

**Minutes of the meeting of the Board of Directors
Held on Tuesday 19 December 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
	Moira 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
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	Ruth Allarton	Associate Non-executive Director
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement

ACTION

Welcome and apologies for absence

17/12/1 There were no apologies submitted for the meeting.

Declarations of Interest

17/12/2 Board was reminded of the need to keep their registers of interests up-to-date.

17/12/3 Linn Phipps declared a non-material interest in item 4 on the agenda owing to her involvement in the NHS England Active Programme.

17/12/4 Ruth Allarton declared a non-material interest in item 6 on the agenda relating to her involvement in the veterans' service.

Actions from the previous minutes

17/12/5 The list of actions from previous meetings was noted and updated.

17/12/6 In relation to action 17/06/34, it was agreed that an informal meeting with care group directors be arranged in due course.

Orthotics

- 17/12/7** The Board considered a presentation from the Trust's clinical lead for orthotics, Graham Moore, on the orthotics service.
- 17/12/8** Orthotics was defined as: "a medical device applied to an external part of the body aimed at providing support, re-alignment and/or the prevention of a deformity." Orthotists are part of the Allied Health Professions (AHP) who are autonomous registered practitioners providing assessment and solutions to patients with problems of the neuro, muscular and skeletal systems.
- 17/12/9** Orthotists provided solutions for the entire body and recent examples were provided. Key challenges within the service included the difficulty in recruiting orthotists, long wait times, inpatient delays and being a final service solution.
- 17/12/10** A number of changes had been made to the service to improve these challenges including full staff meetings, workforce review and redesign, links with universities (Salford and Strathclyde), staff engagement to find solutions to problems, cost review with the Procurement Team, education of MDT to offer primary service and decommissioning of orthotic manufacturing unit.
- 17/12/11** The clinical team consisted of seven orthotists and one orthotic therapy assistant. Outpatient clinics and inpatients were run at all three Trust sites. The service also provided work for RDaSH and they attended two special schools in addition to their clinical work across the Trust and partnership work with NHS England and the CCG.
- 17/12/12** Future plans included working with manufacturers on delivery times and procurement to further reduce costs, research and clinical trials, joint projects with universities and more self-care and primary care pathways.
- 17/12/13** The Board commended the work, particularly on staff engagement and research work. In response to a question from Linn Phipps, Graham Moore explained some of the difficulties in terms of inspiring a new generation of orthotists. Work had taken place on making Doncaster Royal Infirmary a good place to learn and this had yielded results.
- 17/12/14** The team had also been actively involved in quality, innovation and improvement work around appointments and 'did not waits'. In response to a question from Philippe Serna, it was explained that it had been necessary to close the in-house manufacturing unit as it did not provide value for money. All manufacturing rights of prosthetics remained with the manufacturer.
- 17/12/15** The presentation on Orthotics was NOTED.

Strategy & Transformation Update

- 17/12/16** The Board considered a report of the Director of Strategy and Transformation that presented for approval the enabling strategy for Information Management and Technology.
- 17/12/17** There was a brief consideration of how progress against strategies would be reported, which was still under consideration, and would be determined amongst executives once the Finance Strategy had been approved by Board in February.
- 17/12/18** The Board commended the Information Management and Technology Strategy as easy to read. In response to a question from Ruth Allarton, the Chief Information Officer reflected on the work taking place at Accountable Care System level which was complex due to the number of systems in place across the different trusts. Another area of work that was developing across the patch was around tele-health.
- 17/12/19** Neil Rhodes commented that the Finance and Performance Committee had considered the document at length and felt that it was both affordable and now dynamic. Linn Phipps also praised the document although requested further work around risk and explaining what consumer enablement and interoperability meant. Alan Armstrong emphasised the need for training which was a challenge and should be audited.
- 17/12/20** Commenting briefly on the Finance Strategy, Jon Sargeant advised that this document was taking shape although further work was required on capital requirements. Capital was also a live issue in relation to the Information Management and technology Strategy with much of the national capital monies channelled into the bottom line even though essential equipment such as laptops were eight years old.
- 17/12/21** Linn Phipps identified further work on the risks section of the document and non-executives requested assurance that risks were being managed appropriately. **SM**
- 17/12/22** The enabling strategies for Information Management and Technology Strategy were APPROVED, subject to amendments above.

Becoming a Veteran Friendly Hospital

- 17/12/23** The Board considered a report of the Chief Executive which sought approval for the Trust to become a veteran friendly hospital.
- 17/12/24** During the GIRFT visit from Professor Tim Briggs, the Trust was asked whether it was prepared to become part of the Veteran Friendly Hospital Alliance network. Currently 20 hospitals were signed up. The initiative

had support from charities, NHS bodies and the Ministry of Defence.

17/12/25 As part of the scheme, the Trust would require a clinical champion (identified as Mr Andrew Bruce) and a management champion (Mandy Espey). The national manifesto set out expectations of participating hospitals and what was expected for accreditation to be Veteran Friendly:

- Make information, including a leaflet and posters, available to veterans and their families explaining what to expect.
- Train staff to be aware of veterans' needs, that they should not face disadvantage and that special consideration is appropriate in some cases.
- Inform staff if a veteran or their GP has told the hospital they have served in the Armed Forces.
- Ensure veterans and their partners who have moved as a result of Armed Forces service do not lose their place on any waiting list
- Signpost to extra services that might be provided to the Armed Forces community by a charity or service organisation in the hospital.
- Look into what services are available in their locality and which patients would benefit from being referred to these services.

17/12/26 The Board AGREED:

- (1) To agree to become part of the Veterans Covenant Hospital Alliance.
- (2) To sign the Armed Service Covenant.
- (3) To work with partners to deliver key expectations laid out in the manifesto in order to gain accreditation.
- (4) To report back on progress in 12 months' time.

RP

Chair's Assurance Log for Board Committee held 14 December 2017

17/12/27 The Board considered the assurance reports of the Chair of Finance and Performance Committee and Quality and Effectiveness Committee following their meetings on 14 December 2017.

17/12/28 Board was advised that the Finance and Performance Committee included a light-touch finance report – due to limited information being available – and an hour with BDO, with whom the Trust was working on its CIP pipeline and delivery. Performance remained within reasonable tolerances and all

efforts were going into ensuring that the Trust's finance plan was achieved.

17/12/29 It was felt that when the meeting with care group directors was arranged the BDO representative should also attend. The Medical Director reflected on the differing levels of capability on financial matters from amongst the care group directors.

17/12/30 The Quality and Effectiveness Committee received the embryonic version of the new quality dashboard that would be brought to Board once the qualitative data had been added. A similar dashboard could be developed for finance, it was suggested. The Director of Finance would discuss this with the Chief Executive.

17/12/31 Board RECEIVED the Chairs' Logs for assurance.

Finance Report – November 2017

17/12/32 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 8, 2017/18.

17/12/33 The month eight position was £1.044m deficit, £252k worse than plan. The Trust's year-to-date position was £15.675m deficit, which was £1.932m behind forecast. Despite being behind plan, the clinical income variance was improving, while run-rate expenditure also continued to reduce.

17/12/34 The Director of Finance reported on the key issues including:

- The backdated repayment (400-450k) with a key partnership organisation who utilises the Trust's site facilities.
- Arrangements with the CCG to cover the cost of maternity sessions that were subject to clinical audit.
- Tranche one of the winter monies for ED would be received if the Trust hit 92.35% by Q4.
- Tranche two monies were more of a challenge as the Trust was required to hit more ambitious targets.
- The cash position had dipped slightly due to later than anticipated receipt of STF monies.

17/12/35 There was a substantial discussion on the likelihood of the Trust hitting its control total by year-end. The Director of Finance reported that he would be in a better position to report on this at the Board meeting in January 2018. Subject to discussions with NHS Improvement, the Director of Finance advised that he may be required to adjust the forecast position of the Trust and sought delegated powers in order to do this.

17/12/36 The Chief Executive reiterated to Board that if the Trust made its best endeavours to hit its plan and work in partnership with neighbouring providers then it would ensure it had the trust of the regulator, which was important for the long-term sustainability of the Trust.

17/12/37 The Board NOTED:

(a) NOTED the month 8 2017/18 financial position of £15.7 million deficit, £1,932k adverse to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

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

(c) NOTED the risks particularly those relating to Doncaster CCG.

(d) DELEGATED to the Director of Finance powers to adjust the forecasted financial position at the end of 2017/18.

Performance Report as at 30 November 2017

17/12/38 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 8, 2017/18.

17/12/39 Performance against key metrics included:

4 hour access - In November the Trust achieved 91.2% against the 95% standard (including GP access). In total, over 13,000 patients were seen.

RTT – In October, the Trust performed below the standard of 92% achieving 90.8%, an improvement over the previous month. Five specialities remained with a high number of patients above 18 weeks, due to a shortfall in capacity, these being: Ophthalmology, ENT, General Surgery, Dermatology and Orthopaedics.

Cancer targets – In October the 62 day performance achieved the 85% standard, coming in at 86.2%. 62 day pathways remained a national priority and the key performance target for the Accountable Care System.

HSMR – The Trust's rolling 12 month HSMR remained better than expected at 86.42, an improvement from last month.

C.Diff – The number reported were below trajectory for November but still above for year-to-date.

Nursing Workforce - The Trust's overall planned versus actual hours worked

in November was 99%.

Appraisal rate – The Trust’s appraisal completion rate saw a further rise to 60.39%.

SET training - There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of November 2017 the rate was 75.6%.

17/12/40 The Board reflected on the recent challenges including winter pressures and the CQC inspection. In response to a question from Alan Armstrong, the Medical Director and Chief Executive gave an update on the current position with regard to stroke recruitment. The importance of plans to make Montagu Hospital into a centre of excellence for rehabilitation were emphasised.

17/12/41 The Director of People and Organisational Development briefly advised of plans to bring appraisals into a three-month window, April to June and would be bringing details of the National Workforce Strategy to the Board.

17/12/42 The Medical Director relayed details of the actions being taken to improve performance in respect of fractured neck of femur and trauma and orthopaedics. It was noted that some of the serious incidents reported by the Trust were originally acquired within the community. Board were advised that NHS England had attributed the Trust its third MRSA bacteraemia in a year. However, the Respiratory Ward was no longer flagging as a cause for concern.

17/12/43 The Board NOTED the Performance Report.

Reports for Information

17/12/44 The following items were NOTED:

- Chair and NEDS’ report
- Chief Executive’s report
- Quality and Effectiveness Committee, 24 October 2017
- Minutes of Charitable Funds Committee, 26 September 2017
- Minutes of Management Board, 13 November 2017
- Board of Directors’ Calendar

17/12/45 Board were advised of a recent emergency planning exercise undertaken by the Trust. The exercise concerned a mass casualty event in the region to which the Hospital was required to respond. Although the day was cut short following the announcement of the CQC inspection, Neil Rhodes placed on record his commendation for Jeannette Reay and Neil Colton for a well-planned event.

17/12/46 Philippe Serna fed back on the recent ACS Audit Committee chairs meeting.

Items escalated from Sub-Committees

17/12/47 None.

Minutes

17/12/48 The minutes of the meeting of the Board of Directors on 28 November 2017 were APPROVED as a correct record.

Any other business

None.

Governors questions regarding business of the meeting

17/12/49 There were no governors present.

Date and time of next meeting

17/12/50 9.00am on Tuesday 31 January 2018 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

17/12/51 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