

Minutes of the meeting of the Board of Directors
Held on Tuesday 28 November 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
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
In attendance:	Ruth Allarton	Associate Non-executive Director
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement
	Clive Tattley	Governor
	Jeanette Reay	Emergency Planning Officer

Two members of the public were also present.

ACTION

Welcome and apologies for absence

- 17/11/1** Apologies for absence were given on behalf of Philippe Serna and Dr Kirsty Edmondson-Jones.

Declarations of Interest

- 17/11/2** Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

- 17/11/3** The list of actions from previous meetings was noted and updated.
- 17/11/4** In relation to action 17/01/13, it was noted that the development of the phase two teaching hospital was tied to the work that was taking place at the Quality and Effectiveness Committee in relation to research and development.

Orthotics

- 17/11/5** Due to priorities within the Orthotics Team, this item had been DEFERRED until December's Board meeting.

The Chair reordered the agenda as a result, with item 8 being taken as the next item.

Emergency Planning – Recent Developments and Future Plans

- 17/11/6** The Board considered a report and presentation of the Chief Operating Officer and Emergency Planning Officer that set out the developments and future plans for the Emergency Planning Team.
- 17/11/7** The presentation set out the structure for emergency planning at the Trust as well as the Trust's obligations in relation to the Civil Contingencies Act 2004 as a category one responder and key areas of work. Details of the Trust's approach, workplan and challenges were shared. The Trust was involved in several exercises to test plans:
- Exercise Latitude – July 2017
 - Exercise Seven Hills – October 2017
 - Exercise Mohawk – December 2017
 - Trust wide exercise – Spring 2018
- 17/11/8** Further board-level development was planned for February 2018. In response to questions, the Board was advised that feedback from exercises were routed through the Business Resilience Steering Group. Other work was planned to ensure business continuity became everyone's business at the Trust. Board requested that an update on the Trust's emergency planning work be presented on an annual basis.
- 17/11/9** The report and presentation on Emergency Planning was NOTED.

Strategy & Transformation Update

- 17/11/10** The Board considered a report of the Director of Strategy and Transformation which presented for approval the enabling strategies relating to Estates and Facilities and Clinical Site Development.
- 17/11/11** Linn Phipps commented that the Clinical Site Development Strategy was much improved on the previous version but felt that it would still benefit from adding a section around 'where we want to be' on page 15 and including milestones in the evaluation monitoring section, emphasising the importance of working with patients and co-production. However, the importance of keeping the strategy flexible and dynamic so that it could respond to the issues set out in the emerging Hospital Services Review was emphasised.

17/11/12 There was a thorough discussion on the Estates and Facilities Strategy. It was felt that the SWOT analysis may benefit from enhancement. The strategy set out the scale of the backlog maintenance challenge facing the Trust. The Trust was likely to benefit from some of the additional capital commitment made in the Budget but the need for a clear plan was emphasised. There was a wider discussion about the need to look at where services were best delivered but this would still require significant capital investment. The Board was advised that across the NHS there was still a gap between what was required and what was affordable. The Trust was in discussions with the regulator to understand how this might be achieved.

17/11/13 The enabling strategies for Estates and Facilities and Clinical Site Development were APPROVED, subject to amendments above.

Trust Seal

17/11/14 The use of the Trust seal in respect of the following items was APPROVED:

Seal No.	Description	Signed	Date of sealing
87 & 92	Deed of variation in relation to retail outlet in main foyer, East Ward Block, Doncaster Royal Infirmary	Richard Parker Chief Executive	20 October 2017 & 15 November 2017
		Jon Sargeant Director of Finance	
88-90	Leases relating to Sodexo Ltd and Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital for the supply of catering	Richard Parker Chief Executive	20 October 2017
		Jon Sargeant Director of Finance	
91	Licence to carry out alterations at Doncaster Royal Infirmary for Sodexo Ltd	Richard Parker Chief Executive	15 November 2017
		Jon Sargeant Director of Finance	

Chair's Assurance Log for Board Committee held 23 November 2017

17/11/15 The Board considered the assurance report of the Chair of Finance and Performance Committee following its meeting on 23 November 2017.

17/11/16 In addition to the report, Neil Rhodes advised that work with BDO had commenced and they were finding areas where the Trust could make improvements. Executives were aware of the financial challenges faced by the Trust and the Committee was receiving good levels of assurance as a result. Furthermore, the Committee were obtaining key assurances from staff below executive level.

17/11/17 The Committee acknowledged the risk arising from the financial challenges of undoing the good work that had taken place on rebuilding staff morale after Turnaround and maintaining quality of care.

17/11/18 Board RECEIVED the Chairs' Log for assurance.

Finance Report – October 2017

17/11/19 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 7, 2017/18.

17/11/20 The month seven position was a £1.213m deficit, £1.425m worse than plan due largely to under delivery of income. The main reasons for the Trust being behind plan were the negative impact of not doing as much elective work in September and October as originally planned, additional costs for temporary staff particularly medical agency and higher than expected costs for building maintenance.

17/11/21 The key issues and risks were set out to the Board including forecast, CQUIN targets and the current issues with the CCG over Referral to Treatment. Cash balances were healthy and a new cash committee was being established to manage the cash position. Furthermore, a new Efficiency Director had been appointed reporting into the Director of Finance to drive CIP delivery. The Trust was currently working to ensure the delivery of all of its efficiency programmes.

17/11/22 Achievement of the Q3 financial target was crucial to drawing down additional sustainability and transformation funding but the position regarding trauma and orthopaedic income was still a risk. In response to a question about the future financial position, Board was advised that future forecasts were being planned. Board was advised that everything was being done to ensure the Trust remained on plan.

17/11/23 Furthermore, the Trust remained committed to its capital plans with funds in place for fire work, IT, medical equipment and beds.

17/11/24 The Board NOTED:

(a) the month 7 2017/18 financial position of £14.9 million deficit, £1,425k adverse to plan after removal of the STF funding and any variance related to donated asset income.

(b) the progress made with the implementation of the recovery plan agreed at the last meeting.

(c) the continuing under delivery on income.

(d) the risks particularly those relating to Doncaster CCG.

Performance Report as at 30 September 2017

17/11/25 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 7, 2017/18.

17/11/26 Performance against key metrics included:

4 hour access - In October the Trust achieved 92.8% against the 95% standard (including GP access). Quarter 2 performance was also 92.8%.

RTT – In September, the Trust performed below the standard of 92% achieving 90.7%, an improvement over the previous month. Four specialities remained with a high number of patients above 18 weeks, due to a shortfall in capacity, these being: Ophthalmology, ENT, General Surgery and Orthopaedics.

Cancer targets – In September 62-day performance did not achieve the 85% standard, coming in at 82.1%, with our Q2 performance just under at 84.8%. A preview of October showed an improvement in performance, following the changes to the prostrate pathway.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.8, an improvement from last month.

C. Diff – The rate of cases remained above trajectory compared to last year. Interventions on Deep Cleaning, Antibiotic Stewardship and monitoring hand washing compliance all continued.

Nursing Workforce - The Trust's overall planned versus actual hours worked in October was 99%. Two wards had scored red in the month and would be subject to a quality summit.

Appraisal rate - The Trust's appraisal completion rate dipped to 56.43%, lower than last month.

SET training - There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of October the rate was 73.91%.

Sickness absence – October had seen a further rise in the monthly sickness levels to 4.6% in month resulting in a slight rise in the cumulative figure to 4.25%. This figure was an improvement from the same period last year (4.64% in month and 4.53% cumulative). The increase in episodes of absence had been associated with short-term absence (less than 28 days). The HR Business Partners continued to emphasise the need to undertake return to work interviews.

- 17/11/27** In response to a question from John Parker, the Board was advised of the different streaming models that were in operation at the Doncaster and Bassetlaw sites. Bassetlaw was delivered through the Accountable Care Partnership and was working satisfactorily but required further capital work.
- 17/11/28** In response to a question from Alan Armstrong relating to the theatre transformation project, the Board was advised of three different work-streams in operation, looking at patient pathways, work in theatres and the scheduling system with outcomes expected next year.
- 17/11/29** In response to a further question from Alan Armstrong regarding expected increase in numbers from the development of the hyper-acute stroke service, Board was advised of the recruitment exercises taking place to attract new stroke consultants and that the hyper-acute element was a pull factor in attracting applicants.
- 17/11/30** In response to a question from Linn Phipps about how the Trust collected, measured and reported qualitative feedback, Board was advised of the different mechanisms through which intelligence was gathered including the Ward quality assessment tool, Patient Experience and Engagement Committee and the Hard Truths data. A report on A&E experience would be brought to a future Board meeting. Linn Phipps advised that the Quality and Effectiveness Committee were also considering a new quality dashboard at their next meeting.
- 17/11/31** In response to a question around Respiratory ward, which had scored red in the previous month, Board noted that the ward was multi-disciplinary, had formed of two previous wards and now consisted of 56 beds. There was a need to continue to monitor this and, in the long-term, decide whether a 56-bed ward was the best model.
- 17/11/32** The number of serious incidents in the month was comparatively high at 12 when compared with previous months and this was being investigated. In response to a question from Alan Armstrong, the Board was advised that the Trust still had a low SI rate per 1,000 patients but this month it had been out with the mean.
- 17/11/33** In response to a question from John Parker about the number of staff in the Estates and Facilities Team who had benefitted from an appraisal, Board were assured that plans were in place to drive up the current level and to also look at instigating a three-month window in which all appraisals would need to be conducted. It was noted that this was an aspect of good practice in other sectors.
- 17/11/34** The Performance Report was NOTED.

Well Led Governance Review Action Plan

- 17/11/35** The Board considered a report of the Trust Board Secretary that presented for sign off the action plan from the Well Led Governance Review undertaken the previous year.
- 17/11/36** While one or two minor actions were still outstanding the action plan overall was green with all actions shown as complete. This would be triangulated as part of the KPMG audit into corporate governance.
- 17/11/37** The Board AGREED to sign off the Well Led action plan as complete.

Reports for Information

- 17/11/38** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Finance and Performance Committee minutes, 24 October 2017
- Quality and Effectiveness Committee, 24 October 2017
- Minutes of Management Board, 9 October 2017
- Board of Directors' Calendar

Items escalated from Sub-Committees

- 17/11/39** None.

Minutes

- 17/11/40** The minutes of the meeting of the Board of Directors on 31 October 2017 were APPROVED as a correct record.

Any other business

The Chair consented to one item of other business.

Still births news report

- 17/11/41** Board was advised of a news item that day relating to the requirement for reviews into still births and whether the Trust had any learning to implement as a result. The Board was advised that the review had been instigated by the Coroners' Office. All still births at the Trust were investigated.

Governors questions regarding business of the meeting

- 17/11/42** Clive Tattley asked whether the Trust had any issues with clinics being cancelled as a result of notes not being available. The Board was advised that this had not been flagged as a current issue. There had been some historic issues with notes not being available but storage had improved and the RFID electronic tracking system had been implemented.
- 17/11/43** In relation to a further question about the 62-day cancer wait being behind target in September 2017, the Board was advised that it was above target in October.

Date and time of next meeting

- 17/11/44** 9.00am on Tuesday 19 December 2017 in the Boardroom, Montagu Hospital.

Exclusion of Press and Public

- 17/11/45** 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