Minutes of the meeting of the Board of Directors
Held on Tuesday 27 March 2018
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	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
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	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
	Adam Tingle	Acting Head of Communications and Engagement
	David Cuckson	Governor (observing)
	Yvonne Butcher	Staffside (observing)
	Gina Holmes	Staffside (observing)
	Mr Ahmed Eid	Orthopaedic Consultant (observing)
	Mahroof Hussain	Observer
	Cindy Storer	Head of Nursing – MSK and Frailty (part)
	Becky McCombe	Senior Sister, Gresley Ward (part)

ACTION

Welcome and apologies for absence

18/3/1 Apologies for absence were submitted on behalf of Ruth Allarton. Adam Tingle was welcomed to his first meeting as Acting Head of Communications and Engagement.

Declarations of Interest

18/3/2 Board was reminded of the need to keep their register of interests up-to-date.

Actions from the previous minutes

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

Achieving Reliable Care

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18/3/4 The Board considered a presentation from the Head of Nursing for MSK and Frailty on the work the Trust was doing on the Achieving Reliable Care (ARC) project.

18/3/5 The Board was advised that ARC involved a number of facets:

- A consistent approach to the delivery of all patient care (reducing variability).
- A clear, visual, plan for each patient that was communicated to the multidisciplinary team.
- An ability to demonstrate that the patient gets what they need when they need it.
- A mechanism for collecting information about each delay at individual and ward level allowing targeted interventions to be tested to reduce causes of delays across the system.

18/3/6 Examples of interventions were:

- Supporting the planning of a patient's care, ensuring each action was allocated a timescale for completion.
- Considering all the actions that were required to take the patient through to their planned discharge date.
- Providing a consistent approach to the delivery of all patient care, reducing variability and demonstrating that patients get what they need when they need it. When they do not, delays were highlighted earlier, contributing to a culture where delays were no longer accepted as the 'norm'.
- Making the invisible, visible as each and every delay was captured.

18/3/7 The outcomes to date had seen significant reductions in the length of stay for patients on a number of wards, some by as much as 30%, and almost 3,000 bed days had been saved. ARC had been utilised on over 2,127 patients and 5,232 delays had been recorded.

18/3/8 Further planned work and next steps were shared. These included:

- Developing systems and processes for all participating wards to receive length of stay data each month.
- Developing systems and processes for the Qii team to lead task and finish groups for frequently experienced delays (e.g echo, 24 hour tapes).

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- Continued monthly steering groups to monitor length of stay and delay data and improvements.

- Recognising and celebrating achievement with wards who were reducing length of stay.

- Scaling up ARC to other wards within DBTH with support from the Improvement Academy.

18/3/9 Following the presentation, the Board asked questions on a number of issues where the following points were noted:

- It was confirmed that data from ARC had yet to be fed into the quality dashboard.

- Reasons were given for the variability between performance on the eight wards who were using ARC.

- There was an ambition to translate ARC to Bassetlaw wards.

- The work had not resulted in any evidence of increased readmissions.

- Staff had been involved in the process, through 1-2-1s and opportunities to ask questions.

18/3/10 The presentation on ARC was NOTED.

Fundraising Strategy

18/3/11 The Board considered a report of the Acting Head of Communications and Engagement that was presented for approval the Trust's fundraising strategy.

18/3/12 The strategy had the following aims:

- to set appropriate fundraising priorities and infrastructure to support fundraisers;

- to establish a process to engage with staff in both applying for and raising charitable funds for the care group/ward/department;

- to explore new revenue streams and opportunities.

18/3/13 In response to a question from Alan Armstrong, the Board was advised that resource would be contained within the existing envelope. The Chief Executive felt the Trust could build upon its work with local businesses

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through the STAR awards and be more proactive in its relations with the Chamber of Commerce around fundraising.

18/3/14 In response to a question from Linn Phipps, it was clarified that this Strategy was not an enabling strategy and so did not align with the five Ps. The strategy had been to Charitable Funds Committee but the Committee did not have authority to approve it therefore it was coming to Board for sign off.

18/3/15 The Board APPROVED the Fundraising Strategy.

Amendments to Committee Membership

18/3/16 The Board APPROVED the following changes to board committee membership:

- On Audit and Non-clinical Risk, Kath Smart to replace John Parker
- On Finance and Performance, Pat Drake to fill vacancy
- On Quality and Effectiveness, Pat Drake to fill vacancy
- On Charitable Funds, Kath Smart to replace John Parker as Chair
- On Charitable Funds, Pat Drake to fill vacancy
- On Nominations and Remuneration, Pat Drake and Kath Smart to replace John Parker and fill vacancy

Chair's Assurance Log for Board Committees

18/3/17 The Board considered assurance reports of the chairs of Audit and Non-clinical Risk and Finance and Performance Committees following their meetings held 23 and 26 March.

18/3/18 The Audit and Non-clinical Risk Committee had considered a range of audits that offered varying degrees of assurance to the Board. They had also received reports into cyber maturity, the audit recommendation tracker, the audit plan and local counter fraud. A new approach regarding assurance over health and safety was to be discussed following this meeting of Board.

18/3/19 The Chair of Finance and Performance Committee gave a brief overview of the areas where the Committee had taken assurance. With four days of the year left to go, the Trust was on track to hit its control total in 2017/18. However, efficiency savings of circa. £20m were sought as part of next year's plan. An update on the work BDO had done to support the Trust through the current year had been considered and Board reiterated its support to the Director of Finance for the decision to employ them.

18/3/20 The Committee had considered an update on the Trust's new catering arrangements which had presented a testing transitional period but they were assured that issues were being gripped and there would be ramifications if performance did not drastically improve. The Board

stressed the need for patients to receive a high quality catering service.

18/3/21 The Director of Finance then went on to present the budget for 2018/19. The draft plan showed delivery of the control total of a £6,615k deficit however there were a number of significant assumptions and risks included in the plan, most notably:

- Circa. £20.5m CIPs (5%) was required to deliver the control total. Of this, £6.3m was identified as high risk and a further £3.4m as unidentified.

- There was a significant variance on income assumptions between the Trust's draft plan and commissioner offers (i.e. offers lower than plan). The key adverse variances were set out in the paper and mainly related to differences on activity growth assumptions. A requirement for mediation had been escalated to the SY&B ICS and discussions were ongoing with Commissioners.

- The plan assumed the Trust would be able to refinance significant loans, along with requiring borrowings to cover the control total deficit.

18/3/22 It was noted that the plan was yet to be completed. Amongst other things, commissioner budgets were yet to be agreed and the details of the variances that mainly related to differences on activity growth assumptions were outstanding. As previously reported, the requirement for mediation had been escalated to the South Yorkshire and Bassetlaw Integrated Care System and it was possible that there could be an intervention from NHSi and NHSE to ensure alignment of plans.

18/3/23 Given the current fluidity of discussions on the budgets, Board stopped short of approving the current position and authorised the Director of Finance to begin issuing budgets as necessary.

18/3/24 Board AGREED that:

(1) Power be delegated to Finance and Performance Committee in April 2018 to approve final versions of the budgets including capital plans and effectiveness and efficiency plans together with the annual plan and commissioner contracts.

(2) All members of the Board be invited to attend the April Finance and Performance Committee for the purpose of asking questions and giving views on the finance items.

Finance Report – February 2018

18/3/25 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 11. The deficit in month 11 was £832k,

behind the monthly plan by £48k. The year-to-date position was a £16.336m deficit.

18/3/26 The Trust's elective and day case income was £606k less than plan; however, emergency income had continued to mitigate this position achieving £976k above plan, while clinical income achieved £1.322m. The Trust's forecast showed that it was on course to meet its control total, however this was on the basis of receiving winter pressure funding of £1.2m, which was linked to the delivery of the targets set for Emergency performance standards.

18/3/27 Further to a question from the Chair, Board was assured that everything possible was being done to ensure the Trust hit its control total in 2017/18. In terms of next year, the matter of whether trusts within the South Yorkshire and Bassetlaw Integrated Care System would be subject to a single or system control total or plan was still to be resolved.

18/3/28 The Board NOTED:

- That the in-month I&E position was behind plan (£48k);
- The year to date I&E position at month 11 of £16,336k deficit was (£437k) adverse to plan;
- While there was still a significant improvement on run rate (excluding winter pressure costs) it as likely that the Trust would need to earn the winter pressures funding in order to deliver the control total. It was therefore imperative that the Trusts cost base was minimised and income maximised in the final weeks of the financial year to support this outcome.

Performance Report as at 28 February 2018

18/3/29 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 11, 2017/18.

18/3/30 Performance against key metrics included:

- 4 hour access - In February the Trust achieved 90.2% against the 95% standard (including GP access). In total, over 12,579 patients were seen.
- Referral to Treatment – In February, the Trust performed below the standard of 92% achieving 90%.

- Cancer targets – In January the 62-day performance achieved the 85% standard, coming in at 85.6%.

- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.42.

- C.Diff – Remained below trajectory for the month, however still above last year's performance, although on trajectory to achieve the nationally set target.

- Nursing Workforce - The Trust's overall planned versus actual hours worked in February was 98%. No wards had been rated red for quality in the past three months.

- Appraisal rate – The Trust's appraisal completion rate had seen a further rise to 66.48%. The Trust's goal was to get to 90% with the introduction of Appraisal Season in April 2018.

- SET training – Compliance with Statutory and Essential Training (SET) remained static and at the end of February the rate was 78.59%.

- Sickness absence – February had seen a decrease in monthly sickness levels to 4.54%.

18/3/31 In response to a question from Alan Armstrong, the Board was advised that an action plan for 'did not attends' had been developed and would be reviewed in three months.

18/3/32 The Board NOTED the Performance Report.

The Board adjourned at 10.35am and reconvened at 10.45am.

Reports for Information

18/3/33 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 12 February 2018
- Working Together Partnership briefing
- Board of Directors' Calendar

18/3/34 In response to a question from Alan Armstrong about the role of the VCF Panel mentioned within the Management Board minutes, Board was

advised that the role of the Panel was to bring consistency, rigour and discipline to requests for recruitment and additional staff.

Items escalated from Sub-Committees

18/3/35 None.

Minutes

18/3/36 The minutes of the meeting of the Board of Directors on 27 February 2018 were APPROVED as a correct record.

Any other business

18/3/37 The Board placed on record its thanks to John Parker who was attending his last Board meeting before stepping down as a non-executive director at the Trust.

Governors questions regarding business of the meeting

18/3/38 David Cuckson commended the work undertaken through the Patient Experience and Engagement Committee to improve performance times in respect of complaints. In response to a further question about the fundraising policy, the Board assured that measures would be taken to ensure staff could draw from the charity.

Date and time of next meeting

18/3/39 9.00am on Monday 30 April 2018 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

18/3/40 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 **Date**
Chair of the Board

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