

Meeting of the Council of Governors held in Public On

Wednesday 13 May 2020 at 13.30pm

In the Starleaf Videoconferencing and the Boardroom, Doncaster Royal Infirmary

AGENDA

		LEAD	ACTION	TIME / ENC
A	COUNCIL BUSINESS			13:30
A1	Welcome and Apologies for absence	SBE	Note	Verbal
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	SBE	Note	A2
A3	Actions from previous meetings	SBE	Note	Verbal
A4	Welcome – Mark Bailey, Non-Executive Director	MB	Discuss	Verbal
B	PRESENTATIONS (20 mins each + 10 mins for questions)			13:45
B1	Major Incident Policy - Presentation	RJ	Note	B1
C	INFORMATION ITEMS			14:15
C1	Any Other Business (to be agreed with the Chair before the meeting)	Govs	Note	Verbal
C2	Minutes from Public Council of Governors 30 January 2020	FD	Approve	C2
C3	Items for escalation to the Board of Directors	SBE	Approve	Verbal
C4	Date and time of next meeting: Date: TBC Time: TBC Venue: TBC	SBE	Note	Verbal
D	MEETING CLOSE			14:20

** Public are invited to submit questions about the business of the meeting and will either be answered in the meeting, or offline due to COV ID-19 restrictions.



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 12 May 2020

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.

Peter Abell, Public Governor

Member, Labour Party
The Community Union

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Philip Beavers, Public Governor

Retired Judge – The Family Court
Supplemental Magistrate (past Chairman of the Doncaster Bench)
Independent Person under the Localism Act 2011 for Doncaster MBC and Rotherham MBC, regarding Standards in Public Life
Member of the High Sheriff's Advisory Committee for South Yorkshire
Independent Person under the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 for Doncaster MBC and Rotherham MBC. relating to designated Senior Officers of the Authorities.
PCC Secretary, St. Mary's Parish church, Tickhill.

Hazel Brand, Public Governor

Member, Bassetlaw DC
Parish Councillor, Misterton
School Governor, Misterton Primary School
Member, Citizens' Panel, South Yorkshire & Bassetlaw ICS

Professor Robert Coleman, Partner Governor

St Luke's Hospice, Sheffield – Trustee and Deputy Chair of Board
Weston Park Cancer Charity – Trustee
Breast Cancer Now – Trustee

David Cuckson, Public Governor

Justice of the Peace, Scunthorpe

Kathryn Dixon, Partner Governor

Husband owns Dixon Timber

Linda Espey, Public Governor

Daughter is a Chief Allied Health Professional for DBTH and RDaSH

Dr David Goodhead, Public Governor

Son is a Senior Pharmacist for DBTH
Member of Doncaster Rotary Club
Chair of an Regional DOHSC Mental Health Panel.
Expert Advisor Nationally on NHS Complaints (excluding any alleged negligence in DBTH)

Geoffrey Johnson, Public Governor

Patient Participation Network
Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group

Bev Marshall, Public Governor

Member, Labour Party
Member, Yorkshire Ambulance Service NHS Trust

Susan McCreadie, Public Governor

Community Representative on Fred and Anne Green Legacy Advisory Committee
Director of Captain Cooks Haven Ltd

Dr Victoria McGregor-Riley, Partner Governor

Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Susan Shaw, Partner Governor

Member of Health and Wellbeing Board (Nottinghamshire County Council)
District Counsellor Bassetlaw D.C
Member – Labour Party
Chair Focus on Young People in Bassetlaw.

Rupert Suckling, Partner Governor

Council appointed Board member Doncaster Children's Services Trust
Trustee Club Doncaster Community Sports Foundation and Education
Foundation

Trustee Impact Doncaster CIC

Trustee darts (Doncaster Community Arts)

Trustee Active Fusion

Director Well North Enterprises CIC

Director Association of Directors of Public Health (ADPH) UK

Member NIHR Dissemination Advisory Committee

Director of Public Health, DMBC

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

Sheila Walsh, Public Governor

Parish Councillor, Carlton-in-Lindrick Parish Council

Doug Wright, Public Governor

Member of Keep Our NHS Public

Ann-Louise Bayley, Public Governor

Unite Union, Secretary

Doncaster Trades Council

South Yorkshire TUC

Yorkshire Humberside and N.E TUC

Stand Up To Racism – Chair

Affiliated to the Labour Party

Member of YWT

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

Karl Bower, Staff Governor

Kay Brown, Staff Governor

Mark Bright, Public Governor

Duncan Carratt, Staff Governor

Anthony Fitzgerald, Partner Governor

David Goodhead, Public Governor

Jackie Hammerton, Partner Governor

Dave Harcombe, Public Governor

Lynne Logan, Public Governor

Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
David Northwood, Public Governor
Vivek Panikkar, Staff Governor
Lorraine Robinson, Staff Governor
Alexis Johnson, Partner Governor

Interests are yet to be confirmed by:

Mandy Tyrrell, Staff Governor (Newly Appointed)
Steve Wells, Public Governor

**Fiona Dunn – Acting Deputy Director of Quality & Governance
& Clinical Governance Lead for Clinical Specialties Division**

12 May 2020

MAJOR INCIDENT POLICY

(May 2020)

FOR PUBLIC COUNCIL OF GOVERNORS



TODAY

- Refresh on the Major Incident Plan, Types of Incidents & Command Structure
- Decision making within a command and control structure
- Understand the application of the MI Policy in the context of Covid19 response
- Where next for Emergency Preparedness, Resilience and Response (EPRR)



Incident Levels

Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner in liaison with NHS England local office
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.



Types of Incidents

- **Business Continuity/ internal incidents** – ie fire, breakdown of utilities, hospital acquired infections
- **Big Bang** -serious transport accident, explosion
- **Rising Tide** – ie infectious disease epidemic
- **Cloud on the horizon** – ie significant chemical or nuclear release
- **Headline news** – public or media alarm about an impending situation, reputation management issues
- **Chemical, biological, radiological, nuclear and explosives (CBRNe)**
- **Hazardous materials (HAZMAT)** – accidental incident involving hazardous materials
- **Cyber attacks** - may be on IT infrastructure or data confidentiality
- **Mass casualty** – casualties in 100s



Command Structure

Gold

Strategic – sets direction – looks forward – considers and plans for recovery

Silver

Tactical - Interprets strategic direction - Develops tactical plan - Coordinates activities & assets

Bronze

Operational - Executes tactical plan - Commands single-service response - Coordinates actions



Command & Control

Major Incident Plan defines the Command & Control principles Incident Directors should use:

- Command is ensuring that **clear direction/instructions** are given to ensure that **objectives are understood**.
- Control is the **monitoring and management** of staff and resources to **efficiently achieve the objectives**.
- Coordination is **ensuring different teams** are working **effectively** to jointly **achieve the overall goals**



Defensible Decision Making

A decision that will withstand 'hindsight scrutiny', should the decision 'go wrong' and negative outcomes occur

Did the person making the decision reach a reasonable decision at the time?

It does not have to be the right decision (hindsight wonderful gift)

'Reasonable' if an objective group of professionals would consider that is was:

- Based on evidence (gather information)
- Reliable assessment methods have been used
(joint decision model and risks assessed and considered)
- Decisions are recorded (decision loggist), communicated (record of who) and properly evaluated (rationale)
- Decision has been reviewed with timely and necessary revisions being made (record)
- Policies and procedures have been followed

To aid with **response to the incident or emergency**

To support any future **Debrief & Inquiry**

Training Video available on: <https://youtu.be/ItiaYjNiqW0>

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Decision Log Book

Book		of		(Complete at end of incident)
Incident Description				
Decision Maker (Name)				
Decision Maker (Role)				
Start Date of Incident				

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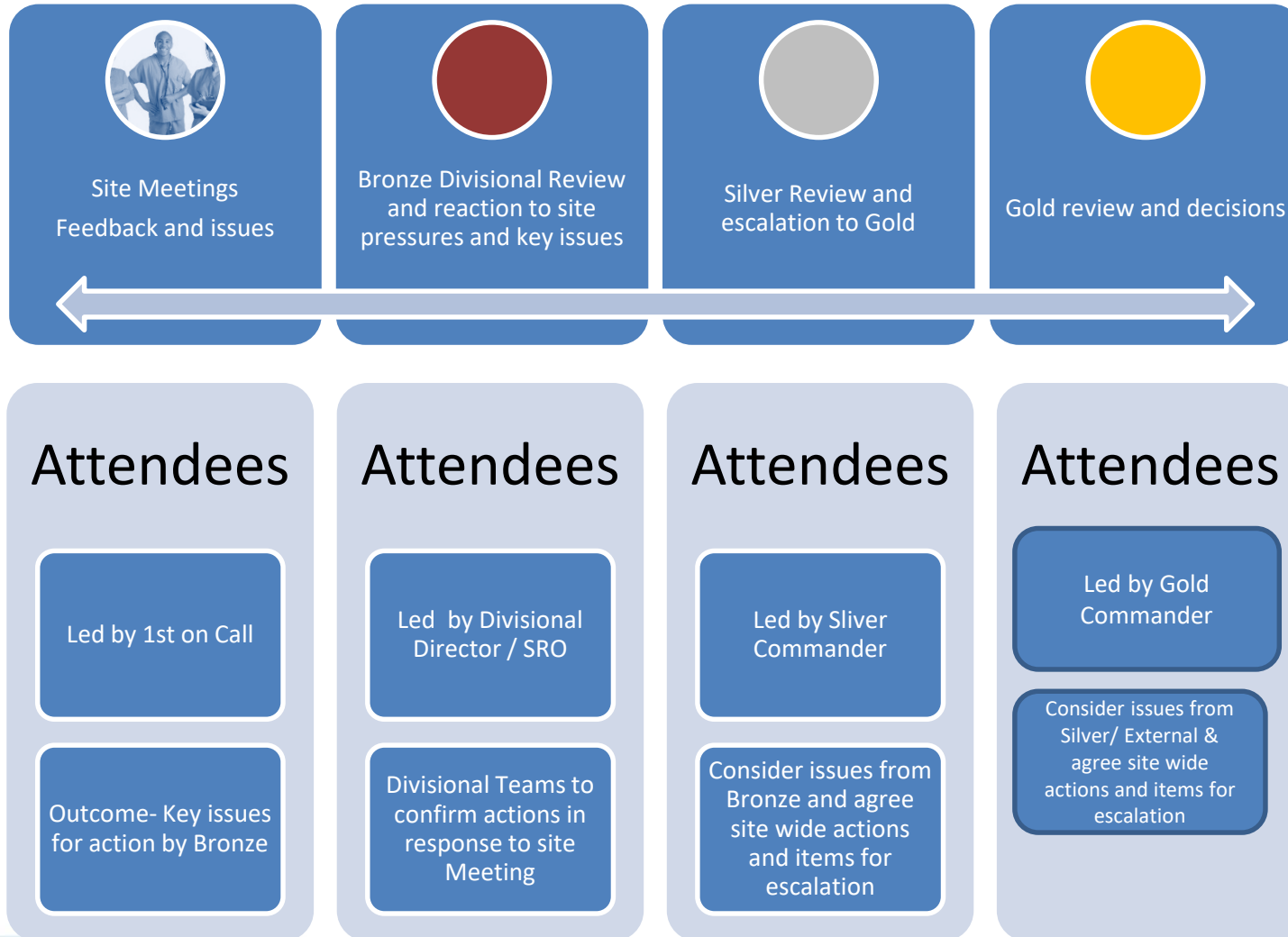


COVID 19 – The Approach

- Pandemic Influenza Policy instructive – as part of business continuity approach
- Significant external liaison
 - Place, ICS, into National Incident Centre
- All execs and senior managers trained – MI refresh, COVID specific plans, sharing likely scenarios
- Establishment of Silver Cell – 8 am - 8pm. Embedded triumvirate approach plus corporate support



Covid-19 Structure - High Level Summary



COVID-19 – Trust Command and Control Structure

COVID-19 – Divisional Command and Control Structure

Day to Day Operational Structure

Divisional Bronze Morning Huddle

Bronze Workstream Cells

Divisional Bronze Afternoon Huddle

12:30 – 13:15 Silver Tactical Meeting

17:00 - 17:30 GOLD Meeting

08:00 – 08:30 Silver Informal Huddle

08:30 – 09:00 Operational Site Meeting

09:00 - 9:30 Daily Staffing Huddle

12:00 – 12:30 Operational Site Meetings (all sites)

15:30 - 16:00 Operational Site Meeting

16:30 - 17:00 Silver Update to GOLD

18:00 Operational Site Meeting

Notes:

- Will be further iterated going forward
- SBAR reports from Bronze Structure
- Operational Meetings & Divisional meetings will inform Trust Command & Control on escalation basis
- SMOC On Call Cover 8pm - 8 am will become Silver Commander, Exec on Call = Gold Commander 5pm – 8am



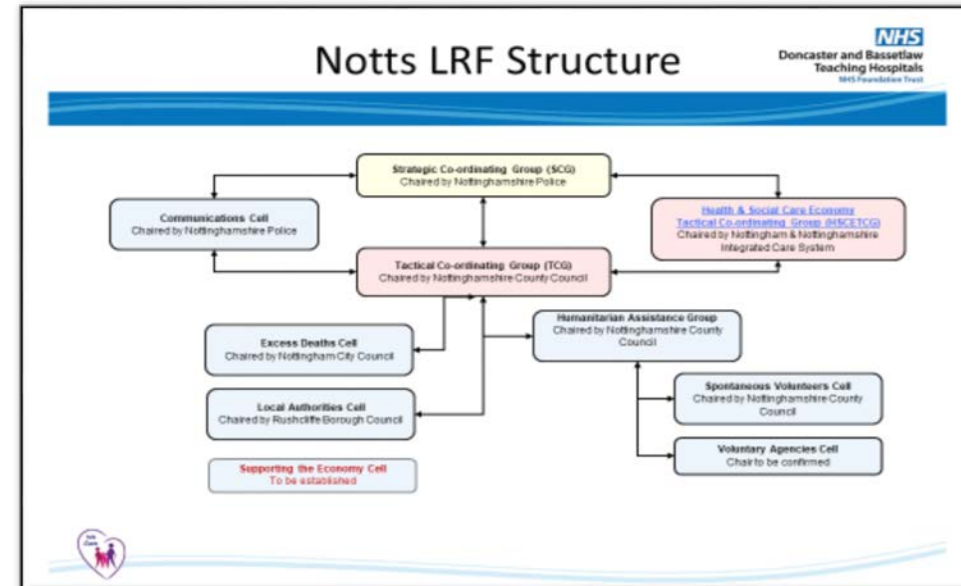
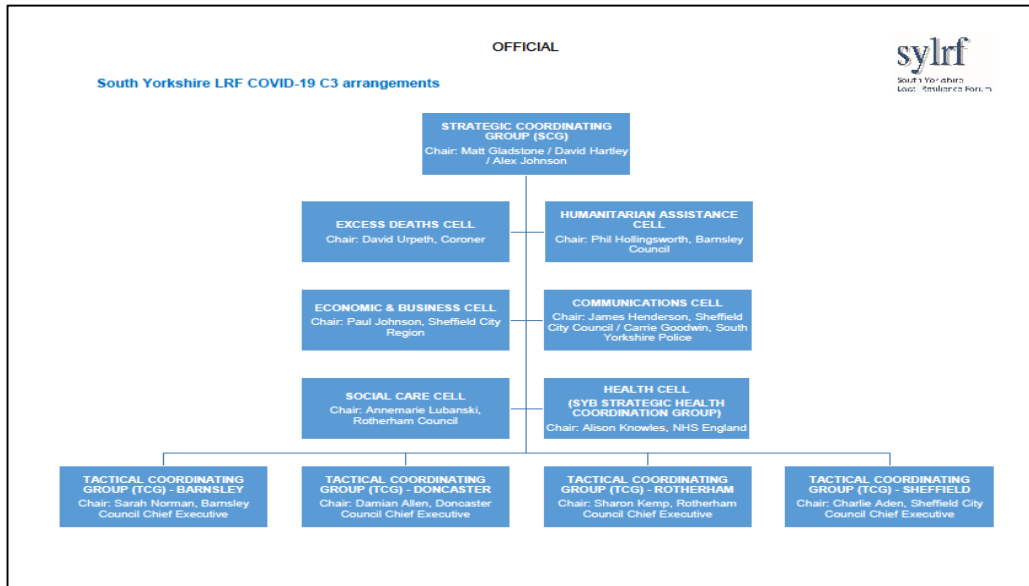
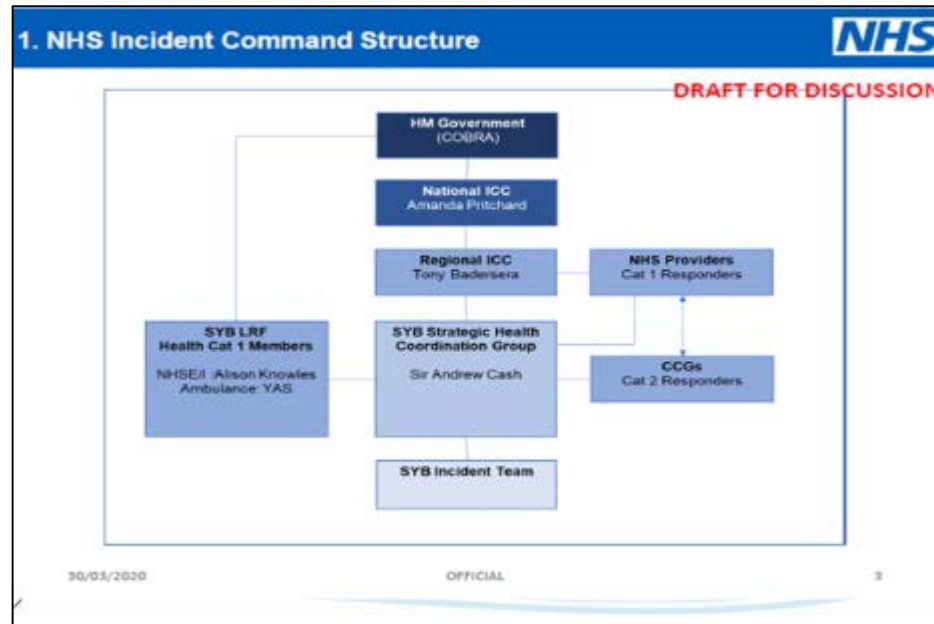
External Command and Control

As a Category 1 provider, DBTH links into the following external command and control structures:

- In terms of the National NHS Incident Control, DBTH reports via the Regional Incident Coordination Centre to the National Coordination Centre, this in turn reports directly to HM Government via COBRA.
- DBTH is a key partner in the Tactical Coordinating Group for Doncaster via the South Yorkshire Local Resilience Forum (LRF) and for Bassetlaw via the Nottinghamshire County Council LRF. Both bodies report to the respective LRF Strategic Coordinating Group.
- At South Yorkshire and Bassetlaw Integrated Care System level, the DBTH CEO attends the weekly South Yorkshire Strategic Health Coordinating Group, chaired by the ICS Lead. This group has been established to help connect ICS health partners and the national incident response chain of command.



External Command and Control - Structures



EPRR: Next Steps – for 20/21

- COVID Level 4 incident will remain in place
 - Evaluation of EPRR and overall plan – what have we learned?
 - Moving into recovery phase with uncertainty re future
- Core Standards Focus for 20/21
 - *Up to date business continuity plans*
 - *Refresh Plans and Policies: Evacuation and shelter policy*
 - *Up to date information & action cards*
 - *Training & development of staff in dealing with MIs*
 - Scenario and table top exercises – internal and with partners
 - Strengthening induction
 - Building confidence and capability for out of hours on call
 - *Plans and policies* – ensure refreshed with learning
- Strategic and tactical relationships: further building on links with Local Resilience Forums etc



Conclusions

- COVID – Major Focus for 20/21
- COVID evaluation Huge amount of tailored MI planning, learning & delivery for Flu Pandemic type
- Core Standards – key focus for next 6 months
- EPRR
 - DBTH ever ready for Major Incidents
 - Continuous improvement and focus





COUNCIL OF GOVERNORS

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Wednesday 30 January 2020, at 17:30hrs
in the Education Centre, Doncaster Royal Infirmary**

Present:

Chair	Suzy Brain England OBE		
Public Governors	Peter Abell Michael Addenbrooke Hazel Brand Mark Iain Bright Kay Brown David Cuckson	Linda Espey David Goodhead Dave Harcombe Geoffrey Johnson Lynne Logan	Steve Marsh Susan McCreadie David Northwood Liz Staveley Churton Sheila Walsh
Staff Governors	Karl Bower	Duncan Carratt	Vivek Panikkar
Partner Governors	Robert Coleman Kathryn Dixon	Antony Fitzgerald Griff Jones	Victoria McGregor Riley Clive Tattley

In attendance:

Board Members	Karen Barnard - Director of People and Organisational Development Pat Drake – Non-Executive Director Becky Joyce – Chief Operating Officer Sheena McDonnell – Non-Executive Director Richard Parker OBE – Chief Executive David Purdue – Deputy Chief Executive Jon Sargeant – Director of Finance Sewa Singh - Medical Director Kath Smart – Non-Executive Director
Staff	Kirsty Edmondson-Jones – Director of Estates and Facilities Tim Noble – Medical Director Designate Jeannette Reay – Head of Corporate Assurance / Company Secretary (Minutes) Emma Shaheen – Head of Communications and Engagement Alasdair Strachan – Director of Education and Research Rosalyn Wilson – Corporate Governance Officer

Apologies:

Governor Apologies	Philip Beavers Jackie Hammerton Ainsley MacDonnell Beverley Marshall	Lorraine Robinson Susan Shaw Rupert Suckling	Mandy Tyrell Steven Wells Doug Wright
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Board Member Apologies	None
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CP20/01/A1 Welcome and Apologies for Absence (Verbal)

Suzy Brain England welcomed the Members and attendees to the meeting.

The apologies for absence were noted.

Questions from Members of the Public

At the Confidential meeting of the Council of Governors which had preceded this meeting, the Council had approved the inclusion of paragraphs on future Council of Governor meetings to be held in Public - to clarify the process for questions from members of the public to be asked.

Jeannette Reay read out the agreed guidance for the benefit of the members of the public in attendance.

CP20/01/A2 Declaration of Governors' Interests (A2)

No changes to the declaration of Governors' interests were noted.

No conflicts of interest for the meeting were declared.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CP20/01/A3 Action Notes from Previous Meetings (Verbal)

There were no outstanding action points from previous meetings.

CP20/01/B1 Climate Change Emergency – DBTH Position (Presentation B1)

Kirsty Edmondson-Jones provided information on the Climate Change Emergency, and the Trust's position.

The Governors were advised of the requirements of the UK Climate Change Act (2008) which placed a duty on the UK to lower greenhouse gas emissions, and the National NHS carbon reduction targets. The NHS carbon footprint was measured by emissions associated with energy use, travel to and from site and goods and services purchased by the NHS, and it was proposed that the new NHS Standard Contract for 2020/21 include a requirement for providers to have a 'Green Plan' to outline the Trust's actions in these areas. Any Green Plan would need approval by the Council of Governors.

The Governors were advised of the Trust's carbon reduction performance and recent initiatives which had led to the achievement of the energy target two years early. A summary of future initiatives was provided but the limitations of

progressing some - due to the age and state of the Trust's main site - were noted.

Referencing Doncaster Council's declaration of a Climate Change Emergency, Hazel Brand advised that, whilst steps had been taken in Nottinghamshire to reduce emissions, Bassetlaw Council had not yet declared an emergency.

David Cuckson highlighted some simple steps that could be taken by all staff, such as turning lights off when not in use. He suggested that signage to remind colleagues of such steps would help to show the Trust's commitment. Kirsty Edmondson Jones agreed that some of the most productive steps came from behavioural changes and she advised that promotional would be undertaken in this respect.

Peter Abell queried how renewable carbons and nuclear power fitted into the Trust's plan. Governors noted that all options to enable a carbon neutral build at a new site for Doncaster Royal Infirmary would be considered.

The Council:

- ***Noted the presentation on Climate Change Emergency;***
- ***Thanked Kirsty Edmondson Jones for her clear and thorough presentation.***

CP20/01/B2 New Build (Presentation)

Kirsty Edmondson-Jones and Jon Sargeant presented the Trust's progress, and future steps to be taken, towards a new Build for Doncaster.

Governors accepted that, despite the Trust maximising usage, the current Doncaster Royal Infirmary site did not enable the best patient experience due to the age of buildings and layout. The design needed to be around pathways.

There was growing national, and local, political support recognising the need for a new Hospital and the South Yorkshire and Bassetlaw ICS had the new build as its number one priority scheme going forward. The Government was looking at how new build schemes could be accelerated but Jon Sargeant cautioned that there were still a number of steps to be taken – the first of which was to secure 'seed' funding to progress an outline (initial) business case.

The presentation concluded with 'teaser' slides depicting how a new Hospital might look. There was huge excitement in and around the Doncaster area about the project.

Richard Parker highlighted the requirement to continue with the maintenance of the current site whilst the new plans were pursued – to ensure that it remained fit for purpose. Similarly the initiatives at all Trust sites, including the £20m upgrade of front door services at Bassetlaw Hospital, and improvement plans for Montagu, continued to be progressed.

In response to Governor questions, the following points were noted:

- Planning work would ensure affordability and compliance with current and future building regulations and would make use of the latest technology – including artificial intelligence;
- A green transport plan would be incorporated. This would look at how staff, patients and visitors could attend the site without increasing the carbon load, and would include the requirements for car parking;
- Options for unused land (for example land at Bassetlaw Hospital) would be considered in the Trust’s overall plans;
- All stakeholders – including Governors – would be consulted, and involved in the planning work as appropriate. The intention was to hold workshops on the site options and design, and a full public consultation programme would be invoked;
- Partners (including RDaSH) would be involved in the planning to maximise on system working and opportunities to improve pathways and integration in the interest of patients;
- The focus on design would be to a gold standard and would include initiatives which were proven to maximise patient experience and recovery - including sensory and relaxation areas and children’s play areas.

The Council:

- ***Noted the presentation on a new build for Doncaster;***
- ***Thanked Kirsty Edmondson-Jones and Jon Sargeant for their clear and thorough presentation.***

CP20/01/C1 Reports on Activity, Performance and Assurance (Presentation C1)

CP20/01/C1.1 Hazel Brand – Lead Governor Update (Presentation C1.1)

Hazel Brand provided an update on her recent activities as Lead Governor. She advised of:

Recruitment of Non-Executive Director

The appointment of Non-Executive Directors was one of the core responsibilities of Governors. The Council of Governors had used its Sub-Committee – the Nominations and Remuneration Committee - to lead the recent process. The Committee’s unanimous decision and recommendation, to appoint Mark Bailey for a three-year period, had received full Council approval at the confidential meeting of the Council of Governors which had preceded this meeting.

Recruitment of a Medical Director

A panel of eight Governors had been involved with the selection of a new Trust Medical Director, with the successful candidate identified as Dr Tim Noble.

'Clear the Air' Session

An open session for Governors had been held on 7 January 2020. The issues raised were:

- Historical grievances – these were noted for closure and would inform future working;
- Training – topics to cover included wider induction, Council Committees (inc terms of reference and relationship to the full Council), statutory duties, holding Non-Executive Directors to account, representing constituent views, and Governor information needs. A survey would be undertaken of all Governors to confirm the areas for Governor training and development and it was likely that an external training provider (eg NHS Providers) may be used for some of the courses;
- Arrangements for Governor meetings – further input from Governors would be required to inform optimum arrangements for Governor Briefings, Forums and events (preferred days, times, location and duration).

Maternity Qi

On 27 January 2020, an open session had been held to hear how Maternity services had embarked on a quality improvement drive following a disappointing 2018 CQC rating. Two Governors had attended the session.

Sewa Singh had highlighted how the Qi drive had energised and empowered staff and how mothers had been directly involved in re-designing services. The work on antenatal services had been recognised at the Trust's Stars awards and further initiatives would continue into 2020.

Board Secretary Post

Jeannette Reay's secondment to the role of Board Secretary would end in May 2020. The substantive post was to be advertised nationally in the near future and Governors would be involved in the selection process.

Governor Network

NHS Providers, the membership organisation for Trusts, was exploring the possibility of facilitating a local Lead Governor network – possibly aligning in geography with that of the ICS.

Hazel was to visit an East of England Lead Governor network in March 2020, to see how a regional group operated, and whether it would be of benefit in the Trust's ICS patch.

ICS - Governor Engagement

The ICS was looking at ways to better involve Governors in its work.

Suzy Brain England was an advocate of this and had met with the Communications Director of the ICS. It was likely that any involvement would start with a Governor survey to identify Governor knowledge of the ICS and skills that could support it in its work.

The Council:

- ***Noted the update from the Lead Governor.***

CP20/01/C1.2 Pat Drake – Quality and Effectiveness (Presentation C1.2)

Pat Drake provided the equality and effectiveness headlines as at the end of January 2019.

The latest Quality and Effectiveness Committee meetings had taken the opportunity to look at ‘hot topics’ for the Trust:

Equality and Diversity

The organisation was seeking to improve on equality and diversity and had a Quality and Diversity group to champion this. The group looked specifically at, and reported on, workforce disability standard metrics, the agenda pay gap, black history month, transgender awareness, and participation in Doncaster and Worksop Pride events.

Governors were advised of the Trust’s involvement with the Rainbow pledge for inclusiveness, to which 2100 staff were already signed up. Forms and badges were available for Governors to join.

E Observations and Digital transformation

Since implementation at Bassetlaw Hospital, 69,000 observations had been undertaken on the E Obs app – equating to improved data and 144 hours saved in collection. Staff had welcomed the system which was nurse led and the patient safety benefits had been shared with the Quality and Effectiveness Committee.

The E Obs system was to be rolled out at Montagu Hospital during February 2020, and at Doncaster Royal Infirmary in March 2020.

Sepsis in Adults and Children

An update on the management of Sepsis was received – with positive data noted.

The increased use of digital records would further assist with reporting on Sepsis which was a national issue and was complex as many patients had comorbidities.

Complaints and Patient Experience

The December meeting of the Quality and Effectiveness Committee had received the plan to improve complaints management and reporting, and a detailed progress report would be provided to the Council of Governor’s at its meeting in April 2020.

Mortality Rates

A presentation on HSMR – to explain the complicated processes for calculation

and presentation – had been welcomed by the Committee, which had noted the expectation that the numbers would reduce in the coming months.

In response to a query from David Northwood, Pat Drake advised that the Quality and Effectiveness Committee had been assured by the Trust’s approach – in particular the focus on elective mortality – with every case being examined in detail.

Sewa Singh’s offer of a Governor workshop on the calculation and presentation of HSMR was not accepted – with Governors content that the Non-Executive Directors had been assured by the presentation at the Quality and Effectiveness Committee.

Organ Donation Committee

A meeting of the Organ Donation Committee had recently been held. One of the discussions had been around whether the Trust should have a memorial for the families of those who sadly lost their lives and whose organs were then donated, and David Purdue was to set up a task and finish group to look at this matter.

The Council:

- ***Noted the update from Pat Drake.***

CP20/01/C1.3

Neil Rhodes – Finance and Performance (Presentation 1.3)

Neil Rhodes provided the finance and performance headlines as at the end of January 2019.

He highlighted that a lot of assurance could be provided by how the Trust was perceived in terms of its leadership, budgeting and quality, noting that:

- The budget showed a strong cash position;
- Scrutiny continued to ensure that the Trust held its position as the year-end approached, in order to achieve its control total;
- The position had moved from a potential deficit of £7.7m (reported to the October 2019 Council of Governors’ meeting) to a gap of £2.3m.
- The current state had been achieved through hard work, which would continue - with a focus on cost improvement programmes (CIPs) and income - to the year-end, and into 2020/21;
- The link between RTT and income was noted. The Trust was working with the CCG to agree year-end settlement figure (contingent on achieving 92% RTT).

Neil also recognised the importance of strong delivery, noting that:

- The Trust had experienced increased numbers of patients into its Emergency Departments (6% at DRI and 12% at BH) which it was managing with the same staffing levels as previous years;
- The increased attendances had had an impact on the four hour access target which was below the National target (but remained above the National average, and in the top half of performing Hospitals);
- The 70% increase in patients (from the prior month) at Montagu Hospital could be attributed to its changed status from a Minor Injuries Unit to an Urgent Care Treatment Centre (which saw minor ailments as well as minor injuries);
- Focus continued on the improvement of the RTT position and an in depth examination by speciality was being progressed;
- The Finance and Performance Committee was to receive an update on key areas of Finance and Performance from the Divisional Director of Surgery and Cancer, at the February 2020 meeting.

Peter Abell highlighted the importance of RTT to patients - given its inclusion in the NHS Constitution - and that the Trust's position on RTT was much lower than for that of the ICS (currently at 91%). In response to a query on partner concerns, Richard Parker acknowledged the Trust's position in the collaboration which was striving to be a top performer for all targets. He advised that work continued with partners (whose performance had recently stated to deteriorate) and that the Trust continued to plan to achieve, and maintain, an improved position - based on a validation of waiting lists.

Governors were concerned on issues relating to appointment letters, including multiple/duplicate issues and cancellations. The Trust's implementation of Dr Doctor had aimed to improve this, but efforts were adversely affected in some areas due to staff vacancy rates.

Richard Parker confirmed that focused efforts were being made in this area with weekly performance reports being provided on the backlog of letters starting to show improvements. Investment in a post to progress the administration improvement action plan would be made in the next 12 months.

The Council:

- ***Noted the update from Neil Rhodes.***

Action: An update on the progress of the administration improvement action plan – including the position on appointment letters – would be included on the agenda for the Council of Governor' meeting on 23 April 2020. RJ

CP20/01/C1.4 Sheena McDonnell – Charitable Funds (Presentation C1.4)

Sheena McDonnell provided the charitable fund headlines as at the end of January 2019:

- A fundraising strategy on the birth appeal had commenced (target £100k);
- A local author had written a book 'The Boy who Lost his Burp' – following his family's positive experience of the Trust (all funds to Charitable funds);
- Improved controls had been implemented for Charitable fund accounts;
- The Charitable Funds Development Committee had considered smaller items for colleague bids (many relating to health and wellbeing);
- The Fred and Ann Green was promoting bids for funding. Ideas were welcomed, with exciting potential to support a Regional Diagnostic Centre / Cancer Treatment Centre at Montagu Hospital.

Sheena McDonnell also advised of her work to support a mayoral visit to Montagu Hospital at Christmas time, attendance at the Trust's Ethics Committee and her involvement in the recruitment of the Non-Executive Director.

Mark Bright advised – in his capacity as a lay member on the Ethics Committee – of recent matters considered: Issues around planned family access to the mortuary, access to patient records and prisoner appointments.

The Council:

- ***Noted the update from Sheena McDonnell.***

CP20/01/C1.5 Kath Smart – Audit and Risk (Presentation C1.5)

Kath Smart presented the audit and risk headlines as at the end of January 2020:

- The most recent Audit and Risk Committee meeting had taken place in November 2019, and the next meeting was to take place on 6 February 2020;
- The November 2019 Committee had received five internal audit reports;
- Significant assurance had been provided on the final reports for CNST, safeguarding and core financial controls;
- Partial assurance had been provided on the final report on IT Contract Management;
- Early sight of the reporting stocktake audit (which was at draft report stage) was provided to the Committee as that review had resulted in partial assurance with a number of recommendations included to improve processes;
- The processes for follow up of audit recommendations had improved in

recent months, resulting in a low level of items which had passed original implementation dates;

- In depth reports were provided on Counter Fraud activity, Local Security Management, and Health, Safety and Fire;
- There was a need to improve the Corporate Risk Register and Board Assurance Framework reports – to include up to date controls and assurances.

Kath Smart also highlighted her work to support Mock CQC inspections and as the Non-Executive Director supporting Procurement. She had attended meetings relating to fire safety and the NHS Providers NED network.

In response to a query on the Trust's Counter Fraud Activity, Kath Smart confirmed that the Trust took a proactive report to prevention.

The Council:

- ***Noted the update from Kath Smart.***

CP20/01/C1.6 Richard Parker – Chief Executive's Report (Presentation C1.6)

Richard Parker provided an update on recent Trust matters, including:

- The receipt of the draft CQC inspection report – for factual accuracy checking, prior to final report expected on 8 February 2020;
- The receipt of the draft staff survey results – showing significant improvements;
- A visit from the Prime Minister and Health and Social Care Minister for the Trust – which included an announcement of funding (now £20k) for improvements to the 'front door' at Bassetlaw Hospital;
- A second visit from Matt Hancock to discuss plans for a new Hospital in Doncaster;
- The recent and proposed changes to Montagu Hospital;
- The Appointments of a Director of Education and Research, a joint Chief Allied Health Professional (with RDaSH) and a Medical Director.

The Council:

- ***Noted the update from Richard Parker.***

CP20/01/C1.7 Suzy Brain England, OBE (Presentation C1.7)

Suzy Brain England provided an update on her work during the last month, highlighting her representation of the Trust both internally and externally.

Governors noted her attendance at / participation in:

- The launch of the refreshed Doncaster PLACE plan;

- The Non-Executive Director appointment (approved at the meeting in Private which had preceded this meeting);
- The Trust's hosting of Boris Johnson and Matt Hancock – taking the opportunity to highlight the organisation's achievements and challenges, and the need for an update of the Estate / New Build.

The Chair advised that invitations to visit the Trust had been extended to the NHS Provider's new Chair – Sir Ron Kerr, and to Dan Jarvis – Mayor for the Sheffield City Region.

The Council:

- ***Noted the update from the Suzy Brain England.***

CP20/01/C1.8 **Governor Questions (Item C1.8)**

Governor questions, relevant to presentation topics, had been addressed throughout the presentation. Some further matters were addressed:

Coronavirus

In response to a query on how the Trust would respond to Coronavirus, it was noted that efforts would be on containment until a vaccine was available.

The Infection Control Team had assessed the Trust's sites to look at the response that that Trust would take if it received a patient / patients with the virus. Whilst local response was being prepared it was noted that management of any outbreak would be managed at National level.

Pianos

Governors had previously been advised that the purchase of a piano for each Trust site would be funded by Sodexo. As an alternative the pianos had been paid for from Charitable Trust funds as there was evidence that music improved the patient experience.

Since their siting (in the dining room at Doncaster Royal Infirmary and Bassetlaw Hospital, and in the waiting area at Montagu Hospital), the Trust had received both positive and some negative comments. This was a trial and the position would be monitored.

A number of surgeons who had worked an intense night shift had been using the pianos as stress relief. A live outside broadcast with Radio Sheffield was being pursued.

The Council:

- ***Noted the queries and comments from Governors and the responses provided.***

CP20/01/D1 **Governor Approvals (Verbal)**

Hazel Brand highlighted discussions at the December 2019 Governor Briefing Session, where a suggestion to use a Task and Finish Group to consider the current Code of Conduct for Governors had been made.

The Council:

- *Approved the creation of a Task and Finish Group to consider the code of Conduct for Governors.*

Action: Governors were to advise the Trust Board Office of interest in GOVS membership of the Task and Finish Group for the Governor Code of Conduct.

Jeannette Reay advised that Doug Wright had expressed an interest in membership (via email).

CP20/01/E1 Feedback from NHS Providers Governors' Advisory Panel – GAC (Verbal)

Suzy Brain England had attended the Governor Advisory meeting on the morning prior to the Council of Governors' meeting.

The topics covered – and for future possible consideration at DBTH - had included:

- Focus areas for the July 2020 meeting* – possibly IT/Digital, Mental Health, Overview of the state of the NHS;
- Sharing of local Governor experiences, including involvement with Non-Executive Director and Director appointments (as at DBTH);
- A suggestion raised on the detail of Director titles – replacing OF with FOR (ie Director OF P&OD would become Director FOR P&OD);
- A suggestion to increase Non-Executive and Governor engagement by placing Board of Director and Council of Governor meetings on the same day – with a shared lunch in between;
- Support for regional Governor networks (as referenced in the Lead Governor update at CP20/01/C1.1);
- The work of NHS Providers in raising the profile of Workforce, Capital and Finance/Funding changes;
- The success of Governwell Effectiveness Reviews – followed by training and development programmes (referenced as a possible start to informing Governor training needs at DBTH in the Lead Governor update at CP20/01/C1.1);
- Initiatives to showcase at the National Conference* (7 July 2020 in London).

With respect to showcasing the Trust's work, Peter Abell suggested that Governor involvement in the New Build (which should have progressed by July 2020) be considered.

The Council:

- *Noted the update from the GAC meeting on 30 January 2020.*

***Action:** *For the next meeting and National Conference on 7 July 2020, two additional places for DBTH Governors were available (over and above those secured for Suzy Brain England and Peter Abell). Interested Governors were to advise Hazel Brand if they wished to attend.* GOVS

CP20/01/E2 Feedback from Governor Events (Verbal)

No updates were provided.

CP20/01/E3 Governor Portal (Verbal)

In response to Governor requests for guidance on the content and use of the Governor Portal, Ros Wilson advised that time to provide this would be built into the next Governor Briefing.

The Council:

- *Noted the update on the Governor Portal.*

CP20/01/E4 Car Parking (Verbal)

To assist colleagues in meeting the requirements of the new permit recognition scheme, Governors had been asked to confirm their car registration details to the Trust Board office.

Ros Wilson confirmed that one permit would be provided, detailing more than one car registration where relevant, and that this could be laminated to transfer between vehicles.

A query arose on the availability of a car parking attendant at the Racecourse Park and Ride site, and whether this post was written into the service contract with SABA. Kirsty Edmondson-Jones confirmed that there had been no change to the contract – including the provision of a parking attendant at the Racecourse site – but, she advised that one of the attendants had recently left (but had not been made redundant, as was queried) and that, as the individuals used the bus to make use of facilities at DRI, there may be occasions when the car park did not have a presence.

Governors were also advised that the current contract included robust plans for security, over and above those of previous agreements – including attendants, CCTV, lighting and working with the Police.

The Council:

- ***Noted the update on car parking – both at the Hospital sites and at the Racecourse Park and Ride site.***

Action: ***Kirsty Edmondson-Jones would investigate concerns that mobility bays were being incorrectly used, leading to limited spaces for those in need.*** KEJ

CP20/01/F1 Minutes of the Previous Meeting – 30 October 2019 (Enclosure F1)

Kirsty Edmondson-Jones had been missed from the attendance list in error.

A typographical error at G1 required correction to read: ‘Members of the public’.

The Council:

- ***Received and approved the minutes of the Council of Governors’ Meeting held in Public on 30 October 2019, subject to the amendments noted above.***

CP20/01/F2 Minutes of the Annual Members Meeting held on 26 September 2019 (Verbal)

This item was deferred until the next meeting.

CP20/01/F3 Minutes of the Board of Directors (Enclosure F2)

The Council:

- ***Noted the link to the Board of Directors’ meetings held between September and December 2019.***

No queries were raised on the content.

CP20/01/G1 Questions from Members of the Public (Verbal)

CP20/01/G1i Mr Sprakes

Mr Sprakes referenced the query he had raised at the previous meeting on the availability of a cooked breakfast.

This matter had been investigated and it had been confirmed that the Trust’s offer was the same as that of Sheffield Teaching Hospitals.

Mr Sprakes had been answered personally by letter and a post meeting note – providing the response - had been included in the draft minutes of the meeting held on 30 October 2019.

CP20/01/G1ii Mr Webb

Mr Webb thanked Richard Parker for the information he had provided in response to previous queries on RTT.

In response to a query as to whether the Trust was aware of the number of patients who left the Trust's waiting lists to have private work undertaken, the meeting noted that reasons for patients leaving lists were not recorded but that numbers transferring to an alternate provider were known.

Richard Parker advised that, Consultant contracts included an obligation for colleagues to offer additional work to DBTH before any other provider. There were surgeons who undertook additional work and this information was recorded. Private work and contracts were currently being examined nationally.

Mr Webb raised a detailed query on behalf of a patient who experienced a fall six weeks' previously, resulting in a fractured femur. David Purdue would liaise with Mr Webb outside of the meeting on this matter.

The Council:

- ***Noted the queries and comments from the members of the public and the responses provided.***

CP20/01/H1 Any Other Business (Verbal)

CP20/01/H1i Comment on Meeting

Suzy Brain England thanked all for their contributions to the meeting, highlighting an incredibly positive meeting which had reiterated to colleagues the strong current position of the Trust, and it's exciting plans for the future.

Colleagues were requested to share the positive messages widely.

The Council:

- ***Noted the closing remarks.***

CP20/01/H2 Items for Escalation to the Board of Directors (Verbal)

No items for escalation were noted.

CP20/01/H3 Date and time of next meeting (Verbal)

The Council:

- ***Noted the arrangements for the next meeting:***

Date: Thursday 23 April 2020

Time: 17:30hrs

Venue: Education Centre, Bassetlaw Hospital

CP20/01/G Meeting Close

The meeting closed at 8:45pm.