

Minutes of the meeting of the Board of Directors
Held on Tuesday 26 March 2019
In the Fred & Ann Green Boardroom, Montagu Hospital

Present:	Suzy Brain England OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Alan Chan	Non-executive Director
	Cindy Storer	Acting Deputy Director of Nursing, Midwifery and AHP for <i>Moira Hardy</i>
	Sheena McDonnell	Non-executive Director
	Richard Parker	Chief Executive
	Pat Drake	Non-executive Director
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
	In attendance:	Marie Purdue
	Emma Shaheen	Head of Communications and Engagement
	Kate Sullivan	Corporate Governance Officer
	Clive Tattley	Governor Observer (<i>part</i>)
	Peter Abell	Governor Observer

ACTION

Welcome and apologies for absence

- 19/3/1** Apologies were received on behalf of Moira Hardy, Director of Nursing Midwifery & Allied Health Professionals, Neil Rhodes, Non-executive Director and Gareth Jones, Trust Board Secretary. The Chair welcomed Emma Shaheen back to the Trust after a period of Maternity leave and Peter Abell who was observing the meeting. There had been some criticism from some Governors about the acoustics of various meetings they observed; The Chair reminded the Board of its commitment to make meetings accessible and asked that members speak clearly.

Declarations of Interest

- 19/3/2** No interests were declared in the business of the public session of the meeting.

Matters Arising and Actions from the previous minutes

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

19/1/65 – Refresh of Board Committee Terms of Reference (ToRs) in respect of Health & Safety: The Trust Board Secretary had met with the Chair of The Audit & Risk Committee. An update would be brought to a future meeting.

19/1/82 – Hospital Cancellation Rates – numbers of patients, as well as percentages to be provided: Data had been circulated to NEDs and would be included in future performance reports.

18/2/9 – Deep Dive of staff mandatory training to be emailed to the Board in March: It was noted that the action related specifically to Information Governance (IG) Training.

19/2/42 – Scenario reports on EU exit had been shared with the Board. The Chief Operating Officer (COO) gave assurance that the Trust had declared to NHS Improvement (NHSI) that it was compliant with the requirement to ensure that all senior management teams, the Board and CCGs had been through the scenarios. The COO provided details of a new daily reporting requirement to NHSI in respect of EU Exit and this was briefly discussed.

19/2/54 – Target date to amended from May 2019 to June 2019

19/2/55 – Metrics for care of children to be included in future reports; progress had been made and some information had been included in the performance report included in the papers. The Medical Director gave assurance that work was ongoing to increase the level of metrics in coming months.

Presentation slot – NHS Improvement QI Update and Breakthrough Objectives for 2019/20

19/3/4 The Board considered a presentation from Marie Purdue, Director of Strategy and Transformation. Marie updated the Board on work to align the improvement programme aims with the Strategic Direction such that the Trusts' Vision became ***The safest Trust in England, outstanding in all we do*** and a more detailed version of the previous vision to become the mission; ***As an acute teaching Hospital Trust, a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients partners and the public to maintain and improve the delivery of high quality integrated care.*** The Board endorsed this proposal noting the proposed strategic deployment mechanisms. The key aim of strategic deployment was to ensure everyone knew how they contributed towards the vision. The agreed definition of Quality Improvement was also noted - *“working together using methods, tools, data measurement, curiosity and an open mindset to improve healthcare”*.

19/3/5 The remainder of the presentation focussed on how the Trust had translated the 5-year strategic objectives, the *‘True North Objectives’*, in to specific objectives that everyone in the organisation could relate to and help deliver. Below the True North Objectives sat the *Breakthrough Objectives* that the Trust aimed to deliver within the first year. The True North and breakthrough objectives would be the golden thread through everything the Trust did to help us prioritise resources and assure partners.

True North Objectives:

- Achieved and maintained CQC outstanding
- 100% of staff know how they contribute to the vision
- In top 10% for staff and patient feedback
- Trust in recurrent surplus

Breakthrough Objectives (Archive in 1 year)

- Achieve CQC good

- Level 1 of QI rollout (train 40 practice coaches and 30 Kata coaches)
- Higher than average for staff and patient feedback
- Achieve Control Total

19/3/6 The Board discussed how the True North and Breakthrough Objectives linked to Board Committees and examples of how they might translate in to Divisional / Departmental objectives and how they could be made relevant in terms of individual objectives. The Board also considered how the objectives could be measured and noted that at a recent Governor Appointments and Remuneration Committee meeting, to consider the appraisal and objective setting process for the Chair and NEDs, Governors had endorsed this framework for setting their objectives. In response to a query from Kath Smart about how the objectives could be made relevant for non-clinical and non-patient-facing staff, the Board were assured that the Trust was working on this.

19/3/7 The Board noted that achieving the Strategic Direction depended on engaging everyone in quality improvement (Qi). An overview was provided of the process for working with divisions and corporate directorates to achieve outputs linked to the True North and Breakthrough Objectives and examples of Qi work along with an overview of Qi plans for 2019/20 were shared. It was important to ensure the Trust used examples that were relevant to all staff groups and this was noted.

19/3/8 The Board NOTED the presentation and ENDORSED aligning the improvement programme aims with the Strategic Direction and the proposed changes to the Trust's Vision and Mission.

Use of Trust Seal

19/3/9 The use of the Trust Seal for the entry 105 in the Seal Register was APPROVED.

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

19/3/10 The Board noted that the Standing Financial Instructions, Standing Orders and Scheme of Delegation had been reviewed and updated in line with best practice and up to date practices in the Trust. A summary of these changes were set out in the covering report. This paper had been considered by the Audit & Risk Committee (ARC) on 19th March 2019, and it was recommended for approval by that Committee.

19/3/11 The Board APPROVED the updated documents subject to being made gender neutral.

JS/GJ

19/3/12 **Reports for Assurance**

Finance Report - 28 February 2019

19/3/13 The Board considered a report of the Director of Finance that set out the Financial Position at Month 11(February 2019) which was a favourable variance against plan of £855k before PSF funding and a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF Funding, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.

19/3/14 The Trust now expected to deliver its control total at year end, and this was welcomed. This was a result of; the improved position against forecast and plan (especially in income), following final discussions with Doncaster CCG who were funding any undelivered CQUINs monies and delivery of the waiting list recovery plan, the funding agreed from the ICS and reduced spend on agency in February by more than forecast. The Trust's key remaining risk was the delivery of the Waiting List recovery plan, which attracted incentive payments of c.£2.4m, which was yet to be included in the Trust's position.

19/3/15 In response to a question from Linn Phipps, an update on the terms of the waiting list incentive payments was provided along with how performance was progressing; at the time of the meeting the Trust was on track to deliver the waiting list size target; the key challenge was delivery of RTT performance; this was being monitored monthly through F&P and would be discussed further under the performance report.

19/3/16 The Board NOTED:

- The Trust's deficit for month 11 (February 2019) was £224k, which was a favourable variance against plan of £855k before PSF. This was a favourable variance against forecast of £644k in month. The cumulative position to the end of month 11 was a £21.7m deficit before PSF, which was £1,455k favourable to plan (£2,334k adverse to plan including PSF) and £1,452k favourable to forecast.
- The achievement with regards to the Cost Improvement Programme.
- The improved financial position and that the Trust was forecasting to deliver its control total at year end subject to delivery of the Waiting List position.
- The risks set out in the paper.

19/3/17 **Thematic People & Organisational Development Report - Terms and conditions update**

19/3/18 The Board considered the report of the Director of People & Organisational Development that provided an update to the Board on the Agenda for Change pay deal which was introduced in 2018. These changes could be categorised under the below headings;

- Three year pay deal
- Band 1 to Band 2 transition
- Pay Progression
- Amendments to Agenda for Change terms and conditions.

It also provided an update to pension contributions in respect of both the NHS Pension scheme and the alternative NEST pension scheme for those staff ineligible to join the NHS pension scheme.

Some of the changes were quite complex and some staff had already raised a number of queries about how the changes would affect them. The Trust was working with the communications team on some easy to understand briefings to be shared through a range of communications channels.

19/3/19 In respect of the abolishment of Band 1, and in order to progress the transition of staff from Band 1 to Band 2, current Band 1 job descriptions were being revised if there was no existing Band 2 job description for staff to move into. This was a voluntary transition for staff, but it was anticipated that the majority of staff would choose to transition with support if required and details of how that would work were provided and discussed in detail. In response to several questions it was clarified that the transition would mean a change in role with the aim of upskilling staff and examples were provided.

19/3/20 The Board noted that from April 2020 staff would no longer automatically progress annually though the pay points within a band; a set of criteria that all staff would need to meet was being agreed. The Board considered how this might impact on the future recruitment of staff in the context of alignment of this approach across the ICS; it was clarified that this was being discussed at ISC level.

19/3/21 The Chair expressed a wish for the Trust to aspire to signing up to the Real Living Wage and this was discussed; although at this time the Trust (in line with the national Agenda for Change pay rates) could match the real living wage but could not commit to keeping up with future increases due to the links to national pay deals. During the discussion it was agreed to set an aspiration to the pay the real living wage and to raise this with the ICS / discuss the matter at PLACE level.

KB

19/3/22 The Board NOTED the update and next steps.

Performance Report at 28 February 2019

19/3/23 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 10, 2018/19.

19/3/24 Performance against key metrics included:

- Cancer targets – The 62-day performance achieved the 85% standard, coming in at 85.4%.
- Four-hour access – The Trust achieved 91.6% against the national standard of 95% which was 12th best nationally.
- RTT – The Trust performed slightly below contract target, reaching 87.5%
- HSMR – The Trust's rolling 12-month HSMR remained better than expected at 92.
- C.Diff – Below (better than) the year to date trajectory, the same period the previous year and the national trajectory.
- Appraisal rate – The Trust's appraisal completion rate remained static at 78.85% - The Trust was preparing for the 2019/20 round of appraisals. Appraisal paperwork had been updated to reflect changes to objective setting. It was noted that all Executive Director appraisals had been completed
- SET training – 81.31% compliance rate for Statutory and Essential Training (SET)

- Sickness absence – Year-to-date figure at 4.43%

19/3/25 The Board noted that this month's reports included quality metrics for Children and Young People, and this was welcomed; going forward the Trust would expand on this range of metrics and would work to include more soft intelligence. Commenting on this, Pat Drake shared feedback from a Maternity Clinical Governance meeting she had attended; she had been encouraged to observe that they were using the Quality Dashboard and benchmarking data. The report also included details of additional reporting requirements for NHS Improvement in respect of performance and of proposed changes to the 4hr access including the rationale for and proposed value of the changes; these were set out in detail in the report and the Chief Operating Officer provided further background information.

19/3/26 62 Day Cancer Performance - Key issues remained around complex pathways and shared breaches. Reflecting on this Pat Drake raised a question about tertiary care referrals going to Sheffield, it was noted that the Chair had previously enquired about this and the matter was discussed; The Trust was looking at review of tertiary care undertaken in Manchester to see what learning could be taken from this.

19/3/27 Cancelled Operations – Pat Drake noted that it had been reported at F&P that a significant proportion of cancellations had been due to High Dependency Unit (HDU) capacity and staffing issues; It had been agreed for the Finance & Performance Committee to receive more granular information on this in future reports.

19/3/28 Hospital Acquired Pressure Ulcers (HAPUs) – Following a question from Kath Smart, the Board were assured there were no implications should the Trust not achieve the target trajectory because this was a local quality standard. Although it was disappointing not to have achieved a further year-on-year reduction in HAPUs, the Board were reminded of the significant improvement in this quality standard over several consecutive years and that this was within the context of increased emergency activity. The Trust remained committed to achieving further improvements. Cindy Storer provided an update on work to share learning with staff and on how HAPUs were reported and this was discussed in detail. In response to a query from Pat Drake it was noted that there had not been any grade 4 HAPUs for a significant period of time.

19/3/29 Sheena McDonnell welcomed the improvement in complaints resolution performance; reflecting on the report she felt it would be useful to capture how many complaints were upheld. **CS**

19/3/30 Following a question from Pat Drake about whether or not levels of advanced care needs had impacted on skill mix on wards, or given rise to any staffing issues, an overview of the process and tools used to assess acuity and dependency needs of patients and how this linked to workforce plans was provided. The Trust had been undertaking periodic reviews for several years and this had given a picture over time that had enabled better assessment of workforce needs.

19/3/31 The Board were advised that the Trust's had won Best Team at the NHS Employers National Flu Awards the previous day; The team had vaccinated 70% of staff in 21 days. The Board congratulated the team for their hard work to achieve this.

19/3/32 Statutory & Essential Training (SET) – it was agreed that more progress needed to be made to improve the compliance rate which had remained static at around 81%. A Deep Dive was scheduled for the next Workforce, Education & Research Committee (WERC) meeting to look in to this in more depth. An overview of the areas of key concern (those with the lowest compliance rates) was provided. The Board discussed the links between SET and Appraisal compliance rates and the Trusts ambition to achieve a CQC rating of Outstanding, what learning could be taken from Trusts that had achieved CQC outstanding as well as from organisations outside the NHS and whether enough was being done at the current time to improve performance. The Board was assured that this was a key area of focus for the Trust and the Director of People & Organisational Development shared details of work to improve the appraisal process and achieve the Trusts ambition of beyond 90%. She also provided an update on work with education leads and Divisions to better understand what was preventing staff from completing SET; this would be reported through QEC. During further discussion it was agreed for Sheena McDonnell, Kath Smart and Karen Barnard to meet to consider what could be learned from other organisations and think about a more focussed piece of work to bring to a future meeting.

KB/SM.
KS

19/3/33 Board DISCUSSED and NOTED the report.

Staff Survey

19/3/34 The Board considered the report of the Director of People & Organisational Development on the results of the 2018 Staff Survey. The Trust's True North statement stated that the Trust aimed to be in the top 10% of Trusts for staff satisfaction in the next 5 years. The results from the 2018 staff survey had been shared widely with leadership teams in order that they could develop their own action plans. The results had been captured into themes; equality, diversity & inclusion, health & wellbeing, immediate managers, morale, quality of appraisals, quality of care, safe environment – bullying & harassment, safe environment – violence, safety culture and staff engagement. The paper provided the Trust wide summary with those of each division and directorate. In addition, the staff engagement questions were provided. The paper detailed the proposed actions to be taken, timescales and the KPIs to be monitored. The Trust would continue to utilise the pulse check data which was being obtained through the Quality Improvement (Qi) programmes of work such as ED, Antenatal, Trauma & orthopaedics. These pulse check questions would be made available to all areas who may be undertaking service improvement pieces of work. Regular feedback on progress against the action plan would be reported to QEC and divisional/directorate action plans would be monitored through visual management boards and the performance accountability framework.

19/3/35 There had been an increase in response rate of 5% to 54% which is above the acute sector average by 10%. The response rate by division/directorate ranged from 46% within the Division of Medicine to 94% within Finance and Procurement.

19/3/36 The report was discussed in detail with particular focus on those areas that had declined in comparison to the previous year, the staff engagement scores, the Trust Wide Action plan (included in the paper) and the development of divisional/directorate action plans. The Trusts results were above average in respect

of equality, diversity & inclusion and safe environment – bullying & harassment. Each theme had either remained static or improved apart from health and wellbeing which had declined by 0.1 with the question relating to whether staff felt the Trust took positive action on health and wellbeing reducing by 5% points; it was noted that this was disappointing. Members of the Board were reminded that the Trust had recently been awarded Nottinghamshire Council's platinum health at work award, therefore Divisions would be encouraged to explore this question with their staff to understand how the Trust could demonstrate that their health and wellbeing is important to us and to ensure we are directing our attention to those areas which are having an impact on staff.

19/3/37 The Board considered the areas identified for the Trust wide action plan; Non-executives endorsed the concise and focused presentation of the plan and the Board discussed possible approaches to be taken. Divisions and Directorates had been tasked with developing local action plans. They would also set up local staff engagement groups which would come together to meet with the Chief Executive; in response to a suggestion from Pat Drake it was agreed to consider developing some key principals for these groups to ensure focus and continuity of approach. Reflecting on the Trusts Due North objective of being in the Top 10% of Trusts for staff and patient feedback, Linn Phipps suggested setting some milestones to achieving this; the Trust was developing questions for the next Friends & Family Test and these would be monitored through QEC.

19/3/38 Sheena McDonnell highlighted how showing 'We Care' linked to living the values of the Trust and there was a useful discussion about how this this could be demonstrated, for example through better communication with staff and examples of how this had worked well through the staff Facebook page were highlighted. This led to discussion about staff perceptions of the availability of / how to access funding to improve staff environments; there needed to be improved messaging about how to access funding for example charitable funds. The Chair implored colleagues to ensure all Estates issues were logged and to arrive at work each day with a fresh pair of eyes; they after all were the keepers of the patient and staff experience.

19/3/39 The Board NOTED the paper for assurance.

CQC Update

19/3/40 The Board considered the report of the medical Director and Director of Nursing, Midwifery & Allied Health Professionals that provided a detailed update on the recently released CQC report following a focussed unannounced inspection of the urgent and emergency care services at Doncaster Royal Infirmary and Bassetlaw Hospitals on 27-29 November 2018. This inspection was to follow up on issues identified at the previous inspection in December 2017; the specific issues identified at that time were set out in the paper.

19/3/41 The paper detailed actions set out by the CQC that the Trust must take and actions the Trust should take, immediate steps taken by the Trust at the time of the inspection, and post Inspection to respond to the specific issues and further action the Trust intended to take to improve compliance with CQC standards ahead of future inspections. The paper also set out a number of improvements since the December

2017 Inspection that had been acknowledged by the CQC.

- 19/3/42** The Board noted the detailed action plan (appended to the report). The Medical Director provided an overview of the governance process for monitoring and tracking progress against the plan including escalation processes and plans to set up an electronic dashboard for CQC compliance; The Trust would work with all divisional CQC leads to ensure consistency with the action plans and supply of evidence. The Trust was organising a schedule of cross discipline mock CQC inspections and would welcome participation of Governors and NEDs. A list of dates would be circulated once available.
- 19/3/43** The Clinical Governance Teams were working hard to collect patient feedback and to collect staff feedback on clinical service delivery. There was a useful discussion about the importance of board member engagement with staff in the context of the Trusts ambition to achieve a CQC rating of outstanding. It was noted that Linn Phipps had now met with all clinical governance leads.
- 19/3/44** The report was discussed; The Board were assured by the detailed action plan and noted that it would be refreshed after the mock CQC inspections. Commenting on action plans, Alan Chan commended the level of actions already closed and was encouraged to hear about work to seek staff feedback on the new Emergency Department model.
- 19/3/45** The Board NOTED the report.

CS

New case Assignment Definitions Clostridium Difficile Infections (CDI)

- 19/3/46** The Board considered a report of the Director of Nursing, Midwifery & Allied Health Professionals and the Director of Infection Prevention and Control that set out the new case assignments definitions to be introduced from 1st April 2019 on Healthcare Associated Infection recommended definitions used to attribute/apportion Clostridium Difficile Infections (CDI) to trusts. The paper showed the rate of CDI that would have been reported by the Trust in the year 2018/19 had the new definitions been in force and described action to be taken to support achievement of the objective to have no more than 44 CDI cases in 2019/20.
- 19/3/47** It was noted that while there was not expected to be any increase in the total number of cases, there would be a shift in number of cases that were assigned to the Trust; particularly as healthcare associated cases would include those with recent (last four weeks) hospitalisation. In response to a question from the Chair, the Board were assured that the Trust remained committed to keeping CDI rates as low as possible; key actions included a proactive and zero tolerance to the management of patients known to be positive for Clostridium difficile infection or carriers of Clostridium difficile showing symptoms, within the Trust and the wider communities.
- 19/3/48** Following a question from Kath Smart, there was a brief discussion about the process for recording and learning from CDI route cause analysis; the Board were assured that the Trust carried out route cause analysis for all cases. A new procedure was to be piloted to attempt to monitor patients' positive in the community involving microbiologists and IPC practitioners. It was important to keep talking to Community

partners and to share learning with them learning from the Trusts experience of successfully reducing CDI rates.

19/3/49 The New case Assignment Definitions Clostridium Difficile Infections (CDI) Report was NOTED

Chairs Assurance Logs for Board Committee held 19 March 2019 and 22 March 2019

19/3/50 The Board considered a report of the chairs of Finance and Performance Committee and Audit and Risk Committee following their meetings on 19 March and 22 March 2019. In Neil Rhodes' absence, Pat Drake presented the report from Finance and Performance Committee.

19/3/51 In relation to oversight of the Sodexo contract Neil Rhodes had reported taking significant assurance from a walk-through of the catering service, accompanied by Mike Addenbrooke, public Governor and Vice Chair.

19/3/52 The Audit & Risk Committee had considered the report of Internal Audit on a review of Complaints; the report provided 'partial assurance with improvements required and this had been disappointing. Kath Smart shared some of the areas of concern identified in the report; a full action plan was being developed with divisional input and would be taken through the Patient Experience & Engagement Committee in March 2019.

19/3/53 Board NOTED the update.

Reports for Information

19/3/54 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 11 February 2019
- Minutes of Audit & Risk Committee, 22 November 2018
- Minutes of Charitable Funds Committee 25 January 2019

Items to Note

19/3/55 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/3/56 The minutes of the meeting of the Board of Directors on 26 February 2019 were APPROVED as a correct record.

Any other business

19/3/57 There were no items of other business raised.

Governors questions regarding business of the meeting

- 19/3/58** Further to questions from Clive Tattley, it was clarified that if Governors identified an estates maintenance issue it should be escalated to the ward or department manager for the area. If an issue was on a non-identified or public area, for example the hospital main entrance, the matter should be escalated with the Trust Board Secretary's office who would escalate the matter on behalf of Governors.
- 19/3/59** Following a question from Clive Tattley, an update to the reported December 2018 rolling 12 Month HSMR position was provided; there had been an increase in crude mortality for January 2019 a key factor for this had been high levels of flu.
- 19/3/60** Peter Abell fed back on the NHS Providers Governor Regional Workshop he had attended including comments from Carolyn Jenkinson, CQC Head of Hospital Inspection, who had talked about how the Staff Survey fed into CQC Inspections for Well Led. He also fed back on work at Chesterfield Royal Hospital to increase their Staff Survey response rate to 72% and how they had adopted an approach that reported on progress to their Council of Governors using Non-Executive Directors. This was briefly discussed in the context of the Trusts True North Objectives and how the Trust planned to monitor progress to improve the staff survey response rate and staff survey results through the exiting committee governance structure.
- 19/3/61** Following a question from Peter Abell relating to the Hard Truths Nursing Workforce data for the Children & Families Division, in terms of some wards/departments flagging as 'red', the Board were reminded that a wide range of quality and workforce metrics were used to monitor the safety of these services and they were assured that none of these had flagged any safety issues. A number of examples were given along with an overview of escalation processes: it was noted that any area that flagged red for quality or workforce for 3 consecutive months, or for both quality and workforce in the same month, were escalated. There was a useful discussion about the Trusts aspirations for maternity services and how the Quality & Effectiveness Committee (QEC) was monitoring a number of aspects of children's and maternity services. Linn Phipps, Chair of QEC, noted that the Divisional Director for the Children & Families Divisions was due to present on his vision for quality to QEC in June 2019. She invited Peter, as a Governor Observer on that Committee, and the Board, to feed back to her any questions they wished her to raise.

Date and time of next meeting

- 19/3/62** 9:15am on Tuesday 30 April 2019 in the Boardroom, Doncaster Royal Infirmary.

Exclusion of Press and Public

- 19/3/63** It was AGREED that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Chair of the Board

**Minutes of the meeting of the Board of Directors
Held on Tuesday 30 April 2019
In the Boardroom, Doncaster Royal Infirmary**

Present:	Suzy Brain OBE	Chair of the Board
	Karen Barnard	Director of People and Organisational Development
	Cindy Storer	Acting Deputy Director of Nursing, Midwifery and Allied Health Professionals
	Sheena McDonnell	Non-executive Director
	Richard Parker OBE	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance (part)
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director

In attendance:	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Liz Staveley Churton	Governor
	Geoffrey Johnson	Governor
	Peter Abell	Governor
	Phil Beavers	Governor

ACTION

Welcome and apologies for absence

19/4/1 Apologies were received on behalf of Alan Chan and Moira Hardy. The Chair of the Board welcomed Lauren Akroyd, General Manager, who was in attendance as part of her personal development.

Declarations of Interest

19/4/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/4/3 The list of actions from previous meetings were noted and updated.

Item 2 (19/1/65) – Kath Smart sought clarification on the progress of the refresh of Board Committee Terms of Reference and asked what next steps would be undertaken. Pat Drake further requested that where actions are needed in respect of the relevant health and safety assurance area that these are also included in the terms of reference for the responsible committee. The Board were advised that Kirsty Edmondson-Jones would be undertaking a review of the terms of reference for each committee and would provide a further update to Board in May 2019.

KEJ

Item 5 – (19/2/9) – Richard Parker confirmed that a deep dive of Executive mandatory information governance training had been completed and could therefore be removed from the action plan.

Item 11 – (19/3/32) – Karen Barnard confirmed that a deep dive took place at WERC in May 2019 and would be reported to QEC and Board in June 2019.

KB

Item 12 – (19/3/42) – Kath Smart advised that she did not recall seeing the dates of the mock CQC dates circulated to NEDs. Cindy Storer agreed to re-circulate to NED's.

CS

Presentation slot – National End of Life Care Audit 2018

19/4/4 The Board considered a presentation from Karen Lanaghan, End of Life Coordinator at the Trust.

19/4/5 The presentation outlined the results of the National End of Life Care Audit undertaken in 2018 that had been commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government. Karen provided the Board with a statistical comparison from the audit measured against national and local statistics.

19/4/6 The overarching aim was to improve the quality of care of people at the end of life in acute, mental health and community hospitals. The audit monitored progress on five priorities for care set out in the One Chance to Get It Right and NICE Quality Standard 144, which addresses last days of life. Karen Lanaghan drew Boards attention to the three key components to include; an organisational level audit, a case note review and a quality survey.

19/4/7 Karen Lanaghan provided an overview of the work that had taken place and summarised the key points to include; the detailed work around hydration and nutrition, the recognition of a lack of care plans in place, the discussions and decisions made late. improved documentation when end of life care plans are used, and a review of end of life mandatory training for staff.

19/4/8 Sheena McDonnell asked about the opportunities available in capturing qualitative feedback from patients and their families and whether there were opportunities of learning from these. Sheena noted the sensitivities to families of undertaking quality checks but recognised that this feedback would support future learning. Karen Lanaghan advised that the patient's families were involved in every step of their care and further feedback is gained from the bereavement questionnaire.

19/4/9 Linn Phipps commended the team on the outcome of the audit and the overall picture of achievement. Linn Phipps queried the societal approach to death as many patients and families found it difficult to talk about dying and asked where opportunities existed for the conversation of death could be normalised. It was suggested that further work with health and social

care partners and schools could promote the normalisation of the thinking on death. Karen Lanaghan advised that patients start their treatment on an individualised care plan that included early discussion around death in line with their own wishes and that of their families. Rapid discharge conversations are held with every patient on individualised plans of care and facilitation of a return to their preferred place of death.

19/4/10 Pat Drake asked about the understanding of cultural needs of families and stated that more effort should be focused on equality and diversity aspects when dealing with death. Sewa Singh advised that work had started in communities, palliative care teams and within the Trust to take a wider overview of patient needs and this also included the elderly and frail patient and not just those diagnosed with cancer. Mr Singh further highlighted that a digital platform that holds an advanced care plan that can be accessed by a range of different stakeholders is needed should further progress is to be made going forward.

19/4/11 The Chair of the Board extended thanks to Karen and the Team and wished to invite Karen to present at the Council of Governors in due course. Karen thanked the Executive Team for their support in the achievement of the audit and to healthcare colleagues that have helped deliver the care.

The Board NOTED the presentation.

Reports for Decision

Use of the Trust Seal

19/4/12 Board APPROVED the use of the Trust Seal in the following instances:

Seal No.	Description	Signed	Date of sealing
106	Lease of part of land at Doncaster Royal Infirmary, Bassetlaw Hospital, and Montagu Hospital sites between DBTH and Saba Park Services UK Limited	Richard Parker Chief Executive	3 April 2019
		Jon Sargeant Director of Finance	
107	Contract for security, car parking, smoking enforcement, and capital investment between DBTH and Saba Park Services UK Limited.	Jon Sargeant Director of Finance	3 April 2019
		David Purdue Deputy Chief Executive	
108	Contract for the provision of services relating to Tier 3 Adults Weight Management	Richard Parker Chief Executive	24 April 2019
		Jon Sargeant	

	Service between Doncaster Council and DBTH.	Director of Finance	
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Reports for Assurance

Finance Report as at 31 March 2019

- 19/4/13** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 12 and the draft year-end financial position. The paper reported the Trust had delivered its control total for 2018/19 with a £23k favourable variance. The Director of Finance reminded members that this position was subject to review by External Audit, the agreement of balances process and prior bonus PSF funding which had been notified to be £10.7m by NHS Improvement. Jon Sargeant was pleased to report that the Trust had delivered a surplus financial position.
- 19/4/14** The Director of Finance reported on the Trusts major risk in month 12, the delivery of the recovery plan which attracted an incentive payment of c£2.4m. Of the £2.4m reported, Doncaster Clinical Commissioning Group had provided £2.1m. £0.3m from Bassetlaw Clinical Commissioning Group had not been paid. Jon Sargeant advised that had been held with Bassetlaw CCG but at the time of the CCG closing its position the year-end waiting list had not been fully validated and the final waiting list position had not been confirmed.
- 19/4/15** Neil Rhodes commended the Executive Team on the achievement of the financial position and the work that had taken place with partners for the Trust to achieve its control total. Neil Rhodes highlighted that the CIP plans had worked on the approach the Trust would undertake in the coming year to remain in a strong financial position in 2019/20.
- 19/4/16** Richard Parker requested a communication to staff highlighting the achievement of a £23k surplus on £385million budget but stressed that this had been tight and more work would be needed going forward if the Trust is to remain in surplus for 2019/20. Kath Smart supported this suggestion and further requested that the communication to staff identifies what the Trust plans are with the post PSF surplus.
- 19/4/17** The Chair of the Board sought assurance from the Director of Finance that contracting is in line with achievement of the agreed 2019/20 financial plan. Jon Sargeant reported that contracts had been signed with all of the Trusts main commissioners in line with the agreed timetable. The CIP target had been set at 3%, which is £13.2million of the Trusts budget and provided assurance to the Board that the CIP was on track to deliver and the Trust had begun the start of the new financial year in a good position.
- 19/4/18** In response to a question raised by Sheena McDonnell around the issues

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with capital and underspend, Jon Sargeant advised that the underspend was due to the CT scanner where the Trust was successful in the bid but a delay occurred in being given the permission to spend. It was noted that the approval for the bid was given in late January early February 2019. Jon also reminded members of the Board of the emergency fire improvement and theatre capital bids that had been and advised that these would be submitted shortly.

19/4/19

The Board NOTED:

- The draft year-end financial position shows that the Trust had delivered its control total for 2018/19, with a £23k favourable variance (before additional PSF of £10.7m), subject to a review by the Trusts Auditors.
- The Trusts deficit for month 12 (March 2019) was £1.1m, which is an adverse variance against forecast of £2.7m in month. The cumulative position to end of month 12 is a £22.8m deficit before PSF, which is £23k favourable to plan and £3.9m favourable to forecast before and after PSF. Including PSF the Trust delivered a surplus of £4.6m in Month 12, reflecting that the full quarter of PSF has been accounted for in M12 due to the Trust achieving the Control Total and delivering A&E performance.
- The achievement with regard to the Cost Improvement Programme.

19/4/20

Thematic People and Organisational Development Report

The Board considered a report of the Director of People and Organisational Development that outlined the NHS Workforce Implementation Plan. The Plan set out the need for sufficient staffing with the right skills that are given adequate support to work effectively within the NHS.

19/4/21

Karen Barnard advised of a letter from Baroness Dido Harding, Chair NHSI, and Julian Hartley (CEO of Leeds Teaching Hospitals) that set out a clear statement and highlighted five themes and potential actions for 2019/20. The progress of local work that was underway against the achievement of the national actions were discussed for each theme.

19/4/22

The focus of the 2019/20 milestones for the People and Organisational Development Strategy would ensure that the Trust had an effective workforce planning framework that would deliver all requirements set out in the implementation plan.

19/4/23

The Board had received a detailed presentation of the Director of People and Organisational Development that set out the work undertaken within the team and the general update on the Trusts workforce. The key aim is to reduce turnover rates at the Trust by at least 1% over 12 months.

19/4/24

In respect of the Trusts aim Karen Barnard spoke of the five key initiatives

to support achievement to include; band 6 & 7 Leadership Development Programme, internal transfer & career-coaching scheme, Band 5 skills in practice and flexible working arrangement. The Trust continued to work with Universities to encourage capacity in clinical staff and particularly nursing graduates. This work would feed into the Workforce, Education and Research Committee.

19/4/25 Pat Drake raised a concern around the skill mix of the Trust workforce going forward recognising that 35% of the workforce is 50 years and over and could pose a problem in certain professional groupings.

19/4/26 In response to a question raised by Pat Drake on how the Trust Values were being incorporated into the appraisals, Karen Barnard confirmed that the appraisal paperwork had been refreshed to include explicit instruction on the Trust values and True North objectives. Karen Barnard advised that consideration would be given to employees pay progression framework for the coming year based on the incorporation of the Trust values and managers completion of quality appraisals.

19/4/27 The Board discussed education opportunities and how these could be used to address workforce gaps. Richard Parker discussed bursaries and the apprenticeship levy that was available to support training and development. Board recognised that staffing was a national issue and local plans had been put into place that sets out the Trusts workforce requirements and how these would be managed going forward.

19/4/28 Linn Phipps queried theme 2 of the report that detailed leadership and the equality of investment in leadership across the Trust and sought assurance that the Trust would be investing in its workforce across the board. Karen Barnard advised that leadership offer is around national bodies and the behaviour and relationship between arm's length bodies and provider organisations; the Trust had developed its own programme locally in line with its 'Develop' 'Belong' 'Thrive', 'Here' model and gave assurance that there was development programmes in place from supervisory to Executive level.

19/4/29 Kath Smart reflected on a recent interview she had been involved with noting the discussion around the uptake of skill mix issues and queried whether there was enough work taking place to address the gaps and fulfil the Trusts workforce going forward. Karen Barnard stated that an understanding of service delivery needs and pathways is required over a five year period with an in depth exploration of skill mix and succession journeys. Colleagues were advised that strategic change discussions take place at Executive Team Meetings to review the demands placed on Trust services in the coming years.

19/4/30 Sheena McDonnell discussed how thought should be given to the future of the workforce based on the Trust being an employer of choice and emphasis on the Trust being a good place to work. Attention was drawn to the staff survey results that had negatively reflected engagement and

commitment and that action must be taken to address these issues if the Trust were to achieve its ambition of 'CQC outstanding'. A suggestion of a communications piece with an ambassador of the Trust as a great place to work would encourage those looking for a job to choose the Trust as the preferred employer. Karen Barnard stated that work had commenced on utilising social media sites and other forms of media to attract a wider audience and this had seen a positive shift in applications to the Trust.

19/4/31 Richard Parker took an opportunity to draw the Boards attentions to the publications that had been displayed in the Boardroom that detailed the Trusts strategic aims, 'We Care' values and the Trust North Objectives. Richard Parker advised that these publications would be displayed in all decision making rooms to further remind colleagues of the Trust vision and goal when discussing the future of the Trust, its workforce and its patients.

19/4/32 The Board NOTED the content of the paper.

Performance Report at 31 March 2019

19/4/33 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 12, 2018/19.

19/4/34 Performance against metrics included:

- RTT – The Trust remained below target at 88.8%, which is an improved position compared the previous reporting of Month 11.
- Diagnostic wait is 98.8% against the standard of 99.5%.
- 2 week waits – The Trust achieved 96.1% and was compliant with the national target of 93%.
- The 62-day performance achieved 90%, which was above target.
- Four Hour Access Target – The Trust achieved 93.12% against national standard of 95%. This was marginally below the 93.23% achieved in March 2018. This placed the Trust at 20th nationally for the year.
- HSMR rolling 12 months remained better than expected at 93.3%.
- Appraisals – The Trusts appraisal season commenced on 1 April 2019 and would continue to 31 July 2019; therefore, no reporting would take place until the season had been concluded.
- SET Training – The Trust's SET training rate was 82.44% at the end of March.

- Sickness Absence – The year to date figures had decreased slightly at 4.03% and the cumulative year-end position was 4.39%.

19/4/35 Pat Drake raised her concerns around the increase in accident and emergency attendances but was reassured by the Chief Operating Officer that although an increase had been seen the conversion rate to admission remained the same. Further discussion were held around the 7.3% compounded growth that had been bought by Bassetlaw CCG but that may not meet the requirements needed and could potentially end with a significant financial challenge to the CCG, and significant clinical challenge to the Trust. The Chair of the Board requested for a deep dive to be undertaken in Finance and Performance Committee to understand A&E attendances and for solutions to manage the increase be presented to a future Board of Directors Meeting.

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19/4/36 The Medical Director reported a higher crude mortality rate in January due to pneumonia and flu but noted that this figure had decreased in February and March which will be reflected in HSMR going forward.

19/4/37 Pat Drake sought assurance on the plans for the C Diff target that would be set for the Trust in the coming year. Mr Singh stated that the Infection Prevention and Control Team were in discussion with community services on how the reduction in the use of antibiotics could be influenced as this had a large impact on the successful treatment of C Diff.

19/4/38 Karen Barnard was pleased to report that the Trust had ended the year below target on sickness absence and an improvement had been made particularly on long-term absence.

19/4/39 Richard Parker highlighted that the Trust had achieved all of the cancer standards in March and recognition should be given to the efforts made by the services and provided examples of success such as the one stop shop clinics and improved testing. The Board were asked to note this achievement and improvement in performance.

19/4/40 The Board NOTED the update.

Board Assurance Framework & Corporate Risk Register

19/4/41 The Board considered a report of the Trust Board Secretary that set out the quarter 4 2018/19 position in respect of the Corporate Risk Register and Board Assurance Framework.

19/4/42 In the year, three risks had seen their ratings reduced, two risks had seen their ratings increased and twenty-three stayed the same. The Trust's top risks remained around finance and estates. Two new risks had been escalated in the year as a result of the Care Quality Commission inspection of November 2018.

19/4/43 Kath Smart raised a concern on the ability for Non-Executives to challenge

the risk due to not being able to track the progress and changes each time this is updated by Executives. This had previously been discussed at Finance and Performance Committee where it was felt that an additional column that provided a timeline of changes would be beneficial for tracking purposes. It was agreed that this should be taken forward as an initial trial. Richard Parker advised Board that this report is only seen in the format presented once per year and therefore further consideration should be made to whether the report should be seen on a quarterly basis.

19/4/44 The Board NOTED the report.

Chairs Assurance Logs for Board Committee held 23 April 2019 and 24 April 2019

19/4/45 The Board considered an update from the Chair of the Finance and Performance Committee from the meeting held on 23 April 19. Neil Rhodes reported that the committee had undertaken a detailed exploration of finance and performance with particular attention made to the Trusts control total for 2018/19, CIP governance and organisational tracking of overtime monies. Finance and Performance received detailed presentations on efficiency and workforce.

19/4/46 The Board considered an update from the Chair of the Quality and Effectiveness Committee from the meeting held on 24 April 19. Linn Phipps reported that the committee had undertaken a detailed exploration of estates and facilities contribution to quality, clinical specialities vision for quality, staff survey action plan, quality assurance and learning from deaths.

19/4/47 Kath Smart asked for clarification on a particular section of risk that had been highlighted in the report of Linn Phipps that commented on the cross cover of risk between committees. Linn Phipps confirmed that a discussion had taken place regarding risk repetition and relevant identification of committee assurance of risks that are repeated to ensure a consistent approach across the board.

19/4/48 The Board NOTED the updates for assurance.

19/4/49 **Pressure Ulcers – Revised definition and measurement**

The Board considered a report of the Acting Director of Nursing, Midwifery and Allied Health Professionals which set out the two recommendations of NHS Improvement (2018);

(1) revised definition and measurements for pressure ulcers and,

(2) The implementation of the pressure ulcer framework in local reporting systems and the reporting to NRLS.

19/4/50 Cindy Storer stated the recommendations had been introduced from 1 April

2019. The paper drew the Boards attention to a number of severe pressure ulcers that would have been reported in the year 2018/19 should the new definitions been in force at the time of reporting, and the actions that would have been required to comply with the new recommendations.

19/4/51 There had been 30 key recommendations to improve pressure ulcer reporting and these would see a potential doubling of cases at the Trust as all reporting would now include hospital acquired pressure ulcers and non-hospital acquired.

19/4/52 Pat Drake sought assurance that the quality report would include avoidable and unavoidable pressure ulcer reporting going forward so that a comparison could be made. Cindy Storer confirmed the quality report would include a comparison, and root cause analysis would be undertaken for any lapse in care that would further report the areas of concern.

19/4/53 Kath Smart observed that the changes in reporting seemed to be a statistical change in reporting rather than achieving safer care, and this is where the benefit needed to be made. Richard Parker advised that the Trust reported on a monthly dashboard with a rate of pressure ulcers recorded per episode of care for national comparison.

19/4/54 Board NOTED the report.

Executive Teams Objectives

19/4/55 The Board considered a report of the Chief Executive that outlined the progress of the Executive Teams Objectives at Q4, 2018/19. Executives had undertaken the assessment on their achievement of those objectives.

19/4/56 Richard Parker advised that satisfactory progress had been achieved for the 2018/19 objectives and the detailed progress to date was outlined within the paper. The Executive Team had undergone their appraisals in recent weeks as part of the Trusts appraisal season and objectives would be set in alignment with the True North objectives.

19/4/57 The Board NOTED the paper for assurance.

Reports for Information

19/4/58 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Minutes of Management Board, 11 March 2019
- Minutes of Quality and Effectiveness Committee, 20 February 2019

Items to Note

19/4/59 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/4/60 The minutes of the meeting of the Board of Directors on 26 March 2019 were APPROVED as a correct record.

Any other business

19/4/61 The Chief Executive provided an update on the Sodexo Strike action that would commence on 01 May 2019 and expressed his disappointment that it had reached this position. Richard Parker advised that the strike action was being taken as a result of the agenda for change pay deal but for which Sodexo had not received national funding. Discussions were being undertaken with both parties to ensure that disruption to staff and patients was minimal and further efforts continued for a speedy resolution.

19/4/62 The Chair of the Board announced that Linn Phipps would be stepping down as Non-Executive Director on 30 April 2019 to pursue her singing and other interests and thanked Linn for her support and hard work for the Trust during the past 3 years.

Governors questions regarding business of the meeting

19/4/63 Peter Abell asked about stroke performance at Bassetlaw and referred to the transport issues that appeared to be affecting the targets and asked Executives to elaborate on the issues. David Purdue advised that if a positive fast test is confirmed then patients would bypass Bassetlaw and attend Doncaster Royal, but if patients had no symptoms on the initial assessment then they would be referred to Bassetlaw. Hospital Transport was now being utilised which would see a shift from the use of East Midlands Ambulance Service in Bassetlaw. David Purdue reassured Peter Abell that outcomes measures have not decreased but acknowledged the impact of time when moving patients to the stroke service. David Purdue agreed to breakdown the SNAP data for Governors. Peter Abell requested presentation to Council of Governors on stroke performance and it was agreed that Neil Rhodes and David Purdue would present at a future meeting.

19/4/64 Liz Stavely-Churton congratulated the Board and staff at the Trust for their hard work in achieving the financial surplus.

Date and time of next meeting

19/4/65 9:15am on Tuesday 21 May 2019 in the Boardroom at Bassetlaw District Hospital.

Exclusion of Press and Public

19/4/66

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

**Minutes of the meeting of the Board of Directors
Held on Tuesday 21 May 2019
In the Boardroom, Doncaster Royal Infirmary**

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	Chief Operating Officer
	Pat Drake	Non-Executive Director
	Jon Sargeant	Director of Finance (part)
	Sewa Singh	Medical Director
In attendance:	Emma Shaheen	Head of Communications and Engagement
	Gareth Jones	Trust Board Secretary
	Peter Abell	Governor
	Dr Kirsty Edmondson-Jones	Director of Estates and Facilities (Part)

ACTION

Welcome and apologies for absence

19/5/1 Apologies were received on behalf of Kath Smart, Neil Rhodes and Marie Purdue. Apologies were noted on behalf of Anthony Fitzgerald of Doncaster Clinical Commissioning Group who was due to provide a presentation to Board on the Doncaster Joint Commissioning Strategy and Place Plan Refresh; it was agreed that this would be rescheduled to the next meeting. The Chair of the Board welcomed Jeannette Reay who would be joining the Trust as Head of Corporate Assurance and Company Secretary. Three members of the public attended; Graham Moore, Yvonne Butcher and Gina Holmes.

Declarations of Interest

19/5/2 No interests were declared in the business of the public session of the meeting.

Actions from the previous minutes

19/5/3 The list of actions from previous meetings were noted and updated.

Presentation slot – 10 Year Cancer Plan & Target Changes

19/5/4 The Board considered a presentation from Olumuyiwa Olubowale Consultant Oncoplastic Breast Surgeon and Cancer Lead, Stacey Nutt Lead Nurse for Cancer and Palliative Care, Jackie Simpkin Cancer Services Manager and Antonia Durham-Hall Divisional Director, at the Trust.

19/5/5 The presentation outlined the 10 Year Cancer Plan and Strategy, the Cancer

Team Management Structure and the areas of specialism within the Cancer Division. Olumuyiwa provided the Board with the key areas of the DBTH 10 year plan, which would see high-level engagement, improved practice in partnership, improvement in the use of technology and better patient experiences. A 'Living With and Beyond Cancer Programme' would support the plan.

- 19/5/6** The Strategy included cancer governance and improving the quality of cancer, optimisation of pathways, the timely diagnosis and treatment of cancer, and consolidation of effective multidisciplinary team working. The overarching goal was to exceed minimum performance standards and identification of new initiatives and advances in the diagnosis, care, treatment and prevention for cancer patients.
- 19/5/7** The Cancer Alliance had supported the work of DBTH during the past 18 months and the Trust had received £0.5million. It was acknowledged that DBTH had been one of the first Trust's nationally to start the one stop prostate clinic. Antonia Durham-Hall stated the Cancer Team submitted bids to fund this work and it was through the hard work and determination of the team that the funding had been received. It was noted that the Trust was currently one of the best performing Trust's in the ICS with respect to cancer performance.
- 19/5/8** Following a query raised around the future funding of projects and expansion of cancer services at the Trust, Richard Parker advised that when funding is needed for core NHS Service the process of approval is through the Corporate Investment Group. However, should there be a proposal around the need for further equipment to support patients then consideration of the use of charitable funds should be undertaken. Furthermore, the Chair shared her vision for the options of expanding cancer services to Montagu Hospital and reminded colleagues of the charitable funds, which may be available for this via the Fred and Ann Green Legacy.
- 19/5/9** Pat Drake raised a question around the 10 Year Plan and how this linked to research and the outcomes of patient care, and what plans were in place for improving research capacity. The Board were advised that research had been undertaken. The future aim is to increase the capacity of Research Nurses and Consultants that have a background in research. Further work was being undertaken with advances in technology and how this could be used in Haematology.
- 19/5/10** Pat Drake reflected on a recent performance meeting and queried if there were any issues arising in Primary Care and how patients are informed about cancer when being transferred for a two-week wait. Stacey Nutt advised that further work would be undertaken with colleagues in Primary Care to encourage the use of the word 'cancer' so that patients can be better prepared. The introduction of Triage Nurses had seen better informed discussions with patients and it had been acknowledged that the challenge is around getting GP's to inform patients why they are attending

a two-week referral.

The Board thanked the presenters and NOTED the presentation.

Reports for Decision

NHS Providers Licence Self-Assessment / Certification

- 19/5/11** Board considered a report of the Trust Board Secretary and Director of Finance that sought approval of the Trusts self-assessment against the NHS Providers Licence.
- 19/5/12** Each year the Trust is required to self-certify its compliance with conditions of the NHS providers licence and provide assurance that the Trust continues to comply with those conditions. The completed templates had been shared with the Board for approval and to be signed by the Chair and Chief Executive prior to publishing on the website by 30 May 2019. Submissions are then subject to a potential anonymous audit.
- 19/5/13** Board APPROVED the self-assessment.

Reports for Assurance

Finance Report as at 30 April 2019

- 19/5/14** The Board considered a report of the Director of Finance that set out the Trusts financial position at month 1. The Trust's deficit for month 1 was £2.6m before PSF/FRF/MRET, which is adverse variance against plan of £190k. The month 1 income position was favourable to plan. In month expenditure was £310k adverse to plan of which pay was £141k adverse to plan, non-pay £525k adverse to plan and reserves £356k favourable to plan. Capital expenditure for month 1 was £297k against the month 1 plan of £326k, £29k behind plan with Estates schemes currently above planned spend by £96k. In April, the Trust had delivered savings of £193k against the NHSi Plan of £213k, a total of 91% achievement.
- 19/5/15** The Medical Director raised his concerns around the coding of patients on the Doncaster Royal Infirmary site as it had appeared that elective care had been recorded as emergency that may inaccurately reflect the figures. Jon Sargeant advised that the inaccuracies were likely to be because of a coding backlog and the time of the Board Meeting. The Board was assured that clear coding protocols were in place. David Purdue advised that emergency cases increased by 6% at Doncaster Royal Infirmary in April. However, conversion rates had remained the same and this would be reflected in the next report.
- 19/5/16** The Director of Finance reported positive movement on the CIP schemes but noted that £1.7m remained unidentified and £800k of this is within the Estates and Facilities Directorate.

19/5/17

The Board NOTED:

- The Trusts deficit for month 1 was £2.6m before PSF/FRF/MRET (£1.8m deficit after PSF/MFM/MRET), which is an adverse variance against plan of £190k.
- The progress in the development of the Trust's 2019/20 CIP programme.

19/5/18

Performance Report as at 30 April 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 1, 2019/20.

19/5/19

Performance against metrics included:

- RTT – The Trust remained below target at 87.7% and this was lower than March 2019.
- Diagnostic wait is 93.84% against the standard of 99.5%.
- 2 week waits – The Trust achieved 93.4% 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 90.6% against national standard of 95%. This was below the 92.2% achieved in April 2018.
- HSMR rolling 12 months remained better than expected at 94.43%.
- Appraisals – The Trusts appraisal season commenced on 1 April 2019 and would continue to 31 July 2019; therefore, no reporting would take place until the season had been concluded.
- SET Training – The Trust's SET training rate was 82.78% at the end of April.
- Sickness Absence – the data was not available due to the timing of the meeting.

19/5/20

The Board had detailed discussion around the performance at Bassetlaw Hospital in respect of accident and emergency attendances and whether this would see an increase when the plans for 1500 additional houses had been built in the surrounding area. The Board acknowledged that there could be a potential increase however, this could not be determined until the housing had been built. The Board were assured that discussions would be held with partners to consider how a partnership approach to patient

management could be held going forward.

19/5/21 Sheena McDonnell queried the performance against missed appointments and what impact the missed appointments group had. David Purdue advised that missed appointments had been identified as one of the Performance Directorate's CIP work streams and advised that impact would not be determined until the new group had commenced.

19/5/22 Pat Drake raised concerns around the rise in paediatric admissions and asked if this had put more pressure on staffing levels. David Purdue provided assurance that no incidents had been reported and bed capacity had been reviewed in order to match capacity to paediatric nurse staffing.

19/5/23 The Board NOTED the report.

Guardian for Safe working (Quarterly Report)

19/5/24 The Board considered a report of the Director of People and Organisational Development on behalf of Dr Jayant Dugar, Guardian for Safe Working, which set out quarterly update for the period 1st January 2019 to 31st March 2019.

19/5/25 Karen Barnard highlighted that the numbers of exception reporting remained low and identified a number of issues to include; the engagement with Junior Doctor forum and the Junior Doctors mess facility. Karen Barnard advised that notification had been received in recent weeks that over £60k had been made available to improve Junior Doctors rest facilities at the Trust.

19/5/26 Sheena McDonnell raised her concerns around the reported exceptions and the timescales in which issues with Junior Doctors mess facilities were being addressed. Karen Barnard advised that the small numbers in exception reporting was due to the small proportion of Junior Doctors in medicine and provided assurance to the Board that Dr Jayant Dugar had not been concerned about the issues that had been raised with regard to exception reporting. Karen Barnard reported that there was a potential to relocate the Junior Doctors mess facilities and a review of other locations across the Doncaster site would be undertaken.

19/5/27 Sheena McDonnell queried whether the low exception reporting was an indication that staff felt unable to raise concerns. Karen Barnard provided assurance that whilst there had been low attendance at the Forums there is links with trainees and other options are available for Junior Doctors to raise concerns. The Medical Director said there had been no suggestion of major issues with Junior Doctors from either trainee or management perspective and the lack of engagement could be viewed as a good sign as if Junior Doctors were unhappy they would attend the forum to ensure their voice was heard. Furthermore, Junior Doctors had been invited to attend the Local Medical Committee.

19/5/28 The Board NOTED the quarterly update and was assured that trainee Doctors have a safe working practice as envisaged by the 2016 contract.

19/5/29 **Annual Estates and Facilities Report**

The Board considered a report of the Director of Estates and Facilities that set out the annual review against performance of the Estates and Facilities Services for 2018/19. The report included the Annual Declaration of the Trust compliance against the Department of Health NHS Premises Assurance Model. A summary of the key points was provided to include the results of the staff survey, appraisal and staff training compliance.

19/5/30 Pat Drake commended the Estates and Facilities Directorate for their performance over the past year and extended her congratulations to Kirsty Edmondson-Jones and the team for their improvement work.

19/5/31 Pat Drake queried the Porterage Services timeliness of completed jobs and the reported performance of over 30 minutes per job. Kirsty Edmondson-Jones advised porters were allocated in areas that required a quick turnaround such as accident and emergency, and further work would be required in order to drill down into each portering task to determine the timing in other areas.

19/5/32 Sheena McDonnell was pleased to see the planned opportunities being rolled out and felt this would support the feedback given on estates jobs that had been reported. Sheena McDonnell noted that a large proportion of logged jobs are delayed, or not completed, and queried whether a benchmarking exercise had been undertaken and what the aspiration is going forward. Kirsty Edmondson-Jones advised that a review of the estates workforce is underway that would review capacity, demand and skill mix, which aims to look at reactive and preventative planned maintenance. A lean review would be undertaken to determine the need of the team and would be provided to a future Board Meeting.

19/5/33 The Director of Finance provided an update on the emergency capital loans following a deep dive undertaken at the Finance and Performance Committee on theatres, CT scanners and fire. Jon Sargeant provided feedback on a letter received from NHSi that asked the Trust to consider the use of bonus money to support capital schemes and confirmed that Executives had reviewed the proposal and a response had been submitted to NHSi. Jon Sargeant confirmed that the capital plan would maximise the monies available to remedial fire works and the initial work on theatres.

The Chief Executive said that this had been a really positive step in terms of capital investment and wished to extend his thanks to staff for the contribution and support they provided on meeting performance targets and financial plans in 2018/19 which had enabled the Trust to achieve PSF and bonus funding which would now support further capital work programmes.

19/5/34 The Board NOTED the update.

Workforce Race Equality Standards

19/5/35 The Board considered a report of the Director of People and Organisational Development that set out the compliance against expectations placed upon NHS organisations in relation to diversity reporting, namely the Equality Delivery System, the Workforce Race Equality Standards and the newly introduced Workforce Disability Equality Standards. The report provided a comparison with the data published in 2018/19 and the wider national picture.

19/5/36 Pat Drake queried the difference between bullying and harassment figures as it appeared they had increased and whether this related to staff or patients. Karen Barnard acknowledged there had been a worrying rise in bullying from patients of BME staff and this would need to be reviewed going forward. Assurance was given that all patients were advised of the zero tolerance policy upon their appointment or admission. A new leadership development programme had been implemented that included themes of respect and how others should be fairly treated in regards of staff to staff.

19/5/37 The Board NOTED the report.

Chairs Assurance Logs for Board Committee held 20 May 2019 and 24 April 2019

19/5/38 The Board considered an update from Pat Drake on behalf of the Chair of the Finance and Performance Committee from the meeting held on 20 May 2019. Pat Drake reported that the committee had undertaken a review of the capital plan, CIP achievement and future focus, a deep dive with the surgery division and a high level review of informatics from KMPG.

19/5/39 The Board NOTED the update for assurance.

Reports for Information

19/5/40 The following items were NOTED:

- Chair and NEDS' report
- Chief Executive's report
- Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy
- Minutes of Management Board, 15 April 2019
- Minutes of the Finance and Performance Committee, 23 April 2019

19/5/41 In relation to the Patient, Public and Staff Involvement Plan for the development of the South Yorkshire and Bassetlaw 5 Year Strategy, the Chief Executive provided a summary of the process that the ICS planned to implement to gather patient and public views, ideas and thoughts for the requirements to the ICS long term plan. Richard Parker advised that patients would be involved in the engagement in the coming months and would form part of the direction of travel for the ICS.

19/5/42 In relation to the Management Board minutes of 15 April 2019, the Director of Nursing, Midwifery and Allied Health Professionals noted a change to reflect that Cindy Storer attended and Moira Hardy had recorded apologies. Kate Sullivan had been notified and requested to make the appropriate change.

Items to Note

19/5/43 The following item was NOTED:

- Board of Directors Agenda Calendar

Minutes

19/5/44 The minutes of the meeting of the Board of Directors on 30 April 2019 were APPROVED as a correct record.

Any other business

19/5/45 The Chief Executive announced that this would be David Purdue's last meeting as Chief Operating Officer as he takes up the position as Director of Nursing, Midwifery and Allied Health Professionals in August. Richard Parker extended his appreciation to David Purdue for his achievements, and commitment to the Trust as Chief Operating Officer.

Governors questions regarding business of the meeting

19/5/46 Peter Abell congratulated the presentation on cancer and cancer developments but noted his concern with regard to the travelling required for treatment. Peter Abell asked where in the process of developing service and treatments the Trust takes into consideration the impact on travel to patients. The Chief Executive responded that one of the ICS and Trust's biggest challenge was the location of cancer services and for the Trust the impact this had on Bassetlaw patients. Issues like providing a local service for cancer treatment were being considered. A large amount of work had been undertaken in the modelling of the flow of patients and the ambulance services had been involved in the modelling and development of detailed travel plans.

Date and time of next meeting

19/5/47 9:15am on Tuesday 25 June 2019 in the Fred and Ann Green Boardroom at

Montagu Hospital.

Exclusion of Press and Public

19/5/48

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