



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

**Meeting of the Board of Governors**  
of  
**Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust')**  
on  
**Tuesday 31 January 2017 at 6.00pm**  
at  
**Education Centre, Doncaster Royal Infirmary**

## **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 special meeting held on 12 December 2016</b>	<i>Approve</i>	Enclosure B
4.	<b>Matters Arising from the Minutes</b>	<i>Note</i>	Enclosure C
5.	<b>Chair's Report</b> Suzy Brain England, Chair	<i>Note</i>	Enclosure D
<b>EXECUTIVE REPORTS</b>			
6.	<b>Chief Executive's Report</b> Richard Parker, Acting Chief Executive	<i>Note</i>	Enclosure E
7.	<b>Matters Arising from Board of Directors' minutes</b> All Governors	<i>Note</i>	Enclosures F1 - F3
8.	<b>Finance &amp; Strategy &amp; Improvement Report</b> Jon Sargeant, Director of Finance Dawn Jarvis, Director of Strategy & Improvement	<i>Note</i>	Enclosure G
9.	<b>Business Intelligence Report</b> David Purdue, Chief Operating Officer <i>Directors for Nursing, Midwifery &amp; Quality, Medical &amp; People &amp; Organisational Development will be available to take questions.</i>	<i>Note</i>	Enclosure H
<b>GOVERNANCE</b>			
10.	<b>Two Year Operational Plan</b> Dawn Jarvis, Director of Strategy & Improvement Jon Sargeant, Director of Finance	<i>Discuss</i>	Presentation

<b>11.</b>	<b>Introduction to Trust's External Auditors</b> Helen Henshaw, Ernst & Young	<i>Discuss</i>	Enclosure I
<b>SUB-COMMITTEES OF THE BOARD OF GOVERNORS</b>			
<b>12.</b>	<b>Minutes of the Appointments and Remuneration Committee meetings held on 24 October and 25/28 November 2016</b>	<i>Note</i>	Enclosures J1 & J2
<b>13.</b>	<b>Minutes of the Health &amp; Care of Adults Sub-Committee meeting held on 6 December 2016</b>	<i>Note</i>	Enclosure K
<b>14.</b>	<b>Minutes of the Health &amp; Care of Young People Sub-Committee meeting held on 13 December 2016</b>	<i>Note</i>	Enclosure L
<b>15.</b>	<b>Minutes of the Agenda Planning Sub-Committee meeting held on 8 December 2016</b>	<i>Note</i>	Enclosure M
<b>16.</b>	<b>Minutes of the Communications, Engagement &amp; Membership meeting held on 4 October 2016</b>	<i>Note</i>	Enclosure N
<b>MEMBERSHIP</b>			
<b>17.</b>	<b>Feedback from members</b> All governors	<i>Note</i>	(Verbal)
<b>GOVERNOR REPORTS</b>			
<b>18.</b>	<b>Governor reports from committees and other activities</b> All governors	<i>Note</i>	(Verbal)
<b>INFORMATION ITEMS</b>			
<b>19.</b>	<b>Any Other Business</b>  <b>Resolution :</b> <i>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.</i>	<i>Note</i>	(Verbal)
<b>20.</b>	<b>Date of Next Meeting :</b> Date: 27 April 2017 Time: 6pm Venue: Education Centre, Doncaster Royal Infirmary	<i>Note</i>	(Verbal)



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

A handwritten signature in black ink, appearing to read 'Suzy Brain', written over a horizontal line. A vertical line is positioned to the right of the signature.

Suzy Brain England  
Chair of the Board

26 January 2017

## 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

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**

6 December 2016

**Minutes of the meeting of the Board of Governors held on  
Monday 12 December 2016  
In the Education Centre, Bassetlaw Hospital**

<b>Chair</b>	<b>Present:</b> Chris Scholey	<b>Apologies:</b>
<b>Public Governors</b>	Mike Addenbrooke Anwar Choudhry Shelley Brailsford David Cuckson Dev Das Eddie Dobbs Nicola Hogarth Peter Husselbee Brenda Maslen Susan Overend John Plant Patricia Ricketts George Webb Maureen Young	Utpal Barua Phillip Beavers Hazel Brand Bev Marshall
<b>Staff Governors</b>	Lynn Goy Shahida Khalele Lorraine Robinson Andrew Swift Roy Underwood	Dr Vivek Desai
<b>Partner Governors</b>	Ruth Allarton Anthony Fitzgerald Cllr Pat Knight Ainsley MacDonnell Cllr Susan Shaw Clive Tattley	Lisa Bromley Oliver Bandmann Dr Rupert Suckling
<b>In Attendance:</b>	Alan Armstrong David Crowe Matthew Kane Martin McAreavey Mike Pinkerton Alasdair Strachan	Non-executive Director Non-executive Director Trust Board Secretary Non-executive Director Chief Executive Director of Education
<b>Public:</b>	No members of the public were in attendance	

**Action**

**Welcome and apologies**

**G/19/12/1** Chris Scholey welcomed those present to the meeting.

Apologies recorded above were noted.

#### **Declaration of governors' interests**

**G/19/12/2** No changes were reported.

#### **Minutes of the meeting held on 21 September 2016**

**G/19/12/3** The minutes of the meeting held on 21 September 2016 were APPROVED as a true record of the meeting.

#### **Matters arising and action notes**

**G/19/12/4** The action log was reviewed and would be considered again at Board of Governors on 31 January 2017.

#### **Matters Arising from the Minutes**

**G/19/12/5** There were no matters arising from the minutes.

#### **Appointment of Non-executive Directors**

**G/19/12/6** Governors considered a report of the Trust Board Secretary which sought approval to appoint two new Non-executive Directors.

**G/19/12/7** Following the departure of Geraldine Broderick in July 2016 and David Crowe signalling his intention not to seek reappointment in April 2017, the Appointments and Remuneration Committee initiated a recruitment process for two new Non-executive Directors in Summer/Autumn 2016.

**G/19/12/8** The Committee met on 4 August 2016 to agree an advertising strategy which included adverts in newspapers, items on the DBH website and Twitter pages, links on the NHS Improvement website and direct contact with people who had expressed an interest in NED roles.

**G/19/12/9** A total of 25 applications were received, plus one out of time. The Committee met on 24 October 2016 to shortlist the candidates. 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.

**G/19/12/10** Both the advisory panel and the Committee were in agreement to recommend to Governors the appointment of Linn Phipps and Neil Rhodes. The appointments were 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 salary would be £12,000 per annum which would be subject to annual review.

**G/19/12/11** Terms and conditions would 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 was for three years and may be renewed up to a maximum of two years prior to the expiry of the initial period.

**G/19/12/12** It was AGREED that Linn Phipps and Neil Rhodes be appointed Non-Executive Directors, in accordance with the terms and conditions for the Chair and NEDs, on 1 January and 1 April 2017 respectively.

### **Change of Trust Name**

**G/19/12/13** Prior to considering the report, Governors observed a short video of the Lunchtime Lecture which officially launched the internal consultation on the name change and included contributions from the Chair, Chief Executive and Director of Education.

**G/19/12/14** Governors then considered a report of the Chief Executive, Director of Education and Trust Board Secretary which sought approval to amend the Constitution to change the Trust's name to *Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust*.

**G/19/12/15** Following the receipt of official letters of recognition from the University of Sheffield and Sheffield Hallam University, the Board of Directors on 25 October 2016 had approved a four week consultation period to change the Trust's name.

**G/19/12/16** The consultation took place 14 November to 11 December 2016 and 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 and foundation trusts in the area, local authorities and MPs amongst other stakeholders. The process yielded 156 positive responses, as well as three negative and three neutral responses.

**G/19/12/17** Whilst NHS Improvement no longer had a formal role in approving name changes for foundation trusts, the Trust was required to follow NHS Naming Principles and Department of Health Brand Guidelines.

**G/19/12/18** The key constitutional and practical implications were also set out in the report. The cost of the change would be approximately £5-10,000. There was no requirement to change logos, stationery or contracts which would be carried out on a phased basis.

**G/19/12/19** It was AGREED that an amendment to the Trust Constitution be made to reflect the proposed change of name to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, in compliance with Schedule 7 of the NHS Act 2006.

**MK**

### **Governor Elections**

**G/19/12/20** The Governors considered a report of the Trust Board Secretary which advised of arrangements for the 2017 Governor elections.

**G/19/12/21** Governors were advised that nine seats were up for election in 2017. This included the two vacant seats (Rest of England and Wales and Other Non-clinical). The profile of the vacancies were as follows:

Constituency	No of seats	Start date
Public – Doncaster	2	23 June 2017
Public – Bassetlaw	2	23 June 2017
Public – Rest of England & Wales	2	23 June 2017
Staff – Nurses & Midwives	1	23 June 2017
Staff – Other Non-clinical	1	23 June 2017
Staff–Other healthcare professionals	1	21 October 2017

**G/19/12/22** Elected candidates would serve for a three year term of office other than the Staff – Other Non-clinical who would serve for two, this being the remaining portion of the term of office of Andrew Swift, who resigned on 29 September 2016.

**G/19/12/23** The timetable for the election would be 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

**G/19/12/24** Governors were advised that when the Trust adopted the Model Election Rules in 2014 it did so without explicitly deciding whether to adopt the First Past the Post (FPP) or the Single Transferrable Vote (STV) system of voting. As a result both sets of rules were contained in the constitution.

**G/19/12/25** In addition, the current Trust rules included that candidates for election should submit a photograph to supplement their application for candidacy. However, it had been outside the practice of the Trust to request a photograph and indeed had not been done since the Model Rules were adopted.

**G/19/12/26** The Governors considered the report. Nicola Hogarth felt that the inclusion of photographs on election material may give rise to unconscious bias at voting. This was echoed by the majority of Governors although some felt that the opportunity for the membership to see the candidates for whom they were voting was helpful.

**G/19/12/27** Governors also considered that the existing voting arrangements under the STV method were appropriate.

**G/19/12/28** It was AGREED to amend the Trust Constitution to clarify use of STV as the voting system for Governor elections and to remove the requirement for candidates to provide a photograph for use in election literature. **MK**

**Any other business**

**G/19/12/29** There was no other business considered at this meeting.

**Questions from members of public**

**G/19/12/30** None.

**Closing Remarks**

**G/19/12/31** In recognition of the Chair's final meeting of the Board of Governors, George Webb presented the Chair with a card signed by all Governors together with a token of their appreciation for his work over the past eight years. The Governors showed appreciation for the Chairman, Chris Scholey.

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

**G/19/12/32** Date: 31 January 2017  
Time: 6.00 pm  
Location Education Centre, Doncaster Royal Infirmary

## Action Notes

**Meeting:** Board of Governors  
**Date of meeting:** 21 September 2016 & 12 December 2016  
**Location:** Ivanhoe Centre & Bassetlaw Hospital

No.	Minute No	Action	Responsibility	Target Date	Update
1.	<b>G/16/06/47</b>	Presentation on P&OD to be scheduled for a future governor Timeout.	<b>KB</b>	<b>March 2017</b>	Item is being considered for upcoming Timeout.
2.	<b>G/16/06/57</b>	Review waiting arrangements in outpatients to ensure appropriate signage is in place.	<b>DP</b>	<b>January 2017</b>	Front end of OPD 1 is under review as part of the OPD work-stream.
3.	<b>G/16/06/63</b>	An overview of the tendering process to be shared with governors.	<b>AS</b>	<b>March 2017</b>	Item is being considered for upcoming Timeout.
4.	<b>G/19/09/18</b>	Details of the number of cancelled operations due to the availability of staff to be provided.	<b>DP</b>	<b>January 2017</b>	Action complete, email to Governors on 25.1.17 refers.

Date of next Meeting: 31 January 2017  
 Action Notes prepared by: Matthew Kane  
 Circulation: Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
5.	G/19/09/48	Copy of legal advice on Eye Centre to be circulated to Governors.	MK	September 2016	Action complete.
6.	G/19/09/50	Issues of litter around hospital sites to be raised with Director of Estates.	KEJ	January 2017	The litter situation was acted upon immediately following referral from the Chair. There is now a plan in place to keep on top of this and the topic is discussed fortnightly as an agenda item at Estates and Facilities CQC Preparation Meetings. Incorporated in to this plan is Keep Britain Tidy and Smoking Cessation.
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	January 2017	Action complete.
8.	G/19/09/52	Review process for Governor invitations to STAR Awards.	ES	July 2017	Action not yet due.
9.	G/19/9/54 & 55	Future timeout session to be scheduled on IT.	SM/AS	2017 Timeout	Item is being considered for upcoming Timeout.
10.	G/19/12/19	Amend Constitution to reflect the proposed change of name.	MK	December 2016	Action complete.

Date of next Meeting: 31 January 2017  
 Action Notes prepared by: Matthew Kane  
 Circulation: Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
11.	G/19/12/28	Amend Trust Constitution to clarify use of STV for Governor elections and remove the requirement for candidates to provide a photograph for use in election literature.	MK	Before March 2017	Change to be considered by Board of Directors in February.

DRAFT

Date of next Meeting:  
Action Notes prepared by:  
Circulation:

31 January 2017  
Matthew Kane  
Chair, Governors, NEDs, EDs



Title	<b>Chair's Report</b>		
Report to:	<b>Board of Directors</b> <b>Board of Governors</b>	Date:	<b>31 January 2017</b>
Author:	<b>Suzy Brain England, Chair of the Board</b>		
For:	<b>Noting</b>		
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>			
<p>The report sets out the Chair's activities since commencing in post on 1 January 2017 relating to:</p> <ul style="list-style-type: none"><li>• Chair's induction</li><li>• Appointment of Chief Executive</li><li>• Non-executive directors</li><li>• Well Led Governance Review</li><li>• CCG meetings</li><li>• STP</li><li>• NHSI Northern Chairs' meeting</li></ul>			
<b>Recommendation</b>			
That the Chair's report be noted.			
<b>Related Strategic Objectives</b>			
<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>			
<b>Analysis of risks</b>			
None, report is for information only.			

## Chair's Report – January 2017

Since commencing on 1 January, I have been busy meeting with people from across the Trust including Board members, care group directors and other senior staff and partners in Working Together, the STP, Bassetlaw CCG and the Northern NHS Chairs. I have been pleased and impressed by the energy and commitment of staff so far towards providing top quality care for patients.

I am looking forward to meeting all Governors at our formal meeting. I was pleased to work alongside George Webb, Mike Addenbrooke, Ruth Allarton and Roy Underwood in the selection of the new non-executives. They will also be supporting the process for the recruitment of a new Chief Executive later this month, along with Clive Tattley. I hope to meet other governors at the Teaching Hospital launch on January 27<sup>th</sup>.

### Appointment of Chief Executive

I hope that Mike Pinkerton will be given a fantastic send off on his last working day at the Trust on 27 January. Mike has been asset to DBH and has much to be proud of during his four years as Chief Executive. He has led our elevation to put the Trust in the top 20% of performers for quality measures, being shortlisted for HSJ's chief executive of the year in 2015 and transforming the research and development culture across the Trust. What a fitting send-off that his last day will coincide with our launch as a Teaching Hospital. We wish him many best wishes.

Interviews for Mike's replacement are taking place on 30 January 2017. Over the past three months since Mike announced his departure I have met with a number of candidates and have been grateful to the Trust and NHS Leadership Academy for their support during this process. A recommendation on the appointment of a new Chief Executive will be considered by the non-executives before the appointment is approved by Governors on 31 January. In the meantime, I am looking forward to working alongside Richard Parker as our Acting CEO. I would like to welcome Moira Hardy, Acting Director of Nursing, Midwifery and Quality to the Board Team for that interim period.

### Non-executive Directors

I was grateful to Governors who met on 12 December to approve the appointment of Linn Phipps and Neil Rhodes as new non-executives whom I welcomed on 9 January. Linn started on 1 January and Neil starts officially from 1 April however I have agreed that, as part of his induction, Neil will start participating in Board and committee meetings from 1 February.

This earlier start date will enable Neil to contribute to the work on the strategic vision of the Trust and begin attending Financial Oversight Committee where, subject to approval by Board of Directors, he will replace David Crowe as a member and John Parker as Chair from April. It will also be recommended that Linn Phipps replace David Crowe on the Audit and Non-clinical Risk Committee. Linn has also accepted a standing invitation to the Patient Experience Committee where there has been a gap since Geraldine Broderick's departure.

John has also confirmed that he will step down from his position as Deputy Chair at the end of the financial year and will not seek reappointment in 2018 when his term as a NED finishes. I am grateful to John for supporting me until then and look forward to working with him over the next 14 months.

#### Well Led Governance Review

Deloitte have completed the external review of the Trust's governance arrangements and a report at January's Board of Directors proposes the formation of a working group that will take forward the recommendations in the form of an action plan as well as draft the management response. A representative from the Deloitte review team will be coming to the next Board of Governors' on 27 April 2017 to present the findings and, by that point, we will be able to report on progress against the action plan.

#### Clinical Commissioning Group meetings

Partnership working is essential to delivering the future vision for the NHS so I was keen to make an early appearance, alongside the Acting Chief Executive, at Bassetlaw CCG's Governing Body, who themselves are undergoing a period of leadership renewal. I plan to attend and meet the leadership team at Doncaster CCG in February.

In the past the Trust has asked non-executive and executive directors to share attendance at CCG meetings. In the future we will recommend attendance as part of directors' induction process, and work with our leadership team to offer attendance to deputies and other senior staff as part of their development. As this unfolds, I am keen to reinforce the process for reporting back into Board.

#### Sustainability and Transformation Partnership

I attended my first meeting of the Working Together Partnership Chairs and Chief Executives on 9 January to hear more about the Acute Federation's purpose, vision, governance and work plan. Sir Andrew Cash also provided an update on the Sustainable Hospital Services Review and Commissioner Review. As a region that has worked well across organisational boundaries, we are hopeful to be in the first wave of any central support that might become available. The way forward is likely to support the place plans developed for Doncaster and Bassetlaw.

#### North Chairs' Networking Event

Finally, I attended the NHS Improvement Northern Chairs' networking event on 19 January which included presentations on operational productivity and pathology consolidation. NHSI sees itself as an organisation that wishes to help Trusts achieve their objectives and performance standards. The national productivity work follows the Carter Review and through an IT Portal called The Model Hospital will seek to offer Trusts shared purchasing power and benchmarking data which we can learn from.



## Chief Executive's Report 31<sup>st</sup> January 2017



### Performance Overview

The Trust remained relatively resilient to the demands placed on it over Winter, remaining at or around 30<sup>th</sup> lowest for four hour waiting times in the country. Aspects that have challenged waiting times have been the ability to source doctors for ED rotas in particular given the high seasonal demand from multiple employers for agency staff, the impacts of norovirus and then influenza and very high numbers of ambulance patients, often with high acuity patients. Patient flow has been actively managed using high impact interventions such as the Perfect Week and continuing use of good practice measures in part drawn and/or validated from the regional A&E Improvement Programme sponsored by NHSI. However, this has also remained a significant challenge at peak periods. I would like Governors to thank all our staff associated with our emergency services and site teams for their magnificent efforts in maintaining safe access and treatment for patients during this time.

Mental Health Targets for ED: There will be a new recommended standard that says anyone who walks through the front door of A&E or is on a hospital ward in a mental health crisis should be seen by a specialist mental health professional within an hour of being referred, and within four hours they should have been properly assessed in a skilled and compassionate way, with the correct next steps for their care planned in partnership with them.

### Finance Performance Overview

At the time of writing the M9 finance report was not available however the Board has been briefed on the consolidated and organisation wide validation of the forecast outturn, which is now projected at 17.4M deficit. NHSI have also been briefed on this position, which while a deterioration from earlier forecasts at M4 and beyond indicating a better figure of - 16M, represents a significant advance on the agreed control total for the year and therefore will trigger a multi-million pound incentive award at year end, assuming continued progress in line with forecast. The size of the award will be in part dependent on the progress of other trusts in adhering to their financial plans and delivering their performance trajectories associated with Sustainability and Transformation funding.



### Strategy Development Update

#### *Working Together Partnership*

A key development at the Working Together level is the proposals made to improve governance of communal decision making. The proposed 'committees in common' arrangements will involve each trust establishing a committee of the Board and appointing to it the Chair and Chief Executive. The committee of each trust would meet in common with the other committees in the Partnership so that seven meetings are held together at the same time. Each committee could only make a decision in relation to its own provider therefore each Trust retains organisational sovereignty. A key point is that the individual committee decisions would be binding on the respective trusts.

Since the launch of the Working Together Partnership, the procurement work-stream has been at the forefront of sharing best practice and collaborating. From this month two Trusts will be taking their collaboration a step further, after Andrea Smith was appointed to be the Procurement Lead across both Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH) and Sheffield Teaching Hospitals NHS Foundation Trust (STH).



### CQC publish Learning, Candour and Accountability Report



On 13<sup>th</sup> December the Care Quality Commission published Learning, Candour and Accountability, the report of its review of the way trusts review and investigate the deaths of patients in England. From March 31 2017 the Boards of all NHS Trusts and Foundation Trusts will, amongst

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SAFEST, MOST  
EFFECTIVE CARE  
POSSIBLE

other things, be required to:

- Collect and report to NHSI a range of specified information, to be published quarterly on deaths that were potentially avoidable and serious incidents and consider what lessons need to be learned on a regular basis.
- Publish evidence of learning and action that is happening as a consequence of that information.
- Identify a board-level leader as patient safety director to take responsibility for this agenda and ensure it is prioritised and resourced within their organisation.
- Appoint a non-executive director to take oversight of progress.

### Paediatric Services – Bassetlaw

To ensure that local children have access to high quality and reliable care, the Paediatric Ward at Bassetlaw Hospital is changing to provide an enhanced day time urgent assessment and treatment service, seven days a week. The national shortage of specialist paediatric medical and nursing staff has adversely affected provision of overnight services at Bassetlaw Hospital for a number of months, and despite efforts to recruit to vacancies, these have not been successful.

As our first priority is to ensure safe, high quality services for our patients, the Paediatric Ward A3, is planned to close to admissions from 8pm each day from 30 January 2017. Although the overnight service cannot be maintained, acute paediatrics are being enhanced and will be available from 8am to 10pm, seven days a week, creating a 'consultant-led Paediatric Assessment Unit'. Any children requiring an overnight stay will be transferred to neighbouring Doncaster Royal Infirmary (DRI).

This revised specialist service will deliver urgent assessment, diagnosis and treatment which will reduce the amount of time patients have to spend on the ward and decrease the number of admissions. The number of children who do stay overnight has fallen over recent years with the ward, A3, caring for an average of six children. This model of care is consistent with Royal College of Paediatric and Child Health guidance, and data shows that almost 85% of all patients stay just one night or less and most children will benefit from an enhanced assessment and treatment service. Urgent transport for the children who do require an overnight stay will be available, and is being jointly commissioned by Bassetlaw Clinical Commissioning Group (CCG) and the Trust.

The Trust, in partnership with the CCG, will also continually review the service model put in place to understand the effectiveness of the changes and the impact on local people. The numbers of children requiring transfer will be monitored weekly, to ensure transfers are appropriate and have not increased against the expected number of admissions.

### **Teaching Hospital Status**

Following confirmation from NHSI and CQC of our change of licence, the Trust will officially launch as a Teaching Hospital at a special event on 27 January 2017. Delegates will hear from myself on our journey to becoming a teaching hospital as well as from Sheffield Hallam University's Deputy Dean and Sheffield University's Pro Vice-Chancellor.

### **Health and Well Being**



DBH has received a bronze level award from Sport and Physical Activity@Work following the work that Helen Houghton and the team have been undertaking relating to the health and wellbeing agenda. Further to that, Helen Houghton, Health & Wellbeing Lead, collected the 'Silver' Award for staff Wellbeing

at Work from Nottinghamshire County Council, building on the Bronze award presented in October 2015. Our health and wellbeing strategy is making great progress towards its goals of providing opportunity and support for staff to get fitter and healthier. I am very grateful to Helen and her team of champions for everything they have done towards achieving the Silver award. We will continue to progress through this important scheme for the benefit of our staff.



### **NHS Improvement - A&E Improvement Masterclass Session**

David Purdue, Chief Operating Officer, presented at the regional Trusted Assessor and Best Practice in Discharge Masterclass where he shared how the Trust developed and implemented 'trusted assessor' across the health and social care economy. This Masterclass was designed for teams/trusts who appreciate the improvement opportunity of implementing 'trusted assessor' both in improving patient experience and reducing length of stay.

### **HEE Library Quality Assurance Framework Result 2016**

The result of the recent HEE assessment has now been made available and library services scored 100%. This is a fantastic achievement and is a further underpinning of the Trusts progress in supporting learning, education and research. The staff involved have been warmly congratulated on their success.



### **Hospital IT Infrastructure Upgrade - Update**

In 2011 the existing computer network was in a poor state of repair. There were many single points of failure, bottle necks and high levels of equipment failure. Furthermore, due to the nature of Trust operations, the network had grown organically over time with scant thought to

future expansion and resilience. The main DRI datacentre had seen little investment since being commissioned in 1985.

Working with procurement and established vendors, the ICT department has replaced all network components and datacentre services. This not only provides greater levels of resilience, but provides for further capability in terms of supporting our new digital telephony system and regional working. This work has been carried out without recourse to major periods of downtime and has reduced our electrical consumption by £70,000 per year. The final element of the upgrade, our new wireless network, is scheduled to be complete by summer 2017. This will not only provide higher speed connectivity, but support both RFID solutions and Patient WiFi.

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### Staff & Appointments

**Richard Parker the Trust's Director of Nursing, Midwifery and Quality, will become the Acting Chief Executive** until a permanent appointment is made. I have the utmost confidence in Richard's abilities and I know that he will successfully steer the organisation until the successful candidate takes up post. Moira Hardy, Deputy Director of Nursing, Midwifery and Quality, will step into Richard's role during any interim period.

**Jon Sargeant**, Director of Finance commenced with the Trust 31 October.

**Strategy & Improvement Team wins Outstanding Achievement** was awarded the Yorkshire and Humber NHS Leadership Academy's Outstanding Achievement Award for its Turnaround efforts, helping to deliver a number of efficiencies and savings.



### Care Team of the Year Award

The Integrated Discharge Team at Bassetlaw Hospital won the Care Team of the Year Award at the Great East Midlands Care Awards. They were said to be *"A very strong positive team that have developed integrated care between health and social care to deliver deeply personalised care"*. The Team will now be invited to the National Final of the Great British Care Awards in Birmingham in March 2017.

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**I would like to thank Governors members for their individual and collective support and challenge during my time in post. It has been a great honour to serve as your Chief Executive. I wish every Governor and every member of staff the best for the future and thank you all for what you have done, and will do in future, to continue to improve the care and outcomes for our patients.**

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**Mike Pinkerton**  
Chief Executive

## Minutes of the meeting of the Board of Directors

held on Tuesday 27 September 2016

in the Fred and Ann Green Boardroom, Montagu Hospital

<b>Present:</b>	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Jeremy Cook	Interim Director of Finance
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	Suzy Brain England	Chair Elect (observing)
	Anthony Jones	Deputy Director of People & Organisational Development
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement

### ACTION

#### **Welcome and apologies for absence**

**16/9/1** Apologies for absence had been received from Karen Barnard.

#### **Register of directors' interests and 'Fit and Proper Person' declarations**

**16/9/2** No changes were noted.

#### **Minutes of the meeting held on 23 August 2016**

**16/9/3** The minutes of the meeting of the Board of Directors held on 23 August 2016 were APPROVED as a correct record, subject to the following amendments:

**16/9/4** 16/8/24 – Delete the word “to” before the words “impact on the Trust”.

**16/9/5** 16/8/24 – Replace the word “was” with the word “were” as the penultimate word in the paragraph.

**16/9/6** 16/8/30 – Amend “hyper acute stroke services options appraisals and chemotherapy outreach review” with “hyper acute stroke services options, chemotherapy outreach review”.

**16/9/7** 16/8/31 – Insert the words “on national Accident and Emergency” after the words “Significant learning”.

**16/9/8** 16/8/33 – Delete the words “being relatively minor” and insert “minor” after “11”.

- 16/9/9**     16/8/44 – Delete the second sentence and replace with “It was agreed that attendance would reflect the core membership based on attendance of a director or deputy director.”
- 16/9/10**   16/8/45 – Delete “MRSA” and replace it with “infection control”.
- 16/9/11**   16/8/48 – Delete the word “some” before “£11m”.
- 16/9/12**   16/8/49 – Delete “by month 5” at the end of the sentence.
- 16/9/13**   16/8/50 – Replace “second round” with “third round”.
- 16/9/14**   16/8/51 – Delete the word “financial” as the penultimate word and at the end of the final sentence add “from management accounts”.
- 16/9/15**   16/8/53 – Replace the word “reassure” with “assure”.
- 16/9/16**   16/8/53 – Replace “but that they were not aware that inaccurate information had been provided to the Committee” with “and developments were greater than set out at the Financial Oversight Committee meeting.”
- 16/9/17**   16/8/61 – Replace “£27.1m” with “£24.7m”.
- 16/9/18**   16/8/61 – Replace the words “bottom assessment” with “bottom up forecast”.
- 16/9/19**   16/8/70 – Insert the words “waiting time” before the word “target” in the first sentence.
- 16/9/20**   16/8/73 – Replace the words “tenuous manpower statistics” with “workforce statistics that were questionable”.
- 16/9/21**   16/8/74 – Add the words “admissions” after the word “Paediatrics” and add “junior doctor” before the word “cover”.
- 16/9/22**   16/8/75 – Replace the word “received” at the end of the second sentence with “achieved”.
- 16/9/23**   16/8/92 – Add “A verbal report from the Committee had been given at July’s Board of Directors” at the start of the paragraph.
- 16/9/24**   16/8/93 – Add “which included infrastructure and income workstreams and budget sign off” at the end of the sentence.
- 16/9/25**   16/8/98 – Replace “the applicant would be requested to redo and resubmit it” with “the appraiser and appraise would be requested to revise and resubmit it”.

- 16/9/26** It was further AGREED that draft minutes of Board of Directors would be circulated at least two weeks' before the next meeting for any issues of accuracy to be raised and corrected.

#### **Actions from the previous minutes**

- 16/9/27** The action notes from the meeting held on 23 August 2016 were reviewed and updated.
- 16/9/28** 16/7/62 – The process whereby non-executive directors would receive two anonymised complaints and their responses each month was to be reinstated by the end of the month.
- 16/9/29** 16/8/64 – Amend the lead officer to read “KEJ” not “KB”.

#### **Matters arising**

- 16/9/30** There were no matters arising from the minutes.

#### **Chair's correspondence**

The Board considered a report of the Chair which outlined the following:

- 16/9/31** New Governor – Anwar Choudhry had been appointed Public Governor for Doncaster, taking over from Dennis Benfold who had recently resigned.
- 16/9/32** Well-led Governance Review – Deloitte had been selected as the independent reviewer for the Trust's Well-led Governance Review to be undertaken in Quarter 3. Deloitte's tender submission had been made available to Board.
- 16/9/33** NHS Improvement – The Chair and executives had met with representatives from NHSI on 26 September 2016. A similar meeting was held with governors and then a further meeting with CCG partners was held later in the day. NHSI were satisfied with the Trust's performance including its financial position. There were discussions around the governance of the STP, the need for capital investment and the continuing requirement for a five-year plan. NHSI supported the Trust's move towards recognition of progress in teaching and training.
- 16/9/34** Non-executive Director recruitment – The Trust were in the process of recruiting two new non-executive directors following Geraldine Broderick's resignation and David Crowe's decision not to put himself forward for reappointment in April 2017.
- 16/9/35** Chief Executive's recruitment – The process for the recruitment of a new Chief Executive had commenced and was being facilitated by the NHS Leadership Academy. An appointment was likely in January 2017 but notice periods would necessitate an interim appointment.
- 16/9/36** Star Awards – The Chair had attended the Star Awards with Martin McAreavey and thanked the Head of Communications and Engagement

for her team's work.

- 16/9/37** Meeting with Sheffield Teaching Hospitals – Representatives from the Board had recently met with counterparts at Sheffield Teaching Hospital to discuss matters of common interest including service developments and Turnaround.
- 16/9/38** Governors' Timeout – A Governors' Timeout had taken place on 5 September 2016 when medical imaging, STP, the Turnaround Plan and internal audit had been covered. Martin McAreavey had also given an overview of clinical governance and the Chief Executive had answered questions on the oncology service at Bassetlaw.
- 16/9/39** The Chair's correspondence was NOTED.

#### **Chief Executive's report**

- 16/9/40** The Board considered a report of the Chief Executive which outlined the following:
- 16/9/41** Sustainability and Transformation Plans – The Board was advised of a review of unsustainable services that was being planned, conducted by an independent reviewer. The review would include all local acute trusts. A number of issues identified as part of the STP year one plan had been moved into year two.
- 16/9/42** Consolidation of back office services – The STP was required to submit cases for change for the consolidation of eight back office functions – finance, HR, informatics, procurement, payroll, governance, risk and legal services - by the middle of October. Such were the timescales that decisions may be required from the Board in between scheduled meetings.
- 16/9/43** In response to a question from Martin McAreavey around managing the risks associated with consolidation, the Chief Executive advised that there was an expectation at STP/national level that trusts would share back office services unless there were specific areas where this was found not to be appropriate.
- 16/9/44** The Director of Strategy and Improvement summarised the risks as being around service disruption, increase in costs and the potential that the new service would not be as efficient as currently the case.
- 16/9/45** NHSI Planning Guidance – The Trust had received NHSI's operational planning and contracting guidance that would cover the next two financial years. Final agreement on contracts and control totals was required by 23 December. The Trust would shortly be receiving details of its STP funding and control total.
- 16/9/46** Bassetlaw place arrangements – Details of Bassetlaw's place arrangements

were supplied. Doncaster CCG would be attending Board in due course as part of their development of the final model.

**16/9/47** Fire compliance – The Trust had met with South Yorkshire Fire and Rescue to agree a multi-year improvement programme containing key milestones that would be used to assess the Trust's progress on fire safety against improvement notices. The current fire safety notice would be rescinded and replaced with a new notice requesting a programme of key milestones.

**16/9/48** Cancer – Statistics profiling the 28-day standard established in NHS England's *Achieving World Class Cancer Outcomes* strategy showed that the Trust was performing well, but with a considerable gap versus the national ambition.

**16/9/49** Workforce planning – The report set out the work that Therapies had undertaken on workforce planning which had been profiled at a progress event for 45 trusts on 8 September at the request of the Department of Health. The Trust's approach to capacity and demand, job plans, productive hours and lessons learned was shared.

**16/9/50** In response to a question from Alan Armstrong around whether the new Ophthalmic department was fully staffed, the Board were advised that workforce planning was ongoing and going forward the Trust was doing some work with Rotherham.

**16/9/51** The Chief Executive's report was NOTED.

#### **Working Together Transformation Programme: Children's Surgery and Anaesthesia and Hyper Acute Stroke Services**

**16/9/52** The Board considered a report that presented, for information, details of the Working Together Partnership option appraisals on children's surgery and anaesthesia and hyper acute stroke services together with associated communication strategy and an outreach review and case for change paper on chemotherapy. The papers had been considered by CCGs and were due to go out for public consultation in the near future.

**16/9/53** The proposal for hyper acute stroke services was to reduce the number of units within South Yorkshire and Bassetlaw to two with a redistribution of work potentially coming from Barnsley and Rotherham to Doncaster.

**16/9/54** The proposal on children's surgery and anaesthesia would be a tiered approach with the preferred option being a model based on three-hub centres.

**16/9/55** There were no specific proposals for chemotherapy however it had been acknowledged that the current provision had emerged in an unplanned way which was not sustainable. One of the strongest drivers for review was medical staffing and the continued provision of chemotherapy

needed to take account of available consultant coverage.

**16/9/56** Consultation on both areas would be over a three-month period and the Trust would prepare a carefully considered response taking into account the best interests of the Trust and its patients.

**16/9/57** It was acknowledged that the Trust's approach to stroke was necessarily more developed than on children's with financial modelling undertaken to ensure capacity was viable to meet projected demand and that services could be designed around best practice. There had been some positive collaboration with Sheffield Children's Hospitals on children's services.

**16/9/58** The Medical Director advised that current stroke services in the area were based on physician rotas that were unsustainable. The proposals would see Doncaster become a hyper acute stroke centre for South Yorkshire and Bassetlaw. All hospitals would maintain some acute stroke provision. Learning from best practice and involving Barnsley and Rotherham in the work would be key. It was important that future service provision was based on adequate staffing capacity and use of locums was minimised.

**16/9/59** The Board NOTED appraisal papers for children's surgery and anaesthesia, hyper acute stroke services and chemotherapy together with the associated papers and communications plan.

#### **Strategy & Improvement Report**

**16/9/60** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery and financial sustainability plans and the strategic planning process.

**16/9/61** The report highlighted that savings to month 5 were £3.632m, £0.689m ahead of the original plan and £0.075m ahead of the stretch plan. Total CIPs for 2016/17 amounted to some £11m with internal stretch targets of £13m.

**16/9/62** The Director of Strategy and Improvement provided an update on work streams that were highlighted for concern within the report:

- There was a plan in place to recruit extra support to prepare business cases for turnaround work streams.
- The Medical Director had provided an update to September's Financial Oversight Committee on medical productivity and was returning in three months' time to give a further update once job plans were in place.
- The Director of Estates and Facilities had attended September's Financial Oversight Committee and would be returning to provide an update once projects had progressed.

- Financial Oversight Committee had agreed in principle with the proposal to divide the income workstream and allocate its strands to existing workstreams.
- The executive lead for the management and corporate services workstream would be attending Financial Oversight Committee in November to provide a line-by-line update on progress.

**16/9/63** It was reported that non-recurrent underspends of approximately £1m had been removed from budgets however this money had already been accounted for within the run-rate.

**16/9/64** Management Board would be meeting on 3 October 2016 to consider care group plans which would include the strategy for each service over the next five years and would be open to peer challenge. The outcomes from this process would be reported to Board Brief in October.

**16/9/65** In response to a question from Alan Armstrong, the Board was advised that the Trust was sharing some of its turnaround work with Sheffield Teaching Hospitals in exchange for insights into their quality methodology.

**16/9/66** Reflecting on the September meeting of the Financial Oversight Committee, David Crowe highlighted medical productivity as a potentially difficult area and urged that support be provided to the Medical Director, including on a proposal to extend Kingsgate, in order to maximise the benefits of the work being undertaken.

**16/9/67** The Strategy and Improvement Report was NOTED.

#### **Procurement Strategy**

**16/9/68** The Board considered a report of the Interim Director of Finance which sought approval of a revised Procurement Strategy.

**16/9/69** The document had been revised to take account of the Carter report. There was also a requirement to produce a Procurement Transformation Plan.

**16/9/70** Following a question from Philippe Serna, it was confirmed that the Strategy had been expedited through the Trust's decision-making processes due to the need to have the document reflect the recent changes. It could nevertheless be considered at Audit and Non-clinical Risk Committee's next meeting and any changes brought back to Board.

**JC**

**16/9/71** Subject to references in the document to the "Director of Finance and Infrastructure" being amended to read "Director of Finance", the revised Procurement Strategy was APPROVED.

#### **Finance Report as at 31 August 2016**

**16/9/72** The Board considered a report of the Interim Director of Finance that set

out the Trust's financial position at month 5 2016/17. The Chair commended the revised report format that had been developed alongside the incoming Director of Finance.

**16/9/73** The Board was advised that the deficit at month 5 was £7.6m, 2.8m favourable against the planned deficit of £10.4m. This included £2.3m provision in expenditure to match year-to-date cost pressures that had yet to materialise. Despite some pressures, the Interim Director of Finance was confident the Trust could achieve a deficit of £16.0m by year end. The key risks to be managed were delivery of the CIP programme, income and new cost pressures.

**16/9/74** Key points from the report included:

- The Trust was underperforming by £0.9m against the income plan. Other income was underperforming largely due to recharges.
- There was a £3.7m underspend against operational expenditure budgets compared to £2.6m in month 4. This was due to the improvement in run-rate on pay and management of reserves.
- Cost Improvement Plan performance was £3.6m which was £0.7m above the original CIP target of £11m.
- Agency spend was £0.7m favourable to plan.
- Care groups' budget position was £3.0m ahead of plan although MSK and Frailty, Specialty Services and Surgical were all behind target.
- Cash balance at the end of August was £5.0m due to receipt of Sustainability and Transformation Funding of £2.9m. The Trust had drawn down £10.6m against its plan of £10.3m.
- Trade debtors over 90 days were £2.7m at the end of August, an increase of £0.4m on the previous month. A productive meeting had been held in respect of one of the larger debtors.

**16/9/75** In response to a question from Martin McAreavey, Board was advised that income had been impacted by seven day elective services not running and staff sickness. It was expected that performance would improve over coming months.

**16/9/76** The Finance report was NOTED.

#### **Business Intelligence Report as at 31 August 2016**

**16/9/77** The Board considered a report of the Chief Operating Officer, Medical Director and Director of Nursing, Midwifery and Quality that set out clinical performance in month 5.

- 16/9/78** The Trust had achieved a rate of 91.8% of patients being seen within the standard four-hour access time which resulted in overall Quarter 2 performance of 93.28% putting the Trust 28<sup>th</sup> nationally out of 138. Doncaster had achieved 88.03% and Bassetlaw 95.92%. Attendances continued to increase, with 811 more patients than the same month a year ago.
- 16/9/79** It was reported that August changeover of staff had significantly impacted upon performance in the first week of August, particularly at Doncaster. Additional consultant time was made available by reducing elective work.
- 16/9/80** Doncaster had hosted the second NHSI A&E event on 5 September and since then NHSI had requested the Trust to deliver a masterclass on patient flow and discharge pathways. NHSI would also be attending the Trust on 5 October to review the innovative “Smart ER” concept designed in the Trust.
- 16/9/81** Referral to Treatment ended the month having achieved 92.01% performance against a standard of 92% with urology, general surgery, medicine and trauma and orthopaedics failing to meet the target due to a mixture of increase in referrals and lack of capacity. Individual action plans were in place to improve the position.
- 16/9/82** Diagnostic waits performance stood at 98.96% against a target of 99% with 78 patients not having their tests within six weeks. The target was achieved in all radiology areas. The breach was as a result of sickness in Audiology.
- 16/9/83** All cancer targets were achieved in July. It was reported that the Trust was now receiving the correct income for stroke pathways. Cancelled operations stood at 1.2%. Theatre cancellations had occurred mainly due to staff availability. Those cancellations arising from bed availability had reduced to eight across both sites.
- 16/9/84** Following discussions at Financial Oversight Committee concerning consultants causing last minute cancellations of operations due to taking leave, the Board was advised that the majority of cancelled operations cases at the Trust were due to sickness but that meetings were planned with business managers to ensure correct procedures were being followed.
- 16/9/85** It was noted that national guidelines did not require operations cancelled the day before they were scheduled to be recorded. There was a national requirement that operations cancelled on the day of surgery had to be rescheduled within 28 days.
- 16/9/86** The Trust’s rolling 12 month Hospital Standardised Mortality Rate to the end of June 2016 stood at 93.6. Whilst this was a deterioration on the previous month it was still better than anticipated. All deaths were under

review but no unavoidable deaths had been identified. Rolling SHMI at the end of March 2016 remained at 100.

**16/9/87** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be ahead of trajectory and better than last year. Response rates to complaints were below expected standards.

**16/9/88** In response to a question from Martin McAreavey, the Director of Nursing, Quality and Midwifery advised that the Trust set a high standard for complaints resolution which in many cases involved meetings with complainants. Work was ongoing to restructure the Patient Safety and Experience Teams to improve current performance. The number of complaints that went to the Ombudsman stage was already low.

**16/9/89** The Business Intelligence report was NOTED.

#### **Nursing Workforce Report**

**16/9/90** The Board considered a report of the Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues which may impact on the Trust's ability to provide appropriate staffing levels and skill mixes.

**16/9/91** The overall planned versus actual hours worked in August 2016 was 98; the same as July. CHPPD stood at 7.2 across the Trust, same as July, however it was still unclear as to how these figures compared nationally. Use of agency staff in August stood at 1.38%, slightly higher than the July position of 1.05% but within the 3% cap.

**16/9/92** Details of the quality and safety profile were provided in the report. It was reported that two wards had been assessed as red for quality in July; Ward 25 and the Respiratory Unit had remained red in August. A quality summit was held with the Respiratory Unit and an action plan had been formulated. A similar quality summit for Ward 25 would be undertaken.

**16/9/93** Filling qualified vacancies remained an issue. Additional support workers were being brought in to fill gaps. Additional matron cover would be required in winter months when services could come under particular strain.

**16/9/94** In response to a question from Martin McAreavey, the Board was advised that during months where there was increased pressure there was the option of opening closed beds or doing more elective work at Bassetlaw. However, there was also a need to adopt a proactive approach towards discharging patients where possible.

**16/9/95** The report in respect of Nursing Workforce was NOTED.

#### **NHS Improvements Undertaking Tracker**

**16/9/96** The Board considered a report of the Trust Board Secretary which set out

a summary of progress against the undertakings given by the Trust to NHS Improvement.

**16/9/97** The updated NHS Improvement Undertakings Tracker was NOTED.

### **Single Oversight Framework**

**16/9/98** The Board considered a report of the Trust Board Secretary which set out NHS improvement's new Single Oversight Framework which would replace the Monitor Risk Assessment Framework and the TDA's Accountability Framework from 1 October 2016.

**16/9/99** The Framework set out the method by which NHSI would provide support to trusts and foundation trusts and ensure providers gained and maintained good/outstanding CQC ratings. This would be achieved by examining the Trust around five key themes:

- Quality of care
- Finance/use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

**16/9/100** NHSI would assess a trust's performance against these five areas by examining a wealth of information and then segment trusts into four where one provided maximum autonomy (no evident concerns) and four was special measures (critical issues). Support would be tailored accordingly.

**16/9/101** Based on the Trust's current position it was likely to be placed in segment three which meant that support would be mandated.

**16/9/102** The report on the Single Oversight Framework was NOTED.

### **Whistleblowing/Raising Concerns Policy**

**16/9/103** The Board considered a report which presented for approval a revised Whistleblowing/Raising Concerns Policy.

**16/9/104** The revised policy was entitled "Raising Concerns: We Care, We Listen, We Act" and had been updated to take account of the national changes to whistleblowing and the new Freedom to Speak Up Guardian role. The Policy would be launched to coincide with the Guardian role and the appointment of the new Senior Independent Director.

**16/9/105** Philippe Serna advised that whistleblowing was due for audit. The Board was advised that an audit towards the end of the year would be most appropriate.

**16/9/106** The Whistleblowing/Raising Concerns Policy was APPROVED.

## **Annual Statement of Compliance against the National Core Standards for Emergency Preparedness, Resilience and Response (EPRR)**

- 16/9/107** The Board considered a report which provided a review of the Trust's performance and compliance against the 47 national core standards for emergency preparedness, resilience and response for 2016/17.
- 16/9/108** The Trust had declared "substantial compliance" since four standards were rated amber. The action plan would be monitored through the Audit and Non-clinical Risk Committee.
- 16/9/109** The EPRR Statement of Compliance was APPROVED.

### **Minutes of Management Board on 30 August 2016**

- 16/9/110** In response to a question around sickness in Estates, which was currently at 9%, the Board was advised that long-term sickness absence plans were in place. Vacancies were also having an impact.
- 16/9/111** The minutes of Management Board on 30 August 2016 were NOTED.

### **Minutes of Audit and Non-clinical Risk Committee held on 24 June 2016**

- 16/9/112** The minutes were presented for completeness as they had previously been subject to a report at Board of Directors.
- 16/9/113** The minutes of Audit and Non-clinical Risk Committee held on 24 June 2016 were NOTED.

### **Minutes of the Financial Oversight Committee held on 22 August 2016**

- 16/9/114** In addition to the minutes from August, which had been approved as a correct record, John Parker gave an update from September's meeting. In addition to work-stream updates, the Committee had received assurance around debtors, cash conversion and budget sign-off.
- 16/9/115** The minutes of Financial Oversight Committee on 22 August 2016 were NOTED.

### **Items escalated from Sub-Committees**

- 16/9/116** Philippe Serna reported that the Audit and Non-clinical Risk Committee had met on 23 September 2016 when it had decided to move 25 days of audit activity into 2017/18, following a request from Management Board, which would be more than compensated by the 100 days of audit activity identified for this year. A further 15 days had been added to the 2016/17 and 17/18 calendars.
- 16/9/117** The Committee had also undertaken its self-evaluation exercise which

would result in an action plan. Key points arising from the self-evaluation included:

- Less time was needed going through the minutes from the last meeting.
- There should be more focus on the Committee's workplan and dealing with more significant items earlier on the agenda.
- There needed to be more focus on the corporate risk register and board assurance framework.

**16/9/118** David Crowe echoed the usefulness of the session and felt that KPMG had offered practical help which would improve the flow of Committee meetings. Clinical Governance Oversight Committee would be undertaking a similar self-evaluation in due course.

#### **Board of Directors and Board Briefing Agenda Calendars**

**16/9/119** The agenda calendars were NOTED.

#### **Any other business**

**16/9/120** It was reported that the Trust would be decommissioning endoscopies at Montagu. This would result in approximately 20 patients per week having to go to Doncaster instead. The changes were needed to ensure the Trust complied with JAG accreditation. The CCG were aware. A press release would be prepared and Governors would be informed.

#### **Governors questions regarding business of the meeting**

**16/9/121** There were no governors present.

#### **Date and time of next meeting**

**16/9/122** 9am on Tuesday 25 October in the Boardroom, Doncaster Royal Infirmary.

Chris Scholey  
Chairman

Date

## Minutes of the meeting of the Board of Directors

Held on Tuesday 25 October 2016

In the Boardroom, Doncaster Royal Infirmary

<b>Present:</b>	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Jeremy Cook	Interim Director of Finance
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	Philip Beavers	Public Governor
	Suzy Brain England	Chair Elect (observing)
	Anthony Fitzgerald	Chief of Strategy and Delivery (part)
	Matthew Kane	Trust Board Secretary
	Steven Picken	Deloitte (Observing)
	Emma Shaheen	Head of Communications and Engagement
	Alasdair Strachan	Director of Education (part)
	George Webb	Public Governor

### ACTION

#### **Welcome and apologies for absence**

**16/10/1** An apology for absence was presented on behalf of David Crowe.

#### **Register of directors' interests and 'Fit and Proper Person' declarations**

**16/10/2** No changes were noted.

#### **Minutes of the meeting held on 27 September 2016**

**16/10/3** The minutes of the meeting of the Board of Directors held on 27 September 2016 were APPROVED as a correct record, subject to the following amendments:

**16/10/4** 16/9/51 – Replace “and some resource had been identified at Rotherham that could be used” with “and going forward the Trust was doing some work with Rotherham.”

**16/10/5** 16/9/75 – Insert the word “elective” after the words “seven day”.

**16/10/6** 16/9/116 – Replace “which would still leave approximately 100 days for this year” with “which would be more than compensated by the 100 days of audit activity identified for this year.”

### **Actions from the previous minutes**

**16/10/7** Updates against each of the actions were noted.

### **Matters arising**

**16/10/8** There were no matters arising from the minutes.

### **Chair's correspondence**

The Board considered a report of the Chair which outlined the following:

**16/10/9** Governor Changes – The Chair and Trust Board Secretary had undertaken the induction of the new Bassetlaw governor, Anwar Choudhry, on 6 October 2016. The Chair also placed on record thanks to Andrew Swift who had recently stepped down as staff governor due to the increased work commitments associated with his promotion.

**16/10/10** NED recruitment – The Appointments and Remuneration Committee had met the previous day to consider the 24 applications received for the vacant NED roles. The Committee had shortlisted 10 candidates for interview. The Trust was seeking two NEDs to replace Geraldine Broderick (from 1 January 2017) and David Crowe (from April 2017). The process would include the incoming Chair and an advisory panel made up of two Directors.

**16/10/11** Chief Executive recruitment – The advert for the new Chief Executive went live on 13 October with a closing date of 14 November. The Trust was being supported in the process by the NHS Leadership Academy.

**16/10/12** Partnership Working – The Chair had recently attended a Working Together Partnership meeting that included items on STP governance, the Vanguard Provider Model, back office consolidation and NHS Planning Guidance.

**16/10/13** Opening of Ophthalmology Department – The Chair and Chief Executive had recently visited the refurbished Ophthalmology Department where patients would benefit from better treatment rooms, enhanced clinical pathways and an option of electronic check-in. The Chair passed on his thanks to staff who had enthusiastically led the visit and emphasised the need for the implementation to be reviewed, including cost and delivery.

**DP**

**16/10/14** NHSI Agency Spend – The Chair had received a letter from NHS Improvement regarding agency spending. The Trust had been working hard on this and at month 6 was around £30k away from the annual ceiling set by NHSI.

**16/10/15** The Chair's correspondence was NOTED.

*The Chair agreed to take item 8 on the agenda, Doncaster Place Plan 2021, as the next item at the meeting to allow Anthony Fitzgerald, Chief of Strategy and Delivery, Doncaster CCG to attend other meetings .*

## **Doncaster Place Plan 2021**

**16/10/16** The Board considered the Doncaster Place Plan that had been prepared in partnership with local health trusts, Doncaster MBC, Doncaster CCG and emerging GP federations. The Plan set out a shared vision for the whole of Doncaster. Anthony Fitzgerald set out the main elements of the Plan by way of a presentation.

**16/10/17** The vision for the Plan was based around an agreed set of design principles and a description of a future landscape for health and social care:

*Care and support will be tailored to community strengths to help Doncaster residents to maximise their independence, health and well-being. Doncaster residents will have access to excellent community and hospital based services when needed.*

**16/10/18** The Plan was framed as the town's response to the Five Year Forward View and was an integral part of the ongoing work on the Sustainability and Transformation Plan. The Plan identified four co-terminus neighbourhood areas within the town and was based on three cohorts:

- Prevention and early help;
- Immediate health and social care;
- Enablement and recovery.

**16/10/19** The expected benefits, measurements and governance arrangements were set out in the presentation.

**16/10/20** In response to questions, the Board were advised of the following:

- To date most of the work undertaken had been around the Intermediate Health and Social Care cohort. Further work was required around the other two cohorts.
- The CCG would be looking to procure a strategic partner to deliver a modest joint programme management office. The CCG had worked with Sheffield Hallam University on evaluating the Intermediate Health and Social Care cohort.
- The CCG had undertaken a significant amount of work on engaging health commissioners including GPs.
- The £140m saving highlighted in the Plan was illustrative and would be generated through a mixture of growth, income and expenditure. Cash available through the Better Care Fund would allow work to commence immediately.
- Metrics within the Plan would measure issues such as duplication

of appointments and long lengths of stay. Further information on metrics would be provided.

**16/10/21** Reflecting on the Plan, the Board felt that an element of cultural change was required to achieve its aims. The Plan was ambitious in the sense that it attempted to socially re-engineer how care was provided in Doncaster.

**16/10/22** It was AGREED that:

(a) The overall direction of travel within the Doncaster Place Plan be endorsed, noting that it was subject to final changes.

(b) A review of the Intermediate Health and Social Care cohort be brought to a future Board Brief.

**DP**

### **Bassetlaw Place Plan**

**16/10/23** The Board considered the Bassetlaw Place Plan that set out a shared vision and plan for Bassetlaw. The Plan was based around a vision to create a community of care and support, together with seven goals and 10 priorities.

**16/10/24** The Chief Executive outlined the main themes that existed between both Doncaster's and Bassetlaw's plans, together with the key differences around joint commissioning, locality approaches, primary care and governance. It was noted that Bassetlaw's Accountable Care Partnership Board had already met and was based on commissioners and providers coming together, chaired by a lay member. The Board was asked to support this approach.

**16/10/25** It was noted that there was a need to do more on how staff could work across the geographical boundary in an integrated way. Board also noted that more work was required on children's services.

There was a brief update given on CCG consolidation.

**16/10/26** It was AGREED to endorse the Bassetlaw Place Plan and the Accountable Care Partnership Board so that it can be mandated from October 2016.

### **Chief Executive's report**

**16/10/27** The Board considered a report of the Chief Executive which outlined the following:

**16/10/28** Service Performance Overview – The Trust was currently ninth best out of reporting trusts in respect of the four-hour wait target, but daily performance was commonly in the range 15- 30<sup>th</sup> best in the country. The Q2 position was within trajectory, meaning Sustainability and Transformation funding was secured in line with plan. A new A&E Delivery Board had been convened covering Doncaster and Bassetlaw that was

chaired alternately by Doncaster and Bassetlaw CCGs. The Trust's winter plans had been launched on 21 October.

**16/10/29** Agency costs – The Trust had received good feedback from NHS Improvement on the work to control agency costs. A plan to meet various actions identified nationally had been agreed.

**16/10/30** National Operational Planning and Contracting Guidance – Each STP was required to submit local financial plans by 21 October. Cost uplifts in the national tariff were set at 2.1% for each of the following two years.

**16/10/31** STP Corporate Services Case for Change – The STP case for change for back office consolidation had been submitted and was set out in the report along with timescales. A full business case was expected in February 2017. A copy of the case for change would be circulated to non-executive directors for information.

**MP**

**16/10/32** Trust level – Care group leads had presented their clinical strategy proposals at a special Management Board meeting on 3 October 2016. The outcomes would be reported to the next Board Brief.

**16/10/33** Single Oversight Framework – shadow segmentation had been carried out using current data and, as per the Trust's expectations, the Trust had been placed in segment three due to the financial position licence conditions.

**16/10/34** Flu campaign – It was reported that the flu campaign was going positively with 72.2% of frontline staff vaccinated. This was an improvement on last year's figure of 64%.

**16/10/35** HiSLAC Survey - The Trust had received a positive report within the High Intensity Specialist Led Acute Care Research survey. In particular, the Trust had been identified as the second best in quintile for the ratio of consultants and associate specialist support on Sundays compared to Wednesdays.

**16/10/36** CaMIS Post Implementation Review – The Trust's core patient administration system, CaMIS, had been implemented one year ago and a post implementation review was planned for November 2016.

**DP**

**16/10/37** Corporate objectives Q2 – Good progress was reported at Q2 against the 2016/2017 corporate objectives. Overall, there were 22 greens, 13 ambers, one red and one completed target.

**16/10/38** Further to a question from Philippe Serna, confirmation was given that the implementation of the new finance system would not conflict with the work being done on the consolidation of back office services. John Parker emphasised the need for post implementation reviews to be undertaken for new payroll and finance systems, which should be considered by the Audit and Non Clinical Risk Committee.

**16/10/39** The Chief Executive's report was NOTED.

### **Strategy & Improvement Report**

**16/10/40** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery and financial sustainability plans and the strategic planning process.

**16/10/41** The report highlighted that savings to month 6 were £4.581m, £913k ahead of the original plan and £166k ahead of the stretch plan. Total CIPs for 2016/17 amounted to some £11m with internal stretch targets of £13m.

**16/10/42** In response to a query from John Parker, the Director of Strategy and Improvement provided an update on work-streams. The Medical Productivity, Infrastructure, and Management and Corporate Services work-stream leads would return to Financial Oversight Committee in November to provide updates. The Income work-stream would be disbanded and the elements moved to other work-streams or to the Finance function's local CIP.

**16/10/43** In response to a question from Martin McAreavey regarding the Medical Productivity work-stream, the Board was advised that this work-stream was the only one that had received external support. That support was due to finish in October but discussions about next steps were ongoing at Executive Team level to agree in what form that would continue.

**16/10/44** The Strategy and Improvement Report was NOTED.

### **Capital Programme**

**16/10/45** The Board considered a report from the Interim Director of Finance presenting a revised capital programme for 2016/17 and 2017/18 for approval.

**16/10/46** The Board had agreed the capital plan as part of its budget setting process earlier in the year but since then a number of issues had come to light which required additional capital investment. These included enhancements to IT and estates, which could be achieved through a re-phasing of medical equipment and enhanced asset sales.

**16/10/47** The original plan had been funded by internally generated funds. The revised programme for 2017/18 would require an additional £5.5m of externally sourced funding with a projected further £9m of externally sourced funding in the subsequent three years. Discussions were underway with NHSI, and through the STP process to identify appropriate sources.

**16/10/48** Board was advised of the proposed governance structure for Business and Capital planning that would be presented to Management Board. Key

risks relating to the capital plan were outlined in the report.

- 16/10/49** In response to a question from Alan Armstrong, the Board was advised that evaluation of projects would be included within post implementation reviews. Following a further question about how the Board could be assured that the priorities identified were necessary and value for money, the Board was advised that a number of discussions amongst executives had taken place to develop and fine tune the plan based on the Trust's strategic ambitions. Furthermore, the revised arrangements were to ensure an additional level of assurance that plans were value for money, Trust priorities and delivered all of the expected benefits.
- 16/10/50** In response to concerns raised by John Parker relating to the funding gap, the Board was advised that the Trust's capital requirement had been communicated to NHS Improvement and work was taking place to identify appropriate funding streams.
- 16/10/51** In response to a question from Philippe Serna, the Board was advised that the loan borrowed in 2015/16 had been reclassified.
- 16/10/52** The revised Capital Programme attached to the report was APPROVED subject to finalisation of IT spend.

#### **Finance Report as at 30 September 2016**

- 16/10/53** The Board considered a report from the Interim Director of Finance that set out the Trust's financial position at month 6 2016/17.
- 16/10/54** The Board was advised that the deficit at month 6 was £8.7m, £3.7m favourable against the planned deficit of £12.4m. This included £2.0m provision in expenditure to match year-to-date cost pressures that had yet to materialise and a release of £700k from the contingency reserve. The Interim Director of Finance remained confident that the Trust was on track at the half year to post a £16m end of year deficit.
- 16/10/55** Key points from the report included:
- The Trust was underperforming by £1.1m against the income plan.
  - There was a £4.8m underspend against operational expenditure budgets compared to £3.7m in month 5. This was due to the improvement in pay and non-pay variance.
  - Cost Improvement Plan performance was £4.6m which was £900k against the target and an over performance of £200k against the stretch target.
  - Agency spend was £6.8m, a favourable variance of £1.3m.
  - Care groups' budget position was £3.6m ahead of plan.

- Cash balance at the end of September was £2.5m against a plan of £1.9m. There was no cash draw down in September. The Trust had drawn down £10.6m this year against a plan of £12.1m.
- Capital expenditure was £4.6m against a plan of £5.2m, the slippage being due to estate investment and medical equipment.
- Trade debtors over 90 days were £2.5m, a reduction of £200k.

**16/10/56** The Board was advised of a Trust-wide issue relating to goods and services being ordered without purchase orders being recorded on the system. A total of £3.8m of non-NHS invoices had been identified which had not been inputted into the purchase system. Purchase orders were a key control in managing spending and staff had been reminded of the need to ensure purchase orders were identified before ordering goods and services, and a paper would be brought back to Financial Oversight Committee on progress.

**16/10/57** The situation with regard to outstanding debtors at a neighbouring trust had been addressed resulting in a credit note to the Trust being issued which would result in a cash gain.

**16/10/58** As this was Jeremy Cook's last Board meeting, the Chair placed on record his sincere thanks for all the work he had undertaken in resetting the Trust's financial position and putting in place measures to ensure good financial management moving forward.

**16/10/59** It was AGREED that:

(a) The finance report be noted.

(b) A report setting out the steps being taken to address the issue identified with purchase orders be brought to a future Financial Oversight Committee.

**JC**

#### **Business Intelligence Report as at 30 September 2016**

**16/10/60** The Board considered a report of the Chief Operating Officer, Medical Director and Director of Nursing, Midwifery and Quality that set out clinical performance in month 6.

**16/10/61** The Trust had achieved a rate of 94.04% of patients being seen within the standard four-hour access time achieving an overall Quarter 2 performance of 92.93%. Doncaster had achieved 92.94% and Bassetlaw 96.86%. The Trust was ninth in the country in respect of four-hour waits.

**16/10/62** Referral to Treatment ended the month having achieved 92.1% performance and was on target. Urology, general surgery, medicine, thoracic medicine and trauma and orthopaedics failed to meet the target.

Individual and action plans were in place to improve the position.

- 16/10/63** Diagnostic wait performance stood at 98.94% against a target of 99% with 83 patients not having their tests within six weeks. The target was achieved in all radiology areas. The breach was as a result of sickness in Audiology.
- 16/10/64** All cancer targets were achieved in August. It was reported that the Trust was now receiving the correct income for stroke pathways. A total of 71.2% of patients had been transferred to a stroke unit within four hours and 53% of patients were scanned within one hour.
- 16/10/65** The Trust's rolling 12 month Hospital Standardised Mortality Rate to the end of July 2016 stood at 94.4, an improvement on last year's figure. Rolling SHMI at the end of March 2016 remained at 100. Although there had been a small rise in mortality, figures remained in line with national benchmarks.
- 16/10/66** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be ahead of trajectory and better than last year. Response rates to complaints were below expected standards and actions were in place to address the issues.
- 16/10/67** In response to a question from the Chair about how the Board could be assured the data was reliable, the Board was advised that data was verified through the use of a number of measures including a mixture of external assessment, independent audit and peer review.
- 16/10/68** The Business Intelligence report was NOTED.

#### **Nursing Workforce Report**

- 16/10/69** The Board considered a report of the Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues which could impact on the Trust's ability to provide appropriate staffing levels and skill mixes.
- 16/10/70** The overall planned versus actual hours worked in August 2016 was 97%; a decrease of 1% since August. CHPPD stood at 7.2 across the Trust, the same as August. Use of agency staff in September stood at 0.97%, slightly lower than the August position of 1.38% and well within the 3% cap.
- 16/10/71** Details of the quality and safety profile were provided in the report. Four wards were reported as red for quality and AMU, Ward A5 and Ward 24 were all subject to quality summits. In addition, Respiratory had remained red for the third month. A quality summit had taken place and an action plan was being formulated and monitored.
- 16/10/72** Filling qualified vacancies remained an issue. The Chair noted a reduction in red within the Well-led data.

**16/10/73** The report in respect of Nursing Workforce was NOTED.

#### **Complaints, Concerns, Comments and Compliments Quarterly Report**

**16/10/74** The Board considered a report of the Director of Nursing, Midwifery and Quality that set out details of complaints, concerns, comments and compliments for Q2 of 2016/17.

**16/10/75** There were a total of 168 complaints and 181 concerns raised in quarter 2, which was within expected limits. The main reasons for complaints related to: admissions, transfers, discharge procedure and sleepers out, communication and staff attitude and behaviour, although the latter two had seen substantial decreases from August.

**16/10/76** In respect to the number of complaints referred to the Parliamentary and Health Service Ombudsman, only one had been considered in the quarter. Details of learning from recent complaints were set out in the report. Further to a question from the Chair, it was recognised that further work was being undertaken to reduce response times.

**16/10/77** The report detailing Quarter 2 Complaints, Concerns, Comments and Compliments was NOTED.

#### **Q2 People and OD Report**

**16/10/78** The Board considered a report of the Director of People and Organisational Development which advised of progress made in Quarter 2 to deliver the People and OD Strategy, the annual workforce related KPIs, corporate objectives and P&OD led projects including those linked to the turnaround work-streams.

**16/10/79** Highlights from the report included the following:

- The Workforce and Education Committee had met for the first time and had been expanded to include care group representation.
- There had been a reduction in sickness absence with the end of quarter 2 figure being 4.49%.
- Appraisal and SET compliance rates continued to increase and now stood at 60.02%/60.73%.
- The Trust had been awarded a Bronze award by the Sport and Physical Activity@Work scheme.

**16/10/80** The Q2 People and OD report was NOTED.

*The following item of business was moved from private session into public session.*

## **Change of Trust Name**

- 16/10/81** The Board was advised that 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 now expected to meet the required criteria for teaching hospital status
- 16/10/82** The Board considered a report of the Trust Board Secretary and Director of Education that advised of the process through which the Trust could change its name to *Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust*.
- 16/10/83** Any change in name was required to adhere to NHS Improvement's naming principles. Broadly it was a three stage process:
- First, the words Royal, University or Teaching may only be included with the required permission, which, in this instance, were letters of recognition from the University of Sheffield and Sheffield Hallam University.
  - Second, the Trust would be required to engage with stakeholders, Foundation Trust members, wider patients and the public to check the proposed name was clear and understandable.
  - Finally, the formal name change required an amendment to the Trust's constitution that needed to be approved by the Board of Governors and Board of Directors.

**16/10/84** It was AGREED 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.

**AS/MK/  
EB**

## **NHS Improvements Undertaking Tracker**

- 16/10/85** The Board considered a report of the Trust Board Secretary that set out a summary of progress against the undertakings given by the Trust to NHS Improvement. All tasks were now either completed or on track.
- 16/10/86** The updated NHS Improvement Undertakings Tracker was NOTED.

## **Well-led Governance Review Self-assessment**

**16/10/87** The Board considered a report of the Trust Board Secretary that set out the Trust's self-assessment that was a key initial step in the Well-led Governance Review being facilitated by Deloitte.

**16/10/88** Of the 32 strands within the self-assessment:

- 11 were rated green;
- 20 were rated amber/green;
- one was rated amber/red;
- none were rated red.

**16/10/89** These scores translated into the RAG ratings for the 10 questions of Well-Led where there were three greens, seven amber/greens and no amber-reds or reds.

**16/10/90** The Well-Led Self-Assessment was APPROVED.

**16/10/91** **Minutes of Audit and Non-clinical Risk Committee held on 23 September 2016**

**16/10/92** The minutes of Audit and Non-clinical Risk Committee held on 23 September 2016 were NOTED.

**Minutes of the Financial Oversight Committee held on 26 September 2016**

**16/10/93** The minutes of Financial Oversight Committee on 26 September 2016 were NOTED.

### **Items escalated from Sub-Committees**

**16/10/94** Martin McAreavey updated the Board on proceedings of the recent Clinical Governance Oversight Committee on 17 October 2016. Key areas included progress on SET training, discussions around the need for an electronic patient records system, the plan for a RCOG review of Obstetrics, progress on clinical audit, the sepsis CQUIN requirement and associated NICE guidance on sepsis.

### **Any other business**

**16/10/95** There were no items of other business.

### **Governors questions regarding business of the meeting**

**16/10/96** George Webb made comments in respect of the funding gap for capital plans and issues around purchase orders highlighted within the finance reports to Board.

**Date and time of next meeting**

**16/10/97** 9am on Tuesday 29 November in the Boardroom, Bassetlaw Hospital.

Chris Scholey  
Chairman

**Date**

## Minutes of the meeting of the Board of Directors

Held on Tuesday 29 November 2016

In the Boardroom, Bassetlaw Hospital

<b>Present:</b>	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
	<b>In attendance:</b>	Mike Addenbrooke
Suzy Brain England		Chair Elect (observing)
Hazel Brand		Public Governor (part)
Yvonne Butcher		Staff Side
Anthony Fitzgerald		Chief of Strategy and Delivery - Doncaster CCG
Matthew Kane		Trust Board Secretary
Steven Picken		Deloitte (Observing)
Emma Shaheen		Head of Communications and Engagement
Clive Tattley	Partner Governor	

### **ACTION**

#### **Welcome and apologies for absence**

**16/11/1** An apology for absence was presented on behalf of Philippe Serna.

#### **Register of directors' interests and 'Fit and Proper Person' declarations**

**16/11/2** No changes were noted.

#### **Minutes of the meeting held on 25 October 2016**

**16/11/3** The minutes of the meeting of the Board of Directors held on 25 October 2016 were APPROVED as a correct record, with the following amendment:

**16/11/4** 16/10/54 – Add the words “at the half year” at the end of the sentence.

#### **Actions from the previous minutes**

**16/11/5** The actions were noted and updated accordingly:

- Target dates for actions 1, 2 and 5 were revised to December 2016.
- The target date for action 3 was revised to May 2017.
- Actions 4 and 6 were removed following completion.

## **Matters arising**

**16/11/6** There were no matters arising from the minutes.

## **Chair's correspondence**

The Board considered a report of the Chair which outlined the following:

**16/11/7** Finance – It was reported that the Trust had the most improved financial position against control totals at the half-year point, according to NHS Improvement figures, and was one of the few trusts showing a positive variation. The Chair thanked the Board for this positive half-year result. The sector end-of-year deficit target was £580m. At M6 the deficit was £648m suggesting that the sector would need to produce a surplus of £68m in the second half of the year to remain on target. A quarter of all national savings were non-recurrent.

**16/11/8** Gina's Story – The Chair had drawn the Chair of the NHS Litigation Authority's attention to Gina's Story. He was impressed with the learning that had taken place and would be contacting the Director of Nursing, Midwifery and Quality.

**16/11/9** External governance review – The Deloitte external governance review was progressing and the review team were due to feedback to Board on 12 December 2016. On the morning of that day they would be meeting with Governors.

**16/11/10** Teaching hospital status – Recent developments had raised some sensitivities which were required to be addressed before the Trust could move forwards on consultation. The Chair praised the Chief Executive for his extensive work with a number of stakeholders on this matter. Subject to the results of the consultation, a report would go to Governors on 12 December and it was expected the name change would be confirmed at Board on 20 December.

**16/11/11** Non-executive Directors – The Appointments and Remuneration Committee of the Board of Governors had met the previous day to interview candidates for the two Non-executive Director vacancies. The two candidates being recommended to Governors on 12 December were Linn Phipps and Neil Rhodes. The Chair passed on his thanks to Suzy Brain England, Dawn Jarvis and Alan Armstrong for their involvement in the process.

**16/11/12** Working Together Partnership – Board would be asked at its next meeting to consider a proposal for future WTP governance arrangements based on the concept of 'committees in common' which would involve each trust in the partnership appointing a committee comprising the chair and chief executive and exercising powers delegated by the Board. The committee at DBH would meet at the same time as the committees at the other trusts. The arrangements had been previously trialled at CCGs, PCTs and SHAs.

**16/11/13** Fred and Ann Green Eye Centre – The Chair stated that it had been a privilege to welcome Rosie Winterton MP to open the new Eye Centre at DRI. The Centre benefitted from new waiting areas, 15 examination rooms, seven vision lanes, treatment rooms and dedicated children’s rooms.

**16/11/14** Parking at Bassetlaw – The Chair had received some correspondence from the Leader of Notts County Council and Worksop East councillor, Alan Rhodes, regarding the parking situation at Bassetlaw. This had been received before the Trust’s announcement of significant concessionary rates for lower banded staff after a wide-ranging consultation process.

**16/11/15** The Chair’s correspondence was NOTED.

#### **Chief Executive’s report**

**16/11/16** The Board considered a report of the Chief Executive which outlined the following:

**16/11/17** Winter planning – Recent winter weather had placed some pressure on the Trust’s services and emergency pathways. Staff were actively managing the impact on the wards arising from increased emergency demand. Capacity had been restricted due to infection control requirements.

**16/11/18** Performance – Referral to treatment times had missed the standard this month primarily due to sickness within Dermatology. Plans were in place to return to usual levels of service as soon as possible.

**16/11/19** Finance – Analysis associated with the Trust’s Two Year Plan indicated that the forecast outturn of £16m remained accurate whilst demonstrating some non-recurrent factors that needed to be taken into account and reinforcing the range of assumptions underpinning the forecast.

**16/11/20** Trust level – The Board had been briefed on the Two Year Plan and a draft would be considered in part two of the agenda at this meeting. This year had seen an accelerated timescale for contract sign-off by 23 December. Completion by this date would avoid arbitration. The Board had also been briefed on the processes underway to develop the Trust’s strategic vision by February 2017.

**16/11/21** Place Plans – Both Bassetlaw and Doncaster Place Plans had been endorsed by major stakeholders. The next steps would be to define how the plan would be taken forward. Doncaster CCG would be procuring external support to take forward their Plan. Meanwhile, Bassetlaw’s next Accountable Care Board, made up of commissioners and providers, was to be chaired by a lay member to help promote the accountable care ethos by CCG and Providers being accountable members.

- 16/11/22** Sale of properties – The Trust was moving forward with the disposal of key assets as per the financial plan. Most notably, the former Bassetlaw Trust HQ Barrowby House had recently been sold.
- 16/11/23** Flu vaccination – The Trust was the first acute trust in the country to achieve 75% of frontline staff vaccinated for flu. This achievement demonstrated the Trust’s continued commitment to reducing infections and protecting staff and patients from flu. The Chief Executive had been congratulated by NHS England’s Medical Director, Sir Bruce Keogh, and a number of trusts were now seeking to learn from the Trust’s work in this area.
- 16/11/24** Peer Reviews – There had been two neonatal peer reviews at Bassetlaw and DRI on 1 and 3 November by the Neonatal Operational Delivery Network, which were broadly positive with some issues for rectification/development.
- 16/11/25** Teaching hospital status – The Trust was half way through the consultation period and had received very positive responses from Bassetlaw and Doncaster CCGs, Doncaster and Nottinghamshire Councils, Sheffield College, Health Education England and Rosie Winterton MP.
- 16/11/26** NHS Improvement – A& E Improvement Masterclass – The Trust’s Chief Operating Officer recently presented at the Regional Trust Assessor and Best Practice in Discharge Masterclass where he shared how the Trust had implemented ‘trusted assessor’ across the LHE.
- 16/11/27** Staffing – Richard Parker had been appointed Interim Chief Executive until a permanent appointment was made. Moira Hardy would become Interim Director of Nursing, Midwifery and Quality. Willy Pillay had been appointed Deputy Medical Director.
- 16/11/28** Awards - The Strategy and Improvement Team had been nominated for the Team Outstanding Achievement Award (non-clinical) at the Yorkshire and Humber Leadership Summit and Leadership Recognition Awards. Andrea Smith had been nominated as Emerging Leader while Richard Somerset had received Highly Commended for his project management of a joint venture. In addition, the Trust had received a Bronze award in the Sport and Physical Activity at Work Programme for its Health and Well-being Strategy. The Integrated Discharge Team at Bassetlaw had won Care Team of the Year at the East Midlands Care Awards and would now proceed to the national finals.
- 16/11/29** In response to a question from David Crowe, the Chief Executive confirmed that teaching hospital status was on track. The only potential issue he foresaw was if the definition of the required permissions changed. These related to the letters received from the two universities.
- 16/11/30** Further to a query from Martin McAreavey, the Chief Operating Officer agreed to provide further benchmarking information in respect to delayed

**DP**

transfer of care and bed occupancy rates to provide the Board with more information as to where challenges lay.

**16/11/31** Martin McAreavey congratulated the Chief Executive on recent awards to staff that evidenced good succession planning across the Trust. Plans were afoot to share learning at a future meeting.

**16/11/32** The Chief Executive's report was NOTED.

### **SYB Sustainability and Transformation Plan**

**16/11/33** The Board considered a report which set out the vision, ambition and priorities of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

**16/11/34** The Plan had been published with the aim to enable everyone in the area to have a great start in life, supporting them to stay healthy and to live longer. The key focus was on prevention, reshaping primary and community based care and standardising hospital services through partnership working. A total of 25 different organisations were involved in the Plan. Eight work-streams would underpin it:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services

**16/11/35** An oversight and assurance group would provide governance oversight while a collaborative partnership board would set the vision, direction and strategy. An executive partnership board would develop policy and make recommendations to the board. Staffing arrangements for the STP were taking shape with Will Cleary-Gray appointed as STP Director and Jeremy Cook now part of the team.

**16/11/36** Further to a question from Alan Armstrong, the Chief Executive advised that the STP's vision based on reduction in demand was a significant risk. This was based on 15% reduction over five years, which would need to reverse several years of year on year increases. Key to achieving this target was enhanced partnership working.

**16/11/37** David Crowe emphasised the need for clinical input in the decisions that were made and for the STP to move media focus away from cost saving, onto quality of care.

**16/11/38** Further to a question from Martin McAreavey, the Chief Executive advised that sovereignty remained with the unitary boards within each trust but

that they would be invited to delegate relevant powers at the appropriate time. The scope and range of services would be developed and consulted on by the CCGs. Legal documentation such as memoranda of understanding and dispute resolution processes were still being developed.

**16/11/39** The Board SUPPORTED the vision, ambition and priorities of the Plan and the work with STP partners at a South Yorkshire and Bassetlaw level on the priorities and supported the direction of travel.

### **Strategy & Improvement Report**

**16/11/40** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery and financial sustainability plans and the strategic planning process.

**16/11/41** The report highlighted that savings to month 7 were £5.892m, £617k ahead of the original plan and £353k behind the stretch plan. Total CIPs planned for 2016/17 were £11m with internal stretch targets of £13m.

**16/11/42** This was the first month in 2016/17 the Trust had fallen behind its stretch target, though not the original plan. Some work-streams had not delivered as much as predicted in the current year and some savings targets would be realised in 2017/18.

**16/11/43** The draft Two Year Plan had been submitted by the deadline of 24 November with a final version due 23 December 2016. A new clinical strategy was also being worked on which would assist the revision of the Trust's strategic framework.

**16/11/44** The Strategy and Improvement Report was NOTED.

### **Finance Report as at 31 October 2016**

**16/11/45** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 7 2016/17. The Chair welcomed Jon Sargeant to the meeting and commended the format of the finance report.

**16/11/46** The Board was advised that in month 7 the Trust made a loss of £1.4m, which was 700k better than plan. Cumulative deficit to M7 was £10m against a plan of £14.5m.

**16/11/47** Key points from the report included:

- The Trust was underperforming by £1.5m against the income plan.
- Pay was below plan by £643k in the month and £2.4m below year-to-date plan although there were increases in medical and dental agency spend. A cost pressure of £500k relating to additional agency staffing for winter was included in the £16m target.

- Non-pay was £72k better than plan in M7 and £530k better than year-to-date plan.
- Care group expenditure was ahead of plan although corporate directorates excluding recharges and contingencies were behind plan. This related to issues around CNST premiums, which had been addressed.
- Capital expenditure was on target, £5.3m year-to-date against a plan of £5.7m. Cash position was £2.3m against a plan of £1.9m.
- The Board was advised of £800k balance sheet flexibilities relating to accrual of annual leave that was being taken to the bottom line. Assurance was being sought from external auditors that this was appropriate.

**16/11/48** An update on staffing in the Finance Directorate was provided. The Interim Director of Finance was leaving the Trust at the end of December. The Interim Deputy Director of Finance was leaving the Trust on 25 November.

**16/11/49** Further to a question from David Crowe around the staffing changes, the Board was advised that it was important for substantive staff to take responsibility for Trust business and that corporate memory and continuity would be retained through the retention of Andrew Thomas, who would become Interim Deputy Director of Finance and assist in the roll-out of SBS. Impact would be monitored through the Financial Oversight Committee.

**16/11/50** Further to a question from the Chair, the Board was advised that contract and coding issues had contributed to savings not being realised in respect of the outpatients cap. This would be addressed in 2017/18. A report on purchase order monitoring would be brought to Financial Oversight Committee.

**16/11/51** The Finance Report was NOTED.

#### **Business Intelligence Report as at 31 October 2016**

**16/11/52** The Board considered a report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 7.

**16/11/53** The Trust had achieved a rate of 92.82% of patients being seen within the standard four-hour access time. Overall Quarter 2 validated performance was 93.04% for a year-to-date figure of 93.15%.

**16/11/54** Doncaster had achieved 89.49% (rising to 91.15% if Montagu was

included) and Bassetlaw 97.01%. The Trust continued to be one of the few trusts in the North of England Improvement Programme that was maintaining performance within the confidence levels set for four-hour performance.

**16/11/55** Referral to Treatment ended the month having achieved 91.7% performance against a 92% target. Eight specialities failed to meet the target. The key issue was lack of capacity due to unexpected sickness and compassionate leave in Dermatology and General Surgery.

**16/11/56** Diagnostic wait performance stood at 99.19% against a target of 99%. All cancer targets were achieved in Quarter 2. A total of 68.2% of stroke patients were transferred to the stroke unit within four hours.

**16/11/57** Further to a question from Alan Armstrong, the Board was advised that despite increased attendances and breaches, the Trust were still the best performing for ambulance handover in South Yorkshire. The Chief Operating Officer agreed to update Board on numbers of patients attending from out of patch.

**DP**

**16/11/58** The Trust's rolling 12 month Hospital Standardised Mortality Rate to the end of October 2016 stood at 93.68, an improvement on last year's figure. Crude mortality rates were also falling.

**16/11/59** There had been an increase in fracture neck of femur with a 40% increase in demand putting a strain on theatre capacity. Work and an action plan would be brought to a future Board. Performance on serious incidents was in line with expectations. It was agreed to assess the impact of not meeting the best practice tariff.

**SS**

**JS**

**16/11/60** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be ahead of trajectory and better than last year. Response rates to complaints were in line with expected standards and actions were in place to address the issues.

**16/11/61** In relation to workforce, sickness absence in October 2016 had risen to 4.64% after three months of falling figures, resulting in year-to-date performance of 4.53%. Stress and anxiety was the main cause of sickness. Sickness absence would be focussed on in upcoming accountability and grip and control meetings and work was being carried out to achieve the CQUIN action plan.

**16/11/62** Appraisal compliance rates saw a small increase to 62.64% and SET compliance had risen to 64.33%. There was a rise in headcount although numbers were lower than in November 2015 or April 2016 and would reduce reliance on agency spend.

**16/11/63** The Business Intelligence report was NOTED.

## **Nursing Workforce Report**

- 16/11/64** The Board considered a report of the Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues which could impact on the Trust's ability to provide appropriate staffing levels and skill mixes.
- 16/11/65** The overall planned versus actual hours worked in October 2016 was 98%; an increase of 1% since September. CHPPD stood at 7.3 across the Trust, up 0.1 from September. Use of agency staff in October stood at 1.59%, an increase on September but still well within the 3% cap.
- 16/11/66** Details of the quality and safety profile were provided in the report. Four wards were reported as red for quality. CCU/C2 would be subject to a quality summit, AMU had triggered red for the second month and Respiratory had remained red for the fourth month. A number of issues were being addressed in Respiratory and actions were in place to improve performance.
- 16/11/67** In response to a question from Martin McAreavey, the Board was advised that challenges in Respiratory had increased as a result of the two wards being merged. Issues were around individual events and episodes but this would be addressed through improvements to workforce capacity. Additional Band 6s would be recruited, rather than Band 5s, to provide added experience.
- 16/11/68** In response to a question from John Parker, Board was advised that consultants had not raised any issues with nursing quality although it was acknowledged that volume of workload was an issue. Overseas recruitment was continuing to prove challenging. However, this should improve in future years but targets may need to be reviewed next year.
- 16/11/69** The report in respect of Nursing Workforce was NOTED.
- 16/11/70** *The meeting adjourned at 10.45am and reconvened at 11.00am.*

## **CaMIS Post Implementation Review**

- 16/11/71** The Board considered a report of the Chief Operating Officer that provided the one year post implementation review of the CaMIS patient administration system.
- 16/11/72** CaMIS was originally planned to launch in April 2015 but due to risks relating to data migration, adversely affecting the three key reporting systems for CDS, RTT and choose and book, the senior responsible officer was changed and the system officially went live in October 2015.
- 16/11/73** The overall objectives of CaMIS were to:
- Replace Totalcare PAS with CaMIS PAS.
  - Oversee the end-to-end implementation of the system including

testing, data conversion and user training/support.

- Identify risks and recommend required changes to working practise and process with the introduction of a new computer system.
- Ensure that the implementation involved minimal disruption to the users and was achieved within given timescales and costs.

**16/11/74** The total budget for CaMIS was just over £7m. Additional resources associated with the delay in launch cost a further £1.1m and a further £1.9m was required for infrastructure and updating of hardware that was not initially reported to the PAS Board. It was noted that the delay had also ensured that the system could appropriately report contract minimum data sets, which had ensured that income had been maintained through and beyond system cutover. This is a key risk with regard to implementing new PAS systems and had been managed well.

**16/11/75** Benefits of the new system in relation to management information, clinical coding, data migration and project implementation were outlined in the report.

**16/11/76** Key lessons learned were around migration of patient histories and training. Two key operational areas around medical records and booking still required extensive support within the Trust and action plans were in place to deliver the requirements.

**16/11/77** David Crowe, whilst recognising that some of the lessons learned related to historic issues at the Trust or national drivers, felt that there were current issues the Trust could learn from including the sign off of training.

**16/11/78** The Board was advised that key measures were now in place to ensure better governance and escalation of key issues as part of the programme management of key infrastructure projects. A new post implementation review template was also being developed.

**16/11/79** The CaMIS post implementation review was NOTED.

#### **NHS Improvements Undertakings Tracker**

**16/11/80** The Board considered a report of the Trust Board Secretary that set out a summary of progress against the undertakings given by the Trust to NHS Improvement. All tasks were now either completed or on track.

**16/11/81** Frequency of Board reporting of the Tracker would move to a quarterly basis to align with NHS Improvement's quarterly approach.

**16/11/82** It was agreed that:

(1) The NHS Improvement Undertakings Tracker be NOTED.

(2) The Undertakings Tracker now be brought to Board on a quarterly basis.

### **NHSI Self-certification checklist in respect of agency spend**

- 16/11/83** The Board considered a report of the Director of People and Organisational Development that presented NHSI's agency self-certification checklist prior to submission at the end of November.
- 16/11/84** NHSI had written to all trusts in October 2016 to request information relating to agency spend. This was in the context of the NHS spending £250m a month on agency staff. NHSI believed this was unacceptable and could put the quality and sustainability of services at risk.
- 16/11/85** By contrast, NHSI recognised that the Trust's agency spend was below ceiling at the half-way point in the year and commended the Trust for its work in this area. They had encouraged the Trust to act as a system leader to buddy with or share their approach with other trusts.
- 16/11/86** The self-certification checklist in respect of agency spend was APPROVED.

### **Board Assurance Framework and Corporate Risk Register**

- 16/11/87** The Board considered a report of the Trust Board Secretary which set out the Board Assurance Framework and Corporate Risk Register following Management Board review.
- 16/11/88** The key risks to the organisation remained around financial sustainability and Turnaround. A new risk had been added to reflect risks associated with the Board leadership transition. Further work to develop the BAF was anticipated in response to the external governance review. This would involve better aligning the documents to the Trust's strategic objectives.
- 16/11/89** The Board Assurance Framework and Corporate Risk Register was NOTED.

### **Hazardous Materials (HAZMAT) and Chemical, Biological, Radiation, Nuclear and Explosives (CBRNe) Plan**

- 16/11/90** The Board considered a report of the Chief Operating Officer which set out for approval a revised Hazardous Materials (HAZMAT) and Chemical, Biological, Radiation, Nuclear and Explosives (CBRNe) Plan as part of the Trust's emergency planning arrangements.
- 16/11/91** The report set out the purpose of the plan, proposed amendments to the document as well as expectations of staff. The Board was advised that in the last six weeks four decontamination incidents had been reported, one at Bassetlaw and three at Doncaster. Feedback on handling such incidents had been provided to the Police.
- 16/11/92** The Hazardous Materials (HAZMAT) and Chemical, Biological, Radiation, Nuclear and Explosives (CBRNe) Plan was APPROVED.

### **Use of Trust Seal**

**16/11/93** The Board NOTED use of the Trust Seal on 14 November 2016 in respect of Barrowby House, Worksop.

### **16/11/94 Minutes of Clinical Governance Oversight Committee on 17 October 2016**

**16/11/95** The Committee would be undertaking its self-assessment in January 2017 and had already implemented some of the lessons learned from the review of ANCR in September.

**16/11/96** The minutes of Clinical Governance Oversight Committee held on 17 October 2016 were NOTED.

### **Minutes of the Management Board on 31 October 2016**

**16/11/97** Further to a question from Alan Armstrong, the Chief Operating Officer reported assurance from the Chief Information Officer that systems were in place to protect the Trust from cyber-attacks. This followed the recent incident at a neighbouring trust.

**16/11/98** The minutes of Management Board on 31 October 2016 were NOTED.

### **Items escalated from Sub-Committees**

**16/11/99** No items were escalated from sub-committees.

### **Health and Wellbeing Board Decision Summary**

**16/11/100** The Health and Wellbeing Board Decision Summary was NOTED.

### **Board of Directors Agenda and Board Brief Calendars**

**16/11/101** The Board of Directors agenda and Board Brief calendars were NOTED.

### **Any other business**

**16/11/102** There were no items of other business.

### **Governors questions regarding business of the meeting**

**16/11/103** Mike Addenbrooke raised concerns about staffing within Respiratory ward and passed on thanks to staff in Emergency following a positive recent patient experience. Governor support to the Chief Operating Officer for his work on CaMIS was emphasised and procedures for NHS patients to report issues with a neighbouring private hospital were also outlined. Waiting times for patients were raised. Further to a question, the Director of Strategy and Improvement undertook to ensure that volunteers were provided with concessionary parking permits.

**DJ**

**16/11/104** Anthony Fitzgerald placed on record his thanks to Trust staff for their assistance as winter pressures began. In relation to demand in light of the STP, he advised that implementation would be carried out on a local basis and clinical input would be vital.

**16/11/105** Clive Tattley asked how many other trusts used CaMIS with a view to learning lessons and sought assurance that adequate support was in place to take the system forward. The Board was advised that there were 16 trusts in the CaMIS family and the Trust had worked with current users EMIS Health, Mid Yorks and Southampton prior to implementation. Support requirements were being monitored.

**Date and time of next meeting**

**16/11/106** 9am on Tuesday 20 December in the Boardroom, Montagu Hospital.

Chris Scholey  
Chairman

**Date**



Title	<b>Finance and Strategy and Improvement Report</b>		
Report to:	<b>Board of Governors</b>	Date:	<b>31 January 2017</b>
Author:	<b>Jon Sargeant - Director of Finance Dawn Jarvis – Director of Strategy and Improvement</b>		
For:	<b>Noting</b>		
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>			
To update the Governors on the Trust's financial position.			
<b>Recommendation(s)</b>			
The Board is asked to NOTE that the reported financial position is a deficit of £12.8m. The variance against plan to Month 9 is £6.3m favourable. CIP performance is £7.5m year to date and is £0.7m behind plan against the YTD CIP target			
<b>Delivering the Values – We Care</b> ( <i>how the values are exemplified by the work in this paper</i> )			
<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>			
<b>Related Strategic Objectives</b>			
<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>			
<b>Analysis of risks</b>			
<ul style="list-style-type: none"> <li>• Due to the deficit the Trust is in breach of its license with Monitor</li> </ul>			
<b>Board Assurance Framework</b>			
1	<i>Failure to achieve compliance with Monitor Risk Assessment Framework, CQC and other regulatory standards, triggering regulatory action</i>	<b>4 x 5 = 20</b>	
3	<i>Failure to deliver the financial plan</i>	<b>4 x 4 = 16</b>	
4	<i>Failure to deliver Cost Improvement Plans</i>	<b>3 x 3 = 9</b>	

**DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST**  
**FINANCE SCORECARD DECEMBER 2016**

1. Income and Expenditure										2. CIPs									
Performance Indicator	Monthly Performance Actual £'000	Monthly Performance Variance £'000	YTD Performance Actual £'000	YTD Performance Variance £'000	Annual Plan £'000	Forecast £'000	Performance Indicator	Monthly Performance Actual £'000	Monthly Performance Variance £'000	YTD Performance Actual £'000	YTD Performance Variance £'000	Annual Plan £'000	Forecast £'000						
I&E Perf Exc Impairments	(1,374)	1,789 F	(12,836)	6,340 F	(24,684)	(17,398)	Employee Expenses	672	(106) A	4,778	(41) A	7,467	7,589						
Income	30,002	149 F	280,222	(1,073) A	375,048	373,189	Drugs	13	(2) A	183	53 F	176	229						
Expenditure	(30,463)	1,337 F	(283,173)	6,580 F	(385,337)	(377,110)	Clinical Supplies	88	(32) A	931	(9) A	1,457	1,348						
Pay	(19,899)	1,120 F	(185,840)	3,691 F	(252,555)	tbc	Non Clinical Supplies	26	(4) A	140	(50) A	280	219						
Non Pay	(10,565)	218 F	(97,332)	2,889 F	(132,781)	tbc	Non Pay Operating Expenses	23	(146) A	126	(306) A	599	194						
F = Favourable A = Adverse							Income	201	(27) A	1,387	(305) A	2,401	1,974						
Other																			
<b>Financial Sustainability Risk Rating</b>																			
UOR			4																
CoSRR			1	2			<b>Total</b>	<b>1,024</b>	<b>(317)</b>	<b>7,544</b>	<b>(659)</b>	<b>12,380</b>	<b>11,552</b>						
3. Statement of Financial Position										4. Other									
All figures £m	Opening Balance 01.04.16		Current Balance 31.12.16		Movement in year		Performance Indicator	Monthly Performance Plan £'000	Monthly Performance Actual £'000	YTD Performance Plan £'000	YTD Performance Actual £'000	Annual Plan £'000	Forecast £'000						
<b>Non Current Assets</b>		<b>193.2</b>		<b>191.2</b>		<b>(2.0)</b>	Cash Balance	1,900	4,354	1,900	4,354	1,900	1,900						
Current Assets		5.5		5.6		0.1	Capital Expenditure	817	402	7,394	6,044	9,406	9,898						
Trade and Other Receivables		16.0		23.2		7.2	5. Workforce												
Cash		2.2		4.4		2.2	Funded WTE		Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	Under / (over)						
Trade and Other Payables		(32.0)		(44.0)		(12.0)													
Borrowings		(2.8)		(2.7)		0.1	Current Month	5,982	5,542	133	81	5,756	226						
Provisions		(0.5)		(1.1)		(0.6)	Previous Month	5,983	5,614	156	135	5,905	78						
Other Liabilities		-		(14.6)		(2.9)	Movement	1	72.0	23	54.0	149	(148)						
<b>Net current Assets</b>		<b>(11.7)</b>		<b>(14.6)</b>		<b>(2.9)</b>													
<b>Total Assets less current Liabilities</b>		<b>181.5</b>		<b>176.6</b>		<b>(4.9)</b>													
Non Current liabilities		(59.8)		(67.9)		(8.1)													
<b>Total Assets Employed</b>		<b>121.7</b>		<b>108.7</b>		<b>(13.0)</b>													
Public Dividend Capital		128.8		128.8		0.0													
Revaluation Reserve		29.9		29.7		(0.2)													
Retained Earnings		(37.0)		(49.8)		(12.8)													
<b>Total Tax Payers Equity</b>		<b>121.7</b>		<b>108.7</b>		<b>(13.0)</b>													

## 1. Context/Background

The Trust's original financial plan for 2016/17 was to deliver a deficit of £24.7m; this included an in year CIP target of £12.38m.

Following deterioration in the run rate the previous year-end forecast deficit of £16m was felt to be too low. Over the last two months a process of review and challenge with the Care Groups and Corporate departments has led to a revised forecast deficit of £17.4m. The position to month nine is in line with this trajectory.

## 2. Executive Summary

I&E Position	Monthly Position			Cumulative position to M9			Cumulative position to M9 Previous Year			Plan £'000	Forecast £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000		
Income	29,852	30,002	149	281,296	280,222	(1,073)	270,906	267,536	(3,370)	375,048	373,189
Costs	(31,801)	(30,463)	1,276	(289,753)	(283,173)	6,519	(259,326)	(283,699)	(24,374)	(385,337)	(377,110)
Capital Charges	(1,215)	(912)	303	(10,719)	(9,886)	833	(12,254)	(11,852)	402	(14,396)	(13,477)
<b>Total Position before Impairments</b>	<b>(3,163)</b>	<b>(1,374)</b>	<b>1,728</b>	<b>(19,176)</b>	<b>(12,836)</b>	<b>6,279</b>	<b>(674)</b>	<b>(28,015)</b>	<b>(27,340)</b>	<b>(24,684)</b>	<b>(17,398)</b>
Impairments	0	0	0	0	0	0	0	900	900	0	0
<b>Total Position after Impairments</b>	<b>(3,163)</b>	<b>(1,374)</b>	<b>1,728</b>	<b>(19,176)</b>	<b>(12,836)</b>	<b>6,279</b>	<b>(674)</b>	<b>(27,115)</b>	<b>(26,440)</b>	<b>(24,684)</b>	<b>(17,398)</b>

At month nine the Trust is showing a £6,279k favourable variance to budget. Shortfalls in income of £1,073k are being more than mitigated by underspends across pay and reserves.

The position prior to STF funding is £6,771k favourable to plan but we are providing for £492k risk in relation to M8 and M9 for both RTT and A&E. We are assuming we will be able to argue we were YTD compliant at M7 for A&E and RTT performance against the trajectory.

	Cumulative Position			2016/17 Plan £'000	Previous Months Var £'000
	Plan £'000	Actual £'000	Variance £'000		
<b>Position before STF</b>	(28,026)	(21,194)	6,771	(36,484)	4,797
STF	8,850	8,358	(492)	11,800	(246)
<b>Reported Position</b>	<b>(19,176)</b>	<b>(12,836)</b>	<b>6,279</b>	<b>(24,684)</b>	<b>4,551</b>
Less Donated Income	2,673	2,487	(186)	(2,294)	(154)
Less Donated Depreciation	375	308	(67)	510	2
<b>Monitor Control Total</b>	<b>(16,128)</b>	<b>(10,041)</b>	<b>6,026</b>	<b>(26,468)</b>	<b>4,398</b>

Total Income at month nine is below plan by £1,073 as shown in the table below.

Income Position	Monthly Position			Cumulative position to M9			Cumulative position to M9 Previous Year			Plan £'000	Forecast £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000		
Patient Income from CCG's	23,659	24,215	556	223,105	224,328	1,223	223,465	222,770	(695)	297,951	
S&T Monies	983	737	(246)	8,850	8,358	(492)	0	0	0	11,800	
Drugs income from CCG's	2,010	1,866	(144)	18,214	17,459	(755)	17,435	17,803	367	24,547	
<b>CCG Income</b>	<b>26,652</b>	<b>26,818</b>	<b>166</b>	<b>250,169</b>	<b>250,145</b>	<b>(24)</b>	<b>240,900</b>	<b>240,573</b>	<b>(327)</b>	<b>334,298</b>	<b>0</b>
Trading Income	3,200	3,184	(16)	31,127	30,078	(1,049)	30,004	26,963	(3,041)	40,750	
<b>Total Income Position</b>	<b>29,852</b>	<b>30,002</b>	<b>149</b>	<b>281,296</b>	<b>280,222</b>	<b>(1,073)</b>	<b>270,904</b>	<b>267,536</b>	<b>(3,369)</b>	<b>375,048</b>	<b>373,189</b>

Expenditure is £6,519k favourable to plan as shown in the table below:-

Expenditure Position	Monthly Position			Cumulative position to M9			Cumulative position to M9 Previous Year			Plan £'000	Forecast £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000		
Pay	(21,018)	(19,899)	1,120	(189,532)	(185,840)	3,691	(179,536)	(185,635)	(6,100)	(252,555)	
Non-Pay	(9,507)	(10,293)	(785)	(88,450)	(89,103)	(653)	(78,722)	(89,453)	(10,731)	(116,728)	
Recharges, Contingency & Reserves	(1,275)	(272)	942	(11,771)	(8,229)	3,481	(1,068)	(8,612)	(7,545)	(16,054)	
<b>Total Expenditure Position</b>	<b>(31,801)</b>	<b>(30,463)</b>	<b>1,276</b>	<b>(289,753)</b>	<b>(283,173)</b>	<b>6,519</b>	<b>(259,326)</b>	<b>(283,699)</b>	<b>(24,374)</b>	<b>(385,337)</b>	<b>(377,110)</b>

Within the expenditure position this month we have seen a significant one-off benefit due to the release of a redundant accrual relating to Medical Agency costs. Our previous supplier, NLMS, has updated its data to show that £400k of outstanding claims are now in fact not a liability as these shifts were never filled.

In addition to this we have begun to release £1.4m of agency accrual relating to 2015/16 from the balance sheet on a straight line basis to year-end.

Together these mean that we will drop under cap with NHSi, however the financial statements will NOT match the weekly returns due to the adjustment, a fact which NHSi are being made aware of.

### 3. Conclusion

The Trust performance to month nine is in line with the revised forecast deficit of £17.4m. Key areas of risk to this forecast are;

- Achieving the targets aligned with securing the STF funding
- Reduction in income due to the increased emergency activity being currently experienced
- Further slippage on the CIP programme
- Continued increases above forecast levels on Medical Agency and non-pay spend



Title	<b>Business Intelligence Report</b>		
Report to:	<b>Board of Governors</b>	Date:	<b>31 January 2017</b>
Author:	<b>Moira Hardy, Acting Director of Midwifery, Nursing and Quality</b> <b>David Purdue, Chief Operating Officer</b> <b>Sewa Singh, Medical Director</b> <b>Karen Barnard, Director of People and Organisational Development</b>		
For:	<b>Noting</b>		
<b>Purpose of Paper: Executive Summary containing key messages and issues</b>			
The performance report covers operational delivery in Quarter 3.			
<b>Recommendation(s)</b>			
To NOTE the report.			
<b>Related Strategic Objectives</b>			
<ul style="list-style-type: none"> <li>• Provide the safest, most effective care possible</li> <li>• Focus on innovation for improvement</li> <li>• Develop responsibly, delivering the right services with the right staff</li> </ul>			
<b>Board Assurance Framework</b>			
7	Risk of failing to address the effects of the medical agency cap, leading to gaps in medical rotas		4 x 5 = 20
9	Failure to achieve compliance with performance and delivery aspects of Monitor Risk Assessment Framework, CQC and other regulatory standards, triggering regulatory action		4 x 4 = 16
10	Failure to sustain a viable specialist and non-specialist range of services		3 x 4 = 12
11	Failure to deliver accurate and timely performance information through CaMIS system		3 x 4 = 12

## **Chief Operating Officer's report**

### **Provide the safest, most effective care possible**

Monitor governance compliance is rated against 3 National targets, 4hr Access, Referral to Treatment, which includes diagnostic waits and Cancer Targets. The targets are all monitored quarterly, both 4hr access and cancer are averaged over the quarter but referral to treatment is monitored each month of the quarter and must be achieved each month.

The business intelligence report also highlights key National and local targets which ensure care is being provided effectively and safely by the Trust.

### **4hr Access**

The target is based on the number of patients who are treated within 4hrs of arrival into the emergency department and set at 95 and reported Quarterly as an average figure. This target is for all urgent care provided by the Trust for any patient who walks in. We have 2 type 1 facilities, ED at BDGH and DRI and 1 type 3 facility at MMH. The Trust does not count any GP admissions areas within its target.

### **December Performance**

**Trust 86.6%**

**Quarter 3 90.1%**

**Year to date 92.2%**

DBHFT continues to perform in the top quartile despite the pressures faced in December.

2 key issues are causing the current shortfall against performance

- Medical staffing continues to cause major issues with lack of agency staff for key shifts. Meetings have taken place with Holt to improve the process for filling shifts in line with the other Trusts in South Yorkshire.
- Bed capacity has been a significant issue at DRI, particularly in November and December as a result of infection control difficulties with both Norovirus and influenza A.

DRI achieved 82.04%, if MMH were included Doncaster achieved 84.55%. 1474 patients failed to be treated within 4hrs. 765 patients were delayed due to internal ED waits, 505 were delayed due to bed waits. 159 patients required to wait in the department due to their condition.

12.9% of patients were transferred to the urgent care centre.

Bassetlaw achieved 91.47%, 273 patients failed to be treated within 4hrs. 239 patients were delayed due to internal ED waits, 23 due to bed waits and 41 patients were required to wait in the department due to their condition.



## **Referral to Treatment**

The target is now measured against incomplete pathways only at 92%. Fines for RTT have been lifted for 2016/17.

The methodology used in September shows a more accurate position against patients whose treatments were stopped in September rather than the snap shot at the 10<sup>th</sup> working day. This methodology has been agreed with the CCG and will be used going forwards.

**December 90.1%, November 91.1%, October 91.7%**

**Quarter 3 90.1%**

Key specialities failing the target include dermatology, ophthalmology and trauma and orthopaedics, due to significant staffing shortfalls. Individual performance plans are in place for all specialities failing the target to turnaround performance in quarter 4.

A planned care board is now in place to review activity levels with the CCGs to reduce elective workloads in key specialities.

**Diagnostic performance 99.3%**

All diagnostic tests were compliant in month. Audiology performance is now achieving.

## **Cancer Performance**

All targets were achieved in month against key performance indicators, Q3 performance is not yet available but is on trajectory to achieve.

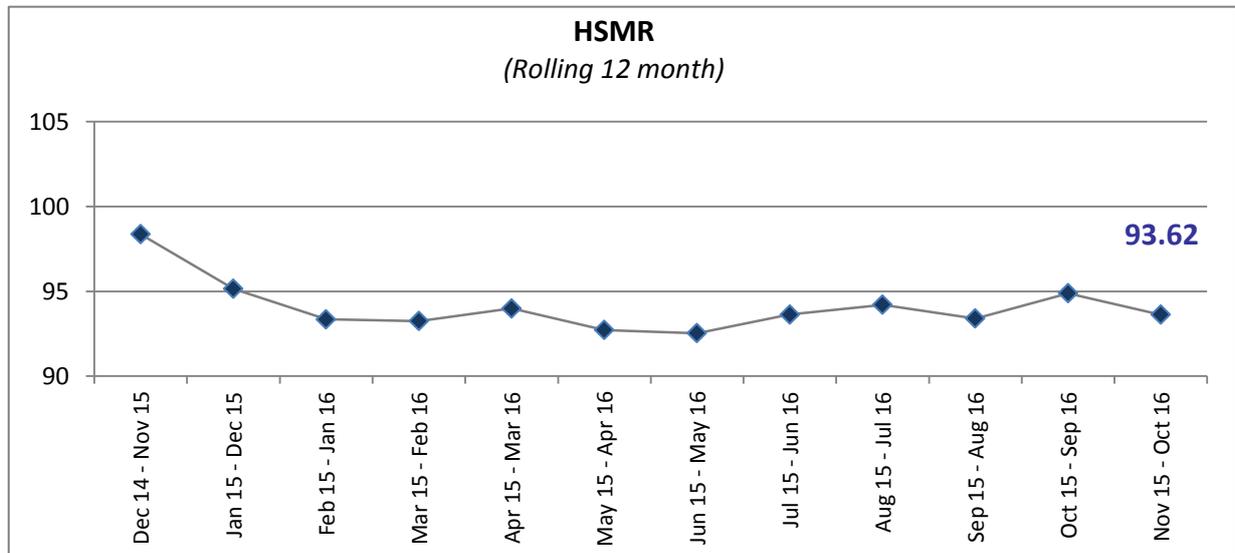
New guidance for 28 day diagnosis is being worked up for each cancer pathway.

A pilot for 2 week wait booking is being launched with dedicated patient planners working in the corporate cancer team booking all 2 week wait appointments.

**David Purdue, Chief Operating Officer**

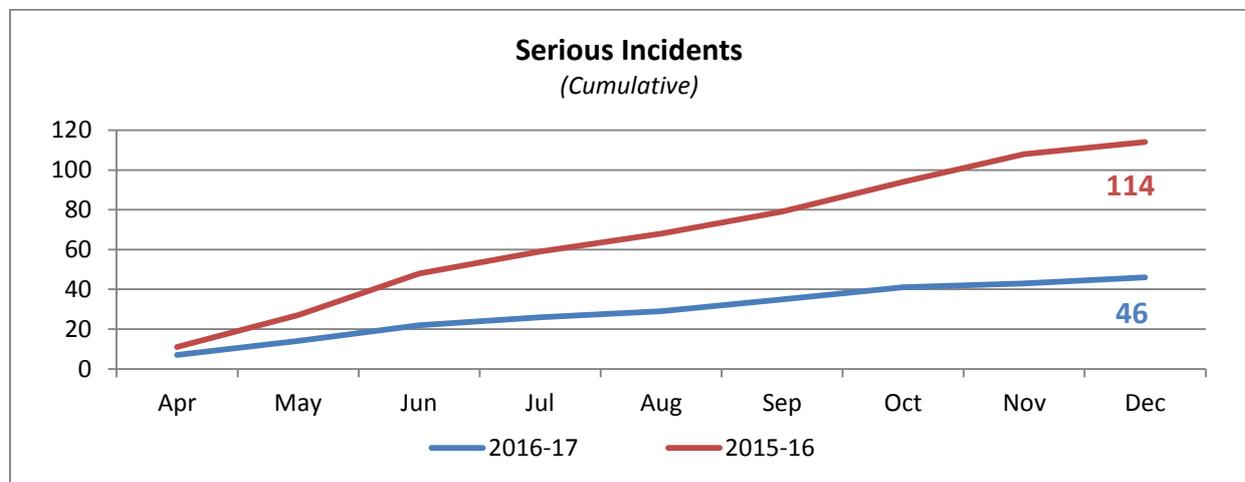
## Medical Director's report

### HSMR



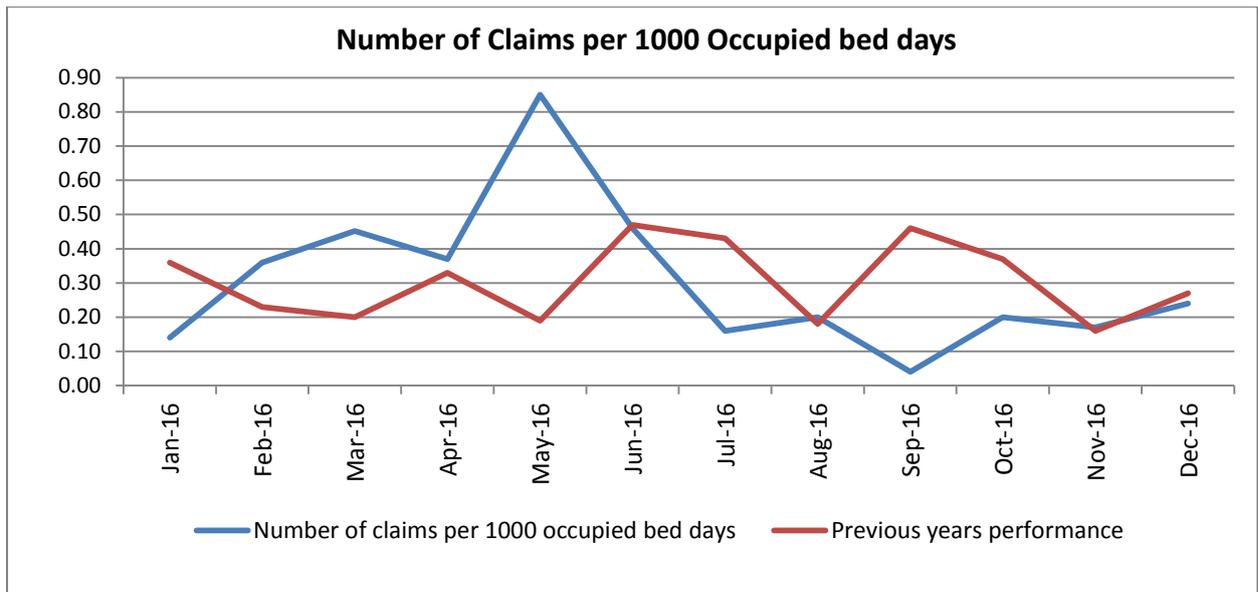
Our rolling 12 month HSMR at the end of October 2016 is within the better than expected range at just below 94. 12 month SHMI at the end of June 2016 is at 100. We continue to progress structured review of all deaths to identify and disseminate learning.

### Serious Incidents



The Trust is on trajectory to achieve a highly significant reduction in SI's by the end of this financial year. A significant part of the improvement has been due to a reduction in Serious Falls but there has also been improvements in Pressure Ulcers and Care Issues.

### Claims



Our claims profile with NHSLA has improved so that our annual premium has increased at a slower rate than the rest of NHS Providers.

**Sewa Singh, Medical Director**

## Acting Director of Nursing, Midwifery and Quality's report

### C Difficile

Despite challenges with Norovirus in November 2016, which may have affected the number of *C Difficile* cases reported due to the increased testing associated to the norovirus sampling, the final Q3 position shows that performance was 20% less than in the Q3 2015/16 with 22 cases of *C Difficile* of which 2 are attributable to the trust.

	Standard	Q1	Q2	Oct	Nov	Dec	Q3	YTD
2016-17 Infection Control - C-diff	40 Full Year	7	7	2	4	2	8	22
2015-16 Infection Control - C-diff	40 Full Year	9	7	6	3	1	10	26
2016-17 Trust Attributable	12	1	0	0	1	0	1	2
2015-16 Trust Attributable	12	3	1	1	0	0	0	5

### Hospital Acquired Pressure Ulcer

The Trust continues to perform well and Q3 performance is currently slightly better (9%) than in Q3 2015/16. Current year to date performance remains at 45% better than in the same period 2015/16 with 23 HAPU 2016/17, compared to 42 HAPU at the same point 2015/16

	Standard	Q1	Q2	Oct	Nov	Dec	Q3	YTD
2016-17 Pressure Ulcers	60 Full Year	7	6	3	3	4	10	23
2015-16 Pressure Ulcers	82 Full Year	22	9	6	3	2	11	42

**Please note:** At the time of producing this report the number of pressure ulcers reported are prior to the RCA process being completed.

### Falls resulting in significant harm

Performance for Q3 remains the same as the Q3 position 2015/16, with 2 falls in the quarter resulting in significant harm. However current year to date performance is 33.33% better than the same period 2015/16; 4 serious falls 2016/17 compared to 6 serious falls at the same point 2015/16



### **Complaints and concerns**

Our performance in relation to complaints and concerns remains similar throughout Q3, although more recent data may be indicating a movement towards the active management of concerns with a reciprocal reduction in formal complaints; however more data is needed to confirm this trend. There has also been an increase in the rate of advice, comments and questions as a result of changes made in the Patient Experience Team capturing more of their contacts, which are resolved by the team. Work also continues with Care Groups to improve response times.

### **Friends and Family Test**

We remain below the benchmark for England in terms of our response rate for the Emergency Departments and work is ongoing to identify further ways to improve this rate. Patients reporting that they are likely to recommend our services remains above the benchmark for England

**Moira Hardy, Acting Director of Nursing, Midwifery and Quality**

## **Director of People and OD's report**

### **Sickness absence (and health and wellbeing)**

Over the 3 months of quarter 3 we have seen variance in sickness absence rates with a spike in November resulting in the cumulative figure at the end of quarter 3 being 4.48% as compared with 4.49% at the end of September 2016. The greatest proportion of sickness absence is long term (i.e. over 28 days) and therefore cases are being closely monitored with action plans developed for cases in excess of 5 months absence. An action plan has been developed which comprises a focus on health and wellbeing with particular emphasis on MSK and mental wellbeing and use of the Sickness Absence policy together with support from P&OD to line managers. A health and wellbeing group reporting to the WEC is being established with its first meeting due to be held in February. A more detailed update is included within the report.

### **Staff Engagement**

As a result of financial and operational pressures in the NHS and in light of the financial misreporting and difficult actions required in the turnaround programme we anticipate that the staff survey results for 2016 will show a general decline and require a new approach to staff engagement in 2017/ 2018. Working with Staff side and elected Governors work is commencing on a Staff Engagement Action plan which will be amended if necessary once the national reports are received. The report also details the various internal and external communications undertaken during the quarter.

### **Education and training**

SET compliance – we continue to see improvements in the data recorded in ESR which indicates compliance rates of 65.93%. Work is on-going across the Working Together Trusts to standardise SET training in terms of content, mode of delivery and frequency. A report is due to be received shortly which will be considered by the Executive Team and WEC.

Appraisal rates – data held within ESR indicates a compliance rate of 64.75% across the Trust; there is quite a variance between Care Groups.

The Knowledge & Library Service at the Trust have achieved a compliance score of 100% in the national quality assurance annual assessments for NHS Libraries in 2016. The assessors were particularly impressed by the range of services for patients, carers and the public as part of the partnership with Doncaster Libraries and recognised the improvements made, and new developments introduced in relation to knowledge management activities.

**Karen Barnard, Director of People and Organisational Development**

# Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Introducing EY as your new External Audit  
Supplier

31 January 2016

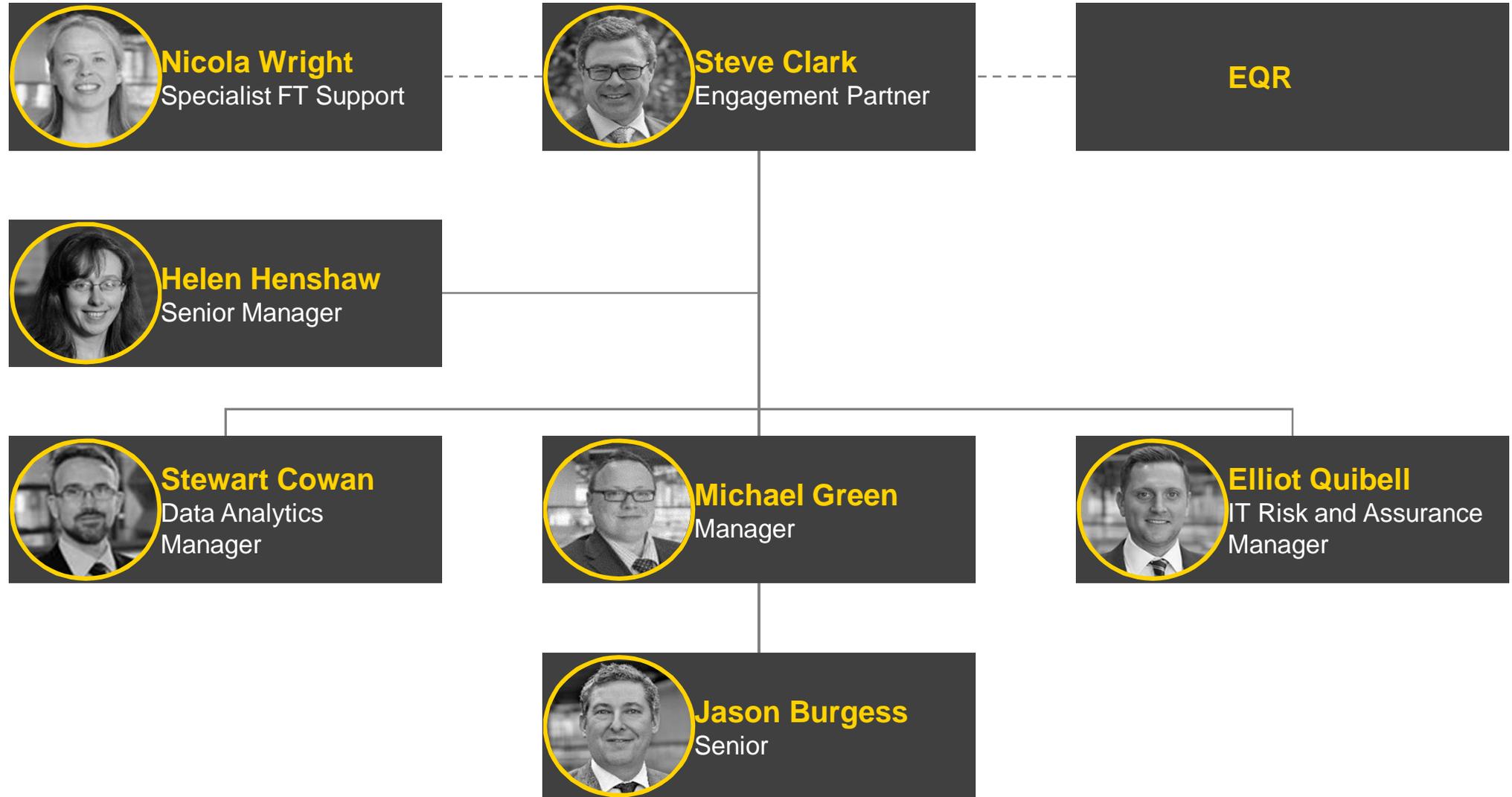


# Agenda

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- ▶ Introducing your team
- ▶ About EY
- ▶ Implementation (including key milestones)
- ▶ Training and support
- ▶ Identifying and raising key issues
- ▶ Why EY?

# Introducing your team



# About EY

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- ▶ One of the largest providers of public sector external audit
- ▶ Invested heavily in specialist Government and Public Sector assurance team
- ▶ Nationally audit 80 NHS bodies
- ▶ Well-established healthcare advisory team, including provision of services to NHS England and NHS Improvement

# Implementation

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## A smooth transition

- ▶ A tried and tested approach
- ▶ Start transition as soon as possible
- ▶ Strong project management with clearly defined roles
- ▶ Clear communication protocols – ‘no surprises’
- ▶ Prioritise significant audit areas
- ▶ Evaluate financial statement close process
- ▶ Feedback on our approach

# Implementation (cont'd)

## Normal audit cycle

		September-December	January-March	April-May		
		Post-appointment	Audit planning	Interim audit work/visit	Year-end work	Close and report
Audit process		<ul style="list-style-type: none"> <li>▶ Confirm independence</li> <li>▶ Complete client acceptance</li> <li>▶ Agree engagement letter</li> <li>▶ Develop and validate high level audit plan</li> <li>▶ Discuss and agree high level accounting principles and policies</li> <li>▶ Establish communication protocols</li> </ul>	<ul style="list-style-type: none"> <li>▶ Agree detailed information requirements</li> <li>▶ High level planning meetings with key executive directors</li> <li>▶ Planning meeting with internal audit</li> <li>▶ Identify and agree basis for resolution of technical issues</li> <li>▶ Identify and agree approach for assurance work on the Quality Report</li> <li>▶ Audit planning completed and audit plan agreed</li> </ul>	<ul style="list-style-type: none"> <li>▶ Provide skeleton accounts technical review (if required)</li> <li>▶ Documentation of business and financial processes</li> <li>▶ Walkthroughs of processes and controls to confirm our understanding</li> <li>▶ Review of internal audit work</li> <li>▶ Agree data capture requests for our Data Analytics tools</li> <li>▶ Pre year-end work on key accounts and value for money risks</li> </ul>	<ul style="list-style-type: none"> <li>▶ Execute year-end audit testing, to a timescale agreed with your finance team</li> <li>▶ Electronic data capture</li> <li>▶ Audit draft financial statements</li> <li>▶ Review of draft financial statements for compliance with the FT ARM and best practice</li> <li>▶ Audit progress meetings</li> <li>▶ Detailed assurance work on the Quality Report</li> </ul>	<ul style="list-style-type: none"> <li>▶ Audit close meeting with the finance team</li> <li>▶ Presentation of audit findings to the Audit Committee</li> <li>▶ Debrief on audit service</li> <li>▶ Sign financial statements</li> <li>▶ Attendance at AGM, and presentation of findings if required</li> <li>▶ Long form report to governors on the findings from our work on the Quality Report</li> </ul>
	Our deliverables	<ul style="list-style-type: none"> <li>▶ Engagement letter</li> </ul>	<ul style="list-style-type: none"> <li>▶ Client assistance schedule/information requirements</li> <li>▶ Detailed audit plan</li> </ul>	<ul style="list-style-type: none"> <li>▶ Agreed client assistance schedule</li> <li>▶ Working paper workshops</li> <li>▶ Interim audit findings report where necessary</li> </ul>	<ul style="list-style-type: none"> <li>▶ Comments on the draft financial statements</li> <li>▶ Draft Audit Results Report</li> </ul>	<ul style="list-style-type: none"> <li>▶ Signed audit opinion</li> <li>▶ Audit Committee – Audit Results Report</li> <li>▶ Limited assurance report on the Quality Report</li> </ul>

# Training and Support

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- ▶ Tailored programme designed to support you – co-produced with the Trust
- ▶ Support to the Board of Governors and individual Governors/sub-committees
- ▶ Support for the Audit Committee across a range of topics, including regular written updates on topical issues
- ▶ Keeping the finance team up-to-date
- ▶ Working with Internal Audit
- ▶ Dinners and events for Non Executive Directors – training and networking

# Identifying and Raising Issues

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## How we identify the issues

- ▶ Using the right team
- ▶ Tailored audit methodology
- ▶ Powerful data analytics tools
- ▶ Timely review of work and involvement of senior team in all key areas, including Engagement Quality Reviewer
- ▶ Quality assurance of our audit approach
- ▶ Using our experience
- ▶ Using unique culture assessment tools to identify areas of risk

# Identifying and Raising Issues (cont'd)

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## How we raise concerns

- ▶ Regular programme of meetings with all senior stakeholders
- ▶ Clear escalation protocol
- ▶ Additional ad hoc meetings as soon as issues arise – led by senior members of the team
- ▶ Regular meetings with finance team – increasing frequency at key parts of the audit cycle
- ▶ ‘No surprises’ – timely communication
- ▶ Programme of written reports with clear messages about our findings and matters to be raised
- ▶ Access to wider EY specialists where required
- ▶ Clear communication with Board of Governors, Board of Directors, Audit Committee and the Senior Executive team

# Why EY?

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- ▶ We know the NHS – a leading provider of NHS assurance services and advisory services, experience of challenged organisations
- ▶ We will communicate with you – commitment to senior input and ‘no surprises’
- ▶ Our work is high quality – independently assessed and robust
- ▶ We are committed to the public sector

# Questions



**EY** | Assurance | Tax | Transactions | Advisory

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ED None

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**Minutes of the confidential meeting of the  
Appointments and Remuneration Sub-committee of the Board of Governors**

**Held on Monday 24 October 2016  
in the Chief Operating Officer's Office, Doncaster Royal Infirmary**

<b>Present:</b>	Chris Scholey	Chairman
	Ruth Allarton	Partner Governor
	David Cuckson	Public Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor
<b>In attendance:</b>	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**16/10/1** Apologies were received from John Plant, Peter Hüsselbee, Mike Addenbrooke and Rupert Suckling.

**Minutes of meeting held 4 August 2016**

**16/10/2** The minutes of the meeting of the Appointments and Remuneration Sub-committee held on 4 August 2016 were APPROVED as a correct record.

**Matters arising**

**16/10/3** None.

**Appointment of Non-executive Directors**

**16/10/4** The Committee considered the 25 applications received for the position of Non-Executive Director. It was noted that one applicant had withdrawn and another had not been considered due to being submitted after the deadline.

**16/10/5** At the meeting of the Committee on 4 August 2016 it had been agreed to advertise for two Non-Executive Director roles, one with a finance focus. The advert had been published in the local press, online through the Trust website and Twitter feed, via the NHSI Talent Pool Facility and by email.

**16/10/6** Each application was considered in turn against the person specification that had been published with the advert and which was included in the agenda pack.

**16/10/7** Following the first review of applications, a number of marginal applications were reviewed a second time. A total of ten candidates were shortlisted for interview.

**16/10/8** Given the number of candidates going forward to the next stage, it was agreed to hold interviews over two days on dates to be agreed in November 2016. To help inform the Committee's judgment, a separate advisory panel made up of directors would be established to interview each candidate. The importance of keeping together both panels for the duration of the exercise was emphasised.

**16/10/9** One of the successful candidates would commence in the role in January 2017, the other in April 2017. A meeting of the Board of Governors would be required to ratify the appointments.

**16/10/10** It was AGREED that:

- 1) The candidates identified be invited for interview over two dates to be agreed. **MK**
- 2) An advisory panel made up of two directors be established that will interview each candidate and feed back to the Committee their views.
- 3) The two successful candidates commence their roles on 1 January and 1 April 2017 respectively.

**Any Other Business**

**16/10/11** None.

**Date of next meeting**

**16/10/12** To be confirmed.

**Minutes of the confidential meeting of the  
 Appointments and Remuneration Sub-committee of the Board of Governors**

**Held on Monday 25 November 2016  
 in the Boardroom, Doncaster Royal Infirmary**

**Present:** Chris Scholey Chairman  
 Ruth Allarton Partner Governor  
 David Cuckson Public Governor  
 Roy Underwood Staff Governor  
 George Webb Public Governor

**In attendance:** Suzy Brain England Chair Designate  
 Matthew Kane Trust Board Secretary

**Action**

**Apologies for absence**

**16/11/1** Apologies were received from John Plant, Peter Husselbee, Mike Addenbrooke and Rupert Suckling.

**Minutes of meeting held 24 October 2016**

**16/11/2** The minutes of the meeting of the Appointments and Remuneration Sub-committee held on 24 October 2016 were APPROVED as a correct record.

**Matters arising**

**16/11/3** None.

**Appointment of Non-executive Directors**

**16/11/4** The Committee interviewed candidates for two non-executive director positions. Prior to being interviewed by the Committee, each candidate was interviewed by Alan Armstrong, Non-executive Director, and Dawn Jarvis, Director of Strategy and Improvement.

**16/11/5** Six candidates were interviewed on 25 November. The meeting was then adjourned at 1.15pm and reconvened at 2.00pm on 28 November when a further three candidates were interviewed.

**16/11/6** After the interviews, feedback was provided to the Committee by the Non-Executive Director and Executive Director.

**16/11/7** It was AGREED that Linn Phipps and Neil Rhodes be recommended for appointment by the Board of Governors on 12 December 2016. **MK**

**Any Other Business**

**16/11/8** None.

**Date of next meeting**

**16/11/9** To be confirmed.

DRAFT

**Minutes of the Health and Care of Adults Sub-committee Meeting  
Held at 10am on 6 December in the Meeting Room, Doncaster Royal Infirmary**

<b>Present:</b>	Clive Tattley	Partner Governor (Chair)
	Mike Addenbrooke	Public Governor
	Utpal Barua	Public Governor
	Brenda Maslen	Public Governor
	Patricia Ricketts	Public Governor
<b>In attendance:</b>	Ruth Bruce	Head of Performance
	Matthew Kane	Trust Board Secretary

**Action**

**Welcome**

- 16/12/1** The Chair welcomed those present at the meeting and drew attention to his recent email which set out how the Committee could add value and how it communicated issues to the Board of Governors.

**Apologies for absence**

- 16/12/2** Apologies for absence were submitted by Hazel Brand and Peter Husselbee.

**Minutes of meeting held 6 September 2016**

- 16/12/3** The minutes of the meeting held on 6 September 2016 were APPROVED as a correct record subject to the following amendments:

- Attendance list – Clive Tattley is a partner not public governor.
- 16/9/14 – Perfect Week should read Perfect Ward.

**Matters Arising**

- 16/12/4** Governors requested that an update on the Perfect Ward application be brought to the next meeting. **MK**

- 16/12/5** In response to a query as to why the agenda for this meeting did not contain an item on surgical pathways, the Trust Board Secretary advised that this item had been moved to the Governors' Timeout on 12 December to bring it to the attention of a wider group of governors.

**Fred & Ann Green Eye Centre Visit**

- 16/12/6** *The meeting adjourned to undertake a visit of the new Fred and Ann Green Eye Centre with Kirsty Clarke, Head of Nursing & Quality, Surgical Care Group.*

## **Bed Plan**

- 16/12/7** The Committee considered an update from the Head of Performance into Trust performance against the bed plan.
- 16/12/8** The Committee were advised that the Trust was meeting its bed plan each week although there were a number of challenges. The bed plan relied on a timely and speedy discharge of patients although this was not always possible due to unavailability of social or community care. Processes were in place to identify and manage potential delays.
- 16/12/9** The Committee was informed that the number of beds had been scaled down after the summer and this had reduced length of stay.
- 16/12/10** Additional beds were available to manage demand should they be required. This allowed capacity to contract and expand as the business required and to a safe standard without requiring extra staff. The Trust also had a number of escalation beds that could be made available during particularly demanding months but extra staff would be required should these be used.
- 16/12/11** Issues relating to pharmacy were explored. Performance indicators were in place to manage delays arising from waits on medication and the Medichecker system highlighted what had been ordered and how long it was expected to be take to be delivered.
- 16/12/12** The Committee was advised that the Trust continued to work to reduce admission by, for example, supporting patients within their own homes but more was needed to be done.
- 16/12/13** The current outbreak of Norovirus had seen a number of wards affected but staff had done everything they could to isolate the problem. Good preparations had been put in place to manage increasing demand over the winter months.
- 16/12/14** In response to a question, the Committee were advised that some surgery had been outsourced to Park Hill and Barlborough but this was due to consultant capacity rather than bed capacity. An update on the length of stay turnaround workstream was also provided.
- 16/12/15** The update was NOTED.

## **Clinical Decision Unit Visit**

- 16/12/16** *The meeting adjourned to undertake a visit of the Clinical Decision Unit with Kate Carville, Head of Nursing, Emergency Services Care Group and Samantha Sidwell, Matron, Emergency Services Care Group.*

### **Any Other Business**

**16/12/17** The Committee considered its workload for the forthcoming year. The following topics were selected for the 2017 work programme:

- Perfect Ward.
- Trust's management of sepsis.
- How does the Trust generate income from its services, particularly the Fred and Ann Green Eye Centre.
- Openprescribing.net and pharmacist dispensing.
- Respiratory Unit.
- Quality of care provided at Park Hill Hospital.
- South Yorkshire Ambulance Service.
- Care and treatment of dementia patients on surgical wards.
- CaMIS and the records department.
- Orthotic Department.

The Trust Board Secretary proposed that he draw up a work programme following consultation with the Chair and this be presented to the Committee.

**MK**

### **Date and Time of Next Meeting**

**16/12/18** 10 am, Tuesday 14 March 2017, Blyth Room, Bassetlaw Hospital.

**Health and Care of Young People Sub-committee Meeting  
held at 10 am on Tuesday 13 December 2016  
in the Blyth Room, Bassetlaw Hospital**

<b>Present:</b>	Maureen Young	Public Governor (Chair)
	Mike Addenbrooke	Public Governor
	Eddie Dobbs	Public Governor
	Dev Das	Public Governor
	Susan Shaw	Partner Governor

<b>In attendance:</b>	Sharon Dickinson	Head of Midwifery
	Kate Birch	Staff Nurse, Theatres
	Matthew Kane	Trust Board Secretary

**Action**

**Welcome and apologies**

**16/12/1** Apologies for absence were presented on behalf of Pat Ricketts.

**Minutes of the previous meeting**

**16/12/2** The minutes of the meeting held on 13 September 2016 were APPROVED as an accurate record.

**Matters arising**

**16/12/3** 16/09/12 – Further to a question from the Chair, the Trust Board Secretary confirmed that the Health and Care of Adults Sub-committee had attended the children’s area at the new Fred and Ann Green Eye Centre and had been impressed with the quality of the new facilities.

**16/12/4** 16/09/5 – Issues with the broken ‘tough books’, two at Doncaster and one at Bassetlaw, remained unresolved. The Trust Board Secretary undertook to seek a resolution.

**MK**

**Midwifery Staffing Update**

**16/12/5** The Committee received an update on staffing in the Maternity department from Sharon Dickinson, Head of Midwifery.

**16/12/6** The Committee was advised that in 2015 the Trust delivered 5,197 births with funding for 178 WTE midwives and 50.83 WTE maternity support workers. Currently, the patient to midwife ratio of 1:28.5 was in line with CQC recommended levels. Last year there was a slightly higher rate of 1:32.

**16/12/7** The current year had seen active recruitment with enhanced midwifery leadership at band 7 and 8a and two additional fixed term consultant obstetricians appointed, although trainee availability had remained a

challenge.

**16/12/8** Nationally, the NHS was short of approximately 3,500 midwives and recruitment remained a challenge, in part due to provision for early retirement and also because of uncertainties surrounding the Sustainability and Transformation Partnerships.

**16/12/9** A range of metrics were provided which highlighted a strong position for obstetrics in Doncaster including below average stillbirth rates and cleft pallet percentages in line with national averages. There were no maternal deaths at the Trust in 2015 as against a national average of 8.5 in every 100,000.

**16/12/10** The year had seen numbers of births drop by 100 at Doncaster and 50 at Bassetlaw. The number of serious incidents had also fallen at Bassetlaw between 2015 and 2016 with five in 2015 and only one so far in 2016. Numbers at Doncaster were similar to last year.

**16/12/11** The Maternity staffing update was NOTED.

#### **Any Other Business**

**16/12/12** There was a brief discussion regarding changes to paediatric services at the Trust and how this was communicated from the Trust and more broadly in the community.

**16/12/13** The Trust Board Secretary shared with the Sub-committee a recent email from Governor, Hazel Brand, regarding a recent patient experience involving an autistic child who had attended A&E with a physical ailment. Hazel Brand proposed that the Sub-committee may wish to explore the care and treatment of children and young people with autism when presenting with a physical illness.

**16/12/14** The Sub-committee identified a range of topics for consideration in 2017:

- Paediatric services at Bassetlaw and Doncaster
- Play areas
- Care and treatment of autistic children
- Visits to children's outpatients and orthotics departments

**16/12/15** The Trust Board Secretary agreed to devise a work programme for the year and would agree the order of priority following consultation with the Chair.

**MK**

**16/12/16** There was a brief discussion regarding current allocation of ward sponsors and the appropriateness of Bassetlaw governors sponsoring Bassetlaw Hospital wards.

**Date and Time of Next Meeting**

**16/12/17** 10 am, Tuesday 21 March 2017  
Boardroom, DRI

DRAFT

**Meeting of the Agenda Planning Sub-committee of the Board of Governors  
held on 8 December 2016 at 10 am  
in the Meeting Room 1, DRI**

**Present:** Chris Scholey Chairman  
Mike Addenbrooke Public Governor  
Bev Marshall Public Governor  
Susan Overend Public Governor  
John Plant Public Governor  
Pat Ricketts Public Governor  
Maureen Young Public Governor

**In attendance:** Matthew Kane Trust Board Secretary

**Action**

**Apologies for absence**

**16/12/1** Apologies had been received from Clive Tattley and George Webb.

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

**16/12/2** The minutes of the meeting held on 9 August 2016 were APPROVED as an accurate record.

**Matters arising**

**16/12/3** There were no matters arising from the previous meeting.

**Review of previous Board of Governors meeting**

**16/12/4** Governors felt that the venue and acoustics for the meeting on 21 September 2016 were good and that a potentially challenging annual members' meeting had been managed well with good engagement from the members who attended. Governors agreed that a return to the Ivanhoe Centre in 2017 would be advantageous.

**16/12/5** The Chair reflected on a number of financial challenges the NHS was facing. Recent figures highlighted the Trust as having the most improved financial position in the country. The Chair then provided Governors with an update on the Trust's contractual position and gave an update on Teaching Hospital status.

**16/12/6** Governors fed back on a useful Timeout and of their experiences as part of the Well Led Governance Review.

**16/12/7** The update was NOTED.

**Draft Board of Governors Agenda: 31 January 2017**

The following reports were agreed for inclusion on the agenda:

**16/12/8** Standing Items - The usual standing items, including Chairman's Report and correspondence, and matters arising from Board of Directors minutes, were agreed.

**16/12/9** Executive Reports

- Acting Chief Executive's Report
- Finance & Strategy and Improvement Report (combined)
- Business Intelligence Report (one executive to provide lead with questions available from others – DP to lead in this instance)

DP

**16/12/10** Governance & Statutory Compliance

- Two Year Plan (short PowerPoint presentation)
- Introduction of External Auditors
- Appointment of Chief Executive

**16/12/11** Governor/Member matters

- Feedback from members
- Minutes of the sub-committees
- Governor reports from committees and other activities

**16/12/12** It was agreed that the maximum three-page reports had worked well in September and that this format be continued, focusing on key headlines, challenges and issues.

MK

**Any Other Business**

**16/12/13** Mike Addenbrooke reported back on issues relating to achieving quoracy within the Patient Safety Review Group.

**16/12/14** A separate issue raised by Maureen Young relating to a patient would be addressed by the Chair.

CS

**Date & Time of Next Meeting**

**16/12/15** 7 March 2016 at 1pm at Doncaster Royal Infirmary.

**Communications, Engagement and Membership Sub-committee  
Minutes of meeting held at 10 am on 4 October 2016  
in the Kilton Room, Bassetlaw Hospital**

<b>Present:</b>	David Cuckson	Public Governor (Chair)
	Dev Das	Public Governor
	Philip Beavers	Public Governor
	Susan Overend	Public Governor
	George Webb	Public Governor
<b>In attendance:</b>	Emma Shaheen	Head of Communications & Engagement
	Matthew Kane	Trust Board Secretary
	Alison Parker	Communications & Marketing Assistant

**Action**

**Apologies for absence**

**16/10/1** There were no apologies presented to the meeting.

**Minutes from meeting held on 7 June 2016**

**16/10/2** The minutes of the meeting held on 7 June 2016 were APPROVED with an amendment to minute 16/6/34 where the action should read 'MK' not 'GW'.

**Matters arising from the minutes**

**16/10/3** 16/6/11 - In response to questions regarding the new arrangements for the publication of Foundations for Health magazine (it now being sent in hard copy only once per year, with a further three copies being electronic only), the Sub-committee was advised that approximately 1,300 of the 8,300 public members had provided the Trust with their email address. In addition, others would access the document through the website and the Trust now had a significant social media presence through which it could publish news. Online communication had now become the principle way through which the Trust communicated with patients and the wider public.

**16/10/4** The Trust could actively monitor the number of downloads from the website. It was AGREED that viewer statistics be shared at the next meeting of the Sub-committee and that the Head of Communications and Engagement give a presentation on social media, its purpose, the different forms of social media that the Trust utilised and the types of interaction it had with patients and the public through it. **EB**

**Review of Terms of Reference**

**16/10/5** The Sub-committee considered the item which reflected discussions at

the previous meeting where it was agreed that the Committee's work should move away from member communication and recruitment to focus on communication and engagement with patients and the local community in the wider sense.

**16/10/6** The Sub-committee had regard to its own terms of reference, Monitor guidance from 2015 on representing the interests of members and the public and discussions from a recent governor meeting with representatives from NHS Improvement.

**16/10/7** It was felt that the current Sub-committee terms of reference did not reflect the general change of tone and direction and that there was a need to review and re-evaluate them to ensure the Sub-committee was fit for purpose.

**16/10/8** It was AGREED that the Trust Board Secretary would write to members of the Committee requesting any comments on the terms of reference. Following this exercise, the Chair, Head of Communications and Engagement, Trust Board Secretary and David Cuckson would meet to look at the responses and agree a revised terms of reference for presentation to Board of Governors.

**MK**

#### **Feedback from recent events**

**16/10/9** The Sub-committee considered feedback from the recent Board of Governors' timeout, Annual Members' Meeting and careers' fairs. It was agreed that the Timeout had provided a thought-provoking session for Governors with the presentation from internal audit being particularly enlightening.

**16/10/10** The report was NOTED.

#### **Member Communications - Foundations for Health editorial panel**

**16/10/11** Review of last issue – The Sub-committee felt that the August issue had been positive, with governor matters well covered throughout the edition.

**16/10/12** Editorial panel – August 2016 issue – The Sub-committee discussed potential content for the magazine and AGREED to support items on:

- (i) Freedom to Speak Up Guardian;
- (ii) Winter health messages;
- (iii) Staff STAR awards;
- (iv) Clinical research team;
- (v) Fraud awareness month;
- (vi) Interview with incoming chair, Suzy Brain England;
- (vii) Children's Outpatients at Bassetlaw;
- (viii) Chief executive's decision to step down;

**AP / EB**

- (ix) Governor item on Philip Beavers.

**Any Other Business**

**16/10/13** Member event – The Committee considered a range of ideas for a future members' event including:

- (i) STP;
- (ii) Trust strategic direction;
- (iii) Radiology;
- (iv) Children's Services;
- (v) Cancer services;
- (vi) Medical imaging;
- (vii) A&E;
- (viii) Day surgery.

**16/10/14** It was agreed to seek an event in the Lecture Theatre in the Spring on medical imaging and oncology, led by a consultant or senior nurse. Tentative details would be provided in Foundations for Health magazine with a request to contact the Trust Board Secretary for more details or to be added to the mailing list.

**MK**

**Date of Next Meeting**

**16/10/15** Tuesday 7 February 2017 at 10am in the Blyth Room, Bassetlaw.