

**Minutes of the meeting of the Board of Directors  
Held on Tuesday 26 June 2018  
In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	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
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
<b>In attendance:</b>	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
	Clive Tattley	Governor
	Liz Staveley-Churton	Governor
	Claire Stewart	Head of Financial Accounting
	Doug Wright	Public

**ACTION**

**Welcome and apologies for absence**

**18/6/1** Apologies were presented on behalf of Neil Rhodes, Non-executive Director, and Marie Purdue, Director of Strategy and Transformation.

**Declarations of Interest**

**18/6/2** No interests were declared.

**Actions from the previous minutes**

**18/6/3** The list of actions from previous meetings was noted and updated.

**18/6/4** 18/5/63 – In addition to the names of divisional directors, which had been supplied, non-executive directors were also keen to understand the services under each of the new divisions. This would be supplied in due course once final appointments had been made.

**DP**

**Presentation slot – Hospital Services Review**

- 18/6/5** The Board considered a presentation from Alexandra Norrish of the South Yorkshire and Bassetlaw Integrated Care System (ICS), which set out current progress on the Hospital Services Review.
- 18/6/6** The objective of the Hospital Services Review was to identify ways in which the acute hospitals in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire, could be put on a sustainable footing, in the face of the following significant challenges:
- An ageing population;
  - Increasing demand;
  - Available workforce;
  - Changing needs of people;
  - Changing types of healthcare.
- 18/6/7** The Review focused on some of the most challenged services:
- Urgent and Emergency Care
  - Maternity
  - Care of the Acutely Ill Child
  - Gastroenterology and Endoscopy
  - Stroke
- 18/6/8** These services had been discussed with staff, clinicians and the public who had identified their three key issues: workforce; clinical variation and innovation. In developing solutions to these three issues, the following key principles were identified:
- There would continue to be a hospital in every Place: no District General Hospitals (DGH) would close;
  - Most patients would receive most of their hospital-based care at their local DGH;
  - The review did not anticipate any redundancies, although some staff might have to work differently.
- 18/6/9** The Review identified that trusts needed to work more collaboratively and consider solutions, which involved service reconfiguration. Shared working would be led by what were known as “hosted networks” with the lead for each service assumed by one of the hospitals. Details of the options and recommendations for each of the five services were provided.
- 18/6/10** Views were sought from partners by 12 July and ideas were also sought about how to strengthen the public engagement role of the ICS further down the timeline.
- 18/6/11** Further to a question from Pat Drake, the Board was advised that Health Education England had delegated some resource to the review and some

staff had been formally seconded to work on the programme. The Director of People and Organisational Development updated the Board on work being undertaken through the regional excellence centre and HR directors group.

**18/6/12** In response to a question from Linn Phipps regarding the extent of public engagement and to what extent the review had been guided by the principle of co-production, the Board was advised of the work that had been undertaken with the local overview and scrutiny committees and with the youth forums in North Derbyshire and at Sheffield Children's Hospital.

**18/6/13** Ms Norrish reinforced that the status quo was not an option.

**18/6/14** The Board of Directors:

(1) NOTED the presentation on the Hospital Services Review.

(2) DELEGATED power to the Deputy Chief Executive and Chief Operating Officer to agree an initial response to the proposals on behalf of the Trust.

**DP**

### **Corporate Objectives 2018/19**

**18/6/15** The Board considered a report of the Chief Executive that set out the Executive Team's corporate objectives for 2018/19 together with the proposed process, which would include quarterly reports via Board.

**18/6/16** The following additions were considered for inclusion:

- Quality and timeliness of charitable funds accounts (Director of Finance).
- Quality of financial reporting as evidenced through the ISA 260 (Director of Finance).
- Completion of workforce strategy (Director of People and Organisational Development).
- Focus on patient safety (Medical Director/Director of Nursing, Midwifery and Allied Health Professionals).

**18/6/17** With the changes outlined above, the Executive and Corporate Directors' objectives and monitoring process for 2018/ 2019 were APPROVED.

### **Committee membership**

**18/6/18** The Board of Directors APPROVED the membership of committees appended to these minutes.

### **Review of Charitable Funds Policy**

- 18/6/19** The Board considered a report of the Director of Finance and Trust Board Secretary that sought approval of amendments to the Charitable Funds Policy as part of a 12-month review of the document.
- 18/6/20** The changes were considered by the Charitable Funds Committee in May and recommended to the Board with one minor amendment.
- 18/6/21** The Board APPROVED the amended Charitable Funds Policy.

### **Emergency Planning – Major Incident Plan**

- 18/6/22** The Board considered a report of the Deputy Chief Executive and Chief Operating Officer, which sought approval for a revised Major Incident Plan. Changes to the document were set out on page 2 of the appendix.
- 18/6/23** Further to a question from Linn Phipps, it was agreed to include further detail about the learning the Trust had found through testing the plans and learning from other major incidents such as the Manchester Arena bombing and the Grenfell Tower tragedy. Board was advised that Neil Rhodes had taken part in the most recent testing of Trust plans but this opportunity was open to any non-executive director.
- 18/6/24** In response to a question from Linn Phipps about system wide capacity to deal with a catastrophic major incident, the Board were advised that, while there was mutual support from other trusts, NHS England would ultimately take control of such a situation.
- 18/6/25** Further to a question from Pat Drake, the Board were advised that instructions on advising non-executives were given on the emergency action cards. It was confirmed that all relevant staff were trained.
- 18/6/26** Subject to the inclusion of learning covered above, the revised Major Incident Plan was APPROVED.

### **Chairs Assurance Logs for Board Committees held 21 June 2018**

- 18/6/27** The Board considered a report of the chairs of Finance and Performance Committee and Quality and Effectiveness Committee following their meetings on 21 June 2018. Pat Drake presented the Finance and Performance Committee report on behalf of Neil Rhodes.
- 18/6/28** The Finance and Performance Committee reported that unidentified effectiveness and efficiency plans currently stood at £5.8m and were of concern.
- 18/6/29** Board NOTED the updates.

## Strategy and Transformation Update

- 18/6/30** The Board considered a report of the Director of Strategy and Transformation which highlighted the governance arrangements for monitoring and reporting the implementation of the Trust's Strategic Direction 2017 – 2022 together with the proposed timetable. In the Director of Strategy and Transformation's absence, the Chief Executive took the paper and answered questions.
- 18/6/31** Included within the pack were details of the deep dives due to be taken at Management Board and board committees. The Board felt that greater clarity was required around which deep dive areas each committee would be undertaking. Some of the titles of strategies had changed and needed correcting. **MP**
- 18/6/32** Linn Phipps reinforced the need to consider outcomes as well as milestones in strategy development.
- 18/6/33** The Strategy and Transformation Update was NOTED.

## Finance Report – May 2018

- 18/6/34** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 2, which highlighted an adverse variance against budget in month of £402k. The cumulative position to the end of month 2 was a £4.75m deficit, which was £415k adverse to budget.
- 18/6/35** Key risks to the plan remained around the following:
- Delivery of effectiveness and efficiency plans which had been back loaded in the plan and significant savings were still required to be identified and delivered. Whilst work continued the gap in the plan was not being closed quickly enough.
  - 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.
  - Currently the Trust assumptions seemed close to actual activity levels although the Trust was slightly behind plan. The financial plan assumed £2m of Commissioner QIPP plans were not delivered.
  - Control of agency spend, especially in medical areas, needed further work, as did the amounts being paid to agency staff (the Trust has concentrated on lowering hours used).
  - The capital plan assumed the Trust was able to use £3m of previous years Sustainability and Transformation funding to fund the capital

programme, however this had not been signed off by NHS Improvement and was currently being queried within the plan return.

**18/6/36** Meetings were ongoing to close the amount of unidentified savings that currently stood at £4.1m. A further £5.8m was identified as at risk.

**18/6/37** Kath smart reflected on her recent attendance at Management Board and felt that there was a difference in thinking in some areas between executives and care group leaders and Management Board may need time/support to assist with the changes. The Board was advised that the Model Hospital data presented to Management Board was part of a gradual journey to enable the new clinical divisions to take ownership for the solutions. As part of this, a clinical champion for the Getting It Right First Time (GIRFT)/ Model Hospital and Patient Level Costings programmes would be appointed.

**18/6/38** In spite of the large amount of unidentified effectiveness and efficiency plans, the Director of Finance reflected on the difference in terms of 'on track' plans between the current year and the last.

**18/6/39** The report also sought delegated powers for the Director of Finance to sign off the Trust's Estates Return Information Collection (ERIC) return for the current year. ERIC collected information relating to the costs of providing, maintaining and servicing the NHS estate used in the delivery of patient care. This included the costs of providing certain patient-focused services such as food, laundry and cleaning. In addition, the collection included a number of non-financial aspects of the operation of buildings, such as information relating to fire safety and an organisation's progress in meeting carbon reduction targets.

**18/6/40** The Board:

(1) NOTED that:

- Elective income for month 2 had under-performed against plan in month by £275k;
- The in-month I&E position was a deficit of £1.9m, which was adverse to plan by £402k;
- The risks set out in the paper.

(2) DELEGATED powers are given to the Director of Finance to approve the 2017/18 ERIC Submission.

**18/6/41** *The meeting adjourned at 10.25am and reconvened at 10.35am.*

**Performance Report as at 31 May 2018**

**18/6/42** 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 operational and workforce performance in month 2, 2017/18.

**18/6/43** Performance against key metrics included:

- 4-hour access - In May the Trust achieved 94.6% against the 95% standard (95.1% including alternative pathways). With increased attendances, this had been a particularly positive achievement.
- RTT – In May, the Trust performed below the standard of 92% achieving 90.1%, a better performance than the previous month and in line with the requirements set out in the contract.
- Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86.1%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 84.52.
- C.Diff – Just one case was recorded in month.
- Nursing Workforce - The Trust's overall planned versus actual hours worked in May was 100%.
- Appraisal rate – The Trust's appraisal completion rate had seen an increase to 69.10%;
- SET training – There was an increase in compliance with Statutory and Essential Training (SET) and at the end of May the rate was 80.60%.

**18/6/44** The Board reflected on significantly increased A&E attendances at both sites that were at variance with expectations expressed by the clinical commissioning group (CCGs). Meetings were ongoing with CCG counterparts to investigate.

**18/6/45** The Trust had also dealt with a recent border divert to the Trust by East Midlands Ambulance Service and was working with the local CCGs on admissions avoidance. There was a brief discussion around some of the differences in generational understanding and expectation of what the NHS could and should provide.

**18/6/46** Additional work was also taking place to look at A&E on Trust sites and how they linked with General Practitioners, taking account also of technological developments such as virtual GPs (sometimes based abroad) and the Trust's own SMART-ER system.

**18/6/47** The risk of not changing with the times was that continually increasing A&E attendances would ultimately swamp the system. Board felt it would be a good idea to explore this further through a Board workshop.

**KB/MK**

**18/6/48** The Board NOTED the Performance Report.

#### **Mixed Sex Accommodation**

**18/6/49** The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals, which provided a Declaration of Compliance with the requirement to eliminate mixed sex accommodation. The report included an action plan, which set out further actions to ensure continued compliance.

**18/6/50** The Board NOTED the report into Mixed Sex Accommodation taking into account the identified actions.

#### **Inpatient Survey 2017**

**18/6/51** The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals that presented the results of the 2017 Inpatient Survey.

**18/6/52** The survey was focused on a random selection of inpatients who attended during the month of July 2017. A total of 1198 eligible patients were surveyed with a response rate of 39% (467 respondents) compared to 41% nationally. The results were standardised for gender, age and route of admission, so the results for the Trust were presented as scores from 1-10, higher scores being better.

**18/6/53** The overall position was that the Trust results were about the same as the national picture and did not feature in the outlier analysis nationally. Linn Phipps, reflecting on the recent meeting of the Quality and Effectiveness Committee, which explored patient discharge, asked whether any qualitative comments would be provided as part of the survey. This would be investigated. The Director of Nursing, Midwifery and Allied Health Professionals advised of further work being done to follow up discharge.

**18/6/54** Further to a question from Kath Smart, the Board reflected on the level of Trust complaints, which were on a decreasing trajectory since recent work had been undertaken to promote how to raise concerns. Linn Phipps felt there may be unintended consequences for introducing targets for complaints and would follow this up with the Quality and Effectiveness

Committee planning group. The Chief Executive confirmed that the standard (target) related to complaints which were to see a reduction in formal complaints and increase in concerns to reflect increased local resolution.

**18/6/55** The Board NOTED the content of the report and plans to improve services for patients.

#### **Guardian for Safe Working Quarterly Report**

**18/6/56** The Board considered a report of the Director of People and Organisational Development, which provided the Guardian for Safe Working's end of quarter 4 2016/17 report.

**18/6/57** Board was advised that no gross safety issues had been raised with the Guardian by any trainee. There had been 77 exceptions raised by junior doctors - eight of which were education related about missed education meetings that had been taken note of by the educational supervisors. One fine had been levied during this period due to missed breaks. The Guardian for Safe Working advised that the trainees had safe working practice as designed by the 2016 contract.

**18/6/58** There was a discussion around the impact E-roster had on compliance levels but this was likely to improve with the introduction of the ERS4 upgrade.

**18/6/59** The Board NOTED the update for the final quarter of 2017/18 and confirmed their assurance that trainee doctors had a safe working practice as envisaged by the 2016 contract.

#### **Reports for Information**

**18/6/60** The following items were NOTED:

- Board committee annual reports
- Chair and NEDS' report
- Chief Executive's report
- Minutes of Finance and Performance Committee, 21 May 2018
- Minutes of Management Board, 14 May 2018
- Charitable Funds Committee, 27 February 2018
- Board of Directors Agenda Calendar

**18/6/61** Further to a question on the national proposals around Length of Stay, the

Chief Executive advised of the Trust's position. Out of five categories (with the fifth being the best) the Trust was in category four, largely due to Montagu Hospital where length of stay was necessarily longer due to the type of work they undertook.

#### **Items escalated from Sub-Committees**

**18/6/62** None.

#### **Minutes**

**18/6/63** The minutes of the meeting of the Board of Directors on 22 May 2018 were APPROVED as a correct record.

#### **Any other business**

**18/6/64** The Chair led the Board in placing on record thanks for the contribution of Philippe Serna who was stepping down after three years as a non-executive director of the Trust.

#### **Governors questions regarding business of the meeting**

**18/6/65** Referencing the corporate objectives of directors, Peter Abell asked whether non-executive directors were sufficiently assured that the Trust was developing leadership in teams. He reflected on the recent Patient-centred Care Day he had attended which suggested it was doing so.

**18/6/66** The Chair responded that work was ongoing to build the Trust's leadership framework and management skills passport against which all leaders would be held accountable. She and other non-executives had been involved in recent clinical appointments that allowed representatives of the Board to imbibe positive behaviours in new starters.

**18/6/67** In response to a question from Clive Tattley around delays in prescriptions, the Board was advised that Pharmacy had significantly reduced the time taken to turnaround prescriptions in the context that GPs in Bassetlaw had seen an 8% and 9% increase in number of prescriptions respectively.

#### **Date and time of next meeting**

**18/6/68** 10.00am on Monday 31 July 2018 in the Boardroom, Doncaster Royal Infirmary.

#### **Exclusion of Press and Public**

**18/6/69** 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**

### Membership of the Board of Directors Committees

	<b>Audit &amp; Non-clinical Risk</b>	<b>Finance &amp; Performance</b>	<b>Quality &amp; Effectiveness</b>	<b>Charitable Funds</b>	<b>Nominations &amp; Remuneration</b>	<b>Committee in Common</b>
<b>Frequency:</b>	Quarterly	Monthly	Every other month	Every other month	Ad hoc	Monthly
<b>Chair:</b>	Kath Smart	Neil Rhodes	Linn Phipps	Sheena McDonnell	Suzy Brain England	Suzy Brain England
<b>Non-executives</b>	Alan Chan Linn Phipps Sheena McDonnell	Pat Drake Kath Smart	Sheena McDonnell Pat Drake	Alan Chan Pat Drake Suzy Brain England Linn Phipps Neil Rhodes Kath Smart	Alan Chan Pat Drake Sheena McDonnell Linn Phipps Neil Rhodes Kath Smart	N/A
<b>Executives</b>	N/A	Chief Operating Officer  Director of Finance  Director of People & Organisational Development	Director of Nursing, Midwifery & Allied Health Professionals  Medical Director  Director of People & Organisational Development	Chief Executive  Director of Finance  Medical Director  Director of Nursing, Midwifery and Allied Health Professionals	Chief Executive	Chief Executive