

Meeting of the Board of Governors
of
Doncaster and Bassetlaw Hospitals NHS Foundation Trust ('the Trust')
on
Wednesday 21 September 2016 at 6.30 pm
(or earlier, depending on the finish time of the Annual Members' Meeting)
at
The Ivanhoe Centre, Gardens Lane, Conisbrough, Doncaster DN12 3JX

AGENDA

No	Item	Action	Enclosures
1.	Welcome and Apologies	<i>Note</i>	(Verbal)
2.	Declaration of Governors' Interests Matthew Kane, Trust Board Secretary	<i>Note</i>	Enclosure A
3.	Minutes of the meeting held on 30 June 2016	<i>Approve</i>	Enclosure B
4.	Matters Arising from the Minutes	<i>Note</i>	Enclosure C
5.	Chair's Report and Correspondence Chris Scholey, Chair	<i>Note</i>	Enclosure D
EXECUTIVE REPORTS			
6.	Chief Executive's Report Mike Pinkerton, Chief Executive	<i>Note</i>	Enclosure E
7.	Matters Arising from Board of Directors minutes All Governors	<i>Note</i>	Enclosure F
8.	Finance Report Jeremy Cook, Interim Director of Finance	<i>Note</i>	Enclosure G
9.	Business Intelligence Report Richard Parker, Director of Nursing, Midwifery & Quality David Purdue, Chief Operating Officer Sewa Singh, Medical Director	<i>Note</i>	Enclosure H
10.	Strategy & Improvement Report Dawn Jarvis, Director of Strategy & Improvement	<i>Note</i>	Enclosure I
11.	People & Organisational Development Report Karen Barnard, Director of People & Organisational Development	<i>Note</i>	Enclosure J
GOVERNANCE			
12.	Appointment of External Auditor Bev Marshall, Member of the Working Group	<i>Approve</i>	Enclosure K

13.	Reappointment of Non-Executive Director Mike Addenbrooke, Vice Chairman	<i>Approve</i>	Enclosure L
14.	Designation of Senior Independent Director Mike Addenbrooke, Vice Chairman	<i>Approve</i>	Enclosure M
SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
15.	Minutes of the Health & Care of Adults Sub-Committee meeting held on 5 July 2016	<i>Note</i>	Enclosure N
16.	Minutes of the Health & Care of Young People Sub-Committee meeting held on 12 July 2016	<i>Note</i>	Enclosure O
17.	Minutes of the Appointments & Remuneration Sub-Committee meeting held on 4 August 2016	<i>Note</i>	Enclosure P
18.	Minutes of the Agenda Planning Sub-Committee meeting held on 9 August 2016	<i>Note</i>	Enclosure Q
MEMBERSHIP			
19.	Feedback from members All governors	<i>Note</i>	(Verbal)
GOVERNOR REPORTS			
20.	Governor reports from committees and other activities All governors	<i>Note</i>	(Verbal)
INFORMATION ITEMS			
21.	Any Other Business Resolution : <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> Chris Scholey, Chairman	<i>Note</i>	(Verbal)
22.	Date of Next Meeting : Date: TBC Time: Venue:	<i>Note</i>	(Verbal)

Register of Governors' Interests as at 12 September 2016

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

Ruth Allarton, Partner Governor

School Governor, Tuxford Academy
Parish Councillor, Weston Parish

Dr Utpal Barua, Public Governor

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

Philip Beavers, Public Governor

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

Shelley Brailsford, Public Governor

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

Hazel Brand, Public Governor

Member, Bassetlaw District Council

David Cuckson, Public Governor

Justice of the Peace, Scunthorpe
Member, Worksop 41 Club

Vivek Desai, Staff Governor

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

Nicola Hogarth, Public Governor

Employee, BT Health (BT PLC)

Peter Husselbee, Public Governor

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

Pat Knight, Partner Governor

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

Bev Marshall, Public Governor

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

Brenda Maslen, Public Governor

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

Rupert Suckling, Partner Governor

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

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

The following have no relevant interests to declare:

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

The following have not yet declared their interests:

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

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

Matthew Kane

Trust Board Secretary

**UNAPPROVED Minutes of the meeting of the Board of Governors held on
Thursday 30 June 2016
in the Lecture Theatre, Education Centre, Bassetlaw Hospital**

Chair	Present: Chris Scholey	Apologies:
Public Governors	Mike Addenbrooke Utpal Barua Phillip Beavers Shelley Brailsford David Cuckson Dev Das Eddie Dobbs Nicola Hogarth Peter Husselbee Brenda Maslen Bev Marshall Susan Overend John Plant Patricia Ricketts Denise Strydom George Webb Maureen Young	Dennis Benfold Hazel Brand
Staff Governors	Vivek Desai Lorraine Robinson Andrew Swift	Lynn Goy Shahida Khalele Roy Underwood
Partner Governors	Ruth Allarton Lisa Bromley Ainsley MacDonnell Cllr Susan Shaw Dr Rupert Suckling Clive Tattley	Oliver Bandmann Cllr Pat Knight Jackie Pederson
In Attendance:	Alan Armstrong Karen Barnard Emma Bodley Suzy Brain England Geraldine Broderick Jeremy Cook David Crowe Maria Dixon Kirsty Edmondson Jones Matthew Kane Martin McAreavey Angela O'Mara	Non-executive Director Director of People & OD Head of Communications and Engagement Chair Designate Non-executive Director Interim Director of Finance Non-executive Director Head of Corporate Affairs Strategy & Improvement Trust Board Secretary Designate Non-executive Director Executive PA

John Parker	Non-executive Director
Richard Parker	Director of Nursing, Midwifery and Quality
Mike Pinkerton	Chief Executive
David Purdue	Chief Operating Officer
Sewa Singh	Medical Director
Kate Sullivan	Corporate Secretariat Manger

Apologies:	Dawn Jarvis	Director of Strategy & Improvement
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director

Public: 3 members of the public were in attendance

Action

Welcome and apologies

G/16/06/1 Chris Scholey welcomed those present to the meeting. Angela O'Mara and Matthew Kane were welcomed to their first meeting. Chris Scholey also acknowledged that it would be the last meeting for Maria Dixon and Geraldine Broderick, who were both thanked for their service and professionalism.

Apologies recorded above were noted.

Declaration of governors' interests

G/16/06/2 No changes were reported.

Minutes of the meeting held on 19 April 2016

G/16/06/3 The minutes of the meeting held on 19 April 2016 were APPROVED as a true record of the meeting.

Matters arising and action notes

G/16/06/4 No matters arising were declared. The action log was reviewed and updated.

Chair's report and correspondence

G/16/06/5 Chris Scholey identified the following developments since his report:

G/16/06/6 Correspondence had recently been received from Jim Mackey, CEO of NHSI, regarding 16/17 finances. During the first wave the Trust agreed a control total deficit of 27.1 million; currently nineteen Trusts were still to agree their control totals. The letter acknowledged a provider deficit of 2.45 billion in the financial period 15/16 with an underlying deficit of 3.3 billion which was subject to technical adjustments. NHSI requested assistance in the following areas:

Cost control of pay – the Trust's response would indicate this was under control and locum and agency costs had been reduced.

Back office of pathology was being progressed through the regional STP. This had recently been discussed at the Governors' timeout session and a further briefing detailing the final position would take place either at the next timeout or at a specially convened meeting.

Consolidation of unsustainable services, a good regional example of this would be the out of hours ophthalmology service where collectively the trusts in the region were looking to consolidate provision into one area.

G/16/06/7 George Webb advised that five governors had attended a follow on meeting with NHSI where the regulator had reiterated their satisfaction with the progress made to date.

G/16/06/8 It was reported that early signs for the Trust's finances were positive. At month 2 it was currently 0.5 million ahead of plan, not including the £2 million reserves for further cost pressures.

G/16/06/9 NHSI had met that week with Chris Scholey, Mike Pinkerton, Jeremy Cook and Dawn Jarvis to review performance and delivery of the cost saving programme. The general feeling was positive and the scheduled weekly telephone conversations had been reduced to fortnightly.

G/16/06/10 At that week's Board of Directors it was agreed to formalise the regional Vanguard work and ratify the Trust's commitment to be part of the regional federation. Further details to follow in due course.

The Chair's Report was NOTED.

Chief Executive's Report

G/16/06/11 Mike Pinkerton presented a comprehensive report.

The challenge identified at the start of the year was to balance quality and performance against financial pressures to ensure sustainable progress could be achieved.

G/16/06/12 Performance Update – Performance in key areas had been maintained or improved upon. Despite being compliant in April pressures around the four hour wait had seen volume and intensity increases. A Perfect Week had taken place which had demonstrated possible improvements with the potential to improve patient flow.

G16/06/13 It was noted that only four Trusts achieved the four hour wait at the end of last year. As a result a national improvement plan was expected within the next two weeks. Trusts would be categorised into four cohorts with differing levels of support/encouragement dependent upon their classification. A briefing would follow as the plan emerged

G/16/06/14 Sustainability and Transformation Plan (STP) – Mike Pinkerton advised that a 30 page plan was to be submitted shortly detailing the regional footprint and the associated governance. An initial proposal for

submission was the formation of a collaborative partnership board which included CCGs, Local Authorities, Foundation Trusts, and Mental Health & Community Trusts, NHS England, Healthwatch and the voluntary sector. A longer term governance arrangement would need to be developed in due course.

Once actions had been agreed by the STP governing body these would be implemented by the STP delivery unit; this would comprise of the Acute Care Vanguard, an alliance between Mental Health and Community Trusts, the PMO for the Commissioner Working Together Programme and the PMO for the Working Together Provider Programme.

G/16/06/15 Staff Achievements - Mike Pinkerton placed on record his gratitude to non-executive director, Geraldine Broderick. Geraldine was due to leave DBH to take up the role of Chair at Norfolk Community Health and Care NHS Trust; she was thanked for her service to the Trust and its patients and wished well in her new role.

G/16/06/16 Utpal Barua enquired if the development of the Super Trust League would result in Sheffield Hospitals working with patients. Mike Pinkerton confirmed that both Sheffield Teaching Hospitals and Sheffield Children's Hospital were already doing so.

Due to existing links formed as part of the Working Together Collaborative, the Trust had benefitted from the maturity of existing relationships. This was a welcomed development as Mike Pinkerton believed DBH had a crucial part to play in the regional STP.

G/16/06/17 Utpal Barua asked if management structures from organisational changes would result in an increase in the administrative support and costs and if there was any reason to believe that employees at the smaller sites would feel less valued. Mike Pinkerton confirmed that the STP was aiming to deliver on three challenges within the five year forward view, only one of them being financial. However, in order to be able to achieve this every trust would need to deliver 2% efficiency increases, driving down administration costs whilst maintaining the same quality and volume of work. There was no reason to believe joining together would increase administration, in fact consolidation may see costs reduce as more communal forms of working took place. With regards to smaller sites the STP was asking for best use of resources across all sites. Some facilities were more suited to modern patient care than others. Bassetlaw was considered to have modern, effective facilities and as an STP may provide a role to a wider service area.

G/16/06/18 Bev Marshall enquired to what extent governors would be involved in the shadow governance of STP and in view of the request that the Manchester City Region be involved in NHS matters had there been any interface with the Sheffield City Region? Mike Pinkerton advised that a parallel development to STP was the Northern Powerhouse and

Sheffield City Region. Whilst the original Sheffield City Region offer was an economic one, incorporating transport and infrastructure because of the public money that comes into the NHS he could foresee a closer involvement. In addition, the role of Local Authorities as partners on the shadow governance arrangements was likely to result in the formation of stronger links.

- G/16/06/19** George Webb enquired as to the Trust's status within the STP due to its financial position. Mike Pinkerton confirmed that the Trust was not in a position to generate a surplus but this was the case for all Foundation Trusts. The Trust needed to look at making the best use of its current resources and would join with partners to gain access to funding from STP. This would be the key channel for transformation and change.

The Chief Executive's report was NOTED.

Matters arising from the Board of Directors minutes

- G/16/06/20** No matters arising.

Finance Report

- G/16/06/21** Due to work pressures the report presented was the same as that provided to Board of Directors. The intention being that this would be amended to a more succinct format for Governors in the future. The comprehensive report reflected the vast amount of work undertaken to enhance financial reporting; clearly identifying key measures and trends.

- G/16/06/22** Financial performance - Good progress continued in M2, currently the Trust stood at 0.5million ahead of plan with a deficit of 4.9 million, after provision for future cost pressures of 2.1 million.

- G/16/06/23** YTD position - Included 2 million STP funding (2 months impact of annual 11.8 m). The exact conditions attached to receiving this funding were not yet known but were likely to be based on performance against key measures including A&E 4 hour wait and referral to treatment figures. Confirmation of these should be made within a month but based on current performance to date it was expected that full funding would be received.

- G/16/06/24** Clinical Income was performing well and was reported as 700K ahead of plan at M2.

- G/16/06/25** Cost Improvement – was 300K ahead of plan at M2 with savings of 1.3m. A commendable start had been made with current year effect of 8.2m against annual target of 11m.

- G/16/06/26** In response to a query from David Cuckson regarding the donated income technical adjustment (page 9 of the report) Jeremy Cook clarified that this was a means of reporting donated income in the Trust's accounts. It was non-recurrent and did not impact upon Trust

performance when assessed by NHSI as it was excluded from the total.

G/16/06/27 Utpal Barua expressed his appreciation of the achievements to date, however, considering the progress made within the team he queried the spend associated with the Board Advisor. Jeremy Cook confirmed that the support received from Chris Mellor had been invaluable, weekly meetings had allowed the sharing of his accounting experience to guide and support development of revised procedures and financial reporting. Both the Chairman and Mike Pinkerton endorsed Jeremy's view and added that the Board Advisor was also there to provide an independent assurance to NHSI that the required improvements were being implemented. Chris Mellor would continue to work two days per week until the end of July when this would be reduced to one day per week.

G/16/06/28 Maureen Young expressed concern at the state of repair in Rehab 2 at Mexborough Montagu and in view of the freeze placed on capital expenditure requested confirmation of the plans for the partially completed refurbishment. Mike Pinkerton clarified that capital expenditure had not ceased. A capital programme of works was ongoing, however, this particular piece of work was closely linked with the intermediate care review currently being completed by Doncaster CCG. There was an assurance given that the area would be reviewed to ensure it was fit for purpose. Updates regarding the progress of intermediate care would be provided in due course.

MP

G/16/06/29 George Webb commented on the difficulty in establishing individual CIP progress from the report and suggested it would be helpful if finer detail was available. Jeremy Cook confirmed this was intended as a summary only with further detail provided to the Financial Oversight Committee (FinOC). As governor observer at FinOC Bev Marshall would have access to this detail if required by governors.

The Finance Report was NOTED.

Business Intelligence Report

G/16/06/30 A detailed executive summary, including data, had been provided and questions were invited.

G/16/06/31 Nicola Hogarth sought an assurance that the cancer statistics contained in the report were an accurate reflection of performance as recent attendance at an NHS England event had highlighted the current system was open to manipulation. David Purdue detailed the significant work undertaken in this area to date and gave an assurance of the accuracy of data which was externally validated/ audited on an annual basis.

G/16/06/32 In response to a request from Bev Marshall an update was provided by David Purdue and Richard Parker on the steps taken to improve the ambulance handover position. As a result of concerns previously reported by EMAS plans were underway to install the joint electronic

handover system at Bassetlaw. This technology was currently in use at DRI and would provide on screen alerts to notify of expected ambulance arrival. In addition to the planned IT support Richard Parker confirmed that much work had been undertaken following last year's complaint around ambulance delays. Regular site meetings had taken place throughout the day to review activity and identify pinch points. An internal escalation process was in place to ensure issues were addressed at a senior level to remove blockages and manage patient flow. During the month of May arrivals at both DRI and Bassetlaw increased significantly with the arrival of an additional 1,000 patients as compared to April. This represented an increase of 12.6% and 10.2% at the respective sites.

G/16/06/33 As a result of a recent leaflet drop Maureen Young enquired how much potential business was lost to the private sector and if the Trust still utilised the "choose and book" facility. David Purdue confirmed this was still in operation. Referrals in this area continued to rise and outsourcing ensured maintenance of targets.

G/16/06/34 In response to a query from Utpal Barua regarding stroke performance David Purdue confirmed the Trust's performance was the highest in the region. The SSNAP (stroke audit) contained within the Chief Executive's report indicated an overall "A" rated performance which was a significant achievement and put DBH in a favourable national position.

G/16/06/35 Clive Tattley expressed concern at the high level of outpatient cancellations and queried why this was not rated "red". David Purdue advised that the problem related to the data which currently took into consideration planned cancellations. Work was underway to review those clinics cancelled within 6 weeks of the date of appointment and an assurance was given that this would be incorporated into future reports. A breakdown relating to the specific care group would also be provided.

DP

G/16/06/36 Following concerns raised by a Governor after a recent A&E visit, David Purdue provided an explanation of the staffing levels and protocols in place to ensure effective management of visitors/patients and agreed to look into the matter.

DP

G/16/06/37 Confirmation was requested by Utpal Barua that appropriate guidance and advice was provided to staff with regards to professional conduct. Richard Parker advised both internal Trust policies and guidance from the various professional bodies incorporated such matters. These expectations would be reinforced through internal communications and staff training.

The Business Intelligence Report was NOTED.

Strategy & Improvement Report

G/16/06/38 Kirsty Edmondson-Jones invited questions on the above report in Dawn

Jarvis' absence.

G/16/06/39 In connection with item 2.3 George Webb sought clarification with regards to attendance at the scheduled "Grip & Control" meetings. Kirsty confirmed attendance had been more difficult to secure due to the delayed availability of budgetary information. Dawn Jarvis had escalated concerns to the Executive Team and these were addressed.

G/16/06/40 George Webb sought an assurance that the support from other providers and commissioners referred to in paragraph 3.3 was available to allow plans to be delivered. Kirsty Edmondson-Jones confirmed this was in place.

The Strategy & Improvement Report was NOTED

People & OD Quarterly Report

G/16/06/41 Karen Barnard, Director of People & Organisational Development, was introduced to Governors. Karen took up post last month and brought with her a wealth of experience in all aspects of People & OD. This quarterly report was submitted to the Board of Directors and included both a Q4 and a cumulative year end performance for 15/16. The format of the report would be reviewed for future use.

G/16/06/42 The following updates were noted:

- Sickness/absence – performance at the end of May 2016 was reported at 3.78%, an improvement on the year-end figure of 4.16%.
- Appraisal - data at the year-end was positive and the focus continued in this area.
- Statutory and Essential Training - much work was underway in this area to establish the type, frequency and recording of training. The Trust was working collaboratively with the other Working Together Trusts to standardise requirements and methods of delivery.
- Health & Well-being - a CQUIN plan had been developed for submission to the CCG, areas of development included improved mental well-being provision and access to physical activity.
- Staff Engagement - extensive communication had taken place including turnaround workshops, formation of a recovery team consisting of 70 staff, use of social media and an 'Open Mike' session. The level of engagement had been commended by KPMG but it was recognised there was scope to do more.

G/16/06/43 In response to a query from Mike Addenbrooke, Karen Barnard advised

the cost of absence to the Trust should be made clear to staff via line manager discussions. A review of the sharing of information across the care groups and via Buzz was also being considered to support this.

G/16/06/44 David Cuckson asked for an explanation of the significant increase of capability cases where “formal action not dismissal” was reported in 15/16 as compared to 14/15. Karen Barnard advised part of the change was due to a reclassification; previously such cases had been included in the case type “conduct/discipline”. Case work for “capability – failure of sickness targets” was now accurately capturing and monitoring standards in this area and an increase could be seen due to improved absence management.

G/16/06/45 Further to G/16/6/42 Bev Marshall acknowledged the reasons for the reclassification. No analysis of underlying trends had been completed as part of the recategorisation, however Karen Barnard confirmed it was her view that the number of conduct cases had reduced over the year, whilst due to improved absence monitoring the failure of sickness targets cases would increase.

G/16/06/46 In response to a query from George Webb, Karen Barnard confirmed that return to work discussions were vital in managing and understanding staff absence.

G/16/06/47 George Webb enquired if there were any improvements to practice that could be implemented. Karen agreed to speak to the Governors at a future timeout session regarding her directorate of People & Organisational Development.

KB

G/16/06/48 Utpal Barua enquired of the impact of Brexit on the Trust. Karen Barnard confirmed the need to reconfirm the part our European and overseas workforce played in the organisation. A message communicating support for overseas colleagues was planned for staff brief. With regards to overseas recruitment the Trust may need to consider the need to market itself as a model employer. A previous barrier to overseas recruitment was around the English Language examination and a change to the assessment process to make this more appropriate was to be introduced.

G/16/06/49 With reference to the values for staff spend included in the finance report Clive Tattley enquired if actual numbers of staff could be included in future reports to make this data more meaningful. A breakdown to show substantive/agency/bank was suggested. Karen Barnard confirmed this was a change already identified for implementation.

JC/KB

The Q3 People & Organisational Development Report was NOTED.

Chair Appointment

G/16/06/50 Mike Addenbrooke requested the Board of Governors consider that

Suzy Brain England, in accordance with the Trust constitution, be appointed Trust Chair for a period of 3 years with effect from 1 January 2017. Geraldine Broderick supported the recommendation and a show of hands from the governors followed. Chris Scholey welcomed Suzy to the Trust and she expressed her appreciation of the opportunity to take on the role of Chair.

The appointment of Suzy Brain-England as Chair from 1 January 2017 was APPROVED.

External Auditors

G/16/06/51 The Trust considered a report setting out the position and legal advice in respect of the external auditors. Following questions it was agreed that the contract with the external auditors be brought to a conclusion through mutual agreement.

G/16/06/52 With regards to the proposed assessment group for the tendering process to appoint a new external auditor, George Webb requested the number of governor representatives be increased from one, as proposed in the report, to three. Nominated representatives were Bev Marshall, David Cuckson and Philip Beavers. A recommendation from the group would be brought back to the next Board of Governors meeting.

JC

G/16/06/53 Clarification around the evaluation criteria was offered by Jeremy Cook.

The recommendation that the contract with the external auditors be ended by mutual agreement was APPROVED.

Governors also APPROVED the formation of a working party to recommend a new external auditor comprising Bev Marshall, David Cuckson and Phil Beavers.

Non-Executive Objectives

The Non- Executive 16/17 objectives were APPROVED.

G/16/06/54 George Webb confirmed the need to secure a replacement for Geraldine Broderick, including the need to assign responsibility for the Trust's whistleblowing role.

G/16/06/55 In response to a query it was clarified that the NED appraisals had not yet been circulated as Maria Dixon was currently awaiting appraisee comments for inclusion. All appraisals had been conducted and updated copies will be shared by 8 July 2016.

MD

Minutes of the Agenda Planning meeting held on 19 May 2016

Minutes of the Agenda Planning meeting held on 19 May 2016 were NOTED.

Minutes of the Communications, Engagement & Membership meeting held on 7 June 2016

- G/16/06/56** Philip Beavers confirmed the need to revisit the terms of reference for this committee to ensure that the group focus is widened. Draft terms of reference would be prepared following the next committee meeting.

Minutes of the Communications, Engagement & Membership meeting held on 7 June 2016 were NOTED.

Feedback from Members

- G/16/06/57** Maureen Young sought clarification on instructions for visitors attending outpatients which referred to waiting behind the 'red line'. Some confusion existed around the colour and location of the line and David Purdue agreed to look into this.

DP

- G/16/06/58** In response to a question from Lorraine Robinson regarding the whistleblowing policy and Guardian role, Mike Pinkerton and Richard Parker clarified the Trust's implementation plans. The aim was to adopt or adapt the national whistleblowing policy as part of local arrangements. The policy would ensure all staff had the opportunity to raise concerns and would be closely aligned with the guardian role associated with junior doctor's hours. The policy was to be formally accepted and adopted by September 2016.

- G/16/06/59** Mike Addenbrooke highlighted concerns on behalf of the governors with regards to the volume and complexity of reports and requested a simplified format, including more plain English terms. Chris Scholey acknowledged the request, some reports had already been reduced or extended as in the case of P&OD and further work was planned to streamline the finance submission. A commitment to reduce where possible was agreed.

**CS/
Execs**

- G/16/06/60** Mike Addenbrooke advised the issue of scanners previously raised was still of concern. A wider discussion took place and Mike Pinkerton gave an assurance that there had been no cost to the Trust, nor would it be until there was a working product. With regards to the tender process the Trust used the Crown Commercial Service framework which meant best price, value and quality had already been secured. At the time of the decision the strategy was deemed reasonable to support the progress of pursuing a paper-light environment. As this was still an area that was under review it was likely that some of the scanning functionality would be utilised. Where spare capacity existed options to sell this on would be explored.

- G/16/06/61** John Parker confirmed a final update on this matter was to be provided at the next Financial Oversight Committee meeting.

FinOC

G/16/06/62 Nicola Hogarth asked for further information around the tendering process and where a tender was not undertaken that appropriate governance was in place to monitor this.

G/16/06/63 Mike Pinkerton suggested further information could be provided on the tendering process. **JC**

Governor reports from committees and other activities

G/16/06/64 None reported.

Any other business

G/16/06/65 None.

Questions from members of public

G/16/06/66 An issue was raised with regards to difficulty in accessing the Board of Governors and Board of Directors. It was agreed that information regarding dates of meetings would be included in Foundation for Health. **EB/MD**

Date and time of the next meeting:

Date: 21 September 2016

Time: 6.30 pm (or earlier, depending on the finish time of the AMM)

Location Ivanhoe Centre

Action Notes

Meeting: Board of Governors

Date of meeting: 30 June 2016

Location: Bassetlaw Hospital

No.	Minute No	Action	Responsibility	Target Date
1.	G/15/09/34	BIR / RTT reporting - Consider including the number of patients who had not been seen within the target times alongside the percentages.	DP	
2.	G/16/04/58	Seek formal legal advice regarding whether a share of surplus generated from ophthalmology development could be used to repay Fred and Ann Green Legacy funds.	JC	July 2016
3.	G/16/06/28	A review of Rehab 2 at Mexborough Montagu to ensure that the area is fit for purpose.	MP	ASAP
4.	G/16/06/35	Amended calculation of outpatient hospital cancellation rate and breakdown by care group to be incorporated in the BIR report.	DP	September 2016
5.	G/16/06/36	Look into issues raised in feedback from Mike Addenbrooke regarding booking in at DRI ED.	DP	ASAP
6.	G/16/06/47	Presentation on P&OD to be scheduled for a future governor timeout.	KB	Sep / Dec 2016 timeout
7.	G/16/06/49	Headcount for agency/substantive/bank staff to be included in the finance report to support the staff spend.	JC/KB	ASAP

Date of next Meeting:

30 June 2016

Action Notes prepared by:

Angela O'Mara

Circulation:

Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date
8.	G/16/06/52	Assessment group to review appointment of new external auditor to incorporate the following governors: Bev Marshall, David Cuckson and Philip Beavers.	JC	Immediate
		Recommendation from the group to be considered at next Board of Governors meeting.	JC	September 2016
9.	G/16/06/55	NED Appraisals to be circulated with appraisee comments included.	MD	July 2016
10.	G/16/06/57	Review waiting arrangements in outpatients to ensure appropriate signage is in place.	DP	ASAP
11.	G/16/06/59	Meeting papers to include more information in summary format for future meetings.	CS / Execs	ASAP
12.	G/16/06/61	iHospital procurement / scanners – provide governors with assurance via FinOC governor observer.	FinOC	July 2016
13.	G/16/06/63	An overview of the tendering process to be shared with governors.	JC	Sep/Dec 2016 timeout
14.	G/16/06/66	List Board of Directors dates in <i>Foundations for Health</i> magazine.	EB / MD	August issue of F4H



Title	Chair's Report and Correspondence		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Chris Scholey, Chair		
For:	Noting		
Purpose of Paper: Executive Summary containing key messages and issues			
<p>The purpose of this report is to advise of the key messages from the Chairman since the last Board of Governors meeting on 30 June 2016.</p> <p>It includes updates on:</p> <ul style="list-style-type: none"> • Governor resignations and welcomes • Resignation of Chief Executive • Details of Board of Governors' Timeout on 5 September • Update on discussions with NHSI • Opening of new Birthing Suite at Bassetlaw • Stroke services update • Update on Non-executive Director recruitment • Well-led Governance Review to commence in Q3 • Partnership working 			
Recommendation(s)			
That the report be noted.			
Related Strategic Objectives			
<ul style="list-style-type: none"> • 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			
None, as this report is for information only.			

Resignation of Public Governor

Colleagues will be aware that Doncaster Public Governor, Dennis Benfold, resigned in July. Dennis was in his second term as a Governor having been re-elected in April 2013. I have written to him on behalf of Governors to express my sincere gratitude and appreciation for his contribution to the Trust and his practical, common sense outlook.

Resignation of Chief Executive

You will by now be aware of Mike's intention to step down at the end of January and I know how much of a shock it came to many Governors.

As I said at the time, I have very much enjoyed working alongside Mike, his open style, knowledge and experience of the NHS, and find his total commitment to patients and staff has been both refreshing and motivating. Mike and his team have worked tirelessly to set the Trust on the road to financial recovery, whilst ensuring that the Trust's quality measures are regularly in the top 20% of the country.

I would like to place on record my thanks to Mike for everything he has done for the Trust over the past four years.

A process for appointing a new chief executive has been agreed with the NHS Leadership Academy and the incoming chair. It is expected that such an appointment will not be made until January 2017 and therefore, for a short while, an interim will be required to manage a smooth handover.

Welcome

I would like to welcome Anthony Fitzgerald, Partner Governor for Bassetlaw CCG who replaces Jackie Pedersen, and Anwar Choudhry, who becomes Doncaster Public Governor without the need for an election due to Dennis resigning within six months of the election.

Board of Governors Timeout – 5 September 2016

Governors tackled a number of big issues at their most recent timeout including Sustainability and Transformation Plans, the two-year Turnaround Plan and Internal Audit. We also received an excellent presentation from the Medical Imaging Team whom I had visited recently and received updates from Martin McAreavey on clinical governance and from the Chief Executive on recent developments at Bassetlaw Hospital.

Copies of the presentations from the session have been sent to Governors. The feedback from the session was very good.

NHSI

I spoke with representatives from NHSI in July and August to take them through handover arrangements for the new Chair starting in January and to discuss the Trust's current financial position. NHSI were very pleased with the first quarter outturn position and direction of travel.

Governors are meeting with NHSI on 26 September as part of the regular cycle of meetings. It will also be a chance to take Governors through NHSI's new organisational structure following the merger involving Monitor and the Trust Development Authority.

NHSI have also recently announced a change to the way trusts are assessed. This will be covered at the next Timeout.

Birthing Suite at Bassetlaw

Back in July I attended the opening of a fantastic new birthing suite at Bassetlaw Hospital, funded by local charity JOEL who had raised £40,000 in ten months. This was made possible thanks to the hard work, dedication and effort by a group of local fundraisers who had started the charity after losing their sons in childbirth. I would like to place on record my thanks to Emma and Matthew Pearson who, together with local fundraisers led by Rachael Hodges, spearheaded the work.

Stroke services

We understand that stroke services at some of the area's other trusts are under significant strain due to staffing issues which may require DBH to step in and take patients. I have emphasised the need to ensure proper financial modelling to be undertaken as part of that work.

Non-executive Directors

Governors will have seen that the Trust is advertising for a replacement Non-executive Director following the departure of Geraldine Broderick. In addition, David Crowe has announced he will not seek reappointment in April 2017 after eight very effective years as a non-executive director. The Trust will therefore be seeking to appoint two non-executive directors as part of the current recruitment process.

Non-executive appointments are a Governor function therefore, as we do not have a further Board of Governors until January 2017, it is likely that we will be scheduling a special meeting towards the end of November so that Geraldine's replacement can make a prompt start.

Well-Led Governance Review

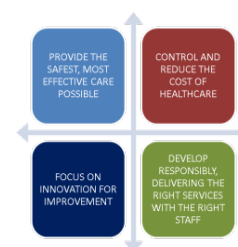
Governors will recall that the Trust undertook a governance review with KPMG three years ago. It is now time to undertake another review in line with NHSI guidance. I will be selecting the independent reviewer tomorrow (22 September) alongside the Chief Executive and Trust Board Secretary. As part of the process, the review team will be seeking governors' views on the Trust's governance arrangements through a variety of methods such as interviews and focus groups.

Partnership working

Finally, I have recently attended Working Together and Sustainability and Transformation meetings as the region moves towards a more integrated approach to healthcare.



Chief Executive's Report 21st September 2016



Performance Overview

Performance has been delivered in line with plan across Q1, with the exception of four hour wait, where performance remains above national average and delivered in line with national recovery trajectories. RTT, Cancer targets, Four hour wait and Diagnostic waits have now been failed for months or in some cases years at national level. Financial performance was such that Q1 S&T funding was secured and following delivery of CIP in Q1 better than plan and continuity of positive run rates, the overall financial deficit has been reforecast to year end projection of £16M.



Strategy Development Update:

STP (Sustainability and Transformation Plan) Level: Plans at SYB level continue to develop ahead of the next stage submission. There has been a recent requirement to review all back of house services as part of STPs. Governors have recently had an STP update session as part of the “time out”

Working Together Partnership Level : Working Together have responded to the NHSI call for proposals for back of house service integration, building on existing work streams. Top down next steps are unknown, WTP next steps are to develop proposals and business cases to the priorities previously identified.

Place level : Work continues as previously described, with weekly meetings taking place in Doncaster over the summer period and Bassetlaw progressing using existing meetings structures. The Bassetlaw AO Phil Mettam is shortly to be seconded to Vale of York CCG.



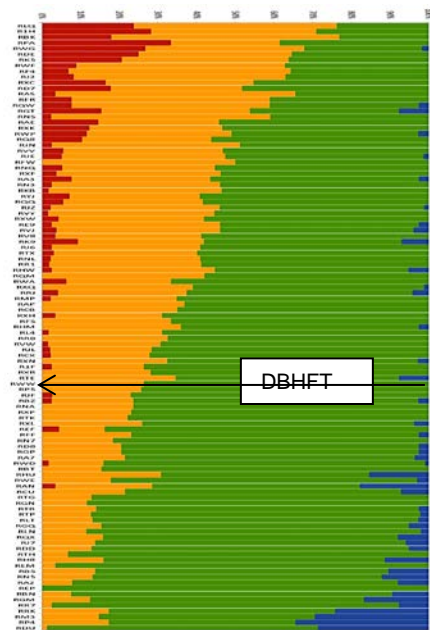
Trust level : The Trust has now submitted the two year Business plan. We are now concentrating on the five financial sustainability plan.

Business Planning 17/18 and 18/18 – NHS General Requirements.

NHSE will be releasing documentation related to CQUIN proposals, the 2017/18 Standard Contract and business rules in September 2016. The annual contracting round will be brought forward, with plans for a 2-year planning cycle to be finalised by December 2016.

NHSI - Urgent and Emergency Care Improvement Support

NHS Improvement (North) recently outlined details of the improvement support that will be available to NHS Providers in future. NHSI (North) will support the delivery of improvement programmes in urgent and emergency care, working in collaboration with system partners, through the creation of learning communities to share challenges and solutions. Locally we hosted the second regional launch event on 5th September, where feedback from the programme CE lead and delegates was very positive.



The CQC have now completed their round of full inspections of acute hospitals. There will not be a further round conducted in this form and the QCQ will move to a more targeted and unannounced approach, focusing on key signal pathways. We last benchmarked our position in October 2015 and can now be clear about the overall relative position defined, bearing in mind the inspections ran over a two year period and hospitals will have both improved and deteriorated in their compliance against CQC domains over that period. The analysis shows the Trust being at the top of the “requires improvement” designation, about 2/3 of the way up nationally. We currently have eliminated the risks previously present in the Intelligent Monitoring framework which on a like for like basis would have left the Trust in risk category five or six. Quarterly liaison continues with CQC and as required and there are currently no concerns. Final actions are



being taken within the CQC action plan.

National Cancer Patient Survey Results

NHS England recently published the National Cancer Patient Experience Survey results. The report is rated differently to previous reports in that ratings are recorded as confidence levels rather than ‘RAG’ rated:

- Within expected range
- Higher than expected range
- Lower than expected range
- There were a total of 50 questions asked which were different to previous years and this will mean it will be difficult to draw direct comparisons.
- 44/50 questions we rated within the ‘as expected’ range
- 2/50 were rated in the ‘higher than expected’ range
- 4/50 questions were rated on the ‘lower than expected’ range

Picker Inpatient Survey

The survey was published 8 June 2016. The survey looked at the experiences of 83,116 people who received care at an NHS hospital in July 2015. Between August 2015 and January 2016, a questionnaire was sent to 1250 recent inpatients at each trust. Responses were received from 568 patients at DBH. Results in all categories were within “as expected” category but overall compared favourably with local trusts. The overall trust score was 8.2/10. The detailed report will be reviewed by the Patient Experience Committee.

SSNAP (Stroke Audit) Results January 2016 to March 2016

The Trust is now achieving an A rating overall – a significant achievement and only matched by Scunthorpe in Yorkshire and South Humber. A number of areas have improved including specialist assessment and discharge processes. Making



early decisions on future location of hyper acute stroke services has been identified as a priority within the emerging STP plan.

Chemotherapy

- The Trust has expanded its outreach chemotherapy portfolio. Previously colorectal patients were attending Doncaster to see the oncologist and then travelling to Sheffield a couple of days later to receive their chemotherapy treatment. A 2 phased implementation was planned taking the first wave of regimens from February and second wave from 1st April. We are now offering all colorectal patients treatment at Doncaster and repatriating current patients being treated in Sheffield. The uptake has been very positive and the patient experience is much improved.
- Breast oncology clinics at Bassetlaw run by STH have transferred for a year to DRI due to consultant staff shortfalls caused by maternity leave.

Enhanced Care Team at BDGH

The enhanced care team commenced at BDGH on Monday 11 July 2016 for a trial period of 6 months, with potential roll out to DRI. There are 4 WTE band 2 HCAs who will cover 12 hours a day, 7 days a week. They will be line managed by Mandy Tyrell, who will also support the assessment and referral process.



As this will be a Test of Change, we will need to work together to ensure that all staff are aware of how to refer, what steps they need to have considered before requesting the enhanced care team and how we manage this with a small team. We have now had 520 staff in the Trust attend the Frailty Awareness sessions referred to last month, 220 of which were at BDGH, to help support this change in thought process. We also hope this team will help address some of the perceptions of security reported in the last inpatient survey.

Staff & Appointments

- Kirsty Edmondson-Jones has been appointed as Director of Estates and Facilities.
- Jon Sargeant has been appointed as Director of Finance, he will commence in post on 31 October 2016 and will be involved in key decisions in collaboration with Jeremy Cook during the interim period.
- Simon Marsh has been appointed as Chief Information Officer. Simon commenced in post on 5th August.

Personal message from the Chief Executive

You will have seen or heard of the message from the Chairman announcing my resignation, which will be effective from January 2017. I just wanted to say what an extraordinary privilege it has been to, both lead and serve, as your Chief Executive over the last four years, and some time prior to that as an executive director for seven years. I am very proud of what we have achieved over that period and to work alongside you all has been the pinnacle of my career.

The improvements made in quality, safety and outcomes that you have achieved, through implementing the Strategic Direction, Looking Forward to our Future, and through living out the values that you helped set to underpin that strategy, have been greatly appreciated by so many individual patients, our regulators and commissioners.

There are very few trusts that have improved so fast or so comprehensively and it has been particularly encouraging to see how quality has been maintained and developed in so many areas, even under the difficult financial challenges faced by the NHS and by this Trust, which were magnified last year.

But once again, we have risen to the challenge and we have now set a course towards financial recovery. To deliver on that will require continued focus from us all, but I am sure we can do it. As a Trust, in many ways, we are stronger than ever and our striking progress in Research & Development and Training & Education now leaves us knocking on the door of becoming a teaching hospital.

Next year will start with a new Chairman and Chief Executive and the baton will pass to them to continue to strive for gold. Having recently completed recruitment to rebuild our senior management team, we now have every prospect of continuing the progress made over recent months and years and start to implement the more strategic changes necessary to achieve enduring sustainability moving forwards.

But my message today is absolutely one of optimism and positivity for the future of the Trust, which is now commonly acknowledged by local providers and commissioners to be absolutely essential for the delivery of services not just to local people, but also to patients from across South Yorkshire as services are reshaped in line with Sustainability and Transformation Plans.

So it remains for me to express my deep thanks to all who have been with me on this journey for their support and encouragement. Today, I would particularly like to thank the Board of Governors for your support, encouragement and, when required, constructive criticism that is a key part of the role.

I look forward to continuing our work together over the next few important months as we deliver our commitments for this year and define our strategy for the next five years.

With best wishes,

Mike

Minutes of the meeting of the Board of Directors
held on Tuesday 24 May 2016
in the Boardroom, Bassetlaw Hospital

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People & Organisational Development
	Geraldine Broderick	Non-executive Director
	Jeremy Cook	Interim Director of Finance
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Emma Bodley	Head of Communications & Engagement
	Maria Dixon	Head of Corporate Affairs
	Chris Mellor	Board Advisor
	Kate Sullivan	Corporate Secretariat Manager
Public:	Ken Anderson	Strategy & Improvement Team
	Philip Beavers	Public Governor
	Willy Pillay	Care Group Director – Surgical Care Group
	George Webb	Public Governor

ACTION

Welcome and apologies for absence

16/5/1 Chris Scholey welcomed Willy Pillay and Ken Anderson to the meeting.

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

16/5/2 No changes were noted.

Minutes of the meeting held on 24 April 2016

16/5/3 The minutes of the meeting held on 24 April 2016 were APPROVED as a correct record of the meeting, subject to the following amendments:

16/5/4 16/4/23 – “Steven Hay” to be amended to “Stephen Hay”

16/5/5 16/4/23 – “, but the details above had not been reported.” to be added to the end of the paragraph.

16/5/6 16/4/35 – “clear an achievable” to be amended to “clear and achievable”.

- 16/5/7** 16/4/39 – “Mike Pinkerton was the executive lead” to be amended to “Mike Pinkerton reported that he was the executive lead”.
- 16/5/8** 16/4/44 – “had increase by” to be amended to “had increased by”.
- 16/5/9** 16/4/52 – “low cost initiatives” to be amended to “lower cost initiatives”.
- 16/5/10** 16/4/53 – “David Crowe” to be amended to “John Parker”; “health prevention” to be amended to “health promotion”.
- 16/5/11** 16/4/83 – “91.46%” to be amended to “92.46%”.
- 16/5/12** 16/4/83 – Final sentence to be amended to read: “Performance for the year ended at 94.51% as a Trust, which was also in the upper quartile nationally; national performance stood at 84.6% for the year.”
- 16/5/13** 16/4/85 – “underling” to be amended to “underlying”.
- 16/5/14** 16/4/99 – “compared to February” to be added to the end of the sentence.
- 16/5/15** 16/4/104 – “team meeting” to be amended to “quality meeting”.
- 16/5/16** 16/4/120 – “cleansed” to be amended to “validated”.
- 16/5/17** 16/4/125 – “welcomed to the proposed changes” to be amended to “welcomed the proposed changes”.

Minutes of the meeting held on 7 April 2016

- 16/5/18** Due to the late submission of minutes of the meeting held on 7 April 2016, these would be circulated following the meeting for approval. Any corrections were to be submitted to Kate Sullivan.

Actions from the previous minutes

- 16/5/19** The action notes from the meeting held on 24 April 2016 were reviewed and updated.

Matters arising

- 16/5/20** 16/4/41 – Unavailability of agency staff to populate rotas had posed an escalating service continuity risk. The issues had been raised with other trusts and Martin McAreavey asked for an update on this. David Purdue advised that the first draft of a memorandum of understanding to be agreed between the trusts of the Working Together Programme had been circulated.
- 16/5/21** 16/4/55 – Appraisals – David Crowe noted that there had been concern raised at the ANCR committee meeting with regard to the quality of appraisals. Karen Barnard advised that work was in train to look at this and to support staff in improving the quality of appraisals, and that the staff

**ANCR /
KB**

survey action plan would also cover this. It had been proposed that this also be included in the 2016/17 audit plan.

- 16/5/22** 16/4/26-28 – Board of Governors meeting – concern had been raised regarding the purchase of document scanners, which were now not to be used. David Crowe stated that the position needed to be clarified for governors as he believed the information provided about the overall cost to the Trust had been misleading. This was discussed and it was agreed to provide governors and directors with a briefing regarding the position. **MP**

Chair's correspondence

Chris Scholey reported the following:

- 16/5/23** Working Together – Chris Scholey had met with the Chief Executives and Chairs of the Working Together Programme and discussion topics had included Sustainability and Transformation Plans (STP). It had been agreed that trusts should be working closely in relation to the use of locums and agency staff.
- 16/5/24** Care Groups visits – Chris Scholey and John Parker had recently visited three Care Groups. Discussions with staff about the Turnaround Programme had been very encouraging.
- 16/5/25** Board Brief – It had been agreed that future Board Brief sessions would focus on strategy. Details of the next session would be circulated outside of the meeting.
- 16/5/26** CCGs – Chris Scholey had attended the Bassetlaw CCG board meeting. Key discussion topics had included the STP and the CCG had been very complimentary about the quality of care provided by the Trust.
- 16/5/27** Bassetlaw Hospital – It was noted that John Mann MP had written to governors to invite them to a public meeting to discuss the future of Bassetlaw Hospital. This was discussed and it was agreed that Chris Scholey and Mike Pinkerton would discuss the letter outside of the meeting. **MP/CS**
- 16/5/28** New Trust Board Secretary – Matthew Kane would be joining the Trust on 4 July.
- 16/5/29** Board of Governors Timeout – The next session would take place on 10th June.

The Chair's Correspondence was NOTED.

Chief Executive's report

Mike Pinkerton presented the report and drew attention to the following:

- 16/5/30** Junior Doctors Industrial Action – A provisional agreement had been

reached and the junior doctors' contract had been submitted to a ballot of 45,000 junior doctors.

- 16/5/31** NHS Financial Performance Q4 2015-16 – An overview of recently published figures for Q4 2015-16 was provided. 86% of the acute sector had ended 2015/16 in deficit.
- 16/5/32** Sustainability and Transformation Plans (STP) – Some executives had attended the second Bassetlaw 'Place Based Plan' session. The meeting had been well attended, with attendees including practice managers from primary care, and there had been a willingness to consolidate services. The Bassetlaw plan was being developed through the Bassetlaw System Resilience Group.
- 16/5/33** A similar session had been held for Doncaster and Mike Pinkerton and Sewa Singh had represented the Trust. The Doncaster plan was being taken through the Doncaster Health & Social Care Transformation Group.
- 16/5/34** Mike Pinkerton had attended a South Yorkshire STP timeout session. This had included a detailed scrutiny of some, but not all, of the workstreams and had also covered developing a mission and vision.
- 16/5/35** Surgical Pathways at Bassetlaw Hospital – During the month, action had been taken quickly to maintain the safety and efficacy of key elements of the emergency surgical service at Bassetlaw, following inability to replace junior doctors who had left the service. Due to the immediacy of the action required, it had not been possible to agree this with the Board in advance.
- 16/5/36** One of the decisions taken had been to transfer acutely unwell patients to DRI for inpatient treatment. Over coming weeks it was intended to move more elective surgical patients from Doncaster to Bassetlaw, and this was expected to balance the number of emergency patients admitted to Doncaster.
- 16/5/37** In response to queries from David Crowe and John Parker, Mike Pinkerton stated that the decisions taken were fully in line with the clinical advice received. Mike Pinkerton had spoken with John Man MP recently, and had set out the timeline of events during that conversation.
- 16/5/38** In response to a query from Martin McAreavey, it was noted that there had been no complaints from patients with regard to the changes. The Trust would focus on communicating the care pathway and maintaining understanding among patients, public and staff.
- 16/5/39** National Reporting and Learning System (NRLS) – The Trust had moved up 20 places to 42nd best out of 136 Trusts for April to September 2015.
- 16/5/40** Public Health England Antenatal & Newborn Screening QA Visit May 2016 – Verbal feedback received on the day had been positive overall. The Trust

was commended on the implementation of the K2 Maternity system from a screening perspective, which was described as 'outstanding' and the most complete they had seen in the QA programme nationally. The Board congratulated staff on this.

- 16/5/41** Geraldine Broderick stated that she had attended a Care Group meeting and that staff had been very proud of the feedback received. The Board requested that staff achievements in respect of the K2 implementation; H 2315 study; Trauma & Orthopaedics RTT performance and A&E performance be acknowledged. **MP/KB**
- 16/5/42** Turnaround – A series of drop-in Turnaround workshops had been held; Alan Armstrong asked how staff ideas were being evaluated and enhanced and whether any feedback was provided to contributors and this was discussed. Dawn Jarvis confirmed that this was all part of the programme and was covered in the Strategy & Improvement paper (*enclosure F*).
- 16/5/43** Corporate Objectives – Final performance against the 2015/16 objectives was included in the report. It was noted that Karen Barnard's name should be removed from the report and replaced with Dawn Jarvis, as Karen had not been in post during this period. **KS**
- 16/5/44** The Chief Executive's Report was NOTED.
- Strategy & Improvement Report**
- 16/5/45** Dawn Jarvis presented the report, which provided an update on CIP progress, turnaround communications and engagement for turnaround, and recovery and sustainability plans.
- 16/5/46** 16/17 CIP – Month 1 Delivery – The CIP target had been achieved ahead of the original plan and the stretch plan. This was commended.
- 16/5/47** All work to reduce and control cost was within the 13 workstreams which were subject to fortnightly challenge meetings. Workstreams were RAG rated with regard to progress to achieve targets. Two of the workstreams had been rated red; all issues were being addressed.
- 16/5/48** In response to a query from David Crowe about the Medical Productivity workstream, Sewa Singh advised that external consultants were providing additional resource for this and had provided external benchmarking. It was key to maintain momentum.
- 16/5/49** Communications & engagement – There had been significant developments in communications and engagement planning. Two staff events had been held, resulting in over 50 new members of staff joining the 'Recovery Team'. Staff had shared their ideas, and feedback on how these would be taken forward would be provided.
- 16/5/50** A link to a short video which provided a guide to turnaround was included in the paper.

- 16/5/51** David Crowe welcomed the range of communication and engagement activities reported and stated that it was important to monitor the number of staff involved and to track the breadth of engagement.
- 16/5/52** Recovery Plans – A timetable for delivery of the various stages of the plans was provided.
- 16/5/53** David Crowe endorsed the format of the report and welcomed the clear links to finance.
- 16/5/54** Resources – The programme was under constant review and was being supported by external consultants independently procured through NHSI's Financial Improvement Programme. David Crowe noted that the Trust should be mindful of the cost of external support.
- 16/5/55** Martin McAreavey commended the report. He noted that delivery was weighted towards the end of the year and asked for assurance regarding deliverability. This was discussed and Dawn Jarvis provided a detailed overview of the phasing of delivery.
- 16/5/56** Critical milestones for each workstream were under constant review, and slippage would be reported to the Board and the Financial Oversight Committee. John Parker stated that the Financial Oversight Committee would scrutinise the position in depth each month.

The Strategy & Improvement Report was DISCUSSED and NOTED.

Finance Report as at 30 April 2016

- 16/5/57** Jeremy Cook presented the financial position for Month 1 and noted that monthly reporting was being provided to NHSI.
- 16/5/58** As previously agreed, the report was in a new format. This was a work in progress and there was more work to do to develop the report for Month 2; including the addition of the previous year's data and budgets for comparison. **JC**
- 16/5/59** During further discussion it was agreed to provide the following in future reports:
- Trial balance
 - Analysis of substantive and non-substantive staffing costs
 - Analysis of agency and locum costs
 - Volume and price analysis
 - Cash and creditor days analysis – including daily cash balance
 - Analysis of outpatient follow-ups over the CAP
- JC**

It was noted that a more detailed report, including commercial detail, would be taken to the Financial Oversight Committee.

- 16/5/60** Executive Summary – It had been a good start to the year. The financial position was a deficit of £3.2m; £0.25m better than plan. This included a provision of £1.3m to reflect potential changes to the phasing of the plan arising from finalisation of budget setting. Deficit excluding the provision was £1.87m.
- 16/5/61** Run Rate – Expenditure had reduced and was £0.65m better than the inflated adjusted average recurrent spend in months 10 to 12. A detailed run rate analysis by care group and directorate was provided in the report and this data was being used to support accountability meetings. It was noted that no areas had given rise to any concerns regarding run rates.
- 16/5/62** CIP – £0.15m better than plan for month 1. A detailed CIP forecast and analysis by workstream and by care group was provided. To date, the 2016/17 CIP plan stood at £12.4m
- 16/5/63** Statement of Comprehensive Income – Clinical income was above plan by £.066m. Expenditure was £0.98m better than plan, consistent with the improved run rate. An analysis against the recurrent average for months 10 to 12 2015/16 was provided.
- 16/5/64** Cash - £1.9m at the end on month 1, in line with the minimum cash balance required under the conditions of the cash support.
- 16/5/65** Budgets – In response to a query from Philippe Serna, Jeremy Cook advised that meetings had taken place to finalise budgets and establish cost pressures. The executive team were due to review this later in the week and budgets would be included in the M2 report.
- 16/5/66** Chris Mellor welcomed the report but commented that there needed to be more detailed cash analysis and information on locum expenditure. It was agreed to provide feedback to Jeremy Cook outside of the meeting.

CM/JC

The Finance Report as at 30 April 2016 was NOTED.

Business Intelligence Report at 30 April 2016

David Purdue, Richard Parker and Sewa Singh presented the report and drew attention to the following;

- 16/5/67** ED 4hr Access – 95.06% as a Trust for April. The Trust was 19th best nationally for 2015/16 year end performance. Geraldine Broderick commended this.

[Post meeting note: It was reported that the Trust was 13th best nationally following validation.]

- 16/5/68** Ambulance Handover - There had been an increase in the number of ambulance arrivals at both Doncaster and Bassetlaw emergency departments and this had affected ambulance handover times. It was noted that there had been some 'drift' from surrounding areas and work

was in train to escalate this for both sites.

- 16/5/69** RTT – 92.9% for April. Trauma and Orthopaedics was now compliant for the first time in 3 years, and Mike Pinkerton commended this. RTT fines had been lifted and concern was raised that this may lead to a lack of incentive to maintain RTT performance. David Purdue gave assurance that this was not the case; the Trust aimed to maintain RTT performance and since fines had been lifted some specialities had achieved the best performance all year.
- 16/5/70** Cancer – All cancer targets had been achieved for March and for Q4.
- 16/5/71** Bed Plan – The plan was being refreshed and would be available for the June meeting. Key principles and assumptions were outlined in the paper.
- 16/5/72** Stroke – In response to a query from Alan Armstrong, it was agreed to provide a financial analysis of the stroke service. **DP/JC**
- 16/5/73** Outpatient DNAs – In response to a query from Chris Scholey, David Purdue advised that overbooking was taking place where there were high levels of DNAs.
- 16/5/74** Day Surgery – In response to a query from John Parker with regard to the opening times of the Day Surgery Unit, David Purdue advised that new opening times on Saturdays and evenings were being piloted.
- 16/5/75** HSMR – The rolling 12 month HSMR to January 2016 stood at 94.2 and this had been maintained in February. 75% of deaths in the Trust had been subject to a structured mortality review, it was expected that 100% would be achieved by August 2016.
- 16/5/76** SLs – Sewa Singh provided a detailed update on the death of a child at Bassetlaw Hospital that had previously been reported to the Board. This case was being investigated as a multi-organisation serious incident and the report was awaited. Richard Parker had spent time with the child's family to bring them up to date with the investigation and to ensure all of their questions had been captured.
- 16/5/77** Quality – It had been a positive start to the year with no cases of C.Diff and no falls resulting in serious harm in April. Hospital acquired pressure ulcer performance was in line with 2015/16 performance.
- 16/5/78** Chris Mellor commented on falls performance in the context of Turnaround and CIP. He encouraged the Board to consider safety and quality performance in terms of staff morale, as quality might be affected if staff felt under additional pressure, for example. This could be monitored by way of a staff survey. This was discussed and it was agreed to take this forwards through the Turnaround Programme Management Board. **KB**

16/5/79 Complaints – Response times continued to be below the standards expected; action was being taken with matrons to improve this at Care Group level.

16/5/80 In response to a query from Martin McAreavey, Richard Parker advised that although the overall number of complaints had increased, the level of formal complaints had remained steady in spite of a rise nationally.

The Business Intelligence Report was NOTED.

Nursing Workforce Report

16/5/81 Richard Parker presented the report, highlighting that overall actual versus planned staffing levels for April 2016 had been 101%.

16/5/82 Care Hours per Patient Day (CHPPD) – From May 2016, CHPPD would become the principal measure of nursing and healthcare support worker deployment. The standard was as yet unknown; confirmation of this was expected the following month.

16/5/83 In response to a query from Alan Armstrong about whether CHPPD measured time spent with patients, Richard Parker advised that the new measure did not distinguish between direct and indirect patient care.

16/5/84 Overseas recruitment – Following the overseas recruitment initiative, the first recruit had commenced in post. In response to a query from David Crowe, Richard Parker advised that the Trust was not currently considering further overseas recruitment.

16/5/85 It was agreed to reintroduce Head of Nursing and Matron clinical time in future reports.

RP

The Nursing Workforce Report was NOTED.

Statement of Compliance – Elimination of Mixed-sex Accommodation

16/5/86 Richard Parker presented the Statement of Compliance – Elimination of Mixed-sex Accommodation which was APPROVED.

NHS Improvement Undertakings Tracker

16/5/87 Maria Dixon presented the report, noting that there were no areas of concern.

The NHS Improvement Undertakings Tracker was NOTED.

Draft ISA 260 Report

16/5/88 The draft ISA 260 dated 23 May 2016 showed unadjusted differences of £1.4m, and a number of items remaining to be audited in order for PwC to be able to provide their audit opinion.

16/5/89 Jeremy Cook and Philippe Serna confirmed that the unadjusted

differences amounted to 50% of materiality. Materiality had been reduced by 50% since 2014/15.

16/5/90 Philippe Serna confirmed that the direction of the unadjusted differences (i.e. showing a greater charge to the income and expenditure account than PwC would otherwise recommend) reflected prudence on the part of the Trust.

16/5/91 Accordingly, both Philippe Serna and Jeremy Cook were satisfied that the unadjusted differences as they currently stood would have allowed for recommendation of the adoption of the accounts.

16/5/92 However, the number of items of audit work left for PwC to complete prevented such a recommendation being made, as it was not possible to know in advance of the work being completed whether further unadjusted differences (material or otherwise) would result from this work.

16/5/93 Philippe Serna reported that he would be in daily contact with the external auditors and would update the whole Board outside of the meeting with progress. **PS**

16/5/94 It would not be possible to finalise the Annual Report and Accounts without the ISA 260 report and there was a risk that the NHSI submission deadline could be missed if this work was not completed within the required timeframes. It was therefore noted that NHSI should be advised of this potential delay.

16/5/95 In response to a query from Dawn Jarvis, Jeremy Cook undertook to clarify with NHSI what the consequences of this would be. **JC**

16/5/96 Following discussion, it was AGREED to delegate authority to Philippe Serna and Jeremy Cook to approve the accounts outside of the meeting, and for agreement to sign off to be sought from all directors prior to this taking place. It was further AGREED to circulate the final ISA 260 report once it was available. **PS/JC**

Annual Report & Accounts 2015/16

16/5/97 The Annual Report 2015/16 was APPROVED, with the exception of the accounts.

16/5/98 As stated above, it was AGREED to delegate authority to Philippe Serna and Jeremy Cook to approve the annual accounts outside of the meeting, and for agreement to sign off to be sought from all directors prior to this taking place. **PS/JC**

Minutes of the Management Board meeting held on 3 May 2016

16/5/99 MB/16/05/13 – New Finance Structure – Key posts had been identified to fill gaps within the current structure. In response to a query from Geraldine Broderick, Jeremy Cook gave an overview of the role of Head of

Financial Governance. This post would, amongst other things, ensure all KPMG and external audit recommendations were picked up and would provide assurance in this regard via the Financial Oversight Committee and Audit Committee.

- 16/5/100** MB/16/05/39 – Approval of Consultant Posts - It had been agreed that the approval of VCFs would be streamlined by giving the Management Board the authority to approve posts for advertisement rather than having to also go through the VCF panel. In response to a query from Martin McAreavey, Dawn Jarvis clarified that this had been agreed for consultant posts only, and she gave assurance that the process remained vigorous.

[Post meeting note: It had further been agreed at Executive Team that any posts (not just consultant posts) which were approved by the Management Board would not also require VCF approval.]

The Minutes of the Management Board Meeting held on 3 May 2016 were NOTED.

Minutes of the Clinical Governance Oversight Committee meeting held on 18 April 2016

- 16/5/101** 16/91-16/103 – Clinical Governance & Quality Committee Annual Report – There were requests for assurance that Care Groups were engaged and that processes and structures were in place take clinical governance forwards. Sewa Singh provided an update, stating that there had been significant progress in terms of populating clinical governance structures but there was more work to do. Work on job planning would reinforce this. Further assurance regarding clinical governance arrangements would be sought by the CGOC.

**MM/
CGOC**

The minutes of the Clinical Governance Oversight Committee meeting held on 18 April 2016 were NOTED.

Draft Terms of Reference – Turnaround Programme Board

- 16/5/102** The Draft Terms of Reference were APPROVED subject to the 'Duties and Work Programme' being updated. The ToR would be recirculated.

DJ / MD

Financial Oversight Committee Terms of Reference

- 16/5/103** The Financial Oversight Committee Terms of Reference were APPROVED.

Report from the Chair of the Audit & Non-clinical Risk Committee

- 16/5/104** Philippe Serna reported that the Head of Internal Audit Opinion had provided 'Limited Assurance' for 2015/16. Although he accepted this judgment as correct, Philippe Serna had challenged the internal auditors on the basis that the Board Assurance Framework had been stated as the justification for the opinion, despite the fact that 'significant assurance' had been provided by internal audit throughout the year.

16/5/105 There were some outstanding external audit issues relating to payroll and data from the iChat system. This was discussed and it was agreed to ensure that these were resolved. **KB/RP**

16/5/106 The report from the Chair of the Audit & Non-clinical Risk Committee was NOTED.

Items for escalation from sub-committees

16/5/107 Audit and Non-clinical Risk Committee - Internal Audit had reported that management responses had not been received or had not been received in a timely manner for some audits. Executives disputed this and it was agreed to report back to the committee in respect of the disputed findings through Jeremy Cook, who attended the committee. A post-meeting note would be added to the committee minutes to reflect each matter. **Execs**
MD

Monitor Q4 Declaration

16/5/108 Jeremy Cook presented the Monitor Q4 Declaration which was NOTED. It was AGREED to provide this in executive summary form in future. **JC**

Board of Directors and Board Briefing Agenda Calendars

16/5/109 The agenda calendars were NOTED.

Any other business

16/5/110 None raised.

Governor questions

16/5/111 In response to a query from George Webb, Richard Parker confirmed that the Trust had received a number of requests for compensation in respect of pressure ulcers following widespread national media coverage relating to compensation claims.

Date and time of next meeting

16/5/112 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 28 June 2016 in the Fred & Ann Green Boardroom at Montagu Hospital.

.....
Chris Scholey
Chairman

.....
Date

Minutes of the meeting of the Board of Directors
held on Tuesday 28 June 2016
in the Fred and Ann Green Boardroom, Montagu Hospital

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People & Organisational Development
	Geraldine Broderick	Non-executive Director
	Jeremy Cook	Interim Director of Finance
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Director of Nursing, Midwifery & Quality
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director

In attendance:	Emma Bodley	Head of Communications & Engagement
	Maria Dixon	Head of Corporate Affairs
	Kate Sullivan	Corporate Secretariat Manager
	Matthew Kane	Trust Board Secretary (<i>observing</i>)

ACTION

Welcome and apologies for absence

- 16/6/1** Chris Scholey welcomed Matthew Kane to the meeting. Matthew was due to commence in post as Trust Board Secretary in July 2016. Apologies were received from Chris Mellor (Board Advisor).

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

- 16/6/2** No changes were noted.

Minutes of the meeting held on 24 April 2016

- 16/6/3** The minutes of the meeting held on 24 May 2016 were APPROVED as a correct record of the meeting, subject 3 typographical corrections and the following amendments:

- 16/6/4** 16/5/32 – First sentence to begin “Some executives”

- 16/6/5** 16/5/67 – *[Post meeting note: It was reported that the Trust was 13th best nationally following validation.]*

- 16/6/6** 16/5/85 – “include” to be amended to “reintroduce”.

- 16/6/7** 16/5/100 – “vigorous” to be amended to “rigorous”.

16/6/8 16/5/107 – “reflect this” to be amended to “reflect each matter”.

16/6/9 16/4/111 – “widespread media” to be amended to “widespread national media”.

Actions from the previous minutes

16/6/10 The action notes from the meeting held on 24 May 2016 were reviewed and updated.

Matters arising

16/6/11 None raised.

Chair’s correspondence

Chris Scholey reported the following:

16/6/12 NHS Providers - Mike Pinkerton and Chris Scholey recently attended the NHS Providers conference in London. Key points included the continuing difficult financial position and the pressure being put on Boards with regard to finance. 25 Trusts had yet to agree control totals.

16/6/13 Director of Finance Recruitment – A second recruitment exercise had commenced and a strong field of candidates had been shortlisted. Interviews were due to take place at the end of July.

16/6/14 Board of Governors Timeout - Unfortunately, the Timeout was scheduled across the morning and afternoon to accommodate the Trust’s external auditors, which resulted in lower than normal attendance. Chris Scholey had provided an overview of the national Sustainability and Transformation Programme process, and a particular highlight was the excellent results of the recent NADIA audit, work which governors supported.

16/6/15 Governors – Anthony Fitzgerald had been appointed as new partner governor for Doncaster CCG and the Appointments and Remuneration committee were to recommend the appointment of Suzy Brain England OBE as Chair at the Board of Governors meeting due to be held later in the week.

The Chair’s correspondence was NOTED.

Chief Executive’s report

Mike Pinkerton presented the report and drew attention to the following:

16/6/16 Sustainability and Transformation Plans (STP) – The details behind STP and other developments had been discussed in detail at the recent Board Briefing session. A draft STP submission would be considered at the STP Executive Steering Group meeting due to be held on 27 June.

- 16/6/17** Picker Inpatient Survey – Overall results had been positive for the Trust with results in all categories within the ‘as expected’ category and better than the previous year. Good steady progress had been made and overall the results compared favourably with local Trusts.
- 16/6/18** SSNAP (Stroke Audit) Results January 2016 to March 2016 – The Trust was now achieving an A rating overall; this was a significant achievement matched only by Scunthorpe in Yorkshire and South Humber.
- 16/6/19** Frailty education Sessions – 335 Staff from all sites had attended awareness sessions as part of Frailty Week following a superb team effort led by Cindy Storer and the Frailty Team. Feedback had been overwhelmingly positive and would help support good practice. Alan Armstrong commended this and asked what steps the Trust would be taking next. Richard Parker provided an overview of various work to be taken forward including specialist champions.
- 16/6/20** Emergency Department – 4hr Access – 4hr wait performance was non-compliant and remained under pressure with both volume and intensity increases in May, moving in to June. In response to a query from Chris Scholey, Mike Pinkerton gave an update on a recent Improving A&E Performance for 2016/17 event he had attended. It had been reported that Trusts would be put in to 4 categories based on performance with different levels of support and assurance to ensure targets were achieved by the end of the year. More information on this was expected in due course.
- 16/6/21** The Chief Executive’s Report was NOTED.

Strategy & Improvement Report

Dawn Jarvis presented the report, which provided an update on the strategic planning process led by the Directorate of Strategy & Improvement and recovery and financial sustainability plans.

- 16/6/22** 16/17 CIP – Month 2 Delivery – Cumulative CIP delivery at M2 had been achieved at £270k ahead of the original plan and £53k ahead of the stretch plan. This was commended.
- 16/6/23** It was noted that the workstreams had been reduced from 13 to 12; all work to reduce and control costs was within the 12 workstreams.
- 16/6/24** A second round of Grip & Controls meetings were currently being undertaken. It was reported that there had been some issues with regard to attendance and Martin McAreavey raised concern about this. Dawn Jarvis gave assurance that attendance issues on this occasion were being challenged but overall engagement was good and attendance at other relevant meetings had been very good.
- 16/6/25** Recovery Plans – Dawn Jarvis provided an update on the timetable,

content and sign-off of plans agreed with NHS Improvement. Details were provided in the paper.

- 16/6/26** Process to Deliver Strategic Framework – An update was provided on the process of the strategic framework in terms of suggesting any changes to the way the Trust worked across DBH or with partners and how the Trust would begin to drive the process for strategic development. The process would ensure assertions were supported by evidence, rigour of thinking and a good level of planning. Details were set out in the paper.
- 16/6/27** Geraldine Broderick endorsed work to review old working practices, she asked for examples and whether links would be made to clinical governance. Dawn Jarvis advised that there was a lack of standardisation and significant variances in working practices across the Trust and she provided some examples. Work was underway to understand the variances, agree new rules and roll out best practice.
- 16/6/28** Dawn Jarvis provided an overview of the function of each area of the proposed Directorate of Strategy and Improvement Structure. This had been discussed and partially agreed by the Executive Team and a full proposal would be taken to Management Board.
- 16/6/29** In response to a query from David Crowe, it was noted that the proposed structure cost the same as the current arrangements.
- 16/6/30** Turnaround Programme Highlight Report – The report, provided as appendices, was part of the reporting from the Programme Turnaround Board and highlighted trends.
- 16/6/31** Executive Summary – The report provided a summary of the plan and forecast for month 2, priorities, risks and issues.
- 16/6/32** In response to a query from Chris Scholey, it was agreed to provide information regarding the reason for the projected savings spike in month 4 for the income turnaround workstream. **JC**
- 16/6/33** Risks – In response to a query from Alan Armstrong about why there had been an increase in the percentage of high risk CIPs, it was clarified that this was not the case. The reported figure was a proportion of total CIPs which were being measured against the plan of £11m.
- 16/6/34** Chris Scholey raised concern that some CIPs were not forecast to deliver savings until month 6 and this was discussed. Weekly milestones were in place for delivery plans and therefore the Trust would be alerted at an early stage if there were to be any delays. All risks and concerns would be escalated to the Board.
- 16/6/35** In response to a query from Chris Scholey, it was agreed to provide a headcount tracker to include information on staff leaving the Trust and staff being replaced. **JC/KB**

The Strategy & Improvement Report was DISCUSSED and NOTED.

Operational Bed Plan

David Purdue presented the report and drew attention to the following:

- 16/6/36** The report provided details of the principles behind the calculation of the plan that took into consideration changes in national policy for key specialities and commissioner assumptions for both local and South Yorkshire Sustainability and Transformation Plans (STP).
- 16/6/37** Activity Assumptions - An overview of assumptions and principles was provided. Work had continued with CCGs to improve delays in transfers of care and an update on this was provided. Key changes as part of STPs for both local CCGs and the South Yorkshire footprint had been included in the bed base.
- 16/6/38** A key priority was the Doncaster CCG intermediate care review for 2016/17 which identified Doncaster as having a high number of beds for its current community step down bed base. In response to a query from Chris Scholey with regard to a new care home model, David Purdue undertook to provide an update once more information was available.
- 16/6/39** Philippe Serna queried the implications of opening beds due to increased activity and asked whether additional revenue would be captured. David Purdue gave an overview of the escalation and decision-making processes in opening closed and escalation beds; there were 3 daily meetings to review the bed position and executive director approval was required. In some instances, beds were opened for a few hours to ease pressure on the ED. In terms of revenue, the Trust could only recover a percentage of activity over the threshold however 100% would be refunded if patients were transferred due to service changes.
- 16/6/40** Care Group Plans – Care Groups had undertaken a modelling exercise in order to determine priorities, challenges and risks.
- 16/6/41** The plan was discussed in detail and it was noted that in some areas, where recent activity contradicted CCG assumptions that activity would reduce, the Trust had made assumptions based on the evidence available. An overview of work being undertaken to look at length of stay (LOS) was provided by David Purdue and Jeremy Cook.
- 16/6/42** Martin McAreavey asked about transformation of services and queried what cost reductions had been achieved and this was discussed. It was noted that David Purdue had provided full details of all redeployed staff including where they had been redeployed and the work they were undertaking.
- 16/6/43** Geraldine Broderick commented that at a local CCG Governing Body meeting the work being undertaken by the Trust with CCGs, particularly the Trust's quality and performance metrics, had been highly praised.

- 16/6/44** Sleepers Out – Geraldine Broderick endorsed plans for Speciality Consultants to be linked to key areas and the medical teams to review patients on a daily basis.

The Operational Bed Plan was DISCUSSED and APPROVED.

Working Together Partnership Vanguard: Acute Federation Board

Mike Pinkerton presented the paper and drew attention to the following;

- 16/6/45** The paper was provided by the Working Together Partnership (WTP) and sought approval from Trust Boards to move to an Acute Federation under the terms set out in the paper. DBH FT was the first Trust Board to consider the paper, which had been sent to the 7 Trusts involved in the STP.
- 16/6/46** The paper implemented the proposals for the acute care collaboration vanguard proposal which had previously been shared with the Board in full.
- 16/6/47** The paper set out background information, details of the powers of the Acute Federation Board, the Acute Federation Board decision-making criteria and details relating to the Sustainability and Transformation Plan (STP) for South Yorkshire & Bassetlaw. Mike Pinkerton went through the paper in detail and it was discussed. Governors would be briefed on an ongoing basis to ensure understanding of STP.
- 16/6/48** It was noted that: each Trust in the partnership would retain organisational sovereignty, all systems of governance would remain in place at an individual site level, undisrupted by the formation of the Federation and entailing no loss of organisational sovereignty, save that which was willingly pooled. In addition, all Trusts must ensure attendance at each meeting sending deputies only when necessary; Trusts would agree to participate for the duration of the agreement covering the strategic period April 2016 to April 2020.

CS/MP

The Board APPROVED the move to an Acute Federation under the term set out in the paper.

Finance Report as at 31 May 2016

Jeremy Cook presented the financial position for Month 2 and noted that monthly reporting was being provided to NHSI.

- 16/6/49** As previously agreed, the report was in a new format. This was still a work in progress and there was more work to do to develop the report and decide what information would be taken to future Board and Financial Oversight Committee meetings.
- 16/6/50** Jeremy Cook gave an overview of the new sections within the report as

had been agreed at previous meetings. This included a price and volume analysis, a sensitivity analysis, movement on reserves and summary of financial risks. The report was welcomed by the Non-executive Directors.

- 16/6/51** Executive Summary – Overall it had been a good start to the year. The financial position for M2 was a deficit of £4.9m; £0.529m better than plan. The Trust had submitted a draft annual plan to NHS Improvement showing a deficit for the year of £27.1m; the Trust was now forecasting to reduce this deficit by £2.4m to £24.7m at the year end to reflect a technical adjustment for donated asset income.
- 16/6/52** Income and Expenditure - An overview of key points for M2 year to date (YTD) was provided and included; £0.4m underspend on operational budgets mainly due to an improvement in the run rate. £1.28m achievement of CIP against the YTD of £1.0m.
- 16/6/53** Expenditure was £390k favourable against the YTD. An exercise would be undertaken in month 3 to review agreed cost pressures. Based on this review budget would be transferred from the cost pressure reserve to Care Group budgets in month 3.

The Finance Report as at 31 May 2016 was DISCUSSED and NOTED.

Business Intelligence Report at 31 May 2016

David Purdue, Richard Parker and Sewa Singh presented the report and drew attention to the following:

- 16/6/54** ED 4hr Access – 93.12% as a Trust for May 2016. ED attendance in May had been very high with 975 more attendances than in May 2015. ED attendance in June had also been high and the Trust had commenced a 'Perfect Week' to engage departments outside the ED and improved patient flow; it was noted that the Trust had achieved the target during the 'Perfect Week'.
- 16/6/55** In response to a query from Chris Scholey, David Purdue advised that a key learning point had been in terms of mobilising the right staff and early escalation of issues. All lessons learnt from the 'Perfect Week' would be taken forward.
- 16/6/56** Concern was raised about the increased level of ED attendance and how this could impact on the bed plan. David Purdue acknowledged the concerns. The current size and design of the Front Door Assessment Unit (FDASS) could not sustain a continued increase in attendance and work was being done to look at this.
- 16/6/57** RTT – 93.1% for May. The Trust was working closely with CCGs to ensure demand and capacity plans were in line with expected RTT performance.
- 16/6/58** Cancer – All cancer targets had been achieved for May.

- 16/6/59** Stroke – SSNAP results showed the Trust was rated A for Stroke Services.
- 16/6/60** The Trust had failed the 90% target for stroke patients admitted to an acute stroke unit within 4 hours at 65% for March 2016 and general concern was raised about this. This had been due to presenting symptoms of patients not being suggestive of a stroke. It was noted that the Trust benchmarked well regionally for this measure; no Trusts in the region had met the target and national performance stood at 54%. Trust performance had dropped against the previous year; this was due to the implementation of the CaMIS system which had resulted in more accurate data collection.
- 16/6/61** During further discussion, David Purdue gave assurance that stroke nurse specialists were on duty in the ED 24/7 so that treatment of patients could commence early and there had been improvements in education of ED staff to identify the key signs of stroke.
- 16/6/62** Hospital Cancellation Rate – Outpatients – In response to concern raised about the hospital cancellation rate for outpatients (17.4%), David Purdue advised that work was underway to understand why this was the case. There was some work to do with regard to processes and controls in terms of staff annual leave notice periods which had been the cause of some cancellations and this was being taken forward.
- 16/6/63** HSMR – The rolling 12 month HSMR remained below the expected range. SHMI had reduced to 100 at December 2015, this included deaths 30 days after admission; and this supported improvement in the standardised mortality ratio.
- 16/6/64** Martin McAreavey commented that assurance in terms of HSMR and SHMI performance would be sought through the CGOC. It was noted that this would require the triangulation of all available metrics.
- 16/6/65** SLs – Richard Parker provided a further update on the death of a child at Bassetlaw Hospital that had previously been reported to the Board. An update on expected timeframes for receipt of the external advisor report and the coroner’s report as well as expected recommendations for the Trust was discussed. It was intended that all reports would be available to the CCG within expected timeframes. A further meeting with the child’s family to bring them up to date with the investigation and to ensure all of their questions had been captured was planned. An update would be provided at the next meeting.
- 16/6/66** Complaints – Response times continued to be below the standards expected; action was being taken to address this.

SS/RP

The Business Intelligence Report as at 31 May 2016 was DISCUSSED and NOTED.

Nursing Workforce Report

Richard Parker presented the report, highlighting that overall actual versus planned staffing levels for April 2016 had been 101%.

16/6/67 Care Hours per Patient Day (CHPPD) – From May 2016, CHPPD had become the principal measure of nursing and healthcare support worker deployment. The care hours for May 2016 were provided in the report. National benchmarking comparison data was awaited.

16/6/68 Head of Nursing and Matron clinical - As requested at the previous meeting this information had been re-included in the report. It was noted that Heads of Nursing and Matrons for some areas had been unable to maintain clinical time because of staffing pressures mainly due to annual and study leave.

16/6/69 In response to concern raised by Martin McAreavey about the quality performance of AMU, Richard Parker gave assurance that there were no underlying concerns and he provided a summary of issues. During further discussion it was agreed to re-introduce the Quality Assessment Tables included in previous reports.

The Nursing Workforce Report was DISCUSSED and NOTED.

Revised Major Incident Plan

16/6/70 David Purdue presented the revised plan which was APPROVED.

NHS Improvement Undertakings Tracker

16/6/71 Maria Dixon presented the report. There had been some minor changes since the last meeting. It was noted that there were no areas of concern.

The NHS Improvement Undertakings Tracker was NOTED.

Annual Report & Quality Account 2015/16 – Update

16/6/72 It was reported that following the May Board meeting the Annual Report & Quality Account 2015/16 had been submitted by the deadline. Jeremy Cook and Philippe Serna expressed their thanks for the hard work of all the staff involved in ensuring the deadline was met.

The Annual Report & Quality Account 2015/16 – Update was APPROVED.

2016/17 Budgets

16/6/73 The budgets would result in a deficit of £24.7m for the year ending 31 March 2017. This was currently £2.4m better than the control total of £27.1m.

16/6/74 Some changes had been made since the plan had been considered and approved at the June Financial Oversight Committee. Jeremy Cook provided details of the changes which were outlined in the paper.

The 2016/17 Budgets and 2016/17 Capital Plan were APPROVED

Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SOD)

16/6/75 There had been a number of changes to the SOs, SFIs and SoD. Tracked changed versions were provided in the papers and a summary of changes was included in the reports.

16/6/76 The SOs, SFIs and SoD had been taken to the Audit and Non-clinical Risk Committee (ANCR) held on 24 June 2016 and some minor changes had been suggested. It was agreed to for the SOs, SFIs and SoD to be brought back to the next meeting to include any changes requested at the ANCR.

MK

The amended Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SOD) were DEFERRED to the next Board of Directors meeting.

Board Assurance Framework

16/6/77 Maria Dixon presented the report which contained both the quarterly high level assurance summary and a summary of assurance received during 2015/16.

16/6/78 The Corporate Risk Register had last been reviewed in detail in April 2016 and it was expected that some risk ratings would change following the executive review.

16/6/79 Board discussed the timing of the submission of the report to the Board and it was agreed that the Corporate Risk Register & Board Assurance Framework would be brought back to the meeting in August; any changes to risk ratings following Q1 would be incorporated.

MK

The Board Assurance Framework was APPROVED.

Minutes of the Management Board meeting held on 31 May 2016

16/6/80 John Parker raised concern at the level of apologies from Care Group Directors; it was noted that the meeting had taken place during a school holiday period.

16/6/81 The Chief Executive presented the Minutes of the Management Board meeting held on 31 May 2016 which were NOTED.

Audit and Non-clinical Risk Committee Minutes of the meeting held on 20 May 2016 and Annual Report 2015/16

16/6/82 The Minutes of the meeting held on 20 May 2016 and the Annual Report 2015/16 were NOTED.

Draft Terms of Reference – Audit & Non-clinical Risk Committee

16/6/83 The Draft Terms of Reference – Audit & Non-clinical Risk Committee were APPROVED.

Draft Terms of Reference – Management Board

16/6/84 It was noted that links to the Programme Board and Financial Oversight Committee had been incorporated.

16/6/85 The Draft Terms of Reference – Management Board were APPROVED.

Financial Oversight Committee Annual Report

16/6/86 The Financial Oversight Committee Annual Report was NOTED.

Items Escalated from Sub-committees

16/6/87 No issues were escalated.

Monitor Q4 Feedback

16/6/88 The Monitor Q4 Feedback was NOTED.

Board of Directors and Board Brief Agenda Calendars

16/6/89 The Board of Directors and Board Brief Agenda Calendars were NOTED.

Any Other Business

16/6/90 NHS Improvement (NHSI) – Self Certification Template – The paper set out the Trust's response to 3 declarations which the Trust was required to submit by 30 June 2016:

- Corporate Governance Statement
- Certificate on AHSCs and Governance
- Certificate on Training Governors

The NHS Improvement (NHSI) – Self Certification Template was APPROVED.

16/6/91 The meeting was the last to be attended by Geraldine Broderick and Maria Dixon who were both leaving the Trust in July. The Board thanked them both for their hard work and significant contributions to the work of the Trust Board and wished them both the very best for the future.

Governor Questions

16/6/92 None

Date and time of next meeting

16/6/93 It was confirmed that the next meeting of the Board of Directors would be held at 9am on Tuesday 28 July 2016 in the Boardroom at DRI.

.....
Chris Scholey
Chairman

.....
Date

Minutes of the meeting of the Board of Directors
held on Tuesday 26 July 2016
in the Boardroom, Doncaster Royal Infirmary

Present:	Chris Scholey	Chairman
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People & Organisational Development
	Jeremy Cook	Interim Director of Finance
	David Crowe	Non-executive Director
	Dawn Jarvis	Director of Strategy & Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Mike Pinkerton	Chief Executive
	David Purdue	Chief Operating Officer
	Sewa Singh	Medical Director
In attendance:	Emma Bodley	Head of Communications & Engagement
	David Cuckson	Public Governor
	Matthew Kane	Trust Board Secretary
	Moirra Hardy	Deputy Director of Nursing, Midwifery and Quality
	Chris Mellor	Board Advisor
	George Webb	Public Governor

ACTION

Welcome and apologies for absence

16/7/1 Apologies were received from Richard Parker and Philippe Serna.

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

16/7/2 No changes were noted.

Minutes of the meeting held on 28 June 2016

16/7/3 The minutes of the meeting held on 28 June 2016 were APPROVED as a correct record of the meeting, subject to the following amendments:

16/7/4 16/6/21 – Replace “which provided an update on CIP progress, strategic planning and process” with “which provided an update on the strategic planning process”.

16/7/5 16/6/38 – Replace “which identified Doncaster as an outlier for its current community step down bed base” with “which identified Doncaster as having a high number of beds for its current step down bed base”.

16/7/6 16/6/45 – Replace “to take to paper” in the final sentence with “consider the paper”.

16/7/7 16/6/46 – Replace “brought in to materiality” with “implemented the

proposals for”.

16/7/8 16/6/60 – Replace “and concern was raised about this” with “and general concern was raised about this”.

16/7/9 16/6/63 – Replace “within the expected range” with “below the expected range”.

16/7/10 16/6/81 – Replace “Philippe Serna presented” with “The Chief Executive presented”.

16/7/11 16/6/85 – Replace “which approved” with “were approved”.

Actions from the previous minutes

16/7/12 The action notes from the meeting held on 28 June 2016 were reviewed and updated.

16/7/13 A business case was requested on the financial implications of stroke services before any additional requirements were placed on the service.

JC

16/7/14 The Chair of the Clinical Governance Oversight Committee received assurance in relation to staff vacancies and attendance at care group meetings following concerns raised at his Committee.

Matters arising

16/7/15 16/6/29 – The Director of Strategy and Improvement undertook to provide an update on the proposed costs of the Strategy and Improvement structure outside the meeting.

DJ

16/7/16 16/6/19 – Numbers of staff attending Frailty Education Sessions had risen from the 335 reported at the previous meeting to 520.

16/7/17 16/6/69 – Martin McAreavey sought an update in respect of the quality issues raised by the Director of Nursing, Midwifery & Quality.

Chair’s correspondence

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

16/7/18 Director of Finance Interviews – Following the interviews for the position of Director of Finance, an offer had been made and verbally accepted subject to approval by the Nominations and Remunerations Committee and reference checks. The Chair placed on record his thanks to Governors for their involvement in the process.

16/7/19 Discussion with NHSI – The Chair had spoken with the Trust’s NHS Improvement contact on 22 July. Both were keen to see the new Trust Chair, Suzy Brain England, brought up to speed with the Trust’s plans before she began in January 2017.

- 16/7/20** There was also discussion about the Trust's financial position. NHSI were very pleased with the first quarter outturn position and direction of travel. The Chair had proposed that whilst a five-year plan was part of the Trust's enforcement obligations, there should be a move to incorporate the STP within these plans. The Trust's contact had undertaken to discuss this internally within NHSI.
- 16/7/21** The Chair had attended the opening of a new birthing suite at Bassetlaw Hospital, funded by local charity JOEL, that had raised £40,000 in ten months. The Chair wished to place on record his thanks to Rachel, Emma and Matt who had spearheaded the work.
- 16/7/22** The Board Brief scheduled for 15 August 2016 was cancelled due to holidays.
- 16/7/23** The Chair's correspondence was NOTED.

Chief Executive's report

- 16/7/24** The Board considered a report of the Chief Executive, including progress against quarter one objectives, which outlined the following:
- 16/7/25** Service Performance Overview - The Trust had been placed in group two of four as part of the NHSI's support for 4-hour access, with group 1 being the best.
- 16/7/26** Strategy: STP – The Chief Executive had reviewed the STP plan with national leaders on 13 July and it had received positive assessment. Plans were placed into one of three categories with one being the best. South Yorkshire and Bassetlaw were in group two with the possibility of moving into group one by October 2016.
- 16/7/27** Discussion at the stakeholder meeting had centred on the opportunities the STP might bring. Rather than consult on a piecemeal basis, it was proposed to consolidate plans and consult on a single plan. Commissioners would consult on children's surgery, anaesthesia and hyper acute stroke services in October which would feed into the wider plan.
- 16/7/28** NHS Improvement – NHSI had published details of plans to tackle the residual planned provider deficit of £550m through a series of measures including growth in pay bill, focus on back office and pathology, and unsustainable planned service consolidation. Taken together these measures were intended to reduce the deficit to approximately £250m. It was reported that the Trust was one of 63 that had experienced growth in its pay bill over the past year.
- 16/7/29** NHS Improvement Consultation on Single Oversight Framework – It was reported that the new Single Oversight Framework, which NHSI was consulting on, would mean regulation and performance management

across Foundation Trusts and Trusts would be conducted in the same way.

- 16/7/30** NHS Improvement STF Funding Access Rules – The Board was advised that the Trust’s STF funding was secure for Quarter 1 having met its trajectories.
- 16/7/31** Junior Doctors Contract – Following the ‘no’ vote in the recent consultation on junior doctors’ contracts, the Government had announced it would impose the new arrangements.
- 16/7/32** Care Quality Commission – The CQC had completed its round of full inspections so future inspections were likely to take the form of unannounced, targeted inspections on key pathways. The Trust had scored at the top of the “requires improvement” rating, approximately 2/3rds of the way up nationally. Risks previously present in the Intelligent Monitoring Report had been addressed. Quarterly liaison meetings with the CQC continued but they had reported no concerns.
- 16/7/33** Cancer of the Unknown Primary Peer Review Visit – A recent peer review from NHS England saw the Trust receive positive feedback in a number of areas. Actions were being progressed. The Chief Executive undertook to share the action plan.
- 16/7/34** Appointments – It was reported that Suzy Brain England OBE had been appointed Chair from 1 January 2017 and Kirsty Edmondson-Jones had been appointed Director of Estates and Facilities.
- 16/7/35** Following a question from a non-executive director, the Chief Executive advised that the work of the Enhanced Care Team at Bassetlaw may be implemented sooner if the trial proved successful.
- 16/7/36** It was AGREED that:
- (i) The report be noted.
- (ii) The action plan on the Cancer of the Unknown Primary peer review be shared with Board. **MP**
- Strategy & Improvement Report**
- 16/7/37** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, recovery and financial sustainability plans and the strategic planning process.
- 16/7/38** The report highlighted that savings to month 3 were £1.931m, £0.356m ahead of schedule and £0.079m ahead of the stretch plan. Total CIPs for 2016/17 amounted to some £11m with internal stretch targets of £13m.
- 16/7/39** The Board were advised that a financial sustainability strategy would be required. The report outlined the process for setting that strategy, supported by ten operational plans. Departments had been contacted for

information to help inform the process with a further email to go out to care groups and corporate directorates regarding their in principle plans.

16/7/40 Details of the Turnaround governance structure were included in the report. The two-year recovery plan would be submitted to Board in August, along with a presentation setting out the main areas. This would be sent to Directors in advance of the Board meeting.

16/7/41 In response to a question from the Chair, the Director of Strategy and Improvement advised that the spike in the month 4 delivery total was not accurate as this related to overseas visitor payments, the bulk of which were anticipated by an end of month 4 cut off. In fact, there was no deadline in month 4 and therefore the monthly control total would be re-profiled.

16/7/42 In response to questions from the non-executive directors, the Director of Strategy and Improvement advised that medical productivity had been escalated because it was a difficult area but this did not imply inactivity. Updates on income and infrastructure work-streams would be given at Financial Oversight Committee.

16/7/43 Following a question from the non-executive directors about the impact on staff and patients during the quality performance impact assessment process, the Director of Strategy and Improvement advised that there were clinical champions and staff groups for each work-stream. Proposal for turnaround projects would be taken through relevant committees.

16/7/44 Board agreed to include the minutes from the Turnaround Programme on forthcoming agenda for all of its Board committees.

16/7/45 It was AGREED that:

(i) The two-year recovery plan be sent to Directors in advance of the Board of Directors agenda for 23 August.

DJ

(ii) The minutes from the Turnaround Programme appear on forthcoming agendas for all Board committees.

MK

Finance Report as at 30 June 2016

16/7/46 The Board considered a report of the Interim Director of Finance that set out the Trust's financial position as at month 3, first quarter of 2016/17.

16/7/47 By way of introduction, the Chair requested a refining of the current report presented to Board, with input from the newly appointed Director of Finance. It was agreed to reduce duplication with the Strategy and Improvement report by only including an overview of the CIPs in the finance report.

16/7/48 The Board was advised that the good financial performance in months one and two had continued into month three with a reported cumulative

deficit of £4.2m, £1.5m ahead of plan. The position included a £2.2m provision in expenditure to match planned year to date cost pressures together with £7.4m reserves. The budgeted deficit was £24.7m, £2.4m less than the control total. This budget reflected donated asset income of £2.4m excluded from the control total. Capital expenditure to date was £2.0m against a plan of £3.2m.

16/7/49 In response to a question from the non-executive directors about how likely the Trust was to utilise its reserves in 2016/17, the Interim Director of Finance advised that the team would be assessing the cost pressures for the year which may result in the level of reserves being revised.

16/7/50 The Board Advisor felt that more explanation was needed on cash drawn down. It was noted that debts owed after 120 days were increasing. Action was underway in respect of large outstanding debts.

16/7/51 It was AGREED that:

(i) The format of the finance report be refined and duplication relating to the CIPs be removed. **JC**

(ii) Further explanation as to the cash draw down position be given in future reports. **JC**

Business Intelligence Report as at 31 May 2016

The Board considered a report of the Chief Operating Officer that set out clinical performance in month 3.

16/7/52 The Trust had achieved a rate of 92.3% of patients being seen within the standard four-hour access time, which included 89.32% at Doncaster and 94.91% at Bassetlaw. This was down on the target of 95% and the first time Bassetlaw had failed the target in 14 months. Overall quarter one performance was 93.5%.

16/7/53 Quarter 1 had seen a drastic increase in walk-ins with Bassetlaw seeing its highest number of patients on 24 July 2016 (181), only 21 less than Rotherham.

16/7/54 The Trust had been placed in group two of four in the new national programme to improve four-hour waits based on quarter three and four performance of last year. The Trust was one of two trusts in the north of England invited to host a major regional learning event that would be taking place on 5 September 2016.

16/7/55 Referral to Treatment ended the quarter with a 92.8% performance against a standard of 92% with urology, general surgery, general medicine and trauma and orthopaedics failing to meet the target.

16/7/56 Concerns were raised in respect of follow up ratios. These related to particular specialities including urology, cardiology and diabetes. Noting

the lost income from last year, the Chair requested that the Financial Oversight Committee explore the CIPs in place for these areas.

16/7/57 It was reported that the EMBRACE review into the serious incident was still outstanding. The Chair and non-executive directors expressed deep concern with the length of time the matter was taking to resolve and emphasised the need for timely resolution. The Chief Executive advised that Executive Team were monitoring the matter on a weekly basis although receipt of the independent report was dependent upon external agencies.

16/7/58 Board was advised that pressure ulcers performance continued below trajectory and was better than the same period last year. The position was in fact better than recorded with three rather than five being the correct position. Similarly, results for falls and C. Diff were positive and below trajectory and below the same point last year.

16/7/59 In response to questions from non-executive directors, the team were working on improving response rates for complaints and concerns. It was reported that complaints were likely to have increased by 6% in the year but the team were working with the Patient Experience Committee to reduce numbers and facilitate learning between care groups.

16/7/60 In response to a comment from a non-executive director noting that the financial savings by the Trust had not resulted in reductions in quality, the Chief Executive advised that he regularly corresponded with MPs updating them on the Trust's business, especially care quality.

16/7/61 The Board agreed to reinstate the process whereby they received two random, anonymised complaints each month and their responses.

16/7/62 It was AGREED that:

(i) The Financial Oversight Committee explore the CIPs in place for urology, cardiology and diabetes.

DJ

(ii) The Chief Executive and Medical Director pursue the outstanding report into the serious incident at Bassetlaw Hospital.

MP/SS

(iii) The Board reinstate the process whereby they receive two random, anonymised complaints each month and their responses.

MH

Reference Costs

16/7/63 The Board considered a report of the Director of Finance that sought approval of the Trust's annual Reference Costs submission.

16/7/64 The submission had been considered by the Audit and Non-clinical Risk Committee which had requested an additional internal audit review. This had been completed and ANCR were now comfortable with the

submission being put forward to the Department of Health.

- 16/7/65** It was AGREED that the annual Reference Costs submission be approved for submission to the Department of Health by the deadline of 29 July 2016. **JC**

Cash Initiatives

- 16/7/66** It was AGREED that this matter be deferred to Part 2 of the agenda.

Nursing Workforce Report

- 16/7/67** The Board considered a report of the Director of Nursing, Midwifery and Quality which highlighted issues that may impact on the Trust's ability to provide appropriate nursing staffing levels and skill mixes, together with the implementation of recording Care Hours Per Patient Day (CHPPD) and agency and framework caps.
- 16/7/68** The overall planned versus actual hours worked in June 2016 was 99% as against 101% in May. CHPPD stood at 7.1 across the Trust, similar to May, however it was still unclear as to how these figures compared nationally. Vacancies had increased in the month but 55.55 WTEs had been recruited with 25.75 WTEs going through the recruitment process.
- 16/7/69** The Chair praised the report whilst at the same time noting issues in respect of appraisals and training.
- 16/7/70** The report in respect of Nursing Workforce was NOTED.

Quarter 1 People and Organisational Development Report

- 16/7/71** The Board considered a report of the Director of People and Organisational Development that provided a summary of actions taken to deliver the People and Organisational Development Strategy for 2016/17 together with workforce performance indicators, corporate objectives and other projects.
- 16/7/72** The Board was advised that the focus for the year would be on staff engagement, health-and-well-being and the process behind recruitment of staff together with implementation of the junior doctor contract and agency spend. In response to a question regarding the agency doctors' supplier, the Board was advised that the new contract was effective from October rather than July.
- 16/7/73** Sickness absence had risen to 4.62% at the end of quarter one. Work was being undertaken to understand the reasons for this. Although there were inconsistencies in how cases were being escalated to formal stages, the Trust was seeing an increase in capability cases.
- 16/7/74** Staffing levels, particularly in estates and administration, had reduced in the previous quarter. Numbers of staff recommending the Trust as a place to work had reduced from 73% to 60%, in line with the annual staff survey

results. More work to increase staff engagement was taking place through Buzz and it was agreed to bring this matter to Board Brief for wider discussion. Appraisal compliance was around 65%. Issues in relation to overseas recruitment were discussed.

16/7/75 It was reported that a new Workforce and Education Committee, overseen by the Clinical Governance Oversight Committee, had been established and would include non-executive director representation.

16/7/76 It was AGREED that:

(i) The report in respect of Quarter 1 People and Organisational Development be noted.

(ii) A discussion on staff engagement be brought to a future Board Brief.

KB

Complaints, Concerns, Comments and Compliments Quarterly Report

16/7/77 The Board considered a report of the Director of Nursing, Midwifery and Quality and Deputy Director of Quality and Governance that set out quarter one performance for complaints, comments and compliments.

16/7/78 A total of 259 concerns and 125 complaints were received in the first quarter of 2016/17, a reduction of 22% on the last quarter of 2015/16 and a 10% reduction on the same quarter of 2015/16. Numbers of complaints relating to children and families had seen a particular reduction. The top three reasons for complaints related to communication, staff attitude and admissions, transfers, discharge procedures and sleepers out.

16/7/79 The quarter had seen no complaints referred to the Ombudsman. Of the two investigations undertaken in quarter one, neither were upheld.

16/7/80 Non-executive directors requested more information on what the risk categories meant. The Deputy Director of Nursing, Midwifery and Quality undertook to provide a written answer. The importance of listening to the 'patient voice' was emphasised.

16/7/81 It was AGREED that:

(i) The report on complaints, concerns, comments and compliments be noted.

(ii) A written answer be provided to Board in respect of what the risk categories meant.

MH

NHS Improvements Undertaking Tracker

16/7/82 The updated NHS Improvement Undertakings Tracker was NOTED.

Appointment of NED lead for Whistleblowing

16/7/83 It was AGREED that Alan Armstrong be appointed NED Whistleblowing

Lead.

Standing Orders, Standing Financial Instructions and Scheme of Delegation Updates

16/7/84 The Board considered a report of the Interim Director of Finance that presented a number of revised corporate governance documents for approval.

16/7/85 In respect of the Scheme of Delegation, attention was drawn to a new provision enabling policies to be agreed by Board committees. Clarification was provided on the route for new and existing policies.

16/7/86 The Standing Orders, Standing Financial Instructions and Scheme of Delegation were AGREED subject to minor typographical errors being corrected and a provision within the Scheme of Delegation enabling committees to recommend to Board of Directors the adoption of new policies and to approve policies where authorised by the Board.

MK/AT

Budgetary Control Policy

16/7/87 The Board considered a report of the Interim Finance Programme Director that set out the Budgetary Control Policy for approval.

16/7/88 The Budgetary Control Policy was AGREED with an amendment requiring details of staff training on budgets.

JC

Use of Trust Seal

16/7/89 Use of the Trust Seal on 20 July 2016 was NOTED.

Minutes of Management Board on 4 July 2016

16/7/90 The minutes of Management Board on 4 July 2016 were NOTED.

Clinical Governance Oversight Committee Annual Report

16/7/91 The Clinical Governance Oversight Committee Annual Report for 2015/16 was NOTED.

Items escalated from Sub-Committees

16/7/92 The Board considered a report of the Chair of the Audit and Non-clinical Risk Committee that set out the details of meetings held 20 May and 24 June 2016.

16/7/93 The Chair referred to issues raised in the report with regard to electrical supply. The Chief Executive advised that the work carried out so far this year had highlighted that supply was adequate but further work was required to establish what the Doncaster site's requirements were for the future. If the site was to take on an enhanced emergency role, which was likely, this would require further infrastructure and capital investment.

16/7/94 Following concerns raised at Clinical Governance Oversight Committee regarding CaMIS, the Chief Operating Officer advised that there were issues in relation to reports being run which were being reviewed.

16/7/95 A wider review of the case notes held on site may be required due to current capacity levels. A feasibility study would be undertaken to assess whether similar measures carried out in Barnsley could be replicated.

16/7/96 The items escalated by Board committees were NOTED.

Board of Directors and Board Briefing Agenda Calendars

16/7/97 The agenda calendars were NOTED.

Monitor Governance Return

16/7/98 The Monitor Governance Return for quarter one was APPROVED.

Any Other Business

16/7/99 It was reported that Bassetlaw was one of 10 CCGs that had achieved 'outstanding' with Doncaster rated as 'good' as part of new finance and sustainability ratings issued by NHS England.

16/7/100 It was AGREED that the Chief Executive write to the CCGs congratulating them on recent positive ratings.

MP

16/7/101 **Governors questions regarding business of the meeting**

The following points were noted following Governors' questions:

- Work on assessment standards 2016/17, which were behind schedule, would be ready by September 2016.
- The legal position in relation to the Fred and Ann Green Legacy would be established in time for the next Board of Governors.
- STP briefings were confidential at present but the Chief Executive was giving an update at Governors' Timeout on 5 September.
- Governors echoed Board's concerns regarding outstanding creditors.

Date and time of next meeting

16/7/102 9am on Tuesday 23 August at the Boardroom, Bassetlaw Hospital.

Chris Scholey
Chairman

Date



Title	Finance Performance Summary Report - Financial Year 2016/17 - Month 4 (July 2016)		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Jeremy Cook, Interim Director of Finance		
For:	To Note		

Purpose of Paper: Executive Summary containing key messages and issues

The Trust submitted a revised annual plan to NHS Improvement in June showing a deficit of £24.7m. It is now **forecasting to reduce this deficit by £8.7m to £16.0m** by year end.

The Month 4 financial position is £6.0m deficit against a revised planned deficit of £8.1m – a favourable variance of £2.1m. The position includes a £2.2m provision in expenditure to match planned YTD cost pressures that have yet to materialise. The key metrics are contained in the Finance Dashboard over page.

The key points to note in the Month 4 year to date (YTD) finance position are:

- £0.5m under performance against the income plan. This includes £0.5m over performance in clinical income mainly due to A&E (£0.4m), maternity (£0.2m), Emergency (£0.2m) and other (£0.5m) offset by OP follow up caps penalty (£0.5m) and under performance against OP Procedures (£0.3m).
- £2.5m under spend against operational expenditure budgets compared to £1.1m in Month 3. This is mainly due to the improvement in run rate in pay (improvement in variance of £0.6m) and the management of reserves (improvement in variance of £0.9m).
- £2.8m achievement of CIP against a YTD plan of £2.8 m. This equates to CIP delivery of £8.7m in year and £8.6m full year effect.
- Agency Spend in Month 4 was £4.6m YTD compared to YTD budget of £5.2m a favourable variance of £0.6m. The ceiling set by NHSi for this Trust is £13.5m for the year and a pro-rata of this to Month 4 YTD is £4.5m – equating to £35k spend above ceiling.
- The Care Groups' net budget position is favourable with the exceptions of MSK and Frailty with a net adverse variance of £0.6m and Surgical with a net adverse variance of £0.3m in the main due to underperformance against clinical income plan to date.
- Cash balance at the end of July was £1.9m against the £1.9m plan. The cash drawn down in July was £1.0m, this is below the planned £1.9m. Cumulatively the Trust has drawn down £8.6m against our plan of £8.25m.
- Capital expenditure YTD is £2.7m against a plan of £3.9m The slippage of £1.2m is due to Estates Investment (£0.4m) Medical Equipment (£0.3m) Charitable Funds (£0.3m) and a benefit from a review of historic accruals (£0.2m).
- Trade debtors at the end of July over 90 days overdue total to £2.3m. This has increased from last month by £0.1m.

Financial overview:

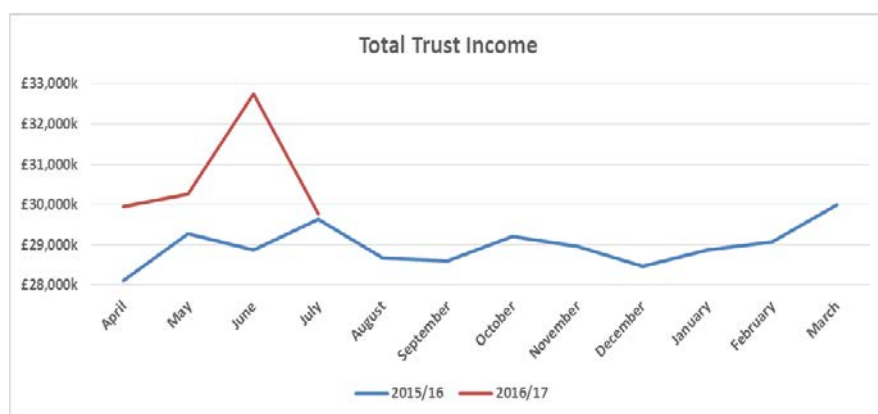
	Plan to Month 4 £'m	Actual to Month 4 £'m	Cumulative Variance to Month 4 £'m	Cumulative Variance to Month 3 £'m	Month 3 vs Month 4 Run Rate
Deficit before technical adjustment	(8.1)	(6.0)	2.1	1.5	+ve
Income	125.8	125.3	(0.5)	0.4	-ve
Operating expenditure (inc CIP)	(129.2)	(126.7)	2.5	1.1	+ve
Agency expenditure	(5.2)	(4.5)	0.6	0.5	+ve
CIP	2.8	2.8	0.0	0.1	-ve
Financing costs	(4.7)	(4.6)	0.1	0.0	+ve
Cash balance	1.9	1.9	0.0	0.0	-
Cash draw down	8.3	8.6	(0.3)	(1.3)	+ve
Capital expenditure	(3.9)	(2.7)	1.2	1.1	+ve
	Value to Month 4 £'m	Value to Month 3 £'m	Movement £'m		
Underlying deficit	(6.8)	(5.2)	(1.6)		-ve

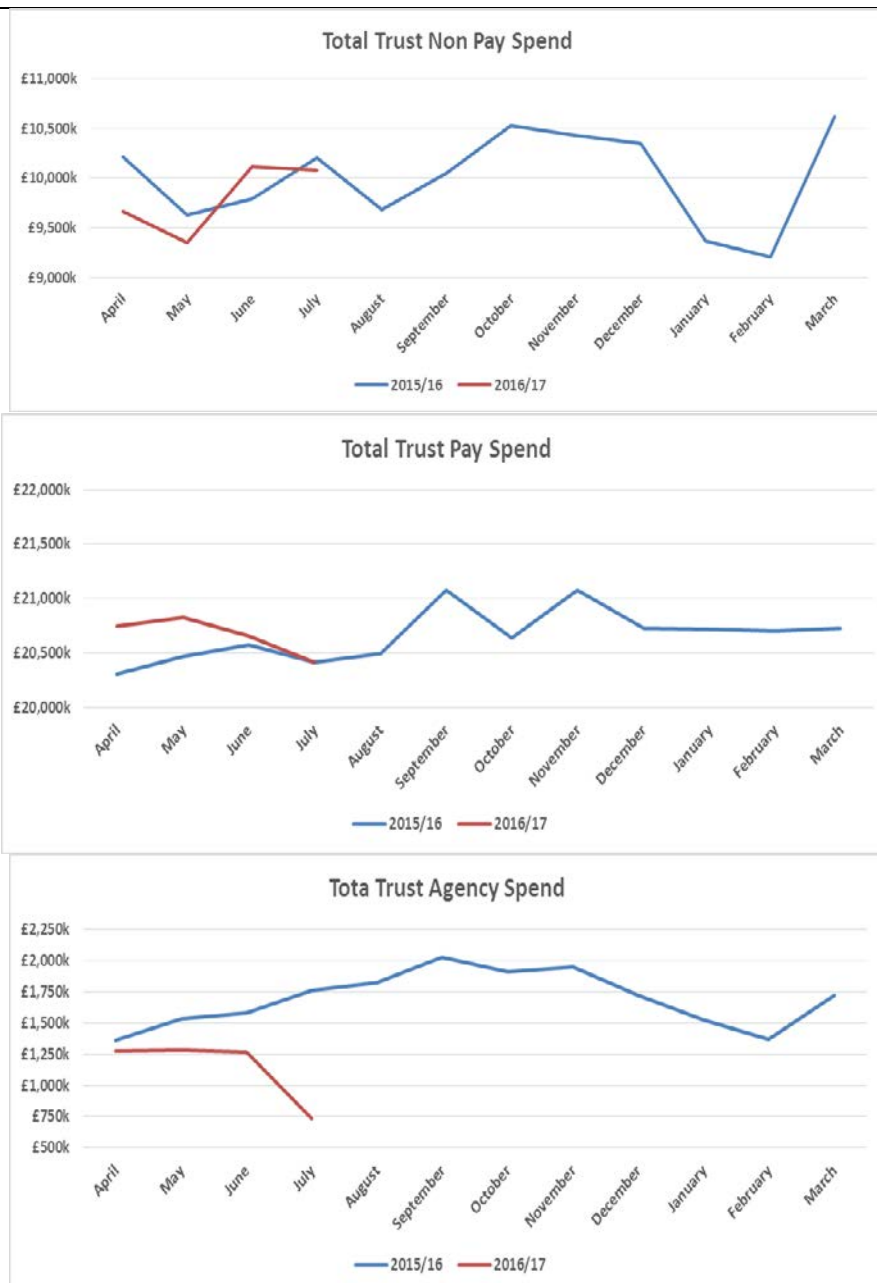
Key	
Above plan with +/- 5% tolerance	
Greater than 5% below plan	

Financial dashboard:

	Target Score	Actual Score	Variance	
Financial sustainability risk rating	1	2	1	
	Upside £'m	Base Case £'m	Downside £'m	
Sensitivity analysis of deficit before technical adjustment	(12.9)	(16.0)	(19.0)	
	Annual Plan	Value to Month 4 £'m	Balance available £'m	
Reserve funding	15.2	6.5	8.7	
	Value to Month 4 £'m	Value to Month 3 £'m	Movement £'m	Month 3 vs Month 4 Run
Trade debtors overdue greater than 90 days	2.3	2.2	0.1	-ve
Trade creditors overdue greater than 90 days	0.0	0.0	0.0	-
	Value to Month 4 £'m	Value to Month 3 £'m	Movement £'m	Month 3 vs Month 4 Run Rate
Outpatient cap	-0.5	-0.4	-0.1	-ve

Summaries of key trends:





Recommendation(s)

The Board of Governors is asked to **NOTE** the content of the update.

Analysis of risks

The Trust is now forecasting to reduce its deficit by £8.7m to £16.0m. The forecast depends in the main on the delivery of its CIP target and management of expenditure. However, the forecast is based on prudent planning assumptions and a sensitivity analysis has been undertaken that shows an 'upside case' of £12.9m deficit and a 'downside case' deficit of £19.0m.

Board Assurance Framework

1	Failure to achieve compliance with financial performance aspects of the Monitor Risk Assessment Framework and provider licence, triggering regulatory action	5x4 = 20
2	Failure to deliver accurate financial reporting underpinned by effective financial governance	4x4 = 16
3	Failure to deliver financial plan	4x4 = 16
4	Failure to deliver Cost Improvement Plans	3x5 = 15
15	Risk of Fraud	3x2 = 6



Title	Business Intelligence Report		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Richard Parker, Director of Midwifery, Nursing and Quality David Purdue, Chief Operating Officer Sewa Singh, Medical Director		
For:	Noting		
Purpose of Paper: Executive Summary containing key messages and issues			
The performance report is against operational delivery in Quarter 1 for 4hr Access and RTT 2016.			
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.			
Recommendation(s)			
To NOTE the report.			
Related Strategic Objectives			
<ul style="list-style-type: none">• Provide the safest, most effective care possible• Focus on innovation for improvement• Develop responsibly, delivering the right services with the right staff			
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	

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.

The rules on reporting changed in month and any breaches which occur after midnight are now classed on the day they breached rather than on the day of arrival.

June Performance:

Trust Q1 93.5%

June 92.3%

July 92.8%

Key issues related to 2 main issues. The continued increases in attendances and an increase in acuity, which saw the conversion rate from attendance increase to an average of 21.7%. Attendances at the type 1 facilities have increased by 4% in Q1.

The availability of medical staff particularly at middle-grade level. The commencement of the agency cap has adversely affected the ability to obtain medical staff. The Trust has led the implementation of a joint approach to agency caps with the working together Trusts and NHSI.

National performance for July averaged 89%. July saw 15,147 attendances, 1074 more than July 2015 and 786 more than in June. A total of 1093 patients failed the 4hr access target.

DRI achieved 90.03%, 863 patients failed to be treated within 4hrs. 484 of these were due to internal ED waits and 245 due to waiting for beds.

Bassetlaw achieved 94.88%, 230 patients failed to be treated within 4hrs. 171 of these were due to internal ED waits and 9 due to waiting for beds.

NHSI has launched a national programme to improve 4hr access performance. DBHFT is classed in group 2, with 15 other Trusts. Only 3 Trusts nationally are in group 1. DBHFT is part of 2 Trusts which launched the programme and presented 5 examples of good practice. The Trust is hosting a master-class in discharge processes for the North of England.

Ambulance Handover times continue to improve on both sites with standardised processes in place. Weekly reviews of delays being undertaken with YAS and EMAS.

Referral to Treatment

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

June, achieved 92.9%

Quarter 1 achieved 92.5% for RTT

3 specialities failed the target: General Surgery, 90.5%, ENT, 90.8%, Urology 89.7%

Trauma and Orthopaedics is now compliant with the target for the first time in 3 years.

July Performance 92.6%

The Trust is working as part of the SDIP, to ensure demand and capacity plans are in line with expected RTT performance.

Urology referrals continue to rise and internal capacity is being re- assessed, especially in relation to follow up pathways.

Following reviews of illogical pathways 4 patients were found to have waited over 52 weeks. A route cause analysis has been undertaken and no patients have come to harm. 3 of the patients all requested long delays in their treatments.

A new process has been put in place to ensure this does not happen in the future.

Diagnostic waits ended at 99.17% against the target of 99%

Quarter 1, was achieved at 99.17%

The numbers waiting over 6 weeks was 59, the target was achieved in all tests.

July performance ended at 99.23%

56 patients waited over 6 weeks

Cancer Performance

All cancer targets have been achieved in June and for quarter 1

62 day classic pathway ended locally at 87.7% against a target of 85%, taking in to account shared care breaches the position ended at 85.2%

2 week wait performance ended at 93.4%

New guidance for Cancer Breach Allocation has been produced and the agreement that day 38 will be the key date for inter hospital transfer for tertiary referrals.

Stroke

The Stroke pathways have been reviewed against the income related to best practice Tariff and the Trust is now receiving the correct income. Of the 48 discharged strokes in the month, 36 received the highest income stream with all patients receiving elements of best practice performance.

Cancelled Operations

Cancelled operations performance, is those patients cancelled on the day of the procedure and is split into theatre and non-theatre cancellations.

Theatre cancellations were impacted mainly in the month due to staff availability. Cancellations due to bed availability remained at 11 across both sites.

Out-Patient Productivity

The new call centre and patient change office is now in place along with the agreed protocols for clinic cancellations, which will allow for improved working and utilisation of lists.

Notes on CWT Reports - July 2016

These notes give a brief outline against all specific tumour groups who have not met the Cancer Waiting Times Standards in July 2016

CWT Standard	Tumour Group	Performance against CWT standard	High Level View
Two Week Wait	Gynaecology	90%	10 breaches – all patient cancellation
	Upper GI	91%	10 breaches – 9 patient cancellation, 1 hospital related
Breast Symptomatic	Breast	92.5%	7 breaches – all patient cancellation
62 day	Gynaecology	81.8%	2 breaches – both shared pathways – patients required additional investigations prior to transfer
	Haematology	80%	1 breach – shared care pathway – tissue reporting delays then out patient capacity at Sheffield
	Head & Neck	0%	3 breaches – all shared care pathways – 1 patient choice , 1 complex diagnostic pathway , 1 avoidable delays
	Lower GI	64.3%	4 patients – 3 shared care, 1 local – all complex diagnostic pathways
	Lung	80%	1 patient – complex pathway
	Urology	78.6%	6 patients – all shared pathways, 4 for surgery , 1 active monitoring – all linked to capacity. Patient choice – clinical trial
	Lung	63.6%	8 patients – all shared care pathways – complex pathways and capacity issues . 1 pathway avoidable delays
62 day Consultant Upgrade	Lung	63.6%	8 patients – all shared care pathways – complex pathways and capacity issues . 1 pathway avoidable delays

RTT patient information for patients treated in month above and below 18 weeks in July

Incomplete Pathways (Target 92%)

Specialty Group	Under 18 Weeks	18 Weeks & Over	Total	Percentage
General Surgery	2460	268	2728	90.2%
Urology	1384	161	1545	89.6%
T&O	5067	546	5613	90.3%
ENT	2656	223	2879	92.3%
Ophthalmology	3195	187	3382	94.5%
Oral Surgery	1041	48	1089	95.6%
General Medicine	2325	233	2558	90.9%
Cardiology	1460	110	1570	93.0%
Dermatology	2423	99	2522	96.1%
Thoracic Medicine	900	60	960	93.8%
Rheumatology	598	48	646	92.6%
Geriatric Medicine	168	7	175	96.0%
Gynaecology	1612	98	1710	94.3%
Others	4461	274	4735	94.2%
Trust Total	29750	2362	32112	92.6%

Stroke Performance

May-16 FINAL							
1. Direct Admission		Target = 90%			1. Direct Admission		
		CCG					
Direct Admission within 4 Hours	Bassetlaw	Doncaster	Other	Total	Category	Sub Category	Total
Yes	6	20	2	28	Organisational	Beds	2
No	4	7	1	12		Pathway	6
						Staff Availability	
Grand Total	10	27	3	40	Clinical	Patient Presentation	2
Performance	60.0%	74.1%	66.7%	70.0%		Patient Needs	
					Patient Choice	Declined	2
					Awaiting further validation		
2. Scan within 1 Hour		Target = 48%			2. Scan within 1 Hour		
		CCG					
Scan 1 hr	Bassetlaw	Doncaster	Other	Total	Category	Sub Category	Total
Yes	6	14	2	21	Organisational	Scanner	4
No	4	13	1	19		Pathway	6
						Staff Availability	
Grand Total	10	27	3	40	Clinical	Criteria	2
Performance	60.0%	51.9%	66.7%	52.5%		Patient Needs	1
						Patient Presentation	6
					Patient Choice	Declined	
					Awaiting further validation		



Title	Strategy and Improvement Report		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Dawn Jarvis – Director of Strategy and Improvement		
For:	Noting		
Purpose of Paper: Executive Summary containing key messages and issues			
This paper provides updates on three things:-			
1. CIP Programme 16/17 progress			
2. Recovery and Financial sustainability plans			
3. Strategic planning and process led by the Directorate of Strategy and Improvement			
Recommendation(s)			
The Committee is asked to NOTE the progress reported.			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
We always put the patient first			
• By focusing on efficiency and financial stability to deliver care going forward			
Everyone counts – we treat each other with courtesy, honesty, respect and dignity			
• By having clear and transparent processes and policies and by living our values			
Committed to quality and continuously improving patient experience			
• By ensuring we are continuously improving our financial position			
Always caring and compassionate			
• By protecting the future of the Trust by caring about how we become more efficient			
Responsible and accountable for our actions – taking pride in our work			
• By having clear objectives and actions to improve our financial performance			
Encouraging and valuing our diverse staff and rewarding ability and innovation			
• By ensuring everyone’s ideas count and everyone’s views are heard			
Related Strategic Objectives			
• Provide the safest, most effective care possible			
• Control and reduce the cost of healthcare			
• Focus on innovation for improvement			
• Develop responsibly, delivering the right services with the right staff			
Analysis of risks			
The main risk of not moving to a new way of working is that we will not have a credible and supported plan to deliver the savings necessary to reduce the financial deficit of the Trust. As a subset of this our key stakeholders and partners may lose faith in our ability to manage our own response to this issue and will take more direct ownership and control.			
Board Assurance Framework			
1	Failure to achieve compliance with Monitor Risk Assessment Framework, CQC and other regulatory standards, triggering regulatory action.	5x4 = 20	
5	Failure to deliver financial plan.	4x4 = 16	
19	Failure to deliver turnaround / cost reduction programme.	3x5 = 15	

1. 16/17 Cost Improvement Programme (CIP) – Month 5 cumulative delivery

1.1. The detail is shown in the table below. In headline terms the Board of Governors will want to note the following:-

Our plan was to deliver CIPs to the value of £11m with an internal stretch target of £13m. The cumulative original plan to M5 was £2.943m, with an additional stretch to £3.557m. Cumulative delivery to M5 was £3.632k which is £689k ahead of the original plan and £75k ahead of the stretch plan.

Improvement Programme FY16/17 as at August 16



	Original Plan for the Year £'000	Stretch Plan for the Year £'000	Original Plan in Month £'000	Stretch Plan in Month £'000	Actual in Month £'000	Variance to Original in Month £'000	Variance to Stretch in Month £'000	Original Plan YTD £'000	Stretch Plan YTD £'000	Actual YTD £'000	Variance to Original YTD £'000	Variance to Stretch YTD £'000	Forecast CYE (16/17) £'000	Forecast FYE (Recurrent) £'000
Analysis by Workstream														
Theatres	443	520	0	0	39	39	39	0	0	126	126	126	671	1,039
Outpatient Productivity	287	259	19	20	17	-2	-3	64	91	77	13	-14	245	287
Medical Productivity	413	441	0	0	39	39	39	0	0	99	99	99	568	966
Non Medical Clinical	261	261	0	0	9	9	9	0	0	42	42	42	334	1,183
Management & Corporate Services Review	761	987	60	101	85	24	-16	293	339	285	-8	-54	869	1,035
Bed Plan / LOS	2,293	2,683	137	169	192	54	22	593	728	800	208	73	2,758	3,887
Procurement	1,901	2,003	97	151	151	53	0	471	718	719	248	1	2,163	2,687
Clinical Admin Review	250	250	0	0	0	0	0	0	0	0	0	0	250	250
Infrastructure	531	894	47	57	-7	-54	-64	93	162	121	28	-41	457	1,262
Income	1,058	1,325	99	60	77	-21	18	297	454	332	35	-122	1,176	1,509
Care Group & Corporate - Local	1,578	1,779	125	154	146	22	-8	623	663	619	-4	-44	1,620	1,437
Grip & Control	1,224	978	102	82	85	-17	3	510	402	412	-98	10	1,011	897
TOTAL	11,000	12,380	687	794	833	146	39	2,943	3,557	3,632	689	75	12,119	16,439
Rec	11,000	11,768	687	754	753	66	-1	2,943	3,144	3,284	341	140	11,398	16,439
Non rec	0	612	0	40	80	80	40	0	412	348	348	-64	722	0
	11,000	12,380	687	794	833	146	39	2,943	3,557	3,632	689	75	12,119	16,439

1.2. Forecast delivery of 16/17 CIP is £12.119m at year end which has a full year impact of £16.439m. 17/18 CIP plans are being produced to deliver £12m, and the figures behind this plan have been included in the two year plan delivered to NHS Improvement at the end of August and discussed at the recent Governor's Time Out on 5 September.

1.3. A third round of Grip and Control meetings is being undertaken during September to carry out a line by line review of all areas budgets, spending and savings. A verbal update will be given if required at the meeting on the outcomes of the meetings.

2. Recovery Plans – timetable, content and sign off

2.1. NHS Improvement has received the two year plan on time and we are awaiting their feedback. Work continues on the 3-5 year plan and we are in the process of agreeing a date for final delivery; this was to be December but we may agree to submit it later to allow a new chair and CEO to review the plans.

- 2.2. There are a number of interdependent plans in development across the STP footprint, our two localities, with our Working Together partners and within the Trust, all with different and sometimes competing timescales. In general the aim of all of them is similar, in that we are tasked as a health economy with delivering high quality care outcomes, maintaining national performance targets and controlling and reducing the cost of healthcare. It is likely that we will have much more detail on the activity we will undertake in this financial year and the next, the two year “Recovery Plan” will detail the CIPS for both years and the ground work which will have to take place to deliver transformational change, which tackles the underlying reasons for our deficit which will happen more in year two and beyond.
- 2.3. These plans will also need to detail the pace of change within DBH and how far that can go to deliver us back to breakeven, and what can only be achieved in partnership with other providers and commissioners.
- 2.4. Board of Directors has agreed to have an item on each monthly Board Brief agenda to discuss and agree content, and Board meetings from June onwards will need to approve various levels of content. In addition, various levels of consultation internally and potentially externally will be undertaken alongside close working across the STP footprint to, where possible, move forward together on any decisions.

3. Strategic Development

- 3.1. In order to support the delivery of a 3-5 year financial sustainability strategy, we need to recommit, refresh or recreate the Trust’s Strategic Direction and the supporting strategies that have been created over the past three years. We are currently working with the organisation to develop a refreshed 5 Year Strategic Direction - 2017-2022. It is proposed that this will become a high level direction setting document with an overview of our strategic intent and ambition, plus a recommitment to our vision, mission and values under the We Care mnemonic. As an output we need to develop a sustainable services strategy implemented through a range of interrelated, practical plans that are reviewed and refreshed annually; e.g. Quality, Information, Estates, People & OD, Financial, Clinical, Commercial, Research and Development and Governance.

4. Summary

- 4.1. In summary, we continue to make good progress but we have a challenging set of savings to achieve in 16/17 along with plans for 17/18 and beyond to develop and deliver. Resources, while sufficient at the moment, are under constant review and are supplemented by the minimal support of selected external management consultants. For Turnaround and CIPs, there is active management of the work streams with leads and SROs held regularly to account for progress and delivery. The financial values are built into Executive Directors’ objectives which ensures visibility and scrutiny that supports delivery while preserving or enhancing the quality and performance of the services we deliver.

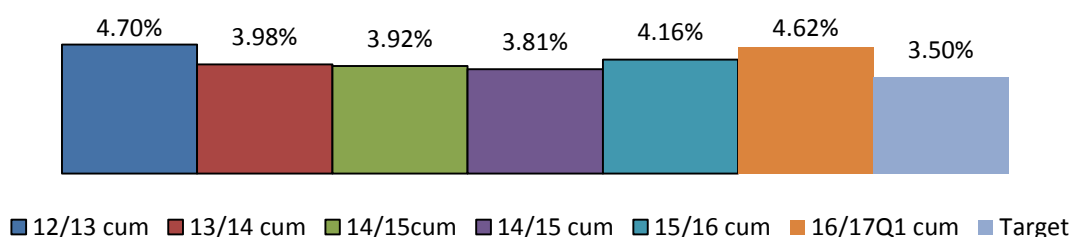


Title	2016/17 Q1 People and Organisational Development report		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Karen Barnard, Director of People & Organisational Development (P&OD)		
For:	To Note		
Purpose of Paper: Executive Summary containing key messages and issues			
This paper updates the Board of Governors on the annual workforce related KPIs as at the end of Q1. Both the Director of P&OD and the Director of Education have been involved in discussions across the STP, with the latter continuing to be involved in the revised HEYH approach through membership of the Local Workforce Action Board.			
Recommendation(s)			
The Board of Governors is asked to NOTE the content of the update			
Delivering the Values – We Care (how the values are exemplified by the work in this paper)			
We always put the patient first <ul style="list-style-type: none">By focusing on improving staff presence, well-being, engagement and skill level Everyone counts – we treat each other with courtesy, honesty, respect and dignity <ul style="list-style-type: none">By having clear and transparent processes and policies and by living our values Committed to quality and continuously improving patient experience <ul style="list-style-type: none">By ensuring we are continuously improving against our KPIs and objectives Always caring and compassionate <ul style="list-style-type: none">By recruiting, retaining and engaging the right staff who demonstrate our values Responsible and accountable for our actions – taking pride in our work <ul style="list-style-type: none">By having clear objectives and actions to improve our performance and quality Encouraging and valuing our diverse staff and rewarding ability and innovation <ul style="list-style-type: none">By ensuring the right people with the right skills are involved in delivering our progress			
Related Strategic Objectives			
<ul style="list-style-type: none">Provide the safest, most effective care possibleControl and reduce the cost of healthcareFocus on innovation for improvementDevelop responsibly, delivering the right services with the right staff			
Analysis of risks			
There are three Trust wide risks on the Corporate Risk Register and the Board Assurance Framework that will be directly improved or mitigated by the delivery of the P&OD Strategy though successful delivery will help to support the delivery or mitigation of most corporate risks.			
Board Assurance Framework			
7	Risk of failing to address the effects of the medical agency cap, leading to gaps in medical rotas	4x5=20	
8	Failure to engage and communicate with staff and representatives in relation to immediate challenges and strategic development	4x4=16	
13	Inability to recruit right staff and ensure staff have the right skills to meet operational needs	4x3=12	

1. Introduction

It is our intention to refresh the People & OD strategy to ensure it continues to align with our strategic direction and initiatives arising from the Sustainability & Transformation Plan. At a time of organisational change it is vital that we focus on improving staff engagement and the health and wellbeing of our staff (including proactive management of staff absent due to sickness). We are also considering how to improve our recruitment and onboarding processes and introducing a set of KPIs which will be reported on through the Board report in the future. Other key pieces of work being undertaken currently include the implementation of the new junior doctor contract and the implementation of a new supplier for agency medical staff.

2. Absence and Wellbeing



Disappointingly we are seeing a continued rise in sickness levels (4.62% cumulative at the end of Quarter1). A deep dive into this is being conducted in order to understand how we might reduce sickness levels through both the continued development of our health and wellbeing offerings (via the CQUIN action plan) and use of the Sickness Absence policy.

In addition we are commencing an offering of lifestyle assessments to those staff with higher sickness absence rates. Two of our wellness nurses have been trained by Sheffield Hallam University to deliver these assessments. This is an approach which Simon Stevens is keen to see offered to NHS staff.

3. Staffing levels

The table below details the changes in staff in post since January 2016; whilst there has been an overall reduction in both headcount and wte, those reductions have been mainly in the areas of admin & clerical and estates & ancillary.

	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
Staff Group	Jan-16		Feb-16		Mar-16		Apr-16		May-16		Jun-16	
Add Prof Scientific and Technic	168.57	184.00	168.41	184.00	165.35	181.00	165.68	181.00	165.68	181.00	163.62	179.00
Additional Clinical Services	1,078.58	1,310.00	1,082.66	1,317.00	1,088.23	1,322.00	1,088.95	1,329.00	1,080.93	1,319.00	1,086.03	1,326.00
Administrative and Clerical	1,092.97	1,355.00	1,098.13	1,360.00	1,095.35	1,360.00	1,075.36	1,335.00	1,078.63	1,337.00	1,066.41	1,322.00
Allied Health Professionals	354.68	407.00	352.32	403.00	346.04	397.00	336.66	387.00	333.35	383.00	331.26	381.00
Estates and Ancillary	616.55	890.00	611.93	886.00	610.57	881.00	607.04	878.00	607.10	879.00	605.80	875.00
Healthcare Scientists	129.73	142.00	128.82	141.00	129.02	141.00	129.09	142.00	127.09	140.00	128.09	141.00
Medical and Dental	477.12	531.00	478.60	532.00	472.60	526.00	476.83	533.00	476.11	532.00	479.11	535.00
Nursing and Midwifery Registered	1,646.12	1,911.00	1,651.55	1,916.00	1,645.96	1,909.00	1,646.42	1,911.00	1,639.63	1,902.00	1,632.08	1,893.00
Students	6.60	7.00	6.60	7.00	4.60	5.00	3.80	4.00	2.80	3.00	1.80	2.00
Grand Total	5,570.91	6,737.00	5,579.01	6,746.00	5,557.72	6,722.00	5,529.82	6,700.00	5,511.31	6,676.00	5,494.21	6,654.00

4. Internal communications and engagement

- Staff FFT Q1 - The percentage of staff who would recommend DBH for care (based on extremely likely and likely) has declined only slightly from **80%** to **76%** when comparing to FFT Q1 2015/2016. Whilst the percentage of staff who would recommend DBH as a place to work (based on extremely Likely and Likely) has declined from 73% to 60% when comparing to FFT Q1 2015/16 this figure is similar to that in the main staff survey in 2015.
- We have changed the format of the Buzz to host it on our external website and we are now able to track its reach. The average readership per issue is over 3,600 and the average session is 4 minutes indicating that a large proportion of our workforce are reading the weekly publication
- Staff Brief sessions continue to be attended by a core group (approx. 50 each month across sites). We have changed the format to make them more engaging with an executive director leading at each session. We have also tweaked the schedule to make it more inclusive to wider groups as Friday morning is not accessible to all. We promote the sessions for all staff. This will be kept under regular review and feedback sought as to how we can improve attendance.
- Turnaround workshops have been delivered across all three sites to introduce turnaround and give people the opportunity to ask questions, suggest idea, and share their worries. The events were attended by 260 members of staff and 212 ideas, 64 worries/concerns and 27 general questions were gathered. These will be repeated approximately every three months as part of the Turnaround specific communications and engagement activities.
- The Recovery Team has been established and includes more than 73 members of staff who have put themselves forward from a range of professions, departments and sites across the Trust. Two face to face meetings have taken place and they are also consulted with over virtual forums for their thoughts on initiatives.
- A closed staff Facebook group has been set up with 231 members as at time of writing in order to easily poll both turnaround and corporate ideas with staff

5. Training, education and development

Statutory and Essential Training (SET) - The topic leads for the SET areas continue to work with the Training and Education Department to develop and agree training materials, method and frequency of training required for all staff groups. In addition we are working collaboratively across the Working Together Trusts to standardise topics and delivery methods and to explore the potential to passport compliance between the Trusts. The SET awareness booklet was launched in March 2016 and forms the foundation level of training for all staff. To complement this, SET days have been pulled together and are available for staff to book onto for higher levels of training. We are currently at 54.08%, although in the 2015 NHS Staff Survey 91% of staff said they had mandatory training in the last 12 months.

Appraisal Rates - Data held within ESR indicates a compliance rate of 64.54%; work is ongoing to ensure that all Care Groups and directorates have the ability to enter appraisal data into ESR.

Teaching Hospital Status - The project of attaining our aspiration of gaining Teaching Hospital status continues. The appointment of the project manager has helped move this forward. Meetings with Sheffield University and Sheffield Hallam University are progressing. We will continue to develop our teaching opportunities to support our expansion of students. The development of an Educational Governance structure is coming to fruition including a Workforce and Education Committee and an Educational Quality dashboard which will assure the Board and our stakeholders of the quality of training provided. Joint appointments and working more closely with the Universities will help increase our research capacity.



Title	Appointment of External Auditors 2016 - 2019		
Report to:	Board of Governors	Date:	21 st September 2016
Author:	Bev Marshall, Governor		
For:	Approval		
Purpose of Paper: To recommend the Governors approve the award of the External Audit Contract to Ernst and Young and delegate the authority to the Chief Executive to sign the contract and lead the transition to the new Supplier.			
1. Project Outline	To appoint a replacement External Audit company to PWC. A tender process has been progressed with the following evaluation panel: <div><div>1. Bev Marshall, Governor</div><div>2. Phillip Beavers, Governor</div><div>3. David Cuckson, Governor</div><div>4. Philippe Serna, Chair of Audit Committee & Non-Exec Director</div><div>5. Andy Thomas, Finance Programme Director</div></div>		
2. Process	The competitive Process took the following steps: <div><div>1) Evaluation Panel kick off meeting to decide:<div><div>a. Selecting the Procurement Route:<div>The competition was carried out on two Frameworks: NOE CPC Framework reference, CPC00893 and CCS ConsultancyONE RM1502 Lot 5.4 External audit & advice. By utilising a framework that had already been through a European Tender process the timescales for the DBH competitive exercise was reduced by around 3 months. The reasons these frameworks were chosen were because the main consultancy houses that carry out the audit work are present on the frameworks.</div></div></div><div>b. The tender questions</div><div>c. The evaluation weightings (detailed in point 3)</div><div>d. The requirement of a presentation</div><div>e. The correct membership of the evaluation panel</div></div></div> <div><div>2) Tender paperwork was sent out to suppliers and received back</div><div>3) All evaluators scored independently and submitted their scores</div><div>4) A consensus meeting was held to agree on the final score for each question and to conclude the presentation topic and the shortlisted suppliers to present. Two suppliers were shortlisted to present as</div></div>		

	<p>they were clearly higher scoring than the third supplier and the presentation could not have improved their score significantly.</p> <p>5) Supplier Presentations were held covering the same topic. The panel was able to adjust scores accordingly following the presentations but this was not necessary.</p> <p>6) The successful supplier was selected by the panel based on the quality and financial score achieved.</p>																								
3. Scoring & Award	<p>The weightings used in this tender are: 30% Price 70% Quality</p> <p>The quality weightings were broken into the following areas:</p> <table border="1"> <thead> <tr> <th>Quality Description</th><th>Weighting</th></tr> </thead> <tbody> <tr> <td>Technical Ability</td><td>30%</td></tr> <tr> <td>Relevant Experience</td><td>35%</td></tr> <tr> <td>Key Performance Indicators</td><td>20%</td></tr> <tr> <td>Implementation/Contract Delivery</td><td>5%</td></tr> <tr> <td>Management of Team</td><td>5%</td></tr> <tr> <td>Client Relationship</td><td>5%</td></tr> <tr> <td>Total</td><td>100%</td></tr> </tbody> </table> <p>Four suppliers were invited to bid. One Supplier declined and 3 submitted completed tender documents. All 4 suppliers were experienced External Audit providers. Ernst & Young were successful and their scores are as follows:</p> <table border="1"> <thead> <tr> <th>Supplier</th><th>Total score out of 100%</th></tr> </thead> <tbody> <tr> <td>Ernst & Young</td><td>89%</td></tr> <tr> <td>Supplier B</td><td>85.5%</td></tr> <tr> <td>Supplier C</td><td>76.2%</td></tr> </tbody> </table> <p>The successful Supplier put forward a strong bid and presentation and were able to show:</p> <ul style="list-style-type: none"> • Strong history of carrying out the service in other Acute Foundation Trusts • An understanding of the issues DBH have faced previously and gave the panel confidence in their abilities • The importance of training to various groups of stakeholders including Governors and the ability to carry out the training • A bid that was strong on both quality and value for money. 	Quality Description	Weighting	Technical Ability	30%	Relevant Experience	35%	Key Performance Indicators	20%	Implementation/Contract Delivery	5%	Management of Team	5%	Client Relationship	5%	Total	100%	Supplier	Total score out of 100%	Ernst & Young	89%	Supplier B	85.5%	Supplier C	76.2%
Quality Description	Weighting																								
Technical Ability	30%																								
Relevant Experience	35%																								
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Management of Team	5%																								
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Total	100%																								
Supplier	Total score out of 100%																								
Ernst & Young	89%																								
Supplier B	85.5%																								
Supplier C	76.2%																								
4. Financials	<p>The total cost of the service is £243,000 over 3 years with the following payment profile:</p>																								

	Year 1 £91,000 Year 2 £76,000 Year 3 £76,000 (The 2015/16 bill from the previous supplier was £90,000)	
5. Recommendation	The governors on the evaluation panel agree that the procurement process has been thorough and transparent. The recommendation is that the Governors approve the award of the contract to Ernst and Young and delegate the authority to the Chief Executive to sign the contract and lead the transition to the new Supplier.	
Delivering the Values – We Care (how the values are exemplified by the work in this paper)		
Committed to quality and continuously improving patient experience <ul style="list-style-type: none">By working with the Supplier to ensure minimal downtime for medical locum staffing to reduce waiting times and increase productivity Encouraging and valuing our diverse staff and rewarding ability and innovation <ul style="list-style-type: none">By working strategically on contracts to gain efficiencies and improve patient and staff experience.		
Related Strategic Objectives		
<ul style="list-style-type: none">Provide the safest, most effective care possibleControl and reduce the cost of healthcare		
Analysis of risks		
<ul style="list-style-type: none">The Trust is required to have in place an External Audit supplier independent of the Trust. This approval of this recommendation will allow the Trust to fulfill its obligation.		
Board Assurance Framework		
1	Failure to achieve compliance with financial performance aspects of the Monitor Risk Assessment Framework and provider licence, triggering regulatory action	5 x 4 = 20
2	Risk of failing to address the effects of the medical agency cap, leading to gaps in medical rotas	4 x 4 = 16
3	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
4	Inability to recruit right staff and ensure staff have the right skills to meet operational needs.	4 x 3 = 12



Title	Reappointment of Non-Executive Director		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Matthew Kane, Trust Board Secretary		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
This report proposes an extension of the term of office of Alan Armstrong, Non-executive Director, for a further two years in accordance with the Trust Constitution.			
Mr Armstrong was appointed Non-executive Director in October 2013 for a three year term meaning that his current term of office ends 30 September 2016.			
Annex 6 to the Trust Constitution covers terms of office for Non-executive Directors and states that:			
<i>6.2 The Board of Governors may, prior to the expiry of the [initial three year] term referred to in paragraph 6.1, extend the term of office of a Non-executive Director by a period not exceeding 2 years if it considers such an extension is in the best interests of the Trust ...</i>			
<i>6.3 Prior to extending any term of office under paragraph 6.2, the Board of Governors shall consult the Directors and may seek advice from the Appointments and Remuneration Committee.</i>			
Mr Armstrong’s reappointment was considered by the Appointments and Remuneration Committee on 4 August 2016 who, having regard to his current performance, felt that it met the constitutional test of being in the best interests of the Trust and they unanimously recommended the appointment to this meeting. It is also the Chair’s view that, following Mr Armstrong’s formal performance evaluation, he continues to be effective and demonstrates commitment to the role.			
Views of Directors have been canvassed and they have endorsed the reappointment.			
Recommendation(s)			
That Alan Armstrong’s term of office as Non-executive Director be extended by a further two years from 1 October 2016 to 30 September 2018.			
Related Strategic Objectives			
<ul style="list-style-type: none">• Focus on innovation for improvement• Develop responsibly, delivering the right services with the right staff			
Analysis of risks			
The main risk of not reappointing Mr Armstrong is the loss of an experienced and valued member of the Board as well as the loss of corporate memory at a time of change and Board renewal.			



Title	Designation of Senior Independent Director		
Report to:	Board of Governors	Date:	21 September 2016
Author:	Matthew Kane, Trust Board Secretary		
For:	Approval		
Purpose of Paper: Executive Summary containing key messages and issues			
The purpose of this report is to propose the appointment of Alan Armstrong as Senior Independent Director (SID) to replace Geraldine Broderick who left the Trust on 18 July.			
Annex 5 of the Trust Constitution states that:			
<i>A majority of the Governors shall at a general meeting of the Board of Governors appoint one of the Non-executive Directors to be the Senior Independent Director for a term of three years. The Senior Independent Director shall be eligible for reappointment at the end of that term but may not serve as Senior Independent Director for more than a total of six years.</i>			
The role of SID is set out in the Monitor (now NHSI) Code of Corporate Governance. It is aligned with the wider corporate role of whistleblowing lead, appointed by the Board of Directors. The two roles may, but need not, be undertaken by the same Non-executive Director. Alan Armstrong was appointed whistleblowing lead at the Board of Directors meeting on 26 July 2016.			
The main responsibilities of the SID are to:			
<ul style="list-style-type: none">• Provide a sounding board for the chair and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chair, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chair (but need not be).• Lead the non-executive directors, without the chair, in evaluating the chair’s performance at least annually (and at other times deemed necessary) within a framework agreed by governors and taking into account the views of directors and governors.• Maintain regular contact with governors to understand their issues and concerns and act as a sounding board for governors before they consider removing the chair or any of the non-executive directors.• Attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of their issues and concerns.			

In addition to those responsibilities specifically cited in the Code, other trusts have given the SID other duties which include:

- Informing the reappointment process for the chair, where governors have expressed concern regarding the chair or where the board of directors is experiencing a period of 'stress' i.e. where the chair and the chief executive's relationship is too close or not harmonious, where the trust's strategy is not supported by the whole board of directors, where key decisions are being made without reference to the board or where succession planning is being ignored.
- Providing support and guidance to the governors in seeking to resolve concerns or, in the absence of a resolution, in taking formal action in respect of the performance of the trust chair.

The matter of appointing a replacement SID was considered by the Appointments and Remuneration Committee on 4 August 2016. Having regard to the respective skills and experience mix amongst the current non-executives, they unanimously recommended the appointment of Mr Armstrong to this meeting.

Recommendation(s)

That Alan Armstrong be appointed Senior Independent Director for a term of three years from 1 October 2016.

Related Strategic Objectives

- Focus on innovation for improvement
- Develop responsibly, delivering the right services with the right staff

Analysis of risks

The main risk to not appointing a SID would be the consequences of failure to deal with concerns from governors that they were not able to report through the usual mechanisms of the chair, chief executive, finance director or trust secretary. Not appointing a SID would also raise issues of non-compliance with the Monitor Code of Corporate Governance which recommends that all well-led trusts should have a SID in place.

Minutes of the Health and Care of Adults Sub-committee Meeting Held at 10am on 5 July 2016 in the Boardroom, Doncaster Royal Infirmary

Present:	Patricia Ricketts	Public Governor (Chair)
	Mike Addenbrooke	Public Governor
	Brenda Maslen	Public Governor
	Peter Husselbee	Public Governor
In attendance:	Maria Dixon	Head of Corporate Affairs
	Matthew Kane	Trust Board Secretary
	Lesley Marshall	Modern Matron
	Emma Foxon-Wise	Sister

Action

Appointment of Chair

- 16/7/1** It was AGREED that Patricia Ricketts be appointed Chair for the meeting but a Chair of the Committee would be sought for the remainder of the year at the next meeting.

Apologies for absence

- 16/7/2** No apologies were submitted to the meeting.

Minutes of meeting held 8 March 2016

- 16/7/3** The minutes of the meeting held on 8 March 2016 were APPROVED.

Matters Arising

- 16/7/4** 15/12/5, 15/09/19 & 16/3/4 – The proposed visit to CDU was still outstanding. The Trust Board Secretary agreed to follow up. **MK**

- 16/7/5** 15/12/28 & 16/3/5 – The meeting with Governors and the Director and Deputy Director of Nursing, Midwifery and Quality regarding the 15-step process had yet to be arranged. The Trust Board Secretary agreed to follow up. **MK**

- 16/7/6** It was noted that the Medical Director and Director of Nursing, Midwifery and Quality had responded to the recent Parkinson's Society campaign.

Ophthalmology Developments

- 16/7/7** The Committee received an update on the new Ophthalmology Centre at Doncaster Royal Infirmary.

- 16/7/8** The new clinic would be undertaken in two phases and lead to increased floor space as part of phase two. The latest plans were highlighted to the Committee.

- 16/7/9** The Centre would benefit from an increased number of consultation rooms, streamlined clinical pathways and improved patient flow with the option of electronic check-in as well as a manned desk for new appointments.
- 16/7/10** The Centre would see provision of new equipment which staff had been involved in procuring. It was hoped that phase one would be completed by August 2016.
- 16/7/11** Phase 2a had been commenced on 23 May and would complete in mid-August 2016 while phase 2b would commence 18 July and complete by early September. As part of the planned refurbishment, IVT would temporarily move to Montagu Hospital from 18 July 2016 for six weeks.
- 16/7/12** In response to questions from Governors, the Committee was advised that the new Centre would offer all ophthalmology services although people with stable glaucoma would continue to be seen at their local opticians. The Committee were informed that the number of 'Did Not Attends' had been around 8% but procedures had been updated to minimize the impact.
- 16/7/13** Two new specialty doctors were due to start in August and interviews were being held for consultant roles. Further work was being undertaken to recruit ocular and cornea specialists. A number of other support staff were also being recruited. The new Centre would have 11 consultants in total.
- 16/7/14** The Committee was pleased with the progress to date and requested that a site visit be undertaken of the new Centre during a future Governors' timeout.
- 16/7/15** The Ophthalmology Update was NOTED.

Committee Workplan / Agenda Planning

- 16/7/16** It was AGREED to invite the Assistant Care Group Director for Ambulatory Outpatient and Diagnostics to a future meeting to cover surgical services.

Any Other Business

- 16/7/17** Governors cited a couple of examples of negative patient experiences they had witnessed and asked that this be escalated to relevant Executive Directors.
- 16/7/18** It was AGREED that the Trust Board Secretary would discuss with the Director for People and Organisational Development and Medical Director.

MK

Date and Time of Next Meeting

16/7/19 10 am, Tuesday 6 September 2016
Kilton Room, Bassetlaw Hospital

**Health and Care of Young People Sub-committee Meeting
held at 10 am on Tuesday 12 July 2016
in the Kilton Meeting Room, Bassetlaw**

Present:	Maureen Young	Public Governor (Chair)
	Mike Addenbrooke	Public Governor
	Eddie Dobbs	Public Governor
	Patricia Ricketts	Public Governor
In attendance:	Elizabeth Boyle	Named Nurse, Safeguarding Children
	Matthew Kane	Trust Board Secretary
	Alison Luscombe	FT Office Coordinator

Action

Welcome and apologies

16/07/1 Apologies were received from Andrea Bliss, Dev Das and Susan Shaw.

16/07/2 Chair appointment – It was proposed and AGREED that Maureen Young be re-elected as Chair of the Sub-committee.

Minutes of the previous meeting

16/07/3 The minutes of the meeting held on 5 April 2016 were APPROVED as an accurate record.

Matters arising

16/07/4 16/04/28 – Maureen Young had observed that the children's temporary play area in Ophthalmology Outpatients had been removed and assumed this was due to the ongoing work. When the work was completed she would revisit and report back.

MY

Annual Safeguarding Report

16/07/5 Elizabeth Boyle stated that following a recent review of the service by the Director of Nursing, Midwifery and Quality, the Head of Safeguarding had been redeployed, and Elizabeth had been appointed the Safeguarding Team Manager / Named Nurse and reported directly to Moira Hardy, Deputy Director of Nursing, Midwifery & Quality.

16/07/6 The Safeguarding Team included: Lead Professional - Safeguarding Adults, Specialist Nurse – Safeguarding Adults, Specialist Nurse – Safeguarding Children, Specialist Nurse – Safeguarding (currently out to advert), and Lead Nurse – Rapid Response. The team all worked part-time and were on an on-call rota seven days per week.

There were challenges around the area of children's safeguarding particularly with the vacancy of the Specialist Nurse but the team were currently working well together and going forward with a strengthened team. Their priorities would be to provide an outreach service on the wards and to be visible and accessible throughout the Trust.

16/07/7 The Committee's concerns about the current staffing arrangements were noted.

16/07/8 In response to a question about capacity at weekends, Elizabeth Boyle advised it was not any busier and that members of the public rarely rang at weekends to report issues. On such occasions, the Police would attend or redirect to Social Services who could be contacted at the weekends.

16/07/9 Maureen Young advised that the on-call social workers were based at Tickhill Road.

16/07/10 Elizabeth Boyle advised that the safeguarding training programme was under review and would not have been fully implemented until January 2017. Immediate changes included; Level 1 - all new starters and non-clinical staff to undertake completion of the SET booklet which included safeguarding; Level 2 - all clinical staff (children or adults professionals) undertake a full day training session, this would become half a day in 2017 and Level 3 – staff who worked with children regularly including ED staff would have training delivered externally via the Local Safeguarding Children Boards. The numbers attending training to-date for 2015 / 16 were 1,647 for clinical staff and 676 for non-clinical staff.

16/07/11 Following a comment on governors having previously attended safeguarding training Level 1, Elizabeth Boyle advised that Level 1 was now a SET booklet.

16/07/12 Maureen Young stated that governors were not staff and therefore there was no statutory requirement for governors to attend. Pat Ricketts commented that it had been good for governors to undertake the Level 1 Safeguarding Training.

16/07/13 Matthew Kane agreed to look at Safeguarding for a future Timeout session.

MK

16/07/14 Elizabeth Boyle stated the Nottinghamshire CQC Safeguarding Inspection had taken place in September 2015 and the final report had recently been published. There were actions around the Emergency Department (ED), Bassetlaw Hospital including access to the building, the children's waiting area and visibility of clinical treatment rooms that Estates were currently looking into and also around the lack of paediatric staffing. All necessary staff had now undertaken the Level 3 updated Safeguarding training.

16/07/15 Elizabeth Boyle advised that all current members of the Safeguarding team were very knowledgeable and worked extremely well together as a team. Going forward the Safeguarding team would be more visible across the Trust and it had been proposed to have a Safeguarding Week in October in line with Domestic Abuse Awareness Week.

16/07/16 Maureen Young thanked Elizabeth Boyle and the Annual Safeguarding Report was NOTED.

Committee Workplan /Agenda Planning

16/07/17 Children and Maternity Staffing Update – It was agreed to invite Chris Beattie, Head of Paediatric Nursing to provide an update on paediatric staffing levels and Sharon Dickinson to provide a staffing update around maternity services. **CB/SD**

Any Other Business

16/07/18 Mike Addenbrooke reported that one of the tough book games had been wiped and one was currently not working. It was agreed to contact Jill Edwards, Play Leader around any issues and report back. **MK/AL**

16/07/19 Maureen Young noted that the touch screen unit in the Minor Injuries Unit, Montagu had been turned off and commented on the play mats. Maureen Young agreed to speak to staff in the Unit and feedback. **MY**

16/07/20 The remainder of the Children's ward visits 2016 were discussed and it was agreed to email the updated schedule after the meeting. **MK/AL**

Date and Time of Next Meeting

16/07/21 10 am, Tuesday 13 September 2016
Members Room (1), DRI

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

**Held on Thursday 4 August 2016
 in the Chief Executive's Office, Doncaster Royal Infirmary**

Present:	Chris Scholey	Chairman
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Peter Husselbee	Public Governor
	John Plant	Public Governor
	George Webb	Public Governor
 In attendance:	 Matthew Kane	 Trust Board Secretary

Action

Apologies for absence

16/8/1 Apologies were received from Roy Underwood and Ruth Allarton.

Minutes of meeting held 14 March and 23 May 2016

16/8/2 The minutes of the meetings of the Appointments and Remuneration Sub-committee held on 14 March and 23 May 2016 were NOTED.

Matters arising

16/8/3 It was noted that some Governors found the gap between candidate interviews for the recent Chair's recruitment unhelpful however it was acknowledged that this was unavoidable.

Appointment of Non-executive directors and Senior Independent Director

16/8/4 The Committee considered a report of the Trust Board Secretary which:

(i) Sought agreement to a process to appoint a new Non-Executive Director following the resignation of Geraldine Broderick.

(ii) Recommended to the Board of Governors that an existing NED be appointed to take on the role of Senior Independent Director, previously held by Geraldine Broderick.

(iii) Recommended to the Board of Governors the reappointment of Alan Armstrong as non-executive director for a period of two years.

16/8/5 In relation to (iii) above, the Committee was advised of an inconsistency relating to the Trust's current practice and the Constitution in relation to

the reappointment of non-executive directors after their initial three year term as well as in relation to (ii) where there was a conflict between the Monitor Code requirements and the Trust's Constitution.

16/8/6 In view of the Constitutional position, it was agreed to recommend the reappointment of Alan Armstrong for a two-year term, subject to consultation with Executive Directors, and to recommend him as Senior Independent Director for a three year term. The appointment as Senior Independent Director would cease should he cease to be a non-executive director of the Trust.

16/8/7 As it was not yet known whether those non-executive directors whose terms of office ended in 2017 and 2018 would wish to be reappointed it was felt the Trust should advertise for two NED positions, one specialising in finance and the other a generic role. There was no obligation to appoint to the roles advertised.

16/8/8 Furthermore, it was felt that the proposed timetable was too ambitious and advertising during the holiday season may detract some candidates. A revised timetable, advertising in September with an appointment in October/November, was agreed. Application would be via a CV and covering letter/accompanying statement.

16/8/9 In view of the need to ensure Board diversity, there was a brief discussion around NHS England's commitment to Boards being made up of a 50-50 male-female split by 2020. The Trust Board Secretary undertook to provide details to the Committee.

16/8/10 It was AGREED:

MK

(i) To recommend to Board of Governors the reappointment of Alan Armstrong for a further two years.

(ii) To recommend to Board of Governors the appointment of Alan Armstrong as Senior Independent Director for a three year term.

(iii) To advertise for two non-executive director positions, one of which would have a financial focus.

(iv) To request that the Trust Board Secretary, following consultation with the Chair, agree the timetable and advertising strategy for the two roles in (iii) above.

(v) The Trust Board Secretary be authorised to vary any of the arrangements above in the interests of efficiency, following consultation with the Chair.

Any Other Business

16/8/11 None.

Date of next meeting

16/8/12 To be confirmed.

DRAFT

Meeting of the Agenda Planning Sub-committee of the Board of Governors
held on 9 August 2016 at 10 am
in the Boardroom, DRI

Present:	Chris Scholey	Chairman
	Mike Addenbrooke	Public Governor
	Bev Marshall	Public Governor
	Susan Overend	Public Governor
	Clive Tattley	Partner Governor
	George Webb	Public Governor

In attendance:	Matthew Kane	Trust Board Secretary
	Alison Luscombe	Foundation Trust Office Coordinator

Action

Apologies for absence

16/08/1 Apologies had been received from John Plant, Pat Ricketts and Maureen Young.

Minutes of the meeting held on 19 May 2016

16/08/2 The minutes of the meeting held on 19 May 2016 were APPROVED as an accurate record.

Matters arising

16/08/3 Chris Scholey summarised the improving financial position.

16/08/4 It was stated that Kirsty Edmondson-Jones had been appointed Director of Estates following the retirement of the previous Director.

16/08/5 Bev Marshall advised that he had been a member of the working group involved in the appointment of the external auditors and had been impressed with the process and would be attending a meeting to evaluate the tenders at the end of August.

16/08/6 Following a question asking if the auditors would attend the Annual Members Meeting, Matthew Kane agreed to check with the Interim Director of Finance. **MK**

16/08/7 Matthew Kane advised that David Purdue, Chief Operating Officer or a representative from his department would be sought to attend the Timeout session in December to provide a clinical orientated item. **MK**

Review of previous Board of Governors meeting

16/08/8 Chris Scholey advised that the Lecture Theatre, Bassetlaw Hospital had been an appropriate venue and suitable for future meetings.

16/08/9 The next meeting would be held on 21 September at the Ivanhoe Centre.

Draft Board of Governors Agenda: 21 September 2016

The following reports were agreed for inclusion on the agenda:

16/08/10 Standing Items - The usual standing items, including Chairman's Report and Correspondence, and matters arising from Board of Directors minutes, were agreed.

16/08/11 Executive Reports

- Chief Executive's Report
- Finance Report
- Business Intelligence Report
- Strategy and Improvement Report
- People and OD Report

16/08/12 Governance & Statutory Compliance

- Appointment of External Auditor (Bev Marshall, member of the governor working group to present the report)
- Designation of Senior Independent Director
- Extension of Term of Office of Non-executive Director

16/08/13 Governor/Member matters

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

16/08/14 All reports were to be no longer than three pages. It was discussed and agreed that the procurement process would be a topic at a future timeout session.

MK

Any Other Business

16/08/15 Governors advised of communication issues relating to the appointment process for the new Director of Finance.

16/08/16 Chris Scholey stated that John Sargent had been appointed and would commence in post at the beginning of November and that there would be some overlap with the Interim Director of Finance. The appointment had been endorsed by the NHSI.

16/08/17 Governors in attendance discussed the ongoing ambulance and shuttle bus access and parking issues at gate three and the site development plans going forward against the Trust's financial position.

16/08/18 Chris Scholey advised that although saving money was important, it was crucial that patients could get to and from their appointments and also access the A&E department. This would be discussed at a meeting to be

held later that day.

Date & Time of Next Meeting

16/08/19 To be confirmed.

DRAFT