

Minutes of the meeting of the Board of Directors
Held on Tuesday 26 March 2019
In the Fred & 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
	Cindy Storer	Acting Deputy Director of Nursing, Midwifery and AHP for <i>Moira Hardy</i>
	Sheena McDonnell	Non-executive Director
	Richard Parker	Chief Executive
	Pat Drake	Non-executive Director
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
	In attendance:	Marie Purdue
	Emma Shaheen	Head of Communications and Engagement
	Kate Sullivan	Corporate Governance Officer
	Clive Tattley	Governor Observer (<i>part</i>)
	Peter Abell	Governor Observer

ACTION

Welcome and apologies for absence

- 19/3/1** Apologies were received on behalf of Moira Hardy, Director of Nursing Midwifery & Allied Health Professionals, Neil Rhodes, Non-executive Director and Gareth Jones, Trust Board Secretary. The Chair welcomed Emma Shaheen back to the Trust after a period of Maternity leave and Peter Abell who was observing the meeting. There had been some criticism from some Governors about the acoustics of various meetings they observed; The Chair reminded the Board of its commitment to make meetings accessible and asked that members speak clearly.

Declarations of Interest

- 19/3/2** No interests were declared in the business of the public session of the meeting.

Matters Arising and Actions from the previous minutes

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

19/1/65 – Refresh of Board Committee Terms of Reference (ToRs) in respect of Health & Safety: The Trust Board Secretary had met with the Chair of The Audit & Risk Committee. An update would be brought to a future meeting.

19/1/82 – Hospital Cancellation Rates – numbers of patients, as well as percentages to be provided: Data had been circulated to NEDs and would be included in future performance reports.

18/2/9 – Deep Dive of staff mandatory training to be emailed to the Board in March: It was noted that the action related specifically to Information Governance (IG) Training.

19/2/42 – Scenario reports on EU exit had been shared with the Board. The Chief Operating Officer (COO) gave assurance that the Trust had declared to NHS Improvement (NHSI) that it was compliant with the requirement to ensure that all senior management teams, the Board and CCGs had been through the scenarios. The COO provided details of a new daily reporting requirement to NHSI in respect of EU Exit and this was briefly discussed.

19/2/54 – Target date to amended from May 2019 to June 2019

19/2/55 – Metrics for care of children to be included in future reports; progress had been made and some information had been included in the performance report included in the papers. The Medical Director gave assurance that work was ongoing to increase the level of metrics in coming months.

Presentation slot – NHS Improvement QI Update and Breakthrough Objectives for 2019/20

19/3/4 The Board considered a presentation from Marie Purdue, Director of Strategy and Transformation. Marie updated the Board on work to align the improvement programme aims with the Strategic Direction such that the Trusts' Vision became ***The safest Trust in England, outstanding in all we do*** and a more detailed version of the previous vision to become the mission; ***As an acute teaching Hospital Trust, a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients partners and the public to maintain and improve the delivery of high quality integrated care.*** The Board endorsed this proposal noting the proposed strategic deployment mechanisms. The key aim of strategic deployment was to ensure everyone knew how they contributed towards the vision. The agreed definition of Quality Improvement was also noted - *“working together using methods, tools, data measurement, curiosity and an open mindset to improve healthcare”*.

19/3/5 The remainder of the presentation focussed on how the Trust had translated the 5-year strategic objectives, the *‘True North Objectives’*, in to specific objectives that everyone in the organisation could relate to and help deliver. Below the True North Objectives sat the *Breakthrough Objectives* that the Trust aimed to deliver within the first year. The True North and breakthrough objectives would be the golden thread through everything the Trust did to help us prioritise resources and assure partners.

True North Objectives:

- Achieved and maintained CQC outstanding
- 100% of staff know how they contribute to the vision
- In top 10% for staff and patient feedback
- Trust in recurrent surplus

Breakthrough Objectives (Archive in 1 year)

- Achieve CQC good

- Level 1 of QI rollout (train 40 practice coaches and 30 Kata coaches)
- Higher than average for staff and patient feedback
- Achieve Control Total

19/3/6 The Board discussed how the True North and Breakthrough Objectives linked to Board Committees and examples of how they might translate in to Divisional / Departmental objectives and how they could be made relevant in terms of individual objectives. The Board also considered how the objectives could be measured and noted that at a recent Governor Appointments and Remuneration Committee meeting, to consider the appraisal and objective setting process for the Chair and NEDs, Governors had endorsed this framework for setting their objectives. In response to a query from Kath Smart about how the objectives could be made relevant for non-clinical and non-patient-facing staff, the Board were assured that the Trust was working on this.

19/3/7 The Board noted that achieving the Strategic Direction depended on engaging everyone in quality improvement (Qi). An overview was provided of the process for working with divisions and corporate directorates to achieve outputs linked to the True North and Breakthrough Objectives and examples of Qi work along with an overview of Qi plans for 2019/20 were shared. It was important to ensure the Trust used examples that were relevant to all staff groups and this was noted.

19/3/8 The Board NOTED the presentation and ENDORSED aligning the improvement programme aims with the Strategic Direction and the proposed changes to the Trust's Vision and Mission.

Use of Trust Seal

19/3/9 The use of the Trust Seal for the entry 105 in the Seal Register was APPROVED.

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

19/3/10 The Board noted that the Standing Financial Instructions, Standing Orders and Scheme of Delegation had been reviewed and updated in line with best practice and up to date practices in the Trust. A summary of these changes were set out in the covering report. This paper had been considered by the Audit & Risk Committee (ARC) on 19th March 2019, and it was recommended for approval by that Committee.

19/3/11 The Board APPROVED the updated documents subject to being made gender neutral.

JS/GJ

19/3/12 Reports for Assurance

Finance Report - 28 February 2019

19/3/13 The Board considered a report of the Director of Finance that set out the Financial Position at Month 11(February 2019) which was a favourable variance against plan of £855k before PSF funding and a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF Funding, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.

19/3/14 The Trust now expected to deliver its control total at year end, and this was welcomed. This was a result of; the improved position against forecast and plan (especially in income), following final discussions with Doncaster CCG who were funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than forecast. The Trust's key remaining risk was the delivery of the Waiting List recovery plan, which attracted incentive payments of c.£2.4m, which was yet to be included in the Trust's position.

19/3/15 In response to a question from Linn Phipps, an update on the terms of the waiting list incentive payments was provided along with how performance was progressing; at the time of the meeting the Trust was on track to deliver the waiting list size target; the key challenge was delivery of RTT performance; this was being monitored monthly through F&P and would be discussed further under the performance report.

19/3/16 The Board NOTED:

- The Trust's deficit for month 11 (February 2019) was £224k, which was a favourable variance against plan of £855k before PSF. This was a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The improved financial position and that the Trust was forecasting to deliver its control total at year end subject to delivery of the Waiting List position.
- The risks set out in the paper.

19/3/17 **Thematic People & Organisational Development Report - Terms and conditions update**

19/3/18 The Board considered the report of the Director of People & Organisational Development that provided an update to the Board on the Agenda for Change pay deal which was introduced in 2018. These changes could be categorised under the below headings;

- Three year pay deal
- Band 1 to Band 2 transition
- Pay Progression
- Amendments to Agenda for Change terms and conditions.

It also provided an update to pension contributions in respect of both the NHS Pension scheme and the alternative NEST pension scheme for those staff ineligible to join the NHS pension scheme.

Some of the changes were quite complex and some staff had already raised a number of queries about how the changes would affect them. The Trust was working with the communications team on some easy to understand briefings to be shared through a range of communications channels.

19/3/19 In respect of the abolishment of Band 1, and in order to progress the transition of staff from Band 1 to Band 2, current Band 1 job descriptions were being revised if there was no existing Band 2 job description for staff to move into. This was a voluntary transition for staff, but it was anticipated that the majority of staff would choose to transition with support if required and details of how that would work were provided and discussed in detail. In response to several questions it was clarified that the transition would mean a change in role with the aim of upskilling staff and examples were provided.

19/3/20 The Board noted that from April 2020 staff would no longer automatically progress annually through the pay points within a band; a set of criteria that all staff would need to meet was being agreed. The Board considered how this might impact on the future recruitment of staff in the context of alignment of this approach across the ICS; it was clarified that this was being discussed at ISC level.

19/3/21 The Chair expressed a wish for the Trust to aspire to signing up to the Real Living Wage and this was discussed; although at this time the Trust (in line with the national Agenda for Change pay rates) could match the real living wage but could not commit to keeping up with future increases due to the links to national pay deals. During the discussion it was agreed to set an aspiration to the pay the real living wage and to raise this with the ICS / discuss the matter at PLACE level.

KB

19/3/22 The Board NOTED the update and next steps.

Performance Report at 28 February 2019

19/3/23 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.

19/3/24 Performance against key metrics included:

- Cancer targets – The 62-day performance achieved the 85% standard, coming in at 85.4%.
- Four-hour access – The Trust achieved 91.6% against the national standard of 95% which was 12th best nationally.
- RTT – The Trust performed slightly below contract target, reaching 87.5%
- HSMR – The Trust's rolling 12-month HSMR remained better than expected at 92.
- C.Diff – Below (better than) the year to date trajectory, the same period the previous year and the national trajectory.
- Appraisal rate – The Trust's appraisal completion rate remained static at 78.85% - The Trust was preparing for the 2019/20 round of appraisals. Appraisal paperwork had been updated to reflect changes to objective setting. It was noted that all Executive Director appraisals had been completed
- SET training – 81.31% compliance rate for Statutory and Essential Training (SET)

- Sickness absence – Year-to-date figure at 4.43%

19/3/25 The Board noted that this month's reports included quality metrics for Children and Young People, and this was welcomed; going forward the Trust would expand on this range of metrics and would work to include more soft intelligence. Commenting on this, Pat Drake shared feedback from a Maternity Clinical Governance meeting she had attended; she had been encouraged to observe that they were using the Quality Dashboard and benchmarking data. The report also included details of additional reporting requirements for NHS Improvement in respect of performance and of proposed changes to the 4hr access including the rationale for and proposed value of the changes; these were set out in detail in the report and the Chief Operating Officer provided further background information.

19/3/26 62 Day Cancer Performance - Key issues remained around complex pathways and shared breaches. Reflecting on this Pat Drake raised a question about tertiary care referrals going to Sheffield, it was noted that the Chair had previously enquired about this and the matter was discussed; The Trust was looking at review of tertiary care undertaken in Manchester to see what learning could be taken from this.

19/3/27 Cancelled Operations – Pat Drake noted that it had been reported at F&P that a significant proportion of cancellations had been due to High Dependency Unit (HDU) capacity and staffing issues; It had been agreed for the Finance & Performance Committee to receive more granular information on this in future reports.

19/3/28 Hospital Acquired Pressure Ulcers (HAPUs) – Following a question from Kath Smart, the Board were assured there were no implications should the Trust not achieve the target trajectory because this was a local quality standard. Although it was disappointing not to have achieved a further year-on-year reduction in HAPUs, the Board were reminded of the significant improvement in this quality standard over several consecutive years and that this was within the context of increased emergency activity. The Trust remained committed to achieving further improvements. Cindy Storer provided an update on work to share learning with staff and on how HAPUs were reported and this was discussed in detail. In response to a query from Pat Drake it was noted that there had not been any grade 4 HAPUs for a significant period of time.

19/3/29 Sheena McDonnell welcomed the improvement in complaints resolution performance; reflecting on the report she felt it would be useful to capture how many complaints were upheld.

CS

19/3/30 Following a question from Pat Drake about whether or not levels of advanced care needs had impacted on skill mix on wards, or given rise to any staffing issues, an overview of the process and tools used to assess acuity and dependency needs of patients and how this linked to workforce plans was provided. The Trust had been undertaking periodic reviews for several years and this had given a picture over time that had enabled better assessment of workforce needs.

19/3/31 The Board were advised that the Trust's had won Best Team at the NHS Employers National Flu Awards the previous day; The team had vaccinated 70% of staff in 21 days. The Board congratulated the team for their hard work to achieve this.

19/3/32 Statutory & Essential Training (SET) – it was agreed that more progress needed to be made to improve the compliance rate which had remained static at around 81%. A Deep Dive was scheduled for the next Workforce, Education & Research Committee (WERC) meeting to look in to this in more depth. An overview of the areas of key concern (those with the lowest compliance rates) was provided. The Board discussed the links between SET and Appraisal compliance rates and the Trusts ambition to achieve a CQC rating of Outstanding, what learning could be taken from Trusts that had achieved CQC outstanding as well as from organisations outside the NHS and whether enough was being done at the current time to improve performance. The Board was assured that this was a key area of focus for the Trust and the Director of People & Organisational Development shared details of work to improve the appraisal process and achieve the Trusts ambition of beyond 90%. She also provided an update on work with education leads and Divisions to better understand what was preventing staff from completing SET; this would be reported through QEC. During further discussion it was agreed for Sheena McDonnell, Kath Smart and Karen Barnard to meet to consider what could be learned from other organisations and think about a more focussed piece of work to bring to a future meeting.

KB/SM.
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19/3/33 Board DISCUSSED and NOTED the report.

Staff Survey

19/3/34 The Board considered the report of the Director of People & Organisational Development on the results of the 2018 Staff Survey. The Trust's True North statement stated that the Trust aimed to be in the top 10% of Trusts for staff satisfaction in the next 5 years. The results from the 2018 staff survey had been shared widely with leadership teams in order that they could develop their own action plans. The results had been captured into themes; equality, diversity & inclusion, health & wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying & harassment, safe environment – violence, safety culture and staff engagement. The paper provided the Trust wide summary with those of each division and directorate. In addition, the staff engagement questions were provided. The paper detailed the proposed actions to be taken, timescales and the KPIs to be monitored. The Trust would continue to utilise the pulse check data which was being obtained through the Quality Improvement (Qi) programmes of work such as ED, Antenatal, Trauma & orthopaedics. These pulse check questions would be made available to all areas who may be undertaking service improvement pieces of work. Regular feedback on progress against the action plan would be reported to QEC and divisional/directorate action plans would be monitored through visual management boards and the performance accountability framework.

19/3/35 There had been an increase in response rate of 5% to 54% which is above the acute sector average by 10%. The response rate by division/directorate ranged from 46% within the Division of Medicine to 94% within Finance and Procurement.

19/3/36 The report was discussed in detail with particular focus on those areas that had declined in comparison to the previous year, the staff engagement scores, the Trust Wide Action plan (included in the paper) and the development of divisional/directorate action plans. The Trusts results were above average in respect

of equality, diversity & inclusion and safe environment – bullying & harassment. Each theme had either remained static or improved apart from health and wellbeing which had declined by 0.1 with the question relating to whether staff felt the Trust took positive action on health and wellbeing reducing by 5% points; it was noted that this was disappointing. Members of the Board were reminded that the Trust had recently been awarded Nottinghamshire Council's platinum health at work award, therefore Divisions would be encouraged to explore this question with their staff to understand how the Trust could demonstrate that their health and wellbeing is important to us and to ensure we are directing our attention to those areas which are having an impact on staff.

19/3/37 The Board considered the areas identified for the Trust wide action plan; Non-executives endorsed the concise and focused presentation of the plan and the Board discussed possible approaches to be taken. Divisions and Directorates had been tasked with developing local action plans. They would also set up local staff engagement groups which would come together to meet with the Chief Executive; in response to a suggestion from Pat Drake it was agreed to consider developing some key principals for these groups to ensure focus and continuity of approach. Reflecting on the Trusts Due North objective of being in the Top 10% of Trusts for staff and patient feedback, Linn Phipps suggested setting some milestones to achieving this; the Trust was developing questions for the next Friends & Family Test and these would be monitored through QEC.

19/3/38 Sheena McDonnell highlighted how showing 'We Care' linked to living the values of the Trust and there was a useful discussion about how this this could be demonstrated, for example through better communication with staff and examples of how this had worked well through the staff Facebook page were highlighted. This led to discussion about staff perceptions of the availability of / how to access funding to improve staff environments; there needed to be improved messaging about how to access funding for example charitable funds. The Chair implored colleagues to ensure all Estates issues were logged and to arrive at work each day with a fresh pair of eyes; they after all were the keepers of the patient and staff experience.

19/3/39 The Board NOTED the paper for assurance.

CQC Update

19/3/40 The Board considered the report of the medical Director and Director of Nursing, Midwifery & Allied Health Professionals that provided a detailed update on the recently released CQC report following a focussed unannounced inspection of the urgent and emergency care services at Doncaster Royal Infirmary and Bassetlaw Hospitals on 27-29 November 2018. This inspection was to follow up on issues identified at the previous inspection in December 2017; the specific issues identified at that time were set out in the paper.

19/3/41 The paper detailed actions set out by the CQC that the Trust must take and actions the Trust should take, immediate steps taken by the Trust at the time of the inspection, and post Inspection to respond to the specific issues and further action the Trust intended to take to improve compliance with CQC standards ahead of future inspections. The paper also set out a number of improvements since the December

2017 Inspection that had been acknowledged by the CQC.

- 19/3/42** The Board noted the detailed action plan (appended to the report). The Medical Director provided an overview of the governance process for monitoring and tracking progress against the plan including escalation processes and plans to set up an electronic dashboard for CQC compliance; The Trust would work with all divisional CQC leads to ensure consistency with the action plans and supply of evidence. The Trust was organising a schedule of cross discipline mock CQC inspections and would welcome participation of Governors and NEDs. A list of dates would be circulated once available.
- 19/3/43** The Clinical Governance Teams were working hard to collect patient feedback and to collect staff feedback on clinical service delivery. There was a useful discussion about the importance of board member engagement with staff in the context of the Trusts ambition to achieve a CQC rating of outstanding. It was noted that Linn Phipps had now met with all clinical governance leads.
- 19/3/44** The report was discussed; The Board were assured by the detailed action plan and noted that it would be refreshed after the mock CQC inspections. Commenting on action plans, Alan Chan commended the level of actions already closed and was encouraged to hear about work to seek staff feedback on the new Emergency Department model.
- 19/3/45** The Board NOTED the report.

CS

New case Assignment Definitions Clostridium Difficile Infections (CDI)

- 19/3/46** The Board considered a report of the Director of Nursing, Midwifery & Allied Health Professionals and the Director of Infection Prevention and Control that set out the new case assignments definitions to be introduced from 1st April 2019 on Healthcare Associated Infection recommended definitions used to attribute/apportion Clostridium Difficile Infections (CDI) to trusts. The paper showed the rate of CDI that would have been reported by the Trust in the year 2018/19 had the new definitions been in force and described action to be taken to support achievement of the objective to have no more than 44 CDI cases in 2019/20.
- 19/3/47** It was noted that while there was not expected to be any increase in the total number of cases, there would be a shift in number of cases that were assigned to the Trust; particularly as healthcare associated cases would include those with recent (last four weeks) hospitalisation. In response to a question from the Chair, the Board were assured that the Trust remained committed to keeping CDI rates as low as possible; key actions included a proactive and zero tolerance to the management of patients known to be positive for Clostridium difficile infection or carriers of Clostridium difficile showing symptoms, within the Trust and the wider communities.
- 19/3/48** Following a question from Kath Smart, there was a brief discussion about the process for recording and learning from CDI route cause analysis; the Board were assured that the Trust carried out route cause analysis for all cases. A new procedure was to be piloted to attempt to monitor patients' positive in the community involving microbiologists and IPC practitioners. It was important to keep talking to Community

partners and to share learning with them learning from the Trusts experience of successfully reducing CDI rates.

19/3/49 The New case Assignment Definitions Clostridium Difficile Infections (CDI) Report was NOTED

Chairs Assurance Logs for Board Committee held 19 March 2019 and 22 March 2019

19/3/50 The Board considered a report of the chairs of Finance and Performance Committee and Audit and Risk Committee following their meetings on 19 March and 22 March 2019. In Neil Rhodes' absence, Pat Drake presented the report from Finance and Performance Committee.

19/3/51 In relation to oversight of the Sodexo contract Neil Rhodes had reported taking significant assurance from a walk-through of the catering service, accompanied by Mike Addenbrooke, public Governor and Vice Chair.

19/3/52 The Audit & Risk Committee had considered the report of Internal Audit on a review of Complaints; the report provided 'partial assurance with improvements required and this had been disappointing. Kath Smart shared some of the areas of concern identified in the report; a full action plan was being developed with divisional input and would be taken through the Patient Experience & Engagement Committee in March 2019.

19/3/53 Board NOTED the update.

Reports for Information

19/3/54 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 11 February 2019
- Minutes of Audit & Risk Committee, 22 November 2018
- Minutes of Charitable Funds Committee 25 January 2019

Items to Note

19/3/55 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/3/56 The minutes of the meeting of the Board of Directors on 26 February 2019 were APPROVED as a correct record.

Any other business

19/3/57 There were no items of other business raised.

Governors questions regarding business of the meeting

- 19/3/58** Further to questions from Clive Tattley, it was clarified that if Governors identified an estates maintenance issue it should be escalated to the ward or department manager for the area. If an issue was on a non-identified or public area, for example the hospital main entrance, the matter should be escalated with the Trust Board Secretary's office who would escalate the matter on behalf of Governors.
- 19/3/59** Following a question from Clive Tattley, an update to the reported December 2018 rolling 12 Month HSMR position was provided; there had been an increase in crude mortality for January 2019 a key factor for this had been high levels of flu.
- 19/3/60** Peter Abell fed back on the NHS Providers Governor Regional Workshop he had attended including comments from Carolyn Jenkinson, CQC Head of Hospital Inspection, who had talked about how the Staff Survey fed into CQC Inspections for Well Led. He also fed back on work at Chesterfield Royal Hospital to increase their Staff Survey response rate to 72% and how they had adopted an approach that reported on progress to their Council of Governors using Non-Executive Directors. This was briefly discussed in the context of the Trusts True North Objectives and how the Trust planned to monitor progress to improve the staff survey response rate and staff survey results through the exiting committee governance structure.
- 19/3/61** Following a question from Peter Abell relating to the Hard Truths Nursing Workforce data for the Children & Families Division, in terms of some wards/departments flagging as 'red', the Board were reminded that a wide range of quality and workforce metrics were used to monitor the safety of these services and they were assured that none of these had flagged any safety issues. A number of examples were given along with an overview of escalation processes: it was noted that any area that flagged red for quality or workforce for 3 consecutive months, or for both quality and workforce in the same month, were escalated. There was a useful discussion about the Trusts aspirations for maternity services and how the Quality & Effectiveness Committee (QEC) was monitoring a number of aspects of children's and maternity services. Linn Phipps, Chair of QEC, noted that the Divisional Director for the Children & Families Divisions was due to present on his vision for quality to QEC in June 2019. She invited Peter, as a Governor Observer on that Committee, and the Board, to feed back to her any questions they wished her to raise.

Date and time of next meeting

- 19/3/62** 9:15am on Tuesday 30 April 2019 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

- 19/3/63** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Chair of the Board