

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 28 February 2017**  
**In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	David Crowe	Non-executive Director
	Moirra Hardy	Acting Director of Nursing, Midwifery and Quality
	Dawn Jarvis	Director of Strategy and Improvement
	Martin McAreavey	Non-executive Director
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
<b>In attendance:</b>	Mike Addenbrooke	Public Governor
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Neil Rhodes	Non-executive Director (Designate)
	Emma Shaheen	Head of Communications and Engagement

A member of the public and two representatives of Staff Side were also present in the public gallery.

**ACTION**

**Welcome and apologies for absence**

- 17/02/1** The Chair welcomed everyone to the meeting and, in particular, Kirsty Edmondson-Jones and Neil Rhodes who were attending their first meetings.
- 17/02/2** The Chair, on behalf of the Board, passed on sincere condolences to Simon Marsh, Chief Information Officer, who would have also attended his first meeting had it not been for a recent family bereavement.
- 17/02/3** All members of the Board were present.

**Declarations of Interest**

- 17/02/4** There were no interests declared in respect of the business of the meeting.

**Minutes of the meeting held on 31 January 2017**

- 17/02/5** The minutes of the meeting of the Board of Directors held on 31 January 2017 were APPROVED as a correct record, with the following

amendments:

- 17/02/6**    17/01/59 – Add in a new resolution (3) to read: “The Board empowers the Director of Finance to convert the current working capital financing into a fixed term loan.”
- 17/02/7**    In resolution (4), the second mention of the word “additional” be amended to “addition to”.
- 17/02/8**    17/01/20 – The word “paramedic” be replaced by “emergency”.

**Actions from the previous minutes**

- 17/02/9**    The actions were noted and updated.

**Matters arising**

- 17/02/10**    There were no matters arising from the minutes.

**Chair’s report**

- 17/02/11**    The Board considered a report of the Chair which outlined her recent involvement in the following activities:

- Appointment of Chief Executive
- Meeting with Bassetlaw MP
- Well Led Governance Review
- Getting to know DBTH
- Partnership working
- Lunchtime Lectures
- Resignation of Governor
- Reports from NEDs

- 17/02/12**    The Chair’s report was NOTED.

**Chief Executive’s report**

- 17/02/13**    The Board considered a report of the Chief Executive which outlined progress against the following:

- Update on paediatrics at Bassetlaw
- Maternity services at Bassetlaw
- 1,000 days free of pressure ulcers on Mallard Ward
- MPs visit to Gastroenterology
- Doncaster Place Plan
- Marching Forward in Person Centred Care
- Chinese Visit
- Red Eye App
- Research and Development Conference
- British Society of Echocardiology Reaccreditation

- Meeting with Andrew Morgan MP
- Provider Sector Financial Performance
- Conflicts of Interest guidance published
- Diversity and Inclusion Forum
- Staff and appointments

**17/02/14** The Chief Executive gave an update on the evolving situation in relation to Bassetlaw paediatrics. The Board were advised that advertisements for nursing staff had been released earlier than planned and this had yielded four expressions of interest, all of whom were student nurses who would qualify in September, which reinforced the Trust's original expectations about workforce availability in the short-term. The Trust would be staying in touch with the applicants and encouraging them to take the posts on offer.

**17/02/15** The Chief Executive reiterated the Trust's position that there were no plans to close the unit; however, any prospective staff needed to be assured that this was the case. Unless there were positive messages around the future of the paediatric service any turnover of staff would provide additional challenges for the Trust moving forwards. Numbers of children transferring in the second week had fallen and had fallen again in week three. Ten children were transferred between 13-20 February, two of which went to Sheffield as would have happened ordinarily and eight went to Doncaster. Average length of stay was just over one day.

**17/02/16** The CCG were apprised of the current position. The Board was advised that each advertisement in the Nursing Times cost £5-10k so it was important to use resources appropriately, with a reasonable expectation of recruitment and advertise at key points when new nurses were known to be seeking roles. The Chief Executive had recently undertaken walkabouts of the wards and had been heartened by the positive response from staff about the changes made. The situation would continue to be kept under review and the Trust's senior management would continue to keep governors, MPs, families affected and the public informed.

**17/02/17** Reflecting on the changes, David Crowe commented that it was regrettable the unit had needed to close overnight due to workforce issues. He expressed concern that key messages regarding the high quality of care, the consultant led service and investment in the Hospital did not seem to be reflected in the local media. He further suggested that meetings with families and the local MP should include clinicians.

**17/02/18** In response, the Board was advised that much of the media and campaigning had been focussed on personal case studies in respect of how the overnight closure had affected individual people and families. The Trust was keen to work with the community of Bassetlaw to recruit new staff and anything they could do to increase the possibility of recruitment would be worthwhile.

- 17/02/19** Reflecting on a recent meeting with the local MP, the Medical Director advised that he felt the expedition of the Place Plan and strengthening of community paediatrics would go a long way towards restoring the trust between DBTH and the Bassetlaw community. The Chair wished to place on record the Trust's commitment to seeing Place Plans for Bassetlaw and Doncaster being delivered.
- 17/02/20** Further to a news story in the 'I' newspaper, the Chief Executive confirmed that while Bassetlaw was part of the Sustainability and Transformation Partnership plans, and Maternity had been identified as a region wide work-stream for review, specific proposals were not focussed on Bassetlaw as a site and any proposals would be subject to consultation.
- 17/02/21** Further to a question from Martin McAreavey in relation to the visit from Andrew Morgan, Regional Lead for NHSI, the Chief Executive advised that NHSI recognised the Trust's rapid improvement journey and had invited the Trust to begin thinking about a case for no longer being in breach of its provider licence. The main impact on no longer being in breach would be the Trust's rating in relation to the Single Oversight Framework, which dictated the level of support received by the Trust.
- 17/02/22** In relation to a question from Linn Phipps about the Mallard Ward being free of pressure ulcers for 1,000 days, the Chief Executive advised that the good work on pressure ulcers had evolved over the past two years. It had included a review of the relevant strategy, simplifying the training programme, setting a clear improvement trajectory and improved use of patient mattresses.
- 17/02/23** The Chief Executive's report was NOTED.

#### **Amendment to Constitution – Governor elections**

- 17/02/24** The Board AGREED to amend the Trust Constitution to clarify use of STV as the voting system for Governor elections and to remove the requirement for candidates to provide a photograph for use in election literature.

#### **Appointments to Charitable Funds Committee**

- 17/02/25** The Board AGREED that Suzy Brain England, Alan Armstrong, Sewa Singh, Jon Sargeant and Moira Hardy be appointed to the Charitable Funds Committee with Richard Parker in attendance.

#### **Strategy & Improvement Report and Strategic Vision Update 2017-21**

- 17/02/26** The Board considered a report of the Director of Strategy and Improvement that included updates on CIP progress, the 2017/18 CIP programme, the strategic planning programme and the move from turnaround to transformation.

- 17/02/27** The report highlighted that savings to month 10 were £8.995m, ahead of plan by £622k and behind stretch by £586k, against a forecast of £11.917m.
- 17/02/28** Work-streams that had not delivered as much as predicted were to be put into 2017/18. For 2017/18 and 2018/19 a further £12m of CIPs were required in each year with a potential stretch in 2017/18 of an additional £1m.
- 17/02/29** Work was continuing on a clinical strategy to lead to a revision of the strategic framework. Attached to the report was the revised Strategic Vision document that had been supplied to NHS Improvement on 17 February 2017. A draft would be submitted by April 2017 and a final version by July 2017.
- 17/02/30** Over the coming months, the Trust would move from a period of turnaround to transformation to include improvement work around workforce planning, business process improvement, quality and IT as well as financial savings. Transformation would be ushered in gradually rather than through any big announcement of change.
- 17/02/31** In response to a question from Alan Armstrong, the Board was advised that the new Head of Quality and Innovation was due to start on 3 April. Interviews for the clinical improvement role would take place later in the week. Two coaches/trainers would also be recruited.
- 17/02/32** In response to a question from Martin McAreavey around the impact on staff through moving into transformation, the Chief Executive advised that he would shortly be conducting a Trust wide listening exercise to understand the pressures and challenges staff were under and how senior management might better engage. A staff engagement strategy and partnership board was also in development. This process was not possible during turnaround due to the speed with which changes needed to be made in order to recover the Trust's reputation and financial position.
- 17/02/33** Further to a question from Linn Phipps, the Board was advised that work around patient experience and person centred quality of care fitted within the supporting corporate strategy of clinical quality. Linn Phipps advocated the opportunity to consider an additional supporting strategy for patient experience and person-centred care and it was agreed that she would discuss this further with Dawn Jarvis outside of the Board meeting.
- 17/02/34** The Board:
- (1) RECEIVED the Strategy and Improvement Report for assurance; and,
  - (2) APPROVED the four strategic objectives listed in annex 2 to the report and the direction of travel.

### **Finance Report as at 31 January 2017**

- 17/02/35** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 10 2016/17.
- 17/02/36** The Board was advised that in month 10 the Trust made a loss of £1.21m. The cumulative deficit to month 10 was £14.239m against a revised plan of £17.4m. The Trust performance in month 10 was £843k better than forecast. This was almost entirely due to a much better than anticipated performance on income with expected levels of cancellations not as high as forecast.
- 17/02/37** Key points from the report were as follows:
- Income performance was £690k better than plan for the month;
  - Expenditure was £260k below plan for the month;
  - Year-to-date agency spend was £11.343m against the year-end NHS Improvement ceiling of £13.5m;
  - Capital expenditure year-to-date was £1.1m behind plan (£6.6m against a plan of £7.7m);
  - Cash balance at the end of January was £4.9m against a plan of £1.9m.
- 17/02/38** The Director of Finance had drawn down cash of approximately £3m in February and expected to draw down a similar amount in March. The conditions relating to the loans agreed at the last Board meeting were appended to the report and the Director of Finance would ensure executive directors were aware of their duties in relation to these.
- 17/02/39** Further to a question from John Parker, an update on the position with regard to invoices where orders had not been raised was provided. All invoices were now contained on a database and orders had been sent for them. Systems were now in place to ensure proper recording of invoices and the current situation posed no threat to the Trust's financial position.
- 17/02/40** It was AGREED that the Finance Report be NOTED.

### **Business Intelligence Report as at 31 January 2017**

- 17/02/41** 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 10.
- 17/02/42** Performance against key metrics included:

- In January, the Trust achieved 85.07% against the 95% four-hour A&E standard. An urgent care action plan had been agreed with local CCGs in order to make improvements to raise the standard above 90% by March.
- In relation to RTT, performance was below the 92% standard, achieving 90.3%.
- The Trust failed to meet the 99% diagnostic standard in January, achieving 98.08% due to demand on the service as well as availability of key staff.
- All cancer targets were met in quarter three but the Trust failed to achieve the 62-day wait for treatment.
- The rolling 12-month HSMR position was 93, this being better than the standardised ratio figure of 100.
- The Trust continued to perform 12% better on C. Diff than the same point in 2015/16 despite more cases in the month than in January last year.
- There were no falls resulting in significant harm in January. Year-to-date (YTD) performance was 33% better than the same period in 2015/16.
- Pressure ulcers year-to-date performance remained 31% better than at the same point in 2015/16.
- The appraisal rate had decreased to 64.31%.
- Compliance with Statutory and Essential Training (SET) continued to rise each month and at the end of January the rate was 66.67%.
- Sickness rates had increased slightly in January and the cumulative sickness rate for the year was 4.73%.

**17/02/43** In response to a question from Neil Rhodes about the challenges of reviewing the BIR within the Board agenda, the Chair advised of plans to recast the BIR as an integrated performance report that would be considered by a Board sub-committee.

**17/02/44** In response to a question from Martin McAreavey about threats to performance levels, the Board was advised that resourcing was adequate but workforce was proving an issue. The CCG action plan would be shared with the Board. A report on what the Trust was doing to improve workforce issues would be brought in May 2017.

**DP  
KB**

**17/02/45** Board was asked to note that some reductions in elective work were planned reductions agreed with NHSI. The Trust was still within the top 30 in the country for four-hour waits. The importance of looking forward as well as back on performance was emphasised.

**17/02/46** The Business Intelligence report was NOTED.

**17/02/47** *The meeting adjourned at 4.00pm and reconvened at 4.10pm.*

#### **Nursing Workforce Report**

**17/02/48** 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.

**17/02/49** The overall planned versus actual hours worked in December 2016 was 99%, an increase of 2%. Care Hours Per Patient Day (CHPPD) stood at 7.2 across the Trust, down 0.2 from December.

**17/02/50** Details of the quality and safety profile were provided in the report. Two wards triggered red in the month, the Acute Medical Unit and Assessment and Treatment Centre. Both areas would be reviewed through a quality summit.

**17/02/51** The Chair requested the Acting Director of Nursing, Midwifery and Quality look at bringing the nursing workforce report to Clinical Governance Oversight Committee to undertake a thorough examination of nursing performance.

**17/02/52** Further to a question from David Crowe about wards that were performing well in relation to the four quality standards but were red in relation to well-led, the Chief Executive advised that there were a few indicators within well-led that, if underperforming, would send the indicator red, in this case appraisals and SET training.

**17/02/53** 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 be SUPPORTED.

#### **Board Assurance Framework and Corporate Risk Register Q3**

**17/02/54** The Board considered the Board Assurance Framework and Corporate Risk Register for Q3 2016/17.

**17/02/55** Two new risks had been added to the register in the month relating to the leadership transition and cyber security. Other risks had changed resulting from changes to assurance.



- 17/02/56** The Board Assurance Framework was currently under review following the Well Led Governance Review. Linn Phipps expressed a particular interest in helping with this development and it was agreed that she and the Trust Board Secretary would discuss this further outside the Board meeting.
- 17/02/57** David Crowe expressed concern regarding the lack of assurance in place for the cyber security risk. This would be considered further at the next Audit and Non-clinical Risk Committee.
- 17/02/58** The report in respect of Q3 Board Assurance Framework and Corporate Risk Register was NOTED.

#### **Reports for Information**

- 17/02/59** The following items were NOTED:
- NHSI Undertakings Tracker;
  - Get It Right First Time;
  - Digital Healthcare Trade Mission to China;
  - Minutes of Audit and Non-clinical Risk Committee held on 16 December 2017;
  - Minutes of Financial Oversight Committee held on 17 January 2017; and,
  - Board of Directors' Agenda Calendar.

#### **Items escalated from Sub-Committees**

- 17/02/60** No items were escalated from sub-committees.

#### **Any other business**

- 17/02/61** There were no items of other business.

#### **Governors questions regarding business of the meeting**

- 17/02/62** Mike Addenbrooke asked what the Trust was doing to improve the condition of the Doncaster Park and Ride car park facility. The Board was advised that meetings with the landowners were taking place and options were being explored. It was acknowledged that some of the potholes were caused by inclement weather. The owners had undertaken to carry out maintenance on the facility but if performance continued on its current trajectory the Trust would consider other options to resolve the matter.
- 17/02/63** Mike Addenbrooke asked whether work was being undertaken to clear detritus from the Underground car park at DRI. The Board was advised that a Keep DBTH Tidy campaign was taking place the following week including a number of initiatives to promote tidying up of the site.

**17/02/64** Mike Addenbrooke asked whether volunteers on reception at Bassetlaw Hospital had received parking passes. The Board was advised that volunteers did have access to permits.

**17/02/65** Mike Addenbrooke asked whether performance statistics for patients who did not wait for their appointment were differentiated from those who did not attend. The Board was working to understand the true nature of 'did not waits' and this would be fed back through the Board once the data was available.

**17/02/66** Finally, Mike Addenbrooke asked whether issues relating to E-rsoter in the Respiratory Ward had been resolved. The matter would be picked up by the relevant executive director.

**DP**

**Date and time of next meeting**

**17/02/67** 9.00am on Tuesday 28 March 2017 in the Boardroom, Montagu Hospital.

**Exclusion of Press and Public**

**17/02/68** 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**