

Meeting of the Council of Governors held in Public
On
Thursday 1st July 2021 at 15:00 – 17:00
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME
A	COUNCIL BUSINESS				15:00
A1	Welcome and Apologies for absence	SBE	Note	Verbal	10
A2	Declaration of Governors' Interests	SBE	Note	A2	
	<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>				
A3	Actions from previous meetings	SBE	Note	-	
	<i>There were no outstanding actions from the meeting held on 29th April 2021.</i>				
B	GOVERNOR APPROVALS				
	<i>None</i>				
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:10
C	Presentation				
C1.1	Suzy Brain England – Chair's Report	SBE	Note	Present	10
C1.2	Hazel Brand – Lead Governor Update	HB	Note	Present	5
C1.3	Neil Rhodes – Finance and Performance	NR	Note	Present	5
C1.4	Pat Drake – Quality and Effectiveness	PD	Note	Present	5
C1.5	Kath Smart – Audit and Risk	KS	Note	Present	5
C1.6	Sheena McDonnell – People	SM	Note	Present	5
C1.7	Mark Bailey – Charitable Funds	MB	Note	Present	5
C1.8	David Purdue - Deputy Chief Executive and Chief Nurse	DP	Note	Present	10

C1.9 Governor Questions (30mins)

Gov Q&A Verbal 30

D	ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting				16:30
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D1	Minutes of Council of Governors held on 29 th April 2021	SBE	Approve	D1	5
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E	QUESTIONS FROM MEMBERS OF THE PUBLIC				16:35
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E1	Questions from members or the public previously submitted prior to meeting.	SBE	Q&A	Verbal	10
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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.

F	INFORMATION ITEMS				16:45
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F1	Any Other Business (to be agreed with the Chair before the meeting)	Gov	Note	Verbal	5
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F2	Items for escalation to the Board of Directors	SBE	Approve	Verbal	
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F3	Governor Board/Meeting Questions Database	FD	Note	F3	
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	Date and time of next meeting:	SBE	Note	Verbal	
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Date: 23RD September 2021 (prior to Annual Members Meeting)

Time: 15:00

Venue: Via Microsoft Teams Video Conferencing

G	MEETING CLOSE				16:50
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**Suzy Brain England, OBE
Chair of the Board**

Register of Governors' Interests as 29th April 2021

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
 Member of the Doncaster Health Ambassadors Group (Doncaster Healthwatch)
 Doncaster NHS Clinical Commissioning Group(Equality Engagement Committee)
 Member of the Great North Medical Centre, GP Patients Forum

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Wendy Baird, Partner Governor

Employee of The University of Sheffield – Faculty of Medicine Dentistry and Health – Role as Faculty Director of Research and Innovation

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

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)

Jackie Hammerton – Public Governor – Rest of England

Employed by the University of Lincoln

Geoffrey Johnson, Public Governor

Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group
Involvement with Patient Participation Network
Co-Chair at 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

Director of Captain Cooks Haven Ltd
Member of St Leonard's PCC

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
Member of Labour Party

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
Lay Chair of SYB ICS Cancer Alliance Communication and Engagement Steering Group
Member of SYB ICS Cancer Alliance Advisory Board

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
Tina Harrison – Partner Governor – Doncaster College and University Centre
Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council
Anthony Fitzgerald, Partner Governor
Sophie Gilhooly – Staff Governor – Other Healthcare
Maria Jackson-James – Public Governor – Rest of England
Alexis Johnson, Partner Governor
Lynne Logan – Public Governor – Doncaster
Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
Sally Munro – Staff Governor – Nursing and Midwifery
David Northwood, Public Governor
Vivek Panikkar, Staff Governor
Jo Posnett – Partner Governor – Sheffield Hallam University
Pauline Riley, Public Governor
Mandy Tyrrell, Staff Governor

Fiona Dunn – Company Secretary



Council of Governors June 2021

Chair's Report



Suzy Brain England OBE

Chair of the Board and Council of Governors



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From the Chair:

- As ever, a 'thank you' to Team DBTH for their unwavering dedication as we move into the summer.
- SYB Acute Federation Chairs' meeting.
- NHS Providers' board meeting.
- Executive Director and Non-Executive one-to-ones.
- Agreed Insights associate director programme Board workshop on ICS compact Chaired Governor Advisory Committee.
- Interviewed by British Chamber of Commerce Regional Chairs.



From the Chair:

- Governor briefings.
- Board workshop – focusing upon digital strategy.
- Finally, attendance and observation of various national and regional meetings, alongside interviews with the Leadership Academy and British Chamber of Commerce.



Lead Governor Report



Hazel Brand
Lead Governor



The Governor perspective:

- Four training and development sessions.
- Members' Lecture series.
- Consultation with governors on strategy development.
- Contribution to Non-Executive Directors' appraisals.
- Change to Board meetings.
- Plans for Governors' 'open surgeries'.
- Governor elections planning.
- Procurement process of External Auditors – ongoing.



Non-Executive Director Report



Neil Rhodes

Deputy Chair & Non-Executive Director



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Overview

Performance

- Significant pressures upon Emergency Department.
- Good progress in restoring service levels (a complex picture) but much to do.
- Deep dive in relation to Ophthalmology - urgent need to rectify waiting list problems and deal with the impact – action planning discussed.

Finance

- Positive start to the year - £0.4m ahead of plan, good capital usage £1.3 which is slightly ahead of plan and continuing strong cash balances circa £44.5m.
- Excellent explanations of use and implications of accelerator funding from Director of Finance and Chief Operating Officer.
- Overview of the programme of financial reviews and control projects.



Overview

Women and Children's Hospital

- Water leak incident.
- Interim modular build solution – update.
- Longer term options appraisal.



Non-Executive Director Report



Pat Drake

Senior Independent Director



Overview

- Clinical Governance Review.
- Complaints
- Maternity.
- Patient safety learning.
- Patient experience.
- MAGNET4EUROPE.



Non-Executive Director Report



Kath Smart

Non-Executive Director



Overview

Year end Audit & Risk Committee meetings held May and June:

- Internal Audit
 1. KPMG Annual Conclusion - Positive
 2. Audit Reports issued
 - Capacity Planning
 - Risk Management
 - Job Planning



Overview

- External Audit
 1. Positive outcome as accounts were ‘unqualified’
 2. VFM opinion looking positive, due 30 June
 3. Recommendations made – ARC will follow up.
- ARC Annual Report



Non-Executive Director Report



Sheena Mcdonnell

Non-Executive Director



Overview

People Committee – May 2021:

- Workforce planning including workforce profile information
- Widening Participation
- Education and Research
- Race Equality Code
- Health and Wellbeing
- Leadership Development





People plan priorities

Non-Executive Director Report



Mark Bailey

Non-Executive Director



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Overview

- Trustees of Charitable Funds met on 10th June 2021
- Welcome to Fred & Ann Green Executors & new Governor observer
- Updated policy and Committee terms of reference approved.
- Charitable Funds investment policy formally approved.
- Fund-raising strategy progress well received.
- Proposals being developed for ‘health and well-being’ and service additionality.



David Purdue

Deputy Chief Executive



Covid-19 data

As of 11am on 18 June:

- Current Covid-19 patients: **Three**
- Total Covid-19 patients in Intensive Care: **Zero**
- Total Covid-19 discharges: **2,502**
- Total number of patients who have died: **820**
- Total number of patients who have been cared for: **3,326**



Current position

- **Declining inpatient numbers** with a number of days at zero.
- **However, small third wave** so we must remain vigilant.
- **Vaccine appears to be working** with second doses largely completed.
- **We had concentrated our bed and testing capacity** on emergency, urgent and cancer services, however we are recovering this position
- **Infection rates declining locally**, but still some distance left to run and we must continue to ask communities to stay safe and sensible.



We cared for around **9,482** inpatients



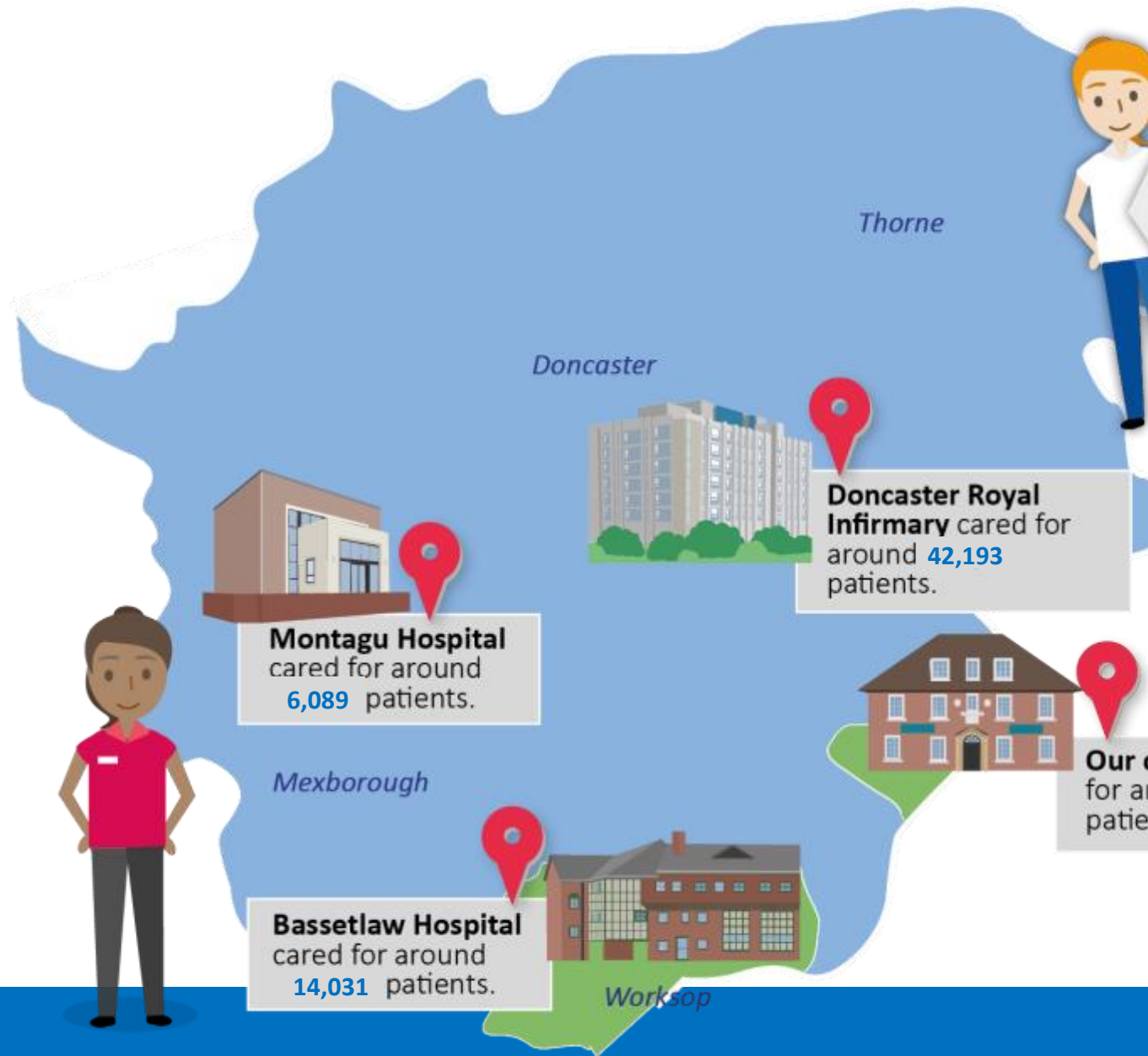
We cared for approximately **35,932** outpatients



We cared for approximately **16,848** emergencies



We delivered approximately **464** babies



Our activity throughout May 2021

What's next?

- First and foremost we will continue to **recover our position**.
- This means **working through our waiting lists**, prioritising those with the most urgent need.
- We are refreshing our **Trust clinical strategy**, and continue to build towards a CQC 'Outstanding' rating.
- We are also working through implications in regards to the statutory establishment of the **Integrated Care System**, and what this means locally.





www.dbth.nhs.uk/listening



Thank you, any questions?

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 29th April 2021 at 15:00
Via Microsoft Teams**

Present:			
Chair	Suzy Brain England OBE, Chair		
Public Governors	Peter Abell Mike Addenbrooke Dennis Atkin Phil Beavers Hazel Brand Mark Bright	Linda Espey David Goodhead Jackie Hammerton Maria Jackson-James Lynne Logan Ainsley MacDonnell	Steve Marsh Susan McCreadie David Northwood Pauline Riley Lynne Schuller Mary Spencer
Staff Governors	Kay Brown Duncan Carratt	Vivek Pannikar	Mandy Tyrrell
Partner Governors	Wendy Baird Phil Holmes	Joanne Posnett	Sue Shaw
In attendance	Richard Parker OBE – Chief Executive Dr Tim Noble – Medical Director Pat Drake, Non-Executive Director and Senior Independent Director Emma Shaheen – Head of Communications and Engagement Kath Smart – Non-Executive Director Neil Rhodes – Deputy Chair/Non-Executive Director Mark Bailey – Non-Executive Director Fiona Dunn – Deputy Director Corporate Governance/Company Secretary Adam Tingle – Communications and Engagement Manager		
Apologies:			
Governor Apologies	Ann-Louise Bayley Anthony Fitzgerald Sophie Gilhooly Tina Harrison	Alexis Johnson Geoffrey Johnson Victoria McGregor-Riley	Bev Marshall Sally Munro Clive Tattley
Board Member Apologies	Karen Barnard - Director of People and Organisational Development Rebecca Joyce – Chief Operating Officer Sheena McDonnell – Non-Executive Director David Purdue – Deputy Chief Executive and Chief Nurse Marie Purdue – Director of Strategy and Transformation Jon Sargeant – Director of Finance Alasdair Strachan – Director of Education and Research Kirsty Edmondson Jones – Director of Estates and Facilities Ken Anderson – Acting Chief Information Officer		
			<u>ACTION</u>
PC21/04/ A1	<u>Welcome and Apologies for Absence (Verbal)</u>		
	The Chair welcomed the Council of Governors and those in attendance to the meeting. The apologies for absence were noted.		

PC21/04/ A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	<p>The following amendments were made:</p> <p>Susan McCreadie was no longer the community representative of the Fred and Ann Green Legacy Advisory Group. Susan McCreadie was now a member of St Leonard's PCC.</p>	
	<p><i>The Council:</i></p> <ul style="list-style-type: none"> - <i>Noted and confirmed the Declaration of Governors' Interests.</i> 	
PC21/04/ A3	<p><u>Actions from previous meetings (Enclosure A3)</u></p> <p>There were no outstanding actions from the meeting held on 28th January 2021.</p>	
PC21/04/ C	<u>Reports of Activity, Performance and Assurance (Presentation)</u>	
PC21/04/ C1.1	<u>Richard Parker – Chief Executives Report (Presentation)</u>	
	<p><u>Women and Children's Hospital Water Leak Incident – 27th April 2021</u></p> <p>The Chief Executive provided an update on the major water leak that took place within the Women and Children's Hospital on 27th April 2021. At approximately 17:20 nurses had noticed a water leak within the Neonatal Unit which soon became significant. An immediate decision was made to move the babies from the area via horizontal evacuation. The Estates and Facilities team were immediately contacted, and site manager moved to the area to offer assistance. Shortly after a loud bang was heard which triggered the fire alarms, and it was later identified that the water had leaked into a high voltage electricity box on the east side of the building on level 3. At approximately 17:30 the Incident Commander arrived. There were no evident flames, however the doors in front of the electricity box had been blown off and there appeared to be smoke. Cracking could be heard on three floors. An immediate decision was made to evacuate the whole of the Women and Children's Hospital. This required the movement of 67 patients, including 7 babies in incubators, women in the labour ward, antenatal and post-natal ward, the children's ward, and the remainder of patients within outpatients. The full evacuation was completed by 19:10. A full assessment was undertaken of both the east and west wing to determine the causes, and it was confirmed that the west side of the building was unaffected by water and had its own electricity supply, and therefore power was restored to the west side which allowed the use of some services for those that had been displaced. Patients were moved to the main block at Doncaster and Bassetlaw which was facilitated by Yorkshire Ambulance Service. A full divert was put in place whilst the Trust ensured that patients were moved to the most appropriate areas for overnight care.</p> <p>A debrief took place the following morning where it was understood that there was significant damage to the electricity supply, caused by a leak from the ventilation system on the roof of the hospital. The water pipe had been covered in lagging which made the pipe non-visible. Upon removal of the lagging it was identified that the water pipe had rusted, causing the leak.</p> <p>Due to the incident, the Trust had lost the use of the east side of the block and some central services including three operating theatres. Remedial work would commence to restore power to the west wing, and the lower part of the east wing so that antenatal clinics could recommence.</p>	

	<p>It was expected that the west side of the building would be available for use from 30th April 2021, and a review would be undertaken on 1st May 2021 to identify if the divert of patients could be removed.</p> <p>The Chief Executive advised that colleagues involved had reacted remarkably and reported that no colleagues or patients were injured during the incident and subsequent evacuation.</p> <p><u>Operational Update</u></p> <p>The number of inpatient COVID-19 patients had continued to fall, remaining stable at approximately ten. In SY and Humber, COVID-19 cases remain high, one of the highest areas for COVID-19 in the country. Few patients require inpatient care, which was positive. No patients currently receiving intensive care as a result of COVID-19. The total number of patients that had been cared for by the Trust totalled 3,280, 815 of which sadly passed away. It was expected that if there was a third wave, that hospitalisations would not be as high as previously seen due to the positive impact of the COVID-19 vaccination programme. The Trust had planned for the recovery of elective activity, whilst planning for the next winter period where it was expected that COVID-19 would be in circulation. There would be a requirement for three pathways, COVID-19, non-COVID-19 and influenza. It was outlined that the Trust aimed to have no patients waiting over 52-weeks by 31st March 2022.</p> <p>The Chair and the Chief Executive attended the Doncaster Chamber Annual Award Event, in which for the first time four awards were dedicated to the NHS for all that had been achieved over the previous year. It was noted that the Trust had won the Outstanding Contribution Award, Dr Ken Agwuh, Director of Infection and Prevention and Control had won the Compassionate Care Award and Adam Tingle, Senior Communications and Engagement Manager had won the Unsung Hero Award.</p> <p>The sad passing of colleague Elaine Doughty was marked. Elaine had been a healthcare assistant for a number of years, who had retired and returned to the Trust as a volunteer. A clap for Elaine would be organised and a memory book was available for colleagues to sign, which would be presented to her Husband, Richard and sons.</p>	
PC21/04/ C1.2	<u>Suzy Brain England – Chairs Report (Presentation)</u>	
	<p>The Chair wished to thank team DBTH for their unwavering dedication throughout the beginning of 2021 and into spring. Whilst much of the Chair’s work had remained remote and through digital channels, one-to-ones and discussions had taken place with the Executive Team, Clinical Leaders, Lead and Deputy Governors, Non-Executive Directors, along with senior additional posts in the Trust.</p> <p>The Chair advised that she had undertaken an observation of each of the Board committee and organisational meetings.</p> <p>The Chair had assisted in the diagnostic for the RACE Equality Code and the adoption of the scheme within the Trust.</p> <p>Plans for the Annual Members Lecture to take place in June 2021 were underway, in which a week-long event would take place.</p> <p>Workshops had been undertaken to prepare for a new Clinical and Trust Strategy.</p> <p>A Board-to-Board session had taken place with Sheffield Children’s Hospital.</p> <p>The Chair continued to observe and engage with various NHS Providers, the ICS and other regional meetings and briefings.</p>	
PC21/04/ C1.3	<u>Hazel Brand – Lead Governor Update (Presentation)</u>	

	<p>Hazel Brand, Lead Governor provided an update on behalf of the Council of Governors that highlighted the key points formed by Governors. Congratulations was given to Peter Abell, Public Governor on his re-election to the NHS Providers' Governor Advisory Committee. The Council of Governors had contributed to the Chief Executive Officers' annual appraisal and would follow with the Chair and Non-Executive Director appraisals. The Council of Governors had received a number of excellent training and briefing sessions since the last meeting. It was advised that the Governors would soon be in receipt of new guidance relating to the Quality Accounts and the role of the Governors in that. The Lead Governor would meet with the Deputy Director Corporate Governance Company Secretary and Director of Nursing (Patient Engagement) to discuss open surgeries.</p> <p>Although Clive Tattley was not in attendance at the meeting his wished to pass on his comments:</p> <p><i>'I am proud of DBTH's very professional response to the recent water inundation.'</i></p>	
PC21/04/ C1.4	<u>Neil Rhodes – Finance and Performance (Presentation)</u>	
	<p>Neil Rhodes provided an update on the most recent Finance and Performance Committee meeting that took place on 15th April 2021. Neil Rhodes commended the exceptional leadership that had taken place during the COVID-19 pandemic. Despite the challenges and spend that the COVID-19 pandemic had presented; the Trust reported a year-end surplus of c.£4m. The Trust commenced the new year (2021/22) with a cash balance of c.£51m. The Trust had made excellent use of capital and had one of the best uses of capital within the ICS. The financial regime for 2021/22 would see the Trust allocated money in two halves (H1 for Month 1-6 and H2 for Month 7-12), which meant that there was uncertainty on the financial regime for H2. There had been the development of financial skills in senior clinicians. The Finance and Performance Committee had pursued business with a close eye on the development of ICS and Place based thinking.</p> <p>Neil Rhodes noted that the year ahead would be challenging, however advised that the Trust was well placed to achieve this with the key staff in place to do so.</p>	
PC21/04/ C1.5	<u>Pat Drake – Quality and Effectiveness (Presentation)</u>	
	<p>Pat Drake provided an update on the most recent Quality and Effectiveness Committee meeting that took place on 6th April 2021 included:</p> <ul style="list-style-type: none"> - The Ockenden Report and action plan had been received at the Quality and Effectiveness Committee, who had continued to monitor progress. The Perinatal Mortality Dashboard had been presented to the Quality and Effectiveness Committee and Board. Pat Drake met with the Maternity Voices Partnership in Bassetlaw on a monthly basis, however noted that one had not been set up for Doncaster yet. Feedback had been provided through Facebook and would be presented at the Quality and Effectiveness meeting. - The Council of Governors had received a presentation from the End of Life Care Team and noted the fantastic work of the team for their support for families and carers throughout the COVID-19 pandemic. - The Quality Strategy and Framework had been received at Board and Quality and Effectiveness Committee in April 2021, and regular updates would be provided on progress. A Clinical Governance review was underway, and the terms of reference were being reviewed. - 95% of long-waiting patients had been risk stratified, and a letter had been sent to all long-waiting patients to identify if they wished to remain on the waiting list or be removed. Only small numbers had responded to be removed from the waiting list. 	

	<p>There had been changes to operational guidance regarding priority 2 patients, however this would be discussed at the Quality and Effectiveness Committee.</p> <ul style="list-style-type: none"> - The Quality and Effectiveness Committee would see a deep dive into complaints in June 2021. - The operational pressures due to COVID-19 had improved over the previous month. - It was reported that the Infection Prevention and Control Board Assurance Framework had been received at the Quality and Effectiveness Committee, and at Board, and the Trust was achieving in all areas. 	
PC21/04/ C1.6	<u>Kath Smart – Audit and Risk (Presentation)</u>	
	<p>Kath Smart provided an update on the most recent Audit and Risk Committee meetings that took place on 29th January and 25th March 2021 and highlighted that the year-end meeting would take place in May to sign off the annual report and accounts. Five internal audit reports had been reviewed. The internal audit on the waiting list prioritisation looked at the governance framework, flow of information and the control processes in place to oversee the prioritisation of patients held as a pause of elective activity due to the COVID-19 pandemic. The outcome was significant assurance with some recommendations and therefore the Council of Governors were assured that the Audit and Risk Committee followed up on all recommendations made until they had been actioned and closed.</p> <p>The internal audit report on complaints handling received significant assurance, however there were eight recommendations that would be followed up at the Quality and Effectiveness Committee.</p> <p>Other internal audits including Core Financial Controls, Data Quality and Corporate Governance received significant assurance.</p> <p>A review of both Internal Audit (KPMG) and External Audit (Ernst Young) concluded satisfactory performance. There were further improvements to the declaration of interest process with a completion rate of 99% at 31st March 2021.</p> <p>Governors, Dennis Atkin, Phillip Beavers and Bev Marshall had received training on the procurement process to appoint External Auditors, alongside other members of the procurement panel included Kath Smart, the Director of Finance and Head of Procurement. The timetable had been revised by one-week. The tender procurement was live on the portal and all dates were planned in diaries to the process to continue.</p>	
PC21/04/ C1.7	<u>Sheena McDonnell – People (Presentation)</u>	
	<p>Kath Smart provided an update on behalf of Sheena McDonnell on the most recent People Committee meeting that took place on 2nd March 2021 which highlighted that a people planning workshop had taken place which included Governors, Divisions and the People Committee members to identify the Trusts people priorities. These had been approved at the Board in April 2021.</p> <p>The People Committee undertook a deep dive into workforce planning in March which included the approach to planning, timelines to ensure that work had taken place and three pilots were underway currently.</p> <p>A presentation had been received from the Freedom to Speak Up Guardian (FTSU) presenting the FTSU annual report and an update on the Emergency Department Organisational Development programme in place which was working well. Regular updates would continue to be received on this.</p> <p>An update had been provided by the Equality, Diversity and Inclusion Lead on the reciprocal mentoring programme which had commenced to focus on the inclusive culture of the Trust. A number of senior leaders had signed up to be part of the programme.</p>	

	<p>A response rate of 50% had been seen from the annual staff survey, despite it being undertaken whilst the Trust was in wave 2 of the COVID-19 pandemic. Positive scores had been received in area such as bullying and harassment and lack of discrimination. An action plan was in development for areas that required improvement. Staff Health and wellbeing remained a priority and focus for the Committee.</p>	
PC21/04/ C1.8	<p><u>Mark Bailey – Charitable Funds (Presentation)</u></p>	
	<p>Mark Bailey provided an update on the most recent Charitable Funds Committee meeting that took place on 11th February 2021 which highlighted that Mark Bailey had taken over as Chair of the Committee. Due to COVID-19 the frequency of the meetings had been reduced, however the dates had been planned in for 2021 and would follow the normal schedule. A review would be undertaken to identify how charitable funds could be utilised for additionality of care and to supplement the health and wellbeing agenda for colleagues. The charitable funds accounts had been reviewed and approved. An update had been received on the strategy for fundraising. A Corporate Fundraiser was in post who had made good progress to date and had made contact with local communities and firms who had made charitable donations.</p> <p>A Christmas Star appeal had been undertaken, and a new scheme had commenced for a rainbow sculpture.</p> <p>A Charitable Funds briefing session would be delivered to Governors in June 2021. Although the investment of the charitable funds was affected due to the COVID-19 pandemic, there was a healthy cash balance. A priority for this year would be to identify how charitable funds could be used positively for staff wellbeing. A contract had commenced to provide psychological support to colleagues within the Department of Critical Care and Respiratory. A thank you event would take place for colleagues at the Yorkshire Wildlife Part.</p>	
PC21/04/ C1.8	<p><u>Governor Questions (Verbal)</u></p>	
	<p><u>Question from Peter Abell</u></p> <p>Peter Abell wished to thank the Trust for its fast response to the water leak incident in the Women and Children’s Hospital on 27th April 2021, and asked if there was NHS or CQC regulation that required an inspection of the damage so that there was learning in the Trust to provide assurance?</p> <p>The Chief Executive advised that the Women and Children’s Hospital was built in the late 1950s. The Fire Officer had been on site during the debrief the following day to discuss any learning to be taken from the incident. Although there were no harm or injuries from the incident, the Trust had informed the Health and Safety Executive (HSE) had been notified. Regular Estates reviews had been undertaken and there were no apparent leaks at the time of the last inspection. Work would continue with the HSE and Fire Service. It had already been agreed that any learning identified would be shared with local and national colleagues. Early lessons identified relate to the communication of the incident, so this would be worked on. The HSE had not indicated that they want to inspect the incident, however if they do so, the Trust would facilitate their access to the area.</p> <p>The Fire Service had raised an issue that the electronic access forms had not released at the time of the incident and keys were not readily available, however noted that evacuation had been completed in one-hour of the request by the fire service.</p> <p><u>Question from Hazel Brand</u></p>	

Hazel Brand noted that the Trust was unsuccessful with a bid several years ago that would be seen remedial work undertaken to the Women and Children's Hospital, and noted that the Trust was unsuccessful last year with their bid for a new build hospital and therefore asked if this incident would support any bids and what Governors could do to assist?

The Chief Executive advised that three years ago the Trust placed a substantial capital bid for a full refurbishment within the Women and Children's Hospital, and when the bid entered the process within the ICS, it was originally prioritised, however in the final stages it was changed to the second priority and subsequently lost the bid. The water leak incident had further highlighted the risk that the NHS had with buildings of this age, and the intention was to raise this formally once the country was out of the purdah period.

Comment from Susan McCreadie

Susan McCreadie echoed the thanks for the support and noted that she had previously worked on a neonatal ward and could understand the work required to undertake a full evacuation. Susan McCreadie echoed Hazel Brand's comments regarding any support that would be required from Governors.

The Chief Executive advised that at the time of the incident a note was put onto the Staff Facebook page, and within thirty minutes, colleagues who were off duty arrived to assist with the evacuation. Colleagues had to evacuate patients over the uneven ground to the main hospital building, and therefore a 'sling' evacuation where the baby was held and managed by a neonatal nurse, to make it a smoother transition for the babies. The efforts of colleagues were fantastic; however, it was noted that a debrief would be undertaken with the staff so that they had the opportunity to relay their experience and provide the opportunity for them to talk.

The Chair advised that the Trust would write to colleagues individually to thank them for their contributions during the incident.

Question from Dennis Atkin

When hospitals were built, was there an indication of the life span of key components that go into the building?

The Chief Executive advised that all equipment had an asset life and depreciates over time. The building had been there for over fifty-years; however, a lot of components depreciate much sooner. Manual checks were undertaken regularly and contribute to the capital bids. Backlog critical maintenance would cost in the region of £50m and therefore a replacement hospital would be a much better use of spending the public purse, as this estimated cost would be for critical maintenance, and does not include other maintenance required, which could total approximately £120m. The Chair advised the Council of Governors that the Trust was not solely in control on how much capital was available for the Trust as monies were allocated on a system basis and allocated based on priority. Additional capital requests could be made to the treasury and NHS England.

Question from Mike Addenbrooke

Is the Trust covered by insurance?

The Chief Executive advised that the Trust had indemnity insurance, however further work was required to identify the cost of the significant repairs required.

Question from Lynne Schuller

Lynne Schuller was pleased that a debrief would take place with colleagues involved and wondered if there would be one for patients involved.

The Chief Executive advised that it had been agreed a letter would be sent to each patient, or parent/carer of patient outlining what had happened during the incident, and to thank them for their support and patience throughout.

Question from Dave Northwood

Were staff trained in these types of incidents and would the incident influence any training in the future?

The Chief Executive advised that horizontal evacuation was practiced, however full evacuations were not practiced. Following the full evacuation there would be lessons to be learned and training would be updated to reflect this learning. Early learning from the Fire Service included that they were unsure which switches to turn off and how long that batteries for the incubators lasted. Communication had been difficult as the incident took place out-of-hours.

Question from Mike Addenbrooke:

Mike Addenbrooke noted that it had been reported that Selby had a high number of COVID-19 cases and asked for an explanation on why the local community was not in the same position?

The Chief Executive advised that there were two contributing factors. The first was that during December 2020 the country had a significant outbreak of COVID-19, however, as Doncaster was already in lockdown due an earlier outbreak in October 2020, it affected the Trust and local community differently.

Question from Mark Bright

In moving to the recovery and restoration of services, does this distract the Trust from its preparedness to respond to any new variant?

The Chief Executive advised that this would not be the case, as the Public Health medics deal with the vaccine roll out and identification of new COVID-19 variants. It was expected that there be a booster dose of the COVID-19 vaccine in winter.

Question from Lynne Schuller

Due to the lack of clarity within the ICS, what impact has this had on planning, specifically in Bassetlaw, as commissioning will move to Nottinghamshire?

The Chief Executive advised that the hospital, as a statutory body was required to undertaken normal planning. The ICS then coordinates the planning. In April 2022 the ICS would become a statutory body. The Trust had submitted plans to the ICS against national timelines. South Yorkshire and Bassetlaw is one of the most developed ICS. In relation to the co-terminosity of Bassetlaw with Nottinghamshire, the Trust had represented its views and would need to

	<p>further understand the benefits of this at local authority level. These legislative changes would not see Bassetlaw moved to Nottinghamshire healthcare.</p>	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Noted the information provided in the presentations and through the question and answer session.</i> 	
PC21/04/D1	<p><u>Chair and Non-Executive Director Appraisal Process (Enclosure D1)</u></p>	
	<p>The Company Secretary outlined the process that would be undertaken to complete the Chair and Non-Executive Director appraisals. The NHSE/I Framework for conducting appraisals of NHS provider Chairs would be used. The outcome of the appraisal would be presented to the Council of Governors in November 2021. It was requested that the Council of Governors acknowledge the continued use of the Chair and Non-Executive Director appraisal process that was agreed the previous year.</p>	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Approved the process for the Chair and Non-Executive Director appraisals to be undertaken in line with the process agreed the previous year.</i> 	
PC21/04/D2	<p><u>Minutes of Council of Governors held on 28th January 2021 (Enclosure D1)</u></p>	
	<p>Dave Northwood requested an amendment in the first paragraph of section PC21/01/C1.1 from:</p> <p><i>The Chief Executive provided an update on the Trust's current operational position which highlighted that the number of admissions with COVID-19 remained stable with no current evidence of increased community transmission but noted that the Trust needed to remain vigilante as there were severe pressures in other areas of the country.</i></p> <p>To</p> <p><i>The Chief Executive provided an update on the Trust's current operational position which highlighted that the number of admissions with COVID-19 remained stable with no current evidence of increased community transmission but noted that the Trust needed to remain vigilant as there were severe pressures in other areas of the country.</i></p>	
	<p><i>The Council of Governors</i></p> <ul style="list-style-type: none"> - <i>Approved the minutes of the public Council of Governor meeting held on 28th January 2021 subject to the above amendment.</i> 	
PC21/04/E1	<p><u>Questions from members or the Public (verbal)</u></p> <p>There were no questions submitted by the public.</p>	
PC21/04/F1	<p><u>Any Other Business (Verbal)</u></p> <p>There were no items of any other business.</p>	

PC21/04/ F2	<u>Items for escalation to the Board of Directors (Verbal)</u> There were no items of escalation.	
PC21/04/ F3	<u>Governor Board/Meeting Questions Database</u>	
	<i>The Council of Governors</i> - <i>Noted the governor board meeting question database.</i>	
	<u>Date and time of next meeting:</u> Date 1 st July 2021 Time 15:00 Venue Microsoft Teams - Videoconferencing	
PC21/01/ G	Meeting closed at 16:50.	

Governor Questions and Answers - Updated 22nd June 2021

Reference	Meeting Source	Date	Question	Answer	Who Answered?	Date sent to CoG
P20/04/13(i)	Board of Directors	20/04/2021	The paper reports that midwifery workforce has seen a number of resignations within the service. Is there any common theme to understand this?	10 resignations 2 retirements 3 relocations 3 leaving midwifery altogether following Covid 2 want more flexibility so working for us through NHSP	David Purdue, Chief Nurse and Deputy CEO	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Is there NHS or CQC regulation that required an inspection of the damage so that there was learning in the Trust to provide assurance?	The Chief Executive advised that the Women and Children's Hospital was built in the late 1950s. The Fire Officer had been on site during the debrief the following day to discuss any learning to be taken from the incident. Although there were no harm or injuries from the incident, the Trust had informed the Health and Safety Executive (HSE) had been notified. Regular Estates reviews had been undertaken and there were no apparent leaks at the time of the last inspection. Work would continue with the HSE and Fire Service. It had already been agreed that any learning identified would be shared with local and national colleagues. Early lessons identified relate to the communication of the incident, so this would be worked on. The HSE had not indicated that they want to inspect the incident, however if they do so, the Trust would facilitate their access to the area. The Fire Service had raised an issue that the electronic access forms had not released at the time of the incident and keys were not readily available, however noted that evacuation had been completed in one-hour of the request by the fire service.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Hazel Brand noted that the Trust was unsuccessful with a bid several years ago that would be seen remedial work undertaken to the Women and Children's Hospital, and noted that the Trust was unsuccessful last year with their bid for a new build hospital and therefore asked if this incident would support any bids and what Governors could do to assist?	The Chief Executive advised that three years ago the Trust placed a substantial capital bid for a full refurbishment within the Women and Children's Hospital, and when the bid entered the process within the ICS, it was originally prioritised, however in the final stages it was changed to the second priority and subsequently lost the bid. The water leak incident had further highlighted the risk that the NHS had with buildings of this age, and the intention was to raise this formally once the country was out of the purdah period.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	When hospitals were built, was there an indication of the life span of key components that go into the building?	The Chief Executive advised that all equipment had an asset life and depreciates over time. The building had been there for over fifty-years; however, a lot of components depreciate much sooner. Manual checks were undertaken regularly and contribute to the capital bids. Backlog critical maintenance would cost in the region of £50m and therefore a replacement hospital would be a much better use of spending the public purse, as this estimated cost would be for critical maintenance, and does not include other maintenance required, which could total approximately £120m. The Chair advised the Council of Governors that the Trust was not solely in control on how much capital was available for the Trust as monies were allocated on a system basis and allocated based on priority. Additional capital requests could be made to the treasury and NHS England.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Is the Trust covered by insurance?	The Chief Executive advised that the Trust had indemnity insurance, however further work was required to identify the cost of the significant repairs required.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Would there be a debrief for the patients involved in the Women and Children's Incident on 27th April 2021?	The Chief Executive advised that it had been agreed a letter would be sent to each patient, or parent/carer of patient outlining what had happened during the incident, and to thank them for their support and patience throughout.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Were staff trained in these types of incidents and would the incident influence any training in the future?	The Chief Executive advised that horizontal evacuation was practiced, however full evacuations were not practiced. Following the full evacuation there would be lessons to be learned and training would be updated to reflect this learning. Early learning from the Fire Service included that they were unsure which switches to turn off and how long that batteries for the incubators lasted. Communication had been difficult as the incident took place out-of-hours.	Richard Parker, Chief Executive Officer	01/07/2021
PC21/04/C1.8	Council of Governors	29/04/2021	Mike Addenbrooke noted that it had been reported that Selby had a high number of COVID-19 cases and asked for an explanation on why the local community was not in the same position?	The Chief Executive advised that there were two contributing factors. The first was that during December 2020 the country had a significant outbreak of COVID-19, however, as Doncaster was already in lockdown due an earlier outbreak in October 2020, it affected the Trust and local community differently.	Richard Parker, Chief Executive Officer	01/07/2021

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