

Minutes of the meeting of the Board of Directors
Held on Tuesday 25 June 2019
In the Fred and Ann Green Boardroom, Montagu Hospital

Present:	Suzy Brain OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-Executive Director
	Richard Parker OBE	Chief Executive
	David Purdue	Deputy Chief Executive
	Pat Drake	Non-Executive Director
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
	Kath Smart	Non-Executive Director
	Neil Rhodes	Non-Executive Director
	Rebecca Joyce	Chief Operating Officer
In attendance:	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Deputy Head of Corporate Assurance
	Jeannette Reay	Head of Corporate Assurance / Company Secretary
	Marie Purdue	Direct of Strategy and Transformation
	Doug Wright	Public Governor
	Clive Tattley	Partner Governor
	Phil Beavers	Public Governor
	Dr Kirsty Edmondson-Jones	Director of Estates and Facilities (Part)

ACTION

Welcome and apologies for absence

- 19/6/1** The Chair of the Board welcomed all Board Members and Members of the Public to the meeting. The Chair welcomed Anthony Fitzgerald of Doncaster Clinical Commissioning Group who was in attendance to provide a presentation to Board on the Doncaster Joint Commissioning Strategy and Place Plan Refresh. Three members of the public attended; Emma Challans, Suzanne Bolam and Gina Holmes.

Declarations of Interest

- 19/6/2** No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

- 19/6/3** The list of actions from previous meetings were noted and updated.

Presentation slot – Doncaster Joint Commissioning Strategy & Place Plan

- 19/6/4** The Board considered the presentation from Anthony Fitzgerald which outlined the updates on the CCG's plans for the Doncaster Joint

Commissioning Strategy. Mr Fitzgerald provided an update on the increasing approach to Health and Social Care Commissioning with partners at Doncaster Council and the work that had been undertaken locally as part of PLACE.

- 19/6/5** Mr Fitzgerald provided the Board with examples of practice and challenges to the implementation of the plan and discussed the set-up of the Primary Care Networks (PCN's). The Board invited Mr Fitzgerald to attend a future Board Meeting to discuss 'developments of Primary Care Networks'; this would be added to the Board forward plan. **JR**
- 19/6/6** Neil Rhodes queried what the blockages and challenges were around its implementation. Anthony Fitzgerald responded that the contracting and flow of finance posed the most significant problems, particularly around integrated care, however effective risk management and the run through of scenarios would provide sufficient support to overcome these issues.
- 19/6/7** Pat Drake expressed her pride to see the progress that had been made in the homelessness work and the difference that had been recognised since the implementation of the complex lives scheme, which had seen a reduction in rough sleeping around Doncaster. Pat felt that Social Care was an important part of the schemes within the Doncaster PLACE Plan and had a significant part to play in the future of integrated healthcare.
- 19/6/8** Pat Drake sought Anthony's view on the Child and Adolescent Mental Health Services of the future, noting the current national issues around mental health services. In response, Anthony advised that mental health had been included within the detail of the joint action plan that was underway with health and social care partners. This recognised the pressures across partner organisations that included finances for the collective mental health services. The Board were assured that mental health was part of the 'Living Well' strategy and the demand for services was being managed appropriately.
- 19/6/9** In response to a query raised by Karen Barnard around the integration of teams and how support was being given in respect of cultural change to enable effective partnership working across Doncaster, Anthony advised that a comprehensive work plan was in place to ensure effectiveness of integrated working which included infrastructure. Anthony spoke of the Integrated Doncaster Care Record (IDCR) that had seen an improvement in patient care across health and social care partners, which demonstrated good integrated ways of staff working.
- 19/6/10** Kath Smart queried the capacity within the PLACE plan for alternative treatment and population education for self-management of complex and long-term conditions. The Board were advised that more work would be required to influence patient and public behaviour to enable self-care and to understand what services were being accessed at what time. A discussion took place around the social requirements of being a 'now society' and the professional influence which would be required in order to

change public opinion. It was noted that this would be a long-term programme, with co-production required between the CCG and its partners.

19/6/11 Sheena McDonnell queried the impact on older people with regard to the time spent in hospital and what technological advances would be made available in their own homes going forward. The Board heard how the IDCR had been a groundbreaking development in the ability to view the same patient record across multiple organisations, which had supported informed decision-making and had the potential to expand further.

19/6/12 In response to a question from Rebecca Joyce around the level of integration in Primary Care Networks, it was said that the last couple of months had been spent on regulatory requirements and coterminous boundaries in which some had been out of kilter in terms of population number, rather than service providers; the boundaries had been set within local authorities. It was acknowledged that Primary Care had often been the missing partner in terms of PLACE however this had improved as part of the GP Federation that can collectively respond to the needs of the Doncaster population. The Board were advised of the recommendations for joint posts with the CCG and Local Authorities that would see the Business Intelligence Teams merge in the coming months. It would also be reviewed if there is a need for the team to sit within the Primary Care Networks. The Medical Director felt that there was lack of data in terms of the work undertaken in Primary Care and therefore a data collection exercise undertaken by the Primary Care Network to enable a view of the requirements of future services would be welcomed.

19/6/13 The Chair of the Board stated the Trust supported the PLACE plan and is fully engaged in the process, particularly as the biggest employer in Doncaster and Bassetlaw, and would continue to be the willing partner in all areas of the Doncaster PLACE work.

19/6/14 Thanks were extended to Anthony for his presentation and the presentation was NOTED.

Reports for Decision

Use of Trust Seal

19/6/15 Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
109	Park and Ride Service, the lease of 500 car parking spaces at Doncaster Racecourse.	Jon Sargeant Director of Finance	12 th June 2019
		David Purdue Deputy Chief Executive	

110	Contract for design construction and handover of project 8 – new CT scanner building at Doncaster Royal Infirmary.	Jon Sargeant Director of Finance	15 th May 2019
		David Purdue Deputy Chief Executive	

19/6/16 Reports for Assurance

Finance Report as at 31 May 2019

19/6/17

The Board considered a report of the Director of Finance that set out the Trusts financial position at month 2. The Trust's deficit for month 2 was £1.432k before PSF/FRF/MRET, which is an adverse variance against plan of £4k. The cumulative position to the end of month 2 was £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).

19/6/18

The Director of Finance highlighted the significant risks to delivery of the Trust's 19/20 financial control total, including:

- Delivery of CIPs, there are still savings plans to be identified and subsequently delivered.
- Robust capacity plans are still outstanding and are required from Divisions in order to maximise income that deliver in line with plan for elective and outpatients.
- Aligned to capacity plans robust workforce plans are still outstanding. Control and reduction of agency and additional sessions spend linked to challenging and robust plans and following SOPs needs to be a priority.
- Resolution of the payback of non-recurrent support received from CCGs (£1.7m) and the ICS (£1.5m).
- Significant pressures on National Capital budgets mean that the ICS had been asked to reduce overall capital budgets by 25%. The Trust will come under pressure to reduce it's spend further.
- The audit of emergency coding is a potential risk to income, however the Trust believes that any such funds need to be reinvested and should not cause an in year problem.

19/6/19

The Chair of the Board queried what sanctions could be brought against the Trust from the Integrated Care System should the Cost Improvement Programmes fail. The Director of Finance advised that additional governance arrangements could be enforced however, provided assurance that the Trust was doing all that it could at the current time to ensure achievement of the CIP's. The Trust started with a £2.3m gap but that had reduced to approximately £900k.

19/6/20

Pat Drake drew the Boards attention to the 3.3% CIP target that the Trust had to achieve, which was noted to be the second largest across the

Integrated Care System, and team be recognised for the work that had already been undertaken to achieve this.

19/6/21 Following a question around capital budget pressures and the risks, which would be likely to cause an impact on the Trust, Jon assured the Board that the capital budgets had been funded and schemes were in place to address the fire and theatre works as part of an emergency bid. It was noted that there were national issues in relation to capital budgets and organisations had been asked to reduce their spend.

19/6/22 The Board NOTED:

- The Trust's deficit (before PSF, FRF and MRET) for month 2 (May 2019) was £1,432 which is adverse against plan of £4k. The cumulative position to the end of month 2 is a £4,910k deficit before PSF, which is £194k adverse to plan (£3,242k deficit including PSF, which is £194k adverse to plan).
- The achievement with regard to the Cost Improvement Programme.
- The risks set out in this paper.

19/6/23 **Performance Report as at 31 May 2019**

The Board considered a report of the Chief Operating Officer, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals and Director of People and Organisational Development that set out the operational and workforce performance at month 2, 2019/20.

19/6/24 Performance against metrics included:

- RTT – The Trust remained below target at 87%.
- Diagnostic wait is 97.67% against the standard of 99.5%.
- 2 week waits – The Trust achieved 93% and was compliant with the national target of 93%.
- The 62-day performance achieved 83.9%, which was below target.
- Four Hour Access Target – The Trust achieved 92.41% against national standard of 95%. This was below the national target of 95%.
- Appraisals – The Trusts appraisal season commenced on 1 April 2019 and would continue to 30 June 2019; therefore, no reporting would take place until the season had been concluded.
- SET Training – The Trust's SET training rate was 84.31% at the end of May.
- Sickness Absence saw an increase from 4.03% to 4.59% in recent

months but May had seen a reduction to 4.19%.

19/6/25 The Board were advised of one 52-week breach that had been reported at the end of May involving a trauma and orthopaedic patient that emerged through the validation process. Rebecca Joyce discussed the details of the issues. Board received assurance that the case had been thoroughly investigated with the Division and a full action plan had been implemented with learning identified. No harm had been caused as a result of the breach.

19/6/26 Pat Drake queried the increase in the number of falls seen within the Clinical Decisions Unit and the reason for these incidents occurring. Moira Hardy advised that the team had met to review current practices and concerns had been raised around how patients were being transported. As a result, CDU was now being treated as a ward environment and further exploratory work would be undertaken to address the issues, with feedback provided via the Quality and Effectiveness Committee.

19/6/27 The Medical Director presented the Seven Day Services Self-assessment for Board assurance on performance against the 7-day service clinical standards. The Medical Director was pleased to report that the Trust had self-assessed as 'green' across the range of criteria. The Board NOTED the self-assessment for assurance prior to submission on 28 June 2019.

19/6/28 The Board NOTED the Performance Report.

Interim NHS People Plan

19/6/29 The Board considered a report of the Director of People and Organisational Development that set out the key proposals of the Interim NHS People Plan.

19/6/30 The Board were advised of the approach taken locally that included the strong links with schools, education providers, and the number of careers events held around apprenticeship and health career opportunities at the Trust.

19/6/31 Sheena McDonnell advised of the conversations held at Quality and Effectiveness Committee around the leadership improvements at the Trust and felt encouraged by a recent NHS Professionals event that spoke of leaders being central to development of the NHS People Plan. Sheena expressed her interest in receiving the outcome of the Workforce Race Equality Standards when released as it had been recognised that challenges still existed in terms of the recruitment of BME staff.

19/6/32 The Board discussed the requirements of Equality, Diversity and Inclusion agenda and the need to personalise care plans and service delivery for patients and staff. It was noted that the Board had overall responsibility for EDI however this extended to the Council of Governors and staff where there needs to be greater representation of the communities served.

- 19/6/33** Pat Drake shared her concerns around the recruitment and retention of Nurses but was assured that the Trust had committed to a 10% increase in clinical placements and a further review would be undertaken in alternative routes for completing the student nurse training.
- 19/6/34** Kath Smart made reference to the presentation provided by Dr Rupert Suckling at the Annual Members Lecture in which he spoke of the organisation being an 'anchor organisation' and felt assured that the people plan would support this, however, Kath sought assurance that this had been considered within the finances of the Trust. Karen advised that there had been consideration locally however any additional funding would be unlikely to be received from the centre. The central Leadership budget with P&OD is £25k and the Chair asked the Board to consider if that was sufficient to respond to the priorities.
- 19/6/35** The Board NOTED update.
- 19/6/36** **Corporate Objective 2019/20**
- The Board considered a report of the Chief Executive that set out the Executives and Associate Director Corporate Objectives for 2019/20.
- 19/6/37** The Chief Executive sought confirmation that BOD agree that the proposed objectives are consistent with the pursuance of an overall improvement in the Trusts quality, operational and financial performance in the context of the Trust True North and Breakthrough Objectives.
- 19/6/38** In addition to the key operational outcomes and standards, which are described in the relevant job descriptions, the proposed objectives for 2019/20 set out the actions, which will be taken to achieve the Breakthrough objectives in support of the Trust strategic aims.
- 19/6/39** The Board discussed the objectives and their alignment to SMART objectives, and how they would be monitored on a quarterly basis by submission of a report to the Board of Directors.
- 19/6/40** The Board AGREED the Corporate objectives.
- Chairs Assurance Logs for Board Committee held 21 May 2019, 23 May 2019, 17th June 2019 and 21 June 2019**
- 19/6/41** The Board considered an update from the Chairs of Charitable Funds Committee, Audit and Risk Committee, Finance and Performance Committee and Quality and Effectives Committee.
- 19/6/42** The Board NOTED the updates for assurance.
- 19/6/43** **2018/19 ERIC Return**
- The Board considered a report from the Director of Estates and Facilities

that set out the Estates Return Information Collection (ERIC) that formed part of the central collection of Estates and Facilities data from all NHS Funded secondary care during the financial year ending 31st March 2019.

19/6/44 Kirsty Edmondson-Jones highlighted the backlog costs for the reporting had reduced and the overall level of backlog had seen a 17% reduction in high and significant risks. Jon Sargeant confirmed that the costs had been reconciled and had received financial sign off.

19/6/45 The Chief Executive noted the positive report but highlighted the potential interest around the value of the backlog maintenance costs.

19/6/46 Kath Smart noted the heating and electricity usage and raised her concerns around the cost of this. Kirsty Edmondson-Jones advised that building management services had been identified as a priority and as a CIP programme and would be reviewed throughout the year but that the major limiting factor was the age of the estate.

19/6/47 The Board APPROVED the information enclosed on the ERIC 2018/19 submission to be committed through the EFM Information, HSCIC (NHS Digital) on 28 June 2019 and CONFIRMED its release into the public domain in October 2019.

Reports for Information

19/6/48 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Bassetlaw Integrated Care Partnership Bulletin
- South Yorkshire & Bassetlaw ICS 2019/20 Operating System Plan Overview
- Minutes of the Charitable Funds Committee, 26 February 2019
- Minutes of the Audit and Risk Committee, 19 March 2019
- Minutes of the Management Board, 13 May 2019
- Minutes of the Finance and Performance Committee, 20 May 2019

Items to Note

19/6/49 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/6/50 The minutes of the meeting of the Board of Directors on 21 May 2019 were APPROVED as a correct record.

Any other business

19/6/51 **Non-Executive Director Cover** – The Chair of the Board extended her thanks to the NED's for increasing their duties due to the absence of two NEDs. The Chair of the Board provided assurance that all Board Committees were quorate and were at the required level of attendance to operate effectively.

19/6/52 **Future of Chairs Assurance Logs** – It was agreed that the Chairs Assurance Log would be a verbal update going forward rather than a written report.

Governors questions regarding business of the meeting

19/6/53 Doug Wright queried the cost reduction at the CCG of 20% that had been confirmed in recent months and whether this meant a reduction or increase in funding for the Trust. The Director of Finance advised that the 20% reduction was in relation to the management costs of the CCG and would not result in an increase of funding for patient care. It was confirmed that Doncaster and Bassetlaw CCG's had identified money saving schemes over the year and would be reinvesting money into the Trust Services as part of the contract agreements for 2019/20.

19/6/54 Clive Tattley referenced the proportionate number of patients admitted to a stroke unit in 4 hours and whether Sheena McDonnell was content with the variance achieved to which Sheena confirmed she felt assured that there were no issues within the services.

Date and time of next meeting

19/6/55 9:15am on Tuesday 30 July 2019 in the Boardroom at Doncaster Royal Infirmary.

Exclusion of Press and Public

19/6/56 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 30 July 2019

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 1st 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