

**Minutes of the meeting of the Council of Governors held on
Wednesday 25 April 2018
In the Education Centre, DRI, Doncaster, DN2 5LT**

	Present:	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Phillip Beavers Hazel Brand Mark Bright Anwar Choudhry Nicola Hogarth Lynne Logan Bev Marshall Brenda Maslen David Northwood Liz Staveley-Churton George Webb Maureen Young	
Staff Governors	Karl Bower Duncan Carratt Vivek Desai Lynn Goy Lorraine Robinson Roy Underwood	
Partner Governors	Kathryn Dixon Anthony Fitzgerald Griff Jones Ainsley McDonnell Clive Tattley	
In Attendance:	Alan Armstrong Kath Smart Pat Drake Karen Barnard Moira Hardy Kirsty Edmondson-Jones Matthew Kane Simon Marsh Richard Parker David Purdue Jon Sargeant	Non-executive Director Non-executive Director Non-executive Director Director of People & Organisational Development Director of Nursing, Midwifery and Allied Health Professionals Director of Estates and Facilities Trust Board Secretary Chief Information Officer Chief Executive Deputy Chief Executive & Chief Operating Officer Director of Finance

Sewa Singh
Kate Sullivan
Adam Tingle

Medical Director
Corporate Governance Officer
Acting Head of Communications and Engagement

4 members of the public

Apologies:

Ruth Allarton	Associate Non-executive Director
Shelly Brailsford	Public Governor
Sharon Cook	Public Governor
Prof Robert Coleman	Partner Governor
David Cuckson	Public Governor
Eddie Dobbs	Public Governor
Victoria McGregor-Riley	Partner Governor
Susan Overend	Public Governor
Clr Susan Shaw	Partner Governor
Rupert Suckling	Partner Governor
Marie Purdue	Director of Strategy & Transformation
Linn Phipps	Non-executive Director
Neil Rhodes	Non-executive Director
Philippe Serna	Non-executive Director

Action

Welcome and apologies

18/4/1 The Chair welcomed those present to the meeting and apologies recorded above were noted.

The Chair welcomed Kathryn Dixon, new Partner Governor for Doncaster College and new Non-executive Directors Pat Drake and Kath Smart.

Declaration of governors' interests

18/4/2 Hazel Brand reported a change to a previously declared conflict of interest; this would be removed from the registers. No other changes to registers of interest were reported. No matters of conflict of interest were declared.

MK

Infection Prevention and Control Update

18/4/3 Governors considered a detailed report and presentation from Dr Ken Agwuh, Director of Infection Prevention and Control, which provided an overview of the key infection prevention and control initiatives and activities at the Trust in 2017/18. He highlighted key achievements, expectations for 2018/19 and some of the challenges going forward drawing attention to;

18/4/4 Key Achievements - The Trust's Healthcare Associated Infections (HCAI) rate was 4.5% compared to the national average of 6.6%. The Trust achieved the Clostridium Difficile trajectory, with 28 cases out of 40, a reduction of 30% with fewer lapses in care compared to the previous year. The Trust also achieved a reduction of 48% in hospital acquired MRSA when compared to the previous year.

18/4/5 More than 85.2 % of Trust front-line staff had received the influenza vaccine. Nationally it had been one of the worst flu seasons but the Trust had been able to diagnose 79% of Flu cases within 20 minutes by using the point of care test of Flu A&B detection in a range of areas across the Trust. This improved prompt

isolation of patients without delay and antiviral initiation in high risk patients helping the Trust to prevent outbreaks on wards and transfers between patients and families.

- 18/4/6** Antimicrobial Resistance (AMR) – The Trust had continued to meet Commissioning for Quality and Innovation (CQUIN) targets for sepsis & antimicrobial resistance. Data published from a survey of Healthcare-Associated Infections (HCAI) and antimicrobial use showed the Trust’s HCAI rate as down to 4.6%, which is below the national average of 6.6% with the Trust having one of the lowest levels of antimicrobial use in the Yorkshire & Humber region.
- 18/4/7** Expectations for 2018/19 – In terms of HCAI the Trust’s target for MRSA would remain at zero tolerance and the internal CDiff trajectory had been set at 25 cases. The Trust aimed to continue to meet the targets for the CQUIN on sepsis and AMR. The Trust would continue to effectively manage infections and outbreaks.
- 18/4/8** Some challenges – An overview of key challenges was provided, these included: a further reduction in expected antibiotic use to achieve the 2018/19 CQUIN target, surgical site infection surveillance, Orthopaedics, prevention/diagnosis/management of Flu this year, staffing issues (Microbiologist/ICN/antibiotic pharmacist), HCAI monitoring changes and environmental decontamination.
- 18/4/9** Infection Prevention and Control (IPC) Committee Governor Attendance – In response to a query from Hazel Brand it was clarified that David Northwood, Public Governor, had been attending the IPC Committee meetings since December 2017. In response to a further query from David Northwood about delays to antibiotic administration it was noted that Ken Agwuh was to deliver a Friday Lunchtime Lecture on this, on the second Friday in May in the Education Centre at DRI, which would include case studies and Governors were welcome to attend.
- 18/4/10** In response to a query about whether an increase in beds over winter on ward B5 at Bassetlaw Hospital had caused any issues in terms of infection prevention and control, the Chief Operating Officer clarified that prior to winter the number of beds on B5 had been reduced by 7 beds from 31 to 24. This had been increased over the winter period to 29 beds, still a reduction on the original bed base for the ward, and had since been reduced again.
- 18/4/11** In response to a query from Bev Marshall about the perception that the flu vaccination was not effective, Ken Agwuh provided a detailed response explaining how the flu vaccine worked, the benefits of flu vaccinations and how the strains of flu to include in the vaccination were decided. While determining how well a flu vaccine worked was challenging, studies showed that flu vaccinations do benefit public health, especially when the flu vaccine was well matched to circulating flu viruses. The flu vaccine would still provide some protection if someone came in to contact with a different strain of flu.
- 18/4/12** In response to a query about the timing of audits yet to be completed for sharps and commodes it was clarified there had been some capacity issues in terms of completing the audits and work had been undertaken to prioritise where support was needed the most; these audits were now scheduled to be completed by the end of Q1 2018/19. It was noted that all other audits had been completed.

18/4/13 The Chair and the Council of Governors thanked Ken for the excellent presentation and congratulated staff for their achievements and hard work.

18/4/14 The Infection Prevention and Control presentation and report was NOTED.

Catering Update

18/4/15 Governors considered a presentation from the Director of Facilities and Estates and the Director of Nursing Midwifery & Allied Health Professionals which provided an update on the initial go live issues that had arisen since 12th January 2018 when the catering services had been outsourced. The report detailed the actions taken to address the go live issues, current issues and progress with the retail catering outsourcing at DRI. The presentation also provided an overview of financial performance and an illustration of the proposed transformation of the DRI main entrance.

18/4/16 The Director of Estates and Facilities provided details of the issues raised on Datix and other sources; 202 issues had been reported since 12th January. The highest number of these (around a 1/3) related to delivery issues. The top three delivery issues were where food had either been delivered late, wrong or wrong and late. A pie chart and tables illustrated a breakdown, by site, of the issues raised via Datix and other sources. After week 11, no delivery issues were reported demonstrating that the service had started to improve. The Director of Estates and Facilities provided a detailed account of the solutions and remedial measures that had been put in place and she noted that all action plans had been completed. An overview of current issues was provided; the majority of outstanding issues were operational and were issues that would have been experienced previously, not service design issues.

18/4/17 Reflecting on feedback at a recent patient environment meeting, Maureen Young commented that some current issues were still being identified through patient feedback, she also commented that having visited a number of wards there was a general feeling at ward level that things were improving and this was discussed. Issue logs were now being kept at ward level and this meant that issues were being addressed much more quickly and themes were being picked up and addressed. There had been some issues relating to the diet of renal patients and senior Trust staff were monitoring this.

18/4/18 Maureen Young highlighted an issue relating to meals being ordered at the bedside; she understood this had caused issues when a patient had been moved after ordering their meal; the Director of Nursing, Midwifery & Allied Health Professionals and the Director of Facilities and Estates would look in to this.

**MH/
KEJ**

18/4/19 There had also been a lot of compliments since the roll out and the Director of Facilities and Estates provided some examples.

18/4/20 In terms of the retail side there had been significant improvements since the last meeting with the opening of a Subway and Hot Kitchen in the DRI East Dining Room and Costa in the DRI Main Entrance in April. Illustrations and outline plans of further work to be completed on the transformation of the Main Entrance at DRI were provided in the presentation. The Trust had also asked Sodexo to purchase 3 pianos, one for the main entrance of each site and this was being taken forward. Maureen Young welcomed this but she asked who would maintain them and whether the Trust would require a live music licence. The Director of Facilities and Estates would look in to this outside of the meeting.

KEJ

- 18/4/21** The Director of Facilities and Estates reminded Governors of the financial investment made by Sodexo so far, £2m in capital across both patient and retail services in new equipment and refurbishment; as well as the substantial improvement made to areas. So far Sodexo were performing over and above expectations; this represented a financial benefit to the Trust as the Trust received a profit share.
- 18/4/22** The Director of Facilities and Estates gave assurance that work to refine the service to reduce operational issues and improve quality for patients was ongoing and she reminded Governors that Place assessments were due to take place and that 60% of the score was still based on Trust behaviour.
- 18/4/23** Reflecting on the proposed NHS Pay Award for non-medical staff which, if agreed, would come in to effect retrospectively from 1st April 2018, Peter Abell raised concern that those Trust staff TUPE'd over to Sodexo would not receive the rise and this was discussed. The matter had been raised with the Contract Project Board and Sodexo had given assurance that the pay rise, should it be agreed, would be passed on to those staff TUPE'd over from the Trust; this was welcomed by Governors.
- 18/4/24** In response to a concern raised by George Webb about a perceived reduction to the provision of free tea and coffee for volunteers at the Trust, the Director of Facilities and Estates undertook to look in to the matter. **KEJ**
- 18/4/25** With regard to the performance of Sodexo, Mike Addenbrooke asked for clarification about when service credits would start to apply, how this would be monitored and whether Governors could have an update on this in the future and this was discussed. The Director of Facilities and Estates clarified that Sodexo's performance would be under continual monitoring for the duration of the 10 year contract. It had been agreed that contract service credits would not apply for the first 6 months to allow for service roll out and stabilisation; this period had come to an end and service credits would now apply. The Trust had a trained contract specialist and other staff that would monitor contract performance and Sodexo were subject to unannounced audits by that team. Formal reports would be produced and the Trust would be happy to share these with Governors. A 6 month post project implementation review would be undertaken and it was agreed to share the outcome of this. The matter was discussed further and the Chief Executive commented that it was in the interests of patients that the Trust help and support Sodexo as much as possible. If the Trust were to receive service credits that would suggest that the service had failed in some way, the Trust would view it as a success if no service credits were to be applied during the 10 years of the contract. **KEJ**
- 18/4/26** In response to a query from George Webb it was confirmed that the cash machine in the Main Entrance at DRI would be reinstalled; it was noted that Sodexo retail outlets did provide a cash back service.
- 18/4/27** Governors welcomed the update and thanked the team for the presentation.
- 18/4/28** The Catering Update was NOTED.

Finance Report

18/4/29 Governors considered a report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 12.

18/4/30 The Finance Director delivered a presentation and provided an update on key issues. Year to date the Trust had a favorable variance against plan, thereby delivering the Trust's control total.

- The Trust ended the financial year £4.1m ahead of plan, achieving a deficit of £11,962k thereby delivering the Trust's control total of £16,084k deficit
- Aiding the position was additional Sustainability and Transformation Funding (STF) of £3.9m that was received at year end
- The month 12 position was a surplus of £221k (before STF adjustments)
- The period saw lower than expected income, however this was due to unplanned activity
- £12m cash was in bank, well ahead of cash target
- To aid with winter pressures, NHS Improvement provided an extra £1.3m funding to help with demand
- The Trust now needed to look forward to 2018/19 and its challenges.

18/4/31 The Trust had now delivered the control total for two years consecutively and needed to focus on the current year. It was noted that the draft annual accounts had been submitted the previous day.

18/4/32 Peter Abell reflected on discussions at a previous Council of Governors meeting in September 2017 when Governors had asked about the achievability of the budget; he congratulated staff for their hard work to achieve the control total. He went on to ask about confidence levels in current budgets, he emphasised the importance of staff having early sight of budget expectations commenting that some staff he had spoken with had expressed frustration at not yet having seen budgets and this was discussed. The Director of Finance welcomed the comments and he expressed his gratitude to the organisation for their hard work and leadership the previous year to achieve the control total. He gave assurance that draft budgets had been issued to Care Groups and Corporate Directorates in early December. Since that time there had been several meetings and final budgets, which had been agreed with all areas of the Trust except one which was in train, had been taken through the Finance and Performance (F&P) Committee in March 2018. There had been some technical issues in terms of contracts with CCGs but this had now been resolved.

18/4/33 In terms of CIP the target was challenging and there was an element of unidentified CIP which had been identified as a key risk to 2018/19 plans; this had been discussed at the previous two F&P meetings and Executives continued to work on the unidentified CIP; further details would be provided to Governors at the next meeting.

JS

18/4/34 With regard to Charitable Funds, Phil Beavers noted that the Trust's Investment Consultant, Investec, had exceeded their original contract period and he queried whether they were indemnified professionally for this. The matter was discussed in detail; it was noted that the Trust was to go out to tender for investment consultant services. The Director of Finance gave assurance that he was satisfied that professional indemnity was not an issue; there was no evidence that the indemnity referred to in the contract did not still apply until such time as the Trust completed the tender process. Further details would be provided outside of the meeting.

JS

18/4/35 Reflecting on the report the Chief Executive commented that the 2018/19 control total would be challenging to deliver but the Trust would make best endeavours to do so, as it had done previously. As at the same time last year there was a lot of work to do on CIP in order to deliver financial plans and Governors were reminded that the financial challenges faced by the NHS were much wider than those being faced by the Trust.

18/4/36 The Chair expressed her deep appreciation for the work of the organisation to achieve the 2017/18 control total and this was echoed by Governors.

18/4/37 Governors NOTED the year to date financial position of a deficit of £11,962k thereby delivering the Trust's control total.

Performance Report

18/4/38 Governors considered the report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery & Allied Health Professions and Director of People & Organisational Development that set out clinical and workforce performance.

18/4/39 A presentation on key issues was delivered and attention was drawn to the following:

18/4/40 *In respect of Performance:*

- 4 hour access – In March the Trust achieved 94.1% (including GP attendances) against the 95% standard, making it the 13th best performing Trust in the country. The year-end position was 91.5%.
- RTT – Below standard of 92% at 89.1%. Four specialities remain below target: Ophthalmology, ENT, General Surgery and Orthopaedics
- Cancer targets – 62 day performance achieved 85% against the 85% standard
- Stroke – Performance against one hour scan standard improved at 63%.

18/4/41 Mike Addenbrooke reflected on a recent BBC documentary which had highlighted the pressures on hospitals nationally and in light of this congratulated the Trust on performance.

18/4/42 In response to a query from Brenda Maslen about how many of the patients who attended the Emergency Department (ED) actually required ED attention the Chief Operating Officer advised that around 15% of patients had been streamed through the Front Door Assessment and Signposting Service to the GP service in 2017/18, so around 85% had required ED attention.

18/4/43 *In respect of quality:*

- C.Diff – The Trust had achieved against the national target, but had seen two more cases than last year
- HSMR – The Trust's rolling 12 month position remained better than the expected level of 100 at 85.1
- Serious incidents – More incidents seen than usual, with investigations commencing
- Falls – Performance for 17/18 was the same as 16/17
- Pressure ulcers – For the year there had been a 8.5% decrease
- Friends and Family – Response rates were higher than the national average

for inpatients.

18/4/44 Clive Tattley reminded Governors that it had previously been reported that some families had been experiencing problems getting death certificates in a timely way and he asked for assurance that this was improving. It was noted that the matter had been discussed in detail at a recent Quality & Effectiveness Committee (QEC) meeting. QEC had received assurance that plans were in place to address the issues and the Director of Nursing, Midwifery & Quality gave a detailed account of key issues, work being undertaken to address them and mitigations in place. The Trust had previously recognised that additional resource was required in the Bereavement Team however since that time there had been further challenges in terms of the capacity of the team at DRI due to long term sickness absence with key staff off sick. The Trust was doing its best to cover the rota with staff from other departments and at the same time recruiting to a new post. Some additional Band 7 support had been brought in to provide leadership. Further to this a business case was being taken through the Corporate Investment Group (CIG) to recruit to the role of Medical Examiner to complete death certificates in a timelier manner.

18/4/45 *In respect of workforce:*

- Nursing workforce – The Trust’s overall planned versus actual hours worked in March was 99%
- Appraisal rate – The Trust’s appraisal completion rate had risen to 68.15%. The Trust had now started ‘Appraisal Season’ in order to increase this further
- SET Training – There had been a further increase in compliance with Statutory and Essential Training (SET) to 78.68%.

18/4/46 Peter Abell highlighted the importance of training and education to staff; he understood that 1% was included in budgets to allow training to take place and he raised concern that during ward visits some nurses had expressed to him how challenging it was to provide appropriate training opportunities, particularly to newly qualified staff as they started their careers, within this budget with some stating that closer to 3-4% was required and he asked if the 1% was realistic. This was discussed in detail and the Director of Nursing, Midwifery and Allied Health Professionals and Director of People & Organisational Development acknowledged the concerns which were known to the Trust; It was clarified that the 1% only related to Statutory and Essential Training (SET), not professional development training and some examples were given. It was not possible in some areas to achieve the 1% but this did not prevent training from taking place it just meant that it flagged on the system and the Trust was looking at the issues.

18/4/47 The Performance Report was NOTED.

Chair’s and Non-executive Directors report

18/4/48 Governors considered a report which outlined the Chair and NEDs’ work between February 2018 and April 2018 and included updates on a number of activities. The Chair also delivered a presentation and drew attention to the following:

- 18/4/49**
- In March the Trust saw the launch of Smart-ER at DRI. This was a fantastic innovation for the Trust. Project lead, Dr Amjid Mohammed would be presenting at the Members’ Event on Friday 11 May at Bassetlaw. It was an amazing project with huge potential to roll out this amazing tool and as the

Trust developed partnership working in South Yorkshire it was hoped it would be used across the region.

- The Chair thanked Governors who supported the 'Great British Spring Clean' at the Trust.
- The beginning of May would mark the official launch of Doncaster and Bassetlaw Teaching Hospitals Charity. With the help of communications team a new logo had been designed and the Trust had got the backing of the local newspaper to promote this. The Chair was pleased to announce that Kath Smart would be chairing the charitable funds committee and she would be driving this and ensuring the Trust was maximising opportunities.

18/4/50 Nicola Hogarth recalled that the Trust had previously considered recruiting to the role of Trust Fundraiser or similar role and she asked if this was still being considered. With the help of the communications team the Trust had spent considerable time considering how it could best support the promotion of charitable funds. At this stage it was felt that, in the first instance, a year rebranding identity and new leadership of the Committee was required. During this time the Trust would look at progress and would later reconsider whether to employ a fund raiser. This role would have to be funded from charitable funds and at this stage it had not been felt appropriate as most people who give donations expect the money to go to the front line. The role would have to be considered carefully to ensure that the member of staff would bring value to the fund.

18/4/51 There was further discussion about charitable funds and the following key points were made in response to several queries:

- A letter was going out to around 100 local businesses to ask if they would support the Hospitals. Adam Tingle, Acting Head of Communications & Engagement, undertook to include Amazon in the list.
- People could still donate funds to a specific ward, department or for a specific purpose if they wished. However, the Trust may sometimes ask patients if they would mind the Trust moving funds to the general fund; sometimes individual funds dwindled to a level where they were very small amounts. If these funds were moved over to the general fund they could contribute towards something more significant and more positive.

18/4/52 The Chair had been asked to speak at the annual NHS Providers Governor Focus Conference and she was delighted to announce that the Trust had been invited to be one of a handful of trusts to demonstrate its work with governors at the Conference on 24 May. The invitation was to showcase the work the Trust did around the Governor Effectiveness Review which was completed last summer and reported in October.

18/4/53 The Chair had met with new Non-executive Directors, Kath Smart and Pat Drake, as part of their induction meetings with executive and corporate directors on 15 March 2018. Phase two of non-executive director recruitment was underway

18/4/54 The Chair's Report was NOTED.

Chief Executive's Report

18/4/55 Governors considered a report of the Chief Executive which outlined progress against a number of issues.

- 18/4/56** The Trust was currently in a period of 'Purdah' which would last until local elections took place on 3 May 2018. Therefore answers to some questions might be limited.
- 18/4/57** The Chief Executive delivered a presentation which drew attention to key issues: The Trust was pleased to have been selected as a one of seven Trusts to take part in NHS Improvement's 'Lean Programme'. This was an extension of a programme that had been underway for a few years and it would help the Trust to improve processes and ways of working for the benefit of both staff and patients. The Chief Executive had been encouraged by the results of other trusts in terms of engagement with staff.
- 18/4/58** NHS England and NHS Improvement had recently announced a number of new measures to enable the two bodies to work together more closely, to take effect from September 2018. The Chief Executive gave an overview of the changes.
- 18/4/59** In January, the Trust was visited by the Common's Health Select Committee to aid in their inquiry into integrated care. This visit included a tour of Stirling Ward at DRI, as well as discussions on Consultant Connect and the Integrated Discharge service.
- 18/4/60** On April 26 the Trust would host the 'Sharing how We Care' conference at DRI. This would be a chance for clinical staff to come together and showcase innovative examples of care within the Trust – demonstrating values in action at the Trust. Hopefully this would become an annual event celebrating the work of staff.
- 18/4/61** The Chief Executive was happy to announce that one of the Trust's community midwives, Debbie Rees-Pollard, had been recognised by the Royal College of Midwives for her partnership work with other colleagues.
- 18/4/62** The Trust had launched 'Appraisal Season' which would run from April to June. The aim was to achieve a 90% appraisal rate.
- 18/4/63** Earlier in the year the Trust said farewell to Andrea Smith, Director of Procurement. Richard Somerset was currently acting-up into the role. The Trust had also said a fond farewell to Sharon Dickinson, Head of Midwifery, and Sharon Pickard, Matron. Sir Andrew Cash, Chief Executive at Sheffield Teaching Hospitals had announced he would be leaving the Trust after 16 years in post. He would now lead the new Accountable Care System as Chief Executive.
- 18/4/64** The Hospital Services Review (HSR) which the Trust had been undertaking in partnership across the ICS would be available from 8th May. The Trust had spoken on a number of occasions about the 5 programmes included in the review and the Chief Executive advised that the Trust intended to speak to staff before the report was published but outside the purdah period and work was underway with the Communication Team to plan this. The report would be made available to Governors. Hazel Brand asked if Governors would have input in to the HSR and this was discussed; It was clarified that the consultation was led by the CCGs and the Trust had not been asked to formally respond to the HSR. There was a consultation with the public and as a Board and as a Governing Body the Trust would want to offer some comment on it.
- 18/4/65** The Trust had received the Draft CQC Report following the completion of inspections in December and January. The report was subject to factual accuracy

checks and change and the final report would not be issued until late May at the earliest and would be made available to Governors.

18/4/66 The Chief Executive's report was NOTED.

Appraisal of Chair and Non-executive Directors (NEDs)

18/4/67 Governors considered a report of the Trust Board Secretary which set out the proposed process by which the performance of the Chair and Non-executive Directors (NEDs) would be evaluated. This year a similar process to previous years was proposed with two key changes; the Trust was utilising the NHS Leadership Academy's 360 appraisal tool for the appraisals of the Executive Team and it was proposed that the tool be put to use for the Chair's appraisal too. An overview of the process was provided. Alongside this the usual process would be followed. The Appointments and Remuneration Committee had considered the paper on 8 March and recommended it to the Council of Governors for approval.

18/4/68 The outcomes of the objective setting and appraisals would be reported back at the 26 July 2018 Council of Governors meeting. The timetable of the objective setting and appraisal processes were set out in an appendix to the report.

18/4/69 George Webb welcomed the utilisation of NHS Leadership Academy's 360 appraisal tool for the Chair and NED appraisals but he noted that it had previously been agreed that the Chair would feedback any concerns regarding NED appraisals to the Vice Chair and Lead Governor; This was confirmed by the Chair.

18/4/70 Council of Governors APPROVED the process and timetable for objective setting and performance evaluation as set out in the report and appendix.

Self-Certification

18/4/71 Governors considered a report of the Trust Board Secretary which set out the requirements on NHS foundation trusts to self-certify whether or not they had complied with the conditions of the Provider Licence (which itself included requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). NHS foundation trusts were also required to confirm they had the required resources available if providing commissioner requested services, and that they had complied with governance requirements.

18/4/72 The licence conditions the Trust was required to self-certify against were set out in the covering report and the self-certification documents were attached as appendices and the Trust Board Secretary gave an explanation of these.

18/4/73 In response to a query from Bev Marshall it was clarified that this was an annual requirement and that it had been brought before the Council of Governors the previous year.

18/4/74 In response to a query from Mark Bright with regard to the training of Governors Matthew Kane advised that NHSI did not require the Trust to set this out in the self-certification but he undertook to highlight the Trusts ongoing commitment to Governor Training as had been set out in the Governor Effectiveness action plan.

MK

18/4/75 Council of Governors NOTED the report and APPROVED the self-certification documents attached as appendices.

Matters arising from the Board of Directors minutes

18/4/76 The minutes of the Board of Directors meetings from December 2017 to February 2018 were NOTED.

Chairs Logs

18/4/77 The Council of Governors received and NOTED the minutes and a report summarising the issues covered at the meetings of Agenda Planning Committee and Appointments & Remuneration Committee. The Health & Care of Young People Committee meeting held on 13 March 2018 had not been quorate and therefore no minutes had been produced.

18/4/78 The Chairs' Logs was NOTED.

Minutes of the meeting held on 31 January 2018

18/4/79 The minutes of the meeting held on 31 January 2018 were APPROVED as a true record of the meeting subject to the following clarification:

18/1/24 – 'Accountable Care System (ACS) control total' to be amended to 'Accountable Care System (ACS) aggregated control total'

Matters arising and action notes

18/4/80 The action log was reviewed and updates provided.

As had been agreed, as part of the Governor Effectiveness Review, postcards had been made available at the meeting for Governors take away and give to members of the public to share Governor details and explain the role of governors.

Any issues from members to be investigated for the next meeting

18/4/81 Phil Beavers reminded Governors that the deadline for compliance with the EU's General Data Protection Regulation (GDPR) was 25 May 2018 and he sought assurance that Non-Executives were satisfied the Trust would achieve compliance by the deadline. The Finance & Performance Committee had considered a report of the Chief Information Officer on the matter at a meeting held the previous day; the Chief Information Officer had reported that the Trust was working through an action plan developed from the Information Commissioner's Office (ICO) data protection check lists for GDPR Compliance and good progress had been made. There were some challenges for the Trust, and the wider NHS, in terms of achieving compliance in some areas, for example how we would communicate 'how we use your data' to all patients as email addresses were not held for everyone and the Trust was working on that. It was noted that the Board of Directors were due to consider the matter at their next meeting due to be held on 30 April 2018 and would be in a position to provide a fuller update to Governors after that date.

**SM/
MK**

18/4/82 Maureen Young asked for assurance that GDPR training for staff would not be too

onerous and that it would be relevant; she commented that staff should not be expected to undertake time consuming training that was not relevant to their role and this was discussed. The Chief Information Officer advised that Information Governance Training already formed part of the Statutory and Essential Training (SET) undertaken by all staff, this existing element of SET would be updated to reflect the changes to data protection regulations.

18/4/83 In response to concern raised by Hazel Brand about loss of car parking revenue at Bassetlaw Hospital due to faulty car park barriers, the Director of Facilities and Estates acknowledged that there had been significant issues with the car parking infrastructure. A tender for this was out and was due to conclude in a few weeks' time and the Director gave assurance that the tender included the capital requirements to resolve the issues.

18/4/84 The issues set out above to be investigated for the next meeting were NOTED.

Any Other Business

18/4/85 None raised.

Adjournment of Meeting

18/4/86 Members RESOLVED that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.

18/4/87 No questions were raised.

Date and time of the next meeting:

18/4/88 Date: 26 July 2018
Time: 5:30pm
Location: Education Centre, DRI