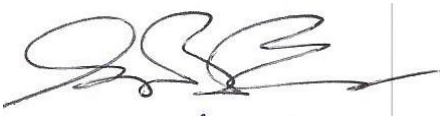
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Meeting of the Board of Governors
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust')
on
Thursday 26 October 2017 at 6pm
In the
Education Centre, Doncaster Royal Infirmary

AGENDA

No	Item	Action	Enclosures
1.	**Welcome and Apologies**	*Note*	(Verbal)
2.	**Declaration of Governors' Interests** Matthew Kane, Trust Board Secretary	*Note*	(Verbal)
3.	**Catering Provision at the Trust** Neil Rhodes, Chair of Finance and Performance Committee Dr Kirsty Edmondson-Jones, Director of Facilities and Estates	*Note*	Presentation
4.	**Evaluation of External Audit Performance** Michael Green, EY	*Note*	Enclosure A and Presentation
5.	**Minutes of the meeting held on 27 July 2017**	*Approve*	Enclosure B
6.	**Action Notes from last meeting**	*Note*	Enclosure C
7.	**Minutes of the Annual Members Meeting held on 20 September 2017**	*Approve*	Enclosure D
8.	**Feedback from members** All governors	*Note*	(Verbal)
9.	**Chair's Report** Suzy Brain England OBE, Chair	*Note*	Enclosure E
EXECUTIVE REPORTS			
10.	**Chief Executive's Report** Richard Parker, Chief Executive	*Note*	Enclosure F
11.	**Board of Directors' minutes – July and August 2017** All Governors	*Note*	Enclosures G1-2

12.	**Finance Report** Jon Sargeant, Director of Finance	*Note*	Enclosure H
13.	**Performance Report** David Purdue, Chief Operating Officer *Directors for Nursing, Midwifery & Quality, People & OD and the Medical Director will be available to take questions.*	*Note*	Enclosure I
GOVERNANCE			
14.	**Chair and Non-executive Appraisals** Matthew Kane, Trust Board Secretary	*Approve*	Enclosure J
15.	**Governor Effectiveness Review** Matthew Kane, Trust Board Secretary	*Approve*	Enclosure K
16.	**Appointment of Associate Non-executive Director** Mike Addenbrooke, Vice Chair	*Approve*	Enclosure L
17.	**Non-executive Director Remuneration** Mike Addenbrooke, Vice Chair	*Approve*	Enclosure M
SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
18.	**Governor Sub-Committee minutes** Chairs of sub-committees	*Note*	Enclosures N1-5
MEMBERS' QUESTIONS			
19.	**Governors to consider whether to:** ***RESOLVE that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.***	*Note*	(Verbal)
INFORMATION ITEMS			
20.	**Governors Regional Development Workshop - 2 October 2017** Karl Bower, Duncan Carratt, David Cuckson and Clive Tattley	*Note*	(Verbal)
21.	**Any Other Business (to be agreed with the Chair before the meeting)**	*Note*	(Verbal)
22.	**Date of Next Meeting:** Date: TBC Time: 6pm Venue: Lecture Theatre, Doncaster Royal Infirmary	*Note*	(Verbal)



Suzy Brain England
Chair of the Board

20 October 2017

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Letter to Governors for the year ended 31 March 2017

Ernst & Young LLP
July 2017

Building a better working world

Contents


Executive Summary

Executive Summary

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
Opinion on the Trust's:	
► Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2017 and of its expenditure and income for the year then ended
► Parts of the remuneration and staff report to be audited	We had no matters to report.
► Consistency of the information in the performance report and accountability report with the financial statements	Financial information in the performance report and accountability report and published with the financial statements was consistent with the Annual Accounts.

Area of Work	Conclusion
Reports by exception:	
► Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the Trust.
► Consistency of the Annual Report within knowledge we have acquired during the course of our audit	We had no matters to report.
► Referrals to NHS Improvement (formerly Monitor)	We had no matters to report.
► Public interest report	We had no matters to report in the public interest.
► Value for money conclusion	We reported on by exception in respect of; Financial management and ongoing challenges around financial sustainability.

Area of Work	Conclusion
Examining the contents of the Trust's quality report and testing of three indicators	We issued an unqualified limited assurance report.
Reporting to NHS Improvement (formerly Monitor) on the Trust's consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £250,000 tolerance, to your audited financial statements
Reporting to the National Audit Office (NAO) in line with group instructions	We had no matters to report

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the Trust communicating significant findings resulting from our audit.	Our Audit Results Report was issued on 30 May 2017
Issued a report to governors on the Quality Report	Our report to Governors on the quality report was issued on 30 May 2017
Issued a certificate that we have completed the audit in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 31 May 2017

We would like to take this opportunity to thank the staff of the Trust for their assistance during the course of our work.

Steve Clark

Partner
For and on behalf of Ernst & Young LLP


Purpose

Purpose

The Purpose of this Letter

The purpose of this Letter is to communicate to Governors the key issues arising from our work, which we consider should be brought to the attention of the Trust.

We have already reported the detailed findings from our audit work in our 2016/17 annual results report to the 30 May Audit & Non-Clinical Risk Sub-Committee, representing those charged with governance. We do not repeat those detailed findings in this letter but instead provide a summary of our key findings.

We also make reference to our limited assurance work on the Trust's quality report.


Responsibilities

Responsibilities

Responsibilities of the Appointed Auditor

Our 2016/17 audit work has been undertaken in accordance with the Audit Plan that we issued on 24 March 2017 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and NHS Improvement (formerly Monitor).

As auditors we are responsible for:

Expressing an opinion:

- On the 2016/17 financial statements;
- On the parts of the remuneration and staff report to be audited;
- On the consistency of the information in the performance report and accountability report with the financial statements; and
- On whether the consolidation schedules are consistent, within a £250,000 tolerance, with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the annual governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- On the consistency of the Annual Report within knowledge we have acquired during the course of our audit
- To NHS Improvement (formerly Monitor) if we have concerns about the legality of transactions of decisions taken by the Trust; and
- Any significant matters that are in the public interest.
- Forming a conclusion on the arrangements the Trust has in place to secure economy, efficiency and effectiveness in its use of resources.

We report to the National Audit Office (NAO) on the Trust's Whole of Government Accounts return, the Foundation Trust Consolidation schedules, which support the Department of Health's account consolidation.

We also undertake an independent assurance engagement on the Trust's quality report for the year ended 31 March 2017 and certain performance indicators contained within the report. Our review is undertaken in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality issued by NHS Improvement "Detailed Guidance for External Assurance on Quality Reports"

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its statement of accounts, annual report and annual governance statement. In the annual governance statement, the Trust publicly reports on the extent to which it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in the year, and on any planned changes in the coming period.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.


Financial Statement
Audit

Financial Statement Audit

Key Issues

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

Our 2016/17 audit work on the Trust's statement of accounts has been undertaken in accordance with the audit plan we issued on 24 March 2017 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and NHS Improvement (formerly Monitor).

We issued an unqualified audit report on 31 May 2017.

Our detailed findings were reported to the 30 May Audit & Non-Clinical Risk Sub-Committee, through our Audit Results Report.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
Management override of controls	
A risk present on all audits is that management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly, and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	We tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements. We reviewed accounting estimates for evidence of management bias. We evaluated the business rationale for significant unusual transactions including the receipt of Sustainability and transformation fund (STF) income.
Auditing standards require us to respond to this risk by testing the appropriateness of journals, testing accounting estimates for possible management bias and obtaining an understanding of the business rationale for any significant unusual transactions.	We have not identified any material weaknesses in controls or evidence of material management override. We have not identified any instances of inappropriate judgements being applied. We have identified that within the Trust's bad debt provision of £983k, there is £281k relating to NHS organisations. £200k of this is in respect of Rotherham NHS Foundation Trust. Under guidance in the Group Accounting Manual, bad debt provisions should not be made against NHS debtors. The Trust did not amend for this in the financial statements We did not identify any transactions during our audit which appeared unusual or outside the

	Trust's normal course of business and we gained assurance that the STF income has been appropriately accounted for.
Revenue and expenditure recognition Auditing standards also require us to presume that there is a risk that revenue and expenditure may be misstated due to improper recognition or manipulation. We respond to this risk by reviewing and testing material revenue and expenditure streams and revenue cut-off at the year end. As part of our consideration of this, we do not include payroll expenditure as a significant risk.	We reviewed and tested revenue and expenditure recognition policies We reviewed and discuss with management any accounting estimates on revenue or expenditure recognition for evidence of bias We developed a testing strategy to test material revenue and expenditure streams with a focus on assets and liabilities at the period end and the completeness of liabilities We reviewed and tested revenue cut-off of revenue and expenditure at the period end date We conducted testing to identify unrecorded liabilities at the period end We reviewed performance against CQUIN targets, considering the appropriateness of associated income recognition We reviewed Department of Health agreement of balances data, investigating significant differences (outside of DH tolerances) We considered appropriateness of revenue recognition relating to STF and STF incentive funding Our testing has not revealed any material misstatements with respect to revenue and expenditure recognition. Our work did identify an error in classification of income within note 5 to the financial statements. Income from CCG's was understated by £22m with a corresponding overstatement of income from NHS England. Management amended for this error which does not affect the overall reported financial position or performance of the Trust. Overall our audit work did not identify any issues or unusual transactions which indicated that there had been any misreporting of the Trust's financial position. Our review of Department of Health agreement of balances data identified eight mismatches relating to income and expenditure, payables and receivables over the £250k threshold. We investigated these differences in discussion with management and gained assurance that the Trust has appropriately reflected transactions and balances with other NHS organisations within the financial statements and FTC forms.

Going Concern The 2015/16 audit opinion on the financial statements of the Trust included an emphasis of matter relating to the Trust's ability to continue operating as a going concern for the foreseeable future. This related to the deficit position of the Trust in 2015/16 and uncertainty over the availability of ongoing cash distress funding.	We obtained and reviewed management's justification supporting why the financial statements of the Trust are prepared on a going concern basis We obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and considered the assumptions underlying these, particularly relating to the availability of cash support We monitored the financial position of the Trust and considered the factors outlined in practice note 10 in relation to going concern and our reporting responsibilities. We identified a material uncertainty relating to the Trust's ability to continue as a going concern. This uncertainty relates to the Trust's ongoing reliance on liquidity funding from NHSI and the underlying deficit of the Trust of £28m. We have included an emphasis of matter relating to going concern in our audit report which is unqualified.
Authorisation of cash payments Documentation and walkthrough of the Accounts Payable System identified that controls over the authorisation of cash payments are not in line with the requirements of the Standing Financial Instructions of the Trust. Our review noted that there is no senior management review or authorisation of cash payments made and formal delegation of authority from the Director of Finance to authorise payments has not been completed. We noted one instance where a cash payment was authorised by a temporary junior member of staff within the Accounts Payable team. During the year, the Trust has identified this as a control weakness and taken action to address this going forward. There is an increased risk of fraudulent payments being made in the absence of controls	We used data analytics to compare staff bank details to supplier bank details in order to identify potential fraudulent payments. We reviewed and re-performed internal audit testing of mitigating controls around changes to supplier bank details and new supplier set up within the Accounts Payable department. We evaluated the authorisation control implemented by the Trust and tested its application in practice. We have not identified any indication of fraud based on completion of the specified procedures. The Trust has now implemented increased control over cash payments and their authorisation. We have reviewed this control and can confirm that it is now operating as designed.

in this area. This matter was reported to the Audit Committee within our Audit Plan.	
Risk of misstatement in valuation of property plant and equipment Trust assets were revalued during 2016/17. Assumptions and estimates underpinning the valuation process can be subjective and have a significant impact on the financial statements. There is a risk that the valuation may not be compliant with guidance issued by the Department of Health and that the financial statements are misstated.	We reviewed the instructions provided to the valuer. This identified that the valuation was an interim desktop update with no change in approach or underlying assumptions We considered the approach adopted by the valuer and their findings We reviewed assumptions and valuations against relevant guidance provided to NHS Trusts. We substantively tested a sample of revalued assets to confirm that valuations were appropriately reflected in the financial statements and that the correct accounting treatment has been applied. Trust assets have been valued in line with relevant guidance and the valuations provided by the independent valuer have been appropriately reflected in the financial statements.

Other Key Findings	Conclusion
Inventory · In completing our procedures over the inventory balance in the financial statements we noted that the Trust did not complete stock takes on a quarterly basis as required by internal procedures. Only the year-end stock takes were completed. · The Trust did not produce a reconciliation from the date of the stock counts in mid-March to the Balance Sheet date to provide a clear audit trail in support of the year-end stock balance · We note that the Trust does not have adequate stock systems in place to cover all areas. Required information to support in-year purchases and issues is not maintained and does not allow robust compilation of required disclosures in the financial statements.	Inventory balances in the financial statements are fairly stated however, the Trust should strengthen processes and controls in this area. Stock counts should be carried out in line with Trust procedures and policies. The Trust should ensure that suitable supporting systems are in place to support required record keeping within stock areas, providing purchase and issue information along with accurate costing information.
Asset register · The Trust asset register does not reconcile to the ledger as there are known reclassification adjustments required within categories of asset · Capital expenditure incurred is first coded to revenue and then journalled out to capital. This is inefficient and gives rise to a risk of misstatement and unclear audit trail. · There are £40m of fully depreciated assets included within the asset register. Many of these assets may no longer be in use or still located at the Trust.	The Trust has appropriately accounted for its fixed assets however, the Trust should improve arrangements in this area by: · Updating the asset register to reflect the known classification issues; · Coding capital expenditure directly to specific capital codes as incurred to reduce the number of journal corrections required and to provide a clear audit trail · Conducting a full review of the asset register and identify which assets should be written out

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	We determined planning materiality to be £3.75 million, which is 1% of gross expenditure reported in the accounts of £390 million adjusted. We consider gross expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the Trust.
Reporting threshold	We agreed with the Audit & Non-Clinical Risk Sub-Committee that we would report to the Committee all audit differences in excess of £0.195 million.

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- Remuneration disclosures including any severance payments, exit packages and termination benefits. For these areas we set materiality as £1k or to the extent and error would affect relevant reported bandings.
- Related party transactions. For any errors identified related parties we considered the concept of the materiality of transactions and balances as would be relevant to the related individual or organisation.
- Audit fees. A materiality of £1k was applied.
- Losses and Special Payments. A materiality of £1k was applied.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.

Control Themes and Observations

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We have adopted a fully substantive approach and have therefore not tested the operation of controls.

The matters reported are shown below and are limited to those deficiencies that we identified during the audit and that we concluded are of sufficient importance to merit being reported.

Description	Recommendation
Payroll reconciliations were not undertaken for every month of the year and for those completed, there was no evidence of timely preparation or review	Control accounts should be fully reconciled on a monthly basis with clear evidence of revise.
Stock counts were not conducted in line with the stated policy to occur on a quarterly basis. We note that only a year-end count was completed.	Stock counts should be completed in line with stated procedures.

Department of Health Group Instructions

We issued an (un)qualified confirmation to the National Audit Office (NAO), under its group instructions, regarding the Foundation Trust's Whole of Governments Accounts return, which supports the Department of Health's account consolidation. We did not identify any areas of concern.

We are also required by NHS Improvement (formerly Monitor) to provide to the Trust a statement that the consolidation schedules (FTCs) are consistent with the audited accounts, including a list of inconsistencies greater that £250,000 between the FTCs and the accounts. We reported that the FTCs were consistent with the audited statements.

Annual Governance Statement

We are required to consider the completeness of disclosures in the Trust's annual governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and did not identify any areas of concern.

Referral to the Regulator

We must report to NHS Improvement (formerly Monitor) any matter where we believe a decision has led to, or would lead to, unlawful expenditure, or some action has been, or would be, unlawful and likely to cause a loss or deficiency. We had no exceptions to report.

Report in the Public Interest

We have a duty under the National Health Service Act 2006 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.


Value for Money

Value for Money

We are required to consider whether the Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

We identified 2 significant risks in relation to these arrangements. The tables below presents the findings of our work in response to the risks identified and any other significant weaknesses or issues to bring to your attention.

We therefore issued a qualified value for money conclusion in relation to the fact that the Trust continues to be in breach of licence and the underlying deficit of the Trust and associated reliance on informal liquidity funding.

Significant Risk	Conclusion
Sustainable resource deployment – Financial resilience The Trust agreed a control total deficit of £26.5m with NHS Improvement for 2016/17. This deficit was after STF funding of £11.8m and a Cost Improvement Programme (CIP) stretch target of £12.4m. During the year, the Trust forecast a significantly improved outturn deficit of £9.2m and substantive achievement of CIP targets. The financial performance was supported through £22m of sustainability and transformation fund income. The Trust however, continues to require liquidity funding to meet ongoing liabilities and the forecast loan liability to 31 March 2017 is £80.6m. The Trust however, continues to face an underlying deficit of around £28m that needs to be addressed in order to bring the Trust to a sustainable financial position and ensure the continued delivery of services to the local population.	In responding to the identified risk we: • Reviewed and considered of Trust's future financial plans and the assumptions underpinning them • Considered the availability of ongoing cash support and the impact on the going concern assumption • Reviewed performance against significant income contracts, STF and STF incentive funding and considered appropriateness of revenue recognition The reported outturn financial position of the Trust shows significant improvement from the £46.7m deficit of 2015-16. This has been achieved through significant hard work by the Trust as an organisation and a renewed focus on achieving sustainability in delivery of services and savings targets. Whilst the reported deficit has reduced significantly it is important to acknowledge that this has been supported through the receipt of £22m of STF income. This income is not recurrent in nature and therefore the Trust effectively has an underlying deficit of over £28m. The Trust has commissioned work from BDO LLP, to review the underlying financial position and the reasons for the deficit. This will be used to inform the development of a strategic plan over the summer. The strategic planning process will include development of a long term financial model that will seek to bring the Trust back to financial balance. This project is in its early stages and therefore not been subject to detailed review and scrutiny. During the year, the Trust has continued to rely on ongoing liquidity support from NHSI, increasing outstanding loan financing to over £80m. This support is required to continue in each of the next two financial years as identified in cash flow forecasts submitted to NHSI. The Trust has no formal agreement in place to confirm the continued availability of this funding going forward. This gives rise to a material uncertainty around the Trust's ability to continue as a going concern and

	has resulted in the emphasis of matter paragraph in our audit report. The existence of the underlying deficit position and the uncertainty around going concern, has led to our 'except for' opinion on VFM.
Informed decision making – Financial governance During 2015/16 the Trust identified significant financial misreporting issues that resulted in the true financial position of the Trust being concealed from Those Charged with Governance. The misreporting and subsequent identification of a significant deficit resulted in a breach of Licence.	In responding to the identified risk we: • Reviewing Trust actions to meet the undertakings specified by Monitor as a result of the Licence breach • Reviewing the findings of the recent Well-Led inspection and associated actions the Trust is taking to address them • Considering Trust actions to address weaknesses in financial governance and reporting arrangements. The Trust has responded positively to the circumstances that led to the financial misreporting issues in previous years and the required actions identified by Monitor (now NHS Improvement).


Quality Report

Quality Report

Responsibilities

We are required to perform an independent assurance engagement in respect of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained within the report. Our review is undertaken in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality issued by NHS Improvement "Detailed Guidance for External Assurance on Quality Reports".

As auditors we are required to:

- review the content of the Quality Report against the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17, which is combined with the quality accounts requirements in NHS Improvement's document "Detailed guidance for External Assurance on quality reports 2016/17';
- review the content of the Quality Report for consistency against the other information published by the Trust;
- undertake substantive sample testing on two mandated performance indicators and one locally selected indicator;
- provide the Trust with a Limited Assurance Report confirming that the Quality Report meets NHS Improvements requirements and that the two mandated indicators are reasonably stated in all material respects;
- provide the Trust's Governors with a report setting out the findings of our work including the content of the quality report, mandated indicators and the locally selected indicator.

Compliance and consistency

We reviewed the Trust's quality report and found that its content was in line with NHS Improvement's requirements, and it was consistent with other information published by the Trust.

Performance indicators

We undertook testing on two mandated indicators:

- 62 day wait for first treatment from urgent GP referral for suspected cancer
- Emergency readmissions within 28 days of discharge from hospital

In both instances we found no evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects.

The local indicator tested was:

- Never events

We found no evidence to suggest that the local indicator has not been reasonably stated in all material respects.

Appendix A

Audit Fees

Appendix A Audit Fees

Our planned fees for the year as set out in your engagement letter and reported in our Audit Plan and Audit Results Report for 2016/17 are:

Description	Final Fee 2016/17 £	Planned Fee 2016/17 £
Total Audit Fee – Financial Statements	107,000	75,000
Audit Fee - Quality Report	10,000	10,000

The final audit fee includes additional amounts agreed with management relating to overruns incurred during the audit of the financial statements.

We confirm we have not undertaken any non-audit work during this period.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

ED None

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Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Minutes of the meeting of the Board of Governors held on
Thursday 27 July 2017
In the Education Centre, DRI, Doncaster, DN2 5LT

	Present:	**Apologies:**
Chair	Suzy Brain England	
Public Governors	Peter Abell	Anwar Choudhry
	Mike Addenbrooke	David Northwood
	Phillip Beavers	Nicola Hogarth
	Shelley Brailsford	Lynne Logan
	Hazel Brand	Liz Staveley-Churton
	David Cuckson	Maureen Young
	Eddie Dobbs	
	Andrina Hardcastle	
	Bev Marshall	
	Brenda Maslen	
	Dr Mark Iain Bright	
	Susan Overend	
	George Webb	
Staff Governors	Duncan Carratt	Vivek Desai
	Lorraine Robinson	Lynn Goy
		Shahida Khalele
		Roy Underwood
Partner Governors	Ruth Allarton	Ainsley MacDonnell
	Lisa Bromley	Oliver Bandmann
	Anthony Fitzgerald	Cllr Susan Shaw
	Dr Rupert Suckling	
	Clive Tattley	

In Attendance:	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People & Organisational Development
	Moira Hardy	Acting Director of Nursing, Midwifery and Quality
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Martin McAreavey	Non-executive Director
	Richard Parker	Chief Executive
	David Purdue	Chief Operating Officer

	Marie Purdue	Acting Director of Strategy & Improvement
	Jon Sargeant	Director of Finance
	Emma Shaheen	Head of Communications and Engagement
	Sewa Singh	Medical Director
	Kate Sullivan	Corporate Secretariat Manger
Apologies:	John Parker	Non-executive Director
	Linn Phipps	Non-executive Director
	Philippe Serna	Non-executive Director

Action

Welcome and apologies

G/27/07/1 The Chair welcomed those present to the meeting.

Apologies recorded above were noted.

The Chair welcomed new Governors Peter Abell, Duncan Carratt, Andrina Hardcastle and Mark Bright to the meeting. Lisa Bromley would be stepping down as Partner Governor as she was leaving the CCG. The Chair thanked Lisa for her contribution to the Board and wished her well in her new role with the ACS.

Declaration of governors' interests

G/27/07/2 No changes to registers of interest were reported. No matters of conflict of interest were declared.

Minutes of the meeting held on 27 April 2017

G/27/07/3 The minutes of the meeting held on 27 April 2017 were APPROVED as a true record of the meeting.

Matters arising and action notes

G/27/07/4 The action log was reviewed and updates provided. An update on paediatric recruitment at Bassetlaw Hospital was included in the item and was noted. No further matters arising were noted.

Feedback from members

G/27/07/5 In response to concerns raised by Brenda Maslen about an incident where the relative of a patient had been contacted to attend DRI at night and had been unable to access the hospital through their usual route, the Chief Executive advised that the issue had occurred as a result of the Trust reviewing security arrangements out of hours. However, staff should always be clear with families about to how to access the site during these times. The Heads of Nursing and senior managers would ensure that the relevant staff were aware of the need to ensure families were aware of how to access the buildings.

G/27/07/6 Brenda Maslen commented that general concerns had been raised by Governors prior to the meeting about communications and she reminded the Board about previous concerns raised in respect of communication with Governors on matters relating to the ACS. The Chair reported that in response to the concerns of Governors she had personally taken action to create future opportunities for Governors to be engaged with the ACS and was currently arranging an ACS Governor Conference. She was working with the Trust Board Secretary and Head of Communications and Engagement to take this forward and it was anticipated that the first conference would take place in the Autumn.

G/27/07/7 The Chief Executive had commenced another series of all staff listening events and one of the questions that had been raised was that of improving communications across the Trust and between departments. This had been taken away and a number of new communication methods were being taken forward including better use of technology and new ways for staff to raise issues. An update would be provided though DBTH Buzz and on the Trust's Facebook page.

G/27/07/8 Hazel Brand passed on the thanks of the North East Bassetlaw Forum to the Chief Operating Officer who had attended a recent meeting to talk about Children's Services in Bassetlaw. His contribution had been very well received and members had appreciated his openness and honesty.

Chair's report and correspondence

G/27/07/9 The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Meetings with Teams
- Strategy Development
- WTP Chairs & CEs Meetings
- Changes to Board Committees
- Members' Meetings

G/27/07/10 Due to personal reasons Dev Das had resigned as a Governor. The Chair thanked Dev for his good work for the Trust. David Northwood would replace Dev as a public governor.

G/27/07/11 It was noted that the Annual Members Meeting (AMM) would take place at 4pm on 20 September 2017 at Montagu Hospital.

G/27/07/12 Historically the AMM and Board of Governors meetings had been held on the same day. In response to a query about why this was not the case on this occasion the Trust Board Secretary advised that the next Board of Governors meeting was to take place in October, after the quarter end. He explained that as part of the previous year's Board calendar planning it had been agreed for Board of Governor meetings to be held after each quarter so that Governors could be provided with timely quarterly data and the change to the structure of the AMM was to reflect this.

G/27/07/13 Dr Mark Iain Bright asked about progress on CQC actions relating to Critical Care Unit issues, clutter and infection prevention from the CQC Report of October 2015. The Chief Executive provided a detailed update. With regard to infection control the report related to observational issues, an open side room door which the CQC felt should have been closed and the absence of dates on curtains. The issues had been discussed and addressed at the time of the visit and had been taken through normal infection prevention and control action plans.

G/27/07/14 The matter of clutter related to fire safety issues. At the time of the visit some equipment and supplies were being stored in an area leading to a fire exit. The matter had been discussed with the CQC on the day of the visit and had been resolved within six weeks of the visit through the installation of a new racking system.

G/27/07/15 On the matter of fire safety, issues had been raised with regard to the lateral evacuation of patients from the critical care unit, which was on the 7th floor, and the Trust had been served with a Fire Service Notice with which it needed to comply. The Trust had agreed to look at any potential future opportunities to move the unit; in the meantime, the Trust had agreed to take forward a capital programme to improve compartmentalisation and lateral evacuation. The final phase of this work would commence the following week and was due to be completed within eight weeks. Upon completion the Trust would be fully compliant with the Fire Service Notice. The unit had improved significantly due to the work undertaken and the Trust did not expect the CQC to raise any further issues in respect of these actions.

G/27/07/16 Matthew Kane would arrange for Mark Iain Bright to visit the unit through the head of nursing for that area. **MK**

G/27/07/17 The Chair's Report was NOTED.

Chief Executive's Report

G/27/07/18 The Board considered a report of the Chief Executive which outlined progress against the following:

- Fire Compliance Issues
- Paediatric Services at Bassetlaw
- NHS Cyber Attack
- TriHealth on the move
- DBTH a hit with Students
- Changes to email
- Mr Quraishi becomes President of the Royal Society of Medicine
- Changes to PMO Function
- Meeting with NHS Improvement
- Sector cuts financial deficit
- Parking Charges
- Assistant Nurse Practitioners

G/27/07/19 **Fire Compliance** – In response to the recent tragedy at Grenfell Tower, there had been significant follow up work for the Health Service and others. The Chief Executive provided an update on an inspection of the Trust undertaken by South Yorkshire Fire & Rescue. Samples of any areas that had cladding had been provided and all had been proven to be of no concern in terms of construction. The Fire Service undertook further investigative work of the Rehab Centre at the Montagu site; The Fire service had previously inspected this area and the Trust had completed the work previously agreed however, due to the heightened awareness following the tragic events at Grenfell Tower, new concerns were raised about compartmentalisation of the 2nd floor; the Trust had agreed with the Fire Service to a reduction in bed base to reduce risks in terms of compartmentalisation and to undertake additional fire safety work. While this work is completed the reduced bed numbers will remain and additional fire wardens will be in place at night.

G/27/07/20 **Paediatric Services at Bassetlaw Hospital** – The Chief Executive provided an update on a meeting of the Nottinghamshire Overview & Scrutiny Committee (Notts OSC) he had attended with the Chief Operating Officer and Chief Officer of Bassetlaw CCG. It had been a good meeting and a number of issues had been addressed. An update had been provided on recruitment; 16 interviews had been offered but only five candidates attended for interview. Three candidates had initially accepted job offers but this had subsequently reduced to one. Further to this, two existing members of staff had handed in their notice for new opportunities. Therefore the exercise had not taken the Trust any further forward in terms of staffing the department. An advert was currently out in a national paediatric journal and further targeted recruitment was to be undertaken. It was noted that the Trust had made a commitment to only provide an overnight service if the necessary medical and nursing staff were in place.

G/27/07/21 **Children's Surgery** - Mike Addenbrooke asked for assurance that the Trust had adequate staffing levels in the Children's Surgery department at DRI to cope with out of area patients. It was noted that the number of out of area patients was relatively small, approximately four per month, and the Trust was confident in its ability to respond; this was echoed by the Medical Director.

G/27/07/22 **Changes to PMO function and Acting Director of Nursing, Midwifery & Quality (DNMQ)** – Bev Marshall asked for clarification about the changes to the PMO in terms of Director roles and raised concern that the DNMQ post was currently fulfilled on an 'acting up' basis. It was clarified that since the resignation of the Director of Strategy & Improvement it had become clear that some of that role should sit with the Finance Director. The role of the Deputy Director of Strategy & Improvement would continue to report to the Chief Executive and the Trust was working to develop a new job description for that role going forward.

G/27/07/23 With regard to the Acting Director of Nursing Midwifery & Quality post, it had been agreed by the ACS that while the service structure was being developed some senior roles within trusts would be filled on a temporary basis. This had been reported previously in the Chief Executive's report to both the Board of Directors and Board of Governors and this was noted.

G/27/07/24 The Chief Executive's report was NOTED.

Matters arising from the Board of Directors minutes

G/27/07/25 17/06/60 –There had been a brief discussion at the June Board of Directors meeting regarding the item on the Chair's report on the national drive to have a 50:50 gender split on NHS boards by 2020. It had been noted that four of the non-Executive Director posts would have Terms ending in 2018 with appointments effective beyond 2020.

George Webb commented that the appointment of NEDs was a function of the Board of Governors and he raised concern that the matter was being considered by the Board of Directors, prior to discussion with Governors, and this was discussed.

G/27/07/26 It was clarified that discussion at the Board of Directors meeting had come about in response to the Chairs visit to an NHS Confederation workshop where this had been on the agenda. The Director of People and Organisational Development had considered the 50:50 Boards requirement in her equality & diversity report, which considered broader representation across the organisation in terms of gender and other protected characteristics. The work the Trust would take forward was about widening the pool of applicants by, amongst other means, working with female leaders in other organisations. In process terms, recruitment and selection of NEDs was delegated to the Appointment & Remuneration Committee of the Board of Governors and the Trust Board Secretary would present a report to the Committee on potential approaches in due course.

G/27/07/27 Concern was raised about lack of communication with Governors on these matters. It was noted that the information on the Executive Director posts had been highlighted in the Chief Executive's and Chair's reports to the Board of Directors and this was highlighted in the minutes, which were also sent to Governors prior to July's Board of Directors meeting. It was agreed to provide Governors with a separate email in future which pulled out any matters from the Board of Directors reports that related to the business of the Board of Governors. **MK**

Strategic Direction

G/27/07/28 The Board considered the final version of Strategic Direction.

G/27/07/29 The Deputy Director of Strategy & Improvement thanked those who had attended a recent meeting to consider the draft strategy for their feedback which had been considered in the final version.

G/27/07/30 There had been over 700 responses from staff, public and partners via engagement using a variety of methods. A number of areas in the plan had been amended in line with feedback including changes to the initial vision and objectives. People felt that the Trust's values were still appropriate and the Trust would work to ensure these underpinned everything it did.

G/27/07/31 Alan Armstrong, Non-executive Director, reported that he had been satisfied with the process for developing the strategy. There had been good emphasis on SWOT analysis, good engagement and strong alignment with CCGs and others. He would ensure that going forward assurance was sought on the delivery of the strategy.

G/27/07/32 George Webb commented that following earlier comments about communication with Governors he felt assured by the good levels of engagement and communication in terms of the development of the Strategy.

G/27/07/33 Anthony Fitzgerald reported that the Deputy Director of Strategy & Development had presented the Strategy to the CCG Governing Body who had endorsed the document and had had a significant opportunity to input. He was assured that it linked well to the CCG and wider place plans.

G/27/07/34 Lisa Bromley advised that Bassetlaw CCG supported the strategic direction however there was some concern on the Governing Body in terms of the Bassetlaw Site and the plan needed to include further detail. The Chair emphasised that the strategic plan made a commitment to operating in three locations, DRI, BDGH & MMH.

G/27/07/35 In response to a query from Mark Iain Bright about the likelihood that the national funding required to achieve plans for the urgent and emergency care service would be realised, the Chief Operating Officer provided an update and noted that national funding was likely to be realised through the ACS. The matter was discussed and it was agreed to provide greater granularity of the strategy for all three sites; site plans and site strategies would be provided once they were available. **MP**

G/27/07/36 Whilst praising the level of governor engagement on the strategy, Peter Abell raised concerns about how effective the region could be whilst plans for devolution and a South Yorkshire mayor were still outstanding. The Chair acknowledged that a number of questions in respect of the devolution proposals remained outstanding and there was a need for clear leadership at local authority level if the benefits of a fully integrated health and social care system were to be realised. The Chief Executive advised that the ACS was working really well with local authorities at a place level, but needed to bring together the five places to address wider issues.

G/27/07/37 Bev Marshall supported the comments of the Chair and Chief Executive. The region had previously been well ahead in terms of a directly elected mayor for South Yorkshire. He expressed concern that if this was not progressed opportunities for funding would be lost and public services would suffer. The Chief Executive gave assurance that the Trust would continue to communicate to partners as to the importance of opportunities to access funds.

G/27/07/38 The Strategic Direction was NOTED.

Finance Report

G/27/07/39 The Board considered a report of the Director of Finance that set out the Trust's financial position and CIP performance at month 3 2017/18.

G/27/07/40 The Trust was reporting slightly ahead of plan YTD by £15k. However, within that, significant reserves had been applied to achieve that position and the Trust could not maintain that level of reserve utilisation throughout the year.

G/27/07/41 There were two significant variances and action plans had been put in place to address them:

- High Medical Agency spend – £1.1m more than expected YTD driven by government changes to the tax-related IR 35. Stronger controls / approval processes and prospective reviews of agency usage were in place.

- Underperformance on CIP plans – Work continued to close the CIP plan with further pipeline opportunities being identified. CIP had moved back in to the Finance department and the team were now working through schemes.

G/27/07/42 In response to a query from David Cuckson about the movement in assets and liabilities from 1 April 2017, the Director of Finance provided a detailed explanation. The figures reported included cash, debtors and loans; the position was distorted at the end of the quarter due to awaited STF funding which was due imminently; until received this represented a liability in the reporting. There had also been some phasing issues following the move to NHS SBS for debtors with some invoices still going to departments rather than to SBS.

G/27/07/43 In response to a query from Mike Addenbrooke about a fall in some income areas it was reported that this was due to four consultant vacancies in Ophthalmology that had adversely affected the Trust's ability to fully operate day cases. There had been a significant level of trauma work in the first quarter which had resulted in the cancellation of some elective work.

G/27/07/44 The Board discussed progress against CIP plans. Concern was raised that not enough was being done to ensure new schemes were coming though

and that schemes were not being reviewed continually and this was discussed. The Director of Finance acknowledged the concerns; the Trust was actively looking at ways to monitor churn on savings schemes and new schemes coming through and he agreed that going forward this needed to be continually monitored.

G/27/07/45 The Finance & Strategy & Improvement Report was NOTED.

Business Intelligence Report

G/27/07/46 The Board considered the report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery & Quality and Director of People & Organisational Development that set out clinical and workforce performance at Month 3.

G/27/07/47 The Chief Operating Officer presented the report and highlighted the following:

- 4hr access performance stood at 91.43% for Q1 as a Trust.
- 13.1% of patients were transferred to the urgent care centre. A review was being undertaken to increase the number of patients referred.
- System wide Perfect Week planned for 5 September 2017 being supported by ECIP.
- RTT Performance 90.9% against the target of 91% for June.
- C.Diff – 10 cases against a trajectory of 40 for the year.

G/27/07/48 In response to a request for RAG ratings and benchmarking information from Clive Tattley, the Chief Operating Officer undertook to circulate the full Business Intelligence Report. **DP**

G/27/07/49 In response to a query about the variance in HSMR between the Doncaster site & Bassetlaw Sites, the Medical Director clarified that this was due to very small #FOF numbers at Bassetlaw; therefore one death affected the data significantly. He gave assurance that overall HSMR was coming down at both sites and the situation was improving.

G/27/07/50 The Business Intelligence Report was NOTED.

Doncaster Place Plan

G/27/07/51 The Board considered the Doncaster Place Plan report.

G/27/07/52 Anthony Fitzgerald, Doncaster CCG, delivered a presentation which outlined the following:

- Mapping of key challenges to the ***Five Year Forward View*** – aims and gaps.
- Doncaster Place Plan – Vision - This was the first time that key leaders from across health and social care in Doncaster had come together to articulate a shared vision and to develop a Plan for

the whole of Doncaster. The Place Plan described their joint focus over the next five years, building upon the existing body of work and plans already in place

- Executive Summary
- Commissioner Progress
- Provision Progress
- How will we enable the plan to happen?
- Emerging picture for future operating arrangements

G/27/07/53 The Chief Executive thanked Anthony for his presentation and the place plan was discussed.

G/27/07/54 In response to several queries the following updates were provided:

- Progress against the plan was broadly on track.
- Public engagement – There had been good feedback and there would be further work to ensure the public were engaged.
- Improved GP Access – A number of GP practices would be accessible 8-till-8 and work was underway to increase accessibility. There were still some local issues in terms of GP recruitment in Doncaster although it was now easier to consider this in the round through the GP Federation.
- In response to a question on whether discharge packages were in place to ensure patients get a rapid discharge; Governors were advised that a plan was in place. Rapid discharge was a national issue and this way of working had given some pace to how organisations come together because it was a collective organisational response. Some funding was available and that funding would be focussed on delayed transfers.

G/27/07/55 In response to a query about care at home, Anthony Fitzgerald undertook to provide more information outside of the meeting. **AF**

G/27/07/56 The Board showed their appreciation for an excellent presentation.

G/27/07/57 The Doncaster Place Plan was NOTED

ACS & WTP Update

G/27/07/58 The Chief Executive presented the report which updated Governors on the current developments within the Working Together Partnership Vanguard (WTP) and on the Accountable Care System (ACS) for South Yorkshire and Bassetlaw.

G/27/07/59 Clive Tattley asked when the Trust was likely to receive capital funding through the ACS and whether this could be used to finance IT Schemes, in particular the Patient Electronic records. Governors were advised that discussions about ACS and Trust level requirements were ongoing, it was anticipated this would continue and would include digital transformation funding. The Chief Information Officer reported that he met twice weekly

with colleagues across the ACS to bring together all IT systems and a bid had been put together in support of this proposal.

G/27/07/60 It was noted that funds were only available to those ACSs which had signed MoUs and had been rated as outstanding, and the South Yorkshire and Bassetlaw ACS fell into both of those categories.

G/27/07/61 The ACS & WTP Update was NOTED

Well Led Governance Review

G/27/07/62 The Board considered the Well Led Governance review action plan together with progress against each of the recommendations.

G/27/07/63 The Well Led Governance Review action plan was NOTED.

Governor Effectiveness Survey

G/27/07/64 At the meeting in January, it had been agreed to undertake a review of the effectiveness of the Board of Governors and its sub committees. The Trust Board Secretary presented the draft report which included 12 recommendations for consideration and approval.

G/27/07/65 The Trust Board Secretary had agreed with the Vice Chair that more time was needed to consider the report and therefore it would be considered at a separate meeting to be arranged. **MK**

G/27/07/66 The Governor Effectiveness Survey was NOTED.

Membership of Board of Governors' Committees and Other Activities

G/27/07/67 The Trust Board Secretary presented the report which set out the current allocation of Governors to committees and other activities.

G/27/07/68 The Trust Board Secretary would go out for expressions of interest for any vacancies created by Governors who had recently left. **MK**

G/27/07/69 The Membership of Board of Governors' Committees and Other Activities report was NOTED.

Governor Sub-Committee minutes – for information

G/27/07/70 **Fred & Ann Green (F&AG) Legacy Advisory Group -** George Webb raised an issue about the utilisation of Fred & Ann Green Legacy Funds for enhancements in Ophthalmology. There was some discussion as to whether the Trusts understanding of the terms of the agreement to fund the enhancements accorded with what governors had understood was the arrangement made at the time and George Webb raised concerns about this. The Chair asked the executive team to prepare details for Governors on whether plans intended for ophthalmology (and related issues) had been fully delivered. **MK**

G/27/07/71 17/05/11 – Hazel Brand asked about plans to relocate the DRI Park & Ride Car Park. The Trust was considering alternative venues that would give greater control over safety and better facilities; this work was ongoing and was yet to be concluded.

G/27/07/72 The minutes were NOTED.

Communications, Engagement and Membership Sub-Committee Terms of Reference

G/27/07/73 Revised terms of reference for the Communications, Engagement and Membership Committee were presented for approval. In response to a query from George Webb about plans for the committee to play an active role in the recruitment of new Governors, the Trust Board Secretary clarified that this related to advertising and communication of elections to broaden the pool of nominations.

G/27/07/74 The Communications, Engagement and Membership Sub-Committee Terms of Reference were APPROVED.

G/27/07/75 ***Members RESOLVED that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.***

Questions from members of public

G/27/07/76 A Member of Public raised concern about how the ACS would be able to continue with its work in light of the projected deficits for health Trusts and CCGs by the Treasury and he asked how the Trust, the CCG and Doncaster Council were going to address these issues and meet the challenges ahead and this was discussed. One of the areas being considered was joint assets and shared resources, for example back office functions.

Report from Governor Focus Conference

G/27/07/77 Brenda Maslen had attended a Governor Focus Conference on behalf of the Trust. She thanked the Trust for sponsoring her to attend and commented that it had been a very good event.

G/27/07/78 The Report from Governor Focus Conference was NOTED.

Any other business

G/27/07/79 None raised.

Date and time of the next meeting:

G/27/07/80

Date:	26 October 2017
Time:	6pm
Location	Lecture Theatre, DRI

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Action Notes

Meeting: Board of Governors

Date of meeting: 27 July 2017

Location: Education Centre, DRI

No.	Minute No	Action	Responsibility	Target Date	Update
1.	**G/16/06/47**	Presentation on P&OD to be scheduled for a future governor Timeout.	**KB**	**June 2017**	Planned for December 2017 Timeout.
2.	**G/27/07/16**	Arrange visit for Mark Bright to Critical Care.	**MK**	**October 2017**	Completed and report of visit circulated to Governors by email.
3.	**G/27/07/27**	Provide Governors with a separate email which pulls out any matters from the Board of Directors reports that relates to the business of the Board of Governors.	**MK**	**August 2017**	Complete - process in place.
4.	**G/27/07/35**	Provide greater granularity of the strategy for all three sites; site plans and site strategies.	**MP**	**November 2017**	Action not due – Site strategies to go to Board of Directors 31.10.17 and will then be reported to Governors.

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

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

No.	Minute No	Action	Responsibility	Target Date	Update
5.	**G/27/07/48**	Circulate Business Intelligence Report.	**DP**	**August 2017**	Complete – Sent as part of Board of Directors papers.
6.	**G/27/07/55**	Doncaster Place Plan – Provide further information on 'Care at Home' outside of the meeting.	**AF**	**October 2017**	Update to be provided.
7.	**G/27/07/55**	Governor Effectiveness Review – Arrange separate meeting to consider report.	**MK**	**October 2017**	Complete – Meeting convened on 12 September 2017.
8.	**G/27/07/68**	Canvass for vacant Governor seats.	**MK**	**October 2017**	In process and will be concluded by end of October.
9.	**G/27/07/70**	F&AG - Prepare details for Governors on whether plans intended for ophthalmology (and related issues) had been fully delivered.	**MK**	**October 2017**	Complete – Presentation delivered by COO and CE at the Timeout on 7 September 2017. A copy of the presentation slides were circulated to all Governors and members of the F&AG Advisory Group.

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

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the Annual Members Meeting
held on Wednesday 20 September 2017
In the Rehabilitation Centre, Montagu Hospital, Mexborough

Present:	Suzy Brain England	Chair of the Board
	Peter Abell	Public Governor
	Ruth Allarton	Partner Governor
	Michael Addenbrooke	Public Governor
	Philip Beavers	Public Governor
	Hazel Brand	Public Governor
	Mark Bright	Public Governor
	Duncan Carratt	Staff Governor
	Anwar Choudry	Public Governor
	David Cuckson	Public Governor
	Dr Vivek Desai	Staff Governor
	Anthony Fitzgerald	Partner Governor
	Lynn Goy	Staff Governor
	Andrina Hardcastle	Public Governor
	Lynne Logan	Public Governor
	Bev Marshall	Public Govenor
	Brenda Maslen	Public Governor
	David Northwood	Public Governor
	Susan Overend	Public Governor
	Susan Shaw	Partner Governor
	Dr Rupert Suckling	Partner Governor
	Liz Staveley-Churton	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor
	Maureen Young	Public Governor

In attendance:

Trust Members / Public

C Clark	J Dunkill	M Brierley
T G Bartlett	J Sprakes	B Brown
R Mather	B Lawrence	M Evans
F Knapton MBE	J A Dean	L Crompton
J Dunkill	J R Dean	A Buchanan
J Sprakes	S Faulkner	M Bevington
J Ling	V Abell	J McChilloch
S Lyons	M Green	A Davies
M Pinkerton	N Brindley	5 other members of the
N Sheldon	M Rhodes	Public

Directors & Officers

Alan Armstrong	Non-executive Director
Karen Barnard	Director of People and Organisational Development
Kirsty Edmondson Jones	Director of Estates & Facilities
Moira Hardy	Acting Director of Nursing, Midwifery & Quality
Matthew Kane	Trust Board Secretary
Simon Marsh	Chief Information Officer
Richard Parker	Chief Executive
John Parker	Non-executive Director
Linn Phipps	Non-executive Director
David Purdue	Chief Operating Officer
Marie Purdue	Acting Director of Strategy & Improvement
Jon Sargeant	Director of Finance
Emma Shaheen	Head of Communications
Sewa Singh	Medical Director
Kate Sullivan	Corporate Governance Officer

Press: None

Apologies

AMM/17/1 Apologies for absence were received from Lorraine Robinson, Karl Bower, Shelley Brailsford, Nicola Hogarth, Ainsley MacDonnell and Martin McAreavey.

Welcome

AMM/17/2 The Chair welcomed everyone to the 2017 Annual Members Meeting and briefly summarised the running order for the meeting.

AMM/17/3 The Chair summarised key changes and challenges for the Trust in 2016/17. It was within the national context of rising demand and higher costs that the Trust had embarked upon a challenging period of financial Turnaround which by the end of the year contributed to just under £12m of savings, during which time the Trust also maintained focus on quality and performance. The Chair expressed her thanks to the management team and staff for their great efforts during this time to drive down the deficit. One of the most significant achievements of the previous year had been recognition as a Teaching Hospital which had followed many years of hard work by staff across the Trust. This was a sign of the commitment the Trust had shown to its workforce, partners, governors and people of Bassetlaw, Doncaster and Mexborough towards learning, continuous improvement and quality in the care it provided. The Chair thanked everyone who had put the case together and the University partners who had made it possible. The Chief Executive echoed the Chairs thanks and commented that 2016/17 had been one of his proudest years in the NHS in terms of how staff had rallied in the face of the financial challenges.

Minutes of the 2016 Annual Members Meeting

AMM/17/4 The minutes of the Annual Members Meeting held on 21 September 2016 were APPROVED as a true record of the meeting.

Matters arising

AMM/17/5 None.

Annual Report and Accounts 2016/17

AMM/17/6 The Chair formally presented the Annual Report and Accounts to the Governors and Members present. The report was available electronically on the Trust website at www.dbth.nhs.uk.

AMM/17/7 The Annual Report and Accounts 2016/17 were RECEIVED and NOTED.

Chief Executive's review of the Trust's performance 2015/16

AMM/17/8 The Chief Executive delivered a presentation on the Trust's performance and achievements in 2016/17 as well as challenges and opportunities for the future.

AMM/17/9 The presentation provided an overview of the following:

- NHS Context
- Trust Context
- Challenges
- Providing the Safest Care
- Quality Outcomes
- Year on year improvements
- Innovation for Improvement
- Develop responsibly, delivering the right services with the right staff
- Teaching hospital status
- Strategic Direction

AMM/17/10 NHS Context – Demand was rising in terms of age, complexity and lifestyle. As a result of significant staff vacancies in many areas the pressure of agency staff costs was increasing. Accountable Care Systems (previously STPs) and Accountable Care Partnerships were being developed.

AMM/17/11 Trust Context – A new Chief Executive and Chair had been appointed. The Trust had been granted Teaching Hospital status and had achieved a CQC rating of 'good' in caring and well-led back in 2015. Good progress had been made delivering care in line with standards, including mortality and other quality markers.

AMM/17/12 Challenges - People were living longer with more complex conditions. Some people had better access to services and had poorer outcomes than others. In some services, there would not be enough trained and experienced staff in the future and the cost of providing care in the current form was increasing at a rate greater than funding was available.

AMM/17/13 Quality Outcomes **-** There had been excellent progress to improve quality outcomes for patients:

- reduced C.Diff by 18.75% (32 to 26) (two cases MRSA);
- reduced pressure ulcers by 28.85% (52 to 37);
- reduced number of serious incidents by 57%;
- reduced serious falls by 14%;
- reduced Hospital Standardised Mortality Ratio (HSMR) by a further 4.7%,
- representing an 18% decrease since 2013; Standardised Hospital Mortality Index (SHMI) reduced by 3.7 points from 105.7 to 102;
- achievement of 22/24 quarterly cancer targets;
- introduced the Freedom to Speak Up Guardians to promote raising concerns;
- over 98.5% of nursing shifts identified were filled.

AMM/17/14 Year on Year Improvements – There had been year on year improvements since 2013 for C.Diff, mortality and pressure ulcers.

AMM/17/15 Innovation and Improvement – The Chief Executive provided a detailed overview of the many innovations and improvements at the Trust including; there had been a further increase in NIHR R&D trial activity with a 41% increase in the number of patients taking part in clinical research and an 18% rise in research studies in specialties previously not participated in. The Trust's services and staff had been shortlisted for 23 awards, regionally and nationally, including Partnership of the Year, Outstanding Non-clinical Team and Apprentice of the Year. The end of life care pathway was named amongst the best in England by the Royal College of Physicians. One of the Trust's Consultant Ear, Nose and Throat (ENT) surgeons, Mr Shahed Quraishi, was awarded visiting professor status at the Capital Medical University in Beijing and Mr Gerard Jayamanne, a consultant at the Trust who specialised in the treatment of eye disorders, developed an app for smart phones which alerts health professionals to eye conditions, which left untreated could lead to blindness.

AMM/17/16 Develop Responsibly – The Trust became Doncaster and Bassetlaw Teaching Hospitals NHS FT, recognising the Trust's achievement in providing high quality education and research. There had been good results in all patient surveys. Work had been undertaken with neighbouring trusts to reduce reliance on locums. An improved agency deal saved £3.6m on agency hours and £300k on agency shifts. A Front Door Signposting Service had been

introduced to Bassetlaw Hospital Emergency Department and £275k had been invested in Children's Outpatient Department. The Trust had delivered the new Fred and Ann Green Eye Centre with 15 examination rooms, seven vision lanes and three treatment rooms. A new zonal cleaning and portering model had been introduced at DRI and an Enhanced Care Team pilot had been introduced at Bassetlaw Hospital to provide specialist care for patients with confusion, delirium or dementia.

AMM/17/17 The Trust had been the first in the country to vaccinate 75% of frontline staff against the flu and Helen Houghton, Health and Wellbeing Lead was awarded Flu Fighter Champion of the year by NHS Employers. The Trust had seen big improvements in feedback received by learners, leading the region in a number of specialities and scoring within the top five nationally for Core Medical Training and Geriatric Medicine.

AMM/17/18 Strategic Direction – The Trust engaged with staff, public, governors and partners to develop the strategic direction using a variety of methods with over 600 responses through: social media, postcards, posters and presentations, meetings with teams in the hospital and meetings and presentations with partners. A number of areas in the plan were changed in line with feedback.

AMM/17/19 Strategic Objectives – The new strategic objectives had been developed around 5 Ps;

- Patients
- People
- Performance
- Partners
- Prevention

The Chief Executive gave a detailed outline of each of the objectives.

AMM/17/20 The plan identified the objectives for the way in which services would be developed and provided in a sustainable way. The strategic objectives would be delivered across all services and the main plans would impact on:

- Urgent and emergency care
- Elective care
- Women's and children's care
- Cancer
- Intermediate care and rehabilitation.

AMM/17/21 CQC - Referring to page 107 of the Quality Accounts, David Cuckson asked for more information on when the Trust expected to be re-inspected and what assurance could be provided that the Trust would improve upon the previous rating of 'requires improvement'. The Chief Executive confirmed

that the Trust expected to be re-inspected by the next quarter. The Trust had been disappointed with the previous rating and had been addressing the issues raised and working through the resulting action plans. The Trust had commissioned an independent company to assess the Trust's readiness and a report was expected shortly. The Trust had a good relationship with NHS England and NHS Improvement, neither of which had raised any concerns in terms of the Trusts progress.

AMM/17/22 Accountable Care Systems (ACS) - Bev Marshall raised concern that as larger regional organisations, such as the ACS, were set up, the very important links between the public, Governors and the Hospitals would be lost. It was noted that the ACS was a partnership and not a statutory body. The Chief Executive gave assurance that the Trusts statutory responsibilities remained the same, it would still have to comply with its constitution and would continue to have a Board of Directors and Governing Body. The Trust would continue to do what was right for its patients and tackle the priorities for its communities. The Chair reminded Governors that they had been invited to a conference on 27th October, for all ACS Governors, which had specifically been set up to provide Governors with the opportunity to raise any concerns they may have.

AMM/17/23 Sepsis – In light of the recent television documentary on Sepsis, Mike Addenbrooke asked for assurance that the Trust had adequate screening processes in place. The Chief Executive provided an overview of the Trust's Sepsis care bundle which had been in place for several years. The Trust monitored performance on a monthly basis against quality standards and the processes in place were regularly audited.

AMM/17/24 Medication Waiting Times – Mike Addenbrooke raised concern about the length of time some patients had reported that they had to wait for medications and this was discussed; The Chief Executive acknowledged that this had been a challenge and the Trust recognised the issues. It was not acceptable for patients to wait for long periods of time and The Trust was working to improve this.

AMM/17/25 Child Health – Maureen Young noted that it had been reported nationally that increasingly children under the age of 5 were less healthy than they had been some years ago including increased rates of obesity. In light of this she asked what proportion of children admitted to the Trust suffered from preventable conditions and the Chief Executive welcomed this question. As a secondary care provider the Trust saw patients throughout their lives and it was recognised that there were opportunities to give advice and help patients with regard to preventable conditions. The Trust was trying to play its part by supporting patients and signposting them to right support, be that in terms of, amongst other things, diet, exercise, alcohol or smoking. This year the Quality Assessment Tool (QAT) used on wards would include questions about health so that opportunities to help people who wanted

help were not missed. This also linked to work the Trust was doing in terms of a healthier workforce.

AMM/17/26 Rupert Suckling, Director of Public Health in Doncaster, reported that 25% of children in Doncaster lived in low income families. He welcomed the Trust's strategy on seeking opportunities to discuss health with patients and he had discussed this with the Chief Executive. It was recognised that when patients go in to hospital it was also a time when they were often considering lifestyle changes and links needed to be improved.

AMM/17/27 Bassetlaw Site - Hazel Brand asked for an update on previous plans to dispose of surplus land at the Bassetlaw Site. Several years ago there had been a government drive to sell off land for social and low cost housing and the Trust had considered selling some land at the Bassetlaw Site. Steps had been taken to bring those services still at the lower end of the site up towards the main building however financial constraints hindered the plans. There were no firm plans to pursue the matter any further at this time however the Trust may explore the idea more fully in the future.

AMM/17/28 The Chief Executive thanked directors, governors, partner organisations, staff and volunteers for their support and contribution throughout the year. He also thanked members of the public for attending and for choosing Doncaster and Bassetlaw Teaching Hospitals to provide their care.

The Chief Executive's review of the Trust's performance in 2016/17 was NOTED.

Financial Director's Report

AMM/17/29 The Director of Finance delivered a presentation on the financial performance of the Trust drawing attention to the following:

AMM/17/30 Financial Overview 2016/17 - External auditors had provided an unqualified opinion on the Trusts accounts, which were submitted on time by the Trust. The Director of Finance provided an overview of the year-end financial position (£7.228m in deficit for the consolidated accounts)**,** underlying deficit (£38m), debt position (£80.17m), savings (£11.9m), income (£387.872m) and expenditure (£395.1m).

AMM/17/31 In 2016/17, the Trust had spent £395.1m on:

- Staffing of £250,888m – a reduction of £52k net, with a specific reduction in agency staff of £8.928m
- Drugs of £37.823m – a reduction of £2.02m
- Clinical and general supplies of £27.248m – a reduction of £1.607m
- Services from NHS and non NHS bodies of £18.459m – a reduction of £1.246m
- Insurance premium of £16.080m – an increase of £1.087m

- Premises and facilities running costs of £13.378m – an increase of £1.809m
- Depreciation of £8.827m – a reduction of £0.454m
- Finance costs of £1.762m – an increase of £0.905m
- Other costs of £20.635m – a reduction of £11.316m.

AMM/17/32 The Trusts debt position and repayment of loans – With regard to repayment terms of working capital loans (£40m), David Cuckson commented that 2.5 years seemed a very short period of time within which to repay the amount. The Director of Finance advised that the expectation was that the amount would be re-loaned at the end of the loan period.

AMM/17/33 Investment - In response to a question from Rupert Suckling about how the Trust's strategy fitted in with finance in terms of investment, for example what plans were there to source capital funding, the Director of Finance advised that the Trust was currently scoping changes to buildings in the 5 year plan. As a Trust around £8m a year was available to spend on capital, as part of the ACS the Trust could bid against pots of money to improve services and infrastructure and the Trust was working through that process. During further discussion it was noted that ACS was receiving support for transformational change and if the Trust's strategy was clear and the Trust was ready to proceed when the funding became available the Trust could take advantage of that.

AMM/17/34 Financial Misreporting 2015/16 – With regard to the financial misreporting identified in 2015/16, Mark Bright asked what governance recommendations had been implemented. The Director of Finance provided an overview of the work undertaken and of the current position. He reminded members that an external investigation had been conducted and that it had been concluded that there had been no personal gain and that the matter had arisen as a result of competency issues. Significant work had been done to improve financial systems and a new committee had been set up that had worked through heightening management procedures. The Trust had invested significant sums in the finance team including a new Finance Director and more qualified staff. New reporting included balance sheet and cash reports. The Trust had received good assurance from both internal and external audit in terms of the new processes and an external Well Led review had been positive.

AMM/17/35 Sustainability - Philip Beavers noted that the Trust had received significant non-recurrent Sustainability and Transformation Funding (STF) and in light of this he asked whether the Trust was financially sustainable. The whole NHS, in particular the Acute sector was financially challenged. The Director of Finance acknowledged that STF funding had made a difference in the previous year to address the financial gap and further funding had been received for the current financial year to support the position. The Trust remained focused on driving down costs including agency staff spend.

AMM/17/36 With regard to funding, Clive Tattley asked if the Trust anticipated income from local authorities or the greater Yorkshire group of councils. The Director of Finance clarified that the Trusts main income was through contracts with CCGs and income was in line with plan as expected.

AMM/17/37 Agency Costs - Bev Marshall commended the Trust for reducing the financial deficit by 50% and welcomed the improvements in governance and controls. With regard to controlling costs, he asked how the Trust planned to address the cost of agency staff. Agency staff expenditure was a national issue with around 30% agency staff usage nationally across the NHS workforce. As well as recruitment, the NHS also needed to address the matter of staff retention and the Trust was looking for every opportunity to help and support colleagues. Internally there needed to be appropriate systems in place to ensure requests for agency staff were appropriate. In the short term bank and agency staff usage would continue but the Trust must ensure this was only when absolutely necessary. Going forward with new workforce models the Trust would need to work collaboratively with other Trusts.

The Financial Review was NOTED.

Question and answer session

AMM/17/38 Recruitment & Retention of Doctors & Nurses - Mr Frank Knapton MBE commented on the number of overseas doctors and nurses working in the NHS and on Government plans to tie doctors trained in the UK to at least 5 years' service. He asked for the Trust's position on these issues. With regard to plans to bind UK trainees to employment contracts it had been suggested this would be difficult to achieve in terms of employment law. The Chief Executive commented that the key to the matter of recruitment and retention was sustainability and it was key for the Government to increase the number of trainees. Historically the NHS had relied on staff trained overseas and that had not changed, however what had changed was the appetite of this workforce to come to the UK. Feedback from junior doctors suggested that what was important to them was being made to feel welcome and training and development opportunities; it was important that the Trust worked to look after staff and listened to their feedback. Another key area was the development of Associate Nurses and ANPs and the Trust had done a lot of work on this over the last few years; there were currently 57 staff on training programmes and this was key for the NHS going forward.

AMM/17/39 4hr Access emergency Department Performance - A member of the public noted the Trust's reported 4hr Emergency Department performance. He commented that not only had the target not been met but the trend had worsened over 2016/17. He asked if this was in part due to patients being unable to access primary care services and he asked if the Trust could do

anything to address this in terms of referring patients back in to primary care. The Chief Operating Officer thanked the member for his question. Since October 2015 the Trust had adopted a Front Door Assessment Service model (FDAS), this included an onsite Urgent Care Centre which was a primary care stream. The Chief Operating Officer provided some performance figures and an overview of the service including how the streaming worked. All patients were screened and those streamed through the Urgent Care Centre could be referred out to wherever they needed to be seen. The Trust was continually working to signpost patients that came through the Emergency Department and provide them with advice on what to do next time they needed care.

AMM/17/40 It was noted that the Trust had one of busiest Emergency Departments in the region. Reported performance was an average for the period and reflected that the ED did have bad days which could not be predicted and the Trust achieved 95% (the national target) on significantly more days than it did not. Declining Emergency performance was a national issue and, although the Trusts performance had declined, it remained in the top 25% nationally.

AMM/17/41 Fred & Ann Green Legacy (FAGL) - Mr Mike Rhodes noted that the FAGL legacy had provided funding for the new Fred & Ann Green Ophthalmology Department. There had been a compelling business case for the proposal which he understood to include proposals to use additional income generated through the scheme to supplement the FAGL. He asked whether there had been a review of the original business case and whether any income had been generated by the scheme. The Chief Executive acknowledged the concerns raised; Governors had recently raised similar concerns and raised a significant number of questions and the matter had been discussed with them at length. It was clear that quality benefits had been achieved however some of the benefits in the business case had not been fully realised. A key reason for this was that some of the business case relied upon filling consultant vacancies which had not in fact happened; there were still 4 vacancies and the rota was being covered by high cost agency staff.

AMM/17/42 Mr Bill Norris raised further concern about the FAGL. He stated that the people of Mexborough felt very strongly that the legacy should only be used as it had been intended and that his understanding was that this had been for the benefit of the people of Mexborough only. The Mexborough Shuttle bus, funded by the FAGL, was of particular importance to the people of Mexborough and he raised concern about the future of the service. This was discussed and the Chief Executive clarified that, to his knowledge, the Trust had not breached any of the terms of the legacy. The Shuttle Bus service continued to be funded by the Legacy and the Trust had a commitment to spend the Legacy to the benefit of the population with the primary benefit being to the people of Mexborough.

AMM/17/43 Centres of Excellence – A member of the public commented on the Five Year Plan in terms of the development of centres of excellence. He noted the Chief Executive's comments in his report that the Trust hoped to develop as a centre of excellence in certain specialties and he raised concern that this would result in those specialties moving to another hospital in the future. The Chief Executive advised that in terms of strategic direction the Trust intended to keep all current core services in their current locations. However, where an acute problem arose in terms of safety of the service, for example where there were gaps in rotas that could not be filled, the organisation would have to respond to that. In the case of, for example elective care, if the pressure at BDGH and MMH was less than at DRI, the Trust would work to get a clear view on services where pressure was absolutely acute and there must be a plan for a solution to meet the needs of the communities. Safe and good outcomes for patients were first and foremost.

AMM/17/44 Mr Sprakes raised concerns that he had not received a response to a letter of complaint he had submitted with regard to the reimbursement of travel expenses and the way he felt he had been treated by staff at the Trust. The matter was discussed; the Chief Executive commented that he expected everyone to be treated with dignity and respect and he undertook to discuss the matter in more detail with Mr Sprakes immediately after the meeting and to ensure his letter was responded to the following day.

Closing remarks

AMM/17/45 There had been good engagement shown throughout the meeting. The Chair thanked members for attending and invited them to email her with any further business they may wish to be addressed. The year ahead would be challenging but the Trust had a clear strategy.

[The Annual Members Meeting closed at 7:00pm]

Date and Time of Next Meeting

AMM/17/46 Date: TBC September 2017
Time: 4pm
Venue: TBC

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair's and NEDs' Report**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**Suzy Brain England, Chair**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		x

Executive summary containing key messages and issues
This report covers the Chair and NEDs' work August-October 2017 and includes updates on a number of activities: • Opening of The Hub • Butterfly Volunteers • NED update • AMM • Governor update • Board of Directors – September • Other meetings
Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
The report relates to all of the strategic objectives.
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
That the report be noted.

Chair's Report – August-October 2017

Opening of The Hub

It was my pleasure to open The Hub at Bassetlaw Hospital earlier this month.

The new purposely designed facility encompassing training, education and library services under one roof offers a seamless service for students, doctors in training and staff.

The Hub combines the facilities previously housed in the old Kilton Hospital with the Management Suite and meeting rooms. The new location is now more central and accessible for all staff and students and benefits from a manned reception desk during office hours.

As part of the design the space was modernised to accommodate a library and resource centre. This shows our commitment towards Bassetlaw Hospital and being a leading teaching hospital in the region.

Butterfly Volunteers

It will be my pleasure on 23 October to meet with Karen Lanaghan, Palliative Care Macmillan Nurse, about the sterling work of the Trust's Butterfly Volunteers.

A number of patients who are facing the end of their life die alone at our hospitals each month. The Butterfly project has a dozen or so specially trained volunteers providing companionship for those people who do not have any visitors. The volunteers also help families and carers with support and respite whilst their loved one is dying.

I am looking forward to working with Karen to see how we can raise the profile of the Butterfly Volunteers and get more people volunteering for this important vocation.

Non-executive Director update

I have spent a part of October meeting with interested people talking about the NED roles the Trust will be advertising shortly. There has also been an excellent response to the four NED briefing sessions we are holding on 23 and 24 October at Bassetlaw and Doncaster, including from amongst existing governors (see email to governors and NEDs 28 September 2017).

Following Martin's departure, I met with Governors at the end of September to agree the appointment of an Associate Non-executive Director who will cover the period between now and when we make a permanent clinical NED appointment in January 2018. Details of the recommended candidate will be presented to Board of Governors on 26 October for approval and will join us at Board of Directors on 31 October as well as getting involved in some of the Board committees.

Annual Members' Meeting

I wish to thank members of the public and governors who came to our annual members meeting in Montagu last month.

We had much to celebrate in terms of the progress towards financial viability and the successful delivery of quality services. It was an opportunity to say thanks to all staff and stakeholders who had delivered a great year.

However, we saw some limitations in how the meeting was run with limited time for the public and governors to discuss matters and ask questions, poor acoustics in part and a less than optimal slide show.

I am therefore pleased to say we have had some valuable input on how to make the meeting more inclusive next year.

Governor Update

It has been a busy three months for governors with a number of events in the diary including:

- Governor timeout, briefings and committees
- Meeting with NHS Improvement
- Food tasting sessions with Sodexo
- Governor effectiveness review workshop at Montagu
- ACS Conference at Rotherham
- STAR awards at the Keepmoat Stadium
- Opening of The Hub at Bassetlaw

I was sad to hear Dev Das resign as Doncaster public governor after four years. I know Dev was a committed and well-respected governor but I understand personal circumstances were making it harder for him to attend. Dev is replaced by David Northwood, a former consultant at the Trust.

My thanks also to Lisa Bromley who has stepped down as Partner Governor for Bassetlaw CCG having secured a role in the ACS. Lisa will be replaced by Dr Victoria McGregor-Riley (pictured).

Doncaster Council has also advised of a replacement Partner Governor for Pat Knight who retired in May. He is Griff Jones, currently Assistant Director for Adult Care and Safeguarding at the Council. We welcome Griff and Victoria.

Finally, I have sent my congratulations on behalf of Governors to Doncaster public governor Nicola Hogarth and family who on Friday 28 July welcomed into the world baby Theodore George, weighing 7lb14. He was delivered at DRI and I was pleased to hear Nicky and baby were made as comfortable as possible by our team of nurses and midwives. I hope to see mother and baby soon.

Board of Directors

It is really important that our new cohort of trainee doctors feel valued and see how the Board of Directors works for them. So, at the Board meeting on 26 September, we met in the Lecture Theatre from 2.30pm and were joined by our trainee doctors and other staff for the first hour. As part of that, there was a special presentation about how we take forward our future as a teaching hospital. I would like to pass on my thanks to Karen and Alasdair for arranging this time.

Other meetings

In August, I met with Louise Haigh MP, visited the Allied Health Practitioners in Emergency Medicine and was brought up to date by Helen Houghton on the work being undertaken on the staff well-being agenda. I was also 'chief guest' at Mr Quraishi's family celebration meal to mark his OBE.

I attended another round of Working Together Partnership meetings and met with Sir Andrew Cash and Tony Pedder. I met Tony separately in his capacity as Chair and Pro-Chancellor of Sheffield University. One of the issues we discussed was the engagement of the University of Sheffield's partner governor in our Board of Governors meeting. We hope to be in a position to introduce a new partner governor for the University at our meeting on 26 October.

During September, I attended the latest Working Together Partnership Meeting, met with Jo Miller (CEO of DMBC), attended a northern workshop on Delivering Transformation and Change in Local Health Systems and a Chair's networking meeting organised by NHS Providers. The month also saw a further NHS Providers Board meeting and a good discussion was held about how the organisation can help burgeoning ASCs.

In October, I attended a Leadership Networking Event on 5 October hosted by Veredus where former England and Great Britain rugby league captain, Jamie Peacock, gave his reflections on leadership. It was an insightful and very motivational evening.

Last week, I met with a member of the Deaf Community in Doncaster about engagement in the Trust as a NED or governor. The meeting was conducted entirely through her BSL interpreter and got me thinking. As we have the Deaf Trust and a sizeable deaf community on our doorstep, ought we to be doing more to encourage people from different backgrounds to engage with our public meetings?

We will look more broadly about the accessibility of our public meetings in various ways including for partially sighted and disabled people as well as for the deaf community.

Chief Executive's Report to Board of Governors
26 October 2017

Preparing for Winter

We are now ramping up our winter plans.

The Trust has clear and defined escalation plans in place help teams to pull in the same direction during peak periods. NHS Improvement have asked Boards, led by medical and nursing directors, to consider all of the options available to them and make decisions that weigh risk up in the round.

A new National Emergency Pressures Panel has also been established to take a national view of pressures.

Enabling Strategies

Governors will remember that Board approved the five-year vision for the Trust at the end of July and, since then, work has been taking place on the 10 supporting strategies that will ensure delivery in each of the key work elements of the Trust.

The Executive Team undertook a very productive half-day session on 13 September examining each of the documents and detailed versions of six of the ten strategies were considered by Quality and Effectiveness Committee on 26 September. The rest will be considered by Finance and Performance Committee in October.

Summaries of all the enabling strategies with the exception of the Finance Strategy and Estates and Facilities Strategy will be put before Board for approval in October. By their nature, the Finance and Estates and Facilities Strategies must take account of the plans within the other eight strategies so they will come to Board in November.

CIP Governance Review

Executive colleagues commissioned BDO to undertake a review of the governance processes relating to the Trust's Cost Improvement Plans. BDO have worked with the Trust previously in examining the underlying deficit.

As Governors will be aware, the Trust is aiming for an ambitious target of £14.5m in 2017/18 and the Director of Finance is reporting on progress on a monthly basis to Finance and Performance Committee.

The review assessed the Trust's capability to deliver schemes and also help to generate new ideas for delivery in future years.

State of Care Report

This year's State of Care report – published by the CQC – shows that thanks to the efforts of staff and leaders, the quality of health and social care has been maintained despite very real challenges and the majority of people are receiving good, safe care.

However, it also warns that the health and social care system is at full stretch and struggling to meet the more complex needs of today's population, meaning that maintaining quality in the future is uncertain.

The report sets out our analysis of the quality of health and social care across the country based on the first full round of rated inspections covering almost 29,000 services.

It shows that, as of 31 July 2017, 78% of adult social care services were rated good as were 55% of NHS acute hospital core services; and that many services originally rated as inadequate have used the findings of CQC inspections to make changes and improve their rating.

Hygiene Matters

The Trust was subject to an inspection by Doncaster Council's environmental health inspector on 7 September 2017 for patient and retail services and we are pleased to confirm that the Trust will retain the coveted Food Hygiene Rating of 5. Well done to the catering team for this excellent result.

Also, as part of the Trust's commitment to Keep DBTH Tidy, we are encouraging patients, visitors and staff to dispose of their used chewing gum in new bright pink, dedicated bins installed around the three hospital sites.

The new gum receptors, called Gumdrops, are made out of recycled chewing gum and have been installed at Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital in the hope to improve unsightly chewing gum across the organisation's sites which is very costly to remove.

Dropping used gum into a normal litter bin helps to keep our sites clean but it is not recycled and eventually ends up in landfill. Using the eco-friendly containers, gum is removed from the bins and recycled into plastic, which is used to create more Gumdrops, as well as wellington boots, coffee cups and mobile phone covers.

ACS Away Day

I attended an ACS away day recently which established five key priority work-streams moving forward to tie in with the work being undertaken around the hospital services review.

The flagship status of the SY & Bassetlaw ACS means that its performance, especially during winter, must be positive. The three year plan for the ACS was also described. Year one is very much about establishing the ACS. By year three, it hopes to be operating with devolved responsibilities.

Public engagement activities are in the pipeline with a new website and events for governors, NEDs and politicians planned.

Changes at NHS Improvement

Baroness Dido Harding has been selected as the chair for NHS Improvement to replace Ed Smith. Her appointment was confirmed by the health select committee on 17 October. Baroness Harding, a Conservative peer, is the former chief executive of TalkTalk communications.

Jim Mackey, who has been chief executive of NHSI since its inception in 2016, following the effective merger of Monitor and the NHS Trust Development Authority, is due to stand down at Christmas.

Bob Alexander, deputy chief executive and director of resources at NHSI, is also leaving later this month to lead the Sussex and East Surrey STP – but will formally remain in post until January.

Celebrating our Stars

It was an honour and a privilege to open the DBTH Stars event at the Keepmoat Stadium on 7 September.

The event, which was presented by BBC Look North's Harry Gration, recognised members of DBTH for their contributions in patient care, behind the scenes running, leadership, compassion and new ideas.

My thanks to everyone who took part, the people who nominated and were nominated, our sponsors, to the Communications and Engagement Team for pulling it altogether and, finally, to the winners.

Staff Survey Launch

The staff survey launched week commencing 9 October and provides staff with an opportunity to have their say, share their experiences and highlight any issues faced as a member of DBTH. All staff received an email from Picker, our staff survey provider, with a link to the survey. All responses are private and confidential.

Senior management restructure

Finally, this is to publicly report that at the private Board meeting in September 2017 the following changes were agreed to the senior management structure at DBTH:

- Deputy Chief Executive role to assist the Trust in managing the demands of the ACS and in succession planning. The role – which will be a designation on top of an existing executive directors' role - will be initially temporary until the end of 2018.

- Director of Strategy and Transformation responsible for strategy, quality improvement and innovation. This again will be temporary until the end of 2018.

- A substantive Director of Nursing, Midwifery and Allied Health Professionals will go out for public recruitment shortly.

- A review of the Chief Executive's line management responsibilities will take place after the appointment of the Deputy Chief Executive.

New uniforms for service assistants

Earlier this month we began the phased roll out of service assistant uniforms, starting with the DRI site.

The change in uniform will help to give our service assistants, who provide essential patient care services, the professional appearance and identity to match the professional performance they provide day in and day out to our patients. They will move from a light blue outfit to a red and pink combination.

Minutes of the meeting of the Board of Directors
Held on Tuesday 25 July 2017
In the Boardroom, Doncaster Royal Infirmary

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Acting Director of Nursing, Midwifery and Quality
	Richard Parker	Chief Executive
	John Parker	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Marie Purdue	Acting Director of Strategy and Improvement
	Simon Marsh	Chief Information Officer
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement
	Anthony Fitzgerald	Director of Strategy, Doncaster CCG (part)

ACTION

Welcome and apologies for absence

17/07/1 Apologies for absence were received on behalf of Jon Sargeant, Martin McAreavey and Linn Phipps.

Declarations of Interest

17/07/2 Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

17/07/3 The list of actions from previous meetings was noted.

ACS Memorandum of Understanding

17/07/4 The Board received a report of the Chief Executive that sought approval of the Memorandum of Understanding for the South Yorkshire and Bassetlaw Accountable Care System (ACS).

17/07/5 The Trust's adoption of the MoU was required to give SYB ACS access to the national funds available for first wave ACS. The MoU did not replace the existing legal framework or responsibilities of any of the Partnership's statutory organisations but sat alongside the framework to complement and enhance it.

17/07/6 In signing the document, the Trust became one of the 'parties to' the agreement. 'Parties to' had majority relationships (patient flows and contracts) within and across SYB. Accordingly, DBTH would be subject to delegated NHS powers and a new relationship with other Parties and with both of the NHS regulators.

17/07/7 Board noted the changes in terminology in relation to both the ACS and the emerging Hospital Services Review. The final document had made minor amendments to previous drafts.

17/07/8 The Board ADOPTED the attached Memorandum of Understanding for the SYB ACS.

Doncaster Place Plan

17/07/9 The Board considered a report and presentation prepared by the Director of Strategy, Doncaster CCG that set out details of the Doncaster Place Plan and sought support for its direction of travel.

17/07/10 The joint vision was that: "Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed."

17/07/11 The Place Plan had been approved by Doncaster CCG's Governing Body in October 2016 and, in January 2017, EY had been appointed as strategic partner to facilitate its implementation. A report attached as an appendix to the report was the phase 1 assessment of the Health and Social Care partnerships ability to implement the Place Plan. It included an assessment of readiness across six key areas and described the key areas of focus for Phase 2 of implementation.

17/07/12 The Board endorsed the work undertaken to date, recognising the detail of thinking that had gone into the Place Plan so far. Success, however, would mean delivering on the projects outlined and being clear on the benefits to organisations. The CCG's Director of Strategy outlined some of the projects that would be delivered soon and timescales for delivery.

17/07/13 Board NOTED the report and presentation.

Strategy and Improvement Update

17/07/14 The Board considered a report of the Acting Director of Strategy and Improvement that provided an update on the strategic planning process and quality improvement & innovation work. It was noted that responsibility for the Programme Management Office and effectiveness and efficiency work-streams had transferred over to the Director of Finance and the updates in respect of those work areas would now be provided in his report.

17/07/15 In respect of Strategy, Board was advised of the engagement work that had taken place with governors and the final version of the Strategic Direction was presented to Board for consideration. In relation to a question from John Parker, Board was advised that the key risks would be highlighted within the enabling strategies and board assurance framework.

17/07/16 The Board APPROVED the Strategic Direction and noted the progress made on implementation governance.

Winter Plan

17/07/17 The Board considered a report of the Chief Operating Officer that set out details of the Trust's winter planning process for 2017/18.

17/07/18 The report identified the key elements of the plan that Providers were responsible for and the steps the Trust had taken to ensure preparedness for Winter. This year, NHSI/NHSE had set out the criteria that health and social care systems needed to have in place to support improvement in outcomes over the winter period. The following points were noted during the course of discussion:

- Two pilots of front door streaming would take place during System Perfect between 5-12 September.
- Arrangements were being explored to overcome any issues relating to out of hours cover at Bassetlaw.
- Operational meetings would be taking place on a regular basis to assess bed occupancy.
- A&E Delivery Boards needed to submit their plans in September 2017.

17/07/19 In response to a point raised by Sewa Singh, there was a discussion around the number of beds at Bassetlaw and discussions with NHSI and NHSE would be taking place to ensure they were content with the plan. Staffing remained an issue at Bassetlaw.

17/07/20 Board were advised that last year's occupancy rate was 87% but in some weeks occupancy had been as a high as 96-97%. Achievement of KPIs – particularly those relating to delayed transfers of care and A&E - would be monitored through the Finance and Performance Committee.

17/07/21 The Board NOTED the report and indicated its assurance that the actions identified would improve patient outcomes.

Diversity and Inclusion Action Plan

17/07/22 The Board considered a report of the Director of People and Organisational Development that provided the Board of Directors with an update on the Trust's renewed focus on Diversity and Inclusion.

17/07/23 The Trust's recent Well Led Governance Review emphasised the need for the Trust to formalise its work around equality and diversity. To that end, a group of staff within the Trust had formed a Diversity and Inclusion forum and run a number of drop-in sessions with the aim of engaging with as many staff as possible.

17/07/24 The report provided a general update and highlighted three particular areas of diversity – race, gender and disability with action plans detailed for 2017/18. The action plans would be monitored through the Workforce and Education Committee.

17/07/25 Board APPROVED the action plans contained within the report and publicly confirmed its commitment to diversity and inclusion as detailed within the report.

Committee Assurance Log – Finance and Performance

17/07/26 The Board considered the assurance report of Neil Rhodes, the Chair of Finance and Performance Committee, following its meeting on 20 July.

17/07/27 The Chair reported positive progress in respect of the closure of the CIP gap, which was now down to circa. £1m, but had noted the current financial position had involved using a portion of non-recurrent reserves to achieve receipt of funding. Spend on agency workers continued to be an issue.

17/07/28 Philippe Serna echoed the Chair of Finance and Performance Committee's concern about the Trust being off plan. The Chief Executive undertook to review the situation with the Director of Finance but felt that the Trust had made significant progress in reducing its CIP achievement from £8.5m to £1m within a month. He also reiterated the Trust's risk profile with NHSI, which was low.

17/07/29 The Chair of Finance and Performance Committee also commented on slippage in relation to progress on the catering contract that was required to be approved by Board in September. It was agreed that a copy of the relevant documents would be circulated between the August and September meetings and considered without the need for a separate Finance and Performance meeting.

17/07/30 Board RECEIVED the report for assurance.

Finance Report as at 30 June 2017

17/07/31 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 3, 2017/18.

17/07/32 The month two position was a deficit of £7,993k, which was £15k ahead of the planned year to date deficit of £8,009k. In order to achieve the quarter end target the Trust had used non-recurrent reserves that may put pressure on the delivery of the financial plan. There was a need to maintain strenuous efforts on working efficiently and delivering the agreed efficiency programmes through the remainder of the year.

17/07/33 The main reason for the challenging financial position was due to high levels of medical agency expenditure, under delivered efficiencies and under performance in elective activity. Meetings had taken place with Care Groups and Corporate Directorates in order to understand activity and over spend on agency staff. Junior doctor intake had also reduced by 50% this year.

17/07/34 The Board was advised that the Trust could not maintain the level of reserve utilisation throughout the year and it was therefore extremely important that the organisation was not complacent about the financial position based on last year's performance.

17/07/35 The Medical Director would be chairing new accountability arrangements that would address agency whilst ensuring safe and sustainable services. He reiterated the need for the Trust to take forward its plans for service redesign that would be facilitated through three groups relating to women and families, elective and urgent care. These would report into Management Board.

17/07/36 The Board NOTED that the reported financial position was a deficit of £8.0m, which was £15k ahead of the year to date plan.

Business Intelligence Report as at 30 June 2017

17/07/37 The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 3, 2017/18.

17/07/38 Performance against key metrics included:

4 hour access – In June the Trust achieved 92.46% (93.7% including GP attendances) against the 95% standard.

RTT – In June, the Trust performed below the standard of 92% achieving 90.9%, with the trajectory for improvement being met by four of the five specialities.

Diagnostic rates – The Trust achieved 97.8% against the 99% target, with audiology being the main issue.

Cancer targets – In May, two week waits were 91.2% against the 93% standard. A full action plan had been developed with the CCGs to improve two-week wait performance. The 62-day performance achieved 86.2% against the 85% standard.

HSMR – The Trust's rolling 12-month position remained better than the expected level of 100, currently at 92.6.

C.Diff – The number of cases in June reduced and the Trust was now on trajectory. Deep cleaning, hand washing compliance monitoring and antibiotic stewardship all continued.

Falls – Overall, there was good performance in the first quarter with the rate of falls being below trajectory.

Pressure ulcers - Pressure ulcers remained higher than compared to the same time last year. All pressure ulcers were currently being reviewed through an RCA process and it was anticipated that the position would improve.

Appraisal rate - The Trust's appraisal completion rate continued to hover around 57% with a small reduction from 58.51% to 57.59%. The Trust continued to renew focus as part of the revised accountability meetings with particular attention given to all senior managers having their appraisal as close to the start of the financial year as possible and other staff's appraisals being aligned to meet the peaks and troughs of operational demand.

SET training - There had been a further increase in compliance with Statutory and Essential Training (SET) and at the end of June the rate was 70.57% compared to May's figure of 68.41% and generally across most areas the positive upwards trajectory continued.

Sickness absence – The Trust had seen a slight rise in sickness absence in June to 3.5%, resulting in a cumulative figure of 3.83%.

17/07/39 The Business Intelligence report was NOTED.

Nursing Workforce Report

17/07/40 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

17/07/41 The overall planned versus actual hours worked in June 2017 was 100%, same as May. Care Hours Per Patient Day (CHPPD) stood at 7.6 across the Trust, up 0.1 since May. No wards were assessed red for quality in the month. Agency spend remained within the 3% cap.

17/07/42 The Board of Directors NOTED the content of this paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Key issues and actions included:

- the continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme;
- exploring recruitment opportunities for nursing and midwifery;
- complete AUKUH data collection from 01 July, ward nurse staffing requirements would be available to the Quality and Effectiveness Committee in September 2017;
- consider the NQB consultation on Midwifery Staffing levels.

Patient Experience and Complaints Quarterly Report – Q1 2017/18

17/07/43 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that provided information relating to Quarter 1 performance using the information available from Datix and the learning points from the organisation.

17/07/44 Key points from the report were as follows:

- Numbers of complaints remained static and there had been a reduction in the numbers of concerns.
- The highest number of complaints came from Emergency care group followed by MSK and Frailty. In response to a question from Philippe Serna, Board was advised that trends in MSK and Frailty were being monitored.
- The top two reasons for complaints continued to be communication and staff attitude and behaviour. However, both of these areas had seen a significant reduction in complaints.
- Friends and Family data revealed better than national and regional performance in all areas except for the response rate for A&E.

17/07/45 Board commended the work undertaken on the ward-patient surveys. Further analysis on the surveys would be undertaken through Patient Experience and Engagement Committee.

17/07/46 Board NOTED the Quarter 1 Patient Experience and Complaints Quarterly Report.

NHS Undertakings Tracker

17/07/47 The Board considered a report of the Trust Board Secretary that set out progress against the undertakings given to NHSI in February 2015 following the Trust's breach of licence.

17/07/48 The tracker provided a breakdown of those undertakings, and a summary of progress against each one, providing the Board with oversight and highlighting any exceptions or concerns. All actions were on track.

17/07/49 Board NOTED the NHSI Undertakings Tracker.

Corporate Risk Register and Board Assurance Framework

17/07/50 The Board considered a report of the Trust Board Secretary that presented the revised Corporate Risk Register and Board Assurance Framework at Q1.

17/07/51 The Corporate Risk Register and Board Assurance Framework had been revised following sessions with Finance and Performance and Quality and Effectiveness committees.

17/07/52 Risks had been aligned to each committee. Some risks from last year were mapped over while a number of new risks were also identified. These related to:

- Lack of adequate CT scanning capacity at DRI
- Inability to sustain the Paediatrics service at Bassetlaw
- Failure to ensure adequate medical records system
- Failure to engage with patients around the quality of care and proposed service changes
- Failure to improve staff morale
- Failure to adequately prepare for CQC inspection
- Inability to meet Trust's needs for capital investment

- Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance

17/07/53 To ensure Board and its committees were sighted on all risks it was intended to bring the BAF and CRR on a monthly basis to F&P and QEC and on a quarterly basis to Board and ANCR for review and proposed changes. Both documents were in an evolutionary state and would develop as time progressed.

17/07/54 Board:

(1) NOTED the Corporate Risk Register.

(2) APPROVED the Board Assurance Framework Q1.

Reports for Information

17/07/55 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Committee Annual Report
- Financial Oversight Committee minutes, 23 June 2017
- Minutes of Audit and Non-Clinical Governance Committee on 24 March and 26 and 30 May 2017
- Board of Directors' Calendar

17/07/56 The Chief Executive fed back on two items included within his report. Following the nationally mandated work undertaken to check fire safety compliance of NHS buildings, no suspect cladding was found to be at Montagu Hospital. However, some issues had been raised with regard to the Rehabilitation Centre and this had resulted in a requirement for remedial work that included reducing the bed base until complete. Further refurbishment work was planned utilising the Fred and Ann Green Legacy to develop a Centre of Excellence.

17/07/57 Earlier that day, the Chief Executive and Chief Operating Officer had attended Nottinghamshire County Council's overview and scrutiny committee to update them on staffing within Paediatrics at Bassetlaw Hospital. There was a helpful discussion around what changes constituted a substantial variation. Staffing continued to be an issue. Despite the recent recruitment drive all but one had given back word and a further nurse had resigned leaving one less than currently the case. The Chief Executive and Chief Operating Officer would be attending scrutiny again in October to discuss options. The need for critically ill children to be cared for safely and appropriately was emphasised.

Items escalated from Sub-Committees

17/07/58 None.

Minutes

17/07/59 The minutes of the meeting of the Board of Directors on 27 June 2017 were APPROVED as a correct record.

Any other business

17/07/60 There was no other business considered.

Governors questions regarding business of the meeting

17/07/61 There were no governors present at the meeting.

Date and time of next meeting

17/07/62 9.00am on Tuesday 29 August 2017 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

17/07/63 It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England **Date**
Chair of the Board

Minutes of the meeting of the Board of Directors
Held on Tuesday 29 August 2017
In the Boardroom, Bassetlaw Hospital

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Acting Director of Nursing, Midwifery and Quality
	Martin McAreavey	Non-Executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director (via Skype, part)
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Marie Purdue	Acting Director of Strategy and Improvement
	Simon Marsh	Chief Information Officer
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement
	Mike Addenbrooke	Public Governor
	George Webb	Public Governor
	Clive Tattley	Partner Governor
	Emma Challans	Deputy Chief Operating Officer
		Staff-side

ACTION

Welcome and apologies for absence

17/08/1 Apologies for absence were received on behalf of John Parker.

Declarations of Interest

17/08/2 Board was reminded of the need to keep their registers of interests up-to-date.

17/08/3 It was noted that Martin McAreavey had recently become the Director of Medical Education for the University of Bradford and that this had been added to his register of interest.

Actions from the previous minutes

17/08/4 The list of actions from previous meetings was noted and updated.

Learning from Deaths – Learning, Candour & Accountability

17/08/5 The Board received a report of the Medical Director that set out a new approach for learning from deaths.

17/08/6 The events at Mid Staffordshire and Morecambe Bay and the subsequent review of hospitals with regard to investigating and learning from deaths had led the CQC to propose a new approach to learning from deaths.

17/08/7 New guidance from the National Quality Board placed a number of requirements on hospital trusts, including that a non-executive director be identified with lead responsibility and that quarterly reports be made to the Board on the numbers of deaths, numbers reviewed, numbers of potentially avoidable deaths and qualitative information.

17/08/8 The Trust had already completed a significant amount of work and continued to make substantial progress in ensuring that all patient deaths were screened and that those requiring further investigation have a structured judgement review. It would continue to build on and develop the process to ensure it was comprehensive and robust.

17/08/9 Linn Phipps, as lead non-executive for learning from deaths, commented that she was very assured by the work taking place and that the Trust would act on feedback from families. Further work was being undertaken to identify a range of soft metrics that would also measure learning.

17/08/10 A business case was in development to ensure that specialist resource was in place. Further to a question from the Chair, the Medical Director confirmed that escalation would be via the Mortality Monitoring Group and the serious incident process. Monthly reports would come to Clinical Governance Committee and quarterly reports would come to Board.

17/08/11 With a correction to page 15 of the Policy replacing the words "Clinical Governance and Oversight Committee" with "Quality and Effectiveness Committee" the Learning from Deaths Policy was endorsed.

ENT Masterclass

17/08/12 The Board considered a presentation from Mr Muhammad Shahed Quraishi, ENT Consultant on the ENT Masterclass.

17/08/13 The Masterclass had started as an idea in 2005 and was now one of the most well attended clinical courses in the world. It had begun as a masterclass for doctors in training but then developed into a number of different areas of clinical practice and was held across the world, becoming part of the official curriculum in some areas.

17/08/14 The ENT Masterclass website contained many invaluable resources and saw as many as 65,000 hits per year from around 85 different countries together with social media sites. The Masterclass continued to break new ground and was an example of excellence within Doncaster.

17/08/15 Board NOTED the report and thanked Mr Quraishi for his presentation.

Emeritus Status

17/08/16 The Board considered a report of the Medical Director that sought to grant Dr David Northwood Emeritus status at the Trust.

17/08/17 The Trust had taken the view that it would wish retiring consultants to maintain their contact with the Trust and their colleagues locally and, where requested, would consider offering Honorary Emeritus status, with its associated rights of access to the library and postgraduate meetings. The title was awarded to consultants who had provided meritorious service to the Trust.

17/08/18 The Board APPROVED the grant of Emeritus Consultant Status to Dr David Northwood, formerly Consultant Anaesthetist at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust.

Health and Well-being Update

17/08/19 The Board considered a report of the Director of People and Organisational Development that sought reaffirmation from the Board to its commitment to improving staff health and wellbeing and supporting the related agenda and actions moving forward.

17/08/20 The report demonstrated the achievements made in the last two years and the positive impact this was having on the health and wellbeing of staff. It also highlighted the challenges going forward.

17/08/21 The Trust's performance had been acknowledged through a range of national and local awards and there had been a positive impact on sickness absence rates. Board noted the importance of health and well-being, the CQUIN attached to good performance and the high numbers of staff (87%) who felt health and well-being was important.

17/08/22 Philippe Serna noted that performance in respect of specific health and well-being indicators was a 'mixed bag'. The Chief Executive commented that work was taking place to help staff and patients to live a healthy lifestyle. The potential new catering contract and website would both contribute towards this aim.

17/08/23 Health and well-being reports regularly fed into the Workforce and Education Committee and the staff survey. The Board's thanks were passed on to the Health and Well Being Lead and her team.

17/08/24 Martin McAreavey asked the Director of People and Organisational Development about the incidence of MSK problems amongst staff and she would report back separately on this. **KB**

17/08/25 The Board:

(1) ACKNOWLEDGED the progress made with regards to health and wellbeing activity and the challenges that lay ahead.

(2) REAFFIRMED its commitment to improving staff health and well-being and supporting the agenda and actions moving forward.

Risk Identification, Assessment and Management Policy

17/08/26 The Board considered a report of the Trust Board Secretary that sought approval of a revised Risk Identification, Assessment and Management Policy.

17/08/27 The Policy had been revised following changes to the committee structure and board assurance framework. Two further amendments to the Policy were proposed adding "corporate directors" into paragraph 3.3 and substituting the words "Trust Board Secretary" for "Head of Corporate Affairs" in 3.5.

17/08/28 Board APPROVED the Risk Identification, Assessment and Management Policy.

Trust Seal

17/08/29 Board APPROVED use of the seal in respect of the lease relating to Sunshine Day Nursery, Bassetlaw Hospital, Worksop, S81 0BD.

Chairs Assurance Logs for Board Committees held 22 August 2017

17/08/30 The Board considered the assurance reports of the Chairs of Finance and Performance and Quality and Effectiveness Committees, following their meetings on 22 August.

17/08/31 Following a question by Alan Armstrong in relation to Finance and Performance Committee, the Chief Executive provided assurance over the new catering arrangements following the closure of Silks Restaurant. The importance of effective communications was emphasised. Board were also advised about the work to create an integrated Board to Ward performance report.

17/08/32 In the absence of the Chair of Quality and Effectiveness Committee, the Medical Director presented the report, mentioning the escalated items in relation to the Royal College report, issues around the response of switchboard and medical records. All three issues were under monitoring by Clinical Governance and Quality and Effectiveness Committees. The Committee had also received an excellent 'deep dive' presentation from the Acting Director of Nursing, Midwifery and Quality in relation to patient experience and engagement.

17/08/33 Board RECEIVED the reports for assurance.

CQC Insights Report

17/08/34 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that set out details in relation to the CQC's monitoring tool known as CQC Insights.

17/08/35 The tool would be made available to the Trust on a monthly basis and used as a risk monitoring tool and information pack for any inspector to refer to when considering inspecting the Trust, through the Quality Surveillance Groups held regionally and also during the planning of an inspection to focus on particular core services.

17/08/36 It was the latest iteration of tools following the historical CQC Quality Risk Profile (QRP) and Intelligent Monitoring Report (IMR). This report complemented the NHSI Single Oversight Framework, DBTH Clinical Governance Objectives, DBTH Quality Assessment Tool and Quality Metrics and DBTH Accountability Framework as well as external accreditation schemes.

17/08/37 The Board NOTED the report and SUPPORTED the monitoring of quality using the CQC Insights report with other quality monitoring tools and processes described in the report.

Mixed Sex Accommodation

17/08/38 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that provided a Declaration of Compliance with the requirement to eliminate mixed sex accommodation. This continued to be managed in line with national requirements, as it had been in previous years.

17/08/39 The Board NOTED the contents of the report.

Strategy and Improvement Report

17/08/40 The Board considered a report that provided assurance on progress on the strategic plan implementation process and quality improvement and innovation agenda.

17/08/41 Following Board's approval in June, the Strategic Direction 2017-22 had been forwarded to NHS Improvement. A formal launch was planned for September. Final drafts of the enabling strategies would be reviewed at Executive Team on 13 September to ensure alignment before agreement at board committees and ratification at the subsequent Trust Board.

17/08/42 Steering Groups had been developed to drive and oversee the strategy implementation in the areas of urgent and emergency care, elective care and children and families.

17/08/43 The Quality Improvement & Innovation (Qii) strategy and its associated action plan had been completed and been shared at Clinical Governance Committee. A Lead Consultant for Qii had been appointed and would work with the Qii Team on a number of areas including supporting the strategic change overseen by the steering groups. A Qii session had been run for Board and one was planned for governors.

17/08/44 Board NOTED the report.

Finance Report as at 31 July 2017

17/08/45 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 4, 2017/18.

17/08/46 The month four position was £2.384m deficit, £475k worse than plan. The Year to Date (YTD) position was £10.380m deficit, £461k worse than plan. The underlying position for the end of the month was much better than in the previous month as total pay expenditure had dropped in July, however the non-pay spend and non-delivery of CIP continued to cause a pressure on the bottom line position.

17/08/47 Agency spend had improved in month, partly due to seasonal impact and in part due to weekly meetings with each care group to review agency spend. The cash position at the end of July was £11m and work continued to support the payment of suppliers through the SBS invoicing system.

17/08/48 Neil Rhodes expressed confidence in the systems and processes being employed to bring spending back under control but required further assurance around the delivery of CIP schemes. The Board was advised that the Trust had commissioned work to assist with identifying confidence in delivery and the future pipeline.

17/08/49 Further to a question from Philippe Serna about level of capital expenditure, the Director of Finance advised that work was taking place to reshape the capital plan on the basis of a successful bid to the ACS for a CT scanner.

17/08/50 The Board NOTED the Trust's financial position.

Business Intelligence Report as at 31 July 2017

17/08/51 The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and

workforce performance in month 4, 2017/18.

17/08/52 Performance against key metrics included:

4 hour access - In July the Trust achieved 93.18% (93.9% including GP attendances) against the 95% standard.

RTT – In July, the Trust performed below the standard of 92% achieving 90.3%, with three specialities continuing to not achieve the standard for the month. These were general surgery, ENT and Ophthalmology. In September, general surgery would access an additional three operating sessions and in ophthalmology an external company was performing catch up work at weekends, specifically on cataract work.

Cancer targets – In June, the 62-day performance achieved the 85% standard and quarter one overall achieved 85.1%. Two-week waits achieved 93.3% against 93% standard, however the standard was not achieved for the quarter.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 90.23 for May 2017. HSMR for April 17 was 91.89.

C.Diff – The rate of cases was slightly above trajectory compared to last year. Interventions on deep cleaning, antibiotic stewardship and monitoring hand-washing compliance continued.

Appraisal rate - The Trust's appraisal completion rate continued to hover around 57% with a small reduction from 58.51% to 57.59%. The Trust would continue to focus on this standard as part of the revised accountability meetings, with particular attention given to all senior managers having their appraisal as close to the start of the financial year as possible and other staff appraisals being aligned to meet the peaks and troughs of operational demand.

SET training - There had been a further increase in compliance with Statutory and Essential Training (SET) and at the end of July the rate was 71%. Across most areas the positive upwards trajectory continued.

Sickness absence – In July the Trust saw a slight rise in staff with absences between one and six months. The HR business partners were working with their care groups and corporate directorates to drill down into the reasons why that increase had occurred. Overall sickness/ absence rate remained favourable to other NHS organisations regionally and nationally.

17/08/53 Further to a question from Martin McAreavey, it was agreed to bring back details on the HSMR performance at Bassetlaw Hospital following a review through the Mortality Monitoring Group. **SS**

17/08/54 The Business Intelligence report was NOTED.

Nursing Workforce Report

17/08/55 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

17/08/56 The overall planned versus actual hours worked in July 2017 was 99%, a one per cent drop since June. Care Hours Per Patient Day (CHPPD) stood at 7.8 across the Trust, up 0.2 since June. No wards were assessed red for quality in the month.

17/08/57 The Board of Directors NOTED the content of the paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Key issues and actions included:

- The continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme.
- Exploring recruitment opportunities for nursing and midwifery.
- Analysis of the AUKUH data collection from July. Ward nurse staffing requirements would be available to the Quality Effectiveness Committee in October 2017.
- Considering the NQB consultation on Midwifery Staffing levels.

Reports for Information

17/08/58 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Proposed Arrangements for Annual Members' Meeting
- Finance and Performance Committee minutes, 20 July 2017
- Quality and Effectiveness Committee minutes, 22 June 2017
- Board of Directors' Calendar

17/08/59 The Chief Executive briefly advised of a meeting he attended earlier in the day relating to devolution across Yorkshire. It appeared that there was now a divergence of views between Sheffield and Rotherham on the one hand who wished to remain part of Sheffield City Region and Doncaster and Barnsley who wished to join a new Yorkshire-wide bid. The Chief Executive acknowledged that neither bid was likely to move forward without a consensus amongst the local authorities in South Yorkshire. Council meetings were taking place imminently to look at this.

17/08/60 In response to a question from Philippe Serna, the Chief Executive confirmed that issues identified in the recent IRMER inspection were not as significant as first thought.

Items escalated from Sub-Committees

17/08/61 None.

Minutes

17/08/62 The minutes of the meeting of the Board of Directors on 25 July 2017 were APPROVED as a correct record.

Any other business

17/08/63 There was no other business considered.

Governors questions regarding business of the meeting

17/08/64 Mike Addenbrooke asked whether there was optimism that vacancies within audiology, ophthalmology and children's would be filled. The Chief Executive gave an update on the staffing situation. Staffing in paediatrics continued to be a challenge.

17/08/65 Furthermore, Mike Addenbrooke asked what assurance could be given that staff attitudes and communication – which historically had been the largest cause of complaint – were improving. The Chief Executive advised that all staff received ongoing training and regular refresher sessions around breaking bad news and customer service were provided. Accordingly, the Trust was seeing a reduction in the number of complaints.

17/08/66 In response to comment from George Webb about the difficulty in recruiting nurses, the Board were advised that the challenges existed within specific areas within the Trust, such as paediatrics and midwifery. The Trust had workforce plans in place and was working with Sheffield Hallam University to drive up the number of places. The Trust had seen an increase in the number of roles it was filling since last year but it needed to be recognised that there was no easy solution to a national problem and no prospect of vacancy rates improving rapidly. The national difficulty

in recruiting specialist paediatric nurses was illustrated by the fact that Great Ormond Street ran at a vacancy rate of 12-15%.

Date and time of next meeting

17/08/67 2.30pm on Tuesday 26 September 2017 in the Lecture Theatre, DRI.

Exclusion of Press and Public

17/08/68 It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England **Date**
Chair of the Board

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Finance Report – September 2017**		
Report to	**Board of Governors**	**Date**	**26th October 2017**
Author	**Jon Sargeant - Director of Finance**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues

The month 6 position for 2017/18 is a deficit of £13,006k, which is £673k ahead of the planned year to date deficit of £13,679k. However it must be noted that this reported position includes £419k of STF income relating to 2016/17 that cannot be counted towards the Trust's control total as well as £258k of variance relating to donated asset income, which again is discounted from the control total. The restated position which will be used by NHS Improvement to monitor the Trust's financial performance, is a deficit of £13,483k which is £4k better than our control total target to date.

During September, expenditure reduced from previous run rate levels, largely driven by a reduction in medical agency spend. However, the income position was significantly worse than expected, causing a significant pressure on the Trust bottom line.

Key questions posed by the report

Are Governors assured by actions taken to bring the financial position back in line with plan?

How this report contributes to the delivery of the strategic objectives

- Contributes to all strategic objectives.

How this report impacts on current risks or highlights new risks

Update on risk relating to delivery of 2017/18 financial plan.

Recommendation(s) and next steps
Governors are asked to note the month 6 2017/18 financial position of £13.4 million deficit, £8k favourable to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

FINANCIAL PERFORMANCE

P6 September 2017

24th October 2017

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

FINANCE SCORECARD SEPTEMBER 2017

1. Income and Expenditure vs. Forecast

Performance Indicator	Monthly Performance Actual £'000	Monthly Performance Variance £'000		YTD Performance Actual £'000	YTD Performance Variance £'000		Annual Plan £'000	Forecast £'000
I&E Perf Exc Impairments	164	(1,378)	F	13,006	(673)	F	16,489	16,070
Income	(30,212)	209	A	(182,699)	(2,820)	F	(361,442)	(361,442)
STF Incentive	(770)	0	F	(4,041)	0		(11,547)	(11,547)
STF Adjustment 16/17	0	0		(419)	(419)	F	0	(419)
Donated Asset Income	(58)	(58)		(58)	(250)	F		
Operating Expenditure	30,070	(1,609)	F	193,711	2,354	A	376,642	376,642
Pay	21,412	233	A	130,134	3,146	A	253,999	253,999
Non Pay	8,658	(1,842)	F	63,576	(793)	F	122,643	122,643
I&E Perf Exc 16/17 STF and Donated Asset Income	**583**	**(1,320)**	**F**	**13,483**	**(4)**	**F**	**16,489**	**16,489**

F = Favourable A = Adverse

Financial Sustainability Risk Rating	Plan	Actual
UOR	4	3
CoSRR	1	2

2. CIPs

Performance Indicator	Monthly Performance Actual £'000	Monthly Performance Variance £'000		YTD Performance Actual £'000	YTD Performance Variance £'000		Annual Plan £'000	Forecast £'000
Employee Expenses	198	(755)	A	1,222	(2,666)	A	11,675	
Drugs	5	(3)		19	3	F	65	
Clinical Supplies	44	(50)	A	266	(273)	A	1,156	
Non Clinical Supplies	0	(1)		0	(3)	A	10	
Non Pay Operating Expenses	71	(8)	A	216	(165)	A	1,224	
Income	91	60	F	169	(16)	A	369	
Total	**409**	**(758)**	**A**	**1,892**	**(3,119)**	**A**	**14,500**	

3. Statement of Financial Position

All figures £m	Opening Balance 01.04.17	Current Balance 30.09.17	Movement in year
Non Current Assets	**196,907**	**193,883**	**(3,024)**
Current Assets	33,612	61,919	28,307
Current Liabilities	(31,967)	(66,024)	(34,057)
Non Current liabilities	(79,348)	(83,576)	(4,228)
Total Assets Employed	**119,204**	**106,201**	**(13,003)**
Total Tax Payers Equity	**119,204**	**106,201**	**(13,003)**

4. Other

Performance Indicator	Monthly Performance Plan £'000	Monthly Performance Actual £'000	YTD Performance Plan £'000	YTD Performance Actual £'000	Annual Plan £'000	Forecast £'000
Cash Balance	1,900	8,667	1,900	8,667	1,900	1,900
Capital Expenditure	635	300	2,038	1,247	6,481	7,842

5. Workforce

	Funded WTE	Actual WTE		Bank WTE	Agency WTE		Total in Post WTE	Under / (over)
Current Month	6,032	5,613		177	179		5,969	63
Previous Month	6,031	5,618		197	214		6,029	2
Movement	(1)	5	0	20	35	0	60	61

1. Context/Background

The month 6 position for 2017/18 is a deficit of £13,006k, which is £673k ahead of the planned year to date deficit of £13,679k. However it must be noted that this reported position includes £419k of STF income relating to 2016/17 that cannot be counted towards the Trust's control total as well as £258k of variance relating to donated asset income, which again is discounted from the control total. The restated position which will be used by NHS Improvement to monitor the Trust's financial performance, is a deficit of £13,483k which is £4k better than our control total target to date.

During September, expenditure reduced from previous run rate levels, largely driven by a reduction in medical agency spend. However, the income position was significantly worse than expected, causing a significant pressure on the Trust bottom line.

To alleviate the pressure caused by the year to date Care Group expenditure and the month 6 income performance, there has been a review of reserves and prior year accruals being held. £1.3m of recurrent reserves have been released into the position during Month 6. This release relates to the year to date budget against reserves that had been assumed to be played into the year end forecast (please see separate F&P paper). No reserves relating to month 7 to 12 position have been released. In addition, £0.7m of prior year accruals have been released into the I&E position. This release relates to specific accruals that have been investigated and found to be no longer required, either due to the initial accrual being overstated, or to the payment already having been made in the 17/18 position.

2. Executive Summary

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Previous YTD Budget	Previous YTD Actual	Previous YTD Variance	Annual Budget	Forecast
1. Income	-31,191	-30,982	209	-183,920	-187,159	-3,239	-188,493	-187,359	1,134	-372,989	-373,408
2. Costs	31,679	30,070	-1,609	191,357	193,711	2,354	193,847	189,087	-4,760	376,642	376,642
3.Capital Charges	1,054	1,076	21	6,242	6,455	212	7,088	6,943	-145	12,836	12,836
Total Position Before Impairments	**1,542**	**164**	**-1,378**	**13,679**	**13,006**	**-673**	**12,442**	**8,670**	**-3,771**	**16,489**	**16,070**
4.Impairments	0	0	0	0	0	0	0	0	0	0	0
Total Position After Impairments	**1,542**	**164**	**-1,378**	**13,679**	**13,006**	**-673**	**12,442**	**8,670**	**-3,771**	**16,489**	**16,070**
Remove STF relating to 16/17	0	0	0	0	419	419	0	0	0	0	419
Remove variance relating to Donated Asset Income		58	58	-192	58	250					
Position to compare to control total	**1,542**	**222**	**-1,320**	**13,487**	**13,483**	**-4**	**12,442**	**8,670**	**-3,771**	**16,489**	**16,489**

I&E position	In Month Plan	In Month Actual	In Month Variance	2017/18 Plan
Position before STF	2,312	934	-1,378	28,036
STF funding	-770	-770	0	-11,547
STF funding relating to 16/17	0	0	0	0
Reported position	1,542	164	-1,378	16,489

During September, income has been £209k worse than plan (£583k worse than forecast), this is due to an under-performance on clinical income (excluding Non PbR drugs) of £662k. The main areas of under-performance in month are elective activity which is £469k behind in month, Outpatient First activity and the OP Cap which is also continuing at previous levels giving a YTD impact of £979k. During September, Care Group expenditure was £1.5m higher than

budgeted levels. This overspend includes £187k of pay costs where agency premium costs are over and above funded levels and £758k of undelivered CIP savings. Care Group overspend in Month 6 was £266k lower than the average of the previous five months.

The cumulative income position at the end of Month 6 is £3,239k favourable.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-302,250	-25,243	-24,581	662	-150,477	-151,779	-1,303
Drugs	-22,601	-2,055	-2,204	-150	-11,065	-12,208	-1,144
STF	-11,547	-770	-770	0	-4,041	-4,460	-419
Trading Income	-36,590	-3,124	-3,427	-303	-18,338	-18,711	-374
Grand Total	**-372,989**	**-31,191**	**-30,982**	**209**	**-183,920**	**-187,159**	**-3,239**

The expenditure position in September was £1,609k higher than budgeted levels, after underspend of £3,142k within reserves.

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Previous YTD Budget	Previous YTD Actual	Previous YTD Variance	Annual Budget	Forecast
1. Pay	21,179	21,412	233	126,988	130,134	3,146	127,319	125,504	-1,815	253,999	253,999
2. Non-Pay	10,219	11,519	1,300	58,722	65,973	7,251	63,107	61,637	-1,470	113,569	113,569
3. Reserves	281	-2,860	-3,142	5,646	-2,397	-8,043	3,422	1,946	-1,476	9,074	9,074
Total Expenditure Position	**31,679**	**30,070**	**-1,609**	**191,357**	**193,710**	**2,354**	**193,847**	**189,087**	**-4,760**	**376,642**	**376,642**

The below table summarises the Month 6 position compared to the Month 6 forecast;

	M6 Forecast	M6 actuals	Variance	
Clinical Income	-28,595	-27,555	1,040	Elective, Outpatient and Maternity income all below expected levels in September.
Non Clinical Income	-2,970	-3,427	-457	£272k of donated asset income received in Month 6, plus Education income received with expenditure offset.
Total Income	**-31,564**	**-30,982**	**583**	
Substantive pay	20,243	20,356	114	Includes £39k of backdated CEA payments with associated budget transferred. (Previously included in reserves forecast)
Agency pay	1,502	1,055	-446	
Remove recharge pay	-246	-248	-1	
Total Pay	**21,498**	**21,164**	**-334**	
Non Pay	10,574	11,034	460	£481k of increase relates to the Apprenticeship Levy which has been moved from reserves with associated funding.
Efficiency	-130	0	130	Delivered efficiency included within the Pay and Non Pay positions
Recharges and Reserves	740	-2,126	-2,865	
Non Pay	**11,184**	**8,909**	**-2,275**	
EBITDA	**1,118**	**-909**	**-2,027**	
Financing Costs	1,079	1,076	-3	
Bottom line	**2,196**	**167**	**-2,030**	

3. Conclusion

Lower income than expected has caused a significant pressure within the Month 6 position. In particular, elective activity was £0.5m lower than forecast. Improvements in the pay expenditure run rate have partially offset some of the loss in income, but a year to date release of reserves and a review of prior year accruals has been required to ensure delivery of the Q2 control total.

- For the second month running there has been a significant movement from the expected position (this income based) that was unexpected but predictable, there is clearly a lack visibility of operational issues and the impact on financial performance. This can mitigated by the BDO grip and control workstream.
- The position if recurrent in terms of Orthopaedic workload this will further impact the Trusts performance and ability to meet its financial target
- The movement on Agency spend is pleasing but it remains to be seen if the overall reduction will be sustainable.
- Further focus on CIP from the BDO work and CEO led meetings is starting to create momentum, but also highlighting a number schemes that have stalled and need further work before savings will be released.
- The Doncaster CCG has a significant overspend and the assumptions between the Trust and the CCG on the trading between both organisation. This is a gap of circa £2.5m at least.

£1.3m of Month 1-6 reserves have been released in the month 6 position, these were due to be released as part of the forecast year end position. £0.7m of additional prior year accruals have also been released in the September position.

4. Recommendations

Governors are asked to note the month 6 2017/18 financial position of £13.4 million deficit, £8k favourable to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Performance Report**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**David Purdue, Chief Operating Officer** **Sewa Singh, Medical Director** **Moira Hardy, Acting Director of Nursing, Midwifery and Quality** **Karen Barnard, Director of People and Organisational Development**		

Purpose		Tick one as appropriate
	Decision	
	Assurance	x
	Information	

Executive summary containing key messages and issues

This report highlights the key performance and quality targets required by the Trust to maintain NHSI compliance.

The report focuses on the 3 main performance area for NHSi compliance:

- Cancer, measured on average quarterly performance
- 4hr Access, measured on average quarterly performance
- 18 weeks measured on monthly performance against active waiters, performance measured on the worst performing month in the quarter

The report also highlights the ongoing work with Care Groups and external partners to improve patient outcomes.

The report also focuses on vacancy levels, agency spend and usage, sickness rates, appraisals and SET training.

Key questions posed by the report
Is the Trust maintaining performance against agreed trajectories with NHSi? Is the Trust providing a quality service for the patients? Are Governors assured by the actions being taken to maintain a quality service?
How this report contributes to the delivery of the strategic objectives
This report supports all elements of the strategic direction by identifying areas of good practice and areas where the Trust requires improvements to meet our expectations.
How this report impacts on current risks or highlights new risks
The corporate risks supported by this report are related to NHSi single oversight framework, especially in line with quality, patient experience, performance and workforce.
Recommendation(s) and next steps
That the report be noted.

Performance report

The performance report is against operational delivery in July, August and September 2017

Provide the safest, most effective care possible

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

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

Referral to Treatment

The Referral to Treatment Target, active waiters below 18 weeks set at 92%, is the target which is causing the most significant issues for the Trust.

Though performing above the National average, the Trust position for quarter 2 is at 89.5%. The key issues relate to 4 significant specialities which have high numbers of patients above 18 weeks caused due to a shortfall in Trust capacity.

The 4 specialities with the largest capacity gaps are

- Ophthalmology
- ENT
- General Surgery
- Orthopaedics

Trajectories are set for these specialities which are reliant on external support and additional sessions to bring performance back to the required standard.

NHSI are aware of the current capacity shortfalls and the expected timescales for performance to meet the target.

1 patient is waiting over 52 weeks due to their choice.

The diagnostic target failed September at 98.12% with a combination of audiology and nerve conduction delays. The issues relate to locum workforce and inability to recruit in audiology. The care group are required to develop a workforce plan for their October accountability meeting.

Key to performance is the need to be maintaining contracted activity and ensuring the cancelled clinics and new to follow up ratios are within the ratios set by the CCG.

Work continues to reduce both short notice hospital driven changes and cancellations and to reduce DNA rates. These pieces of work are monitored through the planned care stream of the patient pathway transformation project.

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.

September Performance

Trust 93.72%,

Quarter 2 93.49%, NHSI trajectory for Q2 93.1%, STF achieved

15.5% of patients were transferred to the urgent care centre at DRI. The streaming pathway for Bassetlaw will be in place by 1st. October 2017

The key issues for breaches remains internal ED waits to see or be reviewed by a doctor. Potential improvements are expected after successful recruitment to the consultant tier and a review of rotas to increase the time on the shop floor of the consultants.

The DBTH remains in the top third of Trusts nationally on average 34th out of 138

The quality metrics for 4hr access remain above the required standards.

Cancer Performance

August 62 day performance 85.7%

Performance achieved in month. The key pathway remains urology. Additional monies have been agreed to invest in High Value pathways which includes urology.

A 10 high impact intervention plan has been completed nationally to address the national performance shortfall against 62 day target.

Day 38 transfers are now being measured as part of the work to improve 62 day performance for the wider Accountable Care System

Stroke Performance

Stroke performance against direct access in 4hrs improved again in July with an increase of 18% to 74.4%. CT within 1hr improved by 19% to 74.5%.

SNAPP performance continues to be the best performance in the region.

David Purdue Chief Operating Officer September 2017

Quality Report

Mortality

The Trust's overall Hospital Standardised Mortality Ratio (HSMR) for the period August 2016 to July 2017 remains better than expected at 88.4. There has been a difference in risk adjusted mortality between Bassetlaw Hospital (higher mortality) and Doncaster Royal Infirmary but an in-depth review of all cases provided assurance that none of the deaths were avoidable.

The trust has implemented the national "Learning from Deaths" guidance and screened and formally reviewed 69% of deaths in the first quarter of this financial year. In the opinion of the reviewers, none of the deaths formally reviewed were thought to have received sub-optimal care. Lessons were gleaned from the reviews arising out of our delivery of End of Life Care and these are being disseminated to all relevant staff.

Clinical Risk Management

We continue to monitor the adverse incidents reported within the Trust. The incidents resulting in lesser harm reported remain comparable to national benchmarks whilst the number of Serious Incidents continues to fall.

Clostridium difficile

The number of Clostridium Difficile cases remains above the stretch target but within the expected standard trajectory in September 2017 the rate is 16 cases.

In light of the continued increase in C Diff cases, infection, prevention & control hove sought to understand why this increase is being seen and there is concern that achievement of the internal target to improve on last years performance may not be achieved.

In September 2016, the test for C Diff changed and the new / current test is more sensitive to identification of C DIff. Although not apparent immediately it is believed that the new / current test is showing positive results which would previously have been negative.

A number of measures has been put in place in an attempt to reduce the number of C Diff cases, and as the Post Infection Reviews (PIRs) have only highlighted two cases where there has been a lapse in care related to antibiotic use, the increased sensitivity of the new / current test appears to be the reason for the increase in cases.

Fall resulting in significant harm

There is continued good performance with the rate of avoidable serious harm falls, with 1 in the year to date.

Hospital acquire pressure ulcers

We have continued good performance in line with improvement trajectories for avoidable harm, illustrating reliable care practices in the assessment and management of pressure ulcer prevention for our patients. At the time of writing, the end of August position following Exec Panel Reviews is 11

cases, 1 less than the same time last year. The Exec panel for cases in September is yet to meet to review 8 cases, with some of those cases likely to be classified as unavoidable.

Complaints and concerns

The rate of complaints over the last twelve months has reduced, but we continue to need to improve the reply time performance. We continue to have a low number of Parliamentary Health Service Ombudsman investigations.

Friends and Family Test

We are reporting at a similar to nation al rate, with better than average recommended rates for inpatients. We continue to have poor response rates for A&E, but do have better than average recommended rates.

Sewa Singh, Medical Director
Moira Hardy, Acting Director of Nursing, Midwifery and Quality

Workforce Report

We have a vacancy rate in month 5 of 7.1% against a target of 5% (if medical and dental staff are excluded this figure reduces to 5.4%). When taking into account the use of temporary staff we are at establishment if we exclude medical and dental staff, although this does vary by staff group. Members will recall that the Board receives assurance on planned and actual nurse staffing levels. With regard to recruitment we have made a number of Consultant appointments and are awaiting their commencement with us. 33 newly qualified midwives have recently joined us with a 12 week induction period together with a number of newly qualified general nurses.

With regard to agency spend and usage we have started to see a reduction in some high spending areas such as Emergency Care. A weekly medical agency panel now meets led by the Medical Director. Discussions at those meetings have also led to reviews of rotas and which shifts are essential to be filled.

In month 5 sickness levels were 4.12% for the month and 4.08% cumulative for 2017/18. August has seen a rise in the number of episodes across the range of monitoring data. We continue to be in the middle of the pack when comparing ourselves to other acute Trusts across Yorkshire and Humber. The report provides a comparison between Care Groups and Directorates and includes a comparison of short and long term absences – the cumulative position being 1.28% short term and 2.9% for long term.

Appraisals unfortunately continue to be a struggle with the figures reducing to 54% in September across the Trust. This is very disappointing as a number of areas were expecting to be closer to target by the end of September. Discussions have been taking place with other Trusts to see what can be learnt from them – one is leading us to consider a 3 month appraisal season in order to avoid winter and summer holiday season.

SET training continues to see improvements. The HR Business Partners and Education leads are working with care Groups and Directorates to ensure that members of staff have the correct requirements against their post and to consider how we facilitate completion of SET training.

Executive Lead: K Barnard – Director of People and Organisational Development

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Chair and Non-executive Director Appraisals**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**Matthew Kane, Trust Board Secretary**		
Purpose			Tick one as appropriate
	Decision		
	Assurance		
	Information		X

Executive summary containing key messages and issues
In line with the requirements of the NHS Code of Corporate Governance, the Board of Governors agreed a process for evaluation of the chair and non-executive directors (NEDs) at their meeting in April 2017. These were undertaken throughout October 2017 using 360 degree feedback from executives and governors and, in the case of the Chair, other key stakeholders (executives, other staff, NEDs and ACS partners). The Chair undertook the performance evaluations of the NEDs, and the Senior Independent Director and Vice Chairman undertook the performance evaluation of the Chair. The attached appendix summarises the outcomes from that exercise.
Key questions posed by the report
• Are governors assured that the right areas have been covered during appraisals?
How this report contributes to the delivery of the strategic objectives
• Relates to all strategic objectives.
How this report impacts on current risks or highlights new risks
• The report highlights potential new Board level risks during the section headed 'What could be done differently?'

Recommendation(s) and next steps
The Board of Governors is asked to note the outcomes of the 2017 Chair's and NED appraisal exercise.

Appendix - Outcomes of 2017 Chair and Non-executive Director Performance Evaluation

Overall assessment of performance

Appraisers were asked to give an overall rating ranging from 'strong performance' (1) to 'poor performance' (4) of the people they appraised.

All NEDs were scored 'fully competent' (2). The Chair was given the top rating of 'strong performance' (1).

What has gone well?

The following elements were highlighted during appraisals as things that had gone well:

- Non-executive buddying with executives and input that had been provided into areas such as Qii and P&OD were appreciated by departments.

- Ward visits and the constructive feedback provided to ward managers and feedback to executives.

- Questions in Board that demonstrated the 'We Care' values.

- Non-executive involvement in the Turnaround process including executive challenge through the Financial Oversight Committee and involvement in the recruitment of the Director of Finance.

- Non-executive involvement in strategy development, in particular the overall strategic direction and ensuring a specific strategy on patient engagement and experience.

- The Chair and the new non-executives had developed positive relationships with executives whilst maintaining constructive challenge.

- Championing of patient experience and patient voice in addition to developing the focus on soft metrics and learning, not just hard performance measures.

- Greater emphasis on seeking assurance rather than presenting information including new report templates, and introduction of deep dives/risk interrogation into board committees.

- Involvement in operational committees, lunchtime lectures, timeouts and introducing a process for NEDs to influence audit scopes before the work is undertaken.

- Being at the forefront in shaping the new board committees and ensuring that they report back assurance to the Board of Directors.

- The Chair in particular had developed good strategic relationships at ACS, NHS Provider and governor level.

What could be done differently?

The following elements were highlighted during appraisals as areas for improvement:

- Visibility of NEDs amongst governors, particularly in giving assurance, and attendance at Board of Governors and Timeouts.

- Clarity around NED attendance at governor events.

- Support to the Fred and Ann Green Advisory Group which had been impacted by staffing changes.

- Making better linkages with DBTH values.

- Knowledge of the chief executive and corporate director roles (strategy and transformation, estates and facilities and information management and technology).

- There was a perception that issues were not always finding their way through to a solution and Trust communication with patients was still a cause for complaint.

- Getting the right balance between ensuring all questions are answered and keeping meetings to time. It was appreciated that relevant information was not always available at the moment a question was asked in a meeting.

- Non-finance NEDs to ensure they make a contribution to financial discussions at Board of Directors meetings.

Training and Development

The following areas were identified for general learning and development:

- How best to work together to be a successful and effective team.

- Importance of preferred styles.

- Governance and NED role in ACS.

- NHS regulators and structures.

How the Chair can provide further support?

The following areas for further support from the Chair were identified:

- Clarity around expectations regarding attendance of NEDs.

- Ensure enough time for debate to avoid risks arising from low scrutiny of topics.

- Raise the profile of NEDs with governors.
- Regular 1:1s and feedback on performance to all NEDs.

The Chair requested support from NEDs at governor events in presenting assurance.

Other notes

Linn Phipps would take on the strategic objective headed ‘Patients’ rather than ‘Prevention’.

At the end of each appraisal, all non-executive directors re-confirmed that they complied with Fit and Proper Person regulations.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Governor effectiveness review 2017**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**Matthew Kane, Trust Board Secretary**		

Purpose		Tick one as appropriate
	Decision	x
	Assurance	
	Information	

Executive summary containing key messages and issues

This report presents the final report of the effectiveness review which was commissioned in January 2017 on behalf of the governors. It brings together the governors' own survey feedback, feedback from chairs, NEDs and governors from other trusts and sector best practice.

The initial recommendations were refined at a workshop, independently facilitated, on 12 September. Although Governors were notified of the workshop on 11 August not everybody could make it, as with all our governor events, but the workshop was able to undertake the planned programme and undertake important discussions. The conclusions and recommendations are reflected in the final report.

Amongst the 12 recommendations are a number of proposals which we hope will enhance the experience of governors including:

- A guide to jargon and acronyms and plain English guide for people coming to present to governors
- A postcard explaining the role of governors which can be given out to members and patients
- A review of the election materials we send to prospective governors

Other recommendations, such as the increase in capacity within the corporate secretariat, have already taken place so that governors get their paperwork and minutes in a more timely way.

We have also listened to new governors who have requested investment in a more structured induction session. This is being planned together with training for those governors specifically tasked with appointment and remuneration of NEDs. It will be facilitated externally by NHS Providers, again to ensure we are bringing sector best practice to the Trust.

Further details will follow but we hope all governors will be able to attend as we recognise that the best learning environments are where new and existing governors learn together.

There are some recommendations in the report which were reached after healthy and thorough discussions. Both Health and Care committees have had chance to consider a proposal to consider how their committees fit into the existing forums for communicating with governors and the conclusions are set out in the report. In reaching conclusions the committees considered:

- The existing mechanisms for governor information flow and escalation
- The need to minimise duplication in consideration of the same issues in different fora
- Avoiding taking a fragmented approach across the Trust's business
- Ensuring issues are brought to the attention of the maximum number of governors as possible
- Staff and NED time/resources
- The 'value added' by the committee structure, how it makes a difference and how assurance is reported to the Board of Governors

Another recommendation which was considered in the workshop was in relation to the proposal to introduce a maximum number of terms that governors may serve. This proposal arose from governors during their survey and a firm recommendation was made during the workshop to introduce a limit of three terms of three years (known as the 3 x 3 approach).

Although there is no statutory requirement to apply a limit the workshop concluded that the 3x3 proposal ensured an appropriate balance between a planned and incremental refresh of the Board of Governors and retaining a suitable degree of experience. It was considered that it was also in keeping with national good governance principles which allow non-executive directors to serve for a maximum of 3 x 3 in order to preserve their independence. In addition having a limit is recognised best practice with 90% of trusts now applying one. Post the workshop it was confirmed that this proposal would not impact on the existing terms of governors as the law is clear that a governors' term is three years.

Key questions posed by the report

N/A

How this report contributes to the delivery of the strategic objectives

Not applicable, although there is a requirement under the NHS FT Code of Corporate Governance to undertake a review of governor effectiveness on a regular basis.

How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
Governors are asked to APPROVE the recommendations on page 17/18 of the attached report.

DONCASTER & BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Review of Governor Effectiveness

2017

Contents

Background

This review has been undertaken in accordance with section B.6.5 of the *NHS Foundation Trust Code of Corporate Governance* which states:

Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:

- *holding the non-executive directors individually and collectively to account for the performance of the board of directors.*

- *communicating with their member constituencies and the public and transmitting their views to the board of directors; and*

- *contributing to the development of forward plans of NHS foundation trusts.*

The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.

Methodology

The review's scope was agreed by the Board of Governors in April 2017. It broadly consisted of the following elements:

- A survey of governors undertaken between 7 and 22 June, the cut-off date being the last day before newly elected governors took their positions. A total of 18 responses were received from a maximum of 31 governors (58%), which was slightly better than the two previous surveys (see table below). There were four vacancies at the time of the survey.

Governor type	2017 Response Count	2016 Response Count	2014 Response Count
Partner	2	3	1
Public -Rest of England & Wales	1	1	1
Public - Bassetlaw	2	3	4
Public - Doncaster	11	8	6
Staff	2	1	2
TOTAL	18	16	14

- A separate survey of key stakeholders (including Execs, NEDs) undertaken over the same time period which yielded five responses out of a possible 16 (31.25%). Given the small numbers, little weight has been given to the quantitative aspect of these responses. However, mention has been made in the report of the qualitative comments where appropriate.

- Observations of governor committees by non-executives and governors from neighbouring trusts. We are grateful to Annette Laban (Sheffield Teaching Hospitals NHS Foundation Trust), Linda Challis, Alan Craw, Glenis Bartle and Margaret Rotchell (Chesterfield NHS Foundation Trust), Sarah Jones (Sheffield Children's Hospital NHS Foundation Trust) and Simon Stone (Mid Yorkshire NHS Trust) for giving up their time to take part in this review.

- The initial recommendations (Appendix A) were presented to Governors in July 2017 and then refined during a governor effectiveness workshop externally facilitated by the Assistant Chief Executive and Trust Secretary of Sheffield Teaching Hospitals on 12 September 2017.

The following pages set out the findings from the review. Where questions have been asked in previous years (similar surveys were carried out in 2016 and 2014) comparison data is provided.

Findings - The Governor Role

- 88.9% said they understood the role of the foundation trust governor and 87.8% said they understood the role of the Board of Directors. This was roughly the same as in 2016 and 2014. Slightly fewer governors said they understood the Chair and NEDs roles but this was still comparatively high (85.6%).

- Four in five governors said the training and development provided was sufficient to enable them to be effective in their role which was a slight increase on 2016's figure of 78.8%.

- 78.9% of governors said the Trust provided them with the right information to enable them to be effective in their role which was a slight increase on 2016 but still behind 2014's figure when 87.1% gave a positive response.

- A sizeable number of governors (78.9%) felt their workload had increased over the last year.

Selected governor comments from this section

"I believe the work of a Governor far exceeds what new candidates probably expect. The rewards however are tangible. Financially robust following the historic difficulties. New CEO, Chair and Finance Director to lead the Trust. Teaching Status, a flagship on the road to continued improvement."

"The work has increased particularly with the monthly briefings: however, these are a welcome addition and very beneficial."

"Still concerns regarding receiving BoD minutes. BoG not holding NEDs to account sufficiently. BoG meeting in danger of becoming too simplistic in style partially due to governors requests."

The last comment above raises a key point about the governors' role in holding to account. The 2013 guidance *NHS foundation trust governors: your legal obligations* provides a number of examples of how governors exercise this key duty. DBTH governors generally do the things suggested with the exception of questioning non-executives at governors meetings. Although governors do ask questions on the matters before them at Board of Governors meetings these are by and large to executives. Whilst it is accepted that executives will have the familiarity and knowledge to answer most technical questions, governors could perhaps ask non-executives more questions around how assured they are that correct processes are in place. Other opportunities for this sort of holding to account could be provided through, for example, informal meetings between governors and NEDs.

However, during the governor effectiveness workshop, governors felt there was no need for more meetings and that better use should be made of the existing mechanisms of bringing themselves and NEDs together, with a preference to do as much as possible through the full Board of Governors' meetings.

We also asked governors what they thought had gone well, what they enjoyed and what they had found difficult. Amongst the issues that governors found difficult, NHS acronyms and jargon were mentioned a number of times. Given the number of new governors that have taken their places since this survey was launched, there is an even more pressing need to ensure that they find the business of the Trust accessible.

This issue was discussed during the workshop. Among the ideas governors put forward for ensuring better accessibility were:

- Guidance to staff on how to write a board paper.
- A list of local acronyms which was regularly updated and included at the end of the board pack.
- Holding a 'perfect week' of no jargon.
- Ensuring documents were accessible to people with colour blindness.

Recommendations:

1. **A plain English governors' guide to NHS jargon and acronyms be formulated and developed through the Communications, Engagement and Membership Committee.**

2. **A briefing be prepared for everyone who presents to governors encouraging them to use Plain English and avoid acronyms and jargon.**

Working with Members

- Only 62.2% felt that there were adequate opportunities to meet and engage with members, down from 65% in 2016 and 2014. There was a perception however that governors looked to staff to find a solution to this issue (see comments below).

- Governors broadly felt that they were supportive of the aims and objectives of the Trust (88.9%) and that they were clear on the priorities for patients and service users (86.7%). Four in five felt confident that they could represent or were representing the needs of the public.

- Only 11% of respondents said members raised issues with them on a regular basis.

Selected governor comments from this section

"Governors should be more proactive in making themselves available to members, eg as I have done through setting up an open surgery at Bassetlaw Hospital - not rely on staff to do it all for them."

"Still worried re Bassetlaw and public perceptions. Despite tremendous efforts we still have to continue to counter misinformation on a regular basis."

Member Communications

- Support for the Foundations for Health member magazine rose almost 12% since last year to 90.6% but, as in previous years, only three quarters felt the member information on the website was good.

- Almost all governors commended the new evening governor briefings (96%) and satisfaction with member events saw an 8% improvement on last year. There was also an 8% increase on the value of the Annual Members' Meeting as a tool for member communications (now 78%).

- When asked how member engagement could be improved, respondents wanted to see something similar to what Bassetlaw governors do each year replicated at DRI (see comments below).

Selected governor comments from this section

"More meet the governor events - Perhaps events where governors spend a day at the front entrance."

"I think you can make your own opportunities to engage with members - but I would like a similar 'how was your experience today' stand at DRI as the one which I understand operates in Bassetlaw. This of course would not cover members exclusively, but anyone attending the hospital."

"Knowledge of what community groups there are that governors could attend. Governors should know what is available in their area and could make their own arrangements to attend (coffee mornings, tenants/residents association meetings, Soroptimists, etc, etc) but good to know that staff can back them up with the necessary materials."

These matters were considered at length during the governor effectiveness workshop. It was felt that there was a lack of clarity over the governor role, both amongst the public and new governors. Some of the confusion was structural but the Trust had a responsibility to make the role as understandable as possible.

It was felt that the nomination pack for governor elections should be reviewed to give potential candidates the best possibility of understanding the expectations required of them. The need for structured induction was also discussed.

In addition, it was felt that a postcard setting out in plain English what the role of a governor was would be more helpful than a more detailed pack of information. This could be handed out to members, patients and the public during member engagement events such as the one currently held in Bassetlaw.

The idea of giving governors 'a brand' i.e. "your voice on the Hospital Trust" was explored and the outcomes that governors have delivered should be sold through a 'you said, we did' column in Foundations for Health.

Recommendations:

3. **Consult with governors over the content of the members' pages of the Trust's new website.**

4. **A 'postcard' be developed setting out the role of governors which can be handed out to members, patients and the public at member engagement events.**

5. **The nomination pack for governor elections be reviewed to ensure clarity around expectations of new governors.**

Involvement and Influence

- The number of governors who felt there were sufficient opportunities for them to work, and have informal discussions, with the Board of Directors dropped by over 7% to 61.1% since last year.

- However, there was a 10% increase in the number of governors who felt their views made a difference to the forward plans of the Trust and a similar increase in the number of governors who felt they were receiving the right amount of information to enable them to hold the Board of Directors to account.

- Governors welcomed the level of involvement they had in executive appointments (85.6%, up almost 8% since 2016) and generally felt they were viewed as an asset to the Trust (84.4%). There was some divergence of view on the need for greater diversity on the Board (see comments below).

Selected governor comments from this section

"Diversity should never be allowed to be given priority over ensuring the best applicant at interview is appointed. Application criteria whilst seeking to widen diversity cannot dilute the requirements of the post being filled."

"More work on diversity is required for both the board of governors and board of directors (for future NED appointments) particularly around ethnicity."

In addition, we asked governors where they felt they added the most value, what could be done to make their role better and challenged them to think about how they could make a bigger contribution.

In the stakeholder survey of directors, there was a feeling that the governor role had developed and been enhanced in 2017 and that governors' greatest value was acting as a bridge between patients and the Trust. It was felt that governors often gave the patient's perspective of Trust services.

Among those areas identified to make governors' role better was improved communication between governors and the Board of Directors although it was acknowledged that this had improved and that the Chair was introducing a number of new initiatives that needed time to bed down.

In respect of a question about what governors could do to make a bigger contribution, at least four said they wanted to attend more meetings.

Governance

- Four-fifths of respondents felt DBTH had an appropriate number of governors for a trust its size. A comparison with a demographically similar group of trusts revealed the following:

Trust	No of governors
Bradford Teaching Hospitals NHS FT	16
Calderdale and Huddersfield NHS FT	28
Derby Teaching Hospitals NHS FT	31
Doncaster and Bassetlaw Teaching Hospitals NHS FT	**35**
County Durham and Darlington NHS FT	39
North Tees and Hartlepool NHS FT	31
North Lincolnshire and Goole NHS FT	23
York Teaching Hospitals NHS FT	26

- 77.8% of governors felt the Board of Governors' sub-committees added value but there was a reduction in the number of respondents who felt that there was effective interaction between the Board of Governors and the governor sub-committees. This dropped from 82.9% in 2014 to 78.8% last year to 73.3% in 2017.

- There was an equally sharp dip in the number of governors who felt they were briefed about emerging issues in a timely manner. This stood at 87.1% in 2014, reduced to 80% in 2016 and now stood at 75.6%. Some of the comments below potentially shine a light on why this might be the case.

Selected governor comments from this section:

"I think the interaction between [governor] sub-committees and the board of governors could be better. I think this may either need … proactive engagement from the governors on the committees or a brief overview from the committee attendees at a time out (avoiding the burden of further work). Committee attendees previously read out a report at the board of governors meetings but I believe this environment was too formal to be useful not promoting any discussion/questions. Governors are usually informed of emerging issues in a timely manner but not always provided with enough of the information, recent example: Bassetlaw paediatrics to Doncaster issue."

"Feel governors must be briefed in a more timely way. Doing ward visits at BH this week, I heard that C1 has closed - governors have not been informed." [Clarification: Ward C1 had not closed but eight beds had been closed as part of the summer bed reductions.]

"Personally, I think there are too many governors at the trust, some of whom appear only to attend the main governor meeting and no more. The number makes it a little unwieldy to get any cohesive decision making. This does not, of course apply to the sub-committees - but their powers are limited."

Governor committees

The Governors' committee structure comprises:

- Agenda Planning Committee which plans the agenda for Board of Governors meetings and informally considers other constitutional matters affecting the governors.

- Appointments and Remuneration Committee which has responsibility for shortlisting, interviewing and deciding the remuneration and appraisal process for non-executives.

- Communications, Engagement and Membership Committee which deals with governors' communications and its wider engagement with members.

- Health and Care of Adults Committee which monitors the Trust's approach to adult services and forward planning of adult services, performance against CQC standards and provides views back to the Board regarding proposed strategic plans relating to adult services.

- Health and Care of Young People which provides a similar function as Health and Care of Adults but in respect of young people's services.

Appointments and Remuneration Committee is the only governor committee the Trust is required to operate. The rest are optional. As the table below shows, most neighbouring trusts do not have a governor committee structure which is as extensive as DBTH.

Trust	***Do you have governor committees beyond Appointments and Remuneration Committee?***
Barnsley	Yes, one committee (Funding and Finance Committee) but it has not met recently
Chesterfield	Yes, two committees – Outreach (deals with Membership and currently under review) and Patient and Public Involvement
RDASH	No
Rotherham	No
Sheffield Children's	No. There are plans to re-establish a Communications Group and a task and finish group to review the Trust Constitution
Sheffield Health & Social Care	No. Did have a Performance Overview Group, but this is under review
Sheffield Teaching	No

The Chair attends both Agenda Planning and Appointments and Remuneration Committees but there is currently no non-executive involvement in the other meetings.

Observers from four local trusts attended meetings of the Communications, Engagement and Membership, Health and Care of Adults and Health and Care of Young People Committees in June and July 2017. They were then invited to submit feedback to the Trust Board Secretary.

The following points were noted by observers after their attendance at these meetings:

- Chairing was generally considered to be good although it could be improved by chairs summarising actions and due dates after each topic. Staff contribution to the committees was commended, particularly that of the Communications Team.

- It was clear that governors were acting in the interests of the Trust although it was sometimes hard to split personal views from wider member views.

- The committees were impacted by a low governor attendance. Two of the three committees were only just quorate with three governors in attendance. This may have been a result of the changeover following the governor elections and the timing of meetings.

- Observers commented that committees' focus tended to drift at times and this would be helped by having clearer and more focussed papers. One observer challenged the committee to ask itself the question: "has this made a difference"?

- There was uncertainty as to how the committee reported back assurance to the Board of Governors. At the Health and Care of Adults meeting, a key item was considered around ambulance handover in ED. It was unclear how the wider Board of Governors received assurance on these matters.

- There was a need for stronger ownership of committees at executive and particularly NED level. At least three observers found it surprising there was no non-executive presence at the committees. Not only would NED involvement give assurance to governors, governor committees could provide an important mechanism through which NEDs could be held to account and feed issues of concern back up to Board level.

- In one committee, discussion was dominated by the chair although this may have been to compensate for the lack of engagement by other governors. Observers also felt this particular meeting lacked purpose. It should be noted that a late change to the agenda led to some items going on at late notice and being more of an update than a facilitated presentation.

Health and Care committees

The purpose of the two Health and Care committees covering adults and young people is to provide assurance back to the Board of Governors. It was not clear to our observers how this was achieved. One way would be through a report to Board of Governors although it is understood that this was done previously and did not work particularly well in the context of a formal meeting.

The value of the two Health and Care governor committees also has to be weighed in the context of the other demands on governors' time, particularly the Board of Governors meetings, timeouts and evening briefings that are now taking place and the current attendance figures at the Health and Care committees which are poor.

While the Health and Care committees attract good speakers - indeed, one observer said that Dr Cutler's presentation at Health and Care of Adults on sepsis management was the best presentation she had seen given by a clinician - these are being shared amongst only a handful of governors (three, in the case of the example given). This is not really an effective use of the Trust's resources or governors' time.

To ensure that these presentations are heard in a wider forum, without the need for presenters to give them twice, one proposal would be to bring the work of the Health and Care committees into the existing Board of Governors' meetings, giving an even broader range of governors the opportunity to hear about some of the work taking place across the Trust.

Governors would still have a range of opportunities to input into clinical matters, as there are governor representatives on the Quality and Effectiveness, Clinical Governance and Patient Experience and Engagement Committees as well as on a number of other groups (End of Life Strategy Group, Bone Health Group, etc).

There was a lengthy debate about the options at the effectiveness review workshop and an admission by the chair of one of the committees that the current arrangements did not add value. Some governors supported the move to disestablish both committees, having regard to the extensive nature of the Trust's committee structure when compared with other trusts across the patch.

An alternative was discussed whereby the number of governor observers on the Board of Directors' Quality and Effectiveness Committee be expanded. The governors involved would then meet after QEC to discuss the agenda and the matters upon which they could provide assurance to the Board of Governors.

It was agreed, however, for the chairs to discuss the matter in their own committees first to consider the costs and benefits of the current structure and how, if the two committees were to disband, the key aspects of their work could be incorporated into existing mechanisms.

The Health and Care of Adults Committee considered the matter at their meeting on 10 October and a range of viewpoints were considered, principally around:

- NEDs attending these committees to enable governors to get assurance
- The need to involve more governors in the business of the committee
- Cost of meetings
- Holding NEDs to account

Details of the full discussion are attached at Appendix B. The Committee agreed that their work could be subsumed into existing governor structures such as the formal Governors' meetings, timeouts and briefings.

A similar discussion was also held at Health and Care of Young People on 17 October. Although a firm recommendation was not made, it was felt that, without the Committee, governors would not be adequately sighted on issues relating to children and young people's services. Details of the discussion are given in Appendix C.

Recommendations:

6. **Align a non-executive to any governor committees where the Chair does not already attend.**

7. **The Health and Care of Adults Committee be disestablished and its work subsumed into existing governor structures.**

8. **Board of Governors decide whether the Health and Care of Young People should a) continue as it is currently, or b) be disestablished and its work subsumed into existing governor structures.**

Finally, we asked governors for their views on how they could make a greater contribution to the governance of the Trust. A number believed that a dedicated training programme would be a good idea (though note the previous answer where 80% felt the training and development provided by the Trust was sufficient to enable them to be effective in their role). In the stakeholder survey, directors also felt that greater exposure and understanding of care delivery and some more training to increase effectiveness would help governors.

Recommendation: 9. Explore the possibility of a more formalised governor training programme involving occasional outside speakers.

The Chair

- Scores in respect of the Chair were commensurate with previous years. Whilst acknowledging that the Chair was still new into her role, there were a number of positive comments (see below). There was one comment about the Trust appearing 'less open' due to concerns regarding Bassetlaw's services.

Selected governor comments from this section

"A good appointment."

"The chair is new however seems very good and pro-active."

"I have only met her on one occasion and was impressed with how issues were handled."

Governor Support

- All questions in this section saw increases in satisfaction. In particular, the overall support provided by the Trust Board Secretary's Office saw an almost 5% increase to 92.2% since last year and the timeliness and quality of the information governors received from the Office saw a 6% increase (to 88.9%). There was however still an acknowledgement of the shortage of staff within the team.

It was recognised within the effectiveness review workshop that matters were already in hand to enhance support to governors.

Recommendation: 10. Address the ongoing staffing issue within the Secretariat as soon as possible to ensure support to governors is maintained.

Overall Effectiveness

- Governors rated their own effectiveness at 81.1% which was very similar to previous years. Ideas for improving the effectiveness of governors included:

  - Capping the governor term at six years;
  - Reducing the number of governors;
  - Monitoring attendance at meetings.

- This final suggestion had already been identified as an issue for improvement by the Agenda Planning Committee. In the stakeholder survey, directors also suggested formally recording the involvement of governors in Trust events, training and business.

During the effectiveness workshop, governors were presented with the guidance on governor terms which is attached at Appendix D of this report.

Although there is no statutory requirement to apply a limit on the number of terms a governor can serve, the workshop concluded that a limit of three terms of three years (known as the 3 x 3 approach) ensured an appropriate balance between a planned and incremental refresh of the Board of Governors and retaining a suitable degree of experience. It was considered that this was also in keeping with national good governance principles which allowed non-executive directors to serve for a maximum of 3 x 3 in order to preserve their independence. Finally, it is recognised best practice with 90% of trusts now having some form of limit (see recent NHS Providers survey attached at Appendix E). Following the workshop it was confirmed that this proposal would not impact on the existing terms of governors as the law is clear that a governors' term is three years.

In relation to attendance, it was acknowledged that the 21st century Trust placed a number of demands on governors for their time but that the key meetings were the Annual Members' Meeting, Board of Governors' meetings and Board of Governors' Timeouts. Attendance would be monitored by the Vice Chairman on this basis and rules applied where governors did not attend or give reasonable excuse.

Recommendations:

11. **An amendment be made to the Trust Constitution limiting the number of terms for DBTH governors to three terms of three years.**

12. **Expectations around governor attendance be clarified with emphasis on attendance at the Annual Members' Meeting, Board of Governors' meetings and Board of Governors Timeouts.**

Final recommendations

No.	Current practice	Final recommendations
1	Any guidance on jargon and acronyms is offered from existing national resources, not tailored to the Trust.	**A plain English governors' guide to NHS jargon and acronyms be formulated and developed through the Communications, Engagement and Membership Committee.** (Action: Trust Board Secretary with Head of Communications)
2	Presenters not briefed on how to present to governors.	**A briefing be prepared for everyone who presents to governors encouraging them to use Plain English and avoid acronyms and jargon.** (Action: Trust Board Secretary with Head of Communications)
3	Only consultation to date on website has been through the Communications, Engagement and Membership Committee.	**Consult with governors over the content of the members' pages of the Trust's new website.** (Action: Trust Board Secretary with Head of Communications)
4	Governor engagement with members and patients is usually through Foundations for Health, ward visits and the Annual Members' Meeting.	**A 'postcard' be developed setting out the role of governors which can be handed out to members, patients and the public at member engagement events.** (Action: Trust Board Secretary with Head of Communications)
5	Current nomination pack for governors has been criticised as not being as accessible as it could be.	**The nomination pack for governor elections be reviewed to ensure clarity around expectations of new governors.** (Action: Chair with Trust Board Secretary)
6	The only non-executive director who attends governor committees is the Chair who attends Agenda Planning and Appointments and Remuneration.	**Align a non-executive to any governor committees where the Chair does not already attend.** (Action: Chair with Trust Board Secretary)
7	Current governor committee structure includes: • Agenda Planning • Appointments and Remuneration • Communications, Engagement and Membership • Health and Care of Adults • Health and Care of Young People	**The Health and Care of Adults Committee be disestablished and its work subsumed into existing governor structures.**

	DBTH is the only trust in the ACS that has this sort of governor committee structure.	
8	As recommendation 8.	**Board of Governors decide whether the Health and Care of Young People should a) continue as it is currently, or b) be disestablished and its work subsumed into existing governor structures.**
9	No formal training programme in place for governors, although Timeouts and Briefings are regularly timetabled.	**Explore the possibility of a more formalised governor training programme involving occasional outside speakers.** (Action: Chair with Trust Board Secretary)
10	Agendas for governor committees often sent late and minutes take time to come through.	**Address the ongoing staffing issue within the Secretariat as soon as possible to ensure support to governors is maintained.** (Action: Trust Board Secretary - complete)
11	No limit on governor terms.	**An amendment be made to the Trust Constitution limiting the number of terms for DBTH governors to three terms of three years.** (Action: Trust Board Secretary)
12	Rules in place regarding attendance but not always actively monitored. Lack of clarity amongst governors about attendance expectations.	**Expectations around governor attendance be clarified with emphasis on attendance at the Annual Members' Meeting, Board of Governors' meetings and Board of Governors Timeouts.** (Action: Vice Chairman with Trust Board Secretary)

Appendix A

Initial recommendations

1. Explore the possibility of holding informal meetings between NEDs and governors twice per year to provide a further opportunity for holding to account.

2. All governors be provided with a Plain English guide to NHS jargon and acronyms.

3. A briefing be prepared for everyone who presents to governors encouraging them to use Plain English and avoid acronyms and jargon.

4. Consult with governors over the content of the members' pages of the Trust's new website.

5. A 'community pack' be developed for governors to use in communities setting out information about the Trust, the role of governors and how members can give their views.

6. Further work be undertaken with the Chair and Chief Executive to explore how the Trust can achieve better discussions between governors and the Board of Directors.

7. Align a non-executive to any governor committees where the Chair does not already attend.

8. Agree to moving the work of the two Health and Care governors committees into the established Board of Governors' meeting to facilitate wider engagement on these issues.

9. Explore the possibility of a more formalised governor training programme involving occasional outside speakers.

10. Address the ongoing staffing issue within the Secretariat as soon as possible to ensure support to governors is maintained.

11. Explore the issues with respect to governor terms and numbers of governors at a future governor session.

12. Agree with governors a schedule of what good attendance looks like (and which meetings it includes) and actively monitor and share this amongst governors to promote attendance.

Appendix B – Extract from Health and Care of Adults Committee, 10 October 2017

Future of the Committee

17/10/1 Context

The matter of the future of the HCA Committee had been considered as part of the 'Governor Effectiveness Review' and had previously been discussed by governors at a workshop on 12th September 2017 where it had been agreed to defer the matter to the committees in question for further discussion.

The committee discussed the matter at length and raised several key points, recommendations and concerns under the following headings:

17/10/2 NEDs to attend the HCA Committee

Concern was raised that there was currently no formal mechanism for the committee to escalate concerns or seek assurance from NEDs on matters specifically relating to the business of the committee, and therefore the committee was not adding value. It was felt that NED attendance at the committee could address this.

However, the committee noted that this would be a further time commitment for NEDs many of whom were already contributing significant time to Trust activities. Board was now a whole day activity as it included a monthly cycle of activities including development sessions, strategy development, briefings and training as well as other committees. NEDs chaired and formed the membership of a number of committees and were also required to attend Board of Governors meetings and governor timeouts all of which provided existing platforms for seeking assurance and asking questions in front of a wider audience of governors.

Because NEDs had different areas of focus it may be that more than one NED would be needed to attend, or different NEDs would need to attend for each meeting. The Committee agreed that this would not be practicable.

17/10/3 Including more governors in the business of the committee

The HCA served the governors on those committees very well in terms of keeping them up to date on a range of issues and providing opportunities to ask questions. However, the Trust needed to consider how to create opportunities to include all governors without duplicating the process. It was clear that there was appetite from a lot of governors to be involved in discussions about plans for adult and young people's services, evidenced by the involvement of a number of governors in the strategic direction

planning.

In the case of the 'Readiness for CQC' update provided by Rick Dickinson at this meeting, Matthew Kane suggested that this could have been done as part of a governor briefing or Timeout with all NEDs in attendance and this would provide all governors with better engagement opportunities to both be updated and seek assurance on an item that was crucial to the Trust and patients. HB and BM agreed that some topics would be better discussed with a wider audience of governors noting that there had been low attendance at previous meetings of this committee.

If the Health and Care of Adults Committee were to be disestablished it was suggested that governor briefings be developed further to ensure wider governor engagement and better mechanisms for escalating concerns / holding NEDs to account. One suggestion was that a governor briefing could be split into a corporate half and a clinical half. This would be one way the work of the Health and Care committees could continue to be covered.

17/10/4 Cost of meetings

Sub-committee meetings represented a cost pressure to the Trust in terms of administration support, attendance of senior staff and time spent by those staff preparing presentations / papers / briefings. The committee needed to demonstrate that it added value to the Trust and that it had also given consideration to cost, as this had been one of the considerations of the 'Governor Effectiveness Review'. One way of doing this would be to incorporate the work of the committee into existing governance structures and to avoid the duplication of work.

Governors on the committee noted that the organisation had been through a period of financial difficulty and it was only right for governors to "set the tone from the top" of the organisation and review their current structure when the rest of the organisation had also made efficiencies.

Broadly the committee agreed and resolved that it would be preferable if the work of the HCA committee could be incorporated into an existing process such as governor briefings.

17/10/5 Holding NEDs to account

There was a culture of governors holding the executives rather than the NEDs to account at BoG meetings; this needed to be considered as part of governor development in terms of asking questions for assurance so that NEDs could answer.

Concern was raised by Mike Addenbrooke that attendance at governor

briefings had also been low on some occasions and he questioned whether BoG meetings were the right setting for holding NEDs to account.

Matthew Kane gave assurance that the Chair of the Board was committed to ensuring that more NEDs attended BoG meetings and governor briefings to provide assurance on their areas of work and he gave recent examples of this. Neil Rhodes was to attend the next BoG to provide assurance on the Sodexo contract and Linn Phipps had presented at the most recent Timeout about the work she has been doing on patient experience. The Chair of the Board was working on more ways for governors to hold NEDs to account via existing mechanisms and this was being discussed at NED appraisals.

Following further discussion the Chair of the committee commented that if the committee were to continue it needed to demonstrate measureable outcomes that showed benefit and added value. He had envisaged the Health and Care of Adults Committee working in the way parliamentary committees do, with deep dives into issues and asking for assurance from NEDs.

He acknowledged that this could be done through the BoG meetings, timeouts and briefings however he raised concerns that with such a potentially large group, governors would need to have read all the information and prepared the right questions. The Trust may also need to consider this as part of the agenda planning process and information must be circulated in good time for the meeting/presentation.

He felt deep dives would be better carried out with a smaller group where typically there were better levels of pointed questioning. It was also crucial to have a presenter from the right level of the organisation so that clarification could be provided if questions were raised.

Hazel Brand commented that there had been no lack of pointed questioning at the recent governor briefing. Matthew Kane advised that deep dives were undertaken at QEC, in which the Chair was a governor observer. It was his role, on the QEC, to ask for assurance and escalate as appropriate. Other committees – such as WEC, PEEC and CGC – had governors on them and played a similar role in obtaining assurance at a more operational level and feeding that up through to QEC or Agenda Planning Committee, if necessary.

Both of these committees had direct lines to the Board of Directors and Board of Governors.

17/10/6 Summing Up

After further in depth discussion it was resolved that the business of the

Health and Care of Adults Committee should be subsumed into existing governor mechanisms, subject to:

- NED attendance at briefings
- The agenda process being developed to include matters that would have been taken by the HCA sub-committee
- Information being provided in good time prior to the meeting
- Governors having the opportunity to develop questions prior to as well as during the meeting
- The appropriate staff presented the briefings
- The briefing having a corporate and clinical element

The Committee also wanted to expand the relationship of NEDs and governors in terms of providing assurance and holding to account.

Appendix C – Extract from Health and Care of Young People Committee – 17 October 2017

Future of Committee

17/10/1 The matter of the future of the HCYP & HCA Committees had been considered as part of the 'Governor Effectiveness Review' and had previously been discussed by governors at a workshop on 12th September 2017 where it had been agreed to defer the matter to the committees in question for further discussion. The matter had been discussed by the Health Care of Adults (HCA) Committee the previous week and that Committee, after in depth discussion, had resolved that the business of the HCA Committee should be subsumed into existing governor mechanisms, subject to a number of recommendations.

17/10/2 The Committee noted the report detailing the full discussion from the HCA on the matter which had been circulated outside of the meeting. The Committee discussed the matter at great length and raised several key points.

17/10/3 The Committee considered the report from the HCA but believed that its work could not be adequately carried out through existing mechanisms or in a different way. The Committee felt that the work of the HCYP differed from that of the HCA primarily in the sense that as adults, most Governors had personal experience of adult services in the Trust to which they could relate however, that could not be said of children's services other than for those governors who had young children and they were a minority of governors. Because of this the Committee felt the role of the HCYP committee, particularly its regular programme of ward and play area visits, was crucial in shining a light on issues that would otherwise not come to the attention of Governors.

17/10/4 The Committee felt that the grass roots level engagement of its members with paediatric services also served to support staff and improve staff morale; staff had often commented that they appreciated the interest and support of governors on the committee.

17/10/5 As well as looking at areas within paediatric services the Committee also regularly considered the patient journey of children to areas outside of paediatrics which they may attend, for example orthodontics. Through this work the committee had in the past identified issues in several areas of the Trust where inadequate or no facilities had been provided to distract children; play areas etc. and the Committee raised concern that in the absence of this focused work these kinds of issues would be missed.

17/10/6 Matthew Kane acknowledged the value of the Committee. However, he suggested that ward visits could be arranged at any time through the Trust Board Office and he gave examples of recent governor ward visits the Trust

Board Office had arranged. With regard to raising any concerns that might come about as a result of visits, or for any other reason, he pointed out that there were multiple existing mechanisms for governors to seek assurance from NEDs or raise concerns including the Quality & Effectiveness Committee (two governor observers); Finance & Performance Committee (one governor observer), the Patient Experience Committee (two governor observers) the Workforce and Education Committee (one governor observer), Strategic Safeguarding People Board (two governor observers), Patient Safety Review Group (one Governor Observer) Governor Timeouts, Governor Briefings and Agenda Planning Meetings. Ultimately if issues remained unresolved in those forums governors could raise them through formal Board of Directors and Board of Governors meetings.

17/10/7 Furthermore, he advised that whilst governors on the HCYP were served well in terms of keeping them up to date on a range of issues and providing opportunities to ask questions the Trust needed to consider how to broaden those engagement opportunities to include all governors without duplicating the process. It was clear that there was appetite from a lot of governors to be involved in discussions about plans for adult and young people's services, evidenced by the involvement of a number of governors in the strategic direction planning.

17/10/8 In the case of the updates provided by Andrea Bliss at Bassetlaw Hospital, Matthew Kane suggested that this would have been of great interest to a number of governors, particularly Public Governors for Bassetlaw and this could have been done as part of a governor briefing or timeout providing all governors with the opportunity to both be updated and seek assurance on an item that was a high priority for the Trust, patients and people of Bassetlaw.

17/10/9 The Trust had been working for some time to broaden engagement of governors and to increase awareness. Over the last year opportunities for governor engagement had been expanded through Governor Briefings, a new Charitable Funds Committee and the Freedom to Speak Up process. Matthew Kane commented that in considering the future of the HCYP the Trust was in no way about looking to take engagement opportunities away from Governors, it was about looking at whether the work of the committee could be taken through these new and existing mechanisms that would broaden engagement and reduce duplication.

17/10/10 In summing up the Chair expressed further concern about whether the work of the HCYP Committee could be subsumed in to existing mechanisms. She felt that only the HCYP Committee could provide the right level of focussed deep dive and identification of issues. She felt that during the period of financial difficulty faced by the Trust there had been a shift in focus of governors towards financial and strategic issues and away from grass roots issues and, for this reason, she felt it was important for the committee to

continue its work to support young people's and maternity services.

17/10/11 The Committee felt that due to the significant pressures on adult services in the Trust, children's services did not receive the same level of discussion at other meetings and that governor involvement through the HCYP Committee was the only means by which to bring matters to the attention of governors. However the Committee did acknowledge some of these issues could be addressed if wards in all areas, including paediatrics, had one or more governor sponsor and Matthew Kane advised that this was something the Trust could easily take forward.

The Future of the HCYP Committee was DISCUSSED and NOTED.

Appendix D

Monitor guidance on governor terms of office

There is no reference in legislation to a maximum number of years that a governor may serve on a council of governors but many trusts choose to impose a limit and, if so, this will be set out in the trust's constitution.

There is a legislative maximum for each term of office: the 2006 Act states that elected governors (ie, public, patient and staff governors) may hold office for a period of up to three years. A governor is eligible to stand for re-election at the end of this period, after which they may be re-elected for further terms of up to three years, providing they remain eligible. Governor terms may also be for less than the maximum three years.

There is no statutory rule as to the total number of years that a governor may serve, although some trusts may self-impose a maximum limit such as the "9 year rule" (also known as the "3x3 method") whereby governors may be elected to serve a maximum of three terms of office, each of three years.

Governors should check the terms of office set out in the trust's constitution, and directors and governors should consider the advantages, and disadvantages, of having governors serving, subject to re-election at three-year term intervals, for a long period of time.

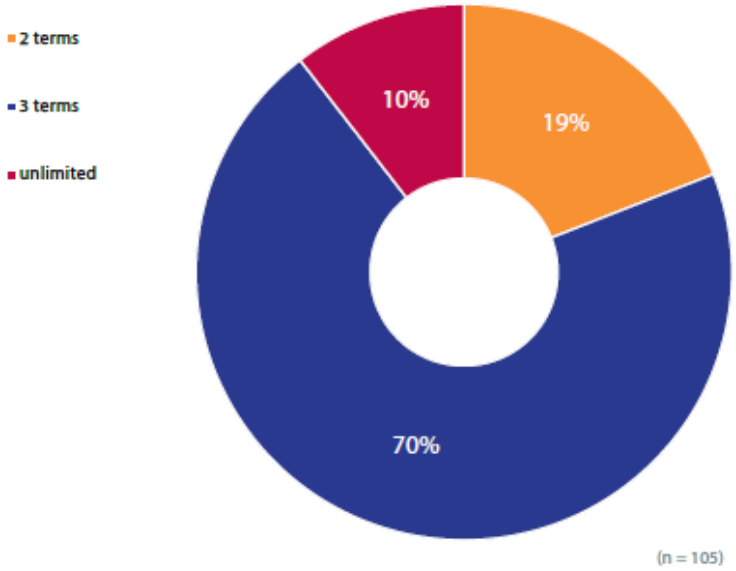
(Taken from *Your statutory duties: A reference guide for NHS foundation trust governors, August 2013*)

Appendix E – NHS Providers Survey of Board of Governors' terms of office

Also.....

Recent CoG terms of office survey

- 105 out of 151 FTs responded (70%)
- For all respondents, terms were 3 years in length
- 90% of respondents have a limit of 2 or 3 terms



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Appointment of Associate Non-executive Director (clinical)**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**Matthew Kane, Trust Board Secretary**		
Purpose			Tick one as appropriate
	Decision		x
	Assurance		
	Information		

Executive summary containing key messages and issues

The Chair of the Board received the resignation of Martin McAreavey, who has served as the Trust's clinical NED, with effect from 27 September 2017. It is a constitutional requirement that one of the Trust's NEDs *"is to be or have been in the past a registered medical practitioner, registered dentist, registered nurse, registered midwife or other healthcare professional registered with the Health and Care Professions Council."*

Accordingly, the Appointments and Remuneration Committee decided at its meeting on 25 September to appoint an existing governor as an associate non-executive director to bridge the gap between 27 September and January 2018 when a permanent appointment is expected to be made.

Whilst the Trust would still not be compliant with its constitution (since the person would not officially hold a voting role) having an associate NED does ensure continued Board-level focus on clinical outcomes, which is important in the context of any upcoming CQC inspection, and also provides necessary challenge and holding to account of clinical executives.

Three applications were received for the role. Interviews were held on 19 October and undertaken by the Appointments and Remuneration Committee. Sewa Singh, Medical Director, was in attendance to give advice from a clinical perspective.

The Committee resolved to recommend to the Board of Governors that Ruth Allarton be appointed to the Associate NED role. Ruth is currently the partner governor representing Sheffield Hallam University.

The Associate NED will attend Board of Directors and undertake the usual roles of developing proposals on priorities, risk mitigation, values, standards and strategy, participating in committees as well as scrutinising the performance of the executive management in meeting agreed goals and objectives but will not hold a vote. This will work in a similar way to the existing corporate directors for strategy, IT and estates and facilities who currently attend Board.

The terms, conditions and remuneration of an Associate NED are proposed to be the same as for an ordinary non-executive director, save for the term of office and voting rights. The successful candidate for the associate role would also be free to apply for the substantive position when advertised.

Key questions posed by the report

- Governors are asked to make an appointment to the Associate NED role for an initial period of three months, until January's meeting of the Board of Governors.

How this report contributes to the delivery of the strategic objectives

N/A

How this report impacts on current risks or highlights new risks

The report mitigates risk by ensuring continued independent clinical challenge on the Board of Directors.

Recommendation(s) and next steps

The Board of Governors is asked to:

1. Appoint Ruth Allarton as Associate Non-executive Director for an initial period of three months, until January's meeting of the Board of Governors.

2. Approve that, with the exception of voting rights and the three year term of office, the terms and conditions of the Associate Non-executive Director will be the same as a substantive non-executive director e.g. time commitment, remuneration, etc.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Title	**Non-executive Director Remuneration**		
Report to	**Board of Governors**	**Date**	**26 October 2017**
Author	**Matthew Kane, Trust Board Secretary**		
Purpose			Tick one as appropriate
	Decision		x
	Assurance		
	Information		

Executive summary containing key messages and issues

Following a national agreement all NHS staff were given a 1% salary uplift from 1 April 2017. The uplift is not automatically applied to non-executive directors (including the Chair) as they are not employees in law.

If the 1% is awarded to Chair and NEDs and backdated to April 2017 costs in this year would amount to a total of £1,180.

Other trusts which have awarded from April are Rotherham and Chesterfield. Barnsley has deferred until October but has made payments in prior years in line with any cost of living agreements for staff and executives.

During the work in putting this paper together, it was found that non-executive remuneration at the Trust had not been reviewed for a number of years and is now behind most neighbouring trusts. It is best practice to review non-executive remuneration at least annually and so a full review will be brought early in 2018.

Governors considered the 1% uplift at a meeting of the Appointments and Remuneration Committee on 31 August 2017 and recommended it to this meeting of the Board of Governors.

Key questions posed by the report

- Should the 1% uplift for staff also be applied to non-executive directors?

How this report contributes to the delivery of the strategic objectives
• N/A
How this report impacts on current risks or highlights new risks
• If the Trust's remuneration does not align with neighbouring trusts, then there is a risk that high calibre and suitably qualified NEDs may decide to join other trusts.
Recommendation(s) and next steps
Governors are asked to approve the 1% uplift for the Chair and Non-executive Directors, backdated to 1 April 2017.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Minutes of the meeting of the
Appointments and Remuneration Committee of the Board of Governors

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

Present:	Suzy Brain England	Chair of the Board
	Ruth Allarton	Partner Governor (via Skype)
	Mike Addenbrooke	Public Governor
	Phil Beavers	Public Governor
	David Cuckson	Public Governor
	Brenda Maslen	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor
In attendance:	Matthew Kane	Trust Board Secretary

Action

Apologies for absence

17/9/1 All present.

Minutes of meeting held 31 March 2017

17/9/2 The minutes of the meeting of the Appointments and Remuneration Committee held on 31 March 2017 were APPROVED as a correct record.

Matters arising

17/9/3 None.

NED Recruitment

17/9/4 The Committee considered a report of the Trust Board Secretary which set out a proposal for NED appointments in 2017/18.

17/9/5 Governors were advised that previous Trust practice had been open recruitment for all new appointments and that the Trust had not run open campaigns if non-executive directors were eligible to be reappointed and were performing to agreed standards. On this occasion it would be necessary to run a recruitment exercise because one non-executive director had indicated that he would not be seeking a further term.

17/9/6 Governors were advised of their duty to make appointments on merit whilst achieving a diverse mix of skills and experience around the Board of Directors' table.

17/9/7 The issue of diversity had been raised during a number of national reports and reviews by NHS Leadership Academy, University of Middlesex, NHS Improvement, NHS Employers, NHS Providers and Exeter Business School. By and large, these studies highlighted that diversity seen at staff, member and community level was not reflected on NHS boards. This was important because successive studies had highlighted a correlation between increased diversity and better performance and quality of care. None of this detracted from the principle of appointing the person or people who performed best during the recruitment process.

17/9/8 The Trust had also been subject to an external governance review in Q3 of 2016/17 which highlighted that more balance and diversity was required on the Board. Accordingly, the report proposed that Governors lead an open recruitment exercise for all four NED positions due to expire in 2018 which included the two required NED roles relating to clinical and financial expertise. All existing NEDs would be encouraged to apply.

17/9/9 Recruitment exercises would include modern and traditional techniques as well as going out to local business groups. In addition, it was proposed to arrange a series of capacity building sessions on 23 and 24 October 2017 involving senior management and external speakers to help people find out more about the Trust and the roles.

17/9/10 Governors considered the proposal and there was a range of views. Some felt that the existing NEDs were on a learning curve and that it often took longer than a three-year term in order to realise someone's potential. There was also concern about the experience that may be lost from having a relatively new NED team.

17/9/11 There was a query about whether a change in how recruitment processes had operated in the past required sign off by the Board of Governors. The Committee was advised that their terms of reference empowered them to agree the timescales, process and methods for advertising and recruiting to non-executive director posts, including whether to proceed to open advertisement of posts. The role of the Board of Governors, as set out in statute, was to appoint and remove the Chair and NEDs and to approve the remuneration and other terms on which the Chair and NEDs were employed.

17/9/12 The majority of governors felt that it was important to address the issues raised in the various national reports. In addition, drawing on experience from legal and other professions, governors commented that it was becoming increasingly common for public office holders to submit themselves to open competition at regular intervals.

17/9/13 Lessons learned from past recruitment exercises were shared. In response to a question about the risk of not getting enough candidates to come forward for the roles, the Committee was advised that there was a high degree of confidence that both the capacity building sessions and a more attractive marketing campaign, building on the one used in recent governor elections, would yield a variety of candidates. Existing NEDs would also be encouraged to apply.

17/9/14 There was some discussion about the problem of having four NEDs whose terms ended at roughly the same time and one way of tackling this would be for successful appointees to draw lots for one, two and three years. It would also be important for governors to understand the skills that the Board needed through, for example, an audit of current skills.

17/9/15 The Committee:

1. Acknowledged DBTH's current position with regard to under-representation of groups with protected characteristics at Board level.

2. Agreed that an open recruitment exercise be undertaken to fill the four roles which are falling due for appointment in 2018. (G Webb voting against)

3. Agreed the proposed timetable and job description attached as appendices to the report.

4. Endorsed the plans for advertising and capacity building sessions prior to advertisement, which were taking place on 23/24 October.

Non-Executive Director Appraisals

17/9/16 The Committee AGREED that in order to make the Chair and NED appraisal process more efficient and effective the meetings of this Committee in mid-September and early October be combined into a single meeting that can:

- Review the feedback surveys received for Chair and NEDs
- Give any further verbal feedback to the Chair and SID prior to the interviews

Deputy Chair

17/9/17 Following John Parker's decision to stand down as Deputy Chair it was AGREED to canvass existing NEDs for the role.

Suzy Brain England left the meeting at this point.

Mike Addenbrooke took over in the chair.

Non-Executive Director Remuneration

17/9/18 The Committee considered a report of the Trust Board Secretary which sought agreement to apply a 1% uplift to Chair and NED remuneration.

17/9/19 Following a national agreement all staff were given a 1% salary uplift from 1 April 2017. This included executive and corporate directors whose pay was considered by NEDs at the Nominations and Remuneration Committee in July and a decision was made to apply the 1% uplift backdated to April 2017.

17/9/20 As NEDs were not employees, this 1% uplift had not been applied to them but a number of other trusts had done so who also paid more than DBTH. Consideration was given to whether to apply the uplift from April or August.

17/9/21 The Committee AGREED to recommend to Board of Governors on 26 October 2017 a 1% uplift in remuneration.

Suzy Brain England re-joined the meeting and returned to the Chair at this point.

Any Other Business

17/9/22 Items of any other business related to:

. Availability of crèche facilities at the Trust. The Committee were advised that it had previously done this but it was now considered not viable.

. Bringing a report on People and OD to Governors' Timeout.

. Changing the term of re-appointment for NEDs to three years. This was supported and would take place during the next constitutional review.

Date of next meeting

17/9/23 To be arranged.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Meeting of the Agenda Planning Committee of the Board of Governors held on 25 September 2017 in the Members' Room, DRI

Present:	Suzy Brain England	Chair (part)
	Peter Abell	Public Governor (part)
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Bev Marshall	Public Governor
	Clive Tattley	Partner Governor
	Maureen Young	Public Governor
	George Webb	Public Governor
In attendance:	Matthew Kane	Trust Board Secretary

Action

Apologies for absence

17/9/11 None.

Minutes of the meeting held on 13 June 2017

17/9/21 The minutes of the meeting held on 13 June were APPROVED as an accurate record.

Matters arising

17/9/31 There were no matters arising from the previous meeting.

Review of previous Board of Governors meeting

17/9/4 The Committee reflected on the July meeting. The consensus was that the Education Centre offered a suitable venue in spite of its limitations. There was a wider discussion about other possible meeting venues across the Trust including the restaurant area at Bassetlaw, the gym at Montagu and Retford Hospital. These would be explored further as part of next year's meeting schedule.

17/9/5 The update was NOTED.

Draft Board of Governors Agenda: 26 October 2017

The following reports were agreed for inclusion on the agenda:

17/9/6 Standing Items - The usual standing items, including Chair's Report and correspondence, and matters arising from Board of Directors minutes, were agreed.

17/9/7 Presentations

- External audit
- Catering

17/9/8 Executive Reports

- Chief Executive's Report
- Finance Report
- Performance Report

17/9/9 Governance & Statutory Compliance

- Review of Governors' effectiveness
- Associate NED role
- NED Remuneration
- Outcomes from appraisals

17/9/10 Governor/Member matters

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

17/9/11 There was a wider discussion around the importance of governors seeking assurance through non-executive directors. It was acknowledged that this would be a cultural change but that work was being undertaken to ensure more NED presence at governor meetings and more opportunities for them to present to governors and answer questions.

Suzy Brain-England left the meeting at this point and Mike Addenbrooke took the chair.

Peter Abell joined the meeting.

17/9/12 Items for future governor events were discussed:

- Communications strategy
- Serious incidents

17/9/13 There was a brief debate on the proposed Associate NED role which would be considered at the Appointments and Remuneration Committee

that followed this meeting.

Any Other Business

17/9/14 None.

Date & Time of Next Meeting

17/9/15 To be arranged.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Communications, Engagement and Membership Committee

Minutes of meeting held 3 October 2017
in the Springwell Meeting Room, DRI

Present:	David Cuckson	Public Governor (Chair)
	Philip Beavers	Public Governor
	Hazel Brand	Public Governor
	Duncan Carratt	Staff Governor
In attendance:	Adam Tingle	Communications Manager
	Matthew Kane	Trust Board Secretary

Action

Apologies for absence

17/10/1 Apologies for absence were presented on behalf of Susan Overend.

Minutes from meeting held on 22 June 2017

17/10/2 The minutes of the meeting held on 22 June 2017 were APPROVED as a correct record.

Matters arising from the minutes

17/10/3 It was reported that the buddying of governors had been set up and was progressing well. The Committee's terms of reference had been approved at Board of Governors in July.

New Trust Website

17/10/4 The Committee received a presentation on the new Trust website which had been created using WordPress. The new site was more modern and easier to update from the Trust's angle.

17/10/5 A number of additional enhancements were proposed including most used telephone numbers, information about the Trust as a teaching hospital and information about how to become a governor. Governors commended the website and its fresh look and feel. **AT**

The update was NOTED.

New Trust Website

17/10/6 The Committee received an update in respect of recent communications and engagement activity, which included:

- Migration of staff on to the new NHS Mail platform.
- DBTH Star Awards which had been achieved on a cost-neutral basis through sponsorship.
- Flu Fighter campaign.

17/10/7 The presentation was NOTED.

Member Communications - Foundations for Health editorial panel

17/10/8 The Committee considered plans for the next edition of Foundations for Health.

17/10/9 In addition, it was noted that the Trust currently sent a hard copy version of F4H to all members once a year as there was a statutory requirement to advise them about the Annual Members' Meeting. This was done via an A4 letter insert into the envelope.

17/10/10 Governors were asked whether they still felt there was a need to send hard copies of F4H through the post when the invite to the AMM could be sent in a different way, i.e. by a coloured card and that this might not only be more cost effective but also be a better way of getting across the message about the AMM rather than a letter hidden inside a white envelope. A recent example of how a neighbouring trust had done this was shared.

17/10/11 Governors felt there was no appetite for change. However, at next year's AMM, visitors could be asked by way of a survey what prompted them to attend and then the impact could be measured. It was noted that a number of people had attended the AMM this year which may add credence to the view that the message was getting out there. However, it was also noted a number of the attendees at this year's AMM were not members of the Trust.

17/10/12 Proposals for the November issue of Foundations for Health were AGREED.

Feedback

17/10/13 The Committee reviewed the feedback from the Timeout that took place on 7 September 2017. The Committee generally felt that the smaller tables had worked better but understood the reasons why it was necessary to conduct this Timeout in a plenary style.

17/10/14 The update was NOTED.

Membership Update

17/10/15 Current membership stood at 16,113 at the end of September 2017.

17/10/16 The information was NOTED.

Any Other Business

17/10/17 Hazel Brand advised of her 'open surgery' at Bassetlaw Hospital on 23 October 2017 and there was a broader discussion about doing something similar at DRI.

Date of Next Meeting

17/10/18 To be confirmed.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Minutes of the Health and Care of Adults Sub-committee Meeting Held at 10am on 10 October 2017 in the Blyth Room, Bassetlaw Hospital

Present:	Clive Tattley	Partner Governor (Chair)
	Mike Addenbrooke	Public Governor
	Lynne Logan	Public Governor
	Brenda Maslen	Public Governor
	Sharon Cook	Public Governor
	Hazel Brand	Public Governor
In attendance:	Rick Dickinson	Deputy Director of Nursing, Midwifery and Quality
	Matthew Kane	Trust Board Secretary
	Kate Sullivan	Corporate Governance Officer

Action

Apologies for absence

17/10/1 No apologies were received.

Minutes of meeting held 14 March 2017

17/10/2 The minutes of the meeting held on 20 June 2017 were APPROVED as a correct record.

Matters Arising

17/10/3 17/7/7 – The committee had previously considered a presentation on the Trust's work with Yorkshire Ambulance Service on handover times. Since that time the Chief Executive had received a letter to advise that the start time for ambulance handovers was now to start from the moment the ambulance arrived at the Trust and the Committee asked for assurance that this would not adversely impact on the Trusts performance. Rick Dickinson provided an update on what the changes meant, how patients were registered, an overview of 'black breaches', how patient flow was managed at times of peak activity, and improvements to the ambulance entrance area and escalation protocols for when too many patients were waiting to be seen. He gave assurance that the majority of patients were booked in within 15mins unless a lot of patients arrived at same time of day. He gave further assurance that the Trust was performing well in comparison to other hospitals in the region. **MK**

17/10/4 17/7/13 – The Committee had received an update in relation to sepsis management. It had been reported that a trial had shown that better adherence to procedures resulted in much improved survival rates and the Committee asked whether the Trust had reached survival rates comparable to those from the trial. Rick Dickinson gave an overview of the measures already in place to measure outcomes including HSMR and he gave a detailed overview and explanation of the coding for septicemia. He pointed out that the Trust's HSMR demonstrated that the Trusts mortality rate was slightly better than average. There were also a number of additional measures including the CQC annual measure. The Trust was monitoring sepsis coding and where sepsis was the primary diagnosis the Trust's outcomes were proportional to the rest of country or slightly better.

17/10/5 The Committee asked whether there had been any improvements since the Trust had commenced further training; Rick Dickinson gave a detailed update on performance against screening targets and provision of antibiotics within one hour. There had been an improvement but there was more work to do and training was an ongoing process.

17/10/6 17/7/17 – The Committee had received an update on SIs which had referred to the de-logging of SIs and they asked for assurance that this only took place where cases met the criteria to do so. This was picked up later in the meeting under the Readiness for CQC update.

Readiness for CQQ

17/10/7 Rick Dickinson provided a detailed update on the Trusts readiness for CQC inspection. The Committee noted the supporting reports he had circulated prior to the meeting including the Risk Management Report on Incidents, the Mortality Reports.

17/10/8 Brenda Maslen declared that she was employed by the CQC and worked on inspections and this was NOTED.

17/10/9 An overview of the following was provided:

- Role of the CQC as a regulatory body
- The Trust's previous inspection results; as a Trust, by site and in each inspection domain along with an update on progress to address actions that came about from the time of the inspection and from the final report.
- A detailed update on the issues picked up as part of the previous inspection.

- The new CQC inspection approach and what was expected of the next inspection based on the experience of other trusts.
- An update on the eight Core Services expected to be inspected across four domains.
- Further work being undertaken to ensure an improvement in the rating of the areas previously rates as 'requiring improvement'.
- Preparations for inspection – the Trust was preparing on the basis the CQC could inspect any area of the Trust.

The Trust had received a request from the CQC for various data to be submitted by the end of the same week and this was well underway. Typically this request came around six weeks before an unannounced inspection and the Trust was preparing on this basis.

17/10/10 An update was provided on key challenges and Rick Dickinson drew attention to ED performance. The Trust was not always achieving the four hour target in ED. It was noted that this was a national issue. An overview of the key performance at each site was provided. Challenges and issues were discussed in detail. These included; medical staffing shortages, patient flow, bed capacity, acuity of patients. It was noted that the CQC would look at both the overall Trust performance and the performance of each site.

17/10/11 In response to a query from Brenda Maslen about a letter received by trusts from the Chief Inspector of Hospitals for the CQC inviting them seminars to share learning, from the 16 Trusts that had achieved a rating of 'Outstanding', Rick Dickinson advised that he was due to attend a session in Leeds the following day that was part of that process.

17/10/12 The Committee asked for an update on areas considered to be at risk of not making an improvement on the previous rating of 'requires improvement' and this was discussed; the Trust was working in these areas and Rick Dickinson provided an update on key issues.

17/10/13 In response to several concerns raised by the committee Rick Dickinson update on a the following:

- Induction rates in maternity – The Trust benchmarked over the national average. This was being investigated and the Trust was looking at what could be done to improve the rate.
- Midwives to patient ratio – There was an annual opportunity to recruit newly qualified midwives. The Trust had been able to recruit about 30 in this year. Some had already commenced in post with others due to start.

There was a detailed discussed about previous issues within the Maternity department and the committee asked for assurance that matters relating to culture were being addressed. There had been significant work in this area, an action plan was in place and additional support had been put in to the clinical governance structure of the department.

17/10/14 A further detailed update on work undertaken to address the issues picked up through the previous CQC inspection was provided. Rick Dickinson gave assurance that all issues had either been fully addressed or were being taken forward through action plans and he explained the process for monitoring progress.

17/10/15 SIs – Rick Dickinson provided a detailed explanation of how the incident reporting process for the Trust had changed. The Trust now made an assessment of all incidents that could be an SI before logging them as a SI. This assessment was based on national framework criteria and was undertaken by a Virtual SI Panel of senior Trust staff including the Deputy Medical Director, Care Group Directors and the Deputy Director of Nursing, Midwifery & Quality who made a decision within two days of the incident. Prior to this process around 1/3rd of SIs were de-logged and SIs had significantly reduced. The Committee welcomed this update as it provided assurance around concerns previously raised by the Committee about de-logging of SIs. Rick Dickinson gave some examples of SIs and how they would be assessed. Learning from SIs was taken through Patient Safety Review Group and a new learning forum that will feed in to that group was also being developed.

17/10/16 The Chair thanked Rick for his report which was NOTED.

Future of the Committee

17/10/17 Context

The matter of the future of the HCA Committee had been considered as part of the 'Governor Effectiveness Review' and had previously been discussed by governors at a workshop on 12th September 2017 where it had been agreed to defer the matter to the committees in question for further discussion.

The committee discussed the matter at length and raised several key points, recommendations and concerns under the following headings:

17/10/18 NEDs to attend the HCA Committee

Concern was raised that there was currently no formal mechanism for the committee to escalate concerns or seek assurance from NEDs on matters specifically relating to the business of the committee, and therefore the committee was not adding value. It was felt that NED attendance at the committee could address this.

However, the committee noted that this would be a further time commitment for NEDs many of whom were already contributing significant time to Trust activities. Board was now a whole day activity as it included a monthly cycle of activities including development sessions, strategy development, briefings and training as well as other committees. NEDs chaired and formed the membership of a number of committees and were also required to attend Board of Governors meetings and governor timeouts all of which provided existing platforms for seeking assurance and asking questions in front of a wider audience of governors.

Because NEDs had different areas of focus it may be that more than one NED would be needed to attend, or different NEDs would need to attend for each meeting. The Committee agreed that this would not be practicable.

17/10/19 Including more governors in the business of the committee

The HCA served the governors on those committees very well in terms of keeping them up to date on a range of issues and providing opportunities to ask questions. However, the Trust needed to consider how to create opportunities to include all governors without duplicating the process. It was clear that there was appetite from a lot of governors to be involved in discussions about plans for adult and young people's services, evidenced by the involvement of a number of governors in the strategic direction planning.

In the case of the 'Readiness for CQC' update provided by Rick Dickinson at this meeting, Matthew Kane suggested that this could have been done as part of a governor briefing or Timeout with all NEDs in attendance and this would provide all governors with better engagement opportunities to both be updated and seek assurance on an item that was crucial to the Trust and patients. HB and BM agreed that some topics would be better discussed with a wider audience of governors noting that there had been low attendance at previous meetings of this committee.

If the Health and Care of Adults Committee were to be disestablished it was suggested that governor briefings be developed further to ensure wider governor engagement and better mechanisms for escalating concerns / holding NEDs to account. One suggestion was that a governor briefing could be split into a corporate half and a clinical half. This would be one way the work of the Health and Care committees could continue to be covered.

17/10/20 Cost of meetings

Sub-committee meetings represented a cost pressure to the Trust in terms of administration support, attendance of senior staff and time spent by those staff preparing presentations / papers / briefings. The committee needed to demonstrate that it added value to the Trust and that it had also given consideration to cost, as this had been one of the considerations of the 'Governor Effectiveness Review'. One way of doing this would be to incorporate the work of the committee into existing governance structures and to avoid the duplication of work.

Governors on the committee noted that the organisation had been through a period of financial difficulty and it was only right for governors to "set the tone from the top" of the organisation and review their current structure when the rest of the organisation had also made efficiencies.

Broadly the committee agreed and resolved that it would be preferable if the work of the HCA committee could be incorporated into an existing process such as governor briefings.

17/10/21 Holding NEDs to account

There was a culture of governors holding the executives rather than the NEDs to account at BoG meetings; this needed to be considered as part of governor development in terms of asking questions for assurance so that NEDs could answer.

Concern was raised by Mike Addenbrooke that attendance at governor briefings had also been low on some occasions and he questioned whether BoG meetings were the right setting for holding NEDs to account.

Matthew Kane gave assurance that the Chair of the Board was committed to ensuring that more NEDs attended BoG meetings and governor briefings to provide assurance on their areas of work and he gave recent examples of this. Neil Rhodes was to attend the next BoG to provide assurance on the Sodexo contract and Linn Phipps had presented at the most recent

Timeout about the work she has been doing on patient experience. The Chair of the Board was working on more ways for governors to hold NEDs to account via existing mechanisms and this was being discussed at NED appraisals.

Following further discussion the Chair of the committee commented that if the committee were to continue it needed to demonstrate measureable outcomes that showed benefit and added value. He had envisaged the Health and Care of Adults Committee working in the way parliamentary committees do, with deep dives into issues and asking for assurance from NEDs.

He acknowledged that this could be done through the BoG meetings, timeouts and briefings however he raised concerns that with such a potentially large group, governors would need to have read all the information and prepared the right questions. The Trust may also need to consider this as part of the agenda planning process and information must be circulated in good time for the meeting/presentation.

He felt deep dives would be better carried out with a smaller group where typically there were better levels of pointed questioning. It was also crucial to have a presenter from the right level of the organisation so that clarification could be provided if questions were raised.

Hazel Brand commented that there had been no lack of pointed questioning at the recent governor briefing. Matthew Kane advised that deep dives were undertaken at QEC, in which the Chair was a governor observer. It was his role, on the QEC, to ask for assurance and escalate as appropriate. Other committees – such as WEC, PEEC and CGC – had governors on them and played a similar role in obtaining assurance at a more operational level and feeding that up through to QEC or Agenda Planning Committee, if necessary.

Both of these committees had direct lines to the Board of Directors and Board of Governors.

17/10/22 Summing Up

After further in depth discussion it was resolved that the business of the Health and Care of Adults Committee should be subsumed into existing governor mechanisms, subject to:

- NED attendance at briefings

- The agenda process being developed to include matters that would have been taken by the HCA sub-committee
- Information being provided in good time prior to the meeting
- Governors having the opportunity to develop questions prior to as well as during the meeting
- The appropriate staff presented the briefings
- The briefing having a corporate and clinical element

The Committee also wanted to expand the relationship of NEDs and governors in terms of providing assurance and holding to account.

Any Other Business

17/10/23 Circulate briefing on Future of the Committee discussion to HCYP committee. **KS**

17/10/24 Items for future meetings: None Noted

Date and Time of Next Meeting

17/10/25 Not applicable.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Health and Care of Young People Sub-committee Meeting
held at 10 am on Tuesday 17 October
in the Boardroom, DRI

Present:	Maureen Young	Public Governor (Chair)
	Mike Addenbrooke	Public Governor
	Eddie Dobbs	Public Governor
	Andrina Hardcastle	Public Governor
In attendance	Matthew Kane	Trust Board Secretary
	Andrea Bliss	Matron – Children's Services
	Kate Sullivan	Corporate Governance Officer

Action

Welcome and apologies

17/10/1 Apologies were received from Susan Shaw and Karl Bower.

Minutes of the previous meeting

17/10/2 Minutes of the meeting held on 6 July 2017 were APPROVED as an accurate record.

Matters arising

17/10/3 None.

Autistic Children Services including those attending ED

17/10/4 In response to a request for an update on how the Trust identified and met the needs of Children with Autism, Andrea Bliss provided an overview of pathways for diagnosis and the Trust's processes for supporting children admitted for both elective and acute admissions.

17/10/5 Some children who accessed the Trust's services had already been diagnosed with Autism but there was also a group of children awaiting diagnosis. The Trust was no longer an outlier for waiting times however this remained a national issue. The pathway for diagnosis had improved and waiting times had reduced significantly. A lot of work had been done around appropriate referrals; previously some children had been referred in to the Trust too early in that there were other steps that perhaps needed to be taken first in primary care and this had delayed diagnosis. Further work was ongoing to review the team and as part of this the Trust was looking at recruiting some specialist nurses.

17/10/6 The autistic spectrum was very broad and the Trust provided individual care plans based around the individual needs of each child; A key part of this was working closely with parents. Children with autism often had communication issues and anxiety around new environments/meeting new people and the Trust worked closely with parents to cause the least distress possible to the child. A key priority for the Trust was early identification of patients with sepsis and within paediatrics there were new screening tools for this; all of these included special requirements for children with communication difficulties and children with autism would be picked up in this category. For elective care, considerations were made for each individual child in terms of whether sedation might be required prior to a procedure due to anxiety. If a child was on a ward for an extended period of time play leaders worked to help children relax.

17/10/7 The Committee welcomed the update and the focus on the individual needs of children. There was further discussion about community support for families of children with autism and the community assessment process.

The update was NOTED.

Development of Paediatric Nurse Practitioners

17/10/8 Andrea Bliss updated the committee on the Trust's progress in developing Paediatric Nurse Practitioners. The Trust was in a good position currently supporting three staff on the three year training programme; one staff member was commencing their second year and two staff members were commencing their first year so this was a longer term plan with the first staff member qualifying in two years' time.

17/10/9 In terms of service design the Trust needed to be careful not to build a service around staff members that might not stay at the Trust and therefore at this stage the Trust had not finalised plans in terms how the service would operate with nurse practitioners; this would be clarified nearer the time they qualified; what was clear at this stage was that nurse practitioners would support the medical rota as was the case with neonatal nurse practitioners.

17/10/10 The Committee raised concern about retaining staff members once they qualified and this was discussed. Most other Trusts in the region were also training Paediatric Nurse Practitioners but there was a risk staff would decide to work elsewhere.

17/10/11 In response to questions about funding it was reported that some external funding had been made available through Health Education England for all Advanced Nurse Practitioners (ANPs) and some of those funds had been used to fund the Paediatrics Nurse Practitioner training. The funding also included funds to back fill the posts while staff were training. The plan was to access further funding the following year, if it was available, and one staff member had already been identified to commence training in 2018.

The update was NOTED.

Paediatric Services

17/10/12 Andrea Bliss provided a detailed update to the Committee on the recent recruitment of paediatric nurses; the Trust had recruited two full time newly qualified new paediatric nurses at Bassetlaw Hospital and one more part time member of staff was due to commence at the end of the month. It was noted that as newly qualified and returning staff all of these staff would require significant support. Although enough nursing staff had now been recruited to potentially support extending the opening hours of the paediatric ward there were still insufficient medical staff to support this and therefore, for safety reasons, the current opening hours would remain as they were. It was noted that the Trust had recently provided a full update on Paediatric Services to the Nottinghamshire Overview & Scrutiny Committee which had agreed that the service opening hours at Bassetlaw Hospital would continue unchanged.

17/10/13 The Special Care Baby Unit at Bassetlaw Hospital had experienced significant pressures recently due to long term staff sickness which had been covered by releasing staff from neonates at Doncaster.

17/10/14 The Committee discussed medical staffing shortages including; the national position, concerns raised by the deanery about opportunities for trainee doctors, the public perception of the decisions that had been taken about paediatric services at Bassetlaw Hospital and the impact on staff morale.

17/10/15 It was felt that there seemed to be a better understanding of the national issues impacting of local services. Andrea Bliss commented that staff at Bassetlaw Hospital had found the negative publicity around paediatric services very difficult; staff had been very demoralised by messaging suggesting patients could no longer be taken to Bassetlaw. Staff continued to deliver a high level of care to very many patients with only those patients requiring overnight admission were transferred to DRI. Feedback from parents in these circumstances has been positive. Andrina Hardcastle

commented that from the perspective of the people of Bassetlaw the closure of the Bassetlaw children's ward at night was one of a wide range of issues that went back several years and this, in part, had accounted for the strength of feeling of the people of Bassetlaw.

17/10/16 At DRI, the Children's ward and Children's Observational unit had worked with reduced beds over summer period due to staffing issues. The Trust was looking to start incrementally opening more beds and had been able to open additional beds when needed in order to manage peaks. Some newly qualified nurses had commenced at DRI with another three WTEs staff nurses starting in November.

The report was NOTED.

Future of Committee

17/10/17 The matter of the future of the HCYP & HCA Committees had been considered as part of the 'Governor Effectiveness Review' and had previously been discussed by governors at a workshop on 12th September 2017 where it had been agreed to defer the matter to the committees in question for further discussion. The matter had been discussed by the Health Care of Adults (HCA) Committee the previous week and that Committee, after in depth discussion, had resolved that the business of the HCA Committee should be subsumed into existing governor mechanisms, subject to a number of recommendations.

17/10/18 The Committee noted the report detailing the full discussion from the HCA on the matter which had been circulated outside of the meeting. The committee discussed the matter at great length and raised several key points.

17/10/19 The Committee considered the report from the HCA but believed that its work could not be adequately carried out through existing mechanisms or in a different way. The Committee felt that the work of the HCYP differed from that of the HCA primarily in the sense that as adults, most Governors had personal experience of adult services in the Trust to which they could relate however, that could not be said of children's services other than for those governors who had young children and they were a minority of governors. Because of this the Committee felt the role of the HCYP committee, particularly its regular programme of ward and play area visits, was crucial in shining a light on issues that would otherwise not come to the attention of Governors.

17/10/20 The Committee felt that the grass roots level engagement of its members with paediatric services also served to support staff and improve staff morale; staff had often commented that they appreciated the interest and support of governors on the committee.

17/10/21 As well as looking at areas within paediatric services the Committee also regularly considered the patient journey of children to areas outside of paediatrics which they may attend, for example orthodontics. Through this work the committee had in the past identified issues in several areas of the Trust where inadequate or no facilities had been provided to distract children; play areas etc. and the Committee raised concern that in the absence of this focused work these kinds of issues would be missed.

17/10/22 Matthew Kane acknowledged the value of the Committee. However, he suggested that ward visits could be arranged at any time through the Trust Board Office and he gave examples of recent governor ward visits the Trust Board Office had arranged. With regard to raising any concerns that might come about as a result of visits, or for any other reason, he pointed out that there were multiple existing mechanisms for governors to seek assurance from NEDs or raise concerns including the Quality & Effectiveness Committee (two governor observers); Finance & Performance Committee (one governor observer), the Patient Experience Committee (2 governor observers) the Workforce and Education Committee (1 governor observer), Strategic Safeguarding People Board (two governor observers), Patient Safety Review Group (1 Governor Observer) Governor Timeouts, Governor Briefings and Agenda Planning Meetings. Ultimately if issues remained unresolved in those forums governors could raise them through formal Board of Directors and Board of Governors meetings.

17/10/23 Furthermore, he advised that whilst governors on the HCYP were served well in terms of keeping them up to date on a range of issues and providing opportunities to ask questions the Trust needed to consider how to broaden those engagement opportunities to include all governors without duplicating the process. It was clear that there was appetite from a lot of governors to be involved in discussions about plans for adult and young people's services, evidenced by the involvement of a number of governors in the strategic direction planning.

17/10/24 In the case of the updates provided by Andrea Bliss at Bassetlaw Hospital, Matthew Kane suggested that would have been of great interest to a number of governors, particularly Public Governors for Bassetlaw and this could have been done as part of a governor briefing or timeout providing all governors with the opportunity to both be updated and seek assurance on

an item that was a high priority for the Trust, patients and people of Bassetlaw.

17/10/25 The Trust had been working for some time to broaden engagement of governors and to increase awareness. Over the last year opportunities for governor engagement had already been expanded through Governor Briefings, a new Charitable Funds Committee and the Freedom to Speak Up process. Matthew Kane commented that in considering the future of the HCYP the Trust was in no way about looking to take engagement opportunities away from Governors, it was about looking at whether the work of the committee could be taken through these new and existing mechanisms that would broaden engagement and reduce duplication.

17/10/26 In summing up the Chair expressed further concern about whether the work of the HCYP Committee could be subsumed in to existing mechanisms. She felt that only the HCYP Committee could provide the right level of focussed deep dive and identification of issues. She felt that during the period of financial difficulty faced by the Trust there had been a shift in focus of governors towards financial and strategic issues and away from grass roots issues and, for this reason, she felt it was important for the committee to continue its work to support young people's and maternity services.

17/10/27 The Committee felt that due to the significant pressures on adult services in the Trust, children's services did not receive the same level of discussion at other meetings and that governor involvement through the HCYP Committee was the only means to bring matters to the attention of governors. However the Committee did acknowledge some of these issues could be addressed if wards in all areas, including paediatrics, had one or more governor sponsor and Matthew Kane advised that this was something the Trust could easily take forward.

The Future of the HCYP Committee was DISCUSSED and NOTED.

To consider items for future meetings

17/10/28 The Committee suggested future items on:

- The hospital's approach towards safeguarding
- Paediatric Services to be a standing item
- Update on Children's therapies including; children's speech, Physiotherapy and dietetic services

Any Other Business

17/10/29 In response to a query from Maureen Young, Andrea Bliss undertook to circulate the neonatal hearing screening reports. **AB**

17/10/30 National Picker Survey on Overnight Facilities – In response to the Trusts results a more detailed snapshot had been undertaken over 4 weeks to look at specific things like access to hot cold drinks and food. The feedback had been positive overall; Andrea Bliss undertook to share the report. **AB/KS**

Visit to Play Areas

17/10/31 *After the meeting, the Committee undertook a visit of the Children's Play Areas at DRI.*

Date and Time of Next Meeting

17/10/32 Tuesday, 12 December 2017
10.00am, Blyth Room, Bassetlaw