

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

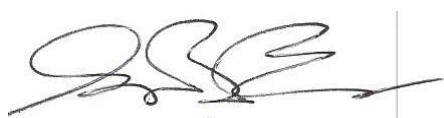
Meeting of the Council of Governors
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust')
on
Thursday, 25 October 2018 at 5.30pm
In the
Education Centre, Doncaster Royal Infirmary

AGENDA

No	Item	Action	Enclosures	Time
1.	Welcome and Apologies	<i>Note</i>	(Verbal)	5.30pm
2.	Declaration of Governors' Interests Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.	<i>Note</i>	Register attached at Enclosure A	
PRESENTATIONS				
3.	Missed Appointments Emma Challans, Deputy Chief Operating Officer	<i>Note</i>	Presentation	5.35pm
4.	Annual Audit Letter Michael Green, EY	<i>Note</i>	Enclosure B	5.55pm
5.	Chair/NED & Executive Reports <ul style="list-style-type: none"> • Finance Report Jon Sargeant, Director of Finance • Performance Report Led by David Purdue, Deputy Chief Executive and Chief Operating Officer • Chief Executive's Report Richard Parker, Chief Executive • Chair and NEDs' Report Suzy Brain England, Chair 	<i>Note</i>	Enclosures C1 - 4	6.20pm

GOVERNANCE				
6.	A Code of Conduct for Governors Matthew Kane, Trust Board Secretary	<i>Approve</i>	Enclosure D	6.50pm
7.	Holding NEDs to Account - Catering Kirsty Edmondson-Jones, Director of Estates & Facilities Matthew Kane, Trust Board Secretary	<i>Note</i>	Enclosure E	7.00pm
8.	Feedback from Governor Advisory Committee Peter Abell, Chair of NHS Providers Governor Advisory Committee	<i>Note</i>	Enclosure F	7.10pm
MINUTES				
9.	Board of Directors' minutes – July – September See link to electronic version of minutes at: www.dbth.nhs.uk/about-us/how-we-are-run/board-of-governors/board-governors-meetings/	<i>Note</i>	See link	7.15pm
10.	Governor Committee minutes Chairs of governor committees	<i>Note</i>	Enclosures G1-2	
11.	Minutes of the Annual Members' Meeting held on 19 September 2018	<i>Approve</i>	Enclosure H	
12.	Minutes of Council of Governors held on 26 July 2018	<i>Approve</i>	Enclosure I	
13.	Action Notes from last meeting on 26 July 2018	<i>Note</i>	Enclosure J	
QUESTIONS FROM MEMBERS OR THE PUBLIC				
14.	To take any questions from members or the public on the business of the meeting	Q&A	(Verbal)	7.20pm
INFORMATION ITEMS				
15.	Any Other Business (to be agreed with the Chair before the meeting)	<i>Note</i>	(Verbal)	
16.	Date of Next Meeting: Date: 30 January 2019 Time: 5.30pm Venue: Education Centre, Doncaster Royal Infirmary	<i>Note</i>	(Verbal)	

17.	Withdrawal of Press and Public	Note	(Verbal)	7.30pm
	<p>Board to resolve:</p> <p>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.</p>			



Suzy Brain England
Chair of the Board

19 October 2018

Register of Governors' Interests as at 17 October 2018

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

Peter Abell, Public Governor

Member, Labour Party
The Community Union

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Ruth Allarton, Partner Governor

School Governor, Tuxford Academy
Parish Councillor, Weston Parish

Philip Beavers, Public Governor

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

Shelley Brailsford, Public Governor

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

Hazel Brand, Public Governor

Member, Bassetlaw District Council
Trustee, Doncaster and Bassetlaw Kidney Association

Mark Bright, Public Governor

Volunteer for Healthwatch, Doncaster

Professor Robert Coleman, Partner Governor

St Luke's Hospice, Sheffield – Trustee and Deputy Chair of Board
Weston Park Cancer Charity – Trustee
Breast Cancer Now – Trustee

David Cuckson, Public Governor

Justice of the Peace, Scunthorpe

Vivek Desai, Staff Governor

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

Kathryn Dixon, Partner Governor

Husband owns Dixon Timber

Eddie Dobbs, Public Governor

Local Magistrate

School Governor

Linda Espey

Daughter is a General Manager within the Trust

Bev Marshall, Public Governor

Member, Labour Party

Governor, Hall Cross Academy

Member, Yorkshire Ambulance Service NHS Trust

Brenda Maslen, Public Governor

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

Dr Victoria McGregor-Riley, Partner Governor

Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Alan W Robinson

Executive Principal – Doncaster Deaf Trust

Rupert Suckling, Partner Governor

Director of Public Health, DMBC

Non-executive Director, Doncaster Children's Services Trust

Trustee, Club Doncaster Foundation

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

Sheila Walsh

Parish Councillor, Carlton-in-Lindrick Parish Council

The following have no relevant interests to declare:

Karl Bower, Public Governor

Duncan Carratt, Staff Governor

Anthony Fitzgerald, Partner Governor

Lynn Goy, Staff Governor

Griff Jones, Partner Governor

Lynne Logan, Public Governor

Steve Marsh, Public Governor

Ainsley McDonnell, Partner Governor

David Northwood, Public Governor

Susan Overend, Public Governor

Lorraine Robinson, Staff Governor

Liz Staveley-Churton, Public Governor

Roy Underwood, Staff Governor

George Webb, Public Governor

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

Matthew Kane
Trust Board Secretary

17 October 2018



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

Title	Annual Audit Letter		
Report to	Council of Governors	Date	25 October 2018
Author	Matthew Kane, Trust Board Secretary		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues
<p>Attached at Appendix A is the annual audit letter for the Trust for the year 2017/18.</p> <p>The Council of Governors has a key role in appointing the external auditors and as such receives an annual report on its work via the Letter.</p> <p>Any recommendations will be addressed by management and reported through ANCR.</p> <p>Representatives from EY will be present at the meeting to present the Letter and answer questions.</p>
Key questions posed by the report
<p>Are Governors assured by the contents of the Annual Audit Letter?</p>
How this report contributes to the delivery of the strategic objectives
<p>N/A</p>
How this report impacts on current risks or highlights new risks
<p>N/A</p>

Recommendation(s) and next steps
Governors are asked to note the report.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Audit results report

Year ended 31 March 2018



Building a better
working world



Private and Confidential

24 May 2018

Dear Audit & Non-clinical Risk Sub Committee Members

We have substantially completed our audit of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2018.

Subject to the adequate resolution of the outstanding matters listed in our report, we confirm that we anticipate being in a position to issue an unqualified audit opinion on the financial statements before the statutory deadline on 29 May 2018.

We are reporting matters about your arrangements to secure economy, efficiency and effectiveness in your use of resources.

This report is intended solely for the use of the Council of Governors, Audit & Non-clinical Risk Sub-Committee, other members of the Board of Directors and senior management, and should not be used for any other purpose nor given to any other party without our prior written consent.

We would like to thank Jon and other staff of the Trust for the assistance provided to us during the engagement.

We look forward to the opportunity of discussing with you any aspects of this report or any other issues arising from our work.

Yours faithfully

Stephen Clark
Partner

For and on behalf of Ernst & Young LLP

United Kingdom

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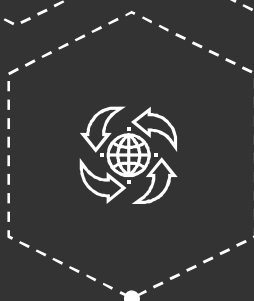
04 Value for Money



05 Other Reporting Issues



06 Assessment of Control Environment



07 Independence



08 Appendices



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter dated 12 October 2016.

This report is made solely to the Council of Governors, Audit & Non-clinical Risk Sub-Committee, Board of Directors and management of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Council of Governors, Audit & Non-clinical Risk Sub-Committee, Board of Directors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Council of Governors, Audit & Non-clinical Risk Sub-Committee, Board of Directors and management of the Trust for this report or for the opinions we have formed. It should not be provided to any third party without our prior written consent.



01

Executive Summary

Executive Summary

Scope update

In our audit planning report presented at the 23 March 2018 Audit Committee meeting, we provided you with an overview of our audit scope and approach for the audit of the financial statements. We carried out our audit in accordance with this plan, with the following exceptions:

- Changes in materiality: We updated our planning materiality assessment using the draft financial statements and have also reconsidered our risk assessment. Based on our materiality measure of gross operating expenditure we have updated our overall materiality assessment to £7.89m (Audit Planning Report – £7.75m). This results in updated performance materiality, at 50% of overall materiality, of £3.95m, and an updated threshold for reporting misstatements of £0.395m.

Status of the audit

Our audit work in respect of the Trust audit opinion is substantially complete. The following items relating to the completion of our audit procedures were outstanding at the date of this report:

- Completion of procedures to review NHS agreement of balances mismatches
- Completion of procedures to review and test areas of the remuneration report subject to audit
- Completion of procedures to review related parties of the Trust
- Completion of Subsequent event review procedures
- Receipt of a signed letter of management representation
- Final review of the Annual Report and financial statements
- Completion of whole of government account audit review procedures

On the basis of our work performed to date, we anticipate issuing an unqualified auditor's report in respect of the Trust accounts. However, until we have completed our outstanding procedures, it is possible that further matters requiring amendment may arise.

Audit differences

We identified one unadjusted difference in the draft financial statements relating to an error in the calculation of early injury benefit provisions, which management has chosen not to adjust.

We ask that the unadjusted audit difference be corrected or a rationale as to why it is not corrected be considered and approved by the Audit & Non-clinical Risk Sub Committee and provided within the Letter of Representation. The aggregated impact of unadjusted audit differences is £411k. We agree with management's assessment that the impact is not material.

We identified a number of misstatements that have been corrected in the final version of the financial statements. These adjustments were reclassification adjustments and disclosure matters that have not affected the reported financial performance or position of the Trust.

The detail of these can be found in Section 3 Audit Differences.

Executive Summary

Value for money

We have considered your arrangements to take informed decisions; deploy resources in a sustainable manner; and work with partners and other third parties. In our Audit Planning Report we identified a significant risk in respect of financial resilience and sustainability.

We expect to issue an 'except for' VFM opinion on the basis that the Trust continues to operate with a significant underlying deficit and requires ongoing cash support from NHS Improvement.

Areas of audit focus

In our Audit Planning Report we identified a number of key areas of focus for our audit of the financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This report sets out our observations and conclusions in relation to these areas, including our views on areas which might be conservative and areas where there is potential risk and exposure. Our consideration of these matters and others identified during the period is summarised within the "Areas of Audit Focus" section of this report.

Where applicable we have identified those matters that we consider to be key audit matters. Key audit matters are selected from the matters we communicate to you that in our opinion are of most significance to the current period audit and required significant attention in performing the audit. In accordance with ISA (UK) 701 key audit matters are included in our auditor's report. These are noted below:

- Going concern
- Risk of fraud in revenue and expenditure recognition
- Risk of management override
- Risk of misstatement in valuation of land and buildings

We request that you review these and other matters set out in this report to ensure:

- There are no residual further considerations or matters that could impact these issues
- You concur with the resolution of the issue
- There are no further significant issues you are aware of to be considered before the financial report is finalised
- There are no matters, other than those reported by management or disclosed in this report, which we believe should be brought to the attention of the Council of Governors, Audit & Non-clinical Risk Sub-Committee or Board of Directors.



Executive Summary

Control observations

During the audit, we identified no significant deficiencies in internal control.

We have identified a number of observations and improvement recommendations in relation to management's financial processes and controls. Details of these can be seen in Section 6.

Independence

Please refer to Section 7 for our update on Independence.

Other reporting issues

We have reviewed the information presented in the Annual Report and Annual Governance Statement for consistency with our knowledge of the Trust. We have audited the parts of the remuneration and staff report disclosures that are required to be audited. We have the following matters to report as a result of this work.

- ▶ There were errors in the draft remuneration report submitted for audit:
 - ▶ The salary disclosures for Directors' was incorrect and not consistent with payroll information.
 - ▶ The Trust has not completed calculations to support correct disclosures for real increases in pension entitlements of Directors'
 - ▶ The number and value of exit packages disclosed within the report was incorrect.

We are currently finalising our procedures in this area and will provide an update to the Committee at the meeting on 24 May 2018.

We have yet to complete the procedures requested of the National Audit Office with respect to the Trust's Whole of Government Accounts submission.

We expect to conclude that the Trust's consolidation schedules agree to your audited financial statements.

We expect to have no matters to report to the National Audit Office.

We plan to issue an unqualified Limited Assurance Report on the Quality Report. We will present our detailed findings in a separate report.

We have no other matters we wish to report.



02

Areas of Audit Focus



Areas of Audit Focus

Significant risk and key audit matter

Risk of management override of control

What is the risk?

The financial statements as a whole are not free of material misstatements whether caused by fraud or error. As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.

What did we do?

In responding to the identified risk we:

- Considered the nature and form of fraud risks as part of our audit planning, including direct inquiry of management about the risks of fraud and the controls put in place to address those risks. We also obtained an understanding of the oversight given by those charged with governance of management's processes over fraud.
- Performed mandatory procedures, including testing of journal entries and other adjustments in the preparation of the financial statements.
- Performed substantive testing of a sample of manual journals that met specific risk criteria in order to understand their purpose and appropriateness.
- Reviewed and tested significant accounting estimates for evidence of management bias, including those related to pensions, accruals, asset valuation, depreciation and provisions.
- Considered the existence of significant unusual transactions during the year, identifying the receipt of additional STF income and the release of prior year over accrued expenditure to test.

What are our conclusions?

We did not identify any specific fraud risks other than that relating to fraud in revenue recognition that has already been identified as a significant risk.

We did not identify any material weaknesses in controls or evidence of material management override.

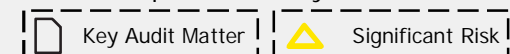
Through our testing of a sample of journals, we have not identified any matters to report to you other than relating to the release of accruals as below.

We have not identified any instances of inappropriate judgements being applied or bias within significant accounting estimates. We did however, identify an error in the calculation of the injury benefit provision leading to an understatement of £411k. Management have chosen not to amend for this and it is included in the schedule of unadjusted errors in section 3.

We gained assurance that the £16.3m of STF income reported in the financial statements has been appropriately accounted for.

Our journal testing identified that the Trust has released £3.6m of accrued expenditure from 2016-17 back to revenue on the basis that amounts had been over accrued or not matched with invoices received during 2017-18 following the transfer to the new ledger system. We have reviewed supporting documentation for the adjustment and concur with management's treatment in this area. We have included this matter as a specific representation within the letter of management representation.

As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.





Areas of Audit Focus

Significant risk and key audit matter

Risk of fraud in revenue and expenditure recognition

What is the risk?

Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition.

In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

We consider the significant risk does not apply to payroll.

In respect of income and expenditure we consider the risk is most focussed around those items that are non-routine and involve more management estimation and judgement such as year-end accruals and activity based revenue.

What did we do?

In responding to the identified risk we:

- Documented our understanding of the processes and controls in place to mitigate the risks identified, and walked through those process and controls to confirm our understanding
- Identified significant accounting estimates, discussing assumptions and calculation methodology with management
- Tested the identified significant accounting estimates to confirm appropriateness and consistency with supporting records considering evidence of bias
- Sample tested material revenue and expenditure streams with a focus on assets and liabilities at the year-end and compliance with accounting policies
- Reviewed the Department of Health agreement of balances data, sample testing intra-NHS transactions and investigating significant differences (outside of DH tolerance thresholds).
- Tested revenue cut-off at the period end date
- Conducted testing to identify unrecorded liabilities at the year-end

What are our conclusions?

Our testing has not identified any material misstatements with respect to revenue and expenditure recognition.

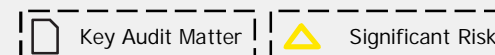
Overall our audit work did not identify any material issues or unusual transactions which may have indicated that the Trust's financial position had been misreported. The Trust received notification of additional STF incentive and bonus monies of £440k after the submission of the draft financial statements. This additional income has been reflected in the final version of the financial statements.

Our review of Department of Health agreement of balances data identified a number of mismatches above the £300k NAO reporting threshold requiring further investigation. More detail on this is included on pages 13 and 14.

Our testing of assets and liabilities within the Statement of Financial Position identified £1.1m of credit balances within receivables relating to unallocated receipts and £1m of debit balances within creditors relating to unallocated payments. These balances have been reclassified by management with no impact on the reported financial position of the Trust.

There are no further matters to report to you.

As a significant risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.





Areas of Audit Focus

Significant risk and key audit matter

Going concern

What is the risk?

International Auditing Standard (ISA (UK&I) 570, requires auditors to “obtain sufficient appropriate audit evidence about the appropriateness of management’s use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity’s ability to continue as a going concern.

The 2016-17 audit opinion on the Trust financial statements included an emphasis of matter relating to a material uncertainty over the Trust’s ability to continue as a going concern for the foreseeable future.

During 2017-18 the Trust has continued to rely on ongoing cash funding from NHS Improvement to support cash flow and to meet financial obligations. The Trust was also forecasting a £16.5m in-year deficit against a background of dealing with a significant underlying deficit of circa £30m.

What did we do?

In responding to the identified risk we:

- Obtained and considered management’s written justification supporting why the financial statements of the Trust are prepared on a going concern basis
- Obtained the future financial plans of the Trust, including cash flow forecasts for a period of at least 12 months from the anticipated date of signing the financial statements and considered the assumptions underlying these
- Monitored the financial position of the Trust and considered the factors set out in practice note 10 in relation to going concern and our reporting responsibilities
- Reviewed disclosures on material uncertainties in the financial statements for completeness and accuracy.

What are our conclusions?

We identified that the Trust financial plans include the requirement for liquidity support to continue into 2018-19 due to a planned in-year deficit of £6.9m. This support, whilst anticipated to continue and built into the financial plan submitted to NHS Improvement, has not been formally confirmed.

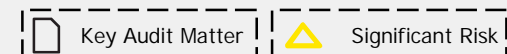
The Trust has an underlying deficit of £30m that has yet to be addressed, though the Trust is aiming to move into annual financial balance over the medium to long term.

These matters give rise to a material uncertainty relating to the Trust’s ability to continue as a going concern.

The Trust has recognised this in note 1 to the financial statements, referencing that:

- The Trust has contracts in place with Commissioners to March 2019
- Financial plans for 2018-19 have been agreed with NHS Improvement
- The Trust is part of the local Integrated Care System through which additional investment is expected and there is an implied support for the continued operation of the Trust
- The NHS Improvement Board have agreed to lift all licence conditions on the Trust following the second year of financial delivery ahead of plan.

Taking these factors into consideration along with guidance in practice note 10, we concur with management’s view that the financial statements should be prepared on a going concern basis. We will however include this as a key audit matter in the Audit Report and make reference to the disclosed material uncertainty.





Areas of Audit Focus

Other area of audit focus and key audit matter

Risk of misstatement in valuation of land and buildings

What is the risk?

Land and buildings is the most significant balance in the Trust's balance sheet. The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements.

What did we do?

In responding to the identified risk we:

- Reviewed the output of the Trust's valuer;
- Challenged the assumptions used by the Trust's valuer by reference to external evidence where appropriate; and
- Tested the journals for the valuation adjustments to confirm that they have been accurately processed in the financial statements.

What are our conclusions?

As part of completing the valuation of land and buildings of the Trust for 2017-18 the external valuer identified that there had been an error in the valuation completed by them during 2016-17. Certain Trust buildings had not been subject to the correct valuation indices resulting in an understatement of the increase in valuation for 2016-17 to the value of £3m. This understatement has been corrected as part of the valuation increase attributable to 2017/18.

As the error is not material, no adjustment has been made to the prior year brought forward.

In reviewing the work of the valuer for the current year, we have obtained evidence to support their independence from the Trust and of their professional qualifications.

We have reviewed the assumptions applied by the valuer and have confirmed that they are within an acceptable range with reference to the report of a further independent firm of valuers relating to NHS property assets.

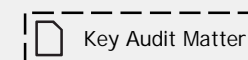
We have confirmed that the valuation movements have been correctly processed and reflected within the financial statements. We did note however, that the valuation was not processed through the asset register in advance of updating the ledger and financial statements.

In addition, in applying the valuation within note 18 to the financial statements, we identified that the Trust did not eliminate accumulated depreciation on revalued assets as required by the Department of Health Group Accounting manual. The impact of this is that the carry forward cost and depreciation of buildings and dwellings was overstated by £23.6m.

Management have corrected for this issue which had no impact on the net book value of assets reported in the Statement of Financial Position.

We have no further matters to report.

As an inherent risk and based on our findings, this area represents a key audit matter for inclusion in the audit report.





Areas of Audit Focus

Other area of audit focus

New ledger system

What is the risk?

During the year the Trust has moved to a new Oracle ledger provided by NHS Shared Business Services. The correct transfer of data to the new ledger is essential in ensuring robust and accurate financial reporting.

What did we do?

In responding to the identified risk we:

- Reviewed the transfer of data from the legacy ledger system to the new ledger in order to confirm completeness and accuracy of the transfer; and
- Documented our understanding of the operation of the new financial ledger and processes in place to support production of the financial statements, performing walkthrough testing to confirm our understanding.

What are our conclusions?

Review and testing of the data transfer from the old ledger to the new ledger system confirmed that this had been done completely and accurately.

Documentation and walkthrough of the operation of the new financial ledger confirmed that processes and controls were operating as designed and that suitable arrangements were in place to produce the financial statements.

We have no matters to report to you.

Other findings



Other findings

During the course of our audit of the financial statements we have performed procedures over other material balances and transactions in addition to the risk areas identified above.

We have the following findings to report:

NHS Agreement of balances

Finding

From a review of the intra NHS balances information submitted to the Department of Health, we identified the following mismatches:

Area	Counterparty	Mismatch
Income	Health Education England	£675k more than the expenditure in the books of the counterparty
Income	NHS England	£434k more than in the books of the counterparty
Income	Nottinghamshire Healthcare NHS FT	£362k more than in the books of the counterparty
Income	Department of Health and Social Care	£304k less than in the books of the counterparty
Income	Wakefield CCG	£256k less than in the books of the counterparty



Areas of Audit Focus

Other findings



Other findings

Area	Counterparty	Mismatch
Payables	Doncaster CCG	£1,335k more than the receivable in the books of the counterparty
Payables	NHS Newark and Sherwood CCG	£428k more than the receivable in the books of the counterparty
Payables	Bassetlaw CCG	£390 more than the receivable in the books of the counterparty
Payables	Rotherham NHS FT	£256k less than the receivable in the books of the counterparty
Receivables	Doncaster CCG	£1,117k less than the payable in the books of the counterparty
Receivables	NHS Newark and Sherwood CCG	£445k less than the payable in the books of the counterparty
Receivables	Bassetlaw CCG	£340k less than the payable in the books of the counterparty

We are currently following these differences up with management, awaiting evidence to support the amounts reported by the Trust. We will provide an update to the Committee on 24 May.



Areas of Audit Focus

Other findings



Other findings

Prepayments

Finding

Testing of prepayments identified one instance where incorrect accounting treatment had been applied. An invoice to the value of £882k relating to a maintenance contract for 2018-19 was received in advance of the year-end and entered into 2017-18 expenditure. The Trust identified this as part of year-end procedures and offset the payables amount with a contra entry in prepayments. This has the effect of overstating both payables and prepayments.

Conclusion

Following discussion with management, an adjustment has been made to correct for this misstatement.

Correction of duplicate invoices

Finding

Testing of accruals has identified an adjustment processed by the Trust to correct for a number of duplicate invoices identified within the payables ledger to the value of £537k. As the invoices are included within payables, the adjustment to correct should be netted off here in order to avoid overstatement of payables and an understatement of accruals.

Conclusion

Following discussion with management, an adjustment has been made to correct for this misstatement.

Accrual for goods received not invoiced

Finding

Testing of payables has identified that the accrual for goods received not invoiced (£7.3m) has been incorrectly classified as a payable instead of an accrual.

Conclusion

Following discussion with management, an adjustment has been made to correct for this misstatement.



Areas of Audit Focus

Other findings



Other findings

Leases

Finding

Review of disclosures in note 10 relating to leasing arrangements of the Trust has identified that the note has been incorrectly completed and did not reflect all of the arrangements where the Trust is acting as a lessor. As a result, lease receivables are understated by £470k.

Conclusion

Following discussion with management, an adjustment has been made to correct for this misstatement.

Related parties

Finding

Review of the transactions and balances with related parties disclosed in note 46 to the financial statements has identified an error over our reporting threshold in the amounts disclosed as follows:

- Income from NHS England disclosed as £50,994k in note 46. Income from NHS England per supporting documentation is £47,098k. There is a potential overstatement of income of £3,896k
- Receivables due from NHS England disclosed as £8,973k in note 46. Receivable from NHS England per supporting documentation is £5,077k. There is a potential overstatement of receivables of £3,986k

Conclusion

We are currently finalising procedures in this area and management are investigating the identified differences. We will provide an update to the Committee on 24 May.



03

Audit Differences

Audit Differences

In the normal course of any audit, we identify misstatements between amounts we believe should be recorded in the financial statements and the disclosures and amounts actually recorded. These differences are classified as 'known' or 'judgemental'. Known differences represent items that can be accurately quantified and relate to a definite set of facts or circumstances. Judgemental differences generally involve estimation and relate to facts or circumstances that are uncertain or open to interpretation.

Summary of adjusted differences

We have included all known amounts greater than £300k relating to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in our summary of misstatements below.

We highlight the following misstatements in relation to the financial statements and the disclosures that were identified during the course of our audit. These have been corrected by management:

- ▶ Reclassification of credit amounts incorrectly included within receivables to payables - £1,119k
- ▶ Reclassification of debit amounts incorrectly included within receivables to payables - £1,049k
- ▶ Reclassification to correct an adjustment to remove duplicate invoice amounts that was incorrectly included within accruals instead of payables - £537k
- ▶ Reclassification to move the goods received not invoiced accrual from payables to accruals - £7,269k
- ▶ Adjustment to remove a prepayment where no payment had been made before the year-end and the invoice related to 2018-19 from receivables and payables - £735k
- ▶ Removal of accumulated depreciation on building and dwelling assets revalued during the year with corresponding adjustment to asset cost as required by the Department of Health Group Accounting Manual - £23,613k

The adjustments noted above have no impact on the reported financial performance or position of the Trust.

In addition, we have identified a number of disclosure errors that have been adjusted by management, the most significant of which we report below:

- ▶ Director salaries within the remuneration report incorrectly disclosed
- ▶ Increase in Director pension entitlements within the remuneration incorrectly calculated and disclosed
- ▶ Number and value of exit packages incorrectly disclosed
- ▶ Values and disclosures within the leasing note inconsistent with supporting documentation
- ▶ Errors in the disclosure of related party transactions and balances.

Audit Differences

Summary of adjusted differences

We highlight the following misstatements to the financial statements and/or disclosures which were not corrected by management. We request that these uncorrected misstatements be corrected or a rationale as to why they are not corrected be considered and approved by the Audit & Non-clinical Risk Sub Committee and provided within the Letter of Representation:

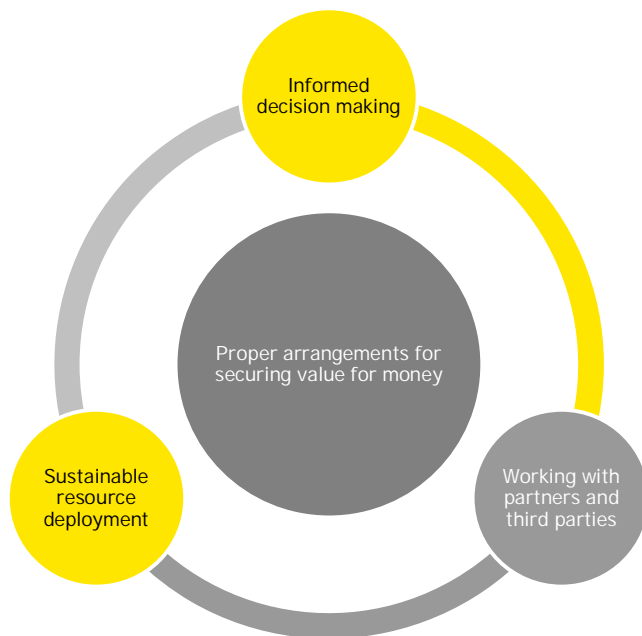
Account 31 March 2018 (£'000)	Income and expenditure statement Debit/(Credit) Current Period	Assets current Debit/(Credit)	Assets non-current Debit/(Credit)	Liabilities current Debit/(Credit)	Liabilities non-current Debit/(Credit)
Errors: Understatement of injury benefit provision due to calculation error	411			(411)	
Judgemental differences:					
Balance sheet totals				(411)	
Income effect of uncorrected misstatements	411				

There are no amounts that we identified that are individually or in aggregate material to the presentation and disclosures of the consolidated financial statements for the year ended 31 March 2018. The above error relates to the Foundation Trust parent.



04

Value for Money



Economy, efficiency and effectiveness

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

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

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

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

Overall conclusion

We identified one significant risk in relation to these arrangements. The tables below presents the findings of our work in response to the risk areas in our Audit Planning Report.

We will issue an 'except for' conclusion relating to the Trust's arrangements to secure efficiency and effectiveness in its use of resources particularly with regard to arrangements to deploy resources in a sustainable manner.

VFM risks

We are only required to determine whether there are any risks that we consider significant within the Code of Audit Practice which defines as:

‘A matter is significant if, in the auditor’s professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public’

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work.

The table below presents the findings of our work in response to the risks areas in our Audit Planning Report.

What is the significant VFM risk?	What arrangements did this impact?	What are our findings?
<p>Financial resilience and sustainability</p> <p>The financial position and sustainability of the Trust continues to be challenging.</p> <p>During the year the Trust has continued to drawdown cash funding from NHS Improvement to support ongoing liabilities reflective of its deficit position.</p> <p>With an underlying deficit of around £30m the Trust was forecasting to achieve an in-year deficit of £16.5m. This was after receipt of Sustainability and Transformation Funding (STF) of £11.6m and a cost improvement plan (CIP) target of £12.4m.</p> <p>Achievement of the planned financial performance represents a risk to the Trust as it was behind plan in achieving CIP targets during the year along with facing in year pressures that were driving increases in planned expenditure. There were also reductions in planned income in areas such as elective procedures.</p> <p>The above factors gave rise to a risk that the in-year deficit could further increase as failure to achieve planned financial performance would result in potential loss of the final quarter of STF funding of around £2.8m.</p> <p>The pressures on in-year financial performance, underlying deficit and reliance on cash support are indicative of a risk to the ongoing Trust’s ability to deploy resources in a sustainable manner.</p>	<p>Deploying resources in a sustainable manner</p>	<p>Whilst the reported £11.7m deficit of the Trust is larger than the £7.2m deficit in 2016-17, the Trust has delivered financial performance ahead of its planned control total target of £16.5m.</p> <p>The Trust has continued to improve its approach to development and delivery of CIP targets and has achieved 84% of the planned savings for the year.</p> <p>In achieving this performance the Trust has benefitted from additional STF incentive and bonus income above the initial amount expected with total STF income of £16.3m.</p> <p>The receipt of STF income is not recurrent in nature and therefore the Trust effectively has an underlying deficit that has been assessed at around £30m.</p> <p>The Trust also continues to require ongoing cash support from NHS Improvement in order to meet financial liabilities. During the year, this support has increased the outstanding loan balance by £9.2m to £89.4m. The Trust expects to require this support over the next 12 months given continued planned annual deficits, though no formal agreement is in place to confirm the continued availability of this funding.</p> <p>In order to achieve future financial balance and to deliver sustainable healthcare services in the future, the Trust will need to address the underlying deficit position.</p> <p>During the year the Trust has improved arrangements for CIP design and delivery, responding to the findings and improvement recommendations of external consultants. A new efficiency team has been established to support this, led by an efficiency Director who reports to the Director of Finance.</p>

VFM risks

What is the significant VFM risk?	What arrangements did this impact?	What are our findings?
Financial resilience and sustainability (continued)	Deploying resources in a sustainable manner	<p>This team is taking a much more structured approach with significant involvement and input from clinical staff in identification, design and delivery of savings plans and is a positive development that is required given the challenging CIP target for 2018-19 of £17.8m.</p> <p>The Trust is also part of the South Yorkshire and Bassetlaw Integrated Care System, a vehicle which is expected to deliver significant savings across the local health economy along with this Trust.</p> <p>The Integrated Care System is expected to drive service rationalisation in the area and there are currently key projects underway to support this such as the acute services review.</p> <p>On 9th May 2018 the NHSI Board agreed to lift licence breach conditions, reflecting improvements made by the Trust and compliance with required actions.</p> <p>The existence of the underlying deficit position has led to our 'except for' opinion on VFM.</p>



05

Other reporting issues



Other reporting issues

Annual Report including Annual Governance Statement

We are required to give an opinion on the consistency of the Annual Report and other information published with the financial statements and the parts of the remuneration report that are required to be audited. We are also required to review the Annual Governance Statement for completeness of disclosures, consistency with other information we are aware of from our work and whether it complies with relevant guidance.

Financial information within the Annual Report and published with the financial statements was consistent with the Annual Accounts.

Review and audit testing performed on the remuneration and staff report identified the following matters to report to you:

- Director salary figures were not consistent with payroll information
- The draft report noted one exit package during the year with a value of £30k. We identified that there had been three exit packages with a total value of £x

We have reviewed the Annual Governance Statement and can confirm it is consistent with other information that we are aware of from our audit of the financial statements and we have no other matters to report.

Whole of Government Accounts

Alongside our work on the financial statements, we also report to the Trust on differences, within a tolerance of £300k between the Trust's consolidation schedules and the audited financial statements. We also report to the NAO under its group instructions.

We are currently concluding our work in this areas and will report any matters that arise to the Audit & Non-clinical Risk Sub Committee.

Quality Report

We are required to review and report on the Trust's Quality Report in accordance with the detailed guidance issued by Monitor operating as NHS Improvement for each financial year (detailed guidance for external assurance on quality reports 2017/18).

We plan to issue an unqualified Limited Assurance report to the Trust. This will conclude that nothing has come to our attention, which leads us to believe that:

- ▶ The Quality Report has not been prepared in line with the relevant requirements;
- ▶ The Quality Report is not consistent with the other information sources as set out in that guidance; and
- ▶ The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects.

We have set out our detailed findings arising from our work on the Quality Report in a separate report to governors.



Other reporting issues

Other powers and duties

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

We also have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the Trust or brought to the attention of the public. We did not identify any issues which required us to issue a report in the public interest.

Other reporting matters

The Department of Health Group Accounting Manual 2017-18 (Chapter 4, Annex 2) confirms that application of IFRS 15 'Revenue from Contracts with Customers' does not apply to NHS entities for 2017/18. It is expected that the standard will be applied for years commencing 1 January 2018 onwards which, for the NHS, is the financial year ended 31 March 2019.

For NHS provider organisations, IFRS 15 is unlikely to be an issue for typical CCG contracts that are a year in length and align with the financial reporting year; however two areas that may need to be revisited are maternity pathways and partially completed spells income. There could also be complexities where an organisation has entered into a New Models of Care Contract.

We will work with management to understand the process for reporting under IFRS 15 once the reporting requirements for the sector are confirmed in the Department of Health Group Accounting Manual 2018-19 when it is released.

As required by ISA (UK&I) 260 and other ISAs specifying communication requirements, we are required to communicate to you significant findings from the audit and other matters that are significant to your oversight of the Trust's financial reporting process, including the following:

- Significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures;
- Significant difficulties, if any, encountered during the audit;
- Significant matters, if any, arising from the audit that were discussed with management;
- Written representations we are seeking;
- Expected modifications to the audit report;
- Other matters if any, significant to the oversight of the financial reporting process;
- Related parties;
- External confirmations;
- Going concern; and
- Consideration of laws and regulations, including any significant matters involving actual or suspected non-compliance with laws and regulations which were identified in the course of the audit, in so far as they are considered to be relevant in order to enable the audit committee to fulfil its tasks.

There are no matters to report to you in respect of the above areas other than as included in the body of the report.



06

Assessment of Control Environment



Assessment of Control Environment

Financial controls

It is the responsibility of the Trust to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the Trust has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have therefore not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have not identified any significant deficiencies in the design or operation of internal controls that might result in a material misstatement in your financial statements of which you are not aware.

We have identified the following deficiencies in controls and processes that are not considered to be significant in nature:

Finding	Recommendation	Management response
On completion of stock counts within the Genesis system there is no subsequent check performed to confirm that the results of the count are consistent with the system records. The system is updated with the count values but there is no investigation into discrepancies.	We recommend that the Trust consider enhancing processes to investigate and understand stock count discrepancies.	
Testing of new starters on the payroll system identified that a new member of bank staff was incorrectly set up as a full time employee due to errors in completion of documentation. This resulted in the individual receiving overpayments of £14k. The Trust only became aware of this issue when the individual notified them of the error. The Trust is recovering the overpaid amounts.	The Trust should ensure that proper checks of new starter details are undertaken to ensure no such errors occur.	



Assessment of Control Environment

Financial controls (continued)

Finding	Recommendation	Management response
There are £23m of fully depreciated assets included within the asset register. Many of these assets may no longer be in use.	The Trust should perform a review of the asset register to remove fully depreciated assets and consider requirement to remove from inventory if no longer in use or held by the Trust.	
We have identified that there is no evidence of reconciliations relating to charitable funds being completed during the year.	We recommend that appropriate reconciliations in respect of charitable funds are completed as part of the monthly closedown process including full reconciliation of the inter-company position.	
We have identified that payroll reconciliations have not been completed for each month and that when completed, do not fully reconcile total payroll amounts to the ledger, including consideration of supplementary pay runs. As a result, the Trust experienced significant difficulties in providing a fully reconciled position to support the audit.	We recommend that payroll reconciliations are completed regularly and in sufficient detail to support the year-end audit process.	



07

Independence

Independence

We confirm there are no changes in our assessment of independence since our confirmation in our audit planning board report dated 23 March 2018.

We complied with the APB Ethical Standards. In our professional judgement the firm is independent and the objectivity of the audit engagement partner and audit staff has not been compromised within the meaning of regulatory and professional requirements.

We consider that our independence in this context is a matter that should be reviewed by both you and ourselves. It is therefore important that you and your Audit & Non-clinical Risk Sub Committee consider the facts of which you are aware and come to a view. If you wish to discuss any matters concerning our independence, we will be pleased to do so at the forthcoming meeting of the Audit & Non-clinical Risk Sub Committee on 24 May 2018.

As part of our reporting on our independence, we set out below a summary of the fees you have paid us in the year ended 31 March 2018.

We confirm that we have undertaken non-audit work in relation to our work on the Quality Accounts. We have adopted the necessary safeguards in our completion of this work and complied with Auditor Guidance Note 1 issued by the NAO in December 2016.

Description	Final Fee 2017/18 £	Planned Fee 2017/18 £	Final Fee 2016/17 £
Statutory Audit Fee	60,000*	60,000	107,000
Charity audit fee	6,000	6,000	6,000*
Non-audit work – Quality Report	10,000	10,000	10,000
Total fees	76,000	76,000	123,000

*Variation to fee currently being discussed with management





08

Appendices





Appendix A

Required communications with the Audit Committee

There are certain communications that we must provide to the Audit Committees of UK clients. We have detailed these here together with a reference of when and where they were covered:

Our Reporting to you		
Required communications	 What is reported?	 When and where
Terms of engagement	Confirmation by the audit committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	Engagement letter 12 October 2016
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter.	Audit planning report 23 March 2018
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified. When communicating key audit matters this includes the most significant risks of material misstatement (whether or not due to fraud) including those that have the greatest effect on the overall audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team.	Audit planning report 23 March 2018
Significant findings from the audit	<ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Significant difficulties, if any, encountered during the audit • Significant matters, if any, arising from the audit that were discussed with management • Written representations that we are seeking • Expected modifications to the audit report • Other matters if any, significant to the oversight of the financial reporting process 	Audit results report 24 May 2018

Appendix A

		 Our Reporting to you
Required communications	 What is reported?	  When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements • The adequacy of related disclosures in the financial statements 	Audit results report 24 May 2018
Misstatements	<ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation • The effect of uncorrected misstatements related to prior periods • A request that any uncorrected misstatement be corrected • Material misstatements corrected by management 	Audit results report 24 May 2018
Subsequent events	<ul style="list-style-type: none"> • Enquiry of the audit committee where appropriate regarding whether any subsequent events have occurred that might affect the financial statements. 	Audit results report 24 May 2018

Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
Fraud	<ul style="list-style-type: none"> Enquiries of the audit committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity Any fraud that we have identified or information we have obtained that indicates that a fraud may exist Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving: <ol style="list-style-type: none"> Management; Employees who have significant roles in internal control; or Others where the fraud results in a material misstatement in the financial statements. The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected Any other matters related to fraud, relevant to Audit Committee responsibility. 	Audit results report 24 May 2018
Related parties	<p>Significant matters arising during the audit in connection with the entity's related parties including, when applicable:</p> <ul style="list-style-type: none"> Non-disclosure by management Inappropriate authorisation and approval of transactions Disagreement over disclosures Non-compliance with laws and regulations Difficulty in identifying the party that ultimately controls the entity 	Audit results report 24 May 2018
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence.</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> The principal threats Safeguards adopted and their effectiveness An overall assessment of threats and safeguards Information about the general policies and process within the firm to maintain objectivity and independence 	<p>Audit Planning Report 23 March 2018</p> <p>Audit Results Report 24 May 2018</p>

Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
	Communications whenever significant judgments are made about threats to objectivity and independence and the appropriateness of safeguards put in place.	
External confirmations	<ul style="list-style-type: none"> Management's refusal for us to request confirmations Inability to obtain relevant and reliable audit evidence from other procedures. 	Audit results report 24 May 2018
Consideration of laws and regulations	<ul style="list-style-type: none"> Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur Enquiry of the audit committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the audit committee may be aware of 	Audit results report 24 May 2018

Appendix A

		Our Reporting to you
Required communications	What is reported?	When and where
Significant deficiencies in internal controls identified during the audit	<ul style="list-style-type: none"> Significant deficiencies in internal controls identified during the audit. 	Audit results report 24 May 2018
Group Audits	<ul style="list-style-type: none"> An overview of the type of work to be performed on the financial information of the components An overview of the nature of the group audit team's planned involvement in the work to be performed by the component auditors on the financial information of significant components Instances where the group audit team's evaluation of the work of a component auditor gave rise to a concern about the quality of that auditor's work Any limitations on the group audit, for example, where the group engagement team's access to information may have been restricted Fraud or suspected fraud involving group management, component management, employees who have significant roles in group-wide controls or others where the fraud resulted in a material misstatement of the group financial statements. 	Audit planning report 23 March 2018 Audit results report 24 May 2018
Written representations we are requesting from management and/or those charged with governance	<ul style="list-style-type: none"> Written representations we are requesting from management and/or those charged with governance 	Audit results report 24 May 2018
Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	<ul style="list-style-type: none"> Material inconsistencies or misstatements of fact identified in other information which management has refused to revise 	Audit results report 24 May 2018
Auditors report	<ul style="list-style-type: none"> Key audit matters that we will include in our auditor's report Any circumstances identified that affect the form and content of our auditor's report 	Audit results report 24 May 2018

Management representation letter

Management Rep Letter

Ernst & Young
No. 1 Colmore Square
Birmingham B4 6HQ

This letter of representations is provided in connection with your audit of the consolidated and Trust financial statements of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ("the Group and Trust") for the year ended 31 March 2018. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to form an opinion as to whether the consolidated and Trust financial statements give a true and fair view of (or 'present fairly, in all material respects,') the Group and Trust financial position of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust as of 31 March 2018 and of its financial performance (or operations) and its cash flows for the year then ended in accordance with, applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England.

We understand that the purpose of your audit of our consolidated and Trust financial statements is to express an opinion thereon and that your audit was conducted in accordance with International Standards on Auditing, which involves an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose - all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated 12 October 2016, for the preparation of the financial statements in accordance with, applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England and the Department of Health (DH) Group Accounting Manual (GAM).

2. We acknowledge, as members of management of the Group and Trust, our responsibility for the fair presentation of the consolidated and Trust financial statements. We believe the consolidated and Trust financial statements referred to above give a true and fair view of (or 'present fairly, in all material respects') the financial position, financial performance (or results of operations) and cash flows of the Group in accordance with the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor") and are free of material misstatements, including omissions. We have approved the financial statements.

3. We consider:

- a. the annual report and accounts, taken as a whole, are fair, balanced and understandable ("FBU") and provide the information necessary for shareholders to assess the Trust's performance, business model and strategy. (Code provision C.1.1)
- b. it appropriate to adopt the going concern basis of accounting in preparing the Annual Report and Accounts, and have identified the material uncertainties, set out in note 1.1.2, to the Trust's ability to continue as a going concern over a period of at least twelve months from the date of approval of the financial statements]. (code provision C.1.3)

Management representation letter (continued)

Management Rep Letter

c. a robust assessment of the principal risks facing the Trust, including those that would threaten its business model, future performance, solvency or liquidity has been carried out and those risks are described in the Annual Report together with an explanation of how they are being managed or mitigated. (code provision C.2.1)

d. we have a reasonable expectation that the Trust will be able to continue in operation and meet its liabilities as they fall due over the next 5 years considered for our viability assessment. We have drawn attention to certain qualifications or assumptions which are set out in note 1 (code provision C.2.2)

e. the report on our review of the effectiveness of the Trust's risk management and internal control systems is accurately reflected in the Annual Report and Accounts. (code provision C.2.3)

4. The significant accounting policies adopted in the preparation of the Group and Trust financial statements are appropriately described in the Group and Trust financial statements.

5. As members of management of the Group and Trust, we believe that the Group and Trust have a system of internal controls adequate to enable the preparation of accurate financial statements in accordance with applicable law and the accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England and the Department of Health (DH) Group Accounting Manual (GAM) that are free from material misstatement, whether due to fraud or error.

6. We believe that the effects of any unadjusted audit differences, summarised in the accompanying schedule, accumulated by you during the current audit and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the consolidated and Trust financial statements taken as a whole. We have not corrected these differences identified by and brought to the attention from the auditor because they are not material to the reported financial performance or position of the Trust.

B. Non-compliance with law and regulations, including fraud

1. We acknowledge that we are responsible to determine that the Group and Trust's activities are conducted in accordance with laws and regulations and that we are responsible to identify and address any non-compliance with applicable laws and regulations, including fraud.

2. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.

3. We have disclosed to you the results of our assessment of the risk that the consolidated and Trust financial statements may be materially misstated as a result of fraud.

4. We have no knowledge of any identified or suspected non-compliance with laws or regulations, including fraud that may have affected the Group or Trust's (regardless of the source or form and including without limitation, any allegations by "whistleblowers"), including non-compliance matters:

1. involving financial statements;

2. related to laws and regulations that have a direct effect on the determination of material amounts and disclosures in the consolidated or Trust's financial statements;

3. related to laws and regulations that have an indirect effect on amounts and disclosures in the financial statements, but compliance with which may be fundamental to the operations of the Group or Trust's activities, its ability to continue to operate, or to avoid material penalties;

4. involving management, or employees who have significant roles in internal controls, or others; or

5. in relation to any allegations of fraud, suspected fraud or other non-compliance with laws and regulations communicated by employees, former employees, analysts, regulators or others.

Management representation letter (continued)

Management Rep Letter

C. Information Provided and Completeness of Information and Transactions

1. We have provided you with:

- Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- Additional information that you have requested from us for the purpose of the audit; and
- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

2. All material transactions have been recorded in the accounting records and are reflected in the consolidated and Trust financial statements.

3. We have made available to you all minutes of the Board and committees of directors (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the year to the most recent meetings in May 2018.

4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Group and Trust's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the consolidated and Trust financial statements.

5. We believe that the significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.

6. We have disclosed to you, and the Group and Trust has complied with, all aspects of contractual agreements that could have a material effect on the consolidated and Trust financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

D. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the consolidated and Trust financial statements.

2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal counsel.

3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent, and have disclosed all guarantees that we have given to third parties.

E. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the consolidated and Trust financial statements or notes thereto.

F. Group audits

1. We recognise the restrictions on the use of charitable fund balances and reserves in accordance with the wishes of the donors and the general principles and purpose of the charity. We confirm that the charitable funds have only been used for appropriate purposes in line with these restrictions and have not been used for any improper purpose. There are no other significant restrictions on the use of charitable funds other than those indicated in the accounts.

Management representation letter (continued)

Management Rep Letter

2. Necessary adjustments have been made to eliminate all material intra-group unrealized profits on transactions amongst parent, subsidiary undertakings and associated undertakings.

G. Other information

1. We acknowledge our responsibility for the preparation of the other information. The other information comprises the Annual Report.
2. We confirm that the content contained within the other information is consistent with the financial statements.

H. Agreement of Balances and key judgments

1. We have disclosed to you details of all transactions and judgments we have made on income and expenditure, payable and receivable balances with counter-parties irrespective of whether or not they have been included in the 2017/18 Agreement of Balances Exercise
2. We have agreed balances, disputes and claims with all NHS bodies via the Agreement of Balances process and where not agreed, we have reported the matter to you.
3. We have disclosed to you all of the risks and judgments we have made in arriving at the Trust's reported financial outturn for financial year ended 31 March 2018.

I. Comparative information

1. There have been no significant errors or misstatements, or changes in accounting policies that would require a restatement of the amounts from the financial statements for the year ended 31 March 2017 which are shown as comparative amounts in the financial statements for the year ended 31 March 2018. Any differences in the comparative amounts from the amounts in the financial statements for the year ended 31 March 2017 are solely the result of reclassifications following changes to the template accounts issued by NHS Improvement and for comparative purposes.

J. Going concern

1. Note 1 to the consolidated and Trust financial statements discloses all of the matters of which we are aware that are relevant to the Group and Trust's ability to continue as a going concern, including significant conditions and events, our plans for future action, and the feasibility of those plans.

K. Use of the work of a specialist

1. We agree with the findings of the specialists that we engaged to evaluate the valuation of Trust land and buildings and have adequately considered the qualifications of the specialists in determining the amounts and disclosures included in the consolidated and Trust financial statements and the underlying accounting records. We did not give or cause any instructions to be given to the specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an effect on the independence or objectivity of the specialists.

L. Estimates

Release of prior year over accrued expenditure

1. We believe that the measurement processes, including related assumptions and models, used to determine the accounting estimates have been consistently applied and are appropriate in the context of International Financial Reporting Standards, accounting policies directed by Monitor (operating as NHS Improvement) with the consent of the Secretary of State as relevant to the National Health Service in England and the Department of Health (DH) Group Accounting Manual (GAM).
2. We confirm that the significant assumptions used in calculating the value of prior year over-accrued expenditure, appropriately reflects our intent and ability to carry out the release of over accrued expenditure relating to 2016-17 on behalf of the entity.
3. We confirm that no adjustments are required to the accounting estimates and disclosures in the consolidated and Trust financial statements due to subsequent events.

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ED None

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

Title	Financial Performance – Month 6 - September 2018		
Report to	Council of Governors	Date	25 October 2018
Author	Jon Sargeant - Director of Finance Alex Crickmar – Deputy Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

The Trust's deficit for month 6 (September 2018) was £1.1m, which is a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 is an £11.9m deficit, which is £1k favourable to plan. However the Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a better than break even position for the rest of the year.

The forecast at Month 6 scenarios indicates a range of potential year end positions, with the realistic case showing the Trust missing the control total by £2.9m (before PSF risk). Therefore the Trust needs to take immediate action to close the financial gap and deliver the Trust's financial plan.

Some of the significant risks to delivery of the forecast and the financial control total include:

- 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. Also some of the deliverability of the CIPs (e.g. block contracts) will potentially be impacted by the funding available from CCGs. The Trust needs to implement NHSI quality improvement findings at pace and scale.
- Robust plans are required from Divisions to maximise income that deliver in line with plan for elective and outpatients. The Trust has seen growth in the waiting list position over the first half of the year.
- Control and reduction of agency and additional sessions spend linked to robust capacity plans and challenging grip and control meetings.
- A release of funds from the balance sheet relating to aged accruals of £1.4m was required to ensure delivery of the Q1 control total. A further £1.5m of centrally held

reserves was required to ensure delivery of the Q2 control total.

- The Trust has assumed full achievement of PSF in its position. Whilst the Trust did not achieve its Q2 A&E performance target, the Trust did achieve the target YTD and therefore it is expected that PSF will have been achieved for Q2. There however remains a risk in achieving PSF through the second two quarters of the year.
- The Trust is currently assuming 95% achievement of CQUINs in the position, when historically the Trust has achieved 90%. CQUINs achievement for Q1 has still not been confirmed with CCGs requesting further evidence.
- Following a maternity audit in the previous year this identified a potential income risk of c850k. This risk is not assumed in the month 6 financial position, but is identified in the forecast.
- The Trust has identified a historical depreciation risk of £3.9m as previously reported to the F&P Committee. The position has been discussed with external audit who are currently reviewing the accounting treatment. Current expectation is that this is a prior period or opening balances adjustment.

Key questions posed by the report

Is the Council of 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

This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.

- F&P 1 - Failure to achieve compliance with financial performance and achieve financial plan and subsequent cash implications
- F&P 3 - Failure to deliver Cost Improvement Plans in this financial year
- F&P 19 - Failure to achieve income targets arising from issues with activity
- F&P 13 - Inability to meet Trust's needs for capital investment

How this report impacts on current risks or highlights new risks

Update on risk relating to delivery of 2018/19 financial plan.

Recommendation(s) and next steps

Governors are asked to note:

- The Trust's deficit for month 6 (September 2018) was £1.1m, which is a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 is an £11.9m deficit, which is £1k favourable to plan.
- The progress in closing the gap on the Cost Improvement Programme.
- The forecast scenarios presented including the risks set out in this paper.



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

FINANCIAL PERFORMANCE

P6 September 2018

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P6 SEPTEMBER 2018

1. Income and Expenditure vs. Forecast						2. CIPs					
Performance Indicator	Monthly Performance		YTD Performance		Annual	Performance Indicator	Monthly Performance		YTD Performance		Annual
	Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000			Actual £'000	Variance to budget £'000	Actual £'000	Variance £'000	
I&E Perf Exc Impairments	1,108	(1,070) F	12,060	(28) F	6,900	Employee Expenses	199	139 A	955	332 A	8383
Income	(30,351)	2,209 A	(183,985)	2,846 A	(375,692)	Drugs	51	7 A	370	(20) F	700
PSF (previously STF)	(1,083)	0	(5,683)	0	(16,238)	Clinical Supplies	56	(10) F	150	38 A	954
Donated Asset Income	(31)	(7) F	(116)	26 A	(285)	Non Clinical Supplies	0	0 A	0	0 A	0
Operating Expenditure	31,396	(3,304) F	194,975	(2,826) F	385,214	Non Pay Operating Expenses	1,180	(967) F	1,612	(775) F	4968
Pay	21,502	40 A	130,718	1,335 A	259,274	Income	187	(22) F	602	(9) F	2820
Non Pay & Reserves	9,894	(3,343) F	64,258	(4,161) F	125,940						
Financing costs	1,146	25 A	6,753	(47) F							
I&E Perf Exc 16/17 STF & Donated Asset Income	1,077	(1,077) F	11,944	(1) F	6,615	Total	1,673	(852) F	3,687	(433) F	17,825
F = Favourable A = Adverse						4. Other					
Financial Sustainability Risk Rating			Plan	Actual		Performance Indicator	Monthly Performance		YTD Performance		Annual
UOR			4	3			Plan	Actual	Plan	Actual	Plan
CoSRR			1	2			£'000	£'000	£'000	£'000	£'000
3. Statement of Financial Position						Cash Balance	3,025	9,060	3,025	9,060	1,900
All figures £m			Opening Balance	Current Balance	Movement in year	Capital Expenditure	737	362	4330	1980	13,911
Non Current Assets			209,108	205,908	3,200	5. Workforce					
<i>Current Assets</i>			49,291	38,499	10,792		Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE
<i>Current Liabilities</i>			-54,834	-52,900	-1,934	Current Month	5893.59	5516.79	226.92	108.48	5852.19
<i>Non Current liabilities</i>			-81,105	-80,483	-622	Previous Month	5903.87	5429.76	134.97	86.87	5651.60
Total Assets Employed			122,460	109,130	13,330	Movement	10.28	-87.03	-91.95	-21.61	-200.59
Total Tax Payers Equity			-122,460	-109,130	-13,330						

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Executive Summary

The Trust's deficit for month 6 (September 2018) was £1.1m, which is a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 is an £11.9m deficit, which is £1k favourable to plan. However the Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to essentially achieve a better than break even position for the rest of the year.

The YTD income position at the end of Month 6 is £2,846k adverse to plan, (including the pay award funding of £2,112k in both plan and actual). In month 6, NHS Clinical Income (including Non-PbR drugs) was £680k behind plan (£2,933k adverse YTD). Doncaster CCG has an adverse variance against the Trust's plan of £668k (favorable variance against contract of £1,401k) and Bassetlaw CCG has a favorable income variance of £679k against plan (£1,326k favorable against contract). Non NHS Clinical Income and Other Income is £231k ahead of plan in month 6 and YTD £88k favorable to plan (excluding the impact of pay award funding). PSF is assumed at 100% in the position and QUIN achievement at 95%.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-312,482	-25,321	-25,070	251 A	-155,035	-154,008	1,027 A
Drugs	-24,089	-2,222	-1,794	429 A	-12,277	-10,370	1,907 A
PSF	-16,238	-1,083	-1,083	0 F	-5,683	-5,683	0 F
Trading Income	-39,121	-5,017	-3,488	1,529 A	-19,520	-19,607	-88 F
Grand Total	-391,930	-33,643	-31,434	2,209 A	-192,514	-189,668	2,846 A
Pay Award Adjustment	4,224	2,112	352	-1,760 F	2,112	2,112	0 F
	-387,706	-31,531	-31,082	449 A	-190,402	-187,556	2,846 A

The YTD expenditure position at Month 6 was £2,826k lower than budgeted levels. Non-PbR drugs were significantly lower than planned levels (c.£1.9m which is offset by underperformance on income). Please note that the YTD position reflects the release of non-recurrent monies in Month 3 of £1.4m (against reserves) following the review of prior year accruals being held. This mainly relates to accruals for agency doctors (through Holt). The YTD position also reflects the part release of two centrally held reserves in Month 6 which were previously being accrued for. The two amounts released from reserves relate to outsourcing of £1.1m and contingency reserve of £0.4m.

Subjective Code	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
1. Pay	21,463	21,502	40 A	129,382	130,718	1,335 A	259,274
2. Non-Pay	10,177	10,757	580 A	60,629	63,293	2,665 A	118,705
3. Reserves	3,060	-863	-3,923 F	7,790	964	-6,826 F	7,235
Total Expenditure Position	34,700	31,396	-3,304 F	197,802	194,975	-2,826 F	385,214

Capital expenditure YTD is £1,980k against the YTD plan of £4,330k (£2,350k behind plan).

The cash balance at the end of September was £9.1m against a plan of £3m. This is largely due to the receipt of Q4 STF funds (£8.4m), delayed capital expenditure and movements in trade receivables and payables.

In September CIPs of £1,673k (last month £569k) were delivered against the NHSi plan of £821k. YTD savings are £3,687k, which is a favourable variance against the NHSi plan of £433k. The significant change in month 6 was the release of the elective outsourcing reserve of £1.1m. An objective assessment of the likely out-turn of schemes by year end has been undertaken with c.£12m deemed achievable at this stage. This leaves c. £6m of high risk 'red' schemes that need urgent attention if to be part of the 2018/19 CIP Programme and support delivery of the Trust's year end Control Total.

2. Conclusion

The Trust's year to date financial position at Month 6 is £1k favourable compared to plan (£1.1m favourable in month). The forecast at Month 6 scenarios indicates a range of potential year end positions, with the realistic case showing the Trust missing the control total by £2.9m (before PSF risk). Therefore the Trust needs to take immediate action to close the financial gap and deliver the Trust's financial plan. These actions are being taken forward following a meeting to agree steps between the CEO, Deputy CEO and DoF.

Some of the significant risks to delivery of the forecast and the financial control total include:

- 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. Also some of the deliverability of the CIPs (e.g. block contracts) will potentially be impacted by the funding available from CCGs. The Trust needs to implement NHSI quality improvement findings at pace and scale.
- Robust plans are required from Divisions to maximise income that deliver in line with plan for elective and outpatients. The Trust has seen growth in the waiting list position over the first half of the year.
- Control and reduction of agency and additional sessions spend linked to robust capacity plans and challenging grip and control meetings.
- A release of funds from the balance sheet relating to aged accruals of £1.4m was required to ensure delivery of the Q1 control total. A further £1.5m of centrally held reserves was required to ensure delivery of the Q2 control total.
- The Trust has assumed full achievement of PSF in its position. Whilst the Trust did not achieve its Q2 A&E performance target, the Trust did achieve the target YTD and therefore it is expected that PSF will have been achieved for Q2. There however remains a risk in achieving PSF through the second two quarters of the year.
- The Trust is currently assuming 95% achievement of CQUINs in the position, when historically the Trust has achieved 90%. CQUINs achievement for Q1 has still not been confirmed with CCGs requesting further evidence.
- Following a maternity audit in the previous year this identified a potential income risk of c850k. This risk is not assumed in the month 6 financial position, but is identified in the forecast.
- The Trust has identified a historical depreciation risk of £3.9m as previously reported to the F&P Committee. The position has been discussed with external audit who are currently reviewing the accounting treatment. Current expectation is that this is a prior period or opening balances adjustment.

3. Recommendations

The Board is asked to note:

- The Trust's deficit for month 6 (September 2018) was £1.1m, which is a favourable variance against plan in month of £1.1m. The cumulative position to the end of month 6 is an £11.9m deficit, which is £1k favourable to plan.
- The Trusts current forecast would mean that the Trust misses its control total by c£3m before PSF losses. Action plans to address this position are being drawn up following and are being shared with the F&P Committee in the first instance.
- The progress in closing the gap on the Cost Improvement Programme.
- The forecast scenarios presented including the risks set out in this paper.



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

Title	Performance Report		
Report to	Council of Governors	Date	25 October 2018
Author	David Purdue, Deputy CEO & COO Sewa Singh, Medical Director Moirra Hardy, Director of Nursing, Midwifery & AHPs Karen Barnard, Director of People & OD		
Purpose		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 July, August and September 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%, the Trust has been commissioned to achieve 89.1% by the end of March with no growth to the waiting list size.

Though performing above the National average, the Trust position remains below the target at 88%.

The total number of Incomplete Pathways has increased by 415 between August and September, however the number of incomplete pathways over 18 weeks increased by 218 hence the performance has dropped. The total number of Incomplete Pathways with a decision to admit for treatment is virtually unchanged between August and September 2018. The number of new RTT periods in September was 796 fewer than in August meaning the proportion of short waiters in the month have also gone down. There were 23 more admitted and 39 more non-admitted clock stops in September than in August, even though September had fewer working days.

The specialty groups with the largest increase in the number of waiters over 18 weeks are:

- T&O – increase of 139 over 18 weeks
- General Surgery – increase of 42 over 18 weeks
- Others – increase of 41 over 18 weeks
- Rheumatology – increase of 31 over 18 weeks
- Urology – increase of 30 over 18 weeks

At the end of September 2018 there were 3 Incomplete Pathway over 52 Weeks (T&O Bassetlaw CCG, 2 x Urology – Doncaster CCG).

DBTH have developed an action plan to deal with the rise in the waiting list size, focussed on 7 specialities with the largest growth. This plan has been given low risk, high confidence by NHSE. At the end of September the waiting list had reduced by 240.

Diagnostics

The Trust has achieved the Diagnostic performance standard of 99% in September at 99.4%, with 47 breaches from 7789 waiters.

4hr Access

The target is based on the number of patients who are treated within 4hrs of arrival into the emergency department and set at 95% and reported quarterly as an average figure. This target is for all urgent care provided by the Trust for any patient who walks in. We have 2 type 1 facilities, ED at BDGH and DRI and 1 type 3 facility at MMH.

September Performance

Trust 93.73%

Quarter 2 92.8%

Year to date 93.39%

PSF for quarter 2 was achieved following a National change to 4hr access funding which is now based on either quarter performance or year to date performance.

The Trust saw 14227 attendances in September, which is 509 more than in September 2017 and 104 more than August 2018. 892 patients failed to be treated in 4hrs, with the main breach reason was wait to see ED doctor/ ED review which accounted for 506 of the 892 breaches. 103 breaches were due to bed pressures.

System Perfect

System Perfect brings partners together from all health and social care organisations to improve and develop Urgent and Emergency Care across Doncaster and Bassetlaw.

During System Perfect this October, we set out to better understand peoples' health needs and choices, and to raise awareness about local services available in the area.

One of the main aims of this System Perfect was to talk to people directly to ask firstly, what they do when they are unwell and secondly, whether they are aware of the options available to them locally. We particularly wanted to understand why people choose to go to our A+E departments.

We have engaged with the people of Doncaster and Bassetlaw in a number of ways:

- An online survey was posted across social media and was also completed face to face
- A series of videos of clinicians has been shared, informing people about the different options for advice and treatment
- The Health bus visited local town centres in Doncaster, Thorne, Mexborough with plans to go to Worksop

- The team undertook visits to local large employers with teams spending time at DMBC, NEXT distribution centres and Greencore
- The team spoke with staff and patients on our Doncaster and Bassetlaw sites

The response to social media has been extremely positive; from a DBTH perspective, we have reached 80,000 people in total. Adding to this, we have received approximately 2,000 responses to the survey.

The survey requires further analysis, however, initial findings are as follows.

99% are aware of GP practices
 97% are aware of the Emergency Department (I'd suggest the discrepancy in this not being 100% is terminology – Emergency Department to Accident and Emergency and people simply leaving this blank by accident)
 59% have heard of the Doncaster Same Day Health Centre
 72% have heard of the Minor Injuries Unit
 97% have heard of pharmacies and chemists
 91% have heard of NHS 111
 56% have heard of NHS Choices
 85% have heard of GP Out of Hours

The commonest reason given for people attending the Emergency Department (ED) is a perceived lack of GP capacity, difficulty in making an appointment or an individual not being registered with a GP. An instantaneous service is described as being provided in the ED, compared with other services where you would need to wait for an appointment. The ED is seen as a catch-all service which, importantly, is available 24/7.

There is also a general feeling of health anxiety described by respondents, which appears to be fed by Google symptom searches with a visit to ED acting to reassure that there is nothing serious. Surprisingly, a number of respondents describe a visit to the ED as dramatic, as an event to post on Facebook, essentially feeding into the culture of likes, comments and attention.

The Trust has continued to see high attendance within the ED on both Doncaster and Bassetlaw Teaching Hospital's main sites. As a system, it is important that we continue to share key messages and information about local services with the public. The findings from the survey will be analysed in more details and the intelligence used to help develop our Urgent and Emergency care services over the forthcoming months.

Streaming

Doncaster FDASS

The number of patients streamed directly from the front door in September was 12.4%.

NHSI Additional Reporting Requirements

18.2% of all of DRI discharges take place at a weekend and 15.3% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 173 patients a week at DRI and an extra 110 patients at BDGH

A&E attendances on a Monday at DRI account for 15.6% of weekly activity rising to 16.0% at BDGH

Non Elective Admissions on a weekday that GP admissions account for is 20.6% of all Emergency Admissions on a weekday at DRI but only 7.9% at BDGH.

When we move into the weekend this drops to 11.2% at DRI and 2.3% at BDGH

Cancer Performance

August

62 day performance 86.2%

The 62 day standard was achieved by the Trust in August at 86.2%, this maintains performance seen in July. Key issue was in the urology pathway, 6 local breaches and 3 shared care.

The One Stop Prostate Clinic is on target to commence at the end of October to coincide with the latest guidance release for 2 week wait.

A pilot of Straight to test for colonoscopy has been partially funded by the Cancer Alliance for lower GI cancers, which will commence in April 2019.

Two Week Wait Performance 87.1%

The August position for two week wait was 87.1% which was not compliant with the national target of 93%.

The key areas of breaches were dermatology and urology due to clinic cancellations in the final 2 weeks of August.

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. Since April there has been an overall increase of referrals for 2 week wait of 12%.

Stroke Performance

July stroke discharges 45

Direct admission 69.4%

CT within 1 hour 71.4%

In terms of exceptions, there were 5 patients originally admitted at Bassetlaw who had long waits for transport to DRI. The transfer of stroke patients has been escalated to EMAS to ensure timely transfer.

David Purdue Chief Operating Officer October 2018

Safety & Quality

HSMR: The Trust's HSMR for June 2018 is 86.7 giving a rolling 12 month HSMR of 90.9, which remains better than expected.

Fractured Neck of Femur: For the month of June, BPT was achieved in 60% of patients whilst rolling 12 month HSMR is 89.7.

Serious Incidents: SIs per bed days remains low with no HAPUs reported in month.

Executive Lead: Mr S Singh

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

Fall resulting in significant harm: The rate is higher for both the month of September and the same YTD.

Hospital Acquired Pressure Ulcers: The rate is higher for Q1 and July and has reduced for August compared to 2017/18.

Complaints and Concerns: There has been a decrease in the number of complaints and concerns, although still within normal variation. Complaints resolution performance has deteriorated and this is being investigated; but may be due to changes in leadership as part of the restructure.

Friends & Family Test: There has been a slight deterioration in the response rates for inpatients and systems and processes for capturing responses is being reviewed. Positivity of responses continues to be better than the national average for both inpatients and ED.

Executive Lead: Mrs M Hardy

Workforce

Sickness absence

Following a reduction in rates in August rates have reduced further in September to 3.96% which is below the same period last year) with a cumulative figure of 4.15%. Absences in excess of 6 months absence have stabilised following the reduction last month with a small reduction in the number of absences over 28 days.

Appraisals

The Trusts appraisal completion rate has maintained at 78.85% as at the end of September 2018 following the end of the appraisal season. Following the move to the new Divisional structure discussions will take place with those areas where improvements are required.

SET

SET compliance is currently 82.37% as at the end of August. Specific focus continues on topics where compliance rates are lower and with the new Divisions where compliance rates are low and is included in the CQC action plans.

Staff in post

Please see attached tab covering staff in post by staff group. Vacancy rates are provided to both Finance & Performance and Quality & Effectiveness Committees.



Chief Executive's Report 25 October 2018

Trust secures good scores in PLACE assessment

Doncaster and Bassetlaw Teaching Hospitals has bettered the national average scores in all six domains of this year's PLACE assessment. The PLACE assessment measures improvement by providing a clear message, directly from patients, about how the environment or services of the Trust might be enhanced.



The assessment involves inspections of the Trust's approach to cleanliness, appearance and maintenance, dementia, disability, food and hydration, privacy and dignity and well-being. Inspections are undertaken by teams involving governors, patients and other stakeholders. The Trust's 2018 scores were as follows:

Domain	DBTH	National average
Cleanliness	99.99%	98.47%
Condition, appearance and maintenance	97.81%	94.33%
Dementia	85.05%	78.89%
Disability	88.39%	84.19%
Food and hydration	90.20%	90.17%
Privacy, dignity and wellbeing	85.78%	84.16%

Across South Yorkshire and Bassetlaw the Trust was the highest ranked in five of the assessed standards and above the national average in every standard. A significant improvement on the result achieved in previous years.

ICS launches

The 1st October was an important day in South Yorkshire and Bassetlaw as the Integrated Care System went live.

Alongside this change, local NHS leaders have emphasised their commitment to wanting to work more closely with local councils and the voluntary sector to improve the health and wellbeing of residents across the region and build on the work that is already taking place at a local level. This will be done on the basis of integrated care partnerships, under an umbrella of an 'Integrated Care System' (ICS) – one of only a handful across the country.

Most of the partnership work between the NHS, councils and the voluntary sector will take place at a local level in each of the five Places covered by the arrangements: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS has been allocated around £25m of new funding in 2018/19 to invest in improving key services and is already establishing two new forums to work across South Yorkshire and Bassetlaw – a ‘Health and Care Institute’ linked with universities, colleges and schools to develop and support the workforce and an ‘Innovation Hub’ for researching new developments and technologies.

The latest ICS first wave performance statistics (see appendix at end of report) show SYB to be performing well.

DBTH goes ‘System Perfect’

During October, DBTH went ‘System Perfect’.

This is a week-long exercise which looks at how health and social care pathways function when all hands are on deck and everything is working exactly as it should. A project which happens several times a year, the focus this time was emergency and urgent care and looking at how we can get patients home as safely and soon as possible.

Throughout the summer months, DBTH saw a significant rise in Emergency Department attendances, due to a range of factors, however this was particularly prevalent amongst people aged 18 to 35, often termed as ‘millennials’. Throughout next week the System Perfect team will be seeking to better understand the usage of the service, as well as where care and treatment can be improved for patients.

Winter Planning

On 13 September, the Government and other national bodies made a series of announcements related to winter planning in the NHS. These announcements related to:

- An announcement from the Department of Health and Social Care that £145m will be made available for some trusts to improve emergency care this winter.
- Letters reiterating ambitions for this year’s winter planning and guidance on levels of healthcare worker flu vaccination.
- Publication of the NHS Improvement review of 2017/8 winter pressures.

In addition, NHS Improvement have set out their winter priorities which included calling for the elimination of corridor care and better triaging of patients.

Procurement Team is simply the best

I was pleased to receive news this month that DBTH’s Procurement Team are the best in the South Yorkshire and Bassetlaw Integrated Care System as illustrated through the most recent ‘procurement league table’. Well done to Richard Somerset and the Team.

Secretary of State announces crackdown on agency

I, along with the Chair, attended the NHS Providers Conference in early October. It was a good opportunity to network with chief executive colleagues and also to hear from the Secretary of State, Matt Hancock MP.

Continuing his interest in the benefits of digital technology, the Secretary of State appeared to Conference by video link. The key message was that continued use of agency staff was not cost effective and contributed to the reduction in the satisfaction of substantive staff. He urged the provider sector to do much more to reduce the reliance on temporary staff.

Preparations for a 'no deal' Brexit

The Secretary of State, Matt Hancock MP, wrote to trusts on 17 August to set out an update on the Government's ongoing preparations for a March 2019 'no deal' Brexit scenario and what the health and care system needed to consider as the country steps up preparations over the autumn and in the period leading up to March 2019. This is an issue the Board of Directors has itself considered and issues around medicines supply is also on our risk register. The key points from the letter are as follows:



- In the unlikely event Britain leaves the EU without a deal in March 2019, based on the current cross-Government planning scenario, they will ensure the UK has an additional six weeks supply of medicines in case imports from the EU through certain routes are affected.
- Hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions. Local stockpiling is not necessary and any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Clinicians should advise patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment we leave the EU. Patients will not need to and should not seek to store additional medicines at home.
- The Government is also putting in place measures to manage the other potential implications for the health and care sector, including, for example, future immigration rules; continuity of research funding and pan-European clinical and research collaborations; and future reciprocal healthcare arrangements.

In the meantime, David Purdue, in his capacity as Accountable Emergency Officer, is pulling together the Trust's own 'Brexit Plan' based on nine work-streams.

Extended ED opened

It was my pleasure to open a new 'extended ED' at Doncaster Royal Infirmary last month. The area is run by dedicated and highly skilled Emergency Nurse Practitioners who provide care for less serious injuries, such as sprains, cuts, grazes, minor burns, bites and stings.

Many people go to an Emergency Department, when they could be treated much more quickly elsewhere. The area can also arrange X-Rays for possible broken bones and treat minor eye and ear injuries.

Sharing How We Care

This month we introduced a new newsletter, *Sharing How We Care*. In care settings things can and will go wrong, but it is how we respond and ensure that we learn from any incidents and challenges that defines us as an organisation and team. By sharing how we care, we can understand where we have succeeded or failed and how we can form positive patterns or break bad habits.

Sharing How We Care is a monthly reminder of how, as a member of Team DBTH, we can make the difference in keeping our patients safe. Next year's conference is already in the planning stage and will be on 5 April 2019. The first edition of *Sharing How We Care* saw 2000 unique readers with an average reading time of 4min50sec.

Enhancing Exec Presence at Bassetlaw

Since becoming Chief Executive it has been my ambition to emphasise our commitment to our staff and patients at Bassetlaw Hospital. They are a key part of our Trust but I have always felt we could do more to show that 'we care'.



Following discussions with colleagues and the Chair I have agreed that two executive directors should be based at Bassetlaw Hospital from Christmas. As a trust we expect our clinicians to work Trust-wide and it is important that we, as leaders, set the example.

I am pleased to advise that the two colleagues that will be based there are Karen Barnard, Director of People and Organisational Development, and Moira Hardy, Director of Nursing, Midwifery and Allied Health Professionals. Work is currently being carried out to enable the necessary support infrastructure such as office space, IT and PA support to be put into place with a view to the new arrangements starting from Christmas. Their new offices will be based on the ground floor near the main entrance reception.

The move is not just something that concerns Karen and Moira but will necessitate a different way of working including some more management-level meetings based at Bassetlaw and greater use of Skype for Business technology to allow digital working.

New partnership with Hall Cross Academy the first of its kind

Doncaster and Bassetlaw Teaching Hospitals (DBTH) has entered into a formal partnership with Hall Cross Academy in October 2018, making the latter a 'Foundation School in Health'. The first agreement of its kind in the country, the partnership will see the local NHS provider and school working closely together, further developing opportunities for pupils wishing to pursue a career in the health service.

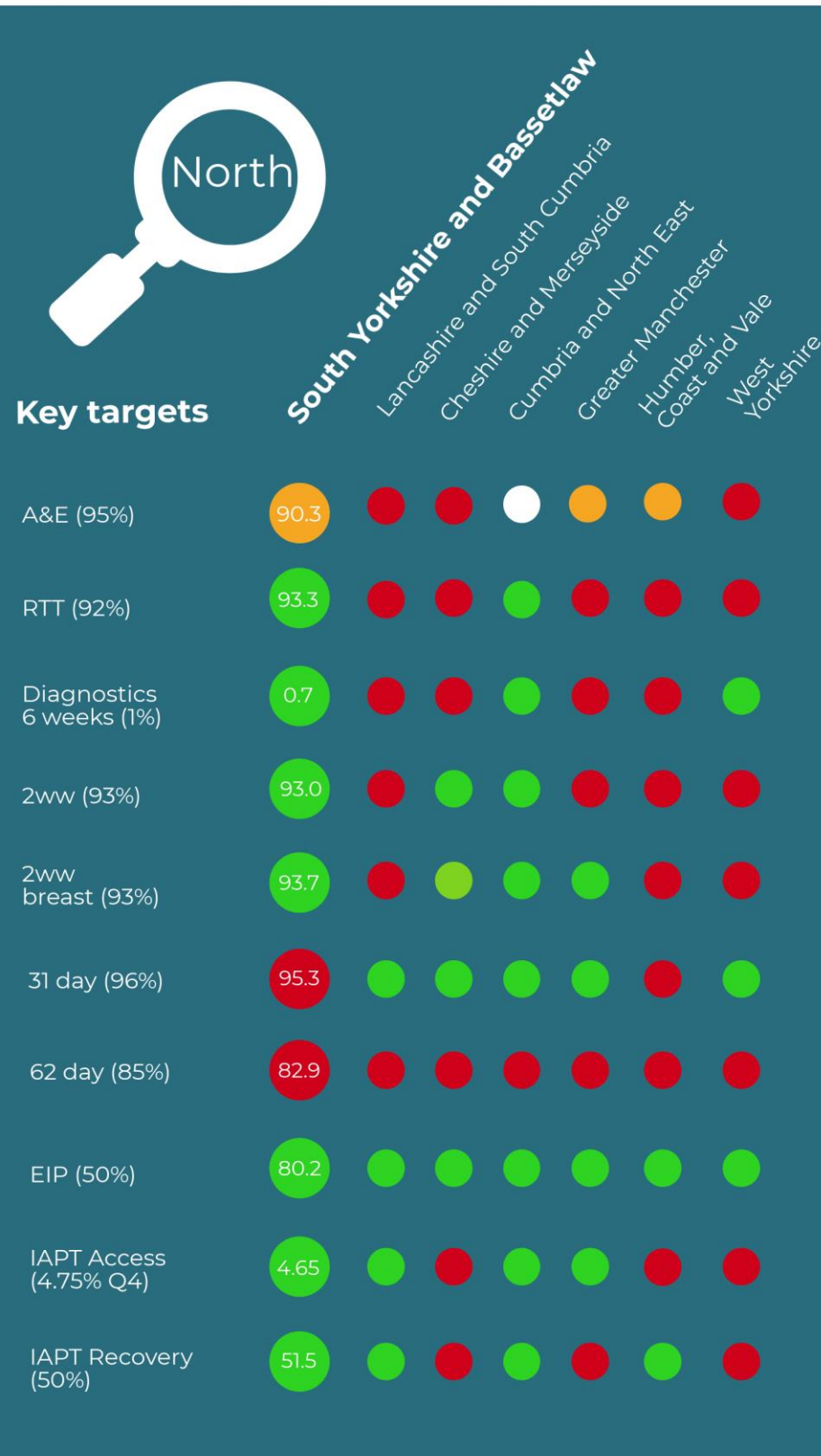


With increasingly complex patient-need and an ever-expanding population, it is anticipated that the NHS will face further workforce demands in the near future. In order to address this challenge locally, DBTH and Hall Cross Academy are looking at innovative ways in which to support students as they look towards job prospects past the age of 16.

By becoming a Foundation School in Health, it means the central Doncaster school will benefit from increased involvement from health professionals. This will include work experience and internships, further advice and information from experienced medics and clinicians, as well as the appointment of 'Careers Champions' within the local hospitals.

How are we doing? An overview

Key performance report: September 2018 (July data)



How are we doing? An overview

Key performance report: September 2018 (July data)



South Yorkshire and Bassetlaw

Bucks, Oxfordshire and Berkshire West

Blackpool & Fylde - Lancashire and S.Cumbria

Milton Keynes, Bedfordshire & Luton

Greater Manchester

Nottinghamshire

Frimley Health

Dorset

Key targets

A&E (95%)

90.3



RTT (92%)

93.3



Diagnostics
6 weeks (1%)

0.7



2ww (93%)

93.0



2ww
breast (93%)

93.7



31 day (96%)

95.3



62 day (85%)

82.9



EIP (50%)

80.2



IAPT Access
(4.75% Q4)

4.65



IAPT Recovery
(50%)

51.5





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

Title	Chair's and NEDs' Report		
Report to	Council of Governors	Date	25 October 2018
Author	Suzy Brain England, Chair		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	x	

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

Chair's and NEDs' Report – October 2018

Butterfly Garden opening

"Sometimes the smallest things take up the most room in your heart."

- A.A Milne

This is the quote from the wall in the new Butterfly Garden situated at DRI which it was my honour to open on 11th October.

The garden is a special place dedicated to children who sadly left us too soon and was made possible thanks to kind donations from patients, staff and the wider public via the DBTH Charity.



The project was the brainchild of DBTH's Neonatal team, who first came up with the idea back in 1997, originally conceived as a memorial space that would be dedicated to those who have experienced a miscarriage, still birth or neonatal death. The intention was for this to be somewhere that families could reflect and find solace. Over time however, the garden evolved into a more general site, one that is suitable for use by all visitors and local residents.

Headway on the project remained dormant for a period of time, until progress was dramatically reignited four years ago, spurred on by encouraging patient feedback and overwhelming staff enthusiasm. In response, staff at the Trust, in partnership with the Grace Project, organised several fundraising events and activities, with the help of bereaved families, in order to pull together money for the garden's construction and eventual maintenance.

Costing £15,000 much of it was raised by local well-wishers, with additional funding provided by DBTH.

Governor update

Following the recent elections, Bev Marshall, Phil Beavers (both returning) and Linda Espey were elected in Doncaster while Steve Marsh and Sheila Walsh were elected in Bassetlaw. Turnout was 23.1% in Bassetlaw and 14.7% in Doncaster. All those elected will serve a three year term except Sheila who will serve for two years. Their terms of office commence 22 September. Many thanks again to Nicky Hogarth and Sharon Cook who left the Trust as governors on 21 September.

Thank you and goodbye also to Maureen Young who stepped down as a Public Governor for Doncaster after 12 years. I know the Trust meant a lot to Maureen and she leaves us having achieved some real benefits for the people and patients of Doncaster. I have written to thank her.

We now turn our attention to next year's elections where there will be eight seats up in Doncaster, two in Bassetlaw and three staff governor vacancies (medical and dental, nursing and midwifery and non-clinical). To encourage a wide variety of candidates for these vacancies we will be holding some information sessions which existing governors are welcome to attend. These will take place on 11 December at Bassetlaw (4pm) and on 10 January at Doncaster (5pm). Further information will follow shortly.

We have held successful governor briefs and timeouts in August, September and October. At September's Timeout we heard from:

- Cindy Storer, Beth Cotton and Esther Lockwood from the Person-centred care team
- Steve Roberts, Malcom Waring and Trevor Burton from the Hospital Radio Team
- Linn Phipps who took the holding to account session
- David Purdue and Lesley Hammond who explored why people attend ED

The session provided lots of food for thought and we will be looking to do some further engagement, particularly with the first two sessions, at Board and with governors.

Congratulations to Peter Abell who, having recently been elected to the NHS Providers' Governor Advisory Committee, has now been confirmed as its chair.

Other meetings in the month

In August I met with Andrew Morgan, our regional contact for NHS Improvement, to discuss a range of issues. This was followed by a meeting with Yvonne Woodcock of the Doncaster Cancer Detection Trust who are supporting the Trust in its purchase of a new CT scanner as part of the wider ICS work.

I also met with the Principal of DN (Doncaster and North Lindsey) Colleges, Anne Tyrell, and with Richard Thomas, who leads on technology at PWC. In addition, I observed lively debates at Finance and Performance Committee and Quality and Effectiveness Committee as part of my regular insight into the work of the Trust's board committees.

In September meetings included:

- Alasdair Strachan, Director of Education, around the widening participation agenda covered at Board of Directors in July
- Committees in common workshop for ICS governance arrangements, prior to which I held a 1-2-1 with Sir Andrew Cash in his role as ICS CEO
- Committees in common planning group for workshop on governance
- NHS Providers Board meeting
- One-to-ones with Alan, Kath and Linn
- One-to-one with David Critchton, Chair of Doncaster CCG

In addition, I supported Yorkshire Ambulance Service in their appointments process for a new non-executive director.

On 26 September, I was involved in interviews for the Trust Board Secretary role and am delighted to welcome Gareth Jones who will be starting with us soon. I was also involved in recruitment for consultant dentists and anesthetists at the beginning of October.

Feedback from the Annual Members' Meeting

Board will be aware that we changed the format of the Annual Members' Meeting this year which, we hoped, would result in a more inclusive and accessible event for our governors, partners and members. Here are just three reflections I received in my inbox commenting on the event. We have agreed to go back to the Keepmoat Stadium next year. The date for the diary is Wednesday 18 September 2019, 4-7pm.

"All I can say is change works. An outstanding meeting. Due in the main to the new format. A brilliant idea of seating everyone around tables and formatting questions together. I always felt these meetings were a bit like us and them. This evening's arrangement gave everyone the opportunity to have their say but in a well-structured way. I thanked Moira Hardy, she set the ball rolling on our table. It was inclusion at its best and not just with the two ladies signing but by giving everyone the opportunity to speak it was sheer genius. All those who contributed to the organisation of the event as well as those who were in the spotlight need recognising for their enthusiasm, knowledge, awareness and vision. This is part of being outstanding as a Trust, I'm sure your own enthusiasm is contagious. I'm confident you will thank those whose efforts resulted in a very positive evening but I would like to thank you for your positive, determined manner in which you get things done, yet remain thoughtful and appreciative of everyone's commitment." – **A Trust governor**

"I just want to say that I was at the meeting last night and it was by far the best of the several I have attended. I have been rather overawed at the previous meetings as everyone seemed to know each other and I felt like a spare part but I persisted because I am interested in what the Trust is doing. The venue and the arrangement of the tables together with the fact that we were included in a small discussion was far less intimidating. It resulted in a much wider variety of good questions rather than, as I have felt in the past, a few people raising their particular concerns." – **A Trust member**

"I thought this year's AMM was excellent. Well done for spearheading a very smoothly organised and cohesive event... Some great news about the Trust's performance was shared – with key challenges ahead signaled. Placing executive, NED and governor representatives at each table with other Trust members created a cooperative atmosphere (along with other benefits). Resulting questions were diligently addressed by Richard and Jon. Venue, display stands, and event catering were good. Hazel and Phil did well articulating governors' duties, work over the past year, and Trust links with partner organisations. Congratulations to all involved in delivery of the AMM this year." – **A Trust governor**

Changing Places

In late September, it was my pleasure to open our first 'Changing Places' facility at Bassetlaw Hospital.

Located in the Outpatient Department, 'Changing Places' is a facility for anyone with a complex health issue who cannot use a standard disabled toilet as they require extra equipment and space.



The room features a height adjustable adult changing bed, an electronic ceiling hoist, height adjustable sink, peninsular toilet, shower, non-slip floor and privacy screen. This facility has been championed by local mum Alison Beevers, whose son, Mylor, now 12, was born prematurely and is quadriplegic and has cerebral palsy.

The facility, which will meet the needs of people with profound and multiple learning disabilities, motor neurone disease, multiple sclerosis, cerebral palsy, as well as older people who may need assistance, allowing them to use the toilet facilities safely and comfortably. Over 250,000 people in the UK need Changing Places toilets to enable them to get out and about.

NED reports

Alan Chan

Alan has met with Richard Somerset to run through CIPs and procurement exercises to improve cost and efficiency. Alan and Richard have agreed to meet quarterly to run through progress on CIPs and new procurement initiatives as well as key procurement exercises.

Alan met with buddies, David Purdue and Marie Purdue. He is attending the T&O Improvement Event meeting. Alan and Sheena are discussing charitable funds processes relating to expenditure and actions.

Alan has made contact with Trevor Burton, Trust AM, to discuss challenges and opportunities with the Trust radio broadcast and how we may be able to improve its reach and subsidise costs. Alan is visiting the studio in September.

Alan has also discussed the current hospital open WiFi capability with Simon Marsh and other IT areas which could assist Trust AM. He had one-to-one meetings with Suzy Brain-England and Marie Purdue and also attended the Governor's Briefing.

Pat Drake

In August, Pat Drake attended the Governors briefing. She also attended a meeting with the senior sisters in the Children's Services and discussed the role of a NED with them. She also took the opportunity to visit the Children's Outpatient Department and met with fellow NEDs Linn and Sheena to discuss the Quality Effectiveness Committee.

In September, Pat had a tour of Montagu Hospital and visited the day unit, podiatry, outpatients, minor injuries and the rehabilitation unit. She noted some excellent facilities for patients and in particular the amenities and rehabilitation opportunities. She also met some very welcoming and professional staff. Pat also visited Bassetlaw Hospital supported very ably by Rick Dickinson, the Deputy Director of Nursing, Midwifery and AHPs. Once again she met some very welcoming and professional staff in ED, maternity, paediatrics and the library. She met with Suzanne Bolam and visited key therapy areas at DRI and saw presentations of best practice. Pat had her first meeting with Mr Singh to establish their buddying relationship and observed the Clinical Governance Meeting to better understand the assurance and governance processes reporting into the Quality and Effectiveness Committee.

In October, Pat attended the AHP Open day and presentations to see for herself the excellent work they are doing. She also accepted a national award on behalf of Dr Subedi. Dr Subedi has been instrumental in starting the Certificate of Eligibility for Specialist Registration (CESR) training in the Emergency Department at DRI. This has attracted good doctors to join the training at all levels, as well as experienced consultants who help run the department across sites. He has further enhanced the profile of the Trust by grabbing the attention of the Royal College of Emergency Medicine. The training programme is already bringing improvements to the Emergency Department and the department, which itself continues to be one of the best performing in the country.

Pat also attended a Senior Management meeting in Women and Children's Division and also the Clinical Governance session led by Mr Singh on moving the organisation to CQC outstanding.

Kath Smart

In August, Kath attended the Governors Communications, Engagement & Marketing Group to hear about membership plans, evaluation of the Governor time out and discuss Charitable Funds. Kath was also present for the Governors IM&T briefing given by Simon Marsh with discussions about IT risks, plans and challenges & participated in the appointment panel for the Corporate Governance Officer.

Following recent concerns regarding patient food provision Kath was invited to participate in the food audit process (at Bassetlaw) and also represented DBTH at the SYB ACS Governance Review Group in Sheffield on 15th August. Kath has also had 1:1 meetings with Suzy Brain-England, Rob Fenton (KMPG), Mark Bishop (LCFS), and Simon Marsh, as well as attending the Annual Members Meeting.

Kath has started with the buddying arrangements with Medicine Division, seeing one of the daily operations meetings in action which are used to manage patient flow through the Trust. She has also visited the new extended ED at DRI to see the new service and facilities.

Kath has also accompanied Trust staff on four patient food audits (mini-PLACE assessments) at DRI, Bassetlaw and Montagu sites, and has provided feedback into the Director of Estates. In the main she found the food to be of a reasonable standard, with 1 or 2 exceptions which have been fed back. Issues highlighted during the audits were mainly around missed meals, incorrect meals, trolley stacked incorrectly etc and the team are working on capturing these issues.

In October, Kath spent some more time with the Clinical Therapies team, visiting with staff and patients in both the Orthotics Service and the Children's Physiotherapy Services. She found it useful to see the hands on care which is provided and understand better the role of AHPs in DBTH. She also visited the Doncaster ED whilst following up on an audit recommendation in relation to safe and secure storage of medicines. Kath also had chance to participate alongside the Director of Finance, Governors, the Chair and CEO in the assessment and interview process for the new Board Secretary.

As part of her buddying arrangements Kath was invited to take part in #systemperfect week for Urgent and Emergency Care in Doncaster. This afforded the chance to work with staff from DBTH, the CCG and RDaSH in gaining public views of the urgent and emergency care services, and also observing the in-reach service into ED, CDU and Gresley Suite which had been set up to assess the impact on discharges.

Finally Kath attended the ICS Audit Chairs meeting in October for a discussion and feedback of views into the emerging Governance structure of the ICS.

Linn Phipps

In September, Linn was very pleased to attend NHS EXPO. Lots of IT based innovations were showcased. This included dementia monitoring at home which is keeping people with UTIs out of hospital through monitoring, early detection and intervention.

Linn attended the recent Governors' timeout to be held to account. This was a really enjoyable (and challenging!) event and involved rotating round four tables and discussing contributions to the Trust and future quality vision. Lots of good ideas on quality from Governors on which to pick up.

QEC is always looking at ways to improve and innovate. Linn met up with our two new QEC NEDs to share ideas on this.

Sheena McDonnell

Sheena attended the opening of the Butterfly garden. She prepared for the clinical excellence awards, undertook a buddy meeting with Karen, attended the NHS expo that was last month and the dinner for NHS and NE region.



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

Title	A Code of Conduct for Governors		
Report to	Council of Governors	Date	25 October 2018
Author	Karen Barnard, Director of People and Organisational Development Matthew Kane, Trust Board Secretary		
Purpose		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.

A version of this report was considered by the Council of Governors on 26 July 2018. It has since been subject to detailed scrutiny at Governor Forum on 7 August, in meetings between the Trust Board Secretary and Doncaster public governor Mark Bright on 28 September and at Agenda Planning Committee on 18 October 2018. A number of changes have been made which are highlighted in the version attached at Appendix A. The current code is attached for information at Appendix B.

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~~ ambassadors of Trust members and the public 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~~ understand the Trust's perspective
- 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 within your remit where something does not work and remove unnecessary 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 a complaint is received alleging that misconduct ~~takes~~ has taken place, the Chair and Vice Chair will discuss how best to deal with it and is authorised to ~~may~~ 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~~ may be best placed to have this discussion.

Examples of a minor issue for a private word might be persistently turning up for meetings late without reasonable excuse or criticising the Trust publicly, over social media for example. Examples of more serious breaches where the conduct committee would be used might be, for example, seeking to speak on behalf of the Trust to the media in a way that is contrary to Trust policy, putting staff under pressure to change procedures for their own or a family member's benefit or misusing Trust equipment in a deliberate way. These are only examples and it is important to stress that every case should be taken on its own merits.

Any decision to invoke the code must be reasonable. 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-committee~~ will be advised by the Chief Executive and Trust Board Secretary (or their representatives). The governor subject to the complaint may be represented at the committee.

The ~~Panel-committee~~ 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 to the Council of Governors
- 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

Title	Holding to Account - Catering		
Report to	Council of Governors	Date	25 October 2018
Author	Kirsty Edmondson-Jones, Director of Estates and Facilities Matthew Kane, Trust Board Secretary		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues

During the Council of Governors meeting on 26 July, and again during the Governor Brief on 4 September, governors raised issues relating to the performance of the Trust's contracted catering function.

In response to the issues raised on 26 July, the Trust undertook a series of patient catering audits involving the Chair of the Audit and Non-clinical Risk Committee who attended four food audit visits across all three sites, spoke with Sodexo, the DBTH compliance manager and staff plus recommended Smash be replaced with real potato on the menus (which has been actioned).

Meanwhile the Chief Executive made arrangements to ensure that matrons clarified with senior nurses that any catering related issues must be reported immediately utilising the Datix incident reporting tool. Nursing staff were also invited to comment on their experience of the service using the Survey Monkey tool.

The results of the audit largely corroborated the issues witnessed by governors and reported during the Council of Governors meeting and Governor Brief. Further to the Governor Brief, the Deputy Chair contacted the Chief Executive to emphasise governors' concerns and the importance of seeking resolution at the most senior level.

The following actions have since been taken to address the issues:

- An intensive programme of discussions involving the Trust's Director of Estates and Facilities and the contractor's Director for Healthcare have taken place.
- Discussions involving the Trust Chief Executive and contractor's Chief Executive have also taken place via Skype, assurance from which can be reported verbally as part of this report.
- An improvement plan has been agreed between the Trust and its contractors with clear timescales and actions. Details of this will be emailed to governors.

With the improvement plan in place, there now needs to follow a period of time to enable the service to improve. During this time, governors are asked to suspend any further evidence gathering about the service.

A further audit will be undertaken following the expiry of a reasonable period of time to see whether there has been any improvement and details will be reported to governors. The Chair of the Finance and Performance Committee has committed to maintaining a watching brief on performance and will report assurance back to the Board. Governors will be aware that there is an extant contract notice in place and further notices may be issued if performance does not improve.

In the meantime, use of Datix was discussed at Patient Experience and Engagement Committee on 31 August 2018 and the importance of completing Datix entries to allow the Trust to manage the contract was agreed. Staff are aware of the need to report all issues via Datix as this information is required as part of the ongoing monitoring. Senior management has taken assurance from the fact that, during the recent audit, 86% of staff said they felt confident to report issues.

This case provides an excellent example of where governors have used their statutory duties of representing patient/member interests and holding non-executives to account for the Board's performance in order to escalate issues through to management and achieve action in a structured and managed way.

Key questions posed by the report
Are governors assured by the actions so far taken by management to achieve an improvement in the Trust's catering service?
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
Governors are asked note the report.



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

Title	Feedback from Governors' Advisory Panel (GAC)		
Report to	Council of Governors	Date	25 October 2018
Author	Peter Abell, Acute Representative, GAC		
Purpose		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 27 September 2018.

The main business of the September GAC was to provide the CQC with views about the CQC relationship with Governors. It is worth noting that the GAC includes members from Acute, Mental Health, Community Health and a staff Governor. As you now know I am the Chair and Anne Carlile is the Vice-Chair. Anne comes from the Northumberland, Tyne and Wear FT, which provides mental health, disability services and support.

Kerri James is the Public Engagement Officer of CQC and came to GAC to ask us how we thought Governors can help improve its profile with the public. Improving engagement will increase the impact of the work of CQC and improve services. Here are points raised in the discussion:

1. All Governors on the GAC had been involved in meeting CQC in recent Inspections.
2. Governors could make more use of CQC Reports.
3. The public do not have great awareness of Inspections. Governors should be the voice of the Public in the Trust. (As happens at DBHT with the report to CoG.)

4. Governors tend to concentrate on issues arising in the Well Led section - this was the view of our Governors when advising me prior to this meeting.
5. Governors are wary of getting involved directly in issues raised about the delivery of services as it quickly drifts into operational matters. However, it was agreed that Governors should examine reports for issues that were discovered by CQC that were not evident to them through their normal examination of information and reports.
6. Governors as individuals may want to contact CQC but would do so as any other member of the public.

CQC has a much lower profile with the public than Ofsted and it is logical that they will look to Governors to be a way to develop engagement - that is part of our brief. Kerri is keen to meet up with Governors and I explained that we have regular briefings and Time-outs which could provide her with such an opportunity.

At each GAC members are asked to report upon issues that are current in their own Trusts. These included:

1. I recounted progress with the catering contract in particular the use we made of the Governors Forum, questions at Council of Governors and the subsequent investigation by the CEO with actions for improvements.
2. The Liverpool Women's Hospital Governor reported that the Trust is advertising in the local press that it is not closing. There have been large demonstrations against a closure that does not exist. What is happening is that when the Royal Liverpool Hospital moves into its new buildings then the Women's Hospital will be rebuilt on the old Royal Hospital's site.
3. The Oxford Health Trust has had great difficulty getting candidates for their vacant Chair – a feature of the affluence of the area and other more attractive opportunities for suitable people.
4. Anne Carlile reported that her Trust, Northumberland, Tyne and Wear Foundation Trust, has been judged Outstanding by CQC and that a similar London based Trust has invited her to meet with them so they can improve on their current Requires Improvement grading.
5. Also reported – CCGs causing fragmentation of mental health services; as always staff shortages are acute in the South.

The next meeting is in January and in addition I will be attending a meeting of Trust Company Secretaries in February to give an input from GAC.

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.

**Meeting of the Agenda Planning Committee of the Council of Governors
held on 6 September 2018 in the Boardroom, DRI**

Present: Suzy Brain England Chair
Peter Abell Public Governor
Mike Addenbrooke Public Governor
Clive Tattley Partner Governor

In attendance: Kate Sullivan, Corporate Governance Officer (*for Matthew Kane*)

Action

Apologies for absence

- 18/9/1** Apologies for absence were given on behalf of Matthew Kane, David Cuckson, George Webb and Bev Marshall.

Minutes of the meeting held on 4 June 2018

- 18/9/2** The minutes of the meeting held on 4 June 2018 were APPROVED as an accurate record.

Matters arising

- 18/9/3** The Chair congratulated Peter Abell who, further to his election on to the national NHS Providers' Governor Advisory Committee (GAC), had tied in the election for chair of that committee. This was a great achievement for Peter, the Bassetlaw constituency and the Trust. A joint chair arrangement had been proposed and once the matter had been resolved a note would be circulated to Governors.

Review of previous Council of Governors meeting

- 18/9/4** The minutes of the Council of Governors meeting held on 26 July 2018 were noted.
- 18/9/5** Governors felt that the catering update was insightful but it was clear that there were still some issues particularly in terms of patient catering and Governors had raised concern about this during the meeting. The Trust had undertaken a survey to understand the issues and the results of the Survey had been presented to Governors at the recent Governor briefing (4 September). The Trust agreed that there were issues and was working with the provider to rectify matters.
- 18/9/6** The matter was discussed and Mike Addenbrooke raised further concern about patient food following a recent ward visit; the Chair commended the work of Governors in raising the issues, this was an excellent example of

‘holding to account’ but she asked for patience from Governors during this rectification period in order to enable the contractor to put together an action plan, agree a timetable with the Trust and deliver improvements. She gave assurance that the governors would have an opportunity to evaluate whether the improvements had been realised at an agreed time following the implementation of the improvement plan.

18/9/7 It was agreed to bring a report to the next Council of Governors meeting which captured the essence of the holding to account rather than the detail of any specific food quality issues. **KS/MK/KEJ**

18/9/8 The update was NOTED.

Council of Governors, 26 July 2018

18/9/9 In addition to the regular items, the following items were proposed for the next Council of Governors:

- Missed Appointments presentation
- Governor Code of Conduct
- Engaging with Foundation Trust Governors – Subject to the ICS agreeing to take forward the proposed Governor Forum.

18/9/10 The proposals were NOTED.

Items escalated from sub-committees

18/9/11 None raised.

Any Other Business

18/9/12 Matthew Kane was leaving the Trust having secured an Associate Director position at Sheffield Children’s Hospital. It was expected that he would be with the Trust until mid-November. Whilst wishing Matthew all the best Governors were unanimously saddened that Matthew was leaving the Trust; he was considered an asset to the organisation and they expressed their appreciation for his hard work, expertise and professionalism.

Date & Time of Next Meeting

18/9/13 Monday 3 December 2018.

**A meeting of the Communications, Engagement and Membership Committee
of the Council of Governors held 7 August 2018 in the Boardroom, DRI**

Present:	Philip Beavers Hazel Brand Duncan Carratt	Public Governor (in the chair) Public Governor Staff Governor
In attendance:	Adam Tingle Matthew Kane Kath Smart	Acting Head of Communications and Engagement Trust Board Secretary Non-executive Director (observing)

Action

Apologies for absence

- 18/8/1** Apologies for absence were received on behalf of Brenda Maslen, Susan Overend and David Cuckson. In David Cuckson's absence, Phil Beavers took the chair. He welcomed Kath Smart to the meeting.

Minutes from meeting held on 23 May 2018

- 18/8/2** The minutes of the meeting held on 23 May were APPROVED as a correct record.

Matters arising from the minutes

- 18/8/3** There were no matters arising from the minutes.

Communications

- 18/8/4** The Committee considered an update from the Acting Head of Communications and Engagement on recent events.

- 18/8/5** Issues reported included:

- Launch of the Hospital Charity and Just Giving page on 8 May which so far had raised £11k of a £75k target.
- Publication of Good Health magazine which had sold 400 copies and was on track to sell 1,000 copies.
- The staff STAR Awards which had sold out its ticket and sponsorship allocation.

- Positive press reports – 70 in the previous month which exceeded the target of 35 per month. There were fewer than five negative stories in the month.
- Enhanced working relationships with Doncaster Free Press and the Worksop Guardian as well as greater reach via social media.

18/8/6 In response to a question from Hazel Brand, Kath Smart advised that people could raise money for particular wards but the Trust was undertaking a process of consolidation to ensure maximum benefit which involved encouraging people to donate towards the Trust's General Fund. Individual wards and departments could then bid for money from that General Fund. The Charitable Funds Committee was challenging itself to spend a third of its budget each year. A sub-committee was being set up for smaller pipeline items. A list of key strategic fundraising projects would be drawn up for new and innovative equipment which would not simply help patients but also encourage people to work for DBTH. One such example was the Da Vinci Robot.

18/8/7 Coming up, the Trust was aiming to vaccinate 80% of its front-line staff against the flu and would also be featuring the System Perfect work heavily throughout the Trust and on social media.

18/8/8 The September edition of Foundations for Health would look back on performance in the last year and also include the invitation to the Annual Members' Meeting on 19 September. The Acting Head of Communications and Engagement explained that the Trust was keen to do more governor profiles.

18/8/9 A brief demonstration of the Governor Facebook Group was provided and clarification sought as to whether the Trust Secretary should moderate the page. It was agreed to put this to the Governor Forum which met later that day.

PB

18/8/10 The update was NOTED.

Membership

18/8/11 The Committee received an update from the Trust Board Secretary on current membership news.

18/8/12 The agenda and details of the Annual Members' Meeting were noted. There was a brief demonstration of the new governor portal and feedback from the Timeout on 18 June was noted.

18/8/13 The update was NOTED.

Engagement

18/8/14 The Committee received an update from the Trust Board Secretary on recent and upcoming engagement work.

18/8/15 Governors noted that current membership stood at 16,141, down slightly from 16,178 the previous quarter.

18/8/16 The feedback was NOTED.

Any Other Business

18/8/17 None.

Date of Next Meeting

18/8/18 6 November 2018.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Minutes of the of the Annual Members Meeting held on Tuesday 19 September 2018 at Keepmoat Stadium, Doncaster

Present:

Suzy Brain England	Chair of the Board
Alan Robinson	Partner Governor
Anthony Fitzgerald	Partner Governor
Ainsley McDonnell	Partner Governor
Bev Marshall	Public Governor
Brenda Maslen	Public Governor
Clive Tattley	Partner Governor
David Northwood	Public Governor
Duncan Carratt	Staff Governor
David Cuckson	Public Governor
Griff Jones	Partner Governor
Hazel Brand	Public Governor
Kathryn Dixon	Partner Governor
Karl Bower	Staff Governor
Liz Staveley-Churton	Partner Governor
Lorraine Robinson	Public Governor
Lynne Logan	Public Governor
Mark Bright	Public Governor
Mike Addenbrooke	Public Governor
Peter Abell	Public Governor
Philip Beavers	Public Governor
Prof. Rob Coleman	Partner Governor
Roy Underwood	Staff Governor
Rupert Suckling	Partner Governor
Shelly Brailsford	Public Governor
Susan Overend	Public Governor
Dr Victoria McGregor-Riley	Partner Governor
Vivek Desai	Staff Governor

In attendance:

Officers of the Trust

Adam Tingle	Acting Head of Communications & Engagement
David Purdue	Deputy Chief Executive & Chief Operating Officer
Jon Sargeant	Director of Finance
Karen Barnard	Director of People & Organisational

Kate Sullivan
Kath Smart
Kirsty Edmondson Jones
Marie Purdue
Matthew Kane
Moira Hardy

Angela O'Mara
Neil Rhodes
Pat Drake
Richard Parker
Jane Shaw
Sewa Singh
Sheena McDonnell

Development
Corporate Governance Officer
Non-executive Director
Director of Facilities & Estates
Director of Strategy & Improvement
Trust Board Secretary
Director of Nursing, Midwifery & Allied Health Professionals
Corporate Secretariat Manager
Non-Executive Director
Non-Executive Director
Chief Executive
Secretarial Assistant
Medical Director
Non-Executive Director

Members

Colin Randall
Christopher James
Dr C Wilde
David Gilfillan
Dennis Atkin
Derek Foster
Emily James
Eric Gregory
George Maitland
Janet McCulloch
Jenny Dean
John Dean
John Walton
Kathryn Singh
Keith Lawrence
Lawson Pater
Leonard Taylor
Mary Barnes
Paul Herrod
Paul Tuke
Philip Colebourne

Catrina Drury
Joan Searchfield
David Nevett
Jeanette Reay
Stephanie Raper
Sharlene Rainey
Mary Jones
A Astbury
J Astbury
A Bell
Rachel Codling
Andrew Buchanan
G N Cook
S M Cobb
L S Wood
M Doughty
Ken Anderson
Caris Clark
Nick Exley
Andrew Thomas

Sandra Taylor
Sheryl Rainey
Steve Lyons
Steve Marsh
Steve Minshall
Susan McCreadie
Wendy Minshall
Sheila Walsh
Steven King
Susan Cobb
Timothy Knowles
Valerie Abell
Christopher Trend
Kerrie Fletcher
Steve Roberts
Khainil Shahadan
HR Hardwick-Heath
R E Heath
Peter Marsden
Richard Walton

Press

None

Apologies

AMM/18/1 Apologies for absence were received from Alan Chan, George Webb, Linn Phipps, Lynn Goy, Nicola Hogarth, Ruth Allarton and Susan Shaw.

Welcome

- AMM/18/2** The Chair welcomed everyone to the 2018 Annual Members Meeting and expressed her appreciation to those members of staff who had given their time to present displays on the Trust's services. She also welcomed the members present and those representatives from the Trust's partners and other stakeholders.

Minutes of the 2017 Annual Members Meeting

- AMM/18/3** The minutes of the Annual Members Meeting held on 20 September 2017 were RECEIVED as a correct record of the meeting.

The Year in Review & Forward Look

- AMM/18/4** The Chief Executive delivered a presentation on the Trust's performance and achievements in 2017/18 as well as challenges and opportunities for the future.

- AMM/18/5** NHS Context – Demand was rising in terms of age, complexity and lifestyle and there was pressure across the health and social care system. There were significant financial challenges and although the NHS budget had seen a recent increase this had to be spent wisely and would not be enough to address all things the Trust would want to do. As a result of significant staff vacancies, at all grades and across all disciplines, the pressure of agency staff costs was increasing. The Trust had made good progress in terms of recruitment and retention of staff and, moving forward, staff retention needed to be a key focus.

- AMM/18/6** There had been rapid changes in medical practice and technology, things that had previously been thought of as revolutionary were now commonplace and things like genomics would have a huge impact on healthcare in the future.

- AMM/18/7** Strategic Direction - During 2018/18 the Trust had refreshed the Strategic Direction undertaking significant engagement through which over 700 contributions had been received. Through this work there had been a clear message to keep the 'We Care' branding of the organisation and five new core themes had been identified; Patients, People, Performance, Partners and Prevention.

- AMM/18/8** Development 2017/18 - There had been some fantastic achievements during 2017/18 including new ways of working and systems such as Smart-ER as well as better experience for patients, with schemes such as the 'Butterfly Volunteers' and free Wifi for patients. A number of the Trust's services had been highly rated including its Dialysis Unit and the only 'A' rated Stroke service within the area.

- AMM/18/9** There continued to be good feedback from learners, doctors and nurses, on the environment and there had been significant investment in The Hub at Bassetlaw Hospital. The Trust had also introduced Trainee Assistant Practitioners and created placements for 103 apprentices. Clinical Research uptake had increased by 12.8% with the Trust's first Research Fellow and Professor of Cancer Surgery.
- AMM/18/10** Performance – Emergency department 4hr access performance had been above the national average all year but in the context of increasing attendances, which had averaged at an increase of 8%, achieving the national standard remained a challenge and the Trust continued to work hard to achieve as the highest performance rates possible.
- AMM/18/11** The 62 day referral to treatment cancer target had been achieved but the two week wait cancer target remained a challenge with Trust performance at 89.2% in comparison to the national position of 94.1%. The Trust continued to aim for its cancer detection and treatment to be of the highest standard and quality. Referral to treatment (RTT) rates and infection control rates were better than the national average on all measures. Never events remained at zero and complaints had reduced from 517 the previous year to 424.
- AMM/18/12** Partnership – The Trust had partnered with Sodexo to provide patient, staff and visitor meals and refurbished DRI's dining room and new eateries. Work had continued as a partner within the Integrated Care System and the Trust had contributed to the Hospital Services Review. The Trust remained committed to Quality Improvement work with NHS Improvement which was expected to bring significant benefits.
- AMM/18/13** Prevention – For the second year running the Trust had been the first in the country to vaccinate 75% of clinical staff against the flu in five weeks. Trusts had been tasked with vaccinating 100% of frontline staff in 2018/19; this would be a challenge and the Trust would continue to aim to reach as many people as possible.
- AMM/18/14** All Trust staff email accounts had been migrated to NHS Mail; this had been achieved with very little disruption to staff and the hard work of the Trust to achieve this was commended.
- AMM/18/15** CQC Visit – The Trust had been inspected by the CQC during winter 2017, the most difficult time of year. The CQC had rated the Trust 'Good' for well-led, responsive and caring and no services at DBTH were rated as 'Inadequate' but the Trust had been disappointed that it had not been able to improve on the overall of 'Requires Improvement'. It was the goal of the Trust to achieve a CQC rating of 'Outstanding' and significant work was currently being undertaken to develop a plan to achieve this.

- AMM/18/16** Members were reminded that in 2016 regulators had imposed breach of licence conditions on the Trust due to it experiencing financial difficulties at that time. The Chief Executive was pleased to report that due to good financial performance and improved leadership capability, NHS Improvement had now lifted the conditions, allowing the Trust to improve its segmentation from 3 to 2 under NHSI's regulatory framework.
- AMM/18/17** Challenges – The financial landscape for the Trust was challenging, as was the case for all providers, and it needed to make the most of every penny spent. Workforce recruitment issues would continue and the Trust needed to remain focused on staff retention. The age of the Trust's buildings was also a challenge in terms of the financial pressure of significant backlog maintenance. To meet local and national challenges the Trust and the wider NHS needed to modernise and transform faster than it had previously been able to do.
- AMM/18/18** Looking Forward – The year ahead would be a challenging and exciting time with many developments and opportunities for patients and staff. The Trust would continue to improve and increase the quality of care it delivered and further develop the workforce and improve its offer as an employer. The Trust was on a journey to become 'Outstanding' in all that it did, while ensuring it remained focused on financial control.
- AMM/18/19** The Director of Finance (DoF) delivered a presentation on the Trust's financial performance in 2017/18 as well as a look forward at 2018/19 financial plans.
- AMM/18/20** During the Year the Trust had fully implemented a new ledger system and had appointed five qualified accountants. The Trust's auditors had provided an unqualified opinion on the Trust's financial accounts for 2017/18 which were submitted on time. During 2017/18 the Trust received £387m in income; 65% of this was spent on pay and the Trust invested £7.27m in equipment and developments. The Trust ended the year £4.1m ahead of plan, achieving a deficit of £11.96m which included £3.9m in Sustainability and Transformation Funding (STF). NHS Improvement also provided an extra £1.3m and in two years, the Trust had delivered around £22.2m in cost efficiencies.
- AMM/18/21** In 2018/19 the Trust planned a deficit of £6.9m. In order to achieve that it needed to deliver £17.8m of Cost Improvement Plans (CIP).
- AMM/18/22** The Year in Review & Forward Look update was NOTED.

Quality Improvement Practice

AMM/18/23 The Director of Quality & Transformation delivered a presentation on Quality Improvement (Qi) Practice. Qi was defined by the Health Foundation as:

“Working together, using methods, tools, data measurement, curiosity and an open mindset to improve healthcare.”

AMM/18/24 The Trust was one of a first cohort working with a team from NHSI consultants to help the Trust develop Qi faster than it would have been able to alone and an overview of the main elements of this work was provided. The presentation provided an overview of the Trust’s Qi Strategy, Qi practice methodology, how it aimed to make Qi happen and how it would develop an improvement culture. The improvement methodology was about tapping in to the potential for improvement that was already there, for example by asking the staff that actually did the job and the patients who used the services.

AMM/18/25 Key to achieving culture change was by creating the conditions for problem solving and taking steps towards achieving goals; improvement events had been held across the Trust and these had proven to be helpful. All Executive Directors were taking part in Qi training and using control boards in monthly and weekly meetings to implement and oversee improvement.

AMM/18/26 Since April 2017, 603 staff from all disciplines and areas had undertaken Qi training and there were currently 59 active projects on the QI database. Work was underway to improve on the existing training offer and the Trust would continue to support existing QI projects.

AMM/18/27 The Quality Improvement Practice presentation was NOTED.

Question & Answer Session

AMM/18/28 Members were invited to reflect on what they had heard from the last three speakers and, in groups on each table, decide upon one question per table to ask the panel. It was noted that the question should be about the business of the meeting, rather than individual concerns.

AMM/18/29 Members of the deaf community on one table shared their concerns about clinical staff misunderstanding their symptoms and the potential for misdiagnosis. Table 4 asked what the method was for recording misdiagnosis, never events and near misses and how that fed in to the Trust’s improvement processes. The meeting was advised that the Trust used an electronic system for all such events. All staff fed in to the system and the level of risk for each event was graded, which determined the level of intervention. In terms of never events, for

example operating on the wrong side or taking out the wrong tooth, staff would be expected to report any such cases immediately; never events were also recorded on a national system. The advantage of the electronic system was that it could be audited; reports from the system were taken through the Trust's Clinical Governance Committee for review and scrutiny. The work of the Committee included looking at trends and the Quality and Effectiveness Committee, a committee of the Board of Directors had oversight of this information and were responsible for escalating any issues to the Board. It was noted that governors sat on committees as observers. Learning from incidents was shared through the clinical governance process across wards and directorates to ensure lessons had been learnt. In terms of never events there was also a process for sharing lessons on a national level. Locally, the Trust had been working on a new newsletter called 'Sharing How We Care' which amongst other things shared learning across the Trust.

AMM/18/30 Another table were concerned about the Trust's ability to recruit and retain high quality staff and asked how the Trust's Teaching Hospital status had helped with this. The Trust recognised that many clinicians were very interested in opportunities to be involved in research and development. This was a key factor in attracting them to roles and was why the Trust had been so keen to achieve Teaching Hospital status. This had particularly been the case in some hard to recruit to specialities and since achieving Teaching Hospital status the Trust had already seen a much higher interest in positions advertised. More widely, the availability of workforce was decreasing and the Trust needed to continue to look at how it could make its offer to staff; for example, providing greater flexibility to staff to improve their work/life balance. As technology moved forward the Trust would also look at ways it could increase opportunities for staff to work remotely from home to reduce travelling time; some clinicians were already completing scan reports from home and the Trust wanted to extend this for other staff coming in to Trust to complete administrative tasks or reporting on the Trust's systems. This in turn could create opportunities to change the type of estate the Trust needed, for example it may need less office space.

AMM/18/31 Members on another table noted that the Trust had spent around £16m on agency staff in 2017/18 and they asked what was being done to reduce this. The meeting was advised that the use of agency and temporary staff was a national issue and the Trust was monitored centrally on this. Targets were set for overall spend and there were national caps for different staff grades and pay bands and the Trust was required to report against these. The Chief Executive was required to authorise all requests over a certain limit; he commented that the vast majority of these requests related to ensuring the safety of services. Internally there was a wide range of grip and control processes and meetings to review all aspects of pay spend including agency spend as

well as other issues such as managing annual leave. The Trust challenged departments when they were over spending and plans were put in place to reduce spend.

AMM/18/32 Members on another table asked how the Trust ensured integration of services across Doncaster, Bassetlaw and South Yorkshire and also with GPs who were independent. This was a key issue and the Chief Executive provided a detailed update on work across the region with partners. The Trust was increasingly working with partners who were all committed to improving the quality of the services offered within the current resources available. A good example of this work was safeguarding. A lot of areas were providing safeguarding and partners across the region were looking at the best solution. Different hospitals had different levels of performance in a range of areas; it was important that all patients, no matter where they lived, were receiving the same quality of care and partners across the region had made a commitment to work together to achieve this and reduce unwarranted variation.

AMM/18/33 Members on another table asked how the Trust planned to improve the spread of positive communications and messages to members and the public. Historically the power of the negative story was more powerful than positive so the Trust had to work much harder to spread positive news. The Trust was developing a new website which would be more interactive and new strategies were being developed to include new ways of communicating with people, for example through twitter and WhatsApp but the Trust would not dismiss normal channels of communication as it recognised that electronic media did not reach everyone.

AMM/18/34 On Table 7, members asked about opportunities for improving the Trust's estate in the future; particularly at Doncaster which due to the age of the estate had significant backlog maintenance. Doncaster was the most acute of Trust's sites and the Trust recognised the issues it had with current estate. It was clear that it could not continue to work in the same way. The Trust had submitted a significant capital proposal to address the estate issues and, if this was successful, significant work would be undertaken. The Trust would look at removing those areas with the biggest backlog maintenance. The Trust needed to ensure it was making the best use of its current estate and also that of its partners; for example where buildings were not fully occupied the Trust needed to understand how could that space be used to take pressure of other areas.

AMM/18/35 Members asked about the Trust's view of cancer waiting times and whether there had been an overall improvement over the years. There had been an improvement overall but the key issue faced by the service was that demand had increased due to, amongst other things, better

screening programmes, people living longer, increased national awareness, national campaigns, celebrity stories, storylines on national TV shows. For example the Stephen Fry and Bill Turnbull campaigns resulted in a 40% increase in referrals. The Trust was then faced with the challenge of what offer it could make to patients in terms of whether it could offer an appointment locally within the two week wait standard. Currently it was not possible for the Trust to offer patients an appointment elsewhere and that was one of the things the Trust was working with partners, including GPs, to achieve. GPs were a vital part of the solution and what could be offered to patients in the future.

AMM/18/36 The final table asked for assurance in terms of delivery of the Trust's financial plan for 2018/19. The Director of Finance gave an overview of the current financial position against plan. The Trust must ensure delivery of Cost Improvement Plans (CIP) in order to achieve its plan and performance was slightly behind plan at this stage. There were robust monitoring and governance processes around all aspects of financial performance including CIP and the Chief Executive met fortnightly with executives to discuss performance. The Trust was working with staff across the Trust to look for new ideas for CIP and schemes were constantly being added to the pipeline. Action plans were in place and were being monitored in areas where financial performance had slipped behind plan.

AMM/18/37 The Chair thanked members for their questions.

Annual Report and Accounts 2017/18

AMM/18/38 The Chair formally presented the Annual Report and Accounts to the Governors and Members present. The report was available electronically on the Trust website at www.dbth.nhs.uk.

AMM/18/39 The Annual Report and Accounts 2017/18 were RECEIVED and NOTED.

Council of Governors Report

AMM/18/40 The Chair commented that, as an organisation, the Trust was privileged to count on a number of skilled, dedicated and energetic governors whose sound advice and guidance was valued. She introduced Phillip Beavers and Hazel Brand, two of the Trusts Public Governors who delivered a presentation on the Council of Governors roles and responsibilities, as well as their achievements throughout the last financial year.

AMM/18/41 The Council of Governors had 37 members; 20 'public governors' elected by the membership across three constituencies (Bassetlaw, Doncaster &

Rest of England and Wales), 11 'partner governors' appointed by partner organisations (CCGs, universities, local authorities, Doncaster College and the Deaf Trust) and six 'staff governors' representing four staff constituencies (medical and dental, nursing and midwifery, admin and non-clinical and other healthcare professionals).

AMM/18/42 The primary responsibility of Governors was to hold the Trust's Non-executive Directors to account for the performance of the Board and to represent the interests of patients and members. The role of Governors also involved advising the Board of Directors regarding strategic plans, appointing and remunerating the Non-executive Directors and Chair and approving the appointment of the Chief Executive.

AMM/18/43 In 2017/18 Governors fulfilled their responsibilities through a process of looking, listening, questioning and challenging non-executives at various meetings, by sitting on operational committees, sponsoring wards and being part of tender panels. Governors led on a robust, open and transparent appointment and appraisal processes for the non-executives and held 'meet the governor' events at each of the hospital sites. Governors also held several member events on topics that members were interested in, and sought feedback from members on the services discussed.

AMM/18/44 Key achievements of Governors included showcasing the 'governor effectiveness review' at the NHS Providers' Governor Focus Conference, actively contributing towards the development of the new Strategic Direction and undertaking a review of their governance arrangements, further streamlining their committees and establishing better informal mechanisms for exercising the statutory duties of Governors. Governors instigated a new 'Meet the Governor' event at Doncaster Royal Infirmary giving members and patients a chance to raise issues of praise or concern, mirroring similar events held at Bassetlaw. Governors also participated in a regional conference on the Integrated Care System for South Yorkshire and Bassetlaw and supported the Chair of the Board and one of the Trust's governors in being elected to roles within NHS Providers, giving DBTH national influence over health policy.

AMM/18/45 Governors were conscious that good governance did not come without a cost; although governors were unpaid volunteers there were costs to running a Council of Governors and Governors were keen to keep this under review and ensure that they too represented value for money. Going forward governors would continue to work to hold non-executive directors to account on matters such as delivery of the Strategic

Direction and performance against key contracts, for example the new catering contract.

AMM/18/46 The Council of Governors Report was NOTED

Closing Remarks

AMM/18/47 Once again the Chair extended her thanks to everyone attending the meeting for coming and helping celebrate what had been a fantastic year for the Trust. There were plenty of challenges ahead, but also lots of exciting developments. As had been described by the Chief Executive, the Trust's vision was to become 'Outstanding' in all that it did, the Chair looked forward to speaking with members again next year to describe what progress the Trust had made towards this goal.

[The Annual Members Meeting closed at 7.08pm]

Date and Time of Next Meeting

AMM/18/48 Date: Wednesday 19 September 2019
Time: 4pm
Venue: Keepmoat Stadium, Doncaster

**Minutes of the meeting of the Council of Governors held on
Wednesday 26 July 2018
In the Education Centre, DRI, Doncaster, DN2 5LT**

	Present:	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Phillip Beavers Hazel Brand Shelly Brailsford Mark Bright Prof. Rob Coleman Nicola Hogarth Lynne Logan Bev Marshall Brenda Maslen David Northwood Liz Staveley-Churton George Webb Maureen Young	
Staff Governors	Karl Bower Duncan Carratt Roy Underwood	
Partner Governors	Ruth Allarton Anthony Fitzgerald Clive Tattley Cllr Susan Shaw Rupert Suckling	
In Attendance:	Alan Chan Pat Drake Karen Barnard Rick Dickinson Kirsty Edmondson-Jones Matthew Gleadall Matthew Kane Sheena McDonnell Simon Marsh Richard Parker Linn Phipps David Purdue Neil Rhodes	Non-executive Director Non-ex Non-executive Director Director of People & Organisational Development Deputy Director of Nursing, Midwifery and Allied Health Professionals Director of Estates and Facilities Head of Operational Estates Trust Board Secretary Non-executive Director Chief Information Officer Chief Executive Non-executive Director Deputy Chief Executive & Chief Operating Officer Non-executive Director

Jon Sargeant	Director of Finance
Kath Smart	Non-executive Director
Kate Sullivan	Corporate Governance Officer
Adam Tingle	Acting Head of Communications and Engagement

Apologies:	David Cuckson	Public Governor
	Sharon Cook	Public Governor
	Vivek Desai	Staff Governor
	Kathryn Dixon	Partner Governor
	Eddie Dobbs	Public Governor
	Lynn Goy	Staff Governor
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Griff Jones	Partner Governor
	Ainsley McDonnell	Partner Governor
	Victoria McGregor-Riley	Partner Governor
	Susan Overend	Public Governor
	Lorraine Robinson	Staff Governor
	Alan Robinson	Partner Governor
	Sewa Singh	Medical Director

Action

Welcome and apologies

18/7/1 The Chair welcomed those present to the meeting and apologies recorded above were noted. The Chair welcomed Alan Chan and Sheena McDonnell, new Non-executive Directors. Alan Robinson, the new Partner Governor representing the Doncaster Deaf Trust, had been unable to attend the meeting but would be attending the next meeting.

18/7/2 Earlier in the month the Trust had learnt of the sudden passing of Anwar Choudhry, Public Governor, aged 68. On behalf of the Council of Governors the Chair expressed her deepest condolences to Anwar's family at this sad time. She commended his work in the Doncaster community and for the Trust. Those present observed a minutes silence in memory of Anwar.

Declaration of governors' interests

18/7/3 No changes to registers of interest were reported and no matters of conflict of interest were declared.

CQC Inspection Report

18/7/4 Governors received a presentation from Rick Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals, which provided a detailed update on the CQC report relating to the CQC inspections carried out in December 2017 and January 2018.

18/7/5 The presentation outlined the CQC monitoring and inspection process, the process and timeline for arriving at the final report, which had included an opportunity for the Trust to challenge and respond to matters of factual accuracy, the overall Trust and site rating for the Trust along with key recommendations and next steps.

- 18/7/6** The Trust had been provided with a draft report in April 2018 for factual accuracy checks to be undertaken and ratings reviews to be considered if and where the factual accuracy checks were accepted; these had been returned by the required deadline. The Trust had been successful in its challenges for ratings for Urgent & Emergency Services (UES) and for Children & Young People Services (CYP) at both Doncaster Royal Infirmary (DRI) & Bassetlaw Hospital (BDGH).
- 18/7/7** The final CQC report was published on Tuesday 10 July and it recognised a number of areas of quality care and practice at the Trust and some areas where improvement was required. Overall, 72 per cent of the services inspected at Doncaster Royal Infirmary and 77 per cent at Bassetlaw Hospital were judged to be 'Good' with no service at DBTH rated as 'Inadequate'. The CQC assessed whether the Trust's services were safe, effective, caring, responsive and well-led across the four core services of Urgent and Emergency Care, Medical Care, Children and Young People and Maternity Services.
- 18/7/8** The organisation's leadership team were also the recipients of praise, with the report evidencing a strong working relationship between the Trust's Chief Executive and Chair. The inspectors also pointed to the need to achieve the Trust's SET and appraisal rates and specific training and development opportunities for some staff, with a goal to further improve patient care and treatment.
- 18/7/9** The core services that were inspected at Doncaster Royal Infirmary (DRI) and Bassetlaw District Hospital (BDGH) achieved outcomes of:
- Urgent and Emergency Care – Requires Improvement at DRI and BDGH
 - Medical Care – Good at DRI and BDGH
 - Maternity – Requires Improvement at DRI and Good at BDGH
 - Children and Young People – Good at DRI and BDGH
- 18/7/10** Since the last visit, the Trust has made a number of improvements, highlighted within the report:
- Services were planned to meet the needs of local people
 - Good examples of multidisciplinary working were given, with the Trust performing better than the national average in a number of national audits
 - Staff provide emotional support to patients
 - Staff were aware of when incidents should be reported and robust processes were in place for reviewing, sharing and learning about incidents
 - All areas visited were clean and well-maintained.
- 18/7/11** As this was not a full visit the changes in ratings had not changed the overall Trust rating of 'Requires Improvement' from the previous inspection which took place in 2015. Key recommendations were set out in the presentation. The Trust would now work to complete the action plans for all recommendations and complete all 'Requirement Notice' action plans focussing on the "must do" recommendations. It was noted that the Trust had taken the decision to commence work to develop an improvement plan with the target of achieving "Outstanding" ratings across all five domains.

18/7/12 Bev Marshall and Peter Abell endorsed the improvement plan to achieve a rating of outstanding across all domains. Bev Marshall asked how the Trust would be assured that this work was being monitored and that the plan would be implemented. The following week the Board of Directors would receive a paper on how the Trust would develop and deliver an improvement plan to provide outstanding care, which would ultimately be evidenced by the outcome of the next CQC inspection. In the interim the improvement work would be done through review of the detail of the report, learning from other Trusts inspections, use of CQC Insights reports, patient engagement activities, engaging with the leadership teams and staff working in core services. It was noted that the Quality & Effectiveness Committee (QEC) would have responsibilities for the monitoring process with executives having responsibility for ensuring plans were delivered.

18/7/13 Peter Abell commented that in order to move forward to a rating of outstanding it was key for there to be mechanisms in place to ensure rapidity of feedback and response to staff and this feedback was welcomed.

18/7/14 In response to a query from George Webb about the Trust's compliance with Duty of Candour guidelines for incidents, the meeting was advised that the Trust had experienced some issues in terms of complying with timeframes for the 1st and 2nd letters; a process was now in place to monitor and drive this forward and QEC were receiving assurance reports on the matter.

18/7/15 In response to a query from Mark Bright it was noted that the CQC inspections had been undertaken during a period of increasing winter pressures and attendance, which saw the CQC suspend inspections nationally in January 2018. Despite this, inspectors highlighted a number of positives, with 'Medical Care' coming in for particular praise. The inspectors found this service within DBTH to be 'Good' across the five domains, pointing to an emphasis on infection control, patient assessment and seven day service, all of which are supported by a culture of staff development.

18/7/16 The CQC Inspection Report Presentation was NOTED.

Estates Update

18/7/17 Governors considered two presentations from the Director of Estates and Facilities which provided updates on the Lift Investment Programme and on Catering Outsourcing Performance.

Lift Investment Programme

18/7/18 In light of a number of recent unexpected lift issues at DRI Governors received a detailed presentation on the Trust's Lift Investment Programme. The Director of Estates and Facilities provided some background information in the context of the Trust's overall critical infrastructure risk which stood at £70m across all three sites and she explained how decisions had been made in terms of the Trust's investment programme for the next seven years. She gave assurance that the lifts had been identified as a risk to the Trust however there had been other infrastructure issues which, at the time of assessing infrastructure risk ratings required earlier investment, included: Ventilation, Asbestos, Electrical Infrastructure, Fire Safety, Water Safety and Theatres.

- 18/7/19** She went on to explain the programme which had been in place prior to the issues, and which mitigated the risks; the Trust had an enhanced contract with a specialist lift contractor with two full time engineers based at DRI, increased servicing as well as monitoring of breakdowns. Since the issues with the lifts arose earlier in 2018 the Trust had revised its capital investment programme and a scheme had now been brought forward to modernise them, this would include refurbishment of lifts 5 and 6. She provided timescales for the tender evaluation and lead time for the work. The anticipated completion date was October/November 2018. In response to a query from the Vice Chair the Chief Executive gave assurance that funding was now in place for this work.
- 18/7/20** There would be a further programme developed to inform a lift replacement strategy with a wider lift modernisation and replacement programme to commence in 2019/20.
- 18/7/21** Given the level of footfall across the site Phil Beavers raised concern that in spite of the percentage of lift obsolescence already known to the Trust there had not previously been a plan in place to introduce a capital replacement programme for the lifts and this was discussed. The Chief Executive gave assurance that the Trust had a clear risk based prioritisation system; the Trust had to prioritise capital planning for a site of significant age, and at a time of austerity, and had to constantly reassess investment priorities and assess key risks in the context of all the demands on the Trust's finances. The Director of Estates and Facilities reemphasised the fact that the lifts had experienced issues unexpectedly, Lifts 5 and 6 had not previously been identified as outliers due to the low number of breakdowns and the Trust had acted as quickly as it could to reprioritise its capital plans.
- 18/7/22** In response to a query from Hazel Brand about issues with the lift in the main entrance at Bassetlaw Hospital it was clarified that plans were being taken forward to replace this with an alternative lift solution that would take people up the few steps from the main foyer.
- 18/7/23** In response to concerns raised by Governors about how the Trust prioritised general maintenance work, for example a broken shower, and how the Trust monitored whether work was being completed in a timely way the Director of Estates and Facilities explained the prioritisation process and the maximum lead times for completing work, 1-2 weeks (for low priority issues). She informed Governors that work had been completed to improve the system for following up on work that it had not been possible to complete on the first visit from an engineer and the Trust expected to see a significant improvement in timeliness and a reduction in issues. It was agreed that the Director of Estates and Facilities would respond to a query from George Webb about beverage provision for volunteers by email.

KEJ

Catering update

- 18/7/24** Further to the outsourcing of catering services on 12th January 2018 the Director of Estates and Facilities provided an update on performance and issues reported in May and June 2018 through the Trust's Datix system, ward observations and other sources. The Director of Estates and Facilities also reminded Governors that comparisons with the previous in house performance were difficult as incidents had not been reported through Datix.

18/7/25 The report detailed the issues and actions taken to address them. It also included a significant number of compliments from patients. The presentation provided an overview of contract management arrangements with Sodexo. The Trust would continue to refine the service to reduce operational issues and improve quality for patients through the robust use of the contract. Performance against contract KPIs and service credits was being closely monitored; one service credit was already in place.

18/7/26 The Vice Chair provided some feedback from two ward visits he had conducted the same day and he shared some of the comments from patients he had spoken to about the food. The feedback was welcomed but it was noted that it was also important for Governors to encourage patients to provide feedback through the right mechanisms so that issues could be monitored and escalated through the correct channels. The contract with Sodexo was set up in such a way that they had to address concerns. The Chair gave assurance that the Trust was listening to Governors and their feedback was very important, the key issue was for the Trust to ensure good quality information was collected through the appropriate process so that the contractor could improve the quality and delivery of patients meals. The Director of Estates and Facilities and the Chief Executive also highlighted the significant improvement that was expected in the year's PLACE assessment as a direct result of the investment made in the Trust catering facilities.

18/7/27 In response to concern raised by Hazel Brand about oversight of the patient feedback process it was clarified that Kath Smart and Pat Drake, Non-executive Directors had recently met with Sodexo and were in the process of setting up further visits with them. The results of audit work would be fed back to the Board and patient survey results would be shared with Governors.

18/7/28 During further discussion Governors raised concerns that staff may feel that raising issues was not making a difference. The Chief Executive clarified that Matrons were tasked with monitoring the situation and raising any concerns; he would hope that staff recognised the various avenues that they have for identifying issues and raising concerns but would ensure that this was raised with the senior nurses the following day.

RP/RD

18/7/29 The updates were NOTED.

Finance Report

18/7/30 Governors considered a report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 3.

18/7/31 The DOF delivered a presentation and provided an update on key issues:

- The month three position was a deficit of £1.5m with the year-to-date position at £6.2m deficit – £30k ahead of budget
- The Trust needed to achieve a £6.6m deficit for the full year to deliver the year end control total, and therefore needed to achieve a break even position for the rest of the year.
- The quarterly position had been achieved due to the release of non-recurrent monies in-month.
- There were still significant risks to overall financial delivery for the Trust which included delivery of Cost Improvement Programmes (CIPs), significant variance on growth forecasts and control of agency spend

- The Trust must continue to make the most of every penny spent.

18/7/32 Reflecting on concerns previously raised by Governors with regard the timelines of payments to the Trust's suppliers, particularly small and local businesses, the DoF noted that the Trusts Cash Committee now met on a monthly basis and part of their work was to review the Trust's debtor and creditor positions. He gave assurance that better cash management had resulted in a reduction in non-NHS debtors by 42% and there had been a similar improvement in terms of creditors.

18/7/33 Governors NOTED the Trust's deficit for month 3 (June 2018) was £1.5m, which was a favourable variance against plan in month of £445k and the risks set out in the paper.

Performance Report

18/7/34 Governors considered the report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery and Allied Health Professions and Director of People and Organisational Development that set out clinical and workforce performance.

18/7/35 A presentation on issues was given and attention was drawn to the following:

18/7/36 In respect of Performance:

- 4 hour access – quarter one the Trust achieved 94.9% - 95.35% including alternative pathway.
- RTT - was below the national standard of 92% at 89.6% but above national average and in line with the commissioned standard of 90%
- Cancer targets – 62 day performance was achieved at 85.6% against the 85% standard. Two Week Wait performance was 88.8% against 93% target
- Stroke – Performance against the one hour scan standard had slightly increased to 58.6% and direct admissions at 67.2%.

18/7/37 There had been a significant rise in Emergency Department (ED) attendances and the Trust was working with commissioners to understand the reasons for this. The Chief Operating Officer advised that there had been spikes in attendances at both DRI and BDGH on Mondays and the Trust needed to understand why this was happening.

18/7/38 This was discussed and a governor asked if the reasons might include issues relating to weekend discharges and this led to discussion about the level of ward rounds at weekends, seven day services and the community element of discharge pathways; it was noted that the Trust operated seven days services at both sites but not all community services did and this sometimes resulted in barriers to discharge for some patients. The Chief Executive acknowledged the concerns raised and it was agreed to dedicate some time at a future time-out session to consider the matter and the actions being taken in more detail.

MK

18/7/39 In respect of quality:

- C.Diff – Below trajectory for the year
- HSMR – The Trust's rolling 12 month position remained better than the expected level of 100 at 88.7
- Serious incidents – Decrease with main category being Hospital Acquired Pressure Ulcers

- Falls – Performance was slightly higher year-to-date than 2017
- Pressure ulcers – Higher than last year but expected to reduce
- Friends and Family – Response rates had dropped slightly but positive feedback was higher than national average.

18/7/40 In respect of workforce:

- Nursing workforce – The Trust's overall planned versus actual hours worked was 100%
- Appraisal rate – The Trust's appraisal completion rate had risen to 75.164%, higher than at any point in 2017/ 18 following the 'Appraisal Season'
- SET Training – There has been a further increase in compliance with Statutory and Essential Training (SET) to 80.82%.

18/7/41 Reflecting on the reported SET training compliance, Peter Abell noted that the CQC Report had also referred to this and he asked if more detailed information could be provided in future to show compliance rates by department, or staff group, and by the type of training; it was noted that this information was reported in detail to the Workforce & Education Committee and it had recently been agreed to share the detailed report with QEC biannually.

18/7/42 The Performance Report was NOTED.

Chair's and Non-executive Directors report

18/7/43 Governors considered a report which outlined the Chair and NEDs' work between April 2018 and July 2018 and included updates on a number of activities.

18/7/44 The Chair was pleased to announce that the Chief Executive, Richard Parker, had 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 would continue to lead DBTH.

18/7/45 The Chair had represented DBTH at the Governor Focus Conference in London alongside colleagues Peter Abell, Phil Beavers and Hazel Brand. It was noted that as many governors had attended Governor engagement events regionally as had attended this national event and this demonstrated the excellent levels of governor engagement in the region.

18/7/46 The Trust had published a book 'Good Health – A Pictorial History of DBTH', the book was for sale at £6.99 with proceeds going to the newly launched 'Doncaster and Bassetlaw Teaching Hospitals Charity' (DBTH Charity). The Chair thanked Garry Swann, Trust Archivist and Author of the book for his hard work.

18/7/47 The Trust was currently holding elections for its Council of Governors. There were five public seats up for nomination, three of which were in the Doncaster area and two in Bassetlaw. This would be Nicola Hogarth's last meeting before standing down to focus on her young family. The Chair passed on the thanks of the Trust for the dedication and hard work she had shown in her six years as a Governor.

18/7/48 The Chair congratulated Kath Smart, Non-executive Director who had raised £500 taking on the Conti 24 hour Thunder Run in aid of the DBTH Charity.

18/7/49 In May, the Trust 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 wanted the NHS to be the safest and best healthcare system in the world. The Chair wished Jeremy's successor, Matt Hancock MP, the best of luck in his role.

18/7/50 The Chair's Report was NOTED.

Chief Executive's Report

18/7/51 Governors considered a report of the Chief Executive which outlined progress against a number of issues.

18/7/52 Reflecting on the Chair's report in terms of networking opportunities for the Trust the Chief Executive added that the Secretary of State had accepted an invitation to speak to his cohort on the Newly Appointed Chief Executives Programme. He was also due to attend a dinner with Baroness Dido Harding, Chair of NHS Improvement, to discuss relevant issues including taking forward leadership development.

18/7/53 The Government had announced a £20bn NHS funding increase over the next five years. This translated to a 3.4% year-on-year annual funding increase, just short of the 4% suggested by the Institute for Fiscal Studies. This made it even more important that the Trust worked closely with partners to achieve removing some of the financial volatility in the region. Following on from a previous announcement 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.

18/7/54 The Trust had been contacted by Pauline Phillip, National Director of Urgent and Emergency Care at NHS England, who had communicated her ambition to decrease bed occupancy by reducing the number of long-stay patients by 25%. This goal would feed into system-wide planning for this winter.

18/7/55 Earlier in July, the Trust 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 had 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. The Chief Executive advised Governors that the Trust had received a request from the Cancer Detection Trust to name the planned CT suite at DRI, which would include a CT scanner donated by the Cancer Detection Trust, after Jeanette. Governors confirmed their support to this request.

18/7/56 In response to a query from Maureen Young about NHS England's initiative to reduce the sale of sugary drinks to 10% or less, the Chief Executive reassured governors that the Trust was doing all it could. Nine out of ten trusts (including DBTH) had now acted, and the proportion of drinks sold on NHS premises that contained added sugar has been dramatically cut from 15.6 per cent to 8.7 per cent, successfully meeting the challenge.

18/7/57 Commendations:

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

18/7/58 The Chief Executive's report was NOTED.

Chair & Non-executive Director (NED) Objective Setting & Appraisal Process

18/7/59 Governors received the report of the Trust Board Secretary which provided an overview of the process followed and the timetable agreed with Governors in April 2018 for the Chair and Non-executive Directors' objectives setting and performance appraisal. The process had been subsequently modified following the resignation of the Senior Independent Director but the original timetable had been achieved. Governors and executives had the opportunity to feed in comments about the Chair and Non-executive Director performance and objectives and meetings with governors (through Appointments and Remuneration Committee) and non-executives had also taken place to gather additional feedback.

18/7/60 This paper reported to governors the Chair's and non-executive directors' objectives for 2018/19 together with general feedback from their appraisals. It did not include the objectives of the two new non-executives, Alan Chan and Sheena McDonnell; since the time of reporting these had been agreed and accepted by the new NEDs.

18/7/61 The Chair and NED objectives for 2018/19 were APPROVED.

Appointments of the Deputy Chair and Senior Independent Director

Pat Drake and Neil Rhodes left the meeting

18/7/62 The Trust Board Secretary advised that when Governors had met on 18 June 2018, they had agreed that expressions of interest be sought from amongst non-executive directors for the roles of Deputy Chair and Senior Independent Director.

18/7/63 The descriptions for each of the roles were attached to the report. One expression of interest for each role had been received from amongst the existing non-executives. Therefore, Neil Rhodes (for Deputy Chair) and Pat Drake (for Senior Independent Director) were recommended for appointment.

18/7/64 The Council of Governors APPROVED the appointment of:

1. Neil Rhodes to the position of Deputy Chair; and
2. Pat Drake to the position of Senior Independent Director

For a term of three years from 1 August 2018.

Pat Drake and Neil Rhodes re-joined the meeting.

18/7/65 In response to a request from George Webb it was agreed to share the personal statements of the candidates with Governors. **MK**

Living the Values

18/7/66 Governors considered the report of the Trust Board Secretary and the Director of People and Organisational Development which provided an overview of a piece of work undertaken by Governors earlier in the year, 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 had taken place to co-produce a revised code of conduct for governors which was last updated in 2012. The proposed code integrated the We Care and Nolan principles of public life and set 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 set out a process through which any breaches of the code may be addressed.

18/7/67 Governors NOTED the report. They had discussed the proposed code at the CoG pre-meeting earlier the same day and had resolved that they would like a further opportunity to consider the matter in more detail. This was discussed and it was AGREED to defer the matter to the next meeting. **MK / All Gvs**

Sharing the Learning

18/7/68 Governors received the report of the Trust Board Secretary which reminded Governors that they had considered committee structure of the Council of Governors as part of the governor effectiveness review in October 2017 when they had agreed that:

- 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.
- The Health and Care of Young People Committee be retained and that this arrangement be reviewed in 12 months' time.

18/7/69 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 revealed no fewer than 16 sessions on clinical issues at governors meetings and these were detailed in the report.

18/7/70 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 would be escalated and considered in the future, the Committee had now served its purpose and could also be disbanded.

18/7/71 There had also been 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 had 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 felt assured that adult health and care issues have been sufficiently addressed through the processes described above.
- How governors would 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.

18/7/72 Governors considered the report and Governors agreed that they felt assured that adult health and care issues had been sufficiently addressed through the described processes. Reflecting on this and following input from Maureen Young, Chair of the Health & Care of Young People Committee and Hazel Brand, Public Governor for Bassetlaw, Governors felt adopting a similar approach for receiving assurance on paediatric health and care issues would be appropriate and they did not feel the need to convene a working party to consider this any further; it was therefore AGREED to disestablish the Health and Care of Young People Committee.

18/7/73 In terms of how some governors, particularly new governors, might feel 'locked out' of the current committee processes this would be discussed further with the Chair and Vice Chair.

18/7/74 The Vice Chair thanked the Trust Board office for their hard work to support Governors and their activities in the Trust and he commended the recent work they had undertaken to provide Governors with a short biography of each of the Non-executive Directors which had included their roles on committees and areas of expertise. Governors had found this to be most helpful and he asked if a similar document could be produced on Executive Directors and this was agreed. **KS**

18/7/75 Council of Governors DEFERRED the Sharing the Learning documents attached as appendices.

Feedback from NHS Providers Governors' Advisory Panel (GAC)

18/7/76 Governors received a report from Peter Abell, Bassetlaw Public Governor and acute trust representative on the NHS Providers' (NHSP) Governor Advisory Panel (GAC) on the recent GAC which took place in London on 15 May 2018. This was an initial meeting of the GAC of what was to be a three-year meeting cycle. During the meeting all Governors had given examples of issues engaging governors at their Trusts and it had become clear that Governor engagement for the South Yorkshire and Bassetlaw ICS was very good when compared to other areas. It was clear that when Governors came together they focused on key issues of patient care, funding, and the policy context of the moment and did so from direct practical experience. Peter felt that as the NHS faced future changes there needed to be a real focus on developing the voice of Governors and the South Yorkshire and Bassetlaw Conference on ACS/ICS was a good example of this.

18/7/77 The Feedback from NHS Providers Governors' Advisory Panel (GAC) was NOTED.

Matters arising from the Board of Directors minutes

18/7/78 The minutes of the Board of Directors meetings from March 2018 to May 2018 were NOTED.

Chairs Logs and minutes of the Governor Committee Meetings May to June 2018

18/7/79 The Council of Governors received and NOTED the minutes and a report summarising the issues covered at the meetings of Agenda Planning Committee, Appointments & Remuneration Committee and the Health & Care of Young People Committee. It was agreed to reflect that George Webb was in the attendance at the Appointments & Remunerations meeting.

Minutes of the meeting held on 25 April and 18 June 2018

18/7/80 The minutes of the Council of Governors meetings held on 25 April 2018 and 18 June 2018 were APPROVED as a true record of the meeting.

Matters arising and action notes

18/7/81 The action log was reviewed and NOTED.

Any issues from members to be investigated for the next meeting

18/7/82 None raised.

Adjournment of Meeting

18/7/83 Members RESOLVED that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.

18/7/84 Mr Sprakes raised concerns about complaint response times and he relayed his experience of hospital food during an inpatient stay at DRI in April 2018. The Chief Executive gave assurance that the Trust aimed to acknowledge and respond to all complaints and he apologised if something had gone wrong on this occasion. With regard to the issues relating to food the Director of Estates and Facilities undertook to discuss the particular concerns with Mr Sprakes after the meeting, and ensure the issues were escalated through the Trust's usual process.

Any other Business

18/7/85 Amendment to the Constitution

A paper was tabled which reminded Governors that during the Review of the Constitution by the Council of Governors on 31 January 2018, it was noted that paragraph 2.1.19 to Annex 5 stated:

A governor is not 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.

18/7/86 Governors had felt that consideration should be given to removing this provision, in line with the decision to remove similar barriers to becoming a non-executive director. Following further discussion it was agreed to look at removing the provision unless it was statute barred. The provision had been identified as one of the 'optional' disqualifications under Paragraph 8(2) of Schedule 7 to the NHS Act 2006 which was included within the original model constitution for authorisation and as such Governors APPROVED the removal of paragraph 2.1.19 to Annex 5 of the Trust's constitution. This would be confirmed by the Board of Directors at their meeting the following week.

BoD

Date and time of the next meeting:

Date: 25 October 2018
Time: 5:30pm
Location Education Centre, DRI

UNAPPROVED DRAFT

Action Notes

Meeting: Council of Governors

Date of meeting: 26 July 2018

Location: Education Centre, DRI

No.	Minute No	Action	Responsibility	Target Date	Update
1.	18/1/53 18/7/89	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 (NED – KS)	Winter 2018	Complete. Approved by Council of Governors on 26 July and Board of Directors on 31 July 2018.
2.	18/4/25	Share with Governors the outcome of the catering outsourcing 6 month post implementation review when available.	KEJ (NED - NR)	October 2018	To be shared when complete. Update report on agenda.
3.	18/4/72	GDPR – Update on progress to achieve compliance to be provided to Governors after April BoD meeting.	SM/MK (NED – KS)	July 2018	Complete. Chief Information Officer attended August Governor Briefing.

Date of next Meeting: 25 October 2018

Action Notes prepared by: Matthew Kane

Circulation: Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
4.	18/7/23	Director of Estates and Facilities to clarify the query around beverages for volunteers.	KEJ	October 2018	Complete.
5.	18/7/28	Follow up issue of matrons recording catering issues on Datix.	RP/RD (NED – SBE)	Immediate	Complete.
6.	18/7/38	Governors Timeout to examine some of the reasons why people attend ED.	MK (NED – KS)	October 2018	Complete. The Chief Operating Officer and General Manager for Medicine attended the Timeout in September 2018.
7.	18/7/65	Statements for Deputy Chair and Senior Independent Director to be shared with governors.	MK (NED – KS)	October 2018	Complete.
8.	18/7/67	Governors to give further consideration to proposed code of conduct.	MK (NED – KS)	October 2018	Complete. Further discussions have taken place and the item is on the agenda for this meeting.
9.	18/7/74	Details of executive directors' biographies to be provided to governors.	KS	October 2018	Document in development.

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

25 October 2018
Matthew Kane
Chair, Governors, NEDs, EDs