Acting Medical Director and has been approved via Corporate Investment Group. Members queried aspects of the case and were satisfied, hence recommended to Board for approval.

Accommodation & Car Parking Business Case - This case is part of the ongoing delivery of the DRI Development Master Plan and increases capital investment to ensure staff accommodation meets British Medical Association (BMA) guidance standards and address the need to create additional car parking on site. A combined option involving a third-party partner had been explored and discounted, hence why these seemingly disparate services are included in this single business case. The values involved require Board sign off and the Committee agreed to recommend the Business Case Option 3 to the Board.

Laundry & Linen Services Tender and Proposed Contract Award - The Committee received assurance of tendering process in line with requirements to award Laundry & Linen services for the next 5 years. Due to the contract values this needs approval at Board & the Committee agreed to recommend this to Board.

Draft Committee Annual Report & Terms of Reference – The draft Committee Annual report was noted and approved with some minor alterations to be agreed by the Chair. The updated Terms of Reference were discussed and approved by the Committee. These were commended to the Board for approval, acknowledging that there would need to be a further in-year review to accommodate the reset programme and Medium-Term Plan.

Contract Award Via G-Cloud 14 procurement. - The F&P Committee reviewed the procurement request and the renewal of the three-year contract from 1 April 2026 to 31 March 2029. The supplier supports SMS reminders, two-way messaging, digital letters, patient-initiated follow-ups (PIFU), and waiting list validation.

The renewal is being progressed via a direct award under the G-Cloud 14 procurement framework - a fully compliant UK public sector procurement framework managed by the Crown Commercial Service (CCS). It was agreed that contract length should be updated to 1+1 year and the value of the contract renewal updated accordingly before submission to the Board.

The Committee after due consideration recommended the Contract to the Trust Board for approval in line with the SFI values.





hello my name is...

Helen Best

Non-executive Director



Quality Committee (QC): April 2026

Significant Assurance

- Maternity & Neonatal Safety & Quality report received giving significant assurance against the single delivery plan, maternity self-assessment tool & Clinical Negligence Scheme for Trusts (CNST).
- Maternity Patient Experience Survey – maternity services have completed the annual National Maternity Survey and that findings demonstrate measurable and sustained improvement across a range of patient experience measures, supported by triangulated evidence (including staff feedback, Maternity and Neonatal Voices Partnerships (MNVPs) engagement, Datix incidents and complaints).
- Safeguarding assurance and capability framework gap analysis - this provided significant assurance that the Trust has effective safeguarding arrangements in place, supported by clear accountability, robust governance and multiple sources of triangulated assurance in relation to the safeguarding of patients in our care.
- Patient Safety report inc. Martha's Rule implementation received on delivery of 25/26 Quality Priorities and sets out the 26/27 Quality priorities for approval along with a summary of performance against agreed measures, key improvement actions taken to date and the governance arrangements that will provide ongoing oversight and escalation where required.
- PLACE Assessments Annual Reported to the committee that a jointly owned Nursing and Estates & Facilities Action Plan will be approved through Patient Experience and Involvement Group (PEIG), monitored bi-monthly and subject to quarterly reporting and escalation, ensuring robust oversight and timely escalation where necessary.
- Quality of Care trends via review of IQPR metrics
- Board Assurance Framework Risk 1, including Trust Risk Register discussion triangulated to the assurances provided by the reports on the agenda, which linked to the required actions in progress. The Committee recommend the BAF for approval to the Board of Directors in March 2026.

Matters of Concern or Key Issues

- National Clinical Audit Alerts relevant to DBTH – demonstrating that divisions are delivering the clinical audit programme and comply with National Institute for Health and Care Excellence (NICE) guidance as appropriate. However, the Trust has received notification that it is an outlier for National Early Arthritis Audit (NEIAA) and National Emergency Laparotomy Audit (NELA) - **Partial Assurance**

Work Underway / Major Actions Commissioned

The following items were received for information and noted;

- Medical Devices Annual Report
- The following items were discussed;
- CNST Year 8 Expectations
- Quality Committee Effectiveness Survey



Quality Committee (QC): April 2026

Decisions Made

The Committee took assurance from the detail provided within the Maternity & Neonatal Safety & Quality report and recorded in the Committee minutes to provide evidence for the Maternity Incentive Scheme the following.

- Reviewed and approved on behalf of the Trust Board progress updates on Maternity Self-Assessment & CNST.
- Reviewed and approved on behalf of the Trust Board the Neonatal nursing & Medical Workforce progress updates.
- Reviewed and approved on behalf of the Trust Board the Trust Quality metrics.
- Noted on behalf of the Trust Board the number of Maternity and newborn Safety Investigation (MNSI)/Early Notification Scheme (ENS) cases, that families have received information on the role of MNSI and ENS and that compliance with the statutory duty of candour has taken place.
- Noted that the Board Safety Champions are meeting with the perinatal leadership team bi-monthly and any support required of the Trust Board has been identified and is being implemented.
- Noted that progress against the maternity and neonatal cultural improvement plan (SCORE survey) is being monitored at the Board Safety Champion meetings, and the maternity and neonatal safety quality committee and any identified support is being considered and implemented.
- Noted MOSS update
- Quality Committee Terms of Reference and workplan was reviewed and approved.





hello my name is...

Lucy Nickson

Non-executive Director



People Committee: April 2026

Significant Assurance

Engagement and Leadership - Annual Staff Survey Results – Significant Assurance

2025/26 saw a survey response rate of 54%, against a sector average of 47%. This was an anticipated decline from 62% in 2024/25. A decline is in line with the sector averages, although the Trust's is marked due to previous significant success since 2023.

The Trust has performed better than the sector in six of the seven People Promise themes and is in line with national average on the seventh ('We are a team'). Of the two additional themes measured nationally, the Staff Engagement score is lower than average but the Morale score higher. 7% of questions have shown significant improvements since 2024, 17% have shown significant decline and 76% have shown no significant movements.

The question areas showing improvement do demonstrate the impact of targeted work, such as flexible working. Learning and development, feeling safe and healthy at work as well as many of the immediate manager questions also show improvements.

The areas which have declined include raising concerns and confidence in speaking up, engagement, involvement in decision-making and some of the team-working questions. The decline in confidence in speaking up, whilst not welcomed, triangulates with some feedback contained within the DBTH Way in Action review. A full briefing will be shared at the Board meeting in May, with opportunity for further questions and deeper analysis. Next steps and follow up actions are planned and clear. The committee noted that some of the key elements of concern are well triangulated with other work which will come back to PC for further exploration in June and also to Board in May 2026.

Education Report - Significant Assurance

Statutory Essential Training (SET) compliance was 86.69% as of the end of February 2026, a further reduction from previous months and below 90% target despite continued engagement, good data and clarity that SET is part of the accountability framework for all clinical and corporate divisions. There was good discussion about the impact of reduced compliance and the tension between SET and Role Specific Training (ReST) which is linked to capacity to release challenges and impact on rotas of time expected to complete all SET modules. The 360 Assurance audit on SET is scheduled to conclude in April 2026 and should provide further insight into challenges and suggestions for improvement.

An overview of DBTH's widening participation activity highlighted the breadth, of work and how demonstrated how we continue to meet our NHSE Education standards commitments.

The NHSE National Education Training Survey 2025 results data were presented within the paper. Unfortunately, only 128 individuals completed the survey with the majority being from resident doctors. The data is as expected, including where there are areas for improvement. All scores have increased except wellbeing, which is a trust outlier. The results will be used within the existing speciality action plans led by the College Tutors and supported by the Associate Director of Education

Health and Wellbeing Annual Report – Significant Assurance

The Trust continues to deliver a comprehensive, evidence-based programme focused on keeping colleagues physically and mentally well, supporting retention, and enabling high-quality patient care. Targeted wellbeing interventions have been prioritised using 2024 NHS Staff Survey intelligence. Feedback from teams continues to be positive and indicates the workforce value the Health & Wellbeing (HWB) offer. The committee discussed in detail how impact measures on the value of the HWB could be further developed.

Key wellbeing priorities continued to progress, which clearly have a wider impact on employee health such as retention of the Trust's Menopause Accreditation, delivery of menopause awareness sessions, and strong utilisation of smear clinics for our female workers. Wellbeing Wednesday webinars and the Trust-wide Health & Wellbeing event further strengthened workforce engagement and access to support.

The Occupational Health Service retained Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation, continued to meet key performance standards, and increased collaborative working across People and operational services.

The 2025/26 Flu Vaccination Campaign achieved a 36.9% uptake, exceeding NHSE's required year-on-year improvement, however, falling short of the Trust target of 48%. Strengthened arrangements are planned for the 2026/27 campaign.



People Committee: April 2026

Significant Assurance (Ctd)

Workforce Supply and Demand Advanced Practitioner Workforce – Significant Assurance

A review of the Advanced Practitioner role has been taking place with the intention of aligning roles to the four National Pillars (launched May 2025), identifying workforce establishment over future years and to address retention issues linked to pay banding. In recent years the Trust has been unable to retain some experienced Advanced Practitioner colleagues as they have taken up roles at a higher band in other organisations.

Work is currently underway to commence the process of aligning individual practitioners' practice with the four national pillars of practice. The workforce review plan and costings were approved by DBTH Executive team in March 2026. The assimilation review and progression to the updated DBTH Advanced Practitioner job description and banding, commences April 2026.

Safe Staffing and Skill Mix: Significant Assurance

Where inpatient wards have operated below planned staffing levels, daily senior oversight, structured escalation, and active mitigation are consistently applied and no significant patient safety events reported. Staffing-related incidents remained no or low harm. Red flag reporting mechanisms are embedded across nursing and functioning, providing real-time visibility of risk and enabling prompt response.

The Trust has demonstrated effective control and governance in managing additional capacity when needed – underpinned by clear decision-making, redeployment, and proportionate use of temporary workforce solutions.

Agency usage remains limited, compliant with NHS Cap rates and confined to theatre services only. Workforce actions including phased registered nurse skill mix changes, targeted recruitment and strengthened temporary workforce controls, are progressing as planned and provide confidence in the sustainability of the staffing position into 2026/27.

Research Strategy Bi-Annual Report – Significant Assurance

The research and innovation (R&I) contractual obligations, and the delivery plans underpinning the R&I strategic plan are on track. Actions are being taken in relation to new 150-day clinical trial set up target and discussions are underway with support services to identify barriers to clinical trial delivery. A strategic proposal focusing on commercial research is being developed and opportunities for external funding to support commercial research continue to be explored but worth noting, commercial research grew by 10% in 2025/26. The Clinical Research Hub opened in September 2025 offers dedicated clinical space for patients on Rheumatology, Gastro and Dermatology research studies. Vascular and Paediatric research clinics are also being explored. Funding from the National Institute of Health and Care Research has been awarded to create two bedded day bays in the research hub – due to complete early 2027. Penalties for non-compliance of the 150-day target are as yet unknown.

Bi-annual Nursing Workforce Review - Significant Assurance

The Committee was presented with a report confirming that the Trust's nursing staffing establishments are safe, sustainable and compliant with national guidance and best practice. The completed review incorporates the outcomes of the November 2025 workforce reviews across Adult inpatient wards, Children's and Young People's services and Emergency Departments.

The Safer Nursing Care Tool (SNCT) rigorous triangulation of data, professional judgement and quality intelligence provided the methodology.

Theatre and critical care environments have been reviewed using nationally recognised speciality-specific standards.

Focus on non-ward-based nursing teams is planned to be undertaken across 2026/2027. The committee was updated on specific recommendations regarding skill mix adjustments - in line with reporting to Trust Board in Jan 2026. Further phased skill mix recommendations will be provided following establishment reviews to be completed during 2026 and 2027, with the aim of transitioning closer to National best practice. There is a schedule of further reporting to come to People Committee in June and December 2026.

People Committee: April 2026

Significant Assurance (Ctd)

Birth Rate Plus - Significant Assurance

The committee took assurance that the midwifery service at DBTH is compliant with birthrate plus® enabling the service to provide excellent care in line with national recommendations.

Resident Doctors 10-point Plan – Significant Assurance

The Trust continues to make progress in delivering NHS England’s 10-Point Plan to improve the working lives of resident doctors. Clear improvements are visible across several core areas. Progress is also evident across training-related processes. Facilities and rest-space reviews have shown no significant concerns, with ongoing monitoring and feedback being channelled through the Resident Doctor Peer Lead. National guidance continues to evolve, and the Trust remains responsive to this. Overall, the Trust remains on track in the majority of domains, with several actions now complete and others progressing. It was agreed that the Trusts broader well-being offer should be reflected in the plan’s response actions as this is something that genuinely offers further wellbeing enhancement when utilised.

Job Planning – Significant Assurance

Performance at 31 March 2026 (2025/26 year end) was 82%,- below the national 95% target but in line with ongoing Trust completion rates of 80–82%. There is targeted work underway in three specialties affected by system errors, rota redesign and on-call standardisation, Underachievement of the target at year end relates in part to some job plan changes requiring new templates, which is time consuming and required discussions to ensure accuracy.

Policy, governance and reporting arrangements are well established, with weekly senior job planning meetings and regular oversight via the Job Planning Consistency Group and Effectiveness Assurance Group. Work continues on diary exercises for out of hours unpredictable activity and validation of planned sessions against actual delivered. Data quality continues to improve through ESR validation and reconciliation of activity with support from senior project managers and the workforce team.

Focus continues to complete job plan sign off for general surgery, trauma and orthopaedics and paediatrics - along with quality improvements to support compliance with national standards and further maturity of the Trust’s job planning framework.

Board Assurance Framework (BAF)- Significant Assurance

Committee reviewed the risk report and the current BAF. There were no new gaps in controls recognised but the work on culture that is being presented to board was noted as an area where further controls will be articulated in the BAF. The committee held a good discussion around all of the evidence presented in risk report and was satisfied the committee business was appropriately relevant to and aligned with the articulated risks and controls.

Work Underway/Major Actions /Commissions - None

Matters of Concern or Key Issues – None





COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Tuesday 24 February 2026 at 15:00
via MS Teams

Chair	Mark Bailey - Chair	
Public Governors	Debbie Benson Mark Bright Jackie Hammerton Andrew Flynn Lynne Logan Sheila Walsh	
Co-opted Governors	Kay Brown Vivek Panikkar David Northwood	
Partner Governors	Helen Batty Phil Holmes Louise Preston	
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Helen Best – Non-executive Director Jo Gander - Non-executive Director Zara Jones – Acting Chief Executive Lucy Nickson – Non-executive Director Anneleisse Siddall - Corporate Governance Officer (minutes) Kath Smart - Non-executive Director	
Governor Apologies:	Mandy Tyrell – Staff Co-opted Governor Irfan Ahmed – Public Governor	
Board Member Apologies	Richard Parker OBE - Chief Executive Stephen Radford - Non-executive Director	
Public Observers	Marianne Sonksen	
		ACTION
COG26/02/A1	Welcome, apologies for absence (Verbal)	
	The Chair of the Board welcomed governors, those in attendance and members of the public to the meeting. The above apologies for absence were noted.	

COG26/02/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	Governors' declarations of interest were included in the meeting papers; no new declarations were received.	
	<p><i>The Council:</i></p> <ul style="list-style-type: none"> - <i>Noted governors' current declarations of interests.</i> 	
COG26/02/A3	<u>Actions from previous meetings</u>	
	All Actions were closed; no other questions were raised.	
COG26/02/B1	<u>Acting Chief Executive Update</u>	
	<p>The Acting Chief Executive provided an update, highlighting several key points from the report. Integration of care with South Yorkshire and Nottinghamshire had posed challenges, particularly due to ongoing changes across the NHS and their impact on work with local commissioners. Wider reforms extended beyond ICBs, and there were updates regarding timetables from NHS England and national changes to the legislation that were planned for April 2027</p> <p>It was noted that, compared to peers, the organisation had performed well, with productivity serving as a significant measure of success. Despite resource constraints, the organisation ranked among the top five nationally, demonstrating the ability to deliver increased care with the same or fewer resources.</p> <p>A recap of the Trust's activity revealed increased activity across sites and improved statistics, with more activity projected until the end of March 2026 compared to previous years.</p> <p>Operationally, the winter period had been very busy; however, plans had been implemented to manage these pressures. Waiting lists had been reducing, including focussed efforts to eliminate 65-week waits, thereby aiming to remove prolonged waiting times for our patients.</p> <p>Trauma & Orthopaedics (T&O) remained a high-volume speciality, along with Ear, Nose & Throat (ENT) speciality. A national cancer plan had been published recently by the government with expectations on waiting times.</p> <p>The Acting Chief Executive continued to discuss the Care Quality Commission (CQC) visit which had taken place in December 2025, followed by a further visit in January 2026 to assess whether feedback and actions had been completed. The organisation awaited the final CQC written report, which could take up to six months to arrive, and would possibly outline further actions to be taken as necessary.</p> <p>She then went on to speak about Maternity services nationally which were in the process of being reviewed, adding that DBTH services were found to align with national expectations in respect of the maternity survey.</p> <p>Speaking about the "pound's" element of the Trust Strategy, the Acting Chief Executive described the financial position of the Trust which was balancing its priorities to provide good quality care for patients, and the financial year was progressing in line with its plan.</p>	

	<p>The "DBTH Way" initiative saw the board commission two pieces of work: a culture review and a well-led review, which had published findings highlighting strengths and areas for improvement. These findings were to be triangulated to the national staff survey, once these results were available.</p> <p>The 'Well Led' review identified areas for strengthening governance arrangements as well as identifying areas of good practice. These had been incorporated into the three-year plan which included objectives to improve access, increase compliance, listen to colleagues, and invest in clinical leadership, skills, and affordability.</p>	
	<p><i>The Council of Governors:</i> - <i>Noted the Acting Chief Executive Update</i></p>	
<p>COG26/02/B2</p>	<p><u>Chairs Report</u></p>	
	<p>The Chair provided a Board perspective, both internal and external, to complement the Acting Chief Executives report. He confirmed that the Board's primary focus had been on assessing the effectiveness and reach of services, their current status, and future actions. Whilst financial challenges had been acknowledged, the Board had prioritised ensuring that all individuals received appropriate quality care.</p> <p>Significant national attention had been directed at the NHS, particularly regarding public funding constraints, however, it was viewed that with the increased scrutiny had come constructive challenge to support some of the transformation work that was needed.</p> <p>He confirmed that although a strategy had been established, emphasis remained on defining the methods for its delivery and continuing work on the associated delivery plan.</p> <p>The Chair reported positive interactions with partners, characterised by productive discussions, to which the Doncaster Council and Doncaster College had also actively engaged in these efforts.</p> <p>Plans had been made to provide governors with additional briefings and drop-in sessions and further opportunities to engage with the Trust which the Chair openly welcomed</p> <p>The Chair then discussed the anticipated legislative changes which were expected in April 2027 and were expected to remove the current Foundation Trust status and alter the governors' roles. However, the Chair reiterated that he valued the governor's external perspective considered it important to retain in some manner.</p> <p>The Chair confirmed that Governor feedback would be sought regarding ongoing cultural initiatives within the organisation.</p>	
	<p><i>The Council of Governors:</i> - <i>Noted the Chairs Report</i></p>	

<p>COG26/02/B3</p>	<p><u>Lead Governor Update</u></p>	
	<p>The Lead Governor provided an update on the feedback received from the governors. She confirmed that two informal governor workshops had taken place, during which elements of the governor agenda were discussed and plans to progress were considered. A meet and greet event had been organised at Bassetlaw; although attendance was low, the feedback received proved valuable.</p> <p>The recruitment process for a new Non-Executive Director (NED) candidate was ongoing, and she welcomed the approach this time which would hopefully address the governor requirements and more actively support on the time commitments for the recruitment exercise.</p> <p>She stated that the Governor briefings had been reasonably well attended and had received positive feedback.</p> <p>Public Governor, Andrew Flynn, had been working with the Trust Board Office to review the governor dashboard with the aim of making it more accessible and understanding how this would support the governor role.</p> <p>The future of the governor role had been raised as a concern, particularly as several governors were approaching the end of their terms in September 2026, which posed a risk to the quoracy of the Council of Governors, especially at a critical time when decisions around appointments would be required.</p> <p>Discussions had taken place regarding the scheduling of face-to-face Council of Governors meetings with potential dates proposed as May 2026 and November 2026, in addition to the Annual Members’ Meeting (AMM) / COG and Annual Public Meeting in September 2026 which would again be a larger public and publicised event.</p> <p>There were 12 governors present on the call, which was considered positive, though further efforts to enhance engagement were recognised as necessary.</p>	
<p>COG26/02/B4</p>	<p><u>Governor Questions</u></p>	
	<p>Public Governor, Andy Flynn, requested an update concerning the ongoing dispute about changes to the contract rotation for Intensive Care Unit (ICU) nurses. The Acting Chief Executive acknowledged the current difficulties faced by nurses and confirmed that increased press coverage was anticipated in the coming weeks. The process had continued over the last two years, characterised by lengthy discussions, where the Trusts aim was always to maintain patient safety, but had looked at adjustments to also consider individual colleague circumstances. From an Executive perspective, the rationale centred on ensuring ICU nurses were fully skilled and units were appropriately staffed. Negotiations had been challenging, with opposition from Unite, and the staff’s concerns were respected.</p> <p>The Acting Chief Executive stated that despite this, no agreement had been reached regarding the required rotation. The plan involved ending existing contracts and re-employing nurses to facilitate rotation. Discussions had taken place regarding how to manage the transition, especially considering long shifts and personal circumstances. A deadline had been set for nurses to sign the new contracts, with the expectation that</p>	

	<p>contracts would be signed by mid-March 2026 and that the eight-week rotation would be implemented over future months.</p> <p>Public Governor, Andy Flynn, queried whether those who did not sign would have their contracts terminated. The Acting Chief Executive confirmed that written communications were being sent to colleagues who had not signed, and it was assumed that those individuals who did not sign, did not wish to continue to work for DBTH.</p> <p>Non-executive Director, Lucy Nickson, provided additional assurance as the Senior Independent Director, and confirmed that patient safety was aligned with national gold standard data. She had spoken with colleagues regarding actions taken over the past two years, which included opportunities for one-to-one discussions, and that further opportunities remained available for both individuals and teams. She was assured by the work and detail undertaken and confirmed that this was not a process that would stop in mid-March, further ongoing work would be needed to fully embed the model and to ensure team cohesion across all sites.</p> <p>Partner Governor, Phil Holmes, referred to the Lead Governor's earlier point about engagement, expressing appreciation for presentations delivered with candour and honesty. He indicated that, from an organisational perspective, support was available from Doncaster Council's Chief Executive Officer, via himself as the partner Governor.</p> <p>The Lead Governor enquired about the transition from tier 1 to tier 2 for elective care. The Acting Chief Executive confirmed that, in this scenario, it was a better position to be in tier 2 than in tier 1, but reiterated the aim was to avoid being categorised in any tier, by addressing the long waits for some services.</p> <p>The Lead Governor commended progress with finance and waiting lists but questioned the balance of delivery across other services and how improvements would be made to productivity when staff already worked hard. The Acting Chief Executive confirmed that staff had worked hard across all services, though measuring outcomes via specific metrics was difficult and only ever told a part of the picture. She highlighted that anecdotal evidence indicates colleagues' reassessments their work-life balance after the COVID pandemic, and that well-being services had contributed significantly to supporting colleagues with this. Audiology had previously been a low-profile service, but lessons had been learned and transferred to other services to improve transparency and visibility. She also confirmed that Staff survey data would be triangulated against other metrics, with a renewed focus on productivity and identifying areas for improvement.</p> <p>Public Governor, Mark Bright, asked whether Ophthalmology was similar to Audiology in terms of profile. The Acting Chief Executive confirmed that Ophthalmology did not correspond directly in this way.</p> <p>Public Governor, Mark Bright, referenced the 13 recommendations from the cultural report, noting some repeated themes across the well-led framework, and asked whether all recommendations would be integrated. The Acting Chief Executive confirmed that the Board had fully accepted the recommendations and would share updates as work progressed as there were themes that were identified in both reports.</p> <p>Public Governor, Mark Bright, queried whether a final date for implementation of the recommendations existed. The Acting Chief Executive replied that, as some</p>	
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	<p>recommendations were transactional, and while many had already been identified internally and were being addressed already, appropriate governance needed to be established for other areas. She emphasised that cultural work was an ongoing process, intended to demonstrate progress with partners through measurable evidence but was not a '12-month' fix.</p> <p>The Chair noted that some recommendations were minor and could be completed quickly but emphasised the need for ongoing work that included consultation with colleagues and governors.</p> <p>Public Governor, Debbie Benson, praised the cultural improvements and asked about the future impact of Electronic Patient Record (EPR) implementation on culture and perception. The Acting Chief Executive confirmed that feedback regarding EPR and related communications had been considered, with significant work ongoing. She confirmed that complex changes, if managed through a programme focused on culture and improvement, would be more intuitive. Conversations with colleagues were already underway to ensure inclusivity during change processes.</p> <p>Public Governor, Debbie Benson raised concerns about redundancies within the Integrated Care Board (ICB) and their potential impact on the Trust. The Acting Chief Executive explained that both Nottinghamshire and South Yorkshire ICBs were involved, with Nottinghamshire slightly ahead having now appointed to all its executives For South Yorkshire ICB, the Chief Executive position was being advertised, and the current Chair was due to step down in March 2026. She stressed the importance of collaboration and kindness during these challenging changes, and to be mindful about the individual people that were sat behind the redundancy numbers.</p>	
COG26/02/C1	<u>Fit and Proper Persons Test and Reporting</u>	
	<p>The Chair confirmed that the Fit and Proper Persons Test process was a national requirement for all Board Directors and had been successfully signed off by the former Chair of the Board and the Senior Independent Director (for the Chairs position).</p> <p>The Associate Director of Strategy, Partnerships and Governance confirmed that the Fit and Proper Persons Test had been submitted for national sign off.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the Fit and Proper Persons Test and Reporting</i> 	
COG26/02/D	<u>Reports on Activity, Performance and Assurance</u>	
COG26/02/D1.1	<u>Quality Committee</u>	
	<p>Non-executive Director, Jo Gander, confirmed that the Quality Committee had received significant assurance from the PSIRF internal audit. She noted that some concerns had been resolved and that the new governance structures were beginning to have a positive impact.</p>	
COG26/02/D1.2	<u>Finance and Performance Committee</u>	
	<p>Non-executive Director, Kath Smart, presented the Finance and Performance Committee updates, She highlighted that she was caretaking the Chair role in the absence of Non-executive Director, Stephen Radford who was unwell at the current time. She stated the</p>	

	<p>committee had covered the Trusts financial position and activity areas such as Audiology. A subsequent meeting was held last week, during which it was confirmed that the finance position remained on plan.</p> <p>Concerns regarding the delivery of the capital programme led to a deep dive review and monitoring of the capital plan was maintained.</p> <p>A review of IT business continuity issues was requested, and the Chief Information Officer had also addressed these matters with the Governors in a very recent Governor Briefing session.</p> <p>Further assurance was sought from the Committee regarding health and safety, and processes which were underway. Certain decisions were referred to the Board of Directors, and she also highlighted that 2 of the Trusts Governors had participated fully in the external auditors’ procurement and contract award process.</p>	
<p>COG26/02/D1.3</p>	<p><u>People Committee</u></p>	
	<p>Non-executive Director, Lucy Nickson, confirmed that the People Committee also served as a platform for showcasing achievements, and that the Trust had been a positive outlier in Education.</p> <p>A review of the Board Assurance Framework in relation to People had reflected the national requirements and had increased its scoring from 12 to 16 appropriately.</p> <p>Overall, improvements had been observed, including better management of staff absence and Statutory Essential Training (SET) had been progressing towards the mandatory learning position, in line with national standards.</p> <p>Workforce plans for the next three years had been aligned to national objectives, focusing on reducing reliance on bank and agency staff and ensuring substantive positions were filled.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chair’s Assurance Logs</i> 	
<p>COG26/02/D2</p>	<p><u>Governor Questions</u></p>	
	<p>Partner Governor, Phil Holmes, enquired whether the culture reviews would be addressed by the People Committee and, if not, requested clarification regarding their destination and the process for transacting them alongside progress reporting. The Acting Chief Executive confirmed that ownership belonged to the Board of Directors, which would direct matters to specific Committees as appropriate, and that the Executive team would ensure operational elements were transacted. It was confirmed that transparency would continue through engagement with colleagues and forums.</p> <p>The Chair confirmed that the Medium-Term Three-Year Plan had also aligned with day-to-day operations and how the Board collaborated to support the process.</p> <p>Public Governor, Mark Bright, raised concerns about long waiting times for urgent inflammatory arthritis patients as noted within the Quality Committee. Non-Executive Director, Jo Gander, confirmed that these concerns had been flagged, investigated, and resolved, with outcomes reported to the Committee in February. She noted that the</p>	

	<p>urgency was about the agenda item, rather than in respect to the patients themselves She noted that audit and effectiveness issues had been addressed and assurance received.</p> <p>The Acting Chief Executive acknowledged that, whilst operational matters had been managed, broader workforce challenges persisted, particularly regarding nurses and consultants. It was recognised that recruitment in this area remained difficult, contributing to longer waiting times and affecting efficiency and productivity.</p> <p>Public Governor, Mark Bright, observed that staff flu vaccination rates were around 30%. Non-executive Director, Jo Gander, acknowledged the challenge, noting that despite significant campaigns, increased vaccinators, and roving initiatives, uptake remained low. Non-Executive Director, Lucy Nickson, confirmed that the reported figure referred to December 2025, and anticipated that additional data would be available shortly. She highlighted that the issue reflected a national trend, and the Trust had made considerable efforts; however, a post-COVID effect impacted all vaccination rates nationally, and in respect to all vaccination campaigns, not just flu for frontline healthcare workers.</p> <p>Partner Governor, Phil Holmes, suggested that the Director of Public Health could possibly coordinate a briefing from the Department of Health regarding vaccination rates for governors which would be useful and, with the support of the Council of Governors, agreed to take this forward.</p> <p>The Lead Governor referenced the feedback from the annual quality reviews visits from the University of Sheffield but noted that majority of students originated from Sheffield Hallam University. Non-Executive Director, Lucy Nickson, confirmed that a report had been received following the recent series of visits, she outlined that supportive actions had been taken according to frameworks, but support remained necessary in the area of mentorship.</p> <p>Public Governor, Debbie Benson, enquired about a measles outbreak and whether it was likely to become an issue in Doncaster. Non-Executive Director, Lucy Nickson, confirmed that this matter fell under community data such as Primary Care and there had been no direct alerts to the Trust as an acute healthcare provider.</p> <p>Partner Governor, Phil Holmes, suggested that the Director of Public Health could possibly coordinate a briefing from the Department of Health regarding trends including measles prevalence and, with the support of the Council of Governors, agreed to take this forward.</p> <p>Public Governor, Mark Bright, identified that he had noticed in the council report papers there had been an increase in security demand within the Emergency Department and sought clarity on what this meant. Non-executive Director, Lucy Nickson, confirmed that the focus concerned the effects on security staff, when they were called to ED to resolve particular security issues She noted that considerable work had been undertaken to address the issue, and while there had been a spike in the data, this had now declined compared to earlier reports.</p> <p>Staff Governor, Vivek Pannikar, referred to the Bassetlaw Intensive Treatment Unit, agreeing on the importance of high-quality staff but noting reliance on locum consultants. He questioned whether there were plans to address this. The Acting Chief Executive confirmed that workforce cover remained under ongoing discussion, and temporary staff</p>	
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	<p>were sometimes required, however, these individuals still delivered safe practice within the service areas.</p> <p><i>Post meeting note: We now have an intensivist from Doncaster on the rota at Bassetlaw 3 days per week in daytime hours to increase the cover. The division is currently working through a plan for remote reviews on the days where there is no on site ICM consultant so that each patient has access to an ICM trained consultant daily; this will be focussed at the weekends to start with.</i></p> <p><i>We have also recently expanded our consultant workforce at Bassetlaw and now have 5 consultants employed by the trust providing cover to the site. We do recognise that these are general anaesthetists rather than dedicated ICM trained consultants.</i></p> <p>The Chair thanked the contributions and questions from the governors and reiterated the valuable contribution that these discussions make to the Trust.</p>	
COG26/02/D3	<u>Minutes of the Council of Governors held on 13 November 2025</u>	
	- <i>The Council of Governors approved the minutes of the Council of Governors meeting of 13 November 2025 as a true record</i>	
COG26/02/D4	<u>Governor Questions Database</u>	
	The Governor Questions Database was included in the Council of Governors meeting papers.	
COG26/02/E1	<u>Any Other Business</u>	
	No items of other business were received.	
COG26/02/E2	<u>Items for Escalation to the Board of Directors</u>	
	No items were identified for escalation to the Board of Directors.	
	<u>Date and time of next meeting (Verbal)</u>	
	Date: 14 May 2026	
	Time: 15:00	
	Venue: Microsoft Teams	
COG26/02/F	Meeting Close: 16:26	

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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P20/05/13i	Board of Directors	19/05/2020	Can the Board confirm that every patient leaving hospital would be tested for COVID-19 before they go out into the community, and that every elderly patient leaving care, who would be tested, would not go to a care home with COVID-19 on the premises, if they were negative? How would that be administered and who would oversee the process?	The Trust follows the PHE guidance on swabbing patients. We swab all patients on admission and if negative, again between day 5 and 7. We then re-swab all positive patients at day 14. We have worked with public health to ensure pathways to care homes were safe. We were also supporting a number of care homes with IPC training and review of practices.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13ii	Board of Directors	19/05/2020	How were supplies of PPE in reserve now? As last week there were two days' supply of the equipment, and when can the Board be confident they can begin to start routine procedures?	There were daily updates on PPE availability reported to the Silver Cell (pandemic control centre) every day including the weekend. We also undertake daily stocktakes in all the clinical areas. There were National shortages of PPE at different times of different stock but currently our levels were sufficient. We would plan to commence elective work when directed from the National bodies.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13iii	Board of Directors	19/05/2020	What was currently happening for cancer patients, who were waiting for in-hospital treatment? When were they going to start getting it routinely and do we know the numbers that were put on hold for chemotherapy, etc.?	<p>During Covid19, all suspected cancer pathway work the 2week-wait clinics and medical imaging (where appropriate) continued, but only emergency and urgent operations continued. Most cancer patients fall into the urgent category. For some specialties such as gynaecology, many cancer patients were brought forward and treated whilst the Trust was preparing for Covid19 and before elective operating was scaled down significantly. This enabled the focus on the most urgent patients during the peak of the Covid19 outbreak to keep all patients safe. Only emergency endoscopic procedures proceeded during Covid19 as they were aerosol generating procedures. All cancer tumour groups review the referrals coming in and the patients held on waiting list to ensure we were seeing the most clinically urgent patients and to keep a regular check on the patients waiting. Site specific teams have adopted national guidance and there were local standard operating procedures on how to manage patients in accordance with risk stratification. For example, CNS teams have maintained contact with patients to ensure their well-being was regularly monitored and risks managed. There were information reports which help our clinical teams manage the deferred patients.</p> <p>In terms of inpatient chemotherapy on Ward 18 this had not been affected by Covid19. Patients requiring day case haematology procedures on Chatsfield have been assessed and in some cases chemotherapy regimens adjusted by clinicians in line with risk assessments and national guidance on management during Covid19.</p> <p>The Trust was increasing the volume of routine outpatient work it does and currently planning this with divisions. Additional urgent endoscopy work was planned for early June. We were also planning how we scale up routine diagnostic and surgical work. There was some emerging evidence regarding increased mortality risk if COVID was contracted pre or post operatively. Hence we don't have a clear date for increased routine operating but were working hard to develop safe and consistent plans internally and with partners.</p>	Rebecca Joyce, Chief Operating Officer	28/01/2021
P20/05/13iv	Board of Directors	19/05/2020	With the lower than average attendance at ED, was it possible to say how many absences were for serious illnesses and how many for what might be termed inappropriate attendances (including weekend drinkers the worse for wear, etc.)?	The patients attending ED were generally via ambulances for patients who require to attend. There was an overall reduction in patients attending and we have taken part in a number of campaigns to encourage people primarily, with heart, stroke, gastro conditions and children to attend if they have an urgent need.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13v	Board of Directors	19/05/2020	In the return to normal, was there a timetable for re-instating services at their original location, e.g. maternity services back to Bassetlaw Hospital? Might some of the 'emergency' changes become permanent?	We were currently undertaking reviews of the decisions we made as a result of Covid19 and when it was feasible to return to the previous way of working. A decision like moving maternity services cannot be just made permanent and would require public consultation by the CCG.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/06/13i	Board of Directors	16/06/2020	With reference to the Integrated Quality & Performance Report, which asks Is the Trust providing a quality service for the patients? and the COVID-19 update... If an operation has been delayed due to the current crisis, how does the patient get advice if they feel that their problem has worsened? Should, as a matter of course, the Trust be giving advice and updates to people whose procedures have been delayed?	When a patient is listed for a procedure, it doesn't detract from the primary care support to admission or pre-operative assessment, and therefore if the condition changes or worsened, the first port of call for a patient would be their primary care physician. All services remain as normal. The Trust does not offer advice or guidance on the procedures that have been delayed. Dr T J Noble added that patients do frequently contact the Consultant Secretaries and advice is always given if asked for.	Richard Parker, Chief Executive Officer	28/01/2021
P20/07/13	Board of Directors	21/07/2020	Could the NEDs most closely involved with monitoring this data [waiting list, RTT targets, and diagnostics performance] assure governors that, coming out of the worst of the COVID pandemic, every effort is being made to improve on these figures and over what time period? Every one of these figures represents a patient.	<p>No Trusts would reach the national performance standards for waiting lists for some time and added that the same process for recording these figures would not likely continue. It was important that Governors understood that the size of the waiting list was affected because during the pandemic there were very minimal referrals to the Trust, resulting in a spike in referrals since the end of lockdown. This would be the same for other performance measures such as 4-hour access and diagnostics. It was reiterated that patients would be seen in the order of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral.</p> <p>The Chair advised that assurance would be provided to Governors through the presentations delivered at the Council of Governors meeting to take place on 23 July 2020.</p>	Richard Parker, Chief Executive Officer	28/01/2021

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P20/09/13i	Board of Directors	15/09/2020	Share Race Equality Code (item B1) with governors and great to hear that governors can be part of an early adopter, if the Board decides to pursue this.	It was agreed that a presentation would be arranged for Governors to receive the information on the Race Equality Code.		28/01/2021
P20/09/13ii	Board of Directors	15/09/2020	Comment from a governor, who had been impressed with all the training and online communication; I've also been impressed with communications out to the public. She would like to see more communication about how we were getting through waiting lists now, similar style to the numbers used for COVID patients. I think it would instil confidence to the public, particularly on Facebook.	This was noted.		28/01/2021
P20/09/13iii	Board of Directors	15/09/2020	Richard and Jon have commented on Pathology, and it's in the ICS report. In the media Test & Trace had been called a shambles, and there were reports of insufficient supplies of the necessary reagent to carry out the tests. What was the situation for patients from Doncaster and Bassetlaw? Can they get a test if required?	The Chief Executive advised that the testing described in the media was lighthouse testing in which members of the public can receive a test off site, following a telephone call to a central organiser. It had been identified as problematic due to structure and support being diverted to other areas that required it. The NHS lab provision for testing had performed well throughout the pandemic with significant increases in capacity and the CEO and BOD formally record our thanks to the staff involved.	Richard Parker, Chief Executive Officer	28/01/2021
P20/09/13iv	Board of Directors	15/09/2020	Becky had given some figures on the return to normal – could these figures be included in the minutes or sent to governors? Against various measures in the Performance Exception Report, performance was below expected targets – for obvious reasons. How do these performance levels compare with other FTs? In other words, these were national issues and DBTH patients were not unduly disadvantaged.	It was confirmed that the performance figures were included within the Integrate Quality and Performance Report to Board on a monthly basis.		28/01/2021
P20/09/13v	Board of Directors	15/09/2020	Very clear paper and accompanying slides on the NHS People Plan but could this be a topic of a briefings for governors at some point. Also on the role of the Medical Examiner?	It was agreed that a presentation would be arranged for Governors to receive the information on the NHS People Plan.		28/01/2021
P20/09/13vi	Board of Directors	15/09/2020	People Sub-committee – there was no mention of having a governor (or 2) as observers, although the Chair and I had discussed this in our online meeting last week. Can we have confirmation that governors would be involved?	It was noted that there would be Governor representation at the People Committee.		28/01/2021
P20/09/13vii	Board of Directors	15/09/2020	Was there an upper limit on the number of Associate NEDs?	It was noted that there would 2 positions recruited to.		28/01/2021
P20/10/13i	Board of Directors	23/10/2020	Does the Board expect that patients would be updated as to when their treatment would be planned to commence? And would there be monitoring in place and reports available?	The Chief Operating Officer advised that all patients whose treatment was delayed were contacted initially via text, and would receive further communications regarding their care. The Trust would continue to work with the Primary Care Network to jointly review some patients care plans. The monitoring of patients was done so via the Ethical Framework Committee as part of its recovery efforts and checks were undertaken on patients regularly to see how they are. Performance data was reported as part of the Integrated Quality and Performance Report each month.	Rebecca Joyce, Chief Operating Officer	28/01/2021
P20/10/13ii	Board of Directors	23/10/2020	There was a perception that the Trust was not doing as much working from home, where possible, as in other Trust's in South Yorkshire and wondered what the Trust Policy on this was? And following the report regarding NHS workers requiring time to recharge their batteries, what additional measures would be implemented?	The Director of People and Organisational Development advised that colleagues had been asked to return to site to ensure that there remained a team connection, however as South Yorkshire had moved into Tier 3 regulations, a focus had been taken on the 'work from home' guidance, but would include that there must be regular presence on site where required to support front line services. Working from home was encouraged where colleagues can appropriately fulfil their role. It was advised that colleagues were encouraged to take annual leave to recharge, but that the offer for staff to carry over their annual leave was an option, as some colleagues were reluctant to take time off as they were unable to take holidays away from home. Wellbeing conversations formed part of the line manager's role to ensure that all colleagues were well. The Chief Executive noted that not all colleagues have the opportunity to undertake their role away from site and therefore the primary responsibility was to ensure that they were supported to do their roles. The 'work from home' guidance would take effect but noted that there was a 24/7 requirement for additional administration and support functions.	Karen Barnard, Director of People and Organisational Development and Richard Parker, Chief Executive Officer	28/01/2021
P20/10/13iv	Board of Directors	23/10/2020	Is there any correlation with the patients currently being treated at DBTH, i.e. age, location, places they have visited etc?	Hazel suggested to the governor that this is a question for public health, i.e. DMBC. The Free Press ran an interview with Dr Rupert Suckling, which answered these points.	Hazel Brand, Lead Governor	28/01/2021
P20/11/H3i	Board of Directors	17/11/2020	Was the Trust learning anything form these serious incidents and falls?	Hazel Brand noted that this had been extensively covered in the Director of NMAHPs report.	Hazel Brand, Lead Governor	28/01/2021
P20/11/H3ii	Board of Directors	17/11/2020	Super surge plan – had anything been done on development of intermediate care to facilitate timely discharge?	The Director of NMAHPs advised that the Strategy and Transformation Team had undertaken some work with Partners to look at intermediate care steps and what the requirements were for the future. The Trust would take over the work that the CCGs commenced several years ago to look at outcomes measures which was a positive step. The outcomes would be measured based on value added in terms of patient pathways. This work would continue and anticipate that the outputs would be finalised by April 2021.	David Purdue, Deputy Director of NMAHPs	28/01/2021

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P20/11/H3iii	Board of Directors	17/11/2020	Was there anything that might identify why a 1/3 of the medical wards have a RAG rating of amber or red?	It was unknown what this specific question was in reference to and would be picked up outside of the meeting to provide an accurate response. Post meeting note: The statement related to the Skin Integrity Assessment as part of the IQAT, the reason for 6 wards not being green was due to lack of audits during the period. This was primarily due to the activity on the ward areas due to Covid19. Additional support had been identified for these areas.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/12/H3(i)	Board of Directors	15/12/2020	Would the Quality and Effectiveness Committee review videoconference and consultations in maternity services?	The Chief Nurse advised that those plans had been implemented.	David Purdue, Chief Nurse and Deputy CEO	28/01/2021
GQ1	General Question	03/12/2020	What is the guidance regarding a COVID-19 ward and our general wards in relation to whether it was safe to take home the patients clothes to wash, with the risk of COVID-19.	Any laundry for a patient on the ward should be placed in a red water-soluble laundry bags on the ward. These can then be placed directly in the washing machine. Otherwise, they should be placed in a sealed plastic bag and left untouched for a minimum of 72 hours and then opened and placed directly into the washing machine. Relatives should always practice good handwashing techniques as well at all times when handling these bags.	Stacey Nutt, Deputy Director of Nursing (Patient Experience)	28/01/2021
GB/21/01/07/1	eObservation Update	07/01/2021	Can you tell us what the e-Observation roll-out programme looks like?	I refer you to the first 2 slides. February will see the whole of Surgery go live (excluding Trauma and Orthopaedics). T&O next, then more digitally complex areas (need IT integration of systems) will be Paediatrics and Maternity. But no timescales yet.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/07/2	eObservation Update	07/01/2021	Is e-obs written from scratch, in house, or based on an off-the-peg system?	The system has a framework which is based on the national Early Warning Score (V2) for actions like when observations should be done and who is expected to respond. But there are many aspects that are customisable by us - especially the handover section - where much other data is entered. In addition we have requested that Nervecentre change names of aspects of the system so as not to be clinically misleading. So in summary - some fixed aspects - but very customisable.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/07/3	eObservation Update	07/01/2021	I believe that there are other almost hidden benefits in eObs that it allows for de briefs across the trust allow for an intuitive, supportive employer	The massive amount of data contained can give really valuable insights - only limited by our curiosity and imagination.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/07/4	eObservation Update	07/01/2021	Can you tell me what the business intelligence package is that they've used?	The system I've used is Microsoft Power BI	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/12/1	Maternity Update	12/01/2021	Statistically women are at greater risk of further abuse from a perpetrator during in pregnancy or post pregnancy when an abuser may also fixate on new borne infant during the mother's period of lactation. Having read the slides there is no reference made to this issue or indeed any mention in passing. Would it be appropriate to raise this by of a question at the end of the presentation or is dealt with in other presentations? I would also like some clarification on domestic abuse awareness training being offered and accessed by the Maternity Services across DBTH?	Guidance has been issued to healthcare professionals on domestic abuse during virtual working. Midwives receive annual safeguarding training. Due to current Covid19 restrictions, there is more opportunity for midwives to ask the questions without partners present.	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/2	Maternity Update	12/01/2021	Any male midwives?	Yes one, who is now one of our bereavement midwives	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/3	Maternity Update	12/01/2021	Am I right in thinking that midwifery training would be a 4 year course? and that a nurse changing to midwifery would have do complete an extra year of training?	Midwifery direct entry 3 year course. Conversion from nurse to midwife 18 months course (now very limited universities offer), only other option is to do 3 year course. There are very few of us that are dual trained now (nurse & midwife).	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/4	Maternity Update	12/01/2021	Interesting the reduction in the attrition has there been an improvement which can be shown through the staff survey.	We are still waiting for this years but last year there was a significant improvement in the staff survey from the previous year	Lois Mellor, Director of Midwifery	28/01/2021
CoG21/01/28/A	Council of Governors	28/01/2021	When the Communications and Engagement Team release a Press Release to Governors by email, this can be disclosed to the public?	Yes, can be disclosed to the public unless specifically embargoed to a certain time (this would be stated in the copy) they are available to the public and posted to our website immediately after Adam sends them.	Adam Tingle, Communications and Engagement	29/04/2021
Email	N/A	29/01/2021	What are the long Covid19 delivery plans?	So far there are plans in the community for covid services. But, the GP is signposting clinician to direct the patient to the appropriate service, be that respiratory, cardiology, physiotherapy, psychological services etc	Dr Tim Noble, Medical Director	29/04/2021
Email	N/A	10/02/2021	Regarding the potential closure of Ward B2 Mental Health Services Bassetlaw, can you outline the proposal for this?	This ward was not the Trust's. It is NHCT and the CCG are doing a consultation.	David Purdue, Deputy CEO and Chief Nurse	29/04/2021

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	N/A	16/02/2021	The issue of take up by medical staff of the vaccine offer was raised at the Board. Currently take up of the vaccine is seen primarily as an issue of self-protection. But there is now reported evidence that it also prevents transmission. If this evidence becomes definitive what are the implications for the medical ethics. Would failure to be vaccinated be treated as a breach of medical ethics. Currently staff are using PPE to protect themselves when treating patients with Covid and are also wearing masks and keeping social distance etc to protect others. Has the issue of vaccination and ethics been considered in the Trust.	I think the GMC view is it would be sensible for medical staff to accept vaccination to minimise risk to patients. But it is not being mandated. For the person who is working remotely with no patient contact, it would not affect the patient. All staff groups are encouraged to accept vaccines and we do have comms on the matter. But it is unlikely that we can mandate it.	Dr Tim Noble, Medical Director	29/04/2021
Email	N/A	08/03/2021	What is the policy on the use of televisions on wards?	The Trust are looking at a tender process for patient bedside TVs. Patients can bring televisions in but I imagine this has been discouraged due to IPC and Covid reasons. There is also the issues around noise on wards especially if in bay areas and not in single rooms. We find that many patients bring in a smart device and have access to TV through those which are much smaller and also have ability to use headphones so as to respect everyone's privacy and dignity.	Stacey Nutt, Deputy Director of Nursing (Patient Experience)	29/04/2021
Email	N/A	10/04/2021	Can we have some timescales as to when a formal decision will be made re Bassetlaw CCG?	The formal process for CCGs as part of the White Paper is to have a proposed structure by the end of September ready for the ICS in April 2022. The exact structure for SYB is not yet clear. If this is relation to the potential move to Nottinghamshire ICS rather than SYB, that is unclear as it is a SoS decision.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
Email	N/A	10/04/2021	How many deaths there have been across the Trust re the AstraZeneca vaccine linked to blood clots. If there are any how will the information be cascaded the governors and beyond?	We have not declared any deaths in relation to the AstraZeneca vaccine. Obviously if there was a death with direct coloration to the vaccine that would be an SUI and would be reported through the usual process and shared at BoD.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	When contacting patients waiting for elective surgery, was there any additional; support provided, in addition to the phone call or letter?	The Chief Operating Officer advised that there were many groups availability that patients could access for support such as cancer support groups. The Chief Executive advised that any additional support required would be sourced from a patient's general practitioner on the basis that the Trust would only provide care for the matter that they have been referred for. A further question related to complaints however had been answered during the course of the meeting.	Rebecca Joyce, Chief Operating Officer	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	Had the Trust seen an impact on the number of complaints received during the Covid19 pandemic, in comparison to pre Covid19 levels?	The Chief Nurse advised that there had not been a significant impact on the number of complaints, however noted that Covid19 related complaints had been received and were categorised as such, due to cancellation of appointments or a delay in treatment.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/01/H3(i)	Board of Directors	19/01/2021	How many staff had refused the Covid19 vaccination, if any?	The Director of People and Organisational Development advised that this was not known, however noted that there have been small numbers of colleagues that had booked to have their vaccine but were unable to have it at that time. The Trust was not collating refusals, however noted that a survey had been sent to colleagues to identify reasons why they hadn't yet accessed the vaccine. It was expected that some colleagues had not accessed the vaccine due to uncertainty about the potential impact on their individual circumstances. The vaccination programme still continued.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P21/02/H3(i)	Board of Directors	16/02/2021	A question was raised that non-COVID19 related absence reported at 6% seemed high during a winter with no seasonal flu and was there an explanation for this?	The Director of People and Organisational Development advised that although there was a lower proportion of coughs and colds this winter, there had been an increase in stress, anxiety and depression related absences which cannot be recorded as COVID-19 related absence. The People Committee would investigate the data further. The Chief Executive advised that the NHS absence data was not reflective of previous years.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P21/02/H3(i)	Board of Directors	16/02/2021	Have the Stroke Unit bed capacity pressures eased during this quarter in comparison to quarter 3? And what reasons have been identified why more people were having strokes during wave 2 of the COVID-19 pandemic as opposed to wave 1 of the COVID-19 pandemic?	The Medical Director advised that there were no known reasons for the increase in strokes. The Chief Executive advised that the change in data may be as a result of patients presenting themselves with secondary illnesses as opposed to ambulance presentation. The Chief Operating Officer advised that a deep dive into Stroke performance would be undertaken at the Finance and Performance Committee in March 2021.	Dr Tim Noble, Medical Director	29/04/2021
P21/03/H3(i)	Board of Directors	16/03/2021	The vaccination take-up by staff was 85%, which may not be an accurate figure, but there were probably some staff that were hesitant, and the question relates to why this might be? Do you agree that staff have a professional duty to be vaccinated?	It was advised that vaccinations were not mandated, however efforts have been put into encouraging colleagues to have the vaccination, recognising that some colleagues do have good reasons why they don't wish to have it at this time. The Chief Nurse advised that there was a national debate regarding this topic regarding whether certain staff groups should be required to have the vaccination such as students who rotate or bank staff who work across different sites, which would be reviewed within the ICS.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P21/03/H3(i)	Board of Directors	16/03/2021	Upon review of the Freedom to Speak Up data, it shows that during quarter 1 of 2020/21, there was a significant increase in concerns raised. Can this be explained?	The Director of People and Organisational Development advised that the significant increase relates to the same concern raised by a number of staff within the Emergency Department. The figures relate to the number of individuals that have raised a concern, as opposed to the number of individual concerns raised.	Karen Barnard, Director of People and Organisational Development	29/04/2021

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P20/04/13(i)	Board of Directors	20/04/2021	In reference to the Falls paper C2 page 21, there has been a 19.3% increase in falls in 2020/21 compared to the previous year although the severity of these falls has reduced. Governors have long been concerned about falls and have been told that there is a correlation between this increase and COVID-19, particularly relating to the restriction on visitors. How can staff address this to prevent a further increase in falls if/when we experience a further wave of COVID-19 restrictions? And can governors be appraised of the work of the 'Learning from Falls' panel in due course?	It was noted by the Lead Governor that the majority had been discussed as part of the business of the meeting and that there was a planned briefing session to Governors by the Holistic Care Team. The Chief Nurse added that the Falls Practitioner was part of the Holistic Care Team, and learning would be taken from the quality improvement work underway. If a fourth COVID-19 wave was to occur it would depend on the severity and how the pandemic would be nationally mandated. A further discussion would take place at the Governor Briefing delivered by the Holistic Care Team. It was requested that the Governors be appraised of the learning from falls panel. It was agreed that this would be included in the Holistic Care Team presentation.	David Purdue, Chief Nurse and Deputy CEO	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	In reference to page 61 of the papers, I see that there will be new quarterly staff survey. Are staff expected to fill these extra surveys in during their working hours? How do they contribute to the annual staff survey – if at all?	The Director of People and Organisational Development advised that it was expected that the quarterly staff survey would run three times per-year, with the annual staff survey to take place in the fourth quarter. It was known that the quarterly staff survey questions would be the nine staff engagement questions as asked in the annual staff survey however it was unknown whether there would be any flexibility to add further questions.	Karen Barnard, Director of People and Organisational Development	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	Given that reducing waiting times has been identified by the Prime Minister as a priority and funding is to be provided, can we be assured that the Trust has in hand plans to increase our capabilities and on the basis of these plans apply for any revenue and capital funds that are on offer?	A comprehensive presentation was given at the Board of Directors meeting on 20th April 2021 outlining the Trust's plans. The presentation is accessible via the website: https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/board-directors-meetings/	Rebecca Joyce, Chief Operating Officer	29/04/2021
P20/04/13(i)	Board of Directors	20/04/2021	The paper reports that midwifery workforce has seen a number of resignations within the service. Is there any common theme to understand this?	10 resignations 2 retirements 3 relocations 3 leaving midwifery altogether following Covid 2 want more flexibility so working for us through NHSP	David Purdue, Chief Nurse and Deputy CEO	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Is there NHS or CQC regulation that required an inspection of the damage so that there was learning in the Trust to provide assurance?	The Chief Executive advised that the Women and Children's Hospital was built in the late 1950s. The Fire Officer had been on site during the debrief the following day to discuss any learning to be taken from the incident. Although there were no harm or injuries from the incident, the Trust had informed the Health and Safety Executive (HSE) had been notified. Regular Estates reviews had been undertaken and there were no apparent leaks at the time of the last inspection. Work would continue with the HSE and Fire Service. It had already been agreed that any learning identified would be shared with local and national colleagues. Early lessons identified relate to the communication of the incident, so this would be worked on. The HSE had not indicated that they want to inspect the incident, however if they do so, the Trust would facilitate their access to the area. The Fire Service had raised an issue that the electronic access forms had not released at the time of the incident and keys were not readily available, however noted that evacuation had been completed in one-hour of the request by the fire service.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Hazel Brand noted that the Trust was unsuccessful with a bid several years ago that would be seen remedial work undertaken to the Women and Children's Hospital, and noted that the Trust was unsuccessful last year with their bid for a new build hospital and therefore asked if this incident would support any bids and what Governors could do to assist?	The Chief Executive advised that three years ago the Trust placed a substantial capital bid for a full refurbishment within the Women and Children's Hospital, and when the bid entered the process within the ICS, it was originally prioritised, however in the final stages it was changed to the second priority and subsequently lost the bid. The water leak incident had further highlighted the risk that the NHS had with buildings of this age, and the intention was to raise this formally once the country was out of the purdah period.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	When hospitals were built, was there an indication of the life span of key components that go into the building?	The Chief Executive advised that all equipment had an asset life and depreciates over time. The building had been there for over fifty-years; however, a lot of components depreciate much sooner. Manual checks were undertaken regularly and contribute to the capital bids. Backlog critical maintenance would cost in the region of £50m and therefore a replacement hospital would be a much better use of spending the public purse, as this estimated cost would be for critical maintenance, and does not include other maintenance required, which could total approximately £120m. The Chair advised the Council of Governors that the Trust was not solely in control on how much capital was available for the Trust as monies were allocated on a system basis and allocated based on priority. Additional capital requests could be made to the treasury and NHS England.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Is the Trust covered by insurance?	The Chief Executive advised that the Trust had indemnity insurance, however further work was required to identify the cost of the significant repairs required.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Would there be a debrief for the patients involved in the Women and Children's Incident on 27th April 2021?	The Chief Executive advised that it had been agreed a letter would be sent to each patient, or parent/carer of patient outlining what had happened during the incident, and to thank them for their support and patience throughout.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Were staff trained in these types of incidents and would the incident influence any training in the future?	The Chief Executive advised that horizontal evacuation was practiced, however full evacuations were not practiced. Following the full evacuation there would be lessons to be learned and training would be updated to reflect this learning. Early learning from the Fire Service included that they were unsure which switches to turn off and how long that batteries for the incubators lasted. Communication had been difficult as the incident took place out-of-hours.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Mike Addenbrooke noted that it had been reported that Selby had a high number of COVID-19 cases and asked for an explanation on why the local community was not in the	The Chief Executive advised that there were two contributing factors. The first was that during December 2020 the country had a significant outbreak of COVID-19, however, as Doncaster was already in lockdown due an earlier outbreak	Richard Parker, Chief Executive Officer	01/07/2021

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
PC21/04/C1.8	Council of Governors	29/04/2021	In moving to the recovery and restoration of services, does this distract the Trust from its preparedness to respond to any new variant?	The Chief Executive advised that this would not be the case, as the Public Health medics deal with the vaccine roll out and identification of new COVID-19 variants. It was expected that there be a booster dose of the COVID-19 vaccine in winter.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Due to the lack of clarity within the ICS, what impact has this had on planning, specifically in Bassetlaw, as commissioning will move to Nottinghamshire?	The Chief Executive advised that the hospital, as a statutory body was required to undertake normal planning. The ICS then coordinates the planning. In April 2022 the ICS would become a statutory body. The Trust had submitted plans to the ICS against national timelines. South Yorkshire and Bassetlaw is one of the most developed ICS. In relation to the coterminosity of Bassetlaw with Nottinghamshire, the Trust had represented its views and would need to further understand the benefits of this at local authority level. These legislative changes would not see Bassetlaw moved to Nottinghamshire healthcare.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	What is the nature of the Trust's participation in twinning with US hospitals with the MAGNET4EUROPE study?	The vacancy levels are in the monthly Board of Director reports by professional area. In terms of the recruitment in the main, the highest numbers for all professional groups comes from the qualifying students each year.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	A total 391,282 patients cared for exceeds significantly the population of Doncaster 311000 how does it compare with the combination of Doncaster/Bassetlaw populations?	Many people who receive hospital care attend the hospital several times per year.	Dr Tim Noble, Medical Director	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	What is the number of the current nursing vacancies?	The People Committee consider the vacancy report including nursing vacancies. It will be part of the workforce assurance report at the next meeting.	Kath Smart, Non-Executive Director	01/07/2021
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
PC21/07/C1.9	Council of Governors	01/07/2021	Can staff be trusted to book and receive their 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 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	Relating to the gender pay comparison and what the balance of women fared to males working in the Trust, with more males having higher paid jobs than females returning to work in the lower paid jobs. 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.		
PC21/09/F2	Council of Governors	23/09/2021	In relation to the gender pay comparison how does the Trust positively encourage the females to take up the higher paid roles and advance their careers and do we identify the effects to enable them to take these roles?	The Director of People & Organisational Development explained that the board report relating to the gender pay gap, with evidence that more males have taken up the positions in medical and dentistry and in the most senior roles but there were more opportunities arising for women being evidenced. The Director of People & Organisational Development would be happy to discuss the pay gender gap report further if this was necessary. The Chair reported that more recently the male/female role shift balance was slowly changing. The Chair offered assurance that through the training and development within the organization that there was an equally accessible route for staff to take in all roles. The Chief Executive stated that the Trust secures the best candidate for the job role with the best skills and knowledge with openness and transparency.	Karen Barnard, Director of People & OD	In the meeting
P21/10/E3	Board of Directors	19/10/2021	Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust's bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague's involvement in the ceremony and for all they do on a daily basis. The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion: <ul style="list-style-type: none"> • PROMPT compliance for HCA/MSWs @ 49.2% • ETG compliance <80% across all roles • 10 steps to safety - multi-professional training @ 76% 	The actions to address the above were largely covered in the Maternity Update report. Governors should continue to monitor performance and governor observers at the Quality & Effectiveness Committee should seek assurance and report back on plans to improve the uptake of training in the next governor report.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/10/E3	Board of Directors	19/10/2021	There is an increase in emergency caesarean sections at Bassetlaw – 18.7% in July and 22.7% in August. This might be just one or two deliveries – can this be put into perspective and is this due to an increase in high-risk mothers?	The Executive Medical Director stressed the key consideration was the appropriateness of the c-section, he also drew governor's attention to the fact that as the caesarean section rate goes up evidence suggest that the still birth rate goes down, and as such there was a balance to be found. The Chief Executive suggested it would be helpful to include the actual numbers of births and caesarean sections in future reports in support of the effect of small number statistics	Dr Tim Noble, Executive Medical Director	In the meeting
P21/11/I3	Board of Directors	16/11/2021	What are the difficulties in discharging to social care settings and the resultant impact on families?	The Chief Nurse confirmed a national discharge policy was in place where the criteria to reside was not met. Issues within social care setting were known and system wide work to improve discharge was in place, six discharge beds had recently been purchased to facilitate discharge from hospital.	David Purdue, Chief Nurse and Deputy CEO	In the meeting

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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

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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

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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P22/09/I3	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/I3	Board of Directors	29/11/2022	A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?	The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/11/I3	Board of Directors	29/11/2022	In relation to the serious incidents and patient safety is there a link to the freedom to speak up workstream? Ensuring staff are able to actively raise concerns re patient safety, whilst feeling supported could potentially lead to reduction of serious incidents. If the links already exist, do we have a reporting mechanism highlighting near misses?	The Executive Medical Director confirmed the reporting of risks, incidents and near misses was actively encouraged and supported as part of everyday practice, submissions were via Datix, which provided a rich source of information. There was also extensive communication to encourage and support speaking up.	Dr Tim Noble, Executive Medical Director	In the meeting
P22/11/I3	Board of Directors	29/11/2022	Staff values and behaviours (Pg 28) links with previous reports of staff attitude. This has remained as a cause for complaint for some time. Has any work been undertaken to understand the details behind this theme and share with patients / visitors any rationale sitting behind the "values and behaviours" or to address if an issue is identified?	In respect of complaints, it was recognised that staff attitude was nearly always the number one cause of concern. Communication was a critical skill, keeping patients and families well informed with regards to decision making and next steps. Where patterns emerged within department/ward targeted support and education would be provided. The Chief People Officer confirmed a leadership behaviour framework would be launched shortly, to focus on values and behaviours for a broad range of colleagues.	Richard Parker, Chief Executive & Zoe Lintin, Chief People Officer	In the meeting
COG22/11/C1.8	Council of Governors	24/11/2022	BMA Rate Card	In response to Vivek Panikkar's confirmation that the Local Negotiating Committee and the Trust Medical Committee had been willing to enter negotiations with regards to the rate card, the Chief Executive confirmed that the Committees' request was for acceptance of, rather than negotiation of the rates. The Chief Executive shared his appreciation of clinicians' historical support in delivery of additional sessions, however, following the release of the BMA rate card several specialities had now written to give notice that they would no longer be undertaking additional sessions. Discussions would take place to identify an appropriate way forward. Following an increase in the remuneration of additional sessions earlier in the year it was suggested that rates be harmonised across the Trust to ensure an equitable position that involved spending public money wisely.	Richard Parker	In the meeting
COG22/11/C1.8	Council of Governors	24/11/2022	Demand analysis for the Montagu Elective Orthopaedic Centre	In response to a question with regards to the demand analysis completed for the Montagu Elective Orthopaedic Centre, the Chief Executive confirmed the case had been modelled on best practice from specialist hubs and Getting It Right First Time standards. The work would include orthopaedic cases which would have a significant impact on the waiting list and the Centre would be an excellent example of collaborative working that would support improved place and partnership opportunities.	Richard Parker	In the meeting
P22/12/D2	Board of Directors	20/12/2023	Accepting that abnormal circumstances continue to impact services, nevertheless training completion rates are an ongoing concern. A particular example is the Practical Obstetrics Multi-Professional Training (PROMPT) data, especially for some clinical leadership groups. What further steps can be taken to improve completion rates"	A full explanation of actions had been provided previously by the Director of Midwifery at the Quality & Effectiveness Committee and at Board and completion of training continued to be a priority, with all steps taken to facilitate training opportunities.	Richard Parker	In the meeting
P22/12/D2	Board of Directors	20/12/2023	The Executive Medical Director reports high mortality rates, and appropriately, the establishment of a working group for deeper understanding. Is there merit in inviting an external expert to join this group?	The Chief Executive had reported external assurance of the review would take place and terms of reference for the working group would be developed imminently by the Executive Medical Director.	Richard Parker	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P23/01/I3	Board of Directors	31/01/2023	When will the Board receive a workforce plan for the Community Diagnostics and MEOC developments at Mexborough?	The Chief Executive confirmed a plan was likely to be available in the Autumn.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	In view of the Trust's persisting financial deficit, and the even greater challenges for 2023/24, what detailed analyses and reports are available to the Executive and Board on unit costs of treatment pathways, use of resources (especially staff), and productivity as compared with peer groups and reference data such as Model Hospital?	The Chief Executive confirmed the Trust had access to a wealth of data for benchmarking purposes, including Healthcare Evaluation Data (HED), Model Hospital, Getting it Right First Time (GIRFT), Estates Return Information Collection (ERIC) and the national corporate benchmarking return. An increasing interest in productivity and the best use of resources was noted.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	The current Health Inequalities landscape within DBTH is not fully understood. What plans are there for governors to undertake a deep dive into this complex issue?	It was suggested this topic could be explored as part of a governor briefing and development session.	Richard Parker	In the meeting
P23/01/I3	Board of Directors	31/01/2023	What plans are there for behavioural and attitude research with the public and patients in respect of the ever growing demand for trust services, especially in ED, and where minor conditions might be treatable elsewhere?	The Chief Executive confirmed that research had been undertaken by the Clinical Commissioning Group prior to Covid, however, post pandemic perceptions had changed, including the perceived accessibility to primary care. There was a focus at Place and across the system to deliver an end-to-end service.	Richard Parker	In the meeting
COG23/02/C1.9	Council of Governors	02/02/2023	Peter Abell acknowledged the current national challenges facing the NHS and the reliance on temporary staffing,	The Chief Executive confirmed recruitment continued to be a key priority and a long-term workforce plan was being developed to attract staff, alongside colleague retention. A change in perception post Covid and the increase in local competition was noted.	Richard Parker	In the meeting
COG23/02/C1.9	Council of Governors	02/02/2023	David Northwood enquired of the workforce requirements for the Montagu Elective Orthopaedic Centre	In response to a question from David Northwood, the Chief Executive confirmed the workforce for the Montagu Elective Orthopaedic Centre would be provided across all three organisations (Doncaster, Rotherham & Barnsley). The recruitment of an orthopaedic surgeon and international nurses had already taken place.	Richard Parker	In the meeting
COG23/02/C1.9	Council of Governors	02/02/2023	Andrew Middleton recognised the significant projects to enhance provision at both Bassetlaw and Montagu and enquired of actions to assist with service pressures.	In response to a question with regards to service pressures, the Chief Executive recognised the need for effective public communication around those services available as an alternative to the Accident & Emergency Department. In addition, plans to support those patients who did not require treatment in hospital to be cared for at home/in the community with the assistance of virtual wards was being progressed. Partners would be actively engaged at Place to support the Urgent & Emergency Care Improvement Programme, and Senior Responsible Officers were accountable for delivery of their respective workstreams.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	The Finance Report (page 24 onwards) refers to "without some remedial actions .. the budget targets will not be met (for 22-23)"; and the Trust "is significantly off being able to deliver a break-even financial plan for 23-24". Productivity and efficiency actions are mentioned. At a recent board meeting the CEO confirmed that the Trust uses comparator data from such as Model Hospital/GIRFT. Is the Finance Committee (possibly in confidential session) provided with regular reports of the DBTH position on productivity and efficiency measures as compared with best sector practice and peers?	The Chief Executive confirmed the sharing and analysis of comparator data took place routinely across the system. The suite of data would develop over time and was expected to include theatre efficiency and length of stay information; benchmarking against quality indicators was available at a system, regional and national level.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	The ultimate judgement on the success of the People Strategy (page 37) is the extent to which the Trust is able to supply and retain sufficient staff, with appropriate skills and experience, particularly in clinical settings, without recourse to significant use of expensive agency staff. Is there a target date for achieving such a position. with milestones en route to this goal?	The Chief Executive advised there was not a finite end to recruitment and retention, the architecture of the NHS was ever changing, as were the associated workforce requirements. As such recruitment and retention was seen as a continual cycle of work. Governor observers were assigned to the Board's Committees, including the People Committee and the feedback made available to all governors via the Governor Portal. In addition, local and system governor briefing and development sessions were facilitated to encourage the sharing of information.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	Given the People Strategy commitment to SMARTER and new ways of working, what metrics will be included in the Delivery Plan in respect of staff productivity and efficiency?	Following approval of the strategy, the plan to support delivery would be developed.	Zoe Lintin, Chief People Officer	In the meeting
	People Committee	07/03/2023	123 job plans had been agreed/signed off on Allocate. With roughly 389 consultants and SAS doctors in the trust this amounts to less than a third of colleagues. The Chief Executive had confirmed this would be a priority for the Executive Medical Director following their appointment. Also, can we have the number of medical staff who have never signed and agreed a job plan.	There was candour in that the Executive Medical Director accepts that the figures should be better. There have as you are fully aware a number of mitigations in play, notwithstanding the pandemic, there has been an increased demand for services alongside a central government ask to reduce waiting lists and increase elective procedures. The emerging picture in relation to completed job planning is 40%, close to the figure you expressed concerns about. This figure needs acceptance with caution due to anomalies with the system, there are a further 15% which are nearing sign off. Those job plans which are in discussion or are nearing review date are transferred of the system in readiness for review, some of these are still in date. It was outlined that there are specific areas of concern and that there will be a targeted approach. It was also shared that there is a need to support the process; each job plan appears to take on average 6 hrs with on 8 hrs per week assigned to the task. The Chair of People Committee is now firmly sighted on this. He has requested a paper moving forward. He is to make a decision as to when this paper should be finalised as he felt that the next committee; one month, would be too long a gap. I felt that assurance was provided that the NEDs will monitor the situation moving forward and will scrutinise rigorously, calling for an improvement in the position.	Lynne Schuller feedback from the People Committee	Post meeting


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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?	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. 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.	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.	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. 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.	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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.	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.	Richard Parker, Chief Executive	In the meeting

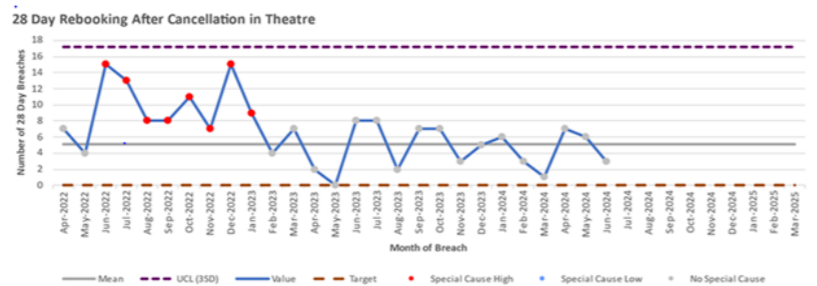
Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
COG23/11/C1.10	Council of Governors	09/11/2023	Following a recent Board of Directors meeting, Staff Governor, Vivek Panikkar enquired of the investment in staff accommodation and how user feedback was sought.	The Chief Executive 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
Email	Post Macular Degeneration Group	15/11/2023	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 of a diagnosis of MD. After the ophthalmologist has assessed vision and eyes, they decide if you are eligible for your sight loss to be certified. It is 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. 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? 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.	Response from Mr Mohammad Khan: 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. 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. In terms of question 3, we do encourage patient feedback in all of our clinics via friends and family, there is no specific patient satisfaction survey that we have in Ophthalmology. Obviously we would discuss patient feedback i.e. complaints & compliments initially in our clinical governance meeting and then share with the team as necessary. 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. 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. Anna (my HCA) is planning for the macular society to come and meet us in the department in the next few weeks to see where we go from there. I have also mentioned about holding a patient engagement event at some point as this can only influence how we do things in the department. Finally as Mr Khan says we are a high turnover service working within constraints of limited staffing levels with	Sent to Elizabeth Dunwell	Outside of the meeting
P23/11/13	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
P23/11/13	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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
P24/01/I3	Board of Directors	30/01/2024	Can the board give assurance that goals and targets which appear to be falling short remain attainable. If this is not the case will the goals be reassessed. Could you please outline how we measure against our peers i.e. neighbouring trusts.	Assurance had been offered throughout the meeting, the Chief Operating Officer had provided a comprehensive update which highlighted specific areas where standards were challenged and improvement trajectories were in place. In terms of peer comparisons there was a wealth of available data across the Acute Federation and at a regional level, national benchmarking was available and relative performance could be determined by the tier system operated by NHSE where the Trust was currently receiving tier two support related to its elective care performance. When considering comparator data, the Chief Executive recognised the impact of other factors, such as bed capacity, which was not necessarily the same across organisations. The Trust's intention was always to meet the national standard, ensuring the highest possible standard was achieved.	Denise Smith, Chief Operating Officer & Richard Parker OBE. Chief Executive	In the meeting
P24/01/I3	Board of Directors	30/01/2024	On page 33, the section on interaction with bereaved families, are NEDs assured that that the figures and percentages quoted are usual for a Trust such as ours how would they benchmark against similar trusts. In addition do ALL staff interacting with bereaved families have suitable training, skills and knowledge?	The Chief Nurse highlighted the End-of-Life Team provided a specialist service, with specific professional training, there was no evidence from complaints/concerns of any themes related to communication with bereaved families. The information referenced was within the Medical Examiners element of the Executive Medical Director's report and related to a specific group of colleagues, outside of the ward environment. Throughout a patient's journey there would be ongoing conversations and communication was an integral part of colleagues training and education.	Karen Jessop, Chief Nurse	In the meeting
P24/01/I3	Board of Directors	30/01/2024	On page 212, given the risk of fire score of 20, are the NEDs assured that the Trust is urgently doing all that is possible to address this matter?	The score referenced was from the summary page of the Board Assurance Framework and related to strategic risk BAF4, if DBTH's estate is not fit for purpose DBTH cannot deliver services and this impacts on outcomes and experience for patients and colleagues. A significant amount of work had been undertaken on fire safety with the Trust's authorised person working closely with South Yorkshire Fire & Rescue (SYFR). Non-executive Director and Chair of the Audit & Risk Committee, Kath Smart, confirmed regular reports provided assurance that a programme of works had been delivered to time, with agreed plans for 2024/25 jointly agreed with SYFR, with independent assurance and risk assessments undertaken by fire safety consultant. The Chief Financial Officer confirmed the rolling programme of work to ensure patient services remained operational, recognising the risk to patients was greater if service provision was halted.	Kath Smart, Non-executive Director & Jon Sargeant, Chief Financial Officer	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Denise Carr, asked where 'I Want Great Care' originated, if the information could be viewed by patients and how this information would be used.	The Chair explained the Family and Friends Test had been refreshed and a new approach enabled patients to provide feedback via text message which made feedback more accessible.	Suzy Brain England OBE, Chair of the Board	In the meeting

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COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Andrew Middleton, asked how confident the Trust was in using all resources towards cost savings.	The Chief Executive explained the Quality Improvement Team had continued to progress developments in cost savings, however there had been limitations. <ul style="list-style-type: none"> The Lack of efficiency due to quality of estate drove a third of the Trusts' deficit position. As a Place Doncaster had been underfunded. The Chief Executive informed the Trust had made efforts to reduce costs by working with partnerships such as the South Yorkshire Pathology Board, which involved five other Trusts. The Chair added the Trust had a proactive team for continuous improvement.	Richard Parker OBE, Chief Executive OBE	In the meeting
COG24/02/C1.10	Council of Governors	01/02/2024	Public Governor, Clive Smith, had raised if other resources could be encouraged in aid of easing up clinics such as physio recovery in swimming session, etc.	The Chief Executive explained conversations with the Executive Doncaster Place Director would confirm resources available. Non-Executive Director, Joanne Gander, informed local resources could be found on the local council website, in which the public could self-refer.	Richard Parker OBE, Chief Executive OBE & Jo Gander, Non-executive Director	In the meeting
Email	Partner Governor	18/03/2024	I would like to provide the following question to the Trust via the Trustboard Office as partner Governor; Bassetlaw District Council. Councillor colleagues have recently been made aware of issues relating to the Audiology Department who provide treatment and support for residents with hearing loss. Residents within the Bassetlaw area have increasing frustration regarding the waiting times for initial hearing screening for hearing loss, repairs to equipment and ongoing treatment. Loss of hearing is as we are all aware a difficult situation to deal and come to terms with. Many of the residents share the fact that their world is reducing and that the hearing loss impacts on every part of their lives. There is also the potential for any reversible hearing impairment to become long term or irreversible whilst waiting for treatment. The current waiting list for treatment is reported to us as being 2 years. Whilst we are aware of the potential to access treatment from other areas, shared to us by our partners in the Place Based Partnership, we would respectfully ask what actions the Trust is taking to resolve the issue of extended waits and how people may be supported whilst they are awaiting treatment.	Over the past year we have successfully recruited five Audiologists, with the last candidate taking up post in January this year. We have implemented a triage system to ensure patients are offered the most appropriate appointment to meet their needs. Although the waiting list for triage appointment is currently 16-18 weeks, we usually offer a repair appointment within 3 weeks of this telephone consultation. We have also made some amendments to our clinic templates to increase capacity for repair appointments and diagnostics. We are seeking mutual aid from other providers across South Yorkshire and Nottinghamshire and are also exploring options to further increase capacity at Doncaster and Bassetlaw through insourcing and outsourcing. We have submitted a bid to develop an Audiology Care Pathway at Montagu Community Diagnostic Centre and this is being considered, if approved this will support a reduction in waiting times. For the longer term, we are working with colleagues across the ICS to review the service model for audiology services, to ensure we have a sustainable service in place that can meet the needs of our local population.	Lucy Hammond, Divisional General Manager & Denise Smith, Chief Operating Officer	Outside of the meeting
P24/03/G2	Board of Directors	26/03/2024	Do we use Physician's Assistants? If not, will we use them and how will they be supervised?	The Acting Executive Medical Director highlighted there were no Physician Assistants working within the Trust. There were two Anaesthetic Associates working that were currently training within the Anaesthetic department, fully supervised by consultant colleagues. The Acting Executive Medical Director assured the Board that as an organisation, the approach would not be to never employ Physician Associates or have taken a negative view against the roles but rather ensure that where there are changes to traditional roles the changes are managed effectively to ensure appropriate cover and support.	Dr Nick Mallaband, Acting Executive Medical Director	In the meeting
P24/03/G2	Board of Directors	26/03/2024	What is the procedure to move patients through the night and whether there is any way to mitigate that?	The Chief Operating Officer explained the procedure for transferring patients from assessment units to a bed on a base may be required during the night to maintain flow from the Emergency Department. The Chief Operating Officer reassured the Board that any moves were made early evening and not after 10pm wherever possible.	Denise Smith, Chief Operating Officer	In the meeting
Email	Public Governor -Lynne Schuller	18/04/2024	This is a follow-on update from a question in June23 above. Lynne Schuller asks if there a masterplan for parking, if so does this cover the needs of blue badge users and take into consideration this group and the topography which is currently causing an amount of hardship (the hill from the parking and the drop off point).	Initial response from above was that several "walkthrough" of the site have addressed the initial signage and temporary clinical therapies entrance works. Since then plans have been updated and updates to the site access is updated on the Trust website. (https://www.dbth.nhs.uk/access-routes-to-bassetlaw-hospital-during-building-works/) attached also is a plan of the BDGH site parking kindly sent from the estates department.	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure Sean Tyler, Head of Compliance from estates	 HG0049-PHS-ZZ-A-9120 - BECV Pr

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Andrew Middleton	22/04/2024	<p>Follow up to 11/1/2024</p> <p>The new facilities at Mexborough (CDC and MEOC) are to serve three borough populations - Doncaster (50%), Rotherham (25%) and Barnsley (25%). In view of the proximity of neighbourhood populations to Mexborough, which span three local government areas:-</p> <p>1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs?</p> <p>2. What marketing has been undertaken on the new services with GPs and others in the three boroughs?</p> <p>3. How will demand be managed should it exceed capacity?</p> <p>With the facility now open, the matter is now more pressing as demonstrated in a meeting today of Barnsley Healthcare Federation, the GP collaborative for all Barnsley's 31 practices, where I am the Independent NED for Finance and Governance. I was asked at today's meeting by GPs, particularly those close by in the Dearne Valley, a host of questions about how MEOC will operate in conjunction with the primary care community in Barnsley. I was somewhat embarrassed at not being able to offer any answers to their questions, or to indicate where they might go for answers.</p> <p>I am asking of you whether the F&P Committee has examined the operational plan for MEOC, through which committee NEDs can seek assurance on questions such as those I asked several weeks ago.</p> <p>The current situation for Barnsley GPs, who are 25% "stakeholders" in the new centre, is that none of them knows anything about the MEOC operational arrangements, including referral protocols.</p> <p>Is this matter within scope of the F&P Committee? It is certainly of interest to the 250,000 population of Barnsley and its 31 GP practices.</p>	<p>1. The digital and IT infrastructure focuses on providing clinicians in the facility with access to data from their host trusts and communicating and reporting clinical information back to the host trusts post operatively. The individual trust systems/clinicians then communicate clinical information for any patients treated at MEOC, this is done in exactly the same way as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trusts operate differing IT systems, however, a temporary solution is in place and working well. The permanent solution is planned for completion by June/July 2024.</p> <p>2. MEOC is set up to receive consultant referrals only, with no direct referrals from GPs, hence why no referral protocols have been developed/shared. It is the responsibility of teams within provider trusts to decide whether patients on their current waiting list, and new referrals, meet the agreed clinical criteria for treatment at MEOC. Some marketing has been undertaken with GPs in order to make them aware of the service that is being provided to their patients via onward referral from consultant orthopaedic surgeons in the three partner trusts.</p> <p>3. The capacity in MEOC was planned to manage a reduction in high-volume, low complexity orthopaedic surgery waiting times, whilst freeing up capacity in host trusts for more complex work, and assisting with a reduction in overall waiting times for the longest waiting patients. Whilst it is not anticipated that further capacity will be required to achieve the waiting list targets aimed for in the business case, the design of the building included consideration of an extension at a later point should this be necessary.</p> <p>The operational policy has been circulated several times for comment to provider trusts' Chief Operating Officers and their teams responsible for delivery of the MEOC plan. There are numerous meetings and structures now in place to discuss operational, clinical and performance matters which are attended by representatives from all three provider trusts.</p> <p>The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issues across the range of the Trust's activities. Given the responsibility (and desire) to collaborate with partners to deliver service solutions to populations wider than Trust's traditional operating footprint we are interested to receive feedback from all stakeholders on any issue impacting the effectiveness of MEOC.</p>	Karen McAlpine, MEOC Operational Lead, Jon Sargeant, Chief Financial Officer and Mark Day, Non-executive Director	Outside of the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Dave Northwood enquired how governors would be involved in the refresh of the Trust Strategy.	The Deputy Chief Executive confirmed that work would progress through Spring and into Summer, building upon existing knowledge to develop and form clear objectives for the future. The Trust would consult as part of this work, with governors and the wider public, the support of governors as ambassadors of the Trust would be welcomed within their local communities. The Chief Executive recognised the importance of partnership working, with the need to consider alternative ways to deliver historical healthcare which may see the potential for services to be provided away from a traditional hospital setting into the community. The Glass Works Diagnostic Centre in Barnsley was an example of this, which had not only improved patient and colleague experience but had resulted in increased attendance rates, supporting ease of access and reducing health inequalities.	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Clive Smith enquired if there were any plans to refurbish the basement of the East Ward block as part of the developed schemes.	Should funding be approved the Chief Executive recognised the benefits of condensing the site and improving the co-location of services.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Sheila Walsh enquired if there were any plans for the replacement of the current lift system within the East Ward block as part of the schemes developed for refurbishment of the DRI site.	Should funding be approved the Chief Executive acknowledged that through the relocation of services and use of a decant facility, the volume of lift traffic could provide improved opportunities to refurbish the lifts to comply with current standards. The Trust would continue to actively pursue funding opportunities and actively campaign at a local and national level for support to address the estate challenges.	Richard Parker, Chief Executive	In the meeting
COG24/04/B3	Council of Governors	25/04/2024	Public Governor, Rob Allen enquired what opportunities there may be for the expansion of on-site parking,	The Chief Executive noted the issues related to car parking, in terms of availability and difficulties arising from DRI's location in a residential area. The East Ward block proposal would require the re-provision of the underground car park and Lister Court, to the rear of the Old Ambulance Station, had recently been demolished which offered the potential for future hard surface parking. As part of its Green Plan, the Trust was also mindful of its role in managing the impact on the environment through carbon emissions.	Richard Parker, Chief Executive	In the meeting
COG24/04/D2	Council of Governors	25/04/2024	In respect of April's Audit & Risk Committee Chair's assurance log, Public Governor, Dave Northwood requested clarity that the 75% closure rate for audit recommendations related to timely closure and that as the current rate was 77% that a future target would look to secure an improvement.	The Chair of the Audit & Risk Committee confirmed that the rate did relate to timely closure, the actual closure rate stood at 90% which signalled a clear commitment from the organisation to close high and medium risks. Work to further improve the timely closure rate was required and a target was yet to be agreed for 2024/25, an update would be provided on the next assurance log. The Chief Executive reiterated the importance of the timely closure of audit recommendations and was supportive of a target above 2023/24's closing position.	Kath Smart, Non-executive Director & Richard Parker, Chief Executive	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Public Governor - Lynne Schuller	06/05/2024	<p>A friend contacted me yesterday; she has Lupus, and her treatment requires an annual scan and examination of her eyes. She was concerned to be told when attending Ophthalmology this week that:</p> <p>A. She will receive a letter from D.R.I. in about 6 months' time explaining changes to the service. Could I ask why will there be an outline of service in 6 months? Is the service subject to a review? If so, will there be a public consultation or consultation with service users?</p> <p>B These proposed changes include visiting an optician, not the consultant at D.R.I. What is the access to said opticians - including how many are available and where they may be situated, and indeed how this may affect Bassetlaw Residents - i.e. is this a South Yorkshire ICB / ICS decision and if so is this mirrored by Nottingham & Nottinghamshire ICB / ICS.</p>	Without further patient information, particularly regarding the treatment received, the service is unable to provide a response and have requested direct contact is made with the Business Manager, Kerry Allen on 01302 642173. Alternatively, should they wish to email Kerry @ kerry.allen3@nhs.net and provide their contact details she will arrange a mutually convenient time to speak.	Kerry Allen, Business Manager	Outside of the meeting
Email (post BoD)	Public Governor - Dave Northwood	07/05/2024	<p>The need for a Lead Governor to be in place to liaise between the Trust and NHS(E), when communication between the latter and the Chair is inappropriate, was outlined by Monitor. It was confirmed at the recent Board meeting that this is an important coordination role.</p> <p>No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?</p>	<p>Following our Board of Directors meeting earlier this week and some subsequent queries from governors about the Lead Governor appointment process, I thought it would be helpful to drop you a line to update on the timelines.</p> <p>Today is Fiona Dunn's last working day at DBTH as our Company Secretary and Director of Corporate Affairs. I am sure you will join me in wishing Fiona all the best in her retirement and we will miss her support to both the Board and Council of Governors. We have been successful in recruiting to a new role of Associate Director of Strategy, Partnerships and Governance, a key appointment in providing ongoing senior leadership in Company Secretary related duties as well as a broader strategic portfolio, working closely with Zara Jones, our Deputy CEO. Formal announcements about our new colleague will follow imminently.</p> <p>Given the changes above and the variety of activities our small Trust Board Office team are undertaking in coming weeks, we intend to start an Expressions of Interest process for the role of Lead Governor in June 2024. The exact date is yet to be finalised, but I hope you will find it helpful to know that this process will start in the near future.</p> <p>Should you have any further queries, please do not hesitate to get in touch via the Trust Board Office. The current interim arrangements in lieu of having a Lead Governor in post will remain until a new appointment is made.</p>	Suzy Brain England OBE, Chair of the Board	Outside of the meeting
Email	Cllr Harrier Digby - Partner Governor & Lynne Schuller - Public Governor	05/06/2024	<p>Clarity on the issue of patients attending services and booked procedures to find that there is insufficiently trained staff. This leads to the procedure being cancelled and re-booked, sometimes moving venue.</p> <p>The concern here is threefold. The impact on individual patients, having to have undergone cancelled procedures, potential impact on the mental health of patients following cancellations and the impact on waiting lists which remain high.</p> <p>I would request that the number of cancelled procedures is investigated and that this is report alongside an indication as to the reason for cancellation. The Lillie hood of this happening three times to one person and not being a wider issue we believe would be slim and therefore some clarity in regards the numbers would be beneficial.</p>	<p>Dear Councillors Digby and Schuller,</p> <p>Thank you for your email correspondence of 4 June 2024, in relation to the cancellation of elective procedures at the Trust, which I have received for comment via the Trust Board Office. I understand that the specific patient concerns were to be addressed separately by the Patient Advice and Liaison Service, and as such my response below will focus on the overall Trust position.</p> <p>The Trust is required to report against the following national standards relating to cancelled elective procedures:</p> <ul style="list-style-type: none"> • Urgent operations cancelled more than once (no patient should have an urgent operation cancelled on more than one occasion) • Breaches of the 28-day guarantee (where any patient cancelled should be re-booked within 28 days) <p>Performance against these standards is reported to the Board's Finance & Performance Committee, where it is subject to scrutiny and challenge, in order that assurance may be provided to the Board of Directors. Performance against all national access standards, along with patient safety and workforce data is presented as part of the Integrated Quality and Performance Report to every meeting of the Board; as this is a meeting held in public all papers are available via the Trust's website.</p> <p>During Quarter 1 2024/25 no urgent operations were cancelled more than once. In addition, I can confirm that a monthly operational report provides the total number of cancellations and a breakdown of the reasons for cancellation; in the latest reporting period (June 2024) cancellations equated to 1.1% of all procedures.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting




Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
				<p>With regards to the 28-day guarantee standard, the graph to the left shows the Trust's performance over time and the supporting narrative provides an insight into the specialty and reasons for the breach occurring.</p> <p>Breaches of the 28-day guarantee</p> <p>June 2024 2 x Trauma and Orthopaedics 1 x General Surgery</p> <p>All three patients were cancelled due to a lack of theatre time due to anaesthetist sickness, the addition of an urgent trauma patient to the list and a change of theatre list order. Two patients were reappointed in June and one in July</p> <p>May 2024: Trauma and Orthopaedics x 5 General Surgery x 1</p> <p>One cancellation related to surgeon sickness, two due to a technical issue related to laminar air flow, one due to a lack of available equipment, one due to a lack of time, and one due to no available elective bed. Two patients were reappointed in May, three in June and one in July.</p> <p>A Theatre Improvement Programme is in place to increase oversight, strengthen practice and drive improvements, the five workstreams within the programme are detailed below:</p> <ul style="list-style-type: none"> • Optimising theatre lists through planning • Maximising utilisation on the day • Rightsizing the workforce • Applying national productivity metrics • Managing equipment and the environment <p>I hope this information is helpful and please accept my apologies for the delayed response.</p>		
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	Is there an opportunity for the Trust to make cost savings and reduce its deficit position by urgently reviewing and improving the management of long term or reoccurring sickness absence for medics, relating to a loss of productivity and increased spend on associated cover costs for locums, alongside colleague sick pay?	<p>A number of changes have been made in relation to our management of sickness absence over the last year, and Sickness Absence is a pillar within the Trust's Workforce (Agency) Workstream with actions monitored through a steering group chaired by the Chief People Officer and on Monday.com. This workstream reports to the Transformation Board, chaired by the Chief Executive. The Trust's sickness absence policy was refreshed and relaunched last year, supported by briefing sessions and an ongoing review of template letters. The policy and supporting documentation provide a process to manage sickness absence robustly whilst supporting our people and their health & wellbeing.</p> <p>Other improvements in the process of managing sickness absence include focused stretch targets being set at a divisional/directorate level and within individual depts, rather than all areas working towards the Trust-wide target, and triangulating data on sickness and agency/locum usage. Sickness absence rates and trends are monitored at divisional Performance Review Meetings and the People Business Partnering team continue to support managers and there is oversight of all cases within a sickness absence process. It would, of course, not be appropriate to comment on individual cases and sometimes conversations can be happening which may not be visible to the rest of the team.</p> <p>Further actions are underway and planned. These include ongoing work with the Occupational Health team together with recently introduced specialist mental health nurse provision, a task and finish group to improve the process for reporting and managing absence of doctors in training (as it is recognised that this is less clear than for other groups currently) and deep dives where there are particular 'hot spots' or trends.</p>	Zoe Lintin, Chief People Officer	Outside of the meeting
Email (CoG)	Professor Lynda Wyld Partner Governor	11/07/2024	What plans are there to increase breast screening attendance rates, which seem to be well below pre pandemic levels and not shifting.	<p>Since the previous update the service has moved back to timed appointments and seen that uptake rates have increased to a minimum of 70% each month. This is monitored by the programme manager.</p> <p>The team have also undertaken a number of health promotions, with a stand at Lakeside Shopping centre on the 31st August. We also had a BAME group visiting Devonshire House on 24th September to try to encourage uptake amongst this group, and on Wednesday 25th September, the programme manager attended Mind coffee morning at Worksop to talk about Breast Screening.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P24/09/E2	Board of Directors	03/09/2024	Given that the operational risk of fire to the estate was rated at 20, the same score as of October 2023, could the non-executive directors give assurance that actions to reduce the risk were being addressed in a serious, thorough, and timely manner?	It was acknowledged that the fire improvement works related largely to the East Ward Block and were associated with a proposal to renovate and reconfigure. The Board's Finance & Performance Committee had oversight of this programme of work and the Chair confirmed the Committee was assured by management actions. In addition to the significant assurance received from the internal audit report relating to the planned preventative maintenance of the estate, the Chair of the Audit & Risk Committee also confirmed receipt of a bi-annual health and safety report, which included fire safety and a jointly agreed action plan with South Yorkshire Fire & Rescue Service (SYFRS). The Chief Executive reflected on fire improvement work previously completed in accordance with an enforcement notice, which had been fulfilled to the satisfaction of SYFRS. In addition, the Trust commissioned an external authorised person for fire safety, which provided additional external expert assurance.	Non-executive Directors, Kath Smart & Mark Day & Richard Parker OBE, Chief Executive	In the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Could Governors have more detail about these significant risks from Health and Safety & Fire Prevention.	The significant risks referred to are contained in the Trust Board Assurance Framework (BAF 4) and the Trust Risk register (TRR 12, TRR 1412, and TRR 1807) which were received by Board most recently at its September meeting. Both documents lay out the challenges the Trusts is managing in relation to its Estate, health, safety and fire prevention.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	Audit Report -Mortality Data Quality Assurance Audit - There seem to be a lot of issues mentioned needing improvement, and particularly of concern are the performance measures. Are NEDs concerned this has arisen?	The internal audit plan does have areas it specifically targets for review as they are areas of risk or concern. Hence, it is probable there will be findings through delivery of the IA plan. The Mortality review is obviously a key area for the Trust to review and the audit has identified improvements which need to be made in order to improve the governance around mortality assurance. The Committee was disappointed to receive a Limited Assurance report, however, the Medical Director attended ARC and gave an update on the planned work. Delivery of all the recommendations will be monitored by ARC.	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	What is TLT	Trust Leadership Team	Kath Smart, Non-Executive Director	Outside of the meeting
Email (CoG)	David Northwood Public Governor	26/09/2024	In respect of Losses and Compensations, it was asked if NEDs were happy that immediate and decisive action was not being taken	This area has been discussed before and it was noted that a review of patients property was being undertaken. However, as the numbers of lost patient property has continued, ARC has asked for further work to be undertaken to ascertain if/how these can be reduced to a minimum.	Kath Smart, Non-Executive Director	Outside of the meeting
Email	Lynne Schuller, Public Governor & Cllr Harriet Digby, Partner Governor	30/10/2024	With satisfaction in the audiology department being at a low point and there being increased concern shared by communities what actions are the trust taking to actively seek to improve the service and the outcomes of the patients within the service.	A full update on the audiology service was provided at the Board of Director meeting held in public on 5 November 2024 by the Deputy Chief Executive. https://www.dbth.nhs.uk/wp-content/uploads/2024/11/Board-of-Directors-5-November-2024-v3.pdf	Zara Jones, Deputy Chief Executive & Richard Parker, Chief Executive	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was queried if existing members had been removed from the Nomination and Remuneration Committee and if the working group would include previous governor membership or include a refreshed approach.	It was confirmed that governors had not been removed from the Nomination and Remuneration Committee, however also welcomed governors to join as a refreshed approach.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B2	Council of Governors	07/11/2024	It was asked of the estimated cost to using an external recruitment agency for the recruitment of Non-executive Directors.	External recruitment could range between £6,000-£25,000 depending on what was asked of the agency	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/B3	Council of Governors	07/11/2024	Was the suggested allocated time (90mins) for an in-person Annual Members Meeting (AMM) sufficient?	the Associate Director of Strategy, Partnerships and Governance confirmed it was sufficient time.	Rebecca Allen, Associate Director of Strategy, Partnerships and Governance	In the meeting
COG24/11/C1.3	Council of Governors	07/11/2024	As part of the Audit and Risk Committee Assurance log, it was noted how compliance against the emergency preparedness, resilience and response standards was a non-compliant position and there appeared to be no specific timescales for this to be completed.	The Trust had produced a self-assessment and undertaken an internal audit of business continuity, from which the Chief Operating Officer had amended some areas of compliance. From an assurance perspective both internal audit and colleagues had provided feedback, however the Trust awaited feedback from the Integrated Care Board and this would remain an action until receipt and was expected to be published December 2024.	Kath Smart, Non-executive Director	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
COG24/11/C1.7	Council of Governors	07/11/2024	Limited assurance was noted on workforce supply and demand.	Trust was looking at services by division to understand contributing factors. With the constant change in the workforce this was an ongoing task, successful recruitment in nursing and midwifery was recognised, however, there remained posts which were difficult to recruit to and this position was not unique to the Trust.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.7	Council of Governors	07/11/2024	how often were staff surveys undertaken, and were other surveys circulated in between	The staff survey was undertaken annually, with results worked on within divisions and teams to improve, engage and change approaches.	Mark Bailey, Non-executive Director	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	In respect of Audiology it was asked if referrals for patients on a private basis was considered.	the Trust had contracted with external provider, Scrivens, over a three-year period, with an approximation of 200 patients referred, it was noted that this only amounted to 10% of the wait list. It was timely to ensure the right patients were transferred to appropriate pathways.	Zara Jones, Deputy Chief Executive	In the meeting
COG24/11/C1.9	Council of Governors	07/11/2024	Flu and covid vaccination had only reached 10% of colleagues, it was asked how this compared to previous years	The Chief Executive confirmed this year's vaccination was significantly lower.	Richard Parker, Chief Executive	In the meeting
Email	Ifran Ahmed	06/01/2025	I have concerns regarding the waiting times for cancer patients in gynaecology in Sheffield. Since gynaecological cancer patients from Doncaster are referred to Sheffield, I have observed significant delays in appointments, with some cases exceeding target wait times. Could we obtain detailed information regarding the cancer waiting times in Sheffield.	<p>The below provides a detailed breakdown of 62-day cancer treatment performance and breaches for September 2024, with a focus on tumour-specific delays and systemic issues across local and tertiary care pathways. Here's a summary of the key findings relevant to your concern about gynaecological cancer waiting times in Sheffield:</p> <p><u>Overall 62-Day Treatment Performance (September 2024)</u> Total patients treated: 224 Treated within 62 days: 165 Treated over 62 days: 59 (26.3% breach rate)</p> <p><u>Gynaecological Cancer-Specific Data</u> Total breaches: 4 1 breach over 104+ days 3 breaches between 63–103 days 1 August 2024: 3 breaches recorded for gynaecology 1</p> <p><u>Shared Care Pathways</u> 44 patients (19.6%) were treated under shared care pathways. Many gynaecological patients from Doncaster were referred to Sheffield Teaching Hospitals (STH), contributing to delays. Common breach causes: Delays at Doncaster & Bassetlaw Teaching Hospitals (DBTH) before referral. Outpatient and elective capacity constraints at tertiary centres (e.g., STH). Complex diagnostic pathways and patient-initiated delays 1.</p> <p><u>Treatment Locations</u> Gynaecological treatments were delivered across: STH @ Royal Hallamshire Hospital STH @ Weston Park Hospital Doncaster & Bassetlaw THFT Some treatments (e.g., chemoradiotherapy) are only available at Weston Park, contributing to scheduling bottlenecks 1.</p> <p><u>High-Level Breach Reasons</u> Shared Care Pathways: Pathway delays at DBTH before referral. Administrative delays and inadequate outpatient capacity at tertiary centres. Local Pathways: Complex diagnostics. Patient choice delays. Health care provider delays in treatment planning or diagnostics 1.</p>	Denise Smith, Chief Operating Officer	Outside of the meeting
Email	Lynne Schuller, Public Governor	10/03/2025	When filling cancellations; which are extremely costly and raise waiting lists, what support is given to patients to access these in a timely manner? Can transport especially for those with limited mobility be considered?	Consideration would need to be taken with regard to the patients availability and ability to attend the cancelled elective appointment, as it would be likely there would be little or no PTS resource available at such short notice i.e. on the day	Neil Little, Transport Manager	Outside of the meeting
Email	Lynne Schuller, Public Governor	10/03/2025	Has any consideration been given to having a shuttle bus with also covers Retford, rather than having to make the way to Worksop in order to access transport?	This would be something to consider however funding along with appropriate consultations and impact assessments regarding the effect such a service may have from a commercial point on incumbent service providers already delivering similar services across the region, for example scheduled bus service operators.	Neil Little, Transport Manager	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Lynne Schuller, Public Governor	10/03/2025	Have you considered working with NottsOnDemand bus service in order to assist residents in this area to access safe transport which may more effectively meet their needs?	As part of the Trusts long term sustainability plan, we already work with Stagecoach with regard to journey information and planning resources available for staff, patients and visitors. We will be meeting Stagecoach shortly to review proposals for the re-introduction of discounted bus fares for DBTH staff however Nott's Bus Service on Demand which Stagecoach work with could be something we can discuss further at our next meeting. Also the Trust works alongside Nott's County Councils Transport and Travel Services Place Department who bring together various network groups who can provide support with transport for ward members who may require some additional support with their transport needs i.e. Bassetlaw Action Group - Car Scheme Plus	Neil Little, Transport Manager	Outside of the meeting
Email	Lynne Schuller, Public Governor	18/03/2025	What dental hygiene is provided to patients; especially in light of the increased risk of infection and can some assurance be provided that vital assistance is given.	<p>Fundamentals of care is part of our Nursing, Midwifery and Allied Health Professionals quality strategy, the detailed workplan includes mouth care. We have a Mouth Care working group which is being led by Infection Prevention and Control – this looks at the best practice, assessments, resources and training as well as supporting some of the audits to monitor compliance.</p> <p>We have access to and complete a mouth care assessment document uploaded to Nerve centre which is completed by the nursing staff and dependant on the answers provided will guide staff on the frequency and nature of the intervention required for mouth care. It uses a risk based approach. Nerve centre prompts depending on the plan. So if they are on a red plan, every four hours colleagues will be prompted to reassess and undertake mouth care, the green plan it prompts every 12 hours. There is an assessment every 24 hours as a minimum. We also have dedicated trolleys with appropriate equipment to support carrying out the clinical activities following assessments. Each of the drawers contain the required products needed to perform mouth care based on the risk assessed status of the patient.</p> <p>Our Quality assurance process also monitors compliance with fundamentals of care (including hygiene) both at ward and divisional level.</p>	Karen Jessop, Chief Nurse	Outside of the meeting
Email	Ifran Ahmed, Public Governor	31/03/2025	Can you please give me more details about audiology improvements including what IT system has been installed what new equipment has been acquired and details about further space expansion.	<p>The new audiology system used is audit base, the Trust has replaced audiology equipment with 18 new affinity machines across 5 locations, DRI, Bassetlaw, Montagu, Sandringham Road Centre and Retford Hospital and have secured standalone audiometers amongst other equipment.</p> <p>In regards to estates improvements, the below have been updated and fully meet IQIPS and NICE standards;</p> <p>1 x Free Field/Testing Room at DRI 2 x Paeds hearing rooms complete at DRI 1 x Adult Assessment Room in DRI OPD complete 1 x Adult Fitting Room in DRI OPD complete 1 x Free Field/Testing room complete at BH 1 x fitting room complete at BH</p>	Nick Mallaband, Medical Director	Outside of the meeting
Email	Debbie Benson Public Governor	22/04/2025	Some of the Endometriosis treatment requires monthly injections and a concern has been raised about appointments being cancelled and not reappointed for a further month thereby delaying treatment and potentially impacting future surgery. Is it possible to understand if this is a temporary problem at Bassetlaw and what activities are taking place to resolve it?	The treatment which the question relates to is Zoladex injections. We have a weekly nurse clinic at Bassetlaw to administer these injections, and we generally don't have any issues with capacity. If a clinic was cancelled for any reason eg sickness, then we would normally be able to move patients to the following week.	Chief Operating Officer	Outside of the meeting
Email	Lynne Schuller, Partner Governor	16/07/2025	<p>Priory Court is a Bassetlaw District Council facility which includes 10 assessment units which are funded by NCC via the Better Care Fund. The aim of the assessment units is the provision of space to discharge patients with no right to remain who require some additional assessment and onward facilitation regarding long term care.</p> <p>There are 10 assessment apartments, purpose built and equipped to allow monitoring of daily living activities and understanding of on-going needs.</p> <p>I am aware that there is continued pressure on hospital stays and at times this has been critical. With this in mind I question why the facility has remained under occupied for long periods of time and if DBTH have plans to use this facility in reducing the pressure on overstretched resource in line with the aim of the provision.</p> <p>I would also add that also within the facility is 27 extra care units, these too at times have scope for additional provision.</p> <p>If this question could be raised to board and a response provided as to me as partner governor, I would appreciate the opportunity to share with my colleagues. If additional information is required, please do not hesitate to reach out and I can either respond or direct to the a more appropriate person to respond.</p>	<p>I understand that Priory Court hasn't been used by NCC for some time. It is the responsibility of the relevant community health and social care providers to commission services to meet patient needs on discharge and NCC no longer utilises Priory Court. They would be better placed to respond to any further detailed queries on this decision making process. This would be the same for the other additional capacity referenced, the use of community health and social care provision is not something that we, as an acute trust, have the funding to commission directly.</p> <p>I hope this helps to clarify but please do let me know if you need any further information</p>	Denise Smith, Chief Operating Officer	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	David Northwood Public Governor	17/07/2025	It is not unknown for meetings held during the day to be abysmally attended by medical staff, who have ongoing duties towards patients. Can the Trust be certain that information gained from the confidential listening groups, handled by the listening circle, is representative of the majority of the medical body employed by the Trust?	<p>The Trust recognises the importance of ensuring that the insights gathered through this process reflect the breadth of experience across our medical workforce. While it is not possible to guarantee that every individual voice is captured, significant efforts have been made to maximise participation and inclusivity.</p> <p>To this end, the value circle has implemented a multi-channel engagement approach, which includes:</p> <ul style="list-style-type: none"> • A series of confidential listening groups scheduled across multiple sites and times to accommodate varying clinical commitments • A short, anonymous staff survey and a more detailed feedback form, both designed to allow colleagues to contribute their views flexibly and confidentially • Targeted communications to underrepresented groups, including medical staff, scientists, AHPs, and nurses, to encourage broader participation • On-site walk arounds with QR codes to facilitate real-time sign-up and feedback opportunities, this includes on-site presence in evenings to ensure colleagues on night shifts have opportunities to participate <p>The Trust's communications and engagement team, in collaboration with senior leaders, has also supported this work through internal channels such as Buzz, Facebook, and direct messaging to managers and consultants and SAS doctors.</p> <p>While attendance at daytime sessions may be challenging for some clinical colleagues due to patient care responsibilities, alternative routes to contribute—such as the survey and detailed feedback form—remain open and actively promoted.</p> <p>While no engagement method can claim to be wholly exhaustive, the Trust and the value circle have taken robust and proactive steps to ensure that the views gathered are as representative as possible of the wider medical body.</p>	Deputy Chief Executive Officer	Outside of the meeting
Email	Debbie Benson Public Governor	12/08/2025	Is there a secure area for bicycles? People would like to cycle to appointments, but they have been unable to find a secure place to leave their bike.	<p>These are specific to the DRI site alone as currently there are no cycle storage facilities available to the public or visitors at either of the Bassetlaw and Mexborough sites, however this is something currently under review as part of the Trusts sustainability plan which will include the creation of such facilities at both sites.</p> <p>Facilities at all sites are available for staff to utilise and are often seen to be well occupied.</p> 	Neil little, Transport Manager	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Debbie Benson Public Governor	12/08/2025	What support is available for people with dementia that have problems with eating. People who are in a ward recovering can find it quite distressing if there are people with dementia who they feel are not helped with their meals.	<p>At our hospital, we adopt a person-centred approach for all our patients, including those living with dementia. This involves paying particular attention to their likes, dislikes, and personal preferences. To facilitate this, we encourage the use of the "About Me" document to help our staff better understand each patient's unique needs and preferences.</p> <p>We have implemented the "Meal Times Matter" principles, which emphasize the importance of focusing on meal times. During these periods, all non-essential activities are paused to ensure that patients receive the necessary support. Additionally, some of our frailty wards have social dining areas to create a more supportive and communal environment during meals.</p> <p>To assist patients with eating, we provide various aids such as coloured beakers and plate guards. We are also proud supporters of the principles of John's Campaign, which means that relatives are welcome to assist their loved ones during meals if it is beneficial. This is further supported by our flexible visiting policy and our "Visitors' Charter."</p> <p>We offer specific menus designed to cater to all dietary needs, including pictorial menus to help patients make choices more easily. We also have a "finger buffet" menu available.</p> <p>Upon admission, all patients undergo a MUST (Malnutrition Universal Screening Tool) assessment, and decisions are made regarding food charting. Patients can be referred to our Speech and Language Therapy (SALT) and Dietetics teams for additional support if needed.</p> <p>For patients who face significant challenges with eating due to the progression of dementia, a best interest meeting is often held with family members, Old Age Psychiatry (OPMH), ward staff, and therapy teams. This meeting aims to determine the most appropriate approach, which may include feeding at risk. SALT will also review the patient and recommend the safest feeding options, with the acceptance of aspiration by all concerned parties in the multidisciplinary team (MDT).</p>	Karen Jessop, Chief Nurse	
Email	Cllr Lynne Schuller, Partner Governor	23/09/2025	I wonder if you could provide me with the most up to date breast screening rates for Bassetlaw please. As a council we are aware that this is an area of reduced uptake and we are wishing to seek to assist in the raising of screening rates where possible.	Attendance has increased from 68.2% in 2023/2024 to 73.1% in 2024/2025, bringing our service levels in line with those of other providers across the South Yorkshire area.	Sara Elliott, Head of Medical Imaging	Outside of the meeting
Email	Debbie Benson Public Governor	06/10/2025	<p>I have had a question raised today from a patient's carer. When her husband was in hospital for a lengthy period, he was unable to get his Covid jab. Is this still the case or are the over 75 and at risk able to get their vaccinations?</p> <p>Does the Covid approach leave stroke patients over 75 and in hospital for 21days, more susceptible to Covid in hospital than at home (where they would be getting the vaccination) and therefore more vulnerable to infection at a time when they are recovering and potentially extending their hospital stay?</p>	<p>This year we are only offering flu vaccine to those who remain inpatients over 21 days. We are not offering covid vaccinations. This is not unique to our Trust.</p> <p>As a Trust, we acknowledge that areas with high numbers of cohorted patients can elevate the risk of any infection. To address this, we have implemented robust infection prevention and control strategies, such as screening, cohorting, and the use of personal protective equipment, to minimise the risk of transmission. While certain patient cohorts are more vulnerable to infections, it is important to note that the COVID-19 vaccination helps mitigate the risk of developing severe symptoms. However, it does not prevent transmission.</p>	Simon Brown, Deputy Chief Nurse	Outside of the meeting
Email	David Northwood Co-opted Public Governor	13/11/2025	At the last meeting the impact of the last Doctor's strike on lost activity was not known. Has this information now been ascertained and factored into plans to meet the next planned industrial action?			
Email	Council of Governors David Northwood Co-opted Public Governor	13/11/2025	Are NEDs aware of the missed rate of follow up appointments for investigations and assured that measures are in place to keep this as close to zero as possible	Waiting times for follow up appointments are monitored by divisional operational teams; these are not part of the assurance metrics included in the Integrated Quality & Performance Report, as this is focused on contractual and National Oversight Framework requirements. In the event of any incidents occurring which relate to follow up waiting times, these would be reported and managed through the Trust incident reporting and patient safety processes. The Quality Committee receives a patient safety report at its bi-monthly meeting, which provides an overview of the outputs from the Learning from Patient Safety Events Panel (LFPSE). Safety improvement plans are in place to drive local quality improvement initiatives, which are monitored through the Patient Safety Assurance Group; this group is chaired by the Chief Nurse and there is the opportunity to escalate matters to the Quality Committee.	F&P Non-executive Directors and Denise Smith , Chief Operating Officer	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	Member of the Public Council of Governors	13/11/2025	NHS England confirmed on 4 September 2025, via a press release supported by the Secretary of State, that Martha's Rule is now operating across all 210 acute hospitals in England. Locally, a family reports that on 7 September they requested escalation under Martha's Rule at this Trust but were told it was not yet implemented. The Quality and Effectiveness Committee's report to this Council (see <i>Slide 49</i> of the meeting papers) includes a "Trust Implementation Status update on Martha's Rule." In light of this, how are the Board and senior leaders being held accountable by the Council of Governors for achieving full and reliable implementation across all applicable services within this calendar year, including: visible information for patients and families on how to activate the process; staff training and 24/7 responsiveness; and evidence of timely audits and outcome measures that demonstrate the rule is working as intended?	<p>Thank you for your question, which was posed at last week's Council of Governors meeting. As promised, below is the written response.</p> <p>NHS England's initial rollout of Martha's Rule focused on organisations with a 24/7 critical care outreach team, which DBTH does not currently have. Consequently, DBTH is part of the second phase of the national rollout and is following the timelines and implementation plan set by NHS England.</p> <p>Key Components of Martha's Rule</p> <p>The initiative comprises three elements:</p> <ol style="list-style-type: none"> 1. Patient Wellness Questionnaire (PWQ) to support early detection of deterioration. 2. Escalation processes for staff. 3. Escalation process for patients and families. <p>Current Progress and Next Steps</p> <ul style="list-style-type: none"> • The PWQ has been successfully rolled out at Bassetlaw Hospital (end of October 2025) to test processes and governance. Feedback has been positive, with 93% of patients reporting that the PWQ was easy to understand. • Rollout to paediatrics across the Trust is planned for November, with full Trust implementation scheduled for early in the New Year. • A launch event and staff training programme will commence mid-December, with training continuing through January 2026. Staff and Patient feedback is part of each stage of implementation. • Following PWQ implementation, we will progress to the next stage, ensuring responsiveness through appropriate escalation routes for patients and families. Visible information for patients and families on how to activate the process will be included in this phase. <p>Governance, Accountability, and Assurance</p> <ul style="list-style-type: none"> • Implementation is being monitored through the Patient Safety Assurance Group, chaired by the Chief Nurse, and reported to the Quality Committee (a committee of the Trust Board) via the Patient Safety Report as required. • Recognition and response to deteriorating patients is a Trust priority within the Patient Safety Incident Response Plan, and Martha's Rule is a key component of this. • Timely audits and outcome measures will be embedded to provide assurance that the process is working as intended. <p>Governors have an open invitation to the bi-monthly Board of Directors meeting, for which they receive the papers and are able to raise questions relating to these, via the Trust Board Office, ahead of the meeting. The Board papers include non-executive directors' chair's assurance logs, for each Board committee meeting, which captures assurance taken, areas of ongoing work, decisions taken, and areas of concern, including any items for escalation to the Board of Directors. Governors can hear first-hand the constructive challenge offered by executive and non-executive directors during the meeting.</p> <p>In addition, a quarterly Council of Governors meeting takes place, the non-executive committee chairs present their assurance logs during the meeting and governors raise questions, relating to these or other matters. Governors are able to fulfil their statutory duty, holding the non-executive directors to account for performance of the Board.</p> <p>To support governors understanding of Martha's Rule and its implementation, it was agreed at the meeting that a briefing session would be arranged.</p>	Karen Jessop, Chief Nurse Jo Gander, Quality Committee Chair	Outside of the meeting
Email	Member of the Public Council of Governors	13/11/2025	The Quality and Effectiveness Committee's report to the Council (see page 48 of the meeting papers) notes that a Prevention of Future Deaths (PFD) report was reviewed. Given that according to judiciary.uk, the Trust has received five PFD reports during 2025, how are the Trust's Board and senior leaders being held accountable for ensuring that the learning from each report is acted on promptly and effectively? Specifically, how does the Council of Governors satisfy itself that clear timescales are set for the required improvements, that progress is independently monitored through the Quality and Effectiveness Committee, and that sustained learning and cultural change are evidenced across the organisation?"	<p>Thank you for your question and for highlighting the importance of accountability and assurance in relation to Prevention of Future Death (PFD) reports. As you are aware, the question was shared at last week's Council of Governors meeting and as promised, below is the written response.</p> <p>The Trust recognises the seriousness of PFD reports and the need for timely, effective action. While the increase in PFD reports at DBTH reflects a national trend - there has been a 25% rise across England according to the Chief Coroner's 2024 report - we remain committed to ensuring that learning is embedded and sustained.</p> <p>Governance and Accountability Framework</p> <ul style="list-style-type: none"> • When a PFD report is received, the Chief Executive commissions a formal response, supported by the Executive Medical Director and Executive Chief Nurse. • The Trust has 56 days to respond, during which clear timescales for improvement actions are agreed. In many cases, actions may already be in progress or completed, as the inquest process often follows significant time after the incident. • All improvement actions are logged on the Trust's risk management system, with defined deadlines and responsible leads. <p>Independent Oversight and Monitoring</p> <ul style="list-style-type: none"> • Actions arising from PFD reports are reviewed by the Executive Patient Safety Oversight Group, chaired by the Executive Medical Director and Chief Nurse. Closure is only approved when robust evidence of implementation and assurance is provided. • Progress is reported through the Quality Committee, which provides assurance to the Board. • In addition, a recent thematic review of all PFDRs received over the last five years has been completed to identify recurring themes and systemic issues. This review strengthens our approach to learning and improvement. <p>Embedding Learning and Cultural Change</p> <ul style="list-style-type: none"> • Learning from PFD reports is aligned with the Patient Safety Incident Response Framework (PSIRF) priorities, ensuring themes inform Trust-wide safety improvement plans. • Divisional governance structures and clinical teams are engaged to ensure lessons are shared and embedded into practice. • Sustained cultural change is monitored through audits, staff feedback, and patient safety metrics, which are regularly reviewed at Board level. <p>Executive-Led Assurance</p> <ul style="list-style-type: none"> • The Patient Safety Assurance Group and the Effectiveness Assurance Group, both executive-led, will monitor actions arising from PFD reports and ensure that improvements are implemented and maintained over time. <p>Next Steps</p> <ul style="list-style-type: none"> • A Standard Operating Procedure has recently been implemented to ensure all PFD reports are systematically tracked and monitored via the Trust risk management system (DATIX). • The Trust continues to strengthen its learning systems to ensure that improvements are not only implemented promptly but maintained over time. <p>Governors have an open invitation to the bi-monthly Board of Directors meetings, for which they receive the papers and are able to raise questions relating to these, via the Trust Board Office, ahead of the meeting. The Board papers include a quarterly update on learning from deaths and non-executive directors' chair's assurance logs, for each Board committee meeting, which captures assurance taken, areas of ongoing work, decisions taken, and areas of concern, including any items for escalation to the Board of Directors. Governors hear first-hand the constructive challenge offered by executive and non-executive directors during the meeting.</p> <p>In addition, a quarterly Council of Governors meeting takes place, the non-executive committee chairs present their assurance logs during the meeting and governors raise questions, relating to these or other matters. Governors are able to fulfil their statutory duty, holding the non-executive directors to account for performance of the Board.</p>	Karen Jessop, Chief Nurse Jo Gander, Quality Committee Chair	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG																																
Email	Cllr Lynne Schuller, Partner Governor	08/12/2025	I have been contacted by a Councillor whose family member had a medical emergency recently. The Councillor was disturbed to be told by the East Midlands Ambulance Service paramedic who attended that they would not admit the person to Bassetlaw ED due to not taking trauma patients at the department. There was further explanation that this would result in an increased workload for staff at BDGH.	EMAS provided the correct guidance, as Bassetlaw Hospital is not a designated Trauma Unit so the ambulance service does not take trauma patients there, they would go to the nearest Trauma Unit. This isn't new or a change in practice.	Denise Smith, Chief Operating Officer	Outside of the meeting																																
Email	Cllr Lynne Schuller, Partner Governor	09/12/2025	I am writing to raise a question as shared to me by one of our District Councillors as partner governor. The question is in relation to the Miscarriage Collection Cradles. As we are aware this solution, allowing dignity in the care of women undergoing a miscarriage, has been shared with our trust; the trust of the resident who has designed and developed the device. It is of concern that the person who has developed the cradle has offered to provide 10 free to seek feedback and to identify if this is a viable piece of equipment for use in maternity services in Bassetlaw (and wider trust). If this was accepted as a viable piece of equipment it would then be offered at a discounted price. Could I ask what would be the estimated usage per year and the subsequent cost, would this in terms of a women's dignity at a very emotive time be paramount as a cost benefit?	Thank you for bringing your colleague's concerns to my attention. As you have referenced, the service had previously considered the offer to trial the miscarriage collection cradle, from a patient, procurement and financial perspective and feedback was shared with the constituent. Significant, ongoing unidentified funding would be required to support the provision of a cradle to all expectant mums threatening to miscarry. With approximately 4,400 babies delivered in 2024/25, it is anticipated that a significant number of cradles would be required each year to provide one for every woman, at a unit cost of c.£36. Based upon the assessment, the service did not commit to the trial, as procurement was not feasible. Please be assured that we remain focused on the delivery of compassionate, person-centred care, aligned with the Trust's strategic priorities	Lois Mellor, Director of Midwifery	Outside of the meeting																																
Email	Mark Bright, Public Governor	20/01/2026	<p>Subject Area: Senior Doctor Attrition Rate</p> <p>Why the past 5 years? A recent prominent news article read 'senior colleague turnover for DBTH in past 5 years averaged 13.89% per year'. [One assumes this is revealed from the NHS Staff Survey]. Article went on to state Trust average to be 'in-line with the NHS average'. Even though 'in-line' it would be informative, as a former People Comms governor observer, to ascertain 'an assurance picture' on specific case of senior doctors/consultants (subsumed in the senior colleagues category data of NHS Staff Survey - if that is the source). Responses to questions, below, would greatly help.</p> <p>Q1. While 13.89% is the average for 'senior colleagues' over the five years: What are the percentages for each of those five years?</p> <p>Q2. What numbers of senior doctors underly each of the five percentage figures for senior colleagues?</p> <p>Q3. How many of these senior doctors, in total, engaged in an exit interview from 2020 to 2025?</p> <p>Q4. What themes emerge from 'senior doctor exit interviews' over past 5 years?</p> <p>Q5. How are any emerged themes informing plans and processes:</p> <p>a. to reduce future senior doctor attrition rate?, and,</p> <p>b. for the Initial Priority Areas of Focus?</p>	<p>Q1. I know that in the meeting you spoke specifically about medical colleagues, and so the data below references medical colleagues as per the earlier discussion and the rest of the questions you have asked. I just wanted to highlight this, as the language is different throughout the questions, all the data in the responses refers to medics. For each of those 5 years the data for medical colleagues is:</p> <table border="1"> <thead> <tr> <th></th> <th>Leavers %</th> <th>Leavers Head count</th> <th></th> </tr> <tr> <th>(Not FTE)</th> <th></th> <th>FTE</th> <th></th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>12.62%</td> <td>47</td> <td>41.71</td> </tr> <tr> <td>2021</td> <td>9.37%</td> <td>41</td> <td>31.10</td> </tr> <tr> <td>2022</td> <td>12.91%</td> <td>49</td> <td>44.47</td> </tr> <tr> <td>2023</td> <td>5.42%</td> <td>36</td> <td>19.65</td> </tr> <tr> <td>2024</td> <td>6.91%</td> <td>34</td> <td>26.04</td> </tr> <tr> <td>2025</td> <td>6.75%</td> <td>33</td> <td>25.88</td> </tr> </tbody> </table> <p>It is worth noting that 2020 – 2022 we recorded higher turnover rates which mirrored the national increase in NHS leavers during the pandemic. The past 3 years has reduced and is below the Trust turnover target of 10%.</p> <p>Q2. As above in Head count and as in Full Time Equivalent Posts</p> <p>Q3. 12 medics chose to engage with the exit interview process at that time</p> <p>Q4. Due to the low numbers of exit interview take up – there is no statistical significance that can be taken from the 207 leavers during that period. However, on the whole, across the questions asked the responses are mainly positive, although one negative comment around the ability for flexible retirement, most left voluntarily through resignation, with three retiring and three resigning due to relocation.</p> <p>Q5. As per the response above – there are no themes that can be ascertained from these interviews or any concerns identified, and from the responses received, 50% left due to retirement and relocation. In terms of all staff attrition, DBTH is embarking on a Trust wide initiative to actively listen and gain feedback from all colleagues. This is action that occurs all of the time and not at the point of leaving.</p> <p>I hope this has answered your questions sufficiently Mark. In terms of governor engagement, I am sure a briefing session can be arranged to discuss further if all governors think this would be beneficial. In terms of the workforce statistics and the recent cultural review, these will be reported through to the Board of Directors which all governors and members of the public are able to attend.</p>		Leavers %	Leavers Head count		(Not FTE)		FTE		2020	12.62%	47	41.71	2021	9.37%	41	31.10	2022	12.91%	49	44.47	2023	5.42%	36	19.65	2024	6.91%	34	26.04	2025	6.75%	33	25.88	Zoe Lintin, Chief People Officer & Anthony Jones, Deputy Director of People & OD	Outside of the meeting
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Board of Directors	Sheila Walsh, Public Governor	27/01/2026	On Page 131 we have KPIs for ambulance handover times for the Trust as a whole. Is the system for handover in the new ED at Bassetlaw the same as in the old one? Has there been an improvement in handover times since the new ED opened?	The Trust implemented the Transfer of Care protocol with East Midlands Ambulance Service (EMAS) at Bassetlaw Hospital in November 2025, this is to ensure the majority of ambulance handovers take place within 45 minutes of arrival. Ambulance handover times at Bassetlaw hospital have improved since the new Emergency Department opened in in February 2025, with a reduction in the proportion of handovers taking over 45 minutes and an improvement in the average handover time noted.	Denise Smith, Chief Operating Officer	In the meeting																																

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	<p>Could the board reassure governors that the financial requirements to meet the increase in registered nurses will not be at the cost of other posts across the Trust.</p> <p>The governors note the metric of reduced falls as part of the business case for increased registered nurses. We would wish it to be noted that falls reduction requires a multi disciplinary approach . There is also a risk that reduced falls are achieved through reduced patient independence and reduced mobility all of which can have secondary harmful impacts not being recorded.</p>	<p>The proposal to increase the number of registered nurses is being taken forward because the evidence shows clear quality, safety, and efficiency benefits. However, each workforce investment is always considered on its individual merits, supported by a robust business case and evaluated against organisational priorities, service needs, and workforce risks.</p> <p>Resources are constrained nationally, and all investment decisions must therefore be carefully weighed to ensure they are affordable, sustainable, and aligned with the Trust's overall strategic direction. With that in mind, this investment has been designed using a phased and financially responsible approach that avoids displacing or deprioritising other essential posts.</p> <p>We can therefore reassure governors that while we are recommending to the board the investment in registered nurses due to the clear case for doing so, this is not at the expense of other staff groups. The Trust remains committed to supporting a balanced, multidisciplinary workforce, and will continue to consider all future investment proposals fairly, transparently, and on their merits within the broader NHS financial landscape.</p> <p>The Trust's Falls Improvement Strategy includes a dedicated deconditioning workstream alongside the fall's reduction programme. We recognise that positive risk taking is essential to safe mobility, improved patient outcomes, and reductions in length of stay and associated complications. Furthermore, while nursing input is a key component, sustained improvement depends on coordinated contribution from therapy services, medical teams, pharmacy, estates, and wider clinical colleagues.</p>	Karen Jessop, Chief Nurse	In the meeting
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	<p>The governors note that the audiology service is recorded as having achieved significant improvement and assurance. How does this align with the questions recently raised in Parliament by Sally Jameson MP</p>	<p>The assurance given on audiology reflects substantial and evidenced improvement from a very poor historic baseline. Over the last two years, the Trust has delivered significant improvement across the parts of the pathway that were the subject to the longest waits:</p> <p>Diagnostics (new referrals)</p> <ul style="list-style-type: none"> •Average wait reduced from over 52 weeks in 2024 (with some patients waiting up to two years and a list of >2,000) to 22 weeks by December 2025. • The waiting list has reduced to around 700 patients. • All remaining patients will have a first appointment by end of March 2026, and from April 2026 new referrals are expected to be seen within 6 weeks, meeting the DM01 national standard (95%). <p>Hearing aid fittings</p> <ul style="list-style-type: none"> •Average waits reduced from over 104 weeks in 2024 to 15 weeks by December 2025. •From April 2026, fittings will be provided within 8 weeks of diagnosis. <p>These improvements have been enabled by system replacement, new equipment, refurbished sound-proof rooms, additional senior staff, strengthened training and competencies, and targeted insourcing.</p> <p>However, the Parliamentary question raised by Sally Jameson rightly reflects the fact that we have more work to do to clear our backlog and reduce all of our long waiting times, particularly for patients requiring review appointments. This cohort reflects historic workforce and capacity constraints and the requirement for staff to be signed off for diagnostics and fittings before undertaking reviews, which has limited flexibility. Insourcing to date has therefore focused on new referrals and fittings where clinical risk was greatest.</p> <p>In parallel, the MP's question was raised on behalf of members of the Audiology Action Group in Doncaster. Those individuals, alongside members of the Deaf community, have been actively involved in the Trust's patient experience work for the last year, including shaping patient communications. They have been supportive of the progress made and the Trust's openness. We appreciate their ongoing input into our improvement work.</p> <p>The Acting Chief Executive met with Sally Jameson MP on 23rd January and discussed the issues. We are aligned that the purpose of raising the issue is to maintain focus, transparency, and momentum and we continue to work with our MPs and other stakeholders to recover the service to ensure our patients and communities receive a high quality accessible audiology service.</p>	Nick Mallaband, Acting Executive Medical Director	In the meeting

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Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	Is the trust expecting AQR reports from other education providers than the University of Sheffield?	<p>The NHS Education Funding Agreement requires all placement providers to provide regular assurance to NHS England confirming compliance with the Agreement and NHS England's Education Quality Framework. DBTH do not expect AQR reports from any other education providers other than the University of Sheffield. This is because the NHSE Self-Assessment (most recently submitted by DBTH to NHSE in October 2025), provides a multi-professional and nationally consistent provider self-assessment which all other education partners use for their quality assurance of placement.</p> <p>The assessment questions focus on the six NHS England Education Quality Framework domains and NHS Education Agreement's key performance indicators. This is complemented by the NHSE Senior Leadership Engagement visit, most recently hosted at DBTH in November 2025. The School of Medicine and Population Health, University of Sheffield request an additional annual AQR complemented by a senior leaders visit to provide quality assurance specifically for the students on the MBChB (medical students) curriculum. This is comparable to all other placement providers for medical students.</p>	Zoe Lintin, Chief People Officer	In the meeting
Governor Briefing	Mark Bright, Public Governor	13/03/2026	What priority is being given to the implementation of a 24/7 critical care outreach team?	It's subject to a business case process, which the division of CSS have included in their annual business plan. We will consider that in line with the usual business planning prioritisation processes.	Karen Jessop, Chief Nurse	Outside of the meeting
Board of Directors	Vivek Panikkar, Staff Governor	24/03/2026	What consultation process was undertaken regarding the change of title to Chief Medical Officer from Executive Medical Director does it imply that there will be a restructuring of the medical director's office	<p>The decision to change the title of the Executive Medical Director to Chief Medical Officer was undertaken by the Trust's Board of Directors' Nomination & Remuneration Committee. This is in line with other executive director job titles and medical director roles elsewhere. No wider consultation is required to make changes to Executive Director roles.</p> <p>There has been no restructuring of the Medical Director's team. Once the new post holder is recruited it will be their responsibility to review the structure and make any changes should they wish, in line with Trust HR processes and procedures.</p>	Zara Jones, Acting Chief Executive	In the meeting
Board of Directors	Vivek Panikkar, Staff Governor	24/03/2026	There is ongoing dependence on agency locums in the orthopaedic department contributing to high locum costs why have efforts not been completed to get these posts filled with regular staff. One of the agency locums has been here for over 4 years!	<p>There are two parts to this: the wider context and the specific position in Trauma & Orthopaedics (T&O).</p> <p>1. Wider workforce context There is a national shortage of appropriately skilled and experienced surgical staff, particularly in some specialties, which has persisted for a number of years. As a result, many organisations, including ours, have had to rely on temporary workforce solutions to maintain safe service delivery. We have actively reviewed long-standing locum arrangements and, where individuals have been in post for extended periods, we have approached them about moving to substantive contracts. In a number of cases, including those referenced, individuals have chosen not to convert to substantive roles for personal reasons. Alongside this, over recent years we have taken a range of actions to improve recruitment and retention to key medical posts, and more recently have undertaken detailed work on medical rotas and job planning to ensure roles are structured in a way that is sustainable and attractive.</p> <p>2. Specific factors in T&O The level of locum usage in T&O has increased since the pandemic, driven by a combination of workforce capacity gaps within the rota. These include reduced availability of some senior staff to undertake on-call duties, alongside training-related gaps and less than full-time working within the trainee workforce. Taken together, this has created sustained rota gaps that have required locum cover to maintain safe service provision.</p> <p>3. Actions to reduce reliance on locums We are now moving from managing gaps to addressing the underlying structure: <ul style="list-style-type: none"> Proposed recruitment of two post-CCT fellows (doctors who have completed their specialist training and are qualified to work at consultant level), funded through reductions in locum expenditure Changes to the Bassetlaw SAS on-call rota to create a more sustainable model These changes are planned for implementation in 2026/27. A business case for the fellow posts is in development and is expected to go to the vacancy control panel by late April.</p> <p>Summary The reliance on long-term locums reflects a combination of national workforce constraints and structural rota gaps, rather than a lack of action. We now have a clear plan to reduce this reliance through rota redesign and targeted recruitment, with actions progressing this year.</p>	Joseph John, Medical Director for Operational Stability and Optimisation	In the meeting