

BOARD OF DIRECTORS – PUBLIC MEETING
--

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 24 September 2019 at 9.15am in the Fred ad Ann Green Board Room, Montagu Hospital**

Present: Suzy Brain England OBE - Chair of the Board
 Karen Barnard - Director of People and Organisational Development
 Pat Drake - Non-Executive Director
 Becky Joyce – Chief Operating Officer
 Sheena McDonnell – Non-Executive Director
 Richard Parker OBE – Chief Executive
 David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
 Neil Rhodes – Non-Executive Director
 Jon Sargeant – Director of Finance
 Sewa Singh - Medical Director
 Kath Smart – Non-Executive Director

In attendance: Peter Abell – Public Governor
 Suzanne Bolam – Head of Therapies, Clinical Specialist Services (P19/9/B1)
 Julie Bury - Research Fellow (P19/9/B1)
 Nicole Chavaudra - Programme Manager from Bassetlaw CCG (P19/9/C3)
 Sam Debbage - Deputy Director of Education (P19/9/B1)
 Georgina Holmes – Staff Side Chair
 David Northwood – Public Governor
 Marie Purdue – Director of Strategy and Transformation
 Jeannette Reay – Head of Corporate Assurance / Company Secretary
 Clive Tattley – Partner Governor
 Adam Tingle – Senior Communications and Engagement Manager
 Doug Wright – Public Governor

Apologies: None

ACTION

P19/9/A2 Declaration of Interests (Verbal)

No new declarations were noted.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 30 of the Standing Orders.***

P19/9/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided;

Actions 2, 3, 7 and 7 – These matters were complete or had been added to relevant future work plans – close.

Actions 1, 5 and 8 – These actions were on target for completion by their stated target dates.

Action 4 – An update on this matter would be provided to the meeting at G1.

The Board:

- ***Noted the updates and agreed which actions would be closed.***

P19/9/B1 DBTH Teaching Hospital Phase II – Research (Presentation)

Suzanne Bolam, Sam Debbage and Julie Bury, along with colleagues from Clinical Therapies, were in attendance to share some of the work they had been doing to increase research activity in the Trust as part of Phase II of the Teaching Hospital.

Work to build research capacity and capability, and to engage the wider workforce was being undertaken. Positive outcomes were improving patient care in terms of quality outcomes and financials. The benefits of research in improving lives, and saving lives, were evidenced and the value for staff in terms of reduced sickness, retention and partnership working were noted.

Board members welcomed the enthusiasm and professionalism of the wider team, and commented that they were inspired by the way it had brought to life the Trust's Teaching Hospital potential.

The work would be showcased more widely and cascaded through the organisation, commencing with a stand at the forthcoming Annual Members meeting. The team was asked to bring a presentation to a future Council of Governors' meeting.

David Purdue advised that a Research Strategy was in development which should assist with the challenge to release of time and resources. The money applied to research projects did allow for the backfill of staff.

The Board noted that Trevor Rogers – the Trust's current Director of Research – was about to retire and that the opportunity to reshape services, developing closer collaboration between the education and research agendas would be explored.

The Board:

- ***Received and noted the presentation on DBTH Teaching Hospital Phase II - Research.***
- ***Presentation to a future Council of Governors meeting***

P19/9/C1 Mental Health Strategy (Enclosure C1)

David Purdue presented a draft Mental Health Strategy to identify actions in respect of the focus on mental health within the NHS Long Term Plan, highlighting

the work being undertaken on crisis management, increasing staff needs and increased ED attendances.

The Strategy pulled together, into a strategy, lots of work that was already being undertaken. The Trust had a strong background in working with our two mental health providers and would continue to develop pathways for patients in partnership, including the development of a Mental Health Decisions Unit.

Updates on the Trust's work to the strategy, including 'smart' outcomes would be provided to the Quality and Effectiveness Committee.

Board members discussed improvements to communications to promote a positive culture for both physical and mental health – including prevention and self-care - and how the mental health liaison service and 24/7 crisis team could support this.

The Board:

- ***Supported the implementation of the Mental Health Strategy.***

P19/9/C2 Hospital Services Programme – Final Report (Enclosure C2)

The final report had been circulated to CCGs to inform commissioning decisions and was being provided to provider Boards to advise of the reviews outcomes. The paper had recently been provided to the CCG Public meeting, at which some queries had arisen for further iteration.

The report provided information on the current position and movements in the next couple of years. The content did not change anything that had previously been described, and nor did it affect the Trust's Strategic Direction. Current local and national challenges, including workforce and innovation, were to be addressed by reconfiguration not transformation – the latter being the preferred option to manage less acute situations into the future. This would include ICS maternity and paediatric services. It was noted that the Trust had already responded to acute staffing concerns in paediatrics and undertaken some reconfiguration.

Members would have liked to see more clarity on the changes that would be required going forward and the Trust would continue to examine this. Jon Sargeant highlighted that a new Build Hospital for Doncaster would enable much of the future vision.

Colleagues had been invited to a meeting on 7 October 2019 which would focus primarily on the Long Term Plan, but members noted that this would provide an opportunity to pose questions on the Hospital Services Programme.

The Board:

- ***Noted the Final Report from the Hospital Services Programme.***

P19/9/C3 Bassetlaw Place Plan – Update (Enclosure C3 / Presentation)

Nicole Chavaudra (Programme Manager) from Bassetlaw CCG was in attendance to provide an update on the Bassetlaw Integrated Care Partnership and Place Plan.

The Board had last been updated at its meeting in January 2019 and was reminded of the perspective taken in Bassetlaw – that the determinants of health were multiple with social, economic and physical environment and lifestyle considered higher factors than clinical care in determining health outcomes.

Several key points were highlighted:

- Consultation with young people/schools on health and wellbeing – including the ‘choose well’ poster that had been created;
- An achievement of 100% by the IAP team – this was congratulated by the Board;
- A well-received outcomes framework.

The Board requested case studies in future presentations on staff and patient experiences, to help illuminate the data.

Nicole Chavaudra agreed to provide members with the link into the primary care network event.

The Board:

- ***Received and noted the presentation on Bassetlaw Integrated Care Partnership and Place Plan;***
- ***Confirmed its commitment to working in partnership, including PLACE.***

P19/9/C4 Council Motion on Climate and Biodiversity Emergency (Enclosure C4)

Board agreed with the statement provided in the paper, recognising the Trust’s moral and social responsibility for future generations.

Richard Parker highlighted the challenges facing the Trust to meet the carbon footprint reduction, given its aged infrastructure. Positive action was being taken where possible, including the appointment of a waste minimisation officer in the near future. The Trust already recycled 90 tonnes of waste per month but it would need to do more to support the strategy.

Partners had been made aware of the restrictions that the Trust faced and its intention to pursue a capital scheme for a new campus which would make a significant contribution to this agenda.

Marie Purdue highlighted that Corporate and Social Responsibility Strategy was being refreshed and that time had been set aside on 11 October 2019 for the Executive Team to focus on this.

The Non-Executive directors expressed their support for the motion and statement confirming that, as an anchor organisation, the Trust had a responsibility to send out positive signals and to work with partners to ensure that social infrastructures were in place to enable its achievement.

Some of the current issues would be solved by a new building but, in the meantime, there was much that could be done to minimise waste and an action plan – outlining the interim steps, and providing tangible targets - was required.

ACTION – The Waste Minimisation Officer would be requested to provide an action plan and Communications to staff would be developed to share how all could contribute.

KEJ / ES

The Board:

- *Supported the Council's motion on Climate and Biodiversity Emergency;*
- *Supported the signing of the pledge for Doncaster to combat climate change, supporting the Borough by doing more for the environment and working together to achieve net-zero carbon emissions.*

P19/9/D1 Quality and Performance Report (Enclosure D1)

The report had been considered in detail at the Finance and Performance Committee meeting held on 20 September 2019. The following points were highlighted to the Board:

Performance

- Continued challenge on ED performance at 88.12%;
- Improving RTT from last years contracted position was proving difficult, compounded by the impact of pension issues on the availability of senior clinicians;
- Challenges continued with the 62 day cancer wait position;
- Diagnostics had narrowly missed its target at 98.7%;
- 2 of 5 stroke indicators achieved;
- Cancer performance was good;
- The Trust was to participate in a trial of the new 28 day cancer target which would require a change to reporting.

Work was ongoing to improve the ED position and it was hoped that strengthening of the clinical leadership team would have a positive impact.

The Trust had made a commitment to meet the national standard 92% for RTT in quarter three. Rebecca Joyce confirmed that capacity and demand issues meant that this was now unrealistic and that revised delivery plans for quarter four were being developed. The Board noted that the Trust was meeting with the ICS to discuss the plan for achieving the national target and to ensure that any unintended adverse impacts on RTT performance from the impact of pension changes, the NECs validation and outpatient improvement work would be managed. For similar reasons RTT performance was also being addressed nationally.

The Finance and Performance Committee had been provided with a deep dive, and action plan on RTT, from which it had taken assurance.

ED activity continued to rise year-on-year and the Trust was seeking higher standards from the same workforce – the Business Case for additional staffing to be considered at P19/9/E2 sought to address this. The Trust was working with

Commissioners on communications to highlight the increases to ED attendances to the public and on planning for seasonal spikes (August).

A lot of work was being undertaken to address the issues with stroke.

It was noted that some theatre cancellations were caused by patients being unfit on the day of the planned procedure. Expected improvements from the introduction of Dr Doctor on DNA rates had been noted.

In response to a request for further information on delayed discharges, David Purdue advised that work was being undertaken to determine if an outreach service would improve the position (patients were often brought back to ambulatory care or B5).

Quality and Safety

- HSMR was at 97 and following the national rebasing appeared to have levelled and Sewa had confirmed that there was an expectation that HSMR would improve in the coming months. The Quality and Performance Committee had noted that many of the patients that had died were complex cancer patients (expected to die) but that they had not been coded as such;
- Fall in the achievement of FNOF Best Practice Tariff at Bassetlaw (small numbers);
- Appointments to be made to Medical Examiner posts (Examiner and assistants);
- 17 cases of C. diff year to date – this is higher than last year but related to a revised baseline. Focus on Bassetlaw Community);
- 696 MRSA Bacteraemia free days.

David Purdue reported on an improved approach to fluid balance, with the launch of a single chart at the World Patient Safety Day. Work to include this on the eObservations system would now take place.

David Purdue advised of the plan for improved recruitment in maternity services – with specific (rather than rotational) roles being advertised.

Catering

Neil Rhodes highlighted discussions from the Finance and Performance Committee meeting on 20 September 2019 on the quality of patient food.

An examination of Sodexo performance had ascertained that 20,000 patient meals were served each week in the Trust and that the Datix numbers on adverse experiences were very small. The Sodexo contract included KPIs which were being achieved but it was accepted that, with human procedures, errors would occasionally occur. The relationship with Sodexo was one of contract and the Finance and Performance Committee would continue to be kept abreast of any failures and actions to mitigate them.

On the whole it was considered that the food service had improved since the Sodexo contract had commenced. Confirmation on improvement actions taken

on the recent high profile incidents had been provided and Neil Rhodes highlighted his intention to share information with Governors as part of his presentation to the Council of Governors on 30 October 2019.

Workforce

- Set training over 87% (on target to achieve 90%);
- Improvement in appraisal rates from prior years (some extension to the appraisal season in areas with service pressures);
- Revalidation data for Medical and Dental staff at 94.8%;
- 67 nurses to start at the end of September 2019;
- 18 midwives to start at the end of September 2019.

Board members welcomed the improvement in appraisal rates and the positive impact this was having on the retention of staff, but noted pockets of areas with low rates. There was a need to identify support that could be provided to colleagues in these areas to improve performance. Karen Barnard advised that an action plan was already in place and that the new pay progression structure should have a positive impact. It was further noted that the quality of appraisals (as well as the numbers) were measured and that information had been provided to the CQC in this respect in the past.

The Board:

- ***Received and noted the Quality Performance Report.***

P19/9/E1 People and Organisational Development Update – Leadership Development, Staff Experience, Freedom to Speak Up (Enclosure E1)

Information was provided on leadership development, FFP, the staff survey action plan and Freedom to Speak Up.

Leadership - The range of leadership programmes in place was noted, which supported the Trust's ambition to be outstanding in compassionate and caring leadership. Plans for future programmes were in development.

Staff Survey - In quarter two, the nine questions which made up the staff engagement score were all improved – it was hoped that this would move the Trust's score to 'above average'. Work was also in place to improve the environment for staff.

The Board welcomed the report and was pleased to see the links between measures and hitting targets. All were keen to see whether the work which had been undertaken would make a difference in the results obtained in the next national staff survey. Some things appeared to have been well received by staff. The commitment and enthusiasm of staff, and a feeling of pride at the recent Stars Awards was noted and the 'What Are We Proud Of' campaign welcomed.

Freedom to Speak Up – The Trust had a new lead in post which, along with recently revised guidance, would lead to a refreshed approach. Work to improve the diversity of the Trust's ambassadors would take place.

The Board:

- ***Noted and took assurance from the P&OD Update Report.***

P19/9/E2 Business Case for Emergency Staffing Department (Enclosure E2)

The case looked at nursing roles, providing innovative and new workforce models which would address the concerns previously raised by the CQC about paediatric nursing and attendances for both majors and minors.

The case had been through the correct governance channels, including the Finance and Performance Committee, which had considered the detail and had received assurance of Executive support. David Purdue and Sewa Singh confirmed that they supported the case and the Finance and Performance Committee had commended the case for approval by the Board of Directors.

Jon Sargeant advised that the financials would be phased over three years (rather than two as stated in the case) and he confirmed that monies would not be released for staff until vacancies were filled.

Richard Parker commented that the case would provide staffing in line with the national benchmarking tool. This was the model expected by regulators and should therefore provide a solid base for future external assessments.

The Board noted that Professor Stephen Singleton was supporting the work of the ED leadership team which would support the improvements in ED by the provision of good leadership.

The Board:

- ***Approved the additional funding requested in the Business Case for Emergency Department Staff.***

P19/9/E3 Pensions – NHS Employers Guidance and Update on Consultation Proposals (Enclosure E3)

The Board was reminded of previous discussions on the adverse effects on staff arising from the changes to the NHS Pensions policy.

The Trust wished to look at providing options to staff to mitigate issues – including whether it was possible to pay a proportion of pension contributions outside of salary. This work had been paused awaiting National guidance, which had now been received from NHS Employers.

The Board paper asked the Board to allow for Executive Team examination of the options available, and to seek the views of the workforce - with a view to responding to the consultation at the beginning of November 2019.

The matter was debated by the Board which recognised the complexity of pensions in general, and the impact of recent changes, in particular. The adverse effect that this was having on the workforce and, as a result, on the Trust's performance was of great concern and it was agreed that the Trust should take legal advice on the matter. Karen Barnard confirmed that DAB Beachcrofts would be consulted in this respect and that KPMG would be asked to undertake some work.

This was a critical risk (multifactorial) and it was agreed that Executive and Non-Executive Directors should be involved in briefings providing advice – such that the Unitary Board understood and confirmed the final decisions.

Neil Rhodes expressed that the Trust needed to move to a position where:

- Consultants could work without penalty;
- Lower paid staff should not feel that they had to, or should opt out of the pension scheme;
- The Trust was not exposed to legal action from senior staff;
- Actions could be publically scrutinised;
- Overcompensation did not occur.

The Board noted that none of the available options address the annual allowance tapering effect. Opting out would be an individual choice but individuals would currently lose the Employers contribution to their pension which is now 20.3% – in effect a 20% reduction in the remuneration package.

NHS Employers had made it clear that individual Trusts must act as they saw fit but, as a National issue it was also important to recognise National movements, and to provide consistency across the ICS. Work was taking place with the HRD network with a view to confirming the choices for Consultants – on which they would have to decide themselves.

Sewa Singh expressed his disappointed on the NHS Employers position which would allow for inconsistency. There was a high risk that Medics would choose to go where remuneration is best. There was a hope that the Government would recognise the issues that the current pension scheme was creating and that it would move to revise the arrangements as soon as possible.

ACTION – Dates would be sought for briefings on the Pensions issue and options available to the Trust. KB

The Board considered whether the Trust should implement any of the flexibilities within NHS Employers' guidance, noting that the recommendation from the Executive Team (18 September 2019) was that the maximum level of flexibilities should be developed in order to ensure we can minimise the impact on service delivery.

The Board:

- ***Agreed that the maximum level of flexibilities should be developed in order to ensure that the Trust could minimise the impact of the pension changes on service delivery;***
- ***Agreed to provide feedback on the consultation questions to the Director of P&OD in order that a Trust wide response could be formulated.***

P19/9/F1 Finance Report – 31 August 2019 (Enclosure F1)

The report had been considered in detail at the Finance and Performance Committee meeting held on 20 August 2019. The following points were highlighted to the Board:

- A favourable monthly variance of £189k;
- A favourable year to date variance of £12k;
- An underperformance in clinical income of £412k (being investigated for any root causes, and winter plan being produced);
- An expenditure position of £77k favourable to plan;
- Capital expenditure behind plan (with an Estates action plan in place);
- A strong cash position (PSF paid earlier than expected);
- Trust taken off fortnightly reporting to NHSI;
- Continued risk on CIP delivery, achievement of RTT;
- Emerging risks from CCG audit on procedures of limited value.

The position was improved from 2018/19, and the Trust was on plan, but finances continued to be a challenge. The Trust would have to confirm its position at the end of quarter two for PSF funding.

Jon Sargeant advised of a positive visit from NHSI on 19 September 2019 to examine the Trust's Use of Resources and how it provided good value for money for patients. The initial feedback had been positive and the Trust was providing further information which had been requested. Formal feedback would be included in the final report from the CQC following the Well Led Visit (feedback anticipated at the calendar year end).

Neil Rhodes confirmed that the financial position had been considered in detail by the Finance and Performance Committee at its meeting on 20 September 2019, and that members had been assured by the data and action plans in place.

Cost Improvement Programme

The profiling of the cost improvement plans to obtain the most savings in later quarters held inherent risks. As of the start of month three the Trust had delivered £477k of saving versus the plan submitted to NHSI of £311k.

NHSI representatives had visited during the second week of July and had been complimentary about the Trust's processes.

Whilst the gap to deliver the planned £13.2m CIPs had reduced, there was still a gap of £1.3m which required identification and robust plans for all schemes required. This would be clinically led with accountability firmly placed in the Divisions.

The Board:

- ***Received and noted the Finance Report and Cost Improvement position for August 2019.***

P19/9/F2 Use of Trust Seal (Enclosure F2)

The Trust seal had been applied once on 29 September 2019:

- For the sale of 15 Shaw Lane, Industrial Estate, Ogden Road.

Confirmation of staff engagement about the movement of services out of the building was provided. The move was to better quality estate, with parking and was within close proximity of the current provision.

The Board:

- ***Approved the use of the Trust seal – 113.***

P19/9/F3 **Chairs Assurance Logs for Board Committees (Enclosure F3)**

P19/9/F3(i) Quality Effectiveness Committee – 21 August 2019

Pat Drake highlighted the external accreditation of the Trust's Breast Screening service. An action plan was in place, including Qi on the service.

A deep dive had been provided on Paediatric Staffing and a business case to increase staff numbers was to be taken to CIG.

A lot of work by divisions on actions to close serious incidents and issues was in place – with a high number in Estates and Facilities.

The Board:

- ***Noted the update from the Quality Effectiveness Committee meeting held on 21 August 2019.***

P19/9/F3 **Finance and Performance Committee – 20 September 2019**

(ii)

Neil Rhodes confirmed, as reported during the BOD meeting, that detailed reviews of the Quality and Performance Report (P19/9/8) and Finance Report (P19/9/12) had been undertaken at the meeting.

The following points were highlighted:

- A focus on RTT would be provided to the next Finance and Performance Committee meeting in September 2019;
- Action to recruit to known vacancies and to reduce agency spending had been discussed.
- Key questions on budgets and CIPs had been raised, with members confirming that they were looking for a good level of achievement;
- £1m worth of CIPs required identification;
- The detailed plans for identified schemes which had not yet progressed were required.

The Finance and Performance Committee members had concluded that issues of focus were correctly identified and that the Committee had been assured on action plans in place for redress.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 20 September 2019.***

P19/9/F4 Pharmacy Subsidiary – Governance (Enclosure F4)

The paper was provided to confirm the development of a Wholly Owned Subsidiary to respond to changed circumstances relating to Outpatient Pharmacy services. The WOS would be called 'Doncaster and Bassetlaw Healthcare Services'.

The Board had agreed in May 2019 to go ahead with this project following approval from NHSI as the current provider 'Well' no longer wished to continue – which could have led to a closing of the service and loss of employment for its staff. The Trust had decided to take the service into the NHS Family with an intention to continue and improve community pharmacy services going forward.

The Board noted the plan for the company to commence at the beginning of October 2019 following a rebranding exercise. The staff employed by 'Well' were to be TUPED across to the Trust (there would be no effect on current Pharmacist or Pharmacy staff).

The Clinical head for the service, financial systems, standard operating procedures and governance arrangements were in place. Neil Rhodes confirmed that the Finance and Performance Committee had looked at the detail at its meeting on 20 September 2019 and had found all to be in order.

The Board:

- ***Noted the Update and Supported the progress on Doncaster and Bassetlaw Healthcare Services.***

P19/9/G1 Board Assurance Framework and Corporate Risk Register Quarterly Update – Q1 (Verbal)

Jeannette Reay provided information on the Trust's update of risk processes, including the Corporate Risk Register and Board Assurance Framework.

A piece of work to review the risk management processes within the Trusts was being undertaken. This included the cleansing of risks and the recording and management of risks at source (on Datix), the management of risks by those with accountability, the escalation of risks to the Corporate Risk Register and the reporting of risks to groups, committees and the Board.

The review was addressing the actions arising from a recent Internal Audit review on risk management and progress was in line with the agreed Internal Audit action plan which was being reported through the Clinical Governance Committee. The Board noted that a positive impact had already been noted from actions taken.

As part of the review the Trust's Risk Management Policy would be updated (although the current version was valid until 31 July 2020) – to reflect the improvements made to the risk management processes and systems and to ensure that the data flows were correctly represented.

The work on risk management processes was to include a refresh of the Corporate Risk Register and Board Assurance Framework. The Trust's BAF and CRR appeared to have become combined and required an update to ensure that

they were distinct documents and fully served their different purposes – high scoring operational risks on the Corporate Risk Register and risks to the achievement of the Trust’s strategic objectives on the Board Assurance Framework.

A lot of work on the Trust’s risk registers at all levels, and the processes for the escalation of risk was being undertaken and, from October 2019, the updating of risks would be undertaken on the Datix system – with risk registers (including the Corporate Risk Register) being created directly from the system.

Jeannette Reay advised that she had commenced with a process to ensure that the Board Assurance Framework continued to align to the Trust’s Strategic Risks and this would lead to a Board workshop in November 2019 where the Board would be requested to approve the format and content of the Framework – specifically the Strategic Risks contained within it.

Work was already in train to align the Board and Committee agendas to the Trust’s objectives and, once the Board Assurance Framework had been structured in the same way, this would provide a direct link between assurance items on the agenda and the Board Assurance Framework.

Kath Smart advised that she had attended the Trust’s Health and Safety Committee where she had been pleased to hear about the positive work to update risk management processes.

The Board:

- ***Noted the update and plan for the refresh of the Board Assurance Framework, Risk Processes and the Corporate Risk Register.***

Action: The timeline for the update of the Corporate Risk Register and Board Assurance Framework would be provided to the October 2019 Board meeting.

JR

P19/9/H1-
H6

Information Items (Enclosures H1 – H6)

The Board:

- ***Noted the Chair and NED’s Report;***
- ***Noted the Chief Executive’s Report;***
- ***Noted the Minutes of the Management Board, 15 July 2019 and 12 August 2019;***
- ***Noted the Minutes of the Quality Effectiveness Committee, 17 June 2019;***
- ***Noted the Minutes of the Finance and Performance Committee, 21 June 2019 and 23 July 2019;***
- ***Noted the Board Work Plan.***

Positive information highlighted from the reports included:

- The Trust’s excellent results from the National Cancer Patient Survey the best in South Yorkshire and comparatively good nationally;
- The implementation of e-observations at Bassetlaw Hospital:

- The movement towards PLACE based Palliative care which should improve focus across all divisions.

P19/9/I1 Minutes of the Meeting held on 30 July 2019 (Enclosure I1)

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 30 July 2019.***

P19/9/I2 Any Other Business (Verbal)

No other items of business were raised.

P19/9/I3 Governor Questions Regarding the Business of the Meeting (Verbal)

P19/9/I3(i) Pharmacy Subsidiary

Peter Abell queried whether Governors should have been involved in the creation of Doncaster and Bassetlaw Healthcare Services.

The test applied by NHSI had confirmed that this did not constitute a substantial, nor material change. With a low level of risk and as a result Governor involvement was not required.

The Trust had however reported - throughout the process – to the Finance and Performance Committee and Bev Marshall (who attended as a Governor observer) had provided information to the Governor Forums, the move was a positive one by bringing staff into the NHS family.

Staff groups which would be affected by the changes had been consulted.

The inclusion of the information at today's Board meeting had been to bring information into the public domain.

P19/9/I3(ii) Pensions

Governors commented on the thorough discussion of the Board on this critical issue but queried how concerns – on the Trust's workforce and reputation – would be reported (including to Governors).

Richard Parker confirmed that the risks were included on the Trust's risk register, and that they would thus be managed and reported via regular risk management processes.

P19/9/I3 System Working / ICS

(iii)

Doug Wright commented on the reconfiguration, querying the likelihood of a move to a single CCG for the area and raising concerns about changing patterns to paediatric and maternity services and the closure of EDs.

Richard Parker confirmed that the Long Term Plan examined the future of commissioning and that the National direction of travel was to reduce costs and inefficiencies in the public interest. This could include the merging of organisations, and the provision of services from one place if this would improve

safety. The ICS had been clear that the Strategic Direction would be to provide specialist services at specialist sites.

**P19/9/I3
(iv)**

HSMR

Clive Tattley identified that he was fairly satisfied from the review work, that coding issues had impacted on the Trust's results. He queried whether the Board of Directors was content with the quality of the work in the coding department.

Sewa Singh highlighted a national shortage of coders and the Trust's work to increase its cohort by the employment of trainees – although this project was in its infancy.

Richard Parker advised that external audits on coding provided assurance on accuracy but that the issue was complex as codes were used for different purposes.

P19/9/I3(v) Theatre Cancellations

David Northwood queried the gap between pre-operative assessment and operation, noting that patients could become too ill for their operations during the time between.

Richard Parker advised that the work was in hand to actively improve the pre-operative services at Doncaster in line with the improvements which had been made at BDGH.

The Board:

- ***Noted the Governor queries raised, and information provided in response.***

P19/9/J1 Date and Time of Next meeting (Verbal)

The Board:

- ***Noted the date and time of the next meeting:***

Tuesday 29 October 2019

9:15am

The Board Room, Doncaster Royal Infirmary

P19/9/K Close of meeting (Verbal)

The meeting closed at 1.00pm.



**Suzy Brain England
Chair of the Board**

**Date
29 October 2019**