

BOARD OF DIRECTORS – PUBLIC MEETING
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**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 29 October 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
 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: Georgina Holmes – Staff Side Chair
 Geoffrey Johnson – Public Governor
 Marie Purdue – Director of Strategy and Transformation
 Jeannette Reay – Head of Corporate Assurance / Company Secretary
 Emma Shaheen – Head of Communications and Engagement

Apologies: None

ACTION**P19/10/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.***

P19/10/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided;

Action 1 – The living wage would be considered at the next HR Directors' Network meeting – close.

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

Action 4 – A business case to enable virtual meetings (linked to WIFI) would be brought to the Board of Directors in the near future.

Action 5 – This action was on target for completion by December 2019. Regular updates would be provided to the Board – close.

Action 6 – Karen Barnard advised that KPMG had attended the Trust’s Management Board meeting on 14 October 2019 to provide information on options surrounding pensions regulations. Regular updates on pensions would continue to be provided to the Board – close.

The Board:

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

P19/10/B1

CQC Use of Resources and Well Led (Enclosure B1 - Presentation)

David Purdue provided an update from the CQC’s unannounced and planned inspections.

The Trust had provided an introductory presentation to the CQC on day one of the Well Led visit. The information had clarified the Trust’s:

- Governance Structure;
- Divisional Structures;
- Strategies;
- Five ‘P’s.

Initial feedback from the Well Led Inspection highlighted the Trust needed to have a definition of safe in relation to being the safest Trust, some issues with the quality of data reporting and lack of pace in addressing concerns regarding complaints. On a positive note the Trust’s Values were embedded at all levels, the quality improvement agenda was established throughout the Trust, and positive feedback was received on the innovative ways that Finance worked with partners.

Action: *Data issues would be examined by the Executive Directors and in a Qi process.* Execs / MP

The Board recognised the preparations that had been undertaken – including the ‘trial’ run which had been undertaken by NHSI to prepare for the Use of Resources review.

The Board recognised the need to articulate what its quality assurance processes were. Assurance reviews for future inspections would commence immediately to check for evidence and provide triangulation on previously agreed actions.

The Board:

- ***Received and noted the presentation following the CQC’s visits.***

Action: *A message of thanks from the Board would be circulated throughout the organisation – in recognition of staff preparations and efforts for, and during the CQC visits.* ES

P19/10/C1

Executive Team Objectives Q1/Q2 (Enclosure C1)

The Board noted individual contributions towards Breakthrough and True North objectives for the year.

A discussion on how progress towards the achievement of objectives in an assurance, rather than narrative version, would take place during the afternoon's Board strategy session. The inclusion of milestones, underpinning the strategies would be included, as would the alignment to the Trust's five P's.

The Board confirmed its requirement for a single narrative/definition of 'safest', which it would develop internally.

The Board:

- ***Noted the update on Executive Team Objectives for assurance.***

P19/10/C2

ICS Update (Verbal)

Richard Parker highlighted that:

- The development of the ICS response to the Long Term Plan needed to reflect the Trust's objectives. Its development had to balance individual organisational needs with those of partners and the wider system;
- The ICS had moved back to being the best performing system in the country (but had continued challenges in four hour access delivery, RTT (at DBTH), and cancer – the latter was still the best but performance was declining.

The Board:

- ***Noted the ICS Update.***

P19/10/D1

Quality and Performance Report (Enclosure D1)

The report had been considered in detail at the Finance and Performance Committee meeting held on 22 October 2019. The following points were highlighted to the Board:

Performance

- Continued challenges on four hour access performance at 88.37% for September 2019.
- Improvement plan in place for ED medical staffing issues, including the establishment of a new structure and a piece of work on culture and leadership;
- Improving RTT at 86.4% for September 2019 – slightly above recovery trajectory;
- Patient tracking list size consistently down and long waiters reduced from 130 to 100 at end of September 2019;

- Three 52 week breaches in September 2019 – inappropriate clock stops had been applied in each case.

Discharge delays attributable to delays in prescribing were highlighted. The Board sought assurance that the Divisional Directors were acting appropriately on this and noted that this would be a focus for the 'perfect week' being undertaken in January 2020.

Action: An update on 'perfect week' would be provided to the Board of Directors in November 2019. DP

Members noted that Divisional Directors had been requested to look at whether the benefits noted from the pre-assessment model used at Bassetlaw Hospital could be replicated at DRI.

Neil Rhodes confirmed that performance had been discussed in detail at the Finance and Performance Committee meeting held on 22 October 2019 – including the four hour access and 18 week wait position and action plans. The effects of higher contracting agreements and the pensions issue on staff availability were noted as areas of concern (Linked to the pension issues a number of consultants were not undertaking additional sessions).

Quality and Safety

- The Trust had recorded its best ever crude mortality in September 2019;
- Some improvements in Fractured Neck of Femur, but need to see a consistent improvement over three to four months;
- First National Safety day had taken place on 17 September 2019;
- The new Balance fluid charts had been introduced across the Trust;
- 20 cases of Cdiff at the end of September 2019. Changes had been made in reporting causing an increase in the numbers. Themes were emerging but no lapses in care had been identified;
- A focus on deep cleaning programme would commence;
- There had been no cases of MRSA to report at the end of September 2019 and pressure ulcers were within trajectory.

In response to a query on end of life pathways, Sewa Singh advised that the key issue was the identification of which patients should be on the pathway and that work was in place in the community, to identify patients prior to their admittance to hospital.

Members queried the detail of the pressure ulcer data, noting that, if the current run rate continued, the Trust would go over trajectory.

Action: A presentation on the pressure relieving review would be provided to the Quality Effectiveness Committee. DP / QEC
Agenda

The Board noted that wards assessed as amber in the Hard Truths report were assessed by the nursing team - using the nursing accreditation system which gave ownership of actions back to the ward.

David Purdue confirmed that recruitment had recently taken place to fill vacancies in maternity and that work would now take place on turnover rates.

Workforce

- Set training on target on target to achieve 90%. A report to focus leaders on action areas was being provided to the Trust's WERC meetings;
- Long term sickness absences had increased. This was being reviewed to ensure that action plans were in place;
- The Trust's lead for wellbeing had left the organisation but the post would be re-recruited to.

Members noted that triangulation on health and wellbeing placed the Trust as high performing but there was still high sickness. The quantity of sickness absence due to stress was not shown in the report.

Action: A deep dive on Sickness Absence would be reported to a future Quality Effectiveness Committee meeting. KB / QEC
Agenda

The Board:

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

P19/10/D2

Winter Plan (Enclosure D2)

Becky Joyce introduced the Winter Plan which summarised National requirements and evidence and the local evaluation. The report included:

- Appendix A – funded plan £463k on prioritised schemes;
- Appendix B – full plan (elements which are cost neutral);
- System plan – provided for context.

The Board noted that the themes of the organisation plan were internal flow and bed occupancy. The plans for staffing in the context of extra beds being opened were included, as was information on funding for transport on which discussions were currently being held with the CCG.

The Board discussed the risks and mitigations included in the plan, noting that activity in ED continued to increase and that some staffing issues remained. A reliance on IT for some parts of the plan was noted.

The current plan was based on expectations but there were some unknowns. The uncertainty caused by EU Exit and its potential impact on the winter plan was acknowledged and a period of Purdah would also add an increased level of scrutiny on the NHS.

A discussion on how the Trust could protect elective capacity with increased activity, took place and members noted that adjustments for activity in the two weeks after Christmas were made, after which a daily review took place.

The variable that the Trust was in control of was elective work and the priority was to ensure that patient were safe so elective work would be flexed as required. Work to ensure that community capacity was maximised was in place but the proposed intermediate care service would not be ready until December 2019. Neil Rhodes expressed that, as the Trust redesigned its services it should look to compartmentalise work/design around 'open corridors' to protect elective work.

The Board:

- ***Received and noted the Winter Plan.***

P19/10/E1

EU Exit (Enclosure E1)

The Board noted a summary of arrangements in place for the UK's exit from the EU.

One high level risk – relating to medical supplies and medications was highlighted. The National guidance for medicines was to not stockpile locally.

Regional work was taking place on the possible impacts on ports – including Hull. The Trust had ascertained that, should road travel be affected around the Hull port, approximately 200 staff's journeys to work could be impacted.

The Trust would step up its governance around EU Exit as required to respond to the National situation. Whilst there was no funding at present, Trust expenses directly attributable to EU Exit should be reclaimable from a National allocation.

The Board:

- ***Noted the update on EU Exit preparations.***

P19/10/E2

NHS EPRR Core Standards Return (Enclosure E2)

The Board noted the annual report which was based on a self-assessment of 64 standards.

The Trust was stating compliance for 59 standards with 5 noted as amber (some actions to take within 12 months). The outcome from the self-assessment was that the Trust would complete a return of 'substantial compliance'.

Members queried the lead times for actions in the attached plan. Becky Joyce advised of the intention to use an external partner for some of the work and that the proposed timeframes met the requirements of NHS England.

The Board:

- ***Noted the self-assessment process;***
- ***Approved the Statement of Substantial Compliance;***
- ***Approved the Improvement Plan.***

P19/10/F1

Finance Report – 30 September 2019 (Enclosure F1)

The report had been considered in detail at the Finance and Performance Committee meeting held on 22 October 2019. The following points were highlighted to the Board:

- Finances on plan;
- PSF monies had been achieved;
- Substantial cash balances;
- Monies for capital schemes received;
- Slightly ahead on CIP.

The Trust was negotiating with the CCGs on payments for procedures of limited value (£4.5m) and on first to follow up appointments (£1.5m).

A detailed action plan had been provided to the Finance and Performance Committee meeting on 22 October 2019. Neil Rhodes confirmed that members had been assured by the data and action plans in place. Further clarity on the current year would be provided within the next few weeks following discussions with the CCG. Any arbitration would have to go through ICS and then to NHSI.

Jon Sargeant advised that the Trust had received a five year set of controls totals from the centre which had been discussed in detail at the Finance and Performance Committee meeting on 22 October 2019. The totals for DBTH were undeliverable as a single organisation – the support of the ICS would be required to deliver the target. This year's planning was earlier and more complex than prior years as there was a need to balance individual organisational financial plans, PLACE and those of the ICS to an unfixed end point.

During the last week the Trust had put in bids for capital from central pots. These included for a Rapid Diagnostic Centre (RDC) at Mexborough, a new MRI scanner and two mammography machines. NHSI has enquired if the Trust was in a position to spend any outstanding capital bids on backlog maintenance.

Members welcomed the opportunity to submit bids but commented on the ad-hoc nature of the request which they felt would benefit from better planning.

The Trust was required to resubmit its five-year plan and had met with the ICS and NHSI on 25 October 2019 to look at ways to close the funding gap.

The Board:

- ***Received and noted the Finance Report and Cost Improvement position for September 2019;***
- ***Received and noted the forecast financial position and risks;***
- ***Noted the requirement for a recovery plan to deliver the control total.***

P19/10/F2

Use of Trust Seal (Enclosure F2)

The Trust seal had been applied twice on 9 October 2019:

- For the contract for Phase 1A Fire Improvement Works at DRI;
- For the Architect contracts for Aseptic Suite at DRI.

The Board:

- ***Approved the uses of the Trust seal – 114 and 115.***

P19/10/G1

Chairs Assurance Logs for Board Committees (Enclosure G1)

P19/10/F3(i)

Charitable Funds Committee – 24 September 2019 (G1)

Sheena McDonnell highlighted the key points considered by the Committee:

- The completion of the Charitable Fund accounts which were submitted three month's early;
- That work would be progressed to promote the charity;
- A need to formalise strategic plans.

The Board:

- ***Noted the update from the Charitable Funds Committee meeting held on 24 September 2019;***
- ***Thanked the finance team for its work on the Charitable Fund accounts.***

P19/10/F3(ii)

Finance and Performance Committee – 22 October 2019 (G1)

Neil Rhodes confirmed, as reported during the BOD meeting, that detailed reviews of the Quality and Performance Report (P19/10/D1) and Finance Report (P19/10/F1) had been undertaken at the meeting.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 22 October 2019.***

Quality Effectiveness Committee – 23 October 2019 (Verbal)

Pat Drake provided a verbal update from the meeting, highlighting:

- Marie Purdue was now a member of the Committee – looking at how Qi was reported through to the Board;
- There were no escalations to report to the Board;
- The Committee's thanks to be shared with staff regarding preparations for the CQC visits;
- A full and comprehensive review of the Committee's work plan;
- A commitment for action plans arising from Committee meetings to be provided with two working days of the meeting;
- The receipt of the quality assurance report on breast imaging;
- The receipt of three enabling strategy presentations;
- Recognition of the work that had taken place on the accessible information standard;
- The target on open incidents had not been achieved – focused work to address this was taking place in the Divisions;
- An audit of elective HSMR admissions would be provided to the Committee in December 2019;
- A report on safer staffing would be provided to the Committee in December 2019;
- A focus to enable learning was to be included in reports.

The Board:

- ***Noted the update from the Quality Effectiveness Committee meeting held on 23 October 2019.***

Corporate Risk Register (G2)

The Board was reminded of its obligations in terms of risk management and received an update on the current work on risk management processes which was addressing the actions arising from the recent Internal Audit review on risk management.

The purpose of the Corporate Risk Register was to capture and aid the management of extreme risks to operational delivery within the Trust (risks scoring 15 or above).

The review and approval of the Corporate Risk Register was undertaken by the Trust's Management Board on a monthly basis and the version dated 10 October 2019 had been approved at the Management Board meeting on 14 October 2019.

The Corporate Risk Register was provided to meetings of Trust Board Committees (ARC, F&P and QEC) and on a quarterly basis to the Board of Directors for information.

The Trust's current top three risks were confirmed as Workforce, Finance and Capital.

The timeline and progress for the refresh of the Corporate Risk Register was provided to the Board.

Kath Smart welcomed the work and plan to refresh the Corporate Risk Register and Risk Management Strategy but she highlighted that the Board had not considered its risk appetite for some time.

A detailed query on the risk relating to ligature points was raised. This was currently listed as reporting to the Finance and Performance Committee but it should be to the Quality Effectiveness Committee.

Action: Work on the Trust's risk appetite would be scheduled for February or March 2020. JR / Board work plan

Action: The reporting line for the ligature point risk would be amended – to report to the Quality Effectiveness Committee. JR / KEJ

The Board:

- **Noted the Corporate Risk Register and the work to refresh the document during 2019.**

P19/10/G3

Board Assurance Framework (G3)

The Board was reminded of the purpose of the Board Assurance Framework - to provide the Board of Directors with a record of the strategic risks relating to the delivery of its strategic objectives and the internal controls to prevent these risks from occurring.

The strategic risks were monitored on behalf of the Board by the Board's Committees – via the presentation of the Board Assurance Framework to meetings of Trust's Board Committees (ARC, F&P and QEC).

The Board Assurance Framework was currently approved by the Board of Directors on a quarterly basis but the intention was to present it to all meetings of the Board from January 2020 – following its refresh.

Jeannette Reay advised that the Trust's Board Assurance Framework and Corporate Risk Register appeared to have become combined and that both were in need of an update to ensure that they were distinct documents and fully served their different purposes. A process to update had begun.

The Board Assurance Framework refresh would lead to a Board workshop in November 2019 when the Board would be requested to approve its format and content – specifically the Strategic Risks contained within it.

An early extract (covering performance) of the proposed format for the Board Assurance Framework was provided to the Board for information.

The Board:

- **Approved the Board Assurance Framework;**
- **Noted the plan to refresh the document and the proposed format.**

P19/10/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 Charitable Funds Committee, 21 May 2019;***
- ***Note the Minutes of the Management Board, 6 September 2019;***
- ***Noted the Minutes of the Quality Effectiveness Committee, 21 August 2019;***
- ***Noted the Minutes of the Finance and Performance Committee, 20 September 2019;***
- ***Noted the Board Work Plan;***
- ***Noted the Meeting Dates for 2020;***
- ***Noted the Guardian Update.***

Richard Parker provided a verbal update to the Chief Executive's Report (H2), formally advising the meeting that Sewa Singh's contract as Medical Director was due to end on 31 March 2020. The Board formally thanked Sewa Singh for his eight years as Medical Director - noting particularly the improvements that he had effected during his career as a Vascular Surgeon and Executive Director. A recruitment process to appoint a replacement Medical Director would now commence.

From the Guardian Update (H6), Karen Barnard highlighted that the relocation of the Junior Doctors Mess was being part funded by Health Education England.

P19/10/I1 **Minutes of the Meeting held on 24 September 2019 (Enclosure I1)**

Moira Hardy was incorrectly included in the attendance list.

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 24 September 2019, subject to the amendment above.***

P19/10/I2 **Any Other Business (Verbal)**

P19/10/12(i) **Purdah**

During the course of the meeting, the date of the forthcoming General Election was announced and it was noted that the period of Purdah would commence on 30 November 2019.

P19/10/I3 **Governor Questions Regarding the Business of the Meeting (Verbal)**

P19/10/I3(i) Geoffrey Johnson

- Thanked the Trust for sharing communications on a local social care consultation, via a link in Buzz.
- Queried whether the Trust was aware of Dr Link – an online tool to direct patients to the right care source, including to Emergency Departments.

In response to the query David Purdue advised that Dr Link was a tool used in primary care, posing receptionist questions in an electronic mode.

The Board:

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

P19/10/I4 **Date and Time of Next meeting (Verbal)**

The Board:

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

*Tuesday 26 November 2019
9:15am
The Board Room, Bassetlaw Hospital*

P19/10/J **Close of meeting (Verbal)**

The meeting closed at 12.15pm.



**Suzy Brain England
Chair of the Board**

**Date
26 November 2019**