



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

**Meeting of the Council of Governors**  
of  
**Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust** ('the Trust')  
on  
**Thursday 26 July 2018 at 5.30pm**  
In the  
**Education Centre, Doncaster Royal Infirmary**

## **AGENDA**

<b>No</b>	<b>Item</b>	<b>Action</b>	<b>Enclosures</b>
<b>1.</b>	<b>Welcome and Apologies</b>	<i>Note</i>	(Verbal)
<b>2.</b>	<b>Declaration of Governors' Interests</b> Matthew Kane, Trust Board Secretary	<i>Note</i>	(Verbal)
<b>PRESENTATIONS</b>			
<b>3.</b>	<b>CQC Inspection Report</b> Rick Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals  A link to the CQC inspection report can be found at: <a href="https://www.cqc.org.uk/provider/RP5">https://www.cqc.org.uk/provider/RP5</a>	<i>Note</i>	Presentation
<b>4.</b>	<b>Estates Update</b> Dr Kirsty Edmondson-Jones, Director of Estates and Facilities	<i>Note</i>	Presentation
<b>DIRECTORS' REPORTS</b>			
<b>5.</b>	<b>Finance Report</b> Jon Sargeant, Director of Finance	<i>Note</i>	Enclosure A
<b>6.</b>	<b>Performance Report</b> David Purdue, Deputy Chief Executive and Chief Operating Officer	<i>Note</i>	Enclosure B
<b>7.</b>	<b>Chair's and NEDs' Report</b> Suzy Brain England OBE, Chair	<i>Note</i>	Enclosure C
<b>8.</b>	<b>Chief Executive's Report</b> Richard Parker, Chief Executive	<i>Note</i>	Enclosure D
<b>GOVERNANCE</b>			
<b>9.</b>	<b>Chair &amp; NED Objective Setting &amp; Performance Appraisals</b> Matthew Kane, Trust Board Secretary	<i>Note</i>	Enclosure E

10.	<b>Appointment of Deputy Chair and Senior Independent Director</b> Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure F
11.	<b>Living the Values</b> Karen Barnard, Director of People and Organisational Development Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure G
12.	<b>Sharing the Learning</b> Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure H
13.	<b>Feedback from NHS Providers Governors' Advisory Panel (GAC)</b> Peter Abell, Acute Representative, GAC	<i>Note</i>	Enclosure I
<b>MINUTES</b>			
14.	<b>Board of Directors' minutes – March– May 2018</b> <a href="https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-governors/board-governors-meetings/">https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-governors/board-governors-meetings/</a>	<i>Note</i>	(Link)
15.	<b>Minutes of Governors' Committee meetings – May – June 2018</b> Chairs of governor committees	<i>Note</i>	Enclosures J1-J6
16.	<b>Minutes of Council of Governors held on 25 April and 18 June 2018</b>	<i>Note</i>	Enclosures K1 & 2
17.	<b>Action Notes from meeting on 25 April 2018</b>	<i>Note</i>	Enclosure L
<b>MEMBERS' SECTION</b>			
18.	<b>Any issues from members to be investigated for the next meeting</b>	<i>Note</i>	(Verbal)
19.	<b>Governors to consider whether to:</b> <b><i>RESOLVE that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.</i></b>	<i>Note</i>	(Verbal)
<b>INFORMATION ITEMS</b>			
20.	<b>Any Other Business (to be agreed with the Chair before the meeting)</b>	<i>Note</i>	(Verbal)
21.	<b>Date of Next Meeting:</b>  Date: 25 October 2018 Time: 5.30pm Venue: Lecture Theatre, Doncaster Royal Infirmary	<i>Note</i>	(Verbal)

<b>22.</b>	<b>Withdrawal of Press and Public</b>	<i>Approve</i>	(Verbal)
	Council of Governors to resolve: That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.		



Suzy Brain England  
Chair of the Board

20 July 2018

**NOTICE FOR THE PUBLIC**

DBTH is committed to ensuring its Part 1 Board meetings are open and accessible. If any adjustments need to be made in order for you to access this meeting, please contact us.

If you are Deaf and need a BSL interpreter, or would like to request information in Braille, you can contact us at [matthew.kane1@nhs.net](mailto:matthew.kane1@nhs.net) or text 07999924276.



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

<b>Title</b>	<b>Financial Performance – Month 3 (June 2018)</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Jon Sargeant - Director of Finance</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

**Executive summary containing key messages and issues**

The Trust's deficit for month 3 (June 2018) was £1.5m, which is a favourable variance against plan in month of £445k. The cumulative position to the end of month 3 is a £6.2m deficit, which is £30k favourable to budget. However the Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a break even position for the rest of the year.

This quarterly position has been achieved after the release of non-recurrent monies of (1.4m) in month following the review of prior year accruals being held. This mainly relates to accruals for agency doctors (through Holt) which are no longer required following review. There is a risk these accruals are needed, but this risk would seem small.

There are still significant risks to delivery of the Trust's financial control total, as set out at budget setting, including:

- Delivery of CIP which has been back loaded in the plan and significant savings are still required to be identified and delivered. Whilst work continues the gap in the plan is not being closed quickly enough.
- There is still a significance variance on income growth assumptions of £3.5m between the Trust's financial plan and commissioner assumptions and contract values, however activity profiles suggest this is a larger risk for the CCG.
- Control of agency spend, especially in medical needs further work as does a review of the amounts being paid to agency staff (the Trust has concentrated on lowering hours used).

- The capital plan assumes the Trust is able to use £3m of previous years STF to fund the capital programme, however this has not been formally signed off by NHS Improvement.

**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**

- Identify the most effective care possible
- Assist in the control and reduction of the cost of healthcare
- Assist in developing responsibly and delivering the right services with the right staff

**How this report impacts on current risks or highlights new risks**

Update relating to delivery of 2018/19 financial plan.

**Recommendation(s) and next steps**

Governors are asked to note:

- The Trust's deficit for month 3 (June 2018) was £1.5m, which is a favourable variance against plan in month of £445k. The cumulative position to the end of month 3 is a £6.2m deficit, which is £30k favourable to budget.
- A release of prior year accruals of £1.4m has been required in month to ensure delivery of the Q1 control total.
- The progress in closing the gap on the Cost Improvement Programme.
- The risks set out in this paper.



**Doncaster and Bassetlaw  
Teaching Hospitals**  
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## **FINANCIAL PERFORMANCE**

**Month 3 (June 2018)**

**DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST**

Jun-18

1. Income and Expenditure vs. Forecast						2. CIPs						
Performance Indicator	Monthly Performance		YTD Performance		Annual	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan £'000	
	Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000	Plan £'000		Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000		
I&E Perf Exc Impairments	1,455	(445) F	6,205	(30) F	6,615	Employee Expenses	176	(88) F	176	3 A	4841	
Income	(31,084)	(1,098) F	(91,004)	2,071 A	(371,485)	Drugs	75	(16) F	75	(16) F	700	
PSF (previously STF)	(811)	0	(2,434)	0	(16,238)	Clinical Supplies	21	(6) F	21	15 A	584	
Donated Asset	(32)	(8) F	96	25 A	(285,010)	Non Clinical Supplies	0	0	0	0	0	
Operating Expenditure	31,206	(1,528) F	96,224	(2,131) F	381,004	Non Pay Operating Expenses	42	127 A	42	79 A	9787	
Pay	21,176	(700) F	63,316	1,689 A	250,457	Income	88	(20) F	88	(5) F	1913	
Non Pay (incl reserves)	10,052	(468) F	32,908	(3,820) F	130,547	<b>Total</b>	<b>402</b>	<b>(3) F</b>	<b>402</b>	<b>76 A</b>	<b>17,825</b>	
<b>I&amp;E Perf Exc Donated Asset Income</b>	<b>1,455</b>	<b>(445) F</b>	<b>6,205</b>	<b>(30) F</b>	<b>6,615</b>	F = Favourable A = Adverse						
F = Favourable A = Adverse						4. Other						
Financial Sustainability Risk Rating					Plan	Actual	Performance Indicator	Monthly Performance		YTD Performance		Annual Plan
UOR					4	3		Plan	Actual	Plan	Actual	Plan
CoSRR					1	2	£'000	£'000	£'000	£'000	£'000	
3. Statement of Financial Position						5. Workforce						
Performance Indicator	Opening Balance	Current Balance	Movement in year			Performance Indicator	Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	
<b>Non Current Assets</b>	<b>209,108</b>	<b>207,544</b>	<b>-1,564</b>			Current Month	5930.32	5477.77	121.86	103.58	5703.21	
Current Assets	69,579	40,049	-26,954			Previous Month	6037.29	5571.98	145.09	129.20	5846.27	
Current Liabilities	-68,010	-40,694	16,575			Movement	106.97	94.21	23.23	25.62	143.06	
Non Current liabilities	-88,292	-90,116	4,621									
<b>Total Assets Employed</b>	<b>122,386</b>	<b>116,783</b>	<b>-7,323</b>									
<b>Total Tax Payers Equity</b>	<b>-122,386</b>	<b>-116,783</b>	<b>7,323</b>									

**Key**

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

## 1. Executive Summary

The Trust's deficit for month 3 (June 2018) was £1.5m, which is a favourable variance against plan in month of £445k. The cumulative position to the end of month 3 is a £6.2m deficit, which is £30k favourable to budget. However the Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a break even position for the rest of the year.

This position has been achieved after the release of non-recurrent monies of (£1.4m) following the review of prior year accruals being held. This mainly relates to accruals for agency doctors (through Holt) which are no longer required following review.

The YTD income position at the end of Month 3 is £2,096k adverse to plan (excluding donated asset income). In month 3, NHS Clinical Income (including non-PbR drugs) was £838k behind plan. Whilst Doncaster and Bassetlaw CCGs have favorable income variance of £377k and £918k respectively, these are offset by adverse variances with associate CCGs and also Non PbR Hep C drugs. Non NHS Clinical Income and Other Income was £268k behind plan in month 3. PSF is assumed at 100% in the position.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-312,484	-26,187	-25,791	395 A	-78,096	-77,410	687 A
Drugs	-24,087	-2,027	-1,583	443 A	-6,209	-5,095	1,113 A
STF	-16,238	-811	-811	0 F	-2,434	-2,434	0 F
Trading Income	-34,914	-2,902	-2,634	268 A	-8,699	-8,403	297 A
<b>Grand Total</b>	<b>-387,723</b>	<b>-31,927</b>	<b>-30,820</b>	<b>1,107 A</b>	<b>-95,438</b>	<b>-93,342</b>	<b>2,096 A</b>

The expenditure position to the end of Month 3 was £603k lower than budgeted levels, however employee expenses were higher than plan, driven by agency spend. Non-PbR drugs were significantly lower than planned levels (£1,147k which is offset by underperformance on income).

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
1. Pay	20,714	21,390	676 A	62,287	63,977	1,689 A	249,840
2. Non-Pay	10,111	10,442	331 A	30,702	31,397	695 A	117,800
3. Reserves, Recharges and Contingencies	1,908	-626	-2,534 F	5,365	850	-4,515 F	13,364
<b>Total Expenditure Position</b>	<b>32,733</b>	<b>31,206</b>	<b>-1,528 F</b>	<b>98,355</b>	<b>96,224</b>	<b>-2,131 F</b>	<b>381,004</b>

Capital expenditure YTD is £940k against the YTD plan of £2,017k (£1,077k behind plan).

The cash balance at the end of June was £3.4m against a plan of £5.1m. This was largely due to the receipt of Q4 STF funds being delayed until July. This shortfall was partially off-set with an additional loan drawdown from DoH and reduced AP run costs compared to plan.

## 2. Conclusion

The Trust's year to date financial position at Month 3 is £30k favourable variance compared to plan. There are however significant risks to delivery of the plan and the financial control total, including:

- A release of funds from the balance sheet relating to aged accruals of £1.4m has been required to ensure delivery of the Q1 control total. There is a risk these accruals are needed, but this risk would seem small.

- Delivery of CIP which has been back loaded in the plan and significant savings are still required to be identified and delivered. Whilst work continues the gap in the plan is not being closed quickly enough.
- There is a significance variance on income growth assumptions of £3.5m between the Trust's financial plan and commissioner assumptions and contract values. Levels of over performance and the further modelling of RTT suggest that with our main commissioners the budget assumptions are fairly robust. Also the financial plan assumes £2m of Commissioner QIPP plans are not delivered. It is too early in the year to determine the impact of this, however the continued under performance against associate CCG's is of concern.
- Control of agency spend, especially in medical needs further work as does a review of the amounts being paid to agency staff (the Trust has concentrated on lowering hours used).
- The Trust has been advised by NHSI that it can use its STF monies to cover its capital plan so the previously reported risk on capital is now no longer an issue provided the Trust maintains the cash balances to support the expenditure.

### 3. Recommendation

The Board is asked to note:

- The Trust's deficit for month 3 (June 2018) was £1.5m, which is a favourable variance against plan in month of £445k. The cumulative position to the end of month 3 is a £6.2m deficit, which is £30k favourable to budget.
- A release of prior year accruals of £1.4m has been required in month to ensure delivery of the Q1 control total.
- The progress in closing the gap on the Cost Improvement Programme.
- The risks set out in this paper.



**Doncaster and Bassetlaw  
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<b>Title</b>	<b>Performance Report</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	David Purdue, Deputy CEO & COO Sewa Singh, Medical Director Moira Hardy, Director of Nursing, Midwifery & AHPs Karen Barnard, Director of People & OD		
<b>Purpose</b>			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

**Executive summary containing key messages and issues**

The attached report provides governors with the latest performance data across:

- 4hr access, 2 week wait, RTT, cancer, diagnostics and stroke
- Safety and quality
- Workforce

**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.

## Operational Performance

**The performance report is against operational delivery in April, May and June 2018.**

### **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 remains below the target at 89.6%, which is deterioration from May by 0.5%.

The total number of Incomplete Pathways has decreased by 359 between May and June, however the number of incomplete pathways over 18 weeks increased by 143 hence the performance has gone down.

Key members of staff are being trained in a new NHSi demand and capacity tool, which the Trust will utilise along Gooroo, to review the capacity gaps in our services. NHSI are aware of the current capacity shortfalls and trajectories to improve the position over 2018/19. This is dependent on the outcomes of the final contract with the CCGs.

Improvements in theatre utilisation have been maintained. OPD bookings for firsts was improved in June.

There were no waiters over 52 weeks at the end of June. In the patients waiting above 38 weeks there are 2 potential breaches.

### **Diagnostics**

The diagnostic target was achieved at 99.36%

### **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.

## **June Performance**

**Trust 94.9%**, including alternative pathways 95.35%.

Quarter 1, 93.9%

PSF funding for quarter 1 achieved.

The Trust saw 14859 attendances in June, which is 664 more than in June 2017. This is a 4.6% increase in attendances. In June, 765 patients failed to be treated in 4hrs, with the main breach reason was wait to see ED doctor/ ED review which accounted for 431 of the 765 breaches. 88 breaches were due to bed pressures.

Information has been reviewed to further understand the increases in attendances. There appears to be an increase from the majority of GP practices.

The pathway work continues to review attendances for patients aged 25-40. Events are organised to try to understand behaviours in the System Perfect week planned for September.

16.3% of patients at DRI were streamed to UCC from FDASS.

The Trust is working with Nottinghamshire Health Care Trust and Bassetlaw CCG to review the streaming model/Out of Hours Service at BDGH to improve streaming to alternative pathways.

### **NHSI Additional Reporting Requirements**

18.2% of all of DRI discharges take place at a weekend and 15.1% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 158 patients a week at DRI and an extra 111 patients at BDGH

A&E attendances on a Monday at DRI account for 15.5% of weekly activity rising to 16.0% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.7% of all Emergency Admissions on a weekday at DRI but only 8.3% at BDGH.

When we move into the weekend this drops to 11.2% at DRI and 2.5% at BDGH

## **Cancer Performance**

### **May**

**62 day performance 85.6%, TWW performance 88.8%**

The 62 day standard was achieved by the Trust in May at 85.6%. Urology achieved the 85% standard in May. The One Stop Prostrate Clinic is on target to commence in September. There were delays in Upper GI, Head and Neck, lower GI and Haematology with reasons for breaches predominantly due to shared care pathways, complex diagnostic pathways or patient choice.

The May position for two week wait was 88.8% which was not compliant with the national target of 93% but which sees an improvement compared with April 2018. There were capacity issues reported in both urology and lower GI.

The Capacity and Demand tool continues to be developed, providing a planning tool based on previous referral trends, activity and capacity. Care groups are now using the tool proactively in order to plan two week wait capacity.

Weekly PTL meetings with each specialty are ongoing to jointly track patient booking, pathways and to review breaches. The two week wait process has been value stream mapped and an option appraisal is being shared with the cancer leads to agree. Due to the breaches due to administration delays in the interim the planning of colorectal pathways is being piloted back in the service. A straight to MRI pilot for prostate cancer is being planned for BDGH.

### **Stroke Performance**

Based on April discharges

The Trust level percentage for direct admission to the Stroke Unit has fallen back to 67.2% from 70.9% for April. There is, however, a slight improvement in the 1 hour scans at 58.6% compared to 54.5% for April.

In terms of exceptions, there were several pathway issues including delays in transfer from Bassetlaw, late referrals in A&E with one patients also being admitted to CDU before referral. There were some late requests for CT scans that prevented patients from being scanned within 1 hour.

The overall SSNAP performance for Stroke Dec-March 2018 outcomes has improved to A. Benchmarking against local trusts will be available next month.

## Safety & Quality

The Trust's rolling 12 month HSMR remains better than expected at 88.7. Crude mortality has fallen again in June.

Fractured Neck of Femur - Achievement of Best practice Tariff has remained at around 50% due to difficulties getting patients into theatre within 36 hours. Risk adjusted mortality remains better than expected

Total number of SIs has fallen again in June with the main category being HAPUs.

The rate for C Diff is below that of the same period last year and the national trajectory.

The rate for falls is the same for the month of May 2017, but higher YTD due to the fall in May

The reported number of HAPUs is higher than the same period last year, some of these are awaiting RCA review and the number is expected to reduce

The number of complaints and concerns remains within normal variation. Complaints resolution is similar to the previous month at 74%.

FFT response rates for both inpatients and ED patients has fallen in June whilst positivity of responses continues to be higher than the national average for both inpatients and ED

## Workforce

### Sickness absence

Following the reduction in April to 4.05% in month, rates remained at 4.05% in May (this was slightly higher than the equivalent period in 2017/18) and there has a further reduction in month 3 to 3.91% . Whilst there has been a reduction in short term absence rates, the number of absences in excess of 6 months has risen. The Deputy Director of P&OD will review all such cases to ensure there are plans in place to reduce this number.

### Appraisals

The Trusts appraisal completion rate has continued to see a further rise to 75.64% .

### SET

We have seen a further small rise in compliance with Statutory and Essential Training in June to 80.82% ; further analysis continues to take place regarding the SET topics and levels of training we require staff to undertake.



**Doncaster and Bassetlaw  
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NHS Foundation Trust

<b>Title</b>	<b>Chair's and NEDs' Report</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Suzy Brain England, Chair</b>		
<b>Purpose</b>			Tick one as appropriate
	Decision		
	Assurance		
	Information		x

<b>Executive summary containing key messages and issues</b>
The report covers the Chair and NEDs' work in April, June and July 2018 and includes updates on a number of activities.
<b>Key questions posed by the report</b>
N/A
<b>How this report contributes to the delivery of the strategic objectives</b>
The report relates to all of the strategic objectives.
<b>How this report impacts on current risks or highlights new risks</b>
N/A
<b>Recommendation(s) and next steps</b>
That the report be noted.

## Chair's and NEDs' Report – July 2018

### Trust Chief Executive appointed as lead for Integrated Assurance and Improvement

We are pleased to announce that our Chief Executive, Richard Parker, has been appointed to a part-time, one-day-a-week, secondment as System Lead for Integrated Assurance and Improvement within the Integrated Care System (ICS). Running in tandem with his current post, Richard will continue to lead DBTH.

The appointment follows a formal approach to the Trust Chair, Suzy Brain England OBE, by Sir Andrew Cash (Chief Executive of the South Yorkshire and Bassetlaw ICS) which was considered and accepted this morning by a special meeting of the Trust's Nomination and Remuneration Committee of the Board of Directors.

As many of you will already know, the ICS is a partnership of NHS commissioners and providers working together to improve and develop services in South Yorkshire and Bassetlaw. Formerly this project was known as the Accountable Care System (ACS) and Sustainability and Transformation Partnership (STP). Most recently, the partnership has conducted the Hospital Services Review (HSR).

Appointed as a secondment, Richard will undertake this new role in a part-time capacity for one day a week, and he will still continue to lead our Trust. We want to assure members of Team DBTH that all arrangements are in place to cover any absence from Richard, with the Deputy Chief Executive, David Purdue, stepping up as necessary.

In this new role, Richard will focus upon developing an assurance and improvement process and relationships with regulators on behalf of all providers within the ICS. Having our Chief Executive lead in this particular area will undoubtedly benefit the Trust, aligning with our strategic objectives as an organisation, further ensuring that we remain a key and important partner within the ICS and also further developing our work with regulators.

Richard will commence in this position from September 2018 when the ICS will formally launch.

### New non-executives start

On 6 July, we welcomed new non-executives Alan Chan and Sheena McDonnell for their first set of induction meetings at DBTH following their appointment from 1 July.

I am delighted that we have been able to appoint two talented additions to our Board of Directors. Both Alan and Sheena have invaluable skills which will help to steer the organisation forward.



## **Flying the Flag for Governors**

I was pleased that the Trust was one of 10 trusts to showcase its work at the NHS Foundation Trust Governor Focus Conference on 24 May at Congress House, London.

The Trust was selected for its work on 'enhancing governor effectiveness', which reported in October 2017, and took into account views from governors locally and around the region.

Hazel Brand, Peter Abell (Bassetlaw public governor) and Phil Beavers (Doncaster public governor) together with Matthew Kane (Trust Bard Secretary) attended the event with me to showcase DBTH's best practice to foundation trust chairs and governors from across the country.



As part of the day-long conference I was also guest speaker for one of the plenary sessions, giving an overview of how South Yorkshire and Bassetlaw trusts were engaging governors in the development of system wide plans in the area's Integrated Care System.

During her introduction, Dame Gill Morgan (chair of NHS Providers) specifically mentioned the "great work" being done in Doncaster and Bassetlaw.

## **Anwar Choudhry**

We report with sadness the death of Anwar Choudhry, aged 65. Anwar served the Trust as public governor for Doncaster since August 2016.

Our thoughts are with Anwar's family at this sad time.

## **Governor update**

The Trust is currently holding elections for its Council of Governors. There are five public seats up for nomination, three of which are in the Doncaster area and two in Bassetlaw. The nomination form and details about the roles are also available at [www.ersvotes.com/dbth2018](http://www.ersvotes.com/dbth2018).

This will be Nicola Hogarth's last meeting before standing down. We pass on our thanks to Nicky for the dedication and hard work she has shown in her six years with us and hope to see her back on the Council of Governors soon. Good luck to all governors involved in this round of elections!

As soon as the current process is over, we will be into the 2019 process for which we will see a number of established and valued governor' terms end. I am keen therefore that we do as much engagement as possible to find our new generation of governors and have asked Matthew to set up some capacity building sessions that tie in with the timetable.

## Members' Event

On 11 May, we held a superb event for members' at Bassetlaw Hospital, led by ED consultant Amjid Mohammed. Amjid took people through developments in A&E at BH and his new SMART-ER system. Pictured with me at the event is Andrew Goodall (Doncaster Healthwatch), Kath Smart (non-executive director), Hazel Brand (Bassetlaw Public Governor) and our speaker for the morning, Mr Amjid Mohammed.



## Kath takes on the Thunder Run

On 21 and 22 July, one of our non-executive directors Kath Smart will be taking on the Conti 24 hour Thunder Run in aid of the DBTH Charity.

If you would like to sponsor Kath you can do so: [www.justgiving.com/fundraising/kath-smart1](http://www.justgiving.com/fundraising/kath-smart1)

## Secretary of State visits DRI

In May, we welcomed the Rt. Hon. Jeremy Hunt, then Secretary of State for Health and Social Care (now Foreign Secretary), to DRI as part of his national tour speaking to health care staff about their work, the importance of patient safety and how he wants the NHS to be the safest and best healthcare system in the world.



The visit kicked off with a brief presentation from Sewa Singh, Medical Director on the Trust's own patient safety position. This was followed by a 40-minute presentation from the Secretary of State on some of the best practice and challenges he had witnessed during his five years in the job. NHS England's chief of pathology, Prof. Jo Martin closed with an open and honest insight into the importance of learning from mistakes. Afterwards, Mr Hunt joined Richard and I for a discussion about local issues.

Never one to miss an opportunity to engage with our national leaders, we ensured the new Secretary of State for Health and Social Care, Rt Hon. Matt Hancock MP, received a warm welcome shortly after he took office and an offer to come to Doncaster and Bassetlaw to see some of the new innovations we are developing.

## **Visit by Dame Gill Morgan**

We were also paid a visit by Dame Gill Morgan, Chair of NHS Providers, on 16 May. Dame Gill met with Kirsty Edmondson Jones to discuss capital projects, with Mr Amjid Mohammed to discuss SMART-ER and then undertook a tour of our Frailty Ward led by Head of Nursing Cindy Storer, before sitting down with myself and David to discuss our plans. I know she was very impressed with her visit and I am grateful to everyone who supported it by meeting with her or organising it.

## **NED reports**

Kath met staff at the Ward QWAT celebration event and Person Centred Care event. The Person Centred Care event showcased many improvements and she had opportunity to talk with staff around Falls, ARC, Geriatric assessment & Hydration and was hugely impressed with the enthusiasm. Kath also acted as a panel member for interviews for a Stroke Consultant, and attended QEC to gain further insight into the Quality Assurance processes.

Linn Phipps attended the Finance and Performance Committee to participate in the budget discussions. To gain periodic assurance, she joined a meeting of the Clinical Governance Committee and was particularly interested in the use of the Quality Dashboard, and discussions on risk and capacity. She also joined the Governors A&E visit and was delighted to learn of its innovation in electronic capture of information from waiting patients, and the recent Governors' briefing meeting. Linn met with new NED Pat Drake who is joining the Quality and Effectiveness Committee. Externally, Linn joined the South Yorkshire & Bassetlaw NEDs' and Lay Members meeting on the Integrated Care System.

Linn has met with R&D to help support the development of the new R&D strategy, including future success measures. She also met with the Patient Experience team to discuss progress with a Balanced Scorecard type measure. To help strengthen our quality focus, she is also meeting the new Divisional Directors individually, and has been very pleased to meet up with two of them so far.

Pat Drake attended the Quality Summit for Respiratory Unit, went to SYB ICS meeting, went on a tour of A and E at DRI and also visited the Library at DRI.

Kath, Neil and Linn all attended Management Board on 11 June where they met with clinical divisional directors and heard about CIP and ICS capital proposals.

Finally, both myself and the non-executives have been meeting with the new divisional directors on an individual basis.



## Chief Executive's Report 31 July 2018

### **Funding Boost for NHS**

Prime Minister Theresa May has announced a £20bn NHS funding increase over the next five years. This translates to a 3.4% year-on-year annual funding increase.

Although financial analysis by the Health Foundation and Institute for Fiscal Studies, published last month, suggested that the NHS needed a 4% year on year increase in order to respond to NHS England's ambitious transformation plans, the increased funding is welcomed.



### **Next steps on NHS England and NHS Improvement closer working**

Following on from the announcement last month about closer working between NHS Improvement and NHS England, the chief executives of both organisations wrote to trusts on 24 May to set out the finer detail of the arrangements which should have positive implications for partnership working.

You can find a copy of the joint board paper here:

[https://improvement.nhs.uk/documents/2823/Next steps on aligning the work of NHS England and....pdf](https://improvement.nhs.uk/documents/2823/Next%20steps%20on%20aligning%20the%20work%20of%20NHS%20England%20and%20....pdf)

The paper describes how the majority of the organisations' national functions will move to single integrated teams reporting to both organisations, or as hosted teams, working in one organisation on behalf of both.

It also contains the final proposals for the North and Midlands and East regional geographies.

### **Action on Sugary Drinks**

Action by NHS England has slashed the sale of sugary drinks in hospitals, new data has revealed.

Last year chief executive Simon Stevens challenged trusts to reduce the sale of sugar-filled drinks to 10 per cent or less of those bought on the premises.

Nine out of ten trusts (including DBTH) have now acted, and the proportion of drinks sold on NHS premises that contain added sugar has been dramatically cut from 15.6 per cent to 8.7 per cent, successfully meeting the challenge.

Ten million teaspoons of sugar have been removed from NHS canteens, shops and vending machines as a result – the equivalent of 1.1 million cans of fizzy drink, roughly 39,000 kilos of sugar and over 160,000,000 fewer calories.

### **Event marking the NHS' 70th birthday**

Nurses, doctors and other staff from Doncaster Clinical Commissioning Group (DCCG), Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) joined forces to mark the milestone and were joined by Dame Rosie Winterton, MP.



The NHS 70 event was part of the Flourish Enterprises summer fair on Saturday 7 July at Woodfield Park. There was fun for all ages at the event, and The Seventh Day Adventist Church football team scooped the top prize in the highly competitive five-a-side football tournament.



Meanwhile, Director of Nursing, Midwifery and Allied Health Professionals Moira Hardy, along with DBTH nurse Karen McKie and Montagu Hospital Manager Janice Edees attended the 70<sup>th</sup> Anniversary celebration at York Minster where the Secretary of State for Health and Social Care joined guests.

### **Publication of Hospital Services Review**

The month of May saw the publication of an independent report into how providers and commissioners should work together to ensure that the care provided to patients can be maintained and improved across South Yorkshire, Bassetlaw and Chesterfield.

The Hospital Services Review (HSR) Report strongly recommends that to continue to provide high quality services across the region, hospitals must work together even more closely and in ways that connect teams across all sites.

The central theme is for local people to continue to get as much hospital care as possible in their local District General Hospital (DGH). This includes a recommendation to keep all seven emergency departments (EDs) in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, the Major Trauma Centre and ED at the Northern General Hospital in Sheffield and the ED at the Sheffield Children's Hospital.

Should the Report recommendations be accepted, additional work would be undertaken over the next year to further scope the options. The Report will now be received by the South Yorkshire and Bassetlaw Health and Care Working Together Collaborative Partnership Board in June and then the collective committees and individual boards and governing bodies, and committees within the partnership throughout June and July.

### **New campaign for nurses**

A new campaign has been launched in the last month to help recruit more staff into the NHS, and to retain existing staff. It will initially focus on nursing and then highlight other roles, particularly those with the largest shortages — such as mental health and learning disability.



The campaign, on TV, radio and social media, directs potential recruits to the Health Careers website which provides information on different roles within the NHS and how to access them — including training requirements and funding. You can watch one of the advertisements here: [https://youtu.be/GVBP1ld0\\_n0](https://youtu.be/GVBP1ld0_n0)

### **'Good Health' Launched**

A new book, chronicling the 150 year history of Doncaster Royal Infirmary as well as developments at Bassetlaw and Montagu Hospitals, has been published by the Trust.

'Good Health' covers the organisation from its humble beginnings in the 19th century to the achievement of 'Teaching Hospital' status in 2017. It was written by the Trust's Honorary Archivist, Garry Swann BEM and includes photos from the last 15 decades to create a wonderful collection of insights and memories.

It can be purchased online, priced £9.99, at [www.justgiving.com/fundraising/dbth-book](http://www.justgiving.com/fundraising/dbth-book) with proceeds going to the DBTH Charity.

### **Reducing Long Hospital Waits**

Pauline Philip, national director of urgent and emergency care at NHS England and NHS Improvement, recently wrote to acute trusts, CCGs, STPs and others to announce a new national ambition to reduce bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25%. This ambition should feed into system planning for next winter.

The letter revealed that nearly 350,000 patients spend more than three weeks in an acute hospital each year. Long stay patients account for 8% of admissions requiring an overnight stay and have an average length of stay of 40 days. Around one-fifth of beds are occupied by patients who have already been in hospital for more than three weeks.

There are five cohorts with five being the best. The Trust is currently in cohort 4. Approximately 18% of our bed stock is above 21 days but this includes Montagu which has a predicted length of stay of 21 days.

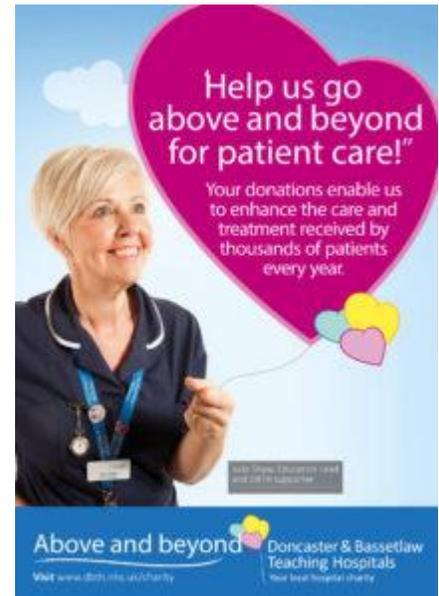
## Charity launches

Earlier this month saw the relaunch of our Trust charity.

Called 'Doncaster and Bassetlaw Teaching Hospitals Charity' (DBTH Charity), the fundraising brand will cover all three hospital sites at Doncaster, Bassetlaw and Mexborough, with an ambition to ensure the Trust makes the most of the kind donations received for the benefit of patients.

By launching DBTH Charity, the organisation is hoping to make it really easy for anyone who is looking to raise funds for Bassetlaw Hospital, Doncaster Royal Infirmary or Montagu Hospital.

A dedicated webpage has been created that offers advice and support to help fundraisers achieve their goals. Visit <https://www.dbth.nhs.uk/charity> for more details.



## Nurses Day a huge success

May 12<sup>th</sup> was International Nurses Day and DBTH celebrated it by holding an event attended by around 100 nurses and healthcare professionals.

The conference kicked-off with a moving and thought-provoking discussion, courtesy of special guest Dr Kate Allatt (pictured with me). Kate generously shared her powerful story with attendees, detailing how a stroke had left her with 'Locked-In Syndrome'.



Kate's inspiring account touched everyone in the room, highlighting the importance of remaining positive in the face of seemingly insurmountable challenges, and the crucial role healthcare staff play in any patient's journey. Afterwards, attendees gathered together to showcase exciting developments and take part in a series of informative workshops. These activities touched on everything from patient safety, to a recent innovation called Achieving Reliable Care (ARC), as well as supporting patients who are at the end of life.

## **Local surgeon elected President of British Laryngological Association**

Mr Mark Watson, Consultant Ear Nose and Throat (ENT) Surgeon and a member of the British Laryngological Association (BLA) for around six years, will become President of the Association on 1 May 2019.



## **Jeanette Fish**

Earlier this month we received the sad news that Jeannette Fish had passed away. A former nurse, Jeannette was a co-founder of the Doncaster Cancer Detection Trust (DCDT), a group which has been raising funds to support cancer services in the town for over 40 years. Amongst her many achievements, Jeannette helped to raise millions of pounds for cancer diagnosis, care and treatment, aiding in the purchasing of equipment which helped to bring cancer services to Doncaster, hugely benefitting local patients.

## **Change at the Department of Health and Social Care**

Following Rt. Hon. Jeremy Hunt's promotion to the role of Foreign Secretary in HM Government, the Rt. Hon. Matt Hancock is the new Secretary of State for Health and Social Care.

## **Changes to corporate structure**

Following a rigorous and robust selection process, Rick Dickinson has been appointed as new Deputy Director of Nursing, Midwifery and Allied Health Professionals.

Other changes to the structure are as follows:

Deputy Chief Operating Officers – Emma Challans and Claire Jenkinson  
General Managers – Mandy Espey and Lesley Hammond

## **Other commendations**

Garry Swann has been awarded a British Empire Medal (BEM) for his services to the NHS, as announced in the Queen's Birthday Honours List last week.

Dr Neelam Dugar, consultant radiologist, was recently presented with the exceptional contribution award by Royal College of Radiologists at Central Hall at Westminster.

Finally, Dr Prakash Subedi has been appointed as Professor in Emergency Medicine and Dr Naushad Khan have been appointed as Associate Professor in Emergency Medicine by Chitwan Medical College, Nepal.



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

<b>Title</b>	<b>Chair and NEDs Appraisal Process</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Matthew Kane, Trust Board Secretary</b>		
<b>Purpose</b>			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

**Executive summary containing key messages and issues**

The Chair and Non-executive Directors' objectives setting and performance appraisal process was agreed by Council of Governors in April and subsequently modified following the resignation of the Senior Independent Director.

The process followed the timetable agreed in April with governors and executives having the opportunity to feed in comments about Chair and Non-executive Director performance and objectives. Meetings with governors (through Appointments and Remuneration Committee) and non-executives have also taken place to gather additional feedback.

The Chair's performance appraisal was undertaken using a combination of the NHS Leadership Academy 360 process and an in-house process followed by a meeting with Neil Rhodes (non-executive director) and Sam Debbage (Deputy Director for Education and 360 degree trained facilitator). The Non-executive Directors appraisal and objective setting was undertaken in-house and then followed by a meeting with the Chair.

This paper reports to governors the Chair's and non-executive directors' objectives for 2018/19 together with general feedback from their appraisals. It does not include the objectives of the two new non-executives, Alan Chan and Sheena McDonnell, although these may be reported verbally at the meeting.

**Key questions posed by the report**

Do governors feel that the objectives for 2018/19 are sufficiently rigorous and robust?

**How this report contributes to the delivery of the strategic objectives**

The report contributes to the Trust's governance processes which underpin the appropriate delivery of strategic objectives.

**How this report impacts on current risks or highlights new risks**

The report mitigates the risk of failing to have in place sound governance arrangements as set out in the NHS Code of Corporate Governance.

**Recommendation(s) and next steps**

That the Chair and NED objectives for 2018/19 are APPROVED.



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

<b>Title</b>	<b>Appointment of Deputy Chair and Senior Independent Director</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Matthew Kane, Trust Board Secretary</b>		
<b>Purpose</b>			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

**Executive summary containing key messages and issues**

When Governors met on 18 June 2018, they agreed that expressions of interest be sought from amongst non-executive directors for the roles of Deputy Chair and Senior Independent Director. The descriptions for each of the roles are attached.

Governors also agreed that, should there be interest in either role from two or more non-executives, an appointment process should take place. However, should only one expression of interest be received for either of the roles then it would be possible to dispense with the process.

One expression of interest for each role was received from amongst the existing non-executives. Therefore, Neil Rhodes (for Deputy Chair) and Pat Drake (for Senior Independent Director) are recommended for appointment.

The roles will take effect from 1 August 2018, each for a three-year term (or until they cease to be non-executives). Each role attracts an additional payment of £1,120 per annum.

**Key questions posed by the report**

Is the Council of Governors satisfied that the recommended candidates have the sufficient skills and experience to take on the roles?

**How this report contributes to the delivery of the strategic objectives**

The report contributes to the Trust's governance processes which underpins the appropriate delivery of strategic objectives.

**How this report impacts on current risks or highlights new risks**

The report mitigates the risk of failing to have in place sound governance arrangements as set out in the NHS Code of Corporate Governance.

**Recommendation(s) and next steps**

That the appointment of:

- (i) Neil Rhodes to the position of Deputy Chair; and
- (ii) Pat Drake to the position of Senior Independent Director

be approved for a term of three years from 1 August 2018.

## Deputy Chair

### **The Deputy Chair is responsible for:**

- **Chairing Council of Governors and Board of Directors meetings in the absence of the Chair (e.g. due to leave, illness or conflict of interest)**
- **Signing documents, or any other duties that may be required, in the absence of the Chair (e.g. due to leave, illness or conflict of interest)**
- **To chair the Appointments and Remuneration Committee of the Council of Governors when it is considering the appointment of the Chair**

## Trust Constitution

16.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 25 below) or, in his absence, the Deputy Chair (appointed in accordance with the provisions of paragraph 26 below), shall preside at meetings of the Council of Governors save that if the Chair and Deputy Chair are unable to preside whether for reasons of absence, conflict of interest or otherwise the Vice Chair shall preside.

25.1 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the Non-Executive Directors as a Deputy Chair.

25.2 The Deputy Chair shall be appointed for a term of 3 years and shall be eligible for re-appointment at the end of that term but may not serve as Deputy Chair for more than a total of 6 years.

## Board of Directors Standing Orders

4.4 At any meeting of the Board of Directors, the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair shall preside.

4.5 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside.

4.6 Where the Chair of the Trust has died or has otherwise ceased to hold office or where he has been unable to perform his duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in the Schedule to these Regulations shall, so long as there is no Chair able to perform his duties, be taken to include references to the Deputy Chair. In such cases the Deputy Chair shall act as Chair of the Board of Directors.

## Council of Governors Standing Orders

3.5 If the Chairman is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chairman, if present, shall preside.

3.6 The Chairman and Deputy Chairman may not preside in respect of votes of the Council of Governors concerning Non-executive Directors. The Council of Governors should provide for a Vice Chairman to preside and have a casting vote in respect of votes of the Council of Governors concerning Non-Executive Directors.

3.7 Where the Chairman of the Trust has died or has otherwise ceased to hold office or where he has been unable to perform his duties as Chairman owing to illness, absence from England and Wales or any other cause, references to the Chairman in the Schedule to these Regulations shall, so long as there is no Chairman able to perform his duties, be taken to include references to the Deputy Chairman. The Deputy Chairman shall act as Chairman of the Council of Governors.

## Senior Independent Director

The duties of the Senior Independent Director are:

- To act as Whistleblowing Lead
- To lead the appraisal of the Chair
- To be available to members and governors if they have concerns which contact through the normal channels (of chair, chief executive or finance director) has failed to resolve, or for which such contact is inappropriate
- To attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors

## Trust Constitution

9.1 A majority of the Governors shall at a general meeting of the Council of Governors appoint one of the Non-Executive Directors to be the Senior Independent Director for a term of three years. The Senior Independent Director shall be eligible for re-appointment at the end of that term but may not serve as Senior Independent Director for more than a total of six years.

9.2 The Senior Independent Director shall be available to Members and Governors if they have concerns which contact through the normal channels of the Chair, Chief Executive or Finance Director has failed to resolve or for which such contact is inappropriate.

9.3 A person appointed as the Senior Independent Director shall cease to be eligible to continue serving as the Senior Independent Director if he ceases to be a Non-Executive Director and the Senior Independent Director's term of office may be terminated by a majority of not less than 75% of the Governors present and voting at a meeting of the Council of Governors.

## Code of Governance

A.1.3 The Chairman should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairman at least annually to evaluate the chairman's performance, as part of a process which should be agreed with the Council of Governors, for appraising the chair and on such other occasions as are deemed appropriate.

A.3.3 The senior independent director should be available to members and governors if they have concerns which contact through the normal channels of chairman, chief executive or finance director has failed to resolve or for which such contact is inappropriate. The senior independent director could be the deputy chairman.

D.2 The governors should bear in mind the desirability of using the senior independent director to lead the non-executive directors in an evaluation of the chairman.

D.1.3 The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.



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

<b>Title</b>	<b>Living the Values</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Karen Barnard, Director of People and Organisational Development</b> <b>Matthew Kane, Trust Board Secretary</b>		
<b>Purpose</b>			Tick one as appropriate
	Decision		X
	Assurance		
	Information		

**Executive summary containing key messages and issues**

As part of the Governor Forum in February, Governors undertook a piece of work supported by in-house trainers exploring the We Care values and how they applied in the Trust. This was built on during a subsequent Governors' Timeout in March.

During those sessions, Governors felt that there was a case for ensuring that consistent standards for governors and staff applied across the Trust. Accordingly, work has taken place on revising the code of conduct for governors which was last updated in 2012. It is good practice to revise key governance documents at least every three years.

The proposed code integrates the We Care and Nolan principles of public life and sets out a standard behavioural framework so that the Council of Governors is fair, transparent, responsible and accountable in its dealings with one another and the public.

It also sets out a process through which any breaches of the code may be addressed.

**Key questions posed by the report**

Is the Council of Governors satisfied that the proposed revised code of conduct fully reflects the work governors have put in to the Living the Values work?

**How this report contributes to the delivery of the strategic objectives**

The report contributes to the Trust's governance processes which underpin the appropriate delivery of strategic objectives.

**How this report impacts on current risks or highlights new risks**

The report mitigates the risk of failing to have in place sound governance arrangements as set out in the NHS Code of Corporate Governance.

**Recommendation(s) and next steps**

That the revised Code of Conduct attached at Appendix A be APPROVED.

## Code of Conduct for Council of Governors (Appendix A)

Positive and constructive behaviour is crucial to effective teamwork. The Trust has an agreed set of values and our Council of Governors acts as a role model for the rest of the organisation. They recognise, therefore, the importance of 'living the values'.

This code of conduct builds on the work governors undertook in March 2018 and complements the Trust's constitution which embodies the legal requirements for governors. The code should also be read in conjunction with NHS Improvement's code of governance and guidance for governors. Once elected, governors will be required to sign a declaration to confirm that they will comply with the requirements of this code.

Governors must continue to comply with the qualifications required to hold office, throughout their period of tenure, as defined in the constitution. The Trust Board Secretary must be advised of any changes in circumstances that may disqualify a governor from continuing in office.

This code of conduct replaces the one issued in June 2012.

### Key values and principles

The Trust's values are:

- **We** always put the patient first.
- **Everyone counts** – we treat each other with courtesy, honesty, respect and dignity.
- **Committed to quality** and continuously improving patient experience.
- **Always caring and compassionate.**
- **Responsible and accountable** for our actions – taking pride in our work.
- **Encouraging and valuing** our diverse staff and rewarding ability and innovation.

In addition, Governors are public office holders and are therefore bound by the principles established by the Nolan Committee as 'principles of public life'. By taking on the role of governor and operating in public life, governors agree to these seven principles:

**Selflessness** - Holders of public office should act solely in terms of the public interest.

**Integrity** - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

**Objectivity** - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

**Accountability** - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

**Openness**- Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

**Honesty**- Holders of public office should be truthful.

**Leadership** - Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

### Behaviours

Together, the 'We Care' values and the Nolan principles represent a shared set of standards for the Trust. They can be articulated in terms of eight key behaviours. These describe the kind of organisation we are aiming to be and how governors will achieve that by working to consistent standards of behaviour.

**Meaningful communication** means that, as a governor, I:

- Ensure the Trust is always portrayed to others in a positive and constructive manner including outside the organisation and on social media
- Keep the relevant people in the Trust up to date with key issues I am dealing with, recognising their interests and needs as well as their assigned responsibilities
- Communicate and ask for help when I am uncertain
- Listen and be aware of the effects on others of my body language
- Not become personally involved in patient matters that should rightly be handled by the appropriate members of staff
- Follow relevant Trust procedures when visiting patient areas, and agree the format of any such visits with the relevant manager
- Am accountable to the membership who elected me or the organisation who appointed me

**Recognition and appreciation** means that I:

- Use 'My name is ...' when first meeting patients or members of the public at the Trust
- Treat colleagues with dignity and respect at all times by ensuring all contributions are heard and considered
- Feedback on performance and challenge with a constructive purpose
- Am on time for meetings and stay in them showing respect for the agenda (unless there is a valid reason which has been communicated to the Chair)
- Celebrate success and achievement with teams, participating in lessons learned when things go wrong

**Learning and development** means that I:

- Commit to learning and development activities that are provided by the Trust
- Be prepared to state what I do not know and learn from this
- Learn about the different portfolios and take responsibility to 'find out'
- Ensure that I participate in the Chair and NED appraisals by giving constructive feedback

**Presentation of self** means that I:

- Maintain high standards of timekeeping and attendance and demand the same from others
- Respect an individual's right to be different but in the context of maintaining high standards expected of a governor
- Behave with honesty and integrity to maintain the reputation of the Trust and confidence of the Council of Governors
- Declare any interests in line with the Standing Orders and take the necessary action to resolve those conflicts
- Conduct myself in a manner which reflects positively on the Trust when attending external meetings or any other events
- Comply with all legal obligations

**Caring organisation** means that I:

- Take account of safety and quality of care to patients at all times
- Ensure that support to staff and a feeling of being valued and cared for is part of the culture of the Trust
- 'Call out' unacceptable behaviour through the proper procedures

**Confidentiality** means that I:

- Ensure that what is agreed as confidential remains confidential and is not shared outside the organisation
- Ensure that I understand what information and parts of discussions can be shared
- Never undermine colleagues or my collective responsibility
- Feedback any issues of concern to the Chair, Vice Chair, Chief Executive or Trust Board Secretary

**Partnership and teamwork** means that I:

- Respect the Chair's role and responsibilities in meetings
- Contribute to the clarity of decision making of the team
- Understand that the role of governors is apolitical
- Welcome diversity of opinion and membership and use this as a strength in decision making
- Not seek to undermine the collective decision-making of the Council of Governors
- Seek to improve partnership working in and outside the organisation and be clear on the team approach to various partners
- Understand that the Council of Governors acts as a whole and no one governor or group of governors can act in the name of the Trust

**Achievement** means that I:

- Accept and receive feedback when collective decisions are made and move on
- Do what is necessary to change processes and remove obstacles to achieve success and ensure added value
- Celebrate success and achievement so that this, in turn, breeds further success

#### Dealing with a breach of this code of conduct

Where misconduct takes place, the Chair is authorised to take such action as may be immediately required. This may include exclusion of the governor from a meeting or having a private discussion with a governor. The Chair may decide that the Vice Chair, Chief Executive or another member of the Trust's staff is best placed to have this discussion.

If the governor is considered to have acted in a manner that is in breach of this code of conduct then a panel (known as a *conduct committee*) consisting of the Chair, Vice Chair and one other governor with no prior involvement in the case will consider the alleged breach and decide whether a sanction should be applied. This will be a committee of the Council of Governors and is to ensure the matter is dealt with fairly. The Committee will be advised by the Chief Executive and Trust Board Secretary (or their representatives).

The Panel may consider a report of the issues surrounding the complaint, as well as oral or written representations from the complainant and the governor who is subject to the complaint and then decide on a sanction. The process the committee undertakes and the sanctions that may be applied should be proportionate to the alleged breach and will be agreed by the Chair beforehand and made clear to the parties relevant to the case.

Sanctions may include recommending to a Part 2 session of the Council of Governors that:

- The governor issues a letter or statement of apology
- The governor attends a relevant training session
- The governor is removed from a particular committee or role at the Trust
- The governor is removed from the Council of Governors
- Other action takes place, such as mediation between governor and complainant

All recommendations will be decided on a simple majority except for where consideration is given to the removal of a Governor from the Council of Governors which requires 75% of governors present and voting. If a governor fails within two months to carry out the requested action then they may be subject to a further sanction.



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

**Governor Code of Conduct (Appendix B)**

Role, function and standards of business conduct

- As an NHS Foundation Trust Governor I agree to:
  - adhere to the Trust's rules and policies, including the constitution, standing orders and standing financial instructions, and support its objectives, in particular those relating to NHS foundation trust status and developing a successful Trust
  - act in the best interests of the Trust at all times
  - contribute to the working of the Board of Governors in order for it to fulfill its defined role and functions
  - support and assist the Chief Executive, as accounting officer, in their responsibility to answer to Monitor, commissioners and the public.
  
- In performing my role, I will:
  - value fellow governors, even when there are differences in opinion
  - recognise that the Governors' role is a collective one
  - adhere to the Trust's meeting etiquette
  - adhere to Trust confidentiality and information governance policies, in relation to corporate as well as patient information
  - be mindful of conduct which could be deemed to be unfair or discriminatory
  - conduct myself in a manner which reflects positively on the Trust when attending external meetings or any other events
  - seek to ensure that the membership of the constituency, or partner organisation, that elected / appointed me is properly informed and that their views are fed back to the Trust
  - seek to ensure that the best interests of the public and patients/clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements
  - seek guidance from the Chairman or Head of Corporate affairs if I am unsure of whether conduct is appropriate.
  
- If I am a member of any trade union, political party, or other organisation, I will declare that interest should I be elected. I recognise that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (patient, public or staff) that elected me.

- If I have any other relevant or material interest, as defined in the Constitution, I will declare that interest should I be elected.

### Objectives, goals and values

- I will commit to and actively support Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's strategic goals and objectives.
- I accept that Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is an apolitical organisation.
- I will uphold the vision and values of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust as follows:
  - Put the patient at the centre of everything we do
  - Provide integrated services that are high quality, safe and efficient
  - Value our staff and provide good educational and career opportunities
  - Care and compassion by listening, being open and responsive
  - Courtesy, honesty, respect and dignity
  - Always looking for innovative ways to do things better
  - Staff, patients, governors and volunteers to work together to improve health, well-being and patients' experiences
  - The highest professional and managerial standards and accountability
  - Everyone working for, and involved with our organisation, commit to these principles at all times.
- I will promote the Trust's equal opportunities policy in every area of my work. I will seek to ensure that no one is discriminated against because of their religion, belief, race, gender, marital status, disability, gender reassignment, sexual orientation, age or social and economic status.
- I will perform my duties in accordance with the seven principles of public life promulgated by the Nolan Committee:
  - Selflessness
  - Integrity
  - Objectivity
  - Accountability
  - Openness
  - Honesty
  - Leadership

### Dealing with patients, and visiting the Trust

- I will respect the confidentiality of individual patients and comply with confidentiality policies.

- I will not become personally involved in patient matters that should rightly be handled by the appropriate members of staff.
- I will follow relevant Trust procedures when visiting patient areas, and agree the format of any such visits with the relevant director or manager.



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

<b>Title</b>	<b>Sharing the Learning</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Matthew Kane, Trust Board Secretary</b>		
<b>Purpose</b>		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

**Executive summary containing key messages and issues**

The Council of Governors considered its committee structure as part of the governor effectiveness review in October 2017 when it agreed that:

- 1) The Health and Care of Adults Committee be disestablished and its work subsumed into existing governor structures and that this arrangement be reviewed in 12 months' time.
- 2) The Health and Care of Young People Committee be retained and that this arrangement be reviewed in 12 months' time.

In respect of the Health and Care of Adults Committee, its work has been integrated into the normal running of the governors' business with more governors now able to contribute to discussions. Evidence of this since the publication of the effectiveness review reveals no fewer than 16 sessions on clinical issues at governors meetings.

- Hospital Services Review, Governor Brief, 3 October 2017
- Patient Experience and Engagement, Governor Brief, 3 October 2017
- CQC update, Governor Brief, 14 December 2017
- Butterfly Volunteers, Governors' Timeout, 18 December 2017
- Patient Advice and Liaison Service, Governors' Timeout, 18 December 2017
- Update on CQC Well Led, Governor Brief, 11 January 2018
- Ward QAT presentation, Council of Governors, 31 January 2018

- Clinical Site Strategy, Governor Brief, 6 March 2018
- System Perfect, Governors' Timeout, 8 March 2018
- 15 Steps, Governor Brief, Governor Brief, 10 April 2018
- Infection Prevention Update, Council of Governors, 25 April 2018
- CQC, Hospital Services and Care Group changes, Governor Brief, 1 May 2018
- Safeguarding Update, Governors Timeout, 18 June 2018
- Laryngology in Doncaster and Bassetlaw, Governors' Timeout, 18 June 2018
- Clinical Admin Review, Governor Forum, 3 July 2018
- CQC Report presentation, Council of Governors, 26 July 2018

In respect of the Health and Care of Young People, the Committee undertook its own review at its meeting on 6 June 2018, three months earlier than planned. They agreed that, subject to assurance/agreement about how matters relating to paediatrics will be escalated and considered in the future, the Committee had now served its purpose and could also be disbanded.

Finally, there was a reflective discussion at Appointments and Remuneration Committee on 18 June 2018 about how some governors, particularly new governors, might feel 'locked out' of the current committee processes.

Bringing these various threads together, the Vice Chair has proposed that a working party of six governors be established, together with the Chair and Vice Chair, to look at three specific issues remaining from the Governor Effectiveness Review:

- Whether governors feel assured that adult health and care issues have been sufficiently addressed through the processes described above.
- How governors will continue to receive assurance on paediatric health and care issues should the Health and Care of Young People Committee be disestablished.
- How the future governor committee structure should look and function, taking into account best practice.

The group's membership will be decided following consultation with governors over availability. The group will make recommendations to October's Council of Governors' meeting.

#### **Key questions posed by the report**

Are governors happy to establish a working group to look at the issues remaining from the Governor Effectiveness Review?

#### **How this report contributes to the delivery of the strategic objectives**

N/A

<b>How this report impacts on current risks or highlights new risks</b>
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N/A
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<b>Recommendation(s) and next steps</b>
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A working party of six governors be established, together with the Chair and Vice Chair, to look at the proposals in this report in more detail and then report back to the Council of Governors in October 2018 with recommendations.
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**Doncaster and Bassetlaw  
Teaching Hospitals**  
NHS Foundation Trust

<b>Title</b>	<b>Feedback from Governors' Advisory Panel (GAC)</b>		
<b>Report to</b>	<b>Council of Governors</b>	<b>Date</b>	<b>26 July 2018</b>
<b>Author</b>	<b>Peter Abell, Acute Representative, GAC</b>		
<b>Purpose</b>			Tick one as appropriate
	Decision		
	Assurance		X
	Information		

**Executive summary containing key messages and issues**

A report from Peter Abell, Bassetlaw Public Governor and acute trust representative on the NHS Providers' (NHSP) Governor Advisory Panel (GAC) which met in London on 15 May 2018.

Election to GAC

This is a national committee of eight elected members and I am following on from Roy Underwood, a Staff Governor, so our Trust now has a tradition of involvement. There are six members from north of the Trent and two from the home counties. NHSP Trustees are represented by our Chair Suzy Brain England and by staff members. NHSP seem disappointed that the election did not produce anyone from any of the large London hospitals.

Membership of GAC

The elected members are living proof of the diversity of Trust – some are from a single Hospital such as Liverpool Women's Hospital – others cover one hundred miles and have 200 sites such as Oxford Health NHS Foundation Trust. There are a wide range of Trust types including Acute Hospitals, a Mental Health Trust, and an Ambulance Trust. It is good to have an insight into the wide world of the NHS and the service that so many Governors give.

## The Meeting

As this was the initial meeting of what is to be a three-year GAC cycle the meeting was very much an induction provided by the highly professional NHSP staff covering the role of NHSP and GAC in particular. During the meeting we all gave examples of issues engaging Governors at our Trust: I explained how our Council had been briefed on the Sodexo contract and our follow up on issues raised by patients. Other examples ranged from the hold-up on the new Liverpool Hospital following the failure of Carillion; the impact of ACS/ICS; women seeking fertility treatment sharing the waiting room used by pregnant women; the cost of PFI and, to my surprise, some Governors not being well served by the staff of their Trusts.

It was clear that when you put Governors together they quickly focus on key issues of patient care, funding, and the policy context of the moment and do so from direct practical experience. This is why NHSP need to have direct access to a Committee of Governors because not only do they need to be able to advise Trusts about the legal role of Governors but also have access to the unique view point of Governors. A point of view that is close to patients and the wider public but also informed, realistic and engaged.

Public debate locally and nationally consists often of NHS professionals dealing with the arguments of politicised protesters or highly charged interest groups. Such debate is frequently off the point and unhelpful. I think that as the NHS faces the changes that are imminent there needs to be a real focus on developing the voice of Governors. I give as an example the South Yorkshire and Bassetlaw Conference on ACS/ICS. In the debate Governors examined issues with local insight, knowledge and put results for users first. As a first step NHSP should be encouraged to organise a conference for our Region which seeks maximum Governor debate on issues that need our voice.

### **Key questions posed by the report**

N/A

### **How this report contributes to the delivery of the strategic objectives**

N/A

### **How this report impacts on current risks or highlights new risks**

N/A

### **Recommendation(s) and next steps**

To note.



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

**Minutes of the meeting of the  
Appointments and Remuneration Committee of the Council of Governors**

**Held on Monday 23 May 2018  
in the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England	Chair
	Ruth Allarton	Partner Governor
	Mike Addenbrooke	Public Governor
	Phil Beavers	Public Governor
	Hazel Brand	Public Governor
	David Cuckson	Public Governor
	Lynn Goy	Staff Governor
	George Webb	Public Governor
<b>In attendance:</b>	Richard Parker	Chief Executive
	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**16/5/1** Apologies were received from Brenda Maslen.

**Minutes of meeting held 8 March 2018**

**16/5/2** The minutes of the meeting of the Appointments and Remuneration Committee held on 8 March 2018 were APPROVED as a correct record.

**Matters arising**

**16/5/3** None.

**Shortlisting of NED Candidates and Arrangements for Interviews**

**16/5/4** The Committee considered 21 applications for two non-executive director positions.

**16/5/5** Prior to the interviews, applications had personal details and protected characteristics redacted and were evaluated by each member of the Committee and given a score out of 18.

**16/5/6** Interviews were scheduled for 7 June. Details of arrangements for the interviews were given in the report.

**16/5/7** It was AGREED that Candidates 1, 5, 11, 12, 13, 14, 15 and 18 be shortlisted for interview with Candidate 7 as reserve.

**Any Other Business**

**16/5/8** None.

**Date of next meeting**

**16/5/9** To be confirmed.



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

**Minutes of the meeting of the  
Appointments and Remuneration Committee of the Council of Governors**

**Held on Thursday 7 June 2018  
in the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England	Chair
	Phil Beavers	Public Governor
	Hazel Brand	Public Governor
	David Cuckson	Public Governor
	Brenda Maslen	Public Governor
<b>In attendance:</b>	Richard Parker	Chief Executive
	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**16/12/1** There were no apologies for absence.

**Appointment of Non-executive Directors**

**16/12/2** The Committee interviewed candidates for two non-executive director positions. Prior to being interviewed by the Committee, each candidate was interviewed by Neil Rhodes, Non-executive Director, and David Purdue, Deputy Chief Executive and Chief Operating Officer.

**16/12/3** Eight candidates were interviewed for the roles. After the interviews, feedback was provided to the Committee by the Advisory Panel.

**16/12/4** It was AGREED that Alan Chan and Sheena McDonnell be recommended for appointment by the Council of Governors on 18 June 2018. **MK**

**Any Other Business**

**16/12/5** None.

**Date of next meeting**

**16/12/6** To be confirmed.

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

**Held on Thursday 18 June 2018  
in the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England	Chair of the Board
	Neil Rhodes	Non-executive Director
	Ruth Allarton	Partner Governor
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
<b>In attendance:</b>	Matthew Kane	Trust Board Secretary

**Action**

**Chair's Objective Setting**

*Neil Rhodes in the Chair.*

**17/6/1** The Committee considered possible objectives for the Chair in 2018/19 together with feedback on performance obtained through both a 360 degree process and an in-house feedback process.

**17/6/2** Neil Rhodes took account of Governors' comments, and the feedback he had already received, which would be fed into the session on 12 July 2018.

*Neil Rhodes left the meeting.*

*Suzy Brain England joined the meeting as Chair.*

**Apologies for absence**

**17/6/3** Apologies were received from Lynn Goy and Clive Tattley.

**Minutes of meeting held 23 May and 7 June 2018**

**17/6/4** The minutes of the meeting of the Appointments and Remuneration Committee held on 23 May and 7 June 2018 were APPROVED as a correct record.

### **Matters arising**

**17/6/5** None.

### **NED Objective Setting**

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

- in what areas have they excelled;
- in what areas could they have improved;
- objectives for next year.

**17/6/7** The Chair took account of Governors' comments, and the feedback she had already received, which would be fed into the objective setting meetings over the summer.

### **Any Other Business**

**17/6/8** There was a broader discussion about governors and their participation in Trust processes such as the Chair's appraisal and committees. A question was raised around whether lack of involvement directly correlated to a lack of engagement. It was agreed to look at this in more depth and bring a proposal on how to 'open up' some of channels to different people.

### **Date of next meeting**

**17/6/9** To be arranged.

**Meeting of the Agenda Planning Committee of the Council of Governors  
held on 4 June 2018 in the Boardroom, DRI**

<b>Present:</b>	Suzy Brain England	Chair
	Peter Abell	Public Governor
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Bev Marshall	Public Governor
	Clive Tattley	Partner Governor
	George Webb	Public Governor
<b>In attendance:</b>	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**18/6/11** Apologies for absence were given on behalf of Maureen Young.

**Minutes of the meeting held on 8 March 2018**

**18/6/21** The minutes of the meeting held on 8 March 2018 were APPROVED as an accurate record.

**Matters arising**

**18/6/31** 18/6/12 – Mike Addenbrooke sought more information on the proposal for the Lead Governor and Vice Chair to speak at the Annual Members' Meeting. The Committee was advised that the meeting provided a good opportunity for governors to promote their role and their accountability to the membership. It was not forced to be the Vice Chair and Lead Governor who presented. Mike Addenbrooke undertook to consider the matter through the Governor Forum.

**MA**

**Review of previous Council of Governors meeting**

**18/6/4** The meeting had run well although Bev Marshall still felt there was some finessing to ensure smooth handover of microphone equipment. The Committee was advised that having a microphone on each table was impracticable due to the feedback/noise that would be generated. Even when the Trust paid for audio support only one or two microphones were made available and then passed around the meeting.

**18/6/5** Governors felt that the catering update was insightful but it was clear that there were still some issues from a patient catering perspective.

**18/6/6** The update was NOTED.

**Council of Governors, 26 July 2018**

**18/6/7** In addition to the regular items, the following items were proposed for the next Council of Governors:

- CQC Inspection Report
- Estates update including catering
- Serious incidents
- Patient safety presentation given to Secretary of State
- Smart ER
- Fundraising
- Hospital Services Review
- Agenda for Change
- Complaints
- PLACE
- Safeguarding
- NHS Providers Governor Advisory Committee

**18/6/8** It was expected that not all of the issues would be covered at Council of Governors but may be covered in other ways over the next few months such as through Governor Brief.

**MK**

**18/6/9** The proposals were NOTED.

**Items escalated from sub-committees**

**18/6/10** It was noted that the last meeting of the Health and Care of Young People Committee was not quorate and a proposal would be coming forward to the next Committee meeting to consider its future.

**18/6/11** There was a brief discussion around the timing of Governor Brief and Forum sessions and a request to consider whether their start times could be swapped so that staff were not required to leave late. It was agreed to discuss this at Governor Forum.

**MK**

**Any Other Business**

**18/6/12** The Committee considered the recent correspondence from the local branch of UNISON. The importance of the Council of Governors as a collective body was outlined and guidance was issued in respect of the letter received.



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

**Date & Time of Next Meeting**

**18/6/13** Monday 3 June 2018.

DRAFT

**Communications, Engagement and Membership Committee**

**Minutes of meeting held 23 May 2018  
in the Boardroom, DRI**

<b>Present:</b>	David Cuckson	Public Governor (Chair)
	Philip Beavers	Public Governor
	Hazel Brand	Public Governor
	Duncan Carratt	Staff Governor
	Susan Overend	Public Governor
<b>In attendance:</b>	Adam Tingle	Acting Head of Communications
	Matthew Kane	Trust Board Secretary

**Action**

**Apologies for absence**

**17/5/1** Apologies for absence were received on behalf of Brenda Maslen.

**Minutes from meeting held on 6 February 2017**

**17/5/2** The minutes of the meeting held on 6 February 2017 were APPROVED as a correct record with the addition of Brenda Maslen in the list of attendees.

**Matters arising from the minutes**

**17/5/3** There were no matters arising from the minutes.

**Communications**

**17/5/4** The Committee considered an update from the Acting Head of Communications and Engagement on recent events.

**17/5/5** Issues reported included:

- Launch of the Hospital Charity and Just Giving page on 8 May.
- Positive engagement events on Hospital Services Review.
- Interest in wholly owned subsidiaries and whether the Trust was creating one.
- NHS is 70 – events on 8 July and publication of ‘Good Health’ book chronicling 150 years at DRI.

- Ministerial visit from Rt. Hon. Jeremy Hunt.

**17/5/6** Reflecting on the successful launch of the Charity, the Acting Head of Communications advised that the Trust had modified its approach to press releases. In the past only donations over £1k were publicised but this often obscured some unique and dedicated fundraising cases. Accordingly, there would be no such limit going forward.

**17/5/7** The Committee felt that social media could be used to promote membership and, since much of the archive consisted of items from Doncaster Royal Infirmary, further work could be undertaken to find items relevant to Bassetlaw Hospital. The Acting Head of Communications and Engagement would investigate.

**17/5/8** The next edition of Foundations for Health would concentrate on an annual review, including news on the Trust's CQC inspection and breach of licence.

**17/5/9** The update was NOTED.

#### **Membership**

**17/5/10** The Committee received an update from the Trust Board Secretary on current membership news.

**17/5/11** A positive members' event had been held on 11 May at Bassetlaw. Members of the Committee felt that additional tours of DRI's A&E would be of benefit for those unable to make the first round.

**17/5/12** The implications of recent data protection changes were relayed. The current membership stood at 16,178, a slight increase on last year's figure.

**17/5/13** The update was NOTED.

#### **Engagement**

**17/5/14** The Committee received an update from the Trust Board Secretary on recent and upcoming engagement work.

**17/5/15** Governors felt that the election materials were of good quality. Work was ongoing to create a Governors' Portal through the website and the initial proposed list of areas was agreed with the addition of an area for key corporate documents.

**17/5/16** Feedback on the March 2018 Timeout was positive with an overall score of 4.5.

**17/5/17** The feedback was NOTED.

**Any Other Business**

**17/5/18** None.

**Date of Next Meeting**

**17/5/19** 7 September 2018.

DRAFT

**Health and Care of Young People Committee Meeting  
held at 10 am on Wednesday 6 June 2018  
in Members Room 1, DRI**

<b>Present:</b>	Maureen Young	Public Governor (Chair)
	Mike Addenbrooke	Vice Chair
	Liz Staveley-Churton	Partner Governor
	Karl Bower	Staff Governor
<b>In attendance</b>	Chris Beattie	Head of Paediatric Nursing
	Kate Sullivan	Corporate Governance Officer

**Action**

**Welcome and apologies**

**18/6/1** Apologies were received from Eddie Dobbs.

**Minutes of the meeting held on 12 December 2017**

**18/6/2** The minutes of the meeting held on 12 December 2017 were APPROVED as an accurate record. The meeting held on 13 March 2018 had not been quorate and therefore no minutes had been recorded.

**18/6/3 Matters Arising**

**17/12/26** – Chris Beattie had previously raised concern about the quality and variety of the catering provision for staff, visitors, patients and families on the Women’s & Children’s site at DRI since the Trust had entered into a catering contract with Sodexo. In particular there had been limited and sometimes no hot food provision available and the Chair asked if the situation had improved; unfortunately hot food was still not always being provided in the Café on the ground floor of the Women’s Hospital. This had caused some staff to feel disappointed. The Chair felt there should be equality of access for all staff. The Committee considered the matter and it was agreed to escalate the concerns through the Patient Experience & Engagement Committee (PEEC).

**MA**

**18/6/4** With regard to issues relating to patient meals which had recently been discussed by Governors in various forums, Chris Beattie advised that the lead for catering at the Trust had been invited to the recent sisters meeting. All sisters had contributed to the discussion, their feedback had been positively received and the concerns had been acknowledged. All Sisters were monitoring issues and had contributed to discussion. The issues had since been discussed with the Director of Facilities and Estates.

### **Paediatric Services**

- 18/6/5** Chris Beattie provided an update on paediatric services. The service had taken part in a Trust QAT for first time; and she was pleased to report that paediatric wards had achieved a rating of 'Green' and the neonatal department had achieved a rating of 'Outstanding'. This was a fantastic achievement and the Committee commended all staff for their hard work to achieve this. The Chair had taken part in the assessment and she commended the quality of the evidence provided.
- 18/6/6** Chris Beattie shared some of the feedback from the draft CQC report on Paediatrics Services. The Trust had challenged the accuracy of some of the information.
- 18/6/7** American Diner / Café Area - Mike Addenbrooke had found the area to be very untidy and he had emailed Liz Staveley-Churton about this who had happened to be on the department at the time in her capacity as ward sponsor. She reported that she had found scrupulously clean and tidy. She also commented that she had spoken with a number of children on the wards and that overall they had been very happy with their meals. However she noted that there were three untouched meals left in the area and she was concerned as to why these had not been eaten. Chris Beattie confirmed that she had been made aware of the issues and she provided an update. With regard to the tidiness of the café areas she had recently met with the Facilities & Estates team to discuss the cleaning rota and the frequency of cleaning had now been increased to twice a day.
- 18/6/8** The Chair asked why Sodexo had been informed about the QAT visit, she felt it would have been better if they had not known so the inspection team could have been assured that the food was a true sample. Chris Beattie advised that it had been necessary to inform Sodexo of the inspection date as they had to provide the sample meals for the QAT team but she gave assurance that Heads of Nursing (HoNs) had assessed the environment the day before the QAT without the knowledge of staff or Sodexo. It was noted that checking meals was a standing item for Band 7 staff to provide feedback on at meetings. They took this very seriously and were extremely professional in terms of their engagement on this aspect of patient care and experience and often highlighted issues; this was also a regular agenda item at PEEC meetings. The Committee welcomed the assurance and were pleased that highlighting issues about meals was part of the role of senior staff.

**18/6/9** Staffing – There had been 16 applicants for posts in paediatrics during the last recruitment exercise but not all would take up posts. Posts had been offered to fill the vacancies to support the current model on both sites. An overview of the management structure was provided.

**18/6/10** Nottinghamshire Healthcare NHS Foundation Trust (NHSFT) Occupational Therapy Services (OT) at Bassetlaw Hospital– In response to a query from the Chair regarding Nottinghamshire Healthcare providing OT only to children that were registered as disabled, Karl Bower advised that discussions were still ongoing and he gave an overview of the contract with Bassetlaw CCG and how that worked. He undertook to contact Victoria McGregor Riley, Partner Governor Bassetlaw CCG, for an update. Chris Beattie commented that at DRI the Trust was working to train nurses and Health Care Assistants (HCAs) to do some of the OT assessments, for example the stair based assessments, to facilitate earlier discharge for children if a physiotherapist was unavailable and she suggested looking at this for Bassetlaw.

**KB**

**18/6/11** Children’s Play Areas – The Chair provided feedback on some confusion that had arisen with regard to whether or not all the unused tough books around the Trust had been passed on to paediatrics and she asked for assurance that paediatrics had all the tough books it needed. She also asked for clarification about who was responsible for the maintenance and repair of the devices and this was discussed. Chris Beattie undertook to raise the matter of maintenance through the PEEC. She advised that paediatrics had been given an extra 8 or 9 tough books by various departments. These would be allocated following discussion at PEEC; the decision would be based on the number of children attending various areas in the Trust. It had also been agreed to provide funding through the Patient Environment Fund for crayons and colouring in materials for all waiting areas where children might attend; Paediatrics would hold the stock of these items for areas to re-stock on request.

**18/6/12** The update was NOTED.

#### **Future of the Health & Care of Young People Committee**

**18/6/13** At the December 2017 meeting the Committee had considered the future of the HCYP Committee; It had been agreed at the previous Board of Governors meeting that the Committee would continue for another year at which point the effectiveness of the committee would be reviewed. The Vice Chair had raised concern at that time about meeting attendance

noting there had been three apologies from governors. It was also noted that the March meeting had not been quorate due to low attendance. He had received an email from the Director of Nursing Midwifery & Allied Health Professionals proposing other ways that Governors could receive assurance on the care and experience of young people and it had been suggested that the PEEC group be the main route for escalating concerns. It was also noted that Governors were actively engaged with the QAT visits and also that both Ward A3 at Bassetlaw and the Children's Ward & Observation Unit at DRI now had Governor Ward Sponsors. The Committee reflected on this and the Chair asked for the general feeling of the Committee at this stage and views were shared around the table.

**18/6/14** Chris Beattie commended the work of the Committee over the years but she also shared examples where questions and concerns raised at the Committee might have been better and more quickly addressed by the PEEC which was attended by all the relevant senior managers. The Committee discussed how issues relating to Children and Young people could be given appropriate focus by Governors in the future. The Committee considered that, in addition to the PEEC, which had governor observers, the Governor Time-out sessions, Governor Forums and Briefings could also provide opportunities throughout the year for Governors to focus on matters relating to young people; the Corporate Governance Officer advised that the Trust Board Office would be happy to ensure that paediatric issues were built in to the agendas for these forums.

**KS/MK**

**18/6/15** After further consideration the group agreed to the potential abolishment of the committee subject to assurance/agreement on how matters relating to the health and care of children and young people would be escalated and considered in the future; It was felt that the paediatric ward sponsors for DRI & BDGH could play a role as Governor Observers on the PEEC. The group agreed to resolve the matter at the next meeting (12<sup>th</sup> September) and to invite the Director of Nursing, Midwifery & Allied Health Professionals and the Trust Board Secretary along to discuss/agree the way forward.

**KS/MK/MH**

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

**18/6/16** Tuesday, 12 September 2018 at 10.00am, Members Room 1, DRI

**Minutes of the meeting of the Council of Governors held on  
Wednesday 25 April 2018  
In the Education Centre, DRI, Doncaster, DN2 5LT**

	<b>Present:</b>	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Phillip Beavers Hazel Brand Mark Bright Anwar Choudhry Nicola Hogarth Lynne Logan Bev Marshall Brenda Maslen David Northwood Liz Staveley-Churton George Webb Maureen Young	
Staff Governors	Karl Bower Duncan Carratt Vivek Desai Lynn Goy Lorraine Robinson Roy Underwood	
Partner Governors	Kathryn Dixon Anthony Fitzgerald Griff Jones Ainsley McDonnell Clive Tattley	
In Attendance:	Alan Armstrong Kath Smart Pat Drake Karen Barnard Moira Hardy  Kirsty Edmondson-Jones Matthew Kane Simon Marsh Richard Parker David Purdue Jon Sargeant	Non-executive Director Non-executive Director Non-executive Director Director of People & Organisational Development Director of Nursing, Midwifery and Allied Health Professionals Director of Estates and Facilities Trust Board Secretary Chief Information Officer Chief Executive Deputy Chief Executive & Chief Operating Officer Director of Finance

Sewa Singh  
Kate Sullivan  
Adam Tingle

Medical Director  
Corporate Governance Officer  
Acting Head of Communications and Engagement

4 members of the public

Apologies:

Ruth Allarton	Associate Non-executive Director
Shelly Brailsford	Public Governor
Sharon Cook	Public Governor
Prof Robert Coleman	Partner Governor
David Cuckson	Public Governor
Eddie Dobbs	Public Governor
Victoria McGregor-Riley	Partner Governor
Susan Overend	Public Governor
Clr Susan Shaw	Partner Governor
Rupert Suckling	Partner Governor
Marie Purdue	Director of Strategy & Transformation
Linn Phipps	Non-executive Director
Neil Rhodes	Non-executive Director
Philippe Serna	Non-executive Director

**Action**

#### **Welcome and apologies**

**18/4/1** The Chair welcomed those present to the meeting and apologies recorded above were noted.

The Chair welcomed Kathryn Dixon, new Partner Governor for Doncaster College and new Non-executive Directors Pat Drake and Kath Smart.

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

**18/4/2** Hazel Brand reported a change to a previously declared conflict of interest; this would be removed from the registers. No other changes to registers of interest were reported. No matters of conflict of interest were declared.

**MK**

#### **Infection Prevention and Control Update**

**18/4/3** Governors considered a detailed report and presentation from Dr Ken Agwuh, Director of Infection Prevention and Control, which provided an overview of the key infection prevention and control initiatives and activities at the Trust in 2017/18. He highlighted key achievements, expectations for 2018/19 and some of the challenges going forward drawing attention to;

**18/4/4** Key Achievements - The Trust's Healthcare Associated Infections (HCAI) rate was 4.5% compared to the national average of 6.6%. The Trust achieved the Clostridium Difficile trajectory, with 28 cases out of 40, a reduction of 30% with fewer lapses in care compared to the previous year. The Trust also achieved a reduction of 48% in hospital acquired MRSA when compared to the previous year.

**18/4/5** More than 85.2 % of Trust front-line staff had received the influenza vaccine. Nationally it had been one of the worst flu seasons but the Trust had been able to diagnose 79% of Flu cases within 20 minutes by using the point of care test of Flu A&B detection in a range of areas across the Trust. This improved prompt

isolation of patients without delay and antiviral initiation in high risk patients helping the Trust to prevent outbreaks on wards and transfers between patients and families.

- 18/4/6** Antimicrobial Resistance (AMR) – The Trust had continued to meet Commissioning for Quality and Innovation (CQUIN) targets for sepsis & antimicrobial resistance. Data published from a survey of Healthcare-Associated Infections (HCAI) and antimicrobial use showed the Trust’s HCAI rate as down to 4.6%, which is below the national average of 6.6% with the Trust having one of the lowest levels of antimicrobial use in the Yorkshire & Humber region.
- 18/4/7** Expectations for 2018/19 – In terms of HCAI the Trust’s target for MRSA would remain at zero tolerance and the internal CDiff trajectory had been set at 25 cases. The Trust aimed to continue to meet the targets for the CQUIN on sepsis and AMR. The Trust would continue to effectively manage infections and outbreaks.
- 18/4/8** Some challenges – An overview of key challenges was provided, these included: a further reduction in expected antibiotic use to achieve the 2018/19 CQUIN target, surgical site infection surveillance, Orthopaedics, prevention/diagnosis/management of Flu this year, staffing issues (Microbiologist/ICN/antibiotic pharmacist), HCAI monitoring changes and environmental decontamination.
- 18/4/9** Infection Prevention and Control (IPC) Committee Governor Attendance – In response to a query from Hazel Brand it was clarified that David Northwood, Public Governor, had been attending the IPC Committee meetings since December 2017. In response to a further query from David Northwood about delays to antibiotic administration it was noted that Ken Agwuh was to deliver a Friday Lunchtime Lecture on this, on the second Friday in May in the Education Centre at DRI, which would include case studies and Governors were welcome to attend.
- 18/4/10** In response to a query about whether an increase in beds over winter on ward B5 at Bassetlaw Hospital had caused any issues in terms of infection prevention and control, the Chief Operating Officer clarified that prior to winter the number of beds on B5 had been reduced by 7 beds from 31 to 24. This had been increased over the winter period to 29 beds, still a reduction on the original bed base for the ward, and had since been reduced again.
- 18/4/11** In response to a query from Bev Marshall about the perception that the flu vaccination was not effective, Ken Agwuh provided a detailed response explaining how the flu vaccine worked, the benefits of flu vaccinations and how the strains of flu to include in the vaccination were decided. While determining how well a flu vaccine worked was challenging, studies showed that flu vaccinations do benefit public health, especially when the flu vaccine was well matched to circulating flu viruses. The flu vaccine would still provide some protection if someone came in to contact with a different strain of flu.
- 18/4/12** In response to a query about the timing of audits yet to be completed for sharps and commodes it was clarified there had been some capacity issues in terms of completing the audits and work had been undertaken to prioritise where support was needed the most; these audits were now scheduled to be completed by the end of Q1 2018/19. It was noted that all other audits had been completed.

**18/4/13** The Chair and the Council of Governors thanked Ken for the excellent presentation and congratulated staff for their achievements and hard work.

**18/4/14** The Infection Prevention and Control presentation and report was NOTED.

#### **Catering Update**

**18/4/15** Governors considered a presentation from the Director of Facilities and Estates and the Director of Nursing Midwifery & Allied Health Professionals which provided an update on the initial go live issues that had arisen since 12<sup>th</sup> January 2018 when the catering services had been outsourced. The report detailed the actions taken to address the go live issues, current issues and progress with the retail catering outsourcing at DRI. The presentation also provided an overview of financial performance and an illustration of the proposed transformation of the DRI main entrance.

**18/4/16** The Director of Estates and Facilities provided details of the issues raised on Datix and other sources; 202 issues had been reported since 12<sup>th</sup> January. The highest number of these (around a 1/3) related to delivery issues. The top three delivery issues were where food had either been delivered late, wrong or wrong and late. A pie chart and tables illustrated a breakdown, by site, of the issues raised via Datix and other sources. After week 11, no delivery issues were reported demonstrating that the service had started to improve. The Director of Estates and Facilities provided a detailed account of the solutions and remedial measures that had been put in place and she noted that all action plans had been completed. An overview of current issues was provided; the majority of outstanding issues were operational and were issues that would have been experienced previously, not service design issues.

**18/4/17** Reflecting on feedback at a recent patient environment meeting, Maureen Young commented that some current issues were still being identified through patient feedback, she also commented that having visited a number of wards there was a general feeling at ward level that things were improving and this was discussed. Issue logs were now being kept at ward level and this meant that issues were being addressed much more quickly and themes were being picked up and addressed. There had been some issues relating to the diet of renal patients and senior Trust staff were monitoring this.

**18/4/18** Maureen Young highlighted an issue relating to meals being ordered at the bedside; she understood this had caused issues when a patient had been moved after ordering their meal; the Director of Nursing, Midwifery & Allied Health Professionals and the Director of Facilities and Estates would look in to this.

**MH/  
KEJ**

**18/4/19** There had also been a lot of compliments since the roll out and the Director of Facilities and Estates provided some examples.

**18/4/20** In terms of the retail side there had been significant improvements since the last meeting with the opening of a Subway and Hot Kitchen in the DRI East Dining Room and Costa in the DRI Main Entrance in April. Illustrations and outline plans of further work to be completed on the transformation of the Main Entrance at DRI were provided in the presentation. The Trust had also asked Sodexo to purchase 3 pianos, one for the main entrance of each site and this was being taken forward. Maureen Young welcomed this but she asked who would maintain them and whether the Trust would require a live music licence. The Director of Facilities and Estates would look in to this outside of the meeting.

**KEJ**

- 18/4/21** The Director of Facilities and Estates reminded Governors of the financial investment made by Sodexo so far, £2m in capital across both patient and retail services in new equipment and refurbishment; as well as the substantial improvement made to areas. So far Sodexo were performing over and above expectations; this represented a financial benefit to the Trust as the Trust received a profit share.
- 18/4/22** The Director of Facilities and Estates gave assurance that work to refine the service to reduce operational issues and improve quality for patients was ongoing and she reminded Governors that Place assessments were due to take place and that 60% of the score was still based on Trust behaviour.
- 18/4/23** Reflecting on the proposed NHS Pay Award for non-medical staff which, if agreed, would come in to effect retrospectively from 1<sup>st</sup> April 2018, Peter Abell raised concern that those Trust staff TUPE'd over to Sodexo would not receive the rise and this was discussed. The matter had been raised with the Contract Project Board and Sodexo had given assurance that the pay rise, should it be agreed, would be passed on to those staff TUPE'd over from the Trust; this was welcomed by Governors.
- 18/4/24** In response to a concern raised by George Webb about a perceived reduction to the provision of free tea and coffee for volunteers at the Trust, the Director of Facilities and Estates undertook to look in to the matter. **KEJ**
- 18/4/25** With regard to the performance of Sodexo, Mike Addenbrooke asked for clarification about when service credits would start to apply, how this would be monitored and whether Governors could have an update on this in the future and this was discussed. The Director of Facilities and Estates clarified that Sodexo's performance would be under continual monitoring for the duration of the 10 year contract. It had been agreed that contract service credits would not apply for the first 6 months to allow for service roll out and stabilisation; this period had come to an end and service credits would now apply. The Trust had a trained contract specialist and other staff that would monitor contract performance and Sodexo were subject to unannounced audits by that team. Formal reports would be produced and the Trust would be happy to share these with Governors. A 6 month post project implementation review would be undertaken and it was agreed to share the outcome of this. The matter was discussed further and the Chief Executive commented that it was in the interests of patients that the Trust help and support Sodexo as much as possible. If the Trust were to receive service credits that would suggest that the service had failed in some way, the Trust would view it as a success if no service credits were to be applied during the 10 years of the contract. **KEJ**
- 18/4/26** In response to a query from George Webb it was confirmed that the cash machine in the Main Entrance at DRI would be reinstalled; it was noted that Sodexo retail outlets did provide a cash back service.
- 18/4/27** Governors welcomed the update and thanked the team for the presentation.
- 18/4/28** The Catering Update was NOTED.

#### **Finance Report**

**18/4/29** Governors considered a report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 12.

**18/4/30** The Finance Director delivered a presentation and provided an update on key issues. Year to date the Trust had a favorable variance against plan, thereby delivering the Trust's control total.

- The Trust ended the financial year £4.1m ahead of plan, achieving a deficit of £11,962k thereby delivering the Trust's control total of £16,084k deficit
- Aiding the position was additional Sustainability and Transformation Funding (STF) of £3.9m that was received at year end
- The month 12 position was a surplus of £221k (before STF adjustments)
- The period saw lower than expected income, however this was due to unplanned activity
- £12m cash was in bank, well ahead of cash target
- To aid with winter pressures, NHS Improvement provided an extra £1.3m funding to help with demand
- The Trust now needed to look forward to 2018/19 and its challenges.

**18/4/31** The Trust had now delivered the control total for two years consecutively and needed to focus on the current year. It was noted that the draft annual accounts had been submitted the previous day.

**18/4/32** Peter Abell reflected on discussions at a previous Council of Governors meeting in September 2017 when Governors had asked about the achievability of the budget; he congratulated staff for their hard work to achieve the control total. He went on to ask about confidence levels in current budgets, he emphasised the importance of staff having early sight of budget expectations commenting that some staff he had spoken with had expressed frustration at not yet having seen budgets and this was discussed. The Director of Finance welcomed the comments and he expressed his gratitude to the organisation for their hard work and leadership the previous year to achieve the control total. He gave assurance that draft budgets had been issued to Care Groups and Corporate Directorates in early December. Since that time there had been several meetings and final budgets, which had been agreed with all areas of the Trust except one which was in train, had been taken through the Finance and Performance (F&P) Committee in March 2018. There had been some technical issues in terms of contracts with CCGs but this had now been resolved.

**18/4/33** In terms of CIP the target was challenging and there was an element of unidentified CIP which had been identified as a key risk to 2018/19 plans; this had been discussed at the previous two F&P meetings and Executives continued to work on the unidentified CIP; further details would be provided to Governors at the next meeting.

JS

**18/4/34** With regard to Charitable Funds, Phil Beavers noted that the Trust's Investment Consultant, Investec, had exceeded their original contract period and he queried whether they were indemnified professionally for this. The matter was discussed in detail; it was noted that the Trust was to go out to tender for investment consultant services. The Director of Finance gave assurance that he was satisfied that professional indemnity was not an issue; there was no evidence that the indemnity referred to in the contract did not still apply until such time as the Trust completed the tender process. Further details would be provided outside of the meeting.

JS

**18/4/35** Reflecting on the report the Chief Executive commented that the 2018/19 control total would be challenging to deliver but the Trust would make best endeavours to do so, as it had done previously. As at the same time last year there was a lot of work to do on CIP in order to deliver financial plans and Governors were reminded that the financial challenges faced by the NHS were much wider than those being faced by the Trust.

**18/4/36** The Chair expressed her deep appreciation for the work of the organisation to achieve the 2017/18 control total and this was echoed by Governors.

**18/4/37** Governors NOTED the year to date financial position of a deficit of £11,962k thereby delivering the Trust's control total.

#### **Performance Report**

**18/4/38** Governors considered the report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery & Allied Health Professions and Director of People & Organisational Development that set out clinical and workforce performance.

**18/4/39** A presentation on key issues was delivered and attention was drawn to the following:

**18/4/40** *In respect of Performance:*

- 4 hour access – In March the Trust achieved 94.1% (including GP attendances) against the 95% standard, making it the 13<sup>th</sup> best performing Trust in the country. The year-end position was 91.5%.
- RTT – Below standard of 92% at 89.1%. Four specialities remain below target: Ophthalmology, ENT, General Surgery and Orthopaedics
- Cancer targets – 62 day performance achieved 85% against the 85% standard
- Stroke – Performance against one hour scan standard improved at 63%.

**18/4/41** Mike Addenbrooke reflected on a recent BBC documentary which had highlighted the pressures on hospitals nationally and in light of this congratulated the Trust on performance.

**18/4/42** In response to a query from Brenda Maslen about how many of the patients who attended the Emergency Department (ED) actually required ED attention the Chief Operating Officer advised that around 15% of patients had been streamed through the Front Door Assessment and Signposting Service to the GP service in 2017/18, so around 85% had required ED attention.

**18/4/43** *In respect of quality:*

- C.Diff – The Trust had achieved against the national target, but had seen two more cases than last year
- HSMR – The Trust's rolling 12 month position remained better than the expected level of 100 at 85.1
- Serious incidents – More incidents seen than usual, with investigations commencing
- Falls – Performance for 17/18 was the same as 16/17
- Pressure ulcers – For the year there had been a 8.5% decrease
- Friends and Family – Response rates were higher than the national average

for inpatients.

**18/4/44** Clive Tattley reminded Governors that it had previously been reported that some families had been experiencing problems getting death certificates in a timely way and he asked for assurance that this was improving. It was noted that the matter had been discussed in detail at a recent Quality & Effectiveness Committee (QEC) meeting. QEC had received assurance that plans were in place to address the issues and the Director of Nursing, Midwifery & Quality gave a detailed account of key issues, work being undertaken to address them and mitigations in place. The Trust had previously recognised that additional resource was required in the Bereavement Team however since that time there had been further challenges in terms of the capacity of the team at DRI due to long term sickness absence with key staff off sick. The Trust was doing its best to cover the rota with staff from other departments and at the same time recruiting to a new post. Some additional Band 7 support had been brought in to provide leadership. Further to this a business case was being taken through the Corporate Investment Group (CIG) to recruit to the role of Medical Examiner to complete death certificates in a timelier manner.

**18/4/45** *In respect of workforce:*

- Nursing workforce – The Trust’s overall planned versus actual hours worked in March was 99%
- Appraisal rate – The Trust’s appraisal completion rate had risen to 68.15%. The Trust had now started ‘Appraisal Season’ in order to increase this further
- SET Training – There had been a further increase in compliance with Statutory and Essential Training (SET) to 78.68%.

**18/4/46** Peter Abell highlighted the importance of training and education to staff; he understood that 1% was included in budgets to allow training to take place and he raised concern that during ward visits some nurses had expressed to him how challenging it was to provide appropriate training opportunities, particularly to newly qualified staff as they started their careers, within this budget with some stating that closer to 3-4% was required and he asked if the 1% was realistic. This was discussed in detail and the Director of Nursing, Midwifery and Allied Health Professionals and Director of People & Organisational Development acknowledged the concerns which were known to the Trust; It was clarified that the 1% only related to Statutory and Essential Training (SET), not professional development training and some examples were given. It was not possible in some areas to achieve the 1% but this did not prevent training from taking place it just meant that it flagged on the system and the Trust was looking at the issues.

**18/4/47** The Performance Report was NOTED.

#### **Chair’s and Non-executive Directors report**

**18/4/48** Governors considered a report which outlined the Chair and NEDs’ work between February 2018 and April 2018 and included updates on a number of activities. The Chair also delivered a presentation and drew attention to the following:

**18/4/49**

- In March the Trust saw the launch of Smart-ER at DRI. This was a fantastic innovation for the Trust. Project lead, Dr Amjid Mohammed would be presenting at the Members’ Event on Friday 11 May at Bassetlaw. It was an amazing project with huge potential to roll out this amazing tool and as the

Trust developed partnership working in South Yorkshire it was hoped it would be used across the region.

- The Chair thanked Governors who supported the 'Great British Spring Clean' at the Trust.
- The beginning of May would mark the official launch of Doncaster and Bassetlaw Teaching Hospitals Charity. With the help of communications team a new logo had been designed and the Trust had got the backing of the local newspaper to promote this. The Chair was pleased to announce that Kath Smart would be chairing the charitable funds committee and she would be driving this and ensuring the Trust was maximising opportunities.

**18/4/50** Nicola Hogarth recalled that the Trust had previously considered recruiting to the role of Trust Fundraiser or similar role and she asked if this was still being considered. With the help of the communications team the Trust had spent considerable time considering how it could best support the promotion of charitable funds. At this stage it was felt that, in the first instance, a year rebranding identity and new leadership of the Committee was required. During this time the Trust would look at progress and would later reconsider whether to employ a fund raiser. This role would have to be funded from charitable funds and at this stage it had not been felt appropriate as most people who give donations expect the money to go to the front line. The role would have to be considered carefully to ensure that the member of staff would bring value to the fund.

**18/4/51** There was further discussion about charitable funds and the following key points were made in response to several queries:

- A letter was going out to around 100 local businesses to ask if they would support the Hospitals. Adam Tingle, Acting Head of Communications & Engagement, undertook to include Amazon in the list.
- People could still donate funds to a specific ward, department or for a specific purpose if they wished. However, the Trust may sometimes ask patients if they would mind the Trust moving funds to the general fund; sometimes individual funds dwindled to a level where they were very small amounts. If these funds were moved over to the general fund they could contribute towards something more significant and more positive.

**18/4/52** The Chair had been asked to speak at the annual NHS Providers Governor Focus Conference and she was delighted to announce that the Trust had been invited to be one of a handful of trusts to demonstrate its work with governors at the Conference on 24 May. The invitation was to showcase the work the Trust did around the Governor Effectiveness Review which was completed last summer and reported in October.

**18/4/53** The Chair had met with new Non-executive Directors, Kath Smart and Pat Drake, as part of their induction meetings with executive and corporate directors on 15 March 2018. Phase two of non-executive director recruitment was underway

**18/4/54** The Chair's Report was NOTED.

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

**18/4/55** Governors considered a report of the Chief Executive which outlined progress against a number of issues.

- 18/4/56** The Trust was currently in a period of 'Purdah' which would last until local elections took place on 3 May 2018. Therefore answers to some questions might be limited.
- 18/4/57** The Chief Executive delivered a presentation which drew attention to key issues: The Trust was pleased to have been selected as a one of seven Trusts to take part in NHS Improvement's 'Lean Programme'. This was an extension of a programme that had been underway for a few years and it would help the Trust to improve processes and ways of working for the benefit of both staff and patients. The Chief Executive had been encouraged by the results of other trusts in terms of engagement with staff.
- 18/4/58** NHS England and NHS Improvement had recently announced a number of new measures to enable the two bodies to work together more closely, to take effect from September 2018. The Chief Executive gave an overview of the changes.
- 18/4/59** In January, the Trust was visited by the Common's Health Select Committee to aid in their inquiry into integrated care. This visit included a tour of Stirling Ward at DRI, as well as discussions on Consultant Connect and the Integrated Discharge service.
- 18/4/60** On April 26 the Trust would host the 'Sharing how We Care' conference at DRI. This would be a chance for clinical staff to come together and showcase innovative examples of care within the Trust – demonstrating values in action at the Trust. Hopefully this would become an annual event celebrating the work of staff.
- 18/4/61** The Chief Executive was happy to announce that one of the Trust's community midwives, Debbie Rees-Pollard, had been recognised by the Royal College of Midwives for her partnership work with other colleagues.
- 18/4/62** The Trust had launched 'Appraisal Season' which would run from April to June. The aim was to achieve a 90% appraisal rate.
- 18/4/63** Earlier in the year the Trust said farewell to Andrea Smith, Director of Procurement. Richard Somerset was currently acting-up into the role. The Trust had also said a fond farewell to Sharon Dickinson, Head of Midwifery, and Sharon Pickard, Matron. Sir Andrew Cash, Chief Executive at Sheffield Teaching Hospitals had announced he would be leaving the Trust after 16 years in post. He would now lead the new Accountable Care System as Chief Executive.
- 18/4/64** The Hospital Services Review (HSR) which the Trust had been undertaking in partnership across the ICS would be available from 8<sup>th</sup> May. The Trust had spoken on a number of occasions about the 5 programmes included in the review and the Chief Executive advised that the Trust intended to speak to staff before the report was published but outside the purdah period and work was underway with the Communication Team to plan this. The report would be made available to Governors. Hazel Brand asked if Governors would have input in to the HSR and this was discussed; It was clarified that the consultation was led by the CCGs and the Trust had not been asked to formally respond to the HSR. There was a consultation with the public and as a Board and as a Governing Body the Trust would want to offer some comment on it.
- 18/4/65** The Trust had received the Draft CQC Report following the completion of inspections in December and January. The report was subject to factual accuracy

checks and change and the final report would not be issued until late May at the earliest and would be made available to Governors.

**18/4/66** The Chief Executive's report was NOTED.

#### **Appraisal of Chair and Non-executive Directors (NEDs)**

**18/4/67** Governors considered a report of the Trust Board Secretary which set out the proposed process by which the performance of the Chair and Non-executive Directors (NEDs) would be evaluated. This year a similar process to previous years was proposed with two key changes; the Trust was utilising the NHS Leadership Academy's 360 appraisal tool for the appraisals of the Executive Team and it was proposed that the tool be put to use for the Chair's appraisal too. An overview of the process was provided. Alongside this the usual process would be followed. The Appointments and Remuneration Committee had considered the paper on 8 March and recommended it to the Council of Governors for approval.

**18/4/68** The outcomes of the objective setting and appraisals would be reported back at the 26 July 2018 Council of Governors meeting. The timetable of the objective setting and appraisal processes were set out in an appendix to the report.

**18/4/69** George Webb welcomed the utilisation of NHS Leadership Academy's 360 appraisal tool for the Chair and NED appraisals but he noted that it had previously been agreed that the Chair would feedback any concerns regarding NED appraisals to the Vice Chair and Lead Governor; This was confirmed by the Chair.

**18/4/70** Council of Governors APPROVED the process and timetable for objective setting and performance evaluation as set out in the report and appendix.

#### **Self-Certification**

**18/4/71** Governors considered a report of the Trust Board Secretary which set out the requirements on NHS foundation trusts to self-certify whether or not they had complied with the conditions of the Provider Licence (which itself included requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). NHS foundation trusts were also required to confirm they had the required resources available if providing commissioner requested services, and that they had complied with governance requirements.

**18/4/72** The licence conditions the Trust was required to self-certify against were set out in the covering report and the self-certification documents were attached as appendices and the Trust Board Secretary gave an explanation of these.

**18/4/73** In response to a query from Bev Marshall it was clarified that this was an annual requirement and that it had been brought before the Council of Governors the previous year.

**18/4/74** In response to a query from Mark Bright with regard to the training of Governors Matthew Kane advised that NHSI did not require the Trust to set this out in the self-certification but he undertook to highlight the Trusts ongoing commitment to Governor Training as had been set out in the Governor Effectiveness action plan.

**MK**

**18/4/75** Council of Governors NOTED the report and APPROVED the self-certification documents attached as appendices.

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

**18/4/76** The minutes of the Board of Directors meetings from December 2017 to February 2018 were NOTED.

**Chairs Logs**

**18/4/77** The Council of Governors received and NOTED the minutes and a report summarising the issues covered at the meetings of Agenda Planning Committee and Appointments & Remuneration Committee. The Health & Care of Young People Committee meeting held on 13 March 2018 had not been quorate and therefore no minutes had been produced.

**18/4/78** The Chairs' Logs was NOTED.

**Minutes of the meeting held on 31 January 2018**

**18/4/79** The minutes of the meeting held on 31 January 2018 were APPROVED as a true record of the meeting subject to the following clarification:

18/1/24 – 'Accountable Care System (ACS) control total' to be amended to 'Accountable Care System (ACS) aggregated control total'

**Matters arising and action notes**

**18/4/80** The action log was reviewed and updates provided.

As had been agreed, as part of the Governor Effectiveness Review, postcards had been made available at the meeting for Governors take away and give to members of the public to share Governor details and explain the role of governors.

**Any issues from members to be investigated for the next meeting**

**18/4/81** Phil Beavers reminded Governors that the deadline for compliance with the EU's General Data Protection Regulation (GDPR) was 25 May 2018 and he sought assurance that Non-Executives were satisfied the Trust would achieve compliance by the deadline. The Finance & Performance Committee had considered a report of the Chief Information Officer on the matter at a meeting held the previous day; the Chief Information Officer had reported that the Trust was working through an action plan developed from the Information Commissioner's Office (ICO) data protection check lists for GDPR Compliance and good progress had been made. There were some challenges for the Trust, and the wider NHS, in terms of achieving compliance in some areas, for example how we would communicate 'how we use your data' to all patients as email addresses were not held for everyone and the Trust was working on that. It was noted that the Board of Directors were due to consider the matter at their next meeting due to be held on 30 April 2018 and would be in a position to provide a fuller update to Governors after that date.

**SM/  
MK**

**18/4/82** Maureen Young asked for assurance that GDPR training for staff would not be too

onerous and that it would be relevant; she commented that staff should not be expected to undertake time consuming training that was not relevant to their role and this was discussed. The Chief Information Officer advised that Information Governance Training already formed part of the Statutory and Essential Training (SET) undertaken by all staff, this existing element of SET would be updated to reflect the changes to data protection regulations.

**18/4/83** In response to concern raised by Hazel Brand about loss of car parking revenue at Bassetlaw Hospital due to faulty car park barriers, the Director of Facilities and Estates acknowledged that there had been significant issues with the car parking infrastructure. A tender for this was out and was due to conclude in a few weeks' time and the Director gave assurance that the tender included the capital requirements to resolve the issues.

**18/4/84** The issues set out above to be investigated for the next meeting were NOTED.

**Any Other Business**

**18/4/85** None raised.

**Adjournment of Meeting**

**18/4/86** Members RESOLVED that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.

**18/4/87** No questions were raised.

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

**18/4/88** Date: 26 July 2018  
Time: 5:30pm  
Location: Education Centre, DRI

**Minutes of the extraordinary meeting of the Council of Governors held on**

**Monday 18 June 2018**

**In the Education Centre, DRI, Doncaster, DN2 5LT**

	<b>Present:</b>	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Phillip Beavers Shelley Brailsford Hazel Brand Mark Bright David Cuckson Lynne Logan Bev Marshall Brenda Maslen Liz Staveley-Churton George Webb Maureen Young	
Staff Governors	Karl Bower Duncan Carratt Lynn Goy Lorraine Robinson Roy Underwood	
Partner Governors	Ruth Allarton Rob Coleman Sue Shaw	
In Attendance:	Kath Smart Pat Drake Matthew Kane Richard Parker	Non-executive Director Non-executive Director Trust Board Secretary Chief Executive
Apologies:	All executive directors Neil Rhodes Linn Phipps Philippe Serna Anwar Choudhry Vivek Desair Nicky Hogarth Brenda Maslen Victoria McGregor-Riley David Northwood Susan Overend Clive Tattley	Non-executive Director Non-executive Director Non-executive Director Public Governor Staff Governor Public Governor Public Governor Partner Governor Public Governor Public Governor Partner Governor

**Welcome and apologies**

**18/4/1** The Chair welcomed those present to the meeting and apologies recorded above were noted.

**Declaration of governors' interests**

**18/4/2** There were no interests declared.

**Appointment of NEDs**

*Mike Addenbrooke took the chair for the following item.*

**18/4/3** Governors considered a report of the Trust Board Secretary which set out three issues for consideration:

- To appoint Alan Chan and Sheena McDonnell as non-executive directors following a rigorous and transparent recruitment process.
- To note that, following the unexpected resignation of the Senior Independent Director, Neil Rhodes had offered to facilitate the Chair's appraisal.
- To agree a process for assessing non-executive candidates for the roles of Deputy Chair and Senior Independent Director should there be more than one candidate in each case.

**18/4/4** As before, Governors were asked to ratify the involvement of Hazel Brand on to the Committee for the purposes of this process. An amendment was made in respect of the recommendation proposed on this matter.

**18/4/5** Governors sought and received assurances on the circumstances surrounding a non-executive director's decision to leave the organisation and the induction processes planned for the new non-executive directors. In response to questions around the process for recommending the Deputy Chair and Senior Independent Director, Governors were advised that the Chief Executive would be present in an advisory capacity.

**18/4/6** Governors:

- (1) Retrospectively APPROVED the involvement of Hazel Brand in the Appointments and Remuneration Committee but only for the purposes of this NED recruitment process.
- (2) APPOINTED Alan Chan and Sheena McDonnell as non-executive directors for an initial three year term with effect from 1 July 2018 in line with the 2014 terms and conditions for non-executives and subject to the usual Fit and Proper Person checks.
- (3) ENDORSED the arrangements with regard to the Chair's appraisal this year and the proposals for the appointment of a Deputy Chair and Senior Independent Director.

*Suzy Brain England took the chair at this point.*

**Withdrawal of press and public**

**18/4/7**

Governors:

RESOLVED representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

UNAPPROVED DRAFT

## Action Notes

**Meeting:** Council of Governors

**Date of meeting:** 25 April 2018

**Location:** Education Centre, DRI

No.	Minute No	Action	Responsibility	Target Date	Update
1.	18/1/53	Consider removing from the Constitution the stipulation that a Governor should not be eligible to become or continue in office as a governor if he/she had, within the preceding 2 years, been a chair or non-executive director of another health service body.	MK	Winter 2018	The change will be considered as part of the next review of the SOD, SFIs and SOs unless it poses an issue before that time.

Date of next Meeting:

26 July 2018

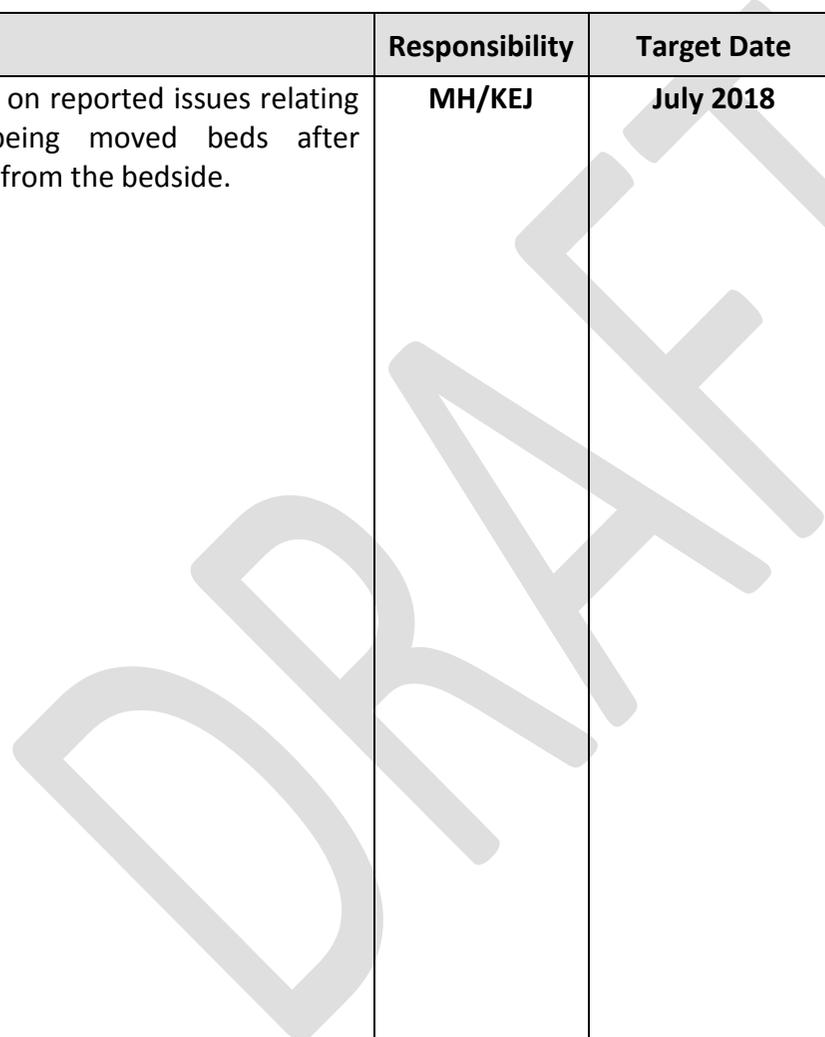
Action Notes prepared by:

Kate Sullivan

Circulation:

Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
2.	18/4/18	Provide update on reported issues relating to patients being moved beds after ordering meals from the bedside.	MH/KEJ	July 2018	<p>Sodexo are unable to collect patient names on the tablet and instead it is populated by bed number. Wards complete a bed sheet each day by bed number identifying a selection of choices, including whether a patient requires a special diet, texture, allergy etc. There is a comments section for putting in patient initials or surname. This information sheet remains on the wards for use at meal times. On the whole, it has not been reported as an issue as staff recall bed changes within their own wards.</p> <p>The information sheet was discussed at the last nutrition steering group and Sodexo are refining the sheet further. Being able to ring down close to delivery time if a patient changes wards is improving meals going to the right ward, but is dependent on ward staff informing the catering team as early as possible of patient movements. It is also one of the items to discuss when the BDGH catering meetings commence. This will be to facilitate regular meetings between teams involved in patient dining from ward sisters, service staff delivering meals to catering supervisors and menu collators.</p>



Date of next Meeting:

26 July 2018

Action Notes prepared by:

Kate Sullivan

Circulation:

Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
3.	18/4/20	Pianos proposed for Main Entrances at 3 sites - Provide update on who would be responsible for maintaining the pianos and whether the Trust would require a live music licence.	KEJ (NED - NR)	July 2018	<b>Complete</b> - The Trust would retain responsibility for the maintenance of the electronic pianos as they would be in the Trust's ownership, although this should be minimal as they do not need regular tuning as with a traditional piano. The Trust does not require a live music licence as Hospitals are exempt.
4.	18/4/24	Clarify the current provision of free tea and coffee for volunteers at the Trust.	KEJ (NED - NR)	July 2018	<b>Complete</b> - The previous provision for tea and coffee for volunteers remains available.
5.	18/4/25	Share with Governors the outcome of the catering outsourcing 6 month post implementation review when available.	KEJ (NED - NR)	October 2018	<b>Not yet due.</b>
6.	18/4/33	Provide update on 2018/19 CIP Plans	JS (NED - NR)	July 2018	<b>Complete.</b> Covered during the Director of Finance's attendance at the Governor Brief in June 2018.
7.	18/4/34	Provide further details on professional indemnity of current Investment Consultant during the period until the tender process is complete.	JS (NED - NR)	July 2018	<b>Completed</b> – Assurance report taken through Charitable Funds Committee in May 2018.

Date of next Meeting:

26 July 2018

Action Notes prepared by:

Kate Sullivan

Circulation:

Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
8.	18/4/74	Self-Certification - highlight the Trusts ongoing commitment to Governor Training as had been set out in the Governor Effectiveness action plan.	MK	July 2018	Completed.
9.	18/4/72	GDPR – Update on progress to achieve compliance to be provided to Governors after April BoD meeting.	SM/MK	July 2018	Chief Information Officer to attend August Governor Briefing.

DRAFT

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

26 July 2018  
Kate Sullivan  
Chair, Governors, NEDs, EDs