

## BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Tuesday 30 July 2019 at 9.15am in the Board Room, Doncaster Royal Infirmary**

**Present:** Suzy Brain England OBE - Chair of the Board  
 Karen Barnard - Director of People and Organisational Development  
 Pat Drake - Non-Executive Director  
 Moira Hardy – Director of Nursing, Midwifery and Allied Health Professionals  
 Becky Joyce – Chief Operating Officer  
 Sheena McDonnell – Non-Executive Director  
 Richard Parker OBE – Chief Executive  
 Neil Rhodes – Non-Executive Director  
 Sewa Singh - Medical Director  
 Kath Smart – Non-Executive Director

**In attendance:** Suzanne Bolam – Head of Therapies, Clinical Specialist Services (P19/7/3)  
 Lois Mellor – Head of Midwifery (P19/7/6)  
 Jeannette Reay – Head of Corporate Governance / Company Secretary  
 Howard Timms – Deputy Director of Estates and Facilities (P19/7/12)  
 Emma Shaheen - Head of Communications and Engagement  
 Georgina Holmes – Staff Side Chair  
 Doug Wright – Governor  
 Hazel Brand – Lead Governor  
 Geoffrey Johnson – Governor  
 Liz Staveley-Churton – Governor  
 Amy Gillies – Strategic Business Manager (Observing)

**Apologies:** David Purdue – Deputy Chief Executive  
 Marie Purdue – Director of Strategy and Transformation  
 Jon Sargeant – Director of Finance

**ACTION**

P19/7/1

**Declaration of Interests (Verbal)**

No new declarations were noted.

***The Board:***

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

P19/7/2

**Actions from Previous Meetings (Enclosure A3)**

The following updates were provided;

Actions 1, 3, 5 and 6 – Updates on these matters had been added to the future work plan – close.

Action 2 – A meeting had been held to assign risk area for capture in the next updates to Terms of Reference – close.

Action 4 – Further discussions on the living wage were to be held with partner Human Resource Directors – the target date would be extended to reflect this work - October 2019.

***The Board:***

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

**P19/7/3**

**DBTH Therapy Services Working at System, Place and Neighbourhood (Presentation)**

Suzanne Bolam provided an update on the work of the Trust's five therapy professions:

- Physiotherapy;
- Orthotics;
- Dietetics;
- Speech and language;
- Occupational therapies.

An AHP Council had been established in September 2018 – including representation from ICS partners to raise the profile of the AHP workforce, provide a hub of expertise and to develop a workforce plan. The Council was working on service breakthrough objectives at PLACE and neighbourhood level.

A celebration of the successes and work which professions have undertaken had taken place at the AHPs Working Together Conference, November 2017. The Board received information on the AHPs' progress in South Yorkshire and Bassetlaw Integrated Care System.

Board members commended the integrated work that was taking place and the commitment of the team towards transformation.

The Board thanked Suzanne Bolam for the presentation, her work for the Trust and all wished her well in her retirement and a new part time role within the ICS which she was to commence in the near future.

***The Board:***

- ***Received and noted the presentation on DBTH Therapy Services.***

**P19/7/4**

**Committees in Common (Enclosure C1)**

The establishment of a Committee in Common of the ICS Acute Providers had originally been approved at the Board meeting in June 2017.

The updated Terms of Reference – developed from a template provided by Capsticks – were being provided to align Acute Federation Committee's in Common during June and July 2019.

***The Board:***

- ***Noted and approved the Terms of Reference for the Committee's in Common.***

P19/7/5

**Quality and Performance Report (Enclosure D1)**

The report had been considered in detail at the Finance and Performance Committee meeting held on 23 July 2019. The following points were highlighted to the Board:

**Performance**

- ED performance continues to be challenging and performance was 91.41%;
- Improving the RTT from last years contracted position was proving challenging, compounded by the impact of pension issues, performance was 86.6%;
- Diagnostics had narrowly missed its target at 98.57%;
- Stroke performance remained a challenge - 2 of 5 indicators achieved;
- Cancer performance was good;
- The Trust was to participate in a trial of the new 28 day cancer target.

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 were being developed. The Board noted that the Trust was meeting with the ICS to discuss the issues plan for achieving the national target and to ensure that any unintended adverse impacts on RTT performance from the NECs validation and outpatient improvement work would be managed. This issue is also being addressed nationally as given the drive to reduce outpatient work in Acute Trusts.

There was an expectation that the diagnostic target would be achieved in July and a particular focus was to be placed on improving stroke performance prior to the commencement of the Hyper Acute Stroke Unit in October 2019.

In response to a query on the HSDU contract in theatres, Rebecca Joyce advised that the transfer had been well planned and managed which, to date, had resulted in a low level of service disruption.

**Quality and Safety**

- A rise in C.Diff and pressure ulcers in line with early year predictions of the revised classifications but with improvements in line with trajectory;
- Two maternity diverts in June 2019 due to capacity and demand;
- No red flags on quality in the Hard Truths report;
- A refresh of the Friends and Family test in August 2019.
- Appraisals currently at 76%;
- Positive feedback from staff survey feedback.

In response to concerns raised at the previous Board meeting, the Falls Practitioner had focused on issues in the Clinical Decisions Unit.

Members discussed complaints and serious incidents and the recent audit report was referenced which provided detail on themes and issues. The Board requested a more detailed report on children and young people.

HSMR was discussed with members noting a recent rise. Sewa Singh advised that the equation arising from the calculation of comorbidity and diagnosis had been used to rebase the data (to account for the steady improvement across the NHS). The Trust had some areas where the coding of patients on symptoms and signs, rather than diagnosis, was taking place and this was likely to be having an impact on HSMR. Measures were in place to improve this. All were clear that work to improve the quality of care for patients, including learning from deaths, was the focus and that, as a result of this, the HSMR should improve.

***The Board:***

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

**Action: Information, including themes, on complaints and concerns for children and young people would be included in future Quality and Performance reports.**

DP

**Action: A review of complaints and concerns – including a response to Internal Audit recommendations – would be provided to a future meeting of the Quality and Effectiveness Committee.**

DP

P19/7/6

**Maternity Clinical Negligence Scheme for Trusts (CNST) (Enclosure D2)**

The Board was reminded that this was the second year for this quality incentive. The Trust had been compliant in all but one area (multi-disciplinary training compliance) in the prior year.

Focus had been put to the achievement of the standards this year which, if achieved, attracted additional funding of £556k.

Lois Mellor explained the process and current position, advising that since the timing of the Board report, the Trust was now compliant. The evidence for compliance was substantive and the Trust was assessing itself as achieving all ten standards.

The full detail of the work undertaken for the self-assessment had been presented to the Finance and Performance Committee at its meeting on 21 June 2019 which had taken assurance from the process and position. An internal audit of the process had been undertaken from which significant assurance had been provided.

The Trust would upload its information on compliance from 1 August 2019.

The Board recognised and congratulated the efforts put to this process and confirmed that it would welcome a case to invest in a member of staff to support the process going forward - on the basis of quality improvements which could be funded out of the additional income received from compliance.

***The Board:***

- ***Noted the update on compliance with the Maternity CNST Standards.***

**P19/7/7**

**The NHS Patient Safety Strategy (Enclosure D3)**

The Board received the Trust's response to the recently published national strategy which drew a number of pre-existing initiatives together.

The response included an action plan, capturing existing work and some issue for progression. This would be monitored by the Trust's Quality and Effectiveness Committee. It was noted that the current recruitment to the Medical Examiner post would have a positive impact, and that the Trust's pre-existing Patient Safety Strategy would be aligned to the National Strategy.

An event had been planned for the 1<sup>st</sup> National Patient Safety day on 17 September 2019.

***The Board:***

- ***Noted the Trust's response to the NHS Patient Safety Strategy.***

**P19/7/8**

**Board Assurance Framework and Corporate Risk Register Quarterly Update – Q1 (Enclosure D4)**

The Board Assurance Framework and Corporate Risk Register for quarter one were received.

The documents had been provided to the Trust's Board Committees during June and July and the Corporate Risk Register had been approved by Management Board at its meeting on 15 July 2019.

The Board noted that improvement work was being undertaken on risk management processes throughout the Trust and that this included the escalation of risks to the Corporate Risk Register. Jeannette Reay was to lead on a refresh of the format of the Board Assurance Framework and Corporate Risk Register in the coming months, with a view to enabling those with accountability to manage their own areas and to ensure that the documents aligned to the Trust's objectives and correctly reflected strategic risks.

***The Board:***

- ***Noted the Board Assurance Framework and Corporate Risk Register for Quarter one.***

**Action: An update on progress and the forward plan to refresh the Trust's Risk Management processes, including the Corporate Risk Register and Board Assurance Framework, would be provided to the Public Board meeting in September 2019.**

P19/7/9

**Workforce/Recruitment Plan (Enclosure E1)**

Karen Barnard introduced the paper, highlighting the strategic context of recruitment, retention, skills mix and training.

The plan would be monitored via KPIs which would be reported to the Finance and Performance and Quality Effectiveness Committees and the overall delivery would be tracked by the Board of Directors.

There was a lot of work going on with initiatives to attract employees and retain employees in the long term – including working with universities for placements. The 'progress' programme had been developed to help junior members of staff to develop.

Neil Rhodes advised that the Shadow Board had worked through the report in detail at its meeting on 29 July 2019 and he reported that strong views had been expressed for the Board's attention:

- Real challenge with Senior Nurse Practitioners as higher rates of pay were believed to be available elsewhere in the ICS.

Karen Barnard reported that work was in place with the ICS to ensure that consistency in terms and conditions offered to employees was in place. Whilst this was a system wide issue, there was some intelligence to suggest that nationally Trusts were finding local solutions for nursing retention.

- A morale issue amongst administrative staff, exacerbated by a lack of capacity and a number of vacancies.

The Board confirmed that it was aware of the issue with the recruitment of administrative staff, and the effect that this had on current employees, were acknowledged. Work to ensure that staff, including recent recruits, were sufficiently trained and working to standard operating procedures was in place and it was important that the value of the Trust's clerical staff be recognised.

***The Board:***

- ***Received and noted the update on the Workforce/Recruitment Plan.***

P19/7/10

**Workforce Race Equality Standards and Workforce Disability Equality Standards Reports (Enclosure E2)**

The Board received the first year report for Working Race Equality Standards (WRES) and the annual report for Workforce Disability Equality Standards (WDES).

The Trust remained focused on identifying and recording underlying disabilities and leadership development was focused on ensuring a compassionate and caring approach. Initiatives such as work placement programmes for individuals with disabilities were being progressed.

News of the recent appointment of a substantive Freedom to Speak Up Guardian was being promoted throughout the Trust, and this would further enable staff to highlight issues of concern, including any relating to WRES and WDES.

Differences in the data between clinical and non-clinical staff were noted and it was acknowledged that a lot of work was required on WRES and WDES. A network approach to develop and address key action points was suggested – where individuals from a diverse range of backgrounds, with an interest in the area, could be part of the solution. Members were keen to ensure that all characteristics were covered, including groups with qualifications from abroad.

Board members recognised that the reports did not capture all of the proactive work that had been, and was being undertaken – with reference to the Trust’s involvement in the forthcoming Doncaster Pride event being made.

***The Board:***

- ***Received the WRES and WDES reports and approved the publication of the data contained within.***

**Action: A workshop to develop the Trust’s approach to meeting and improving WRES and WDES would be undertaken.**

KB

P19/7/11

**Learning Lessons to Improve our People Practices (Enclosure E3)**

The Board received the Trust’s local solution to the national initiative.

It was noted that at present a significant proportion of Trust disciplinary cases resulted in no action being taken. Recognising the Trust’s quality improvement approach, the question as to how much good practice could influence the outcomes of staff disputes was raised.

Karen Barnard confirmed that the Trust could not enforce advocacy on staff who wished to represent themselves, even where mental health issues were present.

Sheena asked that a further discussion be held at QEC.

***The Board:***

- ***Noted the Trust’s approach to Improving People Practices.***

**Action: A progress update would be provided to a future meeting of the Quality Effectiveness Committee.**

KB

P19/7/12

**Estates and Facilities Report – Q1 (Enclosure E3)**

Howard Timms - Deputy Director of Estates and Facilities – summarised the key points in the report, highlighting:

- Improvements in appraisals, SET completion, completion of category one response jobs (100%), and hospital cleanliness, and an increase in planned maintenance;
- The achievement of Sodexo KPIs for patient satisfaction and a reduction on the reporting of catering issues on Datix;
- That a review of the Estates workforce and skills mix was being undertaken.

In response to a previous Board request for assurance on portering jobs completed within 30 minutes, a report had been provided to the July 2019 Finance and Performance Committee meeting. Board also requested information relating to requests for wheelchairs.

It was noted that the results of the staff survey (environmental factors) would be provided to a future Board of Directors (scheduled for October 2019).

***The Board:***

- ***Noted the Estates and Facilities Report.***

**Action:** Information on the response times for requests for wheelchairs would be provided to a future meeting of the Quality Effectiveness Committee.

KEJ

P19/7/13

**Finance Report – 30 June 2019 (Enclosure F1)**

The report had been considered in detail at the Finance and Performance Committee meeting held on 23 July 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 on plan (although the national demand exceeded the current national limit).

The position was improved from 2018/19 but finances continued to be a challenge.

**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 June 2019.***

**P19/7/14**

**Use of Trust Seal (Enclosure F2)**

The Trust seal had been applied twice on 24 July 2019:

- For the lease of 15 Shaw Lane, Industrial Estate, Ogden Road;
- For the licence to underlet unit 15 Shaw Lane, Industrial Estate, Ogden Road.

**The Board:**

- ***Approved uses of the Trust seal – 111 and 112.***

**P19/7/15**

**Chairs Assurance Logs for Board Committees (Enclosure F3)**

**P19/7/15(i)**

**Audit and Risk Committee – 18 July 2019**

Kath Smart advised that a presentation on the Trust's positive approach to Cyber Security had been well received at the meeting. A dashboard to identify any gaps against the National Cyber Essential Standards, and the plan to redress them, would be provided to the Audit and Risk Committee meeting in November 2019.

The internal audit report on progress against the CQC's Emergency Department Action plan had been provided to the meeting. Five of the 15 internal audit recommendations made had been classified as high risk. David Purdue had provided a verbal assurance update to the Audit and Risk Committee meeting on actions already taken. The internal audit report, and a further update would also be provided to the Quality Effectiveness Committee meeting on 21 August 2019.

**The Board:**

- ***Noted the update from the Audit and Risk Committee meeting held on 18 July 2019.***

**P19/7/15(ii)**

**Finance and Performance Committee – 23 July 2019**

Neil Rhodes confirmed that detailed reviews of the Quality and Performance Report (P19/7/5) and Finance Report (P19/7/13) 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 23 July 2019.***

P19/7/16

**Information Items (Enclosures G1 – G6)**

***The Board:***

- ***Noted the Chair and NED's Report;***
- ***Noted the Chief Executive's Report;***
- ***Noted the Minutes of the Management Board, 13 May 2019;***
- ***Noted the Minutes of the Quality Effectiveness Committee, 24 April 2019;***
- ***Noted the Minutes of the Finance and Performance Committee, 20 May 2019;***
- ***Noted the Board Work Plan.***

P19/7/17

**Minutes of the Meeting held on 25 June 2019 (Enclosure H1)**

***The Board:***

- ***Received and Approved the Minutes of the Public Meeting held on 25 June 2019.***

P19/7/18

**Any Other Business (Verbal)**

No other items of business were raised.

P19/7/19

**Governor Questions Regarding the Business of the Meeting (Verbal)**

Geoffrey Johnson queried what data and policies that the Trust held for working carers. The meeting noted that this was not a standard question asked of Trust employees but that the Trust's general flexible working policies were available to all.

Doug Wright queried why the meetings of the Committees in Common (P19/7/4) were held in private. The meeting noted that the items considered were system wide and may contain commercial and/or in confidence issues. Suzy Brain England advised that, following meetings of Committees in Common, relevant issues were shared with DBTH's Board and, where possible, this was done in Public session.

Hazel Brand provided positive soft intelligence obtained from a 29 July 2019 Governors' Open Surgery held at Bassetlaw Hospital. Six Governors had surveyed a total number of 289 patients, visitors, carers, and members of staff with just 15 (5%) of those responding 'no' to the question 'Has your visit today met your expectations?'

To increase the ability of Governors and members of the public to attend the Trust's Public Board of Directors meetings, improvements to the communications between sites would be examined.

***The Board:***

- ***Noted the queries raised, and information provided by Trust Governors.***

**Action: The potential to improve the Trust's systems for streaming and conference calling meetings between the Trust's three sites would be examined.**

KA

**P19/7/20**

**Date and Time of Next meeting (Verbal)**

***The Board:***

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

*Tuesday 24 September 2019*

*9:15am*

*The Fred and Ann Green Board Room, Montagu Hospital*

**P19/7/21**

**Close of meeting (Verbal)**

The meeting closed at 12.45pm.



Suzy Brain England  
**Chair of the Board**

24 September 2019  
**Date**