



**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
Wednesday, 30 January 2019 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.	Person Centered Care – Effective Patient Pathways for Prisoners Fiona Littlewood -Senior Programme Manager	<i>Note</i>	Presentation	5:35pm
4.	Trust Telephony Systems Simon Marsh – Chief Information Officer	<i>Note</i>	Presentation	5:50pm
5.	Violence Against Staff Kirsty Edmondson Jones – Director of Facilities & Estates	<i>Note</i>	Presentation	6:05pm
6.	Chair/NED & Executive Reports <ul style="list-style-type: none">Finance Report Jon Sargeant, Director of FinancePerformance Report Led by David Purdue, Deputy Chief Executive and Chief Operating Officer	<i>Note</i>	Enclosures B1 to B4	6.20pm

- Chief Executive's Report
Richard Parker, Chief Executive
- Chair and NEDs' Report
Suzy Brain England, Chair

GOVERNANCE

- | | | | |
|---|-------------|-------------|--------|
| 7. Feedback from Governor Advisory Committee
Peter Abell, Chair of NHS Providers Governor
Advisory Committee | <i>Note</i> | Enclosure C | 6:50pm |
|---|-------------|-------------|--------|

MINUTES

- | | | | |
|---|----------------|--------------|--------|
| 8. Board of Directors' minutes – October to November 2018
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 | 7:00pm |
| 9. Governor Committee minutes | <i>Note</i> | Enclosures D | 7:05pm |
| 10. Minutes of Council of Governors held on 25 October 2018 | <i>Approve</i> | Enclosure E | 7:10pm |
| 11. Action Notes from last meeting on 25 October 2018 | <i>Note</i> | Enclosure F | 7:15pm |

QUESTIONS FROM MEMBERS OR THE PUBLIC

- | | | | |
|--|----------------|----------|--------|
| 12. To take any questions from members or the public on the business of the meeting | <i>Q&A</i> | (Verbal) | 7:20pm |
|--|----------------|----------|--------|

INFORMATION ITEMS

- | | | | |
|---|-------------|----------|--------|
| 13. Any Other Business (to be agreed with the Chair before the meeting) | <i>Note</i> | (Verbal) | 7:25pm |
| 14. Date of Next Meeting:
Date: 11 th April 2019
Time: 6:00pm
Venue: Education Centre, Doncaster Royal Infirmary | <i>Note</i> | (Verbal) | |
| 15. Withdrawal of Press and Public | <i>Note</i> | (Verbal) | 7:30pm |

Board to resolve:

Those 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.

A handwritten signature in black ink, appearing to read 'Suzy Brain', followed by a horizontal line extending to the right.

Suzy Brain England
Chair of the Board

24 January 2018

Register of Governors' Interests as at 29 January 2019

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

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 DC
Parish Councillor, Misterton
School Governor, Misterton Primary School
Member, Citizens' Panel, South Yorkshire & Bassetlaw ICS

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

Jackie Hammerton

Interest TBC

The following have no relevant interests to declare:

Karl Bower, Public Governor

Mark Bright, 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.

Gareth Jones
Trust Board Secretary

29 January 2019



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

Title	Financial Performance – Month 9 - December 2018		
Report to	Council of Governors	Date	30th January 2019
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 surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan of £1,512k and a favourable variance against forecast of £233k in month. The cumulative position to the end of month 9 is an £11.5m deficit, which is £35k favourable to plan and £844k favourable against forecast YTD. The Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to achieve a better than break even position for the rest of the year.

At the previous F&P Committee and Board a range of forecast scenarios were presented to, which showed a £7.1m gap to the control total (before PSF) as the realistic case. The Committee and Board agreed that if no further mitigations could be identified then a change in forecast of £7.1m would be submitted to NHSi at Month 9. Since the previous Board meeting requests for additional funding from the CCG and ICS have been made to support the gap. Whilst discussions are ongoing regarding these (an update will be provided at the Council of Governors meeting), in the Month 9 forecast submitted to NHSi the Trust has assumed these funds are received based on the progress of these discussions and offers received. Thereby the year end forecast in the NHSi return submitted at Month 9 showed a forecast position of a £3.72m gap to the control total before PSF impact (£9.4m gap including impact of not achieving Q4 PSF).

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
<p>This report relates to strategic aims 2 and 4 and the following areas as identified in the Trust's BAF and CRR.</p> <ul style="list-style-type: none">• 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
<p>Update on risk relating to delivery of 2018/19 financial plan.</p>
Recommendation(s) and next steps
<p>The Council of Governors is asked to note:</p> <ul style="list-style-type: none">• The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan in month of £1,512k. The cumulative position to the end of month 9 is a £11.5m deficit, which is £35k favourable to plan and £844k favourable to forecast.• The progress in closing the gap on the Cost Improvement Programme.• The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF) and the assumptions contained within this.• The risks set out in this paper.



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

FINANCIAL PERFORMANCE

P9 December 2018

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P9 December 2018

1. Income and Expenditure vs. Plan								2. CIPs																	
Performance Indicator	Monthly Performance			YTD Performance			Annual	Performance Indicator	Monthly Performance			YTD Performance			Annual										
	Actual £'000	Variance to budget £'000	Variance to Forecast £'000	Actual £'000	Variance to budget £'000	Variance to Forecast £'000			Actual £'000	Variance to budget £'000	Variance to Forecast £'000	Actual £'000	Variance to budget £'000	Variance to Forecast £'000		Plan £'000									
I&E Perf Exc Impairments	(36)	(1,513) F	(231) F	11,730	(59) F	(850) F	6,900	Employee Expenses	260	315 A	74 A	1,766	1,304 A	(32) F	4841										
Income	(33,273)	(3,342) F	(101) F	(282,952)	(1,206) F	(924) F	(375,793)	Drugs	43	15 A	15 A	537	(12) F	11 A	700										
PSF (previously STF)	(1,624)	0	0 A	(10,555)	0	0 A	(16,238)	Clinical Supplies	55	15 A	35 A	316	63 A	233 A	584										
Donated Asset Income	(23)	1 A	(1) F	(190)	24 A	6 A	(285)	Non Clinical Supplies	0	0 A	0 A	0	0 A	0 A	0										
Operating Expenditure	33,734	1,838 A	(77) F	295,096	1,217 A	198 A	385,315	Non Pay Operating Expenses	51	658 A	66 A	2,186	741 A	6 A	9787										
Pay	22,015	351 A	(402) F	197,376	3,099 A	(333) F	259,658	Income	707	(482) F	(528) F	1,689	(452) F	(399) F	1913										
Non Pay & Reserves	11,719	1,487 A	325 A	97,720	(1,882) F	531 A	125,657																		
Financing costs	1,127	(9) F	(54) F	10,141	(70) F	(123) F																			
I&E Perf Exc 16/17 STF & Donated Asset Income	(59)	(1,512) F	(233) F	11,540	(35) F	(844) F	6,615	Total	1,116	522 A	(337) F	6,494	1,645 A	(181) F	17,825										
F = Favourable A = Adverse																									
Financial Sustainability Risk Rating				Plan	Actual			4. Other																	
UOR				4	3			Performance Indicator		Monthly Performance		YTD Performance		Annual											
CoSRR				1	2	Plan £'000				Actual £'000		Plan £'000		Actual £'000		Plan £'000									
3. Statement of Financial Position								Cash Balance								4,265		6,055		4,265		6,055		1,900	
All figures £m				Opening Balance		Current Balance		Movement in year		Capital Expenditure		1604		592		9211		3348		13,911					
Non Current Assets				209,108		205,105		4,003				Funded WTE		Actual WTE		Bank WTE		Agency WTE		Total in Post WTE					
Current Assets				49,291		42,461		6,830																	
Current Liabilities				-54,834		-53,708		-1,126																	
Non Current liabilities				-81,105		-83,755		2,650		Current Month		5914.14		5496.06		380.04		201.36		6077.46					
Total Assets Employed				122,460		110,920		11,540		Previous Month		5909.71		5527.53		198.37		100.20		5826.10					
Total Tax Payers Equity				-122,460		-110,920		-11,540		Movement		-4.43		31.47		-181.67		-101.16		-251.36					

Key

Income

Over-achieved F

Under-achievement A

Expenditure

Overspent A

Underspent F

1. Executive Summary

The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan of £1,512k and a favourable variance against forecast of £233k in month. The cumulative position to the end of month 9 is an £11.5m deficit, which is £35k favourable to plan and £844k favourable against forecast YTD. The Trust needs to achieve a £6.6m deficit to deliver the year end control total, and therefore needs to achieve a better than break even position for the rest of the year.

The YTD income position at the end of month 9 is (£1,206k) favourable to plan. The month 9 position was £3,342k and £102k favourable to plan and forecast respectively. In month 9, NHS Clinical Income (including Non-PbR drugs) was £2,356k ahead of plan and £25k adverse to forecast (£948k adverse YTD to plan, £624k favourable YTD to forecast). In Month 9 the income position includes c.£2.8m of additional non-recurrent funding from Doncaster CCG, which represents 9 months of the additional £3.7m funding agreed with the CCG (as per the forecast, as previously reported to the Committee). Excluding the impact of the non-recurrent funding Doncaster CCG has an adverse YTD variance against the Trust's plan of £870k (favorable variance against contract of £2,115k) and Bassetlaw CCG has a favorable income variance of (£1,558k) against the Trust's plan (£2,378k favorable against contract), excluding the impact of Non PbR drugs. Non NHS Clinical Income and Other Income is £986k and £127k ahead of plan and forecast in month 9 and YTD £2,154k and £300k favorable to plan and forecast. PSF is assumed at 100% in the position and CQUIN achievement at 90%.

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-312,532	-24,890	-27,170	-2,280 F	-234,133	-235,392	-1,259 F
Drugs	-24,089	-1,771	-1,847	-76 F	-18,262	-16,055	2,207 A
STF	-16,238	-1,624	-1,624	0 F	-10,555	-10,555	0 F
Trading Income	-39,172	-3,270	-4,256	-986 F	-29,350	-31,505	-2,154 F
Grand Total	-392,031	-31,555	-34,897	-3,342 F	-292,301	-293,508	-1,206 F
Pay Award Adjustment	4,224	444	444	0 F	3,260	3,260	0 F
	-387,807	-31,111	-34,453	-3,342 F	-289,041	-290,248	-1,206 F

Income Group	In Month Actual	In Month Forecast	In Month Variance	YTD Actual	YTD Forecast	YTD Variance
Commissioner Income	-27,170	-27,238	68 A	-235,392	-234,583	-809 F
Drugs	-1,847	-1,804	-43 F	-16,055	-16,240	185 A
STF	-1,624	-1,624	0 F	-10,555	-10,555	0 F
Trading Income	-4,256	-4,129	-127 F	-31,505	-31,205	-300 F
Grand Total	-34,897	-34,795	-102 F	-293,508	-292,584	-924 F
Pay Award Adjustment	444	352	92 F	3,260	3,168	92 F
	-34,453	-34,443	-10 F	-290,248	-289,416	-832 F

In month the expenditure position was £77k favourable to forecast, of which pay was £402k favourable to forecast and non-pay £325k adverse to forecast. The YTD expenditure position at the end of Month 9 is £1.2m adverse to plan, £198k adverse to forecast (with pay £333k favourable to forecast and non-pay £531k adverse to forecast). Non-PbR drugs were significantly lower than planned levels (c.£2.2m which is offset by underperformance on income).

Subjective Code	In Month Budget	In Month Actual	In Month Variance	In Month Forecast	In Month Variance to forecast	YTD Budget	YTD Actual	YTD Variance	YTD Forecast	YTD Variance to forecast	Annual Budget	Forecast
1. Pay	21,664	22,015	351 A	22,417	-402 F	194,277	197,376	3,099 A	197,709	-333 F	259,658	259,896
2. Non-Pay	9,984	10,808	824 A	10,483	325 A	93,563	95,851	2,288 A	95,320	531 A	123,366	118,466
3. Reserves	249	911	663 A	911		6,039	1,869	-4,170 F	1,869		2,291	10,640
Total Expenditure Position	31,896	33,734	1,838 A	33,811	-77 F	293,880	295,096	1,217 A	294,898	198 A	385,315	389,002

Capital expenditure YTD is £3,348k against the YTD plan of £9,211k, £5,863k behind plan (£3,430k behind plan excluding CT/HASU). YTD actuals against the revised plan are £5,802k behind plan (£3,369k behind plan excluding CT/HASU). The main reason for the slippage relates to estate schemes being behind plan by c.£3m including; Fire Enforcement, Electrical Infrastructure, Other Minor Estates Work, Medical Equipment (including Medical Imaging).

The cash balance at the end of December was £6.1m against a plan of £4.3m. The main movements include; the receipt of Q4 STF funds (£2m more than anticipated), delayed capital expenditure (£5.9m), which is in part offset by PDC Dividend not received (£2.6m), and movement in trade receivables/reduction in payables (£3.5m). The Trust's financial plan assumed borrowing in 2018/19 of £6.6m and in December, the remaining amount of loan (£4m) was drawn down in December.

In December 2018, CIP savings of £1,116k (last month £737k) are reported, against a forecast of £778k, therefore an over achievement of £337k in month.

At the previous F&P Committee and Board a range of forecast scenarios were presented to, which showed a £7.1m gap to the control total (before PSF) as the realistic case. The Committee and Board agreed that if no further mitigations could be identified then a change in forecast of £7.1m would be submitted to NHSi at Month 9. Since the last Board meeting requests for additional funding from the CCG and ICS have been made to support the gap. Whilst discussions are ongoing regarding these (an update will be provided at the Board meeting), in the Month 9 forecast submitted to NHSi the Trust has assumed these funds are received based on the progress of these discussions and offers received. Thereby the year end forecast in the NHSi return submitted at Month 9 showed a forecast position of a £3.72m gap to the control total before PSF impact (£9.4m gap including impact of not achieving Q4 PSF).

2. Conclusion

The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan of £1,512k and a favourable variance against forecast of £223k in month. The cumulative position to the end of month 9 is an £11.5m deficit, which is £35k favourable to plan and £844k favourable against forecast.

In Month 9 the income position includes c.£2.8m of additional non-recurrent funding from Doncaster CCG, which represents 9 months of the additional £3.7m funding agreed with CCGs (as per the forecast as previously reported to the Board).

The Board asked to note the forecast position and the recovery plan to close the gap to the control total. This currently shows that the Trust's financial position would be a £3.72m gap to delivering its control total before PSF (£9.4m gap including impact of losing Q4 PSF).

The Board is asked to note that within this forecast position this assumes that the requests for additional funding from the ICS and CCGs are agreed and any actions required within these offers are delivered (e.g. waiting list position). In order to deliver the remaining control total gap of £3.72m the Trust's DoF is waiting for NHSi to confirm if this will be covered by a change to control total or additional income.

3. Recommendations

The Board is asked to note:

- The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan in month of £1,512k. The cumulative position to the end of month 9 is a £11.5m deficit, which is £35k favourable to plan and £844k favourable to forecast.
- The progress in closing the gap on the Cost Improvement Programme.
- The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF) and the assumptions contained within this.
- The risks set out in this paper.



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

Title	Performance Report		
Report to	Council of Governors	Date	30 January 2019
Author	David Purdue, Deputy CEO & COO Sewa Singh, Medical Director Moira 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: <ul style="list-style-type: none">• 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

Performance Executive Summary Board of Directors January 2019

The performance report is against operational delivery in October, November and December 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.

The Trust position remains below the target at 86.6, which is a decrease of 0.3% on the November position.

The total number of Incomplete Pathways has decreased by 933 between November and December, however the number of incomplete pathways over 18 weeks increased by 310 hence the performance has fallen. The total number of Incomplete Pathways with a decision to admit for treatment has increased between November and December 2018.

The waiting list total size fell in December to 955 above the March 31st position, which is a significant improvement from the end of November.

Trajectory targets are set for all specialities to achieve contract targets for the RTT position to improve and the waiting list to be 1 less than at the end of March 2018.

At the end of December 2018 there were 4 Incomplete Pathway over 52 Weeks (General Surgery – NHS England, Ophthalmology – Rotherham CCG, 2 x T&O – Doncaster CCG). These have all been validated. NHS England and the Trust have agreed the new process for reviewing potential 52 week breaches. 3 of these pathways have stopped.

The joint Access Policy is due to be launched and ensuring compliance with the policy is part of the training programme for the administrative and clinical teams.

Diagnostics

The target has been achieved for December, with **99.3%** performance at Trust level (**99.3%** at NHS Doncaster and **99.2%** at NHS Bassetlaw).

There were 65 trust level breaches due to slot capacity, the majority of these were Nerve Waiters (15), Audiology (13) and Urodynamics (12).

Missed Targets:

The 99% target was missed in:

- DEXA – 95.5% - 6 breaches out of 134 waiters
- Audiology – 93.9% - 13 breaches out of 212 waiters
- Echo – 98.2% - 5 breaches out of 284 waiters
- Nerve Conduction – 90.3% - 15 breaches out of 154 waiters
- Urodynamics – 77.4% - 12 breaches out of 54 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.

December Performance

Trust 91.3%

Quarter 3 92.12%, PSF target for Q3 90.9%, achieved

Year to date 92.9%

The Trust managed 14376 ED attendances during December this year, 508 more than in December 2017. 1252 patients failed to be treated in 4hrs; with the key issues being Waits to see ED doctor, ED doctor reviews.

The new streaming pathways were embedded at DRI, with 14.4% of patients streamed.

Summary of Emergency Activity at Doncaster in December

DRI activity saw a statistically high number of attendances (9042). This is the second highest number of attendances in the last 21 months with only July 18 being higher (9254). When compared to December 17 we saw 334 (3.8%) more patients this December.

From an acuity point of view there was a statistically high number of Resus patients this December (478), the number of major patients was also statistically high in December 18 (2603).

Ambulance Arrivals were statistically high with DRI receiving 2809 patients via Ambulance, the highest number over the last 21 months.

Montagu saw a significant drop in the number of patients seen with December 18 only having 1198 recorded arrivals, this is a statistically low number of attendances and also the lowest over the last 21 months.

The high activity at DRI seems to be down to the fact that when in previous years the number of Minor cases has dropped over the winter period it has not done so this time. Coupled with statistically high activity in Resus and Majors it has meant we have seen a high level of activity at DRI.

Additional Reporting

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 168 patients a week at DRI and an extra 109 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 20.5% of all Emergency Admissions on a weekday at DRI but only 7.8% at BDGH.

When we move into the weekend this drops to 11.1% at DRI and 2.3% at BDGH

Cancer Performance

November 2018

62 day 86.9%

The 62 day standard was achieved by the Trust in November.

The key issues remain around complex pathways and shared breaches.

Local performance improved in November across all specialties.

The outcomes from the One Stop Prostate Clinic have been positive with an average of 11 days being removed from the pathway.

The local gynaecology breaches have improved and the one stop post-menopausal clinic is due to commence in January.

Two Week Wait Performance 91.9%

This position is a deterioration from October and is a result of capacity issues within the skin pathway due to consultant availability and in lower GI due to consultant sickness.

The 2 week action plan has been reviewed at the local Cancer Forum to ensure delivery against the plan.

Stroke Performance

October stroke discharges 56

Direct admission 57.1%

CT within 1 hour 55.4%

Of note this month, there was an unusually high number of Bassetlaw patients in this cohort (17) and the delays involved in the transfers from Bassetlaw A&E to DRI. The NHS Bassetlaw percentage for 4 Hour Admissions was therefore very low at 29.4% (5 out of the 17 patients).

Delays in A&E were reported, with 3 instances where the SNP was reviewing other patients and therefore unable to assess within 4hrs.

David Purdue Chief Operating Officer January 2019

Safety & Quality

HSMR: The Trusts HSMR for the month of October was 93.40 giving a rolling 12 month HSMR of 93.43 which remains lower than expected.

Fractured Neck of Femur: Although relative mortality risk remains low, achievement of BPT deteriorated in month due to theatre capacity. The QI initiative is in train and will help address this.

Serious Incidents: There were 3 SI's reported in month – a fall resulting in fracture, a delay in diagnosis and a Hospital Acquired Pressure Ulcer (HAPU.)

Executive Lead: Sewa Singh

C-Diff: The rate is above that of the same period last year and lower than the year to date position and national trajectory

Fall resulting in significant harm: The rate is the same as in December 2017 and higher than the YTD position

Hospital Acquired Pressure Ulcers: The rate for December is the same as in December 2017 and higher than the YTD position.

Complaints and Concerns: The number of complaints and concerns has dropped but remains within normal variation. Complaints response times within timescale has improved slightly to 94%.

Friends & Family Test: The response rates for both Inpatients and ED remains below national average with positivity of responses continuing to be better than the national average again for both inpatients and ED.

Executive Lead: Moira Hardy

Workforce

Sickness absence

December has seen an increase in sickness absence as typically occurs at this time of year (ref the previous year's data) with rates for December being 4.76% and the cumulative position being 4.38%. Whilst there has been a reduction in the rate for long term absences, there has been a rise in absences of between 1 and 6 months.

Appraisals

The Trusts appraisal completion rate on the attached has maintained at 78.85% as at the end of December 2018 following the end of the appraisal season.

SET

Disappointingly SET compliance has only increased slightly to 81.78% as at the end of December following the small increase last month. 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

Vacancy rates are provided to both Finance & Performance and Quality & Effectiveness Committees.

Executive Lead: Karen Barnard



Chief Executive's Report 30 January 2019

DBTH goes an entire year without a Health Care Associated (HCAI) MRSA Bacteraemia

I am extremely proud to share the news that as of Monday 29 October, the Trust celebrated 365 days without a HCAI Methicillin-resistant *Staphylococcus aureus* blood stream infection (also known as MRSA).

The Trust's Infection Prevention and Control (IPC) Team and our clinicians have worked tirelessly throughout the last year to ensure that the bug is kept in check. This includes screening all patients for the bacteria, isolating those with a positive result and immediately beginning what is known as a 'decolonisation' process in order to stop it spreading any further and causing harm.

Among other initiatives, the IPC team has lead hand-washing campaigns within the Trust, ensuring all wards and services are compliant with hygiene and infection-control policies, as well as reviewing the use of any devices and treatment tools which can lead to an increased chance of developing MRSA.

Above all else, the team have encouraged members of staff to be vigilant, looking out for symptoms of the bugs and acting upon any potential signs that could lead to further infection.

In all, 2018 has been a particularly successful year for IPC at the Trust. In September, the team reported a reduction in overall infection across the organisation's three hospital sites, with health care associated infection rates at a low of 5% far outstripping the national average of 6.6%.

This is a fantastic achievement and one that belongs to the entirety of Team DBTH. We must now look to sustain this good performance and high standard into the future.

NHS Long Term Plan Published

The NHS Long Term Plan was published on 7 January 2019 and sets out the future of the NHS over a 10 year period.

The plan was developed in partnership with patients and their families, frontline health and care staff and healthcare experts. There has been a focus on three concerns; funding, staffing and increasing inequalities and pressures from a growing and ageing population, and the plan aims to future proof the NHS up to the services 80th birthday. As a Trust, we welcome the plan and are currently exploring how it fits with our current five year strategy. The Long Term Plan can be read here: <https://www.longtermplan.nhs.uk/>



The effects of banning Fax Machines at DBTH by 2020

In a recent article the Department of Health has said that the NHS is to ban the use of fax machines by 2020 and should use secure email instead. A recent study in July 2018 by the Royal College of Surgeons revealed that nearly 9,000 fax machines were still in use across the NHS in England.

In October, DBTH received or sent nearly 30,000 faxes of which 24,000 of these are to or from external numbers and the remaining 6,000 faxed internal to internal machines. It is acknowledged that further work is required to analyse the number for inbound calls to better understand the calling data.

DBTH has a plan in place with workflow and e-forms that are associated with the Electronic Patient Record (EPR) developments. A workshop for the Executive Team including Divisional Directors took place on Wednesday 12 December 2018.

To achieve the full elimination of fax machines by 2020 will be challenging. Board should be aware of other deadlines pending for 2020 to include EPR, SNOMED and GS1 compliance which will need to be reflected in the work to eliminate fax machines.

Trust's Commitment to Organ Donation and Transplantation in the UK

NHS Blood and Transplant (NHSBT) have reported a record year for organ donation and transplantation in 2017/18, with 4039 patients in the UK having received a life-saving or life-changing solid organ transplant.

This excellent performance has continued into the first six months of 2018/19 with a 4% increase noted as compared to the same period in 2017/18. Feedback from NHSBT identified that our Trust, during the period April to September 2018, facilitated four actual solid organ donors from four consented donors, this resulted in 12 patients receiving a transplant during this period.

In addition, we referred 11 patients to NHSBT's organ donation service, all of which met the referral criteria and were included in the UK Potential Donor Audit. A specialist nurse supported 100% of family discussions with potential donors.

Changes to Doncaster Royal Infirmary's Park and Ride

Following improvements to the Park and Ride service between Doncaster Racecourse and Doncaster Royal Infirmary, patients and visitors will be charged a small fee of 50p to travel on the bus.

Due to the need to operate newer and more modern buses in order to improve experience of our patients and staff the cost to the Trust of this service has increased and we have decided to implement a small fee in order to maintain the service.

There will be no charge for those showing a Local Authority Bus Pass or a Disability Permit, in addition to an extension of the same concessions offered by the Trust for on-site parking for patients and their visitors in connection with renal, cancer, intensive care, critical care, palliative care, parents and guardians of children on neonatal and special care baby units.

Staff presenting an official NHS ID badge will also travel free.

These changes will not apply to the shuttle bus services that run between Doncaster Royal Infirmary and Montagu Hospital, or the service which connects Doncaster and Bassetlaw Hospitals. Patients, visitors and staff who use these buses to travel between sites will continue to do so for free.

Chequer Road Service Move Update

The Trust has recently agreed an offer for the Chequer Road Clinic building.

The Trust has been working in partnership with CCG colleagues to identify more suitable modern accommodation for the services currently based at Chequer Road, these being Breast screening, Children's Speech and Language, and Audiology services. New mammography equipment will be installed in the new premises, the business case for which is due at Corporate Investment Group for approval on 28th January 2019.

All staff are aware of progress to relocate them to more suitable modern premises, and some have been to visit possible locations. Posters and communications with teams and patients who attend the clinics have been supplied and will be updated as required.

NHS Executive Group

NHS England and NHS Improvement have this month announced their new joint senior leadership team – the NHS Executive Group.

Appointments were recognised as an important milestone in securing closer working arrangements between the two organisations. In terms of leadership, Simon Stevens and Ian Dalton will remain as Chief Executives of NHSE and NHSI respectively, while at a regional level, Richard Barker, currently NHSE's director for the North of England will take up the position of NHS North East and Yorkshire Regional Director.

The regional directors will support the development and identity of sustainability and transformation partnerships and integrated care systems, and will be responsible for proactively sharing learning from local areas across the national health and care system.



New Macmillan 'Pod' opens at Doncaster Royal Infirmary

With our partners at Macmillan Cancer Support and Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH), we have opened a 'Pod' within our Outpatients department.

The pod, which will provide support, information and advice, has been funded by Macmillan Cancer Support, a charity which helps people affected by cancer through their journeys. While the facility is now open to the public, further work is ongoing to build consultation rooms and will be fully launched in January 2019.

The new centre provides a friendly, private environment for patients, carers and family members affected by cancer, to access appropriate information and support, from managing symptoms to advice on benefits and financial support, the pod can provide expert help and has a wide-range of Macmillan booklets to take away.

The search for new hospital Governors begins

Elections opened on 7 January 2019 for 10 public Governors and three staff Governors at the Trust.

Governors play a vital role in representing the public and influencing how their local hospitals make plans to improve and develop services. The representatives also hold the Non-executive Directors on the Board to account and ask important questions on behalf of local residents, to ensure the Trust continues to deliver high quality services.

Nomination packs are available on the Trust's website www.dbth.nhs.uk. The closing date for entries is 11 February 2019 and successful candidates will take up role 1 April 2019.

I would encourage any and all local residents with an interest in the Trust to apply. As an organisation we benefit immensely from the skill, expertise and insight of our governors, and with 10 places now up for election, we look forward to the new perspective these individuals will bring to DBTH.

Doncaster Health Teams encourage people to rethink their drink

The Trust joined forces with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), NHS Doncaster Clinical Commissioning Group and Doncaster Council earlier this month to ask local people to sign up for Alcohol Change UK's 'Dry January' and give their body a 'holiday' from alcohol.

The NHS recommends that people should not regularly drink more than 14 units of alcohol a week to ensure we remain healthy and prevent alcohol related liver diseases. All organisations have been encouraging patients to register for Dry January and one of our Consultant Gastroenterologists, Dr Anurag Agrawal, continues to work within this partnership to encourage local people to cut down their alcohol consumption.



Trust Surgeon appointed Section President for Royal Society of Medicine

On 2 November, it gave me great pleasure to attend the Semon Lecture where Mr Muhammad Shahed Quraishi, Ear Nose and Throat Surgeon at the Trust delivered his inaugural presidential address on migration challenges and global medical manpower.



Elected unopposed by around 500 medical peers across the UK, Mr Qurashi will serve one year in post.

Speaking on behalf of the Trust, we are extremely fortunate to have Q (as he is affectionately known by colleagues) as a member of Team DBTH. The expertise with which he practices in his specialty is world-renowned, as is his appetite to share the knowledge he has accumulated throughout a very successful thirty year career.

At the close of the event I was also able to marvel at an antiquities exhibition, another of Mr Quraishi's passions, during which coins and currency from over three millennia were displayed, ranging from Alexander the Great to Queen Victoria.

EU Settlement Scheme

In preparation of the UK's exit from the European Union on 29 March 2019, the government committed to protect the rights of EU citizens and their family members currently living in the UK. This includes the right to live here, work here and access public services such as healthcare and benefits. Please note, this does not apply to those born within the UK.

To retain these rights after 31 December 2020, EU citizens must apply for UK immigration status under the EU Settlement Scheme and the Trusts Executive Team confirmed that the Trust would fund our staff members applications. However, following the Prime Ministers announcement that fees would not now be charged this appears to not now be required.

At the Trust, we will be ensuring those applicable members of staff are supported to ensure that the correct process is completed.

Knowledge, Library & Information Service

The Trust's Library and Knowledge Service have again been recognised by Health Education England for their high standards of service.

Assessed against the NHS Library Quality Assurance Framework (LQAF) the team, led by Janet Sampson, have achieved 100% compliance with the national standards, a level they have maintained since 2016. The Trust joins only ten other library services in the North of England to achieve this level of compliance from a possible 61.

The support offered by the team is invaluable to colleagues and I would like to congratulate each and every one of them for their hard work and dedication. Janet retires from her post as Service Manager on 20 December, and on behalf of the Trust I would like to wish her a very long and happy retirement.

Trust champions Britain's Armed Forces

I am proud to share the news that in mid-January, we publically pledged our commitment to Britain's Armed Forces covenant.

On Friday 18 January, I was joined by the President of the Reserve Forces' and Cadets' Association for Yorkshire and The Humber, and Her Majesty's Lord-Lieutenant of South Yorkshire, Andrew Coombes

Esq. to sign the Armed Forces Covenant. We were also joined by Mr Andrew Bruce, Consultant Orthopaedic Surgeon at the Trust and Army Reservist, and our Chair, Suzy Brain England OBE.

Under the covenant we promise to support the military community and ensure that those who serve, or who have served in the armed forces, and their families, are treated fairly. More than 150 companies and organisations across the region have signed the covenant and Doncaster and Bassetlaw Teaching Hospitals is now one of 16 NHS Trusts to do so.

Appointment of Chief Clinical Information Officer

In late 2018, the Trust appointed Dr Mike Whiteside as our new Chief Clinical Information Officer. Specific to the healthcare industry, this role is quickly become a necessity within the NHS. The idea is to have a designated individual who is responsible for enhancing the use of technology within a given organisation, in order to benefit both patients and clinical practice. This means that a Chief Clinical Information Officer (CCIO) needs to be familiar with IT, complementing the medical expertise that is required for their day job.

An Acute Physician, working at Doncaster Royal Infirmary (DRI) and Bassetlaw Hospital, Dr Whiteside is undeniably a perfect fit for the role. He will be working alongside the Trust's IT team in order to ensure that technology is meeting the needs of clinicians.

There are many exciting digital opportunities in the pipeline for DBTH, news of which we will be sharing shortly.

New Years Honours

Finally, it is with pleasure and surprise that I received an OBE within the Queen's New Year's Honours List for services towards 'sustainable care'.

Throughout my career within the NHS I have worked with extraordinarily talented individuals, who have used their talents to the benefit of countless patients. To have been able to contribute to improving the delivery of care throughout my career has been an absolute privilege, and as such I am extremely grateful to receive such recognition.

I would also like to share this award with my colleagues at DBTH. Members of the team go above and beyond in the delivery of high quality care, striving each day to do even better in the next. I am enormously proud to lead this organisation and hope to do so for many years to come.



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

Title	Chair's and NEDs' Report		
Report to	Council of Governors	Date	30 January 2019
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 November, December 2018 and January 2019 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 – January 2019

It's always nice to be able to show our appreciation to staff who go the extra mile. In November, I had the opportunity to say thank you to Matty Lovell-Davies, a member of the IT helpdesk. Matty had been nominated by Adam Tingle, for his helpful attitude and out of hours support for the staff Facebook group. I would encourage everyone to take the time to recognise the efforts of colleagues who go above and beyond to deliver excellent care or service by making a nomination.



Immediately afterwards I had an impromptu tour of the IT team with Nigel Hall, Head of IT Operations and I promised to return in the New Year to catch up with those staff I didn't have the chance to meet.

Since the change in structure from care groups to divisions I have met with all of our Divisional Directors on an informal basis, to catch up over a coffee and to begin to understand the challenges they face and their aspirations for the future; offering support in my capacity as Chair and sign posting them to the non-executive directors. Dates are already in diaries to join them at their divisional directors meetings, where I can also meet members of their senior teams.



In December, Suzy had the pleasure of meeting with the Trust volunteers, a very special group of people who generously donate their free time to support patients, visitors and staff across all three of our hospital sites. In order to show our appreciation volunteers were invited to a celebratory festive brunch held in the Boardroom at Doncaster Royal Infirmary and Bassetlaw Hospital. Both events were well attended and supported by a range of Trust staff, including executive and non-executive

directors. It was a great opportunity to express my thanks, personally and on behalf of the Trust, for the invaluable service they provide. Colleagues were able to hear first-hand of the volunteers' experiences, examples of where things go well and where perhaps there is room for improvement. From discussions at the gatherings a need for effective two way communication was identified and we are committed to ensure an appropriate mechanism is put in place to facilitate this.

Following a meeting in December with Suzanne Bolam, Head of Therapies, I was invited to welcome delegates to a bespoke Leadership Course for band 6 Therapists and Allied Health Professionals. The course, co-developed by Christine White, Senior People and Business Partner and Aimi Dillon, Education Lead runs alongside the Insights discovery programme and provides colleagues with an opportunity to develop their leadership skills to ensure a resilient, fit for purpose, innovative workforce for the future. I was able to share with them my passion for staff development and hope to be able to play a part in future sessions where my diary allows.

December is always a busy month and this year has been no exception, I have been involved in a variety of official duties. The Chairman of Bassetlaw District Council, Councillor David Challinor was welcomed to Bassetlaw Hospital, by myself, Kate Carville, Associate Director of Nursing and The Reverend Simon Russell. Councillor Challinor was able to tour a number of wards/departments.



Later that same week in December, the Civic Mayor of Doncaster, Councillor Majid Khan visited both our Doncaster and Montagu sites. Our clinical Non-executive Director, Pat Drake supported the tour at Montagu where Councillor Khan visited the Fred & Ann Green Rehabilitation Centre and the Clinical Simulation Centre. Commitments don't always allow me to attend each and every event and I am grateful for the support of my colleagues at this time. I understand that I missed out on a truly magical performance by the pupils of Norbridge Academy following the Bassetlaw light switch on which Karen Barnard, Director of People & Organisational Development attended on my behalf.



On 9 January I attended NHS Providers Board meeting, much of the morning was devoted to reviewing progress against the 2016 - 19 strategy; then considering the external environment in which we operate drafting a refreshed 2019-22 strategy. The draft strategy will be subject to consultation with NHS Providers' staff and members, with final publication and implementation anticipated in April 2019. The remaining afternoon session was devoted to Board business.

The following week, Peter Abell (GAC Chair) and I attended the first GAC meeting of 2019. Members were able to engage in a variety of discussion topics, including a CQC engagement

session, proposals for regional development workshops and the Governor Focus Conference 2019. Committee members reviewed performance in Quarter 2 and 3 2018/9 and were able to share local feedback on ICS and governing body matters.

I was delighted to be invited to chair the regional workshop to be held in Leeds on 4 April 2019 which will bring together around 50 governors from the region to discuss current health policy, working with stakeholders, relationships between the Council of Governors and the Board, and engaging with members.



Invitations for the 2019 Governor Focus Conference have already been shared by the Trust Board office, the conference will take place on 9th May 2019, at the Congress Centre in London. The Trust is guaranteed two places, in addition to those allocated to myself and Peter Abell as GAC members.

Governor information sessions have taken place this month at both our Doncaster and Bassetlaw sites. There are a total of thirteen governor vacancies to be filled, the breakdown of which is detailed below:

- 8 x Public Doncaster
- 2 x Public Bassetlaw
- 1 x Staff Medical and Dental
- 1 x Staff Non-clinical
- 1 x Staff Nursing and Midwifery

Nominations are now being received with a closing date of 11 February 2019. Those who attended the information sessions were able to hear about the Trust, its structure, workforce and vision for the future from Richard Parker and David Purdue. The role of a governor and their powers were summarised and there was an opportunity for existing governors, Mike Addenbrooke, Peter Abell and Bev Marshall to share their own personal experiences. Finally, Simon Clarke from the Electoral Reform Services was on hand to advise on the election process itself.

Thank you to everyone who supported and attended the sessions and if you know of someone either in your day to day work or as part of other networks who may be a potential candidate please do encourage them to contact Gareth Jones, Trust Board Secretary, for more information. Gareth can be contacted on gareth.jones22@nhs.net or on 01302 644157.

In January, I have had the pleasure of meeting with our new Efficiency Director, Paul Mapley who will lead on the Trust's Cost Improvement Programme, as part of the Director of Finance's team and Dr Mike Whiteside, who was appointed to the role of Clinical Chief Information Officer (CCIO) in October 2018. Mike will undertake this role alongside his consultant post in the Medicine division; the role within the health industry combines the expertise of a medical clinician with the IT knowledge of a Chief Information Officer (CIO).

Mike will work closely with clinical staff and Simon Marsh (CIO) to develop technology in support of the Trust's clinical strategy.

On 23 January, alongside Sir Andrew Cash, SY&B ICS Lead, fellow SY&B ICS Chairs and ICS colleagues I welcomed Lord David Prior, Chair of NHS England and senior members of his team to the region. The full day tour showcased integrated work with SY&B partner organisations.

The tour started with a visit to Larwood Medical Practice - Primary Care Home (PCH) in Worksop. PCHs were developed in 2015 to improve integration between health and social care services across populations between 30-50,000. Larwood Health Partnership and Bawtry and Blyth Medical were one of 15 pilot sites to work jointly together for the benefit of their patient population.

In Doncaster we were welcomed at Changing Lives in Doncaster town centre; Changing Lives is a national, registered charity which provides specialist support for vulnerable people and their families. The service demonstrates partnership working across Team Doncaster and we were able to hear from both staff and service users of the positive impact the provision has on people's lives.

The final visit of the day was to Weston Park Hospital, Sheffield. A briefing on the SY&B Cancer strategy, proposed developments and workforce innovations were discussed and we were able to meet with colleagues, including those staff whose role had been developed as part of the workforce transformation strategy.

Governor update

On 6 November I attended the governor briefing session at which David Purdue, Chief Operating Office and Deputy Chief Executive delivered an informative presentation on the topic of outliers. Governors were able to ask questions around the escalation process, cut off times for moving patients, re-admission rates and how the Trust recorded breaches of process. Thank you to David for sharing his time and knowledge with us.

Jon Sargeant, Director of Finance, spoke at Decembers governors' briefing, his presentation provided colleagues with an overview of the capital governance and planning process, including Estates' five year capital plan and backlog maintenance. Unfortunately, due to limited numbers of confirmed attendees a decision was made to stand down the governor timeout session planned for 13 December and colleagues who had been due to present will be rescheduled in 2019.

Other meetings attended in the months

In November, I have meet with Suzanne Bolam, Head of Therapies at DBTH to hear about her role as Chair of the ICS Allied Health Professionals Council, the inaugural meeting of which took place on 24 October 2018. It's pleasing to see members of DBTH taking key roles in

progressing ICS developments. I also met with Mr Quraishi, our ENT surgeon who has recently been appointed as Section President at the Royal Society of Medicine.

Other meetings I have attended include:

- SY&B ICS Workshop on ICS Governance and Ways of Working, facilitated by Browne Jacobson
- NHS Providers Board Meeting
- Day 2 on the interview panel to recruit a Non-executive Director for Yorkshire Ambulance Service NHS Trust
- 1:1s with Non-executive Directors Alan Chan, Linn Phipps and Kath Smart
- 1:1 with Kirsty Edmondson-Jones, Director of Estates & Facilities
- Nick Mallaband, Divisional Director of Medicine
- Chairs Place Plan meeting

NED reports

Alan Chan

Since the last update Alan has met with Richard Somerset, Head of Procurement, to discuss the current position on CIPs and the likelihood of meeting the budgeted CIP target. Alan took the opportunity to review the procurement rankings in the Model Hospital categories and was pleased to note that on the Procurement League Table DBTH's ranking was 28 out of 136 trusts, an improvement from last year's position of 39th. However, it was noted that the impact of the future operating model for NHS Supply Chain was unclear at this stage on procurement in respect of promised savings versus reality.

Alan has been continuing his conversations with Trevor Burton at Trust AM who is in the process of submitting a proposal for charitable funds out of the Fred and Ann Green Legacy. This will be to upgrade the radio service to an internet service, which could be accessible across all sites.

Alan also had a 1:1 with Suzy Brain England and undertook a site tour of DRI with David Purdue in November.

Alan was delighted to be able to join Suzy at the Volunteers Festive Brunch at Doncaster Royal Infirmary on 3 December. It was an excellent opportunity to meet colleagues and express his gratitude for their unfaltering support. The event was very well attended and from the feedback received it was clear that the volunteers were truly grateful that their contribution was recognised in this way.

Just before Christmas Alan attended the Doncaster Chamber's Annual General Meeting on behalf of the Trust to understand more about how local businesses may feature in the context of the Trust and to understand if there are any opportunities of collaboration.

Pat Drake

Since providing her last update Pat has attended a variety of Trust meetings, Governor Brief, Council of Governors and the Appointments and Remunerations Committee where she presented a paper in her capacity as Senior Independent Director (SID).

Pat attended a NHS Providers roundtable discussion on the relationship between the arts and health, and how this can support the future sustainability of the NHS. She subsequently met with Karen Barnard, Director of People and Organisational Development to discuss the national document which considers the ways in which engagement in the arts can have a positive impact on health.

As Freedom to Speak Up (FTSU) NED Pat has met with Lyn Goy, FTSU Guardian to discuss her current work and future plans. She has also had the opportunity to speak to Sam Debbage, Deputy Director of Education, to discuss non-medical training and education and the strategy to support this.

As clinical NED Pat continues to have a presence across the hospital and has recently visited the Department of Critical Care, the Integrated Discharge Team and the surgical wards.

In December Pat supported the visit of the Civic Mayor, Councilor Majid Khan on his tour of Montagu, supported by Janice Edees, Steve Wells and Nicki Sherburn.

During January Pat chaired the governor brief, in Suzy's absence, at which governors received a presentation on safeguarding matters, delivered by Rick Dickinson, Deputy Director of Nursing , Midwifery & AHP and Elizabeth Boyle, Named Nurse for Safeguarding Children and Safeguarding Team Manager.

In addition to statutory meetings Pat has met with Simon Marsh, Chief Information Officer, to discuss the progress of the Electronic Patient Record. Also, following the three day Rapid Improvement event in Maternity Pat attended the report out session which demonstrated a significant amount of staff effort/contribution, with clear plans for change.

Supported by Stacey Nutt, Lead Cancer Nurse and Karen Lanaghan, End of Life Nurse, Pat visited the Chatsfield Suite and the Macmillan information pod, recently sited in Outpatients.

Finally, Pat chaired the panel for the appointment of an Orthopaedic consultant.

Kath Smart

On 19 October Kath attended the launch of the Foundation School for Health at Hall Cross Academy, she was able to speak with students and hear from DBTH staff of their involvement in the partnership plans. It was clearly the start of a very exciting opportunity for all!

Kath has also continued with her buddying arrangements with the Medicine Division and has visited the Respiratory Ward and Medicine Ambulatory Care Ward with Divisional Director, Dr Nick Mallaband. She attended part of the recent Qii event with the ED team who were looking to improve pathways for fractured neck of femur and fractured wrist, she was pleased to see a multi-disciplinary and multi-organisational approach with YAS/EMAS identifying opportunities for improvement, supported by members of the Qii team.

As Audit Committee Chair Kath has met with the Local Counter Fraud Officer, Mark Bishop, to keep updated on fraud prevention and detection activity.

Kath continued her buddying arrangements in December, meeting with the Medicine Division and attending their divisional meeting to better understand their performance, challenges and risks.

She attended a meeting in December with Internal Audit to finalise the Committee Effectiveness Audit report, along with the Chair of the Board and the Finance and Performance and Quality and Effectiveness Committee Chairs. Thinking of her well-being and

that of others whilst on her many site visits Kath ensured she received her flu jab, which was administered by the Chief Executive himself!

Looking from a different perspective as a service user, Kath has been able to report two positive patient experiences in December in the Orthopaedic Clinical Triage Assessment and Treatment Service and the X-ray department.

Kath attended a number of 1:1 meetings in January, with Simon Marsh to discuss the Electronic Patient Record proposal; Gareth Jones as part of the new Board Secretary's induction; and Jon Sergeant to discuss the proposed change to the financial forecast to NHSI after the discussion at December's Board meeting.

Kath visited Rehab 1 & 2 Wards at Mexborough Montagu just before Christmas alongside the lead Physiotherapist, John Brinkley and Matron, Michelle Thorpe.

As Chair of Audit Committee, Kath was keen to understand the groups who report into the Committee and attended her first Health & Safety Committee in January. This offered opportunity to talk to members, sight of the evidence which supports the Trusts H&S arrangements, and to provide feedback to the Chair on what assurances the Audit Committee would like to see.

Kath also chaired the appointment panel for a Consultant in Obstetrics & Gynaecology with a successful conditional offer being made.

Linn Phipps

In November, Linn attended the Value Stream Analysis (VSA) event "outbrief" on quality improvement work in Trauma & Orthopaedics (T&O) as part of the NHSI Programme Support to the Trust. She also had a "Buddy" meeting with Director (Moirra Hardy) with discussion on the use of patient-centred outcomes and also development of our Patient Experience and Engagement Balanced Score Card.

In December, Linn chaired a consultant interview panel for Acute Medicine.

Following her passion for singing, Linn has joined the Trust's choir and supported a number of events including the League of Friends service at Bassetlaw and the performance of the choir at Gate 4 on Tuesday 18 December. Linn also sang at the Trust's Bassetlaw Carol Service and joined the Trust's choir who performed in the DRI foyer before Christmas.

For periodic assurance Linn has attended the Patient Experience and Engagement and the Clinical Governance (CGC) Committees. She also joined the CGC's special risk review meeting, and deepened her understanding and assurance on the Trusts' Serious Incident process by attending a SI Panel. Linn had a further meeting with her Board buddy, particularly to discuss the Trust's engagement of patients and the public, and she also met up with Marie Purdue and Clare Ainsley on our approach to strategic milestones. She attended one of the Chief Executive's listening events in December.

Sheena McDonnell

In November Sheena was involved in reviewing the many applications received for the 2017 Clinical Excellence Awards. As the Non- executive Director panel representative Sheena chaired the meeting where agreement was reached on the successful applications and the level of points awarded.

Sheena also met with Cindy Storer, Deputy Director of Quality and Governance to discuss a number of matters regarding the critical role of volunteers within the Trust. Sheena will be considering how she can best support their valuable work, exploring opportunities to simplify the application process, the gathering of volunteer feedback, the potential use of a uniform and whether this could be supported by charitable funds. Plans were also discussed for the annual volunteer celebratory event which took place this year on 3rd and 4th December at Doncaster and Bassetlaw, respectively. Volunteers from all three sites joined Trust colleagues and representative of the Board to have a bite to eat and drink as a way of showing the Trusts appreciation of all they do.

Sheena acts as a Non- executive buddy to Karen Barnard, Director of People & Organisational Development, she continues to offer support on a variety of topics, but particularly HR related matters including the Clinical Excellence Awards.

In December Sheena attended the Quality and Effectiveness Committee and Board of Directors; she has developed a presentation on holding to account, which will be delivered at the rescheduled Governor time out session in the New Year.

Sheena has also chaired the Ophthalmologist Consultant interview panel and has contributed to breast screening awareness, particularly around encouraging attendance at screening appointments.

Neil Rhodes

To update on previous unreported commitments, Neil Rhodes was pleased to take up his first official duty as Deputy Chair, when he chaired the Governor's Briefing on 4 September. Later that month he also had the pleasure of hosting a table at the Annual Members Meeting at the Keepmoat Stadium.

October saw Neil holding a planning meeting for Finance and Performance early in the month, taking part in a telephone conference with our internal auditors in relation to the Committee Effectiveness Review and meeting with the Director of Finance and other Non- executives to discuss the Trust's performance framework and a revised reporting protocol.

In the run up to Christmas all Non-executives worked hard to support the Chair at a number of functions. Neil also committed to finding the opportunity to have his flu jab!

Neil has attended a Board of Directors meeting at Bassetlaw, took part in a Nominations and Remuneration Committee and met with other Committee Chairs and our internal auditors in relation to Committee Effectiveness throughout December.

On 4 December he joined the Chair of the Board at a lunch to thank our volunteers at Bassetlaw Hospital – which was a really rewarding experience. Neil also met with Deputy Chief Operating Officer, Emma Challans, to discuss a pioneering initiative to work more effectively with the Her Majesty's Prison Service and will now take a continuing interest in that work.

On 12 December he visited the Intensive Care Unit with Pat Drake and had a tour of the innovative Ambulatory Care Surgical Assessment facility. In addition he met with Mandy Espey, General Manager of the Surgery and Cancer division to better understand the divisional structure and practices and also took the opportunity to attend the daily Trust wide Bed Assessment Meeting.

Finally, he has held a 1-2-1 meeting with the Director of Finance, Jon Sargeant, in relation to financial planning and performance management and also chaired a Finance and Performance planning meeting.



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

Title	Feedback from Governors' Advisory Panel (GAC)		
Report to	Council of Governors	Date	30 January 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 on 15 January 2019.

CQC engagement with GAC.

There was a CQC focused meeting at NHS Providers in December to further discuss the engagement of Governors with the CQC. The main conclusion is that CQC are re-writing their guidance for Governors - this will be available from the late Spring, hopefully, in time for the May Governor Focus Conference. This should encourage a wider dissemination of the CQC Guidance.

ICS whole system working.

GAC discussed the possible role for Governors in ICSs. The current ICS situation is well documented in the NHSP's "Collaborative Working" - the essence being that individual Trusts will decide what decision making powers they will delegate to their executives engaging with ICSs in the process of Collaborating. The discussion drew out the tension that exists between needing a Governor voice inside the ICS, for example feeding in the wider public concerns, while maintaining the freedom of Governors to hold the decision makers in their own Trust to account. The discussion also considered possible new legislation and how the role of Governors may be affected. The NHS Professionals (NHSP) team undertook to develop their thinking about the role of the Governor voice in relationship to ICSs including policy for implications for possible legislative changes.

Communications with Lead Governors.

NHSP was asked whether it should keep a data base of Lead Governors. They have previously considered this and concluded that they do not have the resources to do this as lead Governors change frequently. Also Lead Governors are not part of the legislative framework - here is the statement sent out by John Coutts NHSP Head of Governance:

The lead governor does not exist in statute. This was something that Monitor (now NHSI) invented post Mid Staffs because it was concerned about how it would contact governors in the event that the chair could not be relied upon to pass on information. You will find the only reference to the role on Pages 59 and 60 of the Code of Governance. There is no agreement in the provider sector as to the scope of the role and it is for each board of directors and council jointly to decide the scope of the role. As far as the regulator is concerned it is a point of contact for the regulator and nothing more.

The rest of the meeting followed a format of examining and commenting upon NHSP work related to Governor, for example training, workshops and conferences. Also we exchanged updates about issues from our own trusts.

I find the meetings are a good mixture of Governor experiences with inputs from two Trust Chairs. The NHSP staff deal with matters professionally and with rigour. A useful day.

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.

**Special meeting of the Agenda Planning Group of the Council of Governors
held on 18 October 2018 in the Boardroom, DRI**

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

Action

Apologies for absence

- 18/9/1** Apologies for absence were given on behalf of Bev Marshall.

Minutes of the meeting held on 3 September 2018

- 18/9/2** The minutes of the meeting held on 3 September 2018 were APPROVED as an accurate record.

Minutes of the Annual Members' Meeting, 20 September 2018

- 18/9/3** Subject to a correction to minute AMM/18/48 correcting the date of the 2019 meeting, the minutes of the AMM on 20 September 2018 were recommended to go forward to the Council of Governors on 25 October 2018.

Council of Governors – 25 October 2018

- 18/9/4** The Group had a discussion around the format of the Council of Governors meeting on 25 October having regard to a proposed agenda that was attached to the papers.
- 18/9/5** The Trust had held a successful Annual Members' Meeting on 20 September and had received a number of positive comments, particularly around the question and answer format which took place in roundtables with a nominated spokesperson then fielding the question on behalf of the table.
- 18/9/6** Governors considered whether such an approach might be appropriate for the Council of Governors. This proposal had been discussed with a wider group of governors at the Governor Forum in October who had agreed that the format had worked well at the AMM but that it would not be appropriate for Council of Governors.

18/9/7 There was a brief discussion around a potential item for Part 2 which would be taken under any other business.

18/9/8 The rest of the agenda was NOTED. It was agreed to remove the requirement for an adjournment prior to taking questions from the public. It was noted that questions asked and answers given during an adjournment were technically outside of the meeting and so would not usually be minuted.

Revised Code of Conduct Version 4

18/9/9 The Group considered the revised code of conduct for governors which would be proposed to Council of Governors on 25 October. The code had been considered in a number of separate fora and the latest version highlighted the changes.

18/9/10 Subject to clarification over one paragraph, the Group RECOMMENDED the code for approval.

Any Other Business

18/9/11 None.

Date & Time of Next Meeting

18/9/12 TBC.

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

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

	Present:	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Hazel Brand Shelly Brailsford Mark Bright Prof. Rob Coleman David Cuckson Linda Espey Steve Marsh Bev Marshall Brenda Maslen Liz Staveley-Churton Sheila Walsh George Webb Maureen Young	
Staff Governors	Karl Bower Duncan Carratt Vivek Desai Lynn Goy Lorraine Robinson Roy Underwood	
Partner Governors	Ruth Allarton Anthony Fitzgerald Victoria McGregor-Riley Clive Tattley Cllr Susan Shaw	
In Attendance:	Alan Chan Pat Drake Karen Barnard Emma Challans Steve Clark Michael Green Moira Hardy Kirsty Edmondson-Jones Gareth Jones Matthew Kane	Non-executive Director Non-ex Non-executive Director Director of People & Organisational Development Deputy Chief Operating Officer External Audit (EY) External Audit (EY) Director of Nursing, Midwifery and Allied Health Professionals Director of Estates and Facilities Doncaster CCG Trust Board Secretary

Sheena McDonnell	Non-executive Director
Simon Marsh	Chief Information Officer
Richard Parker	Chief Executive
Linn Phipps	Non-executive Director
David Purdue	Deputy Chief Executive & Chief Operating Officer
Neil Rhodes	Non-executive Director
Jon Sargeant	Director of Finance
Sewa Singh	Medical Director
Kath Smart	Non-executive Director
Kate Sullivan	Corporate Governance Officer
Adam Tingle	Acting Head of Communications and Engagement

Apologies:	David Northwood	Public Governor
	Rupert Suckling	Partner Governor
	Phil Beavers	Public Governor
	Kathryn Dixon	Partner Governor
	Ainsley McDonnell	Partner Governor
	Lynne Logan	Public Governor

Action

Welcome and apologies

- 18/10/1** The Chair welcomed those present to the meeting and apologies recorded above were noted. The Chair welcomed new Public Governors Linda Espey, Steve Marsh, Sheila Walsh, Michael Green (EY) and Gareth Jones who was due take up the position of Trust Board Secretary from December 2018.

Declaration of governors' interests

- 18/10/2** No changes to registers of interest were reported and no matters of conflict of interest were declared.

Missed Appointments

- 18/10/3** Governors received a presentation from Emma Challans, Deputy Chief Operating Officer on the engagement work with patients across Doncaster and Bassetlaw to better understand why people missed their hospital appointments. She shared recommendations, benefits and actions.
- 18/10/4** Through the engagement work the Trust had developed the work to enhance communication with patients to improve the quality of information provided to patients attending the hospital, and to improve patient experience and broaden the use of digital communication aids.
- 18/10/5** Governors were updated on a wide range of actions and initiatives being taken forward to improve patient experience, improve patient access times and the quality of information to patients, reduce the Trust Did NOT Attend (DNA) rate, reduce inappropriate use of patient appointments and reduce waste/increase clinic productivity. The Trust was working with a new digital partner to provide electronic patient letters and text

appointments accessible through a patient portal on smart devices. This would allow patients to change their appointments on-line and give access to information leaflets and maps. The Trust had engaged with students at Doncaster College to develop, amongst other things, interactive maps, audio leaflets and virtual tours of the hospital. Trials of a similar system at other Trusts had shown DNAs reduce by a third as well as costs savings associated with paper and postage.

18/10/6 A 100 Day Improvement Project had been undertaken in Ophthalmology, one of the areas with the highest DNA rates, this had looked at communication with patients including the layout and content of patient letters; Ophthalmology had been identified as an early adopter for the digital communication system. The Trust was committed to improving access and patient experience and significant work was being forward with communications and engagement to encourage people to keep information up to date and to keep, cancel or rearrange appointments; a press release was due to go out shortly. In terms of referrals the Trust was actively engaged with primary care to get things 'right first time' to mitigate inappropriate use of appointments through targeted training and education with GP practice leads. The Trust was also working to better record the reasons for DNAs on existing Trusts systems and options were being discussed with providers.

18/10/7 Actions were completed and work remained on course. The Trust would continue to work in partnership with the public, key groups, providers & commissioners.

18/10/8 Mike Addenbrooke shared feedback from patients about their experience of duplicate / multiple letters and the confusion this had caused; Emma Challans provided examples of how the new electronic patient portal would mitigate this. Anthony Fitzgerald commended the work of the task and finish group with primary care noting that over 90% of appointments were now booked electronically, this was a significant achievement. In response to concerns raised by George Webb about patients who might not have access to smartphones or might not be familiar with IT; it was noted that there would be a variety of communication options, this would not be a hard change over to IT solutions.

18/10/9 The Missed Appointments Presentation was NOTED.

Annual Audit Letter

18/10/10 Governors considered the audit results report and annual audit letter for the Trust for the year 2017/18 noting Internal Audit had issued an unqualified audit opinion on the financial statements and that recommendations would be addressed by management and reported through Audit & Non-clinical Risk Committee (ANCR). Michael Green, EY, presented the report and gave an overview of the audit process and drew attention to audit differences, value for money and areas of audit focus. He commented that there had been a year on year improvement in financial processes and controls and this was welcomed by Governors. In

response to query raised by David Cuckson about exit packages for staff it was clarified that there had been no exit packages for Executive Directors.

18/10/11 The Annual Audit Letter was NOTED.

Finance Report

18/10/12 Governors considered a report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 6.

18/10/13 The DOF delivered a presentation and provided an update on key issues:

- The month six position was a deficit of £1.1m with the year-to-date position at £11.9m deficit
- The Trust needed to ensure that it used all its resources to maximum effect in order to achieve the annual plan of £6.6m deficit
- In order to reach this target, the Trust must achieve a better than break-even position every month until March 2019
- As ever, the Trust must make the most of every penny spent!
- The Trust was currently working with staff on their cost-saving ideas.

18/10/14 Peter Abell reflected on previous comments in respect of cost improvement programmes by the Chief Executive who had given assurance that the Trust would not compromise on quality. Peter commented that this triangulated with comments from Divisional Directors about their experience of the cost improvement quality assurance process at a recent Quality & Effectiveness Committee meeting; they had said they felt supported by the Trust when raising issues about quality and he had taken assurance from this.

18/10/15 In response to a query from George Webb the Director of Finance gave some background information relating to a historical depreciation risk identified by the Trust. This had previously reported to the F&P Committee. He gave an update on discussions with external audit who were currently reviewing the accounting treatment. Current expectation was that this was a prior period or opening balances adjustment.

18/10/16 With regard to capital investment, George Webb asked for clarity about the mechanism for determining which capital schemes were to be included in plans, and which were not, and he sought assurance that this was reflected on risk registers. The Director of Finance outlined the process for the allocation of the capital budget; this was taken through the Capital Monitoring Group and reported to the Capital Investment Committee (CIG) and Management Board (MB). Risks scores were fed to this process to ensure everyone was happy with the assessment of risks and schemes were prioritised on this basis; he gave assurance that the process was robust and transparent.

18/10/17 Governors NOTED the Trust's deficit for month 6 (August 2018) was £1.1m with the year-to-date position at £11.9m deficit and the risks set out in the

paper.

Performance Report

18/10/18 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.

18/10/19 A presentation on issues was given and attention was drawn to the following:

18/10/20 In respect of Performance:

- 4-hour access – Quarter 2 the Trust achieved 92.8%. The year-to-date position was 93.39%
- RTT – was at 88%, slightly behind our commissioner target of 89.1%
- Cancer targets – 62-day performance achieved 86.2% against the 85% standard. Two Week Wait performance was 87.1% against 93% target; there had been an improvement in September to over 90%.
- Stroke – Performance against the one-hour scan standard increased to 71.4% against a standard of 48% and direct admissions was at 69.4%.

18/10/21 Mike Addenbrooke commended the new minor injuries unit at DRI. He asked how this was supporting 4hr access performance and this was discussed; It was clarified that the unit was an extension of the emergency department with patients being triaged from ED to the unit.

18/10/22 In respect of quality:

- C.Diff – Better than trajectory for the year
- HSMR – The Trust's rolling 12-month position remained better than the expected level of 100 at 90.89
- Serious incidents – Decrease with main category being Hospital Acquired Press Ulcers
- Falls – Performance was slightly higher year-to-date than 2017
- Pressure ulcers – Higher than last year but reducing
- Friends and Family – Response rates had dropped slightly but positive feedback was higher than the national average.

18/10/23 In respect of workforce:

- Nursing workforce – The Trust's overall planned versus actual hours worked was 99%
- Appraisal rate – The Trust's appraisal completion rate has risen to 78.85% following the 'Appraisal Season'
- SET Training – There has been a further increase in compliance

with Statutory and Essential Training (SET) to 82.37%.

18/10/24 In response to a query from Linda Espey about the target rate and effectiveness of appraisals it was clarified that the Trusts target was 90%. There were additional questions this year on the staff survey relating to staff experience of the appraisal process and the Trust would reflect on the results once available; the Trust acknowledged there was more work to do on understanding the quality of appraisals.

18/10/25 System Perfect - From 2 to 9 October, the Trust was 'System Perfect'. This meant that together with health and social care partners, the Trust adopted an 'all-hands-on-deck' model to ensure everything functioned exactly as it should. The main goal of this System Perfect was to understand Emergency Departments' usage and how the Trust might improve this service in the future to meet demand. In all, throughout the week the Trust managed to speak with a number of local residents, with over 2,500 local people sharing their views on urgent care in Doncaster and Worksop. The Chief operating Officer gave a detailed update on the initial findings which were detailed in the report.

18/10/26 The Performance Report was NOTED.

Chief Executive's Report

18/10/27 Governors considered a report of the Chief Executive which outlined progress against a number of issues.

18/10/28 The Director of People & Organisational Development and the Director of Nursing, Midwifery & Allied Health Professionals would be based at Bassetlaw Hospital from December, enhancing the Executive Director presence on the site. In order to facilitate this move, the Trust was looking at improving the IT infrastructure to accommodate enhancements like Skype for meetings. George Webb endorsed this and there was a brief discussion about how this would work in terms of the IT solutions for attending meetings remotely and the possibility of more flexible working arrangements for staff in the future.

18/10/29 On 19 October, the Trust formally entered into a partnership with Hall Cross Academy, enabling the school to become a 'Foundation School in Health'. It was expected that this would lead to increased work experience opportunities and involvement from our clinicians and other team members so students could embark upon a career within the NHS. Governors commended the partnership and hoped this would be extended to other schools across Worksop and Bassetlaw; the Trust was already exploring the possibility of this. As the biggest employer in the area the Trust recognised its responsibility to work with young people and to use the apprenticeship levy so create opportunities for young people.

18/10/30 From 1st October Integrated Care System for South Yorkshire and Bassetlaw was officially launched. In response to a query from David

Cuckson about progress to identify costs savings through the ICS the Chief Executive gave an update on the work of the ICS Finance & Efficiency Board which looked at projects with financial benefit from working as a system and he shared some examples.

18/10/31 The Chief Executive's report was NOTED.

Chair & Non-executive Director (NED) Reports Process

18/10/32 Governors considered a report which outlined the Chair and NEDs' work between August 2018 and October 2018 and included updates on a number of activities.

18/10/33 Following the recent Governor elections, the Chair congratulated Bev Marshall and Phil Beavers, both returning, and new Governors Linda Espey Steve Marsh and Sheila Walsh. All those elected would serve a three year term except Sheila who will serve for two years. Their terms of office commenced on 22 September 2018. On behalf of the Trust she again thanked Nicky Hogarth and Sharon Cook. She also wished a fond farewell to Maureen Young, who has stepped down as a governor after 12 years of service and congratulated Peter Abell who, having recently been elected to the NHS Providers' Governor Advisory Committee, had now been confirmed as its chair.

18/10/34 The Chair commented that it had been her honour to open the new Butterfly Garden situated at DRI on 11th October. The garden was 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 and she commended the work of those who had been part of the project.

18/10/35 The Trust had changed the format of the Annual Members' Meeting this year which, it had been hoped, would result in a more inclusive and accessible event for our governors, partners and members. The event had been very well attended and there had been some excellent feedback, some reflections from governors and members were included in the report.

18/10/36 The Chair & NED reports were NOTED.

A Code of Conduct for Governors

18/10/37 A version of the report had been considered by the Council of Governors on 26 July 2018. It had 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 the Agenda Planning Committee on 18 October 2018. A number of changes have been made which were highlighted in the version attached at Appendix A. The current code was attached for information at Appendix B.

18/10/38 The revised Code of Conduct attached at Appendix A was APPROVED.

Holding to Account - Catering

18/10/39 Governors received the report of the Director of Estates and Facilities and the Trust Board Secretary which provided an update on the response to issues, raised by Governors during the Council of Governors meeting on 26 July, and again during the Governor Brief on 4 September, relating to the performance of the Trust's contracted catering function.

18/10/40 The Trust had undertaken a series of patient catering audits involving the Chair of the Audit and Non-clinical Risk Committee (ANCR) who had also spoken with the contractor, the DBTH compliance manager and staff. The Chief Executive had made arrangements to ensure that matrons clarified with senior nurses that any catering related issues must be reported immediately utilising the Trusts' incident reporting tool. Nursing staff had also been invited to comment on their experience of the service using the Survey Monkey tool. The results of the audit, which had been shared with Governors at the Governor Brief, along with the survey results, largely corroborated the issues reported by governors. 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 and several actions, set out in the paper, were agreed. These included an improvement plan, agreed between the Trust and its contractors with clear timescales and actions.

18/10/41 With the improvement plan in place, there now needed to follow a period of time to enable the service to improve. During this time, governors were asked to suspend any further evidence gathering about the service. A further audit would 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 (F&P) had committed to maintaining a watching brief on performance and would report assurance back to the Board. The Chair commented that the case provided an excellent example of where governors had 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.

18/10/42 In response to several queries raised by Peter Abell relating to the terms and conditions of staff employed by the contractor at the Trust, both those TUPE'd over and new staff, in particular whether any staff were being employed on zero hours contracts, it was clarified that the terms and conditions of TUPEd staff were protected however the Trust could not dictate the terms of employment for new employees. This led to discussion about reflecting the values of the Trust and Peter Abell made the point that perhaps the Trust could take some learning from this in the context of future contracting arrangements; the Chair and Chief Executive welcomed this feedback; the Trust would reflect on this.

18/10/43 In response to a query from Mike Addenbrooke about the timeline for the improvement plan to be completed the Chief Executive advised that a date for the final elements of the plan were being agreed and Governors would be advised as soon as that was available. An update on progress would also be shared.

KEJ

18/10/44 The Holding to Account Report was NOTED

Feedback from NHS Providers Governors' Advisory Panel (GAC)

18/10/45 Governors received a report from Peter Abell, Bassetlaw Public Governor and acute Chair of NHS Providers' (NHSP) Governor Advisory Panel (GAC) on the recent GAC meeting which had taken place on 27 September 2018. The main business of the meeting had been to provide the CQC with views about the CQCs relationship with Governors and how this could be improved. Details of the key points of discussion were set out in the report. The next GAC meeting was in January 2019; in addition Peter would be attending a meeting of Trust Company Secretaries in February to give an input from GAC.

18/10/46 The Feedback from NHS Providers Governors' Advisory Panel (GAC) was NOTED.

Matters arising from the Board of Directors minutes

18/10/47 The minutes of the Board of Directors meetings from July 2018 to September 2018 were NOTED. The Chair commented that the Board of Directors appreciated the regular attendance of so many Governors at the meetings; this had come about as a direct result of engagement through the Governor Forums and was welcomed.

Minutes of the Governor Committee Meetings August to September 2018

18/10/48 The Council of Governors received and NOTED the minutes of the Agenda Planning Committee and Communications, Engagement and Membership Committee meetings.

Minutes of the Annual Members meeting held on 19 September 2018

18/10/49 The minutes of the Annual Members meetings held on 19 September 2018 were **APPROVED** as a true record of the meeting.

Minutes of the Council of Governors meeting held on 26 July 2018

18/10/50 The Minutes of the Council of Governors meeting held on 26 July 2018 were APPROVED as a true record of the meeting.

Matters arising and action notes

18/10/51 The action log was reviewed and NOTED.

Any other Business

18/10/52 The meeting noted that this was Matthew Kane's last meeting before he took up a post at Sheffield Children's Hospital as an Associate Director. Governors thanked Matthew for his hard work on behalf of Governors during his time with the Trust, he was held in high regard and would be missed, and they wished him well in his new role.

Closing Remarks

18/10/53 At the Annual members meeting the Chair had commended the contribution of long-serving Public Governors, George Webb and Susan Overend, who after 15 years, would end their terms at the end of March 2019. During that time, alongside their colleagues, George and Susan had defined what it meant to be a governor, visiting wards and services, holding senior leadership to account and, most importantly, representing the best interests of patients; the Trust owed them both a debt of gratitude. George had not been present at the AMM and on behalf of the entire organisation, the Chair extended her thanks to him for his work to champion patients and staff which had undoubtedly contributed to improvements at DBTH.

Any issues from members to be investigated for the next meeting

18/10/54 None raised.

Adjournment of Meeting

18/10/55 Members RESOLVED that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.

18/10/56 Mr Sprakes raised concern about the Trusts telephony systems and he shared his experience of trying to contact the Trust; The Chief Executive acknowledged the concerns and apologised for Mr Sprakes' experience. The issues were known to the Trust and he gave details of work that was underway to address them. It was agreed to include an update on the agenda for the next meeting.

SM

Any other Business

18/10/57 Following a newspaper article on Sepsis which referred to an issue between the Trust and the Ombudsman some years ago, the Governors asked to receive assurance in Part 2 that learning had been embedded.

Date and time of the next meeting:

Date: 30 January 2019

Time: 5:30pm

Location Education Centre, DRI

Action Notes

Meeting: Council of Governors

Date of meeting: 25 October 2018

Location: Education Centre, DRI

No.	Minute No	Action	Responsibility	Target Date	Update
1.	18/10/43	Catering Contract Improvement Plan <ul style="list-style-type: none">Share with Governors the timeline for the improvement planProvide an update on progress	KEJ (NED - NR)	January 2019	To be shared when complete. <i>28.11.18 – Update from KEJ shared with Governors via email by KS</i>
2.	18/10/56	Update on progress to improve telephony service at Trust	RP	January 2019	On January 2019 Agenda

Date of next Meeting: 25 October 2018
Action Notes prepared by: Kate Sullivan
Circulation: Chair, Governors, NEDs, EDs