

Minutes of the meeting of the Board of Directors
Held on Tuesday 26 September 2017
In the Lecture Theatre, 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
	Kirsty Edmondson Jones	Director of Facilities & Estates
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Martin McAreavey	Non-Executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	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
	Mark Bright	Public Governor
	David Cuckson	Public Governor
	Lynne Logan	Public Governor
	George Webb	Public Governor
	Clive Tattley	Partner Governor
	Dr Jayant Dugar	Guardian for Safe Working
Plus 20 staff		

ACTION

Welcome and apologies for absence

- 17/09/1** Apologies for absence were received on behalf of Philippe Serna. The Chair welcomed all present including members of staff who had joined the meeting to observe.

Declarations of Interest

- 17/09/2** Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

- 17/09/3** The list of actions from previous meetings was noted and updated.

The Quality of Junior Doctor and Student Training at DBTH

- 17/09/4** The Board considered a report and presentation of the Director of Education which set out details of the quality of junior doctor training at

the Trust.

- 17/09/5** Board was advised that the quality of teaching of students and junior doctors was central to the delivery of a high quality workforce to care for patients. The quality of the Trust's teaching was recognised by key stakeholders in the attainment of Teaching Hospital status and it continued to be a key focus. Student and trainee experience at DBTH was also important for future workforce recruitment and retention.
- 17/09/6** The paper demonstrated how DBTH collated feedback from all learners; both medical and non-medical, and how the organisation used this information to inform improvements within Training and Education and supervisory arenas.
- 17/09/7** In response to a question from John Parker about the breadth of junior doctor experience at Bassetlaw, the Director of Education advised that work was ongoing to enhance the learning experience of those who attended the Hospital. Board was advised that anaesthetics, which had declined in the year, was now seeing an improving trajectory.
- 17/09/8** In response to a question from Neil Rhodes, the Board was advised that the Trust actively listened to trainees and sought to improve training and safety as these were areas that helped to attract new students to the Trust.
- 17/09/9** The Board AGREED with these programmes and tasked the Workforce and Education Committee to ensure the success of these actions.

We Care for our Junior Doctors

- 17/09/10** The Board considered a report of the Director of Education that set out the programme of work the Trust was undertaking to help with improving morale amongst junior doctors.
- 17/09/11** Nationally it had been highlighted that the morale of junior doctors was at a historic low point which was being reflected in the number of trainees taking breaks from training or leaving training in the UK. Issues included not feeling valued, feeling disconnected from the senior management of the organisation they were working in, and not having their views considered.
- 17/09/12** The paper made a number of recommendations under the following headings:
- Engagement with Senior Management
 - Quality Improvement and the role of junior doctors
 - We Care for our trainees

17/09/13 In response to a question from the Chief Executive about how the Trust knew that these actions were what the junior staff wanted, the Board were advised that these initiatives were being driven from the junior doctors themselves rather than by management. Other initiatives, such as to improve the junior doctors' communal environment, were also considered as part of the programme.

17/09/14 The Board of Directors:

(1) SUPPORTED the initiatives within the paper and tasked the Workforce and Education Committee to ensure success.

(2) SUPPORTED the work of the Director of P&OD and Director of Education to take forward actions to improve senior managerial engagement with junior doctors.

Learning from Deaths

17/09/15 The Board considered a report of the Medical Director that provided assurance of the systems and processes in place to ensure that in-hospital deaths, including those in the Emergency Department, were scrutinised in a structured way in line with national guidance.

17/09/16 Board was advised that in quarter one there were 445 patient deaths at the Trust, 305 of which had been screened and approximately five per cent of these had been through a structured judgment review that had found that none of the deaths were attributable to care issues. 94% of the case notes were easy to review. It was noted that there was currently a time lag between deaths and their review and this needed to be shortened.

17/09/17 Further to a question from Martin McAreavey, the Board was advised that action plans would be devised where any issues were uncovered and these would be actively monitored.

17/09/18 The Board NOTED the report and the following actions:

- The time lapse to mortality review needed to be shortened.
- Explore ways of systematically listening to families and carers.
- Learning from Deaths Report to be tabled at local clinical governance meetings and for those specialties who have not reached 100% compliance should develop an action plan to achieve 100% by end of Q3.

Report from the Guardian for Safe Working

17/09/19 The Board considered a report of Dr Jayant Dugar, the Guardian for Safe

Working that presented a Quarter 2 update. The report was a requirement of the 2016 Junior Doctors contract.

17/09/20 In the quarter no gross safety issues had been raised with the Guardian by any trainee. There had been 45 exceptions raised by junior doctors that had been resolved without any fines being levied, two of which were education related. The 2016 contract continued to be implemented with 38 junior doctors employed by this Trust on the 2016 contract as at June 2017.

17/09/21 In response to a question from Linn Phipps about the numbers of junior doctors still not on the 2016 contract, Board was advised that the approach was an agreed transition and plans were in place to manage the effective transfer of all junior doctors.

17/09/22 The Board NOTED the update.

Annual Statement of Compliance against the NHS Core Standards for Emergency Preparedness, Resilience and Response (2017/18)

17/09/23 The Board considered a report of the Chief Operating Officer that advised of the recent self-assessment the Trust had undertaken against the NHS Core Standards for Emergency Preparedness, Resilience and Response and sought approval of the statement of compliance and improvement plan for submission to NHS England.

17/09/24 The Trust was a category one responder under the Civil Contingencies Act 2004 (CCA), which meant it had a key role in preparing for and responding to a range of emergency situations and significant service disruptions. Each year Acute Trusts were required to self-assess against 47 National Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

17/09/25 In 2017/18, the Trust was compliant against all but two of the standards which were scored amber. The improvement plan, appended as a report, set out how those two areas would be addressed.

17/09/26 The Board:

- (1) NOTED the self-assessment process undertaken for 2017/18.
- (2) APPROVED the statement of compliance at Appendix A of the report for submission to NHS England (Yorkshire and the Humber).
- (3) APPROVED the Improvement Plan at Appendix B of the report for submission to NHS England (Yorkshire and the Humber).

WTP Committees in Common

- 17/09/27** The Board considered a report of the Chief Executive that presented for approval the draft terms of reference and joint working agreement for the Working Together Partnership committees in common (CiC).
- 17/09/28** In June, Board agreed to approve the establishment of a CiC which would be a committee of the Board and to appoint to it the Chair and Chief Executive for the Acute Vanguard in order to build a confederated approach that supported the development and implementation of a high level clinical strategy for the WTP.
- 17/09/29** The Board also approved the draft Joint Working Agreement and a generic set of terms of reference for the Committee. Minor revisions to the JWA had been made to improve clarity of purpose and a specific (DBTH) branded set of terms of reference were now presented for approval, enabling the first meetings of the CiC to progress in October.
- 17/09/30** The Board APPROVED the WTP CiC draft terms of reference and joint working agreement.

Chairs Assurance Logs for Board Committees held 19 September 2017

- 17/09/31** The Board considered the assurance reports of the Chairs of Finance and Performance and Audit and Non-clinical Risk Committees, following their meetings on 19 September.
- 17/09/32** The Finance and Performance Committee had received new performance and workforce reports, as well presentations into 62-day cancer performance and the catering contract. A forecast of the Trust's financial performance would be brought to October's meeting.
- 17/09/33** The Chair of the Audit and Non-clinical Risk Committee was not present but his report was before the Board for consideration. Two audits had recently been completed and a better picture was evident in respect of historic audit recommendations.
- 17/09/34** Board RECEIVED the reports for assurance.

NHS Protect – Withdrawal of Support for Local Counter Fraud

- 17/09/35** The Board DEFERRED this item until the October meeting of the Board to enable the Chair of Audit and Non-clinical Risk Committee to present assurances.

Strategy and Improvement Report

- 17/09/36** The Board considered a report that provided assurance on progress on the strategic plan implementation process and quality improvement and

innovation agenda.

- 17/09/37** Following Board's approval in June, the Strategic Direction 2017-22 had been forwarded to NHS Improvement. NHSI were still in the process of reviewing local strategies and would feedback following that review. The strategy launch was underway, supported by the Communications Team and had commenced with a launch at Management Board. An information stand and strategy specific edition of Foundations for Health was presented at the Annual Members Meeting.
- 17/09/38** The three clinical steering groups had now met to begin driving and overseeing the strategy implementation in the following areas: Urgent & Emergency Care (including Intermediate Care); Elective Care (including Cancer Services); and Childrens' and Families.
- 17/09/39** The business planning processes were currently being updated to reflect the new Strategic Direction and the annual planning process for 2017/18 would commence at the end of the month.
- 17/09/40** Enabling strategies were being reviewed in full by board sub-committees to ensure alignment with the Strategic Direction and summary documents would be provided to Board. Linn Phipps fed back on the work undertaken earlier in the day by the Quality and Effectiveness Committee in reviewing five of the strategies.
- 17/09/41** Board NOTED the report.

Finance Report as at 30 August 2017

- 17/09/42** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 5, 2017/18.
- 17/09/43** The month five position was a £2.881m deficit, £663k worse than plan and the Year to Date (YTD) position was a £13.261m deficit, £1.123m worse than plan. For the month, income was ahead of expected levels, however high agency and non-pay expenditure continued. A lack of progress in identifying Cost Improvement Plans (CIP) had also resulted in significant overspends. The cash position at the end of August was £13m in the bank.
- 17/09/44** In response to a question from Linn Phipps about CIP underachievement, the Board was advised of the work being undertaken by BDO on the CIP governance process and the new grip and control measures led by the Chief Executive.
- 17/09/45** The Trust was committed to driving down agency spend and achieving the plan. Failure to do so may impact on the Trust's receipt of future Sustainability and Transformation funding. The Chief Executive and Director of Finance were also meeting with the CCG and mental health trust to encourage a system-wide approach.

17/09/46 The Board NOTED the Trust's financial position.

Performance Report as at 30 August 2017

17/09/47 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 5, 2017/18.

17/09/48 Performance against key metrics included:

4 hour access - In August the Trust achieved 93.6% against the 95% standard (94.45% including GP access), a slight improvement on last month. The Trust remained in the top third of trusts nationally for performance.

RTT – In July, the Trust performed below the standard of 92% achieving 90.1%, with four specialities with a high number of patients above 18 weeks, these being: Ophthalmology, ENT, General Surgery and Orthopaedics.

Cancer targets – In July, the 62-day performance did not achieve the 85% standard, coming in at 84.9. Two-week waits achieved the 93% standard.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 89.5. The Mortality Monitoring Group continued to work in specific areas to improve this performance.

C.Diff – The rate of cases remained above trajectory. In light of the continued increase in C.Diff cases, Infection, Prevention and Control were investigating the reasons for an increase.

Appraisal rate - The Trust's appraisal completion rate dipped to 56.6%. The Trust continued to focus on this standard 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 appraisals being aligned to meet the peaks and troughs of operational demand.

SET training - There had been a decrease in compliance with Statutory and Essential Training (SET) and at the end of August the rate was 69.9%.

Sickness absence – The Trust had continued to see a rise in sickness, with August being 4.12% and the year-to-date position 4.08%. Last month the Trust saw a rise in the number of staff off sick across all timescales. Whilst the Trust continued to benchmark favourably across Yorkshire and Humber, this rise would be scrutinised in August.

- 17/09/49** In response to a question from Alan Armstrong about the patient pathway transformation project, the Board was advised that it was currently working to reduce the number of 'did not attends' and that work would be reported to the Board.
- 17/09/50** Linn Phipps shared the work the Quality and Effectiveness Committee were doing around what quality meant, particularly in relation to soft metrics.
- 17/09/51** The Business Intelligence report was NOTED.

Nursing Workforce Report

- 17/09/52** 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.
- 17/09/53** The overall planned versus actual hours worked in August 2017 was 100%, a one per cent increase since July. Care Hours Per Patient Day (CHPPD) remained at 7.8. Ward A5 was assessed red for quality in the month and would be subject of a quality summit.
- 17/09/54** The Board of Directors NOTED the content of the paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Reports for Information

- 17/09/55** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Finance and Performance Committee minutes, 22 August 2017
- Audit and Non-clinical Risk Committee minutes, 20 July 2017
- Minutes of Management Board, 7 August 2017
- Board of Directors' Calendar

Items escalated from Sub-Committees

- 17/09/56** None.

Minutes

- 17/09/57** The minutes of the meeting of the Board of Directors on 29 August 2017 were APPROVED as a correct record.

Any other business

Martin McAreavey

- 17/09/58** The Board passed on its congratulations and appreciation to Martin McAreavey who was leaving the Board after having secured a position as the new Medical Director of the University of Bradford.

Annual Members' Meeting

- 17/09/59** The Chair thanked members of the public and governors who came to the annual members meeting at Montagu Hospital in September. She reflected that the Trust had much to celebrate in terms of the progress towards financial viability and the successful delivery of quality services. However, there were also some limitations in how the meeting was run with limited time for the public and governors to discuss matters and ask questions, poor acoustics in part and a less than optimal slide show. Some valuable input had been given on how to make the meeting more inclusive next year.

Switchboard

- 17/09/60** A matter was escalated from Quality and Effectiveness Committee earlier in the day regarding effective switchboard arrangements in light of concerns that consultants were unable to locate appropriate staff at important times of the day.
- 17/09/61** It was reported that a business case for the next phase of the Switchboard had been approved but capital monies were still awaited to take this forward.
- 17/09/62** Board was advised that the Trust faced a number of estates and utility issues which were subject to a robust prioritisation programme. Solutions were in place to manage the current risk to the Switchboard.

Governors questions regarding business of the meeting

- 17/09/63** David Cuckson commended the proposal to involve junior doctors in some of the Trust's operational committees. He asked what assurance there was that the work of the committees in common would be fed back to governors. The Chief Executive advised that minutes of the Trust's committee in common would be fed back through Board of Directors and Board of Governors.

17/09/64 Clive Tattley asked who the non-executive lead for emergency planning was. The Board was advised that it was Neil Rhodes.

Date and time of next meeting

17/09/65 9.00am on Tuesday 31 October 2017 in the Boardroom, DRI.

Exclusion of Press and Public

17/09/66 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