

**Minutes of the meeting of the Board of Directors
Held on Tuesday 25 September 2018
In the Boardroom, Doncaster Royal Infirmary**

Present:	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Alan Chan	Non-executive Director
	Pat Drake	Non-executive Director
	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
	Jon Sargeant	Director of Finance
	Kath Smart	Non-executive Director
 In attendance:	Dr Tim Noble	Deputy Medical Director (for Sewa Singh)
	Adam Tingle	Acting Head of Communications and Engagement
	Matthew Kane	Trust Board Secretary
	George Webb	Governor
	Peter Abell	Governor
	Mike Addenbrooke	Governor
	Lynne Logan	Governor
	David Cuckson	Governor
	Cindy Storer	Deputy Director of Quality and Governance (part)
	Vicky Barradell	Consultant Geriatrician and Trust Falls Lead (part)
	Michelle Thorpe	Matron (part)
	Esther Lockwood	Advanced Nurse Practitioner, Care of the Elderly (part)
	Beth Cotton	Advanced Nurse Practitioner, Care of the Elderly (part)
	Jane Curtis & Darcie the Cat	Pets as Therapy (part)

ACTION

Welcome and apologies for absence

18/9/1 Apologies for absence were presented on behalf of Neil Rhodes and Sewa Singh. Marie Purdue, Director of Strategy and Transformation, had also given apologies due to being on other Trust business.

Declarations of Interest

18/9/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

18/9/3 The list of actions from previous meetings was noted and updated:

18/08/27 – The Freedom to Speak Up email address was in place and had been publicised.

The board development work with Karl George, of The Governance Forum, was to be considered at a future Board meeting.

KB/MK

Presentation slot – Person Centred Care

- 18/9/4** The Board considered a presentation from Cindy Storer, Deputy Director of Quality and Governance, and colleagues on the work the Trust was doing around person centred care.
- 18/9/5** The presentation focussed around the issue that hospitals focussed on treating a person's medical condition rather than seeing them in a holistic way. Patient centred care attempted to tackle this and generally led to better patient outcomes.
- 18/9/6** Person centred care comprised a range of different initiatives including My name is ..., PJ Paralysis, Achieving Reliable Care and John's Campaign. The team had also recognised that hospital was a difficult environment and patients needed stimulation to reduce delirium, loss of cognitive ability and likelihood of depression. The use of home comforts such as social dining and pets as therapy helped.
- 18/9/7** Next steps included the following:
- Expert care of complexity
 - Recognition of frailty
 - Change of culture and expectations
 - Collaboration across health and social care
 - Promoting skills in early discharge planning
 - Enhanced Care implementation
 - Making mealtimes matter
 - Review of visiting times
 - Advance Care Planning
 - Patient Centred Care days
- 18/9/8** In response to a question regarding the hygiene implications of having a cat on a ward, Board was assured that Darcie only appeared on some wards such as Care of the Elderly and then only stayed for an hour at a time. Patients had an opportunity to make it clear if they had pet related allergies.
- 18/9/9** In response to a question from Pat Drake, the Board were advised that the Team did see some older people with learning disabilities although the numbers were not significant. In response to a question from Linn Phipps, Board were advised that outcomes were measured through decreases in falls, waits and costs. Further work would take place on more person centred outcomes.

18/9/10 The Chief Executive commended the work and cited the establishment of the Falls Team as an example of how the Trust prioritised person centred care. This had been possible through the use of Fred and Ann Green Legacy funding and had contributed to a number of benefits.

18/9/11 The Chair referred to a recent meeting she had held with the Chair of DN Colleges which had highlighted some areas of joint working around the Hospital Radio which could be expanded to include interviews with some of the patients. The Deputy Director of Quality and Governance would make contact with the College through the Trust's partner governor.

18/9/12 The Board NOTED the update.

Research and Development Strategy

18/9/13 The Board considered a report of the Director of Nursing, Midwifery and Allied Health Professionals that sought approval of the revised Research and Development Strategy for the Trust.

18/9/14 In response to a question from the Director of Finance, Board was advised that an income target would be set out in the action plan. Furthermore, the Board were advised that there was the potential for Research and Development to do more work with a neighbouring trust around establishing a joint facility that would also fit with the Council's aim of making Doncaster a university town.

18/9/15 In response to a question from Kath Smart around the Trust's development of an electronic patient record (EPR) system, the Board was advised that capital remained a challenge in view of the Trust's other challenges such as backlog maintenance. One option for progressing the EPR would be through charitable funds. Funding required would be likely to be around £1.5m but the benefits would be substantial in terms of escalation, handling sepsis and electronic notes.

18/9/16 The Board APPROVED the Research and Development Strategy.

Annual Statement of Compliance against the NHS Core Standards for Emergency Preparedness, Resilience and Response (2018-19)

18/9/17 The Board considered a report of the Accountable Emergency Officer that provided assurance in respect of the Trust's performance against the NHS Core Standards for Emergency Preparedness, Resilience and Response.

18/9/18 The Trust was a Category One Responder under the Civil Contingencies Act 2004 (CCA), which meant it has a key role in preparing for and responding to a range of emergency situations and significant service disruptions. Each year the Accountable Emergency Officer was required to declare, on

behalf of the Trust, the overall level of compliance against NHS England's Evaluation and Testing Conclusion.

18/9/19 For 2018-19, the Trust declared substantial compliance against the Core Standards, being fully compliant in 59 of the 64 standards and partially compliant in the other four.

18/9/20 The Board:

- (1) NOTED the self-assessment process undertaken for 2018-19.
- (2) APPROVED the statement of compliance at Appendix A of the report for submission to NHS England (Yorkshire and the Humber).
- (3) APPROVED the Improvement Plan at Appendix B for submission to NHS England (Yorkshire and the Humber).

Freedom to Speak Up Self-assessment and Action Plan

18/9/21 The Board considered a report of the Director of People and Organisational Development that sought approval of the Trust's self-assessment against the Freedom to Speak Up Guardian process.

18/9/22 The report reported the Trust's current level of compliance against the Freedom to Speak Up requirements and identified several actions:

- The development of a refreshed strategy for Freedom to Speak Up to include the introduction of divisional FTSU champions to support the Guardians
- The extension of Freedom to Speak Up to the role of the Trust's Diversity & Inclusion group to ensure that any barriers were removed for those in more vulnerable groups
- A refreshed communications plan to ensure staff were familiar with how to raise concerns on an ongoing basis
- Refresh of the leadership development programme to ensure that all managers and leaders across the Trust were aware

18/9/23 Noting the requirement to develop a Freedom to Speak Up Guardian Strategy, the Board felt that this would be best developed through a Board workshop.

KB/MK

18/9/24 Commenting on the self-assessment, Linn Phipps felt more information around the benefits to patient care needed to be included. Capacity and resource was also discussed.

18/9/25 In response to a question from Sheena McDonnell around how assured

the Board were that the actions identified would be delivered, the Board were advised that there was an ongoing plan to deliver actions. Likewise, Kath Smart emphasised the need to evidence and evaluate positive work.

- 18/9/26** In response to questions from the Chair, the Board was advised that requests for anonymity made it more difficult to feedback on cases so was not directly encouraged.
- 18/9/27** Although the Trust had also used governors as Freedom to Speak Up Guardians, they would not be involved in investigating cases and for the most part acted as ambassadors for the role.
- 18/9/28** Board ENDORSED the self-assessment and action plan.

Winter Planning

- 18/9/29** The Board considered a report of the Deputy Chief Executive and Chief Operating Officer which identified the key areas which needed to be put in place to improve patient outcomes and experience during Winter.
- 18/9/30** Despite much public and media attention on last year, Winter 2017 was in fact the best performing winter for the Trust in four years mainly due to issues around patient flow and the absence of Norovirus. Bed provisions for this year were outlined to the Board along with details of the electronic bed management system being put in place.
- 18/9/31** An update was given on the proposals to improve stranded and super stranded patients in order to improve bed provision over Winter. The Trust was currently the fifth best performing trust in the country in this particular area of work.
- 18/9/32** Workforce remained an issue although the improved support from Rapid Response would be provided from Notts Healthcare. New requirements meant 100% of frontline staff would be required to be vaccinated against the flu and would be required to account for not having it if they refused.
- 18/9/33** In response to a question from the Chair around staffing, the Board were advised that in the first instance the Trust could pull on staff from Outpatients, Education and Theatres prior to use of bank and agency.
- 18/9/34** Issues continued in relation to appropriate financial support. It was anticipated that there may be funding for Winter pressures but this would most likely have targets attached. Last year the Trust secured £1.4m through achieving four hour target.
- 18/9/35** Linn Phipps was keen to ensure the Trust captured its learning from the previous Winter and what the key success measures would be for this Winter including whether or not staff and patient experience was captured.

18/9/36 Board was reminded that the vaccination campaign would commence in the following week with key messages being put out through staff communication channels.

18/9/37 The Board was ASSURED by the actions identified to improve patient outcomes and NOTED the report.

Chairs Assurance Logs for Board Committees held 20 September 2018

18/9/38 The Board considered a report of the chairs of Finance and Performance Committee and Audit and Non-Clinical Risk Committee following their meetings on 22 September 2018. In Neil Rhodes' absence, Pat Drake presented the report from Finance and Performance Committee.

18/9/39 The Finance and Performance Committee had considered medical agency and current financial challenges. Audit and Non-clinical Risk Committee explored recent internal audits including one concerning current Grip and Control processes, progress against the recommendation tracker and health and safety assurance.

18/9/40 In response to a question from the Chair, Kath Smart and Sheena McDonnell gave assurance that recommendation owners were owning audit actions and setting more measurable targets although there remained challenges around obtaining evidence of completion.

18/9/41 Board NOTED the updates.

Finance Report – August 2018

18/9/42 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 5, which was a £3.4m deficit, an adverse variance against plan in month of £1,008k.

18/9/43 The cumulative position to the end of month 5 is a £10.9m deficit, which was £1.1m adverse to plan. However the Trust needed to achieve a £6.6m deficit to deliver the year-end control total, and therefore needed to essentially achieve a better than break-even position for the rest of the year.

18/9/44 The Board was advised that August was traditionally a challenging month with this year also having pay implications with the full extent of the pay award being implemented. Agency spend dipped by £30k but still posed a number of challenges.

18/9/45 Cost improvement was £418k behind in the month, there was still an unidentified gap of £2m and delivery of some of the Trust's big schemes were not within the Trust's control. Cash finished at £1.4m.

18/9/46 In response to a question from Linn Phipps, the Director of Finance reported that achievement of the control total would be a significant challenge although there were issues that could turn that round in a positive way.

18/9/47 Following the resignation of the Director of Efficiency, the Board were apprised as to the monthly cost improvement programme process. There was also an open discussion about medical grip and control and some of the reasons for the recent underperformance which was to do with the transition to four care groups.

18/9/48 The Board NOTED:

(1) The Trust's deficit for month 5 (August 2018) was £3.4m, which was an adverse variance against plan in month of £1,008k. The cumulative position to the end of month 5 was a £10.9m deficit, which was £1.1m adverse to plan.

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

(3) The risks set out in the paper.

Performance Report as at 30 August 2018

18/9/49 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 operational and workforce performance in month 5, 2017/18.

18/9/50 Performance against key metrics included:

- Four hour access – the Trust achieved 92.6% against the national standard of 95%
- RTT – The Trust performed slightly below contract target, reaching 88.5%
- Cancer targets – The 62 day performance achieved the 85% standard, coming in at 86%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 90.5.
- C.Diff – One case was recorded in month and below (better than) year trajectory

- Nursing workforce - The Trust's overall planned hours versus actual hours worked was 98%
- Appraisal rate – The Trust's appraisal completion rate remained static at 78.85%
- SET training – Once again, there was an increase in compliance with Statutory and Essential Training (SET) and at the end of August the rate was 82.49%.
- Sickness absence – Year-to-date figure at 4.1%

18/9/51 The month had seen an increase in the number of cancelled operations, mainly due to scheduling and sickness. It was agreed to deep dive this area at a future Quality and Effectiveness Committee. **DP**

18/9/52 There was an explanation given around a debate on the counting of emergency pathways with further guidance awaited from NHS England. Further to a question from Sheena McDonnell, an explanation was given around the dip in Friends and Family response rates.

18/9/53 The Board NOTED the Performance Report.

Reports for Information

18/9/54 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Finance and Performance Committee, 20 August 2018
- Minutes of Management Board, 13 August 2018
- Board of Directors Agenda Calendar

Items escalated from Sub-Committees

18/9/55 None.

Minutes

18/9/56 The minutes of the meeting of the Board of Directors on 21 August 2018 were APPROVED as a correct record.

Any other business

18/9/57 There were no items of other business raised.

Governors questions regarding business of the meeting

18/9/58 Further to a question from Peter Abell, the Board was advised that four Freedom to Speak Up cases had been heard in the previous quarter and all had been closed.

18/9/59 Following a question from Mike Addenbrooke on the same issue, it was confirmed that volunteers also had access to the Freedom to Speak Up Guardians.

18/9/60 Following a further question from Mike Addenbrooke, the Board was advised as to some of the changes happening in the Patient Experience Team which included a new head of service, Liam Wilson, and a relocation back to the front entrance near Gate 4.

18/9/61 Following a question from David Cuckson, the Board was assured that the Trust's creditors were being paid in a timely way.

Date and time of next meeting

18/9/62 10.00am on Tuesday 23 October 2018 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

18/9/63 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.



Suzy Brain England
Chair of the Board

Date
23 October 2018