

**Minutes of the meeting of the Board of Directors
Held on Tuesday 30 April 2019
In the Boardroom, Doncaster Royal Infirmary**

Present:	Suzy Brain OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Cindy Storer	Acting Deputy Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-executive Director
	Richard Parker OBE	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
	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Geoffrey Johnson	Governor
	Peter Abell	Governor
	Phil Beavers	Governor

ACTION

Welcome and apologies for absence

19/4/1 Apologies were received on behalf of Alan Chan and Moira Hardy. The Chair of the Board welcomed Lauren Akroyd, General Manager, who was in attendance as part of her personal development.

Declarations of Interest

19/4/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/4/3 The list of actions from previous meetings were noted and updated.

Item 2 (19/1/65) – Kath Smart sought clarification on the progress of the refresh of Board Committee Terms of Reference and asked what next steps would be undertaken. Pat Drake further requested that where actions are needed in respect of the relevant health and safety assurance area that these are also included in the terms of reference for the responsible committee. The Board were advised that Kirsty Edmondson-Jones would be undertaking a review of the terms of reference for each committee and would provide a further update to Board in May 2019.

KEJ

Item 5 – (19/2/9) – Richard Parker confirmed that a deep dive of Executive mandatory information governance training had been completed and could therefore be removed from the action plan.

Item 11 – (19/3/32) – Karen Barnard confirmed that a deep dive took place at WERC in May 2019 and would be reported to QEC and Board in June 2019.

KB

Item 12 – (19/3/42) – Kath Smart advised that she did not recall seeing the dates of the mock CQC dates circulated to NEDs. Cindy Storer agreed to re-circulate to NED's.

CS

Presentation slot – National End of Life Care Audit 2018

19/4/4 The Board considered a presentation from Karen Lanaghan, End of Life Coordinator at the Trust.

19/4/5 The presentation outlined the results of the National End of Life Care Audit undertaken in 2018 that had been commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government. Karen provided the Board with a statistical comparison from the audit measured against national and local statistics.

19/4/6 The overarching aim was to improve the quality of care of people at the end of life in acute, mental health and community hospitals. The audit monitored progress on five priorities for care set out in the One Chance to Get It Right and NICE Quality Standard 144, which addresses last days of life. Karen Lanaghan drew Boards attention to the three key components to include; an organisational level audit, a case note review and a quality survey.

19/4/7 Karen Lanaghan provided an overview of the work that had taken place and summarised the key points to include; the detailed work around hydration and nutrition, the recognition of a lack of care plans in place, the discussions and decisions made late. improved documentation when end of life care plans are used, and a review of end of life mandatory training for staff.

19/4/8 Sheena McDonnell asked about the opportunities available in capturing qualitative feedback from patients and their families and whether there were opportunities of learning from these. Sheena noted the sensitivities to families of undertaking quality checks but recognised that this feedback would support future learning. Karen Lanaghan advised that the patient's families were involved in every step of their care and further feedback is gained from the bereavement questionnaire.

19/4/9 Linn Phipps commended the team on the outcome of the audit and the overall picture of achievement. Linn Phipps queried the societal approach to death as many patients and families found it difficult to talk about dying and asked where opportunities existed for the conversation of death could be normalised. It was suggested that further work with health and social

care partners and schools could promote the normalisation of the thinking on death. Karen Lanaghan advised that patients start their treatment on an individualised care plan that included early discussion around death in line with their own wishes and that of their families. Rapid discharge conversations are held with every patient on individualised plans of care and facilitation of a return to their preferred place of death.

19/4/10 Pat Drake asked about the understanding of cultural needs of families and stated that more effort should be focused on equality and diversity aspects when dealing with death. Sewa Singh advised that work had started in communities, palliative care teams and within the Trust to take a wider overview of patient needs and this also included the elderly and frail patient and not just those diagnosed with cancer. Mr Singh further highlighted that a digital platform that holds an advanced care plan that can be accessed by a range of different stakeholders is needed should further progress is to be made going forward.

19/4/11 The Chair of the Board extended thanks to Karen and the Team and wished to invite Karen to present at the Council of Governors in due course. Karen thanked the Executive Team for their support in the achievement of the audit and to healthcare colleagues that have helped deliver the care.

The Board NOTED the presentation.

Reports for Decision

Use of the Trust Seal

19/4/12 Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
106	Lease of part of land at Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital sites between DBTH and Saba Park Services UK Limited	Richard Parker Chief Executive	3 April 2019
		Jon Sargeant Director of Finance	
107	Contract for security, car parking, smoking enforcement, and capital investment between DBTH and Saba Park Services UK Limited.	Jon Sargeant Director of Finance	3 April 2019
		David Purdue Deputy Chief Executive	
108	Contract for the provision of services relating to Tier 3 Adults Weight Management	Richard Parker Chief Executive	24 April 2019
		Jon Sargeant	

	Service between Doncaster Council and DBTH.	Director of Finance	
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Reports for Assurance

Finance Report as at 31 March 2019

- 19/4/13** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 12 and the draft year-end financial position. The paper reported the Trust had delivered its control total for 2018/19 with a £23k favourable variance. The Director of Finance reminded members that this position was subject to review by External Audit, the agreement of balances process and prior bonus PSF funding which had been notified to be £10.7m by NHS Improvement. Jon Sargeant was pleased to report that the Trust had delivered a surplus financial position.
- 19/4/14** The Director of Finance reported on the Trusts major risk in month 12, the delivery of the recovery plan which attracted an incentive payment of c£2.4m. Of the £2.4m reported, Doncaster Clinical Commissioning Group had provided £2.1m. £0.3m from Bassetlaw Clinical Commissioning Group had not been paid. Jon Sargeant advised that had been held with Bassetlaw CCG but at the time of the CCG closing its position the year-end waiting list had not been fully validated and the final waiting list position had not been confirmed.
- 19/4/15** Neil Rhodes commended the Executive Team on the achievement of the financial position and the work that had taken place with partners for the Trust to achieve its control total. Neil Rhodes highlighted that the CIP plans had worked on the approach the Trust would undertake in the coming year to remain in a strong financial position in 2019/20.
- 19/4/16** Richard Parker requested a communication to staff highlighting the achievement of a £23k surplus on £385million budget but stressed that this had been tight and more work would be needed going forward if the Trust is to remain in surplus for 2019/20. Kath Smart supported this suggestion and further requested that the communication to staff identifies what the Trust plans are with the post PSF surplus.
- 19/4/17** The Chair of the Board sought assurance from the Director of Finance that contracting is in line with achievement of the agreed 2019/20 financial plan. Jon Sargeant reported that contracts had been signed with all of the Trusts main commissioners in line with the agreed timetable. The CIP target had been set at 3%, which is £13.2million of the Trusts budget and provided assurance to the Board that the CIP was on track to deliver and the Trust had begun the start of the new financial year in a good position.
- 19/4/18** In response to a question raised by Sheena McDonnell around the issues

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with capital and underspend, Jon Sargeant advised that the underspend was due to the CT scanner where the Trust was successful in the bid but a delay occurred in being given the permission to spend. It was noted that the approval for the bid was given in late January early February 2019. Jon also reminded members of the Board of the emergency fire improvement and theatre capital bids that had been and advised that these would be submitted shortly.

19/4/19

The Board NOTED:

- The draft year-end financial position shows that the Trust had delivered its control total for 2018/19, with a £23k favourable variance (before additional PSF of £10.7m), subject to a review by the Trusts Auditors.
- The Trusts deficit for month 12 (March 2019) was £1.1m, which is an adverse variance against forecast of £2.7m in month. The cumulative position to end of month 12 is a £22.8m deficit before PSF, which is £23k favourable to plan and £3.9m favourable to forecast before and after PSF. Including PSF the Trust delivered a surplus of £4.6m in Month 12, reflecting that the full quarter of PSF has been accounted for in M12 due to the Trust achieving the Control Total and delivering A&E performance.
- The achievement with regard to the Cost Improvement Programme.

19/4/20

Thematic People and Organisational Development Report

The Board considered a report of the Director of People and Organisational Development that outlined the NHS Workforce Implementation Plan. The Plan set out the need for sufficient staffing with the right skills that are given adequate support to work effectively within the NHS.

19/4/21

Karen Barnard advised of a letter from Baroness Dido Harding, Chair NHSI, and Julian Hartley (CEO of Leeds Teaching Hospitals) that set out a clear statement and highlighted five themes and potential actions for 2019/20. The progress of local work that was underway against the achievement of the national actions were discussed for each theme.

19/4/22

The focus of the 2019/20 milestones for the People and Organisational Development Strategy would ensure that the Trust had an effective workforce planning framework that would deliver all requirements set out in the implementation plan.

19/4/23

The Board had received a detailed presentation of the Director of People and Organisational Development that set out the work undertaken within the team and the general update on the Trusts workforce. The key aim is to reduce turnover rates at the Trust by at least 1% over 12 months.

19/4/24

In respect of the Trusts aim Karen Barnard spoke of the five key initiatives

to support achievement to include; band 6 & 7 Leadership Development Programme, internal transfer & career-coaching scheme, Band 5 skills in practice and flexible working arrangement. The Trust continued to work with Universities to encourage capacity in clinical staff and particularly nursing graduates. This work would feed into the Workforce, Education and Research Committee.

19/4/25 Pat Drake raised a concern around the skill mix of the Trust workforce going forward recognising that 35% of the workforce is 50 years and over and could pose a problem in certain professional groupings.

19/4/26 In response to a question raised by Pat Drake on how the Trust Values were being incorporated into the appraisals, Karen Barnard confirmed that the appraisal paperwork had been refreshed to include explicit instruction on the Trust values and True North objectives. Karen Barnard advised that consideration would be given to employees pay progression framework for the coming year based on the incorporation of the Trust values and managers completion of quality appraisals.

19/4/27 The Board discussed education opportunities and how these could be used to address workforce gaps. Richard Parker discussed bursaries and the apprenticeship levy that was available to support training and development. Board recognised that staffing was a national issue and local plans had been put into place that sets out the Trusts workforce requirements and how these would be managed going forward.

19/4/28 Linn Phipps queried theme 2 of the report that detailed leadership and the equality of investment in leadership across the Trust and sought assurance that the Trust would be investing in its workforce across the board. Karen Barnard advised that leadership offer is around national bodies and the behaviour and relationship between arm's length bodies and provider organisations; the Trust had developed its own programme locally in line with its 'Develop' 'Belong' 'Thrive', 'Here' model and gave assurance that there was development programmes in place from supervisory to Executive level.

19/4/29 Kath Smart reflected on a recent interview she had been involved with noting the discussion around the uptake of skill mix issues and queried whether there was enough work taking place to address the gaps and fulfil the Trusts workforce going forward. Karen Barnard stated that an understanding of service delivery needs and pathways is required over a five year period with an in depth exploration of skill mix and succession journeys. Colleagues were advised that strategic change discussions take place at Executive Team Meetings to review the demands placed on Trust services in the coming years.

19/4/30 Sheena McDonnell discussed how thought should be given to the future of the workforce based on the Trust being an employer of choice and emphasis on the Trust being a good place to work. Attention was drawn to the staff survey results that had negatively reflected engagement and

commitment and that action must be taken to address these issues if the Trust were to achieve its ambition of 'CQC outstanding'. A suggestion of a communications piece with an ambassador of the Trust as a great place to work would encourage those looking for a job to choose the Trust as the preferred employer. Karen Barnard stated that work had commenced on utilising social media sites and other forms of media to attract a wider audience and this had seen a positive shift in applications to the Trust.

19/4/31 Richard Parker took an opportunity to draw the Boards attentions to the publications that had been displayed in the Boardroom that detailed the Trusts strategic aims, 'We Care' values and the Trust North Objectives. Richard Parker advised that these publications would be displayed in all decision making rooms to further remind colleagues of the Trust vision and goal when discussing the future of the Trust, its workforce and its patients.

19/4/32 The Board NOTED the content of the paper.

Performance Report at 31 March 2019

19/4/33 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 12, 2018/19.

19/4/34 Performance against metrics included:

- RTT – The Trust remained below target at 88.8%, which is an improved position compared the previous reporting of Month 11.
- Diagnostic wait is 98.8% against the standard of 99.5%.
- 2 week waits – The Trust achieved 96.1% and was compliant with the national target of 93%.
- The 62-day performance achieved 90%, which was above target.
- Four Hour Access Target – The Trust achieved 93.12% against national standard of 95%. This was marginally below the 93.23% achieved in March 2018. This placed the Trust at 20th nationally for the year.
- HSMR rolling 12 months remained better than expected at 93.3%.
- 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 82.44% at the end of March.

- Sickness Absence – The year to date figures had decreased slightly at 4.03% and the cumulative year-end position was 4.39%.

19/4/35 Pat Drake raised her concerns around the increase in accident and emergency attendances but was reassured by the Chief Operating Officer that although an increase had been seen the conversion rate to admission remained the same. Further discussion were held around the 7.3% compounded growth that had been bought by Bassetlaw CCG but that may not meet the requirements needed and could potentially end with a significant financial challenge to the CCG, and significant clinical challenge to the Trust. The Chair of the Board requested for a deep dive to be undertaken in Finance and Performance Committee to understand A&E attendances and for solutions to manage the increase be presented to a future Board of Directors Meeting.

DP

19/4/36 The Medical Director reported a higher crude mortality rate in January due to pneumonia and flu but noted that this figure had decreased in February and March which will be reflected in HSMR going forward.

19/4/37 Pat Drake sought assurance on the plans for the C Diff target that would be set for the Trust in the coming year. Mr Singh stated that the Infection Prevention and Control Team were in discussion with community services on how the reduction in the use of antibiotics could be influenced as this had a large impact on the successful treatment of C Diff.

19/4/38 Karen Barnard was pleased to report that the Trust had ended the year below target on sickness absence and an improvement had been made particularly on long-term absence.

19/4/39 Richard Parker highlighted that the Trust had achieved all of the cancer standards in March and recognition should be given to the efforts made by the services and provided examples of success such as the one stop shop clinics and improved testing. The Board were asked to note this achievement and improvement in performance.

19/4/40 The Board NOTED the update.

Board Assurance Framework & Corporate Risk Register

19/4/41 The Board considered a report of the Trust Board Secretary that set out the quarter 4 2018/19 position in respect of the Corporate Risk Register and Board Assurance Framework.

19/4/42 In the year, three risks had seen their ratings reduced, two risks had seen their ratings increased and twenty-three stayed the same. The Trust's top risks remained around finance and estates. Two new risks had been escalated in the year as a result of the Care Quality Commission inspection of November 2018.

19/4/43 Kath Smart raised a concern on the ability for Non-Executives to challenge

the risk due to not being able to track the progress and changes each time this is updated by Executives. This had previously been discussed at Finance and Performance Committee where it was felt that an additional column that provided a timeline of changes would be beneficial for tracking purposes. It was agreed that this should be taken forward as an initial trial. Richard Parker advised Board that this report is only seen in the format presented once per year and therefore further consideration should be made to whether the report should be seen on a quarterly basis.

19/4/44 The Board NOTED the report.

Chairs Assurance Logs for Board Committee held 23 April 2019 and 24 April 2019

19/4/45 The Board considered an update from the Chair of the Finance and Performance Committee from the meeting held on 23 April 19. Neil Rhodes reported that the committee had undertaken a detailed exploration of finance and performance with particular attention made to the Trusts control total for 2018/19, CIP governance and organisational tracking of overtime monies. Finance and Performance received detailed presentations on efficiency and workforce.

19/4/46 The Board considered an update from the Chair of the Quality and Effectiveness Committee from the meeting held on 24 April 19. Linn Phipps reported that the committee had undertaken a detailed exploration of estates and facilities contribution to quality, clinical specialities vision for quality, staff survey action plan, quality assurance and learning from deaths.

19/4/47 Kath Smart asked for clarification on a particular section of risk that had been highlighted in the report of Linn Phipps that commented on the cross cover of risk between committees. Linn Phipps confirmed that a discussion had taken place regarding risk repetition and relevant identification of committee assurance of risks that are repeated to ensure a consistent approach across the board.

19/4/48 The Board NOTED the updates for assurance.

19/4/49 **Pressure Ulcers – Revised definition and measurement**

The Board considered a report of the Acting Director of Nursing, Midwifery and Allied Health Professionals which set out the two recommendations of NHS Improvement (2018);

(1) revised definition and measurements for pressure ulcers and,

(2) The implementation of the pressure ulcer framework in local reporting systems and the reporting to NRLS.

19/4/50 Cindy Storer stated the recommendations had been introduced from 1 April

2019. The paper drew the Boards attention to a number of severe pressure ulcers that would have been reported in the year 2018/19 should the new definitions been in force at the time of reporting, and the actions that would have been required to comply with the new recommendations.

19/4/51 There had been 30 key recommendations to improve pressure ulcer reporting and these would see a potential doubling of cases at the Trust as all reporting would now include hospital acquired pressure ulcers and non-hospital acquired.

19/4/52 Pat Drake sought assurance that the quality report would include avoidable and unavoidable pressure ulcer reporting going forward so that a comparison could be made. Cindy Storer confirmed the quality report would include a comparison, and root cause analysis would be undertaken for any lapse in care that would further report the areas of concern.

19/4/53 Kath Smart observed that the changes in reporting seemed to be a statistical change in reporting rather than achieving safer care, and this is where the benefit needed to be made. Richard Parker advised that the Trust reported on a monthly dashboard with a rate of pressure ulcers recorded per episode of care for national comparison.

19/4/54 Board NOTED the report.

Executive Teams Objectives

19/4/55 The Board considered a report of the Chief Executive that outlined the progress of the Executive Teams Objectives at Q4, 2018/19. Executives had undertaken the assessment on their achievement of those objectives.

19/4/56 Richard Parker advised that satisfactory progress had been achieved for the 2018/19 objectives and the detailed progress to date was outlined within the paper. The Executive Team had undergone their appraisals in recent weeks as part of the Trusts appraisal season and objectives would be set in alignment with the True North objectives.

19/4/57 The Board NOTED the paper for assurance.

Reports for Information

19/4/58 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 11 March 2019
- Minutes of Quality and Effectiveness Committee, 20 February 2019

Items to Note

19/4/59 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/4/60 The minutes of the meeting of the Board of Directors on 26 March 2019 were APPROVED as a correct record.

Any other business

19/4/61 The Chief Executive provided an update on the Sodexo Strike action that would commence on 01 May 2019 and expressed his disappointment that it had reached this position. Richard Parker advised that the strike action was being taken as a result of the agenda for change pay deal but for which Sodexo had not received national funding. Discussions were being undertaken with both parties to ensure that disruption to staff and patients was minimal and further efforts continued for a speedy resolution.

19/4/62 The Chair of the Board announced that Linn Phipps would be stepping down as Non-Executive Director on 30 April 2019 to pursue her singing and other interests and thanked Linn for her support and hard work for the Trust during the past 3 years.

Governors questions regarding business of the meeting

19/4/63 Peter Abell asked about stroke performance at Bassetlaw and referred to the transport issues that appeared to be affecting the targets and asked Executives to elaborate on the issues. David Purdue advised that if a positive fast test is confirmed then patients would bypass Bassetlaw and attend Doncaster Royal, but if patients had no symptoms on the initial assessment then they would be referred to Bassetlaw. Hospital Transport was now being utilised which would see a shift from the use of East Midlands Ambulance Service in Bassetlaw. David Purdue reassured Peter Abell that outcomes measures have not decreased but acknowledged the impact of time when moving patients to the stroke service. David Purdue agreed to breakdown the SNAP data for Governors. Peter Abell requested presentation to Council of Governors on stroke performance and it was agreed that Neil Rhodes and David Purdue would present at a future meeting.

19/4/64 Liz Stavely-Churton congratulated the Board and staff at the Trust for their hard work in achieving the financial surplus.

Date and time of next meeting

19/4/65 9:15am on Tuesday 21 May 2019 in the Boardroom at Bassetlaw District Hospital.

Exclusion of Press and Public

19/4/66

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