

Doncaster & Bassetlaw Teaching Hospitals
NHS Foundation Trust

Board of Directors Minutes
July – September 2018

Minutes of the meeting of the Board of Directors
Held on Monday 31 July 2018
In the Boardroom, Doncaster Royal Infirmary

Present:	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
	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
	Kath Smart	Non-executive Director
In attendance:	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

Minutes of the meeting of the Board of Directors
Held on Tuesday 21 August 2018
In the Boardroom, Doncaster Royal Infirmary

Present:	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
	Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	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
	Kath Smart	Non-executive Director
	Sewa Singh	Medical Director
In attendance:	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
	Clive Tattley	Governor
	Mark Bright	Governor
	Emma Challans	Deputy Chief Operating Officer (part)

ACTION

Welcome and apologies for absence

- 18/8/1** The Chair welcomed Sheena McDonnell, Non-executive Director, to her first Board meeting.

Declarations of Interest

- 18/8/2** No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

- 18/8/3** The list of actions from previous meetings was noted and updated:

18/01/13 – The Board was advised that details of phase two Teaching Hospital would be contained within the Research and Development Strategy. This action would be closed.

18/7/70 – Following the previous meeting, the Chief Pharmacist had confirmed the Trust was taking all appropriate actions to reduce the impact of Brexit on medicines distribution. External guidance was also expected.

Presentation slot – Missed appointments

- 18/8/4** The Board considered a presentation from Emma Challans, Deputy Chief Operating Officer, on what the Trust was doing to reduce the number of missed appointments. This followed a similar presentation to Board, given in November 2017.
- 18/8/5** The review had resulted in four recommendations:
- Enhance communications between providers and patients
 - Improve the quality of information provided to patients when attending the hospital
 - Improve patient experience and enhance use of digital communication aids
 - Increase and improve knowledge to further strengthen patient understanding of services and meeting expectations.
- 18/8/6** Actions against each of the recommendations were set out and they were all on track.
- 18/8/7** Further to a question from Pat Drake, the Board was advised that the cost of missed appointments were now being emphasised through social media. There was also the opportunity to make better use of patient stories. Plans for a text reminder service were on track which would potentially free up some capacity within Switchboard.
- 18/8/8** It was important at the same time to acknowledge that reminders were a mixed economy and that a lot of people still did not use mobile phones. It was suggested that a small card, similar to that used at dentist's surgeries, could be developed in tandem to the text service.
- 18/8/9** In response to a question from Sheena McDonnell, the Board were advised that availability of patient mobile numbers was a risk and the Trust was taking learning from other areas. At present time, it was important to establish a baseline to which further information could be added. Linn Phipps asked what measures the Trust has or could have of patient experience of DNAs, and of patient outcomes arising from DNAs. The Deputy Chief Operating Officer undertook to find out.
- 18/8/10** The Chair emphasised the Trust's approach towards inclusivity that included a lot of work around governors. It was key that the missed appointments work was fed back to governors. The Board was advised that a similar presentation was planned for Council of Governors in October.
- 18/8/11** The Board NOTED the update.

Hospital Sterilisation and Decontamination Unit (HSDU)

- 18/8/12** The Board considered a report of the Director of Estates and Facilities which sought approval for the Trust to enter into a 15-year contract with STERIS IMS for the decontamination of surgical instruments and associated products.
- 18/8/13** The Board were advised that, in late 2015, a high-level internal review made the case for the market testing of the Trust's run Hospital Disinfection and Sterilisation Unit (HSDU). In May 2017, the Trust issued an Official Journal of the European Union (OJEU) advertisement for the provision of decontamination services. Following a lengthy and detailed evaluation, STERIS Instrument Management Services (STERIS IMS) were selected as the preferred bidder.
- 18/8/14** The bid represented a total net present value (NPV) service cost for the 15 year contract of £34.1m, with a NPV benefit to the Trust of £4.8m over the life of the contract when compared to the Public Sector Comparator (PSC).
- 18/8/15** Board were advised that although the contract gave rise to a direct cost pressure of £912k over the life of the contract or £61k per annum, there was the opportunity to mitigate this with savings generated from variant bids for Pre-Sterile Consumables and Loan Kits. Savings initiatives had been identified and risk assessed at 50%, totalling £823k over the life of the contract, which would therefore reduce the cost pressure to £90k over the life of the contract, or £6k per annum. By outsourcing the service the Trust would transfer all risks associated with the decontamination of surgical instruments, and release valuable space within a clinical area adjacent to theatres.
- 18/8/16** The report had been considered by the Finance and Performance Committee the previous day and the Chair drew out the following points:
- The proposal was a quality rather than finance focussed proposal.
 - Board noted that if the Trust were attempt to run the service in-house then it would need to invest approximately £4.8m. Whilst this proposal resulted in a small cost pressure (at least initially), it negated large capital investment through cost avoidance.
 - There had been very good engagement from executives on a range of points. It was clear the Trust had learned lessons from previous contract management work but there was still a need to monitor the transition.
 - The proposal aligned with the Integrated Care System and presented a fair deal for staff.
 - The proposal, if approved, would also unlock a significant portion of estate that could be used to support transformational projects as outlined in the Trust's clinical site development strategy.

- 18/8/17** The Board supported the proposal, although further to a point from Alan Chan felt that a middle ground between submitting the full business case and a two-page cover paper would be beneficial for such decisions in future. Linn Phipps, in particular, emphasised the need for an examination of risks. Board was advised that the full business case had been made available to Board members.
- 18/8/18** Further to a question from Sheena McDonnell, Board was advised of the arrangements for major incidents. In this situation, instruments would be 'fast-tracked' and supplied within four hours for no extra charge.
- 18/8/19** Board was also advised of the approach to staff engagement in relation to the contract. Board were assured that the approach was different to a previous contracts it had let as STERIS had offered staff transport to the new premises and other benefits and incentives were outlined.
- 18/8/20** The Board APPROVED the award of the 15-year contract to STERIS IMS for the decontamination of surgical instruments and associated products.

Completion of Contract Documents for Electrical Infrastructure Phase 2 - DRI

- 18/8/21** The Board considered a report of the Trust Board Secretary that sought permission for the signing under deed of the Stage 3 and Stage 4 NEC3 contracts for phase 2 of the electrical infrastructure bid.
- 18/8/22** Board was advised that the works were part of the Trust upgrade of its critical electrical infrastructure which was essential in order to increase the supply to the site which was currently at full capacity and continuation of the replacement of High and Low Voltage site infrastructure. The works were commensurate with the programme for the eradication of backlog maintenance and addressed an element of significant risk. The increase in supply was needed to ensure that the site had spare electrical capacity.
- 18/8/23** Board endorsed the contract for Electrical Infrastructure Phase 2 with IHP and DELEGATED power to the Chief Executive to sign on behalf of the Trust.

RP

Appointment of Non-executive Director for Speaking Up

- 18/8/24** The Board considered a report of the Director of People and Organisational Development and Trust Board Secretary that sought the appointment of Pat Drake as non-executive lead for speaking up.
- 18/8/25** Board was advised that national guidance for boards on Freedom to Speak Up in NHS foundation trusts, and the Trust's own Raising Concerns Policy – We Care, We Listen, We Act, required DBTH to have executive and non-executive lead directors for 'speaking up' (known in the Policy as 'raising concerns' or 'whistleblowing').

18/8/26 Following recent changes on the Board, it was proposed that Pat Drake be appointed to the non-executive position.

18/8/27 There was a brief discussion about the need for an anonymous DBTH email address through which whistle-blowers could report issues. Likewise, the NED proposed for the role was happy for Communications and Engagement to promote her own DBTH email address in correspondence with staff.

KB

18/8/28 Board APPROVED that Pat Drake be appointed non-executive lead for speaking up with immediate effect.

Use of Trust Seal

18/8/29 Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
96	Lease of substation accommodation and easements at Doncaster Royal Infirmary for Northern Powergrid (Yorkshire) Plc	Richard Parker Chief Executive	8 August 2018
		Alex Crickmar Deputy Director of Finance	
97	Deed of variation of the contract for the provision of sexual health services with Nottinghamshire County Council	Richard Parker Chief Executive	8 August 2018
		Alex Crickmar Deputy Director of Finance	
98	Transfer of registered title – former nurses home, Mexborough for CW	Richard Parker Chief Executive	8 August 2018
		Alex Crickmar Deputy Director of Finance	

Chairs Assurance Logs for Board Committees held 20 August 2018

18/8/30 The Board considered a report of the chairs of Finance and Performance Committee and Quality and Effectiveness Committee following their meetings on 20 August 2018.

18/8/31 The Finance and Performance Committee reported a better month financially although effectiveness and efficiency plans of £2.2m were still required. Reporting periods for finance and workforce issues would be married up in future and a discussion was held on developing a performance report that better suited the needs of the Committee and other stakeholders. The Director of Finance provided additional detail on the Performance Report that he would be pulling together in conjunction with executive colleagues.

The meeting adjourned at 11.30am and reconvened at 11.40am.

- 18/8/32** The Quality and Effectiveness Committee had considered a number of items including the quarter end learning from deaths report, the inpatient survey as well as the usual clinical governance update.
- 18/8/33** In response to a question from Kath Smart about how the Board stayed close to CQC, the Board was advised that action plans were in place that were being considered by the Clinical Governance Committee who were reporting through to Quality and Effectiveness Committee.
- 18/8/34** The Board was advised of work that the Executive Team was carrying out on improving its approach to closing down actions. Ultimately the action plans arising from the inspection were the minimum the Trust had to do. It was working up a further action plan to take it to 'outstanding' within two years. The non-executive directors requested sight of the various action plans.
- 18/8/35** Board NOTED the updates.

Finance Report – July 2018

- 18/8/36** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 4, which was a deficit of £1.24m, an adverse variance against plan in month of £94k.
- 18/8/37** The cumulative position to the end of month 4 was a £7.4m deficit, which was £64k adverse to plan. However the Trust needed to achieve a £6.6m deficit to deliver the year-end control total, and therefore needed to achieve a better than break-even position for the rest of the year.
- 18/8/38** Effectiveness and efficiency plans were behind by £135k in month due to a variety of operational pressures. There was still an unidentified effectiveness and efficiency total of over £2m. Cash was at a comfortable level (£14.8m) following receipt of Public Sustainability Funding (PSF).
- 18/8/39** Board were alerted to risks against the financial plan, not least the surge in attendances at Accident and Emergency threatened to compromise the Trust's four hour target and, in turn, future PSF monies. This position had gotten more difficult due to NHS England's decision not to allow trusts to count alternative pathways.
- 18/8/40** Further to a question from the Chair, the Board were advised of the current position with regard to the contract position and discussions with the clinical commissioning group over additional resources to match the demand seen and which the Trust had predicted at the commencement of the year.

18/8/41 Further to a question from Linn Phipps, the Board were advised that in order to be ready for Winter, the Trust needed to be clear on what would be paid for by October 2018. The Board noted the possibility of monies from the centre for Winter but this was as yet uncertain.

18/8/42 In addition to the usual finance report, the Board was asked to approve adjustments to the capital plan. The Trust had been advised that the £3m queried by NHS Improvement could now be used for capital development. The monies required for lift refurbishment, amounting to some £210k, were included in the revised plan along with other changes affecting estates, IT and medical equipment.

18/8/43 The Board:

(1) NOTED the Trust's deficit for month 4 (July 2018) was £1.2m, which was an adverse variance against plan in month of £94k. The cumulative position to the end of month 4 was a £7.4m deficit, which was £64k adverse to plan.

(2) NOTED the progress in closing the gap on the Cost Improvement Programme.

(3) NOTED the risks set out in this paper.

(4) APPROVED the changes to the capital programme.

Performance Report as at 31 July 2018

18/8/44 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 4, 2017/18.

18/8/45 Performance against key metrics included:

- 4 hour access - In July, the Trust achieved 92.1% against the target of 95% - another positive achievement given an increase in monthly attendance of over 1,200 patients.
- RTT – In July the Trust performed better than the contract target, reaching 89.6 – the same as June.
- Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86.4%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 88.7.

- C.Diff – One case was recorded in month and below (better than) year trajectory.
- Nursing workforce - The Trust's overall planned hours versus actual hours worked in July was 99%.
- Appraisal rate – The Trust's appraisal completion rate saw an increase to 78.85%.
- SET training – Once again, there had been an increase in compliance with Statutory and Essential Training (SET) and at the end of July the rate was 81.43%.
- Sickness absence – Year-to-date figure at 4.1%.

18/8/46 The month had seen a further (8%) increase in the number of people attending Accident and Emergency and the Trust was working with local businesses to understand why that was the case.

18/8/47 In response to a question from Linn Phipps, the Board was advised on some of the issues causing delays for two week waits. The Chief Operating Officer was scheduled to bring a deep dive on the issue to a future Finance and Performance Committee.

18/8/48 The Board NOTED the Performance Report.

Reports for Information

18/8/49 The following items were NOTED:

- Guardian for Safe Working Quarterly Report
- Chair and NEDS' report
- Chief Executive's report
- Minutes of Finance and Performance Committee, 23 July 2018
- Minutes of Quality and Effectiveness Committee, 21 June 2018
- Minutes of Management Board, 16 July 2018
- Board of Directors Agenda Calendar

18/8/50 In respect of the report from the Guardian for Safe Working, some issues with regards to not taking breaks had been uncovered and an action plan was in place to address it.

- 18/8/51** The Board was advised of the Trust's achievement in relation to the latest PLACE assessment with Doncaster and Bassetlaw scoring better than the national average across all of the domains, including in catering.

Items escalated from Sub-Committees

- 18/8/52** None.

Minutes

- 18/8/53** The minutes of the meeting of the Board of Directors on 31 July 2018 were APPROVED as a correct record.

Any other business

- 18/8/54** There were no items of other business raised.

Governors questions regarding business of the meeting

- 18/8/55** Further to a question from Clive Tattley, the Board was advised of the measures the Trust was taking to improve the reputation of the appointments system.

- 18/8/56** Mark Bright asked whether the Trust's new sterlisation provider had contamination units on its own site and whether Sheffield Teaching Hospitals (STH) would be prepared to mentor the Trust in the set up. The Chief Executive gave an account of his experience in managing the sterlisation contract at STH and confirmed the presence of sterlisation facilities at STERIS. The Board were advised that the Trust had learned from previous outsourcing exercises and were now actively managing their contracts and managing performance.

- 18/8/57** In response to a further question from Mark Bright about staffing impact, the Board was advised of the benefits to staff.

Date and time of next meeting

- 18/8/58** 10.00am on Tuesday 25 September 2018 in the Boardroom, Montagu Hospital.

Exclusion of Press and Public

- 18/8/59** 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 25 September 2018
In the Boardroom, Doncaster Royal Infirmary

Present:	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
	Moirra Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Kath Smart	Non-executive Director
In attendance:	Dr Tim Noble	Deputy Medical Director (for Sewa Singh)
	Adam Tingle	Acting Head of Communications and Engagement
	Matthew Kane	Trust Board Secretary
	George Webb	Governor
	Peter Abell	Governor
	Mike Addenbrooke	Governor
	Lynne Logan	Governor
	David Cuckson	Governor
	Cindy Storer	Deputy Director of Quality and Governance (part)
	Vicky Barradell	Consultant Geriatrician and Trust Falls Lead (part)
	Michelle Thorpe	Matron (part)
	Esther Lockwood	Advanced Nurse Practitioner, Care of the Elderly (part)
	Beth Cotton	Advanced Nurse Practitioner, Care of the Elderly (part)
	Jane Curtis & Darcie the Cat	Pets as Therapy (part)

ACTION

Welcome and apologies for absence

- 18/9/1** Apologies for absence were presented on behalf of Neil Rhodes and Sewa Singh. Marie Purdue, Director of Strategy and Transformation, had also given apologies due to being on other Trust business.

Declarations of Interest

- 18/9/2** No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

- 18/9/3** The list of actions from previous meetings was noted and updated:

18/08/27 – The Freedom to Speak Up email address was in place and had been publicised.

The board development work with Karl George, of The Governance Forum, was to be considered at a future Board meeting.

KB/MK

Presentation slot – Person Centred Care

- 18/9/4** The Board considered a presentation from Cindy Storer, Deputy Director of Quality and Governance, and colleagues on the work the Trust was doing around person centred care.
- 18/9/5** The presentation focussed around the issue that hospitals focussed on treating a person's medical condition rather than seeing them in a holistic way. Patient centred care attempted to tackle this and generally led to better patient outcomes.
- 18/9/6** Person centred care comprised a range of different initiatives including My name is ..., PJ Paralysis, Achieving Reliable Care and John's Campaign. The team had also recognised that hospital was a difficult environment and patients needed stimulation to reduce delirium, loss of cognitive ability and likelihood of depression. The use of home comforts such as social dining and pets as therapy helped.
- 18/9/7** Next steps included the following:
- Expert care of complexity
 - Recognition of frailty
 - Change of culture and expectations
 - Collaboration across health and social care
 - Promoting skills in early discharge planning
 - Enhanced Care implementation
 - Making mealtimes matter
 - Review of visiting times
 - Advance Care Planning
 - Patient Centred Care days
- 18/9/8** In response to a question regarding the hygiene implications of having a cat on a ward, Board was assured that Darcie only appeared on some wards such as Care of the Elderly and then only stayed for an hour at a time. Patients had an opportunity to make it clear if they had pet related allergies.
- 18/9/9** In response to a question from Pat Drake, the Board were advised that the Team did see some older people with learning disabilities although the numbers were not significant. In response to a question from Linn Phipps, Board were advised that outcomes were measured through decreases in falls, waits and costs. Further work would take place on more person centred outcomes.

- 18/9/10** The Chief Executive commended the work and cited the establishment of the Falls Team as an example of how the Trust prioritised person centred care. This had been possible through the use of Fred and Ann Green Legacy funding and had contributed to a number of benefits.
- 18/9/11** The Chair referred to a recent meeting she had held with the Chair of DN Colleges which had highlighted some areas of joint working around the Hospital Radio which could be expanded to include interviews with some of the patients. The Deputy Director of Quality and Governance would make contact with the College through the Trust's partner governor.
- 18/9/12** The Board NOTED the update.

Research and Development Strategy

- 18/9/13** The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals that sought approval of the revised Research and Development Strategy for the Trust.
- 18/9/14** In response to a question from the Director of Finance, Board was advised that an income target would be set out in the action plan. Furthermore, the Board were advised that there was the potential for Research and Development to do more work with a neighbouring trust around establishing a joint facility that would also fit with the Council's aim of making Doncaster a university town.
- 18/9/15** In response to a question from Kath Smart around the Trust's development of an electronic patient record (EPR) system, the Board was advised that capital remained a challenge in view of the Trust's other challenges such as backlog maintenance. One option for progressing the EPR would be through charitable funds. Funding required would be likely to be around £1.5m but the benefits would be substantial in terms of escalation, handling sepsis and electronic notes.
- 18/9/16** The Board APPROVED the Research and Development Strategy.

Annual Statement of Compliance against the NHS Core Standards for Emergency Preparedness, Resilience and Response (2018-19)

- 18/9/17** The Board considered a report of the Accountable Emergency Officer that provided assurance in respect of the Trust's performance against the NHS Core Standards for Emergency Preparedness, Resilience and Response.
- 18/9/18** The Trust was a Category One Responder under the Civil Contingencies Act 2004 (CCA), which meant it has a key role in preparing for and responding to a range of emergency situations and significant service disruptions. Each year the Accountable Emergency Officer was required to declare, on behalf of the Trust, the overall level of compliance against NHS England's Evaluation and Testing Conclusion.

18/9/19 For 2018-19, the Trust declared substantial compliance against the Core Standards, being fully compliant in 59 of the 64 standards and partially compliant in the other four.

18/9/20 The Board:

- (1) NOTED the self-assessment process undertaken for 2018-19.
- (2) APPROVED the statement of compliance at Appendix A of the report for submission to NHS England (Yorkshire and the Humber).
- (3) APPROVED the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).

Freedom to Speak Up Self-assessment and Action Plan

18/9/21 The Board considered a report of the Director of People and Organisational Development that sought approval of the Trust's self-assessment against the Freedom to Speak Up Guardian process.

18/9/22 The report reported the Trust's current level of compliance against the Freedom to Speak Up requirements and identified several actions:

- The development of a refreshed strategy for Freedom to Speak Up to include the introduction of divisional FTSU champions to support the Guardians
- The extension of Freedom to Speak Up to the role of the Trust's Diversity & Inclusion group to ensure that any barriers were removed for those in more vulnerable groups
- A refreshed communications plan to ensure staff were familiar with how to raise concerns on an ongoing basis
- Refresh of the leadership development programme to ensure that all managers and leaders across the Trust were aware

18/9/23 Noting the requirement to develop a Freedom to Speak Up Guardian Strategy, the Board felt that this would be best developed through a Board workshop.

KB/MK

18/9/24 Commenting on the self-assessment, Linn Phipps felt more information around the benefits to patient care needed to be included. Capacity and resource was also discussed.

18/9/25 In response to a question from Sheena McDonnell around how assured the Board were that the actions identified would be delivered, the Board were advised that there was an ongoing plan to deliver actions. Likewise, Kath Smart emphasised the need to evidence and evaluate positive work.

- 18/9/26** In response to questions from the Chair, the Board was advised that requests for anonymity made it more difficult to feedback on cases so was not directly encouraged.
- 18/9/27** Although the Trust had also used governors as Freedom to Speak Up Guardians, they would not be involved in investigating cases and for the most part acted as ambassadors for the role.
- 18/9/28** Board ENDORSED the self-assessment and action plan.

Winter Planning

- 18/9/29** The Board considered a report of the Deputy Chief Executive and Chief Operating Officer which identified the key areas which needed to be put in place to improve patient outcomes and experience during Winter.
- 18/9/30** Despite much public and media attention on last year, Winter 2017 was in fact the best performing winter for the Trust in four years mainly due to issues around patient flow and the absence of Norovirus. Bed provisions for this year were outlined to the Board along with details of the electronic bed management system being put in place.
- 18/9/31** An update was given on the proposals to improve stranded and super stranded patients in order to improve bed provision over Winter. The Trust was currently the fifth best performing trust in the country in this particular area of work.
- 18/9/32** Workforce remained an issue although the improved support from Rapid Response would be provided from Notts Healthcare. New requirements meant 100% of frontline staff would be required to be vaccinated against the flu and would be required to account for not having it if they refused.
- 18/9/33** In response to a question from the Chair around staffing, the Board were advised that in the first instance the Trust could pull on staff from Outpatients, Education and Theatres prior to use of bank and agency.
- 18/9/34** Issues continued in relation to appropriate financial support. It was anticipated that there may be funding for Winter pressures but this would most likely have targets attached. Last year the Trust secured £1.4m through achieving four hour target.
- 18/9/35** Linn Phipps was keen to ensure the Trust captured its learning from the previous Winter and what the key success measures would be for this Winter including whether or not staff and patient experience was captured.
- 18/9/36** Board was reminded that the vaccination campaign would commence in the following week with key messages being put out through staff communication channels.

- 18/9/37** The Board was ASSURED by the actions identified to improve patient outcomes and NOTED the report.

Chairs Assurance Logs for Board Committees held 20 September 2018

- 18/9/38** The Board considered a report of the chairs of Finance and Performance Committee and Audit and Non-Clinical Risk Committee following their meetings on 22 September 2018. In Neil Rhodes' absence, Pat Drake presented the report from Finance and Performance Committee.
- 18/9/39** The Finance and Performance Committee had considered medical agency and current financial challenges. Audit and Non-clinical Risk Committee explored recent internal audits including one concerning current Grip and Control processes, progress against the recommendation tracker and health and safety assurance.
- 18/9/40** In response to a question from the Chair, Kath Smart and Sheena McDonnell gave assurance that recommendation owners were owning audit actions and setting more measurable targets although there remained challenges around obtaining evidence of completion.
- 18/9/41** Board NOTED the updates.

Finance Report – August 2018

- 18/9/42** The Board considered a report of the Director of Finance that set out the Trust's financial position at month 5, which was a £3.4m deficit, an adverse variance against plan in month of £1,008k.
- 18/9/43** The cumulative position to the end of month 5 is a £10.9m deficit, which was £1.1m adverse to plan. However the Trust needed to achieve a £6.6m deficit to deliver the year-end control total, and therefore needed to essentially achieve a better than break-even position for the rest of the year.
- 18/9/44** The Board was advised that August was traditionally a challenging month with this year also having pay implications with the full extent of the pay award being implemented. Agency spend dipped by £30k but still posed a number of challenges.
- 18/9/45** Cost improvement was £418k behind in the month, there was still an unidentified gap of £2m and delivery of some of the Trust's big schemes were not within the Trust's control. Cash finished at £1.4m.
- 18/9/46** In response to a question from Linn Phipps, the Director of Finance reported that achievement of the control total would be a significant challenge although there were issues that could turn that round in a positive way.

18/9/47 Following the resignation of the Director of Efficiency, the Board were apprised as to the monthly cost improvement programme process. There was also an open discussion about medical grip and control and some of the reasons for the recent underperformance which was to do with the transition to four care groups.

18/9/48 The Board NOTED:

- (1) The Trust's deficit for month 5 (August 2018) was £3.4m, which was an adverse variance against plan in month of £1,008k. The cumulative position to the end of month 5 was a £10.9m deficit, which was £1.1m adverse to plan.
- (2) The progress in closing the gap on the Cost Improvement Programme.
- (3) The risks set out in the paper.

Performance Report as at 30 August 2018

18/9/49 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 5, 2017/18.

18/9/50 Performance against key metrics included:

- Four hour access – the Trust achieved 92.6% against the national standard of 95%
- RTT – The Trust performed slightly below contract target, reaching 88.5%
- Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 90.5.
- C.Diff – One case was recorded in month and below (better than) year trajectory
- Nursing workforce - The Trust's overall planned hours versus actual hours worked was 98%
- Appraisal rate – The Trust's appraisal completion rate remained static at 78.85%

- SET training – Once again, there was an increase in compliance with Statutory and Essential Training (SET) and at the end of August the rate was 82.49%.
- Sickness absence – Year-to-date figure at 4.1%

18/9/51 The month had seen an increase in the number of cancelled operations, mainly due to scheduling and sickness. It was agreed to deep dive this area at a future Quality and Effectiveness Committee. **MK**

18/9/52 There was an explanation given around a debate on the counting of emergency pathways with further guidance awaited from NHS England. Further to a question from Sheena McDonnell, an explanation was given around the dip in Friends and Family response rates.

18/9/53 The Board NOTED the Performance Report.

Reports for Information

18/9/54 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Finance and Performance Committee, 20 August 2018
- Minutes of Management Board, 13 August 2018
- Board of Directors Agenda Calendar

Items escalated from Sub-Committees

18/9/55 None.

Minutes

18/9/56 The minutes of the meeting of the Board of Directors on 21 August 2018 were APPROVED as a correct record.

Any other business

18/9/57 There were no items of other business raised.

Governors questions regarding business of the meeting

18/9/58 Further to a question from Peter Abell, the Board was advised that four Freedom to Speak Up cases had been heard in the previous quarter and all

had been closed.

18/9/59 Following a question from Mike Addenbrooke on the same issue, it was confirmed that volunteers also had access to the Freedom to Speak Up Guardians.

18/9/60 Following a further question from Mike Addenbrooke, the Board was advised as to some of the changes happening in the Patient Experience Team which included a new head of service, Liam Wilson, and a relocation back to the front entrance near Gate 4.

18/9/61 Following a question from David Cuckson, the Board was assured that the Trust's creditors were being paid in a timely way.

Date and time of next meeting

18/9/62 10.00am on Tuesday 23 October 2018 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

18/9/63 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