

**Minutes of the meeting of the Board of Directors**  
**Held on Tuesday 18 December 2018**  
**In the Fred and Ann Green Boardroom, Montagu Hospital**

<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
	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 (part)
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
<b>In attendance:</b>	Marie Purdue	Director of Strategy and Transformation
	Adam Tingle	Acting Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Peter Abell	Governor
	Clive Tattley	Governor
	Emma Shaheen	Head of Communications and Engagement (Observing)

**ACTION**

**Welcome and apologies for absence**

- 18/12/1** All directors were present. The Chair welcomed Emma Shaheen, Head of Communications and Engagement who is currently Maternity leave and was attending BOD as part of keeping in touch prior to returning to finishing maternity leave in March 2019.

**Declarations of Interest**

- 18/12/2** No interests were declared in the business of the public session of the meeting.

**Actions from the previous minutes**

- 18/12/3** The list of actions from previous meetings was noted and updated.

**Presentation slot – Implementation of the Strategy Qii**

- 18/12/4** The Board considered a presentation from Marie Purdue, Director of Strategy and Transformation.
- 18/12/5** The presentation outlined the key areas of work being led by the Strategy and Transformation Team with particular updates on Qii, trauma and orthopaedics, improvement plans and timelines, PLACE transformation

and business planning for Divisions in 2019.

- 18/12/6** In response to a question from Karen Barnard regarding staff experience and listening events, the Chief Executive provided feedback of a Trust in Leeds that had moved into the top 10% of staff survey satisfaction results following their Qii programme, having previously been one of the lowest scoring Trusts due to a lack staff involvement and feedback. It was acknowledged that there are major benefits of including staff in change processes and they are key to how we improve the quality, and drive the strategic direction of the Trust.
- 18/12/7** In response to a question from Pat Drake regarding the development of a MDT pathway document for complex fractured neck of femur, and stability of joint working moving forward, the Board was advised that a single record was being considered and a standard operating procedure for streamlining the pathway is currently in development by the Accountable Care Partnership. However, it is critical that staff lead the development of solutions.
- 18/12/8** In response to a question from Kath Smart about theatre opportunities and their alignment to the CIP plans, the Board was advised that these were pending implementation from April 2019.
- 18/12/9** In response to a question from Linn Phipps about encouraging all staff, including senior clinicians to be involved in the Qii project, the Medical Director informed the Board that a Qii session had been held on clinical governance and risk management, which had received good feedback and ideas from staff.
- 18/12/10** Mr Sewa Singh provided comment around ensuring the financial balance of the Trust whilst embedding Qii. Mr Singh said he is assured Qii will deliver sustainability but acknowledged it will take time to see the changes.
- 18/12/11** Richard Parker asked the Board to consider the use of wording when talking about cost improvement programmes (CIP) with a view to moving towards the terminology of reducing waste, as staff often feel less motivated by financial definitions.
- 18/12/12** The Chair of the Board reminded the committee of the importance of the Qii journey and improvements to the quality of patient experience and the financial sustainability of the Trust.
- 18/12/13** The Board NOTED the presentation.

#### **Finance Report as at 30 November 2018**

- 18/12/14** The Board considered a report by the Director of Finance that set out the Trust's financial position at month 8 as a cumulative £11.6m deficit, which is £1.5m adverse to plan, but £811k favourable against forecast.

- 18/12/15** The Trust needs to achieve a £6.6m deficit to deliver the year-end control total, and therefore needs to achieve a better than break-even position each month for the rest of the year.
- 18/12/16** Jon Sargeant advised the Board of the notification received from NHSi on a new set of rules on how Board should move forward on wholly owned subsidiaries This also sets out a new role for NHS Improvement. The Board were advised of the potential delay of 9 to 12 weeks that this process would add.
- 18/12/17** The Board was advised that following consideration and external advice a business case could not be presented for BOD review in 2018/ 19 and as a result the £3m saving has been removed from this years forecast. The Board will be asked to consider a decision on further progress with the plans for a wholly owned subsidiary in the new financial year 2019/20.
- 18/12/18** As reported via the Finance and Performance Committee on 17<sup>th</sup> December, the Trust will have a deficit of £10.4m in the quarter end return. Jon Sargeant therefore proposed that the Trust submits its forecast to NHS Improvement concluding that the Trust will not meet its control total this year. The Board will be required to complete a self-assurance form looking at its mitigations on the control total as well as its obligations to inform stakeholders.
- 18/12/19** The expected realistic deficit would be £7.1m, however, with mitigations in place this figure could be reduced to £4.5m with the gap relating to the £3m deficit from the wholly owned subsidiary.
- 18/12/20** Jon Sargeant reported a strong financial performance in terms of PSF with a positive variance of £295k in month. The Board received assurance that delivery of Q3 PSF could be expected if the Trust remains on plan.
- 18/12/21** Jon Sargeant reported that the capital plans were behind target but provided assurance that contingencies of £0.5m are in place.
- 18/12/22** In response to a question from Alan Chan about privately contracted work affecting the operating expenditure position, the Board was informed that no funding is being lost, or made, by the contracting out of procedures and all are being managed by the Trust.
- 18/12/23** In response to a question from Sheena McDonnell around the delay in estates spend, the Board was advised that the works had been designed and amended to ensure that the capital funding is fully utilised.
- 18/12/24** The Board was advised that the Finance and Performance Committee supports the Director of Finance and his team assessment on the delivery of the financial plans, accounts and depreciation, and in expressing the Trusts frustration to NHS Improvement around the impact of the new arrangements around wholly own subsidiaries on the Trusts financial

plans.

**18/12/25** The Board NOTED:

- (1) The Trust's surplus for month 8 (November 2018) was £295k, with which the adverse variance against plan in month was £86k. The cumulative position at the end of month 8 is a £11.6m deficit, which is £1.5m adverse to plan and c. £811k favourable to forecast (realistic case).
- (2) The progress in closing the gap on the Cost Improvement Programme.
- (3) The forecast scenarios presented, including the risks set out in the paper.

The Board SUPPORTED the change in forecast position at Month 9 which will show a gap to control total (before PSF) of £7.1m and NOTED that the Trust will continue to review and look for mitigations to improve its position.

#### **Performance Report as at 30 November 2018**

**18/12/26** 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 the operational and workforce performance in month 8, 2018/19.

**18/12/27** Performance against key metrics included:

- RTT – The Trust achieved below target at 87.9%.
- Diagnostic wait is 99.51% against the standard of 99.5%
- 2 week waits – The Trust achieved 93.2% and was compliant with the national target of 93%.
- 4 Hour Access Target – The Trust achieved 92.9% against national standard of 95% but with better performance than 2017.
- Cancer targets – The 62 day performance achieved 83.0%, slipping against last month's reporting of 84.7%.
- HSMR – The Trust's rolling 12 month returned better than expected at 94.2.
- Appraisals – The Trust's appraisal completion remained at 78.85% however further reporting indicates the rates have improved to 80.65%

- SET Training - The Trust's SET training rate increased slightly to 81.7% at the end of November following the reduction recorded last month.
- Sickness Absence – The year to date figure has increased slightly at 4.29%

**18/12/28** The Chief Operating Officer reported positively that the Trusts one stop prostate clinic had commenced with an average wait time of 11 days.

**18/12/29** There was a brief discussion around laser and robotic surgery that had been undertaken at other Trusts, acknowledging that partners in Sheffield have made a request for a second surgical robot. The Chief Executive suggested that Board might wish to consider if a future conversation is needed around robotic surgery being an option for investment at Doncaster and Bassetlaw Hospitals. The Board agreed.

**18/12/30** Considering the recent changes in opening times for Primary Care, Karen Barnard asked if the Trust expected to see a change in Emergency Department attendance. In response, the Board was advised the General Practice extended hours are for routine appointments so there would be no recognised difference in accident and emergency attendances.

**18/12/31** Following a concern raised at the Quality and Effectiveness Committee, Sheena McDonnell highlighted that medical staff appraisal data is not currently recorded on ESR. The Board was assured that this gap had been identified and rectified in more recent system updates. The Board was assured the Quality and Effectiveness Committee will receive feedback on progress.

**18/12/32** Kath Smart expressed her concern over the recent Administration Review and sought clarification of when this would be finalised. David Purdue confirmed the Administration Review will finalise on 07<sup>th</sup> January 2019 and gave his apologies to the Board and administrative colleagues. The Chief Operating Officer confirmed an article to be shared in BUZZ.

**18/12/33** Following a detailed conversation around recruitment, retention, education and training the Chair requested for Quality and Effectiveness Committee to do a deep dive on the trajectory of workforce over the next 5 years, identifying potential gaps, training and placement opportunities and succession planning.

**18/12/34** Board NOTED the report.

#### **People and Organisational Development Update – Staff Survey Action Plan**

**18/12/35** The Board considered a report of the Director of People and Organisational Development that provided Board with an update on

progress made against the Trust staff survey action plan and the results of the most recent Family and Friends Test.

- 18/12/36** Karen Barnard reported that staff recommendations as a place to have care or treatment remained static at 76%. Staff recommendation as a place to work had seen a small negative change from 59% to 58% and highlighted there had been a downward trend over the last 3 years from 2015 – 16 when the response rate was reported in the mid to high 70's.
- 18/12/37** The most recent staff survey reported very positively with 85% of staff indicating they had had an appraisal within the 2018/19 appraisal season. 22% of staff had reported that their appraisal helped them improve how they did their job.
- 18/12/38** The Director of People and Organisation Developed highlighted that 84% of respondents stated that the organisation took positive action on health and wellbeing. Furthermore, access to high quality training and education were also a positive theme.
- 18/12/39** The Chair of the Board reflected on the results of the staff survey from the previous year and expressed her disappointment that there had not been much of an increase in staff satisfaction despite enhancements in communication via BUZZ, the Trust website, Foundations for Health, and increased media releases in local newspapers. The Chair suggested that a review in the Trust's methodology of capturing staff feedback to be undertaken.
- 18/12/40** In response to the Chair, members of the Board provided suggestions on how we can improve staff communications and seek good practice, providing ideas such as smaller good news stories publicised on a regular basis and feedback to be given more often by the use of compliment and thank you postcards for personal staff achievements.
- 18/12/41** The Chief Executive Listening Events had seen low attendance in recent weeks and therefore a suggestion had been made for Senior Management Team to go to the Care Divisions to meet the staff.
- 18/12/42** Early initial indication of the staff survey results shows an increased response rate in the number of completed surveys although this is to be confirmed. The results from the full staff survey, which will be released in February 2019, will be compared to last year's results and triangulated with the Staff Family and Friends Test. Further results can be shared with Board in April 2019.
- 18/12/43** The Board NOTED the report.

#### **Workforce Report**

- 18/12/44** The Board considered a report of the Director of People and Organisational Development that listed the current position of key vacancies at the Trust.

- 18/12/45** There is an overall vacancy rate of 6.9% across the Trust with Nursing and Midwifery at 4.6%, Allied Health Professionals / Scientific and professions at 4% and medical staff at 13.8%.
- 18/12/46** The paper provided Board with an update on current plans for international recruitment and in addition provided an update on nursing vacancies, discussions with HEI's and the cohort of Trainee Nurse Associates who commenced their training this month.
- 18/12/47** The Board NOTED the content of the report and CONFIRMED they would require ongoing assurance that work is being undertaken by the Trust to reduce vacancy levels, reduce agency expenditure and improve their turnover and retention rates and that appropriate monitoring is in place.

#### **Chairs Assurance Logs for Board Committee held 17 December 2018**

- 18/12/48** The Board considered a report of the Chairs of Finance and Performance Committee and the Quality and Effectiveness Committee following their meetings on 17 December 2018.
- 18/12/49** The Finance and Performance Committee had undertaken deep dives into the management of Stroke patients and received a presentation from Emma Challans supported by Matron Alice Waweru and Senior Nurse Amy Tucker on the overview of the management of stroke patients.
- 18/12/50** The Finance and Performance Committee reviewed action plans to improve Referral to Treatment performance, received an overview of progress with Sodexo in improving the quality and timeliness of patient meals, considered risks to the organisation and discussed the overall wider financial picture and financial gap noting the challenges for the Trust.
- 18/12/51** The Quality and Effectiveness Committee reviewed the Communications and Engagement Strategy, Patient Experience and Engagement Strategy and the Quality Improvement and Innovation Strategy for assurance on progress against milestones and discussed the recommendations highlighted from the Committee Effectiveness Review undertaken by KMPG. Two Divisional Directors had observed QEC.
- 18/12/52** The Quality and Effectiveness Committee reviewed incidents and risks paying particular attention to two new risks identified as a result of the recent unannounced CQC inspection.
- 18/12/53** The CQC risks identified on the Board Assurance Framework:
- (1) Following an unannounced CQC inspection involving the commissioned Front Door Assessment Service it has been identified that the initial triage and clinical assessment processes, clinical oversight of the waiting area, the full assessment of unwell children

and adults may not be providing high quality care consistently, which could potentially cause harm to patients.

- (2) Risk of insufficient workforce 24/7 providing care for unwell children, as indicated in the revised standards for Registered Childrens Nurses (RCN) developed by the RCPCH, expanding on previous Royal College of Nursing guidance, which could lead to patient harm.

**18/12/54** The Committee also identified and discussed the top five clinical risks identified by Divisions. The Board asked the Committee to ensure that risks are based on the Risk Management Matrix and escalated to Board level if deemed damage may arise to the organisation or individual as a result. It was agreed that these risks should be managed at QEC level prior to escalation to Board.

**18/12/55** In response to the Medical Records risk identified by Divisions and discussed as part of the top 5 clinical risks, Mr Sewa Singh confirmed the risk related to the newly implemented records tracking system and not administration staffing within the department. David Purdue advised there has been no administrative vacancy freeze in medical records and all VCF's had been approved with band 2 vacancies out to advert. Linn Phipps to agree wording of the risk with David Purdue to ensure accuracy of the risk captured within the Quality and Effectiveness Chairs Log.

**18/12/56** The Board NOTED the updates.

### **Leadership and Organisational Development Framework**

**18/12/57** The Board considered a report of the Director of People and Organisational Development that set out the framework of Leadership and Organisational development to support Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's vision to be the safest Trust in England and Outstanding in all we do.

**18/12/58** The Framework has been developed through conversation and engagement with leaders across the Trust and considered by the Executive Team and Management Board.

**18/12/59** The Framework provides focus to 4 key components; Develop our Leaders, Support our Teams, Value our People and Create a Coaching Culture. A prospectus to support the framework is being finalised for the programmes for 2019.

**18/12/60** The Board recognised the importance of ensuring more work is undertaken in respect of Leadership Development, particularly for our Black, Minority and Ethnic (BME) workforce and suggested the option of BME reverse mentoring.

**18/12/61** The Board APPROVED the Framework.



## **CQC Inspection Update**

- 18/12/62** The Chief Executive reminded Board Members of a previous discussion at the time of the last Board of Directors Meeting of the notification of an unannounced visit by the CQC with regard to services provided at DBTH.
- 18/12/63** Richard Parker reported that the unannounced visit took place over three days, 27 to 29 November 2018 inclusive and had a primary focus on the Emergency Department and the paediatric services within the ED department. Richard Parker provided the Board with an overview of the Framework by which the CQC assesses organisations rated as in need of improvement.
- 18/12/64** CQC highlighted a number of concerns within the Emergency Department including the front door assessment service / triage service, paediatric care and ambulance handovers times. The Chief Executive reported that a CQC action plan was underway overseen by the Clinical Governance Committee and QEC.
- 18/12/65** The Chief Executive had received a letter from the CQC making him aware of the concerns and that a failure to robustly address these, within allocated timeframes, could lead to CQC escalating their concerns through the regulatory framework. The Trusts action plans were provided to the CQC within the two-day timeframe.
- 18/12/66** Richard Parker reported of an immediate decision by the Trust to change the triage system. A decision had also been made to enhance the processes by which the Trust ensures that a minimum of one RGN Children's Nurse is on duty in ED at all times.
- 18/12/67** Richard provided confirmation to the Board that initial indications are that the CQC are satisfied that the Trust has taken appropriate initial actions. The full plan must now be delivered within the agreed timeframes.
- 18/12/68** It was noted that the Front Door Assessment Service was a CCG commissioned model. The Chair noted that there had been differences of opinion on the merits of the model. Richard provided assurance that feedback had been given on the positive benefits of the FDAS model and that the aim would be to build on the positives to improve.
- 18/12/69** It was raised that improvement should be sought of the communication process with the CQC Relationship Managers assigned to the Trust to ensure that any concerns are identified before inspection visits so that they can be considered and appropriately addressed. Should the Trust have been informed on any ongoing concerns with ED then these would have been changed in a timely manner.

- 18/12/70** Following a comment raised by Karen Barnard around staff involvement, Moira Hardy reported that it was recognised that staff feedback data needed to be collected during any change process to further support with shaping systems going forward. A survey monkey questionnaire to request baseline data to judge the changes in ED triage to be developed.
- 18/12/71** Pat Drake gave her appreciation to the Executive Team for their timely response and delivery of dealing with the CQC inspection and feedback.
- 18/12/72** The Board NOTED the update.

#### **Reports for Information**

- 18/12/73** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report

#### **Items to Note**

- 18/12/74** The following item was NOTED:

- Board of Directors Agenda Calendar

#### **Minutes**

- 18/12/75** The minutes of the meeting of the Board of Directors on 27 November 2018 were APPROVED as a correct record.

#### **Any other business**

- 18/12/76** There were no items of other business raised.

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

- 18/12/77** Referring to the workforce update, Peter Abell felt assured that the Trust had focused on some of the key issues and provided his congratulations to the Board for the work that had taken place. Peter provided a good news story in relation to producing leaders at the Trust on ward CCU C2.
- 18/12/78** Peter requested assurance from the Board that the workforce development and five-year plan linked with the baseline of the Carter Report. Peter was advised that the Trust had access to the Model Hospital Portal where comparison with other Trusts is made and can be undertaken at a national or local level. High bank and agency expenditure was noted but consideration needs to be given to comparison with multi-site Trusts. It is the Trusts ambition to move towards a directly appointed workforce to improve productivity and efficiency through reduction in bank and agency expenditure, particularly at consultant level.

**18/12/79** Peter also thanked the Board for their transparency and openness with regard to the CQC visit.

**Date and time of next meeting**

**18/12/80** 10.00am on Tuesday 29 January 2019 in the Boardroom, Doncaster Royal Infirmary.

**Exclusion of Press and Public**

**18/12/81** 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**