# Minutes of the meeting of the Board of Directors Held on Tuesday 28 March 2017 In the Boardroom, Montagu Hospital

**Present:** 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

Moira 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

In attendance: David Cuckson Public Governor

Simon Marsh Chief Information Officer

Kirsty Edmondson-Jones Director of Estates and Facilities

Matthew Kane Trust Board Secretary

Emma Shaheen Head of Communications and Engagement

A member of the public was also present in the public gallery.

**ACTION** 

## Welcome and apologies for absence

**17/03/1** All members of the Board were present.

#### **Declarations of Interest**

17/03/2 There were no interests declared in respect of the business of the meeting.

## Minutes of the meeting held on 28 February 2017

17/03/3 The minutes of the meeting of the Board of Directors held on 28 February 2017 were APPROVED as a correct record.

## Actions from the previous minutes

- **17/03/4** The actions were noted and updated. The following updates were provided:
  - <u>17/01/78</u> The Appraisal Project Group had not met but Board was advised that the difference between actual and reported appraisal rates was due to the timing of reports being run. This

was to be corrected in April and the issue of appraisal quality would be revisited and data included within the new Single Oversight Framework (SOF).

• <u>17/02/65</u> – The issues with E-roster within Respiratory Ward were due to two wards moving from separate rosters to a single roster. The Chief Operating Officer had written to the Governor who had raised the issue.

#### Chair's report

- 17/03/5 The Board considered a report of the Chair which outlined her recent involvement in the following activities:
  - Keep DBTH Tidy
  - Governor update
  - Volunteers
  - Working Together Partnership
  - David Crowe's final Board meeting
  - Updates from NEDs
- 17/03/6 Further to her attendance at the Healthwatch England conference on 1 March, Linn Phipps highlighted one of the points in her summary that public engagement began from the moment the public began becoming interested.
- 17/03/7 Philippe Serna drew attention to his recent letter to NHS Protect whose support to NHS counter fraud officers was likely to reduce under proposed changes. Subject to a response to his letter from NHS Protect's Managing Director, Philippe Serna would involve the Director of Finance and Director of Estates and Facilities in any meetings on the subject. In addition, a paper would be prepared on how the Trust could assure itself that it had adequate support in place.

JS/KEJ

17/03/8 The Chair's report was NOTED.

#### **Chief Executive's report**

- 17/03/9 The Board considered a report of the Chief Executive which outlined progress against the following:
  - Sustainability and transformation
  - SYB STP Collaborative Partnership Board
  - Changes at Bassetlaw
  - Two Week Wait Referrals
  - Paediatrics at Bassetlaw Hospital
  - Link Nurses meet for IPC post-winter debrief
  - Person Centre Care Days
  - Healthy Lifestyles

- Trust retains the coveted Food Hygiene Rating of 5
- National Maternal and Neonatal Health Safety Collaborative
- 2017 Budget
- Changes regarding overseas visits and non-EU workers
- Government's Mandate to NHS England 2017-18
- Meeting with Andrew Morgan, NHSI Regional Lead
- Single Oversight Framework
- Chief Executive's Listening Events
- Staff and appointments
- 17/03/10 Further to a question from Linn Phipps about the risks and opportunities of being a first wave STP the Board were advised that, whilst there were no current plans to give STPs legal status, powers would be handed down from regulators. In addition, there would be an attempt to remove the purchaser/provider split and an exploration of how services would be funded. Whilst it was anticipated that the first wave would receive additional funds there would also be key decisions to take regarding how services were configured across the patch.
- 17/03/11 In response to a question from Martin McAreavey regarding person centred care, the Board was advised of the work the Trust had undertaken on falls and pressure ulcers and that the planned care days were an attempt to spread the message more widely. NEDs were welcome at these events and at the listening exercises being undertaken by the Chief Executive.

MK

**17/03/12** The Chief Executive's report was NOTED.

## **Bariatric Surgery - update**

- 17/03/13 The Board received a presentation from Dr S Balchandra, Consultant Upper GI and Bariatric Surgeon at the Trust, detailing the work of bariatric surgery.
- 17/03/14 The service had begun in June 2010 with the aim of tackling issues associated with people with BMI ratings of >50 or >45 with co-morbidity. The team had seen a total of 643 referrals and performed 427 procedures in that time, these being a combination of gastric bypasses, sleeves and bands with associated consultations and follow ups in the weeks after.
- 17/03/15 Data showed that bariatric surgery led to a significant reduction in a patient's weight, reduced their hypertension, improved their use of stair climbing and reduced mental health issues. Results of patient satisfaction surveys were positive.
- 17/03/16 Not every case was without complications however the service's complication, morbidity and mortality data was within the expected ranges. Further service developments were also presented to Board

including plans for further bariatric procedures and bariatric seminars to be delivered in Bassetlaw.

- 17/03/17 It was anticipated that approximately 2.6m people were eligible for bariatric surgery. However, despite the UK ranking sixth in terms of obesity, and the evidence showing that bariatric surgery resulted in reduced cost to the NHS, the number of bariatric operations had fallen by 31% between 2011-12 and 2014-15. Evidence also suggested that nations of comparable size were doing far more procedures than the UK.
- 17/03/18 In response to a question from Martin McAreavey, the Board was advised that there was a difference of views amongst CCGs as to whether bariatric surgery was beneficial. In Doncaster, it was estimated that the surgery could save the NHS up to £3.9m.
- 17/03/19 In response to a question regarding what was best practice in respect of the excess skin folds that can often result from bariatric surgery, the Board were advised that NHS Commissioning Guidance did not commission such work and that this would need to be funded by the patient independently. Help with funding could be made via an individual funding request.
- 17/03/20 In response to a question about whether there were examples of service improvement in response to patient feedback, Linn Phipps commended the examples provided, and suggested that these be further promulgated.
- **17/03/21** Dr Balchandra was thanked for his presentation and this was NOTED.

#### **Budget Setting 2017-18**

- 17/03/22 The Board considered a report of the Director of Finance that sought approval of the Trust's 2017/18 budget.
- 17/03/23 Income provision was set at £373.54m and expenditure £390.02m with £14.5m CIP and a capital programme worth £6.481m. Capital priorities were around fire safety works, backlog maintenance and a new CT scanner. The best and worse cases for a closing position were £7.4m and £29.9m deficits respectively.
- 17/03/24 In response to a question from Martin McAreavey, Board was advised that capital expenditure had been prioritised with a focus on mandatory works that were either business critical or required by regulations. Being a first wave STP trust was likely to provide further capital funding and the Trust needed to be ready with projects if, and when funding became available.
- 17/03/25 Key risks to the budget were around the impact of IR35 and an £8.2m gap in fully identified CIP target.
- **17/03/26** The Board APPROVED the 2017/18 budget and noted the risks.

#### **Procurement Policy**

- 17/03/27 The Board considered a report of the Director of Procurement that sought approval of the Procurement Policy. This had been developed to bring various guidance documents into one policy and set out the framework for which all procurement activity would be undertaken in future.
- 17/03/28 The draft Policy had been considered by Audit and Non-clinical Risk Committee on 24 March and recommended for approval by the Board of Directors.
- **17/03/29** The Procurement Policy was APPROVED.

#### **Revision to the Scheme of Delegation**

- 17/03/30 The Board considered a report of the Deputy Director of Finance that sought amendments to the Scheme of Delegation to facilitate the move to a new finance and procurement system from 1 April 2017.
- **17/03/31** The amendments to the Trust's Scheme of Delegation were APPROVED as follows:

	Current	Proposed	Mar-14						
	Up To								
	£	£	£						
Budget Manager (eg ward manager)	500	2,000	5.000						
CG General Manager, Deputy Director/Head of Corp Dept	25,000	25,000	25,000						
Executive Director	50,000	50,000	250,000						
Chief Operating Officer		100,000	100,000						
Director of Finance		250,000	250,000						
Chief Executive	250,000	250,000	1,000,000						
Chief Executive with Chair once approved by BoD	No limit	No limit	No limit						
For charitable funds the following changes are proposed :									
Fundholders eg authorised signatories Chief Executive or Director of Finance Chief Executive with Chair once approved by CF Committee	10,000 50,000 No limit	5,000 50,000 No limit	10,000 50,000 No limit						

## **Appointments to Committees**

17/03/32 The Board considered a report of the Trust Board Secretary that sought agreement of membership of Board committees from April 2017 in addition to designation of one executive and one non-executive director to act as leads on mortality and learning from deaths following the CQC's Learning, Accountability and Candour report.

#### **17/03/33** The Board APPROVED:

(1) The schedule of committee membership attached as an appendix to these minutes with effect from 1 April 2017.

(2) The appointment of Sewa Singh and Linn Phipps as the Trust's leads on mortality and learning from deaths under the requirements of the CQC's Learning, Accountability and Candour report.

#### **Use of Trust Seal**

17/03/34 The Board APPROVED the use of the Trust Seal in respect of the sale of land at Victoria Residential Nurses' Accommodation, Highland Grove and St David's Close, all in Worksop.

## **Strategy & Improvement Update**

- 17/03/35 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 process and the move from turnaround to transformation.
- 17/03/36 The report highlighted that savings to month 11 were £10.981m, ahead of plan by £378k and behind stretch by £920k, against a forecast of £12.380m. There was now a high degree of certainty that £12.380m would be delivered by year-end.
- 17/03/37 Enclosed with the report was a presentation given to Financial Oversight Committee that set out delivery and lessons learned in 2016/17 and the risks to delivery in 2017/18.
- 17/03/38 Work was continuing on a clinical strategy to lead to a revision of the strategic framework. NHS Improvement had received the draft on 17 February and were happy that the strategy was being delivered to plan and comfortable with the timescales agreed.
- 17/03/39 In response to a question from Martin McAreavey, the Board were advised that a centralised approach like that seen in Turnaround was not sustainable going forwards and that it was also important to alter the language of CIPs around efficiency and effectiveness rather than cost improvement.
- 17/03/40 A new Head of Quality, Improvement and Innovation was starting within the Strategy and Improvement Directorate from 3 April who would drive the service improvement element of the business.
- 17/03/41 The Board RECEIVED the Strategy and Improvement Report for assurance.

#### Finance Report as at 28 February 2017

17/03/42 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 11 2016/17.

17/03/43 The Board was advised that the month 11 variance against forecast was £1.1m favourable, taking the YTD position to a deficit to £16.5m and the year-end forecast to a deficit of £17m, an improvement of £0.4m.

## **17/03/44** Key points from the report included:

- Income performance was £203k worse than forecast for the month.
- Expenditure was better in month by £532k.
- YTD agency spend was £12.769m against the year end NHS Improvement ceiling of £13.5m.
- Capital expenditure YTD was £7.4m against a plan of £8.6m.
- Cash balance at the end of February was £5.6m against a plan of £1.9m.

## 17/03/45 It was AGREED that the Finance Report be NOTED.

## **Business Intelligence Report as at 28 February 2017**

17/03/46 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 11.

#### **17/03/47** Performance against key metrics included:

- The Trust achieved 88.72% (90.07% including GP attendances) against the 95% standard in A&E. This placed the Trust's performance 33rd of 138 Trusts.
- February performance in RTT remained below the standard, achieving 90.5%, with eight specialities failing to achieve the 92% standard for the month.
- The Trust narrowly missed the 99% diagnostic waits standard in February achieving 98.93%.
- Two-week waits were 90.4% against the 93% cancer standard. The key issues related to patient choice and capacity in skin, urology and gynaecology. The 62-day performance achieved 85.2% against a 85% target.
- The Trust's rolling 12-month HSMR position at the end of December was 93, which was favourable to the national target of 100.

- The Trust continued to perform 14% better than at the same point in 2015/16 in relation to C.Diff.
- There were no falls resulting in significant harm in February. Year To Date (YTD) performance was 33% better than the same period in 2015/16.
- YTD performance on pressure ulcers remained 16.66% better than at the same point in 2015/16.
- The appraisal rate had decreased slightly to 63.58%.
- Compliance with Statutory and Essential Training (SET) continued to rise each month and at the end of February stood at 67.56%.
- Sickness rates in February reduced and the cumulative sickness rate for the year was 4.48%.
- **17/03/48** The Board was advised that it would be receiving a report into unavoidable deaths in April.
- **17/03/49** The Business Intelligence report was NOTED.

## **Nursing Workforce Report**

- 17/03/50 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.
- 17/03/51 The overall planned versus actual hours worked in January 2017 was 100%. Care Hours Per Patient Day (CHPPD) stood at 7.2 across the Trust, same as January.
- 17/03/52 Details of the quality and safety profile were provided in the report. One ward triggered red in the month, the Acute Medical Unit. The area would be reviewed through a quality summit.
- 17/03/53 Further to concerns expressed by David Crowe in relation to E-rostering issues within nursing, there was a wider discussion regarding executive sign off of internal audit reports and a desire for these to be routed through Executive Team prior coming to committee. The Director of Finance agreed to discuss with KPMG.

JS

17/03/54 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.

#### **Reports for Information**

## **17/03/55** The following items were NOTED:

- Minutes of the STP Collaborative Partnership Board, 13 January 2017;
- Minutes of the Clinical Governance Oversight Committee, 16 January 2017;
- Minutes of the Financial Oversight Committee, 27 February 2017.

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

17/03/56 David Crowe escalated concerns regarding the partial assurance internal audit report on CQC compliance. This would be investigated further at Clinical Governance Oversight Committee on 18 April.

#### Any other business

**17/03/57** There were no items of other business.

## Governors questions regarding business of the meeting

- **17/03/58** David Cuckson commended the recent Communications, Engagement and Membership Committee presentation on social media and the new approach to Governor Timeouts.
- 17/03/59 He asked what insurance provision the Trust had in place for its contracts and whether signage could be reviewed within A&E and ACU. The relevant executives undertook to look into this and report back to the Governor.

## Date and time of next meeting

**17/03/60** 9.00am on Tuesday 25 April 2017 in the Boardroom, Doncaster Royal Infirmary.

#### **Exclusion of Press and Public**

17/03/61 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

## Committees of the Board of Directors

	Audit & Non- clinical Risk	Clinical Governance Oversight	Financial Oversight	Charitable Funds	Fred & Ann Green Legacy	Nominations & Remuneration
Frequency:	Quarterly	Quarterly (under review)	Monthly	Twice yearly	Twice yearly	Ad hoc
Chair:	Philippe Serna	Martin McAreavey	Neil Rhodes	Suzy Brain England	Suzy Brain England	Suzy Brain England
Members:	Martin McAreavey Linn Phipps	Alan Armstrong Philippe Serna	John Parker Philippe Serna	Alan Armstrong Director of Finance Director of Nursing Medical Director	Alan Armstrong Chief Executive Director of Finance Director of Nursing Medical Director Peter Brindley (Estate Executor)	Alan Armstrong Martin McAreavey John Parker Linn Phipps Neil Rhodes Philippe Serna
Attendees:	Director of Finance Dep. Director of Finance Trust Board Sec External Audit Internal Audit Counter Fraud Security Management Specialist Governor observers	Director of Nursing Medical Director Dep. Director of Nursing Dep. Director of Quality & Safety Trust Board Sec Internal Audit Governor observers	Director of Finance Director of S&I Dep. Director of Finance Trust Board Sec Governor observers	Chief Executive Director of Finance Trust Board Sec Rensburg Investment Management	Trust Board Sec	Chief Executive Director of P&OD Trust Board Sec