

**Meeting of the Council of Governors held in Public
On
Wednesday 11 November 2020 at 14:30 – 17:00
Microsoft Teams
AGENDA**

		LEAD	ACTION	TIME / ENC
A	COUNCIL BUSINESS			14:30
A1	Welcome and Apologies for absence	SBE	Note	Verbal
A2	Declaration of Governors' Interests	SBE	Note	A2
<p><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></p>				
A3	Actions from previous meetings	SBE	Note	A3
B	GOVERNOR APPROVALS			14:40
B1	Annual Audit Letter 2019/2020 to the Council of Governors - Dan Spiller from Ernst Young	DS	Approve	
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE			15:00
C	Presentation (10 minutes each presentations, 10 minutes questions in C1.8)		Presentation	Present
C1.1	Richard Parker – Chief Executives Report	RP	Note	
C1.2	Suzy Brain England – Chair's Report	SBE	Note	
C1.3	Hazel Brand – Lead Governor Update	HB	Note	
C1.4	Neil Rhodes – Finance and Performance	NR	Note	
C1.5	Pat Drake – Quality and Effectiveness	PD	Note	
C1.6	Sheena McDonnell – Charitable Funds	SMc	Note	
C1.7	Kath Smart – Audit and Risk	KS	Note	
C1.8	Governor Questions (10mins)	Govs	Q&A	Verbal

D	ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting			16:20
D1	Minutes of Council of Governors held on 24 September 2020	SBE	Approve	D1
D2	Minutes of the Annual Members Meeting held on 24 September 2020	SBE	Approve	D2
D3	Chair & NED Objective Setting and Appraisal Process	SBE	Approve	D3
E	QUESTIONS FROM MEMBERS OF THE PUBLIC			16:40
E1	Questions from members or the public previously submitted prior to meeting.	SBE	Q&A	Verbal
	<i>NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.</i>			
F	INFORMATION ITEMS			16:50
F1	Any Other Business (to be agreed with the Chair before the meeting)	Govs	Note	Verbal
	- DBTH Governor Showcase Video			
F2	Items for escalation to the Board of Directors	SBE	Approve	Verbal
F3	Date and time of next meeting:	SBE	Note	Verbal
	Date: 28 January 2021			
	Time: TBC			
	Venue: Via Microsoft Teams Video Conferencing			
G	MEETING CLOSE			17:00



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 2 November 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 – Bassetlaw

Member of The Labour Party
Member of Community Union

Dennis Atkin – Public Governor – Doncaster

Director/Owner of The Ridge Employability College Ltd

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Ann-Louise Bayley, Public Governor

Unite Union, Secretary
Delegate, North East Region of UNITE Union to the National Forum Board
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

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

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 a Regional DOHSC Mental Health Panel.
Expert Advisor Nationally on NHS Complaints (excluding any comments on alleged negligence in DBTH)

Geoffrey Johnson, Public Governor

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

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

Deputy Chief Officer, Director of Strategy, NHS Bassetlaw CCG
Trustee for Bassetlaw CAB
Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Lynne Schuller – Public Governor – Bassetlaw

District Councillor, Bassetlaw District Council; Harworth Ward
Town Councillor, Harworth Town Council

Susan Shaw, Partner Governor

Member of Health and Wellbeing Board (Nottinghamshire County Council)
District Counsellor Bassetlaw D.C
Member – Labour Party
Chair of a Charity in Bassetlaw called **Focus on young people in Bassetlaw**

Mary Spencer – Public Governor – Bassetlaw

Member of Citizens Panel – South Yorkshire and Bassetlaw ICS
Elected Parish Councillor for Walkeringham Parish Council

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

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

Dr Mark Bright – Public Governor – Doncaster

Kay Brown, Staff Governor

Duncan Carratt, Staff Governor – Non Clinical

Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council

Anthony Fitzgerald, Partner Governor

Sophie Gilhooly – Staff Governor – Other Healthcare

Alexis Johnson, Partner Governor

Lynne Logan – Public Governor – Doncaster

Steve Marsh, Public Governor

Ainsley McDonnell, Partner Governor

David Northwood, Public Governor

Vivek Panikkar, Staff Governor

Pauline Riley, Public Governor

Mandy Tyrrell, Staff Governor

Interests are yet to be confirmed by:

Newly elected/re-elected/appointed (being captured in induction process):

Tina Harrison – Partner Governor – Doncaster College and University Centre

Jackie Hammerton – Public Governor – Rest of England

Maria Jackson-James – Public Governor – Rest of England

Sally Munro – Staff Governor – Nursing and Midwifery

Jo Posnett – Partner Governor – Sheffield Hallam University

Fiona Dunn – Company Secretary

2nd November 2020



Action notes prepared by:
Updated:

Roz Wilson
24 September 2020



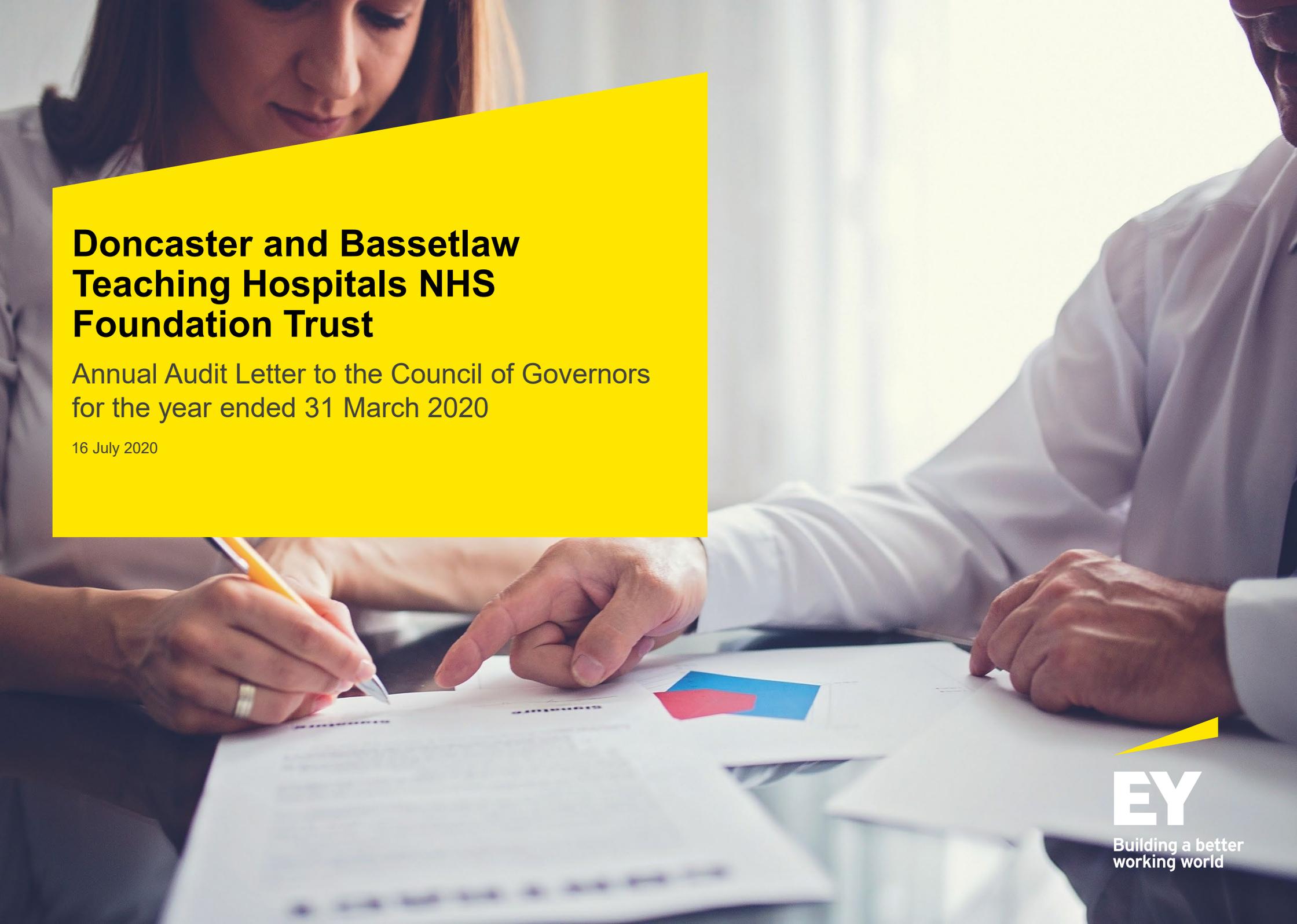
**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Action Log

A3

Meeting: Public Council of Governors	KEY	
Date of latest meeting: 24 September 2020	Completed	On Track
	In progress, some issues	Issues causing progress to stall/stop

No	Minute No.	Action	Lead	Target Date	Update
1.					

A woman in a white lab coat is writing on a document with a yellow pen. A man in a white shirt is pointing at the document with his right hand. The document has a small bar chart with red and blue bars. The background is a bright, out-of-focus office setting.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Annual Audit Letter to the Council of Governors
for the year ended 31 March 2020

16 July 2020

The EY logo consists of the letters 'EY' in a bold, white, sans-serif font. Above the 'Y' is a yellow triangle pointing to the right.

EY

Building a better
working world

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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter.

This report is made solely to the Council of Governors, Audit and Risk Committee, Board of Directors and management of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Council of Governors, Audit and Risk Committee, Board of Directors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Council of Governors, Audit and Risk Committee, Board of Directors and management of the Trust for this report or for the opinions we have formed. It should not be provided to any third party without our prior written consent.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or associate partner contact. If you prefer an alternative route, please contact Hywel Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.



Section 1

Executive Summary



Executive Summary

We have summarised the results and conclusions on the significant areas of the audit process for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust') for the year ended 31 March 20.

Covid-19 had an impact on a number of aspects of our 2019/20 audit. We set out these key impacts below.

Area of impact	Commentary
Impact on the delivery of the audit	
▶ Changes to reporting timescales	On 23 March 2020, NHSE/I wrote to all commissioners and providers setting out changes to the 2019/20 accounts reporting timescales as a result of Covid-19. The deadline for submission of audited accounts was changed from 29 May 2020 to 25 June 2020. We worked with the Trust to deliver our audit in line with the revised reporting timescale.
Impact on our risk assessment	
▶ Valuation of Property Plant and Equipment	The Royal Institute of Chartered Surveyors (RICS), the body setting the standards for property valuations, issued guidance to valuers highlighting that the uncertain impact of Covid-19 on markets might cause a valuer to conclude that there is a material uncertainty. Caveats around this material uncertainty have been included in the year-end valuation reports produced by the Trust's external valuer. We consider that the material uncertainties disclosed by the valuer gave rise to an additional risk relating to disclosures on the valuation of property, plant and equipment.
▶ Disclosures on Going Concern	Financial plans for 2020/21 will need revision for Covid-19, and the DHSC has suspended normal NHS operational planning for 2020/21 and moved to "block contract" arrangements until at least June 2020. We considered the unpredictability of the current environment gave rise to a risk that the Foundation Trust would not appropriately disclose the key factors relating to going concern, underpinned by managements assessment with particular reference to Covid-19 and the Trust's actual year end financial position and performance.
Impact on the scope of our audit	
▶ Auditor assurance on the Quality Report	In March 2020, NHSI removed the requirement for auditors to issue a limited assurance opinion on the quality report for 2019/20.

Executive Summary (cont'd)

Area of Work	Conclusion
Opinion on the Trust's:	
▶ Financial statements	<p>Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended</p> <p>Our audit opinion included an "Emphasis of Matter" paragraph to refer to the going concern disclosures included by the Foundation Trust to explain the impact of Covid-19 on future financial plans.</p> <p>Our audit opinion also included an "Emphasis of Matter" paragraph to refer to the statement made by the external valuer regarding material valuation uncertainty impacting the Trust's Land and Buildings as at 31 March 2020.</p>
▶ Parts of the remuneration and staff report to be audited	We had no matters to report.
▶ Consistency of the information in Annual Report with the financial statements	Financial information in the Annual Report and published with the financial statements was consistent with the Financial Statements. In reviewing the Annual Report and other information published with the financial statements we took account of updated guidance issued to bodies in the light of Covid-19.

Area of Work	Conclusion
Reports by exception:	
▶ Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the Trust.
▶ Consistency of the Annual Report within knowledge we have acquired during the course of our audit	We had no matters to report.
▶ Referrals to NHS Improvement (formerly Monitor)	We had no matters to report.
▶ Public interest report	We had no matters to report in the public interest.
▶ Value for money conclusion	We had no matters to report.

Executive Summary (cont'd)

Area of Work	Conclusion
Reporting to NHS Improvement on the Trust's consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to your audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report.

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	Our Audit results report was issued on 4 June 2020.
Issued a certificate that we have completed the audit in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 25 June 2020.

We would like to take this opportunity to thank the Trust staff for their assistance during the course of our work.

Stephen Clark

Partner

For and on behalf of Ernst & Young LLP

Section 2

Purpose



Purpose

Purpose of this letter

The purpose of this letter is to communicate to the Council of Governors the key issues arising from our work, which we consider should be brought to the attention of the Trust.

We have already reported the detailed findings from our audit work in our 2019/20 audit results report to the Audit and Risk Committee on 4 June 2020, representing those charged with governance. We do not repeat those detailed findings in this letter but instead provide a summary of our key findings.

Section 3

Responsibilities



Responsibilities

Responsibilities of the External Auditor

Our 2019/20 audit work has been undertaken in accordance with the Audit Plan that we issued on 23 March 2020 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the National Audit Office and NHS Improvement (formerly Monitor).

As auditors we are responsible for:

Expressing an opinion:

- ▶ On the 2019/20 financial statements;
- ▶ On the parts of the remuneration and staff report to be audited;
- ▶ On the consistency of the information in the Annual Report with the financial statements; and
- ▶ On whether the consolidation schedules are consistent, within a £300,000 tolerance, with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- ▶ If the Governance Statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- ▶ On the consistency of the Annual Report with knowledge we have acquired during the course of our audit;
- ▶ To NHS Improvement (formerly Monitor) if we have concerns about the legality of transactions or decisions taken by the Trust; and
- ▶ Any significant matters that are in the public interest.
- ▶ Forming a conclusion on the arrangements the Trust has in place to secure economy, efficiency and effectiveness in its use of resources.

We report to the National Audit Office (NAO) on the Trust's Whole of Government Accounts return, the Trust Accounts Consolidation schedules, which support the Whole of Provider account consolidation.

NHS Improvement has removed the requirement to undertake assurance work on the Trust's Quality Report for the year ended 31 March 2020.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, Annual Report and Governance Statement. In the Governance Statement, the Trust publicly reports on the extent to which it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in the year, and on any planned changes in the coming period.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Section 4

Financial Statement Audit



Financial Statement Audit

Key Issues

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

Our 2019/20 audit work on the Trust's financial statements has been undertaken in accordance with the audit plan we issued 23 March 2020 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the National Audit Office and NHS Improvement (formerly Monitor).

We issued an unqualified audit report on 25 June 2020.

Our detailed findings were reported to the 4 June 2020 Audit and Risk Committee, through our Audit Results Report.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
Risk of fraud and error	
<p>The financial statements as a whole are not free of material misstatements whether caused by fraud or error.</p> <p>As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p> <p>The risks will be most focused around those items of income and expenditure which are non-routine and involve more management estimation and judgment, such as year-end income accruals with commissioners, expenditure accruals that do not arise from the routine purchase orders, provisions, or through omission of expenditure.</p>	<p>To address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none">➤ Considered the nature and form of fraud risks as part of our audit planning, including direct inquiry of management about the risks of fraud and the controls put in place to address those risks. We also obtained an understanding of how those charged with governance exercise their oversight of management's controls to prevent fraud;➤ Tested journal entries and other adjustments made by management in the preparation of the financial statements;➤ For a sample of manual journals, we obtained supporting documentation to understand their purpose and appropriateness. The sample was risk based;➤ Tested significant accounting estimates for evidence of management bias, by obtaining supporting information and comparing to other available evidence. This includes accruals, asset valuations, depreciation and provisions; and➤ Considered the existence of significant unusual transactions during the year, identifying the receipt of and eligibility to PSF and FRF income to supporting documentation. <p>We did not identify any specific fraud risks other than that relating to fraud in revenue recognition that has already been identified as a significant risk.</p> <p>We did not identify any material weaknesses in controls or evidence of material management override.</p> <p>Through our testing of a sample of journals, we have not identified any matters to report to you.</p> <p>We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates.</p> <p>We gained assurance that PSF and FRF income reported in the financial statements has been appropriately accounted for.</p> <p>As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.</p>

Financial Statement Audit (cont'd)

Significant Risk

Revenue and expenditure recognition

Under ISA240 there is a presumed risk that revenue may be misstated due to improper recognition of revenue. In this public sector this requirement is modified by Practice Note 10, issued by the Financial Reporting council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

In respect of income and expenditure we consider the risk is most focussed around those items that are non-routine and involve more management estimation and judgement such as, year-end accruals and activity-based/non contract revenue.

The risks in these areas relate to improper application of revenue cut-off, overstatement of debtors/accrued income and potential understatement of liabilities in the balance sheet at the year-end.

We consider the significant risk does not apply to payroll.

Conclusion

In responding to the identified risk we:

- Documented our understanding of the processes and controls in place to mitigate the risks identified and walked through those process and controls to confirm our understanding.
- Identified significant accounting estimates, discussing assumptions and calculation methodology with management.
- Tested the identified significant accounting estimates to confirm appropriateness and consistency with supporting records considering evidence of bias
- Sample tested material revenue and expenditure streams with a focus on assets and liabilities at the year-end and compliance with accounting policies
- Obtained the Department of Health and Social Care agreement of balances data, sample testing intra-NHS transactions and investigating significant differences
- Tested revenue cut-off at the period end date
- Conducted testing to identify unrecorded liabilities at the year-end

Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.

Overall our audit work did not identify any material issues or unusual transactions which may have indicated that the Trust's financial position had been misreported.

Our review of Department of Health and Social Care agreement of balances data identified a number of mismatches above our reporting threshold requiring further investigation.

There are no further matters to report to you.

As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.

Financial Statement Audit (cont'd)

Significant Risk	Conclusion
<p>Going Concern</p> <p>International Auditing Standard (ISA (UK&I) 570, requires auditors to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern.</p> <p>The Foundation Trust Audit Reporting Manual states: 'there is no presumption of going concern status for NHS foundation Trusts. Directors must decide each year whether or not it is appropriate for the NHS foundation Trust to prepare its accounts on the going concern basis, taking into account best estimates of future activity and cash flows.'</p> <p>The 2018-19 audit opinion on the Trust financial statements included reference to a material uncertainty regarding the Trust's ability to continue as a going concern for the foreseeable future.</p> <p>Although 2019-20 has seen an improvement in the cash position of the Trust, at month 9, the Trust has £58 million of DHSC loans repayable within the next 12 months. This means that without additional support from the department, the Trust will be unable to meet its immediate financial commitments.</p> <p>Notes 1.2, 1.26 and 20 of the financial statements describe the Financial and operational consequences the Foundation Trust is facing as a result of COVID-19 which is impacting finances, personnel available for work.</p>	<p>In responding to the identified risk we:</p> <ul style="list-style-type: none"> ➤ Obtained and reviewed management's written justification supporting why the financial statements of the Trust are prepared on a going concern basis; ➤ Obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and agreed underlying assumptions to supporting agreements from commissioners; and ➤ Read disclosures in the financial statements for completeness and accuracy. <p>In additional to those procedures set out in our Audit Planning Report, we have also:</p> <ul style="list-style-type: none"> ➤ Obtained and read communication from NHSE/I supporting management's assertions regarding future funding; and ➤ Obtained and read communications from 2 April 2020 announcing the conversion of short-term revenue loans from DHSC in to PDC. <p>The Trust requirement on PSF/FRF has fallen by over £10 million in the year and is expected to fall again in 20/21 by over £5 million. The Trust has once again hit its control total.</p> <p>The available bank balance at the reporting date is £30 million which covers a full month of expenditure. In April, commissioners have provided additional advance funding of £60 million, representing two block payments of 20/21 interim arrangement contracts.</p> <p>Also, in April 2020, it was announced that £72 million of DHSC loans will be converted into PDC in September 2020. Although this increases the fixed costs of the Trust through increased dividend payments, it has removed the requirement for the Trust to either repay the short-term loans from short-term liquidity reserves, or to seek DHSC support to defer repayment of these loans on an annual basis.</p> <p>We concur with management's view that the financial statements should be prepared on a going concern basis and the financial statement disclosures reflect this.</p>

Financial Statement Audit (cont'd)

Other Key Findings	Conclusion
PPE valuation – emphasis of matter	We also draw attention to Note 1.23.2 Sources of estimation uncertainty of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations. Our opinion is not modified in respect of this matter.

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	<p>We determined materiality for the Group to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Group. The materiality percentage is consistent with that in 2018-19.</p> <p>We determined materiality for the Trust to be £8.6 million (2018-19: £8.1 million), which is 2% (2018-19: 2%) of gross expenditure. We believe that gross expenditure provides us with a reasonable basis for determining materiality as this is the key activity and performance measure of the Trust. The materiality percentage is consistent with that in 2018-19.</p>
Reporting threshold	We agreed with the Audit and Risk Committee that we would report to the Committee all audit differences in excess of £0.3m (2018/19: £0.3m)

Financial Statement Audit (cont'd)

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We have adopted a fully substantive approach and have therefore not tested the operation of controls.

The matters reported are shown below and are limited to those deficiencies that we identified during the audit and that we concluded are of sufficient importance to merit being reported.

Description	Impact
<p>Our work in reviewing the allowance for impaired contract receivables / assets has identified that provisions have been made against bodies within the DHSC group.</p> <p>Although the total allowance raised is immaterial (£100k) the DHSC Group Accounting Manual states that</p> <p>“DHSC group bodies should not normally recognise stage-3 impairments (objective evidence of impairment) for receivables due from other DHSC group bodies, as such amounts are not expected to be irrecoverable.</p> <p>If in doubt as to whether it is correct to recognise either an expected (stages 1 and 2) or an incurred (stage 3) loss allowance against a body, DHSC group bodies should consult their national body or DHSC Finance.”</p> <p>Management have not consulted with DHSC finance before making the allowance.</p>	<p>The impact would be a regularity issue as the Trust are not strictly adhering to the DHSC GAM, but due to the size of the amount in question, this is clearly below any reporting threshold for regularity purposes.</p>
<p>For the third year in succession we are reporting difficulties in obtaining requested information to support our testing of starters and leavers.</p> <p>Although it appeared that the process was going to be smoother this year, in that a large amount of information was received within our accepted timescale, we were and still are missing three pieces of evidence; one new starter form and two supporting contracts, one for each of a leaver and a starter. It should be stated, that the Trust has improved in this area for each of the last two years.</p>	<p>As previously reported, poor record and document retention can leave the Trust exposed in disputes and also presents a risk that the Trust may not comply with General Data Protection Regulation (GDPR) or the Data Protection Act. Controls around payroll are of paramount importance given the significance of this balance in the financial statements.</p>

Department of Health and Social Care Group Instructions

We are only required to report to the NAO on an exception basis if there were significant issues or outstanding matters arising from our work. There were no such issues reported to the NAO.

Financial Statement Audit (cont'd)

Department of Health and Social Care Group Instructions (cont'd)

We are also required by NHS Improvement (formerly Monitor) to provide to the Trust a statement that the Trust Accounts Consolidation schedules (TACs) are consistent with the audited accounts, including a list of inconsistencies greater than £300,000 between the TACs and the accounts. We reported that the TACs were consistent with the audited statements.

Governance Statement

We are required to consider the completeness of disclosures in the Trust's Governance Statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and did not identify any areas of concern.

Referral to the Regulator

We must report to NHS Improvement (formerly Monitor) any matter where we believe a decision has led to, or would lead to, unlawful expenditure, or some action has been, or would be, unlawful and likely to cause a loss or deficiency. We had no exceptions to report.

Report in the Public Interest

We have a duty under the National Health Service Act 2006 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

Section 5

Value for Money



Value for Money

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

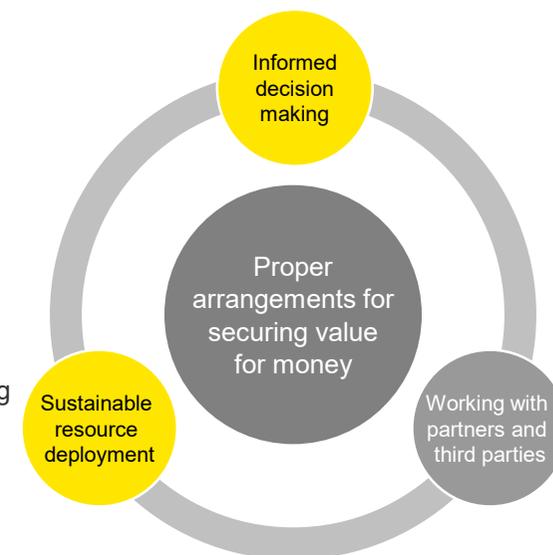
Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- ▶ Take informed decisions;
- ▶ Deploy resources in a sustainable manner; and
- ▶ Work with partners and other third parties.

On 16 April 2020 the National Audit Office published an update to auditor guidance in relation to the 2019/20 Value for Money assessment in the light of Covid-19. This clarified that in undertaking the 2019/20 Value for Money assessment auditors should consider NHS bodies' response to Covid-19 only as far as it relates to the 2019-20 financial year; only where clear evidence comes to the auditor's attention of a significant failure in arrangements as a result of Covid-19 during the financial year, would it be appropriate to recognise a significant risk in relation to the 2019-20 VFM arrangements conclusion.

We identified one significant risk in relation to these arrangements. The table below presents the findings of our work in response to the risks identified.

We therefore had no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources.



Significant Risk	Conclusion
<p>Deploying resources in a sustainable manner</p> <p>Our planning procedures identified that the financial position and sustainability of the Trust continues to be challenging.</p> <p>The break-even control total for the year of required £13.2m of cost savings to be achieved.</p> <p>As at month 9 there was a reported risk that the Trust would not achieve the control total as CIP achievement was £632k behind plan.</p> <p>The month 9 position illustrated that the year end outturn was a significant challenge, which could easily have deviated further from plan if mitigating actions and savings plans were not delivered.</p> <p>Should the Trust not achieve planned financial performance, a deficit would be recognised and exacerbated by the potential loss of quarter 4 Provider Sustainability Funding which is dependent on achievement of financial and operational performance, increasing the forecast deficit by £5.1m.</p>	<p>The financial control total was delivered, with cost savings of £11.2m being delivered against a target of £13.2m.</p> <p>The Trust delivered challenging clinical targets in quarter 4 to achieve an incentivised position with commissioners.</p> <p>The financial achievement in attaining its control total, has been against a backdrop for the Trust, or an improved CQC inspection report in the year. This awarded the Trust a "Good" rating.</p> <p>A number of actions were taken by Trust management in response to the COVID-19 outbreak. These included seeking an increase to Trust credit card limits and introducing a daily "Gold Command" to review unplanned but necessary spend. These two actions in conjunction, ensured discretionary spend was subject to additional, senior level scrutiny, but the Trust was able to purchase quickly when time was of critical importance.</p>

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Council of Governors November 2020



Strategic objectives

www.dbth.nhs.uk

Rich Parker

Richard Parker OBE

Chief Executive



Covid-19 data

As of 11am on 11 November 2020:

- Current Covid-19 patients: **212**
- Total Covid-19 patients in Intensive Care: **18**
- Total Covid-19 discharges: **872**
- Total number of patients who have died: **381**
- Total number of patients who have been cared for: **1,467**



We cared for around **8,131** inpatients



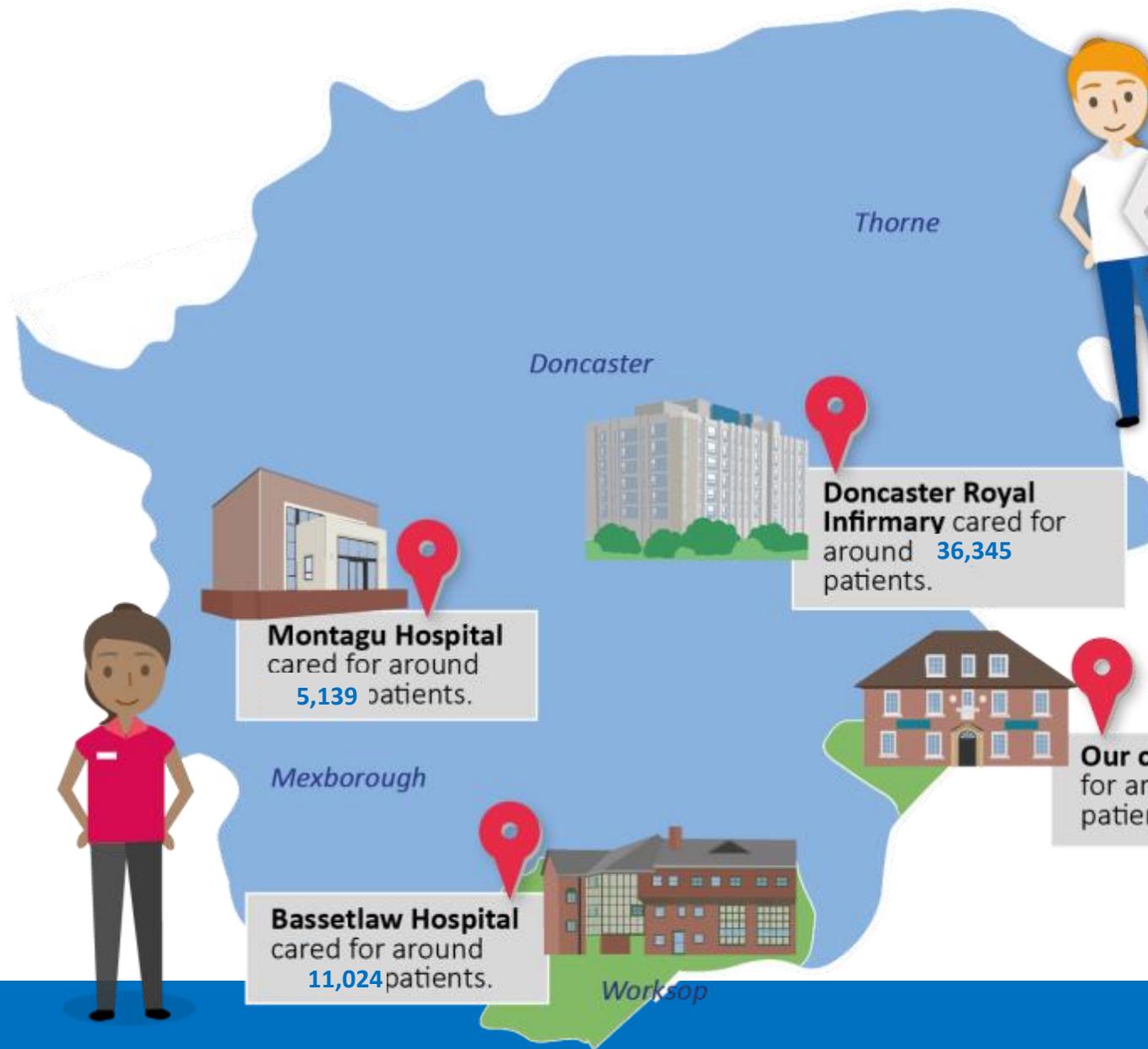
We cared for approximately **31,334** outpatients



We cared for approximately **12,999** emergencies



We delivered approximately **371** babies



Our activity in October

Current position

- **Incredibly challenging October** with increased rates of admission.
- We are now beyond the **peak of the first-wave** (115 peak in comparison to 220).
- In late October, we had the third-highest bed occupancy (98.6%) in the country.
- To manage the position, we are **concentrating our bed and testing capacity** on emergency, urgent and cancer services.
- We have also **stepped up Daily Review meetings**, in addition to four-times-per-day operational meetings.



Changes and developments

- **Maternity services** returned to Bassetlaw Hospital on 2 November with watching brief.
- **New Covid-19 diagnostic equipment** means we can complete some tests within 90 minutes.
- We continue to **vaccinate against the flu** – with over 50 percent of colleagues taking up the offer.
- **Some optimism related to Covid-19 vaccine**, however individuals required to have at least a 28 day gap between the new vaccine and flu jab.



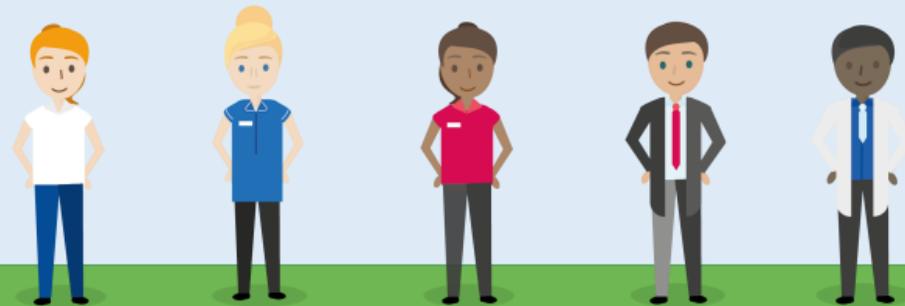
Changes and developments

- **Short term parking bays on Armthorpe Road and Thorne Road** are now without restrictions once again.
- On Monday 2 November we opened the Badminton Court at DRI as a **temporary dining facility** and **sandwich bags are available** similar to earlier this year.
- We continue to **update our risk assessment** and related documentation to help us safeguard staff.
- Finally, last week we went into **further lockdown restrictions**. We believe this will help us to further flatten the curve.



Looking ahead

- Similar to what we have seen since October, **this winter will be challenging.**
- **We are closely managing our position** and making changes and taking actions as necessary.
- **We are working with partners** both locally and regionally to ensure we are making the best use of our capacity across the patch.



Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



From the Chair:

- Thanking Team DBTH for their unswerving dedication.
- Thanking our communities for their ongoing support.
- Welcoming our new Governors, and living within a digital 'new normal'.
- Equality, diversity and inclusion and recruiting two Associate NEDs.
- Looking forward to Christmas and beyond.
- Hands, face and space.



Lead Governor Report



Hazel Brand

Lead Governor



The Governor perspective:

- Welcome to new and re-elected Governors to their first full Council of Governors meeting.
- DBTH showcase at 'GovernWell Conference'.
- Ideas arising from the conference.
- Training and development - session on accountability.
- Review of committee governor observers.
- Annual Members Meeting.
- How governors can help during Wave 2.



Non-Executive Director Report



Neil Rhodes

Deputy Chair & Non-Executive Director



The Performance Challenge

Performance framework adapted to deal with 'new' performance focus:

- Percentage of activity delivered compared to last year, prolonged waiters, keeping patients safe.

Elective pathways:

- End of September ahead of % delivery on EL, behind on OP delivery.
- Agreed additional OP activity plan mid-October.
- x345 52 weeks breaches end of Sept. Too many – but ahead of trajectory and performing well nationally
- Cancer – some challenges on 62 week pathway due to Covid-19 delays. However, best performance on reducing prolonged waits (over 104 days and over 62 days) across South Yorkshire and Bassetlaw.
- RTT, diagnostic performance improving – but long way to go.
- Late October – stepped down routine surgical elective work due to Wave 2 pressures.
- Working with partners on comms with patients & considering alternative pathways for long waiters.
- Focus on embedding new ways of working (virtual OP, drive-through blood tests, diagnostics etc).

The Performance Challenge

Emergency pathway:

- 82.5% four hour performance – decline linked to Covid-19 – but better than peer and national benchmark.
- Further focus on ambulance delays required – work with Emergency Intensive Support Team required.



The Performance Challenge

Year to Date:

- **I&E Position to end of Sept (YTD)** – Break even. Retrospective top up of £5.2m YTD.
- **COVID Revenue Spend to end of Sept (YTD)** - £8.5m.
- **COVID Capital Spend to end of Sept (YTD)** - £1.5m.
- Trust has received a **significant assurance** opinion from internal audit on Covid financial controls and systems for months 1 to 6.

Plan:

- **Plan Position Year End:** c. £8.5m deficit before adjustments for Non Clinical Income and Ann Leave.
Adjusted deficit £2.6m.
- **CIP Requirement:** 1% - c. £2.1m.
- **Risk on Activity Fines** – c. £2.1m.
- **Annual Leave risk** – c. £2.9m.



Non-Executive Director Report



Pat Drake

Senior Independent Director



Overview

- Issues in slides from meeting Sept 29th and clearly events have overtaken us.
- Observed the Clinical Governance Committee and Patient Experience and Engagement Committee - both are under review.
- Attended two Qi events in Maternity.
- Transitional Care.
- Active Births.
- Attended a training session on the use of Datix to manage risk.



Quality and Effectiveness

- Clinical Specialties Divisional presentation.
- Complaints Deep Dive - new process in place for further review February.
- Maternity Improvements.
- Senior leadership changes.
- Stabilisation and Recovery and Quality Performance Impact Assessment process.
- Clostridium difficile improvements made due to rise.
- Patient safety learning.



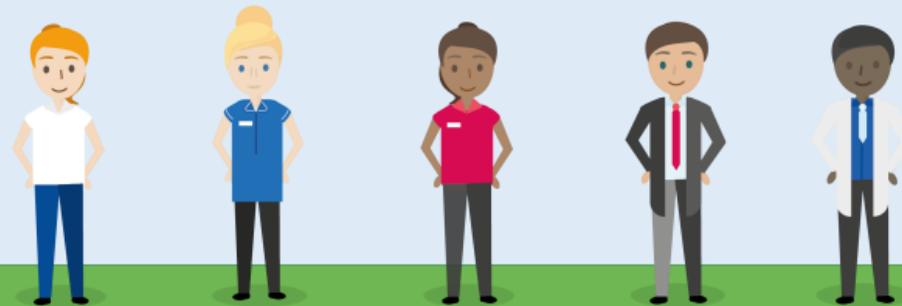
Quality and Effectiveness

- Mortality governance.
- Patient discharge Qi event.
- Safer staffing.
- Learning disability strategy and patient stories.
- Workforce assurance.
- CQC updates.



Going forward

- Breakthrough objectives.
- ResPECT and End of Life Care
- Inpatient survey.
- Strategy reviews.
- Research and effectiveness.



Non-Executive Director Report



Kath Smart

Non-Executive Director



Audit and Risk Committee

ARC met as planned in October, the key highlights are:

1. Cyber Security presentation on progress and plans for 2020/21
2. Internal Audit Work re-commenced Q2.
3. Assurances from Counter Fraud on the ongoing fraud prevention and detection work.
4. Reports from Local Security Management Specialist
5. Health & Safety assurances review.
6. Declarations of Interest process highlighted gaps in medical staff completions, being addressed by MD.



Overview

Internal Audit reports – four new reports issued from KPMG:

1. Covid-19 Business Continuity, Pandemic Response Plan and Remote Working – “Significant Assurance with minor improvement opportunities”.
2. Covid-19 Financial Governance & Control – “Significant Assurance with minor improvement opportunities.”
3. Legacy IT review – “Partial Assurance with improvements required”.
4. Recruitment: TRAC and ESR – Significant Assurance Recruitment via TRAC; “Partial Assurance” for Staff Records/ESR.



Overview

Partial Assurance Reports:

- **Legacy IT Review** – one high, two medium and two low recommendations made. The key recommendation was to improve oversight of all servers and applications.
- **Recruitment & Staff Records: Staff Records and ESR** – three medium and three low recommendations made regarding control of vacancy forms; timeliness of managers using self service, timeliness of maternity returners notifications.

Finally:

- Council of Government appointment of external auditors due during 2021, although EY will complete the audit work for 2020/21.



Non-Executive Director Report



Sheena Mcdonnell

Non-Executive Director



Overview

- New people Committee
 - People Plan
 - Staff Survey
 - Absence
 - FTSU
- Fred And Ann Green Advisory Group
 - Trust Fundraiser
 - Link with Charitable funds
 - Support for memorial gardens and star lights





Thank you, any questions?

COUNCIL OF GOVERNORS

Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 24 September 2020 15:00hrs
Via Starleaf Videoconferencing

Present:

Chair	Suzy Brain England – Chair		
Public Governors	Peter Abell	Linda Espey	David Northwood
Via Starleaf	Dennis Atkin	David Goodhead	Pauline Riley
	Philip Beavers	Geoffrey Johnson	Lynne Schuller
	Hazel Brand (Lead Governor)	Lynne Logan	Mary Spencer
	Mark Bright	Beverley Marshall	
Staff Governors	Duncan Carratt	Sophie Gilhooly	Sally Munro
Partner Governors	Rob Coleman	Alexis Johnson	Susan Shaw
	Tina Harrison	Victoria McGregor Riley	Clive Tattley

In attendance:

Board Members	Richard Parker OBE – Chief Executive
	Karen Barnard - Director of People and Organisational Development
	Jon Sargeant – Director of Finance
	Dr Tim Noble – Medical Director
	Alasdair Strachan – Director of Education and Research
	Fiona Dunn Acting Deputy Director of Governance and Quality / Company Secretary
	Pat Drake, Non-Executive Director and Senior Independent Director
	Sheena McDonnell – Non-Executive Director
	Neil Rhodes – Non-Executive Director
	Kath Smart – Non-Executive Director
	Emma Shaheen – Head of Communications and Engagement
	Kirsty Edmondson Jones – Director of Estates and Facilities
	Ken Anderson – Acting Chief Information Officer

In attendance:	Rosalyn Wilson – Corporate Governance Officer (Minutes)
	Katie Shepherd – Corporate Governance Officer (IT Support)

Apologies:

Governor	Mike Addenbrooke	Ainsley MacDonnell	Mandy Tyrell
Apologies	Karl Bower	Susan McCreadie	
	Kay Brown	Vivek Panikkar	

Board Member	Mark Bailey – Non Executive Director
Apologies	David Purdue – Deputy Chief Executive and Director of NM&AHP
	Rebecca Joyce – Chief Operating Officer

CC24/09/A1 **Welcome and Apologies for Absence (Verbal)**

Suzy Brain England, Chair to the Board welcomed the existing, new and returning governors to today's Council of Governors public meeting. The outcome of the elections listed below:

ELECTED for Public Bassetlaw

- Peter ABELL – Returning Governor
- Lynne SCHULLER
- Mary SPENCER

ELECTED for Public Doncaster

- Mark BRIGHT - Returning Governor
- Lynne Julie LOGAN -Returning Governor
- Dennis ATKIN
- Pauline RILEY

ELECTED for Public Rest of England

- Jackie HAMMERTON – was a Partner Governor
- Maria JACKSON-JAMES

ELECTED Staff: Non Clinical

- Duncan CARRATT - Information Services Manager - Returning Governor

ELECTED Staff: Other Healthcare

- Sophie GILHOOLY - Physiotherapist

ELECTED Staff: Nursing & Midwifery

- Sally MUNRO - TAU Sister

APPOINTED Partner Governors:

- Tina Harrison – Director of Curriculum Support Personal Development, Behaviour & Attitudes at Doncaster College and University Centre
- Phil Holmes - Director of Adults, Health and Wellbeing (DASS)
- Jo Posnett - Interim Deputy Head for Dept of Allied Health

CC24/09/A2 **Declaration of Governors' Interests (Enclosure A2)**

The Trust Board Office advised the Chair that amendments had been made to the Governors Declarations of Interest register to remove Governors whose terms had ended and to include the newly elected Governors whose declarations will be captured throughout the induction process.

It was noted that the master register provided under agenda item A2 requires an amendment, due to change in elected governor. Amendment required for Public Governor –Bassetlaw; Dr Chandrakant Mutalik (Public Governor – Bassetlaw) to be replaced with Lynne Schuller due to Dr Chandrakant Mutalik standing down the appointment.

The Council:

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

CC24/09/A3 Actions from previous meetings (Enclosure A3)

There were no outstanding actions on the Public Council of Governors action log.

CC24/09/B1 Minutes of Council of Governors (Enclosure B1)

The Council of Governors were asked to accept the minutes from the previous meeting as a factual copy. There were no amendments to be made.

The Council:

- ***Noted and confirmed the minutes from the previous meeting to be an accurate copy.***

CC24/09/B2 Any Other Business (Verbal)

There were no items of any other business raised.

CC24/09/B3 Items for escalation to the Board of Directors (Verbal)

There were no items for escalation to the Board of Directors.

CC24/09/C1 Trust Constitution – Enclosure C1)

Fiona Dunn presented a draft of the revised Trust Constitution which had been previously circulated to the Council of Governors for comment during the revision process.

The Trust is required to have a constitution which sets out how it is constituted, how it makes decisions and to whom it is accountable. It is based on NHSE/I core constitution statutory guidance issued in 2014. Some of the provisions are required by law while some are discretionary.

The Constitution is required to be reviewed in full every three years. The last review was in January 2018.

Fiona Dunn summarized the changes made to the Constitution and advised that they were minor, generally clarification type changes as the nature of this document is that it is not designed to cover every eventually. The review undertaken was to modernize the terminology and to ensure the constitution still remains fit for purpose for the organisation.

Fiona Dunn confirmed that none of the amendments made in this review related to any change in powers of duties or role of the council of governors.

Fiona Dunn confirmed that this draft of the Trust Constitution had been approved by the Board of Directors on 15 September and was seeking approval of the revision by the Council of Governors.

Suzy Brain England asked the Council of Governors if they had any questions on the revised Constitution.

Mark Bright commented, on page 71, the Governor appeals process and asked if this is this now reflected in the standing orders.

Fiona Dunn advised that once the Trust Constitution is approved then governor standing orders will be reviewed and aligned with the Trust Constitution.

There were no more questions raised by the Council of Governors.

The Council of Governors:

- ***Approved the Trust Constitution.***

CC24/09/D1

Annual Report and Accounts 2019/2020 for Annual Members Meeting (Enclosure D1)

Suzy Brain England explained to the Council of Governors that due to COVID-19 the Annual Members Meeting cannot go ahead in the normal way of a face to face meeting but will go ahead using virtual Video Conferencing.

Suzy Brain England asked the Council of Governors to receive the Annual Report and Accounts for 2019/2020.

The Council of Governors:

- ***Accepted the Annual report for 2019/2020.***

The Council of Governors were given the opportunity to ask the Executive Directors questions, although the External Auditors, Ernst Young were not present, they will be attending the November Council of Governors meeting.

Hazel Brand asked why the quality accounts are not in this year's annual report.

Richard Parker advised that the Trust was given revised guidance in March by NHSE/I that due to COVID19 pandemic, the reporting requirements were reviewed. The quality accounts reporting will still go ahead but the completion date is extended to 31 December 2020.

Kath Smart advised that the Audit and Risk Committee were working to the revised timetable for the quality accounts. .

Emma Shaheen advised that the quality accounts should be available for the Governors at the November Meeting.

Bev Marshall made an observation as a governor that this year's annual report records a good year for the Trust and that the CQC report is in there too. Bev Marshall expressed his thanks to all the staff who had worked hard to reflect the outcome.

Hazel Brand and Susan McCreadie asked Suzy Brain England and Richard Parker to express a huge thank you to all staff for carrying on through the COVID-19 pandemic and commended the Trust on the support to staff throughout.

Richard Parker expressed his thanks to all staff at all levels from first wave and then into the potential second wave and on behalf of the Executive Team.

Although COVID-19 is impacting on the Trust all staff continue to work on supporting the Trust Vision to be CQC outstanding.

Suzy Brain England updated the Council of Governors that the Trust 'Thank You' events had unfortunately had to be paused following a decision made at the Board of Directors. Due to the implementation of the updated government guidelines it was felt that the events could not take place safely and until COVID restrictions are lifted the events are on hold, as staff and their families safety is a priority.

Fiona Dunn provided a demonstration for the Council of Governors on how to access the Annual Members Meeting due for later that evening.

There were a number of questions raised regarding the Annual Members Meeting:

Q) Can the numbers of participants be circulated to the Governors post release?

A) Yes . these will be circulated with the minutes.

Q) Will the presentation be available after the Annual Members Meeting finishes?

A) The presentation will be available on the Trust website via a link to YouTube site.

Q) Do we know the areas that people access the meeting?

A) Unfortunately not, can only see quantity of viewers not locality.

Q) Should Governors be publicising this?

A) Yes they should.

Alexis Johnson advised that once he receives the information he would support the Deaf Trust in Doncaster to publicise this for the Trust amongst the deaf community using Side Kick which is a social media platform they use.

The Council of Governors

- ***Received and approved the Annual Report of Accounts 2019/2020.***

CC24/09/D2 Date and time of next meeting:

Date – 11 November 2020

Time – 15:00 – 18:00pm

Venue – Microsoft Teams - Videoconferencing

CC24/09/D3 Meeting Close 16:30.



ANNUAL MEMBERS' MEETING

**Minutes of the Annual Members' Meeting
Held on Thursday 24 September 2020 at 18:00
Virtually Recorded Meeting**

Present:		
Chair and Governors	Suzy Brain England, OBE Peter Abell Dennis Atkin Philip Beavers Hazel Brand Dr Mark Iain Bright Duncan Carratt Prof. Robert Coleman Linda Espey Sophie Gilhooly David Goodhead Tina Harrison Alexis Johnson Geoffrey Johnson Lynne Logan Bev Marshall Sally Munro David Northwood Pauline Riley Sue Shaw Mary Spencer Lynne Schuller Clive Tattley	Chair of the Board of Directors and Council of Governors Public Governor, Bassetlaw Public Governor – Doncaster Public Governor - Doncaster Public Governor, Bassetlaw / Lead Governor Public Governor, Doncaster Staff Governor – Non-Clinical Partner Governor – University of Sheffield Public Governor – Doncaster Staff Governor – Other Healthcare Public Governor, Doncaster Partner Governor – Doncaster College and University Centre Partner Governor – Doncaster Deaf Trust Public Governor – Doncaster Public Governor, Doncaster Public Governor, Doncaster Public Governor, Doncaster Staff Governor – Nursing and Midwifery Public Governor, Doncaster Public Governor – Doncaster Partner Governor – Nottinghamshire County Council Public Governor – Bassetlaw Public Governor – Bassetlaw Partner Governor, BCVS
In attendance:		
Board Members	Mark Bailey – Non-Executive Director Karen Barnard - Director of People and Organisational Development Pat Drake – Non-Executive Director Rebecca Joyce – Chief Operating Officer Sheena McDonnell – Non-Executive Director Richard Parker, OBE – Chief Executive David Purdue – Deputy CE and Director of Nursing, Midwifery and Allied Health Professionals Neil Rhodes – Non-Executive Director Jon Sargeant – Director of Finance Dr. Tim Noble - Medical Director Kath Smart – Non-Executive Director	
Staff	Ken Anderson – Acting Chief Information Officer Fiona Dunn – Company Secretary Kirsty Edmondson-Jones – Director of Estates and Facilities Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer (Minutes) Rosalynd Wilson, Corporate Governance Officer	

Members	50 people watched live on YouTube, 40 people have viewed the Governor link, under 800 viewed on Facebook.
Press	None
AMM/20/1	<u>Apologies for Absence (Verbal)</u>
	Apologies for absence were <u>RECEIVED</u> and <u>NOTED</u> from: Michael Addenbrooke, Ann-louise Bailey, Mark Bailey, Anthony Fitzgerald, Marie Purdue.
AMM/20/2	<u>Welcome (Verbal)</u>
	The Chair <u>WELCOMED</u> everyone to the Trust's first virtual Annual Members Meeting, including members, and those representatives from the Trust's partners and other stakeholders. The meeting would share the Trust's collective achievements and provide a reflection on the changes made due to the Covid19 pandemic.
AMM/20/3	<u>Minutes of the Annual Members' Meeting held on 26 September 2020 (Verbal)</u>
	The Chair advised that the minutes of the previous meeting had been <u>APPROVED</u> as a true and correct record by the Council of Governors' at its meeting on 23 July 2020. There were no outstanding matters for consideration by this meeting.
AMM/20/4	<u>Reflection on 2019/20 – Suzy Brain England OBE, Chair of the Board and Council of Governors (Presentation)</u>
	<p>The Chair reflected on a triumph of a year in which DBTH consolidated the good work it had achieved over the previous years. DBTH had taken strides forward in terms of patient care and treatment, and of patient experience, whilst strengthening its links with partners both locally and nationally.</p> <p>The year had provided an opportunity to reflect on the vision, values and objectives. The five-year strategy and breakthrough objectives had been reviewed and refreshed with the ambition to arrive at the overall destination 'to be the safest Trust in England, outstanding in all that we do'.</p> <p>The Trust was delighted to receive a CQC 'Good' rating in February 2020, following inspections throughout September and October 2019, where it observed many examples of high-quality care and improvement since their last visit. The Trust's cross site urgent and emergency services received particular praise, having improved, and the inspectors were very complementary about Trust staff.</p> <p>The year had provided the Trust with the best staff survey results ever recorded, with an improvement on overall responses from the previous year, most notably that there was a significant increase in the number of staff that would recommend DBTH as a place to work.</p> <p>In line with the Trust's 'sharing how we care' ethos, a number of improvements were implemented including, but not limited to, the introduction of bespoke welcome boards at the entrances to all inpatient areas, designed to give patients and visitors an overview of the area and what to expect during a hospital stay. The Patient Safety Team introduced an innovative system to ensure that</p>

	<p>patients remain hydrated during their hospital stay and to aid their recovery with the introduction of traffic light water jugs to monitor the amount the individuals were drinking each day at a glance.</p> <p>Financially, the Trust achieved its control total, which was a break-even financial position. This resulted in bonus payments of £0.4m from NHS England/Improvement, resulting in the second consecutive year-end surplus position.</p> <p>A number of high-profile visits had taken place, from Matt Hancock, Secretary of State for Health, Sir Simon Stevens, Chief Executive of the NHS and Boris Johnson, Prime Minister.</p> <p>The end of 2019/20 was spent making extensive preparations for the treatment and care of Covid19 patients which included the physical movement of services and the redeployment of the workforce to other areas. The Chair noted that it was inspiring to see how staff responded to such huge changes to the way that they work and that staff had done a truly outstanding job in such extraordinary times.</p> <p>It was with great sadness that the Chair reflected on the loss of two beloved colleagues, Dr Atalla and Kevin Smith, both would forever be remembered for the impact that they had on their colleagues, Trust services and the community.</p> <p>The Chair extended her thanks to all staff, governors, members, volunteers, partner organisations, commissioners, regulators and board colleagues who have worked with the Trust over the past year, along with the local communities, whose support had been overwhelming.</p>
	The meeting <u>NOTED</u> the presentation from the Chair of the Board and Council of Governors.
AMM/20/5	<u>Welcome from Mark Bailey, Non-Executive Director (Presentation)</u>
	<p>The Chair welcomed Mark Bailey, who commenced as a Non-Executive Director in February 2020.</p> <p>Mark Bailey shared that it was an honour and a privilege to have the opportunity to serve within the health service and that he was born local to the Trust in Armthorpe, Doncaster.</p> <p>Mark started his career working for Rolls Royce Plc as a Graduate Engineer, and spent 30 years with company, leaving as a Group Director for Customers and Services. Mark advised that he was inspired by the care and professionalism that he had witnessed during his time as Non-Executive Director and hope to support the team to advance their care with innovation, whilst keeping the patient at the heart of everything that they do.</p> <p>The meeting <u>NOTED</u> the introduction from Mark Bailey, Non-Executive Director.</p>
AMM/20/6	<u>Welcome from Dr Tim Noble, Medical Director (Presentation)</u>
	<p>The Chair welcomed Dr Tim Noble who commenced as the Medical Director on 1st April 2020.</p> <p>Dr Noble introduced himself as the Medical Director, in post for six-months. Dr Noble had worked within the organisation for fourteen years and in a number of senior manager roles including Clinical Director, Care Group Director and Deputy Medical Director. Dr Noble had over thirty-years' experience as a Doctor, following training at St Bartholomew's Hospital and Medical School. Dr Noble worked in both South London and Australia before returning to his native Yorkshire.</p> <p>Dr Noble expressed that he enjoyed working for the Trust because of its forward working ethos.</p>

	<p>The Medical Director was responsible for Clinical Governance which was a process in place to ensure we offer high quality care for patients that we serve. Dr Noble was also the responsible officer, a position appointed by the General Medical Council to ensure that the Trust employs high-quality doctors, able to deliver outstanding care.</p> <p>Dr Noble expressed that in his role as Medical Director he had been fortunate to shape the Trust's response to Covid19 in the interest of the patients that the Trust serves.</p> <p>The meeting <u>NOTED</u> the introduction from the Medical Director.</p>
AMM/20/7	<p><u>Council of Governors' Report 2019/20 (Presentation)</u></p>
	<p>The Lead Governor advised of a successful election campaign had be undertaken with the election/re-election/appointment of 15 Governors, who Hazel welcomed in their role. Hazel thanked all Governors for their contribution to the Trust in their tenure.</p> <p><u>Developing the role of the Governor</u></p> <p>Hazel Brand, informed the meeting of the role of a Governor and how it had been further developed throughout the year. The role of a Governor was to hold Non-Executive Directors to account both individually and collectively, for the performance of the Board; and to represent the interests of members, patients and the public to the Board. During the years Governors had held the Board to account in several ways, including at Board meetings where Governors ask questions relating to the meeting and where it was seen how Non-Executives challenge the Executives and gain assurance on Trust performance. Non-Executive Directors attend the Council of Governor meetings to report on their areas of responsibility. Governors act as observers at Committee meetings, chaired by Non-Executive Directors.</p> <p>There was the development of shared training events, and the development of the buddying scheme with Non-Executive Directors and Governors to increase partnership working.</p> <p><u>New ways of working</u></p> <p>The Trust commissioned an independent survey of Governors effectiveness, to identify Governors views on aspects of the role and training needs. This feedback had been shared with Governors in August and had been used to develop a comprehensive training and development programme for Governors, delivered virtually. This programme had provided Governors with training relevant to the role, along with updates on Trust services such as Stroke care.</p> <p>It was noted that due to the Covid19 pandemic, it had been difficult for Governors to undertake their role in representing the views of members of the public, but Hazel outlined how the use of technology had assisted in this. Videoconferencing had been in use since March 2020 for meetings, and would be used for ward and departmental quality assessments visits by Governors and Non-Executive Directors to hear from both patients and staff of their experiences.</p> <p>The Chair and Lead Governor shared regular electronic-bulletins keep Governors abreast of important updates. The use of social media and digital technology had played an important role in ensuring that Governors were able to undertake their role effectively whilst not on site. It would remain that Governors would not work in site for the foreseeable future, and it was noted that</p>

	<p>members of the Trust could contact Governors via the Trust Board Office to provide any comments or observations.</p> <p><u>A year of change</u></p> <p>The support to Governors had been consolidated with the appointment of a new Company Secretary, Fiona Dunn, alongside two Corporate Governance Officers, Rosalyn Wilson and Katie Shepherd in the Trust Board Office.</p> <p>During 2019/20 Governors assisted in the appointment of Mark Bailey, Non-Executive Director.</p> <p>Peter Abell, Public Governor for Bassetlaw was elected by Foundation Trust's nationally, to the Governor Advisory Committee of the trade body NHS Providers. Peter was first elected in 2018 and became Chair the same year. This was an accolade, and gave the opportunity to present Governor views at a national forum.</p> <p>The year saw a visit from the Care Quality Commission (CQC) in which a group of Governors were interviewed as part of the Well Led inspection. The Trust, following this and the unannounced inspection in September received a rating of 'good', which was an improvement on the previously received rating of 'requires improvement'.</p> <p><u>The year ahead</u></p> <p>Governors would continue to strive forward to make a difference to the improvement of quality care that patients receive.</p> <p>The Lead Governor acknowledged the contribution that Governors made to the Trust, both past and present.</p> <p>The meeting <u>NOTED</u> the presentation from the Lead Governor.</p>
AMM/20/8	<p><u>Question and Answer Session (Presentation)</u></p>
	<p>The Chair advised that questions had been submitted to the Trust in advance of the meeting by members of the public.</p> <p><u>Phyllis asked when the Orthopaedics would clinics start again. The Chair broadened the question by asking when it was expected that the Trust would return to normal capacity again.</u></p> <p>Rebecca Joyce, Chief Operating Officer advised that Orthopaedic clinicians had worked through Covid19 to deliver a telephone consultation clinic service to ensure that patients had regular check-ups and were kept safe. Virtual appointments would continue for the foreseeable future in areas it was deemed appropriate for the safety of patients. Rebecca explained that there was a plan in place for the re-introduction of face-to-face orthopaedic outpatient appointments to commence in September 2020 and increase over a three-month period. The previous three-month had seen staff work tremendously hard to bring back general outpatient activity, with an aim to reach 100% of pre-Covid19 activity levels within several months. This would include cleaning clinic rooms in between each patient. In areas, such as ENT and Ophthalmology, that were unable to return to 100% activity levels, work was ongoing to identify ways that additional activity could be undertaken safely.</p>

Innovative changes that had taken place included social distancing in waiting rooms, a reduced number of people that could be in a waiting area at any one time and the introduction of a drive-through service for some testing.

John asked what preparations were in place to tackle a potential second wave of Covid19 this winter.

David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals, advised that there were triggers in place to continually monitor the number of patients presenting with symptoms of Covid19, who follow a specific pathway. A specific trigger in place was when the Trust reached a particular level of Covid19 inpatients in the acute medical units, respiratory and intensive care units. The Trust had adapted the way in which it worked to make both Covid19 and non-Covid19 patient pathways secure, including that of elective care. In the event of a second wave of Covid19, plans were in place to ensure the continuity of elective care and outpatient appointments.

Given the strains of the past few months how would the Trust cope financially and would this impact on the potential plans for a new build hospital in Doncaster?

An update on the Trust's finances would be presented later in the meeting by the Director of Finance, however the Chief Executive, Richard Parker responded that at the start of the pandemic, NHS England and NHS Improvement discussed the way in which the finances would be managed to allow for flexibility for the requirement of additional spend on items such as PPE and the additional capacity required for the potential increased admissions requiring hospital care. At the end of each month, any additional spend over and above the base budget, had been adjusted by NHS Improvement to bring the Trust to a break-even position. Richard advised that it was expected that expenditure would increase through the winter period as elective and diagnostic care was increased.

This situation would not affect the potential of a new build hospital for Doncaster and the proposal developed was for significant capital investment which was managed through an entirely separate process.

Linda, asked of the Trust's current position on cancer and had the waiting list been affected by Covid19. Are we seeing more deaths relating to the illness because people are missing treatments?

In response to the question, Rebecca Joyce, Chief Operating Officer noted that the Trust continued to perform well on cancer service performance, and due to the hard work of the cancer teams, all cancer performance standards were met in June 2020.

It was known that during the pandemic, there was a delay of some patient treatment, and the Trust had focused particularly on a handful of patients that had waited for an extended period of time. It was noted that some patients had chosen to wait. Rebecca emphasised that during the pandemic, the Trust's cancer clinicians worked tirelessly to ensure that if there were delays to treatment that they were done in a safe manner with careful review of all patients. It was noted that following a reduction in the number of two-week wait referrals for cancer during the pandemic, there had been a 15% increase in comparison to pre-Covid19 levels over the previous six-to-eight weeks.

Innovation had been undertaken within cancer services, and this would continue in the recovery phase.

How confident are the Trust in a Covid19 vaccination in the near future, and if confident when would it be offered to staff?

	<p>Dr Tim Noble, Medical Director advised that he was confident, as much work was underway in the development both nationally and globally to create a Covid19 vaccination. There was an established plan in place for the implementation of a Covid19 vaccine within the NHS, which included an ordered category of people to receive the vaccination, secondary healthcare workers being the first.</p> <p><u>A question from a member of the deaf community was, in light of the new ways of working in regards to virtual consultations, are there any plans for these sessions to be accompanied by an interpreter, to help aid communication?</u></p> <p>David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals, advised that there were two types of virtual appointments, telephone and video. For those who speak a different first language, a system was in place where there would be a language interpreter on the call to liaise between clinician and patient. For the deaf community the use of video-conferencing facilities was in place so that lip reading could take place, and contact had been made with the facility supplier to identify if subtitles could be added to the call. If a sign-language interpreter was required, either face-to-face or virtually, the Trust would source one for the appointment.</p> <p>The Chair thanked all that submitted questions to the Trust, and advised that the Trust would respond personally to those whose questions had not been answered at the meeting.</p>
AMM/20/9	<p><u>The Year in Review and 'True North' (Presentation)</u></p>
	<p>Richard Parker, Chief Executive, presented to the meeting, the Annual Report 2019-20 which was available for access on the Trust's website.</p> <p><u>Key Challenges</u></p> <p>An update was provided on the progress for the year 2019/20 for the NHS nationally, which highlighted that demand for hospital care had risen for emergency, diagnostic and elective care. A key constraint in providing hospital services was the workforce, and national challenges presented in relation to high-vacancy numbers of particular professions, such as nursing. In March, the NHS was presented with the challenge of preparing for the initial phase of the Covid19 pandemic.</p> <p>The challenges that the Trust faced during 2019/20 were workforce vacancies in key specialities, significant backlog maintenance of the estate infrastructure, the delivery of activity against local and national target, the modernisation and transformation of digital technology and the challenges related to the Covid19 pandemic, which would significantly impact the Trust, and wider NHS for years to come.</p> <p><u>Trust Objectives</u></p> <p>The Trust's objectives had been aligned to the 'We Care' values that signify that patients and staff were at the heart of the Trust. Quality improvement programmes continued and Significant effort was put into ensure that staff understood their contribution to the journey of the Trust. The vision was 'To be the safest Trust in England, outstanding in all that we do' and the True North objectives were in place to journey to the achievement of the vision and the breakthrough objectives were the definition of what the Trust would achieve in year to ensure that the Trust continued to take the next step in achieving the overall vision.</p>

CQC Rating

The Trust received a CQC inspection and following the submission of much data and information, and an unannounced visit, the Trust was rated as 'Good', which was an improvement on the previous year. It was noted that the next period of development would be to ensure that there were further improvements in the delivery of services.

Highlights of 2019/20

There had been further expansion of the 'Sharing How We Care' initiatives, quality improvement and digital transformation. The Trust had received the best ever staff survey results, fantastic learner feedback and a number of awards and accolades.

The Trust underwent a national-leading flu campaign, a reduction in the rate of non-attendance for appointments, further sepsis screening work and progress with smoking cessation.

The Trust had worked closely with its Partners to support a wider contribution to the improvement in patient care.

Covid19 Update

Richard Parker commended the work undertaken to ensure that emergency care, urgent care and cancer care continued throughout the pandemic. This would be continued throughout the winter period as elective services were increased.

The Trust made changes to support the expected admission of Covid19 patients, and increased its intensive care bed capacity from 30 to 130 had it been required. As members of the local community had followed Government guidance, it was noted that the Trust did not see the expected numbers of Covid19 cases that it had planned for, but were prepared in case of that eventuality. Preparations had continued and public money had been used wisely in the interest of patient safety and care. This had included the renovation of a disused HSDU unit to an Intensive Care facility for use throughout the winter period so that elective services would not be affected by the expected numbers of Covid19 patients during this time.

A further change made was the movement of wards to ensure that oxygen supply and delivery was provided safely and securely, at a lower level in the tower block at Doncaster. The Estates and Facilities Team were commended on their efforts to prepare areas efficiently in readiness for the Covid19 pandemic. This included the segregation of patient pathways to ensure that all patients were kept safe.

The Trust provided staff with free car parking and free food during the first phase of the pandemic.

Richard wished to thank, on behalf of the Board of Directors and members of the Trust, all members of staff and their families for their continued support and hard work during the pandemic, particularly in difficult circumstances that meant some colleagues were required to wear full-body PPE, face masks and visors for 12-hour long shifts.

Richard personally thanked the Procurement and distribution staff for their contributions to ensure that staff were supplied with relevant PPE to keep them safe during the pandemic.

It was noted that staff were tremendously grateful for the public support received during the pandemic, both on a daily and weekly basis through many donations and the national clap for carers. Richard thanked the public for their continued support.

	<p><u>Looking forward to 2020/21</u></p> <p>Richard summarised that there would be a significant period of restoration of services, that had been affected by the response to Covid19 including plans to ensure they would be robust throughout the winter period and a potential second wave of Covid19.</p> <p>A focus would remain on the improvement of the quality of care delivered, whilst progressing forward towards the achievement of the 'True North' objectives. The People Plan would build upon the improvement of the offer for the people of the Trust, its staff, by improving training and learning in the context of equality and diversity in the interest of the future workforce. A new People Committee would be responsible for providing the Board of Directors with assurance that the breakthrough objectives had been achieved year-on-year, to ultimately achieve the vision 'To become the safest Trust in England, outstanding in all that we do'.</p> <p>The meeting <u>NOTED</u> the presentation from the Chief Executive.</p>
AMM/20/10	<p><u>Annual Accounts 2019/20 (Presentation)</u></p>
	<p>Jon Sargeant, Director of Finance presented the Annual Accounts for 2019/20.</p> <p>The Trust's auditors had provided an unqualified view on the accuracy of the Trust's financial accounts, and it was agreed that the Trust was a going concern, and therefore the annual accounts had been produced on that basis.</p> <p>A review was undertaken as part of the CQC assessment, which reported the Trust's use of resources as 'Good'. This was a positive outcome for the Trust.</p> <p><u>Financial Update 2019/20</u></p> <p>The Trust had a total revenue of £434m, with a reported year-end surplus of £1m. Expenditure on staffing totalled £287m. £17.6m was spent on capital infrastructure, and the year-end cash balance was £31m, which was an £11m improvement from the previous year.</p> <p>There had been major capital schemes undertaken for 2019/20 to improve facilities for patients and staff. Investments had been made in medical equipment, and in a digital bed management system which would support decision making by clinicians. A new CT Suite had been invested in to provide resilience to emergency and cancer care.</p> <p><u>Financial Impact of Covid19</u></p> <p>During March 2020, £1.14m was spent on the preparations required for the first phase of Covid19. The response to Covid19 continued with a spend of £9.67m from month 1-5 of the 2020/21 financial year. This included capital costs such as building works and additional medical equipment, and revenue costs for testing, staff and investment in strategic partners. It was expected that this rate of spend would continue for the remainder of the 2020/21 financial year.</p> <p><u>Doncaster and Bassetlaw Healthcare Services</u></p> <p>It was noted that in September 2019, the Trust's wholly owned subsidiary, took over from Well Pharmacy to provide the Outpatient Pharmacy Services at DRI, and became Doncaster and</p>

	<p>Bassetlaw Healthcare Services. The Pharmacy was run under management by the Trust and was reported to the Board of Directors of a quarterly basis via the Finance and Performance Committee.</p> <p><u>Looking forward to 2020/21</u></p> <p>It was reported historic debts had been written off for NHS Trust's, which meant that the Trust had received £71m equity funding to cover the cost of temporary or short-term loans, used to cover previous cash shortages.</p> <p>A new financial regime was implemented in the management of Covid19, which meant that all Trust's were paid on a block basis for the whole year. This meant that Trust's were not paid for the work undertaken, but at a set amount, which was adjusted up or down dependant on each month's financial outcome. It was noted that the regime would change and therefore presented some uncertainty for the remainder of the year. It was expected that the Trust would break-even at year-end.</p> <p>The meeting <u>NOTED</u> the presentation from the Director of Finance.</p>
	<p>The Chair asked the meeting to note that the Quality Accounts would not be received during this meeting due to the circumstances presented by Covid19, however they would be posted on the Trust website later in the year.</p>
AMM/20/11	<p><u>Date and Time of Next Meeting (Verbal)</u></p>
	<p>Members <u>NOTED</u> that the next Annual Members' Meeting would take place in September 2021.</p>
AMM/20/12	<p><u>Meeting Close (Verbal)</u></p>
	<p>The Chair provided closing remarks and <u>THANKED</u> all for attending the meeting to celebrate a great year for the Trust.</p>



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

Title	Chair and Non-Executive Director Objectives and Appraisal Process		
Report to	Council of Governors	Date	11 November 2020
Author	Fiona Dunn, Company Secretary		
Purpose			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

Executive summary containing key messages and issues

The Non-executive Directors objective setting and appraisal process was completed during July 2020. The process followed that adopted and agreed by the Council of Governors in previous years. Governors and Executive Directors were provided with an opportunity to feedback on their performance against agreed objectives, their ability to hold executives to account and comment on their strengths and development areas.

This year saw a slight change to the process surrounding the Chair's appraisal, which was informed by NHSE/I guidance, issued in November 2019. Aligned to the provider chair competency framework the guidance provides a standard approach to ensure a meaningful, multi-source assessment against the five core competencies; strategic, people, professional acumen, outcomes focus, and partnerships. The Chair was appraised on 17 June 2020 by Pat Drake, Senior Independent Director.

This paper reports to governors the Chair's and Non-executive Directors' objectives for 2020/21.

Key questions posed by the report

Do governors feel that the objectives for 2020/21 are sufficiently rigorous and robust?

How this report contributes to the delivery of the strategic objectives

The report contributes to the Trust's governance processes which underpin the appropriate delivery of strategic objectives.

How this report impacts on current risks or highlights new risks

The report mitigates the risk of failing to have in place sound governance arrangements as set out in the NHS Code of Corporate Governance.

Recommendation(s) and next steps

That the Chair and NED objectives for 2020/21 are APPROVED.

The Chair and Non-Executive Directors Objective Setting and Appraisal Process – 2020/21

Summary

The Chair's appraisal was completed on 17 June 2020 by Pat Drake, Senior Independent Director. Subsequently, the Chair then met with all Non-executive Directors throughout the month of July.

The Chair and Non-executive Directors are committed to supporting delivery of the True North objectives and the Trust's vision "To be the safest trust in England, outstanding in all that we do". Breakthrough objectives for 2020/21 were agreed in line with the Non-executives' portfolios, with their respective sub-committees of Board focused on delivery through their work. All colleagues had completed their statutory and essential training.

Chair of the Board

Feedback for the Chair's appraisal was sought from Executive, Non-executive, Divisional Directors and governors. In addition, external partners including the Chief Executive of South Yorkshire & Bassetlaw ICS, the Clinical Commissioning Groups, fellow Chairs and NHS Providers were invited to input into the process. All feedback was collated and anonymised before being received by the appraiser.

The Chair had met last year's objectives and the priorities for 2020/21 were agreed as follows:

- To develop external relationships to support the planned hospital new build.
- To continue to enhance governor training & development.
- To improve Black, Asian and Minority Ethnic (BAME) representation at all levels within the Trust.

In accordance with the new guidance, the Chair's appraisal paperwork has been sent to the Chair and Chief Operating Officer of NHS Improvement and Richard Barker, Regional Director - North East & Yorkshire.

Non-executive Directors

Feedback for the Non-executive Directors was sought and collated anonymously from Governors and Executive Directors.

All Non-executive Directors completed the Trust 2020 appraisal documentation, they reflected on their achievements in 2019/20, what had gone well and areas which they felt could be

improved upon. They considered how they had demonstrated the Trust's "WECARE" values and their contribution to quality improvements over the last 12 months.

Objectives for each NED focused on the breakthrough objectives, tailored to their individual portfolios, including but not exclusively:

- Development of a performance framework for measurement and assurance at the Board and sub-committees of Board.
- Contribute to the development of a fit for purpose Board Assurance Framework and Corporate Risk Register.
- Support the Board to deal with perceived inequalities for patients and staff.
- Champion development of digital capabilities to enhance patient safety, care and experience.
- Advance the Trust's charity work, as an enabler of safer care, innovation and to support the professional development of DBTH colleagues.
- Support the reset and stabilisation process.
- Lead the Wholly Owned Subsidiary, Doncaster & Bassetlaw Healthcare Services Limited, to achieve its budget and objectives and explore beneficial ways of working.
- Support the Board in delivering the requirements of the NHS People Plan.
- Improving equality and diversity with enhanced policies, procedures behaviours and culture, in order to address the BAME and Black Lives Matter issues.