



**Board of Governors' Meeting  
to be held on  
Monday 12 December 2016  
at 1.00pm  
(or following the Board of Governors' Timeout, whichever is later)  
Room 2, Postgraduate Centre  
Bassetlaw Hospital**



**Meeting of the Board of Governors**  
of  
**Doncaster and Bassetlaw Hospitals NHS Foundation Trust ('the Trust')**  
on  
**Monday 12 December 2016 at 1.00pm**  
(or following the Board of Governors' Timeout, whichever is later)  
in  
**Room 2, Postgraduate Centre, Bassetlaw Hospital**

## **AGENDA**

<b>No</b>	<b>Item</b>	<b>Action</b>	<b>Enclosures</b>
1.	<b>Welcome and Apologies</b>	<i>Note</i>	(Verbal)
2.	<b>Declaration of Governors' Interests</b> Matthew Kane, Trust Board Secretary	<i>Note</i>	Enclosure A
3.	<b>Minutes of the meeting held on 21 September 2016</b>	<i>Approve</i>	Enclosure B
4.	<b>Matters Arising from the Minutes</b>	<i>Note</i>	Enclosure C
<b>GOVERNANCE</b>			
5.	<b>Appointment of Non-Executive Directors</b> Mike Addenbrooke, Vice Chairman	<i>Approve</i>	Enclosure D
6.	<b>Change of Trust Name</b> Mike Pinkerton, Chief Executive Alasdair Strachan, Director of Education Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure E
7.	<b>Governor Elections 2017</b> Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure F
<b>INFORMATION ITEMS</b>			
8.	<b>Any Other Business</b>	<i>Note</i>	(Verbal)

**Resolution :**

***Members are invited to RESOLVE that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.***



Chris Scholey  
Chairman

6 December 2016

## Register of Governors' Interests as at 6 December 2016

The current details of Governors' Interests held by the Trust are as follows:

**Ruth Allarton, Partner Governor**

School Governor, Tuxford Academy  
Parish Councillor, Weston Parish

**Dr Utpal Barua, Public Governor**

Retired member, British Medical Association  
Senior medical member, Court and Tribunal Services, Leeds

**Philip Beavers, Public Governor**

Judge, The Single Family Court  
Magistrate (and previously Chairman), Doncaster Bench  
Independent Person under the Localism Act, Doncaster MBC; Rotherham MBC; & North  
Yorkshire Fire and Rescue Service

**Shelley Brailsford, Public Governor**

Independent Custody Visitor, South Yorkshire Police and Crime Commissioner  
Volunteer, British Red Cross Charity Shop, Doncaster

**Hazel Brand, Public Governor**

Member, Bassetlaw District Council

**David Cuckson, Public Governor**

Justice of the Peace, Scunthorpe  
Member, Worksop 41 Club

**Vivek Desai, Staff Governor**

DBH Consultant Representative, BMA Trent Regional Consultant Committee  
Advisor and Negotiator, DBH Local Negotiating Committee

**Nicola Hogarth, Public Governor**

Employee, BT Health (BT PLC)

**Peter Husselbee, Public Governor**

School Governor, Redlands School, Worksop  
Member, Rotary Club of Worksop  
Member, Worksop 41 Club

**Pat Knight, Partner Governor**

Member, Labour Party  
Chair, Doncaster Health and Wellbeing Board  
DMBC Cabinet Member for DMBC Public Health and Wellbeing  
Member, DN7 Community Food Bank  
Trustee, East Doncaster Development Trust

**Bev Marshall, Public Governor**

Member, Labour Party  
Governor, Hall Cross Academy  
Member, Yorkshire Ambulance Service NHS Trust

**Brenda Maslen, Public Governor**

Expert by Experience, CQC (acting as part of CQC inspection teams)

**Rupert Suckling, Partner Governor**

Director of Public Health, DMBC  
Non-executive Director, Doncaster Children's Services Trust  
Trustee, Club Doncaster Foundation

**Clive Tattley, Partner Governor**

Member, Worksop Rotary Club

**The following have no relevant interests to declare:**

Mike Addenbrooke, Public Governor  
Oliver Bandmann, Partner Governor  
Dev Das, Public Governor  
Eddie Dobbs, Public Governor  
Anthony Fitzgerald, Partner Governor  
Lynn Goy, Staff Governor  
Shahida Khalele, Staff Governor  
Susan Overend, Public Governor  
John Plant, Public Governor  
Patricia Ricketts, Public Governor  
Lorraine Robinson, Staff Governor  
Denise Strydom, Public Governor  
Roy Underwood, Staff Governor  
George Webb, Public Governor  
Maureen Young, Public Governor

**The following have not yet declared their interests:**

Anwar Choudhry, Public Governor  
Lisa Bromley, Partner Governor  
Ainsley MacDonnell, Partner Governor  
Susan Shaw, Partner Governor  
Andrew Swift, Staff Governor

Governors are requested to note the above and to declare any amendments as appropriate in order to keep the register up to date.

**Matthew Kane**

**Trust Board Secretary**



**UNAPPROVED Minutes of the meeting of the Board of Governors held on  
Wednesday 21 September 2016  
In the Ivanhoe Centre, Conisbrough, Doncaster, DN12 3JX**

<b>Chair</b>	<b>Present:</b> Chris Scholey	<b>Apologies:</b>
<b>Public Governors</b>	Mike Addenbrooke Utpal Barua Phillip Beavers Shelley Brailsford Hazel Brand David Cuckson Dev Das Eddie Dobbs Nicola Hogarth Bev Marshall Brenda Maslen Susan Overend John Plant George Webb Maureen Young	Anwar Choudhry Peter Husselbee Patricia Ricketts Denise Strydom
<b>Staff Governors</b>	Vivek Desai Lynn Goy Lorraine Robinson Andrew Swift Roy Underwood	Shahida Khalele
<b>Partner Governors</b>	Anthony Fitzgerald Cllr Pat Knight Ainsley MacDonnell Dr Rupert Suckling	Ruth Allarton Lisa Bromley Oliver Bandmann Cllr Susan Shaw Clive Tattley
<b>In Attendance:</b>	Alan Armstrong Emma Shaheen Suzy Brain England Emma Challans Jeremy Cook David Crowe Dawn Jarvis Matthew Kane Alison Luscombe Martin McAreavey John Parker Richard Parker Mike Pinkerton David Purdue	Non-executive Director Head of Communications and Engagement Chair Designate Deputy Chief Operating Officer Interim Director of Finance Non-executive Director Director of Strategy & Improvement Trust Board Secretary Foundation Trust Office Coordinator Non-executive Director Non-executive Director Director of Nursing, Midwifery and Quality Chief Executive Chief Operating Officer

Sewa Singh	Medical Director
Kate Sullivan	Corporate Secretariat Manger
Anthony Jones	Deputy Director of People & Organisational Development

<b>Apologies:</b>	Karen Barnard	Director of People & OD
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director

**Public:** 20 members of the public were in attendance

## Action

### Welcome and apologies

**G/19/09/1** Chris Scholey welcomed those present to the meeting.

Apologies recorded above were noted.

### Declaration of governors' interests

**G/19/09/2** No changes were reported.

### Minutes of the meeting held on 30 June 2016

**G/19/09/3** The minutes of the meeting held on 30 June 2016 were APPROVED as a true record of the meeting subject to the following amendments:

**G/19/09/4** G/16/09/16 – 'Super Trust League' *to be replaced with* 'hospital chain'.

### Matters arising and action notes

**G/19/09/5** The action log was reviewed and updated.

In response to a query from Dr Utpal Barua about the Five Year Forward View and STPs, Mike Pinkerton provided an update on the national and local positions in terms of funding. The STP was looking at what the NHS would look like if organisations were to work together across areas but nothing had yet been decided.

### Chair's report and correspondence

**G/19/09/6** Chris Scholey presented his report which included updates on the following areas:

- Governor resignations and welcomes
- Resignation of Chief Executive
- Details of Board of Governors' Timeout on 5 September
- Update on discussions with NHSI
- Opening of new Birthing Suite at Bassetlaw
- Stroke services update
- Update on Non-executive Director recruitment
- Well-led Governance Review
- Partnership working

**G/19/09/7** Chris Scholey was due to leave the Trust at the end of December. On behalf of the Governors, George Webb placed on record his gratitude to Chris for his service to the Trust and his excellent support of Governors during his eight years' service.

**G/19/09/8** The Chair's Report was NOTED.

#### **Chief Executive's Report**

**G/19/09/9** Mike Pinkerton presented a comprehensive report which included updates on:

- Performance
- Strategy
- Urgent & Emergency Care Improvement Support
- Picker Inpatient Survey
- Chemotherapy
- SSNAP (Stroke Audit)
- Enhanced Care Team at BDGH
- Staff & Appointments

**G/19/09/10** Stroke Audit – The results for the period January 2016 to March 2016 had been very positive and compared favourably with local trusts. Mike Pinkerton commended the team who had worked hard to achieve this.

**G/19/09/11** The Chief Executive's report was NOTED.

#### **Matters arising from the Board of Directors minutes**

**G/19/09/12** In response to a query from George Webb it was AGREED to ensure all future Board minutes gave the names of those who had asked and had answered questions.

**G/19/09/13** The minutes of the Board of Directors meetings held on 25 May 2016, 28 June 2016 and 27 July 2016 were NOTED.

#### **Finance Report**

**G/19/09/14** Jeremy Cook presented the report that, as had been agreed, provided a summary of the Month 4 (July 2016) position and key trends.

**G/19/09/15** In response to a query from Hazel Brand about the level of creditors, Jeremy Cook reported that the creditor position was good however issues with the level of debtor days, previously reported, had been addressed and the debtor day position was improving. John Parker concurred and gave assurance that both creditor and debtor days were scrutinised through the Financial Oversight Committee. The Trust had been in communication with debtors and there had been positive indications that debtors were now being paid within their terms.

**G/19/09/16** The Finance Report was NOTED.

## **Business Intelligence Report**

**G/19/09/17** David Purdue presented a detailed executive summary and questions were invited.

**G/19/09/18** Cancelled Operations - In response to a question from Mike Addenbrooke, David Purdue undertook to provide details of the number of cancelled operations that had been due to the availability of staff.

**DP**

**G/19/09/19** Dev Das raised further concern about cancelled operations. David Purdue clarified that for the period reported all cancellations had been due to availability of consultant staff, not bed availability. Richard Parker reported that one of the strands of the Turnaround Programme was Theatre Productivity; this included monitoring cancelled operations and looking at when, why and how operations had been cancelled. Indications were that the majority of cancellations were due to sickness absence of staff on the day.

**G/19/09/20** Outpatient Check-in Kiosk - Mike Addenbrooke raised a number of concerns about the kiosks; he commented that the floor markings behind which patients should queue for the kiosk were not visible enough and that a significant percentage of patients had required assistance using the kiosk.

**G/19/09/21** David Purdue reported that there were two different types of kiosk; the one located in south block had received positive feedback from patients. The kiosk to which Mike Addenbrooke referred was being run as a pilot in main Outpatients and the outcome of the pilot would be evaluated. He commended volunteers for the support they had been providing to patients as part of the pilot.

**G/19/09/22** Quality Data – Rupert Suckling asked why quality data had not been included in the report. It was noted that Governors had asked for the report to be reduced in physical size and in order to achieve this some data, previously included, had not been included. It was agreed to circulate the quality data outside of the meeting. It was noted that the full detailed Business Intelligence Report was included in the public Board of Directors papers.

**G/19/09/23** Junior Doctors Strike – Rupert Suckling queried the preparedness of the Trust in terms of the impact on performance of planned industrial action to be taken by Junior Doctors and this was discussed. David Purdue gave an overview of plans and actions to be taken; Advanced Nurse Practitioners (ANPs) would support consultants as appropriate, consultants would move to support the Emergency department. All elective work would be reviewed; David Purdue gave assurance that elective work would only be cancelled in unavoidable circumstances.

**G/19/09/24** HSMR – Sewa Singh gave a verbal update; HSMR had reduced to 93 and

SHMI stood at 100.

**G/19/09/25** Quality – Richard Parker reported that performance for C.Diff, hospital acquired pressure ulcers, SIs and serious falls were all on a better trajectory than at the same time the previous year. There had been two cases of MRSA; PIRs were underway and lessons would be identified. Areas for improvement were the complaints response rate and Friends and Family test engagement scores; work was in train to address these areas.

**G/19/09/26** Chris Scholey commended staff on achieving the excellent quality performance results, Dr Utpal Barua echoed this.

**G/19/09/27** The Business Intelligence Report was NOTED.

### **Strategy & Improvement Report**

**G/19/09/28** Dawn Jarvis presented the report and invited questions.

**G/19/09/29** David Cuckson asked whether the Trust was satisfied with the level of staff engagement and cooperation in the context of Turnaround and this was discussed. Dawn Jarvis reported that engagement with Grip and Control meetings was good and the meetings were well attended. The Grip and Control phase of the Turnaround Programme would continue until the end of the financial year. The Trust was now considering how it would phase out Grip and Control into a period of Transformation which would mean greater autonomy for Care Groups and Directorates.

**G/19/09/30** David Cuckson asked whether departure of the Chair and Chief Executive would impact on strategic development; It was reported that the Trust had been due to submit the Five Year Plan in January 2017. Due to, amongst other things, the need to synchronise the plan with STP plans, it had been agreed with NHS Improvement for this to be moved to March 2017 and this would also allow input from the incoming Chair.

**G/19/09/31** Bev Marshall asked that his concerns regarding the STP be recorded; he stated that Governors and the public had had no involvement so far in the business of the STP and he challenged whether STPs were a legal entity. He suggested that this should be taken up at a national level. Chris Scholey acknowledged the concerns and the matter was discussed; Chris Scholey advised that local Governance groups, which would include Governors, were to be established.

**G/19/09/32** In the context of the concerns raised by Bev Marshall, Richard Parker gave assurance that the Trust continued to be focussed on the services it provided to patients in Doncaster, Bassetlaw and Mexborough. Care Group strategies were being developed and there were regular Care Group level meetings about how services would be run and delivered in future.

**G/19/09/33** Ben Marshall welcomed the appointment of a new substantive Director of Finance and recruitment plans for new Non-executive Directors but he raised concern that it may take time to find a replacement for the Chief Executive; He asked for Governors to be provided with information on how this short-term issue was to be addressed in terms of governance.

**G/19/09/34** The Strategy & Improvement Report was NOTED

#### **People & OD Quarterly Report**

**G/19/09/35** Anthony Jones, Deputy Director of People & Organisational Development, was introduced to Governors. Anthony presented the report in Karen Barnard's absence. The quarterly report had been submitted to the Board of Directors and provided performance for Q1 2016/17.

**G/19/09/36** The following was noted:

- Sickness/absence – There had been a continued rise in sickness levels to 4.62% at the end of Q1. A deep dive into this was being conducted. A number of plans to address this were already in place and included training for managers and supervisors.
- Staff Engagement – There had been good engagement with Turnaround Workshops and staff had submitted lots of ideas.
- Teaching Hospital Status – There had been some good meetings with Sheffield University and Sheffield Hallam University with regard to the Trust's aspiration to achieve Teaching Hospital status. The Director of Education for the Trust had to demonstrate that the Trust was at an appropriate level; discussions were currently in the final stages and an outcome was expected soon.

**G/19/09/37** Chris Scholey expressed concern about the rise in sickness absence rates and this was discussed. Mike Addenbrooke concurred and commented that Governors were very concerned about sickness absence rates and also about the reduction in the percentage of staff that had said they would recommend the Trust as a place to work in the recent staff survey. He queried whether this reflected staff feeling about Turnaround. Anthony Jones felt that overall engagement had been very good.

**G/19/09/38** Dawn Jarvis commented that the Trust could not have achieved the level of turnaround and savings whilst at the same time maintaining quality standards without the support and engagement of the workforce. However, the Trust had to make some difficult decisions that had impacted on pay and working conditions.

Maureen Young raised concern that some wards had more than one ward manager, she queried how staff knew who was in charge and whether there were any risks in terms of using this staffing model and this was discussed. Richard Parker advised that this model strengthened professional leadership; he advised that wards ran 24/7; therefore to have ward managers on duty at all times required a minimum of three staff at an appropriate grade. In terms of line management responsibility, nursing staff on the wards each had an identified ward manager as their line manager.

**G/19/09/39** The Q3 People & Organisational Development Report was NOTED.

#### **Appointment of External Auditors**

**G/19/09/40** Bev Marshall presented the paper which set out the steps of the competitive process undertaken. He gave a detailed verbal report on the tendering process. Overall Governors had been very impressed with the transparency and thoroughness of the process and this had been welcomed. Jeremy Cook echoed these comments and he thanked the staff involved in the process and Governors for dedicating their time to support this work.

**G/19/09/41** The recommendation for Governors to award the contract to Ernst & Young and delegate authority to the Chief Executive to sign the contract and lead the transition to the new supplier was APPROVED.

#### **Reappointment of Non-Executive Director**

**G/19/09/42** *Alan Armstrong left the meeting and Mike Addenbrooke took the chair.*

Mike Addenbrooke presented the paper which proposed an extension to the term of office of Alan Armstrong, Non-executive Director, for a further two years in accordance with the Trust Constitution from 1 October 2016 to 30 September 2018.

This was APPROVED.

#### **Designation of Senior Independent Director**

**G/19/09/43** The paper proposed the appointment of Alan Armstrong as Senior Independent Director (SID) to replace Geraldine Broderick who left the Trust on 18 July 2016.

The appointment of Alan Armstrong as Senior Independent Director (SID) for a term of 3 years from 1 October 2016 was APPROVED.

*Alan Armstrong re-joined the meeting and Chris Scholey retook the chair.*

**Minutes of the Health and Care of Adults Sub-committee meeting held on 5 July 2016.**

**G/19/09/44** The Minutes of the Health and Care of Adults Sub-committee meeting held on 5 July 2016 were NOTED.

**Minutes of the Health and Care of Young People Sub-committee meeting held on 12 July 2016**

**G/19/09/45** The Minutes of the Health and Care of Young People Sub-committee meeting held on 12 July 2016 were NOTED.

**Minutes of the Appointments & Remuneration Sub-committee meeting held on 4 August 2016**

**G/19/09/46** The Minutes of the Appointments & Remuneration Sub-committee meeting held on 4 August 2016 were NOTED.

**Minutes of the Agenda Planning meeting held on 9 August 2016**

**G/19/09/47** The minutes of the Agenda Planning meeting held on 9 August 2016 were NOTED.

**Items escalated form Sub-committees**

**G/19/09/48** Fred & Ann Green Legacy Committee – Alan Armstrong shared concerns of some advisory group members with regard to funding arrangements for the Ophthalmology Centre at DRI. Jeremy Cook clarified legal advice provided to the Trust and he undertook to circulate the full details outside of the meeting.

**JC**

**Feedback from Members**

**G/19/09/49** George Webb asked whether patients referred to the Royal Hallamshire Hospital for treatment could have their pre-operative assessments at the Trust. Richard Parker advised that the reason for pre-ops being undertaken at the same location as the procedure was planned was to ensure patients had the opportunity to become familiarised with where they would be going at the time of the operation. He commented that there may sometimes be clinical reasons for the patient to be seen at the Royal Hallamshire. He reported that the Trust and the Royal Hallamshire were currently working together to reduce the number of pre-operative assessments by only having face to face assessments when they were required.

**G/19/09/50** David Cuckson commented on some areas of the Trust where litter was accumulating and stated that the Trust should look clean and tidy. Maureen Young echoed this. Chris Scholey undertook to raise this with Kirsty Edmondson-Jones.

**KEJ**

**G/19/09/51** Hazel Brand shared concerns raised with her by the mother of a young woman (aged 18) who had significant learning difficulties. The mother had been very concerned that there did not seem to be a plan in place

**HB/RP**

to manage her daughter's transition. Hazel Brand requested an update outside of the meeting and would provide further details.

**G/19/09/52**    Governors congratulated staff who had been recognised at the recent Staff Awards Evening but would have preferred direct invitations. Emma Shaheen undertook to review current invitation arrangements.    **ES**

**Governor reports from committees and other activities**

**G/19/09/53**    None reported.

**Any other business**

**G/19/09/54**    It was agreed that Simon Marsh would deliver a presentation on ICT at a future Timeout session.    **SM**

**G/19/09/55**    It was agreed that Andrea Smith would deliver a presentation on procurement at a future Timeout session.    **AS**

**Questions from members of public**

**G/19/09/56**    None.

**Closing Remarks**

**G/19/09/57**    As this was his final meeting as Chair, Chris Scholey commented that he had thoroughly enjoyed working at the Trust and he thanked everyone present, particularly the Non-Executive Directors and Governors for their support.

**Date and time of the next meeting:**

**G/19/09/58**    Date:        12 December 2016 (special meeting)  
Time:        1.00 pm  
Location    Room 2, Postgraduate Centre, Bassetlaw Hospital

## Action Notes

**Meeting:** Board of Governors  
**Date of meeting:** 21 September 2016  
**Location:** Ivanhoe Centre, Conisborough

No.	Minute No	Action	Responsibility	Target Date
1.	G/16/06/47	Presentation on P&OD to be scheduled for a future governor Timeout.	KB	2017 Timeout
2.	G/16/06/57	Review waiting arrangements in outpatients to ensure appropriate signage is in place.	DP	ASAP
3.	G/16/06/63	An overview of the tendering process to be shared with governors.	AS	2017 Timeout
4.	G/19/09/18	Details of the number of cancelled operations due to the availability of staff to be provided.	DP	ASAP
5.	G/19/09/48	Copy of legal advice on Eye Centre to be circulated.	JC	ASAP
6.	G/19/09/50	Issues of litter around hospital sites to be raised with Director of Estates.	CS	ASAP
7.	G/19/09/51	Details of individual case raised under this minute to be shared by Governor outside of the meeting and looked into by DNS.	HB/RP	ASAP
8.	G/19/09/52	Review process for Governor invitations to STAR Awards.	ES	July 2017
9.	G/19/9/54 & 55	Future timeout sessions to be scheduled on IT and Procurement.	SM/AS	2017 Timeout

Date of next Meeting: 12 December 2016  
 Action Notes prepared by: Matthew Kane  
 Circulation: Chair, Governors, NEDs, EDs



Title	Appointment of Non-executive Directors		
Report to:	Board of Governors	Date:	12 December 2016
Author:	Matthew Kane, Trust Board Secretary		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
To seek approval to appoint Linn Phipps and Neil Rhodes as Non-Executive Directors. The paper outlines the selection process that has resulted in the recommendation before Governors.			
Recommendations for Board of Governors			
That Linn Phipps and Neil Rhodes are appointed Non-Executive Directors, in accordance with the terms and conditions for the Chair and NEDs, on start dates to be determined by the Board of Governors.			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
We always put the patient first <ul style="list-style-type: none"><li>By recruiting and retaining a high quality Board of Directors</li></ul>			
Everyone counts – we treat each other with courtesy, honesty, respect and dignity <ul style="list-style-type: none"><li>By having clear and transparent processes and policies and by living our values</li></ul>			
Committed to quality and continuously improving patient experience <ul style="list-style-type: none"><li>By committing to become within the top 10% of the NHS</li></ul>			
Always caring and compassionate <ul style="list-style-type: none"><li>By protecting the future of the Trust</li></ul>			
Responsible and accountable for our actions – taking pride in our work <ul style="list-style-type: none"><li>By having clear objectives and actions to improve the service we offer</li></ul>			
Encouraging and valuing our diverse staff and rewarding ability and innovation <ul style="list-style-type: none"><li>By ensuring everyone’s ideas count and everyone’s views are heard</li></ul>			
Related Strategic Objectives			
<ul style="list-style-type: none"><li>Provide the safest, most effective care possible</li><li>Control and reduce the cost of healthcare</li><li>Focus on innovation for improvement</li><li>Develop responsibly, delivering the right services with the right staff</li></ul>			
Analysis of risks			
The key risks relate to assimilation of new NEDs into the existing Board environment and the other commitments they may bring with them that may conflict with the Trust’s interests. These risks are mitigated by a thorough recruitment and induction process prior to commencement and clear expectations through the terms and conditions which effectively forms the contract between the Trust and the NED.			
Board Assurance Framework			
16	Risks from board leadership transition including new Chair and Chief Executive, Director of Finance and non-executive directors		2 x 3 = 8

## Background

Following the departure of Geraldine Broderick on 18 July 2016 to take up a chairing role at Norfolk Community Health and Care NHS Trust and David Crowe signaling his intention not to seek reappointment in April 2017 when his current term of office ends, the Appointments and Remuneration Committee made up of the Chair and Governors initiated a recruitment process for two new Non-executive Directors in Summer/Autumn 2016.

## Process

The Committee met on 4 August 2016 to agree an advertising strategy which included adverts in three local newspapers, items on the DBH website and Twitter pages, links on the Cabinet Office and NHS Improvement websites and direct contact with people who had expressed an interest in NED roles through the NHSI Talent Pool and the Trust.

A total of 25 applications were received, plus one out of time. The Committee met on 24 October 2016 to shortlist the candidates having regard to the job description and person specification and the current skill mix of the NEDs shown below:

	Summary of primary areas of expertise / experience
Chris Scholey (Chair)	Commercial / business management (former Managing Director) Sales and marketing Strategic planning Continuous improvement / quality
Alan Armstrong	Human Resources (former HR Director) Health and safety Continuous improvement / quality Commercial / business management
Vacancy	<i>Previous post-holder's experience:</i> Commercial / business management (former Managing Director) Accountancy/finance (non-qualified) Strategic planning Continuous improvement / quality
David Crowe	Human Resources (former HR Director) Industrial relations Commercial / business management Organisational development
Martin McAreavey	Clinical / medical Higher education (medical) Public health
John Parker	Corporate finance, financial management and accountancy Audit, assurance and risk Corporate governance Higher education
Philippe Serna	Finance and accountancy Audit, assurance
Suzy Brain England (Chair w/e/f 1/1/17)	Commercial/ business management (mentor and coach) Corporate governance Stakeholder engagement Continuous quality and performance improvement

Nine candidates were interviewed over 25 and 28 November. In addition to the formal Committee interview, which also included incoming Chair Suzy Brain England in an advisory capacity, candidates were seen by an advisory panel made up of the Director of Strategy and Improvement, Dawn Jarvis, and Non-executive Director, Alan Armstrong.

### **Successful candidates**

Both the advisory panel and the Committee were in agreement to recommend to Governors the appointment of Linn Phipps and Neil Rhodes.

Linn has a background in the public sector, originally in public transport and local government Director roles. For over 15 years she has held a portfolio of Non-Executive Director (NED) and consultancy posts. She has been a NED / Chair in NHS primary care and in mental health/learning disability care. Her consultancy and non-executive work focuses on coaching, mediation and facilitation; addressing governance and risk; and reducing health inequalities. She has national roles representing patient and public voice, for example serving on two NICE (National Institute for Health & Care Excellence) committees as a Lay Member, and on NHS England's Patient Online Programme Board as Chair of its Stakeholder Forum. Previously the Chair of Healthwatch Leeds, she is now Deputy Chair, and until November 2016, served as a Patient and Public Voice representative of NHS England's Clinical Priorities Advisory Group. Linn is particularly interested in how patient and public views influence what happens in health and care.

Neil is the retiring chief constable of Lincolnshire Police and, until March 2017, a Non-executive Director of the Youth Justice Board where he is responsible for finance, audit and risk. As chief constable Neil has led the reshaping of the force, stripping out boundaries and developing a 'whole force' approach. The senior management structure of the force has been recast and the operational officers refocused on performance delivery and quality of service to the community. He has also spearheaded wider service improvement in relation to the outsourcing of back office, custody and control room functions that is receiving national attention.

### **Terms and conditions**

The appointment is subject to receipt of satisfactory references, DBS and occupational health processes, membership of the Trust and qualification for a directorship position under the Constitution.

The exact start dates are to be determined by Board of Governors. The salary will be £12,000 per annum which will be subject to annual review by the Appointments and Remuneration Committee.

Their terms and conditions will be as set out in the Terms and Conditions for the Chair and Non-executive Directors document dated 23 September 2014. The term of appointment is three years and may be renewed up to a maximum of two years prior to the expiry of the initial period.





Title	Change of Trust Name		
Report to:	Board of Governors Board of Directors	Date:	12 December 2016 20 December 2016
Author:	Matthew Kane, Trust Board Secretary Maryanne Wylde, Training and Education Project Manager		
For:	Approval		
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>			
<p>To seek approval to change the name of the Trust to <i>Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust</i> and approve amendments to the Trust Constitution to reflect the change.</p> <p>Key messages and issues from the report:</p> <ul style="list-style-type: none"><li>• The Trust wishes to change its name to include the word 'Teaching' in its name. This will be the only change to the Trust's name.</li><li>• Letters of recognition from the University of Sheffield and Sheffield Hallam University have been received.</li><li>• The Trust is required to comply with the NHS Naming Principles and DoH Brand Guidelines.</li><li>• A consultation with Trust members, stakeholders and the wider public has taken place. Responses have been overwhelmingly positive.</li><li>• The change to the name requires amendments to the Trust Constitution.</li><li>• The change, if approved by Board of Governors and Board of Directors, may be effective immediately.</li><li>• Approximate costs for changes to signage, etc are £5 - 10,000.</li></ul>			
<b>Recommendations for Board of Directors</b>			
<ol style="list-style-type: none"><li>1. The Board considers and notes the consultation feedback in the report.</li><li>2. The name change to <i>Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust</i> be approved with immediate effect.</li><li>3. An amendment to the Trust Constitution be made to reflect the change of name, in compliance with Schedule 7 of the NHS Act 2006.</li></ol>			

4. Power be delegated to the Chief Executive to undertake whatever work required to facilitate the change, in compliance with relevant legislation and NHS Brand Guidelines.

### Recommendation for Board of Governors

An amendment to the Trust Constitution be made to reflect the proposed change of name, in compliance with Schedule 7 of the NHS Act 2006.

### Delivering the Values – We Care (how the values are exemplified by the work in this paper)

#### We always put the patient first

- By recruiting and retaining high quality medical, nursing and professional staff

#### Everyone counts – we treat each other with courtesy, honesty, respect and dignity

- By having clear and transparent processes and policies and by living our values

#### Committed to quality and continuously improving patient experience

- By committing to become within the top 10% of the NHS

#### Always caring and compassionate

- By protecting the future of the Trust and seeking additional inward investment

#### Responsible and accountable for our actions – taking pride in our work

- By having clear objectives and actions to improve the service we offer

#### Encouraging and valuing our diverse staff and rewarding ability and innovation

- By ensuring everyone's ideas count and everyone's views are heard

### Related Strategic Objectives

- Provide the safest, most effective care possible
- Control and reduce the cost of healthcare
- Focus on innovation for improvement
- Develop responsibly, delivering the right services with the right staff

### Analysis of risks

The Trust is poised to derive significant benefits from teaching hospital status including better recruitment and retention, enhanced education and training capacity, improved research and development and significant inward investment. Not striving for teaching hospital status may jeopardise these benefits. In seeking to change the Trust's name, the Board must ensure that appropriate governance processes are followed and that the Trust is acting in accordance with its Constitution.

### Board Assurance Framework

8	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	4 x 4 = 16
12	Breakdown of relationship with key partners and stakeholders	3 x 4 = 12
13	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	4 x 3 = 12

## Background

The Board of Directors met on 25 October 2016 to consider a report regarding a change to the Trust's name. They resolved that:

- (1) Once the Universities had confirmed that appropriate standards have been met, approval be given to commence a four week period of consultation to change the Trust's name to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.*
- (2) Power be delegated to the Chief Executive to undertake whatever work was required to progress the change, in compliance with relevant legislation and NHS Brand Guidelines.*

## Rationale

The Trust has made significant strides in its ambition to achieve teaching hospital status. Having established a clear education governance and quality structure, invested in the educational infrastructure and enhanced its research profile, the Trust believes it meets the required criteria for teaching hospital status.

Such status would:

- Accelerate DBH towards its objective of being within the top 10% of the NHS.
- Significantly enhance its recruitment and retention of high quality medical, nursing and other professional staff.
- Enhance the Trust's education and training capacity/capability.
- Further stimulate DBH's research and development strategy.
- Attract significant inward investment.
- Deliver safer and higher quality services for our patients.

## Process

NHS Improvement no longer has a formal role in approving or otherwise a Trust's proposed name change and there is no legal requirement to carry out a consultation exercise. However, the Department of Health has provided the Trust with a set of naming principles which should be followed when considering any change.

The key points to note for foundation trusts are as follows:

- (1) The words Royal, University or Teaching can only be included with the required permission.*

- (2) *Although NHS Foundation Trusts have independent status within the NHS, as providers of NHS services commissioned under the NHS Standard Contract they are required to adhere to the NHS Identity guidelines. Therefore, they should check with the NHS Identity team that the proposed name follows NHS naming principles.*
- (3) *Check with NHS stakeholders that the proposed new name will not conflict or be confused with the names of neighbouring NHS organisations or services. NHS stakeholders could include: the NHS England Regional Director, Clinical Commissioning Groups, other NHS Trusts/Foundation Trusts in the area, the local authority, and the local Healthwatch organisations.*
- (4) *Engage with the Foundation Trust members and wider patients and the public to check the proposed new NHS name is clear and understandable.*
- (5) *Changes to the NHS Foundation Trust name require an amendment to the NHS Foundation Trust's constitution which needs to be approved by the Board of Governors and the Board of Directors.*
- (6) *Inform the key stakeholders as soon as possible of the new name so they can update their records including:*
- *Care Quality Commission*
  - *the regional team contact at NHS Improvement (in addition to updating its records, NHS Improvement would also update the NHS Foundation Trust directory)*
  - *NHS England*
  - *NHS Digital*
  - *local MP(s)*
  - *local authority and local Healthwatch organisation(s).*

The Trust has received the required permissions mentioned in (1) above by way of letters of recognition from the University of Sheffield and Sheffield Hallam University. Contact has been made with NHS Identity who have confirmed the correct process is being followed.

## **Consultation**

A four week consultation running from 14 November to 11 December 2016 was undertaken which included an article in *Foundations for Health magazine*, items on the Trust's website and Facebook and Twitter pages and letters to CCGs, other trusts/foundation trusts in the area, local authorities and MPs amongst other stakeholders. Staff (who are also members of the Trust) were consulted via the Lunchtime Lecture and Buzz.

Feedback to date (6 December 2016) has been overwhelmingly positive. So far, there have been 132 positive comments, three negative and three neutral. Letters of support have been received from Bassetlaw and Doncaster CCGs, Health Education England, Nottinghamshire and Doncaster Councils, Sheffield College, the MPs for Bassetlaw and Doncaster Central and local residents. The proposal has been 'liked' almost 100 times on social media and shared 80 times.

There was one comment around cost, which is covered in this report, and the need to recognise teaching time in job planning. Neutral comments requested more information on the income that would come with teaching hospital status and the difference it would make to patients. There was also a comment about the need to encourage more professors to the Trust.

Any additional feedback received 6-11 December will be reported verbally at the meeting.

### **Implications**

The new name should be used consistently across signage, stationery and other communications materials. The main implications of changing the Trust's name are as follows:

- Constitutional – The Constitution needs to be amended in accordance with Schedule 7 of the National Health Service Act 2006. Amendments to the Constitution require the approval of more than half of the members of the Board of Governors and more than half of the members of the Board of Directors present and voting. Changes to other documents including Trust policies would also be required as and when they were revised.
- Signage – It is anticipated that the costs of overlays to existing signage would be approximately £5-10,000. Such costs are counter-balanced by the extensive benefits brought to the Trust by teaching hospital status.
- Stationery – There is no legal requirement for the Trust to immediately cease using any stationery/documentation with the old name. However, taking into account the amount and variety of stationery across the Trust e.g. patient literature and clinical documentation, the scope of change is significant and a structured process would need to be agreed. There is no legal requirement to make changes on existing contracts. In the main, changes would be managed on a rolling cycle as documents are reviewed.
- Website and IT systems – The Trust website and IT systems would need to be updated. Communications and Engagement have indicated that this could be undertaken at no cost.

Any change in Trust name will not affect the names of existing hospitals within the Trust area.

### **Next Steps**

If the change of name is approved, the next steps are as follows:

- New logos will be created by the Department of Health Branding Team and DBH Communications and Engagement Team.

- Details of the two resolutions from these meetings will be sent to NHS Improvement along with the required permissions and evidence of engagement in order that they can amend the Trust's licence with the new name.
- The Trust will need to write to the bodies listed in (6) on page 4 to inform them of the change.
- NHS Improvement has indicated that the Trust may commence using the new name at its discretion. However, the Trust may wish to hold an official launch event some time in the New Year.



Title	Governor Elections 2017		
Report to:	Board of Governors	Date:	12 December 2016
Author:	Matthew Kane, Trust Board Secretary		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
To advise Governors of the process for the 2017 elections.			
Recommendations for Board of Governors			
That the timescales contained within the attached report are noted and the proposed changes endorsed.			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
<div>We always put the patient first<ul style="list-style-type: none"><li>By having and retaining a high quality Board of Governors</li></ul></div> <div>Everyone counts – we treat each other with courtesy, honesty, respect and dignity<ul style="list-style-type: none"><li>By having clear and transparent processes and policies and by living our values</li></ul></div> <div>Committed to quality and continuously improving patient experience<ul style="list-style-type: none"><li>By committing to become within the top 10% of the NHS</li></ul></div> <div>Always caring and compassionate<ul style="list-style-type: none"><li>By protecting the future of the Trust</li></ul></div> <div>Responsible and accountable for our actions – taking pride in our work<ul style="list-style-type: none"><li>By having clear objectives and actions to improve the service we offer</li></ul></div> <div>Encouraging and valuing our diverse staff and rewarding ability and innovation<ul style="list-style-type: none"><li>By ensuring everyone’s ideas count and everyone’s views are heard</li></ul></div>			
Related Strategic Objectives			
<ul style="list-style-type: none"><li>Provide the safest, most effective care possible</li><li>Control and reduce the cost of healthcare</li><li>Focus on innovation for improvement</li><li>Develop responsibly, delivering the right services with the right staff</li></ul>			
Analysis of risks			
The main risk is that the Trust fails to secure the requisite number of people to form an effective Board of Governors. The Trust is mitigating this risk through active engagement of its membership including details of upcoming elections in Foundations for Health and on its website as well as by targeting individuals who have previously displayed an interest in becoming a Governor.			
Board Assurance Framework			
16	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development		4 x 4 = 16

## Background

Nine seats are up for election in 2017. This includes the two vacant seats (Rest of England and Wales and Other Non-clinical). The profile of the vacancies are as follows:

Constituency	No of seats	Present incumbents	Start date
Public – Doncaster	2	Peter Husselbee Denise Strydom	23 June 2017
Public – Bassetlaw	2	John Plant Patricia Ricketts	23 June 2017
Public – Rest of England & Wales	2	David Cuckson One vacancy	23 June 2017
Staff – Nurses & Midwives	1	Lorraine Robinson	23 June 2017
Staff – Other Non-clinical*	1	Vacant	23 June 2017
Staff–Other healthcare professionals	1	Shahida Khalele	21 October 2017

Elected candidates will serve for a three year term of office other than the Staff – Other Non-clinical who will serve for two, this being the remaining portion of the term of office of Andrew Swift, who resigned on 29 September 2016.

## Pre-nomination process

Expressions of interest have been sought through the December 2016 edition of Foundations for Health. A more intensive campaign will commence in the New Year through the website and Buzz. A new Guide to Becoming a Governor is being worked on in partnership with Communications and Engagement and a Prospective Governor Open Day is also planned.

ERS will once again be engaged as independent administrator. Nomination forms will be available from the Trust Board Secretary, based at Doncaster Royal Infirmary, or via ERS. Ballot papers will be sent to all registered Foundation Trust members within the constituencies where an election is to be held. A ballot will only be held where there are more nominations than vacant seats.

The proposed election timetable is as follows:

Notice of election / nominations open	16 March 2017
Nomination deadline	Noon, 13 April 2017
Summary of nominated candidates published	18 April 2017
Final date for candidate withdrawal	20 April 2017
Notice of poll published	9 May 2017
Voting packs despatched	10 May 2017
Close of ballot	5 June 2017
Declaration of results	6 June 2017

A candidate may not incur any expenses or make a payment of any nature for the purposes of an election.

### **Proposed Changes for 2017**

In discussions with ERS, the Trust Board Secretary has discovered two issues to bring to Governors' attention.

Paragraph 64.2 of the 2014 Model Election Rules (Annex 4 to the Constitution) requires candidate information to contain:

- (a) a statement submitted by the candidate of no more than 250 words,*
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and*
- (c) a photograph of the candidate.*

The Trust has not previously required the submission of a candidate photograph however it is proposed that this anomaly is corrected for the 2017 elections. Existing Governors may use their DBH photograph in election literature.

Secondly, the election rules give the Trust the discretion of conducting Governor elections by either the First Past the Post (FPP) method or the Single Transferable Vote (STV) method as both sets of rules are included in the Constitution.

FPP: Voters put a cross/crosses in the box/boxes next to their preferred candidate(s), and the candidate(s) who gather the most votes in the constituency are elected. All other votes count for nothing.

STV: Voters rank candidates in order of preference. In order to win, each candidate must get a minimum number of votes known as the 'quota' which is calculated from the *total number of votes divided by the number of seats plus one. One is then added to the total.* Any candidates that reach the 'quota' are elected and their votes, minus their surplus over the quota, are distributed to the remaining candidates based on second preferences. If no candidates reach the quota then the candidate in last place is eliminated and their votes are redistributed based on second preferences. You keep going until all the seats are filled.

The Trust has historically employed the STV system which is seen as more representative. However, it is also more complex to explain. Approximately 70% of trusts now conduct their Governor elections using FPP. Views of Governors are sought on changing the system of voting for Governor elections from STV to FPP.