



**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  
**Thursday 27 April 2017 at 6pm**  
in  
**Education Centre, Doncaster Royal Infirmary**

**AGENDA**

No	Item	Action	Enclosures
1.	<b>Welcome and Apologies</b>	<i>Note</i>	(Verbal)
2.	<b>Declaration of Governors' Interests</b> All Governors	<i>Note</i>	(Verbal)
3.	<b>Minutes of the meeting held on 31 January 2017</b>	<i>Approve</i>	Enclosure A
4.	<b>Action Notes from last meeting</b>	<i>Note</i>	Enclosure B
5.	<b>Feedback from members</b> All governors	<i>Discuss</i>	Verbal
6.	<b>Well Led Governance Review Findings</b> Danielle Sweeney, Deloitte LLP	<i>Discuss</i>	Enclosure C
7.	<b>Chair's Report</b> Suzy Brain England, Chair	<i>Note</i>	Enclosure D
<b>EXECUTIVE REPORTS</b>			
8.	<b>Chief Executive's Report</b> Richard Parker, Chief Executive	<i>Note</i>	Enclosure E
9.	<b>Board of Directors' minutes – January to March 2017</b> All Governors	<i>Note</i>	Enclosures F1-3
10.	<b>Finance &amp; Strategy &amp; Improvement Report</b> Jon Sargeant, Director of Finance Marie Purdue, Acting Director of Strategy and Improvement	<i>Note</i>	Enclosure G
11.	<b>Business Intelligence Report</b> Led by Sewa Singh, Medical Director <i>Executive leads for Nursing, Midwifery &amp; Quality, People &amp; OD and the Chief Operating Officer will be available to take questions.</i>	<i>Note</i>	Enclosure H

<b>GOVERNANCE</b>			
<b>12.</b>	<b>STP and Working Together Partnership Update</b> Richard Parker, Chief Executive	<i>Note</i>	Enclosure I
<b>13.</b>	<b>Agreement of NED Objectives</b> Suzy Brain England, Chair of the Board	<i>Approve</i>	Enclosure J (to follow)
<b>14.</b>	<b>Review of Board of Governors' Effectiveness</b> Matthew Kane, Trust Board Secretary	<i>Endorse</i>	Enclosure K
<b>SUB-COMMITTEES OF THE BOARD OF GOVERNORS</b>			
<b>15.</b>	<b>Governor Sub-Committee minutes – for information</b> Chairs of sub-committees	<i>Note</i>	Enclosures L1-L6
<b>ADJOURNMENT</b>			
<b>16.</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>INFORMATION ITEMS</b>			
<b>17.</b>	<b>Any Other Business (to be agreed with the Chair before the meeting)</b>	<i>Note</i>	(Verbal)
<b>18.</b>	<b>Date of Next Meeting :</b> Date: 27 July 2017 Time: 6pm Venue: Education Centre, Doncaster Royal Infirmary	<i>Note</i>	(Verbal)
<b>WITHDRAWAL OF PRESS AND PUBLIC</b>			
<b>19.</b>	<b>Board to resolve:</b>  That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	<i>Approve</i>	(Verbal)



Suzy Brain England  
Chair of the Board

**Minutes of the meeting of the Board of Governors held on  
Tuesday 31 January 2017  
In the Education Centre, DRI, Doncaster, DN2 5LT**

<b>Chair</b>	<b>Present:</b> Suzy Brain England	<b>Apologies:</b>
<b>Public Governors</b>	Utpal Barua Phillip Beavers Shelley Brailsford Hazel Brand David Cuckson Dev Das Eddie Dobbs Nicola Hogarth Bev Marshall Brenda Maslen Susan Overend John Plant Patricia Ricketts George Webb Maureen Young	Mike Addenbrooke Anwar Choudhry Denise Strydom
<b>Staff Governors</b>	Vivek Desai Lynn Goy Shahida Khalele Lorraine Robinson Roy Underwood	
<b>Partner Governors</b>	Ruth Allarton Lisa Bromley Anthony Fitzgerald Cllr Pat Knight Ainsley MacDonnell Cllr Susan Shaw Clive Tattley	Oliver Bandmann Dr Rupert Suckling
<b>In Attendance:</b>	Alan Armstrong Karen Barnard  Moira Hardy  Dawn Jarvis Matthew Kane	Non-executive Director Director of People & Organisational Development Acting Director of Nursing Midwifery & Quality Director of Strategy & Improvement Trust Board Secretary

Martin McAreavey	Non-executive Director
John Parker	Non-executive Director
Richard Parker	Acting Chief Executive
Linn Phipps	Non-executive Director
David Purdue	Chief Operating Officer
Jon Sargeant	Director of Finance
Philippe Serna	Non-executive Director
Emma Shaheen	Head of Communications and Engagement
Sewa Singh	Medical Director
Kate Sullivan	Corporate Secretariat Manger
Steve Clark	External Auditors
Helen Henshaw	External Auditors
Michael Green	External Auditors

**Apologies:** David Crowe Non-executive Director

**Public:** One member of the public was in attendance

## Action

### Welcome and apologies

**G/31/01/1** The Chair welcomed those present to the meeting.

Apologies recorded above were noted.

### Declaration of governors' interests

**G/31/01/2** No changes were reported.

### Minutes of the special meeting held on 12 December 2016

**G/31/01/3** The minutes of the meeting held on 12 December 2016 were APPROVED as a true record of the meeting.

### Matters arising and action notes

**G/31/01/4** The action log was reviewed and updates provided.

### Chair's report and correspondence

**G/31/01/5** The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Chair's Induction
- Appointment of Chief Executive
- Non-executive directors
- Well Led Governance Review Group
- CCG meetings
- STP
- NHSI Northern Chairs' meeting

<b>G/31/01/6</b>	<b>Well Led Governance Review</b> - In the context of the Well Led Governance Review Hazel Brand invited the Board to consider a future review of the effectiveness of the Board of Governors and its sub committees and this was discussed. The Chair welcomed this and it was resolved for the matter to be taken forward.	<b>KB/DJ /MK</b>
<b>G/31/01/7</b>	<b>STP</b> - Hazel Brand reminded the Board that Governors had received a presentation on the STP from the Chief Executive in 2016. She raised concern that no updates had been provided on the STP or local place plans since that time and she queried how and when Governors were to be involved.	
<b>G/31/01/8</b>	The Acting Chief Executive provided an update on the following: <ul style="list-style-type: none"> <li>• STP visions and strategy;</li> <li>• How the STP intended to engage with communities and the public;</li> <li>• Links to place plans.</li> </ul>	
<b>G/31/01/9</b>	The Trust had recently received both Doncaster and Bassetlaw draft place plans; Lisa Bromley and Anthony Fitzgerald provided updates on the plans and links to the STP vision. There was further discussion in the wider context of the STP and it was agreed that Lisa Bromley and Anthony Fitzgerald would provide more information at a future Timeout session.	<b>AF/LB /MK</b>
<b>G/31/01/10</b>	Concerns were raised by Cllr Pat Knight, Chair of the Doncaster Health & Wellbeing Board about the lack of engagement and communication between the STP and the elected members of the H&WBB and this was discussed.	
<b>G/31/01/11</b>	The Acting Chief Executive gave assurance that the Trust would do more internally to ensure staff and Governors were kept informed on the STP and place plans. He acknowledged that communication at STP level needed to improve and he undertook to take away the concerns of the Board and raise them with Sir Andrew Cash.	<b>ES/RP</b>
<b>G/31/01/12</b>	<b>Activities of Non-executive Directors (NEDs)</b> - The Chair requested that the non-executives feed back to her any noteworthy Trust-related activities that they had been involved in, such as attendance at external conferences, so that they could be included in future Chair's reports.	
<b>G/31/01/13</b>	As Chair of the Audit and Non-clinical Risk Committee, Philippe Serna advised of a cyber-crime training session that he had attended at the Trust the previous day. The event highlighted the levels of vulnerability within large organisations and how the majority of criminal activity was now committed online. The issue had been added to the corporate risk register. The Audit and Non-clinical Risk Committee had asked internal audit to look into the Trust's penetration and stress testing processes to ensure they were fit for purpose.	

**G/31/01/14** On behalf of the Governors, Bev Marshall welcomed the Chair to her first meeting and thanked her for the report.

**G/31/01/15** The Chair's Report was NOTED.

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

**G/31/01/16** The Board considered a report of the Chief Executive which outlined progress against the following:

- Performance overview
- Financial Performance
- Strategy Development
- CQC publish Learning, Candour and Accountability Report
- Paediatric Services – Bassetlaw
- Teaching Hospital Status
- Health & Wellbeing
- NHS Improvement - A&E Improvement Masterclass Session
- HEE Library Quality Assurance Framework Result 2016
- Hospital IT Infrastructure Upgrade - Update
- 100,000 Genome Project
- Staff & Appointments

**G/31/01/17** **Performance** - The Acting Chief Executive drew attention to the winter pressures where the Trust had been resilient to the demands placed on it, remaining at or around the upper quartile for four-hour waiting times in the country. He placed on record his thanks to staff and site teams for their efforts in maintaining safe access and treatment for patients during this time; this was echoed by the Board.

**G/31/01/18** **Paediatric Services – Bassetlaw** – A further detailed update was provided by the Acting Chief Executive and he described the model which had been put in place from 31<sup>st</sup> January 2017. He emphasised that all actions taken had been to ensure the safety of patients.

**G/31/01/19** It was reported that some parents had raised concerns on social media; the Trust had made contact with those parents to understand the concerns and resolve any issues. Concern had also been raised on social media about the possible closure of Bassetlaw Hospital; the Acting Chief Executive gave assurance regarding Bassetlaw's future.

**G/31/01/20** Further to a concern raised about communication with Governors it was clarified that a full briefing had been provided to Governors on 13 January 2017 via an email from the Trust Board Secretary.

**G/31/01/21** It was reported that the Trust had provided a detailed report on Paediatric Services at Bassetlaw to the Nottinghamshire Overview & Scrutiny Committee. The report had included a detailed overview of the new model, key issues and action taken.

**G/31/01/22** Councillors at Bassetlaw's overview and scrutiny committee had accepted the new model proposed and did not make any recommendations besides requesting that the Trust continued to keep them informed of developments.

**G/31/01/23** **Mental Health** – Further to a question from Maureen Young about how the Trust would address new targets for Mental Health, the Chief Operating Officer provided an update on a proposed new model of care to address new guidelines in collaboration with partners. Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) were coordinating a joint proposal on behalf of the partnership with the Trust and both CCGs.

**G/31/01/24** The Chief Executive's report was NOTED.

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

**G/31/01/25** 16/11/22 – Sale of Properties – Further to a question about the sale of Barrowby House, the Director of Finance undertook to investigate whether or not the previous owner of the property, who had bequeathed it to the Trust, had set out any special conditions about the future sale of the property. **JS**

**G/31/01/26** Later in the meeting the Acting Chief Executive was able to report that the Director of Estates had confirmed that the Solicitors had raised no issues relating to the sale of Barrowby House, however the matter would still be investigated.

**G/31/01/27** The minutes of the Board of Directors meetings held on 27 September 2016, 25 October 2016 and 29 November 2016 were NOTED.

**Finance & Strategy & Improvement Report**

**G/31/01/28** The Board considered a report of the Director of Finance and the Director of Strategy & Improvement that set out the Trust's financial position and CIP performance at month 9 2016/17.

**G/31/01/29** The Board was advised that the cumulative deficit to month 9 was £12.8m against a revised plan of £17.38m due to a change in the run-rate. The new position had been reported to NHSI.

**G/31/01/30** Key points from the report were as follows:

- Non-pay was overspent due to adverse variance in CIPs and issues around seasonality including gas and electricity costs.
- Capital was underspent by approximately £1.3m but this was likely to level out by end of year.
- CIP performance was £7.5m year to date and was £0.7m behind plan against the year to date CIP target.

- G/31/01/31** Further to questions from David Cuckson about debtor days and also about the accuracy of accruals, the Director of Finance gave assurance that the specific debtor issues referred to had been resolved and he gave further assurance that robust processes were now in place for checking accruals.
- G/31/01/32** In response to a question from Eddie Dobbs about the impact of change in the value of the pound on the Trust's financial position, the Director of Finance advised that although no impact has been seen so far, there may be an impact in the future.
- G/31/01/33** The Finance & Strategy & Improvement Report was NOTED.

#### **Business Intelligence Report**

- G/31/01/34** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 9.
- G/31/01/35** The Trust had achieved a rate of 86.6% of patients being seen within the standard four-hour access time giving a Q3 performance of 90.1% and year-to-date performance of 92.2%. Doncaster had achieved 82.04% (rising to 84.55% if Montagu was included) and Bassetlaw 91.47%. The Trust reduced elective capacity from 23 December to meet the requirements of having 85% bed occupancy over Christmas.
- G/31/01/36** Referral to Treatment ended the quarter at 90.1% against a 92% target. Diagnostic wait performance stood at 99.3% against a target of 99%. The 62-day cancer pathway had achieved its target of 85%.
- G/31/01/37** Further to a question from Maureen Young about the level of out of area attendances at Bassetlaw emergency department, the Chief Operating Officer reported that around 1 in 4 patients who had attended Bassetlaw Emergency Department had been from outside of the Bassetlaw area; he undertook to share further information on this outside of the meeting.
- G/31/01/38** Despite a difficult year the Trust's rolling 12 month Hospital Standardised Mortality Rate to the end of December 2016 stood at 93.6 and remained better than expected. Mortality remained above the national benchmark and the Trust remained on track to deliver a significant reduction in serious incidents.
- G/31/01/39** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be better than last year although C.Diff had seen a slight increase in the month.
- G/31/01/40** In relation to workforce, sickness absence in December 2016 had reduced to 4.46% resulting in a year to date rate of 4.48%. An action



plan was being developed which focussed on staff health & wellbeing.

**G/31/01/41** Hazel Brand had joined a group which had been looking at ward environments. She commented that the group had reported that there had been an increase in the number in falls in areas where night lights had not been working and she raised concern about this; It was agreed to investigate the matter immediately. **DP**

**G/31/01/42** The Business Intelligence Report was NOTED.

#### **Two Year Operational Plan**

**G/31/01/43** The Board considered a presentation on the Two Year Operational Plan presented from the Director of Strategy & Improvement and Director of Finance.

**G/31/01/44** The slides would be circulated outside of the meeting. **MK**

**G/31/01/45** The update provided an update on the following key areas:

- NHSI Requirements
- Strategic Framework
- Activity
- Finance
- Key Assumptions & Key Risks
- Quality
- Workforce
- CIP
- Alignment with CCGs and STP
- Timeline for five year strategic vision

**G/31/01/46** Further to a question from George Webb about capital funding, the Director of Finance advised that there were various funds where capital bids could be placed. There was expected to be further clarification at a forthcoming meeting in London to be attended by the Director of Finance and he undertook to provide feedback from this. **JS**

**G/31/01/47** Further to a comment from George Webb about communication with Governors about capital and risks, John Parker gave assurance that, through the Financial Oversight Committee, NEDs were very engaged with Executives on these matters. It was agreed to provide a detailed capital funding risk assessment at a future timeout session. **JS**

**G/31/01/48** The Two Year Operational Update was NOTED.

#### **Introduction to Trust's External Auditors**

**G/31/01/49** The Board considered a presentation introducing the Trust's new External Audit Supplier, EY, which provided an overview of:

- The EY Team
- About EY
- Implementation of audit of accounts (including key milestones)
- Training & Support
- Identifying and raising key issues

**G/31/01/50** In response to a question from David Cuckson about whether Governors would be provided with written reports, it was clarified that various reports would be provided to the Audit & Non-clinical Risk Committee, on which Governor observers were in attendance.

**G/31/01/51** The Introduction to Trust's External Auditors was NOTED.

**Minutes of the Appointments & Remuneration Sub-committee meeting held on 24 October 2016**

**G/31/01/52** The minutes of the Appointments & Remuneration Sub-committee meeting held on 24 October 2016 were NOTED.

**Minutes of the Health and Care of Adults Sub-committee meeting held on 6 December 2016.**

**G/31/01/53** The minutes of the Health and Care of Adults Sub-committee meeting held on 6 December 2016 were NOTED.

**Minutes of the Health and Care of Young People Sub-committee meeting held on 13 December 2016**

**G/31/01/54** The minutes of the Health and Care of Young People Sub-committee meeting held on 13 December 2016 were NOTED.

**Minutes of the Agenda Planning meeting held on 8 December 2016**

**G/31/01/55** The minutes of the Agenda Planning meeting held on 8 December 2016 were NOTED.

**Minutes of the Communications, Engagement & Membership meeting held on 4 October 2016**

**G/31/01/56** The minutes of the Communications, Engagement & Membership meeting held on 4 October 2016 were NOTED.

**Feedback from Members**

**G/31/01/57** Hazel Brand reported that an elderly visitor to Bassetlaw Hospital had commented to her that she had not had a positive patient experience. The Chief Operating Officer commented that this was disappointing; there had been significant training and guidance of staff about dignity and respect.

**G/31/01/58** In response to a query from Maureen Young about there being no blood test services at weekends, the Chief Operating Officer undertook to look into the matter. **DP**

**G/31/01/59** In response to concerns raised by George Webb about the timeframe of the referral process for private patients coming in to the NHS it was agreed to discuss the matter outside of the meeting.

**Governor reports from committees and other activities**

**G/31/01/60** None reported.

**Any other business**

**G/31/01/61** The Chair reported that the Trust's Board Advisor had sadly passed away on 5 January 2017; the Trust had sent messages of condolence to his family.

**G/31/01/62** ***Members RESOLVED that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.***

**Questions from members of public**

**G/31/01/63** Public questions were taken on: the audibility of meetings in the Education Centre; current borrowing by the Trust; and food and laundry during hospital stays. The Chair of the Board undertook to provide the member with a written response. **MK**

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

**G/31/01/64** Date: 27 April 2017  
Time: 6pm  
Location Education Centre, DRI

**Withdrawal of press and public**

**G/31/01/65** It was agreed that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

## Action Notes

**Meeting:** Board of Governors

**Date of meeting:** 31 January 2017

**Location:** Education Centre

No.	Minute No	Action	Responsibility	Target Date	Update
1.	G/16/06/47	Presentation on P&OD to be scheduled for a future governor Timeout.	KB	June 2017	Item is being considered for June Timeout.
2.	G/16/06/63	An overview of the tendering process to be shared with governors.	AS	June 2017	Item is being considered for June Timeout.
3.	G/19/09/52	Review process for Governor invitations to STAR Awards.	ES	July 2017	Action not yet due.
4.	G/19/9/54 & 55	Future timeout session to be scheduled on IT.	SM/AS	March 2017	Complete. Item on March Timeout.

Date of next Meeting: 27 April 2017  
Action Notes prepared by: Matthew Kane  
Circulation: Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
5.	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	Complete. Change agreed by Board of Directors in February.
6.	G/31/01/6	Review of the effectiveness of the Board of Governors and its sub committees to be undertaken.	KB/DJ/MK	April 2017	Complete. On agenda 27.4.17.
7.	G/31/01/9	Bassetlaw and Doncaster partner governors to provide more information on Place Plans at upcoming Timeout.	LB/AF/MK	March 2017	Complete. Item on March Timeout.
8.	G/31/01/11	Chief Executive to advise of governors concerns regarding STP communication.	ES/RP	March 2017	Complete.
9.	G/31/01/25	DoF to investigate whether there were any conditions attached to sale of Barrowby House.	JS	March 2017	Complete. The issue raised at the last Board of Governors meeting was investigated and the sale was cleared to proceed.
10.	G/31/01/41	COO to investigate number in falls in areas where night lights had been an issue.	DP	March 2017	Update to be provided at the meeting.

Date of next Meeting:

27 April 2017

Action Notes prepared by:

Matthew Kane

Circulation:

Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
11.	G/31/01/44	Two year operational plan slides to be circulated.	MK	1 February 2017	Action complete.
12.	G/31/01/46 and 47	DoF to provide feedback from capital event attended in February and to provide capital fund risk assessment presentation to governors at upcoming Timeout.	JS	June 2017	Item under consideration for upcoming Timeout.
13.	G/31/01/58	COO to look into provision of blood testing at weekends.	DP	April 2017	Complete. This was previously piloted and service take up was low and not viable therefore it is not proposed to proceed.
14.	G/31/01/63	Written answer to be provided to member of public on questions asked.	MK	February 2017	Action complete.
15.	CG/31/01/6	Private Governors session with new Chair and CEO to be arranged.	MK	March 2017	Complete. Item on March Timeout.

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

27 April 2017  
Matthew Kane  
Chair, Governors, NEDs, EDs



Title	Well Led Governance Review		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Matthew Kane, Trust Board Secretary		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>In line with the Monitor Code of Governance and the Trust’s enforcement undertakings given on 29 February 2016 the Board of Directors commissioned an external review of its governance arrangements under the Well Led Framework with the review being undertaken during Q3 2016/17.</p> <p>The review was carried out by Deloitte LLP and examined the Trust’s approach towards the four domains of the Well Led framework:</p> <ul style="list-style-type: none"><li>• strategy and planning;</li><li>• capability and culture;</li><li>• process and structures; and</li><li>• measurement.</li></ul> <p>Evidence was gathered over an eight-week period from a variety of sources including a Board self-assessment, interviews with Board members and other senior staff, workshops with care group directors, governors and staff, and telephone conversations with key external stakeholders.</p> <p>A copy of the summary report of the review is attached as an appendix to this report. The report makes eighteen recommendations on how the Trust could enhance its governance arrangements.</p> <p>In response to the report the Board agreed at the end of January to establish a small working group comprising the Chair, CEO, the Trust Board Secretary and two NEDs (Linn Phipps and Martin McAreavey) who are now taking forward an action plan.</p> <p>For this item, the Board of Governors will receive a presentation from Danielle Sweeney of Deloitte on the outcomes of the review. Danielle had initially met with Governors in December as part of the Timeout session.</p>			
Recommendation			
That the item and presentation be noted.			



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

**We always put the patient first**

- By ensuring a high quality of care

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

- By ensuring that staff at all levels have an input into the running of the Trust

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

- By ensuring that clinicians assess and authorise any changes to services

**Always caring and compassionate**

- By living the We Care values in everything we do

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

- By recognising, owning and taking forward recommendations for improvement

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

- By having in place excellent mechanisms for staff engagement

**Related Strategic Objectives**

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

**Analysis of risks**

The main risk surrounds the danger of not implementing the recommendations from the review or implementing but not embedding them. Measures in place to mitigate those issues include the establishment of the working group charged with driving forward the action plan and regular monitoring by the Board.

**Board Assurance Framework**

8	Failure to achieve compliance with performance and delivery aspects of the Single Oversight Framework, CQC and other regulatory standards, triggering regulatory action	4x4=16
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## **Doncaster and Bassetlaw NHS Foundation Trust**

### Independent review of governance arrangements

This Final Report is strictly private and confidential and has been prepared for the Board of Directors of Doncaster and Bassetlaw NHS FT. This Final Report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors. It should not be communicated to any third party without our prior written permission. For your convenience, this document may have been made available to you in electronic as well a hard copy format. Multiple copies and versions of this document may, therefore, exist in different media. Only the final signed copy should be regarded as definitive.

Private and confidential

Board of Directors  
Doncaster & Bassetlaw Hospitals NHS  
Foundation Trust,  
Doncaster Royal Infirmary  
Armthorpe Road  
Doncaster,  
DN2 5LT

11 January 2017

Dear Board of Directors

## **Independent review of governance arrangements**

In accordance with our Letter of Appointment dated 4<sup>th</sup> October 2016 (the 'Contract'), for the independent review of governance arrangements at Doncaster & Bassetlaw Hospitals NHS Foundation Trust (the 'Trust'), we enclose our final report dated 11 January 2017 (the 'Final Report').

The Final Report is confidential to the Trust and is subject to the restrictions on use specified in the Contract. No party, except the addressee, is entitled to rely on the Final Report for any purpose whatsoever and we accept no responsibility or liability to any party in respect of the contents of this Final Report. This report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors.

The Final Report must not, save as expressly provided for in the Contract (including, inter alia, clause 5 of the call-off terms) be recited or referred to in any document, or copied or made available (in whole or in part) to any other person.

The Board is responsible for determining whether the scope of our work is sufficient for its purposes and we make no representation regarding the sufficiency of these procedures for the Trust's purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to the Trust.

We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of the financial information has been performed.

The matters raised in this report are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or weaknesses that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the Trust for their full impact before they are implemented.

Yours faithfully



Deloitte LLP

# Executive Summary

# Executive Summary

## Context and background

**Doncaster & Bassetlaw Hospitals NHS Foundation Trust (hereafter "the Trust" or "DBHFT") was one of the first ten NHS trusts to become a Foundation Trust in 2004. DBHFT is a multi-site acute district general hospital, serving a population of approximately 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council and also parts of North Derbyshire, Barnsley, Wakefield, Rotherham and North-West Lincolnshire. Approximately 6,500 staff are employed by the Trust.**

**In addition to DGH services, the Trust also provides a number of specialist services, including renal services, bariatric surgery, vascular surgery and neonatal care.**

Having originally forecast a small surplus for 2015/16, a significant misreporting of the financial position was discovered in October 2015. Revised accounts for the year reported a substantial deficit of £46.7m, £36.4m of which related to the routine operations of the Trust.

In response, the Trust established a Directorate of Strategy and Improvement, along with a small team to lead the financial turnaround. During this challenging period, the Trust has concurrently achieved a number of key strategic and operational objectives. These include the recent awarding of Teaching Hospital status, which was a core aim of the 2013 – 2017 strategic direction.

Throughout the turnaround period, the Trust has also maintained, and in some cases improved, many of its key quality indicators, including for example in relation to falls, pressure ulcers and the hospital standard mortality ratio.

Equally, operational performance has remained strong, with national standards in relation to referral to treatment and access to emergency care benchmarking among the best regionally.

The Trust is now set to undergo a further period of change as the Chairman and CEO leave the organisation in December 2016 and January 2017 respectively. Alongside this, a number of planned changes to the NED composition will also take place.

We have undertaken an independent review of governance arrangements at the Trust against NHS Improvement's Well-led Framework. This review has been commissioned in part as a response to requirements set out by the regulator in February 2016 in relation to its enforcement undertakings.

In addition to the review against the Well-led Framework, NHS Improvement specified eight areas of focus for the review which are outlined in the Introduction and Appendix 2 of this report.

## **During our review we have noted a number of areas of good practice, including:**

- The Board has led the response to the financial turnaround internally which has earned the respect of the wider workforce and has been a key factor in the delivery of financial improvements whilst maintaining a focus on quality and performance;
- The wider culture of the Trust is clearly focussed around the quality of service provided, with good levels of awareness of the 'We Care' values amongst staff;
- There is good support for the ongoing training and development of the workforce, which is recognised and valued by staff; and
- The Trust is effectively engaged in system-wide strategic discussions across the broader healthcare system, although broader executive team visibility with some other stakeholders could be improved.

## **We have also noted a number of areas where further progress and improvements are required. These include:**

- The Trust is aware of the need to refresh its corporate strategy, including the development of key aspects such as the clinical services strategy and the supporting capital and financial plans. Alongside this, there is scope to increase the level of focus and Board time on strategic development and formal monitoring of strategic delivery;
- The format of the BAF and CRR should be revisited, ensuring that that more effective use is made of them to drive the agenda and focus of the Board and committees. In addition risk management arrangements need to be further embedded within the Trust;

# Executive Summary

- There is scope to improve the focus and impact of debate, which has inevitably become more operationally focussed over the last twelve months. Alongside this the Board should consider a programme of Board and Executive team development under the direction of the new Chair and CEO;
- There is an opportunity to broaden the scope of committees to encompass areas of assurance such as quality impact assessments, capital, financial planning and performance, and service line reporting. This should include addressing duplication between both the Board and executive committees;
- We also found scope to strengthen the consistency and rigour of governance and reporting arrangements within Care Groups, including accountability meetings and clinical governance meetings; and
- Assurances around data quality (DQ) are in the process of being implemented, including proposals to revise the data quality kite marks provided to the Board. There remains, however, a number of concerns in relation to the new e-systems which need to be addressed.

Overall, we found that the Trust's self-assessment demonstrates a positive level of self-awareness in a number of areas, including the need to strengthen risk management arrangements at a corporate level and to refocus and broaden the work of operational accountability fora and committees as the Trust begins to exit the turnaround phase.

There are, however, a number of further areas of variance between the Trust's self-assessment, and our own view, particularly in relation to the materiality of the work yet to be undertaken to refresh strategy, and the strength of the assurances in place around data quality.

**Our review findings set out within this report are grouped under the four theme areas outlined within the NHS Improvement Well-led Governance Framework, namely:**

- 1. Strategy and planning;**
- 2. Capability and culture;**
- 3. Process and structures; and**
- 4. Measurement**

## **1. Strategy and planning**

**1A** Over the last fourteen months the Board has understandably placed significant focus on responding to the financial position and the transformation agenda. Alongside this, the Board has increasingly been a key participant in broader strategic discussions across the region, including the development of the Sustainability and Transformation Plan.

- Within this context there is now a need to increase the level of focus on strategy by the Board. This was acknowledged by a number of Board members who noted that debate had become too operationally focussed. As a result the incoming Chair should revisit the Board agenda and its development time to increase the focus in this area.
- Work is currently ongoing to refresh the five year plan and there is active involvement of Care Groups in this process. The Trust also recognises the need to further develop several key supporting strategies such as the clinical services, long term financial and capital strategies which are not yet in place.
- The Trust is able to demonstrate a number of achievements against long standing strategic objectives, the most recent being achievement of teaching hospital status. Monitoring of strategic delivery is currently undertaken at Executive level, however we found scope for more formal tracking of progress at Board and committee level.

**1B** There is scope to strengthen risk management processes at all levels of the organisation. In particular, the Board has recognised a need to increase the value added by the BAF by reviewing both its format and content, but also in improving how it is used to stimulate strategic debate.

- While we found positive awareness at a frontline level of risk and incident reporting, there is a need to formalise risk management through Care Group governance meetings by ensuring the consistent debate and escalation of risk in line with the Risk Management Policy. Staff should also be given timely feedback to risks and incidents raised.

# Executive Summary

- The Trust is currently delivering against the turnaround plan, and clear processes are in place to govern schemes and assess their quality impact. We did however find mixed awareness of these processes at Care Group level, in part as processes have recently been changed due to turnaround.
- This extends to the ongoing monitoring of schemes and post implementation reviews which need to be more consistently undertaken and reported against at all levels within the Trust.
- The former Corporate Investment Committee was suspended when the financial misreporting was uncovered, with these duties discharged between the Executive Team and Management Board in the interim. The processes previously in place have been revised and re-instated from January 2017 under the direction of the new DoF, following interim suspension during Turnaround.

## 2. Capability and Culture

- 2A** The Board made a conscious decision to maintain its composition throughout the turnaround period, leading the response to this internally. This has earned the respect of the wider workforce and has been a key factor in the delivery of the programme whilst maintaining a focus on quality and performance.
- The executive team are highly regarded by staff and are seen as accessible, displaying the values of trust, and setting a culture of collective ownership amongst the wider workforce in relation the Trust's performance.
  - During our observations, we observed some good, effective examples of challenge. However a number of BMs noted that debate needs to be more focussed on priority areas and less operational in order to have a greater impact. In particular there is scope for greater contribution from both NEDs and EDs in the role of the corporate director.
  - The Board is about to enter a period of significant turnover, most notably in the positions of CEO and Chair. External stakeholders in particular stressed the need for the new leadership to focus on maintaining momentum both in internal improvements and in continued progression of strategic discussions across the patch.

- There is scope to increase the degree and structure of Board and Executive Team development activity undertaken. There is also a recognition of the need to develop Board succession planning and increase Board diversity, both of which are being addressed as part of recent NED and Chair appointments.

**2B** The Board has a strong focus on the quality of services, which has led to improvements in a number of quality priorities, including for example in falls, pressure ulcers and mortality.

- We also found the wider culture of the Trust to be clearly focussed around the quality of services provided, with good levels of awareness of the We Care values amongst staff.
- A number of effective mechanisms for staff engagement are in place which have contributed to the sense of pride and belonging amongst staff we interviewed as part of our service visits.
- There is however a recognition that there is a need to maintain appraisal rates at previously achieved levels amongst staff to ensure that the alignment of objectives to strategic priorities is meaningful in practice.
- Our review placed a particular focus on the arrangements for whistleblowing and raising concerns. We found policy to be fully aligned with national policy and guidance, and staff to be aware of these and comfortable escalating concerns with an expectation that they would be treated fairly.

**2C** Ward level quality and safety profiles are used effectively to identify and escalate services where quality and safety metrics trigger cause for concern. There is good awareness and ownership of this tool by staff.

- There is good support for the ongoing training and development of the workforce, and during our fieldwork staff highlighted examples of how the Trust has supported their personal and professional development.
- There is however inconsistency among teams as to the frequency of meetings to discuss learning, performance and improvement, with some areas meeting monthly and others not having met for over six months. This is combined with a lack of awareness among some staff of how their team or ward is performing.

# Executive Summary

## 3. Structures and processes

**3A** The Trust responded promptly to the review of the financial misreporting to introduce a Financial Oversight Committee. This is a Board assurance committee, and brings DBHFT into line with the majority of Trusts in this area.

- However, Board members are aware of a need to review and refresh the role of committees to ensure their fitness for purpose. In particular, we would highlight a need to ensure that the focus and remit of committees is sufficiently broad to cover all elements of good practice, and to ensure they are effectively providing assurance to the Board on key areas of strategic risk, including through their use of the Board Assurance Framework.
- More specifically we noted a need: to continue the progress made by the Audit and Non Clinical Risk Committee on the strengthening of the focus on internal audit; for more analysis of dashboard and performance against key quality metrics at the Clinical Governance Oversight Committee, and for the Financial Oversight Committee to adapt and broaden its focus to include a greater focus on financial planning and performance, capital and quality impact assessments.

**3B** Management Board has a congested agenda with a significant proportion of its time spent considering and approving business cases to the detriment of time available for other important items. This has been recognised by the Trust which is in the process of establishing capital and business planning structures to manage this aspect of Management Board's agenda, following processes put in place during the Turnaround.

- We found scope to streamline the accountability structures at Care Group level to avoid duplication and introduce a degree of earned autonomy for sustained high levels of performance and delivery. There is also a need to strengthen the consistency and rigour of governance and reporting arrangements at Care Group Accountability meetings.

- There are a number of strengths in relation the reporting and escalation arrangements in place for quality and safety issues. In particular, the Quality and Safety Profiles were observed to work effectively to identify and escalate issues up from services to committee and ultimately Board level.
- There is however a need to revisit the effectiveness of service level clinical governance structures as we found these to be variable in terms of frequency, leadership and effectiveness; this already noted as an issue by CGOC.
- The Trust has appointed new Internal Auditors as part of their response to issues identified following financial misreporting. Our review of the Internal Audit forward plan found broad and appropriate coverage and risk focus incorporating financial controls, clinical governance, risk and data quality.

**3C** The Trust is viewed by all stakeholder groups as being open and transparent in its communications.

- A range of mechanisms to involve and engage Governors are in place, and these compare favourably to those we have seen in other Foundation Trusts.
- Most external stakeholders highlighted positive engagement with the Trust, noting effective contribution in broader system debate. However, engagement with some stakeholders is less frequent or is primarily based upon contact with the CEO. Given the imminent change in CEO leadership, this will need to be a key area of focus for all executives moving forward.
- In preparation for the forthcoming change in leadership at the Trust, the Board should review engagement with all key stakeholders to enable a smooth transition and to develop broader engagement across the executive team.

## 4. Measurement

**4A** The Trust's key performance report has responded and adapted to the needs of the business over time, including the recent addition of key workforce metrics. There remains however a need to introduce a fully integrated performance report, including financial indicators, to enable the triangulation and impact of performance in different areas, namely across quality, performance, finance and workforce.

# Executive Summary

- We have observed a strong focus on quality reporting at Board level and, as referenced, some of this good practice should now be reflected at the Clinical Governance Oversight Committee.
- A number of recent changes have also been made to Board and committee level finance reporting to bring this more into line with regulatory expectations. We understand that further enhancements in this area are a priority of the new Director of Finance, and should include greater analysis of key risks and trends within performance, highlighting relevant divisional variances.
- While performance information is readily available at a team and service level, the extent to which frontline staff in different areas are aware of this is mixed. We also found scope to develop more macro-level Care Group dashboards to aggregate the wealth of specialty level data currently in place.

- 4B** The Trust has historically performed well in relation to national and externally tested data quality audits, however interviewees reported some concerns in this area including issues arising from key e-systems (being ESR and CAMIS) and also the case of financial misreporting.
- The Trust can evidence that plans have been put in place to address these, including bringing additional capacity into the coding department, trialling new methodology to reintroduce data quality kite marks to the Trust performance report, and also strengthening the internal audit focus in this area. More specifically, a data quality improvement plan is also in place to address the recent anomalies found in relation to referral activity.
  - An Informatics Strategy is in place, dated 2014. Work to refresh this, bringing some of the aforementioned workstreams together, has been identified as an early priority of the new Chief Information Officer.

## Next steps

We suggest that the Chair and Chief Executive, in consultation with the Board and incoming Chair, consider the findings outlined within this report and write a management response in relation to the matters raised. This response should clearly outline how the Board proposes to implement our various recommendations, and describe how the Board will monitor progress going forward.






















# Appendix 1:

## Recommendations

# Appendix 1: Recommendations

Key:  Designed  Implemented

Rec	Ref	Recommendation	Timescale											
			J	F	M	A	M	J	J	A	S	O	N	D
<b>R1</b>	<b>1A</b>	The new Chair should revisit the Board calendar to enable greater time to focus on strategic development and monitoring. As part of this process, there needs to be collective agreement amongst the Board on the gaps and priorities for debate in this area.												
<b>R2</b>	<b>1A</b>	Ensure that there is consistent and explicit review of progress against strategic objectives, including a focus on impact and outcomes, at Board and committee level.												
<b>R3</b>	<b>1A</b>	Ensure that the annual planning process is clearly documented, is fully understood by all involved, and enables sufficient interaction between the Board and Care Groups throughout the year.												
<b>R4</b>	<b>1B</b>	The format and use of the BAF and CRR need to be revised to take into account the commentary made in 1B.1												
<b>R5</b>	<b>1B</b>	Further develop the CIP planning and execution process by: • Ensuring that all CIPs have sufficient clinical engagement at both the identification, QIA and sign-off stage; • That all major schemes are subjected to a post-implementation review which incorporates staff and patient feedback (e.g. through surveys); • Strengthening CIP assurance reporting from the Turnaround Programme Board to the FOC and CGOC												
<b>R6</b>	<b>2A</b>	There is scope to improve the focus and impact of Board debate and scrutiny. This includes a greater focus on the role of the corporate director and making the best use of the diverse skills around the table.												
<b>R7</b>	<b>2A</b>	Implement a programme of development for the executive team and Board. This should focus on the points outlined within this report, and build in greater time for strategy as well as team development.												
<b>R8</b>	<b>2B</b>	As part of its refresh in 2017 ensure that the People and Organisational Development Strategy includes a more explicit focus on equality and diversity.												
<b>R9</b>	<b>2B</b>	Reconsider how NEDs and governors engage meaningfully with staff and gain assurance within their current time allocation at the Trust, including through refreshing the existing NED service visits.												
<b>R10</b>	<b>2C</b>	Undertake a review of the frequency and effectiveness of service and speciality level clinical governance meetings, addressing any findings and reporting assurance on progress to the CGOC.												
<b>R11</b>	<b>2C</b>	Alongside recommendation 11 to review specialty level CG structures the Trust should also review the arrangements for ward teams to meet to discuss learning and improvement alongside introduction of a standard agenda for discussion which should include team level quality performance data.												

# Appendix 1: Recommendations (continued)

Key:  Designed  Implemented

Rec	Ref	Recommendation	Timescale											
			J	F	M	A	M	J	J	A	S	O	N	D
<b>R12</b>	<b>3A</b>	To further increase the effectiveness of ANCRC, the Trust should: <ul style="list-style-type: none"> <li>Update the committee work plan to reflect the revised terms of reference, incorporating the elements of good practice referenced in 3.A.1;</li> <li>Maintain the more concerted focus on follow-up of internal audit recommendations in line with the proposals made in September 2016;</li> <li>Increase the level of focus and scrutiny on the effectiveness of risk management arrangements; and</li> <li>Review the reporting lines for the ANCRC sub-groups.</li> </ul>												
<b>R13</b>	<b>3A</b>	CGOC should: <ul style="list-style-type: none"> <li>Consider ways in which it can better align its agenda to the Quality Strategy goals to increase focus in this area, and also awareness of the strategy;</li> <li>Using the BIR as a starting point, introduce a CGOC dashboard to direct debate towards key areas of exception and redress the balance of committee reporting between analysis and narrative;</li> <li>Ensure that items which are not relevant to the ToR are appropriately referred to FOC or ANCRC; and</li> <li>Update the ToR and work plan to reflect the good practice areas discussed in this report.</li> </ul>												
<b>R14</b>	<b>3A</b>	Revise FOC to expand the focus of the committee, including greater focus on: capital and investment priorities and plans; performance against plan, and SLR. As part of these changes, the Trust should seek to reduce any existing duplication between the work of FOC and other forums.												
<b>R15</b>	<b>3A</b>	Revise reporting lines for WEC so that quality aspects of its business are reported to CGOC, and workforce transformation and efficiency aspects are reported to FOC.												
<b>R16</b>	<b>3B</b>	The Trust should look to rationalise its performance and structures at Care Group level, where possible creating a single forum for holding each Care Group to account for delivery and performance. These should have consistent ToR, agendas and governance structures and should take place at a frequency appropriate to the track record of performance and delivery in each group.												
<b>R17</b>	<b>3C</b>	In preparation for the forthcoming changes in the Board, a stakeholder mapping exercise should be undertaken to ensure clear responsibility and transition of relationships.												
<b>R18</b>	<b>4A</b>	Update the BIR to incorporate the elements of good practice defined in 4A.1.												



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Title	<b>Chair's Report</b>		
Report to:	<b>Board of Governors</b>	Date:	<b>27 April 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 the last Board of Governors meeting on 31 January:</p> <ul style="list-style-type: none"> <li>• Keep DBTH Tidy</li> <li>• Members' Meeting</li> <li>• WTP Update</li> <li>• Getting to Know DBTH</li> <li>• Lunchtime lectures</li> <li>• Governor update</li> <li>• Elections update</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 – April 2017

### Keep DBTH Tidy

As you all know, I am also the Chair of Keep Britain Tidy and have been heartened by the work taking place across the Trust as part of the Great British Spring Clean including the new bins positioned near our lifts and along our corridors and the new teams of support assistants that we are employing to keep on top of this work amongst other things.

I was pleased to join Howard Timms, Deputy Director of Estates, on a litter pick of Montagu just recently and was glad to see other members of the Executive Team rolling their sleeves up and setting the example across the three sites.

However, we cannot be complacent. Within our buildings it is not unusual to see items of litter in our corridors or even in the lifts and on the floors in the toilets. Chewing gum and smoking debris also pose real issues for the Trust. We need to keep on top of this.



With this in mind, I wrote a piece for a March edition of the staff newsletter *Buzz* challenging staff to think about how we show we care. At a clinical level, we show we care very well. Our care for patients is fantastic.

I want us to show that we care from the moment people step into our sites and again look to the Governors to support me in that aim.

### Members' Meeting

We held a well-attended members' event in the lecture theatre on 13<sup>th</sup> April concerning medical imaging and oncology.

It was great to meet so many people who have an interest in what their local hospital services are doing and my thanks to Dr Joe Joseph (pictured with me) and Dr Charles Merrill who both gave very engaging presentations on the present and future of cancer services and how medical imaging has grown and expanded over the decades.



There were a number of interesting questions asked and points raised that I have asked the Chief Executive to consider. Principally I would like to see more of these events and more corporate input into them. Thanks to Clive, John, Bev and David for attending and giving their input.

## **Working Together Update**

Further to last month's update, legal company Capsticks are now working with the Working Together Partnership Vanguard to help pull together the joint working arrangements and terms of reference for the committees in common meetings. These will be coming to Trust Boards for approval in June.

I also met with Will Cleary Gray, Commissioners Working Together Programme Director, on 13<sup>th</sup> April to see how the Trust can assist in the STP's future work programme.

## **Getting to Know DBTH**

In April I carried out a number of visits to teams and departments. This enables colleagues to meet me, and enables me to find out what they are proud of as well as what they would like to change.

As teams have plans and budgets I encourage them to work together within their teams and Care Group to adopt a problem-solving approach, seeking change for the better, looking to senior management for support when necessary.

My visits have included:

- Obs and Gynae (Women's and Children's) at Bassetlaw (continuing from last month's visit in Doncaster);
- Trauma and orthopaedics team meeting at DRI;
- MSK & Frailty at Montagu.

We have much to be proud of with committed colleagues and some excellent estate.

In line with our strategic intent to develop services further at Bassetlaw and Montagu the communications team is looking at how we shout about our excellence. Partnership working is a key part of our strategic future. Richard and I shared our support for greater integration with Doncaster CCG who are championing the Place Plan.

We continue to demonstrate at the Working Together and STP partnership meetings that we are a good partner to work with. We also articulate this to individual trusts in South Yorkshire where opportunities arise. The communications outputs from WTP/STP work appear elsewhere in this board pack.

I met with a senior member of the PALs team; we talked about how a rebrand might help to better capture compliments as well as complaints and how best to capture trends to share with the board and others to learn from how we have performed.

Following closure of year-end procedures for the charity, John Parker has agreed to Chair a revised charitable funds committee with Jon and his team developing robust policies and procedures.

## Lunchtime Lectures

Non-executives and governors should now be receiving details of the weekly lunchtime lectures which are held in the DRI lecture theatre every Friday and also video linked to the Boardrooms at Bassetlaw and Montagu.

Please attend if you can.

## Governor update

The last couple of months have been fairly busy on the Governor front.

In addition to the Governor briefing sessions we are holding each month, we held the first of our newly formatted Timeouts in a 'speed dating' style on 9 March with myself and Richard, Neil Rhodes, Anthony Fitzgerald and Idris Griffiths from the CCGs, Simon Marsh and Nigel Hall from IT and Marie Purdue and Clare Ainsley from Strategy and Improvement speaking to groups of governors.

Governors gave the event 4.8 out of five stars on their confidential evaluation afterwards and all respondents said they were in favour of future Timeouts being in the same format. I would like to extend my thanks to the facilitators and governors who took part.

Finally, it was with regret that I received the resignations of Denise Strydom and Utpal Barua, two of Bassetlaw's governors. We have contacted both to express our thanks for all the work they have done while at DBTH.

## Elections update

This year has seen a record number of candidates nominated for the 10 positions on the Board of Governors, with all of the roles either contested or otherwise filled.

All three public constituencies (Bassetlaw, Doncaster and Rest of England and Wales) will both go to ballot as will the Staff – Non-Clinical role. The staff constituencies for Nurses and Midwives and Other Healthcare Professionals were uncontested, meaning we welcome back Lorraine Robinson (Nurses and Midwives) and welcome for the first time Karl Bower (Other Healthcare Professionals).



Voting opens in the four contested constituencies on 10 May and closes on 5 June using the Single Transferable Vote method. Results will be announced shortly afterwards and new Governors will take their positions on 23 June, with the exception of the Staff - Other Healthcare Professionals who starts in October.



Our thanks go to Pat Ricketts and Shahida Khalele who chose not to contest the Doncaster and Other Healthcare Professionals seats this time round. We will also have a new partner governor for Doncaster MBC as Pat Knight is standing down from the Council in May, although she is standing for one of our governor vacancies. In the meantime, our thanks go to Pat for her work.

The full list of candidates is on the website.



## Chief Executive's Report April 2017 Covering February to April 2017



### Next Steps in the Five Year Forward View

NHS England has published its delivery plan: *Next steps in the NHS five year forward view*. The plan sets out how the service will deliver improvements in cancer, mental health and GP access and how it plans to transform the way care is delivered to ease pressure on hospitals. The publication comes two-and-a-half years after the *NHS five year forward view* and sets out what has been achieved so far. Key highlights from the report are:



- Over the next two years the NHS will work closely with community services and councils to free up 2,000-3,000 hospital beds. Patients with less severe conditions will be offered more convenient alternatives including a network of newly designated Urgent Treatment Centres, GP appointments, and more nurses, doctors and paramedics handling calls to NHS 111.
- Around 3,250 GP recruits will be delivered, with an extra 1,300 clinical pharmacists and 1,500 more mental health therapists working alongside them. As well as improved access during the working week, bookable appointments at evenings and weekends will be available covering half the country by next March, and everywhere in two years' time.
- Further work will speed up and improve cancer diagnosis, increase current capacity and open new Rapid Diagnostic and Assessment Centres. Patients will have access to state of the art new and upgraded linear accelerators (LINACs) across the country. NHS England aims for at least an extra 5,000 people to survive their cancer over the next two years.
- 60,000 more people will access psychological, or 'talking' therapies, for common mental health conditions over the coming year, rising to 200,000 more people in 2018/19—an increase of over 20%. The NHS will also address physical health needs by providing an extra 280,000 health checks in 2018/19 for people with severe mental illness.
- Four new Mother and Baby Units across the country, more specialist beds and 20 new specialist perinatal mental health teams will provide help to 9,000 more women by 2018/19. An extra 49,000 more children and young people will be treated by community services.
- Sustainability and Transformation Plans will see further integration through Accountable Care Systems. NHS commissioners and providers, as well as local authorities and other providers of health and care services will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

### Fire Safety Compliance Update

During the latest inspection visit by South Yorkshire Fire and Rescue on 31<sup>st</sup> March 2017 the Trust was commended for the progress made to comply with its fire safety obligations, which included 77% of all staff being trained.

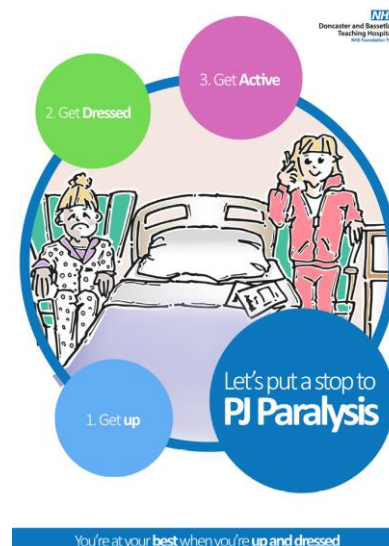
Work is now progressing to ensure full compliance by 30<sup>th</sup> June 2017, with a primary focus on mitigating risk whilst the wider multi-year structural works programme progresses. The aim is to provide SYFR with key milestones of this wider programme in order that they can monitor our progress and remove the enforcement notices in place. Following remedial action, SYFR assessed MMH as fully compliant on the 19<sup>th</sup> July 2016 and the enforcement notice was subsequently removed.

### Putting an End to #PJParalysis

The Trust is supporting the national #EndPJparalysis campaign which encourages patients to dress and wear their own clothes, to mobilise and participate in normal life as much as possible – within the constraints of their illness.

To help promote this campaign, DBTH is asking Wards to create their own #EndPJParalysis board, with the best team awarded a teapot and patient activities.

Boards will be judged on four questions every patient should know, information relating to general health during a prolonged period in bed, John's Campaign, five for falls promotion and delirium awareness.



### Paediatrics at Bassetlaw Hospital

Since the last Governors' meeting, there have been further developments in respect of paediatric services at Bassetlaw Hospital.

I met with the local MP on 2 March in Worksop and afterwards we were joined by parents from the Facebook group. I was grateful to parents for the time they took to meet with me and discuss their concerns. Further to this, the Chief Operating Officer and I attended Notts County Council's Health Overview and Scrutiny Committee (OSC) on 16 March to clarify some issues around paediatrics and maternity services.

The paediatric and maternity services were subject to lengthy discussion with the OSC and I was pleased to be able to address a range of issues including concerns that the Trust may have deliberately or unintentionally misled members when it last considered the issue. OSC also reflected on the Trust's concern about the impact the Facebook page was having on morale on A3 and future recruitment and retention to paediatrics at BDGH.

### Trust retains the coveted Food Hygiene Rating of 5

Following an inspection by the Local Authority Environmental Health Officer at Bassetlaw for patient and retail services on 2 February 2017, we are pleased to confirm that the Trust will retain the coveted Food Hygiene Rating of 5. This is a great compliment for the hard work and commitment by all catering staff.



## **1,000 days free of pressure ulcers on Mallard ward**

The Mallard Ward at DRI has reached a landmark 1,000 days without a serious, hospital acquired pressure ulcer (HAPU).



FOCUS ON  
INNOVATION FOR  
IMPROVEMENT

Pressure ulcers, also known as bed sores, develop when the skin and underlying tissue becomes damaged, usually from being confined to lying in a bed or sitting for long periods of time. They can range in severity from patches of discoloured skin to open wounds which can cause distress to both patients and their carers. With the correct knowledge, skills and expertise, many of these sores can be avoided.

## **Meeting with Andrew Morgan, NHSI Regional Lead**

The Trust's executive team met with Andrew Morgan, our NHSI Regional Lead on 17<sup>th</sup> March to discuss a number of key issues including our strategic direction, current operational performance, quality of care and agency staff usage. NHSI continue to be positive about the Trust's finance and performance trajectory.

## **2017 Budget**

The Chancellor, Philip Hammond, delivered his first budget on 8 March which included an additional £2bn for social care.

Following the announcement, the Chief Executive of NHS Improvement, Jim Mackey, wrote to all NHS provider CEOs to encourage us to actively engage with social care colleagues as a matter of urgency and to work together to agree how this investment can be deployed to best effect to avoid the situation felt over the last Winter period with Delayed Transfer of Care.



CONTROL AND  
REDUCE THE  
COST OF  
HEALTHCARE

## **Changes regarding non-EU workers**

The Government has also announced plans to charge the NHS £1,000 per year for any worker coming from outside the European Union as part of the Immigration Skills Charge. This is part of a Government commitment to build home-grown skills.

As Governors will be aware, nurses remain on an official list of occupations of which the UK has a shortage and such a change may have implications for our workforce and budget position. The Royal College of Nursing and BMA are both said to have made representations over the charge and I will keep you updated on the position as it evolves.

## **Single Oversight Framework**

NHSI released details of the Single Oversight Framework (SOF) segmentation on 7 March 2017. As part of the new arrangements, Trusts are segmented according to the level of support they require across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability.

As per our shadow segmentation, which was released in Q3, DBTH has been placed in segment three (mandated support) which reflects the current breach conditions of our provider licence.

## **Chief Executive's Listening Events**

Following my appointment as the Chief Executive I wanted to meet with as many staff as I could to understand and hear about their experience of working and caring at DBTH.

I kicked off a series of listening events in March at DRI, Bassetlaw Hospital and Montagu Hospitals with fantastic meetings which were well attended by members of staff. I have also scheduled some further meetings for those departments who have been unable to attend.

In addition I have agreed with the Chair a programme of Governor briefings, starting in April, led by a different executive each time and focusing on the Trust's key priorities. The first one was held on 1 March and focused around the developments at Bassetlaw, the Place Plans and STP. It seemed to be well received by Governors and I look forward to many more of these types of events.

## **Helen is Flu Fighter Champion**

Helen Houghton has been named NHS Employers 'Flu Fighter Champion' for her role directing the Trust's flu vaccination efforts, helping to protect both staff and patients over the winter.

## **Changes at Bassetlaw**

Work to bring the Education Centre into the Management Suite at BDGH has now been completed and I am pleased to confirm that the relocation has transformed the centre into a learning and meeting room hub which has improved the look and feel of the area, as well as some of the security and lone working issues we had been encountering in the previous accommodation.

In addition, as part of the Trust's ongoing commitment to Bassetlaw and its staff, I have agreed with two members of DBTH's senior management that they will be located permanently at the site. These are Moira Hardy, Acting Director of Nursing, Midwifery and Quality, and Emma Challans, Deputy Chief Operating Officer.

## **Improving Interactions**

Governors will be aware that communication is often the biggest cause of customer complaint in our quarterly compliments, comments and complaints report. To help address this, the Trust is holding a training session to help delegates think about how we can improve the interactions and outcomes we have with whomever we come into contact with. The session will look at how we react and respond to situations and help develop an awareness of the issues surrounding communication. It will look at complaints and how we should deal with and develop from them.

## **Changes within Executive Team**

Following the changes to the Executive Team Remuneration Committee met after the last Board meeting to confirm the voting position of Directors. The Chief Executive, Director of People and OD, Director of Finance, Acting Director of Nursing, Midwifery and Quality, Chief Operating Officer and Medical Director are Executive Directors with a vote on the Board. The Acting Director of Strategy and Improvement, Director of Estates and Facilities and Chief Information Officer are corporate directors who will attend Board but do not have a vote.

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 31 January 2017**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Dawn Jarvis	Director of Strategy and Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Acting Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	Brenda Maslen	Public Governor
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement

Two members of the press and public were also present.

**ACTION**

**Welcome and apologies for absence**

- 17/01/1** The Chair welcomed everyone to the meeting and introductions were given. An apology for absence was presented on behalf of David Crowe.

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

- 17/01/2** The Chair advised of an amendment to her registered interests arising from being a Lay Representative of Health Education England: Yorkshire and Humber.

**Minutes of the meeting held on 20 December 2016**

- 17/01/3** The minutes of the meeting of the Board of Directors held on 20 December 2016 were APPROVED as a correct record, with the following amendments:
- 17/01/4** Attendance list – Add the word 'Designate' after the words 'Non-executive Director' for Linn Phipps.
- 17/01/5** 16/12/40 – Replace '£11.43' with '£11.43m'.

**Actions from the previous minutes**

- 17/01/6** The actions were noted and updated.

## **Matters arising**

**17/01/7** There were no matters arising from the minutes.

## **Chair's report**

**17/01/8** The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Chair's induction
- Appointment of Chief Executive
- Non-executive director recruitment
- Well Led Governance Review
- CCG and STP meetings
- NHSI Northern Chairs' meeting

**17/01/9** The Chair requested that the non-executives feed back to her any noteworthy Trust-related activities that they had been involved in, such as attendance at external conferences, so that they could be included in future Chair's reports.

**17/01/10** Philippe Serna advised of a cyber-crime training session that he had attended at the Trust the previous day. The event highlighted the levels of vulnerability within large organisations and how the majority of criminal activity was now committed online. The issue had been added to the corporate risk register. The Audit and Non-clinical Risk Committee had asked internal audit to look into the Trust's penetration and stress testing processes to ensure they were fit for purpose.

**17/01/11** As the Trust's emergency planning and business continuity lead, the Chief Operating Officer highlighted the national Emergency Planning and Preparedness Response work that had been undertaken on the lessons learned from the Northern Lincolnshire and Goole case and advised of his intention to share the learning with the Board at a future Board Brief.

**DP**

**17/01/12** Reflecting on the critical nature of IT and estates to the Trust's strategic aims, the Chair had consulted the Acting Chief Executive about whether it would be appropriate for the Chief Information Officer and Director of Estates and Facilities to attend future Board meetings in an advisory capacity. Initial discussions with the directors concerned had been welcomed and it was agreed that this be implemented from the next Board meeting.

**RP**

**17/01/13** Martin McAreavey praised the positive launch of the Trust's Teaching Hospital status and prompted the Board to think about seizing opportunities resulting from it around recruitment and research. It was agreed to invite the Director of Education to share the Teaching Hospital phase two development plan at a future Board brief. The Board's thanks would be passed on to everybody involved in the Teaching Hospital launch.

**MK**

**17/01/14** The Chair reflected that recruitment, training and development underpinned much of what the Trust wished to achieve and that many of the Board's key decisions would be driven by its ability to recruit. This would form the basis of a future report to Board. In the meantime, given the former Chief Executive's personal involvement in research and development, it would be key to ensure that a member of the Executive Team was picking up this brief and ensuring momentum continued.

**17/01/15** The Chair's report was NOTED.

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

**17/01/16** The Board considered a report of the Chief Executive which outlined progress against the following:

- Service and finance performance
- Reference Costs Index Update
- Corporate objectives and strategy
- Commissioning review
- Working Together
- National Emergency Laparotomy Audit (NELA)
- Paediatric services at Bassetlaw
- Award of JAG Accreditation
- Allied Health Professionals

**17/01/17** The Acting Chief Executive drew attention to the winter pressures where the Trust had been resilient to the demands placed on it, remaining at or around the upper quartile for four-hour waiting times in the country. He placed on record his thanks to staff and site teams for their efforts in maintaining safe access and treatment for patients during this time.

**17/01/18** Board's attention was also drawn to the work being undertaken as part of the Intermediate Care Project. This was an initiative being trialled by Doncaster Council and the CCG to promote more efficient use of resources across the local health and social care economy to meet rising demand.

**17/01/19** Further to a question from Alan Armstrong around the commissioning review, Board was advised that the seven CCGs across South Yorkshire and Bassetlaw had been working together to share best practice and ensure a joined up approach to their work.

**17/01/20** In relation to a question from John Parker on paediatric transfers from Bassetlaw, it was reported that the Trust was utilising an independent ambulance from 4pm until 2am staffed by paramedic crew to ensure any delays were minimised. It was reported that from 1 November 2016, when Paediatrics had sometimes been forced to close on an ad hoc basis due to unsafe staffing levels, approximately 23 children had been transferred to Doncaster which equated to two per week.



- 17/01/21** Councillors at Bassetlaw's overview and scrutiny committee, which the Acting Chief Executive and Chief Operating Officer had attended in January, had accepted the new model proposed and did not make any recommendations besides requesting that the Trust continued to keep them informed of developments.
- 17/01/22** The Chief Executive advised the Board on the Parliamentary debate that had been requested by the MP for Bassetlaw. Board was assured that, contrary to the concerns expressed during that debate about the paediatric pathway, children transferring from Bassetlaw to Doncaster were brought straight to the Children's ward after having been assessed at Bassetlaw and were not required to be reassessed at Doncaster. Board was advised that the decision in relation to Paediatrics at Bassetlaw would be reviewed in October 2017 following the new intake of medical and nursing staff.
- 17/01/23** The Trust were in contact with those families whose children had accessed the Paediatric ward on more than three occasions over the past year and individual plans were in place.
- 17/01/24** The Chief Executive's report was NOTED.

#### **Hospital Pharmacy Transformation Plan**

- 17/01/25** The Board considered a report of the Care Group Director for Diagnostics and Pharmacy that sought approval of the Hospital Pharmacy Transformation Plan and authorisation for him to pursue areas of collaborative working with STP partners.
- 17/01/26** All Acute NHS trusts in England were required to have a Hospital Pharmacy Transformation Plan (HPTP) in place by April 2017, to implement the pharmacy specific recommendations of the Carter Report and the NHS England guidance on seven-day clinical pharmacy services. HPTPs would be overseen by NHS Improvement and contribute to segmentation judgments made under the Single Oversight Framework.
- 17/01/27** The key deliverable was the provision of a seven-day clinical pharmacy service that would result in the safe and optimal use of medicines for patients and a consequential reduction in their length of stay, improved readmission rate and a decrease in inappropriate medicines expenditure. The work would be undertaken in collaboration with partners.
- 17/01/28** Further to questions from Philippe Serna and Alan Armstrong, the Director of Pharmacy and Diagnostics confirmed that the number of days that stock was held would be reduced from 20 to 15 days over the three years of the Plan.

**17/01/29** Linn Phipps praised the approach to patient experience and asked whether the Plan saw a net cost or saving to the Trust. The Board was advised that the Plan would result in a one off staff cost but there were significant savings resulting from process reengineering.

**17/01/30** Further to a question from Martin McAreavey on medicines optimisation, the Board was advised that the Trust was confident it would achieve 80% and would then aim for 85%.

**17/01/31** The Board APPROVED the HPTP and authorised the Care Group Director of Diagnostics and Pharmacy to pursue opportunities for collaboration with STP partners.

#### **Well Led Governance Review**

**17/01/32** The Board considered a report of the Trust Board Secretary that presented the summary final report of the Well Led Governance Review undertaken by Deloitte LLP.

**17/01/33** The review examined the Trust's approach towards the four domains of the Well Led framework:

- strategy and planning;
- capability and culture;
- process and structures; and
- measurement.

**17/01/34** Evidence was gathered over an eight-week period from a variety of sources including a Board self-assessment, interviews with Board members and other senior staff, workshops with care group directors, governors and staff and telephone conversations with key external stakeholders.

**17/01/35** The Trust was now required to formulate an action plan to address the findings and recommendations from the review which would be agreed with NHS Improvement.

**17/01/36** It was AGREED that:

(1) the report of the Well Led Governance Review be noted.

(2) the Board of Directors approve the establishment of a working group consisting of the Chair of the Board, Acting Chief Executive, Chair of Clinical Governance Oversight Committee, Linn Phipps and the Trust Board Secretary to develop a management response to the Well Led Governance Review and formulate an action plan.

(3) the action plan be subject to quarterly monitoring by the Board.

## **Approved Procedural Documents (APDs) Development and Management Policy**

- 17/01/37** The Board considered a report of the Acting Deputy Director of Nursing, Midwifery and Quality that set out the process for developing and managing the Trust's Approved Procedural Documents (APDs).
- 17/01/38** Further to a question from Martin McAreavey, the Board felt that it would be of benefit to see the register showing the final approval body for each of the Trust's APDs. The Board was also advised that each month a report setting out the current status of the Trust's APDs was published. **MH**
- 17/01/39** The Chair reflected that it was the role of the Board committees to be assured that the appropriate policies and processes were in place and escalate as appropriate where there were concerns. Such matters could be escalated through a written report, known as a chair's log and these presented to Board as soon as practicable after the committee had taken place.
- 17/01/40** An amendment was proposed to the document, that "Clinical Governance and Oversight Committee" be added to the first list on page 22 headed up "For any policies where there is a high profile issue".
- 17/01/41** The Board agreed to APPROVE the APDs Development and Management Policy, subject to the amendment identified above.

## **Modernising Board Meetings**

- 17/01/42** The Board considered a report of the Trust Board Secretary that proposed a move to paperless Board meetings from 1 April 2017 and an amendment to the Board's Standing Orders to allow directors to join meetings remotely via telephone or video link and form part of the meeting's quorum. The changes would apply to the Board and its committees.
- 17/01/43** Further to a question from Martin McAreavey, Board was advised that current restrictions in technology limited the number of people who could participate in video conferencing but work being undertaken by IT would ameliorate these issues. Although bespoke meeting management software packages existed to offer a platform for hosting board papers, less costly options that would still allow for annotation also existed.
- 17/01/44** It was acknowledged that for certain issues electronic participation in meetings may be less preferable to being present in person.
- 17/01/45** The Board AGREED that:
- (1) the Board approves the move to 'paperless' Board meetings from 1 April 2017;

(2) the Board amends its Standing Orders to add the following additional sentence at paragraph 5.15 (Quorum):

*Directors can participate in meetings by telephone, or through the use of video conferencing facilities, where such facilities are available. Participation in a meeting through any of these methods shall be deemed to constitute presence in person at the meeting.*

#### **Use of Trust Seal**

- 17/01/46** The Board APPROVED use of the Trust Seal in respect of the transfer of registered title in respect of 9 and 21 St David's Close, Worksop, S81 0RP which were sold at market value.

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

- 17/01/47** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery, financial sustainability plans and the strategic planning process.
- 17/01/48** The report highlighted that savings in month 9 were £1.024m, behind plan in month by £162k and behind stretch by £317k. Total CIPs planned for 2016/17 were £11m with internal stretch targets of £13m. Forecast outturn was now £11.552m, a decrease since M1 of £863k and an increase since M8 of £119k.
- 17/01/49** It was reported that in view of the Board's leadership transition the delivery date for the full strategic vision would be pushed back from 17 February 2017 following discussions with NHS Improvement.
- 17/01/50** Executive Team had discussed (and the Director of Strategy and Improvement had subsequently met with the Communications Manager to discuss) the key messages to staff when moving from the Turnaround to transformational phase. These would be shared with the Board for input and comment on tone, timing and content. Board needed to be mindful that while great progress has been made during Turnaround, all efforts still need to be focused on the underlying financial position.
- 17/01/51** Further to a question from Linn Phipps, Board was advised that a breakdown of how the Trust's savings were structured, i.e. what proportion was CIP, what was central funding, etc, would be provided. **JS**
- 17/01/52** A point was raised around how well engaged staff were feeling in the Turnaround process. Staff survey results were anticipated to show a decline in overall engagement and, although this could be attributed to the Turnaround process, it was recognised that communication on Turnaround had been shown to be widespread and effective. Details of the staff survey would be shared at February's Board Brief, if available, and April's Board. The Chair reflected that her contact with staff had

highlighted some issues around Board visibility and it would be important to address this moving forward.

- 17/01/53** The Strategy and Improvement Report was NOTED and Board indicated they were assured of progress to date.

**Finance Report as at 31 December 2016**

- 17/01/54** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 9 2016/17.

- 17/01/55** The Board was advised that in month 9 the Trust made a loss of £1.37m together with two adjustments against agency spend amounting to approximately 400k. Cumulative deficit to month 9 was £12.8m against a revised plan of £17.38m due to a change in the run-rate. The new position had been reported to NHSI.

- 17/01/56** Key points from the report were as follows:

- Although income was down by approximately £1m these costs were borne by commissioners.
- Non-pay was overspent due to adverse variance in CIPs and issues around seasonality including gas and electricity costs.
- Capital was underspent by approximately £1.3m but this was likely to level out by end of year.
- Cash balance at the end of the month was £4.4m against a plan of £1.9m. No cash had been drawn down for three months but this would change next month.
- Key risks were around achieving targets to secure STF funding, reduction in income due to increased emergency demand, further slippage on the CIP programme and continued increases above forecast levels on medical agency and non-pay spend.

- 17/01/57** Furthermore, Board was advised that trusts that were ahead of their original plan had been offered the opportunity to swap their working capital facility to a three-year fixed loan at a more beneficial rate of interest. The amount borrowed would be £40m, repayable by 18 January 2020. Further financial support required going forward would be in the form of additional loans (not a working capital facility as at present). These would be at a similar rate of interest to the new loan. The Chair requested the Board to delegate power to the Finance Director to act on their behalf in calling down these loans when they were within the amounts agreed in the Trust's plan.

**17/01/58** The full terms of the arrangement and their implications were set out to the Board. The Director of Finance then answered questions.

**17/01/59** It was AGREED that:

(1) The Finance Report be NOTED.

(2) In line with Schedule 1 of the Interim Revolving Working Capital Support Facility Agreement (henceforth referred to as the Finance Documents), the Board:

a) approves the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;

b) authorises Jon Sargeant, Director of Finance to execute the Finance Documents to which it is a party on its behalf;

c) authorises Jon Sargeant, Director of Finance to sign and/or dispatch all documents and notices (including the Utilisation Request) in connection with the Finance documents to which it is a party on its behalf; and

d) confirms the Trust's undertaking to comply with the Additional Terms and Conditions.

(3) The Board empowers the Director of Finance to convert the current working capital financing into a fixed term loan.

(4) The Board authorise the Director of Finance, following consultation with the Chair, to agree a range of smaller loans to deal with additional borrowing in addition to the loan agreed, in line with the Trust's agreed plan.

**17/01/60** *The meeting adjourned at 10.30am and reconvened at 10.40am.*

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

**17/01/61** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 9.

**17/01/62** The Trust had achieved a rate of 86.6% of patients being seen within the standard four-hour access time giving a Q3 performance of 90.1% and year-to-date performance of 92.2%. Doncaster had achieved 82.04% (rising to 84.55% if Montagu was included) and Bassetlaw 91.47%. The Trust reduced elective capacity from 23 December to meet the requirements of having 85% bed occupancy over the Christmas period.

- 17/01/63** Medical staffing remained a challenge. It was reported that throughout December an ambulance arrived at Doncaster every 13 minutes. The Trust had recently been visited by the Secretary of State's special adviser to discuss four-hour access and feedback would be shared at the next Board meeting.
- 17/01/64** Referral to Treatment ended the month having achieved 90.1% performance against a 92% target. Diagnostic wait performance stood at 99.3% against a target of 99%. The 62-day cancer pathway had achieved its target of 85%.
- 17/01/65** The Trust's rolling 12 month Hospital Standardised Mortality Rate to the end of December 2016 stood at 93.6 and remained better than expected. Best practice tariff for fracture neck of femur was achieved in 70% of cases. Some of the challenges of fracture neck of femur were set out to Board. Mortality remained above the national benchmark and the Trust remained on track to deliver a significant reduction in serious incidents.
- 17/01/66** In relation to safety and quality, performance in respect of pressure ulcers, C. Diff and falls continued to be better than last year although C.Diff had seen a slight increase in the month. There were no falls resulting in harm in either November or December. Response rates to complaints were in line with previous performance standards and actions were in place to address the issues identified.
- 17/01/67** In relation to workforce, sickness absence in December 2016 had reduced to 4.46% resulting in a year to date rate of 4.48%. While the number of staff off one-to-six months had grown, the number who were absent beyond six months was reducing. Appraisal rates and compliance with SET had both seen a slight increase.
- 17/01/68** The Business Intelligence report was NOTED.

#### **Nursing Workforce Report**

- 17/01/69** The Board considered a report of the Acting 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.
- 17/01/70** The overall planned versus actual hours worked in December 2016 was 97%, a decrease of 2% due to vacancies and significant sickness absence which could not be fully covered by temporary staffing. Data on planned versus actual hours worked showed the need to continue to progress with recruitment for registered professionals and further explore the opportunity to recruit nursing staff from overseas.
- 17/01/71** Care Hours Per Patient Day (CHPPD) stood at 7.4 across the Trust, up 0.2 from November. The Trust had recently received one month's data on

CHPPD through the Model Hospital Portal and on this limited snapshot had the third lowest total CHPPD value compared to peers, being the second lowest CHPPD for registered professionals and the third highest CHPPD for Healthcare Support Staff. This may be a reflection of the work being undertaken as part of the nonmedical workforce programme. Use of agency staff in December stood at 0.79%, a decrease on November and well within the 3% cap.

- 17/01/72** Details of the quality and safety profile were provided in the report. No wards triggered red in the month. Following discussion at both Clinical Governance and Quality Committee and Clinical Governance Oversight Committee, quality metrics data would be presented at both committees to allow the opportunity for more detailed discussion.
- 17/01/73** 'AHPs into Action' had been launched and defined how Allied Health Professionals could support STPs implement the Five Year Forward View.
- 17/01/74** The report in respect of Nursing Workforce was NOTED.

#### **Quarter 3 People & Organisational Development update**

- 17/01/75** The Board considered a report of the Director of People and Organisational Development that set out progress against the People and OD Strategy in Q3.
- 17/01/76** The report highlighted the following:
- Cumulative sickness absence at the end of quarter 3 was 4.48% as compared with 4.49% at the end of September 2016. An action plan had been developed which focussed on health and wellbeing.
  - Staff survey results for 2016 were anticipated to show a decline due to the issues the Trust had faced over the past 18 months. Management was working with staff side and governors to develop an action plan.
  - The Knowledge & Library Service at the Trust had achieved a compliance score of 100% in the national quality assurance annual assessment for NHS Libraries in 2016. The assessors were impressed by the range of services for patients, carers and the public. The Board passed on its congratulations to the team.
- 17/01/77** Further to a question from Alan Armstrong, Board was advised of the process for answering staff questions.
- 17/01/78** Board was also provided with details of current challenges around appraisals which varied in consistency across departments, partly due to staffing levels. Support was being provided through accountability meetings. There was a view that actual appraisal rates were much higher



than what was being reported and the Appraisal Project Group was asked to look into this further and report back to Board.

**KB**

- 17/01/79** The report in respect of Q3 People and Organisational Development performance was NOTED.

#### **Junior Doctors' Safe Working Quarterly Report**

- 17/01/80** The Board considered a report of the Guardian for Safe Working that provided the first update on the arrangements for junior doctors' safe working. The Guardian role had been introduced with the responsibility for ensuring doctors were properly paid for all their work and by ensuring doctors were not working unsafe hours.

- 17/01/81** The 2016 contract had been implemented for 27 junior doctors employed by the Trust. While the data in the first report needed to be taken as indicative due to teething problems with collection, no gross safety issues had been raised with the Guardian. There had been 10 exceptions raised by junior doctors within Emergency Care that had been resolved without fines, which are now part of the junior doctors contracts, being levied.

- 17/01/82** The junior doctors' safe working update was NOTED.

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

- 17/01/83** Board considered a report of the Acting Director of Nursing, Midwifery and Quality that set out the Trust's performance in respect of complaints, compliments, concerns and comments in Q3.

- 17/01/84** It was reported that December had seen a downward movement in the number of complaints, in line with expected annual patterns. However, a movement towards the active management of concerns may also be responsible for the reduction in formal complaints. The report set out complaints by care group and category. Communication was now the main reason for complaint. Reductions in complaints about staff attitudes and behaviour had been achieved in line with action plans.

- 17/01/85** There were currently six active investigations with the Parliamentary and Health Service Ombudsman. In quarter 3, four complaints had been investigated and two decided, with neither being upheld.

- 17/01/86** Commending the learning highlighted in the report, Linn Phipps proposed that the section under Speciality Services called 'Areas of learning where the Care Group have implemented change in practice' be applied to all care groups. The Acting Director of Nursing, Midwifery and Quality agreed to implement.

**MH**

- 17/01/87** The Q3 update on complaints, compliments, concerns and comments was NOTED.

### **Minutes of Financial Oversight Committee on 19 December 2016**

- 17/01/88** The minutes of Financial Oversight Committee held on 19 December 2016 were NOTED.

### **Report on Clinical Governance Oversight Committee and Committee self-assessment workshop, 16 January 2017**

- 17/01/89** Martin McAreavey updated the Board on the meeting of the Clinical Governance Oversight Committee on 16 January 2017 that had been preceded by a committee effectiveness review facilitated by KPMG.
- 17/01/90** Key points from the effectiveness review included recommendations around:
- Frequency of meetings
  - Avoidance of operational detail
  - Introduction of 25 to 30 minute thematic reviews as part of committee proceedings
  - Updating of terms of reference to consider new items and those items currently considered but not current part of the committee's terms of reference.
  - Assurance regarding CIPs and any possible impact on quality
  - RAG rating of papers by level of assurance
  - Ensuring alignment of ToR of committees reporting to CGOC with those of the CGOC.

- 17/01/91** The update from the Clinical Governance Oversight Committee on 16 January 2017 was NOTED.

### **Minutes of Management Board held on 5 December 2016**

- 17/01/92** Issues relating to the 15-year lease for the Orthotics department were discussed. An update would be provided at the next Board.
- 17/01/93** The minutes of Management Board held on 5 December 2016 were NOTED.

**RP**

### **Health & Well Being Board Decision Summary – 12 January 2017**

- 17/01/94** The decision summary for the Health and Well Being Board on 12 January 2017 was NOTED.
- 17/01/95** A presentation at the recent Health and Well Being Board had prompted the Acting Chief Executive to think about ways in which staff, patients and

visitors could increase physical activity through better signposting at the Trust's sites. The Chair had also raised issues relating to enhancing dignity for patients on beds whilst waiting at elevators. This would be taken forward as part of the Trust's work around the estate clean up.

#### **STP Collaborative Partnership Board – November and December minutes**

- 17/01/96** The minutes from the STP Collaborative Partnership Board meetings in November and December 2016 were NOTED.

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

- 17/01/97** No items were escalated from sub-committees.

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

- 17/01/98** The Board of Directors agenda and Board Brief calendars were NOTED.

#### **Any other business**

- 17/01/99** There were no items of other business. The Chair requested that any items of other business at future meeting be raised with her in advance.

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

- 17/01/100** There were no questions from governors.

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

- 17/01/101** 2.30pm on Tuesday 28 February 2017 in the Boardroom, Doncaster Royal Infirmary.

#### **Exclusion of Press and Public**

- 17/01/102** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England  
Chair of the Board

**Date**

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 28 February 2017**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	David Crowe	Non-executive Director
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Dawn Jarvis	Director of Strategy and Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	Mike Addenbrooke	Public Governor
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Neil Rhodes	Non-executive Director (Designate)
	Emma Shaheen	Head of Communications and Engagement

A member of the public and two representatives of Staff Side were also present in the public gallery.

**ACTION**

**Welcome and apologies for absence**

- 17/02/1** The Chair welcomed everyone to the meeting and, in particular, Kirsty Edmondson-Jones and Neil Rhodes who were attending their first meetings.
- 17/02/2** The Chair, on behalf of the Board, passed on sincere condolences to Simon Marsh, Chief Information Officer, who would have also attended his first meeting had it not been for a recent family bereavement.
- 17/02/3** All members of the Board were present.

**Declarations of Interest**

- 17/02/4** There were no interests declared in respect of the business of the meeting.

**Minutes of the meeting held on 31 January 2017**

- 17/02/5** The minutes of the meeting of the Board of Directors held on 31 January 2017 were APPROVED as a correct record, with the following

amendments:

- 17/02/6** 17/01/59 – Add in a new resolution (3) to read: “The Board empowers the Director of Finance to convert the current working capital financing into a fixed term loan.”
- 17/02/7** In resolution (4), the second mention of the word “additional” be amended to “addition to”.
- 17/02/8** 17/01/20 – The word “paramedic” be replaced by “emergency”.

**Actions from the previous minutes**

- 17/02/9** The actions were noted and updated.

**Matters arising**

- 17/02/10** There were no matters arising from the minutes.

**Chair’s report**

- 17/02/11** The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Appointment of Chief Executive
- Meeting with Bassetlaw MP
- Well Led Governance Review
- Getting to know DBTH
- Partnership working
- Lunchtime Lectures
- Resignation of Governor
- Reports from NEDs

- 17/02/12** The Chair’s report was NOTED.

**Chief Executive’s report**

- 17/02/13** The Board considered a report of the Chief Executive which outlined progress against the following:

- Update on paediatrics at Bassetlaw
- Maternity services at Bassetlaw
- 1,000 days free of pressure ulcers on Mallard Ward
- MPs visit to Gastroenterology
- Doncaster Place Plan
- Marching Forward in Person Centred Care
- Chinese Visit
- Red Eye App
- Research and Development Conference
- British Society of Echocardiology Reaccreditation

- Meeting with Andrew Morgan MP
- Provider Sector Financial Performance
- Conflicts of Interest guidance published
- Diversity and Inclusion Forum
- Staff and appointments

**17/02/14** The Chief Executive gave an update on the evolving situation in relation to Bassetlaw paediatrics. The Board were advised that advertisements for nursing staff had been released earlier than planned and this had yielded four expressions of interest, all of whom were student nurses who would qualify in September, which reinforced the Trust's original expectations about workforce availability in the short-term. The Trust would be staying in touch with the applicants and encouraging them to take the posts on offer.

**17/02/15** The Chief Executive reiterated the Trust's position that there were no plans to close the unit; however, any prospective staff needed to be assured that this was the case. Unless there were positive messages around the future of the paediatric service any turnover of staff would provide additional challenges for the Trust moving forwards. Numbers of children transferring in the second week had fallen and had fallen again in week three. Ten children were transferred between 13-20 February, two of which went to Sheffield as would have happened ordinarily and eight went to Doncaster. Average length of stay was just over one day.

**17/02/16** The CCG were apprised of the current position. The Board was advised that each advertisement in the Nursing Times cost £5-10k so it was important to use resources appropriately, with a reasonable expectation of recruitment and advertise at key points when new nurses were known to be seeking roles. The Chief Executive had recently undertaken walkabouts of the wards and had been heartened by the positive response from staff about the changes made. The situation would continue to be kept under review and the Trust's senior management would continue to keep governors, MPs, families affected and the public informed.

**17/02/17** Reflecting on the changes, David Crowe commented that it was regrettable the unit had needed to close overnight due to workforce issues. He expressed concern that key messages regarding the high quality of care, the consultant led service and investment in the Hospital did not seem to be reflected in the local media. He further suggested that meetings with families and the local MP should include clinicians.

**17/02/18** In response, the Board was advised that much of the media and campaigning had been focussed on personal case studies in respect of how the overnight closure had affected individual people and families. The Trust was keen to work with the community of Bassetlaw to recruit new staff and anything they could do to increase the possibility of recruitment would be worthwhile.

- 17/02/19** Reflecting on a recent meeting with the local MP, the Medical Director advised that he felt the expedition of the Place Plan and strengthening of community paediatrics would go a long way towards restoring the trust between DBTH and the Bassetlaw community. The Chair wished to place on record the Trust's commitment to seeing Place Plans for Bassetlaw and Doncaster being delivered.
- 17/02/20** Further to a news story in the 'I' newspaper, the Chief Executive confirmed that while Bassetlaw was part of the Sustainability and Transformation Partnership plans, and Maternity had been identified as a region wide work-stream for review, specific proposals were not focussed on Bassetlaw as a site and any proposals would be subject to consultation.
- 17/02/21** Further to a question from Martin McAreavey in relation to the visit from Andrew Morgan, Regional Lead for NHSI, the Chief Executive advised that NHSI recognised the Trust's rapid improvement journey and had invited the Trust to begin thinking about a case for no longer being in breach of its provider licence. The main impact on no longer being in breach would be the Trust's rating in relation to the Single Oversight Framework, which dictated the level of support received by the Trust.
- 17/02/22** In relation to a question from Linn Phipps about the Mallard Ward being free of pressure ulcers for 1,000 days, the Chief Executive advised that the good work on pressure ulcers had evolved over the past two years. It had included a review of the relevant strategy, simplifying the training programme, setting a clear improvement trajectory and improved use of patient mattresses.
- 17/02/23** The Chief Executive's report was NOTED.

#### **Amendment to Constitution – Governor elections**

- 17/02/24** The Board 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.

#### **Appointments to Charitable Funds Committee**

- 17/02/25** The Board AGREED that Suzy Brain England, Alan Armstrong, Sewa Singh, Jon Sargeant and Moira Hardy be appointed to the Charitable Funds Committee with Richard Parker in attendance.

#### **Strategy & Improvement Report and Strategic Vision Update 2017-21**

- 17/02/26** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, the 2017/18 CIP programme, the strategic planning programme and the move from turnaround to transformation.

- 17/02/27** The report highlighted that savings to month 10 were £8.995m, ahead of plan by £622k and behind stretch by £586k, against a forecast of £11.917m.
- 17/02/28** Work-streams that had not delivered as much as predicted were to be put into 2017/18. For 2017/18 and 2018/19 a further £12m of CIPs were required in each year with a potential stretch in 2017/18 of an additional £1m.
- 17/02/29** Work was continuing on a clinical strategy to lead to a revision of the strategic framework. Attached to the report was the revised Strategic Vision document that had been supplied to NHS Improvement on 17 February 2017. A draft would be submitted by April 2017 and a final version by July 2017.
- 17/02/30** Over the coming months, the Trust would move from a period of turnaround to transformation to include improvement work around workforce planning, business process improvement, quality and IT as well as financial savings. Transformation would be ushered in gradually rather than through any big announcement of change.
- 17/02/31** In response to a question from Alan Armstrong, the Board was advised that the new Head of Quality and Innovation was due to start on 3 April. Interviews for the clinical improvement role would take place later in the week. Two coaches/trainers would also be recruited.
- 17/02/32** In response to a question from Martin McAreavey around the impact on staff through moving into transformation, the Chief Executive advised that he would shortly be conducting a Trust wide listening exercise to understand the pressures and challenges staff were under and how senior management might better engage. A staff engagement strategy and partnership board was also in development. This process was not possible during turnaround due to the speed with which changes needed to be made in order to recover the Trust's reputation and financial position.
- 17/02/33** Further to a question from Linn Phipps, the Board was advised that work around patient experience and person centred quality of care fitted within the supporting corporate strategy of clinical quality. Linn Phipps advocated the opportunity to consider an additional supporting strategy for patient experience and person-centred care and it was agreed that she would discuss this further with Dawn Jarvis outside of the Board meeting.
- 17/02/34** The Board:
- (1) RECEIVED the Strategy and Improvement Report for assurance; and,
  - (2) APPROVED the four strategic objectives listed in annex 2 to the report and the direction of travel.



### **Finance Report as at 31 January 2017**

- 17/02/35** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 10 2016/17.
- 17/02/36** The Board was advised that in month 10 the Trust made a loss of £1.21m. The cumulative deficit to month 10 was £14.239m against a revised plan of £17.4m. The Trust performance in month 10 was £843k better than forecast. This was almost entirely due to a much better than anticipated performance on income with expected levels of cancellations not as high as forecast.
- 17/02/37** Key points from the report were as follows:
- Income performance was £690k better than plan for the month;
  - Expenditure was £260k below plan for the month;
  - Year-to-date agency spend was £11.343m against the year-end NHS Improvement ceiling of £13.5m;
  - Capital expenditure year-to-date was £1.1m behind plan (£6.6m against a plan of £7.7m);
  - Cash balance at the end of January was £4.9m against a plan of £1.9m.
- 17/02/38** The Director of Finance had drawn down cash of approximately £3m in February and expected to draw down a similar amount in March. The conditions relating to the loans agreed at the last Board meeting were appended to the report and the Director of Finance would ensure executive directors were aware of their duties in relation to these.
- 17/02/39** Further to a question from John Parker, an update on the position with regard to invoices where orders had not been raised was provided. All invoices were now contained on a database and orders had been sent for them. Systems were now in place to ensure proper recording of invoices and the current situation posed no threat to the Trust's financial position.
- 17/02/40** It was AGREED that the Finance Report be NOTED.

### **Business Intelligence Report as at 31 January 2017**

- 17/02/41** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 10.
- 17/02/42** Performance against key metrics included:

- In January, the Trust achieved 85.07% against the 95% four-hour A&E standard. An urgent care action plan had been agreed with local CCGs in order to make improvements to raise the standard above 90% by March.
- In relation to RTT, performance was below the 92% standard, achieving 90.3%.
- The Trust failed to meet the 99% diagnostic standard in January, achieving 98.08% due to demand on the service as well as availability of key staff.
- All cancer targets were met in quarter three but the Trust failed to achieve the 62-day wait for treatment.
- The rolling 12-month HSMR position was 93, this being better than the standardised ratio figure of 100.
- The Trust continued to perform 12% better on C. Diff than the same point in 2015/16 despite more cases in the month than in January last year.
- There were no falls resulting in significant harm in January. Year-to-date (YTD) performance was 33% better than the same period in 2015/16.
- Pressure ulcers year-to-date performance remained 31% better than at the same point in 2015/16.
- The appraisal rate had decreased to 64.31%.
- Compliance with Statutory and Essential Training (SET) continued to rise each month and at the end of January the rate was 66.67%.
- Sickness rates had increased slightly in January and the cumulative sickness rate for the year was 4.73%.

**17/02/43** In response to a question from Neil Rhodes about the challenges of reviewing the BIR within the Board agenda, the Chair advised of plans to recast the BIR as an integrated performance report that would be considered by a Board sub-committee.

**17/02/44** In response to a question from Martin McAreavey about threats to performance levels, the Board was advised that resourcing was adequate but workforce was proving an issue. The CCG action plan would be shared with the Board. A report on what the Trust was doing to improve workforce issues would be brought in May 2017.

**DP  
KB**

**17/02/45** Board was asked to note that some reductions in elective work were planned reductions agreed with NHSI. The Trust was still within the top 30 in the country for four-hour waits. The importance of looking forward as well as back on performance was emphasised.

**17/02/46** The Business Intelligence report was NOTED.

**17/02/47** *The meeting adjourned at 4.00pm and reconvened at 4.10pm.*

#### **Nursing Workforce Report**

**17/02/48** The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

**17/02/49** The overall planned versus actual hours worked in December 2016 was 99%, an increase of 2%. Care Hours Per Patient Day (CHPPD) stood at 7.2 across the Trust, down 0.2 from December.

**17/02/50** Details of the quality and safety profile were provided in the report. Two wards triggered red in the month, the Acute Medical Unit and Assessment and Treatment Centre. Both areas would be reviewed through a quality summit.

**17/02/51** The Chair requested the Acting Director of Nursing, Midwifery and Quality look at bringing the nursing workforce report to Clinical Governance Oversight Committee to undertake a thorough examination of nursing performance.

**17/02/52** Further to a question from David Crowe about wards that were performing well in relation to the four quality standards but were red in relation to well-led, the Chief Executive advised that there were a few indicators within well-led that, if underperforming, would send the indicator red, in this case appraisals and SET training.

**17/02/53** The report in respect of Nursing Workforce was NOTED and the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed be SUPPORTED.

#### **Board Assurance Framework and Corporate Risk Register Q3**

**17/02/54** The Board considered the Board Assurance Framework and Corporate Risk Register for Q3 2016/17.

**17/02/55** Two new risks had been added to the register in the month relating to the leadership transition and cyber security. Other risks had changed resulting from changes to assurance.

- 17/02/56** The Board Assurance Framework was currently under review following the Well Led Governance Review. Linn Phipps expressed a particular interest in helping with this development and it was agreed that she and the Trust Board Secretary would discuss this further outside the Board meeting.
- 17/02/57** David Crowe expressed concern regarding the lack of assurance in place for the cyber security risk. This would be considered further at the next Audit and Non-clinical Risk Committee.
- 17/02/58** The report in respect of Q3 Board Assurance Framework and Corporate Risk Register was NOTED.

#### **Reports for Information**

- 17/02/59** The following items were NOTED:
- NHSI Undertakings Tracker;
  - Get It Right First Time;
  - Digital Healthcare Trade Mission to China;
  - Minutes of Audit and Non-clinical Risk Committee held on 16 December 2017;
  - Minutes of Financial Oversight Committee held on 17 January 2017; and,
  - Board of Directors' Agenda Calendar.

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

- 17/02/60** No items were escalated from sub-committees.

#### **Any other business**

- 17/02/61** There were no items of other business.

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

- 17/02/62** Mike Addenbrooke asked what the Trust was doing to improve the condition of the Doncaster Park and Ride car park facility. The Board was advised that meetings with the landowners were taking place and options were being explored. It was acknowledged that some of the potholes were caused by inclement weather. The owners had undertaken to carry out maintenance on the facility but if performance continued on its current trajectory the Trust would consider other options to resolve the matter.
- 17/02/63** Mike Addenbrooke asked whether work was being undertaken to clear detritus from the Underground car park at DRI. The Board was advised that a Keep DBTH Tidy campaign was taking place the following week including a number of initiatives to promote tidying up of the site.

**17/02/64** Mike Addenbrooke asked whether volunteers on reception at Bassetlaw Hospital had received parking passes. The Board was advised that volunteers did have access to permits.

**17/02/65** Mike Addenbrooke asked whether performance statistics for patients who did not wait for their appointment were differentiated from those who did not attend. The Board was working to understand the true nature of 'did not waits' and this would be fed back through the Board once the data was available.

**17/02/66** Finally, Mike Addenbrooke asked whether issues relating to E-rsoter in the Respiratory Ward had been resolved. The matter would be picked up by the relevant executive director.

**DP**

**Date and time of next meeting**

**17/02/67** 9.00am on Tuesday 28 March 2017 in the Boardroom, Montagu Hospital.

**Exclusion of Press and Public**

**17/02/68** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England  
**Chair of the Board**

**Date**

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 28 March 2017**  
**In the Boardroom, Montagu Hospital**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	David Crowe	Non-executive Director
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Dawn Jarvis	Director of Strategy and Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	David Cuckson	Public Governor
	Simon Marsh	Chief Information Officer
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement

A member of the public was also present in the public gallery.

**ACTION**

**Welcome and apologies for absence**

**17/03/1** All members of the Board were present.

**Declarations of Interest**

**17/03/2** There were no interests declared in respect of the business of the meeting.

**Minutes of the meeting held on 28 February 2017**

**17/03/3** The minutes of the meeting of the Board of Directors held on 28 February 2017 were APPROVED as a correct record.

**Actions from the previous minutes**

**17/03/4** The actions were noted and updated. The following updates were provided:

- 17/01/78 – The Appraisal Project Group had not met but Board was advised that the difference between actual and reported appraisal rates was due to the timing of reports being run. This

was to be corrected in April and the issue of appraisal quality would be revisited and data included within the new Single Oversight Framework (SOF).

- 17/02/65 – The issues with E-roster within Respiratory Ward were due to two wards moving from separate rosters to a single roster. The Chief Operating Officer had written to the Governor who had raised the issue.

### **Chair's report**

**17/03/5** The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Keep DBTH Tidy
- Governor update
- Volunteers
- Working Together Partnership
- David Crowe's final Board meeting
- Updates from NEDs

**17/03/6** Further to her attendance at the Healthwatch England conference on 1 March, Linn Phipps highlighted one of the points in her summary that public engagement began from the moment the public began becoming interested.

**17/03/7** Philippe Serna drew attention to his recent letter to NHS Protect whose support to NHS counter fraud officers was likely to reduce under proposed changes. Subject to a response to his letter from NHS Protect's Managing Director, Philippe Serna would involve the Director of Finance and Director of Estates and Facilities in any meetings on the subject. In addition, a paper would be prepared on how the Trust could assure itself that it had adequate support in place.

**JS/KEJ**

**17/03/8** The Chair's report was NOTED.

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

**17/03/9** The Board considered a report of the Chief Executive which outlined progress against the following:

- Sustainability and transformation
- SYB STP Collaborative Partnership Board
- Changes at Bassetlaw
- Two Week Wait Referrals
- Paediatrics at Bassetlaw Hospital
- Link Nurses meet for IPC post-winter debrief
- Person Centre Care Days
- Healthy Lifestyles

- Trust retains the coveted Food Hygiene Rating of 5
- National Maternal and Neonatal Health Safety Collaborative
- 2017 Budget
- Changes regarding overseas visits and non-EU workers
- Government's Mandate to NHS England 2017-18
- Meeting with Andrew Morgan, NHSI Regional Lead
- Single Oversight Framework
- Chief Executive's Listening Events
- Staff and appointments

**17/03/10** Further to a question from Linn Phipps about the risks and opportunities of being a first wave STP the Board were advised that, whilst there were no current plans to give STPs legal status, powers would be handed down from regulators. In addition, there would be an attempt to remove the purchaser/provider split and an exploration of how services would be funded. Whilst it was anticipated that the first wave would receive additional funds there would also be key decisions to take regarding how services were configured across the patch.

**17/03/11** In response to a question from Martin McAreavey regarding person centred care, the Board was advised of the work the Trust had undertaken on falls and pressure ulcers and that the planned care days were an attempt to spread the message more widely. NEDs were welcome at these events and at the listening exercises being undertaken by the Chief Executive.

**MK**

**17/03/12** The Chief Executive's report was NOTED.

#### **Bariatric Surgery - update**

**17/03/13** The Board received a presentation from Dr S Balchandra, Consultant Upper GI and Bariatric Surgeon at the Trust, detailing the work of bariatric surgery.

**17/03/14** The service had begun in June 2010 with the aim of tackling issues associated with people with BMI ratings of >50 or >45 with co-morbidity. The team had seen a total of 643 referrals and performed 427 procedures in that time, these being a combination of gastric bypasses, sleeves and bands with associated consultations and follow ups in the weeks after.

**17/03/15** Data showed that bariatric surgery led to a significant reduction in a patient's weight, reduced their hypertension, improved their use of stair climbing and reduced mental health issues. Results of patient satisfaction surveys were positive.

**17/03/16** Not every case was without complications however the service's complication, morbidity and mortality data was within the expected ranges. Further service developments were also presented to Board



including plans for further bariatric procedures and bariatric seminars to be delivered in Bassetlaw.

- 17/03/17** It was anticipated that approximately 2.6m people were eligible for bariatric surgery. However, despite the UK ranking sixth in terms of obesity, and the evidence showing that bariatric surgery resulted in reduced cost to the NHS, the number of bariatric operations had fallen by 31% between 2011-12 and 2014-15. Evidence also suggested that nations of comparable size were doing far more procedures than the UK.
- 17/03/18** In response to a question from Martin McAreavey, the Board was advised that there was a difference of views amongst CCGs as to whether bariatric surgery was beneficial. In Doncaster, it was estimated that the surgery could save the NHS up to £3.9m.
- 17/03/19** In response to a question regarding what was best practice in respect of the excess skin folds that can often result from bariatric surgery, the Board were advised that NHS Commissioning Guidance did not commission such work and that this would need to be funded by the patient independently. Help with funding could be made via an individual funding request.
- 17/03/20** In response to a question about whether there were examples of service improvement in response to patient feedback, Linn Phipps commended the examples provided, and suggested that these be further promulgated.
- 17/03/21** Dr Balchandra was thanked for his presentation and this was NOTED.

#### **Budget Setting 2017-18**

- 17/03/22** The Board considered a report of the Director of Finance that sought approval of the Trust's 2017/18 budget.
- 17/03/23** Income provision was set at £373.54m and expenditure £390.02m with £14.5m CIP and a capital programme worth £6.481m. Capital priorities were around fire safety works, backlog maintenance and a new CT scanner. The best and worse cases for a closing position were £7.4m and £29.9m deficits respectively.
- 17/03/24** In response to a question from Martin McAreavey, Board was advised that capital expenditure had been prioritised with a focus on mandatory works that were either business critical or required by regulations. Being a first wave STP trust was likely to provide further capital funding and the Trust needed to be ready with projects if, and when funding became available.
- 17/03/25** Key risks to the budget were around the impact of IR35 and an £8.2m gap in fully identified CIP target.
- 17/03/26** The Board APPROVED the 2017/18 budget and noted the risks.

## Procurement Policy

- 17/03/27** The Board considered a report of the Director of Procurement that sought approval of the Procurement Policy. This had been developed to bring various guidance documents into one policy and set out the framework for which all procurement activity would be undertaken in future.
- 17/03/28** The draft Policy had been considered by Audit and Non-clinical Risk Committee on 24 March and recommended for approval by the Board of Directors.
- 17/03/29** The Procurement Policy was APPROVED.

## Revision to the Scheme of Delegation

- 17/03/30** The Board considered a report of the Deputy Director of Finance that sought amendments to the Scheme of Delegation to facilitate the move to a new finance and procurement system from 1 April 2017.
- 17/03/31** The amendments to the Trust's Scheme of Delegation were APPROVED as follows:

	Current	Proposed	Mar-14
	Up To		
	£	£	£
Budget Manager (eg ward manager)	500	2,000	5,000
CG General Manager, Deputy Director/Head of Corp Dept	25,000	25,000	25,000
Executive Director	50,000	50,000	250,000
Chief Operating Officer		100,000	100,000
Director of Finance		250,000	250,000
Chief Executive	250,000	250,000	1,000,000
Chief Executive with Chair once approved by BoD	No limit	No limit	No limit

For charitable funds the following changes are proposed :

Fundholders eg authorised signatories	10,000	5,000	10,000
Chief Executive or Director of Finance	50,000	50,000	50,000
Chief Executive with Chair once approved by CF Committee	No limit	No limit	No limit

## Appointments to Committees

- 17/03/32** The Board considered a report of the Trust Board Secretary that sought agreement of membership of Board committees from April 2017 in addition to designation of one executive and one non-executive director to act as leads on mortality and learning from deaths following the CQC's Learning, Accountability and Candour report.
- 17/03/33** The Board APPROVED:
- (1) The schedule of committee membership attached as an appendix to these minutes with effect from 1 April 2017.

(2) The appointment of Sewa Singh and Linn Phipps as the Trust's leads on mortality and learning from deaths under the requirements of the CQC's Learning, Accountability and Candour report.

### **Use of Trust Seal**

- 17/03/34** The Board APPROVED the use of the Trust Seal in respect of the sale of land at Victoria Residential Nurses' Accommodation, Highland Grove and St David's Close, all in Worksop.

### **Strategy & Improvement Update**

- 17/03/35** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, the 2017/18 CIP programme, the strategic planning process and the move from turnaround to transformation.
- 17/03/36** The report highlighted that savings to month 11 were £10.981m, ahead of plan by £378k and behind stretch by £920k, against a forecast of £12.380m. There was now a high degree of certainty that £12.380m would be delivered by year-end.
- 17/03/37** Enclosed with the report was a presentation given to Financial Oversight Committee that set out delivery and lessons learned in 2016/17 and the risks to delivery in 2017/18.
- 17/03/38** Work was continuing on a clinical strategy to lead to a revision of the strategic framework. NHS Improvement had received the draft on 17 February and were happy that the strategy was being delivered to plan and comfortable with the timescales agreed.
- 17/03/39** In response to a question from Martin McAreavey, the Board were advised that a centralised approach like that seen in Turnaround was not sustainable going forwards and that it was also important to alter the language of CIPs around efficiency and effectiveness rather than cost improvement.
- 17/03/40** A new Head of Quality, Improvement and Innovation was starting within the Strategy and Improvement Directorate from 3 April who would drive the service improvement element of the business.
- 17/03/41** The Board RECEIVED the Strategy and Improvement Report for assurance.

### **Finance Report as at 28 February 2017**

- 17/03/42** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 11 2016/17.

**17/03/43** The Board was advised that the month 11 variance against forecast was £1.1m favourable, taking the YTD position to a deficit to £16.5m and the year-end forecast to a deficit of £17m, an improvement of £0.4m.

**17/03/44** Key points from the report included:

- Income performance was £203k worse than forecast for the month.
- Expenditure was better in month by £532k.
- YTD agency spend was £12.769m against the year end NHS Improvement ceiling of £13.5m.
- Capital expenditure YTD was £7.4m against a plan of £8.6m.
- Cash balance at the end of February was £5.6m against a plan of £1.9m.

**17/03/45** It was AGREED that the Finance Report be NOTED.

#### **Business Intelligence Report as at 28 February 2017**

**17/03/46** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 11.

**17/03/47** Performance against key metrics included:

- The Trust achieved 88.72% (90.07% including GP attendances) against the 95% standard in A&E. This placed the Trust's performance 33rd of 138 Trusts.
- February performance in RTT remained below the standard, achieving 90.5%, with eight specialities failing to achieve the 92% standard for the month.
- The Trust narrowly missed the 99% diagnostic waits standard in February achieving 98.93%.
- Two-week waits were 90.4% against the 93% cancer standard. The key issues related to patient choice and capacity in skin, urology and gynaecology. The 62-day performance achieved 85.2% against a 85% target.
- The Trust's rolling 12-month HSMR position at the end of December was 87, which was favourable to the national target of 100.

- The Trust continued to perform 14% better than at the same point in 2015/16 in relation to C.Diff.
- There were no falls resulting in significant harm in February. Year To Date (YTD) performance was 33% better than the same period in 2015/16.
- YTD performance on pressure ulcers remained 16.66% better than at the same point in 2015/16.
- The appraisal rate had decreased slightly to 63.58%.
- Compliance with Statutory and Essential Training (SET) continued to rise each month and at the end of February stood at 67.56%.
- Sickness rates in February reduced and the cumulative sickness rate for the year was 4.48%.

**17/03/48** The Board was advised that it would be receiving a report into unavoidable deaths in April.

**17/03/49** The Business Intelligence report was NOTED.

#### **Nursing Workforce Report**

**17/03/50** The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

**17/03/51** The overall planned versus actual hours worked in January 2017 was 100%. Care Hours Per Patient Day (CHPPD) stood at 7.2 across the Trust, same as January.

**17/03/52** Details of the quality and safety profile were provided in the report. One ward triggered red in the month, the Acute Medical Unit. The area would be reviewed through a quality summit.

**17/03/53** Further to concerns expressed by David Crowe in relation to E-rostering issues within nursing, there was a wider discussion regarding executive sign off of internal audit reports and a desire for these to be routed through Executive Team prior coming to committee. The Director of Finance agreed to discuss with KPMG.

**JS**

**17/03/54** The report in respect of Nursing Workforce was NOTED and the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed was SUPPORTED.

## **Reports for Information**

**17/03/55** The following items were NOTED:

- Minutes of the STP Collaborative Partnership Board, 13 January 2017;
- Minutes of the Clinical Governance Oversight Committee, 16 January 2017;
- Minutes of the Financial Oversight Committee, 27 February 2017.

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

**17/03/56** David Crowe escalated concerns regarding the partial assurance internal audit report on CQC compliance. This would be investigated further at Clinical Governance Oversight Committee on 18 April.

## **Any other business**

**17/03/57** There were no items of other business.

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

**17/03/58** David Cuckson commended the recent Communications, Engagement and Membership Committee presentation on social media and the new approach to Governor Timeouts.

**17/03/59** He asked what insurance provision the Trust had in place for its contracts and whether signage could be reviewed within A&E and ACU. The relevant executives undertook to look into this and report back to the Governor.

**DP/JS**

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

**17/03/60** 9.00am on Tuesday 25 April 2017 in the Boardroom, Doncaster Royal Infirmary.

## **Exclusion of Press and Public**

**17/03/61** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England  
**Chair of the Board**

**Date**

## Committees of the Board of Directors

	<b>Audit &amp; Non-clinical Risk</b>	<b>Clinical Governance Oversight</b>	<b>Financial Oversight</b>	<b>Charitable Funds</b>	<b>Fred &amp; Ann Green Legacy</b>	<b>Nominations &amp; Remuneration</b>
<b>Frequency:</b>	Quarterly	Quarterly (under review)	Monthly	Twice yearly	Twice yearly	Ad hoc
<b>Chair:</b>	Philippe Serna	Martin McAreavey	Neil Rhodes	Suzy Brain England	Suzy Brain England	Suzy Brain England
<b>Members:</b>	Martin McAreavey Linn Phipps	Alan Armstrong Philippe Serna	John Parker Philippe Serna	Alan Armstrong Director of Finance Director of Nursing Medical Director	Alan Armstrong Chief Executive Director of Finance Director of Nursing Medical Director Peter Brindley (Estate Executor)	Alan Armstrong Martin McAreavey John Parker Linn Phipps Neil Rhodes Philippe Serna
<b>Attendees:</b>	Director of Finance Dep. Director of Finance Trust Board Sec External Audit Internal Audit Counter Fraud Security Management Specialist Governor observers	Director of Nursing Medical Director Dep. Director of Nursing Dep. Director of Quality & Safety Trust Board Sec Internal Audit Governor observers	Director of Finance Director of S&I Dep. Director of Finance Trust Board Sec Governor observers	Chief Executive Director of Finance Trust Board Sec Rensburg Investment Management	Trust Board Sec	Chief Executive Director of P&OD Trust Board Sec

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Title	Finance and Strategy and Improvement Report		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Jon Sargeant - Director of Finance Mare Purdue – Acting Director of Strategy and Improvement		
For:	Noting		
Purpose of Paper: Executive Summary containing key messages and issues			
To update the Governors on the Trust’s financial position.			
Recommendation(s)			
Governors are asked to NOTE that the reported financial position is a deficit of £8.1m, this is after £8.8m of STF incentive funding has been received.  The year-end position is in line with the Month 11 forecast of £17m deficit (before the inclusion of any additional STF funding).  CIP performance is £11.9m against the £12.4m target.			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
<ul style="list-style-type: none"><li>Not applicable</li></ul>			
Related Strategic Objectives			
<ul style="list-style-type: none"><li>Provide the safest, most effective care possible</li><li>Control and reduce the cost of healthcare</li><li>Focus on innovation for improvement</li><li>Develop responsibly, delivering the right services with the right staff</li></ul>			
Analysis of risks			
<ul style="list-style-type: none"><li>Due to the deficit the Trust is in breach of its license with Monitor</li></ul>			
Board Assurance Framework			
1	Failure to achieve compliance with Monitor Risk Assessment Framework, CQC and other regulatory standards, triggering regulatory action	4 x 5 = 20	
3	Failure to deliver the financial plan	1 x 4 = 4	



4	<i>Failure to deliver Cost Improvement Plans</i>	2 x 3 = 9
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**DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST**

**FINANCE SCORECARD MARCH 2017**

1. Income and Expenditure vs. Forecast							2. CIPs						
Performance Indicator	Monthly Performance		YTD Performance		Annual Plan	Forecast	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan	Forecast
	Actual £'000	Variance £'000	Actual £'000	Variance £'000	£'000	£'000		Actual £'000	Variance £'000	Actual £'000	Variance £'000	£'000	£'000
I&E Perf Exc Impairments	8,429	8,154 F	(8,124)	8,876 F	(24,684)	(17,000)	Employee Expenses	1,942	1,052 F	8,382	915 F	7,467	8,382
Income	34,526	1,647 F	375,323	2,134 F	375,048	373,189	Drugs	15	0 F	240	64 F	176	240
STF Incentive	8,862	8,862 F	8,862	8,862 F	0	0	Clinical Supplies	122	(50) A	1,341	(116) A	1,457	1,341
Expenditure	(31,716)	(309) A	(376,627)	85 F	(385,337)	(376,712)	Non Clinical Supplies	26	(4) A	219	(61) A	280	219
Pay	(20,818)	238 F	(248,313)	388 F	(251,648)	(248,701)	Non Pay Operating Expenses	23	(33) A	195	(405) A	599	195
Non Pay	(10,899)	(547) A	(128,314)	(304) A	(133,689)	(128,010)	Income	181	(55) A	1,993	(408) A	2,401	1,993
F = Favourable A = Adverse							Other						
Financial Sustainability Risk Rating			Plan	Actual									
UOR			4	3									
CoSRR			1	2			Total	2,310	910 A	12,370	(10) A	12,380	12,370
3. Statement of Financial Position							4. Other						
All figures £m				Opening Balance 01.04.16	Current Balance 31.03.17	Movement in year	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan	Forecast
								Plan £'000	Actual £'000	Plan £'000	Actual £'000	£'000	£'000
Non Current Assets				193.2	196.1	2.9	Cash Balance	1,900	2,396	1,900	2,396	1,900	1,900
Current Assets							Capital Expenditure	857	3,063	9	10,483	9,406	9,406
							5. Workforce						
								Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	Under / (over)
Current Liabilities							Current Month	5,982	5,591	158	100	5,849	133
							Previous Month	5,982	5,572	191	132	5,895	88
							Movement	0	(20) 0	33	32 0	46	46
Trade and Other Receivables				16.0	26.3	10.3							
Cash				2.2	2.4	0.2							
AHFS				2.2	-	(2.2)							
Trade and Other Payables				(32.0)	(27.2)	4.8							
Borrowings				(2.8)	(3.0)	(0.3)							
Provisions and Other Liabilities				(0.5)	(4.1)	(3.6)							
Other Liabilities				-	-	-							
Net current Assets				(9.5)	(1.0)	8.5							
Total Assets less current Liabilities				183.6	195.1	11.4							
Non Current liabilities				(59.8)	(77.1)	(17.4)							
Total Assets Employed				123.9	117.9	(5.9)							
Tax Payers Equity													
Public Dividend Capital				128.8	128.8	-							
Revaluation Reserve				29.9	33.5	3.5							
Retained Earnings				(37.0)	(44.3)	(8.1)							
Total Tax Payers Equity				121.7	117.9	(3.8)							

## Context/Background

The year end position for 2016/17 is a deficit of £17.0m which is in line with the revised forecast based on the Month 11 position. As a result of securing a year end deficit significantly ahead of the Trust's control total for 2016/17, additional STF incentive funding has been secured of £8,862k, bringing the deficit down to £8,124k.

## Executive Summary

I&E Position	Monthly Position			Cumulative position to M12			Forecast
	Forecast £'000	Actual £'000	Variance £'000	Forecast £'000	Actual £'000	Variance £'000	
Income	32,879	34,526	1,647	373,189	375,323	2,134	373,189
STF Incentive Income	0	8,862	8,862	0	8,862	8,862	0
Costs	(31,407)	(31,716)	(309)	(376,712)	(376,627)	85	(376,712)
Financing costs	(1,197)	(3,243)	(2,046)	(13,477)	(15,682)	(2,205)	(13,477)
Total Position before Impairments	<b>275</b>	<b>8,429</b>	<b>8,154</b>	<b>(17,000)</b>	<b>(8,124)</b>	<b>8,876</b>	(17,000)
Impairments	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0
Total Position after Impairments	<b>275</b>	<b>8,429</b>	<b>8,154</b>	<b>(17,000)</b>	<b>(8,124)</b>	<b>8,876</b>	(17,000)

During March, income has been £1.6m higher than expected, £1.1m of which relates to our appeal for Q3 STF funding and the change in the STF rules for Q4. The additional income has helped to offset a number of adverse movements that have hit the I&E position through the year end review of provisions.

Care Group expenditure was £531k higher than forecast levels, this includes a number of year end adjustments, further details on which are provided below.

The cumulative position and therefore year end total, is line with the revised forecast of a £17.0m deficit.

	Cumulative Position			2016/17 Plan £'000
	Forecast £'000	Actual £'000	Variance £'000	
<b>Position before STF</b>	(28,063)	(28,786)	8,139	(36,484)
Original STF	11,063	11,800	737	11,800
<b>Reported Position</b>	<b>(17,000)</b>	<b>(16,986)</b>	<b>8,876</b>	<b>(24,684)</b>
<b>STF Incentive Payment</b>	8,524	8,862	338	0
<b>Position as per final accounts</b>	<b>(8,476)</b>	<b>(8,124)</b>	<b>9,214</b>	<b>(24,684)</b>
Less Donated Income	(2,463)	(2,543)	(80)	(2,294)
Less Donated Depreciation	517	409	(108)	510
<b>Monitor Control Total</b>	<b>(10,422)</b>	<b>(10,258)</b>	<b>9,025</b>	<b>(26,468)</b>

Total Income in month twelve is £1,646k better than forecast, £10,509k better when the STF incentive monies are included, as shown in the table below.

Income Position	Monthly Position			Cumulative position to M12			Plan	Forecast
	Forecast £'000	Actual £'000	Variance £'000	Forecast £'000	Actual £'000	Variance £'000	£'000	£'000
Patient Income from CCG's	26,630	26,559	(71)	299,628	300,380	752	297,951	299,628
STF Core funding	830	1,967	1,137	11,063	11,800	737	11,800	11,063
STF Incentive Income	0	8,862	8,862	0	8,862	8,862	0	0
Drugs income from CCG's	2,115	2,380	266	23,553	23,351	(202)	24,547	23,553
<b>CCG Income</b>	<b>29,575</b>	<b>39,768</b>	<b>10,194</b>	<b>334,244</b>	<b>344,393</b>	<b>10,149</b>	<b>334,298</b>	<b>334,244</b>
Trading Income	3,305	3,620	315	38,945	39,792	847	40,750	38,945
<b>Total Income Position</b>	<b>32,879</b>	<b>43,388</b>	<b>10,509</b>	<b>373,189</b>	<b>384,185</b>	<b>10,996</b>	<b>375,048</b>	<b>373,189</b>

The expenditure position in March was worse in month by £309k as shown in the table below.

Expenditure Position	Monthly Position			Cumulative position to M12			Plan	Forecast
	Forecast £'000	Actual £'000	Variance £'000	Forecast £'000	Actual £'000	Variance £'000	£'000	£'000
Pay	(21,056)	(20,818)	238	(248,701)	(248,313)	388	(251,648)	(248,701)
Non-Pay	(10,273)	(12,144)	(1,871)	(119,547)	(121,182)	(1,635)	(118,199)	(119,547)
Recharges, Contingency & Reserves	(78)	1,246	1,324	(8,463)	(7,132)	1,331	(15,490)	(8,463)
<b>Total Expenditure Position</b>	<b>(31,407)</b>	<b>(31,716)</b>	<b>(309)</b>	<b>(376,712)</b>	<b>(376,627)</b>	<b>85</b>	<b>(385,337)</b>	<b>(376,712)</b>

## Conclusion

Despite a number of adverse movements including the stock balances and the required employment provision, increased income in month 12 has still allowed delivery of the £17m forecast delivery. Improvement in the financial position compared to the control total has led to an additional £8.8m of STF incentive funding being secured which brings the final deficit to £9.1m.



Title	Business Intelligence Report		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Moira Hardy, Acting Director of Midwifery, Nursing and Quality David Purdue, Chief Operating Officer Sewa Singh, Medical Director Karen Barnard, Director of People and Organisational Development		
For:	Noting		
Purpose of Paper: Executive Summary containing key messages and issues			
The performance report covers operational delivery in Quarter 4.			
Recommendation(s)			
To NOTE the report.			
Related Strategic Objectives			
<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>			
Board Assurance Framework			
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**

**The performance report is against operational delivery in Quarter 1 2017**

**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.

### **March Performance**

**Trust 92.7%**, Including GP attendances 93.4%

**Quarter 4 88.9%**

**Year to date 91.42%, top performance in South Yorkshire for Adult Services**

DBHFT continues to perform in the top quartile.

Medical staffing continues to cause major issues with lack of agency staff for key shifts.

Meetings have taken place with all working together Trusts to agree the process for maintaining rates for agency staff following the changes to IR35 regulations.

Doncaster achieved **91.87%**. 818 patients failed to be treated within 4hrs, which is 359 less than in February, with an additional 974 patients. 517 patients were delayed due to internal ED waits, 269 less than in February. 126 were delayed due to bed waits, which is 52 less than in February. 139 patients required to wait in the department due to their condition. 12.5% of patients were transferred to the urgent care centre.

Bassetlaw achieved **94.82%**, 203 patients failed to be treated within 4hrs. 133 patients were delayed due to internal ED waits, 12 due to bed waits and 42 patients were required to wait in the department due to their condition.

In line with NHSI, we hit our trajectory for March which was to achieve 90%.

## **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 10th working day. This methodology has been agreed with the CCG and will be used going forwards.

### **March 90.5%**

1 patient waited over 52 weeks, who has now been treated

Following a revalidation exercise undertaken by an external company, an additional 600 patient pathways below 18 weeks have been removed from the active waiters as they are planned patients, these patients were in pain management and had been incorrectly coded in caMIS as active waiters.

Revalidation of the waiting list is maintained at 15 weeks as per the CCG requirements. The focus of the data quality team is now on education within care groups to ensure the access policy is adhered to.

The waiting list at a speciality level is reviewed weekly at the PTL meeting, chaired by the deputy COO. Demand and Capacity assumptions are reviewed at the monthly Planned Care board, which is attended by both CCGs.

8 specialities were non-compliant in month, the drill down in the main report identifies the actions being undertaken to address the key issues in the specialties

### **Diagnostic performance 97.4%**

Key issue in March remains with audiology due to capacity, staffing improved in April. Medical imaging achieved 99.7%.

The highest numbers of tests were carried out in March compared to the previous 11 months.

## **Cancer Performance**

**62 day performance 86.8%**

**2 week wait 85.5%**

Key issues with capacity in dermatology and urology due to staff sickness. New electronic referral system now being used for all 2 week wait bookings.

***David Purdue Chief Operating Officer April 2017***



### **Medical Director's Report**

HSMR: The Trust's rolling 12 month HSMR remains better than expected at 92.8. As anticipated crude mortality in March has returned to pre-winter levels.

Fractured Neck of Femur: BPT has been achieved in over 60% of patients and risk adjusted mortality is improving.

Serious Incidents: The Trust remains on course to achieve a significant reduction in SIs at the end of this financial year.

***Executive Lead: Mr S Singh***

### **Acting Director of Nursing, Midwifery and Quality's Report**

C.Diff: Performance for 16/17 ended 19% better than 2015/16

Fall resulting in significant harm: Performance for 16/17 overall ended 14% better than 15/16

Hospital Acquired Pressure Ulcers: Performance for 16/17 overall ended 25% better than 15/16.

Complaints and concerns: Work is continuing to improve response rates.

Friends & Family Test: Work is continuing to improve our response rates

***Executive Lead: Mrs M Hardy***

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

Sickness absence (and health and wellbeing) – due to the timing of payroll being closed down sickness absence data for the end of the year is not available at the time of writing this report. The cumulative figure at the end of February continues to be 4.48% (the same as the end of Q3). 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 4 months absence.

### **Staff Engagement**

As reported separately we have seen deterioration in our staff survey results with an action plan submitted to the Board of Directors for approval. However we have seen an improvement in our most recent quarterly Staff FFT results which is specific to new starters since September 2016. The results indicate that 80% of staff would recommend DBTH as a place to receive treatment and 79% as a place to work.

### **Education and training**

SET compliance – we continue to see improvements in the data recorded in ESR which indicates compliance rates of 69.54%. Work is now complete across the Working Together Trusts to standardise SET training in terms of content, mode of delivery and frequency. The Executive Team have agreed to passport staff training which is compliant with Skills for Health's Core Skills Framework.

Appraisal rates – data held within ESR indicates a compliance rate of 61.27% across the Trust whereas the staff survey indicates that 82% of staff have been appraised. The Directorate will continue to focus on improving the quality of appraisals as reported by staff.

***Executive Lead: Karen Barnard, Director of People and OD***



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

Title	STP & WTP Update		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Richard Parker, Chief Executive		
For:	For information		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>The purpose of this report is to update Governors on the current developments within the Working Together Partnership Vanguard (WTP) and on the Sustainability and Transformation Plan (STP) for South Yorkshire and Bassetlaw.</p> <p>The WTP is a collaborative partnership arrangement involving Barnsley NHS FT, Chesterfield Royal Hospital NHS FT, Doncaster and Bassetlaw Teaching Hospitals NHS FT, The Mid Yorkshire Hospitals NHS Trust, The Rotherham NHS FT, Sheffield Children’s NHS FT and Sheffield Teaching Hospitals NHS FT. There are four aims of the WTP: sharing and adopting good practice; developing a sustainable service configuration; assuring sustainable service quality; and informatics. The overall aim is to improve and sustain the quality of clinical services whilst also providing them more efficiently and effectively. We are one of 50 vanguard sites chosen nationally and one of 13 acute care collaborations.</p> <p>The STP is a wider partnership, involving hospital trusts but also CCGs and local councils to develop proposals and make improvements to health and care. Doncaster and Bassetlaw is part of the South Yorkshire and Bassetlaw STP which is one of 44 areas covering England. The plans are place-based and built around the needs of the local population. The main ambition of the STP is to give everyone in South Yorkshire and Bassetlaw a great start in life, with support to stay healthy and live longer. There are ten draft priorities to help achieve this:</p> <ol style="list-style-type: none"><li>1. Reduce inequalities for all, helping people to live well and stay well for longer</li><li>2. Join up health and care services, so they respond better to people’s needs</li><li>3. Spend more money on care in communities, focusing on local healthcare centres</li><li>4. Treat and care for people’s mental and physical health</li><li>5. Make hospital care the same for everyone, everywhere</li><li>6. Make urgent and emergency care simpler so that it’s easier for people to get care</li><li>7. Develop a workforce in the right place and with the right skills</li><li>8. Use technology to support people to be well at home, manage their own care &amp; for staff to be connected better</li><li>9. Have health and care services that are funded long term</li><li>10. Work with people, staff and communities to make all this happen</li></ol> <p>This paper sets out the current developments within both partnerships.</p>			
Recommendation(s)			
To note the update.			

## **Update from STP Timeout**

Chief executives and accountable officers from the STP partner organisations met in March to hear from Michael MacDonnell, NHS England's Director of Strategy.

The key message was that now is the time to focus on the priorities in the 5YFV, such as cancer, mental health, general practice, managing discharge and elective and emergency care and that STPs offered the best chance of bringing the greatest benefits and delivering the improvements needed across the health and care sector for our populations.

Around six to ten STPs would be leading the way as exemplars – getting the chance to influence the national approach. As Board will know, the work we have done in South Yorkshire and Bassetlaw is recognised nationally and we will be in the first set of STPs that lead the way. This will mean greater local accountability, along the lines of the devolved models seen elsewhere, with a simplified regulatory relationship and, eventually, devolved funding.

In the expectation that SYB is one of the first STPs to be given greater local powers, there are processes to go through including agreement of a Memorandum of Understanding (MoU) being drawn up to agree what the local powers will include.

Over the next couple of months partners will work together and with NHS England to work through what the MoU will look like to give us the most opportunities to deliver our plan. As an exemplar STP, SYB will receive a package of funding, still to be determined. This will be embedded within the MoU as money for transformation funding.

Until this work is complete there is no change to how we do business.

I will endeavor to keep Governors informed of developments but clearly the Trust is on the cusp of a pioneering and purposeful partnership that will not only help to shape a sustainable way forward for the NHS in this area, but also mean better outcomes for our patients.

## **South Yorkshire and Bassetlaw STP Collaborative Partnership Board**

In my absence, the Medical Director attended a meeting of the STP Collaborative Partnership Board on 17 March.

Chief amongst the items under consideration was the approach the STP was taking in relation to communications and engagement (following on from our discussion last month about this) and the outcomes of the hyper acute stroke and Tier 2 children's surgery and anaesthesia consultation.

Copies of all ratified minutes from the STP Collaborative Partnership Board are now reported to the public session of the Board of Directors.

## **Consultations into hyper acute stroke and children's surgery and anaesthesia services**

The Joint Health Overview and Scrutiny Committee met recently to discuss the findings from the consultations into hyper acute stroke and Tier 2 children's surgery and anaesthesia services.

Three members of the public attended the meeting on behalf of Barnsley, Doncaster and Sheffield Save our NHS groups and had a chance to share their views on the findings of the independent consultation report which mirrored their responses during the consultation phase itself.

As an advisory body, the elected councillors voiced no questions or concerns on the consultation methods or responses and will next meet in June to discuss the decisions made on the services by the Joint Committee of Clinical Commissioning Groups on 24 May.

### **Have your say on the STP**

People living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield are being asked for their views on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

The Plan highlights that there have been some big improvements in health and social care over the last 15 years, for example people with cancer and heart conditions are experiencing better care and living longer.

However, people's needs have changed, new treatments are emerging, the quality of care can be variable and preventable illness is widespread. There will also be an estimated funding gap of £571 million if services continue to work in the way they are doing now.

Over the last 12 months, all health and care organisations across the region have worked together to develop a vision and a set of priorities to address these challenges and improve the health and wellbeing of their combined population. In partnership with local Healthwatch and voluntary sector organisations, members of the public are now being asked to get involved.

The South Yorkshire and Bassetlaw plan is made up of five local plans – referred to as 'place' plans. Each place plan has been developed by local doctors, hospital chief executives, clinical commissioners, council officers and patient and voluntary sector groups.

All feedback will go to the Collaborative Partnership Board to be discussed before any future plans for services go forward. The conversation with the public will run until the end of March and with staff until mid-April.

The survey can be completed here: <https://www.surveymonkey.co.uk/r/KMQF3RR>



Title	Agreement of NED Objectives		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Suzy Brain England, Chair of the Board		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>A key element of measuring the Board’s effectiveness is the annual evaluation of Chair and NED performance, which at DBTH is led by the Appointments and Remuneration Committee of the Board of Governors.</p> <p>The Committee met on 9 March 2017 to consider the process by which the Chair and NEDs should be appraised. Due to the new Chair having only a short window in which to evaluate the performance of the non-executives (of whom two are new), the Committee agreed to split the objective setting and performance evaluation processes so that the former is carried out in Spring and the latter in Autumn.</p> <p>The Chair’s objective setting and appraisal process is led by the Senior Independent Director (SID), with input from executives, NEDs and Governors. The NEDs’ objective setting and appraisal process is led by the Chair with input from executives and Governors. Having agreed the process, the Appointments and Remuneration Committee met again on 31 March to consider feedback received in respect of Chair and NED objective setting. Objective setting meetings took place throughout April.</p> <p>In line with NHSI’s Code of Governance, it is for the Board of Governors to agree the objectives of the Chair and NEDs (attached at <b>Appendix A</b>) and the process for the performance evaluation (contained in the latter portion of <b>Appendix B</b>). The outcomes of the evaluation of the Chair and Non-executive Directors’ performance will be reported to the Governors in October.</p>			
Recommendation			
<p>That Board of Governors:</p> <p>(1) Agree the Chair and NEDs objectives set out in Appendix A.</p> <p>(2) Agree the process for the performance evaluation of Chair and NEDs given in Appendix B.</p>			

## Appendix A

### Chair and NEDs Objectives 2017/18

	Objectives	How is success measured
Suzy Brain England	<p>(1) To lead the development and implementation of the Trust's strategic plan.</p> <p>(2) To develop internal relationships with staff and stakeholders.</p> <p>(3) To enhance the effectiveness of the unitary board.</p> <p>(4) To develop external relationships of the unitary board.</p> <p>(5) To lead, and ensure involvement in, local and national developments.</p> <p>(6) To demonstrate leadership, support and continuous improvement at all levels of the organisation.</p>	<p>Having a presence and profile across the Trust.</p> <p>Running Board and Governors meetings.</p> <p>Attending and leading external partnership work.</p> <p>Supporting Executive Team to deliver strategy, business plan and business objectives.</p> <p>Ensuring that NEDs deliver their objectives to support the organisation.</p>
Alan Armstrong	<p>(1) To work alongside the Acting Director of Strategy and Improvement and Head of Quality, Improvement and Innovation to champion continuous improvement across the Trust.</p> <p>(2) To act as Senior Independent Director, Chair of Fred and Ann Green Advisory Group and be a Freedom to Speak Up Guardian.</p> <p>(3) To support the strategic aim to develop and enhance elective care facilities at BDGH and MMH and ensure the appropriate capacity for increasing specialist and emergency care at DRI.</p>	<p>(For all NEDs)</p> <p>To deputise for the Chair as required.</p> <p>Ask open and probing questions in board and committee meetings.</p>

	<p>(4) To provide a focus on leadership and improvement and Trust approaches to quality, improvement and innovation.</p> <p>(5) To champion the Trust's We Care values.</p>	<p>Take care of own visits schedule for assurance and own continuing professional development.</p> <p>Show attendance at national, regional and local training and network opportunities.</p>
Martin McAreavey	<p>(1) To work alongside the Acting Director of Nursing, Midwifery and Quality to deliver improvements in quality and leadership and the Director of Education in relation to research, education and innovation. This will involve developing relationships with both to be able to demonstrate a wide understanding of their areas of work, and lending support to them and their teams.</p> <p>(2) To support the Chair of the Board on the strategic objective relating to increasing partnership working to the benefit of the local population by further developing relationships with partners in the CCGs, universities and colleges, the wider arena of Working Together and the STP in South Yorkshire.</p> <p>(3) To contribute as a member on a new quality/organisational effectiveness committee and a finance/performance committee.</p> <p>(4) To champion strategic change at Board and in own continuing professional development so the Board may realise how innovation and change might help us develop our vision for the Trust in future.</p> <p>(5) To champion delivery of the commercial research and development strategy.</p> <p>(6) To champion the We Care values by probing and ensuring decisions to illustrate our approach to caring for patients, carers, partners and staff.</p>	<p>Attend board, committee and governor meetings plus others as appropriate.</p> <p>Be an ambassador for the Trust.</p> <p>Be seen to promote and uphold the We Care value.</p>



John Parker	<p>(1) Working with the Director of People and Organisational Development:</p> <ul style="list-style-type: none"> <li>- To champion the strategic aim around working with our staff to develop the skills, values, and leadership to provide high quality, efficient and effective care.</li> <li>- To support the delivery of the use of resources element of the Single Oversight Framework.</li> <li>- To support the delivery of the People and OD Strategy.</li> </ul> <p>(2) To work with the Director of Finance and to chair the refreshed Charitable Funds Committee.</p> <p>(3) To champion the Trust's We Care values.</p>	
Linn Phipps	<p>(1) To work alongside the Medical Director on learning, candour, accountability and learning from deaths.</p> <p>(2) To support the following areas of the Trust's new strategic plan:</p> <ul style="list-style-type: none"> <li>- Increasing community-based and self-care.</li> <li>- Quality of care.</li> <li>- Patient experience and patient engagement.</li> <li>- The corporate strategy relating to clinical quality and governance.</li> </ul> <p>(3) To take on the chairing role of a new quality and organisational effectiveness committee.</p> <p>(4) To uphold and promote the We Care Value, testing everything we do by evaluating how it demonstrates We Care.</p>	

Neil Rhodes	<ul style="list-style-type: none"> <li>(1) To chair a new Finance and Performance Committee and make it an effective scrutiny committee.</li> <li>(2) To work alongside the Chief Operating Officer, lending him personal support and developing a close interest in the operational performance of the Care Groups and wider organisation.</li> <li>(3) To support the strategic aim around optimisation of the use of elective care facilities at BDGH and MMH and developing appropriate capacity for increasing specialist and emergency care at DRI.</li> <li>(4) To uphold and promote the We Care value, testing everything we do by evaluating how it demonstrates We Care.</li> <li>(5) To champion and probe the areas comprising Use of Resources and Operational Performance of the Single Oversight Framework.</li> <li>(6) To support the development of the Finance strategy.</li> </ul>	
Philippe Serna	<ul style="list-style-type: none"> <li>(1) To support and mentor the Director of Finance where appropriate and grow knowledge of the team and issues, whilst still showing independence and scrutiny in the boardroom.</li> <li>(2) To support the strategic aim around optimisation of the use of elective care facilities at BDGH and MMH and developing appropriate capacity for increasing specialist and emergency care at DRI.</li> <li>(3) In line with the Single Oversight Framework to champion and scrutinise use of resources and operational performance.</li> </ul>	

	<p>(4) To support the development of the Finance strategy.</p> <p>(5) To chair Audit and Non-clinical Risk Committee and join other committees as required including Finance and Performance and the Charitable Funds Committee.</p> <p>(6) To uphold and promote the We Care Value, testing everything we do by evaluating how it demonstrates We Care.</p>	
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## Appendix B

### Chair & NEDs Objective Setting and Appraisals 2017

Stage	Actions	Timescale
Determining the process <b>(complete)</b>	Appointments and Remuneration Committee to meet to consider process for Spring objective setting and Autumn appraisals.  Outcomes to be communicated to all Governors after the meeting.	9 March
Objective setting <b>(complete up to 27 April)</b>	Trust Board Secretary to canvass Governors and Executives by e-mail on NED objectives. Feedback through CEO and Chair.	13 – 24 March
	Trust Board Secretary to canvass Governors, NEDs and Executives by e-mail on Chair's objectives. Feedback through CEO and SID.	
	CEO to give any final feedback from Executives on the Chair's objectives to the SID.	By 30 March
	CEO to give any final feedback from Executives on the NED objectives to the Chair.	By 30 March
	Appointments and Remuneration Committee to meet to review feedback.	31 March
	SID to undertake Chair's objective setting.	Throughout April
	Chair to undertake objective setting meetings with each NED.	
	Approve Chair and NED objectives with Board of Governors.	Board of Governors 27 April 2017
Performance appraisal	Governors, Executives and NEDs to be sent a stakeholder appraisal survey for the Chair. Feedback through CEO and SID.	Early September 2017
	Governors and Executives to be sent a stakeholder appraisal survey for NEDs. Feedback through CEO and Chair.	



	Appointments and Remuneration Committee to meet with SID to provide any additional feedback in relation to Chair's half-year performance. Additional verbal feedback from Execs to be provided through the CEO.	Mid-September 2017
	Appointments and Remuneration Committee to meet with Chair to provide any additional feedback in relation to NED performance 2016/17 and in the current half-year. Additional verbal feedback from Execs to be provided through the CEO.	
	Appointments and Remuneration Committee to meet to review feedback.	Early October 2017
	Chair to undertake performance appraisal meetings with each NED.	Mid-October 2017
	SID and Vice Chairman to undertake Chair's performance appraisal.	
	Final appraisal documentation signed off and key headlines fed back to Governors.	Board of Governors 26 October 2017



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

Title	Review of Board of Governors' Effectiveness		
Report to:	Board of Governors	Date:	27 April 2017
Author:	Matthew Kane, Trust Board Secretary		
For:	Endorsement		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>At the meeting in January, it was agreed to undertake an effectiveness review of the Board of Governors and its sub committees. This is good practice and is highlighted within the NHS Code of Corporate Governance:</p> <p><i>The council of governors should assess its own collective performance and its impact on the NHS foundation trust. (p. 13)</i></p> <p>The last review at the Trust was carried out in 2014.</p> <p>It is proposed that the upcoming review comprise five elements:</p> <p><b>Survey of governors and key stakeholders (including Execs, NEDs) assessing:</b></p> <ul style="list-style-type: none"><li>• whether the size of the Board of Governors is appropriate to discharge its functions;</li><li>• the value brought by Governor committees;</li><li>• level of understanding/clarity of the Governor role in exercising statutory duties as well as discretionary activities e.g. visits on wards;</li><li>• benefits brought by Governors to the trust/patients/membership/community;</li><li>• information, induction, training and support available to governors;</li><li>• activities governors are involved in and their biggest achievements/contributions.</li></ul> <p>We are keen to have people give their views so the survey will ask for qualitative as well as quantitative responses.</p> <p><b>Observations of Governor committees</b> which may include NHS Providers, our own NEDs or governors from neighbouring trusts attending meetings and feeding back their observations in respect of the overall effectiveness of the meeting and also sharing best practice from their own experience/organisation.</p> <p><b>Consideration of intelligence and data</b> from the Strategy and Improvement Directorate relating to the cost/benefit of each committee process.</p>			

**Feedback session at future Timeout** setting out the results from the survey, observations and possible areas for further focus. Governors will have an opportunity to comment on the findings prior to a final report being produced.

**Action plan** to tackle the areas identified for improvement. A particular Governor committee could be given responsibility for taking forward and monitoring this.

It is proposed to commence the work immediately following approval from Governors.

Recommendation
That the Board of Governors endorse the proposals for a review of Governor effectiveness, to start in May 2017.

**Meeting of the Agenda Planning Sub-committee of the Board of Governors  
held on 7 March 2017 at 1pm  
in the Meeting Room 1, DRI**

<b>Present:</b>	Suzy Brain England	Chair
	Mike Addenbrooke	Public Governor
	Susan Overend	Public Governor
	Pat Ricketts	Public Governor
	Clive Tattley	Partner Governor
	Maureen Young	Public Governor
	George Webb	Public Governor
<b>In attendance:</b>	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

- 17/3/11** Apologies had been received from Bev Marshall and John Plant.

**Minutes of the meeting held on 8 December 2016**

- 17/3/21** The minutes of the meeting held on 8 December 2016 were APPROVED as an accurate record.

**Matters arising**

- 17/3/31** There were no matters arising from the previous meeting.

**Review of previous Board of Governors meeting**

- 17/3/4** Governors felt that the venue for the Board of Governors meeting on 31 January had posed some challenges in terms of space and acoustics and it was agreed to consider use of the Lecture Theatre for the meeting on 27 April, acknowledging that this too had its drawbacks but meant that the Trust was not paying to hire facilities or equipment. Potential access and layout for a successful meeting in the Lecture Theatre was discussed.
- 17/3/5** The Chair gave her feedback on the meeting of 31 January which was that the agenda was lengthy and that in future meetings should aim to finish by 8pm. The suggestion of a review of governors' effectiveness was welcomed and this could include some peer-to-peer assessment from governors outside the Trust as well as inviting NEDs to participate in the Governors' committee processes. There was a discussion around public questions and a wish to see a standing item about the STP/WTP to ensure governors were kept informed.



**17/3/6** The update was NOTED.

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

The following reports were agreed for inclusion on the agenda:

**17/3/7** Standing Items - The usual standing items, including Chair's Report and correspondence, and matters arising from Board of Directors minutes, were agreed.

**17/3/8** Executive Reports

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

**17/3/9** Governance & Statutory Compliance

- Well Led Governance Review
- NED objective setting
- STP/WTP update
- Review of Governors' effectiveness

**17/3/10** Governor/Member matters

- Feedback from members
- Minutes of the sub-committees (combined into one item and discussed on an exception basis rather than going through each set)
- Governor reports from committees and other activities

**17/3/11** It was agreed to bring forward feedback from members to the top of the agenda and to ensure all external speakers were taken first in future.

**MK**

**Any Other Business**

**17/3/12** None.

**Date & Time of Next Meeting**

**17/3/13** 15 June 2017 at 10am at Doncaster Royal Infirmary.



# Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

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

Held on Thursday 9 March  
in the Boardroom, Doncaster Royal Infirmary

<b>Present:</b>	Suzy Brain England	Chair of the Board
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Peter Husselbee	Public Governor
	John Plant	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor

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

### Action

#### Apologies for absence

**17/03/1** Apologies were received from Ruth Allarton.

It was noted that Clive Tattley had taken over from Rupert Suckling as partner governor.

#### Minutes of meeting held 25/28 November 2016

**17/03/2** The minutes of the meeting of the Appointments and Remuneration Sub-Committee held on 25/28 November 2016 were APPROVED as a correct record.

#### Matters arising

**17/03/3** None.

#### Chair and NEDs Appraisal Process

**17/03/4** The Committee considered the process for setting the annual objectives for the Chair and NEDs.

**17/03/5** It was proposed that this year the process would be split between objective setting in the Spring and the performance evaluation in the Autumn in order to give the Chair suitable time to evaluate the performance of the NEDs.

**17/03/6** Governors discussed the proposed timetable including previous arrangements and how they accorded with current best practice. Assurances were given to governors regarding their involvement in both processes.

**17/03/7** After discussion, the Committee agreed to:

1. Endorse the process for the annual objective setting of the Chair and NEDs, as set out in the appendix to the report, to be undertaken in the Spring.

**MK**

2. Recommend to the Board of Governors the process and procedure for the annual performance evaluation of the Chair and Non-Executive Directors.

**Any Other Business**

**17/03/8** None.

**Date of next meeting**

**17/03/9** The next meeting would take place on 31 March 2017 at 12.30pm in the Boardroom, DRI.

## Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust

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

Held on Thursday 31 March  
in the Boardroom, Doncaster Royal Infirmary

<b>Present:</b>	Suzy Brain England	Chair of the Board (chairing from 17/3/30)
	Alan Armstrong	Non-executive Director (chairing from 17/3/10 to 17/3/10)
	Ruth Allarton	Partner Governor
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
<b>In attendance:</b>	Matthew Kane	Trust Board Secretary

#### Action

#### Chair's Objective Setting

*Alan Armstrong in the Chair.*

**17/4/1** The Committee considered possible objectives for the Chair in 2017/18 around the following areas:

- Partnership working
- Different ways of working
- Communication with governors
- Relationship building
- Managing the business of the Boards and reviewing how they work
- Addressing breach of licence
- Monitoring local and national developments

**17/4/2** The Senior Independent Director took account of Governors' comments, and the feedback he had already received, which would be fed into the objective setting session on 3 April.

*Suzy Brain England in the Chair.*

### **Apologies for absence**

**17/4/3** Apologies were received from Peter Husselbee, John Plant and George Webb.

### **Minutes of meeting held 9 March 2017**

**17/4/4** The minutes of the meeting of the Appointments and Remuneration Sub-Committee held on 9 March 2017 were APPROVED as a correct record.

### **Matters arising**

**17/4/5** None.

### **NED Objective Setting**

**17/4/6** The Committee considered possible objectives for the NEDs in 2017/18 around the following areas:

- Roles on committees
- Buddying with executives
- Linking to the Single Oversight Framework and strategies within the Strategic Direction
- Their special interests and knowledge

**17/4/7** Consideration would need to be given to how success was measured. Attendance, participation and feedback to the Chair and Board was an element of this.

**17/4/8** The Chair took account of Governors' comments, and the feedback she had already received, which would be fed into the objective setting meetings in April.

### **Any Other Business**

**17/4/9** None.

### **Date of next meeting**

**17/4/10** To be arranged.

**Communications, Engagement and Membership Sub-committee**

**Minutes of meeting held at 10 am on 7 February 2017**  
**in the Blythe Room, Bassetlaw Hospital**

<b>Present:</b>	David Cuckson	Public Governor (Chair)
	Dev Das	Public Governor
	Philip Beavers	Public Governor
	Susan Overend	Public Governor
<b>In attendance:</b>	Suzy Brain England	Chair of the Board
	Adam Tingle	Communications Manager
	Matthew Kane	Trust Board Secretary
	Alison Parker	Communications & Marketing Assistant

**Action**

**Apologies for absence**

**17/2/1** There were no apologies presented to the meeting.

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

**17/2/2** The minutes of the meeting held on 4 October 2016 were APPROVED as a correct record.

**Matters arising from the minutes**

**17/2/3** Updates were given in respect of actions. It was agreed that a list of actions, with updates, would be prepared for future meetings.

**Social media – what is it and how does our Trust use it?**

**17/2/4** The Sub-committee considered a presentation of the Communications Manager which set out details of the different social media platforms, why the Trust used them and how they could be used more effectively in the future.

The following areas were covered:

- Brief history of social media
- How the Trust uses social media to communicate with patients and staff
- What makes a good social media post
- How success was measured

- Analytics and statistics
- What social media means for engagement
- What is next

**17/2/5** There was a brief discussion around staff responsibilities in relation to social media and whether there was merit in including this in the staff induction process.

**17/2/6** The presentation was NOTED.

#### **Communications Update**

**17/2/7** Details of current and upcoming media activity were highlighted to Governors and the update was NOTED.

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

**17/2/8** Proposals for the March issue of Foundations for Health were AGREED.

#### **Feedback**

**17/2/9** The Committee considered feedback from the Board of Governors' Timeout, ward visits and school events. A new format for Timeouts was considered.

#### **Governor Election 2017**

**17/2/10** The Committee considered details of the forthcoming elections to Governor roles, including the timetable, and the publicity that would be available to help inform people about the role and what it involved.

**17/2/11** The information was NOTED.

#### **Membership Update**

**17/2/12** The Committee was advised of current membership numbers which had recently seen an increase in the Bassetlaw constituency.

**17/2/13** The update was NOTED.

#### **Review of Terms of Reference**

**17/2/14** The Committee's terms of reference were presented for discussion following review with one of the Governors and the Chair. Suggested changes were shown as tracked.

**17/2/15** Further additions were suggested around the following:

- Committee's role in supporting social media
- Incorporating patients and wider public into the committee's duties
- Including a section on equality and diversity in terms of access and membership

**17/2/16** The Trust Board Secretary undertook to check whether it was the Chair's responsibility to ensure Governors were trained.

**17/2/17** The terms of reference would be amended and brought back to the next meeting. **MK**

**Any Other Business**

**17/2/18** It was agreed to invite Hazel Brand to future meetings of the Committee.

**Date of Next Meeting**

**17/2/19** Tuesday 23 May 2017 at 10am in the Blyth Room, Bassetlaw.



**Health and Care of Young People Sub-committee Meeting  
held at 10 am on Tuesday 21 March 2017  
in the Boardroom, DRI**

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

<b>In attendance:</b>	Chris Beattie	Head of Paediatric Nursing
	Andrea Bliss	Modern Matron, Paediatrics
	Jane Shaw	Secretarial Assistant

**Action**

**Welcome and apologies**

**21/03/1** Apologies for absence were presented on behalf of Pat Ricketts and Susan Shaw.

**Minutes of the previous meeting**

**21/03/2** Minutes of the meeting held on 13 December 2016 were approved as an accurate record.

**Matters arising**

**21/03/3** 16/12/04 – The Trust Board Secretary had advised the Committee that issues with the broken ‘tough books’ had now been resolved.

**Paediatric Services**

**21/03/4** The Committee received an update on Paediatrics services and recruitment from Chris Beattie, Head of Paediatric Nursing and Andrea Bliss, Modern Matron, Paediatrics.

**21/03/5** The Committee was advised that ‘Teaching Hospital’ status was an aid to recruitment but was still proving challenging. The staff in post had adapted to changes and were working well. Further recruitment exercises were ongoing.

**21/03/6** The Committee asked if they could be provided with figures of children attending at Bassetlaw and DRI. They were informed at Bassetlaw it was 18 per wk and DRI fluctuated.

**21/03/7** The update was NOTED.

**RCPCH State of Child Health Report**

**21/03/8** Further to consideration of the above report, the Committee identified an issue amongst patients smoking during pregnancy, especially younger women.

**21/03/9** The Committee enquired as to the welfare of children with mental health problems. The Head of Nursing mentioned the GDA pathway which was connected with children with autism. Before the pathway was introduced there were 600 children waiting for over 18 months before seeing anyone and it had since halved.

**21/03/10** The Head of Nursing advised that they had funds to train 2 GDA nurses which would be Band 7 positions. Chris Beattie advised that some of the children had behavioural problems but this would sometimes be identified at a later stage. All patients were assessed the same way. Health Workers could help by talking to parents about behavioural management and sleep management.

**21/03/11** The Committee asked if there were any issues with children and alcoholism and details were provided.

**21/03/12** The update was NOTED.

**Visit to Orthotic Department**

**21/03/13** The Committee visited the Orthotic Department after the meeting had concluded.

**To consider items for future meetings**

**21/03/14** The Committee suggested visits to Children's Ward, Children's Outpatients, play areas and the Fracture Clinic. The Ophthalmology department was also suggested but that someone should be present at the next meeting rather than a visit to the department.

**21/03/15** Maureen Young said she would speak to staff and ask for a list of all play areas. Mike Addenbrooke also suggested looking at play areas at Bassetlaw.

**Any Other Business**

**21/03/16** None.

**Date and Time of Next Meeting**

**21/03/17** Tuesday, 27 June 2017  
10.00am, Blyth Room, Bassetlaw

DRAFT

**Minutes of the Health and Care of Adults Sub-committee Meeting  
Held at 10am on 14 March 2017 in the Blyth Room, Doncaster Royal Infirmary**

<b>Present:</b>	Clive Tattley	Partner Governor (Chair)
	Mike Addenbrooke	Public Governor
	Utpal Barua	Public Governor
	Hazel Brand	Public Governor
	Peter Husselbee	Public Governor
	Brenda Maslen	Public Governor
<b>In attendance:</b>	David Purdue	Chief Operating Officer
	Lesley Hammond	Emergency General Manager
	Chris Glover	Sister/Charge Nurse
	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**17/3/1** Apologies for absence were submitted by Pat Ricketts.

**Minutes of meeting held 6 December 2016**

**17/3/2** The minutes of the meeting held on 6 December 2016 were APPROVED as a correct record.

**Matters Arising**

**17/3/3** None. **MK**

**A&E Performance**

**17/3/4** The Committee considered an update from the Chief Operating Officer, Emergency General Manager and Sister/Charge Nurse into current A&E performance at the Trust.

**17/3/5** The Committee were provided with proposals to review the four-hour target, national requirements for the forthcoming year and key drivers including front door streaming, discharge arrangements and delayed transfer of care, extended opening for primary care and ambulance transfers.

**17/3/6** Key issues in relation to workforce and bed flow/patient management were outlined to the meeting. In respect of out of hospital capacity, the Committee were assured that delayed transfer of care at the Trust was low.

**17/3/7** Further to the presentation, the Committee asked questions and raised issues. The following was noted:

- Discharge arrangements were discussed each week. It was noted that discharge tended to be more flexible at Bassetlaw.
- Monthly meetings took place between the Council, CCG and the Trust to assess patients who had been in hospitals for more than seven days.
- Despite national challenges, performance at the Trust remained good and within the top quartile for four-hour access. The Committee were advised that an additional 15 minutes was built into the four hour target for handover.
- Ambulance handovers had posed some issues within some trusts over the winter period but this had not been encountered at DBTH.
- Some of the challenges with regard to streaming and when it started/stopped were discussed. The Government were keen to see a model from Luton and Dunstable reflected elsewhere.
- The Trust would be supporting hospitals whose capacity was under pressure but any inappropriate attendances were challenged and dealt with.
- Recruitment was showing some positive signs with reliance upon agency locums reducing gradually.
- A new electronic system developed by a consultant within the Trust enabled patients to complete key information prior to being seen allowing less reliance upon consultants to read through case notes.

**17/3/8** The update was noted.

#### **CaMIS Update**

**17/3/9** The Committee received an update from the Chief Operating Officer in relation to medical records and the CaMIS system.

**17/3/10** Work was taking place on reviewing the medical records storage facilities and approximately 4-5,000 files had been relocated to a new facility. A new infra-red system purchased by the Trust also enabled sets of notes to be located more efficiently.

**17/3/11** The Trust was under a requirement to complete a move to an electronic patient record system by April 2018. There was some divergence between Bassetlaw and Doncaster GPs using the 'choose and book' system. It was not possible to calculate 'did not waits'.

**17/3/12** The update was noted.

**Perfect Ward**

**17/3/13** The Trust Board Secretary reported that committee members had been invited to take part in a Perfect Ward demonstration at the Trust later in the week. Clive Tattley, Mike Addenbrooke and Brenda Maslen advised of their intention to take part.

**MK to  
notify  
RD**

**Any Other Business**

**17/3/14** The Committee considered potential items for the next meeting. The following topics were considered:

- Sepsis
- Relationship with Park Hill Hospital
- Respiratory
- SY/EMAS Ambulance Service

**Date and Time of Next Meeting**

**17/3/15** 10 am, Tuesday 20 June 2017, Blyth Room, Bassetlaw Hospital.

**Notes of the meeting of the Fred and Ann Green Legacy Advisory Group  
held on Friday 17 February 2017  
in the Fred & Ann Green Boardroom, Montagu Hospital**

<b>Present:</b>	Alan Armstrong	Non-executive Director (Chair)
	Peter Brindley	Co-opted member of the Group
	John Plant	Public Governor
	Pat Rickets	Public Governor
	Betty Willis	Co-opted member of the Group
	Maureen Young	Public Governor
<b>In Attendance:</b>	Andy Thomas	Interim Deputy Director of Finance
	Kate Sullivan	Corporate Secretariat Manager
	Paul Gravil	Head Biomedical Scientist – 17/02/8 to 17/02/10
	Rick James	Deputy General Manager – 17/02/8 to 17/02/10

**ACTION**

**Apologies for absence**

**17/02/1** The group expressed their sadness on the passing of Jeff Wademan.

**Notes of the meeting held on 5 August 2016 and matters arising**

**17/02/2** The notes of the meeting held on 18<sup>th</sup> November 2016 were APPROVED as a correct record.

**17/02/3 Matters Arising**

16/12/14 – New Ophthalmology Outpatient Centre DRI – Following concern raised about the time it would take to top-up the fund due to activity at Doncaster being lower than expected, it was reported that activity was in line with expectations. Andy Thomas gave assurance that a future assessment of the success of centre would be conducted by the Trust's auditors for financial accounts. It was anticipated that this would be available from May 2017. **AT**

**17/02/4** 16/12/11 – Hospital Shuttle –Maureen Young asked about progress with the tendering process for the hospital shuttle service and this was discussed. The process had been delayed slightly in order to link it with other bus services which were due for renewal later in the year. It was proposed that a member of the group sit on the tender panel and this would be considered. It was noted that Jeff Wademan had wished for local companies to be given consideration; local companies would be encouraged to apply.

- 17/02/5** 16/12/16 – Legacy Project Manager – The Finance directorate would provide the support required. A new Head of Financial Accounts was due to commence in post on 1<sup>st</sup> March and it was expected that this person would lead the work for the group. Concern was raised about continuity and this was discussed; Alan Armstrong would seek assurance from the Trust Board Secretary that there would be a consistent point of contact. **AT**
- 17/02/6** 16/12/18 - Satellite Radiotherapy – Andy Thomas undertook to seek clarification about whether or not the F&AG Legacy Fund was funding this project. **AT**
- 17/02/7** 16/12/20 - Falls Prevention Practitioner – Andy Thomas undertook to clarify whether or not this position had been mainstreamed.
- Film Array Business Case**
- 17/02/8** Paul Gravit and Rick James presented the paper that set out a proposal for the investment in a new piece of diagnostic equipment within pathology.
- 17/02/9** The proposal was to fund a one year proof of concept for the Film Array which rapidly detected (within one hour) most of the viral and bacterial causes of meningitis and would significantly improve the survival chances of children, young people and adults. Diagnosis currently took several days resulting in patients occupying a hospital bed during that time and spending an extended period of time on significant antibiotics.
- 17/02/10** The key benefits were outlined; these were set out in the paper. It was reported that paediatric patients were at the greatest risk from meningitis with a national mortality for children of 10%. During 2015/16, 150 paediatric patients of the Trust had been suspected of having meningitis and 35 of those had tested positive.
- 17/02/11** The new technology was currently beyond that provided as part of NHS core services. The department wished to conduct a one year proof of concept after which time they would evaluate the health benefits and present their findings to commissioners.
- 17/02/12** The proof of concept would cost £58k for one year including one year supply of testing kits. Rick James undertook to report separately to the Group on patients from the Montagu area.
- 17/02/13** The business case was discussed in detail including ongoing costs, cost of staff training, calibration costs and long term health benefits. The test was automated and the only increase in staffing cost would be the provision of a 24/7 service which would require a member of staff to be on call



overnight, the cost of this was estimated to be around £1000 per year.

**17/02/14** The potential for sharing the technology with Sheffield Children's Hospital was discussed. Rick James advised that the Trust would consider taking tests from surrounding Trusts.

**17/02/15** Verbal feedback from other Trusts who had trialed the technology with excellent results was fed back.

[Rick James and Paul Gravil left the meeting]

**17/02/16** Peter Brindley reminded the group that Fred & Ann Green had sadly lost their only child and he believed that supporting this case was in the true spirit of the Legacy.

**17/02/17** The case to fund a one year proof of concept was recommended to the Committee for approval.

#### **Developments at Montagu Hospital**

**17/02/18** In future a written report would be provided, Andy Thomas undertook to ensure this was actioned.

**AT**

**17/02/19** The Chair highlighted key issues that needed to be reported on, these included capital refurbishment of the Rehabilitation Centre and this was discussed. It was reported that this was currently on hold due to awaiting a decision from commissioners about how many rehab beds would be required. Other issues included delays in ad hoc repairs and maintenance. A verbal update on the Trust's capital plan was provided.

**17/02/20** Concerns were raised about the future of some of the services at Montagu Hospital and this was discussed.

**17/02/21** The update was noted.

#### **Progress Report on Approved Schemes**

**17/02/22** Andy Thomas presented the report. In response to a query it was clarified that all charitable funds were charged a modest fee for work undertaken by the finance team.

**17/02/23** The report was reviewed by exception;

**17/02/24** **Diabetic Nurses** – In response to a query from Maureen Young about whether the Legacy fund was still funding diabetic nurses, Andy Thomas undertook to provide clarification outside of the meeting. The Chair

**AT**

advised that the Legacy funding should have stopped at the end of the financial year.

- |                 |   |              |
|-----------------|---|--------------|
| <b>17/02/25</b> | The Chair expressed concern about the processes in place for business cases to be presented to the group. All cases should first have received the relevant approvals from either the Management Board or Corporate Investment Committee and should be endorsed by an executive. He gave examples of a previous business case presented to the group without prior knowledge of any of the group members. This was discussed and the concerns would be raised with the Board. | <b>AA</b>    |
| <b>17/02/26</b> | Ophthalmology – John Plant provided an update on his own experience of the ophthalmology department with regard to waiting times for cataract procedures. He raised concern that waiting times had not improved based on his own experience. Andy Thomas undertook to provide feedback to the Board and seek an update from the Chief Operating Officer.  | <b>AT/DP</b> |
| <b>17/02/27</b> | The update was NOTED.   |              |
|                 | <b>Community Input – New Schemes / ideas/initiatives</b>  |              |
| <b>17/02/28</b> | The update was NOTED.   |              |
|                 | <b>Summary of Fred &amp; Ann Green Legacy Funded Schemes</b>  |              |
| <b>17/02/29</b> | Andy Thomas presented the report. The group were asked to feedback on any historical items that had been omitted.   | <b>ALL</b>   |
| <b>17/02/30</b> | In response to a query from Pat Rickets, Andy Thomas agreed to clarify whether there had been a duplication of the funding relating to overseas recruitment.  | <b>AT</b>    |
|                 | <b>Current value of Funds</b>   |              |
| <b>17/02/31</b> | Andy Thomas presented the report which had been presented in a new format to include transactions.  |              |
| <b>17/02/32</b> | An overview of the current value of the fund, expenditure and allocated gains in investments and unrealised gains was provided.   |              |
| <b>17/02/33</b> | In response to several queries, Andy Thomas clarified the following: <ul style="list-style-type: none"> <li>• Unrealised gains could be realised within a matter of days</li> <li>• Monies only left the fund after costs had been incurred by the Trust, not once a business case had been approved.</li> <li>• If the cost of a case increased from the value approved a further</li> </ul>   |              |

application would need to be made.

**17/02/34** The chair emphasised that funds should only ever be released to the value of that approved.

**17/02/35** The chair recalled that at the last meeting it was highlighted that 40% individual donations should be spent within the year but there was no evidence in the reports that this was happening. This was discussed and it was agreed to provide an update on this at a future meeting.

**17/02/18** The update was NOTED.

#### **Inventory Management Update**

**17/02/19** The Group considered the report which updated the Group on the progress of the Inventory Management Project. Andy Thomas provided an update and the project was discussed.

**17/02/20** Andy Thomas provided an update on the benefits of the system.

**AS/AT**

**17/02/21** The report was NOTED.

#### **Endobronchial Ultrasound (EBUS) Update**

**17/02/22** The paper had been circulated outside of meeting.

**17/02/23** Andy Thomas provided an update. The business case had been presented to the CCG in 2016 who were fully supportive of the development but had a number of queries which the Trust had responded to. However, there had been some issues around the activity data not matching that provided by Sheffield. Anna Moulding was leading on this and a further report would be provided at the next meeting.

**17/02/24** The updated was NOTED.

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

**17/02/25** 12 May 2017 at 10am at Montagu Hospital.