

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 28 January 2021 at 15:30
Via Microsoft Teams**

Present:

Chair	Neil Rhodes – Deputy Chair/Non-Executive Director		
Public Governors Via Starleaf	Peter Abell Mike Addenbrooke Dennis Atkin Ann-Louise Bayley Phil Beavers Hazel Brand Mark Bright	Linda Espey David Goodhead Jackie Hammerton Geoffrey Johnson Lynne Logan Ainsley MacDonnell Steve Marsh	Bev Marshall Susan McCreddie David Northwood Pauline Riley Lynne Schuller Mary Spencer Clive Tattley
Staff Governors	Kay Brown	Duncan Carratt	Vivek Pannikar
Partner Governors	Alexis Johnson	Joanne Posnett	Sue Shaw

In attendance:

Richard Parker OBE – Chief Executive
 Jon Sargeant – Director of Finance
 Pat Drake, Non-Executive Director and Senior Independent Director
 Sheena McDonnell – Non-Executive Director
 Kath Smart – Non-Executive Director
 Kirsty Edmondson Jones – Director of Estates and Facilities
 Ken Anderson – Acting Chief Information Officer
 Mark Bailey – Non Executive Director
 Fiona Dunn – Deputy Director Corporate Governance/Company Secretary
 Adam Tingle – Senior Communications and Engagement Manager
 Abigail Trainer – Deputy Chief Nurse
 Katie Shepherd – Corporate Governance Officer (Minutes)

Apologies:

Governor Apologies	Anthony Fitzgerald Sophie Gilhooly Tina Harrison	Phil Holmes Maria Jackson-James Victoria McGregor-Riley	Sally Munro Mandy Tyrrell
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**Board Member
Apologies**

Suzy Brain England OBE – Chair
 Karen Barnard - Director of People and Organisational Development
 Rebecca Joyce – Chief Operating Officer
 Dr Tim Noble – Medical Director
 David Purdue – Deputy Chief Executive and Chief Nurse
 Marie Purdue – Director of Strategy and Transformation
 Emma Shaheen – Head of Communications and Engagement
 Alasdair Strachan – Director of Education and Research

ACTION**PC21/01/A1 Welcome and Apologies for Absence (Verbal)**

The Deputy Chair welcomed the Council of Governors and those in attendance to the meeting. The apologies for absence were noted.

PC21/01/A2 **Declaration of Governors' Interests (Enclosure A2)**

Prior to the meeting two Governors declared additional interests:

Dennis Atkin additional declaration:

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

Geoffrey Johnson additional declaration:

Co-Chair at Doncaster Metropolitan Borough Council, Carers Strategic Oversight Group.

The Council:

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

PC21/01/A3 **Actions from previous meetings (Enclosure A3)**

There were no outstanding actions from the meeting held on 11th November 2020.

PC21/01/C **Reports of Activity, Performance and Assurance (Presentation)**

PC21/01/C1.1 **Richard Parker – Chief Executives Report (Presentation)**

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. The Trust had expected to see a significant increase in activity in mid-January, but due to Government measures whilst numbers had risen they had not reached the levels of the wave 2 admissions. The Trust continued to focus its efforts on urgent, emergency and cancer work, and would be in a position to commence the restoration of other services. Work continued with partners to provide mutual aid, should it be required.

COVID-19 Vaccination Update

Efforts had continued since December 2020 in the administering of the COVID-19 vaccination, working alongside partners at Doncaster CCG and with Primary Care Networks. The majority of the Trust's frontline colleagues had received their first vaccine. At the time of writing, Yorkshire was second only to the Midlands in the number of vaccines delivered.

Looking Ahead

The Trust would continue to closely manage its position, making changes to services and activity levels to manage the pressures. Work would continue with partners both locally, and regionally to ensure we were making the best use of our capacity across the patch. The Trust would continue to vaccinate colleagues in order to minimise any effects of a further wave of COVID-19 infection.

PC21/01/C1.2 **Suzy Brain England – Chairs Report (Presentation)**

Neil Rhodes presented on behalf of the Chair, the Chairs Report. The Chair wished to thank Team DBTH for their unswerving dedication throughout 2020 and into the New Year, and local communities for their ongoing support throughout the COVID-19 pandemic. Looking forward, there would be a further round of Governor elections to take place later in the year. The Chair wished to reflect on the efforts of the teams involved in the COVID-19 vaccination programme and wished for a more optimistic 2021. The important message of 'hands, face, space' was reiterated.

PC21/01/C1.3 **Hazel Brand – Lead Governor Update (Presentation)**

Hazel Brand, Lead Governor provided an update on behalf of the Council of Governors that highlighted the key points formed by Governors:

- Patients must remain at the heart of NHS/social care,
- Don't forget the hard-to-reach groups in any re-shaping of services,
- A legislative foundation for ICSs would ensure consistency within and between ICSs,
- Don't create another layer of bureaucracy,
- But get rid of duplication, develop staff skills, make better use of finances,
- Good leadership with change management skills was required.

The Lead Governor also advised that the Governors had made suggestions for the Executive's objectives for 2021/22 which included:

- A focus on the COVID-19 recovery,
- To lead implementation of change arising from the ICS development,
- Move from a paper to a digital culture,
- Keep a focus on the aim to reach 'outstanding' status.

PC21/01/C1.4 **Neil Rhodes – Finance and Performance (Presentation)**

Neil Rhodes provided an update on the most recent Finance and Performance Committee meeting that took place on 26 January 2021 which included:

- The committee had been in receipt of the COVID-19 situation report which outlined the impact that COVID-19 had on the Trust's elective services and the plan to commence the restoration of elective services,
- It was expected that the Trust would break-even at year-end,
- The committee received an update on the intended work to improve the emergency department area to be named the Bassetlaw Emergency Care Village. Although announced by the PM and confirmed at PMQ, the funding had not yet been received, however preparatory work was underway internally to ensure that quick mobilisation could take place when the funding was received. It was noted that this was being undertaken as a proportionate financial risk,
- Planning and budget setting discussions had taken place for the year ahead and the Committee had received an update pertaining to the ICS financial position.

PC21/01/C1.5 **Pat Drake – Quality and Effectiveness (Presentation)**

Pat Drake provided an update on the most recent Quality and Effectiveness Committee meeting that took place on 24 November 2020 which included:

- The committee had welcomed back Peter Abell as a governor observer following re-election into his second governor term of office. Lynne Logan was welcomed as a new governor observer of the committee and would join her first meeting on 2nd February 2021,
- There had been a restructure within the Chief Nurse Team which would impact and improve the reporting mechanism into the committee,
- Pat Drake welcomed Abigail Trainer, Deputy Chief Nurse, in attendance on behalf of the Chief Nurse who would oversee the areas that would report into the committee. Other members of the Chief Nurse Team include Stacey Nutt, Deputy Director of Nursing for Patient Experience and Cindy Storer, Deputy Director of Nursing for Patient Safety,
- A new Quality Framework and Strategy would be devised that would be the underlying framework to support the achievement of the strategic objectives, which would include reports of good quality outcomes and demonstrate how the strategic objectives were being achieved,
- The committee had expected to undertake a deep dive into complaints in February however as an internal audit was underway, it was agreed that it would be beneficial to move this until the April meeting where the full outcome of the audit would be presented,
- The Trust had received the Ockenden Report, which featured actions to be undertaken by all Trusts. Maternity transformation would be a regular feature at the committee and Board. The Chief Nurse was the Maternity Patient Safety Champion for Maternity, a new statutory role required, and Pat Drake had taken the role of Non-Executive Director Patient Safety Champion for Maternity,
- The committee work plan had been reviewed and the focus would continue to be on patient safety during the COVID-19 pandemic with a focus on falls, incidents, pressure ulcers, infection prevention and control and discharge. In depth reports on each of these areas would be received at the committee meeting on 2nd February 2021,
- The Divisional Reporting Framework had been revised.

PC21/01/C1.6 **Sheena McDonnell – People (Presentation)**

Sheena McDonnell provided an update on the most recent People Committee meeting that took place on 12th January 2021 which included:

- The committee welcomed three governor observers, Mark Bright, Sue Shaw and Kay Brown,
- A deep dive had taken place on the preliminary staff survey results with the full results expected in March and the allocate e-rostering system. A software system that allows the Trust to plan and manage the workforce (rotas, annual leave and sickness),

- It was noted that workforce planning and recruitment had been identified as a risk, however had been subject to internal audit and would be a regular feature of the People Committee monitored through key performance indicators,
- Kirby Hussain had been appointed as the Equality, Diversity and Inclusion Lead, an important role with the link the strategic objectives and the national people plan, in the delivery of inclusive compassionate leadership,
- The Trust had signed up to the Race Equality Code, the Council of Governor had already received a workshop on this,
- The health and wellbeing of the workforce had featured high on the agenda and would continue throughout 2021 to ensure that support was in place for all colleagues,
- Regular updates were received on freedom to speak up and the progress made against action plans,
- Widening participation was underway to ensure colleagues continued to develop skills with innovation and the experience they require to undertake their role well to provide high-quality and compassionate care. This would also include the pathways for people into healthcare careers such as apprenticeships,
- Thanks was given to the teams involved in the delivery of the COVID-19 vaccination programme.

PC21/01/C1.7 **Governor Questions (Verbal)**

Question from Hazel Brand

In regard to a recent article in the Doncaster Free Press, Hazel Brand asked for an update on the location debate relating to the site of the potential new build hospital following much debate about the waterfront location and a possible location near the M18 for ease of access?

The Chief Executive advised that he had not seen the article however that the Trust would continue to secure funding to relocate the Doncaster site to a new build site, however the site, yet to be determined, would be identified on a basis of an evaluation of the options and an overall value for money assessment for patients. Although the possible locations had been narrowed down the work was never concluded following the announcement that the new build for Doncaster was not part of the HIP (hospital improvement plan) list. The waterfront site remained an option.

Question from Peter Abell

Peter Abell wished to comment on the delivery of services, in regards to a friend's wife who had continued to receive treatment and care from the Trust throughout the pandemic for leukaemia, contrary to reports in the media Peter suggested that cancer services had operated pretty normally. However, asked for an overview of all services that had continued throughout the pandemic?

The Chief Executive advised that since the start of the COVID-19 pandemic, the Board had been very clear on the prioritisation of care for emergency care, urgent and cancer care followed by absolute dates, and whilst there was a balance between the

need to treatment or diagnostics and the risks had to be made with all patients, including cancer patients. If treatment was likely to increase their risks, the treatment plans were altered and managed in that context. The Trust continued to support partner organisations within the ICS with mutual aid.

Question from Peter Abell

Peter Abell asked for further information on the Bassetlaw Emergency Care Village.

The Chief Executive advised that the Finance and Performance Committee had considered the matter, which had been announced by the Prime Minister and Secretary of State following a visit to Bassetlaw Hospital and that funding for the scheme was still expected. The capital paperwork was submitted at the time, however it was then not included as part of the HIP list announcement. The Trust remained optimistic and expected clarity on the funding soon. Work continued to prepare for a prompt start once the funding is confirmed.

Question from Michael Addenbrooke

Michael Addenbrooke firstly noted that prior to the pandemic he had over thirty patients in contact with him at any one time however, noted this was down now to the mid-twenties.

Michael Addenbrooke advised that he had received three questions from patients.

One was how many patients in hospital with COVID-19 were negative when they were admitted?

The Chief Executive advised that at the start of the COVID-19 pandemic, only patients who were symptomatic were tested, however this system had changed and had improved as further guidance had been received and the availability of testing increased, and all patients admitted now were tested upon presentation and again on day five of their stay if the first test was negative. It was noted however that whilst there had been an improvement in the testing regime, that false negative results could be achieved, and this therefore made the analysis of the number difficult. There had been a number of areas in the Trust that had seen outbreaks, which the majority of hospitals had seen due to the risk associated with asymptomatic carriage. All front line healthcare workers were now undertaking twice weekly lateral flow testing and the Trust endeavoured to ensure that control measures were as good as they could be.

Question from Michael Addenbrooke

Michael Addenbrooke asked if the national COVID-19 figures had been inflated and asked if someone who tested positive for COVID-19 five days prior to being knocked down by a car and killed, would they be recorded as dying of COVID-19?

The Chief Executive advised that a cause of death would always be recorded as the main diagnosis. It was noted that the current rate of COVID-19 as a cause of death was between 3-4%. For those who have a significant illness, mortality was increased to a rate of 26% which was consistent across the country.

Question from Michael Addenbrooke

Michael Addenbrooke noted that there had been no indication of a flu pandemic and asked if Covid19 had assisted in this due to the mask wearing and social distancing guidance.

The Chief Executive advised that during winter, flu was usually the dominant virus, however this was not a normal winter and measures in place such as the national lockdown, the flu vaccination programme and the hands, face, space message had contributed to the reduction in the numbers of flu cases seen. Advising that this was the same with norovirus for the same reasons. This was seen to be a positive benefit of the measures in place, as the addition of these viruses alongside Covid19 would have created a significant problem for the NHS.

Question from Lynne Logan

Lynne Logan asked if there had been an issue with staff burn out, or staff leaving the NHS because of the pressures faced during the COVID-19 pandemic?

The Chief Executive noted that the draft staff survey had been received, which was for the Trust, undertaken during wave 2 of the COVID-19 pandemic, which would allow the Trust to identify how colleagues had felt at that point in time. The Chief Executive had worked in the health service since 1982 and had never known a period of sustained pressure like this that this had challenged the resilience of colleagues, and the families and friends of colleagues. It was noted that there had been a doubling of sickness absence amongst colleagues and an impact had been seen of the shielding guidance and therefore suggested that people may evaluate their position in the NHS once through the pandemic. It was noted that the Director of People and Organisational Development had the health and wellbeing of colleagues as a priority, alongside equality, diversity and inclusion, training and development for colleagues

Comment from Sue Shaw

Sue Shaw wished to thank the Chief Executive for his support alongside Bassetlaw District Council on the new Bridge Court Hub, a place to focus on the training and development and access to future careers for those in Bassetlaw.

Question from Geoffrey Johnson

Geoffrey Johnson asked if there was a question within the staff survey pertaining to whether staff were working carers? And asked if the recruitment process identified this information.

Sheena McDonnell advised that through the health and wellbeing offer to colleagues there was opportunity for individual circumstances to be addressed through counselling and support.

The Chief Executive clarified that as the staff survey was a national one, the questions were determined by a national team and therefore a question relating to working carers was not currently included as part of the survey and would need to be agreed nationally.

Question from Clive Tattley

Clive Tattley suggested that COVID-19 and the different new variants were not likely to go away in the future and wondered if this had been factored in strategically? Clive added that there had been some excellent work undertaken to divide the hospital up and asked if plans were in place for the future or the possibility of future pandemics that would require such divisions on a permanent basis?

The Chief Executive noted that whilst the COVID-19 pandemic would end, the COVID-19 virus was likely to be active for some time. Learning from the management of the COVID-19 pandemic would inform planning through the next winter period and into the future and that separate pathways and point of care COVID-19 testing would be needed for some time. Services would need to be robust to withstand the winter period, particularly as COVID-19 was still a factor. The estate would be reviewed and work with partners would take place to identify how services could be provided resiliently and what lessons could, and should be included in the refresh of the Strategic Direction which would be undertaken this year.

Question from Vivek Pannikar

Vivek Pannikar had a follow up question regarding the potential new hospital build and asked if there was an aspiration to become a trauma centre, as the Trust undertook similar levels of trauma work as the neighbouring Trust, Sheffield Teaching Hospitals, however did not receive funding as a trauma centre. Vivek added that to attract the best talent having a trauma status would be beneficial.

The Chief Executive advised that the designation of trauma centres was nationally determined and compliance with the standards was more extensive than the current offer at the Trust as there had to be on-site neurosurgeons and other speciality posts, which were different to the provision of acute care. It was noted however that the Trust did provide an element of this through vascular surgery, interventional radiology and a comprehensive orthopaedics service. The vision moving forward with a new build at Doncaster, would provide a link between the development of key services and the universities alongside an aspiration to build a significant research portfolio. The Trust was working actively with Doncaster Council regarding the creation of a university campus and a research village offer.

Pat Drake left the meeting.

The Council of Governors

- ***Noted the information provided in the presentations and through the question and answer session.***

PC21/01/D1 Appointment of External Auditors Process and Timeline (Enclosure D1)

The Director of Finance informed that Council of Governors that current best practice recommends a three-to-five-year period of appointment for External Audit Services. Our regulator, NHS Improvement, recommends that Foundation Trusts undertake a market-testing exercise to appoint an auditor at least once every five years. The current contract had reached the end of its term. For practical purposes re-tendering means that the existing contract between the Trust and Ernst & Young for external audit services would come to an end on 31st October 2021, with a new contract (and potentially new provider) to commence from 1st November 2021. Ernst & Young would externally audit the annual accounts, quality accounts, charity accounts and Wholly Owned Subsidiary accounts relating to the 2020/2021 financial year.

The Council of Governors have the ultimate oversight over the external auditor tendering process. However, the Trust's internal audit contract requires re-tendering in a similar timescale. As it involves a number of potential suppliers who would be suitable for both contracts, it was proposed that the process for both to be conducted at the same time, including the same evaluation panel for both. It was therefore proposed that the Council of Governors:

- take oversight of the External Auditor appointment process; and
- Agree with the Audit and Risk Committee the selection criteria for appointing, re-appointing and removing external auditors.

There would be a requirement for a minimum of two, maximum of three governors to be a part of the process.

The Council of Governors

- ***Noted the requirement to re-tender,***
- ***Noted the outline process and the roles required from the Council of Governors.***

PC21/01/D2 Minutes of Council of Governors held on 11 November 2020 (Enclosure D1)

No changes to note.

The Council of Governors

- ***Noted the minutes of the public Council of Governor meeting held on 11th November 2020.***

PC21/01/E1 Questions from members or the Public (verbal)

There were no questions submitted by the public.

PC21/01/F1 Any Other Business (Verbal)

There were no items of any other business.

PC21/01/F2 Items for escalation to the Board of Directors (Verbal)

There were no items of escalation.

PC21/01/F3 Governor Board/Meeting Questions Database

Mark Bright commented in the chat functionality of Teams:

In relation to Section F: Raised at Pre-meet but for benefit of all attendees, I'd like to compliment the Trust on providing enclosure F3 (Governors Questions and Answers). This was a most welcome enclosure. Shows questions raised by governors, executive director responses, and forums where questions were raised over last 8 months, i.e., through the Covid-19 timeline. F3 was information which assures our public the Council of Governors have been active (even if in a virtual sense) during the pandemic; and the

good-level of transparency and detail from Trust with answers given. A very much appreciated addition (especially at this time).

The Council of Governors

- **Noted the governor board meeting question database.**

Date and time of next meeting:

Date 29 April 2021

Time 15:00

Venue Microsoft Teams - Videoconferencing

PC21/01/G Meeting closed at 17:15.



**Suzy Brain England
Chair of the Board**

**Date
29 April 2021**