

Minutes of the meeting of the Board of Directors
Held on Tuesday 18 December 2018
In the Fred and Ann Green Boardroom, Montagu 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
	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
In attendance:	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 17th 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 07th 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

Minutes of the meeting of the Board of Directors
Held on Tuesday 29 January 2019
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 (part)
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
In attendance:	Marie Purdue	Director of Strategy and Transformation
	Adam Tingle	Acting Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Clive Tattley	Governor
	Lynne Logan	Governor
	George Webb	Governor
	Mike Addenbrooke	Governor
	Gina Holmes	Staff Side Representative
	Yvonne Butcher	Staff Side Representative
	Nicole Chavaudra	ICP Programme Director (part)

ACTION

Welcome and apologies for absence

19/1/1 All directors were present.

Declarations of Interest

19/1/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/1/3 The list of actions from previous meetings were noted and updated.

Presentation slot –

19/1/4 The Board considered a presentation from Nicole Chavaudra, ICP Programme Director of Bassetlaw Clinical Commissioning Group.

19/1/5 The presentation outlined the key areas of the Bassetlaw Place Plan

2019/2021, with particular updates on the vision for the Place Plan, the ambitions for Bassetlaw, the integrated care partnership priorities and the collaborative partnership model.

19/1/6 Following a question from Pat Drake around ensuring the Place Plan links with Education, and how gaps in education are being addressed, Nicole Chavaudra responded that relationships had been built with local schools and the education department of the local Council, and a Children's and Young People Network had been established that include staff from Doncaster and Bassetlaw Teaching Hospitals.

19/1/7 In response to a question from Linn Phipps around measuring outcomes in terms of increasing patient activity, Nicole advised that a 'Miles in May' initiative had been developed for individuals and organisations to sign up to a combined 26 miles per day over the month.

19/1/8 In response to a question from Kath Smart about engagement and involvement from the third sector, particularly community growth providers and housing, the Board was advised that the chair of the Integrated Care Board is from the third sector in Bassetlaw and Nicole's line management is to the Chair.

19/1/9 In response to a question from Sheena McDonnell around a shared care record and its deliverability, the Board was advised that there had been key issues in the ability to move data from one system to another and further work had been undertaken with the County Council's interface. Nicole advised funding had been an issue, however support was being sought and a plan had been put into place to further develop a shared system.

19/1/10 Following a question from the Chief Operating Officer around the expansion of housing in Harworth, and the preventative measures being undertaken in reducing pressure on hospitals and primary care, the Board was advised that the District Council in partnership with a number of Third Sector organisations and the County Council is leading on the engagement work. Nicole extended the invitation to members of the Executive Team to be involved in future discussions and engagement programmes.

19/1/11 Neil Rhodes asked Nicole what the two key points from the presentation that required Board support, to which Nicole requested support with sharing of the Place Plan bulletins and communications, and for the organisation to sign up to the 'Miles in May' initiative.

19/1/12 The Board thanked Nicole for the presentation and invited Nicole to attend in six months to provide an update. The Trust Board Secretary to include on the Board Calendar.

GJ

19/1/13 The Board NOTED the presentation.

Use of Trust Seal

19/1/14

Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
103	Agreement for the installation and operation of Automated Teller Machines, between National Westminster Bank PLC and DBTH, Doncaster Royal Infirmary Site.	Richard Parker Chief Executive	23 January 2019
		Jon Sargeant Director of Finance	
104	Agreement in relation to a private patient unit at Park Hill Hospital, between DBTH and Ramsay Health Care UK Operations Limited.	Richard Parker Chief Executive	23 January 2019
		Jon Sargeant Director of Finance	

Audit & Risk Committee Terms of Reference and Work plan Review

19/1/15

The Board considered the revised Audit and Risk Committee Terms of Reference that set out the following amendments:

- Audit Committees role in reviewing risk management processes in a holistic manner – removal of reference to “non-clinical” from the TOR and title to reflect reference to all risk.
- Removal of the requirement for Audit Committee to review Whistleblowing processes after consultation with the Chair of QEC, Director of HR, and FTSU Guardian. This is now carried out at QEC and Board.
- Clarified in more detail the Audit Committees responsibilities for Counter Fraud.
- The work plan re-aligned to the TOR.

19/1/16

Kath Smart reported that the Terms of Reference and work plan had been reviewed by Internal and External Audit, based on their wider knowledge of Audit Committee and the HFMA Committee Handbook, which sets the standards for Audit Committees.

19/1/17

Board APPROVED the Terms of Reference and work plan.

Electronic Patient Record (EPR) Business Case

- 19/1/18** The Board considered a report of the Chief Information Officer that set out the proposal of an Electronic Patient Record Business Case around task management, bed management, e-Observations, clinical noting and fax-de-commissioning, operable by 2024.
- 19/1/19** The proposal set out the funding requirements of £1.92million with a recurrent revenue of £0.52million. It was noted that the project is expected to deliver recurrent savings in excess of £1million but due to the difficulties in identifying the deliverable efficiency benefits beyond bed reductions demonstrated a payback period of nine years. The Board was advised that bidding would take place to NHS England for this funding and a decision on approval of funding from NHS England is anticipated by end of February 2019.
- 19/1/20** The Chief Information Officer advised that a pilot had taken place at Bassetlaw Hospital with positive outcomes that is expected to see bed management abilities enhance bed flow and capacity across the rest of the Trust.
- 19/1/21** The Chief Information Officer reported that 30,000 faxes per month are sent, or received across the Trust and acknowledged the difficulties posed by the removal of fax machines. Assurance was provided to Board that work continues to take place with NHS England in supporting Community Pharmacists, and other organisations in accessing NHS Mail to ensure patient safety and information flow. Further workflow exercises would be held when the fax has been completely removed from operation.
- 19/1/22** Following a request from Simon Marsh to have a Non Executive Director on the programme board, Neil Rhodes offered his support and will provide feedback on progress to Board, and Finance and Performance Committee.
- 19/1/23** The Finance and Performance Committee had approved the business case on 22nd January 2019 and made its recommendation for Board approval.
- 19/1/24** The Board APPROVED the business case and for the Chief Information Officer to proceed with his drawdown of capital funds from NHS England.

Finance Report as at 31 December 2018

- 19/1/25** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 9 as a cumulative £11.5 deficit, which is £35,000 favourable against forecast.
- 19/1/26** The Director of Finance reported a favourable variance against plan of £1,512k and a favourable forecast of £233k in month. The surplus for December 2018 was £59k.
- 19/1/27** The Trust needs to achieve £6.6 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.

19/1/28 The Director of Finance reported that December had been a strong financial month for the Trust and had seen work continue ahead of plan and forecast. PSF had been successfully earned in the Quarter with £1.1million CIP delivered in month. £10-12million of CIP is estimated to be achieved.

19/1/29 As reported via previous Board and Finance and Performance Committee, the Trust had a range of forecast scenarios that were presented which showed a £7.1m gap to the control total before PSF. It was agreed that if no further mitigations could be identified than a change in forecast was to be submitted to NHS Improvement at Month 9. Jon Sargeant reported that additional funding from the CCG and Integrated Care System had been offered to support the gap and further discussions on the offers received were being held.

19/1/30 Neil Rhodes expressed frustration at starting the year with a financially challenging control total that had caused problems with accounting issues but acknowledged the work of the Trust in closing the gap and the work undertaken with the two local CCG's, and its achievement of CIP. The Chief Executive responded that work had been undertaken with partners at an ICS and Place Level to ensure the system is in a strong position as it enters the new financial year. It was recognised that Doncaster and Bassetlaw Teaching Hospitals had achieved the highest pro rata level of CIP across the South Yorkshire footprint and the Trust is to be commended for its work in this achievement.

19/1/31 The Board NOTED:

(1) The Trust's surplus for month 9 (December 2018) was £59k, which is a favourable variance against plan in month of £1,512k. The cumulative position to the end of month 9 is a £11.5m deficit, which is £35k favourable to plan and £844k favourable to forecast.

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

(3) The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF) and the risks set out in the paper.

Control Total 2019/20

19/1/32 The Board considered a report of Director of Finance outlining the Trusts control total for 2019 / 2020 as notified by NHS Improvement.

19/1/33 The paper set out the Control Total for the Trust in 2019 / 20 is £15.296million deficit before PSF, FRF and MRET adjustments, and a breakeven control total when including MRET, PSF and FRF allocations. .

19/1/34 The Board NOTED the control total for 2019/20.

NHS Long Term Plan

19/1/35 The Board considered a verbal update of the Chief Executive outlining the details of the NHS Long Term Plan. Board had been provided with a link to the NHS Long Term Plan at <https://www.longtermplan.nhs.uk/> and advised of the Executive Summary that detailed the key updates.

19/1/36 The plan describes how the NHS is to develop over the next 10 years and describes some of the key changes and next steps. The Board noted changes around the Integrated Care System, commissioning landscapes, out of hospital care, and primary and community services.

19/1/37 The plan outlines a key focus on population health ensuring right care at the right time in the right place, and self-care where such needs exist. Richard Parker advised that he has been nominated as the CEO member of the Population Health Management Group across the ICS.

19/1/38 A key change was noted for ICS's requirement to have an independent Chair for the Health System and a future assurance role in terms of performance and constitutional standards.

19/1/39 The Board NOTED the update.

Annual Planning Priorities

19/1/40 The Board considered a presentation of the Director of Strategy and Transformation in partnership with the Director of Finance that set out the Annual Planning priorities, its process, and key deadline dates.

19/1/41 Marie Purdue provided assurance to Board that all plans were underway with Corporate and Divisional Teams and meetings had been held with the Divisional Senior Leadership Teams to review the plans for 2019 / 2020.

19/1/42 Following a question from Pat Drake around the business plans linking with the NHS Long Term Plan, and the CCG's support of funding, Marie Purdue responded that initial conversation with the CCG's related to the Place based plan and the transformation agenda links the population needs to the funding held at CCG's and Local Authorities.

19/1/43 Kath Smart raised a query around the level of support given to Divisional Senior Leadership Teams in the development of their plans. The Board was advised that the Divisions had received Executive support around the assurance process, had been given standardised business plan templates, access to HR Business plans and the capacity and demand tools used for Integrated Business Plans. It was noted that earned autonomy of the plans had been referred to Management Board and the plan is not an Executive Team responsibility to develop but Executives continue to support teams to

deliver. An invitation was extended to Non-Executive Directors to observe any of the working groups and to contact Marie Purdue if interested in attending.

19/1/44 Marie Purdue advised that the Annual Plan would be presented to Board on 26th March 2019 for approval. **MP**

19/1/45 The Board NOTED the update.

Performance Report at 31 December 2018

19/1/46 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 at month 9, 2018/19.

19/1/47 Performance against metrics included:

- RTT – The Trust remained below target at 86.6%, which is a decrease of 0.3% on the previous month reporting.
- Diagnostic wait is 99.3% against the standard of 99.5%.
- 2 week waits – The Trust achieved 91.9% and was non-compliant with national target of 93%.
- 4 Hour Access Target – The Trust achieved 91.3% against national standard of 95% but with better performance than 2017/18.
- Cancer targets – The 62 day performance achieved 86.0%, increasing against last month's reporting of 83.0%.
- HSMR – The Trusts rolling 12 month was lower than the expected level at 93.43.
- Appraisals – The Trusts appraisal completion remained at 78.85%.
- SET Training – The Trust's SET training rate increased slightly to 78.85% at the end of December.
- Sickness Absence – The year to date figures has increased slightly at 4.38%.

19/1/48 Following a discussion around the rise in Accident and Emergency attendance, Alan Chan suggested more work needed to be undertaken in educating people on how to use Accident and Emergency Services correctly. David Purdue advised Board that there had been many campaigns and advertisements on the correct use of the emergency department and advised of publications that had been provided advising of places to go should a patient require help. Board was advised of the Same

Day Health Centre in Doncaster that is an accessible out of hours GP service, the Choose Well campaign and the 75,000 people that had been reached over December via the Trust Facebook page that had seen no positive difference in A&E attendances.

19/1/49 It was acknowledged that Flu had seen an increase in staff absence and A&E attendance in December and caused an increase in the reporting figures.

19/1/50 The Director of People and Organisational Development informed Board that the Appraisal Season had again been planned between April to June 2019 due to the positive outcome of last year's season. The Executive Team have appraisal planned for March to set objectives that would be reflected into team objectives throughout the Trust.

19/1/51 Pat Drake asked what action was being taken to ensure safe staffing in paediatrics. The Board were advised that this was part of the work being undertaken on the journey towards outstanding and a revised tool for paediatric staffing had been implemented. It was reported that the tool had been successfully used at Sheffield Children's Hospital. The pilot of this tool for the Trust commenced in September 2018 with data expected for October, November, December 2018 and January 2019 measuring its success. The results of this data would be shared with the Quality and Effectiveness Committee with responsibility for oversight of progress.

19/1/52 Sheena McDonnell asked what action was being taken to address the Family and Friends Test response rate, and the low levels of feedback received. The Board was advised that feedback is monitored at the Patient Engagement and Experience Committee and a review of the FTT was being undertaken nationally that was expected later in 2019.

19/1/53 Pat Drake asked if improvement would be seen with fractured neck of femur outcome now that an additional consultant had been appointed. The Board was advised that the Qii Team had been working with the Trauma and Orthopaedic Teams to empower staff to support the trauma pathway with a focussed piece of work expected to take place on fractured neck of femur.

19/1/54 Board NOTED the report.

Widening Participation Framework

19/1/55 The Board considered a report of the Director of People and Organisational Development that highlighted the work undertaken with education and local partners to broaden the access to work and education across the Trust, and the action plan.

19/1/56 The Board considered a Memorandum of Understanding with Hall Cross Academy, Hungerhill School, Doncaster College and the Trust on the opportunities of collaborative working for post 16 opportunities.

19/1/57 Board APPROVED the MOU and NOTED the Widening Participation Framework.

Estates Quarterly Performance Report

19/1/58 The Board considered a report of the Director of Estates and Facilities detailing the performance of the Estates and Facilities Directorate in Quarter 3.

19/1/59 The key highlights included:

- Appraisals remained at 94.07% exceeding the Trusts target of 90%.
- The Trusts cleanliness scores exceed the KPI of 90%, with DRI maintained at 96% for the third consecutive quarter.
- Sodexo achieved 95% for patient satisfaction for the first time since implementation of the new contract.

19/1/60 The Board was advised that there remained some issues with accuracy of meals provided by, Sodexo, however plans are in place to rectify future issues and contract management meetings continued to take place. Plans are in place to repeat the ward catering survey in February 2019.

19/1/61 Following a request made by the Board in October 2018 around planned preventative maintenance, the Director of Estates and Facilities reported that a risk based method was in use to ensure that all PPM's are being recorded on the system.

19/1/62 Since the implementation of the Trusts Re-Turn Centre, it was reported that the re-using of surplus stock and furniture had saved £44,000.

19/1/63 Following a discussion around staff satisfaction of completed jobs, Kirsty Edmondson-Jones reported that there had been an increase in satisfaction of jobs completed and particularly since the introduction of the ward Environment Assistants that visit every ward to proactively identify work that the needs to be completed. A survey Monkey had been developed to gain staff feedback and satisfaction to enable greater evidence collection.

19/1/64 Pat Drake raised a concern that the data showed that jobs are still incomplete and suggested that an audit be undertaken to assess the full completion of the job. The Director of Estates and Facilities advised that the data demonstrated a system recording which had since been rectified. Board was advised that a cleansing of the system on a daily basis is undertaken on outstanding jobs which can be seen on the Estates Visual Management Boards. Further training had been planned for internal staff on how to data cleanse and monitor the system going forward.

19/1/65 Following a question from Kath Smart around the discharge of health and

safety duties to the Board sub committees, it was explained that the Chairs of the sub-committee should see their own individual responsibilities and take through the appropriate governance structure. The Chair suggested that each committee should refresh their TOR in terms of Health and Safety responsibilities, and provide a recommendation to Board on how they wish to proceed going forward.

**KS, NR,
LP**

19/1/66 In response to a question from Linn Phipps in respect of environmental issues, The Chair of the Board suggested a workshop, or seminar for the Board on Capital Programmes and Environmental Impacts to be undertaken in the coming months.

**KEJ /
GJ**

19/1/67 Board NOTED the contents of the paper and the progress made.

Chairs Assurance Logs for Board Committee held 22 January 2019

19/1/68 The Board considered a report of the Chair of the Finance and Performance Committee following the meeting held on 22 January 2019.

19/1/69 The Finance and Performance Committee had received assurance on the financial picture and progress to deliver the control total. A further deep dive into the management of Referral to Treatment performance took place. The Director of Estates and Facilities provided her monthly update of progress on improving the quality and timeliness of patient meals.

19/1/70 The Finance and Performance Committee held a lengthy discussion around the Electronic Patient Record Business Case proposal, which the committee supported and recommended to Board for approval.

19/1/71 The Board NOTED the update.

CQC Inspection Update

19/1/72 The Board received an update from the Director of Nursing, Midwifery and Allied Health Professional on the unannounced CQC inspection with regard to services provided at DBTH.

19/1/73 Moira Hardy reported that work continued to deliver against the action plan with weekly meetings established, and taking place with ED and Paediatric colleagues. There has been two areas of focus identified by the CQC inspection of Paediatric Nursing levels and Front Door Assessment Service and Streaming model.

19/1/74 It was reported that advertisements for the recruitment of band 5 and band 6 Registered Childrens Nurses to work in the emergency department had been undertaken. With support from the Training and Education Department, a course for Adult Nurses to undertake a paediatric distance learning courses had been sourced.

19/1/75 The Board was advised of an application called POP that was being used with paediatric colleagues for the escalation of children's observations in the emergency department based on a priority scoring system.

19/1/76 The Board was advised that the CQC rating review will reflect the areas assessed and not the overall rating of the Trust.

19/1/77 Board NOTED the update.

Reports for Information

19/1/78 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 10 December 2018
- Minutes of Finance and Performance Committee, 23 November 2018 and 17 December 2018
- Integrated Care System Update

Items to Note

19/1/79 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/1/80 The minutes of the meeting of the Board of Directors on 18 December 2018 were APPROVED as a correct record.

Any other business

19/1/81 Musical Event – Linn Phipps advised of a fundraising Musical Evening to be held at Bassetlaw Hospital on 22nd March 2019 at 6pm.

Chief Executive OBE – The Chair of the Board on behalf of members congratulated Richard Parker, Chief Executive, on the award of an OBE in the Queens New Years Honours.

Governors questions regarding business of the meeting

19/1/82 Referring to the hospital cancellation rate, Mike Addenbrooke expressed concerns on behalf of Governors of the number of cancellations and why 52 theatre cancellations had been recorded in the performance report. Going forward, Mike requested figures rather than percentages to which David

agreed to change the data reporting.

19/1/83 Referring to the Trust Seal, George Webb queried the contract negotiations that expired at Park Hill Hospital, to which Jon Sargent advised that the contract had been strengthened to generate additional revenue for the Trust.

19/1/84 Following a discussion around the increase in housing at Harworth, Clive Tatley asked what intelligence the Trust had to whether people will attend Bassetlaw or Doncaster emergency departments. David Purdue advised that no intelligence had been received and the potential impact is based on national assumption around Primary Care conversion rate to the impact is has on hospitals. It was noted that Section 106 of the Local Government Act required developers to work formally with the Council on such arrangements.

Date and time of next meeting

19/1/85 10.00am on Tuesday 26 February 2019 in the Boardroom, Bassetlaw Hospital.

Exclusion of Press and Public

19/1/86 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 26 February 2019
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
	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
In attendance:	Marie Purdue	Director of Strategy and Transformation
	Adam Tingle	Acting Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Hazel Brand	Governor
	Steve Marsh	Governor
	Phil Beavers	Governor
	David Cuckson	Governor
	Sheila Walsh	Governor

ACTION

Welcome and apologies for absence

- 19/2/1** Apologies were presented on behalf of Pat Drake. The Chair of the Board extended her welcome to the five members of public in attendance.

Declarations of Interest

- 19/2/2** No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

- 19/2/3** The list of actions from previous meetings were noted and updated.

A deep dive into cancelled operations took place at the February19 meeting of Quality and Effectiveness Committee and therefore the Board agreed to remove this item from the action log.

It was agreed that a discussion would be held at Finance and Performance Committee in May on the details of the cost to the Trust of transitioning Band 1 staff to Band 2. The Board agreed to remove this item from the action log and include on the F&P work plan.

Presentation slot – Data Security and Protection Toolkit

- 19/2/4** The Board considered a presentation from Roy Underwood, Head of Information Governance and Data Protection Officer at the Trust.
- 19/2/5** The presentation outlined the key requirements of the Data Security and Protection Toolkit with particular attention drawn to the training, guidance and good practice relating to Data Protection including Cyber Security and how this were being implemented within the Trust.
- 19/2/6** Mr Underwood expressed the importance of ensuring the Trust achieved an annual training compliance of 95% but recognised that expectations and training levels varied depending on the roles within the organisation.
- 19/2/7** In response to a question from Mr Parker around the 95% training compliance target and if this had been internally generated, Mr Underwood advised that this target was determined by the Toolkit and was a national requirement.
- 19/2/8** Mr Parker asked the opinion of Mr Underwood to whether the training compliance of 95% is realistically achievable for the Trust as it is noted that other mandatory training requirements reach an average of 83%. Mr Marsh replied that there was a level of uncertainty to whether the training compliance would affect the assurance rating given by internal audit. The Trust was on track to achieve 'significant assurance' for its audit of the toolkit by KPMG.
- 19/2/9** Mrs Barnard advised the Board that mandatory training could be broken down into specific topics and is reported to the sub committees of Board. Mr Marsh would review the mandated requirements of staff to undertake the training and undertake a deep dive into the current compliance rates and report on the findings by email to members of the Board. **SM**
- 19/2/10** Mr Underwood reported that many organisations are working towards the Cyber Essential Plus certification and DBTH would aim to achieve this as part of the 2019 toolkit audit.
- 19/2/11** In response to a question from Linn Phipps around the use of email for patient communications, Mr Marsh advised that this posed many challenges similar to the current postal system, in terms of information security due to the risk of sending to incorrect email addresses and the regularity of people changing their contact details. Mr Marsh advised that this form of communication could only take place if the patient had registered their consent and this method of communication had not been tested in a court of law.
- 19/2/12** Following a conversation around the work being undertaken to remove fax machines, reduce written letter correspondence and improved use of email and security, the Chair suggested that a future workshop would be

beneficial to Board and made a request of Mr Marsh to provide an update in the coming months. **SM**

19/2/13 The Board NOTED the presentation.

Car Parking and Security Contract

19/2/14 The Board considered a contracting proposal presented by the Director of Finance, on behalf of the Director of Estates and Facilities, relating to the Car Parking and Security provision at the Trust.

19/2/15 The Board of Directors were asked to consider the approval of the car parking, security, smoking enforcement and capital investment award to Indigo Parking Services.

19/2/16 Mr Sargeant advised that the proposal had been discussed at the Finance and Performance Committee who sought to gather further information on the qualitative benefits of the contract. The Board was advised that this contract was a replacement for the existing contract in place with Shield Security Services.

19/2/17 Members of the Finance and Performance Committee felt that further scrutiny was required due to the moving of services and the allocation of staff, as well as the value of the contract and sensitivity of its services.

19/2/18 It was agreed at the Finance and Performance Committee that Mr Sargeant, Mr Chan and Mr Rhodes would seek to gain further data from Mrs Edmondson-Jones to enable an informed decision on whether to proceed with the newly proposed contract and therefore Mr Sargeant sought the agreement of Board of this way forward.

19/2/19 The Board AGREED for Mr Sargeant, Mr Chan and Mr Rhodes to seek further assurance and APPROVED for those members to be given delegated authority to confirm sign off the contract on behalf of the Board of Directors.

South Yorkshire and Bassetlaw Pathology Programme

19/2/20 The Board considered a report of the Chief Executive that set out the national programme for the consolidation of the pathology laboratory services in England into 29 networks, with an estimated saving of £200million.

19/2/21 The paper provided Board with the progress that had been made by the South Yorkshire and Bassetlaw Pathology Transformation Programme, via its Board and associated workgroups, to transform services across the area. The programme seeks to provide a centralised service on a 'hub and spoke' model.

19/2/22 Mr Parker advised that the proposal would be presented at all partners and

CCG's Boards in the coming months and sought the approval of Board to continue to the work to develop an outline business case that will assess a defined set of options for future service delivery.

- 19/2/23** The Board were advised of a large tender that had been commissioned in excess of £1billion to support the redesign of a core laboratory service. Mr Parker supported and commended the proposal to Board and provided the caveat that the Trust needed to ensure that the models put before them did not cause cost pressures going forward. The programme was expected to see savings of a minimum of 5%.
- 19/2/24** In response to a question from Karen Barnard around staff retention and engagement, Mr Parker said that staff would be part of a local and national network that should ensure additional opportunities. Communications colleagues were also members of the Pathology Board and a monthly newsletter was being shared across the system to ensure transparency to staff. Mr Parker advised that the Board recognised that workforce shortages were realistic and relevant and further work would be undertaken to address the shortages going forward.
- 19/2/25** Linn Phipps sought assurance of the programme meeting the needs of patient and their families to which Mr Parker advised that the programme was based upon maintaining, and improving laboratory services and would not provide frontline patient care or testing issues as this would be managed by General Practice.
- 19/2/26** Mr Singh provided his support to the business case but asked if consideration had been made for providers to develop a joint tender. Mr Parker responded that the managed service contract was a joint tender and that a number of management models would need to be considered as part of the development of the outline business case.
- 19/2/27** In response to a question raised by Sheena McDonnell around clearly articulating patient outcomes in the business case, Mr Parker advised that the business case would include success criteria and would include the care and time to test results perspectives.
- 19/2/28** Board was advised of national work taking place on accreditation and partnership pathways and that NHS Improvement would undertake a review of the system and its individual components.
- 19/2/29** In response to a question from Jon Sargeant on stakeholder involvement, Mr Parker advised that workshops had been set up to look at each section of the laboratory services, the quality indicators, workforce issues and infrastructure in order to set the criteria.
- 19/2/30** Following a lengthy debate and consideration of the key risks the Board resolved to:
- APPROVE to progress the pathology transformation programme to

outline business case as described within the paper

- AGREED that the implementation of a single organisational form for the South Yorkshire and Pathology Services should be subject to the completion of an outline and full business case
- SUPPORTED the resolution of the key enablers

Reports for Assurance

Finance Report as at 31 January 2019

- 19/2/31** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 10 as a cumulative £21.5m deficit, which is £600k favourable against plan and £808k favourable against forecast.
- 19/2/32** The Director of Finance reported a surplus of £593k, which is favourable against plan of £596k before PSF. This was reported as favourable against a forecast of £64k in month.
- 19/2/33** The Trust is currently on target to deliver its revised forecast which is £3.72million adverse position to the control total.
- 19/2/34** Mr Sargeant reported significant income had been received in month 10 and initial indication showed that activity remained high in February with no reports of loss of elective activity. The Trust had recorded a £7.9million cash balance at the end of the month. A reduced rate of agency spend was maintained in month.
- 19/2/35** Mr Rhodes provided his support to Mr Sargeants report and gave assurance to Board of the conversation that had been held at the Finance and Performance Committee of 25 February 19. Mr Rhodes remained confident in the management of the Trust's finances and commended the team for the work that had been undertaken to ensure a strong financial position.
- 19/2/36** The Board NOTED:
- (1) The Trust's surplus for month 10 (January 2019) was £593k, which is a favourable variance against plan of £569k before PSF (£1,325k adverse after PSF, as the Trust is not forecasting to achieve its year end control total). The cumulative position to the end of month 10 is an £21.5m deficit before PSF, which is £600k favourable to plan (£1,294k adverse to plan including PSF) and £808k favourable to forecast.
 - (2) The achievement with regard to the Cost Improvement Programme.
 - (3) The forecast presented and reported to NHSi, of a £3.72m gap from delivering the control total before PSF (£9.4m gap including impact of not achieving Q4 PSF).

(4) The risk set out in the paper.

EU Exit

- 19/2/37** The Board considered a report from the Chief Operating Officer that set out the Trusts response and preparation for EU Exit. The paper outlined the next steps should a no deal EU Exit agreement be reached in the coming weeks.
- 19/2/38** The EU Exit process was being undertaken by the Emergency Preparedness Resilience and Response Team with Mr Purdue identified as the Senior Responsible Officer for the Trust. It was noted that the requests for the reporting of information is expected to increase immediately prior to Brexit to twelve times per day through a twelve-hour period with comprehensive updates given on staffing, equipment and medicine shortfalls. The Board was assured that regular contact was being maintained with NHS England and the Yorkshire Area Team but contact had been extended to colleagues in the East Midlands.
- 19/2/39** Mr Purdue reported that work continued with colleagues across PLACE and the ICS in ensuring partnership working takes place to mitigate the risks and impact on service provision. Social Care partners in Doncaster and Bassetlaw had declared a low risk impact on staffing due to a very small number employed from the EU.
- 19/2/40** Mr Purdue reported that the biggest risk was around access to medication, particularly insulin; however, the impact was more prevalent for Primary Care than Acute Trusts. The risk related to the transportation of medication rather than its production. Mr Purdue provided assurance to Board that risk assessments had been undertaken and assurance given to CCG's that services can continue in the event of a no deal scenario.
- 19/2/41** Mr Purdue advised that the Executive Team would undertake scenarios around EU Exit in the coming weeks and these would test the on call management arrangements. If the outcome is no deal, the corporate control and command would be enacted and the control room staffed 12 hours per day.
- 19/2/42** In response to a question from Sheena McDonnell around the timescales and content of scenarios testing, Mr Purdue advised that one exercise had been undertaken relating to medication supplies three weeks post EU Exit, one related to social care staffing six weeks post EU Exit and one related to equipment and the servicing of equipment. Mr Purdue agreed to share sample reports with the Board. A further scenario was anticipated around national fuel shortages. However, the Government had not anticipated issuing a national fuel plan.
- 19/2/43** In response to a question raised by Alan Chan around the financial support available, Mr Purdue advised that the Trust was awaiting a national

DP

response to the request for financial support but it was expected that national monies would be made available.

19/2/44 Linn Phipps asked what review of staffing capacity had been undertaken to manage the additional workload and the management of personal pressures during the enactment of the command and control, to which Mr Purdue advised that the Trust were awaiting the national reporting requirements before reviewing its feasibility for staffing. The Government were expected to publish their risk assessment on 26 February 19 on the scenario of a no deal exit.

19/2/45 The Board NOTED the update and next steps.

CQC Update

19/2/46 The Director of Nursing Midwifery and Allied Health Professional provided Board with an update on the current progress of the unannounced CQC inspection of 27 – 29 November 2018.

19/2/47 Moira Hardy reported that two main areas of concern had been raised from the report, which related to paediatric nurse staffing and the front door assessment streaming service model. The Trust had taken immediate responsive action to address the issues raised.

19/2/48 Mrs Hardy advised of the weekly meetings that had been arranged with key stakeholders to progress the CQC action plan and provided assurance of the monitoring and reporting arrangements that had been put in place from a managerial and governance perspective. Fortnightly reporting to the CQC continued to take place with the last report being provided on Thursday 21 February 19. No further challenges had been given to the Trust.

19/2/49 The report of the inspection had been received on 8 February 19 with a deadline for factual accuracy checks of the 21 February 19. Mrs Hardy reported that the Trust responded within the required deadlines with a number of inaccuracies challenged and a request to the CQC to consider a more balanced approach across the two sites. Mrs Hardy reported that an acknowledgement had been received from the CQC stating careful consideration would be given to the comments made by the Trust.

19/2/50 The Board NOTED the update.

Performance Report at 31 January 2019

19/2/51 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 at month 10, 2018/19.

19/2/52 Performance against metrics included:

- RTT – The Trust remained below target at 87.4%, which is an improved position compared to month 9 reporting.
- Diagnostic wait is 99% against the standard of 99.5%.
- 2 week waits – The Trust achieved 91.1% and was non-compliant with the national target of 93%.
- The 62-day performance achieved 85.3%, increasing against last month's reporting of 84.8%.
- 4 Hour Access Target – The Trust achieved 90.3% against national standard of 95% but with an improvement in performance of 2.6% compared to 2018/19. It was acknowledged that the Trust was the 14th best performing Trust nationally
- HSMR – The Trusts rolling 12 month was lower than the expected level at 93.43.
- Appraisals – The Trusts appraisal completion remained at 78.85%.
- SET Training – The Trust's SET training rate was 81.3%% at the end of January.
- Sickness Absence – The year to date figures has increased slightly at 4.42%.

19/2/53 In response to a question from Kath Smart on the impact on performance around the emergency department triage model, Mr Purdue reported that staff had been supportive of the new model and there had been no reported impact.

19/2/54 In response to a query from Kath Smart on historical reflections and future projections of care hours per day, Mrs Hardy advised that model hospital data is used and safe staffing data had been discussed at the Quality and Effectiveness Committee in February 19. Kath Smart requested that the conclusion of the discussion held needed to include transparency against local peers and nationally to which Moira Hardy agreed to include in future executive summaries of the performance report. Mr Rhodes suggested that the Quality and Effectiveness Committee should be responsible for the deep dive of the quality report detailing care hours and a lesser conversation held at Board unless concerns had been raised. Mrs Phipps advised that QEC would undertake a deep dive into the area and escalate to Board accordingly.

MH

**MH /
LP**

19/2/55 Mr Singh highlighted three key areas from the performance report to include:

1. There had been an intention to share the metrics for the care of children. However, this would be review with the Clinical Governance Committee in the coming weeks. Mr Singh advised an

SS

update would be given in the next month's report to Board.

2. HSMR had remained better than expected but an upward trend had been noted. It had been anticipated that the Trust would move into the 'expected' range in the coming months following a detailed benchmarking exercise.
3. It was acknowledged that NHS England have requested reports be received by Board on four key areas; time to consultant review, availability of diagnostic tests, availability of consultant interventions and consultant review. Agreement was sought from Board for QEC to have delegated responsibility to review these reports every six months with any concerns escalated to Board. The Board AGREED.

SS

19/2/56 Mrs Barnard provided an overview of the sickness absence reasons for January 2019, which had been identified as cold / flu, related. It was noted that the Trust had been shortlisted by NHS Employers for the 'most creative and best team award' for the flu campaign. The Board acknowledged the progress and congratulated the team on their nomination.

19/2/57 Mrs Barnard reminded Board of the appraisal season that would take place April to June 19 and of the various soundbites training modules being held.

19/2/58 Board NOTED the report.

Executive Teams Objectives

19/2/59 The Board considered a report of the Chief Executive that outlined the progress of the Executive Teams Objectives at Q3, 2018/19.

19/2/60 Mr Parker advised that the objectives for 2019/20 would be set in March 19 following Executives appraisals.

19/2/61 In response to a question from Sheena McDonnell on Mr Parkers view of any key areas that are posing difficulties in achievement, Mr Parker stated that the objectives had been RAG rated against progress following Executives self-assessment and did not anticipate any turning to 'red' or not achieved.

19/2/62 Mr Parker spoke of the True North objectives that would be used as a basis to form part of the objectives for Executives in the coming year. Mr Parker also advised that the work of Qi would also be embedded and an assessment would be undertaken of each decision-making committee. The Board acknowledged the good examples of Qi work that had been undertaken throughout the Trust.

19/2/63 The Board NOTED the paper for assurance.

Staff Survey Report

- 19/2/64** The Board considered a report of the Director of People and Organisational Development that set out the progress on staff survey and engagement. The Embargo report was due to be published on 26 February 19, which was the same day as the Board, and therefore a detailed analysis and presentation of the results could not be undertaken. It was reported that the Quality and Effectiveness Committee would undertake a review of the report at the next committee.
- 19/2/65** Mrs Barnard provided background to the survey that had been undertaken through October and November of 2018. The paper set out the areas of concern and actions to address the lower scoring results over the next year.
- 19/2/66** Mrs Barnard spoke of the need to demonstrate accountability for the results of the survey and the delegation of actions to Divisions and Directorates. Part of this work would include engagement groups within each Division and Directorate with a Trust level group chaired by the Chief Executive.
- 19/2/67** Kath Smart reminded Board members of the recent statement released by the Health Secretary around staff support for wellbeing and stress and sought assurance that the Trust would be undertaking this review. Mrs Barnard provided assurance that the Trust had committed to reviewing its support for staff.
- 19/2/68** Kath Smart sought assurance from Karen Barnard around staff receiving feedback from the survey and their involvement in subsequent actions to which Mrs Barnard stated that the Qi Programme had seen a significant improvement in staff participation.
- 19/2/69** Karen Barnard advised that the Trust induction was a key part of the staff journey and a working group had been set up to review and improve the current induction offer.
- 19/2/70** The Board NOTED the report.

Guardian for Safe Working

- 19/2/71** The Board considered a report of Mr Jayant Dugar and received the annual report of the guardian for safe working, as per the Junior Doctors contract.
- 19/2/72** Mr Dugar provided Board with a background into the report and reminded members that the Guardian role were introduced with the responsibility of ensuring doctors are properly paid for all their work and by ensuring that doctors are not working unsafe hours. The contract continued to be implemented with 137 doctors current employed at DBTH on the 2016 contract and the Trust had recently become a lead employer for GP trainees.
- 19/2/73** Mr Dugar advised that exception reports within the quarter had been

submitted across surgical and medicine divisions with a total of 29 reports raised which one had related to education. Mr Dugar reported trainees had raised no gross safety issues with the Guardian.

19/2/74 The Trust had purchased an e-rostering system that the Mr Dugar felt needed to be implemented fully as this would provide assurance that none of the junior doctors would be breaching their hours of contract.

19/2/75 In response to a question raised by Kath Smart around engagement from Estates and IT in supporting the implementation of e-rostering, Mr Dugar said that e-rostering was a national driver and junior doctors felt disengaged as result of on call rooms and parking and had therefore requested the support of colleagues in Estates and IT. Mr Parker reported that the Director of Estates and Facilities had developed a list of estates work to be undertaken that took into consideration the concerns of junior doctors. Mrs Barnard reported that the e-rostering project had commenced.

19/2/76 Board NOTED the annual update together with the update from the third quarter of 2018/19 and was ASSURED that training doctors had safe working practices as envisaged by the 2016 contract.

Chairs Assurance Logs for Board Committee held 20 February 2019 and 25 February 2019

19/2/77 The Board considered an update from the Chair of the Finance and Performance Committee from the meeting held on 25 February 19. Mr Rhodes reported the committee had undertaken a detailed exploration of finance and performance with particular attention made to the car parking contract, annual plan and Trust efficiencies.

19/2/78 Mr Rhodes reported that good progress had been made with the Performance Assurance Framework that is hoped would deliver a shorter assurance report to Board and incorporates the workforce data. Mr Rhodes said Board should expect to see the new template at the meeting to be held in April 19.

19/2/79 Board NOTED the update.

Reports for Information

19/2/80 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Bassetlaw Integrated Care Partnership Bulletin
- Minutes of Management Board, 14 January 2019

- Minutes of Quality and Effectiveness Committee, 17 December 2018
- Minutes of the Fred and Ann Green Legacy Advisory Group 16 November 2018
- Minutes of Charitable Funds Committee 25 September 2019
- Integrated Care System Update

Items to Note

19/2/81

The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/2/82

The minutes of the meeting of the Board of Directors on 29 January 2019 were APPROVED as a correct record.

Any other business

19/2/83

No any other business were raised.

Governors questions regarding business of the meeting

19/2/84

In response to the discussion held around fax machines as part of the Data Security presentation, Hazel Brand made a request of a briefing session to Governors on the Trusts response to decommissioning faxes and becoming a 'paper less' organisation. The Chair of the Board supported this request.

Date and time of next meeting

19/2/85

9:15am on Tuesday 26 March 2019 in the Fred and Ann Green Boardroom, Mexborough Montagu Hospital.

Exclusion of Press and Public

19/2/86

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