

Minutes of the meeting of the Board of Directors
Held on Tuesday 23 May 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
	Moira Hardy	Acting Director of Nursing, Midwifery and Quality
	Martin McAreavey	Non-executive Director
	Richard Parker	Chief Executive
	John Parker	Non-executive Director
	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:	David Cuckson	Public Governor
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	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

ACTION

Welcome and apologies for absence

17/05/1 Apologies were presented on behalf of Linn Phipps.

Declarations of Interest

17/05/2 There were no interests declared in respect of the business of the meeting.

Actions from the previous minutes

17/05/3 The actions were noted and updated.

Research and Development at DBTH

17/05/4 The Board received a presentation from Trevor Rogers and Emma Hannaford from the Research and Development Team that set out current research activity and future plans at the Trust.

17/05/5 Details of the team's recent achievements were set out. The current research programme included a balanced programme of work across the entirety of the Trust's activities. The team's programme had generated in excess of £1m in 2016/17 and developed a team of dedicated research nurses.

- 17/05/6** The team was four years into a five-year strategy and had consistently achieved its key performance indicators. Key issues outstanding including the absence of a clinical research facility, the integration of research into job plans and management of monies from commercial trial activity were highlighted. An issue raised relating to room space within the Research and Development Team would be addressed by the Chief Executive and Director of Estates and Facilities outside the meeting. **RP**
- 17/05/7** The Trust's work as part of the Collaboration for Leadership in Applied Health Research and Care was considered. The Trust had previously match funded the work from the Fred and Ann Green Legacy but there was a question over lack of non-cash match from the CLAHRC and a way forward was sought. The Board were advised that any future match funding should be subject to a business case through the usual channels with an understanding as to who was paying for what and an evaluation as to how the CLAHRC monies had added value in the past.
- 17/05/8** Future ambitions included making academic joint appointments, expanded clinical accommodation and increasing the prestige and clinical excellence, building on the recent attainment of Teaching Hospital status.
- 17/05/9** In response to questions from Alan Armstrong and Martin McAreavey around expansion, the Board were advised that the team were looking to develop academic care groups. In addition, there were plans to use monies from the Fred and Ann Green Legacy to support sensible developments in areas of rehabilitation with the intention of it becoming a centre of excellence with a professor post, working alongside local Universities.
- 17/05/10** The presentation was NOTED.

Annual report (including quality accounts)

- 17/05/11** The Board considered a report of the Head of Communications and Engagement that sought approval of the 2016/17 draft Annual Report.
- 17/05/12** All changes and amendments from the previous drafts had been incorporated into the final draft. Sections of the report and external audit's comments on them had been considered by Audit and Non-clinical Risk Committee on 26 May.
- 17/05/13** The draft Annual Report 2016/17 was APPROVED for submission to NHSI.

Draft Accounts 2016/17

- 17/05/14** The Board considered a report of the Director of Finance that presented the Trust's unaudited accounts for the financial year-end dated 31st March 2017.

- 17/05/15** Audit was taking place and there were no changes that had a material impact upon the year end position, although an additional £200k in Sustainability and Transformation Funding had been provided taking the end-of-year deficit to £6.4m. The draft audit letter would be circulated to Board members.
- 17/05/16** The deadline for submission of the accounts, with a final opinion, was 31 May 2017. Board had already delegated final sign off of the annual accounts to ANCR, which would meet on 26 May 2017.
- 17/05/17** The Board NOTED the draft accounts prior to submission to NHSI.

NHS Self-Certification

- 17/05/18** The Board considered a report of the Chief Executive that sought sign off of documentation as part of the Trust's self-certification for 2016/17.
- 17/05/19** The purpose of self-certification was to carry out assurance that the Trust continued to comply with its licence conditions. There were three licence conditions against which the Trust was required to self-certify. Relevant documentation supplied by NHSI had been completed showing how the Trust complied with the relevant licence conditions and the risks that were required to be managed.
- 17/05/20** The Board would sign off the self-certification following a meeting with Governors on the evening of 23 May. While the Trust was no longer required to submit the documentation to NHSI, trusts would be audited in July to ascertain that they had complied.
- 17/05/21** The Board APPROVED the self-certification documents attached as appendices to the reports, subject to any comments from governors.

Review of Committee Structure

- 17/05/22** The Board considered a report of the Trust Board Secretary which sought approval of a new structure for Board-level committees, including new memberships, terms of reference and meeting cycles in order to align with NHSI's Single Oversight Framework and the Trust's emerging strategic direction.
- 17/05/23** Board APPROVED to:
- (1) Disestablish the existing Clinical Oversight Committee and Financial Oversight Committee.
 - (2) Establish the new committee structure as set out below with the terms of reference attached as an appendix to the report, with effect from 1 June 2017:



(3) Update the Board's standing orders in accordance with the new structure.

(4) Approve the committee membership set out in the report.

(5) Note the separate piece of work on the charities committee structure.

(6) Seek expressions of interest from governors to sit on the new committees as observers.

Managing Conflicts of Interest in the NHS

17/05/24 The Board considered a report of the Trust Board Secretary that set out new rules around managing conflicts of interest in the NHS.

17/05/25 The guidance defined a number of common situations which could give rise to risk of conflicts of interest, including:

- Gifts and hospitality
- Outside employment
- Shareholdings and other ownership interests
- Patents
- Loyalty interests
- Donations
- Sponsored events, research and posts
- Clinical private practice

17/05/26 Under the new guidance, the Trust was required to decide which individuals were to be designated decision-making staff. Such staff would be required to complete annual declarations or nil returns that would be published on the Trust's website. Individual items over £50 or a number of cumulative items that amounted to £50 were still required to be registered. There was also a requirement for the Trust to designate decision-making bodies with responsibility for spending significant amounts of taxpayers' money.

17/05/27 A proposal to buy into a South Yorkshire and Bassetlaw-wide electronic system for registering interests was also being considered.

17/05/28 Board APPROVED to:

(1) Note the new requirements regarding conflicts of interest in the NHS.

(2) Agree to designate the following groups as 'decision-making individuals' within the definition given in the guidance:

- Executive and non-executive directors
- All consultant staff
- All corporate and care group directors and assistant directors
- All staff on or above Agenda for Change Band 8C
- All staff within Pharmacy, IT and Procurement teams

(3) Agree to designate the following groups as 'strategic decision-making groups' within the definition given in the guidance:

- Board of Directors and its committees
- Charitable Funds Committee
- Fred and Ann Green Legacy Sub-Committee
- Executive Team
- Management Board
- Drug & Therapeutics Committee

(4) Note the discussions around joint procurement of an electronic system for making annual declarations.

National Cyber Security Issues and Response at DBTH

17/05/29 The Board considered a report of the Chief Information Officer which set out the background to the recent NHS cyber-attack and how DBTH responded, the impact at the Trust and nationwide, the tools and processes in place to manage cyber security at the Trust, the results of recent penetration testing and future key actions.

17/05/30 In response to a question from the Chair, the Board were advised the Trust had applied all patches issued to them from NHSI following an assessment of the compatibility with the Trust's systems. There was now a need to look at the Trust's wider suite of business continuity plans. It was agreed that once the Emergency Planning Officer had considered the existing plans, a presentation would be brought to Board and the plans would be tested by internal audit.

DP

17/05/31 Given the issues across the sector, it was understood that additional funding may be made available for cyber security.

17/05/32 The Board NOTED the national cyber security issues and DBTH's response,

for assurance.

DBTH approach to recruitment

- 17/05/33** The Board considered a report of the Director of People and Organisational Development which provided details of the Trust's current vacancy rates, the use of temporary staffing and the approach being taken to fill gaps against a backdrop of national shortages for certain staff groups and specialties.
- 17/05/34** At month 1 of 2017/18 the Trust had a budgeted establishment of 6,012 wte with a contracted wte (i.e. staff in post) of 5,570 wte with a further 286 wte temporary resource during April. This equated to a vacancy rate of 7.3% against a target of 5%, although some areas (such as Medical and Dental) had much higher vacancy rates. Taking account of the temporary resource, this vacancy rate reduced to 2.4%.
- 17/05/35** The Executive Team recognised the importance of retaining the current workforce and to maximise their attendance at work. The work detailed within the staff survey action plan and the health and wellbeing action plan were key to this.
- 17/05/36** The paper detailed the range of activities underway to address recruitment, development of new roles, attracting and retaining the local workforce into both professional training and vocational training. It also described the work to up-skill current staff by use of the apprenticeship levy and funding from Health Education England.
- 17/05/37** The Chair emphasised the need for the Trust's recruitment work to be actively managed. This meant having a targeted workforce strategy in place, making the most of the modern apprenticeship approach and working with partners. Further workforce reports were also sought for Board around specific themes.
- 17/05/38** The Board NOTED the update.

Strategy & Improvement Update

- 17/05/39** The Board considered a report of the Acting Director of Strategy and Improvement that included updates on CIP progress, the 2017/18 CIP programme, the strategic planning process and the move from turnaround to transformation.
- 17/05/40** The planned delivery for the Improvement Programme for FY17/18 was £14.5m, with a reported actual delivery at M1 of £340k against a forecast delivery to NHSI of £489k. This was behind plan by £149k mainly as a result of underperformance in the procurement and locum work streams.
- 17/05/41** To date £8.252m of the £14.5m remained unidentified, although it was

expected that there would be £2.5m of non-recurrent grip and control savings. There were over 30 new projects in the pipeline list being evaluated to help to bridge this gap. It was reported that care group and corporate department meetings are underway with the PMO and Finance to sign off implementation of identified schemes and discuss new ideas.

17/05/42 Updates were also provided in relation to grip and control, the strategic direction and quality, improvement and innovation.

17/05/43 In response to a question from Alan Armstrong regarding how the current year's opportunities compared with the last, the Board was advised that this was likely to be a more challenging year given that opportunities for savings were less clear.

17/05/44 The Board RECEIVED the Strategy and Improvement Report for assurance.

Finance Report as at 30 April 2017

17/05/45 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 1, 2017/18.

17/05/46 The month one position for the 2017/18 financial year was £39k ahead of the planned deficit that was phased throughout the year.

17/05/47 The income level was £207k lower than expected for the month. However, non-pay underspends and current vacancies had counterbalanced this helping the Trust to achieve the overall position. The cash position was healthy.

17/05/48 The Board NOTED that the reported financial position was a deficit of £3.9m, which was £39k ahead of the planned position after month 1.

Business Intelligence Report as at 30 April 2017

17/05/49 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 1, 2017/18.

17/05/50 Performance against key metrics included:

4 hour access – In April the Trust achieved 90.37% (91.46% including GP attendances) against the 95% standard. Performance above 90% was maintained over the Easter bank holiday period. The second national programme 'Action on A&E' had been launched which aimed to review urgent care across the system.

RTT – In April performance remained below the standard, achieving

90.4%, with eight specialities failing to achieve the 92% standard for the month.

Diagnostic rates – The Trust missed the 99% standard in April achieving 97.4%. It was as a result of some capacity issues in audiology, which have been addressed.

Cancer targets – In March two-week waits were 88.5% against 93% standard. The key issues related to patient choice and capacity in Dermatology and Urology departments. A full action plan was in place. The 62-day performance achieved 86.6% against the 85% standard.

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

C.Diff – The Trust's target for 2017/18 remained the same as this year (40 cases). The number of cases in April was significantly higher than trajectory and investigations had identified how antibiotic choice was a factor in the cases where there were lapses in care. The IPC team would be working with staff across the Trust to ensure that it continued to adhere to the highest standards of IPC practice.

Falls – There were no cases of serious falls in April.

Pressure ulcers - In 2016/17 there was a 25% reduction in the number of hospital acquired pressure ulcers and the Trust had added a further 10% reduction target for 2017/18. In April there were seven cases.

Appraisal rate – The appraisal rate at the end of April was at 57.72%.

SET training – There had been a slight decrease in compliance with Statutory and Essential Training (SET) and at the end of April the rate was 68.42%.

Sickness absence –The cumulative sickness rate for the 2017/17 year was 4.46%, which compared favourably to trusts across Yorkshire and Humber.

17/05/51 Board was advised that executives were currently addressing issues relating to GPs letters to patients, complaints response performance, stroke and the Surgical Care Group. Work on complaints and the DNA working group would be brought to Board through the Finance and Performance Committee following quarter two.

DP

17/05/52 The Business Intelligence report was NOTED.

Nursing Workforce Report

- 17/05/53** 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.
- 17/05/54** The overall planned versus actual hours worked in March 2017 was 100%, up one per cent from March. Care Hours Per Patient Day (CHPPD) stood at 7.6 across the Trust. Details of the quality and safety profile were provided in the report. The data for April illustrated no wards being assessed as red for quality.
- 17/05/55** Further to a question from Linn Phipps, the Board was advised that a recent review of the Quality Assessment Tool had seen some wards move from green to amber. Details were also provided around the QAT celebration event.
- 17/05/56** The report in respect of Nursing Workforce was NOTED and the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed was SUPPORTED.

Corporate Risk Register and Board Assurance Framework

- 17/05/57** The Board considered a report of the Trust Board Secretary, which presented the Q4 Board Assurance Framework and Corporate Risk Register, which was used to inform the Annual Governance Statement.
- 17/05/58** The report provided a review of where key risks had started and finished the year together with plans for future development of the tool.
- 17/05/59** The report was NOTED.

Reports for Information

- 17/05/60** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Financial Oversight Committee minutes, 24 April 2017
- Board of Directors' Calendar

Items escalated from Sub-Committees

- 17/05/61** None.

Minutes

- 17/05/62** The minutes of the meeting of the Board of Directors on 25 April was APPROVED as a correct record with an amendment to minute number 17/04/20 where the word “sale” should be replaced by “lease”.

Any other business

- 17/05/63** The Chair consented to the following item of other business being taken in the public session of the meeting:

Medical records

Martin McAreavey raised an issue escalated through Clinical Governance and Quality Committee relating to the current state of the medical records department.

The Board was advised that there were a disproportionate number of temporary records but changes were being made to improve the library at DRI. The two areas with the most issues were Ophthalmology and Urology. A number of the notes storage bays had been reviewed and that work continued.

Changes in place for November including the implementation of the RFID project would see the library become a closed area and a full action plan would be put in place. It was noted that while capital was not available for an electronic patient record system it was on the Executive Team’s list of priorities.

Governors questions regarding business of the meeting

- 17/05/64** David Cuckson asked questions on the consequences of breaching conflicts of interest regulations, noted the new workforce information and commented on the new RFID system.

Date and time of next meeting

- 17/05/65** 9.00am on Tuesday 27 June 2017 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

- 17/05/66** 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