



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Council of Governors' Meeting

**Board of Directors Minutes
March – May 2018**

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
	Moirra 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

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).

- 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

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 is 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
Chair of the Board

Date

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

Minutes of the meeting of the Board of Directors
Held on Tuesday 22 May 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
	Moirra 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
	Karen Lanaghan	End of Life Coordinator (part)
	Stacey Nutt	End of Life Coordinator (part)

ACTION

Welcome and apologies for absence

- 18/5/1** Apologies were presented on behalf of Marie Purdue, Director of Strategy and Transformation.

Declarations of Interest

- 18/5/2** No interests were declared.

Actions from the previous minutes

- 18/5/3** The list of actions from previous meetings was noted and updated.
- 18/5/4** Action 3 would be discharged on 11 June when non-executives would be attending Management Board to observe the presentations on CIP and ICS capital proposals.
- 18/5/5** Action 4 – meeting involving the Director of Finance and Kath Smart to discuss CIP – was also scheduled to take place.

Presentation slot – Butterfly Volunteers

- 18/5/6** The Board considered a presentation from Karen Lanaghan and Stacey Nutt, members of the End of Life team at the Trust, on the work of the Butterfly Volunteers.
- 18/5/7** The Butterfly Volunteers was a voluntary project created to offer comfort and support to dying patients. The service commenced in July 2017 following a recruitment programme.
- 18/5/8** The vision for the service was as follows:
- To provide one-to-one support by listening, comforting and showing companionship to the dying person and those important to them.
 - Target those with few or no visitors or those with psychological burden.
 - Help with food and drink, mouth care, gentle hand massage or touch.
 - Give family and friends a break from the bedside vigil.
 - Run errands to the hospital shop and make refreshments for family.
- 18/5/9** Feedback had been very positive with families thankful that the project provided companionship to their loved ones as well as welcome relief so that they could run errands.
- 18/5/10** In the nine months that the service had been running, 112 patients had been visited, 230 visits had been made, with each visit lasting approximately 100 minutes. Further recruitment and training was planned with the project having recently recruited its first male member. New 'Butterfly Bags' allowed staff to identify bereaved families as well as offering a useful resource in which to store information about their loved one.
- 18/5/11** Following consideration of the presentation, Board asked questions and the following points were noted:
- The Volunteers worked closely with the Chaplaincy Team and met as a team as well as having an email group to offer one another mutual support.
 - Whilst there were no national statistics for the number of patients who died alone, the Board was advised that it may be something that the Trust looked to record in future.

- The Volunteers were seeking investment for small items through the charitable funds process.

18/5/12 The presentation on the Butterfly Volunteers was NOTED.

Bassetlaw ACP Memorandum of Understanding

18/5/13 The Board considered a report of the Chief Executive which sought approval for the Bassetlaw Accountable Care Partnership (ACP) Memorandum of Understanding (MoU).

18/5/14 The MOU set out the process for collaborative working in Bassetlaw and created a framework for achieving the delegation of health and social care to a collaborative framework of the Bassetlaw Commissioners and Providers within a Bassetlaw transformation governance structure. This would be overseen by an ACP Board.

18/5/15 The MoU focused on the elements of governance and shared commitment to achieving common goals through the joint design, transformation and delivery of services. It also set out the ambition for the transformation of health and social care across Bassetlaw.

18/5/16 Within the Bassetlaw Accountable Care Partnership members of the ACP would develop a strategic plan for the integration of health and social care across Bassetlaw, making best use of existing resources to transform outcomes for local communities, including reducing avoidable activity in A&E and avoidable hospital admissions.

18/5/17 In presenting the document to Board, the Chief Executive emphasised that the existing format was a framework that would be built on. Any key decisions relating to the framework would, of course, return to Board. The document was complimentary to the South Yorkshire and Bassetlaw Integrated Care System.

18/5/18 The Board APPROVED the Bassetlaw ACP Memorandum of Understanding.

Annual Accounts – Going Concern Basis

18/5/19 The Board considered a report of the Director of Finance which sought approval that the 2017/18 accounts be presented on a 'going concern' basis.

18/5/20 International Accounting Standard 1 required the management of entities to assess, as part of the accounts preparation process, the bodies' ability to continue as a going concern. This was further enforced by Department of Health requirements to review the Trust's going concern basis on an annual basis. The going concern principle was the assumption that an entity would remain in business for the foreseeable future.

18/5/21 In assessing the Trust's status as a going concern entity, the Director of Finance had regard to the following issues:

- Continuing support from local commissioners - the Trust currently had a contract in place to 31st March 2019.
- The Trust ended the year with c. £12m cash in the bank.
- Within the proposals for the local ICS the Trust was expecting to become the second major emergency centre in South Yorkshire and Bassetlaw with inward investment to support the additional services once final decisions were made e.g. the successful bid for additional CT facilities to support this showed the intent to support the sites going forward.
- The Trust was in discussion with CCGs to repatriate work to its sites.
- Whilst no formal undertaking had been received from NHSI to continue to provide additional liquidity on an ongoing basis, all planning assumptions that the Trust operated under implied this would be forthcoming.
- The Trust had delivered a year-end financial outcome ahead of its agreed control total for 2017/18 and plans to achieve the lower target were assigned for 2018/19.
- The NHSI Board had agreed to lift all licence conditions on the Trust following the second year of financial delivery ahead of plan.

18/5/22 It was therefore considered appropriate for the Trust to continue to prepare its financial statements on a going concern basis and to make the necessary declarations as part of its annual report and annual accounts. However, the continuing risks would be clearly stated in the 2017/18 annual report; chief amongst these being that, should NHSI refuse to provide further liquidity, the Trust would cease to operate due to its ongoing deficit.

18/5/23 The Board AGREED:

- (1) The Trust should be considered a going concern for accounts preparation purposes.
- (2) The Trust should prepare its annual accounts for the year 2017/18 and balance sheet as at 31st March 2018 on that basis.
- (3) The annual report should clearly state this assessment whilst also outlining the risks facing the Trust.

NHSI Self-certification

- 18/5/24** The Board considered a report of the Trust Board Secretary that sought sign off of documentation as part of the Trust's self-certification for 2017/18.
- 18/5/25** The purpose of self-certification was to carry out assurance that the Trust continued to comply with its licence conditions. There were three licence conditions against which the Trust was required to self-certify. Relevant documentation supplied by NHSI had been completed showing how the Trust complied with the relevant licence conditions and the risks that were required to be managed. The documents had been signed off by Executive Team and considered by Governors.
- 18/5/26** While the Trust was no longer required to submit the documentation to NHSI, trusts would be audited in July to ascertain that they had complied.
- 18/5/27** The Board APPROVED the self-certification documents attached as appendices to the reports.

Trust Seal

- 18/5/28** The Board considered a report of the Trust Board Secretary which gave details of two recent land sales:
- Licence to assign in relation to premises at DRI involving DBTH, Bestway Panacea Healthcare and Bestway National Chemists Limited.
 - Contract for sale of residential freehold land with vacant possession at 5 Highland Grove, Worksop.
- 18/5/29** The Use of the Seal in the above cases was APPROVED.

Removal of Conditions on Provider Licence

- 18/5/30** The Board considered a report of the Trust Board Secretary which advised of the removal of conditions from the Trust's Provider Licence. Further details were given at the meeting by the Trust's Chief Executive.
- 18/5/31** The Board was advised that, on 2 May 2018, the Trust had received notification that, following consideration by NHS Improvement's national regulation committee, it was no longer in breach of its Licence and the additional condition added to its Licence in 2016 would be removed.
- 18/5/32** As a result it was expected that the Trust would transition from being in Segment 3 (mandated support) to Segment 2 (targeted support) under NHSI's regulatory framework known as the 'Single Oversight Framework'.

- 18/5/33** The removal of the conditions on the Trust's Provider Licence was welcomed and NOTED.

Chair's Assurance Log for Board Committees

- 18/5/34** The Board considered an assurance report of the chair of Finance and Performance Committee following the meeting held 21 May 2018.
- 18/5/35** The Chair began by congratulating the Procurement team on achieving the Level 2 award. The Board was advised that the Committee had taken some time to tackle governance and strategy issues in more detail at this meeting and had provided comments on the strategy monitoring process and risk register.
- 18/5/36** In response to a question from Alan Armstrong, the Board were advised that approximately £4.3m CIP was unidentified and an equivalent amount remained at risk. Work was ongoing to ensure agency costs were kept under control. Board was advised that the new divisional director structure would address some of the issues to do with agency.
- 18/5/37** A new at a glance dashboard had been developed for workforce performance and this was commended. Finally, the Committee had proposed some amendments to its terms of reference which would be taken through the Board as part of planned changes to committee memberships.
- 18/5/38** Board NOTED the updates.

Finance Report – April 2018

- 18/5/39** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 1 and showed a small favourable variance of £10k.
- 18/5/40** Key risks to the plan remained around the following:
- Delivery of CIP which had been back-loaded in the plan and significant savings were still required to be identified and delivered.
 - There was still a significant variance on income growth assumptions of £3.5m between the Trust's financial plan and commissioner assumptions and contract values. Also, the financial plan assumed £2m of Commissioner QIPP plans were not delivered.
 - Control of agency spend, especially in medical.
 - The capital plan assumed the Trust was able to use £3m of previous years STF to fund the capital programme, however this had not been signed off by NHS Improvement.

- 18/5/41** Referencing the CIP programme that showed that the majority of programmes were back-loaded, Linn Phipps sought clarity that the risk register adequately captured this risk.
- 18/5/42** Further to a question from Suzy Brain England, the Board was advised of the work the Trust was doing to generate future CIP including Model Hospital, LEAN and Getting It Right First Time as well as the Integrated Care System work.
- 18/5/43** The report also sought a delegation to deal with the annual accounts through the Audit and Non-clinical Risk Committee (ANCR).
- 18/5/44** The Board:
- (1) NOTED that the in-month I&E position was a deficit of £2.9m, which was slightly favourable to plan by £10k;
 - (2) NOTED the risks set out in the paper.
 - (3) DELEGATED power to the ANCR to approve the 2017/18 annual accounts and financial statements.
- 18/5/45** *The meeting adjourned at 10.25am and reconvened at 10.35am.*

Performance Report as at 30 April 2018

- 18/5/46** 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 1, 2017/18.
- 18/5/47** Performance against key metrics included:
- 4 hour access - In April the Trust achieved 92.32% against the 95% standard (93.1 including alternative pathways). With increased attendances, this had been a particularly positive achievement.
 - RTT – In April, the Trust performed below the standard of 92% achieving 89.1%, the same as the previous month.
 - Cancer targets – The 62-day performance achieved the 85% standard, coming in at 88.6% and 86.7% for the quarter.
 - HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.6.

- C.Diff – Remained below trajectory for month, and for April last year.
- Nursing Workforce - The Trust's overall planned versus actual hours worked in April was 100%.
- Appraisal rate – The Trust's appraisal completion rate had seen a slight decrease to 67.35%.
- SET training – There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of April the rate was 79.85%.
- Sickness absence – April's rate was 4.05%, a decrease from last month.

18/5/48 The Board were advised of new accountability arrangements which included new PTL (Patient Treatment List) meetings. Current issues with the Prison service were relayed together with pressure on the Emergency Department at Bassetlaw Hospital which had seen three diversions in the past week.

18/5/49 In response to a question from Linn Phipps about certain age groups being higher attendees at A&E than others, the Board was advised that some work had been undertaken with younger people who seemed to favour ED attendance over going to their GP. The CCG were doing further work on this as their plans predicted fewer A&E attendances moving forward.

18/5/50 Following the national case around breast screening, the Board were furnished with details about the Trust's own performance that represented comparatively low numbers. Full costs would be recovered for any weekend working involved.

18/5/51 Further to a question from Kath Smart, Board was advised that the Sign Up to Safety project was now in its final year but targets were in place to address the same issues including around pressure ulcers.

18/5/52 Board were advised that no wards were 'red' in April. Pat Drake had been involved in a recent quality summit and had felt the process 'added value'. Some issues relating to data collection for Friends and Family Test were explored.

18/5/53 The workforce report highlighted a continued reduction in relation to sickness absence.

18/5/54 The Board NOTED the Performance Report.

Emergency Planning – Policies and Plans

- 18/5/55** The Board considered a report of the Chief Operating Officer which provided details of policies and plans relating to emergency planning.
- 18/5/56** Board was advised that as a 'category 1' responder under the Civil Contingencies Act (2004), it had a statutory duty to assess the risk of emergencies occurring and to put in place emergency and business continuity plans to reduce, control and mitigate the effects of an emergency.
- 18/5/57** Key policies were outlined in the report together with progress against them. A review of policies had been undertaken by the Emergency Planning Officer in line with NHS England's *Core Standards for Emergency Planning, Resilience and Response*.
- 18/5/58** Training was taking place and key documents had been uploaded on to the Intranet and Internet. Neil Rhodes had joined some of the training and reported assurance back to the Board.
- 18/5/59** Board NOTED the update on emergency planning.

Reports for Information

- 18/5/60** The following items were NOTED:
- Chair and NEDS' report
 - Chief Executive's report
 - Minutes of Finance and Performance Committee, 24 April 2018
 - Minutes of Management Board, 16 April 2018
 - Board of Directors Agenda Calendar
- 18/5/61** Reflecting on her report, the Chair passed on her sincere condolences to the family of Jeannette Watkins, of the Cancer Detection Trust, following Jeannette's recent death.
- 18/5/62** The Chief Executive shared the outcome of the recent interviews to divisional director posts as part of the restructure of care groups into four clinical divisions:
- Jochen Seidel, Divisional Director for Clinical Specialists
 - Nick Mallaband, Divisional Director for Medicine
 - Antonia Durham-Hall, Divisional Director for Surgery and Cancer
 - Eki Emovon, Divisional Director for Women and Children

18/5/63 Board requested details via a structure chart.

MK

Items escalated from Sub-Committees

18/5/64 None.

Minutes

18/5/65 The minutes of the meeting of the Board of Directors on 30 April 2018 were APPROVED as a correct record.

Any other business

18/5/66 None.

Governors questions regarding business of the meeting

18/5/67 Following the Board's approval of Bassetlaw ACP MoU and increased pressures on Bassetlaw's A&E facility, Peter Abell asked what the strategic impact of the Bassetlaw Accountable Care Partnership would be on Bassetlaw's A&E department?

18/5/68 The Board was advised that work was ongoing to understand flows and why they had increased in A&E. The Trust's strategy would be kept under constant refresh to ensure it mirrored demand. There was a difference of view between the CCG, whose plan included reduction in activity, and the Trust who were seeing more activity despite a year where there had been no flu nor Norovirus pandemic.

18/5/69 The ACP was complimentary to the Trust's own strategic direction.

Date and time of next meeting

18/5/70 9.00am on Monday 26 June 2018 in the Boardroom, Montagu Hospital.

Exclusion of Press and Public

18/5/71 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