

Minutes of the meeting of the Board of Directors
Held on Tuesday 25 July 2017
In the Boardroom, Doncaster Royal Infirmary

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Richard Parker	Chief Executive
	John Parker	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Marie Purdue	Acting Director of Strategy and Improvement
	Simon Marsh	Chief Information Officer
	Matthew Kane	Trust Board Secretary
	Emma Shaheen	Head of Communications and Engagement
	Anthony Fitzgerald	Director of Strategy, Doncaster CCG (part)

ACTION

Welcome and apologies for absence

- 17/07/1** Apologies for absence were received on behalf of Jon Sargeant, Martin McAreavey and Linn Phipps.

Declarations of Interest

- 17/07/2** Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

- 17/07/3** The list of actions from previous meetings was noted.

ACS Memorandum of Understanding

- 17/07/4** The Board received a report of the Chief Executive that sought approval of the Memorandum of Understanding for the South Yorkshire and Bassetlaw Accountable Care System (ACS).
- 17/07/5** The Trust's adoption of the MoU was required to give SYB ACS access to the national funds available for first wave ACS. The MoU did not replace the existing legal framework or responsibilities of any of the Partnership's statutory organisations but sat alongside the framework to complement and enhance it.

- 17/07/6** In signing the document, the Trust became one of the 'parties to' the agreement. 'Parties to' had majority relationships (patient flows and contracts) within and across SYB. Accordingly, DBTH would be subject to delegated NHS powers and a new relationship with other Parties and with both of the NHS regulators.
- 17/07/7** Board noted the changes in terminology in relation to both the ACS and the emerging Hospital Services Review. The final document had made minor amendments to previous drafts.
- 17/07/8** The Board ADOPTED the attached Memorandum of Understanding for the SYB ACS.

Doncaster Place Plan

- 17/07/9** The Board considered a report and presentation prepared by the Director of Strategy, Doncaster CCG that set out details of the Doncaster Place Plan and sought support for its direction of travel.
- 17/07/10** The joint vision was that: "Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed."
- 17/07/11** The Place Plan had been approved by Doncaster CCG's Governing Body in October 2016 and, in January 2017, EY had been appointed as strategic partner to facilitate its implementation. A report attached as an appendix to the report was the phase 1 assessment of the Health and Social Care partnerships ability to implement the Place Plan. It included an assessment of readiness across six key areas and described the key areas of focus for Phase 2 of implementation.
- 17/07/12** The Board endorsed the work undertaken to date, recognising the detail of thinking that had gone into the Place Plan so far. Success, however, would mean delivering on the projects outlined and being clear on the benefits to organisations. The CCG's Director of Strategy outlined some of the projects that would be delivered soon and timescales for delivery.
- 17/07/13** Board NOTED the report and presentation.

Strategy and Improvement Update

- 17/07/14** The Board considered a report of the Acting Director of Strategy and Improvement that provided an update on the strategic planning process and quality improvement & innovation work. It was noted that responsibility for the Programme Management Office and effectiveness and efficiency work-streams had transferred over to the Director of Finance and the updates in respect of those work areas would now be provided in his report.

17/07/15 In respect of Strategy, Board was advised of the engagement work that had taken place with governors and the final version of the Strategic Direction was presented to Board for consideration. In relation to a question from John Parker, Board was advised that the key risks would be highlighted within the enabling strategies and board assurance framework.

17/07/16 The Board APPROVED the Strategic Direction and noted the progress made on implementation governance.

Winter Plan

17/07/17 The Board considered a report of the Chief Operating Officer that set out details of the Trust's winter planning process for 2017/18.

17/07/18 The report identified the key elements of the plan that Providers were responsible for and the steps the Trust had taken to ensure preparedness for Winter. This year, NHSI/NHSE had set out the criteria that health and social care systems needed to have in place to support improvement in outcomes over the winter period. The following points were noted during the course of discussion:

- Two pilots of front door streaming would take place during System Perfect between 5-12 September.
- Arrangements were being explored to overcome any issues relating to out of hours cover at Bassetlaw.
- Operational meetings would be taking place on a regular basis to assess bed occupancy.
- A&E Delivery Boards needed to submit their plans in September 2017.

17/07/19 In response to a point raised by Sewa Singh, there was a discussion around the number of beds at Bassetlaw and discussions with NHSI and NHSE would be taking place to ensure they were content with the plan. Staffing remained an issue at Bassetlaw.

17/07/20 Board were advised that last year's occupancy rate was 87% but in some weeks occupancy had been as high as 96-97%. Achievement of KPIs – particularly those relating to delayed transfers of care and A&E - would be monitored through the Finance and Performance Committee.

17/07/21 The Board NOTED the report and indicated its assurance that the actions identified would improve patient outcomes.

Diversity and Inclusion Action Plan

- 17/07/22** The Board considered a report of the Director of People and Organisational Development that provided the Board of Directors with an update on the Trust's renewed focus on Diversity and Inclusion.
- 17/07/23** The Trust's recent Well Led Governance Review emphasised the need for the Trust to formalise its work around equality and diversity. To that end, a group of staff within the Trust had formed a Diversity and Inclusion forum and run a number of drop-in sessions with the aim of engaging with as many staff as possible.
- 17/07/24** The report provided a general update and highlighted three particular areas of diversity – race, gender and disability with action plans detailed for 2017/18. The action plans would be monitored through the Workforce and Education Committee.
- 17/07/25** Board APPROVED the action plans contained within the report and publicly confirmed its commitment to diversity and inclusion as detailed within the report.

Committee Assurance Log – Finance and Performance

- 17/07/26** The Board considered the assurance report of Neil Rhodes, the Chair of Finance and Performance Committee, following its meeting on 20 July.
- 17/07/27** The Chair reported positive progress in respect of the closure of the CIP gap, which was now down to circa. £1m, but had noted the current financial position had involved using a portion of non-recurrent reserves to achieve receipt of funding. Spend on agency workers continued to be an issue.
- 17/07/28** Philippe Serna echoed the Chair of Finance and Performance Committee's concern about the Trust being off plan. The Chief Executive undertook to review the situation with the Director of Finance but felt that the Trust had made significant progress in reducing its CIP achievement from £8.5m to £1m within a month. He also reiterated the Trust's risk profile with NHSI, which was low.
- 17/07/29** The Chair of Finance and Performance Committee also commented on slippage in relation to progress on the catering contract that was required to be approved by Board in September. It was agreed that a copy of the relevant documents would be circulated between the August and September meetings and considered without the need for a separate Finance and Performance meeting.
- 17/07/30** Board RECEIVED the report for assurance.

Finance Report as at 30 June 2017

- 17/07/31** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 3, 2017/18.
- 17/07/32** The month two position was a deficit of £7,993k, which was £15k ahead of the planned year to date deficit of £8,009k. In order to achieve the quarter end target the Trust had used non-recurrent reserves that may put pressure on the delivery of the financial plan. There was a need to maintain strenuous efforts on working efficiently and delivering the agreed efficiency programmes through the remainder of the year.
- 17/07/33** The main reason for the challenging financial position was due to high levels of medical agency expenditure, under delivered efficiencies and under performance in elective activity. Meetings had taken place with Care Groups and Corporate Directorates in order to understand activity and over spend on agency staff. Junior doctor intake had also reduced by 50% this year.
- 17/07/34** The Board was advised that the Trust could not maintain the level of reserve utilisation throughout the year and it was therefore extremely important that the organisation was not complacent about the financial position based on last year's performance.
- 17/07/35** The Medical Director would be chairing new accountability arrangements that would address agency whilst ensuring safe and sustainable services. He reiterated the need for the Trust to take forward its plans for service redesign that would be facilitated through three groups relating to women and families, elective and urgent care. These would report into Management Board.
- 17/07/36** The Board NOTED that the reported financial position was a deficit of £8.0m, which was £15k ahead of the year to date plan.

Business Intelligence Report as at 30 June 2017

- 17/07/37** The Board considered a report of the Chief Operating Officer, Medical Director, Acting Director of Nursing, Midwifery and Quality and Director of People and Organisational Development that set out clinical and workforce performance in month 3, 2017/18.
- 17/07/38** Performance against key metrics included:
- 4 hour access – In June the Trust achieved 92.46% (93.7% including GP attendances) against the 95% standard.
- RTT – In June, the Trust performed below the standard of 92% achieving 90.9%, with the trajectory for improvement being met by four of the five specialities.

Diagnostic rates – The Trust achieved 97.8% against the 99% target, with audiology being the main issue.

Cancer targets – In May, two week waits were 91.2% against the 93% standard. A full action plan had been developed with the CCGs to improve two-week wait performance. The 62-day performance achieved 86.2% against the 85% standard.

HSMR – The Trust's rolling 12-month position remained better than the expected level of 100, currently at 92.6.

C.Diff – The number of cases in June reduced and the Trust was now on trajectory. Deep cleaning, hand washing compliance monitoring and antibiotic stewardship all continued.

Falls – Overall, there was good performance in the first quarter with the rate of falls being below trajectory.

Pressure ulcers - Pressure ulcers remained higher than compared to the same time last year. All pressure ulcers were currently being reviewed through an RCA process and it was anticipated that the position would improve.

Appraisal rate - The Trust's appraisal completion rate continued to hover around 57% with a small reduction from 58.51% to 57.59%. The Trust continued to renew focus as part of the revised accountability meetings with particular attention given to all senior managers having their appraisal as close to the start of the financial year as possible and other staff's appraisals being aligned to meet the peaks and troughs of operational demand.

SET training - There had been a further increase in compliance with Statutory and Essential Training (SET) and at the end of June the rate was 70.57% compared to May's figure of 68.41% and generally across most areas the positive upwards trajectory continued.

Sickness absence – The Trust had seen a slight rise in sickness absence in June to 3.5%, resulting in a cumulative figure of 3.83%.

17/07/39 The Business Intelligence report was NOTED.

Nursing Workforce Report

17/07/40 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality which provided detailed information relating to the nursing workforce, highlighting issues that could impact on the Trust's ability to sustain appropriate staffing levels and skill mixes.

17/07/41 The overall planned versus actual hours worked in June 2017 was 100%, same as May. Care Hours Per Patient Day (CHPPD) stood at 7.6 across the Trust, up 0.1 since May. No wards were assessed red for quality in the month. Agency spend remained within the 3% cap.

17/07/42 The Board of Directors NOTED the content of this paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Key issues and actions included:

- the continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme;
- exploring recruitment opportunities for nursing and midwifery;
- complete AUKUH data collection from 01 July, ward nurse staffing requirements would be available to the Quality and Effectiveness Committee in September 2017;
- consider the NQB consultation on Midwifery Staffing levels.

Patient Experience and Complaints Quarterly Report – Q1 2017/18

17/07/43 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that provided information relating to Quarter 1 performance using the information available from Datix and the learning points from the organisation.

17/07/44 Key points from the report were as follows:

- Numbers of complaints remained static and there had been a reduction in the numbers of concerns.
- The highest number of complaints came from Emergency care group followed by MSK and Frailty. In response to a question from Philippe Serna, Board was advised that trends in MSK and Frailty were being monitored.
- The top two reasons for complaints continued to be communication and staff attitude and behaviour. However, both of these areas had seen a significant reduction in complaints.
- Friends and Family data revealed better than national and regional performance in all areas except for the response rate for A&E.

17/07/45 Board commended the work undertaken on the ward-patient surveys. Further analysis on the surveys would be undertaken through Patient Experience and Engagement Committee.

17/07/46 Board NOTED the Quarter 1 Patient Experience and Complaints Quarterly Report.

NHS Undertakings Tracker

17/07/47 The Board considered a report of the Trust Board Secretary that set out progress against the undertakings given to NHSI in February 2015 following the Trust's breach of licence.

17/07/48 The tracker provided a breakdown of those undertakings, and a summary of progress against each one, providing the Board with oversight and highlighting any exceptions or concerns. All actions were on track.

17/07/49 Board NOTED the NHSI Undertakings Tracker.

Corporate Risk Register and Board Assurance Framework

17/07/50 The Board considered a report of the Trust Board Secretary that presented the revised Corporate Risk Register and Board Assurance Framework at Q1.

17/07/51 The Corporate Risk Register and Board Assurance Framework had been revised following sessions with Finance and Performance and Quality and Effectiveness committees.

17/07/52 Risks had been aligned to each committee. Some risks from last year were mapped over while a number of new risks were also identified. These related to:

- Lack of adequate CT scanning capacity at DRI
- Inability to sustain the Paediatrics service at Bassetlaw
- Failure to ensure adequate medical records system
- Failure to engage with patients around the quality of care and proposed service changes
- Failure to improve staff morale
- Failure to adequately prepare for CQC inspection
- Inability to meet Trust's needs for capital investment

- Failure to ensure that estates infrastructure is adequately maintained and upgraded in accordance with the Regulatory Reform (Fire Safety) Order 2005 and other current legislation standards and guidance

17/07/53 To ensure Board and its committees were sighted on all risks it was intended to bring the BAF and CRR on a monthly basis to F&P and QEC and on a quarterly basis to Board and ANCR for review and proposed changes. Both documents were in an evolutionary state and would develop as time progressed.

17/07/54 Board:

- (1) NOTED the Corporate Risk Register.
- (2) APPROVED the Board Assurance Framework Q1.

Reports for Information

17/07/55 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Committee Annual Report
- Financial Oversight Committee minutes, 23 June 2017
- Minutes of Audit and Non-Clinical Governance Committee on 24 March and 26 and 30 May 2017
- Board of Directors' Calendar

17/07/56 The Chief Executive fed back on two items included within his report. Following the nationally mandated work undertaken to check fire safety compliance of NHS buildings, no suspect cladding was found to be at Montagu Hospital. However, some issues had been raised with regard to the Rehabilitation Centre and this had resulted in a requirement for remedial work that included reducing the bed base until complete. Further refurbishment work was planned utilising the Fred and Ann Green Legacy to develop a Centre of Excellence.

17/07/57 Earlier that day, the Chief Executive and Chief Operating Officer had attended Nottinghamshire County Council's overview and scrutiny committee to update them on staffing within Paediatrics at Bassetlaw Hospital. There was a helpful discussion around what changes constituted a substantial variation. Staffing continued to be an issue. Despite the recent recruitment drive all but one had given back word and a further nurse had resigned leaving one less than currently the case. The Chief Executive and Chief Operating Officer would be attending scrutiny again in October to discuss options. The need for critically ill children to be cared for safely and appropriately was emphasised.

Items escalated from Sub-Committees

17/07/58 None.

Minutes

17/07/59 The minutes of the meeting of the Board of Directors on 27 June 2017 were APPROVED as a correct record.

Any other business

17/07/60 There was no other business considered.

Governors questions regarding business of the meeting

17/07/61 There were no governors present at the meeting.

Date and time of next meeting

17/07/62 9.00am on Tuesday 29 August 2017 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

17/07/63 It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Suzy Brain England
Chair of the Board

Date