



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

**Minutes of the meeting of the Board of Governors held on
Wednesday 31 January 2018
In the Education Centre, DRI, Doncaster, DN2 5LT**

	Present:	Apologies:
Chair	Suzy Brain England	
Public Governors	Peter Abell Mike Addenbrooke Phillip Beavers Shelley Brailsford Mark Bright Anwar Choudhry David Cuckson Nicola Hogarth Lynne Logan Bev Marshall Brenda Maslen David Northwood Susan Overend Liz Staveley-Churton George Webb Maureen Young	Sharon Cook Eddie Dobbs Hazel Brand
Staff Governors	Karl Bower Duncan Carratt Vivek Desai Lynn Goy Lorraine Robinson Roy Underwood	
Partner Governors	Rob Coleman Anthony Fitzgerald Griff Jones Victoria McGregor-Riley Susan Shaw Clive Tattley	Ainsley MacDonnell Rupert Suckling
In Attendance:	Alan Armstrong Karen Barnard Moira Hardy Kirsty Edmondson-Jones Matthew Kane Simon Marsh Richard Parker	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

	John Parker Linn Phipps David Purdue Marie Purdue Neil Rhodes Jon Sargeant Emma Shaheen Kate Sullivan Michael Green Steve Clark Lisette Caygill	Non-executive Director Non-executive Director Chief Operating Officer Director of Strategy & Transformation Non-executive Director Director of Finance Head of Communications and Engagement Corporate Governance Officer External Audit External Audit Acting Deputy Director of Quality & Governance
	4 members of the public	
Apologies:	Ruth Allerton Sewa Singh Philippe Serna	Associate Non-executive Director Medical Director Non-executive Director

Action

Welcome and apologies

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

Declaration of governors' interests

18/1/2 No changes to registers of interest were reported. No matters of conflict of interest were declared.

Ward Quality Assessment Tool

18/1/3 Governors considered a presentation from the Director of Nursing, Midwifery & Allied Health Professionals and the Acting Deputy Director of Quality & Governance which provided an overview of the Trust's Ward Quality Assessment Tool (WQAT).

18/1/4 The Quality Assurance Toolkit (QAT) provided clinical settings with a coordinated, comprehensive and up to date range of standards which were used to provide accurate and timely feedback on performance. The toolkit was presented in a format that reflected the Trust Strategic Direction and incorporated standards from the Care Quality Commission (CQC) Key Lines of Enquiry: Safe; Caring; Responsive; Effective; and Well Led; within the Trust's strategic aims.

18/1/5 Each section of the QAT contained a detailed set of activities that must be undertaken, linked to demonstrable evidence which identified performance against the required standard. In addition to the quality metrics, this included:

- Matrons' Surveys
- Patient Experience Surveys
- Staff Surveys

18/1/6 The assessment team for the annual QAT assessments comprised of a matron, ward manager, governor and head of nursing / midwifery or the Acting Deputy Director of Nursing / Acting Deputy Director of Quality & Governance. An

overview of the roles and responsibilities of the assessors and of the governors was provided. One of the elements of the assessment was the '15 Step Challenge' which focussed on first impressions of clinical areas. A short video on this was shown to illustrate the process.

18/1/7 Part of the role of the lead assessor was to make final decision about the RAG rating of the assessment; Reflecting on the QAT assessments he had been involved in, David Cuckson commented that there was an inconsistency in terms of whether or not he had been invited to contribute towards that decision and he raised concern that governors were no longer being included in this part of the process. The Acting Deputy Director of Quality and Governance advised that the process was intended to be collaborative and that governor input was welcomed and valued. She undertook to raise this at the next heads of nursing meeting and to ask them to ensure that governors were fully involved in the process.

LC

18/1/8 In response to a query from George Webb about access to the QAT data for governors prior to the assessments it was noted that the information was provided on the day and that time was allocated to review this. It had been agreed to provide electronic access to this information that could be accessed by governors via a log-in and password and this was being taken forward.

18/1/9 Brenda Maslen asked if there was a checklist that could be used for other visits to ward areas that governors undertook as part of their role; this was discussed and it was agreed to trial the 15 Steps Challenge check-list as a starter for 10. There was further discussion about the process by which governors could provide feedback on concerns. The Director of Nursing, Midwifery and Allied Health Professions advised that, in the first instance, all concerns should be raised with the ward manager. If Governors felt the concerns had not been addressed then they should be escalated to the matron.

LC

18/1/10 The presentation on the Ward Quality Assessment Tool was NOTED.

Review of External Audit

18/1/11 The Board considered the annual audit letter to governors from EY, the Trust's External Auditors. The purpose of the letter was to communicate to Governors the key issues arising from EY's work in 2016/17, which they considered should be brought to the attention of the Trust. EY had already reported the detailed findings from their audit work in the 2016/17 annual results report to the May 2017 Audit & Non-Clinical Risk Committee meeting. The letter provided a summary of EY's key findings and also made reference to EY's limited assurance work on the Trust's quality report.

18/1/12 The Director of Finance introduced Michael Green and Steve Clark of EY who explained their roles and presented the report which provided a high level summary of the results and conclusions on the significant areas of the audit process including;

- Responsibilities of the Auditor and of the Trust
- Key issues relating to the financial audit process
- Control themes and observations
- Value for money
- Quality report
- Audit fees

EY had issued an unqualified audit opinion on the financial statements of the Trust on 31 May 2017 and an unqualified limited assurance opinion on the quality accounts. No significant risks or concerns were identified.

18/1/13 Some weaknesses had been identified; these were set out on page 16 of the report and an action plan was in place to address them.

18/1/14 It had been a very challenging audit process for both EY and Trust staff who had all worked extremely hard to achieve the submission deadline. Key reasons for the challenges had been the prior significant financial misreporting issues which had to be worked through and also the high level of manual journals that had to be checked. The Trust had now moved to a new electronic finance system which was fit for purpose and this would make future audits much easier.

18/1/15 Phil Beavers noted that EY had identified that within the Trust's bad debt provision there was £281k relating to NHS organisations and he asked how much of a risk this presented. It was explained that NHS organisations should not raise bad provisions against other NHS partners. However due to the significance of the debt EY had made the provision to protect the Trust's bottom line. It was clarified that the debt had not been written off and was still felt to be viable.

18/1/16 The Board reflected on and discussed in some detail the Trust's cash position in the context of its reliance on NHSI liquidity funding, the appropriate frequency of stock takes and how this was valued and the asset register. The Board asked whether the new finance systems and controls were now embedded and this was discussed. It was noted that the ANCR had received a high level of assurance report at its last meeting.

18/1/17 The Chair thanked EY for their attendance at the meeting.

18/1/18 The presentation on the Review of External Audit was NOTED.

Finance Report

18/1/19 The Board considered a report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 9.

18/1/20 The Finance Director delivered a presentation and provided an update on key issues.

- The month nine position was £15.094m deficit, £31k ahead of plan.
- Quarter 3 STF funding of £3m had been secured.
- This was the first month in which the Trust had achieved Cost Improvement Plans (CIP) of over £1 million.
- In December CIP plans of £12.4m were re-forecasted to £10.3m.
- Capital spend in month was slightly behind plan but the Trust remained confident and had reported that the capital budget would be spent in year.
- The end of year position forecast was a deficit of £16.1m with stretch target of a deficit of £14.8m

18/1/21 The Trust continued to forecast that it would hit the year end control total. There were however some risks around this forecast, notably the requirement to catch up with lost elective work, the challenge to sepsis income, and the Trust's back loaded CIP programme. The Director of Finance gave an update on discussions with NHSI relating to Tranche 1 funding received by the Trust in December. NHSI had advised that in order to receive the funding it required the Trust to adjust

the 2017/18 forecast by an amount equal to that of the funding. Executives had agreed to this and full details of the Trust's position had been discussed publicly by the Board of Directors the previous day.

- 18/1/22** Reflecting on the strong cash position and on concern raised by some governors about whether the Trust was paying debtors in a timely way, the Director of Finance provided a detailed update on the new Shared Business Service (SBS) process for ordering, authorising, receipting and paying of supplier invoices. He gave an overview of some of the issues experienced when the Trust moved to SBS which had caused some delays to payments but he gave assurance that these had gradually been resolved and since implementation there had been continued improvement.
- 18/1/23** In response to a request from Bev Marshall for information on the work of BDO, the Director of Finance and the Chief Executive provided some background information and an update. In Autumn 2017 NHSI had asked the Trust to look at CIP performance and it had subsequently been agreed with NHSI that BDO would provide support to the Trust with CIP delivery and pipeline. BDO had undertaken the work on a risk share basis and significant work had been undertaken across the Trust. An overview of the areas BDO had been working in and the kind of work undertaken was provided. BDO had done significant work to review existing controls and propose improvements in a range of areas and these had now been implemented. The Trust needed to be assured that it was being as efficient as possible and also needed to demonstrate externally that it was doing all it could to ensure the confidence of regulators. In terms of delivering CIP schemes BDO have brought in specific expertise with up to 12 additional people on site to support Trust staff and this meant that the Trust was still in with a good chance of delivering on the performance and quality agenda.
- 18/1/24** In response to a query raised by Susan Shaw, the Board reflected on the financial challenges faced by individual trusts in the region in the context of the Accountable Care System (ACS) control total and level of challenge this presented in terms of collaborative working. This was discussed and it was noted that trusts in South Yorkshire were already working together before the ACS was formed and the ACS was an extension of this. Trusts were still individual organisations with separate control totals but at the same time each organisation recognised the need to work together as much as possible to achieve the proposed single control total.
- 18/1/25** Governors NOTED the month 9 2017/18 financial position of £15.48 million deficit, £31k favourable to plan after removal of the 2016/17 STF funding and any variance related to donated asset income. Governors also NOTED the risks to the financial position particularly those relating to the stock take in the quarter 3 position, the under booked elective activity showing on the January dashboard and the back loaded CIP and significant savings that still needed to come out in the next few months.

Performance Report

- 18/1/26** The Board 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 at Month 9.
- 18/1/27** A presentation on key issues was delivered and attention was drawn to the

following:

18/1/28 *In respect of Performance:*

- Winter pressures - there had been 127 cases of flu at the Trust compared to two cases at Barnsley Hospital and there had been around 900 less elective cases in December than in the previous month.
- 4 hour access – In November the Trust achieved 89.9% (including GP attendances) against the 95% standard. Quarter three performance was 90.9%.
- RTT – RTT was below the standard of 92% at 89.6%. Five specialities remained below target: Ophthalmology, ENT, General Surgery, Orthopaedics and Dermatology.
- Cancer targets – 62 day performance was achieved at 88.3% against the 85% standard.
- Stroke – Performance against the one hour scan standard continued to be maintained at 52.9%.

18/1/29 Anthony Fitzgerald commended staff at the Trust for their hard work so far over winter. The Trust's performance over the winter period had been a partnership effort involving mental health teams and community teams and the performance achieved was an excellent example of partnership working and how well teams could work together. He passed on the appreciation of the CCG.

18/1/30 *In respect of quality:*

- C.Diff – The rate remained below trajectory for quarter three.
- HSMR – The Trust's rolling 12 month position remained better than the expected level of 100 at 87.
- Serious incidents (SIs) – Year-to-date has exceeded reported previous years, with a review to be commenced.
- Falls – The rate remained below trajectory.
- Pressure ulcers – The rate remained above trajectory but was expected to reduce.
- Friends and Family – Response rates for inpatients had dropped in December.

18/1/31 In response to a query from Clive Tattley about MRSA rates it was reported that there had been five cases against a target of zero. The Director of Infection Prevention and Control (IPC) had presented a report to the Board of Directors the previous day; the cause of three cases had been attributed to Trust but two were not and there was to be an arbitration panel to decide where the cause should be attributed. One of the other three cases had also been questioned. There had been good learning through the arbitration panels and though looking more widely at national and international processes and new IPC procedures and policies had been put in place. The matter was discussed and it was agreed to consider IPC as a topic for a future Governor Timeout session.

MK

18/1/32 Mark Bright asked about the Trust's progress with developing evidence based management systems and this was discussed. The Director of Nursing, Midwifery & Allied Health Professionals and the Chief Operating Officer gave an overview of the current system and progress. In order to allow time for a more in depth response it was agreed for the Chief Operating Officer to provide a written response.

DP

18/1/33 In response to concern raised by Maureen Young about whether patients were

being asked to provide Friends & Family responses in areas other than the emergency department, the Chief Operating officer and Director of Nursing, Midwifery & Allied Health Professionals agreed to look in to the matter.

MH/DP

18/1/34 *In respect of workforce:*

- Nursing workforce – The Trust's overall planned versus actual hours worked in October was 96%
- Appraisal rate – The Trust's appraisal completion rate had risen to 62.17%.
- SET Training – There has been a further increase in compliance with Statutory and Essential Training (SET) and at the end of December the rate was 76.71%.

18/1/35 The Performance Report was NOTED.

Chair's and Non-executive Directors report

18/1/36 The Board considered a report which outlined the Chair and NEDs' work between November 2017 and January 2018 and included updates on a number of activities. The Chair also delivered a presentation and drew attention to the following:

18/1/37

- In December the Trust received the resignation of Andrina Hardcastle as Bassetlaw Public Governor.
- The Trust received 39 applications for two Non-Executive Director roles, interviewing 12 candidates. The appointments and Remuneration Committee had recommended two candidates for appointment and this would be covered later in the meeting.
- The Chair had attended the NHS Providers Board which included strategic discussions and business planning for 2018.
- The Chair praised the work of Jeanette Fish of the Cancer Detection Trust; The charity had been busy throughout the festive period raising funds to help with the prevention, detection and treatment of cancer.
- She also thanked Mike Addenbrooke for his help throughout December, in particular for switching on the Christmas lights at Bassetlaw.

18/1/38 The Chair's Report was NOTED.

Chief Executive's Report

18/1/39 The Board considered a report of the Chief Executive which outlined progress against a number of issues.

18/1/40 The Chief Executive delivered a presentation which drew attention to key issues: For the second year running the Trust had been first Trust to vaccinate 75% of staff against the flu, with around 83% of front-line staff now vaccinated and he thanked staff for their hard work to achieve this. He also thanked staff of the Knowledge, Library and Information Service which had been awarded a compliance of score of 100% for the second year running and he congratulated Mr Muhammad Shahed Quraishi, Consultant Ear, Nose and Throat Surgeon at the Trust who had been awarded an OBE by Her Majesty The Queen for services to the NHS in a ceremony at Buckingham Palace. The Trust had been visited by Dr Henrietta Hughes, the National Freedom to Speak Up Guardian for the NHS and the Chief Executive thanked Linn Goy, Staff Governor, for her work as lead guardian at the Trust.

- 18/1/41** It was noted that the Trusts Health & Wellbeing Lead, Helen Houghton had recently left the Trust; Helen had been instrumental over several years in driving the flu campaign and the Chief Executive expressed his thanks for her hard work. In response to a query from Susan Shaw it was reported that a senior occupational health nurse had been appointed and it was planned to expand that role to Health & Wellbeing. The Chief Executive gave assurance that the Trust remained committed to ensuring it maintained the impetus to be the first to achieve 75% vaccination rate of front-line staff.
- 18/1/42** In mid-December the Trust received an unannounced inspection from the Care Quality Commission (CQC) with the follow-up 'Well Led' visit in early January. The Chief Executive thanked all directors, governors and staff involved while the inspectors conducted their visit. The Trust's revised strategic direction and development of governance structures were recognised, with additional positive comments for improvements made in developing and providing services. A full draft report was expected in mid-March 2018.
- 18/1/43** Over a number of weeks the Trust had come under significant winter pressure, something which had affected the NHS nationally. Staff had worked particularly hard during this period of time and Executives had passed on their thanks to members of Team DBTH. The Board also expressed their gratitude for the tremendous work of staff.
- 18/1/44** Bev Marshall echoed the thanks expressed to staff over the winter period. He asked about the national directive to trusts to cancel elective procedures and outpatient appointments in January to ease winter pressures and whether this had affected patients of the Trust. The Chief Executive gave an account of how the communication had been received by the Trust. The communication reflected the level of pressure nationally and provided an assurance to organisations that they could take the necessary action that might impact on the financial position. It was noted that the Trust already had local plans in place to manage elective activity over winter period and an overview of the plans was provided. The Trust's plan had meant that most clinics and procedures had not been cancelled at the last minute and therefore the effect on patients had been as minimal as possible. The Trust had taken the decision at a later stage to ring fence some elective beds for emergency care to cope with peak activity levels but this had been managed. During the period the Trust had lost a significant level of elective activity against plans but had not received a significant number of complaints from patients in this regard.
- 18/1/45** South Yorkshire and Bassetlaw Accountable Care System (SYBACS) had launched a series of events over the past number of months to discuss the Hospital Services Review. These had focused on diagnosing problems within the five services up for review, exploring best practice in other areas and developing ideas on how to improve. The final reports were expected by the end of March 2018.
- 18/1/46** The Chief Executive's report was NOTED.

Review of Constitution

- 18/1/47** The Board considered a report of the Trust Board Secretary that set out proposed amendments to the Trust's Constitution which, as part of its three yearly review, had been considered following discussions in various fora including informal and formal governors meetings. The changes were considered by the Audit and Non-clinical Risk Committee on 4 January who recommended the changes to Board of

Directors on 30 January 2018. The Board unanimously approved the changes.

- 18/1/48** The full Constitution document was attached so that Governors could see how the proposed changes would be implemented, word-for-word. For ease of reference, a schedule of the changes was attached as Appendix A to the report.
- 18/1/49** The Trust Board Secretary summarised the key changes set out in Appendix A and drew attention to pages 10, 11 and 69 of the Constitution which implemented the decision already taken by governors on 26 October to set a maximum limit of nine years on governors' terms of office and included some wording about how it would be applied to existing governors.
- 18/1/50** An amendment to page 13 expanded the pool of possible candidates for NED roles, with Registered Pharmacists being added to the list of professions eligible to be appointed to the Clinical NED role. This was welcomed.
- 18/1/51** An amendment to page 79 sought to delete a clause which disqualified a person who was an existing executive or non-executive director of a body whose business included the provision for commissioning of good or services for the purpose of the health service within the area of the Trust from being a director of the Trust. The provision had been removed from the core constitution as it was now felt to be outdated, given the large scale partnership working operating throughout the region and the potential benefits of experience that such an arrangement might bring. The Board welcomed this change and the matter was discussed.
- 18/1/52** Peter Abell reflected that this was a further improvement to the good partnership working he had observed since commencing in post and a good step towards removing competition between organisations. The Board reflected on this in the context of the recent recruitment process for NEDs. This was discussed and Neil Rhodes and Phil Beavers, who had both been part of the recent NED recruitment process, commented that there had been some excellent candidates who were already NEDs at other NHS organisations. They felt it would have been to the detriment of the Trust to preclude those people from applying or by insisting that they resign from their existing role prematurely in order to take up a post at the Trust. George Webb observed that he had previously been against the move but now saw its merits for the Trust.
- 18/1/53** Page 70 (2.1.19) stated that a Governors 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. The Board felt this contradicted the move to remove similar barriers to becoming a non-executive director and following further discussion it was agreed to look at removing the clause unless it was statute barred.
- 18/1/54** In response to a query it was clarified that the eligibility criteria for governors was set out in the nomination packs provided to prospective candidates.
- 18/1/55** Governors DISCUSSED and APPROVED the proposed amendments to the constitution as set out in the report and appendices.

Mike Addenbrooke took the chair for the following item.

Appointment of Non-executive Directors (NEDs)

MK

18/1/56 The Board considered a report of the Trust Board Secretary which set out the recruitment and appointment process recently undertaken to recruit to two substantive NED positions, a clinical role and a generic role. The Appointments and Remuneration Committee had undergone Recruitment Training carried out by NHS Providers prior to the shortlisting process and had interviewed nine shortlisted candidates from a pool of 39 applicants. In order to achieve a suitably balanced and trained panel, the Committee had agreed to co-opt Hazel Brand on to the Committee in line with its terms of reference. This needed to be ratified by the Council of Governors; the matter was considered and was retrospectively APPROVED.

18/1/57 Following the interview process the Committee recommended the appointment of Pat Drake (clinical) and Kath Smart (generic) for an initial 3 year term with effect from 1st April 2018 and subject to the usual fit and proper person checks. This was APPROVED.

18/1/58 In order to provide continuity in clinical challenge on the Board, and subject to her agreement, Governors considered and APPROVED an extension to Ruth Allerton's term of office as associate non-executive director (clinical) until 31 March 2018.

Matters arising from the Board of Directors minutes

18/1/59 The minutes of the Board of Directors meetings from September to November 2017 were NOTED.

Chairs Logs

18/1/60 The Council of Governors received and NOTED the minutes and a report summarising the issues covered at the meetings of the Health & Care of Young People Committee, Agenda Planning Committee and Appointments & Remuneration Committee.

18/1/61 The Appointments & Remuneration Committee had recommended that the Committee's terms of reference be amended to state that '*Before involvement in recruitment and selection processes for non-executives, governors must have undertaken relevant training and been subject to an annual refresh where appropriate*'. This was APPROVED. MK

18/1/62 The Chairs' Logs was NOTED.

Minutes of the meeting held on 26 October 2017

18/1/63 The minutes of the meeting held on 26 October 2017 were APPROVED as a true record of the meeting.

Matters arising and action notes

18/1/64 The action log was reviewed and updates provided.

G/17/10/69 – An action plan had been developed from the Governor Effectiveness Review and an update was attached as an appendix to the actions.

18/1/65 Action 12 of the Governor Effectiveness Review action plan set out expectations

around meeting attendance for Governors and also stated that they would be expected to attend training relevant to their role as a Governor. In response to a request for clarification on what training would be included in this the Trust Board Secretary undertook to prepare a schedule of training that Governors were expected to attend. Governors REVIEWED and NOTED the Governor Effectiveness Action Plan January 2018 Update.

MK

- 18/1/66** Mark Bright and Peter Abell commended the Trust for organising the NHS Providers' *core skills for governors* training which they felt had been first class. The Trust Board Secretary invited Governors to let him know if there were any other training sessions or areas of support/development the Trust could support them with and this was welcomed.

Any issues from members to be investigated for the next meeting

- 18/1/67** Several concerns were raised about bereavement services. In particular the timeliness with which a person known to governors had received the death certificate of a relative and this was discussed. The Chief Executive acknowledged that there were known issues within the bereavement department and he apologised for the experiences described. In some cases there were a number of issues that were impacting on timeliness and he gave some examples; some issues arose where decisions involving post mortems and the coroner were more complicated and other issues had been around the availability of doctors. Actions to address the matter and ensure issues were dealt with as quickly as possible were being taken forward by the Medical Director and escalation processes were now in place.

- 18/1/68** George Webb suggested that where actions from the meeting were assigned to executives that they also be co-assigned to their Non-executive 'Buddy'. This was discussed and it was agreed to consider this further at the next Agenda Planning Committee meeting.

Ag Plan Group

- 18/1/69** The issues set out above to be investigated for the next meeting were NOTED.

Any Other Business

- 18/1/70** Election of Governor to Governor Advisory Committee

The Trust Board Secretary tabled a paper and supporting documents which explained that as an NHS Providers' member trust, the Council of Governors was entitled to vote in the forthcoming election of eight governors to the NHS Providers Governor Advisory Committee.

The electorate for the election, being administered independently, was the "Council of Governors" of each foundation trust and the process employed would be the Single Transferable Vote system. Peter Abell, Bassetlaw Public Governor, had been nominated and was eligible for the acute and public governor constituency.

The Council of Governors held one vote and could put its own candidate as its number one preference as well as other preferences for governors nominated by other trusts. The Trust's vote would "transfer" to its second preference in the event their number one preference was eliminated and so on.

The matter had been discussed at the pre-meeting of Governors and Mike

Addenbrooke advised that Governors were in favour of selecting Peter Abell as the number one preference. Voting was by a single transferable vote and it was agreed that the Trust Board Secretary cast the vote on the council's behalf.

The Trust could put further preferences for other Governors. David Cuckson had identified a second preference and this was discussed and agreed.

It was AGREED that the Trust's preferences for the Governor Advisory Committee be as follows:

MK to submit

- 1 = Peter Abell (Doncaster and Bassetlaw Teaching Hospitals FT)
- 2 = Tremaine Richard-Noel (Northamptonshire Healthcare NHS FT)

Adjournment of Meeting

18/1/71 Members RESOLVED that the meeting of the Board of Governors be adjourned to take any informal questions relating to the business of the meeting.

18/1/72 In response to a query from a member of the public it was conformed that the Trust had cancelled elective and outpatient work following the national 'winter pressures' directive in January. The Trust already had plans in place prior to the directive being issued and a decision had been taken in October 2017 to cancel some outpatient clinics in order to ensure safe services over winter. Although some patients who already had their appointments booked were affected the disruption was minimised with most patients being unaware their appointments were later than originally intended as the decision was made prior to the date most appointments for January would have been made.

18/1/73 Reflecting on the forecast financial deficit position of the Trust for 2016/17 a member of the public commented that he also regularly attended local CCG meetings and he noted that the CCGs and local councils were also experiencing significant financial challenges. With that in mind he asked to what degree the Trust was expected to contribute to closing the gap to achieving the expected regional system wide savings of circa £139m. It was clarified that the figure of £139m savings had been arrived at as part of an exercise in 2016 based on the individual savings plans of each organisation. In terms of future savings plans there was an acknowledgement across organisations in the region that they would have to work together in the future to achieve regional savings but at the moment the Trust could only look ahead one or two years with savings plans for 2018 expected to be similar to that of the current year. The member of the public asked if it was possible to receive more timely financial reporting information than that available quarterly in the Council of Governors Papers and it was noted that the details of monthly financial reports were published on the website each month as part of the Board of Directors meeting papers. The member of the public asked whether the Council of Governors would entertain meetings more often such as once every two months. This would be considered at the next Agenda Planning meeting.

MK

18/1/74 In response to a query from a member of the public about the annual governance statements it was clarified that this was publicly available on the Trust website and was considered annually at the May Board of Directors meeting and Annual Members Meeting in September.

Date and time of the next meeting:

18/1/75 Date: 25 April 2018
 Time: 5:30pm
 Location Education Centre, DRI