

Minutes of the meeting of the Board of Directors
Held on Tuesday 27 June 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
	Martin McAreavey	Non-executive Director
	Richard Parker	Chief Executive
	John Parker	Non-executive Director
	Linn Phipps	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:	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
	Emma Challans	Deputy Chief Operating Officer
	Nick Mawer	Ophthalmology Consultant (part)
	Gerard Jayamanne	Ophthalmology Consultant (part)

ACTION

Welcome and apologies for absence

- 17/06/1** All members of the Board were present. It was noted that Kirsty Edmondson-Jones, Director of Estates and Facilities, would be attending Part 2.

Declarations of Interest

- 17/06/2** Board were advised of updates to the registers of interest for Suzy Brain England OBE and Linn Phipps.

Actions from the previous minutes

- 17/06/3** 17/03/07 - The actions were noted and updated. Board was advised that a response from NHS Protect in respect of the future of support to NHS local counter fraud specialists had not yet been received but would be chased. **JS**
- 17/06/4** 17/04/54 – Non-executives had yet to be invited to a quality summit. The only one that had taken place clashed with another meeting in which non-executives were involved. As soon as one was arranged, non-executives would be invited.

Red Eye, Red Flags

- 17/06/5** The Board received a presentation from Mr Gerard Jayamanne, Ophthalmology Consultant, on the mobile phone app he had developed called *Red Eye, Red Flags*.
- 17/06/6** The app was designed to be used by clinicians working to aid decision making when looking after patients with ophthalmic presentations. Red Flags were alert signs and symptoms that indicated a more serious underlying pathology.
- 17/06/7** The *Red Eye, Red Flags* app had six videos that helped primary care providers identify which patients might benefit from immediate referral to an ophthalmologist. From the app, users could also download a number of helpful e-books.
- 17/06/8** In response to a question from Martin McAreavey, Dr Jayamanne commended the support he had received from senior management to develop the technology. The Trust was seeking to recruit some student programmers to develop additional apps. It was agreed to provide Board with details of applications the Trust had developed. **SM**
- 17/06/9** The presentation was NOTED.

Corporate Objectives

- 17/06/10** The Board considered a report of the Chief Executives that set out draft objectives for 2017/18.
- 17/06/11** The report also set out the actions that would be required to achieve the objectives alongside a number of other considerations. Key enablers to the achievement of the corporate objectives were the following milestones:
- Clinical and operational performance and plans
 - Financial stability and improvement
 - CQC assessment of Good
 - NHSI segment 2 with removal of licence breach
 - Completion and delivery of the revised Strategic direction
 - Reduction of the key quality, financial, operational and strategic risks
- 17/06/12** The corporate objectives would be further reviewed and updated following the Board of Directors' strategy session on 28 June and the outcome of consultation and feedback from patients, governors, staff and partners.

17/06/13 Further to a question from Neil Rhodes, the Board was advised that a medium term financial plan would be presented to Finance and Performance Committee in due course.

17/06/14 Board APPROVED the corporate objectives for 2017/18 and actions attached as an appendix to this report.

Charitable Funds Policy

17/06/15 The Board considered a report of the Director of Finance that sought approval for a new Charitable Funds Policy.

17/06/16 The Policy specifically centred around the Board's role as corporate trustee and other roles and responsibilities in relation to charitable funds, audit and accounting practices, the Charitable Funds' operations and fundraising. The appendices included a revised reserves and investment policy and template form for the donation of funds.

17/06/17 Also included in the Policy was a revised corporate governance framework for charitable funds that would see the disbanding of the Fred and Ann Green Committee and a refreshed Charitable Funds Committee that would include all non-executive directors. The executor for the Fred and Ann Green estate and a Trust governor would be observers.

17/06/18 The Board:

(1) APPROVED the Charitable Funds Policy.

(2) APPROVED that John Parker would act as Chair of the new Charitable Funds Committee.

(3) APPOINTED the Medical Director to the Charitable Funds Committee in addition to the members already identified in the Policy.

Estates Return Information Collection (ERIC) 2016/17

17/06/19 The Board considered a report of the Director of Estates and Facilities that sought approval of the 2016/17 ERIC submission.

17/06/20 Estates Return Information Collection (ERIC) formed the central collection of estates and facilities data from all NHS organisations in England providing NHS funded secondary care during the fiscal year ending 31st March 2017. ERIC data provided the Government with essential information relating to the safety, quality, running costs and activity related to the NHS estates and supported work to improve efficiency.

17/06/21 The Board APPROVED the information enclosed on the ERIC 2016/17 submission which would be committed through EFM Information, HSCIC (NHS DIGITAL) on 30/06/2017 and released publicly in October 2017.

Review of Committee Structure - update

- 17/06/22** The Board considered a report of the Trust Board Secretary that sought approval of an amendment to the terms of reference for Audit and Non-clinical Risk Committee.
- 17/06/23** The notice to rescind and replace the decision was signed by five directors in accordance with Standing Orders.
- 17/06/24** Board APPROVED an amendment to resolution (2) from the item 'Review of Board Committees' considered at Board of Directors on 25 May 2017, substituting the words:

(2) Establish the new committee structure as set out in the attached report with the terms of reference attached as Appendix A, with effect from 1 June 2017.

With the words:

(2) Establish the new committee structure as set out in the report to the Board of Directors of 23 May 2017, including the terms of reference for F&P and QEC, but omitting the Director of Finance as a member of ANCR and replacing the terms of reference for ANCR with those hereby attached.

Ophthalmology Post Implementation Review

- 17/06/25** The Board considered a report of the Ophthalmology Consultant that presented a post implementation review for the new Eye Centre at DRI. The paper studied the main objectives for the investment in the Fred and Ann Green Ophthalmology Unit and explored if these had been achieved.
- 17/06/26** Board was advised that the new Centre had brought a number of benefits including additional sessions and a new logging system that more efficiently enabled the service to track patients. Board was advised that patient flow and the patient experience generally had improved. New staff had been recruited to roles within the Centre although there was still more to do in terms of recruiting consultant staff.
- 17/06/27** Board raised issues with the quality of the review and felt that it was underdeveloped in a number of areas. It was agreed that in future all post implementation reviews would go through the Corporate Investment Group for quality assurance before coming to the Board.
- 17/06/28** With those caveats, the Board NOTED that the actions identified in the PIR would improve the outcomes for compliance and patient outcomes.

Strategy & Improvement Update

- 17/06/29** 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.
- 17/06/30** The planned delivery for the Improvement Programme for FY17/18 was £14.5m, with a reported actual delivery at M2 of £435k against a forecast delivery of £985k. This was behind plan by £550k as a result of underperformance in the procurement, clinical administration and outpatients and local work streams and a lower than anticipated level of budget slippage.
- 17/06/31** Work-stream presentations to the Finance & performance Committee on progress, issues and risks had been timetabled based on perceived level of risk. Care Group and corporate departmental meetings had taken place with the PMO and Finance to sign off implementation of identified schemes and discuss any new ideas. New ideas generated had been added to the pipeline and were being scoped to determine feasibility.
- 17/06/32** In respect of effectiveness and efficiency plans, further benchmarking and analysis had been undertaken with the Executive Team to hypothesise further potential efficiency savings. The gap had reduced to £4.3m, of which £3.2m related to recurrent savings.
- 17/06/33** Engagement on the draft strategic vision continued with electronic surveys, postcards and attendances at meetings within and outside the Trust. The final version was on track to be completed by July 2017 as agreed with NHSI. The draft would be shared at a Board timeout in June with circulation of a final version prior to Board agreement for submission at the July meeting.
- 17/06/34** Neil Rhodes reminded Board that next month the Trust would be four months into the year and questioned whether all areas charged with delivering savings were fully engaged in the process. The Board felt there may be some merit in the Board meeting with care groups directors to understand some of the challenges and emphasised that slippage was not an option.
- 17/06/35** The Board RECEIVED the Strategy and Improvement Report for assurance.

MK

The meeting adjourned at 10.10am and reconvened at 10.15am.

Finance Report as at 31 May 2017

- 17/06/36** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 2, 2017/18.

- 17/06/37** The month two position for the 2017/18 financial year was £346k worse than plan due to high medical staffing spend in a number of specialities, along with lower than planned delivery of planned EEP savings. The cumulative income position at the end of Month 2 was £974k favourable. The cash position was good.
- 17/06/38** Neil Rhodes fed back on the meeting of the Finance and Performance Committee held on 23 June. The meeting had received work-stream updates on medical productivity and procurement and carried out a deep dive of Referral to Treatment. Issues around vacancies would be explored further at July's Committee. The Trust performed within the top quartile of trusts in respect of procurement.
- 17/06/39** The Board NOTED the reported financial position was a deficit of £6.5m, which was £346k behind the year to date plan.

Business Intelligence Report as at 31 May 2017

- 17/06/40** 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 2, 2017/18.

- 17/06/41** Performance against key metrics included:

4 hour access – In May the Trust achieved 91.39% (92.48% including GP attendances) against the 95% standard. This put the Trust within the top quartile of trusts for performance.

RTT – In May, the Trust performed below the standard of 92% achieving 90.6%, with five specialities failing to achieve standard for the month.

Cancer targets – In April, two week waits were 86.7% against a 93% standard. The key issues continued to be related to patient choice and capacity in Dermatology and Urology departments. A full action plan had been developed to improve two week wait performance. The 62-day performance achieved 82.6% against the 85% standard, again mainly due to capacity issues within Urology.

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 May was lower than in comparison to the same period in the previous year, however the Trust remained above trajectory. A robust infection prevention plan of action had been put in place and was being monitored.

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

Pressure ulcers - Twice as many pressure ulcers had been reported this month compared to the same time last year. All pressure ulcers were currently being reviewed through an RCA process and therefore this position may change during June.

Appraisal rate – The appraisal rate at June was 58.5%, a slight increase from last month.

SET training – There had been no change since last month for compliance with Statutory and Essential Training (SET) and at the end of June the rate was 68.4%.

Sickness absence – The cumulative sickness rate for June was 3.6%, which compared favourably to Trusts across Yorkshire and Humber.

17/06/42 Further to questions from Martin McAreavey, the Chief Operating Officer referred to concerns regarding stroke performance and undertook to share discharge performance with Finance and Performance Committee.

DP

17/06/43 The Business Intelligence report was NOTED.

Nursing Workforce Report

17/06/44 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.

17/06/45 The overall planned versus actual hours worked in May 2017 was 100%, same as April. Care Hours Per Patient Day (CHPPD) stood at 7.5 across the Trust. Details of the quality and safety profile were provided in the report. One ward (Ward 17) triggered as red and would be subject to a future quality summit. Agency spend remained within the 3% cap.

17/06/46 Linn Phipps fed back from the meeting of the Quality and Effectiveness Committee held the previous week. Much of the report was around process and ways of working as the Committee established itself and it was agreed that Linn's approach be shared more formally with Board in September.

LP

17/06/47 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.

Well Led Governance Review Action Plan

17/06/48 The Board considered a report of the Trust Board Secretary which presented the action plan in response to the Well Led Governance Review undertaken in Q3 2016/17.

- 17/06/49** The review made 18 recommendations that were approved at Board on 31 January. A working group comprising the Chair, Chief Executive, two NEDs and the Trust Board Secretary had been established to scope the actions that would address each of the recommendations.
- 17/06/50** In response to a question from Martin McAreavey, Board was advised that independent assurance in relation to the actions would be provided through an internal audit of corporate governance arrangements in Q2 2017/18. The action plan would also be assessed during the CQC inspection.
- 17/06/51** Board NOTED progress in respect of the Well Led Governance Review Action Plan.

CQC Inspection update

- 17/06/52** The Board considered a report of the Acting Director of Nursing, Midwifery and Quality that provided an update on the Trust's readiness for CQC.
- 17/06/53** A new monitoring framework had been outlined called CQC Insights which included an annual Provider Information Request (PIR) covering the Trust's Well Led arrangements and core services in an acute hospital context. Core service inspections (unannounced), accompanied by a Well Led inspection (announced) would be the norm, targeting a proportional inspection frequency to overall and service ratings. There would be the potential for a ratings review where core services were reviewed along with a Well Led Trust level inspection.
- 17/06/54** Engagement meetings with the CQC continued on a quarterly basis, with occasional issues being raised with the Trust by the CQC, in a similar frequency to the previous months and year. Self-assessment and mock inspection activities were being refreshed across the Trust, by Care Groups, with independent checks from the Acting Director's team.
- 17/06/55** There were some services that required interventions to improve their quality of services in order to achieve a good rating. It was likely that the Trust would receive a PIR and have an unannounced inspection in the coming months, focusing on 'requires improvement' core services and would be followed with an announced Well Led inspection.
- 17/06/56** The matter had been considered in depth at the Quality and Effectiveness Committee and there was a discussion around adding a more specific risk to the corporate risk register. Following discussions at Executive Team a column had been added to the CQC action plan around the extent to which recommendations had been embedded.

MK

17/06/57 Board agreed that it was necessary to profile its key initiatives such as WQAT, John's Story and PJ Paralysis and asked to be kept updated with self-assessments.

17/06/58 Board NOTED that:

- (1) The Trust continued engagement meetings with the CQC hospital inspection team.
- (2) Mock inspections and self-assessment processes were undertaken across all services to highlight issues that could impact on the objective of achieving a good or better core service and well led inspection ratings.

Reports for Information

17/06/59 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Clinical Governance Annual Report
- Financial Oversight Committee minutes, 22 May 2017
- Clinical Governance and Oversight Committee minutes, 18 April 2017
- Board of Directors' Calendar

17/06/60 There was a brief discussion regarding the item in the Chair's report on the national requirement to have a 50:50 gender split on boards. Four of the Board's six non-executives would have terms ending in 2018 and there would be a paper to governors shortly on a proposal for open recruitment to fill those roles.

17/06/61 Appointments would be staggered throughout the year to avoid any loss to corporate memory.

Items escalated from Sub-Committees

17/06/62 None.

Minutes

17/06/63 The minutes of the meeting of the Board of Directors on 23 May 2017 were APPROVED as a correct record.

Any other business

17/06/64 The Chair consented to the following item of other business being taken in the public session of the meeting:

Annual accounts

Philippe Serna passed on his thanks to key members of the Finance Team for their work in preparing and submitting the 2016/17 annual accounts.

Governors questions regarding business of the meeting

17/06/65 There were no governors present at the meeting.

Date and time of next meeting

17/06/66 9.00am on Tuesday 25 July 2017 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

17/06/67 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