



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

Meeting of the Council of Governors
of
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ('the Trust')
on
Thursday, 11 April 2019 at 6.30pm
Or following Part 2, whichever is later
In the
Education Centre, Doncaster Royal Infirmary

AGENDA

No	Item	Action	Enclosures	Time
1.	Welcome and Apologies	<i>Note</i>	(Verbal)	6.30pm
2.	Declaration of Governors' Interests	<i>Note</i>	Register attached at Enclosure A	
	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.			
PRESENTATIONS				
3.	True North Objectives Richard Parker – Chief Executive Marie Purdue – Director of Strategy and Improvement	<i>Note</i>	Presentation	6:35pm
4.	Clinical Review of Access Standards – Powis Report David Purdue – Deputy Chief Executive & Chief Operating Officer	<i>Note</i>	Presentation	6:50pm
5.	No Smoking Site Kirsty Edmondson Jones – Director of Facilities & Estates	<i>Note</i>	Presentation	7:05pm
6.	Chair/NED & Executive Reports	<i>Note</i>	Enclosures B1 to B5	7.20pm
	<ul style="list-style-type: none"> Finance Report Jon Sargeant, Director of Finance Performance Report Led by David Purdue, Deputy Chief Executive and Chief Operating Officer 			

- Staff Survey Report
Karen Barnard – Director of People & Organisational Development
- Chief Executive's Report
Richard Parker, Chief Executive
- Chair and NEDs' Report
Suzy Brain England, Chair

GOVERNANCE

- | | | | |
|---|----------------|-------------|--------|
| 7. Feedback from Governor Advisory Committee Meeting held on 9 April 2019
Peter Abell, Chair of NHS Providers Governor Advisory Committee | <i>Note</i> | Enclosure C | 7:50pm |
| 8. Chair & NED Appraisals
Gareth Jones, Trust Board Secretary | <i>Approve</i> | Enclosure D | 7:55pm |

MINUTES

- | | | | |
|--|----------------|--------------|--------|
| 9. Board of Directors' minutes – December 2018 to February 2019
See link to electronic version of minutes at:
https://www.dbth.nhs.uk/about-us/how-we-are-run/board-of-directors/board-directors-meetings/ | <i>Note</i> | See link | 8.05pm |
| 10. Governor Committee minutes | <i>Note</i> | Enclosures E | 8:10pm |
| 11. Minutes of Council of Governors held on 30 January 2019 | <i>Approve</i> | Enclosure F | |
| 12. Action Notes from last meeting on 30 January 2019 | <i>Note</i> | Enclosure G | |

QUESTIONS FROM MEMBERS OR THE PUBLIC

- | | | | |
|--|----------------|----------|--------|
| 13. To take any questions from members or the public on the business of the meeting | <i>Q&A</i> | (Verbal) | 8.15pm |
|--|----------------|----------|--------|

INFORMATION ITEMS

- | | | | |
|--|-------------|----------|--------|
| 14. Any Other Business (to be agreed with the Chair before the meeting) | <i>Note</i> | (Verbal) | 8:25pm |
|--|-------------|----------|--------|

15. Date of Next Meeting:*Note* (Verbal)Date: 25th July 2019

Time: 5:30pm

Venue: Education Centre, Doncaster Royal Infirmary

Suzy Brain England
Chair of the Board5th March 2019

Register of Governors' Interests as at 8 April 2019

The current details of Governors' Interests held by the Trust are as set out below. Following the appointment of several new Governors this register is currently being updated and a refreshed register will be circulated in due course.

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

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

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

Dr Victoria McGregor-Riley, Partner Governor

Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Alan W Robinson

Executive Principal – Doncaster Deaf Trust

Rupert Suckling, Partner Governor

Director of Public Health, DMBC
Non-executive Director, Doncaster Children's Services Trust
Trustee, Club Doncaster Foundation

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

Sheila Walsh

Parish Councillor, Carlton-in-Lindrick Parish Council

The following have no relevant interests to declare:

Karl Bower, Public Governor
Mark Bright, Public Governor
Lynn Goy, Staff Governor
Duncan Carratt, Staff Governor
Anthony Fitzgerald, Partner Governor
Griff Jones, Partner Governor
Lynne Logan, Public Governor
Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
David Northwood, Public Governor
Lorraine Robinson, Staff Governor
Liz Staveley-Churton, Public Governor

Interests to be confirmed

Jackie Hammerton, Susan Shaw, Susan McCreadie, Steve Wells, Kay Brown, Geoffrey Johnson, Doug Wright, David Goodhead, Dave Harcombe, Ann-louise Bailey

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

8 April 2019



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

Title	Financial Performance – Month 11 - February 2019		
Report to	Council of Governors	Date	11 April 2019
Author	Jon Sargeant - Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	X	

Executive summary containing key messages and issues

The Trust's deficit for month 11 (February 2019) was £224k, which is a favourable variance against plan of £855k before PSF. This is a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 is an £21.7m deficit before PSF, which is £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.

The Trust now expects to deliver its control total at year end. This is a result of; the improved position against forecast and plan (especially in income), following final discussions with DCCG who are funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than forecast.

The Trust's key remaining risk is the delivery of the WL recovery plan, which attracts incentive payments of c.£2.4m, which is yet to be included in the Trust's position. The risk relating to the change in asset life's resulting from the change in RICS standards (£1.2m), as reported to the Committee in M10 has been initially agreed with our external auditors that it will not affect the current year's financial position (and therefore not assumed within the position). This is however a risk to the 2019/20 financial plan which was noted but not included in the draft 19/20 plan submission to NHSi. The YTD position does not include the prior period adjustment for depreciation, which will be accounted for in M12.

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 deficit for month 11 (February 2019) was £224k, which is a favourable variance against plan of £855k before PSF. This is a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 is an £21.7m deficit before PSF, which is £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.• The achievement with regards to the Cost Improvement Programme.• The improved financial position and that the Trust is forecasting to deliver its control total at year end subject to delivery of the WL position.• The risks set out in this paper.



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

FINANCIAL PERFORMANCE

P11 February 2019

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

P11 February 2019

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				
												Plan £'000			
I&E Perf Exc Impairments	247	(855) F	(644) F	21,962	(1,480) F	(1,457) F	23,138	Employee Expenses	143	451 A	137 A	2,325	1,921 A	(39) F	4841
Income	(33,172)	(2,725) F	272 A	(349,585)	(5,735) F	705 A	(375,782)	Drugs	0	58 A	58 A	591	50 A	73 A	700
Donated Asset Income	(23)	1 A	1 A	(236)	25 A	5 A	(285)	Clinical Supplies	67	5 A	35 A	426	97 A	328 A	584
Operating Expenditure	32,281	1,867 A	(824) F	359,163	4,350 A	(1,880) F	385,304	Non Clinical Supplies	0	0 A	0 A	0	0 A	0 A	0
Pay	21,846	(8) F	(399) F	241,610	3,547 A	(906) F	259,855	Non Pay Operating Expenses	91	2,198 A	1,031 A	2,592	4,907 A	1,844 A	9787
Non Pay & Reserves	10,435	1,875 A	(425) F	117,554	803 A	(974) F	125,449	Income	922	(699) F	(735) F	5,033	(3,350) F	(3,370) F	1913
Financing costs	1,138	2 A	(93) F	12,385	(95) F	(283) F									
I&E Performance excluding PSF	224	(855) F	(644) F	21,727	(1,455) F	(1,452) F	22,853								
PSF (previously STF)	0	1,894 A	0 A	(10,555)	3,788 A	0 A	(16,238)								
I&E Performance including PSF	224	1,040 A	(644) F	11,171	2,334 A	(1,451) F	6,615	Total	1,222	2,013 A	527 A	10,967	3,625 A	(1,164) F	17,825
F = Favourable A = Adverse								4. Other							
Financial Sustainability Risk Rating				Plan	Actual			Performance Indicator		Monthly Performance		YTD Performance		Annual	
UOR				4	3					Plan £'000	Actual £'000	Plan £'000	Actual £'000	Plan £'000	
CoSRR				1	2			Cash Balance		2,654	12,611	2,654	12,611	1,900	
								Capital Expenditure		1,550	1,406	12,406	5,724	13,911	
3. Statement of Financial Position								5. Workforce							
All figures £m				Opening Balance	Current Balance	Movement in year				Funded WTE	Actual WTE	Bank WTE	Agency WTE	Total in Post WTE	
Non Current Assets				209,108	205,973	3,135									
Current Assets				49,291	50,054	-763									
Current Liabilities				-54,834	-54,705	-129									
Non Current liabilities				-81,105	-87,720	6,615									
Total Assets Employed				122,460	113,602	8,858				5922.46	5564.90	220.37	107.11	5892.38	
Total Tax Payers Equity				-122,460	-113,602	-8,858				5909.86	5531.26	218.67	93.57	5843.50	
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1. Executive Summary

The Trust's deficit for month 11 (February 2019) was £224k, which is a favourable variance against plan of £855k before PSF. This is a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 is an £21.7m deficit before PSF, which is £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.

The Trust now expects to deliver its control total at year end. This is a result of; the improved position against forecast and plan (especially in income), following final discussions with DCCG who are funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than forecast.

The Trust's key remaining risk is the delivery of the WL recovery plan, which attracts incentive payments of c.£2.4m, which is yet to be included in the Trust's position. The risk relating to the change in asset life's resulting from the change in RICS standards (£1.2m), as reported to the Board in M10 has been initially agreed with our external auditors that it will not affect the current year's financial position (and therefore not assumed within the position). This is however a risk to the 2019/20 financial plan which was noted but not included in the draft 19/20 plan submission to NHSi. The YTD position does not include the prior period adjustment for depreciation, which will be accounted for in M12.

The YTD income position at the end of month 11 is (£5,735k) favourable to plan (excluding the impact of the PSF adjustment). The in-month income position was £2,724k favourable to plan (excluding the PSF adjustment) and £272k adverse to forecast (£705k adverse to forecast YTD). In Month 11 the income position now includes c.£3.4m of additional non-recurrent funding from Doncaster CCG, which represents 11 months of the additional £3.7m funding agreed with CCGs. Within the clinical income position a risk of c£0.5m has been provided for which relates to the high level of un-coded income at Month 11. The YTD position does not include the additional non-recurrent funding from Doncaster CCG and Bassetlaw CCG for delivery of waiting lists (£2.4m) (however this is expected to be accounted for in M12), but does include c.£1.8m of ICS funding. PSF funding has not been included for Q4 at this point as formally the Trust is still forecasting a £3.7m gap to the control total (as per previous months) in the NHSi monthly returns, as this is updated on a quarterly basis. The Trust is expecting to receive its full PSF relating to financial performance for Q4 on delivery of the control total. The at risk element is with regards to A&E performance in March (£1.7m).

Doncaster CCG has a favorable YTD variance against the Trust's plan of £707k (favorable variance against contract of £2,980k) and Bassetlaw CCG has a favorable income variance of (£2,307k) against the Trust's plan (£2,733k favorable against contract), both excluding the impact of Non PbR drugs.

Non NHS Clinical Income and Other Income is (£391k) ahead of plan in month 11 and (£3,031k) YTD, against forecast there is an in month over-performance of (£100k).

Income Group	Annual Budget	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance
Commissioner Income	-312,485	-25,245	-27,886	-2,641 F	-285,801	-291,327	-5,526 F
Drugs	-24,136	-1,936	-1,628	308 A	-22,166	-19,344	2,822 A
STF	-16,238	-1,894	0	1,894 A	-14,344	-10,555	3,788 A
Trading Income	-39,161	-3,267	-3,658	-391 F	-35,884	-38,915	-3,031 F
Grand Total	-392,020	-32,342	-33,172	-830 F	-358,194	-360,141	-1,947 F

Income Group	In Month Actual	In Month Forecast	In Month Variance		YTD Actual	YTD Forecast	YTD Variance	
Commissioner Income	-27,886	-28,081	195	A	-291,327	-292,221	894	A
Drugs	-1,628	-1,804	176	A	-19,344	-19,848	504	A
STF	0	0	0	F	-10,555	-10,555	0	F
Trading Income	-3,658	-3,559	-99	F	-38,915	-38,221	-694	F
Grand Total	-33,172	-33,444	272	A	-360,141	-360,846	705	A

In month the expenditure position was £823k favourable to forecast, of which pay was £399k favourable to forecast and non-pay £319k favourable to forecast. The YTD expenditure position at the end of Month 11 is £4.3m adverse to plan, £1.9m favourable to forecast (with pay £906k favourable to forecast and non-pay £895k favourable to forecast). Non-PbR drugs were significantly lower than planned levels (c.£2.7m 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	21,854	21,846	-8	F	22,245	-399	F	238,062	241,610	3,547	A	242,867	-906	F	259,855	259,654
2. Non-Pay	10,000	10,267	266	A	10,585	-319	F	113,864	116,790	2,925	A	115,694	-895	F	123,825	122,157
3. Reserves	-1,441	168	1,609	A	273	-105	F	2,887	764	-2,123	F	735	-79	F	1,624	2,073
Total Expenditure Position	30,414	32,281	1,867	A	33,104	-823	F	354,813	359,163	4,350	A	359,296	-1,880	F	385,304	383,884

Capital expenditure YTD is £5,724k against the YTD plan of £12,406k, £6,682k behind plan (£3,206k behind plan excluding CT/HASU). YTD actuals against the revised plan are £6,981k behind plan (£3,505k behind plan excluding CT/HASU). The main reason for the slippage relates to estate schemes being behind plan by including; Fire Enforcement, Electrical Infrastructure, Other Minor Estates Work and Medical Equipment (including Medical Imaging). Department leads for each area have provided assurance they will deliver the capital programme in full by year end.

The cash balance at the end of February was £12.6m against a plan of £2.7m. The main movements include; the receipt of 18/19 Q4 PSF funds (£2m more than anticipated), delayed capital expenditure (£2.8m), although this is more than offset by PDC Dividend not received (£4.1m) and additional income from local CCG's. In month, the cash position has increased by £4.8m, mainly due to the additional income from local CCG's. The increased capital expenditure in February has generally not impacted cash, although this will impact the cash position in March. The full amount of available loans have been drawn down and further loan support will not be needed for the rest of 2018/19.

In January 2019, CIP savings of £1,222k (last month £3,237k) are reported, against a forecast of £1,749k, therefore an under achievement of £527k in month. The month on month decrease is mainly due to successful negotiations with Doncaster CCG regarding non-recurrent funding for block contracts last month.

2. Conclusion

The Trust now expects to deliver its control total at year end. This is a result of; the improved position against forecast and plan (especially in income), following final discussions with DCCG who are funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than plan.

The Trust's key remaining risk is the delivery of the WL recovery plan, which attracts incentive payments of c.£2.4m. The risk relating to the change in asset life's resulting from the change in RICS standards (£1.2m), as reported to the Board in M10 has been initially agreed with our external auditors that it will not affect the current year's financial

position (and therefore not assumed within the position). This is however a risk to the 2019/20 financial plan which was noted but not included in the draft submission to NHSi. The YTD position does not include the prior period adjustment depreciation, which will be accounted for in M12.

PSF funding has not been included for Q4 at this point as formally the Trust is still forecasting a £3.7m gap to the control total (as per previous months) in the NHSi monthly returns, as this is updated on a quarterly basis. The Trust is expecting to receive its full PSF relating to financial performance for Q4 on delivery of the control total. The at risk element is with regards to A&E performance in March (£1.7m).

The Board is asked to note the improved financial position and that the Trust is forecasting to deliver its control total at year end.

3. Recommendations

The Council of Governors is asked to note:

- The Trust's deficit for month 11 (February 2019) was £224k, which is a favourable variance against plan of £855k before PSF. This is a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 is an £21.7m deficit before PSF, which is £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The improved financial position and that the Trust is forecasting to deliver its control total at year end subject to delivery of the WL position.
- The risks set out in this paper.



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

Title	Performance Report		
Report to	Council of Governors	Date	11 April 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 March 2019

Executive Summary, Business Intelligence Report for Performance in December 2018, January 2019 and February 2019.

Cancer Performance

The following information relates to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust performance in January 2019.

62 day performance is the key target for the SYB ICS, target 85%

62 day Cancer performance

January 62 day standard 85.4%

The key issues remain problematic around complex pathways and shared breaches.

Urology; shared care issues with Sheffield impacting on timeliness of patient appointments. Additional capacity has been identified at STH, which should improve the position. Local performance was affected by issues with template biopsy equipment.

Two Week Wait Performance

January position 93.5%

Improved position in January, predictor tool being used across all areas. 2 areas non-compliant, Head and Neck and Upper GI, affected by patient choice. Documentation being reviewed for patients at place.

4hr Access Target

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.

In **February** the Trust achieved a performance **91.01%** against the 4hr access standard of 95%; which was the 12th best nationally.

The trend for increasing attendances continued with an overall 6% increase

DRI saw an increase of 7.4%

BDGH saw an increase of 6.8%

1204 patients failed to be treated in 4hrs, which is 203 less than Feb 2017 with 808 more attendances.

Wait to see ED doctor/ ED review accounted for 53% of the breaches.

Bed waits accounted for 22% of the breaches.

Unavoidable accounted for 16% of the breaches.

The weekly review meeting is addressing a number of issues to improve performance for factors outside of the Emergency Department. New streaming models are being piloted supported by DBTH Improvement Practice.

Additional Reporting for NHSI

18.3% of all of DRI discharges take place at a weekend and 15.4% at BDGH

If the rest of the week was at the same level as Mondays then we would see an extra 178 patients a week at DRI and an extra 108 patients at BDGH

A&E attendances on a Monday at DRI account for 15.6% of weekly activity rising to 15.9% at BDGH.

Non Elective Admissions on a weekday that GP admissions account for is 20.2% of all Emergency Admissions on a weekday at DRI but only 7.7% at BDGH.

When we move into the weekend this drops to 10.9% at DRI and 2.2% at BDGH

Referral to Treatment (RTT)

The Referral to Treatment Target, for active waiters below 18 weeks is set at 92%. DBTH contract for 2018/19 expects the Trust to maintain the March position of 89.1% and the waiting list size to be lower than it was at the end of March 2018.

The Trust position was 87.5% in February, an improvement against last month

At the end of February, there were 42 patients less on the waiting list compared to the 31st of March.

The total number of Incomplete Pathways has increased by 411 between January and February, however the number of incomplete pathways over 18 weeks increased by 37 hence the performance has improved slightly due to the increase in the number of waiters under 18 weeks. The total number of Incomplete Pathways with a decision to admit for treatment has decreased by 14 between January and February. The number of new RTT periods in February was 986 fewer than in January but February was a short month. There were 1429 fewer Non

Admitted and 116 fewer Admitted clock stops in February than in January but this February was a shorter month.

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

- Urology – increase of 47 over 18 weeks
- ENT – increase of 37 over 18 weeks
- Dermatology – increase of 34 over 18 weeks
- Cardiology – increase of 28 over 18 weeks
- Oral Surgery – increase of 18 over 18 weeks

Diagnostics

In February the Trust achieved 99.0% against the 6ww Diagnostic Performance standard of 99%.

The 99% target was missed in:

- Audiology – 97.9% - 6 breaches out of 288 waiters
- Nerve Conduction – 57.7% - 74 breaches out of 175 waiters
- Urodynamics – 81.1% - 10 breaches out of 53 waiters
- Cystoscopy – 98.8% - 2 breaches out of 162 waiters

Stroke

The Admission to SAU within 4 hours performance shows improvement at 74.0% (78.1% for NHS Doncaster patients, which is the highest since June 2018).

The number of NHS Bassetlaw patients' thrombolysed was above the 20% target for the first time since May 2018, although NHS Doncaster patients have yet to achieve 20% in any month.

The 95% target for patients leaving hospital with contact details of a named person achieved the 95% target across the board for the first time.

Scan within 1 hour was achieved at 70%

Executive Lead: David Purdue COO, March 2019

Safety & Quality

HSMR: The Trust's rolling 12 month HSMR for the 2018 calendar year remains better than expected at 92.0. However, crude mortality for January 2019 was high at nearly 2.0%

Fractured Neck of Femur: Relative risk mortality remains better than expected and BPT was achieved in about 50% of patients. The main cause remains access to theatres in 36 hours.

Serious Incidents: There were 4 SIs reported in February 2019. 1 HAPU and 3 where there were issues with clinical care. It is expected that the trust will see a small rise in SIs due to Care Issues and HAPU this financial year.

Children & Young People: There have been no SIs reported in paediatrics during this calendar year and complaint levels have been low.

Executive Lead: Sewa Singh – Medical Director

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

Fall resulting in significant harm: The rate is less than the same period in February 2018 and remains higher than the YTD position

Hospital Acquired Pressure Ulcers: The rate is less than the same period in February 2018 and the same as the YTD position

Complaints and Concerns: The rate of complaints and concerns remains within normal variation. Complaint resolution against agreed timescales has improved in February as anticipated. Following the Internal Audit of complaints reporting arrangements is being reviewed.

Friends & Family Test: Response rates for both ED and inpatient areas have seen an increase in February. Positivity of responses remained above regional performance.

Executive Lead: Moira Hardy – Director of Nursing, Midwifery & Allied Health Professionals

Workforce

Sickness absence

February has seen a reduction in sickness absence with rates for being 4.52% (the lowest rate since October 2018) and the cumulative position being 4.43%. Long term absences (and the rate) have reduced across the board with there being no absences in excess of 12 months for the second time only this year; short term absence has also reduced from 2.59% to 1.97% reducing back to December 2018 rates .

Appraisals

The Trusts appraisal completion rate on the attached has maintained at 78.85% as at the end of February 2019 following the end of the appraisal season. The Trust is currently planning for this year's appraisal season which has included soundbites in respect of conducting a quality appraisal, candid conversations and values and behaviours. Appraisal sessions will continue during the appraisal season.

SET

Disappointingly SET compliance continues to hover around 81% with rates being at 81.31% as at the end of February. Specific focus continues on topics where compliance rates are lower and with the Divisions where compliance rates are low and is included in the CQC action plans. Attention is also being given to ensuring staff have the correct requirement in relation to topics such as resuscitation and safeguarding.

Clinical Admin Review – Following the conclusion of the clinical admin review a recruitment exercise was undertaken over Christmas; however a number of vacancies remained. Divisions have since been running further adverts and interviews – a verbal update will be provided at the council of governors meeting.

Executive Lead: Karen Barnard

At a Glance February 2019 (Month 11)

Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust						NHS England Benchmarking			Peer Group Benchmarking		
Monitor Compliance Framework	Indicator	Standard	Current Month	Month Actual	Direction of travel compared to previous Month	NHS England %	DBTHFT	Month	Peer Groups %	DBTHFT	Month
	31 day wait for second or subsequent treatment: surgery	94.00%	January	100.00%		90.70%	100.00%	January	89.20%	100.00%	January
	31 day wait for second or subsequent treatment: anti cancer drug treatments	98.00%		100.00%		98.80%	100.00%		99.50%	100.00%	
	31 day wait for second or subsequent treatment: radiotherapy	94.00%		100.00%		95.60%	100.00%		Not Available	100.00%	
	62 day wait for first treatment from urgent GP referral to treatment	85.00%		85.40%		76.20%	85.40%		75.20%	85.40%	
	62 day wait for first treatment from consultant screening service referral	90.00%		100.00%		84.70%	100.00%		72.40%	100.00%	
	31 day wait for diagnosis to first treatment- all cancers	96.00%		98.80%		95.40%	98.80%		94.40%	98.80%	
	Two week wait from referral to date first seen: all urgent cancer referrals (cancer suspected)	93.00%		93.50%		91.70%	93.50%		94.00%	93.50%	
	Two week wait from referral to date first seen: symptomatic breast patients (cancer not initially suspected)	93.00%		90.20%		82.80%	90.20%		82.40%	90.20%	
	A&E: Maximum waiting time of four hours from arrival / admission / transfer / discharge (Trust)	95.00%	February	91.00%		84.20%	91.00%	February	81.92%	91.00%	February
	Maximum time of 18 weeks from point of referral to treatment- incomplete pathway	92.00%	February	87.50%		86.70%	87.40%	January	84.18%	87.40%	January
% of Patients waiting less than 6 weeks from referral for a diagnostics test	99.00%	February	99.01%		96.40%	99.03%	January	94.10%	99.03%	January	
Ambulance Handover Times	Ambulance Handovers Breaches -Number waited over 15 & Under 30 Minutes		January	836		UCL: 796 & LCL: 659					
	Ambulance Handovers Breaches-Number waited over 30 & under 60 Minutes			37		UCL: 122 & LCL: 56					
	Ambulance Handovers Breaches -Number waited over 60 Minutes			1		UCL: 29 & LCL: 2					
Stroke	Proportion of patients scanned within 1 hour of clock start (Trust)	48.00%	December	70.00%		SSNAP performance for December to March improved to A rating.					
	Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (Trust)	90.00%		74.00%							
	Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis (Trust)	20.00%		14.00%							
	Percentage of patients treated by a stroke skilled Early Supported Discharge team (Trust)	40.00%		81.00%							
	Percentage of those patients who are discharged alive who are given a named person to contact after discharge (Trust)	95.00%		97.60%							
	Implementation of Stroke Strategy - TIA Patients Assessed and Treated within 24 Hours	60.00%	February	54.80%							
Theatres & Outpatients	Cancelled Operations	0.80%	February	1.18%		No Benchmarking available					
	Cancelled Operations-28 Day Standard	0		1							
	Out Patients: DNA Rate			9.04%		8.20%	9.15%	October	6.89%	9.15%	October
	Out Patients: Hospital Cancellation Rate			5.99%		No Benchmarking available - data not submitted to Secondary Uses Service by all Trusts					
Effective	Emergency Readmissions within 30 days (PbR Methodology)		January	6.52%		7.41%	6.78%	September	8.08%	6.78%	September

Fractured Neck of Femur	Indicator			Current Month	Month Actual (TRUST)	Month Actual (DRI)	Month Actual (BDGH)	Data Quality RAG Rating
	% of patients achieving Best Practice Tariff Criteria			Feb-19	47.50%	45.45%	57.14%	
	Best Practice Criteria							
	36 hours to surgery Performance			Feb-19	52.50%	51.52%	57.14%	
	72 hours to geriatrician assessment Performance				90.00%	87.88%	100.00%	
	% of patients who underwent a falls assessment				92.50%	90.91%	100.00%	
	% of patients receiving a bone protection medication assessment				92.50%	90.91%	100.00%	
Mortality-Deaths within 30 days of procedure			7.50%		6.10%	12.50%		
Safe	Indicator		Standard (Local, National Or Monitor)		Current Month	Month Actual		Data Quality RAG Rating
	Infection Control C.Diff		4 Per Month - 45 full year	M	Feb-19	0		
	Infection Control MRSA		0	L		0		
	HSMR (rolling 12 Months)		100	N		Dec-18	91.94	
	Never Events		0	L	Feb-19	0		
	VTE		95.0%	N	Dec-18	95.0%		
	Avoidable Pressure Ulcers Cat 3&4		21 Full Year	L	Feb-19	2		
	Falls that result in a serious Fracture		2 Per Month 23 full Year	L	Feb-19	0		
	Catheter UTI		Snap shot audit			0.48%		
Complaints & Claims	Indicator				Current Month	Month Actual		Data Quality RAG Rating
	Complaints received (12 Month Rolling)				Feb-19	410		
	Concerns Received (12 Month Rolling)					737		
	Complaints Performance					88.5%		
	Clinical Negligence Scheme for Trusts (CNST)					4		
	Liabilities to Third Parties Scheme (LTPS)					8		
	Claims per 1000 occupied bed days					0.18		
	Workforce	Indicator				Current Month	YTD (Cumulative)	
Appraisals			Feb-19	78.85%				
SET Training				81.31%				

Title	Staff Survey report and action plan		
Report to	Board of Directors	Date	April 2019
Author	Karen Barnard, Director of People & OD		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	✓	
	Information		

Executive summary containing key messages and issues
<p>Our Due North statement states that we aim to be in the top 10% of Trusts for staff satisfaction in the next 5 years. The results from the 2018 staff survey have been shared widely with our leadership teams in order that they can develop their own action plans. The results are captured into themes which are equality, diversity & inclusion, health & wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying & harassment, safe environment – violence, safety culture and staff engagement. The paper provides the Trust wide summary with those of each division and directorate. In addition the staff engagement questions are provided in its own table. At the last Board of Directors meeting it was agreed that the priority areas of focus at Trust level would be:</p> <ul style="list-style-type: none"> • Living our Values • Involvement • Visibility of leaders • Wellbeing into Action • Leading to Outstanding • Accountability. <p>The paper details the proposed actions to be taken and timescales. The KPIs to be monitored will be:</p> <ul style="list-style-type: none"> • Vacancy rates • Retention and turnover rates • Sickness absence rates • Staff survey questions which require particular attention • Staff engagement questions around advocacy, motivation and involvement. <p>In addition we will continue to utilise the pulse check data which is being obtained through the Qi programmes of work such as ED, Antenatal, Trauma & Orthopaedics. These pulse check questions will be made available to all areas who may be undertaking service improvement pieces of work.</p>

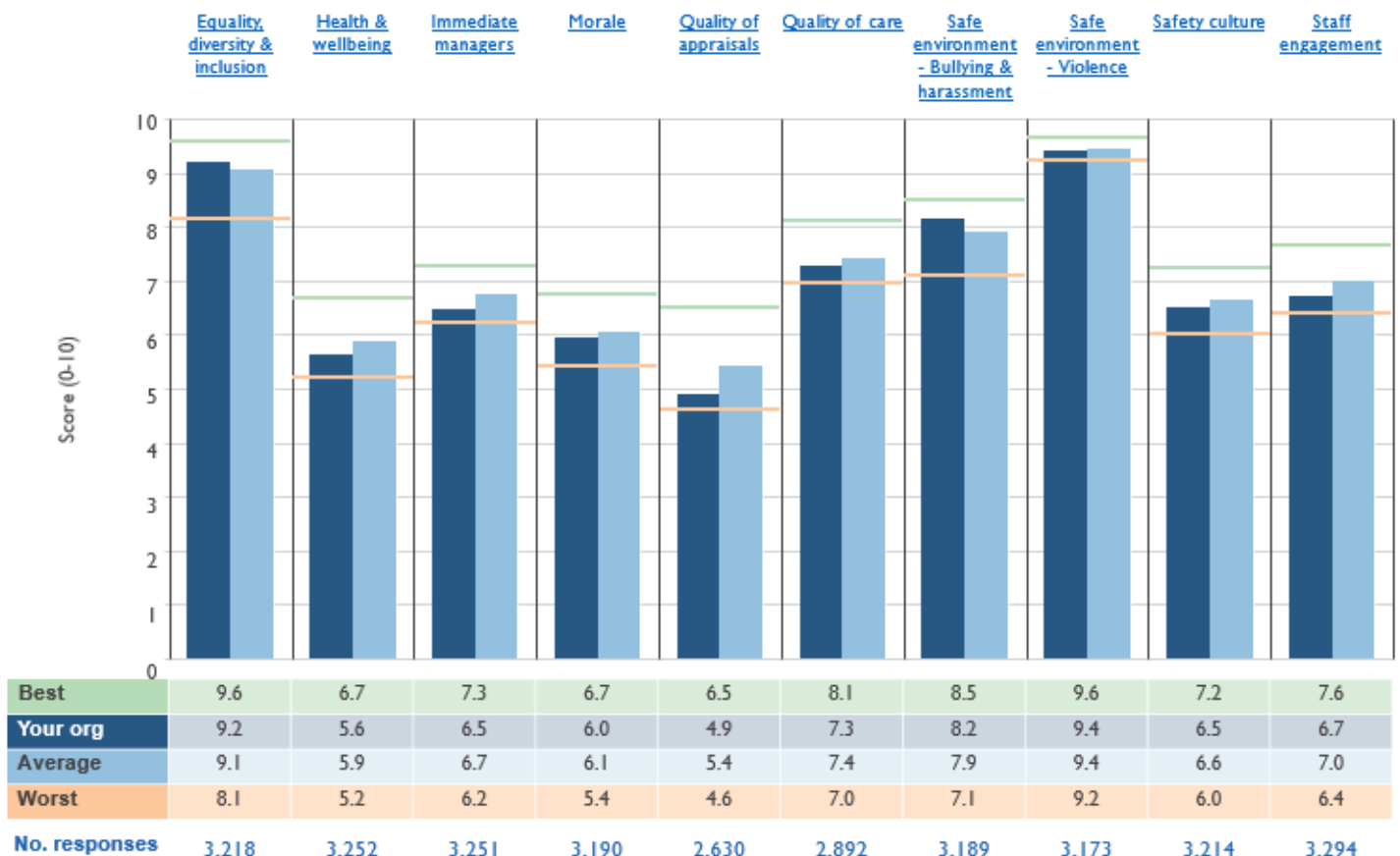
Regular feedback on progress against the action plan will be reported to QEC and divisional/directorate action plans will be monitored through visual management boards and the performance accountability framework.
Key questions posed by the report
Does the Council of Governors agree with the proposed actions and reporting methodology?
How this report contributes to the delivery of the strategic objectives
People – As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care
How this report impacts on current risks or highlights new risks
Staff morale – the actions contained within the report look to provide assurance that the Trust is taking steps to improve staff morale.
Recommendation(s) and next steps
Members of the Council of Governors are asked to note this report and provide feedback.

Staff survey results 2018

In 2018 we undertook a mixed mode survey enabling staff within Estates and Facilities to complete paper copies of the survey. All other staff received an electronic copy. We saw an increase in response rate of 5% to 54% which is above the acute sector average by 10%. The response rate by division/directorate ranged from 46% within the Division of Medicine to 94% within Finance and Procurement.

The feedback provided by NHS England and the Survey Co-ordination centre has changed this year to the graphic below with ten themes.

2018 NHS Staff Survey Results > Theme results > Overview



Doncaster & Bassetlaw Teaching Hospitals' results are above average in respect of equality, diversity & inclusion and safe environment – bullying & harassment. Each theme has either remained static or improved by 0.1 apart from health and wellbeing which has declined by 0.1 – the questions which make up this score are opportunities for flexible working (which improved), whether the Trust takes positive action on health and wellbeing (5% point reduction in line with the best and worst performing Trusts), staff experiencing MSK problems (slight deterioration), feeling unwell as a result of work related stress (static) and coming to work despite not feeling well enough to perform duties (improvement).

As members of the Board will be aware the Trust was recently awarded Nottingham Council's platinum health at work award, therefore Divisions will be encouraged to explore this question with their staff to understand how we can demonstrate that their health and wellbeing is important to us and to ensure we are directing our attention to those areas which are having an impact on staff. Divisions and Directorates have received a range of information regarding their results and are developing their action plans based on those results. Appendix 1 provides an analysis of each Division/directorate's results in the same format as the Trust level data above.

With regard to staff engagement this is made up of a number of questions comprising motivation (motivation), ability to make improvements (involvement) and recommending the Trust as place to work and receive treatment (advocacy). With regard to the latter questions we have seen the same percentage improvement as the best performing Trusts, although there continues to be more that we need to do in order to achieve that step change. The table below provides an analysis by directorate/division as to which of the questions which should receive specific focus.

Comparisons with the Organisation average By Locality 1	Number of respondents	Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
			Advocacy			Involvement			Motivation		
Organisation Average	3,403	6.7	6.1	6.6	7.0	6.8	6.8	5.8	6.2	7.4	7.6
Chief Executive	18	8.0	7.1	8.2	8.2	8.2	8.5	8.1	6.9	7.9	8.7
Children & Families	395	6.4	5.4	6.2	6.7	6.5	6.7	5.3	6.1	7.3	7.4
Clinical Support Services	885	6.6	5.9	6.4	6.9	6.9	6.7	5.8	6.2	7.2	7.4
Estates & Facilities	321	6.1	5.7	6.2	7.0	5.3	5.8	4.4	5.9	6.7	7.4
Finance & Healthcare Contracting	88	6.7	6.1	6.4	7.3	7.1	6.7	6.4	5.6	6.8	7.6
IT Information & Telecoms	89	6.3	5.6	6.1	7.0	6.6	6.5	5.8	5.3	6.9	6.9
Medical Division	743	7.0	6.6	6.9	7.2	7.1	7.2	6.1	6.6	7.8	7.9
Nursing Services	61	7.0	6.2	6.5	7.6	7.4	7.1	6.8	6.3	7.5	7.4
People & OD	105	7.5	7.2	7.2	7.7	8.1	7.3	7.5	6.7	7.8	8.0
Performance	134	6.1	4.7	6.0	6.5	6.0	6.1	5.1	5.7	7.0	8.0
Surgical	552	6.8	6.3	6.8	7.0	6.9	6.8	5.8	6.5	7.5	7.8

As detailed within the staff engagement paper received by the Board last month the Trust wide areas of focus will comprise:

- Living our Values
- Involvement
- Leading to Outstanding
- Visibility of leaders
- Wellbeing into action
- Accountability.

Theme	Action	Timescale	Lead
Living our values	Induction programme reviewed to incorporate Trust Values	Q1	Head of Leadership & OD
	Explicit discussion around values included within appraisals	Q1	Deputy Director of P&OD
	Integrate our We Care values into our communication methods to ensure we demonstrate that our values are at the heart of how we lead the Trust	Ongoing	Head of Communications & Engagement
Quality Improvement	Qi programme of work	Ongoing	Director of Strategy & Improvement
	Pulse check of staff involved in Qi programmes of improvement (before and after)	Ongoing	Head of Qi
	Include stock set of questions from staff survey in quarterly staff friends and family test in order to gauge the feeling of staff on a regular basis	Each quarter	Head of Leadership & OD
Leading to Outstanding	Implement the Leadership development suite of programmes including the senior leaders programme Leading to Outstanding	Q1	Heads of Leadership & OD and Qi
	Shadow Board programme introduced	Q2	Head of Leadership & OD
	Moving forward programme for BAME staff	Q3	ditto
Visibility of leaders	All leaders will be required to visit their areas on a regular basis. In addition Executive and Non Executive Directors will undertake a programme of visits to their 'buddy' areas. Feedback will be provided to Management Board on a quarterly basis	Ongoing programme. Quarterly feedback Ongoing	Divisional & corporate leadership teams Executive Directors Chair and Trust Board Secretary

Theme	Action	Timescale	Lead
	Regular 'coffee and cake' sessions with the Chair of the Board Establishment of staff experience groups within divisions and directorates to be complemented with Trust wide group to be chaired by the Chief Executive Fortnightly blog from Chief Executive to share with staff his thoughts and activities	Q1 commenced	Leadership teams/ P&OD Chief Executive
Wellbeing into Action	Seek feedback from staff through divisional/directorates on what would make a difference – build this into the workplan for the health and wellbeing group. Develop and implement a mental health and wellbeing plan Re-launch staff lottery and access to health and wellbeing fund	Q1 Q2 Q1	Leadership teams Head of Leadership & OD Head of Communications & Engagement
Accountability	Development of objectives for all staff to be linked to Due North breakthrough objectives Performance assurance framework to include staff survey related KPIs Feedback from staff experience groups and leadership 'walkabouts' to be reported to Management Board on a quarterly basis Development of visual management boards with the support of the Qi team	Q1 Q1 Quarterly Q1	All leaders Director of P&OD All divisions/ directorates All divisions/ directorates

The staff engagement driver diagram presented at last month's Board of Directors meeting is repeated at Appendix 2 – this will be finalised along with driver diagrams associated with our other breakthrough objectives. As detailed within that driver diagram the KPIs to be monitored during the year will be:

- Vacancy rates
- Retention and turnover rates
- Sickness absence rates
- Staff survey questions which require particular attention
- Staff engagement questions around advocacy, motivation and involvement.

In addition to this plan Divisions and Directorates will develop their own action plans with the engagement of their staff. In order to support this process the approach adopted by Listening into Action of engaging with staff to seek their solutions is embedded within our Qi Lean programme. This will continue to be supplemented by pulse checks throughout the programme of improvement – this will ensure that leaders are sighted on how staff are feeling about their involvement and the changes being implemented.

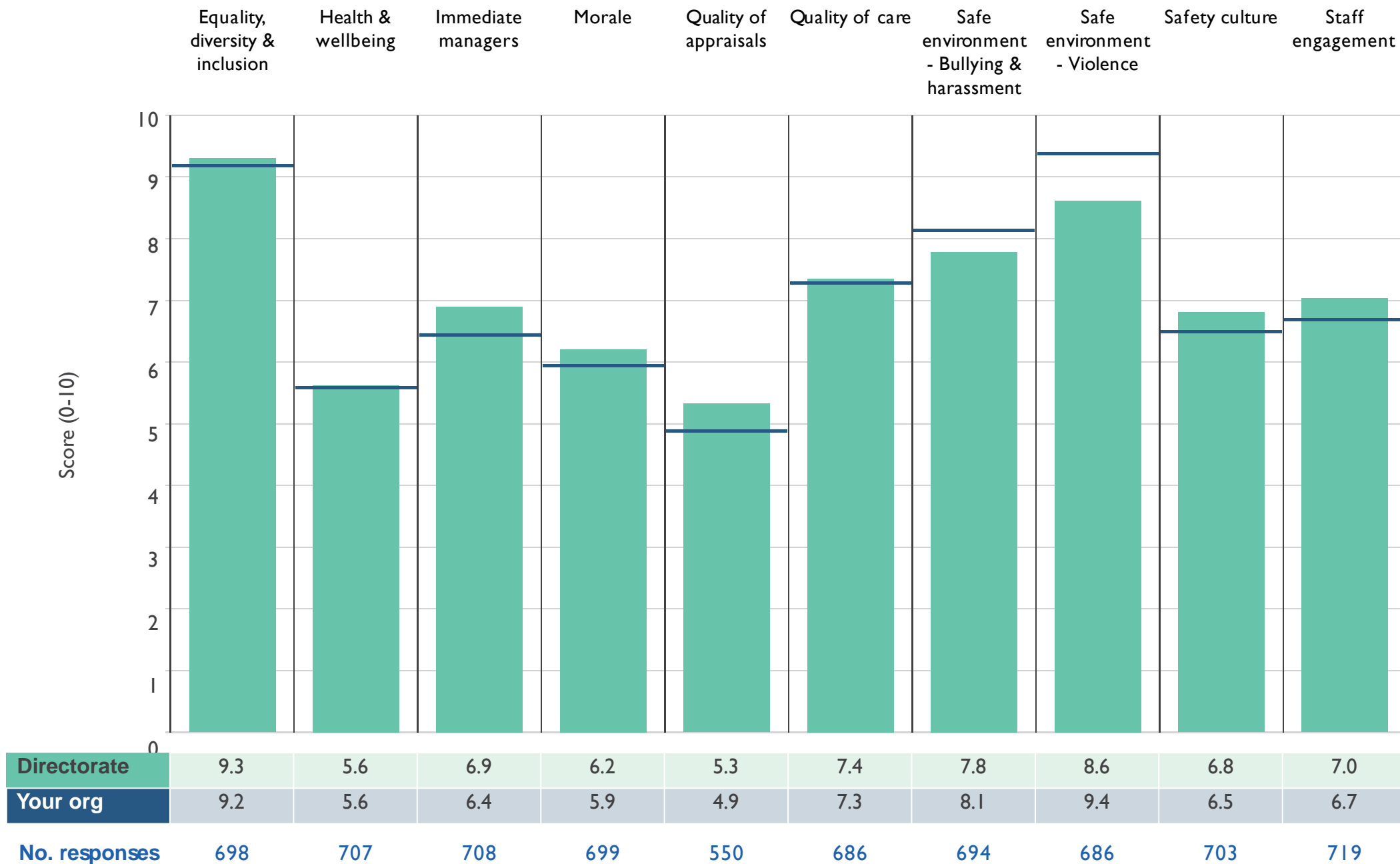
Progress against the Trust level action plan will be monitored through reports to QEC. Divisional/directorate action plans will be monitored through visual management boards and the performance assurance framework.

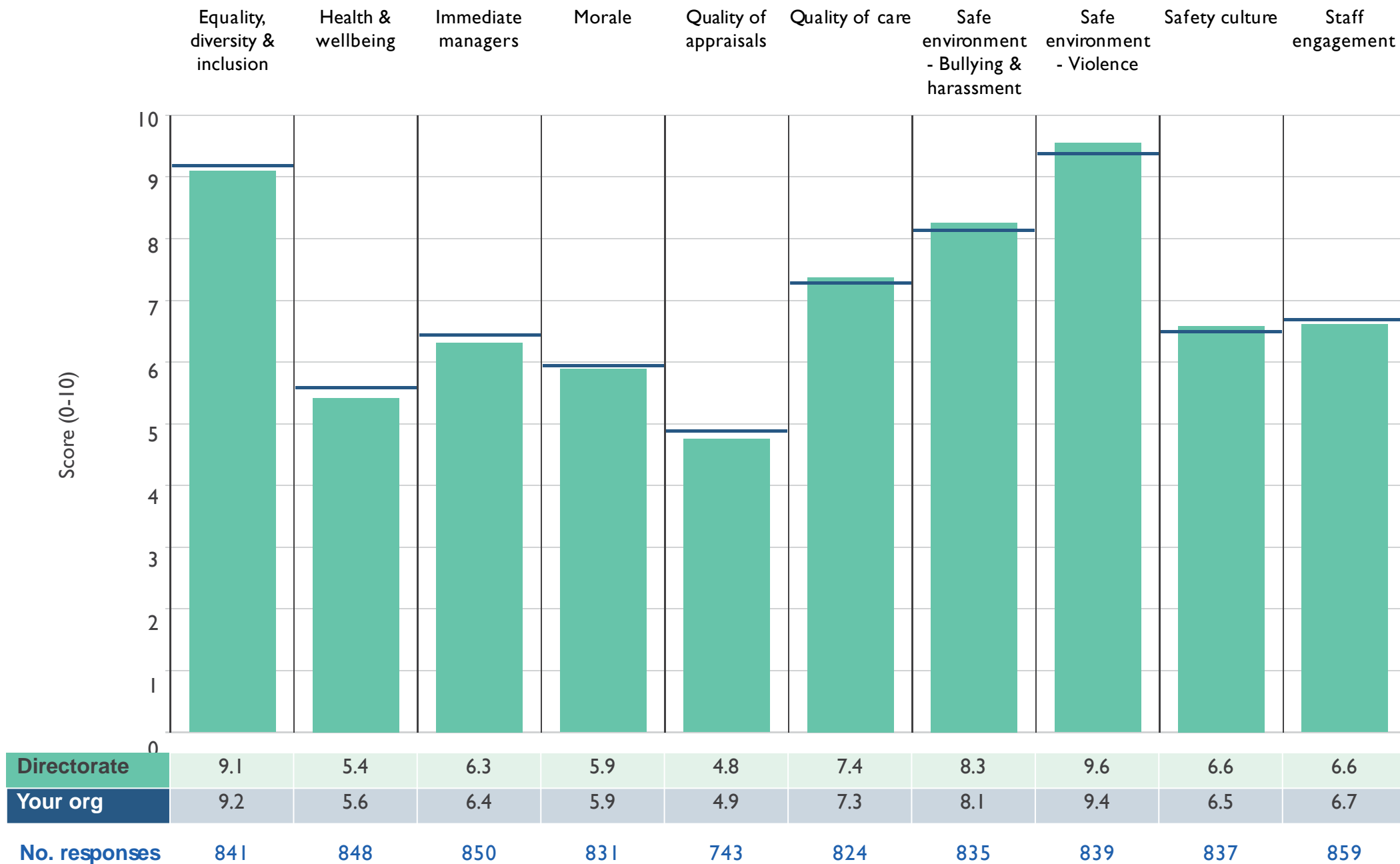
Appendix 1 – Staff survey result tables

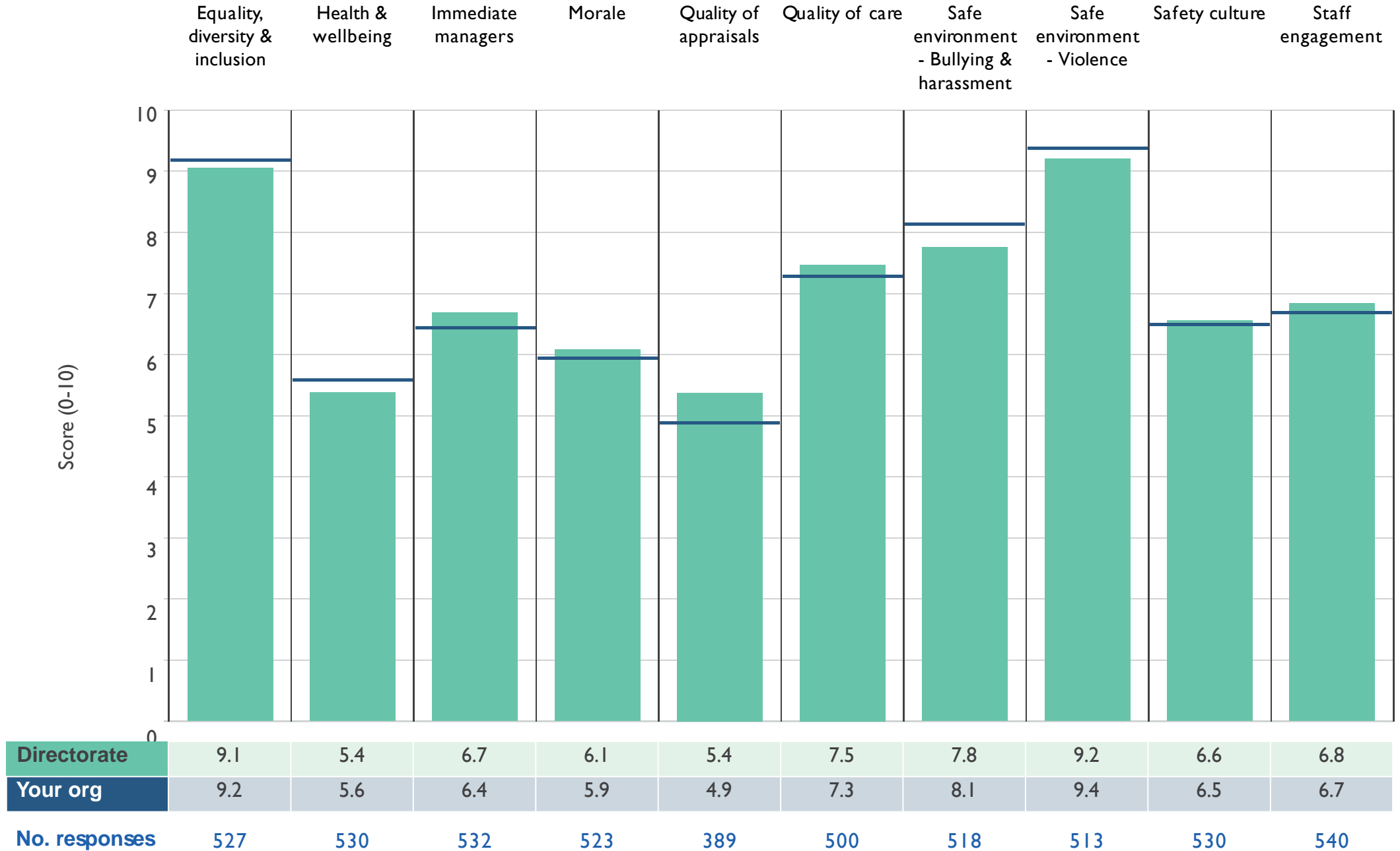
Divisions/Directorates

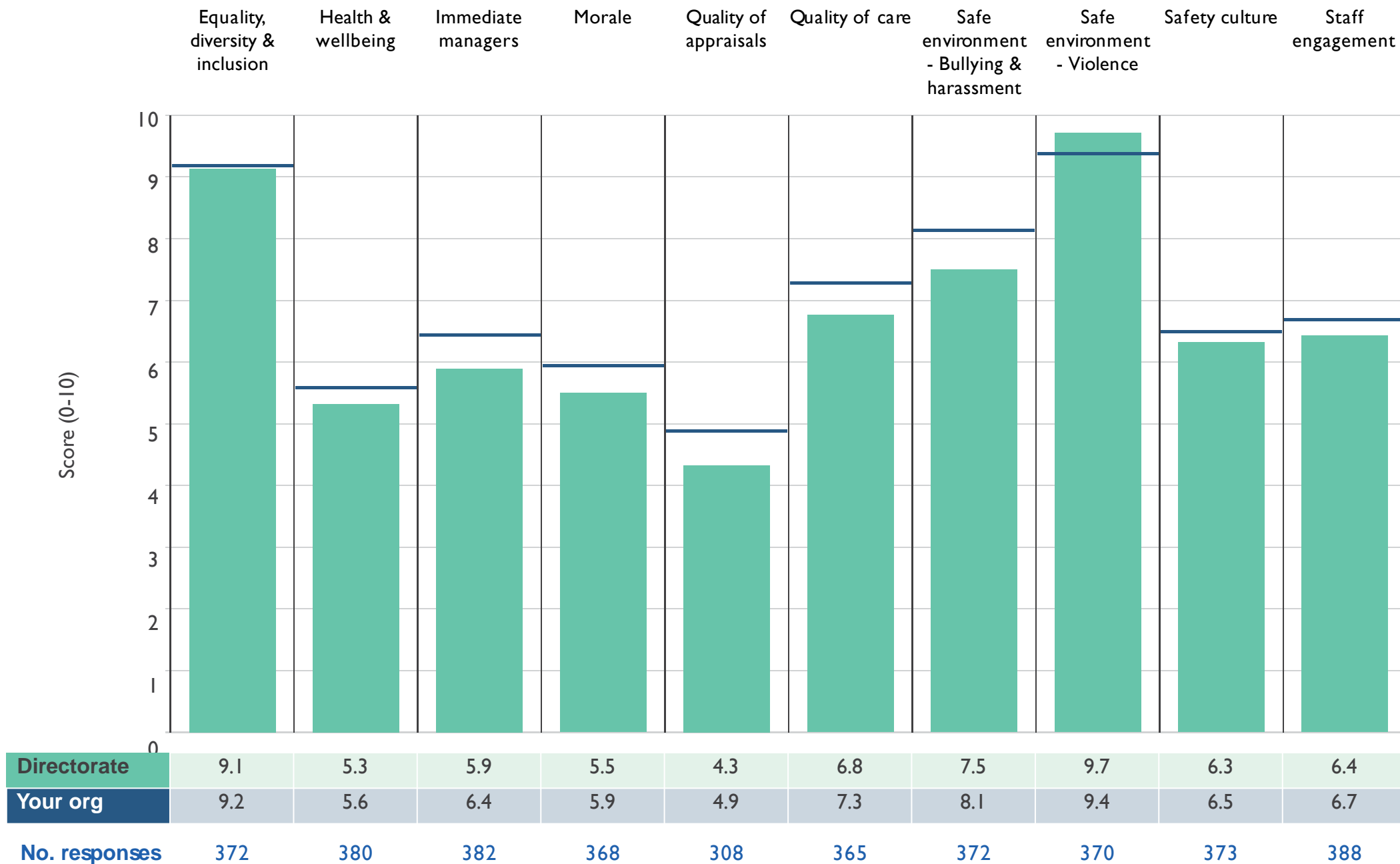
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

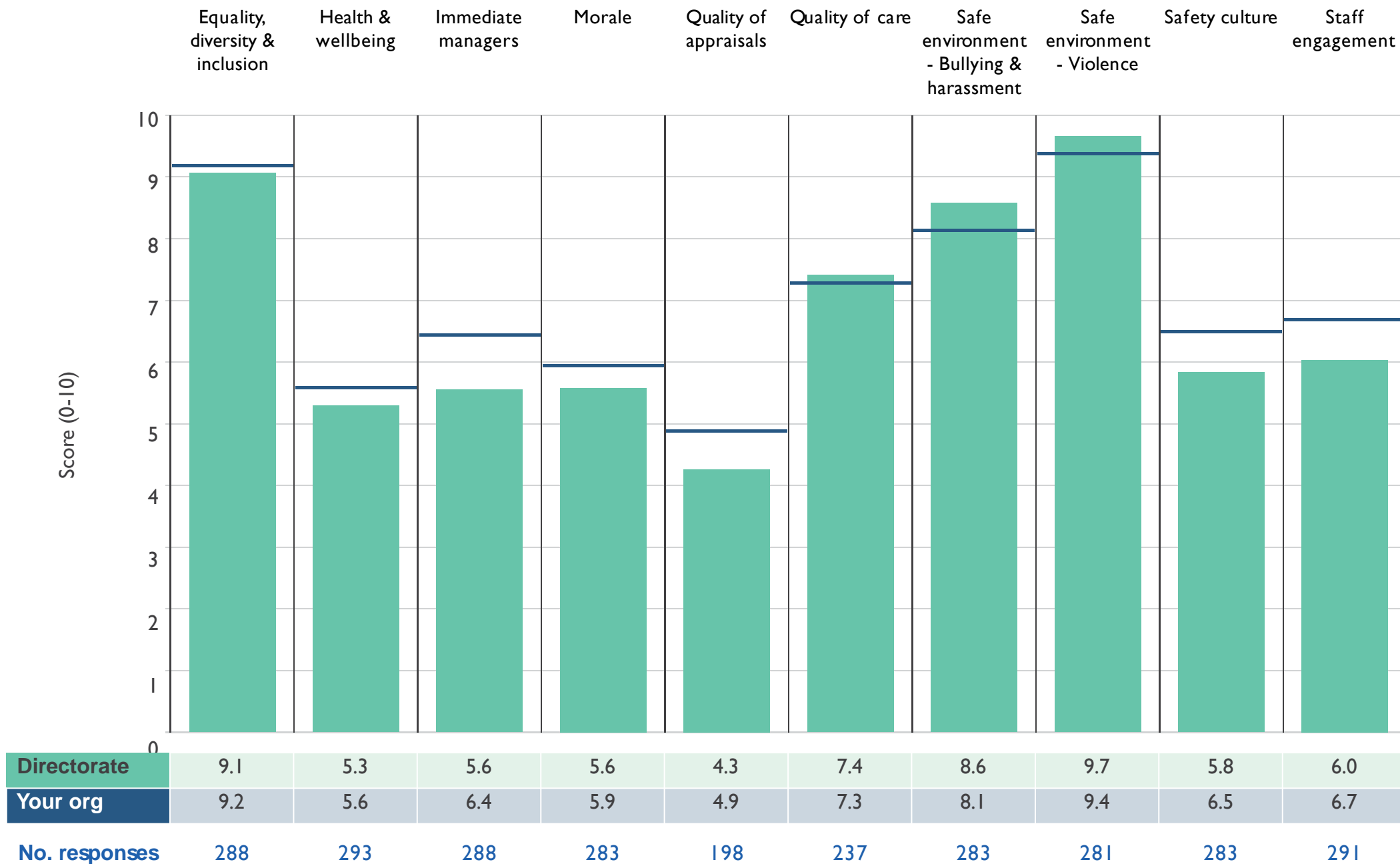
2018 NHS Staff Survey Results

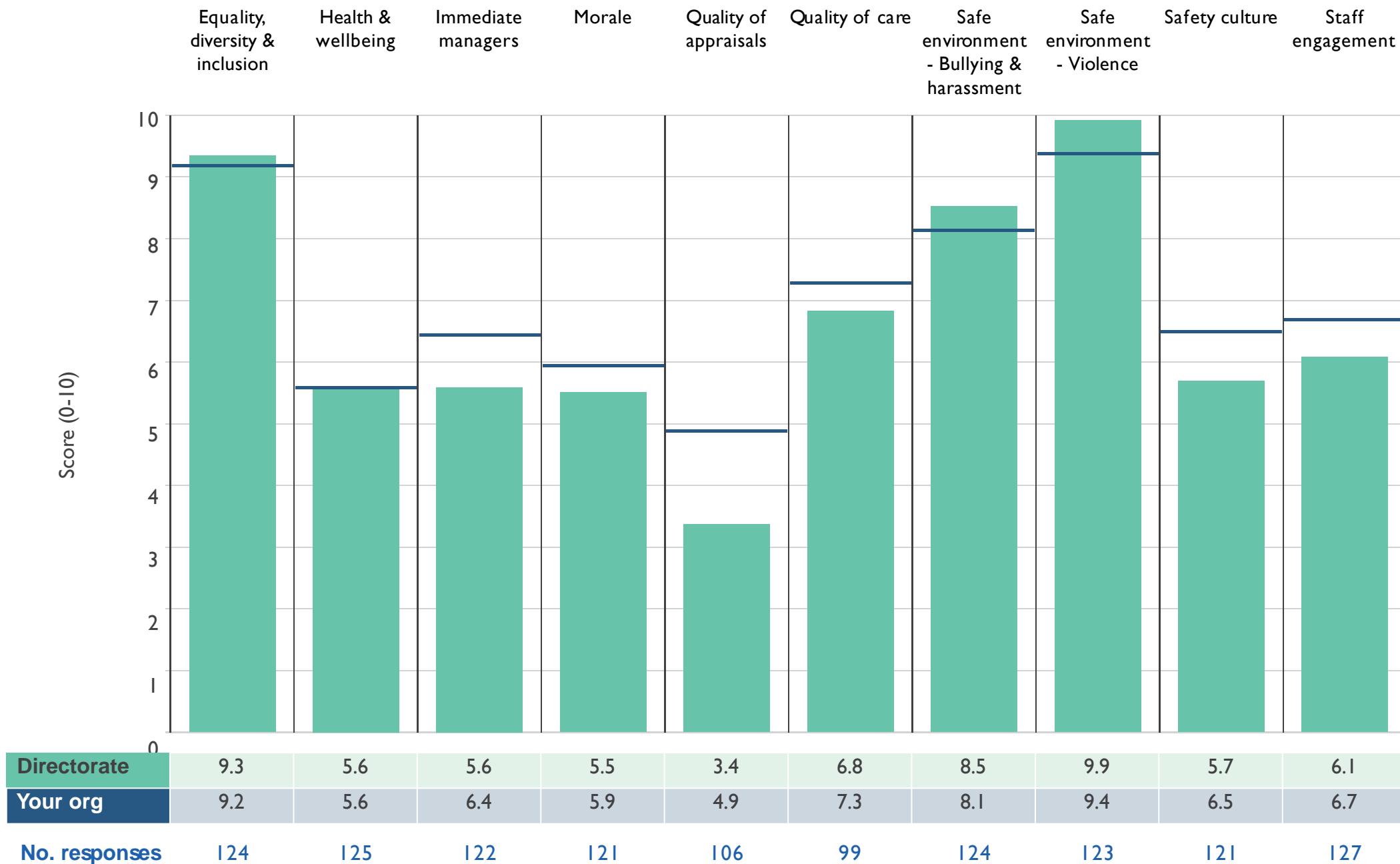


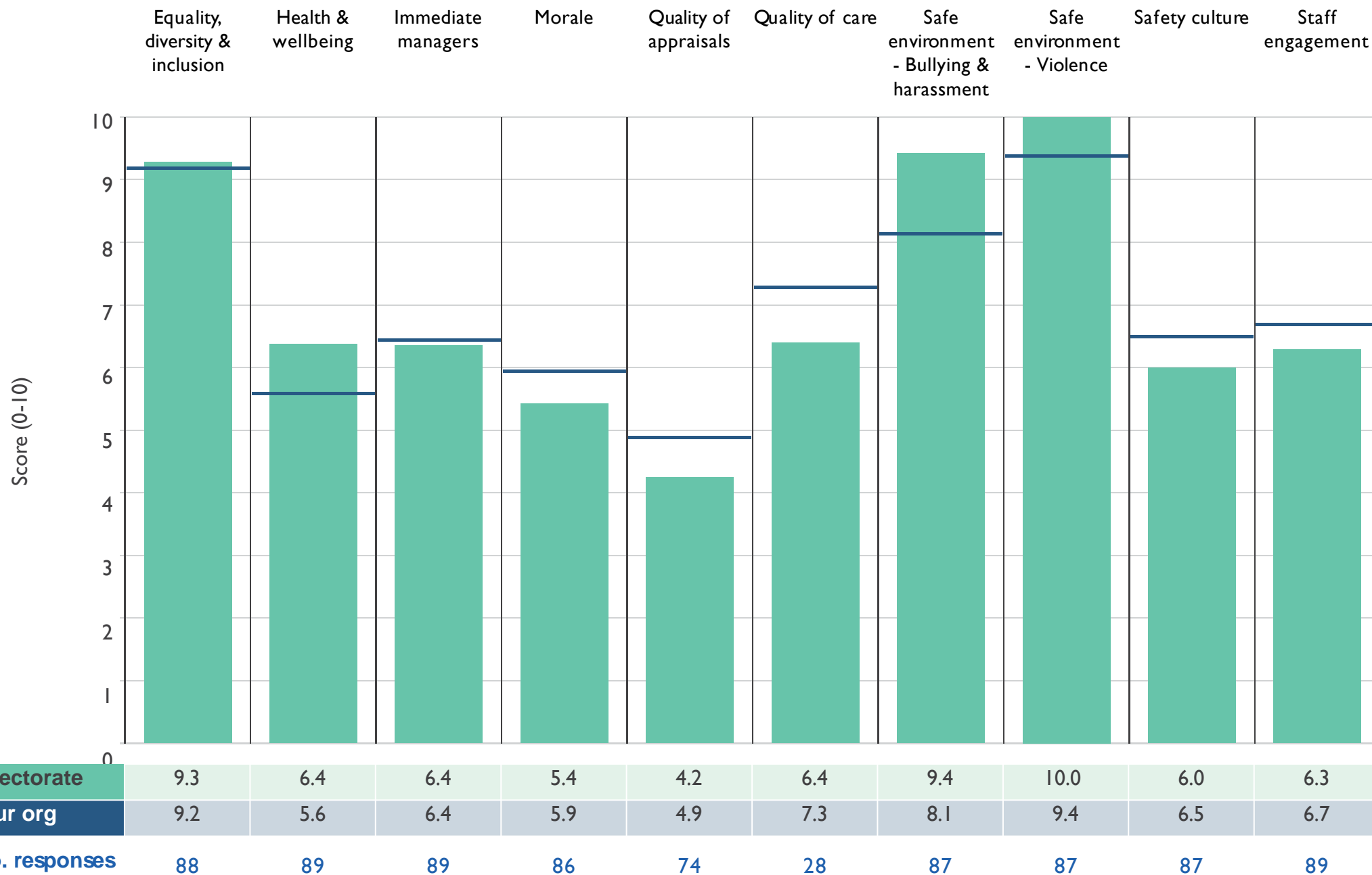


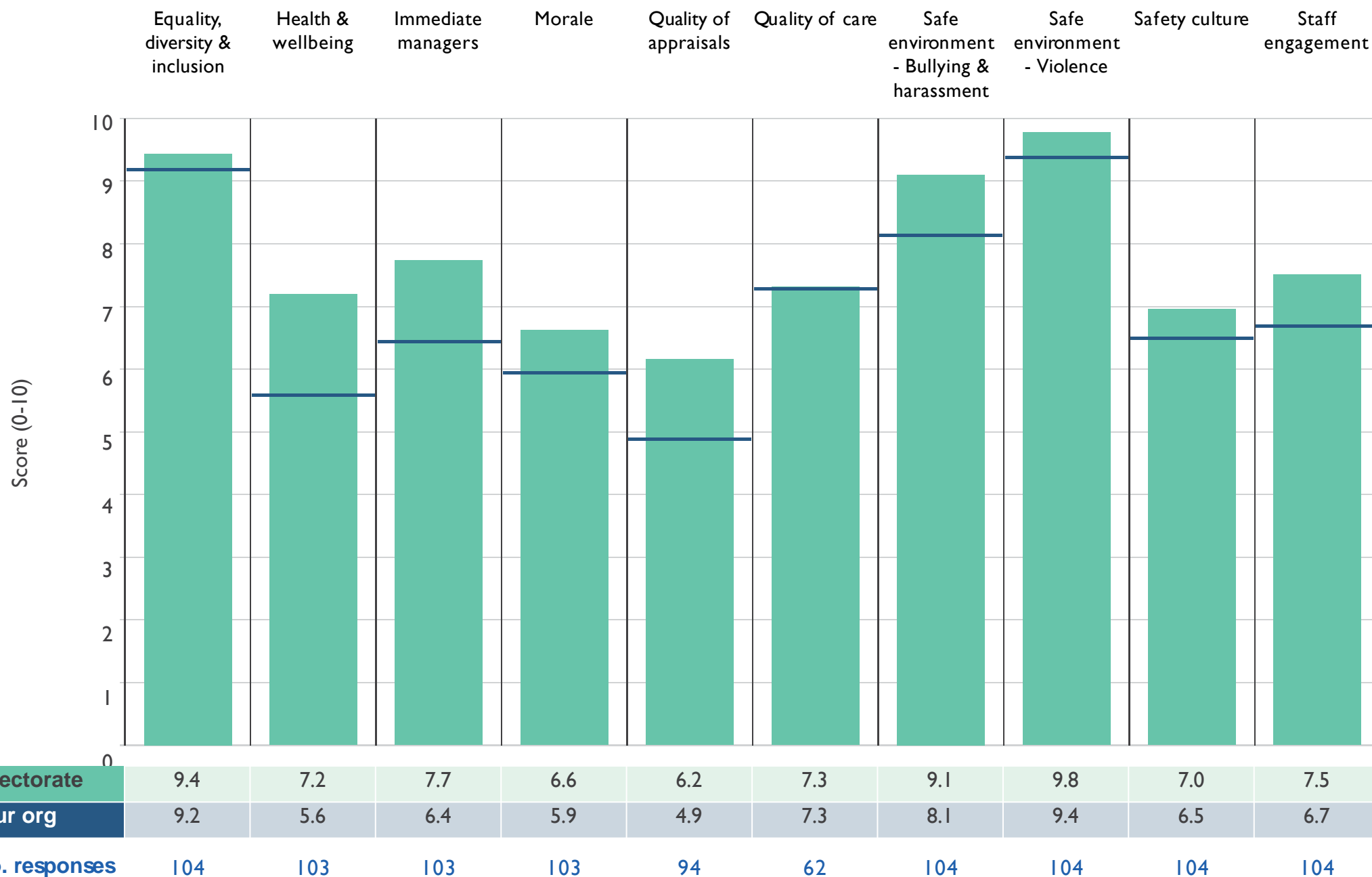


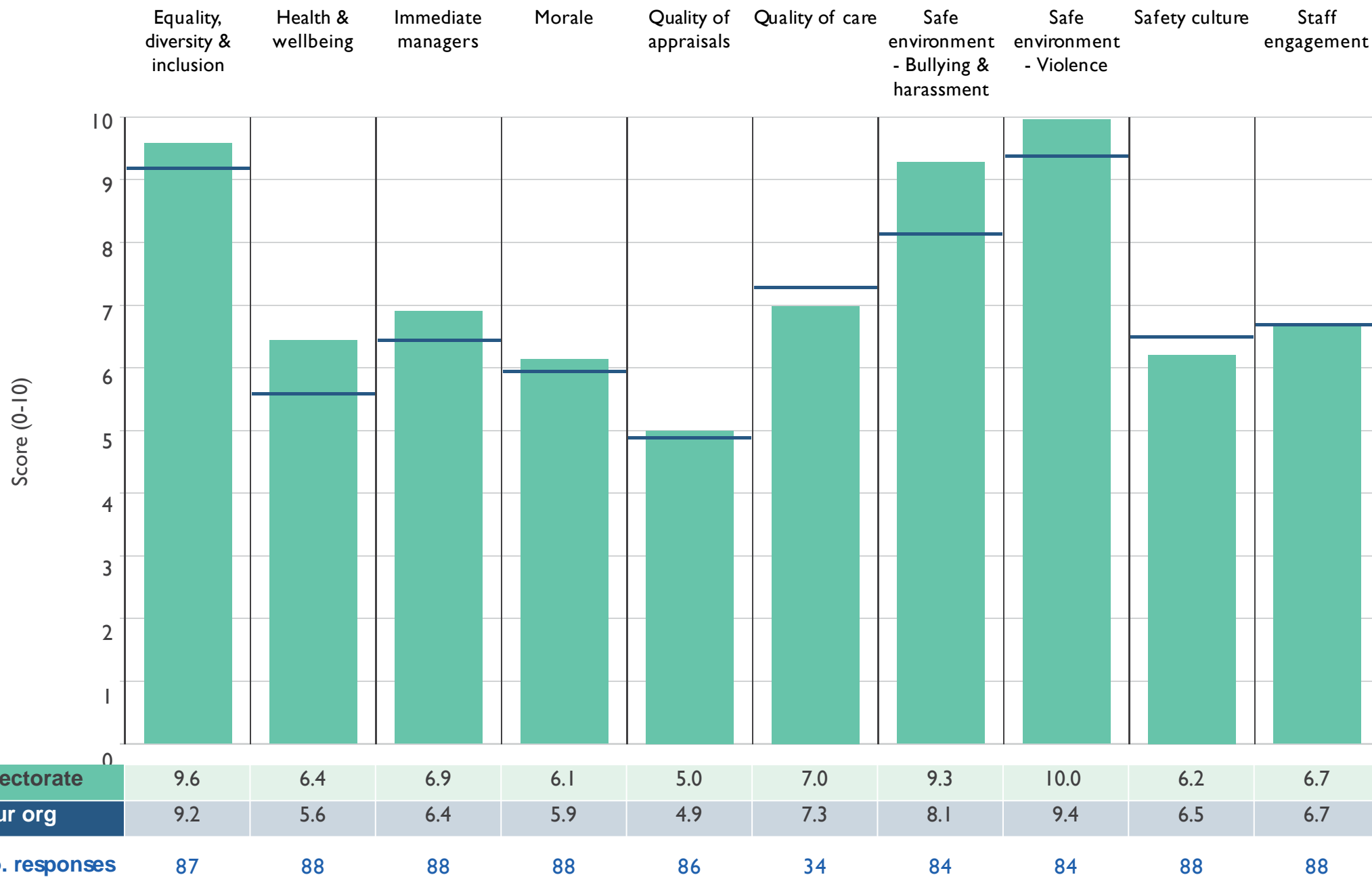






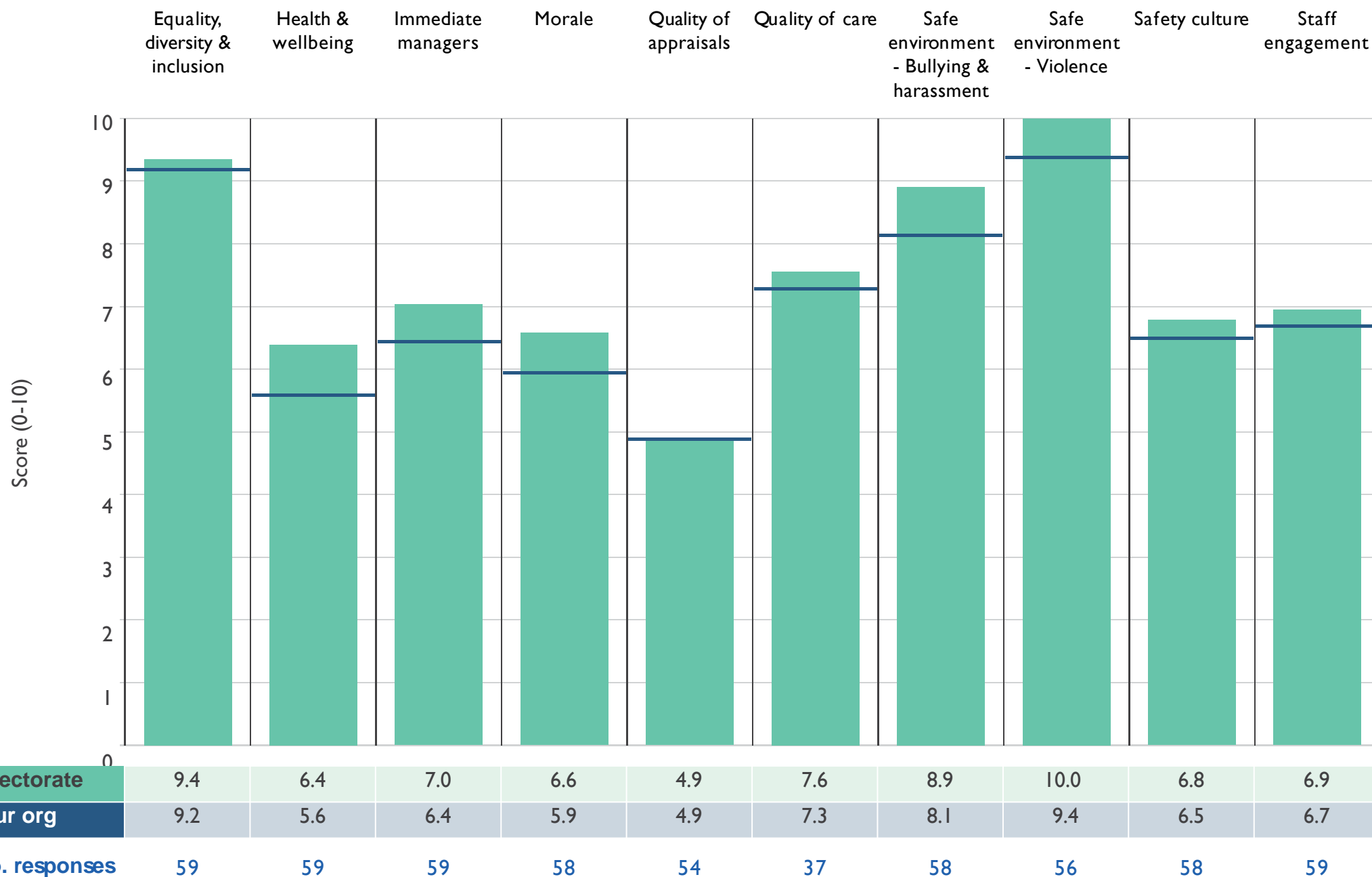


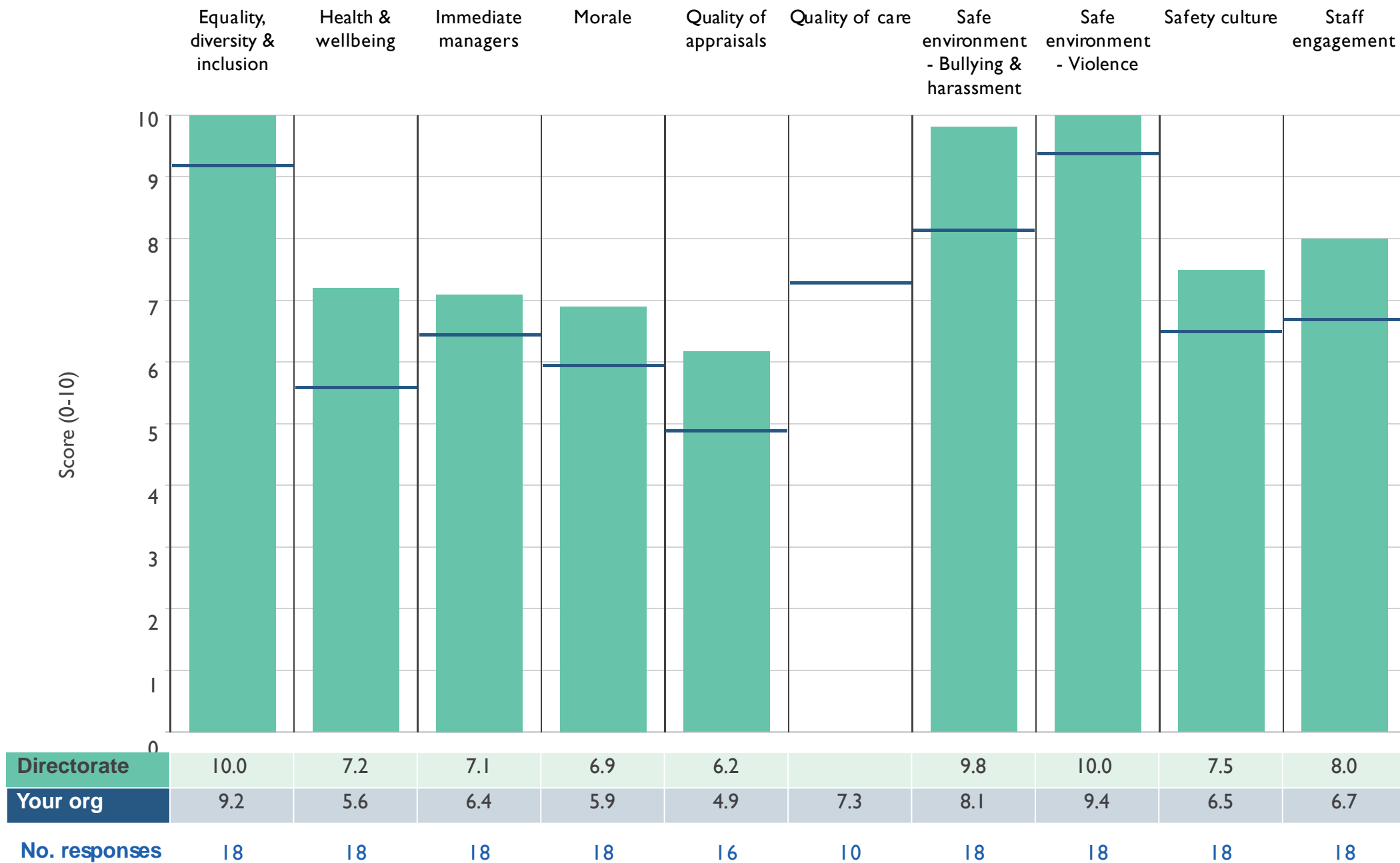




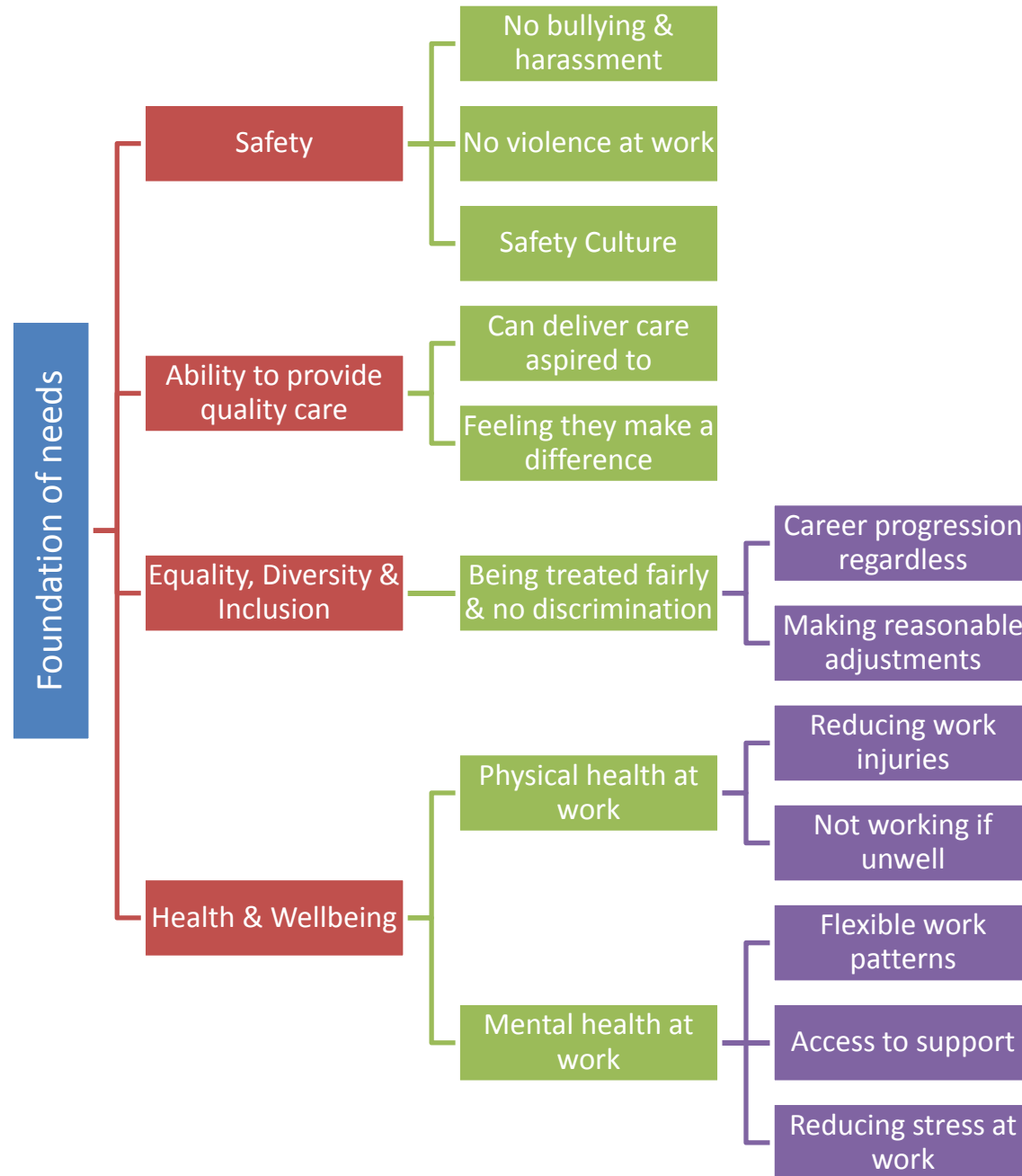
Directorate	9.6	6.4	6.9	6.1	5.0	7.0	9.3	10.0	6.2	6.7
Your org	9.2	5.6	6.4	5.9	4.9	7.3	8.1	9.4	6.5	6.7

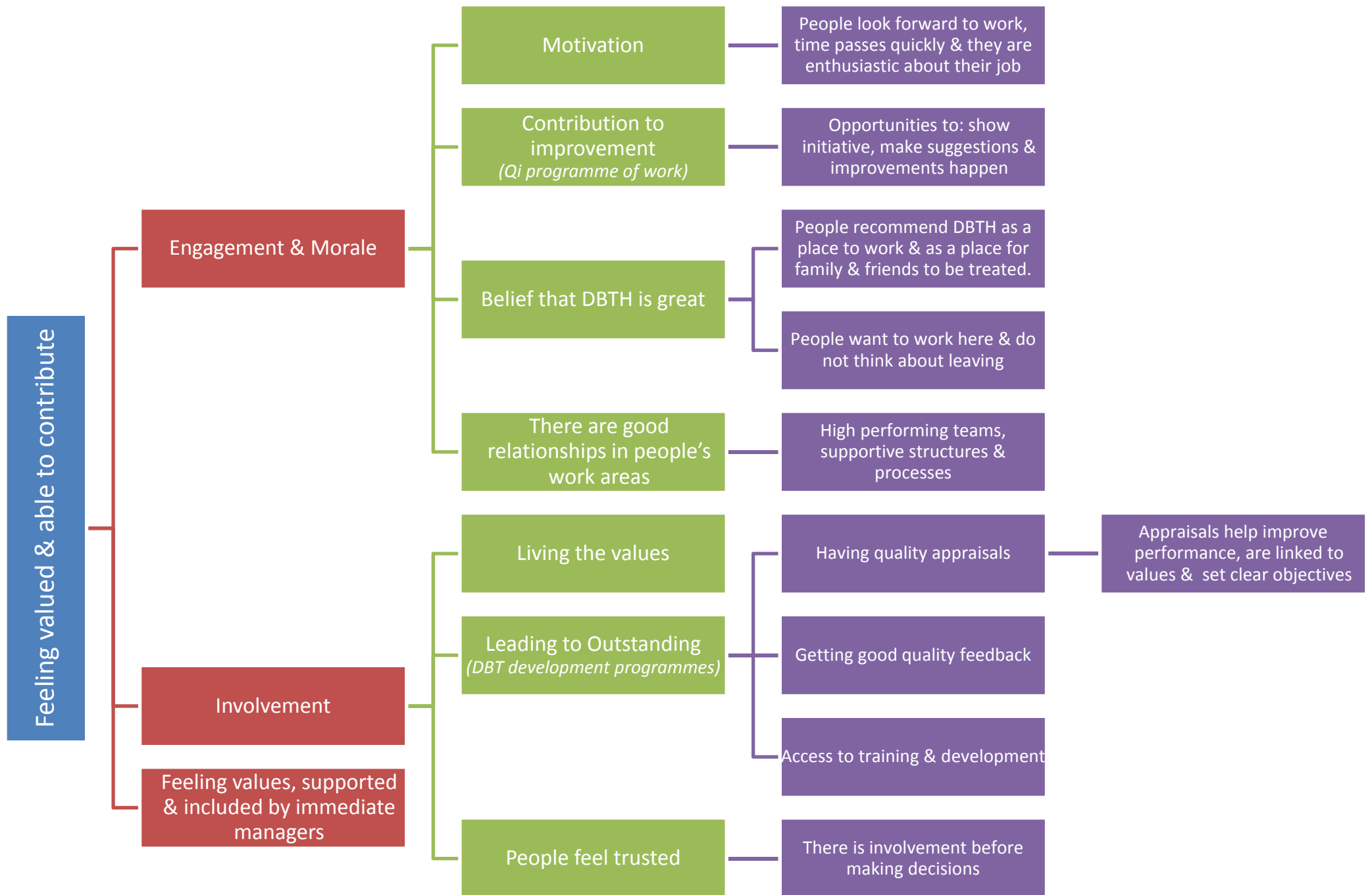
No. responses	87	88	88	88	86	34	84	84	88	88
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Appendix 2 – Driver diagram, Top 10% Staff Engagement







Chief Executive's Report 11 April 2019

Thanking staff after a particularly busy period for the NHS

I wish to place on record my thanks to all of our team members who have worked tremendously hard through the Xmas and New Year period and into 2019.

Winter always brings challenges with increasing patient demand and a rise in seasonal illness, such as coughs and colds. The opening months of this year have been very busy at the Trust, and despite a spike in attendance, particularly within our Emergency Departments, colleagues have managed these pressures extremely well.

While winter is by no means over, I want to thank every member of Team DBTH for their hard work and dedication. Only by pulling together can we ensure that patients continue to receive the best quality care and I am very pleased by the example shown by colleagues throughout the past number of weeks.



New CT scanning suite to be built at Doncaster Royal Infirmary

I am delighted to announce that a project to build a new Computed Tomography (CT) scanner suite at Doncaster Royal Infirmary has now commenced, starting with a ground-breaking ceremony which took place on Friday 15th February 2019.

This development is a result of Doncaster and Bassetlaw Teaching Hospitals (DBTH) receiving £4.9 million from the Department of Health and Social Care to build the brand new facility at its Doncaster site, as well as receiving additional support from the Doncaster Cancer Detection Trust to purchase an additional scanner to replace the existing machine at the hospital, meaning that patients will be able to benefit from this increased scanning capacity.

This bid was placed with the Government on behalf of the Trust by the South Yorkshire and Bassetlaw Integrated Care System (ICS).

Making Mealtimes Matter

Clinicians at the Trust are looking to better structure meal times for patients by introducing a series of improvements on wards and in departments.

Ensuring patients eat well and have enough to drink is extremely important. Good nutrition and hydration helps individuals to recover from illness and injury, usually resulting in a shorter length of time spent in hospital.

Despite the best efforts of Team DBTH, patient meal times can be interrupted due to a number of reasons, as wards and inpatient departments are often very busy places with competing priorities and treatments. To address this and also complement recently increased visiting times at the Trust, staff will be moving away from 'Protected Mealtimes' and are instead working towards 'Making Mealtimes Matter'.

This means that non-essential activity will stop during mealtimes and activities will shift from clinical work to the meal service. All staff will be encouraged to help and nutrition-related patient care such as topping-up drinks, creating social dining spaces and assisting patients who need help to eat. Carers and families who wish to support their loved ones to 'Make Mealtimes Matter' will also be welcomed onto the ward area at this time.

It is hoped that by making these simple changes that mealtimes will become better structured and enjoyable for patients, while also creating a much more social environment. It's also important that relatives and carers are welcomed onto wards to help their loved ones if they wish and as such all mealtimes will be displayed upon entry to wards, clear for all visitors to see.

New Office for Patient Support Service

I am delighted to announce that the Patient Advice and Liaison Service at Doncaster Royal Infirmary has been relocated to a brand new office nearby the sites gate four entrance, making it much more accessible to visitors. PALS offers confidential assistance to the public and is the first point of contact for patients and their families.

The PALS office is open every weekday from 9am to 5pm and can be contact in person, over the phone at 01302 642 769 or by email at dbth.pals.dbh@nhs.net This recent renovation has been one of a number of projects at the Trust recently including the new living wall at the main entrance and cash machine facilities.

Cannula mittens for babies

An innovative approach to stop our tiny tots from pulling out intravenous equipment is by cannula mittens. Residents in Doncaster, Worksop and surrounding areas have been supporting with the knitting of these mittens that when worn, stops babies disturbing their cannulas. Members of the public and staff alike can join the support by knitting these valuable items and sending to the Communications Department at Doncaster Royal Infirmary. Support from as far as New Zealand has been received!

'Shh' Campaign at DBTH

Clinicians at DBTH are hoping patients will have a silent night as the Trusts 'Shh' campaign begins. The campaign launched on 11 March 2019 and is a new initiative that will see the implementation of a few simple rules for staff to follow as patients get ready to journey to the land of nod. Sleep Helps Healing (or Shh) main objective is to minimise, as much as possible, all noise, and ensuring individuals can snooze peacefully and without interruption.

Following an example set out by South Tees Hospital NHS Foundation Trust, the Trust will be implementing four simple rules in the Shh scheme to include:

- Lights will be dimmed from 11pm, and patients asked to switch all devices to silent and headphones used where possible
- All equipment will be placed within easy reach for staff and all buzzers, alarms and bleeps addressed as quickly as possible
- Staff will wear soft-soled footwear to reduce any noise from movement
- Upon entry to the ward, patients will be asked about their sleeping routine, with their care plan tailored to fit preferences.

With these simple, yet all-important, changes, Trust staff are hoping that patients will benefit from a restful night's sleep, potentially speeding up recovery and helping them get home much sooner.

Local hospital rating remains unchanged following inspection

Between 27 and 29 November, Doncaster and Bassetlaw Teaching Hospitals was host to an unannounced Care Quality Commission (CQC) inspection focused upon the organisation's urgent and emergency care services.

The Emergency Departments at Doncaster and Worksop care for an average of 103,000 and 50,000 patients respectively each year and are some of the busiest units of their kind in the region. Despite this, the services routinely performs within the top 20 for the four hour access target, with the Trust reaching 92.12% in quarter three of the year.

Following a wider visit in 2017, the most recent inspection maintains the Trust's rating of 'Requires Improvement'. Some 'domains' inspected by the CQC have changed, with Bassetlaw Hospital's Emergency Department's score improving overall, however the 'Safe' domain at Doncaster Royal Infirmary has moved to 'Inadequate'.

The final report is available on the CQC's website.

Doncaster's Rapid Response Service recognised as an exemplar service

Doncaster's Rapid Response Service, a partnership between Rotherham Doncaster and South Humber NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Fylde Coast Medical Services and Doncaster Council, led by NHS Doncaster Clinical Commissioning Group have been shortlisted under the 'Improving Value in the Care of Older Patient's Award' of the Health Service Journal awards.



The Rapid Response Service ensure that just one integrated health and social care assessment is completed in a patients home as a result of a fall, illness or injury, helping to reduce the number of hospital admissions that could be avoided. The Integrated Doncaster Care Record has been central to the success of this service to date.

The NHS in Doncaster has a long term vision to move away from service working in isolation and working together in a joined up approach to health and social care. This example was referenced as a best practice example in the launch of the NHS Long Term Plan in January 2019. The Health Service Journal Value Awards will take place on Thursday 23rd May 2019 in Manchester.

DBTH achieves 500 days without ‘superbug’

I am pleased to report that the Trust celebrated 500 days without a Meticillin-resistant Staphylococcus aureus blood stream infection (also known as MRSA bacteraemia).

The Trust’s Infection Prevention and Control (IPC) Team have worked tirelessly throughout the past number of years with clinicians 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 led 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.

The Trust’s IPC team are also honing in on another achievement, with the organisation almost at 50 days without incidence of hospital-acquired Clostridium difficile (C.diff). A similarly unpleasant infection that can lead to serious bowel problems and diarrhoea.



Ten minute scan potentially saves the life of local man

Although a potential worrying situation, I was pleased to hear that a local man who attended a routine Abdominal Aortic Aneurysm (AAA) screening appointment and was found to have a large aneurysm has thanked the screening team and his sister-in-law for saving his life.

AAA is a swelling of the main blood vessel in the body, the aorta, which can weaken and expand and is most common in men aged 65 and above. There are usually no symptoms and if left untreated the aneurysm can rupture and cause internal bleeding often with fatal consequences. Screening involves a simple ultrasound scan which looks for weaknesses and enlargements of the aorta.

Graham White, aged 74 from Wath-upon-Dearne, attended the screening clinic held at his local Tesco store, having been told about it by his sister-in-law, Mavis Rimmington.

Graham booked his appointment and attended on the day feeling fit and healthy and even doing his grocery shopping beforehand. He was therefore surprised to be told during his appointment that a large aneurysm had been detected and he was referred for further tests where a date for surgery was arranged.

The screening team can visit local communities and events to deliver clinics. If you are part of a group of men over the age of 65 and would like us to deliver the screening to your group please get in touch. The test is quick and easy and could potentially save lives. Men over 65 who have not previously been screened can self-refer by contacting the South Yorkshire and Bassetlaw AAA Screening Programme on 01709 649100 or email dbth.aaa.screening@nhs.net.

Finance Team Scoop Yorkshire and Humber Award

I am proud to share the news that our Finance Team was awarded the Healthcare Financial Management Association's 'Finance Team of the Year Award' at the Yorkshire and Humber Branch Conference 2019.

The award recognises the contribution that an organisation's finance team has made in the last 12 months, promoting and improving teamwork, innovation, collaboration, transformation and governance. As a Trust, we have worked hard to refresh, and renew our financial services since 2016.



The Chair and I feel this award is very well deserved. In a fairly short period of time, the Trust's finance department have reorganised, adopted new ways of working and, importantly, enforced better financial control and monitoring throughout the organisation. The team continues to work hard at delivering their targets for the 2018/19 financial year.

Garry Swann honoured at investiture ceremony for services to the NHS

It gave the Chair and me great pleasure to accompany Garry Swann, former Medical Photographer at the Trust and current Archivist, as he was honoured for his services to the NHS at a recent investiture.

The ceremony, performed by HM Lord-Lieutenant of South Yorkshire Andrew Coombe Esq. took place at the Mansion House in Doncaster and was attended by Garry's close friends and family, along with the Civic Mayor of Doncaster, Majid Khan.

Garry was named in the Queen's Birthday Honours list last summer and awarded the British Empire Medal (BEM).

Since his retirement, Garry has remained a very active member of Doncaster and Bassetlaw Teaching Hospitals. He expertly manages the Trust's archive of photographs and other memorabilia, preserving and sharing the Trust's long and illustrious history in his books and writing a regular column in the Trust magazine.

Garry has recently produced a book to celebrate in pictures the history of Doncaster and Bassetlaw Teaching Hospitals. The book was published to coincide with the 70th anniversary of the foundation of the NHS on 5 July 1948 and is on sale to raise funds for the Trust's charity.

Appointment to the Efficiency Director

In January, the Trust appointed Paul Mapley as the Efficiency Director. Working with Jon Sargeant, Director of Finance, Paul will help support the Trust to improve the productivity of our organisation, supporting efficiencies which will help us to further invest and improve our services and patient care.

Appointment of Head of Midwifery

In February, the Trust appointed Lois Mellor as our new Head of Midwifery. Lois will be working alongside Mr Eki Emovon in the Children's and Families Division.

Lois has an extensive background working for the NHS and is passionate about providing excellent care for women and their families. In her role, the new Head of Midwifery intends to make use of the maternity transformation programme and to implement "better births", so that services can be redesigned to ensure the best experience for local parents.

On behalf of everyone at the Trust, I want to extend the warmest of welcomes to Lois.

Trust successful in specialist weight management bid

I am pleased to announce that the Trust has been successful in a procurement exercise to continue to deliver 'Tier 3 Weight Management Services' (T3WMS) in Doncaster.

This service is only available for people with severe or complex obesity who are considering bariatric (weight loss) surgery. To qualify for T3WMS, individuals must have a body mass index (BMI) of above 35, with the presence of diabetes or other significant conditions, or instead a BMI of over 40, without health-related conditions.

A multi-disciplinary team (MDT) at DBTH, led by dietitians and including cognitive behaviour psychotherapist, physiotherapist and clinical therapy assistants, worked very hard to secure delivery of the service, supported by other colleagues including the Trust's Strategy and Transformation team.

Funded and commissioned by Doncaster Council, service requirements state that the successful bid would have to demonstrate a model of care based upon a diverse, varied and appropriately trained MDT, capable of delivering the following for patients:

- An initial assessment consultation with the service user
- Development of a 12-month package of tailored and group-based interventions
- Service-user education and advice on nutrition, healthy lifestyles and bariatric surgery

- Ensuring service-users have access to: Psychological, physical activity and physiotherapy services, in addition to assessment, treatment and optimisation of obesity-related conditions and illnesses (such as type two diabetes).

Working within the Trust's Quality Improvement (Qi) methodology, the team collating the bid worked together to understand the service model requirements and came up with ideas on how enhancements could be implemented in a timely manner to meet the new specification.

All this information was pulled into a submission which was submitted at the start of December. Just before Christmas the Trust was notified by commissioners that it had been successful and will continue to provide the T3WMS service for a further two years.

Skin Integrity Team gets Third Place at the Journal of Wound Care's 2019 Awards

I am proud to share the news that the Trusts Skin Integrity Team have clinched third place at the Journal of Wound Care's 2019 awards under the category of 'most innovative'.

The team which specialises in the prevention and treatment of wounds were selected by the publication for their creative, innovative and novel approach to the care of lower-leg skin tears. Recognising the good work of the team, the JWC awarded the team third place at an awards ceremony late February 2019.

The Trust earns 'platinum' award for staff health and wellbeing

It gives me great pleasure to announce that the Trust has been recognised for achieving the highest possible standards in their 'Wellbeing at Work' programme.

The Trust's platinum award, presented by Nottinghamshire County Council, acknowledges the organisation's continued development of staff health and wellbeing services and support to keep members of team DBTH happy and healthy.

Staff working at the local hospitals have access to a number of benefits which help them to eat healthy and stay active. The Trust works with its catering suppliers, local gyms and individual fitness instructors to provide healthy meal options and on-site exercises classes, as well as discounted gym memberships. A physiotherapy service is also provided, meaning that colleagues can get quick appointments for aches and pains, whether they are acute injuries or long-standing problems, as well as receive advice on actions they should take to prevent musculo-skeletal problems in the future.

To support with emotional and mental wellbeing, all staff members at DBTH also have 24/7 access to an employee assistance service called 'Help' which provides round-the-clock advice on a multitude of issues such as stress, anxiety and depression, financial worries, domestic problems and bereavement.

Members of the team are encouraged to look out for one another and some have signed up to be health champions and signpost their colleagues to appropriate support services. The champions are based in various departments across the Trust, meaning that the first step to asking for help can be through a familiar face.

The Trust will continue to review its staff health and wellbeing offer and engage with colleagues to identify what support they need to be happy and healthy whilst working at DBTH.



Primary School Pupils promote Eye Clinic Appointments

It was great to see the partnership working with students at Grange Lane Infant Academy and the Trusts Ophthalmology Team in stressing the importance of attending eye screen appointments. The Ophthalmology Team delivered an interactive session to students at the Academy, organised a number of rotating workshops, and capped it off with a poster competition.



The purpose of the visit was to raise awareness about this valuable service that the eye clinic provides to the public as well as to highlight the impact that not attending appointments can have on the NHS. Over the course of the day, students had hands on time with different Ophthalmology tools, examined contact lenses up close and met Isaac the artificial eye model as well as being supplied with fun facts and trivia from the experts at the Trust.

Having been arranged in collaboration with colleagues from across the local area, including Doncaster CCG and Healthwatch Doncaster, the event tied into the ongoing NHS 100 day challenge. This is a scheme that is all about driving positive change within healthcare, by revising current processes and increasing efficiency. The current 100-day Improvement Challenge is focussing on Ophthalmology, Spinal and Fibromyalgia and builds on the excellent work of the previous programme that looked at Urology, Cardiology and ENT.



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

Title	Chair's and NEDs' Report		
Report to	Council of Governors	Date	11 April 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 February and March 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 – April 2019



I was delighted to be invited to Garry Swann's investiture ceremony on 31 January. Garry was awarded the British Empire Medal (BEM) for his services to the NHS in the Queen's Birthday Honours list of Summer 2018. The ceremony took place at the Mansion House, Andrew Coombe, HM Lord-Lieutenant of South Yorkshire presented the award and the Civic Mayor, Councillor Majid Khan was in attendance.

Garry joined the Trust in 1966, to set up the Department of Medical Illustration and over the years has been responsible for the education and training of many clinical photographers. Since his retirement he has taken up the post of Trust Archivist, managing the archive of photographs and other memorabilia. He writes a regular column in the Trust magazine and has recently published 'Good Health – A Pictorial Celebration of Doncaster and Bassetlaw Teaching Hospitals'.

Both Richard and I are enormously proud that Garry's contribution has been recognised in this way and it was a privilege to share this special moment with him and his family.

DBTH's Platinum Award for Wellbeing at Work

At the beginning of March I attended the awards ceremony for the Wellbeing at Work Programme. The Trust secured the highest possible level of recognition, the platinum award, for its continued development of staff health and wellbeing services. A great achievement for team DBTH!



Staff are able to access a range of resources, including assistance with physical, mental and financial wellbeing. As a happy and healthy workforce remains a key priority for the Trust, we will continue to develop our offer, to meet the needs of our team and to allow them to deliver outstanding care and service to all.

Official Opening of the Patient Advice and Liaison Service (PALS) Office



In March, I was delighted to officially open the relocated, purpose-built PALS office. As part of a range of improvements at gate 4 the office is well located for patients and their families. The team is on hand Monday to Friday, to answer a broad range of questions, to signpost services and receive feedback or concerns relating to a patient/family's experience in hospital. The newly constructed space provides a good balance between an open office environment and the provision of

private meeting rooms for confidential discussions.

Chief Operating Officer Vacancy

The recent Chief Operating Officer vacancy attracted a great deal of interest, and from a significant number of applications we were able to shortlist six strong candidates for interview. Along with other senior colleagues, I conducted one to one pre-interview discussions ahead of the multi panel process. The interview panels were place and gender balanced and included representation from executive, non-executive, divisional directors, governor and external partners. I am pleased to report an appointment was made, details of which will be shared in due course, following completion of the necessary pre-employment checks. The day was well executed and my thanks go to everyone who supported the process.

Meeting of Partner Governors

The six monthly partner governor meeting took place at the end of January, the meeting was well attended and I was joined by Gareth Jones, Trust Board Secretary. The partner governors offered to support the promotion of the Trusts governor election process as they all work with members of the public who have a keen interest in healthcare. We discussed how governor observers disseminate learning from committee meetings and a template to share was proposed. Each updated the others on activity in their own organisation. The CCG and DMBC governors said they had increased the emphasis on self-help for patients and we agreed to look at combining promotion of this with the Trust's Prevention agenda.

Governor Brief

At February's Governor Brief, presentations were received from Ken Anderson, Head of IT Programmes & Development on the Electronic Patient Record (EPR) and from Roy Underwood, staff governor and Head of Information Governance on the Data Protection Act 2018.

The presentation delivered by Roy Underwood provided the Governors with a brief overview of the training, guidance and good practice provided to all staff across the Trust and spoke of

the SET e-learning or booklets. The compliance of 95% is to be achieved on training for the Trust.

Governors received a presentation from Ken Anderson outlining how the Electronic Patient Record will work across the Trust in terms of task management, bed management, e-Observations, clinical noting and fax de-commissioning that is to be operable by 2024.

The topic of March Governor brief was the Patient Advice and Liaison Service, which linked nicely to the official opening ceremony earlier that day. Governors received an excellent presentation from Cindy Storer, Deputy Director of Quality and Governance and her team. The informative brief demonstrated the Trust's approach to improving patient experience, the mechanisms available to monitor performance and a range of initiatives to drive improvements in standards of care and associated services.

Colleagues were able to observe improving standards of performance in the reported number of compliments, concerns and complaints and hear about identified themes and plans to address these. A sharing of knowledge, a desire to learn from experiences and facilitating patient and colleague feedback, were all recognised as crucial to delivery of an enhanced service.

As usual at the close of the session an open discussion on the content and Q&A sessions took place.

Governor Timeout

A well-attended governor timeout took place in March, which included the following presentations:

- The Path to CQC Outstanding - Sewa Singh, Medical Director
- The NHS Long Term Plan - David Purdue, Chief Operating Officer
- The UK's First Foundation School in Health - Kelly Turkhud, Vocational Education Manager

I was a little delayed in joining this session due to an off-site early morning commitment with our commissioners, so thanks to Sheena McDonnell for chairing on my behalf, and also for giving us an insight into her skills, experience and role within the Trust as part of the meet the Non-executive Director session.

Doncaster Integrated Care Partnership - Chairs Meeting

In February, I welcomed the Place level Chairs to the Trust for the second meeting of this recently formed group. Councillor Rachel Blake, Portfolio Holder for Adult Social Care and Chair of the Health & Wellbeing Board provided an overview of the H&WB Board's role and functions. Cath Doman, Director of Health and Social Care Transformation at Doncaster Clinical Commissioning Group gave an update from the local Partnership Boards; and finally,

we discussed the Chairs ability to influence partnership governance arrangements and how we could increase engagement across the organisations.

Other meetings attended in the months

In February, I had the opportunity to meet with Jochen Seidel, Divisional Director of Clinical Specialties. I also had an overdue catch up with our Director of Education and Consultant Anaesthetist, Dr Alasdair Strachan, to hear firsthand of his visit to Nepal last year and of the potential opportunities that may arise for the Trust from this visit. The relationship with Nepal is bringing much-needed doctors in training to our ED department.

I chaired the recruitment panel for the Consultant in Diabetes and Endocrinology in February, where we were successful in appointing the candidate.

On behalf of the Trust I have also joined the Board of the Doncaster Chamber of Commerce which involves me in meetings each month. The Chamber is at the forefront of a co-ordinated response to meet the skills needs of the town. As one of its biggest employers the Trust is playing an active part in the Careers Hub, the Skills Academy and the proposed University Technical College to name a few of their initiatives.



Finally, I had the pleasure of presenting a star of the month award (March) to Kate Wright, Therapy Assistant. Kate had been nominated by her manager for her positivity, support and influence on her colleagues' health and wellbeing. Kate has organised a number of initiatives, including mindfulness, reiki and meditation sessions to ensure staff take good care of themselves and are well placed to deliver the best possible service to their patients. **#TeamDBTH**

NED reports

Alan Chan

Along with NED colleagues, Sheena and Kath, Alan has met with Matt Gleadall, Head of Operational Estates and his team in February to learn about their use of visual management boards for continuous improvement and the adoption of LEAN principles within facilities management. He was impressed by the processes adopted by the team to manage the work more efficiently and to hear of the improvements made in reducing the outstanding workload.

Alan meets with Richard Somerset, Acting Head of Procurement on a quarterly basis, at this latest update discussion topics included; the latest developments for Supply Chain category towers, Brexit plans for suppliers, ICS procurement projects and central procurement hubs and how these may provide operational and financial opportunities and/or challenges.



Alan attended the ground breaking ceremony to mark the start of the build for the new CT scanner in February.

Alan attended the Finance and Performance Committee in February. Alan found it useful to take part and to see how discussions in the meeting correlated with those at Board.

Pat Drake

In February, Pat undertook an extensive internal investigation as part of my FTSU NED role. Pat met with Sheena and Karen to discuss and update the Board Development Plan and separately met with Karen to progress some work based on the national Arts in Health agenda. Pat chaired an appointment panel and successfully appointed a Consultant Community Pediatrician. Pat also attended the Governor Brief.

In March, Pat observed the Maternity Clinical Governance Meeting and all the Governance and attended the board meetings.

Kath Smart

In February, Kath attended 1:1 meetings with Jon Sargeant and Kirsty Edmondson-Jones. She also chaired the Charitable Funds Committee to sign off the Accounts for 2017/18.

Along with other Audit Committee Chairs in South Yorkshire, Kath has attended two ICS meetings with the Governance group to provide input and feedback into the developing ICS governance arrangements

Following up from a previous presentation at Board, Kath attended the 'Missed Appointments Project Group' and had the opportunity to hear about progress, innovation and partnerships all aimed at reducing the Trusts DNA rate.

Kath also took Kirsty up on her offer to view Estates and Facilities progress using LEAN with a visit to the Operational Estates team. This visit gave the Estates team an opportunity to showcase their process improvements, and demonstrate how their focus on reducing waste and improving safety has delivered improvements in their KPIs.

In March, in her role as Audit Committee Chair, Kath attended the agenda planning meeting to ensure the work plan remains on track for delivery, plus attended a conference call with the Director of Finance and Internal Audit to review progress. Kath also had a 1:1 with the Trust Board secretary to discuss audit committee actions, risk management and health and safety assurances.

As part of her continued buddying arrangements with the Medicine Division, Kath has met with Dr Stott to better understand the specialties within the division, plus visited the DRI Renal Unit. Following up on the Qi work undertaken in the Emergency Department, Kath attended ED's Fractured Neck of Femur weekly huddle, which reviews the implementation of new pathways, following the improvement events.

Kath also had a 1:1 with the newly appointed Efficiency and Effectiveness Director, Paul Mapley, to discuss the developing programme PMO arrangements and CIP plans for the forthcoming year.

Linn Phipps

In February, Linn has met with three of the Trust's Clinical Governance Leads to discuss quality issues, she has also met with Cindy Storer, Deputy Director of Quality and Governance and Catrina Drury to discuss how quality improvements are measured and how to link this with the Quality Dashboard, the Patient Experience and Engagement Strategy goals, and the measures in the Quality Account.

Linn participated in a very good Webinar on spreading innovation & improvement in the NHS, run by the Health Foundation; she also attended a Trust Qii event for Pre-Maternity staff.

Linn sang for the Trust's first Burns event, on Mallard Ward, and with Governor Roy Underwood at a musical event at Bassetlaw Hospital on 22nd March 2019 to raise money for the Trust's charity.

Linn met with two further Trust Clinical Governance Leads to discuss quality issues in March; she also discussed risk management governance with Internal Audit.

She participated in the national Empowering People in a Digital World Conference on 12 February 2019 and attended the Trust's first Masterclass "The Art of Being Brilliant", which was truly brilliant – Well Done People & OD!

Sheena McDonnell

Along with her NED colleagues Sheena attended a Board development session in January, the focus of which was to understand strengths and areas for development to ensure effective and efficient team working.

She has worked alongside Karen Barnard, Director of People and Organisational Development and Sam Debbage, Deputy Director of Education to explore the opportunities around the apprenticeship levy.

As mentioned in Alan's feedback Sheena has taken the opportunity to observe the visual management board in action as part of the Estates department daily huddle. She was interested to see lean principles being translated into action, particularly in areas where the transformation programme has yet to feature.

In February, Sheena attended the Quality & Effectiveness Committee pre-meet, as an observer, this has allowed her to understand how the agenda is constructed and prioritised ahead of and in preparation of the committee meeting.

In March, Sheena chaired the Governors Timeout, on behalf of Suzy; we looked at the journey to CQC outstanding, heard about our partnership with Hall Cross Academy – a Foundation School in Health, and I delivered a presentation to introduce myself to Governors.

Sheena was lucky enough to attend a half day workshop with the People and Organisational Development teams, hearing all about their plans to support the Trust to achieve CQC outstanding.

Along with Linn Phipps, Sheena attended the first of the Leadership masterclasses – The Art of Being Brilliant, the session organised by the Leadership and Organisational Development team was very well attended and was a very inspirational event.

Sheena attended ARC in March, the newly named Audit and Risk Committee replacing ANCR (Audit and Non Clinical Risk Committee) and have caught up with Suzy for a 1:1. Last but by no means least Sheena met up with Emma Challans, Deputy Chief Operating Officer, to talk all things leadership and to understand all about the good work happening in relation to missed

appointments and to discuss how NEDS can better show our support for activities and initiatives throughout the Trust.

Neil Rhodes

Since the last update Neil has met with Antonia Durham-Hall, Divisional Director of Surgery and Cancer. He has continued his involvement in the Prisoner Pathway Project dialing into a conference call with Fiona Littlewood, Senior Programme Manager. Discussed the Electronic Patient Record business case with Simon Marsh, Chief Information Officer and Ken Anderson.

In support of his role as Chair of the Finance and Performance Committee he has joined the Finance & Performance planning meeting and met with the Director of Finance on a one-to-one basis.

In February Neil has toured the Clinical Specialties Division, supported by Lesley Barnett, Associate Director of Nursing and met with the clinical lead for Audiology.

In March, Neil has held discussions with our auditors in relation to an audit of the risk assessment process. He has also held a 1:1 financial planning telephone conference with the Director of Finance, Jon Sargeant. Neil chaired the Finance and Performance Committee on 25 February and took part in the Board of Directors on 26 February.

On 12 March Neil took part in the interviews to recruit a new Chief Operating Officer and looks forward to working with the successful candidate, who emerged from a strong field.

Together with governor, Mike Addenbrooke, Neil considered the Sodexo catering provision to better understand the systems and processes in place to ensure our patients receive the correct, high quality meals in a timely manner.



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

Title	Feedback from Governors' Advisory Panel (GAC)		
Report to	Council of Governors	Date	11 April 2019
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 9 April 2019.

Governor Advisory Committee – what does it do?

NHS Providers (NHSP) acts on behalf of Foundation Trusts (FTs) and as part of its brief it seeks through the GAC the advice of Governors to enable Trusts to be well Governed. NHSP runs Training Courses, Development Workshops and an Annual Governor Focus Conference as well as providing expert advice to Trusts and Governors. GAC is a sounding board for NHSP in all aspects of this work.

Current Issues

- **CQC – engagement.** GAC has advised Kerri James from CQC about updating their Guide for Governors. Key points are: better publicity for the Guide and more focus on interaction of CQC with Governors. The Guide will be available in July and there will be an opportunity for input into the draft.
- **Diversity on Boards** – Encouraging Governing Bodies to consider diversity when recruiting NEDs. This issue is now on the Agenda for the Governor Focus Conference May 9th and will be presented by the NHS Workforce Equality Standards body.

- **Effective Governing Bodies** – Especially how to engage with a Trust without becoming part of its operations. There is a tension between the need for Governors to have knowledge of the Trust and its performance etc. and the need to avoid engagement with the operations of the Trust. NHSP through its discussions with GAC and elsewhere is always seeking examples of good practice it can feed into its Training Courses, Workshops and Advisory activities that address such issues.
- **Local System Working** – The NHS aims to improve Health outcomes by integrating services. Our Trust is now part of the Integrated Care System for South Yorkshire and Bassetlaw other members of GAC are at different stages of integration. We discussed how it will affect Governing Bodies now and in the future? John Coutts NHSP Head of Governance in his paper made the point that until new legislation Governor role remains unchanged; focussed on their Trust. Working with other Trusts across the Local System may have value but we need to understand possible conflicts of interest. New legislation is expected that will have collaboration on wider health outcomes at its core. One view is that this may bring wide changes to how Institutions are managed including whether there will be a need for Governing Bodies. These discussions are inevitably rather inconclusive at the moment and we are recommended to keep on going on!
- **Local Reports** – Governors report on issues from their own Trusts. GAC has Governors from Acute, Ambulance, Community Health, and Mental Health Trusts and includes widely dispersed Trusts in rural area as well as urban based Trusts like our own. I reported that our Chair is proposing changes to the way our Council does its work and Suzy was there to comment as well.
- **Lead Governors Association** – it was reported that this body is still operating. It has currently 55 members and exists to brief and advise by email on issues faced by Lead Governors. It is not part of NHSP.

The papers of the meeting will be circulated in due course.

Key questions posed by the report
N/A
How this report contributes to the delivery of the strategic objectives
N/A
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
To note.



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

Title	Chair & Non-executive Director Appraisal 2019		
Report to	Council of Governors	Date	11 April 2019
Author	Gareth Jones – Trust Board Secretary		
Purpose		Tick one as appropriate	
	Decision	X	
	Assurance		
	Information		

Executive summary containing key messages and issues

The attached report sets out the proposed process by which the performance of the Chair and Non-executive Directors (NEDs) will be evaluated. A timetable for the process is appended to the report. This year a similar process to previous years is proposed with one key change; It is suggested that NED objectives for 2019/20 be aligned with the Trusts True North Objectives.

The Appointments and Remuneration Committee considered attached report, including the proposed change to the approach to objective setting, on 25 March and recommend it to the Council of Governors for approval.

Key questions posed by the report

Does the Council of Governors endorse the process and timetable for objective setting and performance evaluation as set out in the report?

How this report contributes to the delivery of the strategic objectives

This report relates to the delivery of all strategic aims.

Recommendation(s) and next steps

The Council of Governors is asked APPROVE the process and timetable for NED objective setting and performance evaluation as set out in the report?

Council of Governors

11 April 2019

Chair & NED Appraisal Process

A key element of measuring the Board's effectiveness is the evaluation of Chair and non-executive performance.

Appraisals are a process for thanking colleagues for the past year's efforts, for suggesting personal objectives that would benefit the organisation in the year ahead, and reflecting on the opportunities to continuously improve the way that individuals work.

Governors appoint Non-executive directors and the Chair and are asked annually to give support to the appraisal process.

As in previous years, in order to reduce the number of meetings, it is proposed to combine objective setting with the performance appraisal in one meeting. Accordingly, it is proposed that the appraisal of the Chair be led by the Senior Independent Director, in accordance with good governance.

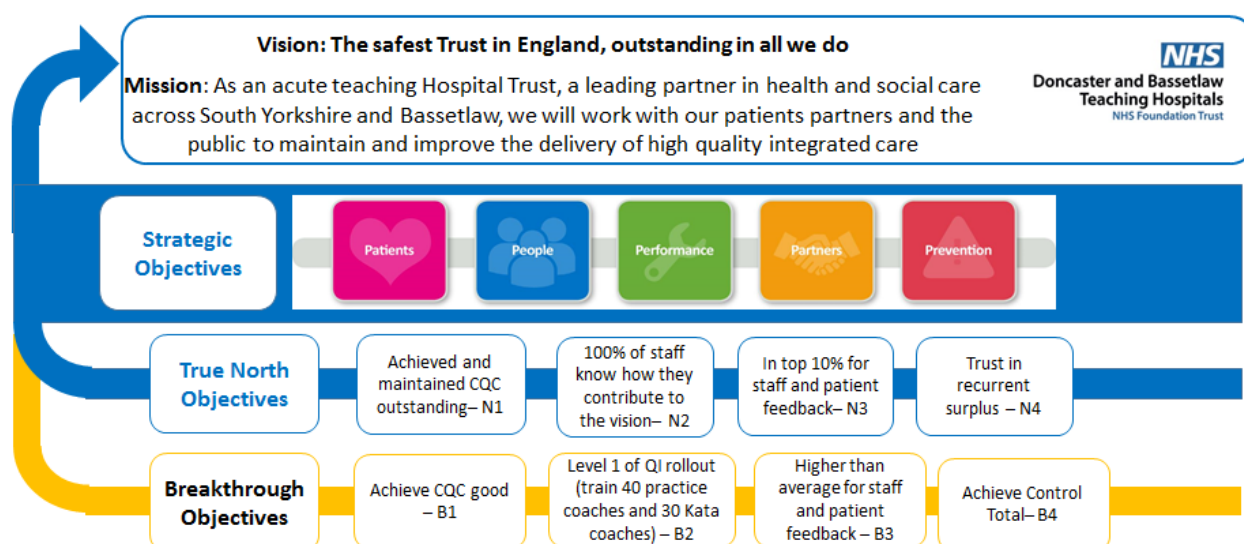
The Chair of the Board will carry out face to face appraisals with each Non-Executive Director on a private and confidential basis. The Chair's conversation with each non-executive Director will be informed by her own observations, contributions from colleagues/NEDs, Executive Directors and Governors. Governor's views will be collected via email and at a meeting with the Nominations and Remuneration Committee Meeting.

The Chair will be appraised by the Deputy Chair and the Senior Independent Director. They will be informed by their own observations, and evidence gleaned from colleagues/NEDs, Executive Directors and Governors. Governor's views will be collected by email and at a meeting with the Nominations and Remuneration Committee Meeting.

The Guidelines for contributing to the appraisals are to gain evidence to the following questions:

- What has gone well?
- What could have gone better?
- What objectives would best use the individual's skills for the benefit of the organisation in the next year?

The NED objective setting and appraisal process would be carried out on a one-to-one basis by the Chair at meetings held May-July 2019. This process will undertake a review of 2018/19 and set objectives for 2019/20. It is suggested that the objectives throughout the Trust should align with the True North objectives to ensure a ward to Board understanding on everyone's involvement in delivering improvement towards the Trusts Strategic Objectives;



Following the appraisals the broad objectives will be relayed to Governors via a report to the Council of Governors.

The timetable of the objective setting and appraisal processes are set out in the appendix to this report.

Recommendations

That the Council of Governors APPRROVE the process and timetable for the objective setting and appraisal of the Chair and Non-Executive Directors as shown in the attached appendix.

Timetable for Chair & NED objective setting and appraisal

Key stages	Key steps	Dates
Planning	Appointments and Remuneration Committee approve process and timetable to Council of Governors	25 March 2019
Chair's process	<p>Anecdotal feedback requested from governors via email</p> <p>SID meets with NEDs to discuss Chair's performance and objectives</p> <p>SID undertake Chair's objective setting and appraisal</p>	<p>w/c 15 April 2019</p> <p>30 April (following Board meeting)</p> <p>From w/c 05 June 2019</p>
NED process	<p>Feedback sought from executives, chair and governors about NED objective setting and performance</p> <p>Objective setting and appraisals undertaken by the Chair</p>	<p>w/c 29 April 2019</p> <p>May-July 2019</p>
Feedback	Outcomes reported back to Council of Governors	25 July 2019

**Special meeting of the Agenda Planning Group of the Council of Governors
held on 3 December 2018 in the Chief Executive's Office, DRI**

Present:	Suzy Brain England	Chair
	Peter Abell	Public Governor
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Bev Marshall	Public Governor
	Clive Tattley	Partner Governor
	George Webb	Public Governor
In attendance:	Gareth Jones	Trust Board Secretary
	Kate Sullivan	Corporate Governance Officer

Action

Apologies for absence

- 18/12/1** No apologies were received. The Chair welcomed Gareth Jones, new Trust Board Secretary, to the meeting.

Minutes of the meeting held on 18 October 2018

- 18/12/2** The minutes of the meeting held on 18 October 2018 were APPROVED as an accurate record.

Council of Governors – 25 October 2018

- 18/12/3** The Group had a discussion about the October meeting having regard to a proposed agenda for the January meeting that was attached to the papers.
- 18/12/4** There had been a good presentation and discussion around on missed appointments including the engagement work in Doncaster and the 100 day Ophthalmology Improvement Plan. Governors had also welcomed an in-depth presentation on catering contract performance and actions being taken forward.
- 18/12/5** It had been reported that the catering service was expected to return to contract performance levels after 3 months at which time Governor Ward Sponsors would seek feedback from patients on staff on the service.

Council of Governors 30 January 2019

- 18/12/6** The Group noted the draft agenda which included an update on the Trusts telephone systems and a proposed slot for a person centered care presentation.
- 18/12/7** Reflecting on feedback from previous Governor Forums the Group considered a range of topics Governors had expressed a wish to receive more information on. The Chair also shared a number of ideas and the Group considered which would be most appropriate to include on the agenda for the January Council of Governors meeting and which items to bring to a future Governor Briefing or Timeout sessions:
- 18/12/8** **Prisoner Population** – The Trust had received some funding to progress a project to look at the care of prisoners. Fiona Littlewood, who was working on the project, would be invited to present at the next Council of Governors (CoG) meeting. **KS**
- 18/12/9** **Governor Advisory Committee (GAC)** – Peter Abell shared feedback from the recent GAC meeting; the GAC had discussed the role of Governors in the context of ICSs. The possibility of some future collaborative work with NHSi to produce a paper on this had been discussed. Peter would keep Governors updated on this.
- 18/12/10** **PLACE** – The Chair shared feedback from a recent PLACE Chairs meeting. It had been a good meeting and she had invited PLACE representative to come to the Trust to present at a Governor Timeout and the Group welcomed this. There was a brief discussion about relationships between partners in the PLACE and ICS and the role of Governors. A date for a PLACE presentation would be arranged for the future. **GJ**
- 18/12/11** **Divisional Senior Management Teams (SMT)** - Peter Abell reflected on discussions about the new SMTs for Divisions which were a triumvirate of a Deputy Chief Operating Officer, General Manager and Director of Nursing, and this was discussed. It was agreed to request a presentation for the future on how the divisions were working to deliver performance.
- 18/12/12** Governors considered information they would like to see in the Chief Executive and performance reports for the January CoG. The following was agreed: **KS to share with COO/CE**
- Provide an update on preparations for Brexit
 - Provide an update on plans for Chequer Road

Performance Report

George Webb and Peter Abell expressed a wish to see more detailed information in performance reports, particularly on cancelled clinic appointments. It was noted that the Director of Finance was working on developing a new Integrated Performance Report for the new year to be taken though the finance and Performance Committee, this would include more detailed data. This would be shared with Governors once it was available.

With regards to cancelled clinical Mike Addenbrooke would raise this at the next Governor Forum for discussion.

MA

18/12/13 Children & Young People – The Group briefly considered which would be the best forum to bring an update on pediatrics and young people's services. It was agreed to arrange for a presentation to come to a future Timeout or Governor briefing

**KS to
arrange**

18/12/14 Hall Cross / Foundation Health School – Arrange presentation to future Timeout session

KS

18/12/15 The rest of the agenda was NOTED.

Any Other Business

18/12/16 None.

Date & Time of Next Meeting

18/12/17 4 June, 3pm, Boardroom, DRI

**Agenda Planning Group of the Council of Governors
held on 5 March 2019 in the Chief Executive's Office, DRI**

Present:	Suzy Brain England	Chair
	Peter Abell	Public Governor
	Mike Addenbrooke	Public Governor
	David Cuckson	Public Governor
	Bev Marshall	Public Governor
	Clive Tattley	Partner Governor
	George Webb	Public Governor
In attendance:	Gareth Jones	Trust Board Secretary
	Kate Sullivan	Corporate Governance Officer
	Linda Espey	Public Governor

Action

Apologies for absence

19/03/1 No apologies were received.

Minutes of the meeting held on 3 December 2018

19/03/2 The minutes of the meeting held on 3 December 2018 were APPROVED as an accurate record.

Council of Governors – 30 January 2019

19/03/3 The Group noted the actions from the January meeting. The minutes from 30 January were tabled; comments would be circulated to the Corporate Governance Officer after the meeting.

ALL

Future Discussion Items

19/03/4 Having regard for the draft agenda for the April Council of Governors (CoG) meeting the Group reviewed a list of topics, compiled by the Trust Board Office, which summarised topics proposed by Governors at various forums for more in depth consideration in the future.

19/03/5 The list of Future Discussion Items was NOTED.

Council of Governors 30 January 2019

19/03/6 The Group noted the draft agenda; Reflecting on the list of future discussion items and ideas shared by the Chair, the Group considered which topics would be most appropriate to include on the agenda for

the April Council of Governors meeting and which items to bring to a future Governor Briefing or Timeout sessions:

- | | | |
|-----------------|--|---------------|
| 19/03/7 | <p>Staff Survey – Peter Abell spoke about the presentations at NHS Providers Governor Regional Workshop in Derby and he fed back on comments from Carolyn Jenkinson, CQC Head of Hospital Inspection, who had talked about how the Staff Survey fed into CQC Inspections for Well Led. He also fed back on work at Chesterfield Royal Hospital to increase their Staff Survey response rate to 72%, their Boards ambition to be in the top 20% of NHS employee results in the Staff Survey and how they had decided to use this ambition as a Governor measure of success. Recognising that they needed to actively engage with staff regularly they had adopted the Listening in to Action (LiA) Pulse Check tool and reported back on progress to their CoG using NEDs; Peter suggested the Trust consider this process as part of plans to improve the staff survey results and response rates. This was discussed and it was agreed to receive an update on the staff survey at the April meeting along with an update on Staff Health & Wellbeing at a future time-out session. This would be fed back with the Director of People & Organisational Development.</p> | SBE/KS |
| 19/03/8 | <p>Reflecting on previous discussions about CoG receiving presentations in the future from Divisional Senior Management Teams (SMTs) (18/12/11) on how divisions were working to deliver performance, the Chair suggested this include an update on divisional staff survey plans along with CIP delivery. It was agreed to schedule presentations from the Divisional triumvirate teams from July 2019 onwards.</p> | GJ |
| 19/03/9 | <p>Clinical Admin Review - There was a brief discussion about progress to fill the vacancies in clinical admin teams following the Clinical Admin Review; it was agreed to receive an update on this at the April CoG.</p> | KB |
| 19/03/10 | <p>Estates / Maintenance Issues - Reflecting on discussions at a recent QEC meeting about the experience of Divisions of escalating maintenance issues and also on discussions at the Board of Directors meeting as well as Governor feedback from site visits with the Facilities & Estates team the committee discussed how well sighted Governors were on processes and progress to address site maintenance issues and this was discussed. The Committee wished to receive an update on performance In terms of day to day issues such as replacing lightbulbs and repairing dripping taps as well as some performance data.</p> | |
| 19/03/11 | <p>NHS Long Term Plan – Linda Espey raised a query about how the NHS Long Term Plan linked to the Trusts ambition to achieve a CQC rating of</p> | |

Outstanding and this was briefly discussed. What was important was to understand where the impact of the NHS Long Term Plan would be.

19/03/12 PLACE – The Chair had previously shared feedback from a recent PLACE Chairs meeting and it had been suggested that a date for a PLACE presentation be arranged for the future. Work was underway to invite PLACE partners to present to Governors in the future.

GJ

19/03/13 New Security Contract – The Trust had entered in to a contract with a new provider for on-site security services; The contractor had enhanced powers to stop smoking on site. The Committee felt this linked to Staff Health & Wellbeing and it was suggested that the Director of Facilities and Estates and the Director of People & Organisational Development bring a joint presentation to the next CoG.

19/03/14 The rest of the agenda was NOTED.

Any Other Business

19/03/15 None.

Date & Time of Next Meeting

19/03/16 4 June, 3pm, Boardroom, DRI

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

**Minutes of the meeting of the Council of Governors held on
Wednesday 30 January 2019
In the Education Centre, DRI, Doncaster, DN2 5LT**

	Present:	
Chair	Suzy Brain England OBE	
Public Governors	Peter Abell Mike Addenbrooke Phil Beavers Hazel Brand Mark Bright David Cuckson Lynne Logan Steve Marsh Bev Marshall Brenda Maslen David Northwood Suzan Overend Liz Staveley-Churton Sheila Walsh George Webb	
Staff Governors	Karl Bower Duncan Carratt Vivek Desai Lorrain Robinson	
Partner Governors	Anthony Fitzgerald Victoria McGregor-Riley Clive Tattley	
In Attendance:	Alan Chan Pat Drake Karen Barnard Moira Hardy Kirsty Edmondson-Jones Gareth Jones Fiona Littlewood Simon Marsh Richard Parker David Purdue Neil Rhodes Jon Sargeant Sewa Singh Kath Smart	Non-executive Director Non-ex Non-executive Director Director of People & Organisational Development Director of Nursing, Midwifery and Allied Health Professionals Director of Estates and Facilities Trust Board Secretary Senior Programme Manager Chief Information Officer Chief Executive Deputy Chief Executive & Chief Operating Officer Non-executive Director Director of Finance Medical Director Non-executive Director

Alan Chan	Non-executive Director (<i>part</i>)
Kate Sullivan	Corporate Governance Officer
Adam Tingle	Acting Head of Communications and Engagement

Apologies:	Shelly Brailsford	Public Governor
	Prof. Rob Coleman	Public Governor
	Linda Espey	Public Governor
	Jackie Hammerton	Partner Governor
	Griff Jones	Partner Governor
	Sheena McDonnell	Non-executive Director
	Linn Phipps	Non-executive Director
	Cllr Susan Shaw	Partner Governor
	Rupert Suckling	Partner Governor
	Roy Underwood	Staff Governor
	Kathryn Dixon	Partner Governor
	Ainsley McDonnell	Partner Governor
	Lynn Goy	Staff Governor

Action

Welcome and apologies

- 19/01/1** The Chair welcomed those present to the meeting and the apologies recorded above were noted. The Chair welcomed new Trust Board Secretary, Gareth Jones to his first meeting.

Declaration of governors' interests

- 19/01/2** No changes to registers of interest were reported and no matters of conflict of interest were declared.

Effective Patient Pathways for Prisoners

- 19/01/3** Governors received a presentation from Fiona Littlewood, Senior Programme Manager, on engagement work with Care UK and Prisons across Doncaster and Bassetlaw which had been commissioned by NHS England. The purpose of the work was to better understand the needs of prisoners with the aim of improving care pathways, be that at the Trust or within prisons, to ensure they were receiving the right care. Governors were updated on current healthcare delivery for prisoners, in the prisons and on Trust sites, along with the key issues for the prisons and the Trust and work being taken forward.
- 19/01/4** A key issue for the prisons was the capacity of the escort service and providing bed watch staff; currently a limited number of patients could be escorted to, and from the Trust each day because each prisoner required at least 2 escorts. Sometimes this meant if a prisoner was due to come to the Trust for elective care, and another prisoner required urgent or emergency care, the elective case would be cancelled. Other issues for prisons included the health of prisoners when first coming in to custody, substance misuse, self-harm, long terms conditions, mental health issues and the ageing prison population.

- 19/01/5** In terms of key issues for the Trust there had been over 1,000 emergency attendances at DRI from 5 prisons over the previous 12 months; this presented issues in terms of on-site security risks and management.
- 19/01/6** Care UK delivered Primary Care to patients in prisons, but the Trust was also providing some services on prison sites; for example, some screening programmes including AAA screening, diabetes and physiotherapy services for longer term orthopaedic issues. The Trust was working to build better relationships with the prisons and Care UK to better understand their issues and work would continue to encourage better communication and feedback between organisations. It needed to be clear what needed to change, and the Trust would work to support changes to reduce risk. One of the ideas being looked at was virtual clinics and it was also planned to have step down beds for prisoners in the future.
- 19/01/7** The Chair commended the work to ensure prisoners received the right care, in the right place at the right time. Governors felt the project reflected that the values which the Trust held dear were being applied to the whole population and this was welcomed.
- 19/01/8** The Effective Patient Pathways for Prisoners Presentation was NOTED.

Trust Telephony Systems

- 19/01/9** Governors received an update from Simon Marsh, Chief information Officer and David Purdue, Chief Operating Officer & Deputy Chief Executive, on the challenges faced by the Trust in terms of the volume of telephone calls received, key issues, how these challenges would be addressed, the impact on patient satisfaction and possible solutions.
- 19/01/10** A summary of work on the Trust's telephony system during 2018/19 was provided. Amongst other things, a new Voice Over Internet Protocol (VOIP) system had been put in place at DRI and Montagu Hospital (almost complete at Bassetlaw Hospital, BDGH), switchboards had been joined since October 2018 and overflow calls were now handled by a virtual switchboard across DRI and BDGH. Direct Dial Inwards (DDI) was now available for most extensions and communicated in patient letters and other correspondence (75% of calls were received via this route). But there were still challenges in terms of the overall volume of calls, call answering and length of time to answer calls.
- 19/01/11** Simon Marsh presented a wide range of data and statistics on incoming calls; The Trust had handled around 5.65m calls in 2018, or 15,479 calls per day; 4.6m of these were received to DDI lines. Overall, switchboard had handled 1.05m of these calls (22.8%); 69.5% of total external calls had been answered with the rest being abandoned. An analysis of the call abandonment rates by site for the main locations receiving DDI calls was provided; these were made up of the main numbers for the emergency departments (EDs), bookings teams and main reception areas. Some locations had call abandonment rates of over 70% and this was a key issue for the Trust. Governors were updated on the maximum wait time for a

call to be answered and the maximum time before a call was abandoned. At the moment it was not possible to say how many of the calls were from the same person on any given day, but work was underway to see if this detail could be provided. An overview of the switchboard rotas for DRI and BDGH was also provided; 572hrs at each site per week providing a 24/7 service.

- 19/01/1:** Meeting our Challenges – Work was being taken forward to ensure staff were training on setting up call forwarding on DDIs to avoid calls being abandoned. While there needed to be better communication of DDI numbers for reception centres and booking offices via appointment letters, it was acknowledged that booking office staff were often overwhelmed and unable to cope with the volume of calls and there would be a review of staffing in booking/reception areas with new working patterns to cope with peak demand. There would also be awareness training at ward and reception level. Work was also underway to rollout access to clinical data (via a portal) to GPs and community staff and this would reduce incoming calls to discuss patients.
- 19/01/1:** Governors received a further update from David Purdue, Chief Operating Officer & Deputy Chief Executive on issues from the perspective of staff and patients and the impact on services. The Trust had listened to staff concerns; due to the high volume of calls staff were under a lot of pressure and were unhappy with the level of service they were able to provide, this was impacting on morale and the Trust needed to work with this group of staff. There were also issues with the staff environment. In terms of impact on patients, there had been a number of service user complaints and the high call abandonment rate was believed to be impacting on Did Not Attend (DNA) rates.
- 19/01/1:** Potential solutions – To support staff, work was being taken forward to improve the working environment. This would include changing the office layout to booth type desk space with soundproofing, additional screens for use when scrolling through Trusts systems and a visual display screen to show calls waiting and average call times. A 'Visual Management Board' and a daily team briefing would also be introduced. The Trust would consult with Booking and Call centre staff about shift pattern changes and rotation to help with managing peaks and troughs in activity. There would also be IT improvements including setting up 'Hunt Groups' with bespoke messages to allow staff in Bookings to pick-up calls waiting when another team was busy.
- 19/01/15** Governors welcomed the level of detail provided and commended the openness and transparency of the Trust about the challenges faced. Key issues were discussed in detail and a range of questions were asked, and responded to, about timeframes for the implementation of potential solutions, engagement with staff and progress to improve staff morale, work to improve booking rules and potential on-line and other IT solutions. Governors suggested looking at the performance of other Trusts and the Trust would look in to whether this information was available.

Some concern was raised about patients that may not have smart phones or mobile devices to access the new Dr Dr system; it was clarified that only patients who provided a mobile phone number would be given the option of using the new system, letters would be sent out to anyone without a mobile phone number.

- 19/01/16** This led to discussion about the use of mobile phones in hospitals; after years of patients being told not to use a mobile phone in hospital some patients still turned their phones off; this meant some relatives would call the hospital to find out how they were. The Trust now wanted patients and visitors to understand that mobile phones did not interfere with medical equipment; it was agreed to include some information on this in the new Bedside Companion for patients.

CS/M
H

- 19/01/17** The Trust Telephony Systems Presentation was NOTED.

Managing Violence and Aggression

- 19/01/18** Governors received a detailed presentation from Kirsty Edmondson-Jones, Director of Estates & Facilities, on managing violence and aggression. She noted that the Secretary of State for Health had directed that each NHS body must nominate one of its Executive Team as Security Management Director (SMD) to take responsibility for security management matters, including responsibility for measures to deal with violence against NHS staff. The Trusts nominated SMD was the Director of Facilities & Estates, who, in turn, had nominated Kerry Williams as the Accredited Security Management Specialist (ASMS) who would work within a clear legal framework as set out in the Secretary of State Directions. The presentation included details of the NHS Violence Reduction Strategy which included new security standards; this had been launched at the RCN's stakeholder event about the Assaults against Emergency Workers (Offences) Act 2018.

- 19/01/19** An overview of current challenges faced by the Trust was provided; Violence towards staff was increasing, particularly from younger patients, often through alcohol or drug related admissions; it was noted that a high percentage of violence was as a result of medication or the medical condition of patients. South Yorkshire Police recognised there was an increasing number of gang related crimes and increasing violence with a direct impact on staff. Doncaster Council's 'Public Spaces Protection Order' (PSPO) was displacing rough sleepers, to the DRI site. There were also challenges relating to organised crime, increases in break-ins and property damage and increased anti-social behaviour; The Trust had carried out penetration testing on site and since that time security had improved significantly.

- 19/01/20** A range of statistics and trends over time of the overall levels of assaults against staff, including the type of violence and aggression incidents, was provided along with an update on conflict resolution training for staff; it was noted that all staff received a minimum of 3 hours face-to-face training, the course aims were set out in the presentation. The Trust was also working with RDaSH to deliver Breakaway training for those

departments with the higher levels of incidences of violence and aggression and departments were completing risk assessments and training needs assessments (TNAs) for evaluation. In response to several queries the Director of Facilities and Estates gave assurance that the new security provider provided industry standard training and speciality training for its staff working on hospital sites; this had been included in the tender specification.

19/01/21 Police Engagement - Doncaster Royal Infirmary had the highest number of calls to the Police requesting assistance. A local Officer had been tasked with reducing the demand to the site and Local Police Community Support Officers were visiting DRI a minimum of a twice a week. South Yorkshire Police had requested a meeting with the Chief Executive to discuss demand reduction; it had been a good meeting and a number of measures had been agreed, including an increased police presence on site with a single point of contact based on the local Neighbourhood team.

19/01/22 There was a wide-ranging discussion about what the Trust was doing to support rough sleepers on site; The Trust had been speaking to the Complex Lives Team in Doncaster who worked to support rough sleepers and they had agreed to come to the DRI site to see what support they could offer. Anthony Fitzgerald commended this partnership working; The complex lives team brought together a multitude of agencies to help individuals and he provided some information on the success of team in Doncaster which had helped reduce the level of rough sleeping in Doncaster from 78 to around 8 people by supporting people with work opportunities and getting people back in to housing.

The managing violence and aggression presentation was noted.

Finance Report

19/01/23 Governors considered a detailed report of the Director of Finance (DoF) that set out the Trust's financial position and CIP performance at month 9.

19/01/24 The DoF delivered a presentation and provided an update on key issues:

- The month nine position was a small surplus of £59k with the year-to-date position at £11.5m deficit.
- The Trust had made small surpluses for the past three months, something which had not been achieved since 2015.
- In order to reach the overall target for the year 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 continued to work with staff on their cost-saving ideas.

19/01/25 At the previous meeting the DoF had provided some background information relating to a historical depreciation risk identified by the Trust. This had previously reported to the F&P Committee and he gave a further update on discussions with external audit and NHS Improvement (NHSI)

about the accounting treatment of this and the expected impact on the 2018/19 forecast.

19/01/26 It was also noted that at the previous F&P Committee and Board a range of forecast scenarios had been presented, 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 had been made to support the work to reduce the gap. Whilst discussions were ongoing regarding these, in the Month 9 forecast submitted to NHSi the Trust had assumed these funds would be 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) and the Trust had committed to do what it could to close the gap.

19/01/27 The Chair was pleased to report that the finance department at Doncaster and Bassetlaw Teaching Hospitals (DBTH) had been nominated for the Healthcare Financial Management Association's (HFMA's) Yorkshire and Humber 'Provider Finance Team of the Year' award and this was commended.

19/01/28 Governors NOTED the Trust's surplus for month 9 (December 2018) was £59k with the year-to-date position at £11.5m deficit and the risks set out in the paper.

Performance Report

19/01/29 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.

19/01/30 A presentation on issues was given and attention was drawn to the following:

19/01/31 In respect of Performance:

- 4-hour access – Quarter 3 the Trust achieved 92.12%. The year-to-date position was 92.9%. (National average 86.4%)
- Referral to Treatment (RTT) – Was at 86.6%, slightly behind the commissioner target of 89.1%
- Cancer targets – 62-day performance was achieved at 86.9% against the 85% standard. Two Week Wait (2WW) performance was 91.9% against the 93% target
- Stroke – Performance against the one-hour scan standard decreased to 55.4% and direct admissions was at 57.1%.

19/01/32 In response to several points raised by George Webb on behalf of Governors the Chief Executive provided an update on work to improve the RTT position and Pat Drake gave assurance that the Finance & Performance Committee (F&P) had sought assurance on cancelled appointments and cancelled operations. It was agreed to provide more granular information on cancelled operations and RTT in future reports, including numbers of patients and trend graphs.

19/01/33 In respect of quality:

- C.Diff – Below (better than) trajectory for the year
- HSMR – The Trust's rolling 12-month position remained better than the expected level of 100 at 93.43.
- Serious incidents – Decrease overall.
- Falls – Performance was slightly higher year-to-date than at the same time in 2018
- Pressure ulcers – Higher than the previous year but reducing.
- Friends and Family – Response rates were slightly behind the National average, but positive feedback was higher than national average.

19/01/34 In respect of workforce:

- Nursing workforce – The Trust's overall planned versus actual hours worked was 98% in December.
- Appraisal rate – The Trust's appraisal completion rate had risen to 78.85%, the 'Appraisal Season' would begin in April.
- SET Training – There had been a slight increase in compliance with Statutory and Essential Training (SET) to 81.78%.

19/01/35 Mark Bright made the point that while appraisal rates had improved there was some dissatisfaction with the quality of appraisals; he asked if the Trust understood the reasons for this and the matter was discussed. The Trust recognised that there was work to do on the quality of appraisals and the Director of People & Organisational Development gave assurance that work had commenced to improve this.

19/01/36 At the pre-meet Governors had reflected on discussions at a recent Governor Briefing about the level of information received on paediatrics and young people. Peter Abell shared feedback from the pre-meet and this was discussed. Governors were mindful of creating extra work but felt it was important to have an overview of matters relating to children and young people. In the context of the Trust's ambition to achieve an overall Care Quality Commission (CQC) rating of Outstanding, Governors also felt it was important to have direct engagement with young people.

19/01/37 The matter was discussed in detail; in terms of engagement with young people the Director of People & Organisational Development reminded Governors of the significant work being undertaken with schools in the area; on 19 October the Foundation School for Health at Hall Cross Academy had been launched and further work and student engagement

was ongoing with Hungerhill School and DN Colleges. It was noted that any member of the Trust aged 16 or over was eligible to be a Governor; the Trust would consider publicising this more widely in future.

19/01/38 Children and young people were seen across the Trust's services, not just in the Children's department; The Director of Nursing, Midwifery & Allied Health Professionals gave assurance that the Patient Experience & Engagement Committee looked at all divisions for data and feedback on young people and issues were discussed regularly. Work was underway on the Children and Young people Charter and the Trust was engaged with the youth forum in Doncaster which was very active. During further discussion it was confirmed that there were plans to provide an update to Governors at a future Briefing session on children and young people and it was agreed to provide more granular information on this in future reports.

19/01/39 Pat Drake gave assurance that through the Quality & Effectiveness Committee (QEC) Non-executive Directors had been seeking assurance from Executives on matters relating to Children & Young People. The Chair of QEC had recently requested that a summary from Children and Young People Board be brought to QEC and the Medical Director was taking this forward. She also noted that F&P had sought assurance from Executives on ambulance transfers of children from Bassetlaw Hospital to DRI.

19/01/40 The Performance Report was NOTED.

Chief Executive's Report

19/01/41 Governors considered a report of the Chief Executive which outlined progress against a number of issues.

19/01/42 In November the Trust achieved an entire year (and counting) without any hospital-acquired MRSA. The NHS Long-term Plan had been published in early January; the Trust was exploring how this fit with its five-year strategy and time would be set aside for Governors to look at this in more depth at a timeout or briefing session. The Trust had begun the search for three new staff governors and ten new public governors and was currently encouraging members of Team DBTH to come forward to stand, as well as casting the net far and wide in Doncaster and Bassetlaw for the public seats. The Trust's library service received top marks in the library assurance process undertaken by Health Education England for the third year running and this was commended. The Trust had appointed Dr Mike Whiteside as the new Chief Clinical Information Officer to help to spearhead upcoming work such as introducing an electronic patient record and Mr Muhammad Shahed Quraishi was appointed President of the Royal Society of Medicine for ENT and Laryngology in early November.

DP/RP

19/01/43 Hazel Brand welcomed work to consider what the NHS Long Term Plan meant for the Trust; she hoped Governors would be engaged in this work that it would be considered in the wider context of the ICS and this was

briefly discussed; Following the publication of the NHS Long Term Plan, NHS England and NHS Improvement had invited expressions of interest to become a member of the new NHS Assembly; Chief Executives across the Doncaster PLACE were hoping to ensure at least one of the PLACE organisations were represented on this. There was further discussion about what the planned future architecture of ICSs might look like and George Webb raised a number of concerns relating to lack of legislation for ICSs; it was agreed to cover this in the planned session on the NHS Long Term Plan.

19/01/44 The Chief Executive's report was NOTED.

Chair & Non-executive Director (NED) Reports Process

19/01/45 Governors considered a report which outlined the Chair and NEDs' work between November 2018 and January 2019 and included updates on a number of activities.

19/01/46 The Chair had been honoured to present a number of DBTH Star of the Month Awards to staff in recent months for going above and beyond their roles. It was important to recognise the hard work of staff and she encouraged everyone to nominate staff and recognise when they had gone the extra mile to deliver outstanding services. Since the Trust moved to its new structure, the Chair had met with all of the Divisional Directors to offer support; Non-Executive Directors would also be working closely with them. In December it had been a great privilege for the Chair to host the Volunteer's Christmas Brunch; the event had been a wonderful opportunity to say 'thank you' to those who give their time to help the hospital freely. It had been a wonderful event. It was noted that the National Great British Spring Clean campaign was starting on 23 March 2019; this was a great opportunity to get involved both at the Trust and in communities.

19/01/47 The Chair & NED reports were NOTED.

Feedback from NHS Providers Governors' Advisory Panel (GAC)

19/01/48 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 15 January 2019. The business of the meeting had been to consider the CQC focused meeting at NHS Providers (NHSP) in December 2018 to further discuss the engagement of Governors with the CQC; the main conclusion was that the CQC were re-writing their guidance for Governors which would be available from the late Spring. GAC also considered the role of Governors in the context of Integrated Care Systems (ICSs) and whole system working and discussed communication between NHSP and Lead Governors; NHSP had concluded that they did not have the resources to keep a data base of Lead Governors as they changed too frequently. They also stated that Lead Governors were not part of the legislative framework. A statement on the

matter from John Coutts, NHSP Head of Governance, was included in the report. George Webb challenged the assertions made and that Lead Governors were only referenced twice in the Code of Governance Peter Abell would feed this back through GAC.

PA

- 19/01/49** The Feedback from NHS Providers Governors' Advisory Panel (GAC) was NOTED.

Matters arising from the Board of Directors minutes

- 19/01/50** The minutes of the Board of Directors meetings from October 2018 to November 2018 were NOTED.

Minutes of the Governor Committee Meetings October to November 2018

- 19/01/51** The Minutes of Agenda Planning Group held on 18 October 2018 were NOTED.

Minutes of the Council of Governors meeting held on 25 October 2018

- 19/01/52** The Minutes of the Council of Governors meeting held on 25 October 2018 were APPROVED as a true record of the meeting subject to altering the attendance register for 3 attendees.

Matters arising and action notes

- 19/01/53** The action log was reviewed and NOTED.

Any other Business

- 19/01/54** None raised.

Any issues from members to be investigated for the next meeting

- 19/01/55** None raised.

Adjournment of Meeting

- 19/01/56** Members RESOLVED that the meeting of the Council of Governors be adjourned to take any informal questions relating to the business of the meeting.

Date and time of the next meeting:

Date: 11 April 2019

Time: 6:00pm

Location Education Centre, DRI

Action Notes

Meeting: Council of Governors

Date of meeting: 30 January 2019

Location: Education Centre, DRI

No.	Minute No	Action	Responsibility	Target Date	Update
1.	19/1/16	Use of Mobile phones in the hospital – Clarify with patients and relatives that using mobile phones do not interfere with medical equipment and that it's okay to call patients on their mobile phones. – Consider including in Bedside Companion.	MH/CS	April 2019	In terms of reducing the level of calls to ward areas staff assure patients that it is safe to use mobile phones. The Trust has also included a section in the Bedside Companion about telephoning the ward in which it recommends that patients ask just one designated family member or friend to ring the ward so our staff have more time to dedicate to patient care.
2.	19/1/32	Cancelled Appointments / RTT – Include more granular information (including number of patients and trend graphs) on cancelled appointments and RTT in future performance reports to CoG.	DP	April 2019	Included in Performance Report

Date of next Meeting: 11 April 2019

Action Notes prepared by: Kate Sullivan

Circulation: Chair, Governors, NEDs, EDs

No.	Minute No	Action	Responsibility	Target Date	Update
3.	19/01/42	NHS Long term Plan – Consider update to future CoG or Timeout sessions	DP/CE	April 2019	COMPLETED - David Purdue presented to Governors at the Timeout Session on 7 March 2019
4.	19/1/48	Communication with Lead Governors by NHSP – Peter Abell to take back to GAC concern raised by GW about NHSPs assertion regarding the role of Lead Governors	PA	April 2019	Update to be provided at the meeting

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

11 April 2019
Kate Sullivan
Chair, Governors, NEDs, EDs