

Minutes of the meeting of the Board of Directors
Held on Tuesday 30 April 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
	Pat Drake	Non-executive Director
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	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
	Kath Smart	Non-executive Director
In attendance:	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Simon Marsh	Chief Information Officer
	Adam Tingle	Acting Head of Communications and Engagement
	Peter Abell	Governor
	Sheena McDonnell	Observing
	Roy Rolls	Observing
	Ken Anderson	Head of Programme & Development (part)
	Jon Applin	IT Project & Development, Senior Analyst Programmer (part)

ACTION

Welcome and apologies for absence

- 18/4/1** Pat Drake and Kath Smart were welcomed to their first meetings as non-executive directors. Apologies were presented on behalf of Marie Purdue, Director of Strategy and Transformation.

Declarations of Interest

- 18/4/2** Board considered the register of directors interests effective from 4 April 2018 and changes were noted.
- 18/4/3** Kath Smart declared a non-material interest in item 6 on the agenda, Provider Collaboration Agreement, arising from her membership as a co-optee on Doncaster MBC's audit committee.

Actions from the previous minutes

18/4/4 The list of actions from previous meetings was noted and updated.

Presentation slot – Clinical Portal

18/4/5 The Board considered a presentation from the Head of Programme and Development and Senior Analyst Programmer on the Trust's new clinical portal.

18/4/6 The Portal had been developed with the help of three students within the IT team and cost approximately £40k to build. It formed phase one of the Electronic Patient Records project, amalgamating several systems that clinicians frequently used on the wards into one easy-to-read dashboard.

18/4/7 It allowed staff to search for a patient on the portal, which would return an overview of their details from various systems without having to log-in to each one separately. There would also be an option to input information, creating digital patient notes.

18/4/8 A brief demonstration using 'test' patients details was given.

18/4/9 Following the presentation a number of questions were asked when the following points were noted:

- Integration of the system within the Integrated Care System would be challenging given that trusts were on lots of different systems. Dialogue was however taking place across the patch between chief information officers.
- Progress would be demonstrated through patient stories and would be brought back to the Board for discussion.
- The first stage of the project would be completed by July when the Portal should be available from any device.
- The system was fully auditable and could be accessed wherever needed, both on and off site.

18/4/10 The presentation on the Clinical Portal was NOTED.

GDPR Readiness and Appointment of a Data Protection Officer for DBTH

18/4/11 The Board considered a report of the Chief Information Officer which provided an update on the readiness of the Trust regarding the implementation of the European General Data Protection Regulations (GDPR) which were due to come in to force on 25 May 2018. The paper also sought the approval of a proposal to make an appointment to the statutory role of Data Protection Officer (DPO). The DPO post holder would also provide DPO support to Bassetlaw CCG.

- 18/4/12** The paper included a detailed overview of the new regulations, the standards the Trust was required to meet and the responsibilities placed on the Trust and the DPO. The Trust had been following the '12 Steps to Implementing GDPR' as recommended by the Information Commissioners Office (ICO) and a RAG rated action plan with key milestones was included in the report.
- 18/4/13** The Trust had spent the previous year working through the various activities set out by the ICO and these were set out in the action plan, some actions were complete with others still progressing. The Chief Information Officer drew attention to individual GDPR regulations regarding the ability for an individual to 'be forgotten' and to opt out of particular uses of data. It was noted that there was a potential risk that the Trust, the NHS as a whole and associated social care in general, could be unprepared for the full extent of the new GDPR regulations.
- 18/4/14** The Board:
- (1) NOTED the report and the implications for the Trust arising from GDPR.
 - (2) APPROVED the appointment of the Head of Information Governance as the Trust Data Protection Officer.

Provider Collaboration Agreement

- 18/4/15** The Board considered a report of the Chief Executive which sought approval of an agreement between providers in Doncaster to achieve better integration of services.
- 18/4/16** The Provider Collaboration Agreement set out the work required to enable the Trust – working with other bodies across the public sector - to enter into a more formal provider arrangement. A separate commissioner agreement between the Council and CCG had also been developed.
- 18/4/17** The work has been led by the CCG and Council, working with Hill Dickinson, over a number of months. The report identified a governance structure which included a Provider Collaboration Executive Group and Operational Group.
- 18/4/18** It was clarified that any substantial changes should come to the Board of Directors. Linn Phipps sought further information about opportunities and outcomes.
- 18/4/19** The Board:
- (1) APPROVES the Provider Collaboration Agreement, including the establishment of the proposed governance structure.

- (2) DELEGATES to the Chief Executive power to resolve the matters detailed in Appendix 3.

Process for Strategy Milestones

- 18/4/20** The Board considered a report of the Director of Strategy and Transformation which set out a process for monitoring and reporting the implementation of the Trust's Strategic Direction 2017-2022 (including enabling strategies). The Chief Executive presented the paper in the absence of the Director of Strategy and Transformation.
- 18/4/21** Key milestones had been identified by each of the strategy owners and collated within the Strategy and Transformation Department. Quarterly monitoring of achievement of the milestones would also be undertaken.
- 18/4/22** As part of this process relevant directors would be asked for a quarterly update and to identify any reasons for slippage of any milestones. Delivery of key strategic milestones would also be reviewed as part of Executive/Corporate Director annual and mid-year objective reviews.
- 18/4/23** Milestones would be reported on an exception basis to relevant Board committees. The report also provided some detail on the NHSI LEAN programme in which the Trust would be participating.
- 18/4/24** The Board endorsed the process but felt additional detail about what was expected would be beneficial. This included seeing the milestones and the key performance indicators. It was agreed to report KPIs and milestones to the Board committees along with an annual report to Board. It was understood that committees may also wish to undertake deep dives into the individual strategies.
- 18/4/25** The Board APPROVED the proposed process for assurance and noted the update on the NHSI Lean Programme.

Chair's Assurance Log for Board Committees

- 18/4/26** The Board considered assurance reports of the chairs of Finance and Performance and Quality and Effectiveness Committees following their meetings held 24 April 2018.
- 18/4/27** The Quality and Effectiveness Committee had considered a new process for learning from deaths and a risk interrogation report on medicines availability. The planned quality summit was in May, not June, as printed in the report.
- 18/4/28** The Board endorsed the proposed process for learning from deaths which would involve consideration by Clinical Governance Committee, deep dive by Quality and Effectiveness Committee and then reporting through to

Board for information. Kath Smart commented that she found the risk interrogation documentation helpful and queried where risks relating to staff morale and staffing sat and this was discussed.

18/4/29 The Finance and Performance Committee reflected on 2017/18 where the Trust had met its control total. The meeting also considered effectiveness and efficiency plans for 2018/19 that required substantial savings but the Chair felt that plans were much clearer than they had been the previous year. The budget for the forthcoming year had been approved.

18/4/30 Kath Smart sought assurance on the level of effectiveness and efficiency plans and it was agreed to schedule a meeting to go through the detail of these.

JS/MK

18/4/31 Board NOTED the updates.

Finance Report – March 2018

18/4/32 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 12. The Trust ended the year £4.1m ahead of plan, achieving a deficit of £11.52m against the original control total of £16.4m deficit.

18/4/33 Aiding the position was additional Sustainability and Transformation Funding (STF) of £4.3m that was received at year-end due to good financial and Emergency Department performance.

18/4/34 The month 12 position was a surplus of £221k (before STF adjustments), meaning the Trust reached its control total by £6,000, before bonus payments.

18/4/35 The period saw lower than expected income, however this was due to unplanned activity. To aid with winter pressures, NHS Improvement had provided an extra £1.3m funding to help with demand. Effectiveness and efficiency plans came in at £10.3m against a plan of £12.4m. The cash position remained positive.

18/4/36 Next year the required effectiveness and efficiency plans presented an even greater challenge. Currently the target was £17.9m (4.5% of budget) with £4.2m unidentified and £4.8m high risk. Executive Team would be meeting to look at how this could be reached.

18/4/37 In respect of the budget, which had been approved by the Finance and Performance Committee, meetings involving the Trust, Doncaster CCG NHS Improvement and NHS England had taken place. Capital monies from the Integrated Care System were anticipated.

18/4/38 The Trust's control total for 2018/19 was £6.6m and the Board was advised of the issues. The Medical Director supported agreeing to the control total

whilst at the same time emphasising the need for transformation and managing the risks around quality.

18/4/39 The Chair of Finance and Performance Committee confirmed that, by approving the budget under delegated powers from the Board, the Committee signed the Trust up to the control total. The Board unanimously endorsed this action.

18/4/40 The Board NOTED:

- (1) The in-month financial position was ahead of plan by £4,593k.
- (2) The year to date position at Month 12 of £11,962k deficit and thereby delivering the Trust's control total (£16,084k deficit).
- (3) The year-end position included additional STF of £3.9m.

18/4/41 *The meeting adjourned at 10.35am and reconvened at 10.45am.*

Performance Report as at 31 March 2018

18/4/42 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 12, 2017/18.

18/4/43 Performance against key metrics included:

- 4 hour access - In March the Trust achieved 93.3% against the 95% standard (including GP access), making DBTH the 13th best performing Trust in the country for the month. For 2017/18, the Trust achieved 91.5% overall.
- RTT – In March the Trust performed below the standard of 92% achieving 89.1%, a slight decrease on the previous month.
- Cancer targets –62-day performance achieved the 85% standard, coming in at 85%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 85.1, representing a 6.56% reduction from 2016/17.
- C.Diff – The Trust met the national target for 2017/18. With regard to the internal target DBTH finished the year two cases above the internal trajectory at 28.

- Nursing Workforce - The Trust's overall planned versus actual hours worked in March was 99%.
- Appraisal rate – The Trust's appraisal completion rate saw a further rise to 68.15%; it's the Trust's goal to get to 90% with the introduction of Appraisal Season.
- SET training - There has been an increase in compliance with Statutory and Essential Training (SET) and at the end of March the rate was 78.68%.
- Sickness absence – March's rate was 4.13% resulting in a year-end figure of 4.51%, similar to last year's performance.

18/4/44 Kath Smart sought assurance that action plans were in place for stroke and Alan Armstrong requested the outcomes of SNAP data. In response to a question from Alan Armstrong, the Chief Operating Officer advised that he would be happy to take Board through some of the work being undertaken in theatres and outpatients. In response to a further question on streaming, the Board was advised that guidance suggested up to 15% of patients should be streamed. Options such as a front-door GP were being assessed.

SS

DP/MK

18/4/45 In response to a question regarding the new appraisal season, the Board was advised that Estates had moved from 35% to 92% in a matter of two months which showed that, through concerted effort and focus, the number of people undergoing an appraisal could increase.

18/4/46 In response to a question from Pat Drake on bed management, it was suggested that any of the new non-executives could accompany the Chief Operating Officer on one of the regular bed meetings.

18/4/47 In relation to the quality and safety section of the report, Linn Phipps noted that as well as a consistent decrease in complaints and concerns there was also a decrease in the number of compliments. The Board was advised that this was due to an issue with Datix which had since been resolved.

18/4/48 The Board NOTED the Performance Report.

Learning from Deaths

18/4/49 The Board considered a report of the Medical Director which presented the Quarter 2 and 3 reports on learning from deaths.

18/4/50 During Q2 there were 416 in hospital deaths and in Q3 there were 566 in hospital deaths. 64% of these cases were reviewed in Q2 and 60.5% of these cases had either been screened or reviewed in Q3. The vast majority of reviews reflected good/excellent care.

- 18/4/51** Where poor care was identified, cases went on to have a second multidisciplinary review and none of the cases were concluded to have resulted in an avoidable death. Quality of care themes were identified in the report.
- 18/4/52** The Medical Director reflected on issues with death certification within the bereavement office which were now being addressed. Under the new process proposed by the Chair of Quality and Effectiveness Committee earlier in the agenda, QEC would deep dive the report following first consideration by the Clinical Governance Committee and provide assurance to the Board.
- 18/4/53** Further to a question from Kath Smart, the Board were advised that no clinician would be involved in a review of a patient who had died in their care. Further reviews were undertaken where there were concerns about a death and additional medical staff could be set to work on cases if there was a backlog.
- 18/4/54** Linn Phipps was keen to see the report explore the experiences of family who had had loved ones die in the Hospital.
- 18/4/55** The Quarters 2 and 3 reports into Learning from Deaths was NOTED.
- Staff Survey**
- 18/4/56** The Board considered a report of the Director of People and Organisational Development which sought approval of the Staff Survey action plan following the release of the 2018 results.
- 18/4/57** Care Groups and directorates had been asked to develop action plans for their key priorities but just as important they had been tasked with including how they intended to share the results, proposed actions and progress against those actions during the year. Drafts were shared in the Board papers but further work was required in terms of milestones and timescales. This would be aided by the restructure of People and Organisational Development.
- 18/4/58** A recent audit conducted by KPMG found that, in terms of last year's local action plans, staff had little knowledge of the work that was being undertaken by leadership teams despite there being action plans in place. Key areas of attention at Trust level would be the development of the Trust's leaders and managers, involvement of staff in Qii projects, focus on translating the Trust's values into action and demonstrating to staff the Trust's achievements in relation to the care provided to patients.
- 18/4/59** The Board NOTED the report and APPROVED the action plan.

Annual Estates & Facilities Performance Report

- 18/4/60** The Board considered a report of the Director of Estates and Facilities which provided, for assurance, the annual estates and facilities performance report 2017/18.
- 18/4/61** The report provided progress against a variety of staffing and operational performance metrics. Also provided was the NHS Premises Assurance Model (PAM) Assessment 2017/2018 for the Trust, progress against which was positive.
- 18/4/62** In response to a question from Linn Phipps around obtaining the views of patients within self-assessments, the Board was advised that patients' views were obtained via internal audit, the PLACE assessment and through anecdotal feedback. It was noted that feedback in respect of the retail catering service had been increasingly positive since the opening of Costa and Subway.
- 18/4/63** Further to a question from Kath Smart, the Chief Executive confirmed that one of the issues that would be tackled through the forthcoming corporate restructure would be the provision of information and he foresaw a similar rigorous approach to performance reporting being taken by other departments.
- 18/4/64** The Board NOTED the content of the paper and progress made.

Board Assurance Framework & Corporate Risk Register

- 18/4/65** The Board considered a report of the Trust Board Secretary which set out the quarter 4 2017/18 position in respect of the Corporate Risk Register and Board Assurance Framework.
- 18/4/66** In the year five risks had seen their ratings reduced, four risks had seen their ratings decrease and 19 stayed the same. The Trust's top risks remained around finance and estates. However, there was a developing picture around quality risks with new risks escalated throughout the year and high and extreme risks considered by Quality and Effectiveness Committee.
- 18/4/67** The Board NOTED the report.

Compliments, Comments and Complaints Q4

- 18/4/68** The Board considered a report of the Director of Nursing, Quality and Allied Health Professionals which provided information relating to Quarter 4 performance on compliments, comments and complaints.

18/4/69 The report highlighted the following points:

- Complaints, concerns and compliments were at their lowest since March 2016, although there were increases in certain care groups.
- There had been no complaints, concerns and questions from MPs in March, the first time since April 2017.
- Diagnosis had now become the main reason for complaints.

18/4/70 The report in relation to compliments, comments and complaints for quarter 4 was NOTED.

Reports for Information

18/4/71 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Finance and Performance Committee, 26 March 2018
- Minutes of Quality and Effectiveness Committee, 23 February 2018
- Minutes of Audit and Non-clinical Risk Committee, 4 January 2018
- Minutes of Management Board, 12 March 2018
- Board of Directors Agenda Calendar

Items escalated from Sub-Committees

18/4/72 None.

Minutes

18/4/73 The minutes of the meeting of the Board of Directors on 27 February 2018 were APPROVED as a correct record.

Any other business

18/4/74 None.

Governors questions regarding business of the meeting

18/4/75 There were no governor questions asked at the meeting.

Date and time of next meeting

18/4/76 9.00am on Monday 22 May 2018 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

18/4/77 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