

**Minutes of the meeting of the Board of Directors
Held on Tuesday 30 January 2018
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
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	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
	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
	Peter Abell	Governor
	David Northwood	Governor
	George Webb	Governor

ACTION

Welcome and apologies for absence

18/1/1 Apologies for absence were submitted on behalf of Philippe Serna.

Declarations of Interest

18/1/2 Board was reminded of the need to keep their registers of interests up-to-date.

Actions from the previous minutes

18/1/3 The list of actions from previous meetings was noted and updated.

18/1/4 In relation to 17/06/34, it was noted that a date for a meeting with care groups would be confirmed in due course.

18/1/5 In relation to 17/10/42, it was noted that a Board workshop on System Perfect would take place on 27 February in the afternoon.

18/1/6 In relation to C/17/11/7, a priority list of fire evacuation strategies was being worked on, including costs, and would be available shortly.

Freedom to Speak Up Guardian

18/1/7 The Board considered a presentation from the Trust's Freedom to Speak Up (FTSUG) lead guardian, Lynn Goy, on the work the Guardians had undertaken since their establishment.

18/1/8 The presentation outlined: the implementation of the role, nationally, regionally and locally; the concerns raised, themes and outcomes from October 3rd 2016 – December 31st 2017; verbal feedback from visits by the National Guardian Lead, KPMG and CQC; and proposed future development of FTSUG within DBTH.

18/1/9 The total number of cases raised to date at the Trust was eight and the total number of staff involved was 29. Five investigations had been resolved, two were ongoing and one was live.

18/1/10 The Trust had received positive feedback from external regulators but there was recognition that the role was not sustainable in its current form. There was likely to be increased workloads brought out from the Accountable Care System and there were questions about how accessible the FTSU Guardian was amongst those staff with protected characteristics. A number of next steps for the Trust were recommended as part of the review.

18/1/11 In response to a question from Linn Phipps around whether the Trust surveyed staff to ensure that issues were resolved, the Board was advised that it had been agreed that Internal Audit would undertake a review of Freedom to Speak Up shortly. The last external governance review had identified good levels of awareness amongst staff of procedures for raising concerns, although these were not always formally escalated through Datix.

18/1/12 The presentation on Freedom to Speak Up was NOTED.

Standing Orders, Scheme of Delegation and Standing Financial Instructions

18/1/13 The Board considered a report of the Director of Finance and Trust Board Secretary that presented, for approval, the revised Board of Directors' Standing Orders, Scheme of Delegation and Standing Financial Instructions.

18/1/14 The documents formed a key suite of governance documents for the Board of Directors and were required to be reviewed every year. They had been recommended to Board following consideration at the Audit and Non-clinical Risk Committee on 4 January 2018.

18/1/15 With an amendment from the Director of Estates and Facilities to ensure gender neutrality across the three documents, the Standing Orders, Scheme of Delegation and Standing Financial Instructions were APPROVED.

Review of Constitution

18/1/16 The Board considered a report of the Trust Board Secretary which presented for approval the Trust's revised Constitution.

18/1/17 The Trust was required to have a constitution which set out how the Trust was constituted, how it made decisions and to whom it was accountable. It was based on Monitor's core constitution statutory guidance issued in 2014. Some of the provisions in the constitution were required by law while others were discretionary.

18/1/18 A full list of the proposed changes were set out. In response to a question from John Parker around whether the nine-year maximum term for governors would apply to time already served by existing governors, Board was advised that so long as rule changes (and how they would impact on affected parties) were clearly set out at the time a decision was made then this would be permissible.

18/1/19 Reflecting on the proposal to remove an existing bar on non-executives from other trusts also serving concurrently at DBTH, Neil Rhodes advised of his experiences of being involved in the recent non-executive director recruitment. He noted the proposal as set out fostered partnership working and any conflicts of interest could be managed at the time they arose. Joint appointments between regulators were already happening.

18/1/20 The Board APPROVED the proposed amendments to the Constitution outlined in the report.

Chair's Assurance Log for Board Committees

18/1/21 The Board considered the assurance reports of the Chairs of Quality and Effectiveness and Finance and Performance Committees following their meetings on 4 and 29 January 2018.

18/1/22 Neil Rhodes fed back on a productive meeting of Finance and Performance Committee that included a presentation on general surgery, consideration of the CT/HASU business case, reports in relation to financial and operational performance and feedback from James Nicholls, of BDO, who were assisting the Trust in cost improvement plan delivery and pipeline. Feedback was provided in relation to the work-plan.

18/1/23 Linn Phipps referred to the recent meeting of Quality and Effectiveness Committee that was a special meeting to consider the Trust's approach to

research and development. The outcome was partial assurance with the R&D Team due to report back on gaps in February 2018.

18/1/24 Board RECEIVED the Chairs' Logs for assurance.

Finance Report – December 2017

18/1/25 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 9, 2017/18. The month nine position was a deficit of £15,094k. After removal of the 16/17 STF adjustment and the variance relating to donated assets, this was restated as a deficit of £15,473k, £31k favourable to plan.

18/1/26 The Trust continued to forecast that it would hit the year end control total. There were however some risks around this forecast, notably the requirement to catch up with lost elective work, the challenge to sepsis income with CCGs, and the Trust's back loaded CIP programme. The Director of Finance gave an update on discussions with NHSI relating to Tranche 1 funding received by the Trust in December. NHSI had advised that in order to receive the funding it required the Trust to adjust the 2017/18 forecast by an amount equal to that of the funding.

18/1/27 The Trust had applied the impact of a stock take as a dry run for the year end within the position. The full amount of the stock valuation movement was £1.2m, but only 55% of this had been taken into the position as an expected value as the movement still required agreement with external audit. This would be discussed with audit in early February when the pre-audit work was due to take place. In addition, the Trust had released accruals against the cost pressure reserve and utilised some of its own winter pressure reserve.

18/1/28 There was a strong focus on CIP delivery via both the cross cutting workstreams and by the respective Care Groups. BDO and the Programme Management Office (PMO) teams are working very closely to expedite the potential savings within theatres (productivity), outpatients (new to follow up ratios) and grip and control in the areas of nursing, medical staff and estates and facilities and Allied Healthcare Professionals (therapies and radiology).

18/1/29 Expenditure had reduced from previous run rate levels, pay was £120k over budget in month, but £638k lower than forecast. Income was £462k better than plan (£237k better than forecast) while clinical income (excluding Non PbR drugs) was £324k better than plan. The main area of under-performance in month continued to be around elective activity that was £216k behind plan in month and £1,624k behind plan year to date.

18/1/30 In response to a question from Alan Armstrong about level of cost improvement plans, the Board was advised that the Trust was still aiming for £12.6m but risks in delivery meant the amount was more likely to be in

the region of £10.26m. In response to a further question from Alan Armstrong, the Director of Finance confirmed reserves of £100k for the remainder of the year. Linn Phipps sought assurance on the key questions posed in the Finance report cover paper around delivery of the financial plan in the context of activity levels and winter pressures.

18/1/31 The Board was advised that the support provided by BDO would help the Trust in staying out of turnaround and assist staff in delivering projects such as Getting It right First Time and Model Hospital but there may need to be recognition that more resources were required and extra work could not always easily be bolted on to existing roles.

18/1/32 The Board NOTED:

(1) The month 9 2017/18 financial position of £15.48 million deficit, £31k favourable to plan after removal of the 16/17 STF funding and any variance related to donated asset income.

(2) Risks, particularly those relating to:

- The stock take in the quarter 3 position
- The under booked elective activity showing on the January dashboard.
- The back loaded CIP and significant savings that still need to come out in the next few months.

The Board adjourned at 11.00am and reconvened at 11.10am.

Performance Report as at 31 December 2017

18/1/33 The Board considered a report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals and Director of People and Organisational Development that set out clinical and workforce performance in month 9, 2017/18.

18/1/34 Performance against key metrics included:

- 4 hour access - In December the Trust achieved 89.9% against the 95% standard (including GP access). In total, over 13,000 patients were seen.
- RTT – In December, the Trust performed below the standard of 92% achieving 89.6%, 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 November, the 62 day performance achieved the

85% standard, coming in at 88.3%.

- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.1, a slight increase from last month but mirroring last year's performance.
- C.Diff was below trajectory for Q3.
- Appraisal rate – The Trust's appraisal completion rate had seen a further rise to 62.17%.
- SET training - There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of December the rate was 76.71%.
- Sickness absence - There had been an increase in sickness absence related to coughs, colds and the flu, with an 2.5% increase from November to December.

18/1/35 In response to a comment from Alan Armstrong commending ambulance handover performance, the Board was advised of the current position with regard to RTT and the activity plan agreed with the CCG. Board was also advised of the new Gooroo tool being utilised by the Trust. In response to a question from John Parker, it was confirmed the Trust had no people waiting in corridors over the recent Winter period.

18/1/36 In response to a question from Linn Phipps about the importance of qualitative data, the Board was advised that the new quality dashboard that was being trialled and had been considered by Quality and Effectiveness Committee would be placed on a web-based platform within the next two months.

18/1/37 The Board NOTED the Performance Report.

Nursing Workforce

18/1/38 The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals 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.

18/1/39 The overall planned versus actual hours worked in December 2017 was 96%. Care Hours Per Patient Day (CHPPD) stood at 7.29. No areas had been flagged as red in the month.

18/1/40 The Board of Directors NOTED the content of the paper and SUPPORTED the actions identified to ensure that the risks associated with inappropriate nurse staffing levels were appropriately managed.

Corporate Risk Register and Board Assurance Framework

- 18/1/41** The Board considered a report of the Trust Board Secretary which set out the Q2 position in relation to the corporate risk register and board assurance framework.
- 18/1/42** Two risks had been added to the board assurance framework in the month:
- Failure to respond to patient complaints in required timescales (high risk)
 - Failure to adequately treat patients due to unavailability and lack of supply of medicines (extreme – therefore also escalated to corporate risk register)
- 18/1/43** A further adjustment had been made to the board assurance framework in respect of the target score for ‘failure to protect against cyber-attack.’ There was a general discussion around the availability and supply of medicines and other clinical equipment. It was recognised that this was a national issue.
- 18/1/44** The Board NOTED the Board Assurance Framework and Corporate Risk Register in Quarter 3.

Draft National Workforce Strategy – consultation process

- 18/1/45** The Board considered a report of the Director of People and Organisational Development which set out the draft health and care workforce strategy for England to 2027.
- 18/1/46** The strategy followed the Secretary of State's commitment at the NHS Providers annual conference that for the first time the health and care system would have a long-term national workforce strategy. It was authored by Health Education England and included six high level principles.
- 18/1/47** Consultees were requested to set out their views against eight questions by 23 March 2018. The Local Workforce Action Board was consulting its members with a feedback deadline of 23 February. In responding, it was important that the strategy acknowledged retention as well as recruitment and this was acknowledged by the Chief Executive. The Board were asked to consider the document and provide feedback.
- 18/1/48** There was an in-depth and wide-ranging discussion covering nurses' bursaries and workforce planning. The Chair reiterated that the Trust's aim was to become an employer of choice.
- 18/1/49** The report was NOTED.

Reports for Information

18/1/50 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report including corporate objectives
- Minutes of Finance and Performance Committee, 14 December 2017
- Quality and Effectiveness Committee, 24 October 2017
- Minutes of Management Board, 11 December 2017
- Report from the Guardian for Safe Working
- Working Together Partnership briefing
- Board of Directors' Calendar

18/1/51 The Board reflected on a successful Patient Experience Day and passed on thanks to the staff involved. Linn Phipps and Karen Barnard suggested that aspects of this day be included in future Board development. Satisfactory progress against the executive objectives was noted.

18/1/52 In relation to the Working Together Partnership Vanguard Briefing, the Board was advised on current developments relating to Pathology whose memorandum of understanding for the new model would be coming before Board in February 2018. In addition, Board was advised of the latest developments within the Hospital Services Review which may see the need for a special Board meeting in March once the options for the five key services were known.

Items escalated from Sub-Committees

18/1/53 None.

Minutes

18/1/54 The minutes of the meeting of the Board of Directors on 19 December 2017 were APPROVED as a correct record.

Any other business

None.

Governors questions regarding business of the meeting

18/1/55 George Webb asked about levels of sickness absence in some areas of the Trust. The Board was advised that some areas were under pressure due to long-term cases. In all cases of sickness absence, return to work interviews should be taking place.

18/1/56 Referring to work currently being undertaken by BDO, Peter Abell asked

whether the work would result in staff being upskilled to deliver for the future. The Board was advised that the decision to employ BDO to assist with CIP delivery and pipeline had, in part, been taken in order to maintain regulator confidence. BDO had assisted in providing solid foundations upon which to build staff capacity and capability for the future. Mr Abell was assured by the explanation.

18/1/57 David Northwood asked about how staff were kept informed about service changes. Details of the mechanisms in place including Buzz, Facebook, the website and lunchtime drop-ins were provided.

Date and time of next meeting

18/1/58 9.00am on Tuesday 27 February 2018 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

18/1/59 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