Minutes of the meeting of the Board of Directors
Held on Tuesday 27 November 2018
In the Boardroom, Bassetlaw Hospital

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
	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 Sargent	Director of Finance (part)
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
In attendance:	Kate Sullivan	Corporate Governance Officer
	Adam Tingle	Acting Head of Communications & Engagement
	Yvonne Butcher	Staff Side
	Lynn Goy	Lead Freedom to Speak up Guardian & Staff Governor
	Steve Marsh	Governor
	Mike Addenbrooke	Governor
	Peter Abell	Governor
	David Cuckson	Governor
	Eki Emovon	Divisional Director Children & Families

ACTION

Opening remarks

18/11/1 The Chair stated that immediately prior to the meeting the Trust had received notice of an unannounced CQC Inspection at DRI to commence imminently.

Welcome and apologies for absence

18/11/2 All directors were present, with the exception of Moira Hardy, the Director of Nursing, Midwifery & Allied Health who had returned to DRI to be on hand for the CQC. The Chair welcomed Eki Emovon, Governors and staff side representatives who were observing the meeting.

Declarations of Interest

18/11/3 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

18/11/4 The list of actions from previous meetings was noted and updated.

Presentation slot – Freedom to Speak Up Guardian Annual Report

18/11/5 The Board considered a presentation from Lynn Goy, Lead Freedom to Speak Up Guardian (FTSUG) and Staff Governor at the Trust. Lynn outlined the background to Freedom to Speak of Guardians, the implementation of the role, nationally, regionally and locally and feedback from visits by the National Guardian Lead, KPMG and the CQC. She presented an overview of DBTH Guardian activities to date and details of the 2017/2018 National data from the National Guardian Office (NGO) with comparison DBTH data and details of concerns raised locally including themes and outcomes from October 3rd 2016 – November 2018. An overview was provided of NGO Recommendations for the continuing development and support of FTSUG(s) within NHS Trusts. She also shared details of work being undertaken by the Trust's FTSUGs to support the Trusts journey towards becoming outstanding and the proposed FTSUG model for the new Divisional structure.

18/11/6 The Board commended the work being undertaken by the Trusts FTSUGs and found the case studies reassuring. There was a discussion about feedback from staff; overall feedback on FTSUGs had been good, new formal documentation would enable the FTSUGs to capture more information in the future. Linn Phipps welcomed the work to capture outcomes; she felt it would be useful to capture more of this information to see what had changed in the organisation as a result of speaking up. The Board thanked Lynn for her hard work and commended her commitment as the Lead FTSUG to develop this important work alongside her own role in the Trust. FTSU was a positive step in ensuring staff had a route to raise concerns when felt concerns had not been responded to appropriately though the Trusts existing escalation processes. It was noted that the Lead FTSUG was to be advertised as a substantive part time position to give more dedicated hours to the role.

18/11/7 The Board NOTED the update.

Use of Trust Seal

18/11/8 The use of the Trust Seal for the entry 102 in the Seal Register was APPROVED.

ICS Memorandum of Understanding

18/11/9 The Board received the final version of the Memorandum of Understanding (MOU) for South Yorkshire and Bassetlaw (SY&B) ICS for 2018/19 which had been developed in negotiation with NHS England and NHS Improvement. It was noted that the Board had considered the MOU previously at a private meeting of the Board in September 2018. The MOU for 2018 built on the MOU signed by the SYB ICS Chief Executive on behalf of the system last year. It covered the national NHS priorities and deliverables (the NHS Constitution standards), the financial framework (all governing bodies and boards previously agreed the framework) and the ICS priority areas (also previously agreed)

18/11/10 The one area within the MOU yet to be finalised was the revised operating model and governance arrangements for 18/19, which were currently being worked through, both as part of a wider system governance review and with NHSE/I regional colleagues to ensure the ICS was empowered and enabled to deliver its responsibilities as a level 2 ICS. This would be taken forward through a process of enabled due diligence.

18/11/11 The Chief Executive noted that the MOU did bring some challenges and he outlined key issues which included expectations to deliver System performance targets and how organisations could influence performance across boundaries. He gave the example of RTT performance noting that the Trust could only support the system RTT target within the constraints of its own contracts with its commissioners. The Document described at a granular level what partners were signing up to. The Board noted the deliverables which were set out from page 17.

18/11/12 The Board discussed how information about deliverables would be shared and there was a detailed discussion about how this linked to primary care and the PLACE. The ICS recognised that the links to primary care needed to be strengthened; a key challenge was varying models in different areas and this had been challenging.

18/11/13 There was a detailed discussion about the Governance of the ICS; there had been discussions about the need to ensure transparency and governance around appointments to ICS senior posts and the Board sought assurance around transparency; Acute Trust Chief Executives and Chairs were heavily engaged with the ICS and wanted to see the equivalent of a Corporate Investment Group (CIG) and other committees. The chairs were concerned around absence of NED scrutiny as most of committees were Executive committees and NEDs, as lay members, were not meeting together. The ICS was still on the journey to finding the right governance processes and transparency, including regarding the role of governors. The Chair reminded the Board the ICS chairs had chosen not to proceed with the ICS Governor Forum, something she had championed; Peter Abell, Public Governor and Chair of the Governor Advisory Committee (GAC) would be raising the matter of the role of Governors at ICS level Nationally.

18/11/14 The Board felt strongly that NEDs and Governors needed to be properly sighted on and engaged with the ICS; The chair would share the concerns raised with Sir Andrew Cash.

18/11/15 Board APPROVED the SY&B ICS Memorandum of Understanding and direction of travel.

Brexit Preparations

18/11/16 The Board considered two reports; one of the Emergency Planning Officer and one of Acting Head of Procurement relating to Brexit preparations;

- Paper A – Provided information on the Trust's approach and current preparations for Brexit based on the nine key risk areas identified by NHS England (NHSE)
- Paper B – Provided information on the approach to identify national and local supply chain risks and the requirement for a local return to the Department of Health and Social Care (DHSC).

The Board noted that the submission on procurement risks would be made to the Department of Health & Social Care (DHSC) by 30 November 2018. Trust leads would report to the Trust's Business Continuity Steering Group on risks identified and colleagues would work together on any Trust wide risks that are identified. Consideration would be given to the creation of a Trust wide task and finish group as the national picture becomes clearer.

18/11/17 The Board considered the risk areas set out in the report. It was noted that a review had been undertaken; it was felt the risks were already incorporated in to the risk framework and as such it was not thought necessary to have a separate risk for Brexit risk at this time. The Chair requested that the Chairs of Board Committees ensured that risks relating to Brexit were considered at committees and this was noted.

18/11/18 The Brexit Preparations report was NOTED

Chairs Assurance Logs for Board Committees held 22 & 23 November

18/11/19 The Board considered a report of the chairs of Finance and Performance Committee and Audit & non-clinical Risk Committee following their meetings on 22 & 23 November.

18/11/20 The Finance & Performance Committee had considered a presentation on progress of the capital plan, noted progress in relation to the Brexit Plan and the Trusts IM&T and Estates Strategies and considered a report in to Catering Contract performance. There had been an in-depth examination of CIPs and a lengthy discussion around 4hr access and tactics to sustain and improve performance to enable the March target of 95% to be met. There had been a similarly searching conversation around RTT and linkages to delivering contract commitments/income, including the Committee requesting further assurances on trajectories and delivery plans to achieve both the RTT & contract requirements. In addition, performance and workforce management reports were received.

18/11/21 There had been a useful discussion around the development of Divisional SMTs, with feedback from the first few meetings that had been attended by NEDs. It was suggested that general managers may wish to develop an enabling framework for a corporate approach/agenda for SMT meetings.

18/11/22 The meeting had primality covered finance. Neil Rhodes stated that systemically, the Trust was marginally underfunded, and control total delivery would always be a tough challenge. Back loaded CIP plans tended to mean key delivery times coincided with winter pressures. Some CIP

schemes would inevitably fail and the Trust needed others in the pipeline to replace them. Early engagement with the PMO was essential. Circa £3m of CIP had been identified as the business case for the WOS and would have been achievable if the Board had accepted the case. The Trust had been required by NHSI to put that scheme on hold and although guidance was now available on taking proposals forward it was unlikely that the case would be presented to the Board this year and a control total adjustment needed to be sought to reflect the position.

18/11/23 There was a brief discussion about winter pressures, discussions with CCGs and how the level of increased attendances in the Emergency Department had driven up spend on staffing which was not planned.

18/11/24 Reflecting on the issues highlighted in the report the Board considered the order in which the Chairs Assurance Logs were taken on the agenda; it was agreed to move the Chairs logs to be considered after the Performance & Finance reports in future. **GJ**

The meeting adjourned at 12:10pm for a short comfort break and reconvened at 12.20am.

18/11/25 The Audit & Non-clinical Risk Committees Terms of Reference (ToRs) has been under review, alongside the ongoing Committee Effectiveness Review and several proposed changes were agreed at the meeting, including a change to the name to reflect oversight of risk management systems and processes to Audit and Risk Committee (ARC). The ToRs would be brought to Board for approval.

18/11/26 ARC had received an update from the Medical Director on the Internal Audit report issued in respect of Serious Incident Reporting; ARC shared general disappointment at the partial level of assurance given by the Audit review and the report had been discussed in detail; key issues were highlighted in the report. A comprehensive action plan was in place which would be taken through QEC via the Clinical Governance Committee and ARC would revisit the recommendations to seek assurance that they had been implemented on time.

18/11/27 In response to concern raised by Pat Drake there was a discussion about how well the Board was sighted on the detail of SIs and the appropriate level of information that should be considered at Board level. This led to a similar discussion about learning from Sis, learning from deaths and clinical risks; the Board considered the existing Governance structure and reporting processes; whilst recognising it was not the role of the Board and its Committees to deal with issues on an operational level, Board considered whether current reporting to QEC and ARC provided sufficient oversight of key issues in order to escalate issues to the Board. The Medical Director, Linn Phipps and Pat Drake would discuss what information currently reported and actioned at CGQC would be provided in detail at QEC. **SS/QEC**

Board NOTED the updates.

Finance Report – October 2018

18/11/28 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 7 as a £45k adverse variance against the months plan. The cumulative position to the end of month 7 was an £11.9m deficit, which was £1.4m adverse to plan.

18/11/29 The Board had previously been advised that the forecast at Month 6 indicated a range of potential year end positions, with the realistic case showing the Trust missing the control total by £2.9m (before PSF). The Board were advised that since that time there had been a change to available mitigations and there had been significant churn on Cost Improvement Plans (CIPs); as a result, financial performance was c. £350k behind the most realistic forecast. Therefore, the Trust needed to take immediate action to close the financial gap and deliver the Trust's financial plan. It must ensure delivery of all elective, day case and outpatient 1st appointment and be clear with Divisions about linkages to delivering the financial position when thinking about RTT delivery.

18/11/30 The Chair asked for assurance on how this was being communicated to Divisions and the Board were advised that this was part of escalation meetings and Executives were now attending grip & control meetings for medical staff. This led to a broader discussion about leadership and how best to grow the understanding of teams. Examples were shared of information being shared with teams to ensure they understood exactly what needed to be achieved and the linkages between RTT delivery and delivery of financial plans.

18/11/31 Winter pressures – The Board noted that in previous years the management of winter pressures monies had helped manage financial pressure. This year the Trust needed to ensure clarity around divisional winter pressures budgets and the Trust must avoid thinking of it as a contingency or mitigation for any struggling CIP schemes. Winter pressures monies could only be spent once and must not be counted twice.

18/11/32 The Board were advised that whilst work continued to close the financial gap, delivery of CIPs remained a significant risk. Within this there was also a risk in relation to taking a business case forward for Board consideration on the establishment of a WOS due to the current pause in the process as a result of the NHSI national consultation. It was currently assumed in the 'realistic' forecast position that either the CIP relating to the WOS would be delivered or that the control total will be amended for this: There was a brief discussion about recent revised guidance from NHSI. The monthly CIP target continued to rise in subsequent months, particularly in quarter 4, so it was vital that existing schemes remain on course and that new ones came on stream as planned. The Board noted that rear loaded plans tended to mean key delivery times would coincide with winter pressures; as a consequence, the Trust needed to ensure well developed plans early in the year; Divisional Directors had been invited to a meeting to discuss this and

work had commenced got through Patient Level & Information Costing Systems (PLICS) and Getting it Right First Time (GiRFT).

1:10pm – Eki Emovon left the meeting

18/11/33 In response to a question from Linn Phipps about whether the risk relating to the recurrent gap in income and expenditure captured the key reasons influencing things at system level, the Board were advised that this would be reviewed.

18/11/34 Capital - Year to date performance against the revised plan was £1m behind plan. Details of progress on individual plans had been shared the previous day with the Finance & Performance Committee including reasons for slippage and expected timeframes. The Director of Finance advised that at this stage good assurance was being received on ability to achieve plans and slippage was being closely monitored.

18/11/35 The Board NOTED:

1. The Trust's surplus for month 7 (October 2018) was £45k, which was an adverse variance against plan in month of £1.4m and c.£360k adverse to forecast (realistic case). The cumulative position to the end of month 7 was a £11.9m deficit, which was £1.4m adverse to plan.
2. The Trusts current forecast would mean that the Trust misses its control total by c£3m before PSF losses.
3. The progress in closing the gap on the Cost Improvement Programme.
4. The risks to delivery of the Trust's control total.

Performance Report as at 31 October 2018

18/11/36 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 7, 2017/18.

18/11/37 Performance against key metrics included:

- 4hr Access – October 92.18 against the target of 95%. There had been an increase of 7.8% (255) in attendances when compared to October 2017. The System Perfect report was now available. Overall, there had been 2500 responses to the survey and the communication reached 100,000 people. Reasons for patients attending A&E were discussed in the report and the findings would be used in the development of the future front door model.

- RTT – 88.5%, a 0.5% improvement the previous month and above the National average but below the commissioned target of 89.1%.

Details were shared of discussions with NHS England (NHSE) and both CCGs about plans to improve performance and an update was provided on patients waiting over 52 weeks.

- Cancer targets – The 62-day performance standard of 85% was not achieved for September which ended at 84.7%. Key issues remained around complex pathways and shared breaches. The One Stop Prostrate Clinic pilot started on both sites on 21 November.

- Stroke stats- The Trust level percentage for Direct Admission to the Stroke Unit was 63.5% against a 90% target. Against a target of 48%, performance in August was compliant with the 1 Hour to scan standard at 61.9% compared to 71.4% for July. Recruitment for a combined Acute / Stroke consultant had been approved the previous week.

- C.Diff – There were no cases recorded in month and the rate was below that of the same period last year and the national trajectory.

- HSMR - The Trust's rolling 12-month HSMR at the end of July 2018 is 91.8 which remained better than expected but disappointingly, in month HSMR was 107.2, which is the first HSMR had been above 100. HSMR has been rebased which may have accounted for the rise. The Trust had already conducted a preliminary review of deaths in month which reassuringly showed no lapses in care. A more in-depth review of all deaths was being conducted in order to understand the rise in our HSMR.

- Sickness absence – The year-to-date sickness absence rate was 4.15%.

18/11/38 The performance report contained a number of additional reports including details of a review of waiting times in the Children's Observation Unit and a summary of emergency activity between April and October 2017 compared to 2017. In response the several queries the Board heard examples of primary care concerns that had come out of the System Perfect week; these had been fed back to the PLACE. A report on System Perfect would be shared once available.

18/11/39 The Board noted that there had been a national media story about breast implants; this would be considered by the Quality & Effectiveness in December. **QEC**

The Board NOTED the Performance Report.

People and Organisational Development Update

18/11/40 The Board received the report of the Director of People & Organisational Development which provided an update on recent achievements, decisions and pieces of work underway:

- Flu vaccination – the Trust reached the target of vaccinating 75% of front-line staff before the end of October 2018. Despite the late delivery of the flu vaccine this target was achieved more quickly than in 2017. The Trust continued to offer the vaccine to all staff.

- Agenda for Change – The Board recalled from a previous briefing that Band 1 would no longer be available for new recruits from 1 December 2018. A national sub group of the Staff Council (of which the Director of People & OD is a member) had been developing guidance for Trusts to follow in order to transition existing staff onto Band 2 over the coming 3-year period. Staff currently in Band 1 roles would have the option whether or not to transition into a Band 2 role. The Trust will provide staff with any development required in order to facilitate this transition.

- Appraisal Rates – The Trust's appraisal completion rate remained static at around 80%. Discussions had started with teams about next year's round.

- SET training – There had been a slight reduction for first time with some DNAs happening; the Trust was looking in to the reasons for this and working to understand reasons staff were not being released.

- Trainee Nursing Associates – the Trust has recently appointed a new cohort of 15 trainee Nursing Associates who would commence their training in December 2018. This role was an exciting development opportunity for staff.

- Leadership development – a paper detailing the Trust's approach following the appointment of Jayne Collingwood, Head of Leadership & OD would be presented to the December Board of Directors meeting.

The report was NOTED.

Guardian for Safe Working Update

18/11/41 The Board considered a report of the Guardian for Safe Working which provided assurance of safe working for junior doctors for the period 1 July 2018 to 30 September 2018. During negotiations on the junior doctor contract agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employed or hosted NHS trainee doctors to oversee the process of ensuring safe working hours for junior

doctors. The Guardian role was introduced with the responsibility of ensuring doctors were properly paid for all their work and by making sure doctors aren't working unsafe hours. The Board NOTED that no gross safety issues had been raised with the Guardian by any trainee. There had been 33 exceptions raised in the quarter by junior doctors these were detailed in the report. The Guardian for Safe Working reported that the trainees had safe working practice as designed by the 2016 contract.

18/11/42 The report was NOTED.

Reports for Information

18/11/43 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of the Finance & Performance Committee Meetings held on 20 September & 22 October 2018
- Minutes of the Audit & Non-clinical Risk Committee Meetings held on 23 July & 20 September 2018
- Minutes of Management Board, 15 October 2018
- Board of Directors Agenda Calendar

Items escalated from Sub-Committees

18/11/44 None.

Minutes

18/11/45 The minutes of the meeting of the Board of Directors on 23 October 2018 were APPROVED as a correct record.

13:55pm – Linn Phipps left the meeting

18/11/46 Any other business

18/11/47 There were no items of other business raised.

Governors questions regarding business of the meeting

18/11/48 Reflecting on the discussion about the Trusts financial position, in particular the cost improvement programme (CIP), Peter Abell referred to feedback from the Divisional Director (DD) for Surgery & Cancer at the recent Quality & Effectiveness Committee (QEC) meeting on the Quality Performance Impact Assessment (QPIA) process for CIPs. He had been encouraged to hear that DDs felt supported and found the process comprehensive and assuring.

18/11/49 Reflecting on the reported deterioration in 4hr access performance, Peter Abell noted the significant increase in activity for the Emergency

Department over recent months when compared previous years. He commented that, taking this in to account, performance had in fact improved and it was important this was recognised, particularly with staff.

18/11/50 In response to a query from Mike Addenbrooke about likelihood of the Trust delivering the planned financial position, The Director of Finance reiterated his earlier comments that the Trust needed to deliver surpluses for the rest of the year to achieve plan. The realistic case, based on the month 6 forecast, showed the Trust missing the control total. Therefore, the Trust needed to take immediate action to close the financial gap in order to deliver the financial plan. The Chief Executive commented that this meant having the right clinical engagement, in the right place at the right time.

18/11/51 Subject to a request for assurance from Mike Addenbrooke that there were no risks to patient safety arising from the backlog estates maintenance, the Board were reminded that the Trust had a critical backlog maintenance beyond its ability to find capital to fund. All backlog maintenance was risk assessed and included on risk registers. The Trust awaited the outcome of the ICS bid it had submitted which, if successful, would clear approximately £35m off backlog maintenance.

Date and time of next meeting

18/11/52 10.00am on Tuesday 18 December 2018 in the Boardroom at Montagu Hospital.

Exclusion of Press and Public

18/11/53 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

The meeting concluded at 2:10pm.

Suzy Brain England **Date**
Chair of the Board