

**Meeting of the Council of Governors held in Public
on Monday 13 July 2026 at 15:00
DRI Boardroom
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 Report to include: overview of delivery of the Medium-Term Plan		ZJ	Note	10
B2	Chairs Report		MB	Note	10
B3	Lead Governor Update		JH	Note	5
B4	On Going Elections update		RA	Note	5
B5	Constitution Review		RA	Discuss	10
B6	Governor Questions		Gov	Q&A	10
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE			15:55	
	C1.1	Kath Smart – Audit & Risk Committee	KS	Note	5
	C1.2	Stephen Radford - Finance & Performance Committee	SR	Note	5
	C1.3	Jo Gander - Quality Committee	JG	Note	5
	C1.4	Lucy Nickson - People Committee	LN	Note	5
C2	Governor Questions		Gov	Q&A	10
C3	Minutes of Council of Governors held on 14 May 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: 12 November 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

Register of Governors' Interests as 09 July 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

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

July 2026



hello my name is...

Zara Jones

Acting Chief Executive



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Local, regional and national

National performance: We have improved our performance in the NHS National Oversight Framework and are currently ranked 49th out of 134 trusts nationally, making us the highest-rated acute trust across South Yorkshire and Nottinghamshire.

Critical Care: Construction of our new £19 million Department of Critical Care at Doncaster Royal Infirmary has reached its topping out milestone, marking another significant step towards opening the purpose-built 22-bed facility in early 2027.

Armed Forces: We have achieved the Silver Award in the Defence Employer Recognition Scheme, recognising our continued commitment to supporting serving personnel, veterans, reservists and military families.

Industrial action: Resident doctors have voted to accept the Government's pay offer, bringing an end to industrial action. Consultants have confirmed their intention to bring industrial action.

Chief Executive: I have been appointed Chief Executive of East Cheshire NHS Foundation Trust and will leave the Trust at the end of September. Leadership arrangements will be confirmed in due course.

Chief People Officer: Zoe Lintin will leave the Trust at the end of the year. Recruitment for her successor will begin shortly.

Reset update

Last month, we introduced the **Reset Programme** as the delivery vehicle for our Three-Year Plan. Since then, work has continued to move from planning into delivery across all five pillars.

Access and Flow: Reviews of theatres, outpatient services, diagnostics and urgent and emergency care are underway to improve patient flow, reduce delays and help more patients receive timely care.

Workforce: Work continues to reduce agency, bank and locum spend, alongside reviews of administrative and support services to simplify processes and strengthen the way we work.

Shape of DBTH: Planning is progressing around Health on the High Street, neighbourhood healthcare and future service configuration, including the planned reconfiguration of Wards 22 and 25.

Productivity and Financial Reset: The Trust remains focused on delivering its financial plan through productivity improvements, procurement, medicines optimisation and reducing temporary staffing costs.

Culture and Leadership: Following feedback from more than 500 colleagues, our three priority DBTH Way behaviours have now been confirmed:

- Speaking Up for Patient Safety
- Personal Accountability
- Collaborative Relationships





The Line in the Sand

Our Line in the Sand

Since launching in May, **Line in the Sand** has been viewed more than **10,000 times**, with positive feedback from colleagues.

An abridged version has also been created to improve accessibility.

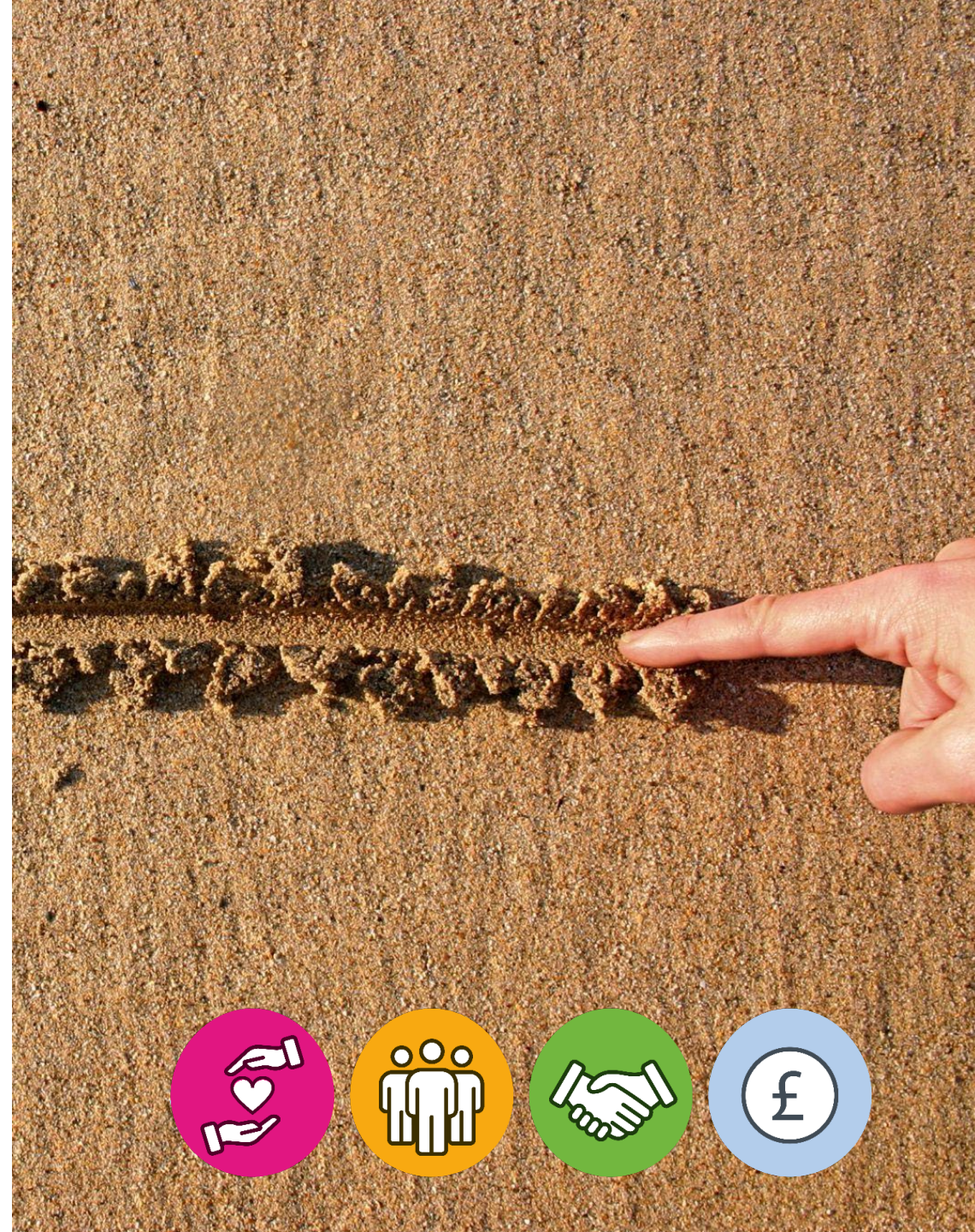
We will continue to embed its principles through **Culture and Leadership** pillar of our Reset Programme:

Behaviours and accountability: Supporting colleagues and leaders to understand expectations, have confident conversations and strengthen personal accountability.

Leadership development: Equipping leaders to build high-performing teams, lead through change and create psychologically safe environments.

Colleague engagement: Increasing opportunities to listen, gather feedback and strengthen leadership visibility across the Trust.

Learning culture and civility: Promoting speaking up, continuous improvement, respect and learning from feedback and experience.



Operational delivery

Performance at a glance:

Four-hour Emergency Care Standard: 71.1% (May) (97th out of 149 NHS trusts)

Average ambulance handover time: 17.6 minutes (better than the planned maximum of 21 minutes)

Ambulance handovers over 45 minutes: 3.0% (plan: 2.0%)

Referral to Treatment (18 weeks): 62.6% (115th out of 150 NHS trusts)

Patients waiting over 52 weeks: 2.5% (124th out of 148 NHS trusts)

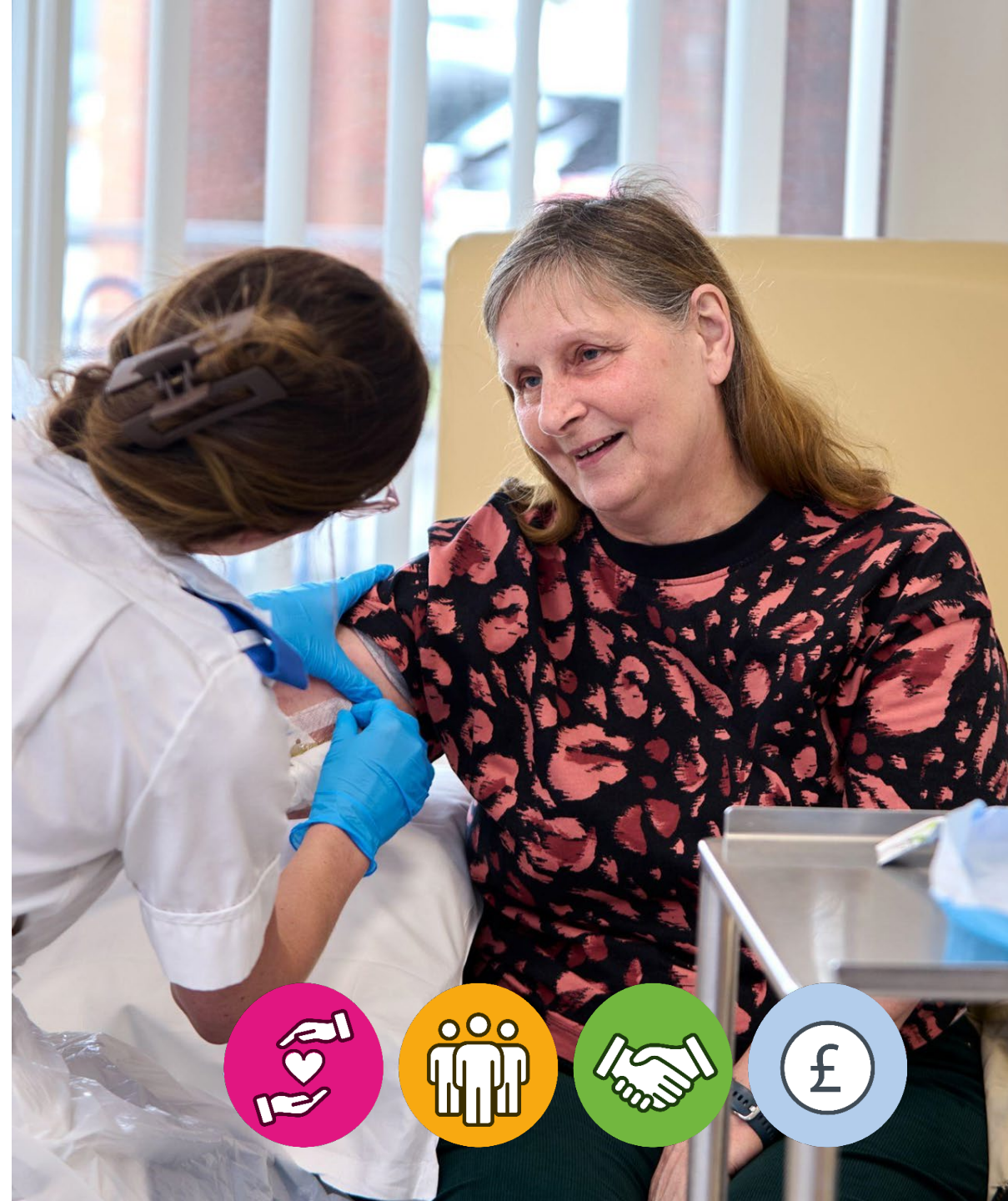
Faster Diagnosis Standard: 69.9% (114th out of 133 NHS trusts)

31-day cancer treatment standard: 96.3% (55th out of 136 NHS trusts)

62-day urgent referral to treatment standard: 79.1% (39th out of 131 NHS trusts)

Future investment:

Alongside day-to-day operational improvements, the Trust continues to develop plans for around **£32 million** of investment in urgent and emergency care at Doncaster Royal Infirmary, including a new Urgent Treatment Centre, expanded Same Day Emergency Care and improvements to the Emergency Department.



Quality update

Maternity reports and improvements:

- National reviews by Donna Ockenden and Baroness Valerie Amos have reinforced the importance of safety, leadership and listening to women and families.
- NHS England has published a national 10-point Maternity and Neonatal Improvement Plan.
- Many actions are already underway at DBTH through our Maternity Improvement Programme, strengthened Board oversight, Martha's Rule and ongoing engagement with women and families.
- Any additional actions will be implemented through the Trust's established governance arrangements

Our response:

- Launched across DBTH on 13 July.
- Gives patients, families, carers and colleagues a clear route to request a rapid clinical review if they are concerned about a patient's condition.
- Supports earlier recognition of deterioration and strengthens existing escalation processes.
- Rollout has been supported through colleague engagement, training and communications, with ongoing monitoring through established governance arrangements.





Finances

We are efficient and spend public money wisely.

Year-to-date position: At the end of May, financial performance is on plan with the Trust reporting a year-to-date deficit of **£4.3 million** (before receipt of Deficit Support Funding). Levels of activity, income and pay are all broadly in line with plan.

Efficiency programme: Work continues across the Trust to deliver the **£48.8 million** of ongoing annual savings within the Improvement Delivery Plan. Delivery of in-year savings is in line with plan at this point.

Productivity: Reducing agency and bank expenditure, improving productivity and delivering sustainable efficiencies remain key priorities through the Reset Programme. Latest figures show Trust productivity is still 3.0% below pre-pandemic levels.

Capital investment: Our capital programme continues to progress, supporting investment in our estate, digital infrastructure and future service improvements, although expenditure remains behind profile at this early stage of the year.

Bottom line:

- Financial position remains on plan.
- Maintaining grip while delivering the ambitions of our Three-Year Plan and Reset
- Using every pound wisely to deliver the best possible care for patients.



hello my name is...

Mark Bailey

Interim Chair



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From the Chair

Our role in the community: Attended the Doncaster Chamber *What's Next?* conference, reinforcing the Trust's role as a major employer, anchor institution and partner in supporting healthier, more prosperous communities.

National NHS priorities: Represented DBTH at the NHS Confederation Conference, where national leaders reaffirmed the focus on recovery, productivity, technology and transformation, closely aligning with our Three-Year Plan.

Time with colleagues: Visited the Frailty Assessment Team at Doncaster Royal Infirmary, witnessing first-hand the compassion, professionalism and multidisciplinary working that supports patients to remain independent wherever possible.

Leadership: Paid tribute to Richard Parker OBE following his retirement as Chief Executive, recognising his outstanding contribution to the Trust and the NHS.

Partnership working: Continued engagement with partners across health, local government, education and business to strengthen collaboration and support the delivery of shared priorities across Doncaster and Bassetlaw.

Looking ahead: Continuing to support delivery of the Trust's Three-Year Plan through partnership, innovation and a continued focus on improving care for patients, colleagues and local communities.





hello my name is...

Jackie Hammerton

Lead Governor



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Report Template					
Meeting Title:	Council of Governors		Meeting Date:	23 July 2026	
Report Title/ Ref:	Constitution review 2026				
Executive Sponsor:	Mark Bailey, Interim Chair				
Authors:	Rebecca Allen, Associate Director Strategy, Partnerships and Governance				
Appendices:	Appendix 1: Constitution including Standing Orders Version 1.3				
Purpose of the report	Assurance	Decision	Information	Discussion	
Impacts on Strategic Risks (BAF 1-7)	All BAF risks are positively impacted by governance improvements				
For decision papers only:	Highlight only where this report is outside of the Board Risk Appetite and a decision is requested				
Is this in line with Current risk appetite YES	None	Minimal	Cautious	Open	Seek
			Regulatory Quality	Finance	People
Executive Summary – Key messages and Issues					
Purpose This report sets out proposed changes to the DBTH constitution after a review in 2026. These are shown via track changes in Appendix 1. Constitution The annual governance cycle reviews and updates the key governance documents to ensure these are up to date with the latest legislation and reflect any governance changes within the Trust. The Constitution is the key document for the Trust and underwent a comprehensive review in 2025, to align with the NHSE model constitution. Following any legislative changes in April 2027, a further substantive review will be required. The changes proposed in 2026, are minor corrections for stray gender references and typographical errors. The one proposal is a reduction in the number of staff governors from 6 to 4, which is reflected in the recent elections, but remains above the minimum legislative threshold of 3 staff governors as outlined in the NHS 2006 Act Schedule 7. For CoG quoracy, the public governors need to be in a majority for decision- making, therefore the reduction to staff numbers supports this, should the public governor numbers fall, or fail to engage. The constitution (appendix 1) is a jointly owned document and is jointly approved by the Council of Governors and the Board of DBTH. Next Steps If approved in principle by the Council of Governors, these documents will be reviewed at the next Board of Directors meeting in August 2026. The final version once approved will need to be published and shared with NHSE in line with the NHS Provider licence NHS1 Section 4 condition 2a.					
Recommendations					
The Council is asked to review the proposed changes to the constitution and if agreed : To approve the constitution, ahead of the review and consideration by the Board of Directors.					
Healthier together – delivering exceptional care for all					

Patients	The Trusts constitution is critical for the statutory responsibility to deliver safe & effective quality care to patients.
People	The Trusts constitution is critical for supporting innovation and transformation, within the constraints of regulatory and statutory requirements.
Partnerships	The Trusts constitution is critical for demonstrating good corporate governance and effective working within the constraints of regulatory and statutory duties.
Pounds	The Trusts constitution is critical for the effective control and direction of the trusts financial position and adherence to its fiscal duties.
Health Inequalities	The Trusts constitution is does not have a positive or negative impact on health inequalities; however, it consider its legislative duty to positively impact on health inequalities through the delivery of its services.
Legal/ Regulation:	The Trusts constitution complies with the regulatory and legislative requirements outlined in the NHS Act 2006, Code of Governance for NHS providers and the NHS Provider licence.
Partner ICB strategies	The Trusts constitution has no positive or negative impact on partner ICB strategies.
Assurance Route	
Previously considered by - including date:	
Any outcomes/next steps / time scales	Reviewed and decided in the Board in Committee session on the 14 August 2026 Shared in the public board pack in September 2026



hello my name is...

Kath Smart

Non-executive Director



Audit & Risk Committee (ARC): June 2026

Substantial / Significant Assurance

Internal Audit :-

Audit Recommendations closure rate for high & medium risks -96 % (27/28) which is very positive & evidence of continual improvement;

SET Audit Report – Significant Assurance – This was a review of a key workforce system and audited the effectiveness of the Trust arrangements for Statutory and Essential Training. Two medium risk findings have been agreed.

ARC Annual Report – This report detailed ARC’s activities during the year designed to fulfil its Terms of Reference and deliver the workplan

Matters of Concern or Key Issues

Internal Audit Reports

Head of Internal Audit Opinion – The opinion for 25/26 is yet to be finalised with the full opinion to be included in the Annual Report; It was recognised there were a few factual accuracy points that required correction.

Patient Flow Audit – This review concluded a “limited assurance” opinion with two medium risk recommendations. ARC will follow up on implementation of recommendations prior to their end date and Internal Audit will independently verify recommendation implementation.



Audit & Risk Committee (ARC): June 2026

Work Underway / Major Actions Commissioned

The Committee approved the following, subject to receipt of a satisfactory and complete ISA 260 from External Audit, in which case delegated to the Chief Executive; Chief Finance Officer and Audit and Risk Committee Chair as required to sign appropriately – i) Annual Report & Annual Governance Statement; and the ii) Annual Accounts & Financial Statements and iii) Letter of Representation.

External Audit Results Report - ISA 260 from Ernst & Young (EY) – The external audit work had not yet fully completed, with a number of outstanding areas, most notably the VFM opinion. At the time of the meeting, it was indicated that the Trust will be unable to fully file a complete set of accounts without the ISA 260 being completed. A verbal update will be provided to Board. However, key messages included:-

- i. At this point there was one uncorrected misstatement in relation to the current years audit;
- ii. There were 4 corrected misstatements.
- iii. Minor change had been required to the Remuneration report.
- iv. Work carried out on Fraud risks 1-3 has resulted in no issues to bring to the attention of the Committee.
- v. New ISA 260 Control Management Actions (2 moderate) reviewed by Chief Finance Officer and are agreed.
- vi. Follow-up of previous years recommendations (6) shows 3 areas for further action, 3 being satisfactorily completed.
- vii. Value for money (VFM) – The VFM conclusion is not yet available.
- viii. Annual Governance Statement (AGS) – EY confirmed that the AGS is consistent with other information from their audit and have no other matters to report.
- ix. Post Audit de-brief to be held between Finance Team and Ernst and Young and reported to a future ARC.

Decisions Made

DBTH Annual Report and Annual Governance Statement – This was approved by the Audit Committee, subject to receipt of a satisfactory External Audit ISA 260 and some minor amendments to the Head of Internal Audit Opinion.

DBTH Annual Accounts and Financial Statements – This was approved by the Audit Committee, subject to receipt of a satisfactory External Audit ISA 260.

The Letters of Representation required from the Trust to the External Auditors were approved subject to receipt of a satisfactory External Audit ISA 260.

ARC Annual Report – This was approved, albeit still in draft as the final conclusion from EY was not yet available.





hello my name is...

Stephen Radford

Non-executive Director



Finance & Performance Committee (F&P): May & June 2026

Substantial / Significant Assurance - May 2026

Digital & Data Quality Progress Report - The F&P Committee received progress report and noted the improvements made through inclusion of project 'Red Amber Green' rating and target delivery dates. The report provided a detailed update on the Oracle Electronic Patient Record (EPR) development. Key issues highlighted were in areas of availability of specialist Trust resources to support the project. Following discussion, the F&P committee was assured that these were being managed, and actions were in hand to address these issues.

The Committee also noted progress made in other digital projects. Where issues had been encountered e.g. lack of available hardware these had been typically outside Trust control. The F&P Committee assigned significant assurance.

Estates Performance Annual Report 2025/26 - The F&P Committee received the Annual report and following discussion assigned significant assurance. It was noted that most KPI's confirmed stable or improving performance, validated by assurance mechanisms such as The Royal Society for the Prevention of Accidents (RoSPA), Premises Assurance Model (PAM), and PLACE. Areas requiring improvement included sickness & absence, planned maintenance and mandatory training compliance. Action plans are in place to address these and other areas as required.

Substantial / Significant Assurance - June 2026

Health & Safety Bi-Annual Report 2025/26 - The F&P Committee received the biannual update on Health and Safety (H&S) Management at DBTH covering the period October 2025 to March 2026. It was noted that most KPI's confirmed stable or improving performance, validated by assurance mechanisms such as RoSPA, PAM and NHS Workplace standards. Where weaknesses have been identified action plans are in place or being developed. Improved triangulation with the results of the Annual Staff Survey is being developed. The Trust retained of RoSPA (Royal Society for the Prevention of Accidents) Gold Accreditation for a second consecutive year (April 2026). The Trust continues to progress towards ISO45001 accreditation. Incident data over the six-month period continues to demonstrate a predominantly low-harm profile, remaining within expected control limits. Following review and discussion the F&P Committee assigned Significant Assurance. Continued progress/improvement will need to be maintained to ensure that this level of assurance is maintained.

Matters of Concern or Key Issues - May 2026

Financial Performance - Month 1 - For month 1, the Trust reported a £1.2m deficit which is £0.3m adverse to plan. Cost overrun related to additional costs incurred to provide cover during industrial action by resident doctors in April 2026. In the year to-date, Trust Improvement Delivery Plan efficiency programme delivered recurrent full year savings of £7.4m and a 3.5 Whole Time Equivalents (WTE) recurrent reduction in the funded establishment. This is in line with plan. The full year requirement is £48.8m savings and a reduction WTE establishment.

Agency and bank costs were above NHSE target. The Trust benchmarked well for the level of bank costs as % of total salary costs, but poorly for agency costs against other Trusts in the month. The need to reduce bank/ agency costs is planned to be addressed by the Trust Reset programme.

In the month all areas of activity were below plan mainly due to the industrial action.

Cash reduced by £22.3m to £31.1m with the Trust paying £23.0m of capital creditors in the month. Cash forecast is very dependent on delivery of efficiency schemes. Worse case the Trust will require funding support around November 2026.

Capital spend was £0.9m under plan in month 1.

The F&P Committee assigned only moderate given that the Trust is only in Period 1 and there still needs to be significant progress made against plan before a change in the level of assurance can be made.

Operational Performance – April 2026

Emergency Care - Emergency Department (ED) 4-hour performance dropped month on month to 74.6%, 1.4% off plan. ED waits over 12 hours increased month on month to 4.1% but were ahead of plan. Demand for A&E were 1.6% above plan in the month.

Key risks to ED performance are demand continuing to be above plan, delays to decision making regarding admission and delays to discharge.

Ambulance hand-over performance for 15/30 minutes were also behind plan in the month.

Finance & Performance Committee (F&P): May & June 2026

Matters of Concern or Key Issues ct'd - May 2026

Elective Care - Trust performance for Percentage of patients waiting less than 18 weeks from referral to treatment was off plan with 61.6% against a target of 64.2%. Over 52 weeks were 2.2% of patients were waiting > 52 weeks for incomplete pathways, against the trajectory of 1.0%. Diagnostic waits at 71% were 9.5% off plan. With delays in MRI & Radiology. 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. The Trust remains in Tier 2 for elective performance.

Cancer - The 28-day Faster Diagnosis, 31- and 62-day standards were all delivered ahead of plan.

Board Assurance Framework – BAF 4 & 5 Trust Risk Register - BAF Risk 4 – Estates and BAF Risk 5 - Finance and were reviewed with updates having been made to wording, key controls, progress, and mitigating actions. BAF Risk 4 still required updates, and it was felt by the F&P Committee that only Partial Assurance could be assigned. These would be updated prior to presentation to the Board. Wording for BAF Risk 5 had been revised which was endorsed by the Committee. BAF Risk 5 – Finance was assigned Partial Assurance.

Matters of Concern or Key Issues ct'd -June 2026

Financial Performance - Month 2 - For month 2, the Trust reported a £4.3m deficit in the year to-date which is £2.6m adverse to plan. The £2.6m adverse to plan due to Deficit Support Funding (DSF) not being received in line with the original plan. Decisions on award of DSF for Q1 are expected imminently from NHS England. The underlying deficit exit rate for 26/27 exit rate is estimated at £10.1m which is in line with the Medium-Term Plan.

In the year to-date, Trust Improvement Delivery Plan (IDP) efficiency programme delivered recurrent full year effect savings of £6.8m and 1.2 Whole Time Equivalents (WTE). The full year requirement is £48.8m savings and a reduction WTE establishment.

Agency, bank costs and temporary staffing costs were significantly above target levels. This is 2nd month in which the Trust has exceeded plan. The need to reduce bank/ agency and temporary staffing costs needs to be addressed by the Trust Reset programme as a matter of priority.

DSF funding is now paid on a quarterly basis in arrears. Both performance and NHSE agreed financial targets are expected to be delivered in order to earn DSF.

Cash reduced to £18.9m and is adverse to plan by £8.1m mainly due to not yet having received DSF relating to Q4 2025/26 and Q1 2026/27.

Capital spend was £0.5m in the year-to-date against a plan of £2.3m.

The Committee assigned Moderate Assurance given that the Trust is only in Month 2. Significant progress will need to be made against the financial plan before a change in the level of assurance can be made.

Operational Performance

Emergency Care - 4-hour performance was 71.1%, 4.9% off plan and a deterioration compared to last month, however, demand for Accident & Emergency services remains above plan. 12-hour performance deteriorated compared to last month but remains above plan.

Deterioration in 4-hour performance is driven by underperformance at DRI in both admitted and non-admitted pathways. Action plans are in place to address the under-performance.

Elective Care:

Trust performance for percentage of patients waiting less than 18 weeks from referral to treatment improved slightly month on month with 62.6% against a target of 64.8%.

Over 52 week waits - 2.5% of patients were waiting <52 weeks against the trajectory of 0.83%. The most significant risk to >18 week & 52-week performance targets is in Trauma and Orthopaedics (T&O). Significant improvements are required in T&O for the Trust to deliver 18-week and 52-week planned performance. The Trauma and Orthopaedics recovery plan will be presented to the Committee in July.

The Trust remains in Tier 2 for elective care.

Finance & Performance Committee (F&P): May & June 2026

Matters of Concern or Key Issues ct'd (June 2026)

Cancer - The 31- and 62-day Cancer standards were all delivered ahead of plan and the Trust benchmarked well against other Trusts. There was a significant fall in the 28 Day Faster Diagnosis Standard compared to last month. Performance was 69.9%, against the plan of 81.2%. Performance deterioration was largely attributable to the Breast pathway due to insufficient capacity for one-stop clinics. This has now been resolved, and performance is forecast to improve within two months. Following review and discussion, the Committee assigned Moderate Assurance.

Decisions Made – May 2026

Contract Award for Renal Satellite Managed Service - The F&P Committee reviewed the procurement request to appoint a provider for renal dialysis managed services at two satellite centres. The Trust conducted a Provider Selection Regime under the SBS framework. The process included mandatory requirements, qualitative and financial evaluation, and governance measures covering KPIs, compliance, and transition planning. The initial term of the contract will be to 2031 with options to extend. The Committee after due consideration recommended the Contract to the Trust Board for approval in line with the Standing Financial Instructions process.

Finance & Performance Committee – Terms of Reference - 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.

Decisions Made – June 2026

Deficit Support Funding (DSF) – Q1 2026 – NHSE Return - The F&P Committee received the draft NHSE Quarterly Assurance Statement for consideration. After review/discussion the return was approved for signing by the Chair and Chief Executive Officer. Not all parts of the return were fully compliant. It is not known what the impact on DSF payment due for Q1 will be at this time.

Board Assurance Framework – BAF Risks 3 & 7 - BAF Risk 3 - Demand, Capacity & Flow and BAF Risk 7 - Digital & Cyber were reviewed with updates having been made to wording, key controls, progress, and mitigating actions.

Following review, the updated BAF risks were commended to the Board for review and approval.

Work Underway / Major Actions Commissioned

Operational Delivery Plans for Elective, Urgent and Emergency Care, Diagnostics and Cancer 2026/27.

- The Finance and Performance Committee received the 2026/27 Operational Delivery Plans for Elective, Urgent and Emergency Care, Diagnostics and Cancer.
- The plans have been 'operationalised' with operational ownership in place and monthly trajectories which are aligned to the medium term plan submission and Reset Programme.





hello my name is...

Jo Gander

Non-executive Director



Quality Committee (QC): June 2026

Substantial / Significant Assurance

Maternity & Neonatal Safety report received giving significant assurance against the Perinatal Mortality Review Tool (PMRT) Report Q4, Single Delivery Plan (SDP) Final Report, Saving Babies Lives v3 (SBLv3) Local Maternity Neonatal System (LMNS) Assured position, Avoiding Term Admissions Into Neonatal (ATAIN) units Q4 report and Trust Quality metrics.

Single Delivery Plan update demonstrated that the vast majority of Single delivery Plan actions are now completed and embedded. The only outstanding action is the single workforce deliverable which is expected to be completed in Q2. **Substantial** Assurance.

Patient Experience Report including Picker inpatient survey results. Significant Assurance

CQC action plan for DRI Emergency Department and ongoing Governance arrangements. Significant Assurance

Patient Safety report inc. Martha’s Rule implementation received 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. Significant Assurance

Quality of Care trends via review of IQPR metrics. Significant Assurance

Learning from Deaths – evidenced that controls are largely effective with isolated weaknesses. Targeted actions in place to close gaps with clear timelines and accountability for delivery. Significant Assurance

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 July 26. Significant Assurance

Matters of Concern or Key Issues

Clinical Audit progress Report – continue to be an outlier for National Early Arthritis Audit (NEIAA) due to timing to first appointment and follow up and National Emergency Laparotomy Audit (NELA) due to data entry capacity challenges. However previously DBTH was not providing audit data for these two audits but now has plans to make progress on position. Obstetrics and Gynaecology and Paediatrics specialities are meeting Clinical Audit delivery expectations with Paediatrics being the main challenge leading to a Moderate Assurance being agreed by the committee. Moderate Assurance

Getting It Right First Time reporting still in development accounting for the current level of assurance. Moderate Assurance

Deep Dive Sepsis Management mortality data showing reduction giving confidence that current action plan on the right trajectory. Moderate Assurance

Work Underway / Major Actions Commissioned – None to Report



Quality Committee (QC): June 2026

Decisions Made

Quality Committee as a committee of the Trust Board 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 SDP, CNST
 - Reviewed and approved on behalf of the Trust Board Q4 ATAIN
 - Reviewed and approved on behalf of the Trust Board SBLv3
 - 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 Maternity Outcomes Signal System (MOSS) update
 - Declared date of mid year compliance as August 2026 unless impacted by planned industrial action.
-
- Trust Quality Accounts approved on behalf of the Board.





hello my name is...

Helen Best

Non-executive Director



People Committee: June 2026

Significant Assurance

Engagement and Leadership – Significant Assurance - Under the Culture and Leadership pillar there are four schemes, Behaviours and accountability, Leadership development and management capability, Colleague engagement and leadership visibility, Learning culture, and civility. The People Committee took significant assurance that the Culture and Leadership programme has been developed from external reviews and triangulation with other workstreams, data and metrics, and that appropriate governance is in place to ensure oversight of progress against actions. The assurance on delivery of actions and impact on outcomes will be assessed and felt later in 2026/27 and beyond via interim measures and future survey results. The work needs time to embed and impact, given its complexity. In taking assurance the committee was able to have a thorough conversation about this work, its relationship to other parts of the People Plan and wider strategy.

Education Report - Significant Assurance - SET compliance for the end of April was 85.32% which is reflective of the changes to IPC training requirements and the recovery from the winter workforce pressures. This remains below the 90% target. A draft report from a recent external audit has been received and the action plan is being finalised with 360. DBTH continues to align with the national NHSE MandStat reform taking us from competency to outcome focused statutory training. The committee was updated on detail regarding the national transformation of the apprenticeship levy to the national growth and skills levy - with an outline of oversight on impact and consideration of alternative plans. A timetable of planned external activity for DBTH education quality was also shared.

Violence and Prevention Standards (VPS) Report– Split Assurance Significant / Moderate Assurance - The Committee took significant assurance in relation to established processes in place to oversee and support VPS but agreed partial assurance for the standard and associated workplan, pending further implementation. Robust governance, performance management, and oversight arrangements are in place - supported by evidence of stable or improving performance.

Violence and Prevention Standards (VPS) Report – ct'd - Clear processes within Urgent and Emergency Care (UEC) enable the consistent sharing of security reports and the completion of Datix incidents where security support is required directly. This is strengthening organisational visibility and supporting effective risk response. Areas requiring improvement are recognised and understood, with active VPR action plans in place to address these.

Just Culture Report – Split Assurance Significant / Moderate Assurance - Recent activity has seen the 'Speaking Up' peer review being shared, an 'Avoiding Harm' action plan (in relation to conduct investigations) being developed. Mapping the Just Culture workstream and actions with the wider Culture and Leadership programme to ensure alignment is imminent. The committee heard about employee relations casework data from April 2025 to March 2026. Analysis of the data shows a significant increase in casework activity for the same period in 2024/25 (36%), with most of this increase being linked to sickness absence cases. The impact of this increase in casework is significant in terms of capacity to deal with it and timescales for resolutions with subsequent potential impact. The Committee took significant assurance that actions around embedding the Just Culture workstream are being delivered but took moderate assurance on the significant year-on-year increase in the casework data and demands on the capacity of the people involved, as well as the wider context and strategic challenges of the three-year plan.

Annual Equality Diversity & Inclusion (EDI) Report – Significant Assurance - As of January 2026, 91% of actions from the previous plan (December 2025) had been completed within timescales. Remaining actions are incorporated into the 2026–2027 programme and were featured in the annual report. EDI remains a continuous priority and significant progress has been made in embedding EDI into core organisational governance and culture. Board-level accountability has strengthened through measurable EDI objectives, while inclusive recruitment initiatives are improving workforce diversity and pipeline development. The Committee was asked to take significant assurance that a robust level of scrutiny and oversight has been applied over the past year to evaluate the impact and effectiveness of the Plan given the measurement of metrics, data, feedback and surveys, external accreditation, and internal audit.



People Committee: June 2026

Significant Assurance (Ctd)

Workforce Race Equality Standards (WRES) & Workforce Disability Equality Standards (WDES) 2025-2026 – Significant Assurance - The Committee noted the information provided in the report and that the data was submitted in line with the national deadline of 31 May 2026. The submission should be read in conjunction with the Equality, Diversity & Inclusion annual report. A report on the WRES and WDES data will also be presented to Board in July 2026 for information.

Speaking Up (FTSU) Annual Report 2025-26 – Significant Assurance -The Committee took significant assurance that FTSU Guardian service systems and processes are working effectively based on feedback and external peer review and that they are in line with national guidance and best practice. It is recognised that there are differing perceptions about detriment associated with speaking up. However, committee is assured that appropriate mitigations are in place to prevent negative impact.

The report also discusses the key national changes to Speaking Up and subsequent impact at Trust level. FTSU Guardian Services will transition from National Guardian's Office (NGO) to NHS England - responsibilities of the NGO will transfer to NHSE from 1 July 2026. There will be no National Guardian Role going forward but integrated directly into existing NHSE FTSU Structures. NHSE will not be responsible for monitoring contract and best practice compliance of FTSU – this will be considered by the CQC as part of their well-led inspection process. Locally, at Trust level, the committee is assured that all practice is aligned to wider work regarding engagement, leadership, and culture.

Organisational Development Annual Report 2025-26 – Significant Assurance - The Annual Report outlines comprehensive activity during 2025/26 aimed at enabling colleagues to thrive and strengthening an inclusive, compassionate culture aligned to the Trust's strategic priorities with many notable achievements and successes. However, data from the NHS Staff Survey results highlights challenges in equitable access to development opportunities, particularly for those in clinical roles, alongside limitations in demonstrating measurable organisational impact from some legacy programmes. In response, activities will be refocussed to ensure scalable, evidence-based interventions aligned to the Reset Programme's Culture and Leadership Pillar.

Looking ahead, priorities include increasing accessibility, strengthening evaluation, and delivering targeted leadership development that supports improved culture, engagement, and workforce outcomes.

Bi-Monthly Safe Staffing Update Significant Assurance - The report outlined the current nursing and midwifery staffing position, associated risks, and mitigating actions in place. While daily staffing reviews, escalation processes, and use of temporary workforce arrangements have maintained patient safety and no significant harm events were reported, sustained pressure across emergency pathways continued to present an operational risk during this reporting period. Ongoing monitoring and executive oversight through bi monthly reporting to the People Committee remain essential to ensure staffing resilience and patient safety.

Midwifery Workforce Paper Significant Assurance - The Committee took significant assurance from the report on the effectiveness of the controls, oversight, and workforce planning arrangements in place to support safe midwifery staffing, whilst noting the ongoing mitigated risks relating to sickness absence, temporary staffing and fluctuating clinical acuity. Controls include Birthrate Plus-informed workforce planning, Executive-approved establishment, a positive workforce position, twice daily staffing and acuity review, live red flag monitoring, clear escalation arrangements, planned supernumerary labour ward co-ordinator cover and 24/7 senior management support. The report provides evidence that these controls are operating effectively, including 100% reported compliance with one-to-one care in labour and 100% planned coordinator cover across the reporting period.

The principal ongoing risk relates to high sickness absence and periods of fluctuating clinical acuity; however, these risks are recognised, actively managed and mitigated through temporary workforce deployment, redeployment of specialist staff, real-time operational oversight, and established escalation processes.

People Committee: June 2026

Significant Assurance (Ctd)

Healthcare Science Biannual workforce review – Significant Assurance -The committee was pleased and assured to receive the first Biannual workforce review paper for HCSs, recognising that reporting will evolve. A coordinated approach is being taken to strengthen the sustainability of the Healthcare Science workforce at DBTH, including:

- Prioritising recruitment to key pressure areas, particularly Audiology.
- Expand training routes & develop clear progression pathways for long-term sustainability.
- Develop targeted retention initiatives addressing pay, progression, and flexible working to reduce turnover.
- Establish a sustainable approach to CPD funding and protected development time.
- Strengthen Medical Technical Workforce through development pathways and increased in-house capability to reduce reliance on outsourcing.
- Improve data quality, particularly exit data, to better understand drivers of attrition.
- Review capacity, workload, and service demand to address staff wellbeing and ensure safe staffing levels.
- Implement structured succession planning for senior and specialist roles.
- Support services to progress towards national accreditation standards to ensure quality and consistency.

Resident Doctors 10-Point Plan – Significant Assurance - Since the previous update, the Trust has continued to make progress in delivering NHS England's 10 Point Plan to improve the working lives of resident doctors. Current assessment indicates that the majority of domains are rated compliant, with remaining areas either partially compliant or dependent on evolving national guidance. Improvement plans are in place for all identified gaps and are subject to regular review through the Improving Resident Doctors Working Lives Group, with escalation to People Committee providing clear oversight and accountability. Leadership and engagement arrangements have been further strengthened with a Non-Executive Director (PC Chair) now in place to enhance Board level visibility and assurance. Dr Nick Mallaband, Chief Medical Officer, is the Executive Board lead and there is a Resident Doctor Peer Lead (Dr Vaibhav Sundaresan). Early outputs from peer-led engagement work, including the resident doctor survey, are informing local priorities and helping to triangulate assurance against the BAF.

Board Assurance Framework (BAF)- Significant Assurance - The 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 continue to be articulated in the BAF. The committee held a good discussion around all of the evidence presented in the 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 to Report



People Committee: June 2026

Matters of Concern or Key Issues

There were two areas of split assurance showing moderate and significant due to the complexity of the issues and gaps in controls or partial stage of action plan implementation/wider context and pressures for; Violence Prevention Standards Report; Just Culture Report

Workforce Supply and Demand Advanced Practitioner Workforce – Moderate Assurance - The Committee received an update on progress against the Trust's three-year medium term plan submission, outlining the planned whole-time equivalent (WTE) reductions, with particular focus on year one. Overview of the workstreams and the identified additional resources allocated to support delivery of the workforce plans is clearly set out. The committee also heard about progress being made in relation to the Trust's sickness absence rates, and actions being taken to support a reduction of sickness absence rates.

Appropriate governance and oversight mechanisms are in place to support delivery of the three-year plan - within the overall Reset Programme but the size and scale of the financial requirements of the plan are significant and, at this stage in the year, there are varying degrees of confidence in relation to the robustness and timelines of some of the plans to achieve the required pay cost and WTE reduction.

Work continues at pace to further develop plans with Executive oversight. The sickness reduction plan remains on track, and the Trust has been highlighted as an example of good practice by NHSE.

Bi-annual Allied Health Professionals Workforce Review – Moderate Assurance. The Committee received an overview of Allied Health Professional (AHP) workforce capacity, safe staffing and sustainability across Therapies and Radiology. Workforce controls are established and there is evidence of improvement in vacancy levels, reduced reliance on temporary workforce and development of recruitment pipelines and skill mix reviews.

between capacity and demand in some areas. Key workforce risks remain within children's and adult speech and language therapy, neurorehabilitation, and the core Radiology workforce, where vacancy pressure, limited specialist supply and identified establishment gaps continue to present a risk to service resilience. There have been improvements since last reporting with vacancy levels in Therapies remaining below the reported national benchmark, and dependency on temporary staffing reducing across both Therapies and Radiology through targeted recruitment, apprenticeship routes, and workforce pipeline development. There is a clear plan for continued improvement for the next six months, especially around vulnerable professions.

Decisions Made

Future reporting to the Board was explored and then agreed out of People Committee in conjunction with the Committee Chair, Lead FTSU Guardian, the Chief People Officer and the Chief Nurse.





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust





COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 14 May 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 Mandy Tyrell	
Partner Governors	Helen Batty Lynne Schuller	
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Helen Best - Non-executive Director Zara Jones - Acting Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary Stephen Radford - Non-executive Director Emma Shaheen - Director of Communication and Engagement Kath Smart - Non-executive Director	
Governor Apologies:	Phil Holmes - Partner Governor Alexis Johnson - Partner Governor Louise Preston - Partner Governor	
Board Member Apologies	Richard Parker OBE - Chief Executive Joanne Gander - Non-executive Director	
Public Observers		
		ACTION
COG26/05/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.	

COG26/05/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	Governors' declarations of interest were included in the meeting papers; no new declarations were received.	
	<i>The Council:</i> - <i>Noted governors' current declarations of interests.</i>	
COG26/05/A3	<u>Actions from previous meetings</u>	
	No actions were outstanding from the	
COG26/05/B1	<u>Acting Chief Executive Update – Performance to Year end plus Medium-Term Planning Update</u>	
	The Acting Chief Executive provided an overview of 2025/26's performance and shared details of the Trust's Medium-Term Plan for 2026/29. The plan's focus was to improve access standards, four-hour emergency performance, referral to treatment times and cancer standards, whilst delivering more than £90m in savings. The Council of Governors was advised of the appointment of Dr Nick Mallaband as Chief Medical Officer (CMO) and details of an approved capital scheme to provide additional car parking on the Doncaster Royal Infirmary site was confirmed. The Care Quality Commission (CQC) had carried out an unannounced inspection of the Children and Young People's Services in April 2026 and provided early positive feedback. The CQC had also visited Doncaster Royal Infirmary's Emergency Department (ED) and had issued the Trust with a warning notice as part of the follow-up inspection, noting concerns related to waiting areas, triage, streaming and infection prevention and control. The Trust had taken immediate action to mitigate risks at the time of the inspection, and a formal action plan was due for submission to CQC by 22 May 2026. ED access had improved between March and April 2026, however, elective waiting times, particularly in Orthopaedics and Ear Nose Throat (ENT), remained challenged and required further Executive and Board focus. The Acting Chief Executive reported that 2025/26's financial plan had been delivered, supported by significant cost improvement savings, including £31m of recurrent savings	
	<i>The Council of Governors:</i> - <i>Noted the Acting Chief Executive Update – 2025/26 Performance & Medium-Term Plan Update</i>	
COG26/05/B2	<u>Chair's Report</u>	
	The Chair confirmed that significant local and national challenges were being faced, including increased scrutiny, a changing financial regime and wider system pressures. He emphasised that these challenges were not unique to the Trust but reflected a broader NHS position. The Trust was focused on setting a clear strategic direction, whilst increasingly working in partnership with other organisations to deliver services more effectively. He confirmed that collaboration with neighbouring trusts, integrated care partners, local government	

	and the voluntary sector would be essential to address service pressures, workforce challenges and sustainability issues. He confirmed that relationships with external partners, including neighbouring providers and local organisations had been strengthened. This work aimed to support workforce development, improve population health and ensure sustainable service delivery. It also encouraged local people to consider healthcare careers and explore future research opportunities. He addressed the cultural programme linked to the Reset approach and introduced the concept of a Line in the Sand. The Acting Chief Executive provided further context, confirming that this approach was intended to address past challenges by setting clear behavioural expectations and strengthening accountability across the Trust. She confirmed that this required both individual reflection and collective responsibility, to ensure poor behaviours were challenged and standards were applied consistently. The Line in the Sand video was shared with the Council of Governors. It expanded on the Trust's values of compassion, kindness and inclusion, which remained central but needed to be supported by clear expectations and action. The video outlined that the programme aimed to strengthen behavioural standards, support early intervention where issues arose, and enable leaders to address concerns consistently and fairly. It was confirmed that a structured culture and leadership programme would be developed to embed these expectations across the organisation. The Acting Chief Executive confirmed that the programme would be delivered through the culture and leadership pillar of the Reset Programme, supported by ongoing engagement and feedback. She acknowledged that early feedback from colleagues had been positive, with accountability and an opportunity to challenge actions welcomed. Further work would take place to provide clarity and ensure the programme had a sustained impact.	
	<i>The Council of Governors:</i> - <i>Noted the Chairs Report</i>	
COG26/05/B3	<u>Lead Governor Update</u>	
	The Lead Governor invited governors to provide updates, demonstrating the range of activities they had recently been involved in. Public Governor, Andrew Flynn, provided an update on his participation in the CMO stakeholder group as part of the appointment process. He supported the appointment and noted that the candidate had performed well in both presentation and discussion. Public Governor, Sheila Walsh, provided an update on discussions relating to governor elections. She confirmed that governors had considered how recruitment could be improved and had identified several supporting actions. These included providing clearer information to prospective applicants about governor expectations, time commitments and meeting requirements. She also confirmed that a video for potential applicants had been proposed and communications with both public and staff governors would be strengthened, utilising internal communication channels. The Lead Governor provided a broader update on the position of governors in light of national developments. She confirmed that recent announcements regarding the NHS Bill	

	suggested that Councils of Governors may no longer exist in their current statutory form. She noted that there was currently a lack of clarity about future arrangements and this uncertainty had been discussed with governors. A future workshop was being planned to allow governors to reflect on which aspects of the role worked well and what could be improved, with a view to informing future arrangements.	
COG26/05/B4	<u>Governor Questions</u>	
	Partner Governor, Lynne Schuller, asked about the timeline for addressing the CQC warning notice and the outcome if actions were not completed. The Acting Chief Executive clarified that the deadline related to submission of the action plan rather than full delivery. She confirmed that ongoing monitoring and further inspection by the CQC would determine whether improvements had been sufficiently embedded. Co-opted Governor, David Northwood, asked whether there was a link between the CQC concerns and reduced staff confidence in Speaking Up. The Acting Chief Executive confirmed that concerns raised by colleagues during an invited CQC inspection had contributed to the CQC's decision to reinspect. She clarified that some issues had been identified before the inspection and were already being addressed, and that cultural factors within the department were relevant to the findings. She confirmed that the issues identified in the 2023 inspection had been addressed, but new concerns had since emerged, reinforcing the need for continued improvement. The Lead Governor, Jackie Hammerton, asked whether the Reset Programme governance structure included governor representation. The Acting Chief Executive confirmed that the Reset Board was an executive forum and would not include governors. However, governors would receive updates and be engaged through existing governance routes. The Chair reinforced that this did not represent a change to governance arrangements and confirmed that any major decisions arising from the programme would involve governors through established mechanisms. Co-opted Governor, David Northwood, asked if stakeholder feedback was sufficiently reflected in the Reset Programme. The Acting Chief Executive confirmed that feedback was embedded primarily within the culture and leadership pillar. She confirmed that the programme had been shaped using Staff Survey results, reviews and wider feedback from patients and colleagues, although feedback was not presented as a standalone pillar. The Chair confirmed that feedback and learning were being actively incorporated at Board level, including through patient stories and Staff Survey discussions. Public Governor, Mark Bright, asked whether the Reset Board was the primary vehicle for driving the £90m savings programme. The Acting Chief Executive confirmed that the Reset Board was the primary governance forum driving the savings and also provided external assurance to NHS England. Public Governor, Mark Bright, asked where the Reset Board sat within the Trust's structure. The Acting Chief Executive confirmed that the Reset Board reported into the Board of Directors, but would feature within the Board Committees, depending on the relevant pillar and schemes, to enable oversight and in-depth discussions.	

	The Lead Governor asked whether the new car parking provision would replace the park and ride service. The Acting Chief Executive confirmed that it would not, although arrangements would continue to be reviewed and decisions made, as required. Public Governor, Debbie Benson, asked if the Line in the Sand video was tested prior to rollout. The Acting Chief Executive confirmed that the video was shared within a briefing session and widely within the Trust. Public Governor, Mark Bright, asked what feedback had been received from the Line in the Sand video. The Acting Chief Executive confirmed that the approach was intended to strengthen behavioural expectations, accountability, and organisational culture. She confirmed that early feedback on the initiative had been mixed but generally positive, with some colleagues seeking clarity on how it would translate into action. Further targeted engagement with teams would follow to support implementation and embed the approach.	
COG26/05/B5	<u>Governor Briefing – planned DBTH governor event to provide feedback on NHS Providers webinar</u>	
	Public Governor, Mark Bright, presented a briefing following his attendance at an NHS Providers event, which had focused on the future role of governors. He confirmed that the event included representation from a large number of foundation trusts and reflected significant national concern about proposed changes to governance arrangements. He explained that a key issue raised was the lack of clear explanation from the government about why the governor role was being removed and what would replace it. This lack of clarity had led to uncertainty and concern about the future of local accountability and governance. He confirmed that there was a limited detail about the proposed new governance model, with only a high-level reference in the national plan to a more dynamic arrangement. Governors at the event had expressed concern about this absence of definition and the difficulty in planning locally without understanding the intended national framework. He added that there had been debate about whether future arrangements should be standardised across Trusts or developed locally. Changes to the governor role required legislative amendment, and that an indicative timeframe discussed previously suggested potential implementation from April 2027, although this remained uncertain. He emphasised that the current position created a gap between the proposed changes and the absence of clear guidance on future expectations. He stated that governors had been encouraged to consider how they could continue to influence service delivery, strengthen engagement and maintain visibility within their communities. Public Governor, Andrew Flynn, clarified that while the national proposals referred to the importance of patient and stakeholder insight, they did not address key governance responsibilities currently held by governors. He confirmed that this included areas such as Non-executive Director appointments and remuneration, and approval of constitutional changes.	

	The Chair acknowledged the points raised and confirmed that there was a clear gap between current arrangements and proposed changes. He emphasised that this period should be used constructively to consider what the Trust wanted to retain in any future model. He supported the idea of using local sessions to reflect on the purpose and value of the governor role, rather than focusing solely on structural changes. Public Governor, Debbie Benson, confirmed that the current position provided an opportunity for governors to review existing arrangements and consider improvements. She highlighted that governors could explore alternative models, including examples from outside the NHS, and develop proposals based on what worked effectively. The Chair confirmed that local work would be taken forward to consider the function and impact of the governor role. Input would be sought from governors, Non-executive Directors and other stakeholders to ensure a comprehensive view. He also confirmed that discussions would take place with other Trusts to share learning and develop a coordinated response where appropriate. He confirmed that, despite uncertainty, the current statutory role of governors remained in place and governance processes would continue as normal until any changes were formally enacted.	
COG26/05/B6	<u>Notice of Governor Elections</u>	
	The Associate Director of Strategy, Partnerships and Governance presented the notice of Governor Elections and confirmed that the Trust would proceed with governor elections during the year. She confirmed that a number of positions were due to go to election to ensure compliance with statutory requirements, this remained necessary despite uncertainty about the future of the governor role, as the current legal framework required the Trust to maintain a full and functioning Council of Governors. Partner Governor, Helen Batty, asked how the Trust would encourage applications from a diverse range of candidates to better reflect the local population. The Associate Director of Strategy, Partnerships and Governance confirmed that the communications team would support outreach activity and engagement with local networks which would be a key method of encouraging applications. She encouraged governors and staff to use their networks, including community links, to reach potential candidates and increase participation. The Lead Governor, Jackie Hammerton, raised concerns about relying heavily on personal networks. She explained that this approach risked attracting candidates with similar backgrounds and experiences, which could limit diversity. She emphasised the need for broader and more inclusive methods of engagement to ensure that the Council of Governors better reflected the population. She also highlighted practical challenges, including time commitments for the role, and stated that it was important to provide realistic information to applicants about the level of engagement expected. The Associate Director of Strategy, Partnerships and Governance confirmed that multiple approaches would be used, including communication campaigns and community engagement. She confirmed that governors also had a role to play in promoting the elections across a wide range of contacts and communities.	

	<i>The Council of Governors:</i> <i>- Noted the Notice of Governor Elections</i>	
COG26/05/C	<u>Reports on Activity, Performance and Assurance</u>	
COG26/05/C1.1	<u>Quality Committee</u>	
	Non-executive Director, Helen Best, presented the Quality Committee Chair's Assurance Log and confirmed that recent discussions had been influenced by a Board Development Session focused on improving how assurance was assessed. She explained that this had led to a strengthened approach within the Committee, with a renewed focus on assessing the impact of actions, triangulating evidence, and strengthening scrutiny across discussions. The Quality Committee had considered multiple areas and that, overall, significant assurance had been provided across most items. She highlighted that partial assurance had been identified in relation to two national clinical audit alerts, specifically the Early Inflammatory Arthritis Audit and the Emergency Laparotomy Audit. She confirmed that these areas required further work and would be revisited at the next Committee meeting to assess progress. Co-opted Governor, David Northwood, asked if the Trust became an outlier on the audits as a result of data not being received by the national auditors, or if the Trust was having results below expectation. Non-executive Director, Helen Best, confirmed that the Trust had submitted data and had been made aware of the outlier status, as such deep dives on those areas were being undertaken.	
COG26/05/C1.2	<u>Audit & Risk Committee</u>	
	Non-executive Director, Kath Smart, presented the Audit and Risk Committee Chair's Assurance Log and confirmed that the Committee had considered both external and internal audit plans. She confirmed that the external auditors had presented their audit plan for the year-end accounts and confirmed that this would be their final year before the Trust transitioned to a new audit provider. The Committee had reviewed and approved the 2026/27 internal audit plan, which had been developed using multiple sources, including the Board Assurance Framework, executive priorities and risks identified across the Trust. The internal audit programme would focus on key areas such as learning from deaths, mortality data quality, waiting list management, workforce planning, sickness absence, and data security, including cyber security. The Committee Chair emphasised that this provided targeted assurance aligned to organisational risks. The Committee had received management reports relating to risk management and the Board Assurance Framework. Significant assurance had been provided in these areas, and the Committee was satisfied that appropriate processes and controls were in place. Progress continued to be seen in areas such as fraud prevention, the register of interests, and compliance with governance requirements, all of which contributed to overall assurance. Non-executive Director, Kath Smart, confirmed that greater focus was being placed on triangulation of evidence, identifying assurance gaps, and improving the clarity of	

	reporting within Committee agendas and Chair's reports. She stated that changes to how assurance was presented were already being implemented and would continue to be refined. Year-end processes were underway, including preparation of the annual report, draft accounts and the Head of Internal Audit opinion. The Committee was working towards approval of the accounts by the end of June to meet statutory deadlines.	
COG26/05/C1.3	<u>People Committee</u>	
	Non-executive Director, Lucy Nickson, presented the People Committee Chair's Assurance Log and confirmed that the Committee had undertaken detailed discussions on several workforce and culture-related matters. She confirmed that a key area of focus had been the Staff Survey results, she commented that overall engagement levels had slightly reduced compared to the previous year, although this had been anticipated and was consistent with national trends, however the volume of responses remained strong, which provided useful insight for the Trust. Non-executive Director, Lucy Nickson, confirmed that many of the survey scores remained broadly consistent with the previous year, showing no significant change. She highlighted that some areas had declined, particularly in relation to Speaking Up, which aligned with other feedback received across the Trust. She explained that work was ongoing to strengthen the Freedom to Speak Up function and to ensure that it aligned with the wider culture programme. She also confirmed that there were areas of improvement within the survey results, which demonstrated that targeted interventions had delivered positive outcomes in some areas. The next phase of work involved detailed engagement with individual teams, where localised action plans would be developed based on survey findings, this approach was consistent with previous years and would enable tailored improvements at a team level. Non-executive Director, Lucy Nickson, outlined discussions relating to workforce reviews and biannual reporting. She confirmed that assurance had been provided regarding workforce planning, including the use of national tools to support safer staffing levels and workforce modelling. She emphasised that these processes were aligned with patient safety requirements and provided confidence that staffing arrangements were being managed appropriately. Compliance levels with Statutory and Essential Training (SET) remained broadly in line with expectations, although some challenges persisted relating to releasing colleagues from their duties to complete training. She confirmed that work was ongoing to address these pressures and improve compliance. Non-executive Director, Lucy Nickson, referenced additional areas of routine oversight, including job planning and workforce improvement initiatives, such as the Ten-Point Plan for Resident Doctors which the Committee continued to scrutinise, it was noted that progress remained on track.	

COG26/05/C1.4	<u>Finance and Performance Committee</u>		
	Non-executive Director, Stephen Radford, presented the Finance and Performance Committee Chair's Assurance Log and confirmed that 2025/26's financial plan had been delivered. The Committee had taken significant assurance from this position, highlighting that delivery had been achieved through the work of the Executive team and the wider organisation. He referred to the cost improvement programme (CIP) and confirmed that savings had exceeded plan, with a strong proportion of those savings being recurrent, which supported the underlying financial position and sustainability. He confirmed that improvements had been achieved across urgent and emergency care, elective care and cancer performance. He acknowledged that progress had been made but performance remained variable, a continued effort was required to sustain improvements. A key business case relating to accommodation and car parking had been approved, and the investment would increase capacity and support both colleague and patient access across Trust sites, representing an important element of the capital programme.		
	<i>The Council of Governors:</i> - <i>Noted and took assurance from the Chair's Assurance Logs</i>		
COG26/05/C2	<u>Governor Questions</u>		
	Governor Questions were included within individual agenda items.		
COG26/05/C3	<u>Minutes of the Council of Governors held on 24 February 2026</u>		
	- <i>The Council of Governors approved the minutes of the Council of Governors meeting of 24 February 2026 as a true record.</i>		
COG26/05/C4	<u>Governor Questions Database</u>		
	The Governor Questions Database was included in the Council of Governors meeting papers.		
COG26/05/D1	<u>Any Other Business</u>		
	No items of other business were received.		
COG26/05/D2	<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:	13 July 2026	
	Time:	15:00	
	Venue:	DRI Boardroom	
COG26/05/E	Meeting Close:	16:46	

**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.?	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. 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. 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.	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.	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. 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.	Richard Parker, Chief Executive Officer	28/01/2021
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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P20/09/I3iii	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/I3iv	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/I3v	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/I3vi	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/I3vii	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/I3i	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/I3ii	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/I3iv	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
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

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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 to 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
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.	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?	A further question related to complaints however had been answered during the course of the meeting. 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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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
P20/04/I3(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/I3(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/I3(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/I3(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

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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
PC21/07/C1.9	Council of Governors	01/07/2021	Lynne Schuller raised a number of questions; firstly, would the complaints lead to an action plan? Sheena McDonnell had mentioned that they helped the schools in Doncaster, however were there any help for schools within Bassetlaw? As there had been 820 deaths within DRI were the staff receiving any mental health support and were their managers trained in spotting this?	Mark Bailey advised about the action plan following the complaints audit had been developed and recommendations were being reviewed with a plan that included data identifying any areas of training required. David Purdue explained that training around Mental Health issues had been given to band 7's and above. Vivup is also accessible for all staff and had information on how to identify and access support. Wards 19 and 25 were offering psychological support. GPs in Urgent Care have piloted being on the front door to assist patients and to see what difference it made. Bassetlaw schools had been looked into further and it would be mentioned in the Preceptorship Programme.	Mark Bailey, Non-Executive Director	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	A question was raised regarding the extra funding for the plans for the Women and Children' Hospital.	The local Council would look at the strategic plan for the DRI and that we were up at the top of the listing for a new hospital. This would help with recruitment and contribute to the economy. The Council were looking at the 'Basin site' in Doncaster as a proposed new build location. Jon Sargeant and the Chair were hoping to talk to the Doncaster MP's next week as to whether it is value for money to build a new hospital as the DRI is too small. The Chair added that it would be essential to get backing from the MP's, Council, and the new Secretary of State for Health to gain this decision.	Suzy Brain-England OBE, Chair	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Can staff be trusted to book and receive there Covid-19 vaccines as they cannot receive them onsite any longer?	David Purdue replied that staff had been able to receive the vaccine at the DRI, but this is no longer available, and relies on staff going elsewhere to receive them. It was mentioned whether this would be made compulsory for all NHS staff to receive the vaccine, the Trust is awaiting feedback on this. However, it cannot be enforced if you are pregnant or trying for a baby. To work for the NHS the Hepatitis B vaccine is compulsory and whether the Covid-19 should be the same. Students that are on placement in care home must be fully vaccinated to carry out the placement. The Chair and David Purdue agreed to the suggestion of the addition of wind chimes in the Rainbow Garden and would look into this.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/07/C1.9	Council of Governors	01/07/2021	Are staff now beginning to take annual leave as we move more to the winter months'?	Sheena McDonnell added that in the People Committee it was discussed that staff carried leave over in some areas. This was high in some areas and low in others. Staff could also sell annual leave to the trust however this was not promoted widely as the preference is for staff to take suitable rest time. David Purdue explained that it is was being monitored closely to ensure that staff take their leave and rest. It was noted that the canteens are open again, having tables for up to 6 people with the opportunity to use the marquee outside also. Breaks at work are important and staff should ideally take a quarter of their annual leave per quarter. Rebecca Joyce explained that there were waiting lists for staff wellbeing accelerator programme and annual leave required balancing. Rebecca Joyce mentioned that she had had a walk about with Kath Smart, asking staff if they used the wellbeing information and whether they were receiving the support they needed. The feedback was positive This is accessed by both clinical and admin staff.	David Purdue, Chief Nurse and Deputy CEO	23/09/2021
PC21/09/F2	Council of Governors	23/09/2021	Relating to the gender pay comparison and what the balance of women faired 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

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P21/10/E3	Board of Directors	19/10/2021	Lynne Schuller, Public Governor Bassetlaw shared her positive feedback from the Wave of Light ceremony at Harworth All Saints church during Baby Loss Awareness Week. The service supported by the Trust's bereavement midwives and chaplain provided the bereaved time to reflect, a space to grieve and a safe environment in which to celebrate their babies. Lynne shared a special thank you for colleague's involvement in the ceremony and for all they do on a daily basis. The governors enquired if there was an action plan to improve the following measures and if there were any associated risks due to the low levels of completion: • PROMPT compliance for HCA/MSWs @ 49.2% • ETG compliance <80% across all roles • 10 steps to safety - multi-professional training @ 76%	The actions to address the above were largely covered in the Maternity Update report. Governors should continue to monitor performance and governor observers at the Quality & Effectiveness Committee should seek assurance and report back on plans to improve the uptake of training in the next governor report.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/10/E3	Board of Directors	19/10/2021	There is an increase in emergency caesarean sections at Bassetlaw – 18.7% in July and 22.7% in August. This might be just one or two deliveries – can this be put into perspective and is this due to an increase in high-risk mothers?	The Executive Medical Director stressed the key consideration was the appropriateness of the c-section, he also drew governor's attention to the fact that as the caesarean section rate goes up evidence suggest that the still birth rate goes down, and as such there was a balance to be found. The Chief Executive suggested it would be helpful to include the actual numbers of births and caesarean sections in future reports in support of the effect of small number statistics	Dr Tim Noble, Executive Medical Director	In the meeting
P21/11/I3	Board of Directors	16/11/2021	What are the difficulties in discharging to social care settings and the resultant impact on families?	The Chief Nurse confirmed a national discharge policy was in place where the criteria to reside was not met. Issues within social care setting were known and system wide work to improve discharge was in place, six discharge beds had recently been purchased to facilitate discharge from hospital.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P21/11/I3	Board of Directors	16/11/2021	In view of the need to recover elective surgery was there an additional money to facilitate use of the private sector?	Throughout the pandemic the Trust had continued to work closely with the on-site independent sector provider to maintain delivery of urgent services and to provide additional capacity. All opportunities to explore insourcing and outsourcing had been pursued and bids for all available funding, including the Targeted Investment Fund submitted. In addition the development of the Community Diagnostic Centre/Hub would provide additional MRI/CT capacity on a non-acute site	Richard Parker, Chief Executive Officer	In the meeting
P21/12/E3	Board of Directors	21/12/2021	Is recovery and restoration achievable and to what extent are the non-executive directors assured of the plans	It was confirmed that Jon Sargeant had been tasked with the delivery of robust recovery plans. Fortnightly focus & delivery group meetings had been put in place, efforts were focused and delivery of plans was joined up and timely. The Chair acknowledged the good working relationships formed with the private sector, supporting clinical prioritisation. Neil Rhodes confirmed that the Finance & Performance Committee would continue to receive updates on progress, although services had been impacted by Covid-19, restoration remained a focus. Plans were robust, and the Trust was reported to be well placed from a planning perspective.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	Is there a breakdown of the reasons that colleagues are not receiving the Covid-19 vaccine?	The Director of People & Organisational Development confirmed there was no central record, although reasons may become apparent through the conversations with the Freedom to Speak-up Guardian.	Karen Barnard, Director of People and Organisational Development	In the meeting
P22/01/F3	Board of Directors	25/01/2022	What action is being taken to deter the incidence of physical violence?	The Chief Nurse confirmed the presence of on-site Saba security. In addition, colleagues undertook conflict resolution training. An update in this respect could be provided to the People Committee. Pat Drake raised awareness that some incidents where violence was reported had the potential to be linked to dementia or patients with behavioural issues and suggested there was a difference between such events and intended violence.	David Purdue, Chief Nurse and Deputy CEO	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of the new build, please can Bassetlaw be considered/referenced as residents may live closer or equidistant to Doncaster Royal Infirmary.	The Director of Recovery, Innovation & Transformation confirmed that any future consultation would involve the residents of Bassetlaw.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting
P22/01/F3	Board of Directors	25/01/2022	In respect of transport between Doncaster and Bassetlaw is the provision of transport included within appointment letters, including details of how to book?	This matter had been raised previously and it was understood this was included in the letters, but a further check would be made.	Debbie Pook - Deputy Chief Operating Officer – Non-elective	In the meeting
PC21/02/F2	Council of Governors	02/02/2022	Recently there have been lots of questions raised and disquiet in the media about PPE for NHS staff, in particular masks, and whether it is of a high enough standard. Are our staff happy with the level of PPE they are using, especially the masks? And are they able to raise concerns if they feel they need a higher level?	We supply PHE accredited masks to all our staff. In areas with high levels of covid, staff are fit tested for FFP3 masks and we provide all staff with a GVS mask(this is a respirator with replaceable filters). In areas with covid cases we also provide visors as well as masks.	David Purdue, Chief Nurse and Deputy CEO	After the meeting
PC21/02/F2	Council of Governors	02/02/2022	Do we require any local publicity around mask wearing in Health care settings such as hospital , or is there not really a problem with compliance .	The Trust has worked with public health to ensure the messages regarding the wearing of masks in health facilities has been reiterated. We have put up additional signs in all entrances outlining the requirements. There is not an issue at the moment due to the restrictions to visiting	David Purdue, Chief Nurse and Deputy CEO	After the meeting
PC21/02/F2	Council of Governors	02/02/2022	1. Have any staff left or handed in their resignation due to the mandatory vaccination requirement? 2. Should the Government continue on with mandatory vaccine requirement and those staff who do not wish to take up the vaccine leave are we assured we can continue to operate a safe and effective service?	1)to the best of my knowledge none 2)each service would undertake a risk assessment and the leadership teams would then consider the implication of that risk assessment and review service provision.	Karen Barnard, Director of People & OD	After the meeting

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P22/02/I2	Board of Directors	22/02/2022	Does the national guidance for risk stratification give the Trust sufficient information to inform individual patients of their position in the queue for procedures and the number of weeks they must expect to have to wait, as promised by the Secretary of State for Health & Social Care when launching My Planned Care?	Due to the fluidity of the waiting list the Executive Medical Director acknowledged identification of a specific position within the queue would be challenging and subject to change. The letter from the National Director of Elective Recovery had requested provider support in supplying specific clinical content by 31 March 2022 and the Interim Director of Recovery, Transformation & Innovation advised that the Head of Information was currently reviewing the requirements to ensure a best possible fit by that date. A generic email account would be in place and work would be undertaken iteratively.	Dr Tim Noble, Executive Medical Director	In the meeting
Governor briefing	Cyber security	14/03/2022	How do you see cyber risk being managed / worked in an increasingly interconnected ICS structure which will by design encourage data sharing protocols.	In many respects the work has already started. In line with the SYB Digital Strategy we are a data provider feeding into the Yorkshire and Humber Care Record (YHCR). Consistent with the Doncaster Place plan, we continue to support the Integrated Doncaster Care Record (IDCR). We are incrementally working with ICS peers towards SNOMED clinical data standards and each of these of these projects are embedded within the DBTH Digital Transformation Business plan for 2022/23.	Ken Anderson, Chief information officer	After the meeting
Governor briefing	Cyber security	14/03/2022	On the environmental risk today I became aware of a solar storm event that may disrupt business and internet networks would this situation be regarded as a cyber risk and how do minimise any effects.	This phenomenon is not related to cyber security, although it can have an adverse impact on electrical communication systems. Given the way in which Trust IT systems are supported within the Trust the potential risk is minimal. The overarching consideration is that business continuity arrangements should apply in the event of any significant downtime (no matter what the cause).	Ken Anderson, Chief information officer	After the meeting
P22/03/I3	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/I3	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

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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) ?”	The green paper “SEND REVIEW 2022” “Right support Right Place Right Time “ The green paper “Transforming Children and Young Peoples Mental Health Provision” 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. 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). 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.	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	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. 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.	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?	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. It was recognised that over the summer months the position would be very challenging, until the newly registered colleagues commenced in post in October. 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.	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	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.	Richard Parker, Chief Executive Officer	In the meeting
P22/06/H1	Board of Directors	28/06/2022	Amanda Pritchard has endorsed proposals by Dr Clair Fuller, from Surrey Heartlands, for better integration of secondary and primary care, in out-of-hospital settings - typically in neighbourhoods. Reportedly all 42 ICS CEOs support such developments. What are the priority pathways in the areas served by DBTH for such transformation, and are DBTH leaders involved in such discussions in both South Yorkshire and Nottinghamshire	The Chief Executive confirmed that the Trust was an active partner in the Nottinghamshire and South Yorkshire ICS’s supporting the priorities set out in the plans for 2022/ 2023 which were available on the ICS’s websites. DBTH was also a partner in the South Yorkshire and Bassetlaw and Nottinghamshire Acute Federations which have identified several priorities for 2022/ 2023 which were set out in the Acute Federations Annual Report, to be shared at July’s Board of Directors.	Richard Parker, Chief Executive Officer	In the meeting
P22/06/H1	Board of Directors	28/06/2022	In relation to the Integrated Care Update: ‘Is it intended that there will be a governor observer presence at the relevant Board/Committees once implementation of the systems are undertaken’	It was confirmed there was no provision for governor observers at operational meetings. However, the board meeting of the South Yorkshire Integrated Care Board was a meeting held in public. The inaugural meeting had taken place on 1 July 2022 and this could be viewed at www.southyorkshire.icb.nhs.uk The Chair of the Board would continue to champion the role of governors and indicated there was the potential for a governor conference to be arranged by NHS South Yorkshire	Richard Parker, Chief Executive Officer	In the meeting

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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: •Improve outcomes in populations health and healthcare •Tackle inequalities in outcomes, experienced and access •Enhance productivity and value for money •Help the NHS support broader social and economic development	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Peter Abell, highlighted the recent press coverage of the Oldham doctor who had been charged with manslaughter, reportedly the doctor was 80+ years of age and assurance was sought as to how doctor's competency was assessed.	The Chief Executive confirmed that the annual appraisal involved self-reflection, supported by evidence, including peer/patient feedback and complaint/incident data in order to inform competency and fitness to practice. The Chief People Officer recognised the robust procedures and support that were in place and confirmed that where incidents occurred, they were appropriately investigated and identified learning embedded into practice. Whilst the revalidation process considered appraisal outputs, it was not dependent on age, as this could be considered discriminatory.	Richard Parker, Chief Executive Officer & Zoe Lintin, Chief People Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Following the announcement that the staff terms and conditions section of the COVID-19 workforce guidance would be withdrawn, Staff Governor, Duncan Carratt, enquired of the potential detrimental effect on completion of lateral flow testing and raised a concern with regards to the financial impact on colleagues, especially considering the current cost of living crisis.	As this was a national directive, the Chief Executive confirmed that compliance was not discretionary. He shared the concerns, with regards to testing, and encouraged staff to maintain routine testing, in accordance with current guidance, and to take all necessary preventative actions. A review of the expenses policy to reflect the current cost of living had taken place and an increase applied in respect of mileage/accommodation costs. As the directive had been received at short notice, the Chief People Officer confirmed that the detail was still being worked through. The change would be implemented on a phased approach and a system wide communication would be issued in due course.	Richard Parker, Chief Executive Officer & Zoe Lintin, Chief People Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	On behalf of Partner Governor, Sue Shaw, Lynne Schuller enquired of Covid vaccine availability and of booster uptake	The Chief Executive confirmed that national uptake was variable, dependent upon individual vulnerabilities. In line with previous vaccination campaigns hospital staff would be offered the opportunity to be vaccinated at their place of work. Members of the public would be contacted by their general practice, however, if vulnerable unvaccinated patients attended a hospital outpatient clinic or were an inpatient, every effort would be made to vaccinate. The campaign was expected to start in August/September.	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Mark Bright, highlighted that a refurbishment to a hospital was now deemed to be a "new hospital" and enquired what this meant in the context of the Trust's bid?	The Department of Health's definition of a new hospital included three specific levels of work, including extensive refurbishment. The Chief Executive confirmed there was still an expectation that a further eight new hospitals would be announced in the Autumn, however, if there was a balance to be achieved between acute and mental health providers, then this had the potential to reduce acute offers to four. It was difficult to know how the change in government leadership would influence the programme.	Richard Parker, Chief Executive Officer	In the meeting
PC22/07/C1.8	Council of Governors	07/07/2022	Public Governor, Andrew Middleton, acknowledged the successful We Care into the Future event and enquired of potential follow up activity, work experience and/or apprenticeship offers. He also enquired of opportunities to reach out to post education adults.	The work with schools had the potential to extend beyond students and raise awareness of career opportunities with parents and carers. The Chief Executive highlighted the targeted recruitment of health care support workers, however, noted the competitive local market. The Chair of the Board confirmed that governors had attended a briefing session on the expansion of the Foundation School in Health initiative, to include Bassetlaw, earlier in the year. A future opportunity to hear more from the Training and Education team could be considered later in the year/early next year.	Richard Parker, Chief Executive Officer & Suzy Brain England, Chair of the Board	In the meeting
P22/07/I3	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/I3	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/I3	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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
N/A	Council of Governors pre-meet	26/09/2022	Governors are seeking assurance that postponed appointments will not lead to preventable clinical harm. Some patients do not proactively seek another appointment if one is cancelled, as I know from previous review of serious incidents, which can lead to irretrievable clinical deterioration. Also there is concern that if a patient does try to reschedule an appointment it might be determined by a non clinician who simply finds a time slot, not taking into consideration the clinical urgency. It has also been evident that trying to access the Trust to rebook an appointment has been extremely difficult on occasion. Basically assurance is required that rescheduling appointments is a robust process within the Trust that does not allow clinical deterioration either through administrative delays or poor clinical oversight.	All patients awaiting appointments are risk assessed as they go through their clinical pathway, the Executive Medical Director, Dr Tim Noble, is the executive lead for this risk stratification process. The Trust is currently exploring automated solutions to support this work and have engaged an external consultant to assist with the elective recovery plan, part of which includes patient pathway validation of all clinical pathways/appointments. A business case to identify the required recurrent resources to validate patient pathways is being developed to source a sustainable solution. Should a patient attempt to schedule an appointment outside of the timeframe identified by the clinician, or if there is a capacity issue preventing an appointment being booked, then this would be escalated from the bookings team into the division for a decision to be made. The central booking team continue to have significant vacancies, exacerbated by the return of Covid and increased sickness absence, recruitment and retention continues to be a key priority for this team, as it is across the Trust. With regards to the cancellation of appointments, whether this is hospital or patient decision, the process is for the booking teams (divisional or central) to re book the patient back in within the allocated time frame if this is identified by the clinician either at grading or on the reconciliation forms and in line with the Access policy. If there is no capacity, the teams escalate into Divisions and they should discuss this with clinicians and instruct booking teams when to rebook the patients . At this point Divisions may decide to put additional clinics on or overbook clinics etc to manage these patients . If a patient DNAs or CNAs more than twice, then there is an expectation that a clinical review of the notes, pathway is carried out in the Division and managed accordingly. Plans are currently being developed to further improve the appointments process and increase the validation of patient pathways. It is impossible to guarantee that no patient will ever come to harm whilst waiting for an appointment, but what can I say is we do know we have had a small number of serious incidents where patients have come to harm waiting and the above work will help to provide assurance of how we are mitigating this risk.	George Briggs, Interim Chief Operating Officer & Karen McAlpine, Interim Deputy Chief Operating Officer	Post meeting
P22/09/13	Board of Directors	27/09/2022	The Board Assurance Framework cites workforce as the top risk to sustainable performance. Accepting that the Trust is constantly pursuing a range of mitigation actions, workforce shortages remain a significant challenge. Much of the cause lies at the door of national decisions on training places, pay, pensions, etc., over which we have little influence. In respect of elements within the "control" of the Trust, are there further actions being taken or planned to be taken to further improve the workforce situation, particularly in respect of retention? Which of these is working? Additionally, what collaborative actions are being taken with partners within the ICBs (SY and Notts.) to secure longer-term improvement in workforce supply and retention, and which of these is expected to have an early positive impact?"	In view of the complexity of the question and in order to provide a full response it was agreed the Chief People Officer would deliver a governor briefing. This has been scheduled for 13 December 2022.	Zoe Lintin, Chief People Officer	Post meeting
P22/09/13	Board of Directors	27/09/2022	The Chief Executive has emphasised the necessity of system working with partners in primary care, community services, social care, etc., in order to reduce avoidable attendances at ED and other departments and to improve flow of patients to and from our hospitals. The governors would welcome a presentation and discussion on what actions have been taken or planned within this chain of collaboration, and how effective they have been or are expected to be	In view of the complexity of the question and in order to provide a full response it was agreed the Chief Executive would deliver a governor briefing. This has been scheduled for 8 December 2022.	Richard Parker, Chief Executive	Post meeting
P22/10/F2	Board of Directors	25/10/2022	Maternity - We note the reset of the trajectory and the improved positions in terms of training. As this is an area that is considered by CQC, if an inspection were to be announced, would this provide any concerns for the trust?	The Chief Executive acknowledged that due to the pressures within Urgent and Emergency Care and Maternity Services the Trust's training figures were not where they needed to be. This had been impacted by recovery responses and the reduction of face-to-face training. The Education Team were working with service leads to review training delivery and a trajectory to achieve compliance by the end of the financial year had been agreed. The People Committee had oversight of this performance	Richard Parker, Chief Executive	In the meeting
P22/10/F2	Board of Directors	25/10/2022	Handovers - Ambulance handover, delays were typically multi factorial. What collaboration actions were being undertaken by the ICS / ICB and Place in dealing with delays. (It was noted that a full discussion was had on this subject which responded to this question). Is there any data in terms of ambulance diverts? Additional information was a member of the public contacted the lead governor asking why they had been diverted away in an ambulance from their closest hospital at Bassetlaw.	The Interim Chief Operating Officer confirmed that there were policies and procedures in place with both Yorkshire and East Midlands Ambulance Services that when services were challenged contact would be made to divert to the nearest appropriate hospital on the grounds of clinical safety. Data relating to the number of diverts was closely monitored.	George Briggs, Interim Chief Operating Officer	In the meeting
P22/11/13	Board of Directors	29/11/2022	A constant challenge for providers is maintaining or improving productivity, including through process control and pathway re-design. The productivity challenge is frequently mentioned in the Finance & Performance Committee which is consistent with the third strategic aim for ICSs of improving productivity and VFM. What steps has the trust taken to identify where productivity gains can be made, what actions have been taken, and what gains have been achieved or planned so far?	The Interim Director of Recovery, Innovation & Transformation confirmed the Trust was able to utilise a range of productivity tools, such as Model Hospital and the Getting It Right First Time Programme. The Trust's internal cost improvement programme had been successful in delivering multiple value for money efficiency schemes, feedback on which was provided to the Finance & Performance Committee.	Jon Sargeant, Interim Director of Recovery, Innovation & Transformation	In the meeting

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

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P23/02/E2	Board of Directors	28/02/2023	The Finance Report (page 24 onwards) refers to "without some remedial actions .. the budget targets will not be met (for 22-23)"; and the Trust "is significantly off being able to deliver a break-even financial plan for 23-24". Productivity and efficiency actions are mentioned. At a recent board meeting the CEO confirmed that the Trust uses comparator data from such as Model Hospital/GIRFT. Is the Finance Committee (possibly in confidential session) provided with regular reports of the DBTH position on productivity and efficiency measures as compared with best sector practice and peers?	The Chief Executive confirmed the sharing and analysis of comparator data took place routinely across the system. The suite of data would develop over time and was expected to include theatre efficiency and length of stay information; benchmarking against quality indicators was available at a system, regional and national level.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	The ultimate judgement on the success of the People Strategy (page 37) is the extent to which the Trust is able to supply and retain sufficient staff, with appropriate skills and experience, particularly in clinical settings, without recourse to significant use of expensive agency staff. Is there a target date for achieving such a position. with milestones en route to this goal?	The Chief Executive advised there was not a finite end to recruitment and retention, the architecture of the NHS was ever changing, as were the associated workforce requirements. As such recruitment and retention was seen as a continual cycle of work. Governor observers were assigned to the Board's Committees, including the People Committee and the feedback made available to all governors via the Governor Portal. In addition, local and system governor briefing and development sessions were facilitated to encourage the sharing of information.	Richard Parker	In the meeting
P23/02/E2	Board of Directors	28/02/2023	Given the People Strategy commitment to SMARTER and new ways of working, what metrics will be included in the Delivery Plan in respect of staff productivity and efficiency?	Following approval of the strategy, the plan to support delivery would be developed.	Zoe Lintin, Chief People Officer	In the meeting
	People Committee	07/03/2023	123 job plans had been agreed/signed off on Allocate. With roughly 389 consultants and SAS doctors in the trust this amounts to less than a third of colleagues. The Chief Executive had confirmed this would be a priority for the Executive Medical Director following their appointment. Also, can we have the number of medical staff who have never signed and agreed a job plan.	There was candour in that the Executive Medical Director accepts that the figures should be better. There have as you are fully aware a number of mitigations in play, notwithstanding the pandemic, there has been an increased demand for services alongside a central government ask to reduce waiting lists and increase elective procedures. The emerging picture in relation to completed job planning is 40%, close to the figure you expressed concerns about. This figure needs acceptance with caution due to anomalies with the system, there are a further 15% which are nearing sign off. Those job plans which are in discussion or are nearing review date are transferred of the system in readiness for review, some of these are still in date. It was outlined that there are specific areas of concern and that there will be a targeted approach. It was also shared that there is a need to support the process; each job plan appears to take on average 6 hrs with on 8 hrs per week assigned to the task. The Chair of People Committee is now firmly sighted on this. He has requested a paper moving forward. He is to make a decision as to when this paper should be finalised as he felt that the next committee; one month, would be too long a gap. I felt that assurance was provided that the NEDs will monitor the situation moving forward and will scrutinise rigorously, calling for an improvement in the position.	Lynne Schuller feedback from the People Committee	Post meeting
P23/03/G3	Board of Directors	28/03/2023	Paper C2 has a helpful explanation of the many initiatives to achieve the "top 10% True North ambition" in respect of staff feedback, on which the Board is asked to confirm its commitments. What KPIs constitute the evidence base for judging our current position and what needs to be achieved in 23-24 to attain the True North ambition?	The Chief Executive confirmed that the Breakthrough objectives were reviewed on an annual basis. The Board would shortly receive the outcomes of the 2022/23 director objectives and refreshed 2023/24 objectives. In terms of the People related ambitions the Chief People Officer confirmed these were articulated in the People Strategy, along with the associated success measures. The supporting delivery plan was yet to be agreed, the People Committee would have oversight of progress against the plan	Richard Parker	In the meeting
P23/04/G2	Board of Directors	25/04/2023	Why are there persisting long waiting times for non-obstetric diagnostics, particularly ultrasound? Is there an imbalance between supply and demand requiring a strategic solution to address the situation of eleven of the diagnostic tests performing at below national standards.	The Chief Operating Officer acknowledged that performance was not where the Trust would want it to be. A deep dive into diagnostic performance had been undertaken and would be presented to the Board's Finance & Performance Committee. An improvement trajectory by diagnostic test had been agreed to achieve the 95% standard by March 2024. In respect of non-obstetric ultrasound performance four members of the team were currently in training and a review of the current skill mix was required, discussions would take place with the Chief Nurse and Director of Midwifery.	Denise Smith	In the meeting
P23/04/G2	Board of Directors	25/04/2023	The maternity and neonatal update paper refers to the persisting risk (ID16) of insufficiency of staff to ensure right skills for operational need. a). Does this risk apply equally to both delivery sites? And b). to what extent does this staffing reality compromise sustainable achievement of CNST/Ockenden/East Kent standards at both sites (now covered by the Single Delivery Plan).	The Chief Nurse confirmed the risk applied across the Trust, staffing levels were reviewed regularly throughout the day and mitigating actions implemented, including cross site movement of staff. Despite these challenges the level of one to one care in labour was high. The shortage of midwives was a national issue and not unique to the Trust; on a positive, expressions of interest from newly qualified midwives was encouraging. As Chair of the Local Maternity & Neonatal System, the Chief Executive confirmed that staffing levels for the two largest maternity units (the Trust and Sheffield Teaching Hospitals) remained challenged, with more complex presentations seen across its population.	Karen Jessop/ Richard Parker	In the meeting
P23/04/G2	Board of Directors	25/04/2023	Nottingham & Nottinghamshire Provider Collaborative - this paper provides helpful detail on the intent and modus operandi of the Nottinghamshire System provider collaborative. Should there be a role for governors in the planned developments, in view of their key new responsibility as governors to be assured of effective system collaboration? (This issue is currently the subject of debate and correspondence between governors within the National Lead Governors Association)	The Chair of the Board was proactively engaged with both integrated care systems in championing the governor role, with large scale governor events having taken place and invitations extended to Partner Assembly events. Public meetings, including citizen panels were advertised via the respective Integrated Care System websites, available via the governor portal.	Suzy Brain-England	In the meeting
P23/04/G2	Board of Directors	25/04/2023	What assurances is the Board able to provide should co-ordinated strike action (between Royal College of Nursing and British Medical Association members and/or ambulance staff) be voted for?	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

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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
COG23/07/C1.10	Council of Governors	06/07/2023	Bassetlaw Public Governor, Peter Abell noted the volume of building works ongoing at Bassetlaw and enquired if signage and revised routes had been subject to review by the senior management team.	The Deputy Chief Executive confirmed that amendments to signage had been made but gave a personal commitment, with the support of the Head of Patient Experience, to complete a site walkabout, to include a check on the provision of wheelchairs and seating.	Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	In response to a question from Bassetlaw Public Governor, Andrew Middleton, the Deputy Chief Executive confirmed that the Trust was sighted on the Nottingham & Nottinghamshire Joint Forward Plan. In respect of the nursing degree funding this was confirmed to be top-up funding and supported the principle of developing Trust colleagues. The Charitable Funds Committee had a duty to ensure approval was in accordance with the policy.		Jon Sargeant, Deputy Chief Executive	In the meeting
COG23/07/C1.10	Council of Governors	06/07/2023	Sheila Walsh spoke positively of the recent health and social care careers fayre held at Retford Oaks Academy and enquired of plans to hold this on an annual basis going forwards.	The Deputy Chair confirmed with Kelly Turkhud, Vocational Educational Manager, plans to host a careers event in Bassetlaw on an annual basis.	Kath Smart, Non-Executive Director & Deputy Chair	Outside of the meeting
P23/09/H3	Board of Directors	26/09/2023	We note that the CQC initial feedback has raised multiple concerns. What remedial actions have been undertaken to ensure patient safety and reduce the possibility of these issues arising in the future.	The Chief Nurse confirmed that a comprehensive action plan had been developed to address all areas, this had been shared with Board members and reported to the Board's Quality & Effectiveness Committee.	Karen Jessop, Chief Nurse	In the meeting
COG23/09/F2	Council of Governors / Annual Members Meeting	28/09/2023	How are accessible facilities for the differently abled being implemented at Bassetlaw, and particularly as part of the Bassetlaw Emergency Village development?	At present, there is a Changing Place facility within the Outpatients at Bassetlaw Hospital. This is available to all visitors and patients at all hours, however from 5pm, individuals may need to request the key from ward colleagues or the team within the Emergency Department. The room features a height adjustable adult changing bed, an electronic ceiling hoist, height adjustable sink, peninsular toilet, shower, non-slip floor and privacy screen. A full briefing can be viewed via the link below which describes the accessibility and facilities which will be put in place as part of the Emergency Village project. https://www.dbth.nhs.uk/wp-content/uploads/2023/09/BEV-Project-Accessibility-DDA-Fact-Sheet-07-09-23.pdf	Kirsty Edmondson-Jones, Director of Innovation & Infrastructure	Outside of the meeting
P23/10/E2	Board of Directors	31/10/2023	Do NEDs feel they have sufficient assurance that the method of compartmentalisation employed at times of fire and emergency will effectively maintain patient and staff safety and ease evacuation if required?	As Chair of the Audit & Risk Committee, Kath Smart confirmed the Committee received assurance on fire and health and safety matters. In addition, on an annual basis the Board received the Premises Assurance Model assessment which provided assurance on regulatory and statutory requirements relating to its estate. Non-executive Director, Hazel Brand, confirmed the requirement for all board members to undertake mandatory fire safety training and this awareness and internal controls provided internal assurance, with external assurance provided by South Yorkshire and Nottinghamshire Fire & Rescue Service. Following the internal incident in the Women & Children's Hospital in April 2021, the Chief Financial Officer confirmed the Trust had commissioned an external report, the recommendations from which had informed an action plan. The Health & Safety Committee had oversight of this improvement plan and a quarterly progress update was reported to the Finance & Performance Committee. Horizontal evacuation was possible at Bassetlaw and Montagu, whilst Doncaster Royal Infirmary required a decant area.	Kath Smart & Hazel Brand, Non-executive Directors	In the meeting
P23/10/E2	Board of Directors	31/10/2023	Are NEDs assured that the quality of rest rooms for non-resident consultants and Senior Doctors are maintained to a good condition and standard in order to provide good quality rest to enable safe working practices?	The Chief Executive confirmed that rest room provision had been discussed at the Trust Medical Committee, where photographs of the refreshed facilities had been shared, as with any refurbishment the need for ongoing maintenance was acknowledged. In addition, sleep pods had been procured to provide a private, quiet space to rest and alternative private sector accommodation sourced. The Chief Financial Officer confirmed the potential for alternative, longer term solutions to be explored across the estate, including the recently cleared Lister Court.	Richard Parker, Chief Executive & Jon Sargeant, Chief Financial Officer	In the meeting
P23/10/E2	Board of Directors	31/10/2023	Governors note the need to adhere to CNST standards within a designated timeframe. Are NEDs assured that a robust action plan is available to meet the standards enabling the Trust to meet its True North Value and Vision of being the safest trust in England.	Dr Emyr Jones, Deputy Chair of the Quality & Effectiveness Committee and Board level Maternity Safety Champion commended the Director of Midwifery and her team for their considerable efforts towards delivery of this standard, the challenges faced had been discussed at agenda item B2. Whilst there was a financial impact of non-compliance, the focus remained on delivery of a safe and quality service, where identified risks were mitigated. Prior to the submission date a meeting of the Maternity Safety Champions would take place and an up-to-date position would be validated. As part of its responsibilities, the LMNS had recently completed a confirm and challenge review. The Lead Governor welcomed the need for the passporting of training, which signalled the commitment to collaborate, a statutory duty of the 2022 Health & Care Act.	Dr Emyr Jones, Non-executive Director	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Bassetlaw Public Governor, Peter Hewkin enquired why there was a focus on the staff survey, with no reference made to patient feedback.	The Chief Executive clarified the topical content of the presentation, making reference to the current 2023 staff survey. Patient feedback, captured as part of surveys, including maternity and cancer services would be provided during the year.	Richard Parker, Chief Executive	In the meeting
COG23/11/C1.10	Council of Governors	09/11/2023	Dave Northwood, Public Governor for Doncaster, noted the opening of Mexborough Elective Orthopaedic Centre was dependent upon insourced staffing and sought assurance that the matter had received appropriate consideration.	The Chief Executive confirmed that due diligence had been undertaken, the insourcing solution ensured that the planned elective activity could proceed without delay. When substantive appointments were made, there was flexibility to scale back the insourced support and from a financial perspective the cost of insourcing was offset by elective recovery funding.	Richard Parker, Chief Executive	In the meeting

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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
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 if a diagnosis of MD. After the ophthalmologist has assesses vision and eyes, they decide if you are eligible for your sight loss to be certified. It is I believed determined by sight loss in both eyes for a certificate. The consultant can certify you as either severely sight impaired (blind) or sight impaired (partially sighted) by completing the form it allows you to gain any adaptations and benefits which will be needed. Can this not be done at initial appointment instead of moving people into waiting rooms with little information and being asked to wait for protracted periods of time - most had waited more than one hour. 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 or 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	Sent to Elizabeth Dunwell	Outside of the meeting
P23/11/I3	Board of Directors	28/11/2023	How confident can the Trust be that the identified target of 90% of staff, volunteers and governors to be trained/educated in health inequality matters by 31 March 2023 can be met?	The Consultant in Public Health confirmed the 90% standard was aligned to the statutory and essential training compliance, governor and volunteer training would be addressed as part of a briefing and development session.	Dr Kelly McKenzie, Consultant in Public Health	In the meeting
P23/11/I3	Board of Directors	28/11/2023	Concerns in relation to the standard of staff accommodation.	In relation to concerns related to the standard of staff accommodation, whilst the matter had been discussed at last month's Board, the Chief Executive had been included in recent correspondence and a further response had been provided. The Chief Executive had ensured, via the Chief Nurse, that the pastoral team for international recruits were sighted on the escalation route, and medical colleagues via their divisional teams. All colleagues were encouraged to raise concerns through the established routes to ensure a timely response. In addition, guidance and relevant contact details would be provided to users of the accommodation to support the reporting of concerns.	Richard Parker, Chief Executive	In the meeting

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,	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
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. •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

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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 P
Email	Public Governor - Andrew Middleton	22/04/2024	Follow up to 11/1/2024 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:- 1. Have the IT systems at the Mexborough facilities been designed to communicate with GPs and other providers/partners in the three boroughs? 2. What marketing has been undertaken on the new services with GPs and others in the three boroughs? 3. How will demand be managed should it exceed capacity? 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. 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. 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. 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.	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 was as they did prior to MEOC opening. Digital improvement work is ongoing, as all three provider Trust 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. 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. 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. 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. The strategic and operational effectiveness is something the Finance & Performance Committee is concerned with, alongside a wide range of service development and operational delivery issue 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.	Karen McAlpine, MEOC Operational Lead, Jon Sargeant, Chief Financial Officer and Mark Day, Non-executive Director	Outside of the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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 reprovision 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
Email	Public Governor - Lynne Schuller	06/05/2024	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: 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? 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	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	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. No Lead Governor has been identified for over 2 months. Why should there be any further delay in appointing a Lead Governor?	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. 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. 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. 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.	Suzy Brain England OBE, Chair of the Board	Outside of the meeting

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Email	Cllr Harrier Digby - Partner Governor & Lynne Schuller - Public Governor	05/06/2024	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. 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. 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. 28 Day Rebooking After Cancellation in Theatre <table><caption>Approximate data from 28 Day Rebooking graph</caption><tr><th>Month</th><th>Value</th><th>Special Cause</th></tr><tr><td>Apr-2022</td><td>7</td><td>No</td></tr><tr><td>May-2022</td><td>5</td><td>No</td></tr><tr><td>Jun-2022</td><td>15</td><td>High</td></tr><tr><td>Jul-2022</td><td>13</td><td>No</td></tr><tr><td>Aug-2022</td><td>8</td><td>No</td></tr><tr><td>Sep-2022</td><td>8</td><td>No</td></tr><tr><td>Oct-2022</td><td>10</td><td>No</td></tr><tr><td>Nov-2022</td><td>7</td><td>No</td></tr><tr><td>Dec-2022</td><td>15</td><td>High</td></tr><tr><td>Jan-2023</td><td>9</td><td>No</td></tr><tr><td>Feb-2023</td><td>5</td><td>No</td></tr><tr><td>Mar-2023</td><td>7</td><td>No</td></tr><tr><td>Apr-2023</td><td>5</td><td>No</td></tr><tr><td>May-2023</td><td>2</td><td>No</td></tr><tr><td>Jun-2023</td><td>8</td><td>No</td></tr><tr><td>Jul-2023</td><td>8</td><td>No</td></tr><tr><td>Aug-2023</td><td>5</td><td>No</td></tr><tr><td>Sep-2023</td><td>7</td><td>No</td></tr><tr><td>Oct-2023</td><td>7</td><td>No</td></tr><tr><td>Nov-2023</td><td>5</td><td>No</td></tr><tr><td>Dec-2023</td><td>6</td><td>No</td></tr><tr><td>Jan-2024</td><td>6</td><td>No</td></tr><tr><td>Feb-2024</td><td>2</td><td>No</td></tr><tr><td>Mar-2024</td><td>7</td><td>No</td></tr><tr><td>Apr-2024</td><td>7</td><td>No</td></tr><tr><td>May-2024</td><td>5</td><td>No</td></tr><tr><td>Jun-2024</td><td>5</td><td>No</td></tr><tr><td>Jul-2024</td><td>5</td><td>No</td></tr><tr><td>Aug-2024</td><td>5</td><td>No</td></tr><tr><td>Sep-2024</td><td>5</td><td>No</td></tr><tr><td>Oct-2024</td><td>5</td><td>No</td></tr><tr><td>Nov-2024</td><td>5</td><td>No</td></tr><tr><td>Dec-2024</td><td>5</td><td>No</td></tr><tr><td>Jan-2025</td><td>5</td><td>No</td></tr><tr><td>Feb-2025</td><td>5</td><td>No</td></tr><tr><td>Mar-2025</td><td>5</td><td>No</td></tr></table>	Month	Value	Special Cause	Apr-2022	7	No	May-2022	5	No	Jun-2022	15	High	Jul-2022	13	No	Aug-2022	8	No	Sep-2022	8	No	Oct-2022	10	No	Nov-2022	7	No	Dec-2022	15	High	Jan-2023	9	No	Feb-2023	5	No	Mar-2023	7	No	Apr-2023	5	No	May-2023	2	No	Jun-2023	8	No	Jul-2023	8	No	Aug-2023	5	No	Sep-2023	7	No	Oct-2023	7	No	Nov-2023	5	No	Dec-2023	6	No	Jan-2024	6	No	Feb-2024	2	No	Mar-2024	7	No	Apr-2024	7	No	May-2024	5	No	Jun-2024	5	No	Jul-2024	5	No	Aug-2024	5	No	Sep-2024	5	No	Oct-2024	5	No	Nov-2024	5	No	Dec-2024	5	No	Jan-2025	5	No	Feb-2025	5	No	Mar-2025	5	No	Dear Councillors Digby and Schuller, 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. The Trust is required to report against the following national standards relating to cancelled elective procedures: •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) 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. 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.	Denise Smith, Chief Operating Officer	Outside of the meeting
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				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. Breaches of the 28-day guarantee June 2024 2 x Trauma and Orthopaedics 1 x General Surgery 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 May 2024: Trauma and Orthopaedics x 5 General Surgery x 1 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. A Theatre Improvement Programme is in place to increase oversight, strengthen practice and drive improvements, the five workstreams within the programme are detailed below: •Optimising theatre lists through planning •Maximising utilisation on the day •Rightsizing the workforce •Applying national productivity metrics •Managing equipment and the environment I hope this information is helpful and please accept my apologies for the delayed response.																																																																																																																	

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
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?	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. 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. 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.	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.	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. 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.	Denise Smith, Chief Operating Officer	Outside of the meeting
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

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

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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.	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: <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) <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 <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. <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. <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.	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.	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. 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. Our Quality assurance process also monitors compliance with fundamentals of care (including hygiene) both at ward and divisional level.	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.	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. In regards to estates improvements, the below have been updated and fully meet IQIPS and NICE standards; 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	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	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. There are 10 assessment apartments, purpose built and equipped to allow monitoring of daily living activities and understanding of on-going needs. 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. I would also add that also within the facility is 27 extra care units, these too at times have scope for additional provision. 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.	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. I hope this helps to clarify but please do let me know if you need any further information	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?	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. To this end, the value circle has implemented a multi-channel engagement approach, which includes: • 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 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. 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. 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.	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.	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. Facilities at all sites are available for staff to utilise and are often seen to be well occupied. 	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.	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. 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. 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." 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. 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. 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).	Karen Jessop, Chief Nurse	Oustide of the meeting
Email	Clr 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	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? 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?	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. 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.	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?	Thank you for your question, which was posed at last week’s Council of Governors meeting. As promised, below is the written response. 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. Key Components of Martha’s Rule The initiative comprises three elements: 1. Patient Wellness Questionnaire (PWQ) to support early detection of deterioration. 2. Escalation processes for staff. 3. Escalation process for patients and families. Current Progress and Next Steps • 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. Governance, Accountability, and Assurance • 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. 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. 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. To support governors understanding of Martha’s Rule and its implementation, it was agreed at the meeting that a briefing session would be arranged.	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?”	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. 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. Governance and Accountability Framework • 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. Independent Oversight and Monitoring • 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. Embedding Learning and Cultural Change • 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. Executive-Led Assurance • 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. Next Steps • 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. 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. 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.	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	Subject Area: Senior Doctor Attrition Rate 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. Q1. While 13.89% is the average for 'senior colleagues' over the five years: What are the percentages for each of those five years? Q2. What numbers of senior doctors underly each of the five percentage figures for senior colleagues? Q3. How many of these senior doctors, in total, engaged in an exit interview from 2020 to 2025? Q4. What themes emerge from 'senior doctor exit interviews' over past 5 years? Q5. How are any emerged themes informing plans and processes: a. to reduce future senior doctor attrition rate?, and, b. for the Initial Priority Areas of Focus?	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: <table><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> 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%. Q2. As above in Head count and as in Full Time Equivalent Posts Q3. 12 medics chose to engage with the exit interview process at that time 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. 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. 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.		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	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. 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.	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. 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. 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. 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.	Karen Jessop, Chief Nurse	In the meeting
Board of Directors	Jackie Hammerton, Lead Governor	27/01/2026	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	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: Diagnostics (new referrals) •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%). Hearing aid fittings •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. These improvements have been enabled by system replacement, new equipment, refurbished sound-proof rooms, additional senior staff, strengthened training and competencies, and targeted insourcing. 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. 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. 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.	Nick Mallaband, Acting Executive Medical Director	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	Is the trust expecting AQR reports from other education providers than the University of Sheffield?	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. 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.	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	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. 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.	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!	There are two parts to this: the wider context and the specific position in Trauma & Orthopaedics (T&O). 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. 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. 3. Actions to reduce reliance on locums We are now moving from managing gaps to addressing the underlying structure: •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. 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.	Joseph John, Medical Director for Operational Stability and Optimisation	In the meeting

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
Email	David Northwood, Co-opted Public Governor	22/05/2026	Are NEDs assured that when the Trust determines the annual amount of work it can expect to provide, that allowances are factored in, so that it is realistic that all staff have sufficient time to complete statutory training?	The ‘headroom’ allowances allocated within budgets are considered as part of the overall business planning processes and line managers are responsible for working with their team members in relation to supporting completion of statutory and mandatory training. The Trust continues to progress implementation of the national NHSE Statutory & Mandatory Training Programme, which is focused on optimising and rationalising mandatory learning and addressing issues of duplication. Key principles of the programme include a shift from inputs (training completion) to outputs (competence) and ultimately outcomes e.g. improved safety, reduction in unnecessary training and release time, standardisation of learning and improved portability across organisations. Work undertaken at DBTH as part of this programme to support mandatory training completion and minimising the time commitment includes: •Participation in national agreements regarding passporting of training between organisations to reduce the needs for repeated training •Adoption of national policy and supporting framework •Further development of local governance structures to ensure only appropriate topics are included and for the relevant roles	People Committee Non-Executive Directors & Zoe Lintin, Chief People Officer	Outside of the meeting
Email	Mark Bright, Public Governor	02/06/2026	Q1. How does DBTHs ED Action Plan (the one submitted to CQC around 22nd May) minimise any patient having to wait more than 10 hours in the A&E department?	We are taking a number of practical steps to help reduce long waits in A&E and make sure patients are seen in the right place as quickly as possible. This includes the following: •We are introducing Extended Emergency Medicine Ambulatory Care (EEMAC) for those patients who need further assessment, tests or treatment, but who are not expected to need a hospital bed. Patients are assessed by the A&E team on arrival and, where it is clinically safe to do so, they can receive the care and treatment they need and go home the same day. This helps reduce unnecessary time spent waiting in A&E, supports quick clinical decision making and helps to make sure hospital beds are available for those patients who need an overnight stay. It also helps A&E colleagues focus on the sickest patients while improving the experience for those who can safely be treated and discharged. •We are working with the ambulance service and specialty teams so that, where it is clinically safe and appropriate to do so, patients can be directed straight to the relevant specialist assessment area rather than waiting in A&E. This includes patients referred from the community and patients arriving by ambulance. •We are reviewing medical staffing rotas so that senior doctors are available in the clinical areas where they are most needed, and to ensure staffing better matches patient demand throughout the day and night. •We have updated our escalation process so that senior staff are clear about what action to take when waiting times start to increase.	Zara Jones, Acting Chief Executive	Outside of the meeting
Email	Mark Bright, Public Governor	02/06/2026	Q2. Is there any proposal in the ED Action Plan that approximates: A doctor reassessment of those patients assessed ‘critically unwell’ on entry to ED, at the 4-hour waiting time mark, or at say, 5-hour intervals? Note: Not nurse-based triaging at the front door only, but doctor-based re-triaging during the ‘clock-ticking’ wait time in ED, for patients with most serious conditions.	Critically unwell patients who are brought by ambulance are pre-alerted to A&E while on route and discussed with the nurse or doctor in charge. Patients are re-assessed, as clinically required, to response to treatment and a referral to ITU is made if the patient remains critically unwell. The Trust uses the National Early Warning Score (NEWS) system to help identify when a patient may be becoming more unwell. NEWS is based on routine checks such as breathing rate, oxygen levels, temperature, blood pressure, pulse and level of alertness. The higher the score, the more concerned the A&E team may be, and the more quickly the patient will be reviewed by a clinician. If a patient’s routine observations show that they may be becoming more unwell, this is escalated to a clinician. Staff continue to monitor the patient regularly and follow the agreed safety process.	Zara Jones, Acting Chief Executive	Outside of the meeting
Email	Mark Bright, Public Governor	02/06/2026	Q3. When a patient is first registered into the ED department: Is a named clinician assigned ultimate responsibility for the whole care pathway the patient receives? (If issues of responsibility can be segmented across departments, doesn’t that create a ‘point of weakness’ where patients can ‘become lost in the system’?).	A named clinician is assigned to a patient at the point they are seen by a clinician. It is not possible to do this at the point of registration as it is not clear at that time which clinician will see the patient. When a clinician finishes a shift, a handover takes place and the new clinician becomes their named clinician. Once a patient is referred, the speciality takes over responsibility for the patient. Ultimate responsibility for all patients in the department sits with the Emergency Practitioner in Charge (EPIC) of the shift.	Zara Jones, Acting Chief Executive	Outside of the meeting