

**Meeting of the Council of Governors held in Public
On
Wednesday 30 October 2019 at 5.30pm
In the
Education Centre, Doncaster Royal Infirmary**

AGENDA

		LEAD	ACTION	TIME / ENC
A	COUNCIL BUSINESS			17:30
A1	Welcome and Apologies for absence	SBE	Note	Verbal
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	JR	Note	A2
A3	Actions from previous meetings	JR	Review	A3
B	PRESENTATION (15 mins + 10 mins for questions)			17:35
B1	Healthwatch Doncaster and the work that we do Andrew D Goodall, Chief Operating Officer, Healthwatch Doncaster	ADG	Presentation	Present

C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				18:00
C1	Presentation			Presentation	Present
	C1.1	Hazel Brand – Lead Governor Update	HB	Note	
	C1.2	Neil Rhodes – Finance and Performance	NR	Note	
	C1.3	Pat Drake – Quality and Effectiveness	PD	Note	
	C1.4	Sheena McDonnell – Charitable Funds	SMc	Note	
	C1.5	Suzy Brain England – Chair’s Report	SBE	Note	
	C1.6	Richard Parker – Chief Executive’s Report	RP	Note	
	C1.7	Governor Questions	Govs	Q&A	Verbal
D	MANAGEMENT REPORTS				19:00
D1	None				
E	GOVERNOR UPDATES				19:00
E1	Feedback from NHS Providers Governors’ Advisory Committee (GAC)		PA	Note	E1
E2	Feedback from Governor Events (to be agreed with the Chair before the meeting)		Govs	Note	Verbal
F	MINUTES				19:10
F1	Minutes of Council of Governors held on 25 July 2019		JR	Approve	F1
F2	Board of Directors – June 2019 to July 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/		JR	Note	Per Link
G	QUESTIONS FROM MEMBERS OF THE PUBLIC				19:15
G1	To take any questions from members or the public on the business of the meeting		SBE	Q&A	Verbal

H	INFORMATION ITEMS			19:25
H1	Annual Report and Accounts See link to electronic version of minutes at: https://www.dbth.nhs.uk/about-us/how-we-are-run/annual-report/	SBE	Note	Per Link
H2	Any Other Business (to be agreed with the Chair before the meeting)	Govs	Note	Verbal
H3	Items for escalation to the Board of Directors	SBE	Approve	Verbal
H4	Date and time of next meeting: Date: Thursday 30 January 2020 Time: 5.30pm Venue: Education Centre, Doncaster Royal Infirmary	SBE	Note	Verbal
H5	Meeting arrangements for 2020	SBE	Note	H5
G	MEETING CLOSE			19:30

Register of Governors' Interests as at 28 October 2019

The current details of Governors' Interests held by the Trust are as set out below.

Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.

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

Retired Judge – The Family Court
Supplemental Magistrate (past Chairman of the Doncaster Bench)
Independent Person under the Localism Act 2011 for Doncaster MBC and Rotherham MBC, regarding Standards in Public Life
Member of the High Sheriff's Advisory Committee for South Yorkshire
Independent Person under the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 for Doncaster MBC and Rotherham MBC. relating to designated Senior Officers of the Authorities.
PCC Secretary, St. Mary's Parish church, Tickhill.

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

Kathryn Dixon, Partner Governor

Husband owns Dixon Timber

Linda Espey, Public Governor

Daughter is a General Manager within the Trust

Dr David Goodhead, Public Governor

Son is a Senior Pharmacist for DBTH
Member of Doncaster Rotary Club
Chair of an Regional DOHSC Mental Health Panel.
Expert Advisor Nationally on NHS Complaints (excluding any alleged negligence in DBTH)

Geoffrey Johnson, Public Governor

Patient Participation Network
Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group

Bev Marshall, Public Governor

Member, Labour Party
Member, Yorkshire Ambulance Service NHS Trust

Susan McCreadie, Public Governor

Community Representative on Fred and Anne Green Legacy Advisory Committee
Director of Captain Cooks Haven Ltd

Dr Victoria McGregor-Riley, Partner Governor

Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Susan Shaw, Partner Governor

Health and Wellbeing Board (Nottinghamshire County Council)

Rupert Suckling, Partner Governor

Council appointed Board member Doncaster Children's Services Trust
Trustee Club Doncaster Community Sports Foundation and Education
Foundation

Trustee Impact Doncaster CIC

Trustee darts (Doncaster Community Arts)

Trustee Active Fusion

Director Well North Enterprises CIC

Director Association of Directors of Public Health (ADPH) UK

Member NIHR Dissemination Advisory Committee

Director of Public Health, DMBC

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

Sheila Walsh, Public Governor

Parish Councillor, Carlton-in-Lindrick Parish Council

The following Governors have stated that they have no relevant interests to declare:

Ann-Louise Bailey, Public Governor
Karl Bower, Staff Governor
Kay Brown, Staff Governor
Mark Bright, Public Governor
Duncan Carratt, Staff Governor
Anthony Fitzgerald, Partner Governor
David Goodhead, Public Governor
Jackie Hammerton, Partner Governor
Dave Harcombe, Public Governor
Griff Jones, Partner Governor
Lynne Logan, Public Governor
Steve Marsh, Public Governor
Ainsley McDonnell, Partner Governor
David Northwood, Public Governor
Vivek Pannekar, Staff Governor
Lorraine Robinson, Staff Governor
Liz Staveley-Churton, Public Governor

Interests are yet to be confirmed by:

Mandy Tyrrell, Staff Governor (Newly Appointed)
Steve Wells, Public Governor
Doug Wright, Public Governor

Jeannette Reay
Head of Corporate Assurance / Company Secretary

28 October 2019



Action notes prepared by: Jeannette Reay
Updated: 18/10/2019



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

Action Log

A3

Meeting:	Public Council of Governors	KEY	
Date of latest meeting:	25 July 2019	Completed	On Track
		In progress, some issues	Issues causing progress to stall/stop

No	Minute No.	Action	Lead	Target Date	Update
1.	CP19/07/A2	Declaration of Interests - Jeannette Reay would update the Declaration of Interests.	JR	October 2019	Complete. Included on agenda for October 2019 meeting (A2).
2.	CP19/07/C1.1	Lead Governor Update - A session on Primary Care Networks would be added to the future Plan for Governor Briefings.	JR	July 2019	Complete. Added to plan.
3.	CP19/07/E1	NHS Providers / GAC - Jeannette Reay would circulate the GAC report to the Council.	JR	July 2019	Complete. Circulated on 26 July 2019.
4.	CP19/07/G1	Public Questions / Presentation Pack – Jeannette Reay would circulate the presentation pack to the Council.	JR	July 2019	Complete. Circulated on 26 July 2019.



Council of Governors: October 2019



Strategic objectives

www.dbth.nhs.uk

Lead Governor Report



Hazel Brand

Lead Governor



Key Issues for Governors

- Guiding coalition – the second workshop
- CQC Well-Red Review
- NED appointments
- Annual Members' Meeting
- Training opportunities for governors:
 1. World Patient Safety Day
 2. CQC Briefing
 3. Masterclass
 4. Skills/education event (Bassetlaw).





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust



Thank you, any questions?

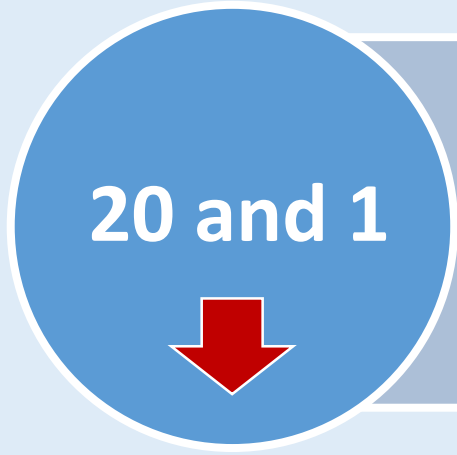
Non-Executive Director Report



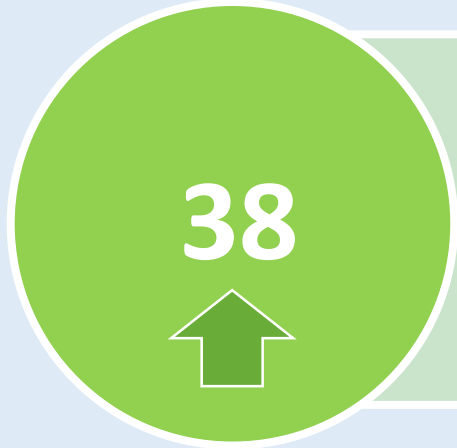
Pat Drake

Senior Independent Director





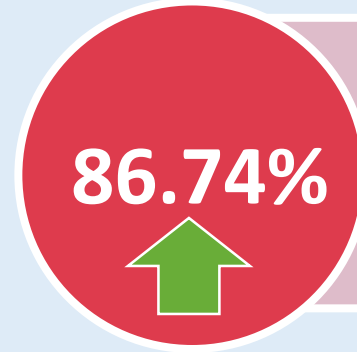
C.Diff and MRSA cases
Trust below trajectory



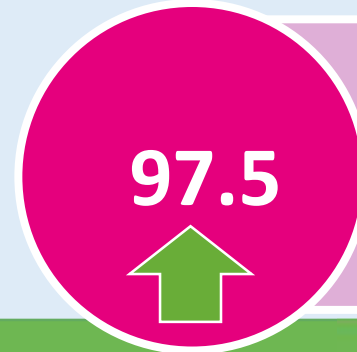
All pressure ulcers
Against standard of 58.



Serious Falls
Year-to-date.



Statuary & Essential Training (SET)



HSMR
Expected range of 100.

Other updates

- Review of complaints process following patient audit
- Accessible Information Standards
- Learning from Deaths Medical Examiner appointment
- Appraisal session results (current rate stands at 84.99%).





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust



Thank you, any questions?

- Finance Headlines
- Performance Headlines
- Sodexo Contract Update



Neil Rhodes

Deputy Chair & Non-Executive Director



Finance headlines for September

- For month six, the Trust is slightly ahead of plan.
- Very strong cash position
- Acceptable capital planning and usage
- BUT – ‘most likely’ projected outturn now £6m below control total
- Next month – await recovery plan – but answer lies in CIPs (£2.4m) Winter pressures (£0.2m) and the remainder in mature conversation with ICS and Place colleagues about a raft of issues.

£33m
Strong cash

£6m
Poss Control
deficit



Performance headlines for September

- 4hr A+E Access was 88.7%, misses by 5% national target of 95% but better than national average 85.4, and slightly better performance than last month in challenging circumstances – Board agreed investment plan (extra staffing) last month
- 18 week referral to treatment 86.2%, misses by 4.9% national target of 92% but better than national average 85%, and slightly better performance than last month, recovery plan put in place last month – early days yet.

88.7%

4 hour A+E



86.2%

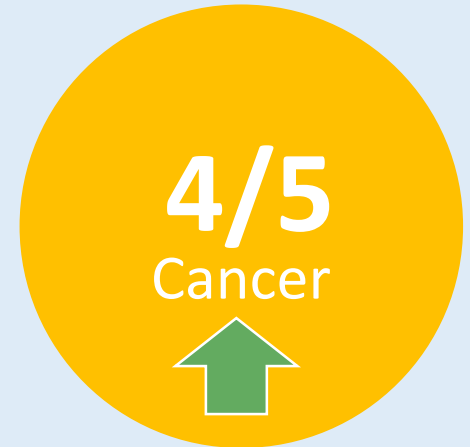
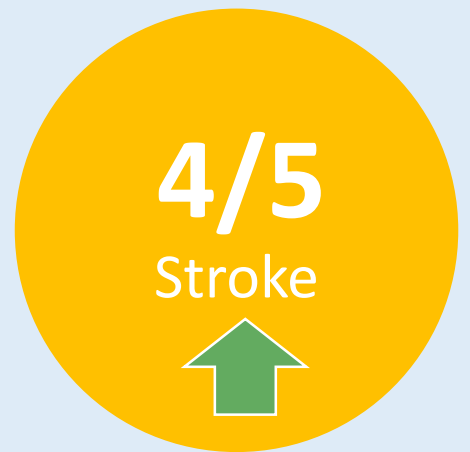
18 week

RTT



Performance headlines for September

- 4/5 Stroke measures hit – BUT deep dive held – reviewing our take on data – we need to better understand what is important
- 4/5 Cancer targets hit – improving position.



Sodexo Contract

- Sodexo serve circa **75,000 meals** each month
- Patient satisfaction stabilised in December 2018 at 95%, staying above the KPI for 10 months
- Complaints and Datix received as a percentage of meals served are negligible
- However, when individual complaints are serious enough to warrant a 'never event' Sodexo are held to account.



Overview

- New Quality Assurance Process in Place
- Audits of new Quality Assurance Process
- Patient Satisfaction continues to remain stable above 95%
- Datix/Complaints are negligible as %
- Datix trends improving as a result
- KPI failure BDGH EHO 1% Service Credit in place.



New quality process

- Five unannounced audits at DRI
- Six unannounced audits at BDGH
 - ✓ Audits confirmed new Patient Meal Production Quality Assurance checks in place
- Several meals have been removed from service and replaced as a result
- Accuracy and Poor Quality Datix trend improved over period as a result.



New focus moving forwards

- Staff and retail issues
- Quality and presentation of offer at three sites
- Provision of standard NHS meal (sub £3)
- Bassetlaw restaurant offer – options
- BUT ALWAYS – close eye on patient meals.





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust



Thank you, any questions?

Non-Executive Director Report



Sheena Mcdonnell

Non-Executive Director



This is me

- My skills, passions and contribution
- As Non-Executive Director, I lead on Charitable Funds Committee
- Fred and Ann Green Advisory Group
- Freedom To Speak Up Guardian
- QEC
- Audit and Risk
- Ethics Committee.



Charitable Funds Committee

Purpose: A registered charity that raises, manages and distributes funds to enhance patient care and experience above and beyond what is provided by the NHS.

- Membership
- Fundraising Strategy
- Annual Accounts



Other activities

- Council of Governors
- Buddying Support
- NHS Conferences
- Quality Improvement Approaches
- Chairing Consultant Panels
- Charitable Funds Activities
- Appeals
- Awareness Raising Campaigns





Doncaster and Bassetlaw Teaching Hospitals

NHS Foundation Trust



Thank you, any questions?

Richard Parker

Richard Parker OBE

Chief Executive



Update from the Chief Executive

- We completed our **CQC Inspection** in early October, results will be shared later this year.
- This month we launched '**eObservations**' – a new system which uses mobile devices to care for patients.
- We hosted our biggest ever Star Awards, attracted around 400 colleagues at the Doncaster Dome.
- We began our flu vaccination campaign in early October, and have to-date given the jab to more 3,000 colleagues.



Update from the Chief Executive

- We reorganised our Training and Education Department and Research and Development team into a new corporate directorate called 'Education and Research'
- We launched the 'Doncaster and Bassetlaw Health Services' pharmacy
- The Trust received region-leading Cancer Patient Experience results, a vast improvement over last year
- Finally, the Trust was named amongst 78 others to receive a share of £200 million for cancer screening.



Suzy Brain England

Suzy Brain England OBE

Chair of the Board



Update from the Chair

- Last month I celebrated World Patient Safety Day with colleagues, also marking the launch of the Quality Accreditation Tool (dQAT) at the Trust
- We also held another successful and well-attended Annual Members Meeting, celebrating our achievements in 2018/19.
- I took part in the CQC inspection process, particularly the 'Use of Resources' and 'Well-Led' segments
- The refreshed Doncaster 'Place Plan' was launched to ensure we have excellent and sustainable services long into the future.



Update from the Chair

- I had the opportunity, with other executive and non-executive colleagues, to understand the South Yorkshire and Bassetlaw Integrated Care System's (ICS) response to the NHS Long-term Plan
- At the start of the month, I was able to participate in the Continuity of Carer launch with our Maternity team
- I was also pleased to meet our new Library Services Manager, Katherine Frances and welcome her to the Trust
- Finally, with colleagues I was happy to support National Allied Health Professionals Day.



Report to CoG from Peter Abell

Governor Advisory Committee of NHS Providers 22nd October 2019 at One Birdcage Walk London

1. **NHS Providers (NHSP) update** – they do extensive well-regarded **training for Governors** and also provide about four **Regional Workshops** a year. It is apparent that the North West has a Governors network and NHSP make inputs into that. Feedback from Regional Workshops invariably emphasises value of Governors having time to network and the meeting asked for information about the North West network. NHSP have facilitated a **Governors effectiveness review** and have another planned.
2. Mark Stevenson NHSP's Chief Operating Officer gave a **National Policy Update** – copied to Jeannette for circulation. I will just pick out the points that: more money is coming; there are new leaders at NHSE/I and regions; plus there is a drive for system working. Collaboration is marching forward. Will we get new legislation and what will it mean for the role of trusts? Will the emphasis be on top-down decision making or empowering local decisionmakers?
3. **Trust Chairs and NEDS** – Remuneration and Appraisals – a paper from NHSI – it proposes aligning NHS Trusts and Foundation Trusts remuneration for Chairs and NEDs and also sets out processes of appraisal. Document forwarded to Hazel – views back to NHSP through me by beginning of November.
4. **CQC Guidance for Governors**. Keri James, Engagement Director at CQC wrote the new guide (now on their website) following consultation with GAC; came to thank us and receive comments. The guidance was welcomed – it enabled Governors to have a clear view of their role in the eyes of CQC and a focus for planning how to respond to questions from CQC in a Well-led inspection. Additionally, it was useful to explain to the wider public the expected role of Governors.
5. **Governor work plan** – one of the GAC members, John Jones, provided a copy of their work plan at Essex Partnership University NHS FT. It is a checklist of thirty-five items marked as – Must Do – Should Do – Nice to Do. The format is a spread sheet list and is a single A4 sheet. Passed onto Hazel.
6. **Issues from GAC trusts:**
 - a. Bradford - a planned Wholly Owned Subsidiary for Estates is on hold due to opposition and industrial action; also considering ring fencing of some Governor posts to increase diversity.
 - b. Essex – use of Clinicians at AMM presenting topics accessible to that audience also done by NE Ambulance Trust e.g. how to deal with falls in the home.
 - c. Dorset – aiming to improve effectiveness of Charity committee – discussed need for general fund as opposed to specific purpose funds,
 - d. Doncaster – Well-led inspection governor involvement; AMM arrangements - good attendance, good quality questions and pre-meeting information stalls about the work of the trust.

STRATEGIC POLICY UPDATE

GOVERNOR
ADVISORY
COMMITTEE



Mark Stevenson
Chief Operating Officer

22 October 2019

What we will cover

Political and external environment

NHS long term plan implementation

Finance and performance

Workforce

NHS Providers update

Political and external environment

NHS long term plan implementation

Finance and performance

Workforce

NHS Providers update

New government, new dynamics



**Dominic
Cummings**



**William
Warr**



Michael Gove



Sajid Javid



Dominic Raab



Matt Hancock



Stephen Barclay

Queen's speech

- Health Service Safety Investigations Bill
- Medicines and Medical Devices Bill
- NHS long term plan
- Adult social care
- Mental health reform
- Brexit bills

But with no majority, will any of this be delivered?



An evolving NHSE/I



Seven NHSE/I Regional Directors

Phase three staff consultation on proposed NHSE/I restructure closed 29 August

Regional teams establishing ways of working with providers and commissioners

Moving to new ways of working and a coalition for change?

What we will cover

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NHS Providers update

Current NHS national framework: a lot of gaps!

- Priorities
- Performance measurement and management
- Accountability across four tiers
- LTP 'new' delivery
- Future finances
- Constitutional standards
- Long term approach to social care/public health
- Fit together and fit to money and workforce



MIND THE GAP

The NHS is changing!

FROM

- Ruthless focus on small basket of centrally set priorities: small number of acute metrics, CQC rating and financial surplus
- Focus on individual institutions
- Heavy top down performance management / oversight
- Focus on one year organisational plans
- Regulatory intervention if performance slips vs plan
- Purchaser / provider split

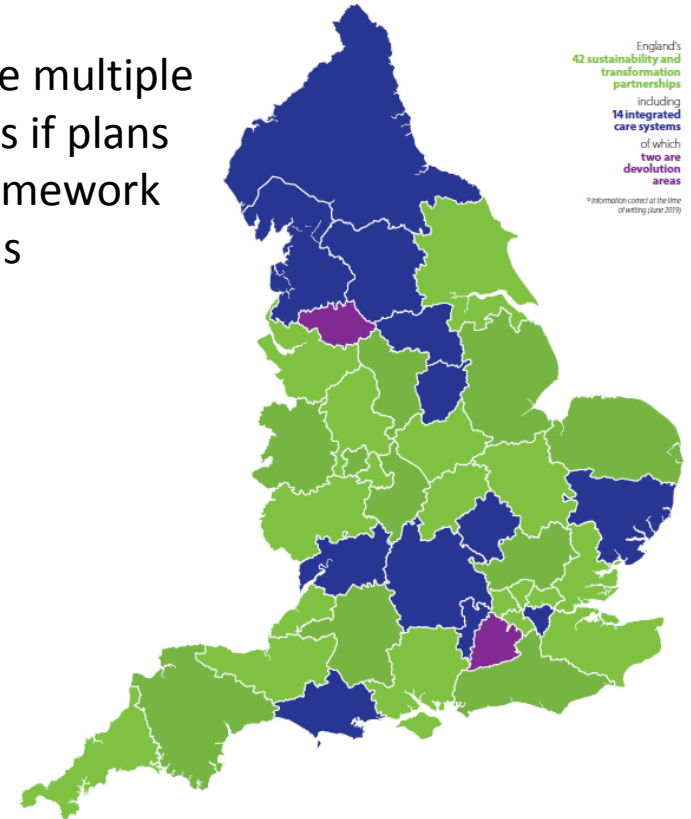


TO

- Much broader range of priorities beyond acute access targets: mental health, integrated care, joining up primary care and community services; population health
- Local health and care system working
- Multi year strategic planning
- Four tiers: national, regional, STP / ICS, individual organisation
- Vertical and horizontal collaboration
- Culture of learning, support, improvement and staff empowerment
- Changed behaviours to support above

ISN'T A NEW NHS OPERATING MODEL NEEDED TO REFLECT / DELIVER THESE CHANGES?

- **Clear focus on finalising five year strategic plans** despite multiple gaps in information; risks becoming a protracted process if plans need to be re-opened after a fiscal event or national framework gap filling takes time / is done in several different rounds
- **A period of considerable change:**
 - Ambition all STPs become ICSs by 2021
 - CCG consolidation at pace
 - Emergence of PCNs at the neighbourhood level



Primary care networks

1,260 PCNs established via new five year GP contract

Principal mechanism for changing the way neighbourhood-level health and care is delivered

Wide-reaching membership, including primary care, community services, community pharmacy, optometrists, social care providers, voluntary sector and local government

Seven service specifications

From April 2020:

1. Anticipatory care for high need patients with complex long-term conditions
2. Enhanced health in care homes
3. Structured medications review and optimisation
4. Personalised care
5. Early cancer diagnosis

From April 2021:

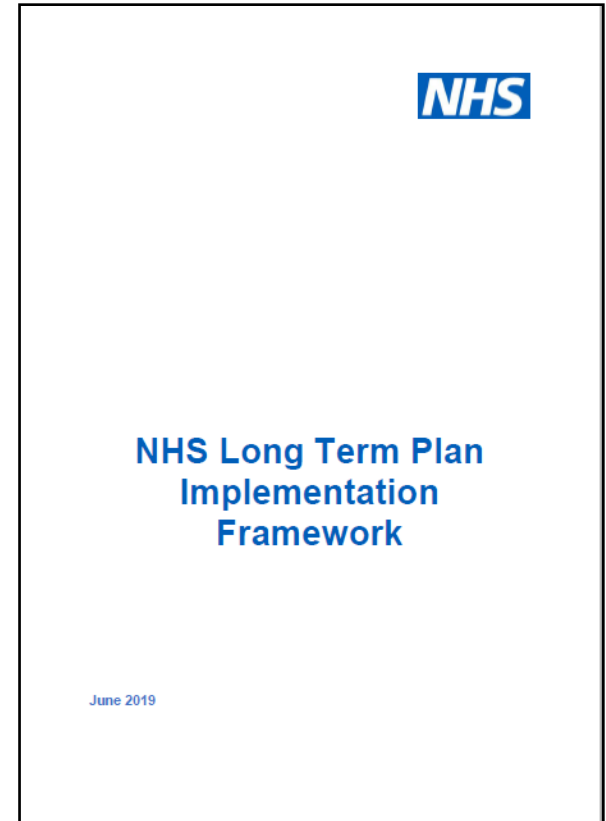
6. Cardiovascular disease prevention and diagnosis.
7. Tackling neighbourhood inequalities.



Implications for current planning process

- **5 year system plans** to be submitted by Nov
- Growing reversion to usual, frustrating, **unrealistic template completion**
- Difficult to see how process can be rigorous, robust and meaningful given how many **gaps and their size**
- How will **assurance process** work – interaction between national and regional

- General approach: make the best of it, starting with **local system strategic direction of travel**
- **Iterate plan** as more gaps get filled in
- Resist unreasonable assurance and unrealistic template completion
- Call for **more collaborative, learning, approach** to planning process design



- We've been closely engaged with NHS England and NHS Improvement
- Response to engagement period due out at end of the month
- Queen's speech committed the government to enact new laws "to help implement the LTP"
- Followed by a circa 10-month process to develop draft bill, then pre-legislative scrutiny and update bill
- Then need to find parliamentary time

**Good progress on merger power
Working hard to tightly constrain
proposed capital power**

The proposals – speeding up the LTP

- Reduced competition role
- National tariff flexibility
- Integrated care trusts
- Joint committees / appointments
- FT M&A and capital powers
- Triple aim for providers and commissioners
- Closer local and national commissioner working
- NHSE/I merger
- ALB configuration powers

What we will cover

Political and external environment

NHS long term plan implementation

Finance and performance

Workforce

NHS Providers update

New government announcements on capital

AUGUST:

- £1bn increase to CDEL for 2019/20 – reverses planned 20% cut
- Most will come from provider reserves – but is still additional spending power not otherwise available
- £850m of improvements for 20 trusts across several years also approved
- £250m set aside for AI and genomics testing



SEPTEMBER:

- Six trusts to receive £2.7bn to develop new hospitals
- 21 trusts to receive 'seed funding' (around £100m each)
- No funding for mental health, community or ambulance trusts
- New health infrastructure plan sets out high level recommendations for prioritising and allocating capital funding

#RebuildOurNHS – our campaign on capital

REBUILD OUR NHS

Creating a 21st century health service

Raising profile and increasing pressure around members' concerns over infrastructure and safety

First phase in September around spending round and party conferences. Media and parliamentary activity

Further activity around any election, Budget and CSR. Report and survey results

Highlighting the need for increased spending and the economic opportunities presented by more investment

Our asks:

1. **Set a multiyear NHS capital funding settlement**
2. **Bring the NHS' capital budget into line with comparable economies**
3. **Establish an efficient and effective mechanism for prioritising, accessing and spending NHS capital based on need**

Major review of NHS financial architecture

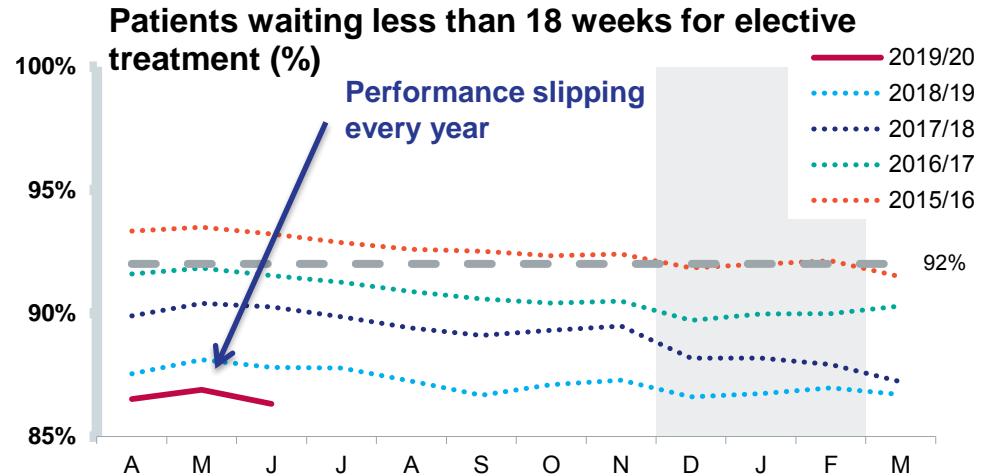
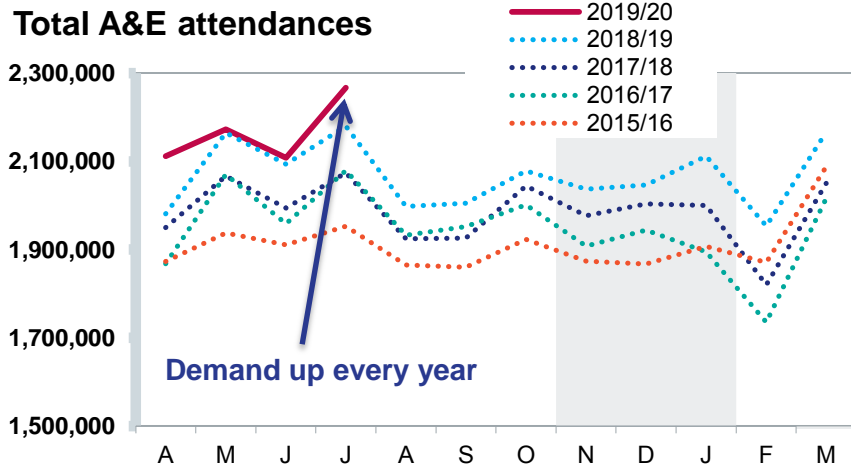
- LTP: providers need to achieve overall balance by 2020/21 and every NHS organisation in balance by 2023/24
- 2019/20 is year of transition
- So how will provider financial support work 2020/21 to 2023/24

Introducing: the Financial Recovery Fund

- Moving from PSF for all trusts to FRF for a much smaller number
- FRF allocations for each year between 2020/21 and 2023/24 along with system, provider and CCG recovery trajectories
- Move away from control total regime so that trusts in surplus set their own year end position
- “Transitional reward payment” worth 0.5% available to trusts that breakeven or record surplus

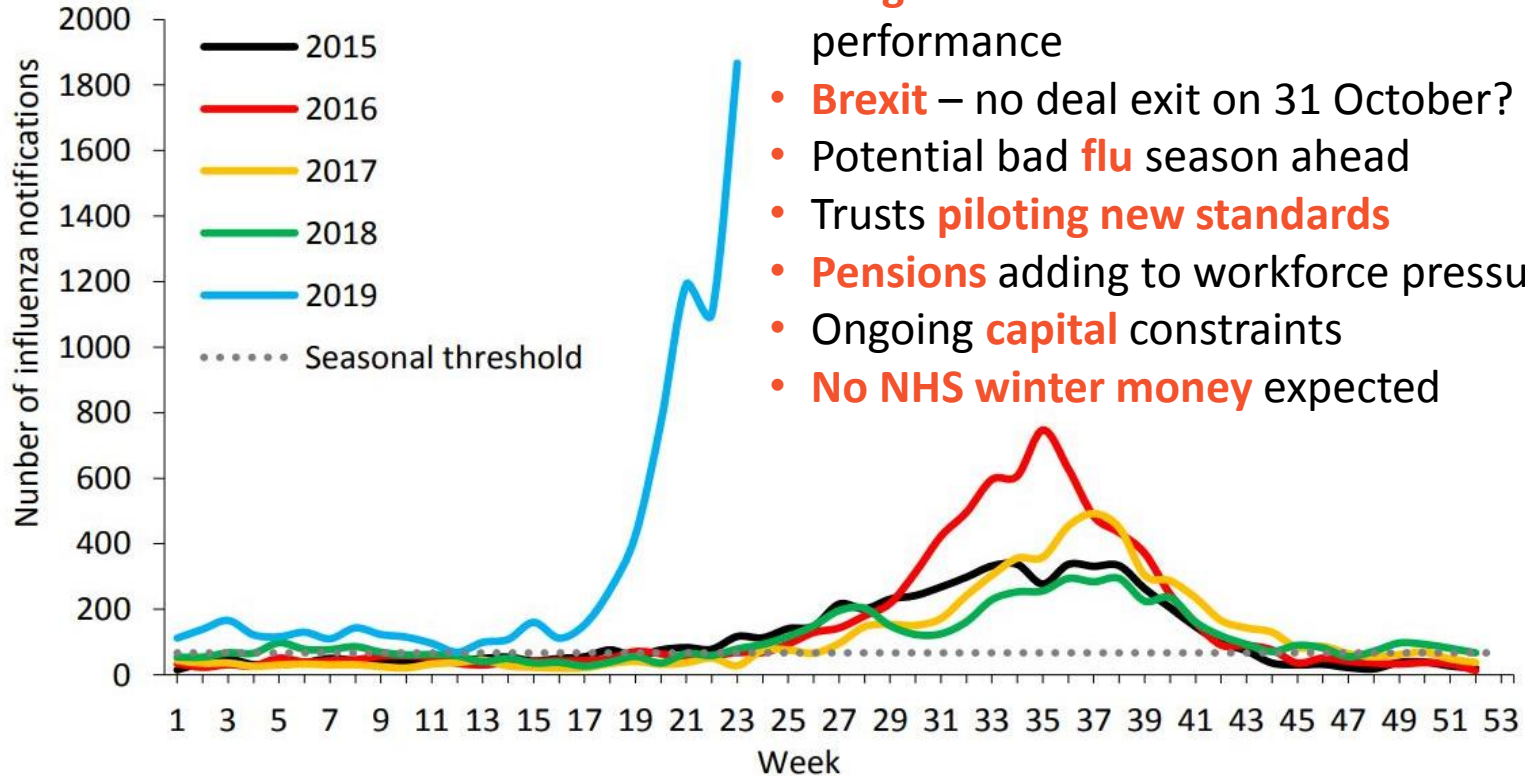
Initial reflections: this was always going to be a difficult process but the new regime represents a good and important first step to get indicative recovery figures

Trust unable to recover performance



- **A&E:** Highest number of A&E attendances ever in July – 4% higher than July last year
- **RTT:** Elective care waiting list is now 4.4 million – it increased by 10,000 since the previous month
- **Cancer:** Missing 3 key targets – 2 week urgent referral (90%), 31 day (95.96%), 62 day wait (76.7%)
- **Diagnostics:** 3.8% of patients waiting six weeks or longer from referral, missing the 1% target
- **Mental health:** 795 out of area mental health placements – 19% increase on last year
- **Ambulances:** Missing the Category 1 and category 2 average response times

The run up to winter 2019/20



- **Tough summer** with no bounce back in performance
- **Brexit** – no deal exit on 31 October?
- Potential bad **flu** season ahead
- Trusts **piloting new standards**
- **Pensions** adding to workforce pressures
- Ongoing **capital** constraints
- **No NHS winter money** expected

Influenza notifications in Western Australia by week, 2015 to 2019

What we will cover



Political and external environment

The long term plan implementation framework, inc. STPs & PCNs

Finance and performance

Workforce

NHS Providers update

A decorative graphic at the bottom of the slide consisting of overlapping wavy shapes in shades of orange, yellow, and light blue.

Our view – ongoing workforce challenges

Vacancies are clearly impacting performance, particularly in A&E, while rural trusts are looking at an increasingly difficult recruitment picture

Staff burnout has reached a critical point, it's clear we need to do more to improve the NHS employment offer. Emphasis on culture, inclusion and diversity will only increase

Creating the right “new operating model” will be challenging. Workforce responsibilities need to be devolved at the right place and pace; new system implementation plans will be key; and there's a risk of a zero sum game with PCNs

Training new and current staff – trusts are finding it difficult to invest in training and uncertainty remains around the medium-term workforce development budget

Interim People Plan - new working groups established, inc leadership and culture, best place to work, Kark review – publication December / January

What we will cover

Political and external environment

NHS long term plan implementation

Finance and performance

Workforce

NHS Providers update

Strategy update – more support for provider boards

- **New board support offer around Digital** to help trust boards really embrace the opportunities digital can bring to meet current and future challenges
- **New board support offer around QI** being scoped with Health Foundation
- **Neighbourhood Integration Project** to share learning around integrating community services with other local services well underway
- **Peer support offer for systems** up and running (in partnership with LGA, Confed, NHSCC)
- Various **collaborative projects underway with primary care partners** including NAPC and a group of super practices and federations
- Sustained focus on **ensuring all of our work reflects the context of system working.**



THANK YOU

mark.stevenson@nhsproviders.org

DRAFT



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

**Minutes of the meeting of the Public Session of the Council of Governors
Held on Thursday 25 July 2019, at 5:30pm
in the Education Centre, Doncaster Royal Infirmary**

F1

Present:

Chair	Suzy Brain England OBE		
Public Governors	Peter Abell Michael Addenbrooke Ann-louise Bailey Philip Beavers Hazel Brand Mark Iain Bright	Kay Brown David Cuckson Linda Espey David Goodhead Geoffrey Johnson Steve Marsh	Beverley Marshall Susan McCreadie David Northwood Liz Staveley Churton Sheila Walsh Doug Wright
Staff Governors	Duncan Carratt	Vivek Panikkar	Lorraine Robinson
Partner Governors	Clive Tattley		

In attendance:

Board Members	Karen Barnard - Director of People and Organisational Development Pat Drake – Non-Executive Director Becky Joyce – Chief Operating Officer Sheena McDonnell – Non-Executive Director Richard Parker OBE – Chief Executive David Purdue – Deputy Chief Executive Neil Rhodes – Non-Executive Director Kath Smart – Non-Executive Director
Staff	Ken Anderson – Head of Digital Transformation (for Simon Marsh) Fiona Dunn – Acting Deputy Director of Quality and Governance and Clinical Governance Lead for Clinical Specialties Division Jeannette Reay – Head of Corporate Assurance / Company Secretary (Minutes) Emma Shaheen – Head of Communications and Engagement Katie Shepherd – Corporate Governance Officer
Other	Dan Spiller – Manager, Government and Public Sector (for PC19/07/B1)

Apologies:

Governor Apologies	Karl Bower Robert Coleman Kathryn Dixon Antony Fitzgerald Lynn Goy	Jackie Hammerton Dave Harcombe Griff Jones Lynne Logan Ainsley MacDonnell	Victoria McGregor Riley Alan Robinson Susan Shaw Rupert Suckling Steven Wells
Board Member Apologies	Sheena McDonnell – Non Executive Director Sewa Singh - Medical Director		

CP19/07/A1 Welcome and Apologies for Absence (Verbal)

Suzy Brain England welcomed the Members and attendees including Jeannette Reay who was attending her first meeting as Head of Corporate Assurance / Company Secretary.

The apologies for absence were noted.

CP19/07/A2 Declaration of Governors' Interests (A2)

A number of Governors highlighted that they had some amendments for capture, which they would provide to Jeannette Reay following the meeting.

No conflicts of interest for the meeting were declared.

The Council:

- ***Noted the Declaration of Governors' Interest subject to amendments which would be captured following the meeting.***

Action: Jeannette Reay to update the Declaration of Interests.

JR

CP19/07/A3 Action Notes from Previous Meeting (Enclosure A3)

Action Points 1 to 7 – Governors noted that all actions had been completed and could be closed.

The Council:

- ***Noted the updates and agreed actions could be closed.***

CP19/07/B1 External Audit Letter and External Audit Report on the Trust's Quality Report (Enclosure B1)

Dan Spiller took the Council through the two reports in B1.

External Audit Letter

The detailed year end reports had been provided to the Trust's Audit and Risk Committee (meetings in May and July 2019).

Page three summarised the primary area of significant work that were covered by the audit – financial statements (unqualified opinion), balance sheet, income and expenditure statement, remuneration report (no matters to report) and related notes.

The conclusions were that:

- The financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended;
- Financial information in the Annual Report and published with the financial statements was consistent with the Annual Accounts;
- The Annual Governance Statement was consistent with the Auditor's understanding of the Trust;
- There were no referrals to the Secretary of State / no matters to report;
- There were no matters to report in the public interest.
- An 'except for' opinion had been provided on the Value for Money on the basis that the Trust continued to operate with a significant underlying deficit and required ongoing cash support from NHS Improvement.
- The Trust's consolidation schedules agreed, within a £300,000, to the audited financial statements;
- There were no matters to report to the National Audit Office.

Governors were extremely interested in the report and with the positive report. The following queries were raised:

- Clarification on page 11 around the deferral of loan repayments was sought and it was confirmed that, whilst the Trust would not have to repay these amounts, they did give rise to a material uncertainty – for the Trust as a going concern. This position was constantly improving and Dan Spiller confirmed that the Trust was dealing with this issue as it as expected.
- The reporting of the cash position was queried and Governors noted that this was very carefully managed, reported to and monitored by, the Finance and Performance Committee on a monthly basis.

Quality Accounts

The audit had examined national indicators (62 day cancer waits and ED four hour access) and the Summary Hospital Mortality Indicator (the local indicator chosen by the Governors).

The sample testing (randomly selected) undertaken had concluded that the Trust had robust processes in place which provided reliable data - on which assurance could be taken.

The Council:

- ***Noted the External Audit Letter for 2018/19;***
- ***Noted the External Audit Report on the Trust's Quality Report for 2018/19;***
- ***Thanked Dan Spiller for his clear and thorough presentation.***

CP19/07/B2 CQC Preparations

David Purdue reminded the Council that the CQC had regulatory powers and a responsibility to check that the Trust's performance in the areas of:

- Safety
- Effectiveness
- Care
- Responsiveness
- Well-led

The Trust had already submitted provider information to the CQC and the unannounced visit (expected September 2019) would verify and triangulate the evidence sent.

A lot of work was being undertaken to prepare staff and reminders of the positive work undertaken by the Trust were included in communications.

Fiona Dunn continued the presentation, explaining that the Governors may be approached before, or during, an inspection to share their assessment of the quality of leadership and good practice.

The areas of questioning for Governors were likely to include:

- Good practice
- Feedback from the public
- Communications and assurance from the with Executive Directors
- How the Council fed back to members of the public

Governors queried if there were any areas of vulnerability and David Purdue expressed his confidence in systems but accepted that the right evidence was required at the time for the inspection. There was a need for SMART actions and timely response on any areas of concern and this was where the Trust was focusing its efforts.

The Council:

- ***Noted the information on the Trust's preparations for the CQC visits.***

CP19/07/C1 Reports on Activity, Performance and Assurance (Presentation C1)

CP19/07/C1.1 Hazel Brand – Lead Governor Update (Presentation C1.1)

Hazel Brand provided an update on her recent activities as Lead Governor. She:

- Updated the meeting on the members of the Integrated Care System (ICS) and its recent work;
- Suggested that the next Governor Forum concentrated on the CQC inspections;
- Highlighted the recruitment process for the Non-Executive Director vacancies;
- Provided equality and diversity statistics (signposting colleagues to the Workforce Race Quality Standards Report on the Trust’s website);
- Provided an update on the meeting of the Guiding Coalition on 9 July 2019 where approximately 100 representatives from providers, commissioners, Local Authorities, the voluntary sector and more, got to provide their response to the NHS’ response to the Long Term Plan;
- Highlighted the agreement (at the Governor Forum) to limit the formal election process for committee membership to the four Board of Directors’ Committees;
- Noted the common approach to ward visits which had been presented to the Governor Briefing, and discussed at the Forum at the July meetings.

Governors raised queries on the concept of dividing neighbourhoods into communities of a certain size (to form PCNS’). Richard Parker advised that a piece of work on the future structure for commissioning was being undertaken – led by Doncaster CCG – but that the likelihood would be continued local commissioning for local services. Some benefits of working together, such as economies of scale, could be pre-empted and other work, such as joint recruitment, was being examined.

In response to queries on Primary Care Networks (PCNs), Richard Parker advised that, across the Country, GPs were organising themselves in groups to address challenges and that, in Doncaster there were five primary care networks and, in Bassetlaw three primary care hubs. Of the pilots undertaken, benefits including care provision closer to patients’ homes had been noted.

It was suggested that a briefing on Primary Care Networks may be advantageous to a future Governor Briefing Session.

Action – A session on Primary Care Networks would be added to the future JR Plan for Governor Briefings.

The Council:

- ***Noted the update from the Lead Governor.***

Neil Rhodes reminded the Governors that he had been in post since early 2016 and that he also held the role of Deputy Chair. Originally from South Yorkshire Neil stated that he cared passionately about good public services.

Neil Rhodes commended the organisation on its achievements in the time he had been a Non-Executive Director, expressing that he had seen the organisation transformed.

As Chair of the Trust's Finance and Performance Committee (F&P), Neil Rhodes advised that he sought assurance that the Trust's:

- Budget was on track
- Had CIP's on track
- Had grip in key financial areas
- Was on target to achieve its control total
- Was spending its capital allocation
- Was managing its cash flow
- Monitored and managed contracts

The Council noted that performance information provided to the Committee was triangulated to provide assurance that the Trust was providing the best level of service with the resources available. Key targets - including elective day cases, theatres and outpatients, cancelled operations and DNA rates, stroke (speed of admission and scan), cancer, RTT, two week waits 31/62 day waits, ED waiting times and ambulance handover – were all monitored in this way.

The F&P Committee also looked at the quantitative elements of workforce management (including vacancies, agency spend, sickness levels), and Trust contracts including catering, HSDU and recently the Wholly Owned Pharmacy Subsidiary.

Neil Rhodes advised that the F&P Committee met monthly and had sound and regular systems for reporting. The legacy of the debt and turnaround work had led to a better understanding of the business.

Each month 'deep dives' were explored by the Committee – for example information on the Trusts RTT position and action plan to address issues and improve performance, was to be provided to the F&P Committee meeting in September 2019.

Governors were interested to understand how benchmarks were chosen, and how this could enable the Trust in achieving its ambition to be outstanding. Neil Rhodes advised that the CQC compared the Trust's performance information and the Trust was preparing itself to respond to queries which may arise from this by looking at Model Hospital and PLICs – the data used to compare was dependent on what was in question.

The Council:

- ***Noted the update from Neil Rhodes.***

CP19/07/C1.3 Kath Smart – Audit and Effectiveness (Presentation C1.3)

Kath Smart reminded Governors that she had been a Trust Non-Executive Director since April 2018. She had a keen interest in the Trust as a local resident with two young children.

With a background in Finance, Kath Smart was a Chartered Public Financial Accountant and one of her roles was as Chair of the Trust's Audit and Risk Committee (ARC). In line with national guidance the ARC was made up entirely of Non-Executive Directors, but attendance from Trust staff and Auditors (both internal and external) provided information for examination on risks and controls across all Trust services.

Kath Smart informed the Council of the items that were discussed at the July ARC meeting:

- Cyber security
- Audit of CQC response in ED (90% of actions had been delivered)
- Audit on discharge planning
- Assurance and risk management and medical HR
- Audit recommendation follow ups
- Final external audit letter (presented to the Council CP19/07/B1)

Kath Smart informed the Council that she had taken part in the mock CQC inspection, and would recommend these sessions for the Governors to attend. She was paired with the Trust's Medical Division and had found this to be a new area for her to gain insight into patient perspectives.

The Council:

- ***Noted the update from Kath Smart.***

CP19/07/C1.4 Pat Drake – Quality and Effectiveness (Presentation C1.4)

Pat Drake reminded the Governors that she held the role of Senior Independent Director in which she dealt with matters with which there may be conflict for the Chair.

With an NHS background, including nursing, patient experience, recruitment and retention, Pat Drake was Chair of the Trust's Quality and Effectiveness Committee (QEC). She advised that the Committee sought assurance on the Trust's:

- Patient Safety and Clinical Governance
- Quality of Care
- Workforce
- Divisional Assurance
- Breakthrough objectives (True North Objectives)

The Council noted no issues from the June 2019 QEC meeting.

The Trust was constantly striving to improve and Pat Drake provided positive information on MRSA (no incidences in the previous 12 months), a low rate of serious incidents, improved complaints responses and learning from deaths (good performance but still room for improvement). The Trust was on target to achieve the Clinical negligence scheme for Trusts' standards in maternity (CNST), which, if delivered would bring income of £600k for the Trust.

In relation to performance issues there were several areas that needed to be improved (such as incident reporting). However overall the organisation was performing well on reducing harms.

The consideration of workforce by QEC focused on leadership and what the essential staff skills were, including education and development (statutory and essential training). There were currently issues with Paediatric staffing and processes had been put in place to ensure that numbers remained safe.

Governors queried the recent rise in the mortality ratio and the Trust's plans to address it. The Trust was currently checking it's coding – with the most recent audit indicating that it was strong. Pat Drake acknowledged that more work was required in this area and advised that a deep dive would be provided to the next QEC meeting in August 2019.

The Council:

- ***Noted the update from Pat Drake.***

CP19/07/C1.5 Suzy Brain England, OBE (Presentation C1.5)

Due to time constraints Suzy Brain-England referred to the slides and asked Governors to review the identified points:

- NHS Providers: Governor Advisory Committee, NED Regional Workshop, Governor Regional Conference
- Doncaster Chamber Annual Conference
- NHS Improvement/England Long-Term Plan
- Fred and Ann Green Legacy
- Annual Star Awards

The Council:

- ***Noted the update from the Chair.***

CP19/07/C1.6 Richard Parker, OBE (Presentation C1.6)

Due to time constraints Richard Parker did not present his slides in detail. The headings for the items were noted as:

- Launch of Hospital@
- We Care Into The Future Event
- Introduction of Sharing How We Care For You beside folders
- DrDoctor patient text reminder service
- Awards won by Trust teams
- Smoke free Trust
- Featured on the 'One Show' for Traffic Light Hat campaign
- Visit from Simon Stevens, Chief Executive of NHS Improvement and England

The Council:

- ***Noted the update from the Chief Executive.***

CP19/07/C1.7 Governor Questions (Item C1.7)

Governor questions had been addressed throughout the presentation.

CP19/07/D1 **Standing Orders, SFIs, Reservation of Powers to the Board and Delegation of Powers (Enclosure D1)**

The documents provided to the Council for information had been approved by the Board of Directors at its meeting in March 2019.

The Council:

- ***Received and noted the Standing Orders;***
- ***Received and noted the Standing Financial Instructions;***
- ***Received and noted the Reservation of Powers to the Board and Delegation of Powers.***

CP19/07/E1 **Feedback from NHS Providers Governors' Advisory Panel – GAC (Verbal)**

Peter Abell gave an update on Governor Advisory Committee (GAC) of NHS Providers that had taken place on 23 July 2019. NHS Providers had requested Councils to provide information to inform future agendas – on issues such as training requirements, focus and conferences.

The final CQC guidelines for Governors on inspection – on which a team of Trust Governors had been consulted – had now been published.

The Council:

- ***Noted the update from the GAC meeting in July 2019.***

Action – Jeannette Reay would circulate the GAC report to the Council. JR

CP19/07/E2 Feedback from Governor Events (Verbal)

No further feedback was provided.

CP19/07/F1 Minutes of the Previous Meeting (Enclosure F1)

The Council noted that corrections to the attendee lists were required:

- Sheena McDonnell should be recorded as in attendance;
- Alan Chan (under apologies) needed 'Non-Executive Director adding;
- Kathryn Dixon (under apologies) needed 'Staff Governor' adding.

The Council:

- ***Received and approved the minutes of the public meeting of the Council of Governors' held on 11 April 2019, subject to the amendments above.***

CP19/07/F2 Minutes of the Board of Directors (Enclosure F2)

The Council:

- ***Noted the link to the Board of Directors' meetings held in May, June and July 2019.***

No queries were raised on the content.

CP19/07/G1 Questions from Members of the Public (Verbal)

Mr Webb – a member of the public in attendance, complimented the revised format of the meeting with the Non-Executive Directors leading on the presentation. It was noted that although at this meeting some time had been spent advising on the Non-Executive Director portfolios but that at future meetings, there would be an increased amount of performance information provided.

Suzy Brain England stated that she was proud of the way the Non-Executive Directors had presented and that this was a great start for the new format of Public Council meetings.

Action – Jeannette Reay would circulate the presentation pack to the Council. JR

Mr Sprakes was provided with a hard copy of the full meeting pack on request.

CP19/07/H1 Any Other Business (Verbal)

No other items of business were raised.

CP19/07/H2 Items for Escalation to the Board of Directors (Verbal)

No other items for escalation were raised.

CP19/07/H3 Date and time of next meeting (Verbal)

The arrangements for the next Public Council Meeting had been incorrectly noted on the agenda.

The Council:

- ***Noted the arrangements for the next meetings.***

CP19/07/H3.1 Annual Members Meeting

Date: Thursday 26 September 2019
Time: 5pm (stalls from 4pm)
Venue: Keepmoat Stadium, Doncaster

CP19/07/H3.1 Public Meeting of the Council of Governors

Date: Wednesday 30 October 2019
Time: 5.30pm
Venue: Education Centre, Doncaster Royal Infirmary

CP19/07/I Meeting Close

The meeting closed at 8:00pm.

Proposed Council of Governor Meeting Dates – 2020

Council of Governors Meetings 2020			
Day and Date:	Start Time:	Finish Time:	Venue:
Thursday 30 January 2020 – Confidential	17:00	17:30	Room 1 & 2, Education Centre, DRI
Thursday 30 January 2020 – Public	17:30	20:00	Room 1 & 2, Education Centre, DRI
Thursday 23 April 2020 – Confidential	17:00	17:30	Room 1 & 2, Education Centre, DRI
Thursday 23 April 2020 – Public	17:30	20:00	Room 1 & 2, Education Centre, DRI
Thursday 23 July 2020 – Confidential	17:00	17:30	Room 1 & 2, Education Centre, DRI
Thursday 23 July 2020 – Public	17:30	20:00	Room 1 & 2, Education Centre, DRI
Thursday 22 October 2020 – Confidential	17:00	17:30	Room 1 & 2, Education Centre, DRI
Thursday 22 October 2020 – Public	17:30	20:00	Room 1 & 2, Education Centre, DRI