

**Minutes of the meeting of the Board of Directors  
Held on Tuesday 26 February 2019  
In the Boardroom, Bassetlaw Hospital**

<b>Present:</b>	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Alan Chan	Non-executive Director
	Moira 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
 <b>In attendance:</b>	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 February 19 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

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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 14<sup>th</sup> 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**

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**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

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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.

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**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**  
26 March 2019