

**Minutes of the meeting of the Board of Directors  
Held on Monday 31 July 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
	Alan Chan	Non-executive Director
	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
	Kath Smart	Non-executive Director
<b>In attendance:</b>	Nick Mallaband	Divisional Director – Medical Services (representing the Medical Director)
	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Marie Purdue	Director of Strategy and Transformation
	Matthew Kane	Trust Board Secretary
	Adam Tingle	Acting Head of Communications and Engagement
	George Webb	Governor
	Clive Tattley	Governor
	Mark Bright	Governor
	Phil Beavers	Governor
	Mike Addenbrooke	Governor
	Rick Dickinson	Deputy Director of Nursing, Midwifery and AHPs
	Karl George	The Governance Forum

**ACTION**

**Welcome and apologies for absence**

**18/7/1** The Chair welcomed Alan Chan, Non-executive Director, to his first Board meeting together with Karl George, of The Governance Forum, who was observing as part of a Board development exercise. Apologies were presented on behalf of Sheena McDonnell, Non-executive Director, and Sewa Singh, Medical Director.

**Declarations of Interest**

**18/7/2** The Board noted the updated Register of Interests. The Chair requested that board members be re-sent the guidance on what was necessary to declare to ensure consistency amongst declarations.

**18/7/3** No interests were declared in the business of the public session of the meeting.

### **Actions from the previous minutes**

**18/7/4** The list of actions from previous meetings was noted and updated.

18/6/4 – This action was complete and could now be signed off.

### **Presentation slot – Formal relationship of Doncaster & Bassetlaw Teaching Hospitals (DBTH) and Hall Cross Academy School in the context of the widening participation agenda**

**18/7/5** The Board considered a presentation from Alasdair Strachan, Director of Education, and Kelly Turkhud, Education Manager, which set out information relating to the key priorities, challenges and future developments across the widening participation agenda including the connections with local schools, colleges and Universities and the development of new roles to support the current workforce.

**18/7/6** The presentation and accompanying paper proposed a formal relationship between Hall Cross Academy and DBTH. This proposal had been agreed by the governors of Hall Cross Academy and was now before the Board of Directors for consideration.

**18/7/7** The work was based around five key principles:

- Having the right people with the right skills, values and behaviours whilst promoting equal access for all
- Local demographics – ensuring that the healthcare workforce was representative of the communities it served
- Ensuring a workforce fit for the future
- NHS Core values – equality, diversity and inclusion
- Talent for Care - Get in, Get on, Go further

**18/7/8** The project had a number of benefits including engaging existing staff, growing apprenticeships, increased partnership working and talent development allowing the Trust to grow its own workforce. Details of the increased activity were provided.

**18/7/9** The Board positively welcomed the proposal. Linn Phipps sought assurance that the team had capacity to take on another project and asked how non-executive directors could support. The Board was advised that the work was not a project as such but a way of working that complemented some of the Trust's work on continuous improvement. Non-executives would play a key role in providing challenge and championing the proposals.

**18/7/10** The Board APPROVED the establishment of a formal relationship between the Trust and Hall Cross Academy and supported the widening participation agenda for DBTH.

### **Management Board Structure**

**18/7/11** The Board considered a report of the Deputy Chief Executive and Trust Board Secretary which sought approval of a refreshed Management Board from August 2018 along with the establishment of a new Senior Leadership Forum.

**18/7/12** The Board APPROVED:

(1) the revised terms of reference for Management Board.

(2) the establishment of, and terms of reference for, the new Senior Leadership Forum.

### **Annual Members' Meeting arrangements**

**18/7/13** The Board considered a report of the Trust Board Secretary which set out a proposal for the 2018 Annual Members' Meeting which was scheduled to take place Wednesday 19 September 2018 from 4pm at the Keepmoat Stadium, Doncaster.

**18/7/14** The proposal built on lessons learned last year and proposed changes to the meeting format and meeting room layout in addition to being signed by a British Sign Language interpreter. Details of the 'market stalls' showcasing the work of the Trust were set out in the paper.

**18/7/15** Board APPROVED the arrangements for the upcoming Annual Members' Meeting.

### **Amendment to Constitution**

**18/7/16** Further to the meeting of the Council of Governors on 26 July 2018, the Board APPROVED the following deletion to paragraph 2.1.19 to Annex 5 of the Trust's constitution:

*"A governor is not eligible to become or continue in office as a governor if he/she had, within the preceding 2 years, been a chair or non-executive director of another health service body."*

### **Chairs Assurance Logs for Board Committees held 23 and 24 July 2018**

**18/7/17** The Board considered a report of the chairs of Finance and Performance Committee and Audit and Non-clinical Risk Committee following their meetings on 23 and 24 July 2018.

**18/7/18** The Finance and Performance Committee reported that the Trust had met its financial targets to earn its full Provider Sustainability Fund (PSF) monies in the quarter but this had required support from non-recurrent expenditure. The outstanding effectiveness and efficiency target was £2.65m. The meeting had received positive assurance on finance, performance and workforce issues.

**18/7/19** The Chair of Audit and Non-clinical Risk Committee escalated two matters. These related to the progress of outstanding medium/high-risk recommendations from 2016/17 audits and the return rate from some areas for the Trust-wide Register of Interests. Actions had been put in place to move these issues forwards.

**18/7/20** Board NOTED the updates.

### **Strategy and Transformation Update**

**18/7/21** The Board considered a report of the Director of Strategy and Transformation that set out exceptions against delivery of enabling strategy milestones in Quarter 1. Milestones were currently on track and deep dives into each strategy had commenced at board committees.

**18/7/22** In response to a question from Kath Smart, the Board was advised that further work was being done to develop strategic key performance indicators (KPIs) to measure progress against delivery of the milestones.

**18/7/23** The Director of Strategy and Transformation then gave a presentation on the Trust's work with the NHSI programme, *Vital Signs – an improvement practice for the NHS*, which had started in advance of the planned start date of July 2018.

**18/7/24** The NHSI programme was developing an improvement practice based on lean principles. It complemented the Trust's Qii work that sought to make improvement part of everyday practice.

**18/7/25** The NHSI team facilitated a "visioning" session with the Executive team in June 2018 in order to: define the aim, scope, boundaries and targets for the programme; start the personal training of the executive team; and help the Executive Team start to understand their governance responsibilities and the different styles of leadership required to deliver a successful lean principles based transformation.

**18/7/26** A product of this session was a purpose pyramid that identified the vision, mission and goals of the improvement work ensuring it was aligned to the DBTH Strategic Direction and tied down to one year and five-year goals. In the short to medium term, the Trust expected to deliver benefits in quality of care, staff engagement, finance and delivery. In five years' time, the Trust had the aspiration to be the safest trust in England, outstanding in all it did.

**18/7/27** Further to a question from Pat Drake it was agreed that further work would be required to scope how the programme would contribute to solving problems. A workshop style forum may be the most appropriate method through which to highlight the programme's value. Linn Phipps emphasised the importance of staff and patient engagement in the programme while Kath Smart praised the strapline developed during the Executive Team visioning session.

**KB**

**18/7/28** The Strategy and Transformation Update was NOTED.

**Finance Report – June 2018**

**18/7/29** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 3, which was a deficit of £1.5m, favourable against plan in month by £445k. The cumulative position to the end of month 3 was a £6.2m deficit, which was £30k favourable to budget.

**18/7/30** The position was achieved after the release of non-recurrent monies of £1.4m in month following the review of prior year accruals being held. This mainly related to accruals for agency doctors (through Holt) which were no longer required following review.

**18/7/31** Key risks against delivery of the financial plan were set out in the report. It was noted that the Trust needed to achieve a £6.6m deficit to deliver the year end control total, and therefore needed to achieve a break even or better position for the rest of the year.

**18/7/32** Board were also asked to approve the reference costing process ahead of the collection to enable the Director of Finance, on behalf of the Board, to approve the final national costs collection return before the final submission date.

**18/7/33** In response to a question from Linn Phipps over whether the CIP gap was being closed quickly enough, the Board was advised that there was still much work to do on maximising the benefits of the Getting It Right First Time (GIRFT) and Model Hospital processes. The Trust was already facilitating this through the appointment of a lead clinician for GIRFT.

**18/7/34** The Board:

- (1) NOTED the Trust's deficit for month 3 (June 2018) was £1.5m, which was a favourable variance against plan in month of £445k. The cumulative position to the end of month 3 was a £6.2m deficit, which was £30k favourable to budget.
- (2) NOTED that a release of prior year accruals of £1.4m had been required in month to ensure delivery of the Q1 control total.
- (3) NOTED the progress in closing the gap on the Cost Improvement Programme.
- (4) NOTED the risks set out in the paper.
- (5) APPROVED the costing process ahead of the collection to enable the Finance Director, on behalf of the board, to approve the final national costs collection return before the final submission date.

**18/7/35** *The meeting adjourned at 10.25am and reconvened at 10.35am.*

**Performance Report as at 30 June 2018**

**18/7/36** 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 3, 2017/18.

**18/7/37** Performance against key metrics included:

- Four hour access - In June, the Trust achieved 95.35% (including alternative pathways) against the target of 95%.
- RTT – In June, the Trust performed below the standard of 92%, achieving 89.6%. However, this was almost in line with the funded contractual performance of 90%.
- Cancer targets – 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 88.7.
- C.Diff – Three cases were recorded in month.
- Nursing Workforce - The Trust's overall planned hours versus actual hours worked in June was 100%.
- Appraisal rate – The Trust's appraisal completion rate saw an increase to 75.64%.
- SET training – There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of May the rate was 80.82%.
- Sickness Absence – The Trust's sickness absence rate had decreased to 3.91%.

**18/7/38** The month had seen a significant increase in the number of people attending Accident and Emergency and the Trust was working with local businesses to try and understand why that was the case. This additional work had been anticipated by the Trust but not by the CCG. The Trust had again asked the question of the centre as to whether alternative pathways could be counted within monthly reported figures.

**18/7/39** In response to a question from Pat Drake, the Board was advised that the

Trust was currently contracted to deliver 89% for Referral to Treatment and that delivering 92% would require work for which the Trust was not paid.

**18/7/40** Further to a question from the Chair, the Board was advised that 20% of the prison population in Doncaster and Bassetlaw were on the Trust's patient treatment list. The Chair requested additional information in terms of the age range of these patients.

**DP**

**18/7/41** In response to a question from Pat Drake, the Board was advised of a trend upwards in respect of Hyper Acute Pressure Ulcers with five in June as opposed to two in May. Such cases were immediately reported as a serious incident and best practice was followed. It was agreed to give some consideration to showing those cases which had been deescalated.

**18/7/42** Further to a question from Kath Smart, the Board was advised that further work was being undertaken to smooth out stroke pathways. Finally, the Board were advised that Statutory and Essential Training was known as Mandatory and Statutory Training in the rest of the South Yorkshire and Bassetlaw area and this may necessitate a further look at how this was branded at the Trust.

**18/7/43** The Board NOTED the Performance Report.

#### **Q1 Estates & Facilities Performance Report**

**18/7/44** The Board considered a report of the Director of Estates and Facilities that provided Board with the first quarterly review of performance of estates for 2018/19. The report also included the results of the annual Patient Led Assessment of the Care Environment (PLACE), ahead of benchmarked data due in August/September.

**18/7/45** Highlights from the report included:

- Appraisal remained Green and increased to 94%
- Sickness reduced by 1.1%
- PLACE scores increased by between 6.4% - 10.3%
- The Trust's PLACE cleaning score was 99.99%

**18/7/46** Areas for improvement were also highlighted. In response to a question from Alan Chan, the Board was advised that cleanliness was independently checked via the PLACE survey.

**18/7/47** The Board NOTED the report.

#### **CQC Inspection Outcome**

**18/7/48** The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals that formally presented the outcomes of the recent inspection of the Trust from the Care Quality Commission (CQC).

**18/7/49** The Core Services that were inspected at Doncaster Royal Infirmary (DRI) and Bassetlaw District Hospital (BDGH) and their rating outcomes were:

- Urgent and Emergency Care – Requires Improvement at DRI and BDGH
- Medical Care – Good at DRI and BDGH
- Maternity – Requires Improvement at DRI and Good at BDGH
- Children and Young People – Good at DRI and BDGH

**18/7/50** The Well Led inspection in January was rated as Good. The effect of these rating outcomes improved Maternity at BDGH and the overall rating for the Responsiveness domain. The Trust and Hospital overall rating had not changed, so remained at Requires Improvement.

**18/7/51** The Trust was completing the required action plan following the CQC recommendations and developing a plan to improve each core service with an aspiration of achieving Outstanding. Further to questions from the Chair, Board was advised that their aspiration was to achieve ‘Good’ by 2019 and ‘Outstanding’ by 2020. An action plan would be brought to Quality and Effectiveness Committee (QEC) in August.

**18/7/52** The Board NOTED the content of the report and:

- (1) The development of improvement plans in addition to the action planning against the recommendations.
- (2) Monitoring of CQC compliance through QEC.

#### **Board Assurance Framework & Corporate Risk Register**

**18/7/53** The Board considered a report of the Trust Board Secretary which presented the Board Assurance Framework and Corporate Risk Register for Quarter 1.

**18/7/54** In summary:

- One risk had been removed from the Board Assurance Framework.
- Two risks had been added to the Corporate Risk Register and five to the Board Assurance Framework.
- Five risks had seen their ratings change.

**18/7/55** The Board NOTED the Corporate Risk Register and Board Assurance Framework for Q1 2018/19.

#### **Update on Agenda for Change pay deal**

**18/7/56** The Board considered a report of the Director of People and Organisational Development regarding the three year pay deal for staff employed on Agenda for Change.

- 18/7/57** Board was advised that the deal ended the 1% pay restraint and would result in pay of 6.5% over 3 years for those at the top of their scale (not 8d/9). Existing pay-scales would be shortened and there would be a removal of overlap between bands as well as increases in starting salaries. Minimum pay in the NHS would be £17,460.
- 18/7/58** The changes would also mean that Band 1 would be closed to new starters from 1 December 2018. There was a process to include upskilling Band 1 jobs to Band 2 roles during the three years of the pay deal. Additional provisions would allow for enhanced shared parental leave, child bereavement leave and a national framework on buying and selling leave.
- 18/7/59** Changes from April 2019 would also see an end to automatic pay progression. Instead, it would be dependent on a completed individual appraisal process that was in line with the organisation's standards, no live formal disciplinary action being on the staff members' record, all statutory and/or mandatory training being fully complete and any local standards, as agreed through partnership working, being met. For line managers only, all appraisals for their staff must be complete.
- 18/7/60** Board was advised that the changes meant a significant funding gap for the Trust. The Trust was also assessing the impact on staff who worked for companies contracted by the NHS. It was understood that the Department of Health would fund such increases where staff were subject to "dynamic use" of NHS Agenda for Change.
- 18/7/61** The Board NOTED the update.

#### **Recruitment and Retention – development of a workforce strategy**

- 18/7/62** The Board considered a report of the Director of People and Organisational Development which provided the current position on key vacancies.
- 18/7/63** There was an overall vacancy rate of 7% across the Trust with nursing and midwifery at 4.9%, allied health professions/scientific & professions at 3.9% and medical staff at 16%. Sixty-six newly qualified nurses and midwives were due to join the Trust in September which would reduce the nursing vacancy rate to below 2%.
- 18/7/64** There was a brief discussion on values based recruitment which had been employed for the recent recruitment of the Deputy Chief Operating Officer and Deputy Director of Nursing. A future workshop was proposed on values based recruitment to understand it in more detail.
- 18/7/65** Further to a question from the Chair, the Board recognised the challenges in respect of retaining staff in professions such as coding which provided the Trust with a route to ensuring it was properly paid for the work it carried out.

**KB**

**18/7/66** The Board:

- (1) CONFIRMED that the Board was assured by the work being undertaken by the Trust to reduce vacancy levels, reduce agency expenditure and improve turnover and retention rates.
- (2) AUTHORISED the Workforce and Education Committee, reporting through to the Finance and Performance Committee, to monitor progress to reduce vacancies and temporary staffing expenditure and through to QEC for work around improving retention rates and developing a longer term workforce strategy.

#### **Board Development Programme**

**18/7/67** The Board considered a report of the Director of People and Organisational Development that presented an update on the schedule for the Board Development programme.

**18/7/68** The Board NOTED the update.

#### **Reports for Information**

**18/7/69** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Audit and Non-clinical Risk Committee Annual Report
- Minutes of Finance and Performance Committee, 21 June 2018
- Minutes of Management Board, 11 June 2018
- Board of Directors Agenda Calendar

**18/7/70** Further to a question from Linn Phipps on whether the new Secretary of State had signalled any changes in direction, the Board was advised that the Trust had written to Rt. Hon. Matt Hancock MP to congratulate him on his appointment. It was understood that he remained interested in IT and digital but that this may change as a harsh Winter was expected with increased demand on the NHS as a sector. There was then a brief discussion around Brexit and the implications for medicines supply and overseas nurses. It was agreed that the direct impact of Brexit be assessed as a risk.

**MK**

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

**18/7/71** None.

## **Minutes**

**18/7/72** The minutes of the meeting of the Board of Directors on 26 June 2018 were APPROVED as a correct record.

### **Any other business**

**18/7/73** The Chair took the opportunity to promote the Trust's new publication, *Good Health*, which was priced at £6.99 if bought at the Trust.

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

**18/7/74** Referencing the arrangements for the Annual Members Meeting, George Webb asked whether that meeting would be ratifying changes to governor terms of office. In response, Board was advised that the Board Secretary had assessed whether the rule change should be a matter for the AMM. As the matter of terms and tenure was not a matter relating to the powers, duties or role of governors the issue of governor terms was not a matter for the AMM.

**18/7/75** George Webb also reminded the Board of the need to keep governors abreast of developments, in view of the recent issues with the lifts at Doncaster Royal Infirmary.

**18/7/76** A question from Mark Bright relating to a change in expenditure on page 129 of the board pack was clarified as relating to agency pay. In response to a supplementary question from Mark Bright, the Board advised that performance graphs would be changing shortly to reflect the changes in divisional structures.

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

**18/7/77** 10.00am on Tuesday 21 August 2018 in the Boardroom, Montagu Hospital.

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

**18/7/78** 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**