

**Minutes of the meeting of the Board of Directors  
Held on Tuesday 21 May 2019  
In the Boardroom, Doncaster Royal Infirmary**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-Executive Director
	Richard Parker OBE	Chief Executive
	David Purdue	Chief Operating Officer
	Pat Drake	Non-Executive Director
	Jon Sargeant	Director of Finance (part)
	Sewa Singh	Medical Director
<b>In attendance:</b>	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Peter Abell	Governor
	Dr Kirsty Edmondson-Jones	Director of Estates and Facilities (Part)

**ACTION**

**Welcome and apologies for absence**

**19/5/1** Apologies were received on behalf of Kath Smart, Neil Rhodes and Marie Purdue. Apologies were noted on behalf of Anthony Fitzgerald of Doncaster Clinical Commissioning Group who was due to provide a presentation to Board on the Doncaster Joint Commissioning Strategy and Place Plan Refresh; it was agreed that this would be rescheduled to the next meeting. The Chair of the Board welcomed Jeannette Reay who would be joining the Trust as Head of Corporate Assurance and Company Secretary. Three members of the public attended; Graham Moore, Yvonne Butcher and Gina Holmes.

**Declarations of Interest**

**19/5/2** No interests were declared in the business of the public session of the meeting.

**Actions from the previous minutes**

**19/5/3** The list of actions from previous meetings were noted and updated.

**Presentation slot – 10 Year Cancer Plan & Target Changes**

**19/5/4** The Board considered a presentation from Olumuyiwa Olubowale Consultant Oncoplastic Breast Surgeon and Cancer Lead, Stacey Nutt Lead Nurse for Cancer and Palliative Care, Jackie Simpkin Cancer Services Manager and Antonia Durham-Hall Divisional Director, at the Trust.

**19/5/5** The presentation outlined the 10 Year Cancer Plan and Strategy, the Cancer

Team Management Structure and the areas of specialism within the Cancer Division. Olumuyiwa provided the Board with the key areas of the DBTH 10 year plan, which would see high-level engagement, improved practice in partnership, improvement in the use of technology and better patient experiences. A 'Living With and Beyond Cancer Programme' would support the plan.

- 19/5/6** The Strategy included cancer governance and improving the quality of cancer, optimisation of pathways, the timely diagnosis and treatment of cancer, and consolidation of effective multidisciplinary team working. The overarching goal was to exceed minimum performance standards and identification of new initiatives and advances in the diagnosis, care, treatment and prevention for cancer patients.
- 19/5/7** The Cancer Alliance had supported the work of DBTH during the past 18 months and the Trust had received £0.5million. It was acknowledged that DBTH had been one of the first Trust's nationally to start the one stop prostate clinic. Antonia Durham-Hall stated the Cancer Team submitted bids to fund this work and it was through the hard work and determination of the team that the funding had been received. It was noted that the Trust was currently one of the best performing Trust's in the ICS with respect to cancer performance.
- 19/5/8** Following a query raised around the future funding of projects and expansion of cancer services at the Trust, Richard Parker advised that when funding is needed for core NHS Service the process of approval is through the Corporate Investment Group. However, should there be a proposal around the need for further equipment to support patients then consideration of the use of charitable funds should be undertaken. Furthermore, the Chair shared her vision for the options of expanding cancer services to Montagu Hospital and reminded colleagues of the charitable funds, which may be available for this via the Fred and Ann Green Legacy.
- 19/5/9** Pat Drake raised a question around the 10 Year Plan and how this linked to research and the outcomes of patient care, and what plans were in place for improving research capacity. The Board were advised that research had been undertaken. The future aim is to increase the capacity of Research Nurses and Consultants that have a background in research. Further work was being undertaken with advances in technology and how this could be used in Haematology.
- 19/5/10** Pat Drake reflected on a recent performance meeting and queried if there were any issues arising in Primary Care and how patients are informed about cancer when being transferred for a two-week wait. Stacey Nutt advised that further work would be undertaken with colleagues in Primary Care to encourage the use of the word 'cancer' so that patients can be better prepared. The introduction of Triage Nurses had seen better informed discussions with patients and it had been acknowledged that the challenge is around getting GP's to inform patients why they are attending

a two-week referral.

The Board thanked the presenters and NOTED the presentation.

### **Reports for Decision**

#### **NHS Providers Licence Self-Assessment / Certification**

- 19/5/11** Board considered a report of the Trust Board Secretary and Director of Finance that sought approval of the Trusts self-assessment against the NHS Providers Licence.
- 19/5/12** Each year the Trust is required to self-certify its compliance with conditions of the NHS providers licence and provide assurance that the Trust continues to comply with those conditions. The completed templates had been shared with the Board for approval and to be signed by the Chair and Chief Executive prior to publishing on the website by 30 May 2019. Submissions are then subject to a potential anonymous audit.
- 19/5/13** Board APPROVED the self-assessment.

### **Reports for Assurance**

#### **Finance Report as at 30 April 2019**

- 19/5/14** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 1. The Trust's deficit for month 1 was £2.6m before PSF/FRF/MRET, which is adverse variance against plan of £190k. The month 1 income position was favourable to plan. In month expenditure was £310k adverse to plan of which pay was £141k adverse to plan, non-pay £525k adverse to plan and reserves £356k favourable to plan. Capital expenditure for month 1 was £297k against the month 1 plan of £326k, £29k behind plan with Estates schemes currently above planned spend by £96k. In April, the Trust had delivered savings of £193k against the NHSi Plan of £213k, a total of 91% achievement.
- 19/5/15** The Medical Director raised his concerns around the coding of patients on the Doncaster Royal Infirmary site as it had appeared that elective care had been recorded as emergency that may inaccurately reflect the figures. Jon Sargeant advised that the inaccuracies were likely to be because of a coding backlog and the time of the Board Meeting. The Board was assured that clear coding protocols were in place. David Purdue advised that emergency cases increased by 6% at Doncaster Royal Infirmary in April. However, conversion rates had remained the same and this would be reflected in the next report.
- 19/5/16** The Director of Finance reported positive movement on the CIP schemes but noted that £1.7m remained unidentified and £800k of this is within the Estates and Facilities Directorate.

**19/5/17**

The Board NOTED:

- The Trusts deficit for month 1 was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/MFM/MRET), which is an adverse variance against plan of £190k.
- The progress in the development of the Trust's 2019/20 CIP programme.

**19/5/18**

**Performance Report as at 30 April 2019**

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 1, 2019/20.

**19/5/19**

Performance against metrics included:

- RTT – The Trust remained below target at 87.7% and this was lower than March 2019.
- Diagnostic wait is 93.84% against the standard of 99.5%.
- 2 week waits – The Trust achieved 93.4% and was compliant with the national target of 93%.
- The 62-day performance achieved 83.9%, which was below target.
- Four Hour Access Target – The Trust achieved 90.6% against national standard of 95%. This was below the 92.2% achieved in April 2018.
- HSMR rolling 12 months remained better than expected at 94.43%.
- Appraisals – The Trusts appraisal season commenced on 1 April 2019 and would continue to 31 July 2019; therefore, no reporting would take place until the season had been concluded.
- SET Training – The Trust's SET training rate was 82.78% at the end of April.
- Sickness Absence – the data was not available due to the timing of the meeting.

**19/5/20**

The Board had detailed discussion around the performance at Bassetlaw Hospital in respect of accident and emergency attendances and whether this would see an increase when the plans for 1500 additional houses had been built in the surrounding area. The Board acknowledged that there could be a potential increase however, this could not be determined until the housing had been built. The Board were assured that discussions would be held with partners to consider how a partnership approach to patient

management could be held going forward.

**19/5/21** Sheena McDonnell queried the performance against missed appointments and what impact the missed appointments group had. David Purdue advised that missed appointments had been identified as one of the Performance Directorate's CIP work streams and advised that impact would not be determined until the new group had commenced.

**19/5/22** Pat Drake raised concerns around the rise in paediatric admissions and asked if this had put more pressure on staffing levels. David Purdue provided assurance that no incidents had been reported and bed capacity had been reviewed in order to match capacity to paediatric nurse staffing.

**19/5/23** The Board NOTED the report.

### **Guardian for Safe working (Quarterly Report)**

**19/5/24** The Board considered a report of the Director of People and Organisational Development on behalf of Dr Jayant Dugar, Guardian for Safe Working, which set out quarterly update for the period 1<sup>st</sup> January 2019 to 31<sup>st</sup> March 2019.

**19/5/25** Karen Barnard highlighted that the numbers of exception reporting remained low and identified a number of issues to include; the engagement with Junior Doctor forum and the Junior Doctors mess facility. Karen Barnard advised that notification had been received in recent weeks that over £60k had been made available to improve Junior Doctors rest facilities at the Trust.

**19/5/26** Sheena McDonnell raised her concerns around the reported exceptions and the timescales in which issues with Junior Doctors mess facilities were being addressed. Karen Barnard advised that the small numbers in exception reporting was due to the small proportion of Junior Doctors in medicine and provided assurance to the Board that Dr Jayant Dugar had not been concerned about the issues that had been raised with regard to exception reporting. Karen Barnard reported that there was a potential to relocate the Junior Doctors mess facilities and a review of other locations across the Doncaster site would be undertaken.

**19/5/27** Sheena McDonnell queried whether the low exception reporting was an indication that staff felt unable to raise concerns. Karen Barnard provided assurance that whilst there had been low attendance at the Forums there is links with trainees and other options are available for Junior Doctors to raise concerns. The Medical Director said there had been no suggestion of major issues with Junior Doctors from either trainee or management perspective and the lack of engagement could be viewed as a good sign as if Junior Doctors were unhappy they would attend the forum to ensure their voice was heard. Furthermore, Junior Doctors had been invited to attend the Local Medical Committee.

**19/5/28** The Board NOTED the quarterly update and was assured that trainee Doctors have a safe working practice as envisaged by the 2016 contract.

**19/5/29** **Annual Estates and Facilities Report**

The Board considered a report of the Director of Estates and Facilities that set out the annual review against performance of the Estates and Facilities Services for 2018/19. The report included the Annual Declaration of the Trust compliance against the Department of Health NHS Premises Assurance Model. A summary of the key points was provided to include the results of the staff survey, appraisal and staff training compliance.

**19/5/30** Pat Drake commended the Estates and Facilities Directorate for their performance over the past year and extended her congratulations to Kirsty Edmondson-Jones and the team for their improvement work.

**19/5/31** Pat Drake queried the Porterage Services timeliness of completed jobs and the reported performance of over 30 minutes per job. Kirsty Edmondson-Jones advised porters were allocated in areas that required a quick turnaround such as accident and emergency, and further work would be required in order to drill down into each porterage task to determine the timing in other areas.

**19/5/32** Sheena McDonnell was pleased to see the planned opportunities being rolled out and felt this would support the feedback given on estates jobs that had been reported. Sheena McDonnell noted that a large proportion of logged jobs are delayed, or not completed, and queried whether a benchmarking exercise had been undertaken and what the aspiration is going forward. Kirsty Edmondson-Jones advised that a review of the estates workforce is underway that would review capacity, demand and skill mix, which aims to look at reactive and preventative planned maintenance. A lean review would be undertaken to determine the need of the team and would be provided to a future Board Meeting.

**19/5/33** The Director of Finance provided an update on the emergency capital loans following a deep dive undertaken at the Finance and Performance Committee on theatres, CT scanners and fire. Jon Sargeant provided feedback on a letter received from NHSi that asked the Trust to consider the use of bonus money to support capital schemes and confirmed that Executives had reviewed the proposal and a response had been submitted to NHSi. Jon Sargeant confirmed that the capital plan would maximise the monies available to remedial fire works and the initial work on theatres.

The Chief Executive said that this had been a really positive step in terms of capital investment and wished to extend his thanks to staff for the contribution and support they provided on meeting performance targets and financial plans in 2018/19 which had enabled the Trust to achieve PSF and bonus funding which would now support further capital work programmes.

**19/5/34** The Board NOTED the update.

### **Workforce Race Equality Standards**

**19/5/35** The Board considered a report of the Director of People and Organisational Development that set out the compliance against expectations placed upon NHS organisations in relation to diversity reporting, namely the Equality Delivery System, the Workforce Race Equality Standards and the newly introduced Workforce Disability Equality Standards. The report provided a comparison with the data published in 2018/19 and the wider national picture.

**19/5/36** Pat Drake queried the difference between bullying and harassment figures as it appeared they had increased and whether this related to staff or patients. Karen Barnard acknowledged there had been a worrying rise in bullying from patients of BME staff and this would need to be reviewed going forward. Assurance was given that all patients were advised of the zero tolerance policy upon their appointment or admission. A new leadership development programme had been implemented that included themes of respect and how others should be fairly treated in regards of staff to staff.

**19/5/37** The Board NOTED the report.

### **Chairs Assurance Logs for Board Committee held 20 May 2019 and 24 April 2019**

**19/5/38** The Board considered an update from Pat Drake on behalf of the Chair of the Finance and Performance Committee from the meeting held on 20 May 2019. Pat Drake reported that the committee had undertaken a review of the capital plan, CIP achievement and future focus, a deep dive with the surgery division and a high level review of informatics from KMPG.

**19/5/39** The Board NOTED the update for assurance.

### **Reports for Information**

**19/5/40** The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy
- Minutes of Management Board, 15 April 2019
- Minutes of the Finance and Performance Committee, 23 April 2019

**19/5/41** In relation to the Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy, the Chief Executive provided a summary of the process that the ICS planned to implement to gather patient and public views, ideas and thoughts for the requirements to the ICS long term plan. Richard Parker advised that patients would be involved in the engagement in the coming months and would form part of the direction of travel for the ICS.

**19/5/42** In relation to the Management Board minutes of 15 April 2019, the Director of Nursing, Midwifery and Allied Health Professionals noted a change to reflect that Cindy Storer attended and Moira Hardy had recorded apologies. Kate Sullivan had been notified and requested to make the appropriate change.

#### **Items to Note**

**19/5/43** The following item was NOTED:

- Board of Directors Agenda Calendar

#### **Minutes**

**19/5/44** The minutes of the meeting of the Board of Directors on 30 April 2019 were APPROVED as a correct record.

#### **Any other business**

**19/5/45** The Chief Executive announced that this would be David Purdue's last meeting as Chief Operating Officer as he takes up the position as Director of Nursing, Midwifery and Allied Health Professionals in August. Richard Parker extended his appreciation to David Purdue for his achievements, and commitment to the Trust as Chief Operating Officer.

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

**19/5/46** Peter Abell congratulated the presentation on cancer and cancer developments but noted his concern with regard to the travelling required for treatment. Peter Abell asked where in the process of developing service and treatments the Trust takes into consideration the impact on travel to patients. The Chief Executive responded that one of the ICS and Trust's biggest challenge was the location of cancer services and for the Trust the impact this had on Bassetlaw patients. Issues like providing a local service for cancer treatment were being considered. A large amount of work had been undertaken in the modelling of the flow of patients and the ambulance services had been involved in the modelling and development of detailed travel plans.

#### **Date and time of next meeting**

**19/5/47** 9:15am on Tuesday 25 June 2019 in the Fred and Ann Green Boardroom at



Montagu Hospital.

**Exclusion of Press and Public**

**19/5/48**

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**