

Minutes of the meeting of the Board of Directors
Held on Tuesday 29 August 2017
In the Boardroom, Bassetlaw Hospital

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
	Martin McAreavey	Non-Executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director (via Skype, part)
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	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
	Mike Addenbrooke	Public Governor
	George Webb	Public Governor
	Clive Tattley	Partner Governor
	Emma Challans	Deputy Chief Operating Officer Staff-side

ACTION

Welcome and apologies for absence

17/08/1 Apologies for absence were received on behalf of John Parker.

Declarations of Interest

17/08/2 Board was reminded of the need to keep their registers of interests up-to-date.

17/08/3 It was noted that Martin McAreavey had recently become the Director of Medical Education for the University of Bradford and that this had been added to his register of interest.

Actions from the previous minutes

17/08/4 The list of actions from previous meetings was noted and updated.

Learning from Deaths – Learning, Candour & Accountability

17/08/5 The Board received a report of the Medical Director that set out a new approach for learning from deaths.

- 17/08/6** The events at Mid Staffordshire and Morecambe Bay and the subsequent review of hospitals with regard to investigating and learning from deaths had led the CQC to propose a new approach to learning from deaths.
- 17/08/7** New guidance from the National Quality Board placed a number of requirements on hospital trusts, including that a non-executive director be identified with lead responsibility and that quarterly reports be made to the Board on the numbers of deaths, numbers reviewed, numbers of potentially avoidable deaths and qualitative information.
- 17/08/8** The Trust had already completed a significant amount of work and continued to make substantial progress in ensuring that all patient deaths were screened and that those requiring further investigation have a structured judgement review. It would continue to build on and develop the process to ensure it was comprehensive and robust.
- 17/08/9** Linn Phipps, as lead non-executive for learning from deaths, commented that she was very assured by the work taking place and that the Trust would act on feedback from families. Further work was being undertaken to identify a range of soft metrics that would also measure learning.
- 17/08/10** A business case was in development to ensure that specialist resource was in place. Further to a question from the Chair, the Medical Director confirmed that escalation would be via the Mortality Monitoring Group and the serious incident process. Monthly reports would come to Clinical Governance Committee and quarterly reports would come to Board.
- 17/08/11** With a correction to page 15 of the Policy replacing the words “Clinical Governance and Oversight Committee” with “Quality and Effectiveness Committee” the Learning from Deaths Policy was endorsed.

ENT Masterclass

- 17/08/12** The Board considered a presentation from Mr Muhammad Shahed Quraishi, ENT Consultant on the ENT Masterclass.
- 17/08/13** The Masterclass had started as an idea in 2005 and was now one of the most well attended clinical courses in the world. It had begun as a masterclass for doctors in training but then developed into a number of different areas of clinical practice and was held across the world, becoming part of the official curriculum in some areas.
- 17/08/14** The ENT Masterclass website contained many invaluable resources and saw as many as 65,000 hits per year from around 85 different countries together with social media sites. The Masterclass continued to break new ground and was an example of excellence within Doncaster.
- 17/08/15** Board NOTED the report and thanked Mr Quraishi for his presentation.

Emeritus Status

- 17/08/16** The Board considered a report of the Medical Director that sought to grant Dr David Northwood Emeritus status at the Trust.
- 17/08/17** The Trust had taken the view that it would wish retiring consultants to maintain their contact with the Trust and their colleagues locally and, where requested, would consider offering Honorary Emeritus status, with its associated rights of access to the library and postgraduate meetings. The title was awarded to consultants who had provided meritorious service to the Trust.
- 17/08/18** The Board APPROVED the grant of Emeritus Consultant Status to Dr David Northwood, formerly Consultant Anaesthetist at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust.

Health and Well-being Update

- 17/08/19** The Board considered a report of the Director of People and Organisational Development that sought reaffirmation from the Board to its commitment to improving staff health and wellbeing and supporting the related agenda and actions moving forward.
- 17/08/20** The report demonstrated the achievements made in the last two years and the positive impact this was having on the health and wellbeing of staff. It also highlighted the challenges going forward.
- 17/08/21** The Trust's performance had been acknowledged through a range of national and local awards and there had been a positive impact on sickness absence rates. Board noted the importance of health and well-being, the CQUIN attached to good performance and the high numbers of staff (87%) who felt health and well-being was important.
- 17/08/22** Philippe Serna noted that performance in respect of specific health and well-being indicators was a 'mixed bag'. The Chief Executive commented that work was taking place to help staff and patients to live a healthy lifestyle. The potential new catering contract and website would both contribute towards this aim.
- 17/08/23** Health and well-being reports regularly fed into the Workforce and Education Committee and the staff survey. The Board's thanks were passed on to the Health and Well Being Lead and her team.
- 17/08/24** Martin McAreavey asked the Director of People and Organisational Development about the incidence of MSK problems amongst staff and she would report back separately on this.

KB

- 17/08/25** The Board:

(1) ACKNOWLEDGED the progress made with regards to health and wellbeing activity and the challenges that lay ahead.

(2) REAFFIRMED its commitment to improving staff health and well-being and supporting the agenda and actions moving forward.

Risk Identification, Assessment and Management Policy

17/08/26 The Board considered a report of the Trust Board Secretary that sought approval of a revised Risk Identification, Assessment and Management Policy.

17/08/27 The Policy had been revised following changes to the committee structure and board assurance framework. Two further amendments to the Policy were proposed adding “corporate directors” into paragraph 3.3 and substituting the words “Trust Board Secretary” for “Head of Corporate Affairs” in 3.5.

17/08/28 Board APPROVED the Risk Identification, Assessment and Management Policy.

Trust Seal

17/08/29 Board APPROVED use of the seal in respect of the lease relating to Sunshine Day Nursery, Bassetlaw Hospital, Worksop, S81 0BD.

Chairs Assurance Logs for Board Committees held 22 August 2017

17/08/30 The Board considered the assurance reports of the Chairs of Finance and Performance and Quality and Effectiveness Committees, following their meetings on 22 August.

17/08/31 Following a question by Alan Armstrong in relation to Finance and Performance Committee, the Chief Executive provided assurance over the new catering arrangements following the closure of Silks Restaurant. The importance of effective communications was emphasised. Board were also advised about the work to create an integrated Board to Ward performance report.

17/08/32 In the absence of the Chair of Quality and Effectiveness Committee, the Medical Director presented the report, mentioning the escalated items in relation to the Royal College report, issues around the response of switchboard and medical records. All three issues were under monitoring by Clinical Governance and Quality and Effectiveness Committees. The Committee had also received an excellent ‘deep dive’ presentation from the Acting Director of Nursing, Midwifery and Quality in relation to patient experience and engagement.

17/08/33 Board RECEIVED the reports for assurance.

CQC Insights Report

17/08/34 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that set out details in relation to the CQC's monitoring tool known as CQC Insights.

17/08/35 The tool would be made available to the Trust on a monthly basis and used as a risk monitoring tool and information pack for any inspector to refer to when considering inspecting the Trust, through the Quality Surveillance Groups held regionally and also during the planning of an inspection to focus on particular core services.

17/08/36 It was the latest iteration of tools following the historical CQC Quality Risk Profile (QRP) and Intelligent Monitoring Report (IMR). This report complemented the NHSI Single Oversight Framework, DBTH Clinical Governance Objectives, DBTH Quality Assessment Tool and Quality Metrics and DBTH Accountability Framework as well as external accreditation schemes.

17/08/37 The Board NOTED the report and SUPPORTED the monitoring of quality using the CQC Insights report with other quality monitoring tools and processes described in the report.

Mixed Sex Accommodation

17/08/38 The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that provided a Declaration of Compliance with the requirement to eliminate mixed sex accommodation. This continued to be managed in line with national requirements, as it had been in previous years.

17/08/39 The Board NOTED the contents of the report.

Strategy and Improvement Report

17/08/40 The Board considered a report that provided assurance on progress on the strategic plan implementation process and quality improvement and innovation agenda.

17/08/41 Following Board's approval in June, the Strategic Direction 2017-22 had been forwarded to NHS Improvement. A formal launch was planned for September. Final drafts of the enabling strategies would be reviewed at Executive Team on 13 September to ensure alignment before agreement at board committees and ratification at the subsequent Trust Board.

17/08/42 Steering Groups had been developed to drive and oversee the strategy implementation in the areas of urgent and emergency care, elective care and children and families.

17/08/43 The Quality Improvement & Innovation (Qii) strategy and its associated action plan had been completed and been shared at Clinical Governance Committee. A Lead Consultant for Qii had been appointed and would work with the Qii Team on a number of areas including supporting the strategic change overseen by the steering groups. A Qii session had been run for Board and one was planned for governors.

17/08/44 Board NOTED the report.

Finance Report as at 31 July 2017

17/08/45 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 4, 2017/18.

17/08/46 The month four position was £2.384m deficit, £475k worse than plan. The Year to Date (YTD) position was £10.380m deficit, £461k worse than plan. The underlying position for the end of the month was much better than in the previous month as total pay expenditure had dropped in July, however the non-pay spend and non-delivery of CIP continued to cause a pressure on the bottom line position.

17/08/47 Agency spend had improved in month, partly due to seasonal impact and in part due to weekly meetings with each care group to review agency spend. The cash position at the end of July was £11m and work continued to support the payment of suppliers through the SBS invoicing system.

17/08/48 Neil Rhodes expressed confidence in the systems and processes being employed to bring spending back under control but required further assurance around the delivery of CIP schemes. The Board was advised that the Trust had commissioned work to assist with identifying confidence in delivery and the future pipeline.

17/08/49 Further to a question from Philippe Serna about level of capital expenditure, the Director of Finance advised that work was taking place to reshape the capital plan on the basis of a successful bid to the ACS for a CT scanner.

17/08/50 The Board NOTED the Trust's financial position.

Business Intelligence Report as at 31 July 2017

17/08/51 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 4, 2017/18.

17/08/52 Performance against key metrics included:

4 hour access - In July the Trust achieved 93.18% (93.9% including GP attendances) against the 95% standard.

RTT – In July, the Trust performed below the standard of 92% achieving 90.3%, with three specialities continuing to not achieve the standard for the month. These were general surgery, ENT and Ophthalmology. In September, general surgery would access an additional three operating sessions and in ophthalmology an external company was performing catch up work at weekends, specifically on cataract work.

Cancer targets – In June, the 62-day performance achieved the 85% standard and quarter one overall achieved 85.1%. Two-week waits achieved 93.3% against 93% standard, however the standard was not achieved for the quarter.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 90.23 for May 2017. HSMR for April 17 was 91.89.

C.Diff – The rate of cases was slightly above trajectory compared to last year. Interventions on deep cleaning, antibiotic stewardship and monitoring hand-washing compliance continued.

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 would continue 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 further increase in compliance with Statutory and Essential Training (SET) and at the end of July the rate was 71%. Across most areas the positive upwards trajectory continued.

Sickness absence – In July the Trust saw a slight rise in staff with absences between one and six months. The HR business partners were working with their care groups and corporate directorates to drill down into the reasons why that increase had occurred. Overall sickness/ absence rate remained favourable to other NHS organisations regionally and nationally.

17/08/53 Further to a question from Martin McAreavey, it was agreed to bring back details on the HSMR performance at Bassetlaw Hospital following a review through the Mortality Monitoring Group.

SS

17/08/54 The Business Intelligence report was NOTED.

Nursing Workforce Report

- 17/08/55** 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.
- 17/08/56** The overall planned versus actual hours worked in July 2017 was 99%, a one per cent drop since June. Care Hours Per Patient Day (CHPPD) stood at 7.8 across the Trust, up 0.2 since June. No wards were assessed red for quality in the month.
- 17/08/57** 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.

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.
- Analysis of the AUKUH data collection from July. Ward nurse staffing requirements would be available to the Quality Effectiveness Committee in October 2017.
- Considering the NQB consultation on Midwifery Staffing levels.

Reports for Information

- 17/08/58** The following items were NOTED:
- Chair and NEDS' report
 - Chief Executive's report
 - Proposed Arrangements for Annual Members' Meeting
 - Finance and Performance Committee minutes, 20 July 2017
 - Quality and Effectiveness Committee minutes, 22 June 2017
 - Board of Directors' Calendar

- 17/08/59** The Chief Executive briefly advised of a meeting he attended earlier in the day relating to devolution across Yorkshire. It appeared that there was now a divergence of views between Sheffield and Rotherham on the one hand who wished to remain part of Sheffield City Region and Doncaster and Barnsley who wished to join a new Yorkshire-wide bid. The Chief Executive acknowledged that neither bid was likely to move forward without a consensus amongst the local authorities in South Yorkshire. Council meetings were taking place imminently to look at this.
- 17/08/60** In response to a question from Philippe Serna, the Chief Executive confirmed that issues identified in the recent IRMER inspection were not as significant as first thought.

Items escalated from Sub-Committees

- 17/08/61** None.

Minutes

- 17/08/62** The minutes of the meeting of the Board of Directors on 25 July 2017 were APPROVED as a correct record.

Any other business

- 17/08/63** There was no other business considered.

Governors questions regarding business of the meeting

- 17/08/64** Mike Addenbrooke asked whether there was optimism that vacancies within audiology, ophthalmology and children's would be filled. The Chief Executive gave an update on the staffing situation. Staffing in paediatrics continued to be a challenge.
- 17/08/65** Furthermore, Mike Addenbrooke asked what assurance could be given that staff attitudes and communication – which historically had been the largest cause of complaint – were improving. The Chief Executive advised that all staff received ongoing training and regular refresher sessions around breaking bad news and customer service were provided. Accordingly, the Trust was seeing a reduction in the number of complaints.
- 17/08/66** In response to comment from George Webb about the difficulty in recruiting nurses, the Board were advised that the challenges existed within specific areas within the Trust, such as paediatrics and midwifery. The Trust had workforce plans in place and was working with Sheffield Hallam University to drive up the number of places. The Trust had seen an increase in the number of roles it was filling since last year but it needed to be recognised that there was no easy solution to a national problem and no prospect of vacancy rates improving rapidly. The national difficulty

in recruiting specialist paediatric nurses was illustrated by the fact that Great Ormond Street ran at a vacancy rate of 12-15%.

Date and time of next meeting

17/08/67 2.30pm on Tuesday 26 September 2017 in the Lecture Theatre, DRI.

Exclusion of Press and Public

17/08/68 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