

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 17 December 2019 at 9.15am in the Fred and Ann Green Board Room, Montagu Hospital**

- Present:** Neil Rhodes – Non-Executive Director and Deputy Chair (In the Chair)
Karen Barnard - Director of People and Organisational Development
Pat Drake - Non-Executive Director
Becky Joyce – Chief Operating Officer
Sheena McDonnell – Non-Executive Director
Richard Parker OBE – Chief Executive
David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
Jon Sargeant – Director of Finance
Sewa Singh - Medical Director
Kath Smart – Non-Executive Director
- In attendance:** Peter Abell – Public Governor
Hazel Brand – Public Governor
Laura Colsy – Account Manager, Liaison Workforce
Georgina Holmes – Staff Side Chair
Deborah Middleton – Member of the Public
Marie Purdue – Director of Strategy and Transformation
Jeannette Reay – Head of Corporate Assurance / Company Secretary
Kevin Rodgers – Member of the Public
Emma Shaheen – Head of Communications and Engagement
Clive Tattley – Partner Governor
Woolagasan Pillay – Deputy Medical Director
- Apologies:** Suzy Brain England OBE - Chair of the Board

ACTION**P19/12/A2 Declaration of Interests (Verbal)**

No new declarations were noted.

The Board:

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

P19/12/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – The business case had been approved at CIG and capital funding was being sought. A further update would be provided to the January 2020 meeting.

Action 2 – A presentation on Climate and Biodiversity would be provided to the January 2020 meeting.

Action 3 – Information on data issues was anticipated in the CQC report which would be received after 8 January 2020. There would be two weeks for a response on accuracy prior to a final report being provided at the end of January 2020. The target date on this action would be moved to February 2020.

Action 4 – An update on the perfect week would be provided to the February 2020 meeting.

Action 5 – Incorrectly recorded on the attachment.

Action 6 – On the basis that this action had been added to the forward work plan for Governors, this action would be closed.

The Board:

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

P19/12/B1 Election Outcome (Enclosure B1 - Presentation)

The Conservative party had won the election with a significant majority. During its campaign the party had highlighted an expectation to improve performance in the NHS. There was likely to be a greater tension to improve performance figures alongside improved access to General Practice.

The Conservative party's election manifesto had covered:

- A commitment to the Health Services Medicines bill;
- Detail of full funding for the long term plan – the latter expected to include commitments;
- A commitment to confirm Mental Health Act;
- A commitment to a new act on immigration – a points based system anticipated to consider the needs of the NHS in respect of overseas workforce;
- Cross party talks on social care – helpful across the country;
- Introduction of a staff morale tracker – the Trust had been looking at but they came at a financial cost;
- A commitment to improving the NHS workforce – alongside a maintenance grant for nursing students – this should help with vacancies in the longer term;
- An end to hospital car parking charges for night staff;
- Further commitment to address senior doctors' pension issues.

The Prime Minister had committed to £15m worth of funding for Bassetlaw Hospital Emergency Department and had encouraged the Trust to pursue its case for a new hospital build at Doncaster.

The Board queried the impact of legislation for all parts of the country with an ICS by 2021 and revisions to commissioning arrangements – ie to commission only once. Fewer commissioning discussions would be helpful for the Trust, with one performance and review meeting. As a leading ICS it was anticipated that South Yorkshire and Bassetlaw would move quickly in this direction, with core contracts being developed for each type of service.

The Board:

- ***Noted the Election Result and the Government policies related to the NHS.***

P19/12/C1 ICS Update (Enclosure C1)

Richard Parker highlighted the work undertaken on behalf of, and with, the ICS.

The paper described the challenges provided by the core standards – locally and Nationally.

South Yorkshire and Bassetlaw

- The ICS continued to perform very well and was in the upper quartile for all standards, although challenges remained with Mental Health Standards.

DBTH

- The Trust was performing well aside from in Urgent and Emergency Care – with increased attendances at ED creating pressure at both sites. The Board acknowledged the significantly higher attendances at ED and the scale of the challenge for the winter. A proportion of ED attendances could have been seen in primary care and work was ongoing to ensure that patients were aware of their choices for access to health services.
- RTT was challenging. The Trust was improving month on month with a commitment to achieve the standard by March 2020.
- Cancer standards were good.

Board members queried whether the role of the ICS was to report on performance or whether it had a role to performance manage, querying if there was duplication with commissioners and NHSI. Richard Parker advised that the ICS now managed the day to day operational performance, and that there was a direction of travel for this to be the case – with escalation to NHSI only where areas were underperforming. This was seen to be helpful in terms of collaboration for delivery wider partnership outcomes.

The Board:

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

P19/12/D1 Quality and Performance Report (Enclosure D1)

The data had been considered in detail at the Quality and Effectiveness Committee on 11 December 2019 and the report had been considered in detail at the Finance and Performance Committee meeting held on 16 December 2019. The following points were highlighted to the Board:

Performance

- Some of the data was in draft (due to reporting timeframes);
- Continued challenges on four hour access performance, particularly at the DRI site - at 85.9% for November 2019;
- RTT at 87.2% for November 2019 – which was behind the recovery trajectory;
- Diagnostics – not achieved with 98.72% achievement against a target of 99% (largely due to Urodynamics);
- Good cancer performance – achievement of all targets.

Actions were being taken to address the four hour access position included recent staff recruitment, improved team development and the implementation of recent Qi work. 14 band A4C6's had been appointed and six nurse associates were to be appointed. The £2m commitment that the Board had provided for additional staffing would be used to fund additional posts as and when cohorts of trained staff became available, and an improvement in ED staffing would continue to be a priority. The Qi work on both sites, including navigational nurses and the implementation of early senior review, were showing improvement. Work on the Estate to improve flow was being progressed.

The changes to date were showing positive results and were aligned to the proposed standards which were likely to be implemented from April 2020.

For RTT, a focus in Trauma and Orthopaedics, Cardiology and Dermatology was required.

Board members queried whether there may be a risk on stroke patients requiring transfers during the winter months. The Board noted that there would always be priority given to emergency transfers and that the Trust was looking at alternatives for non-urgent transport which could be implemented if required.

Quality and Safety

- HSMR for rolling 12 months (as at August 2019) at 99.1;
- Elective HSMR risen to 120;
- Three elective deaths in month (no lapses in care);
- Continued scrutiny of elective mortality – clear that work was required on coding to capture complexities and where admissions were emergency rather than elective;
- Mortality risk from fracture of neck of femur better than expected – 60%;
- Nine serious incidents in November 2019 - six category three HAPU, three care issues.
- 41 falls with moderate or severe harm to patients in the year – three escalated as serious incidents and investigated due to lapses in care.
- An increase in grade three pressure ulcers and a reduction in grade two ulcers.
- No falls during the month – none in quarter;
- HCAIs on track;
- Proactive deep clean full programme to commence in April 2020;
- Complaints response rate reduced to 62%. Work ongoing to introduce standard work to the central complaints team.

Board members queried whether pressure ulcer prevention equipment was being delivered in time to patients in need. This was being examined and an audit report on this matter was to be provided to the Clinical Governance Committee meeting on 20 December 2019 and to the Quality Effectiveness Committee in January 2020.

Children's services had been highly utilised during the month. There were no safety concerns in paediatrics. Paediatric nurse recruitment was being progressed.

The response rate for friends and family had dropped and work to improve return rates was being progressed. The system was to change in March 2020 with more electronic surveys being provided.

Staff training rates had reduced. This was attributed to staffing issues, and different ways to provide training were being examined.

Some of the data on page 47 was not yet available. This would be provided in the report to the January 2020 Board.

Workforce

- Sickness absence data was not yet available (due to reporting timeframes). A presentation had been provided to the Quality Effectiveness Committee on 11 December 2019 – including a focus to improve on mental health sickness data;
- Set training continued to increase and remained on target to achieve 90%. Resus training required a focus.

The staff survey response had out turned at 59.4%, and the efforts of the Communications Team in this area were acknowledged by the Board. The report for internal use was expected within the week and this would be shared at the confidential meeting in January 2020.

Appraisal rates were noted to be challenging in operational areas and Board members queried what learning could be taken into future years. The effects of staff shortages were acknowledged and work was ongoing to improve and plan appraisals for 2020.

The Board:

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

P19/12/E1 Workforce Plan (Enclosure E1)

The Board received an update on the plan that had been presented to the Board in July 2019 – in particular the detail of recruitment activity and work in relation to nursing and midwifery retention.

The Trust's People and Organisational Development Strategy was to be refreshed in 2020 to become the Trust's People Strategy as an overarching strategy that reflected the NHS People Plan.

The update was provided by staff groups:

Nursing, Midwifery and Health Care Assistants – including overseas recruitment, dependent on Trust visa allowances. It was anticipated that 20 trained overseas nurses would be in place at the Trust by March 2020. Resources (including funding) would be made available to support the learning environment required for placements.

Medical Staff Recruitment – including joint recruitment with ICS partners. Board members were pleased to see progress in medical areas but queried if the remaining risk areas were understood. A piece of work was being undertaken and options to recruit to the HASU were being examined.

The approach to recruit to clinical administration roles was being refreshed with a coordinated approach across the Trust being progressed, home typing being offered and training and development possibilities being investigated.

Board members welcomed the joint recruitments and international recruitment. They were pleased to see that retention rates benchmarked well against other organisations.

Quality Effectiveness Committee members reported that assurance had been taken from this report at its meeting on 11 December 2019.

Board members were keen to understand how the local community was included in workforce planning and recruitment.

Action: Information on how the local community was involved in workforce planning and recruitment would be provided to future updates for the Board. KB

The Board:

- ***Noted the progress on the Trust's Workforce Plan.***

P19/12/E2 Winter Plan (Enclosure E2)

The Board had received and noted the Winter Plan – including the wider system plan – at its meeting in October 2019.

The update to this meeting advised that work had commenced to ensure that the bed base across the sites was sufficient. The majority of other additional work would come into effect in January 2020.

The Board:

- ***Noted the update on Winter Planning.***

P19/12/E3 Nursing Workforce (Enclosure E3)

The report highlighted the current position in nursing workforce and the potential gap over the next five years. It identified the approaches the Trust was taking to address the recruitment and retention of the nursing workforce.

This information had been considered by the Quality and Effectiveness Committee at its meeting on 11 December 2019. The following points were highlighted:

- Information on nurse associates would be included in future reports;
- The Trust was working with the ICS;
- The Trust was looking at the recruitment of overseas nurses with interviews set up in January 2020.
- The retention of overseas staff depended on the pastoral care provided once recruited;

- The Trust was looking if it could provide an improved pathway to attract graduates into pre-registration nursing;
- Placement expansion was in place;
- Work was taking place to recruit to joint posts.

The Board:

- ***Noted the update on the Trust's Nursing Workforce.***

P19/12/E4 EU Exit (Enclosure E4)

The paper accounted for the General Election result, leading to the Country being committed to leave the EU by the end of January 2020.

Members queried the impact on EU Exit and how prepared the Trust was for EU Exit. Plans were in place for a planned exit but there were risks on a 'No Deal' exit.

The Trust's Governance Group would meet more frequently during January 2020 to work through the Trust's preparations.

The Board noted that the approach to medicines was in line with National guidelines and that the Governance Group was assured on its work to prepare with contractors.

If necessary the Trust's Incident Control Room would be opened around the exit date, in order to ensure a Trust response should any unexpected consequences arise.

The Board:

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

P19/12/F1 Finance Report – Highlights as of 30 November 2019 (Enclosure F1)

The report had been considered in detail at the Finance and Performance Committee meeting held on 16 December 2019.

The Board noted the update for month eight:

- A deficit (before PSF, FRF and MRET) of £1,075k – which was an adverse variance of £662k adverse in month / £2m behind plan for year to date; this was an improvement in month against the previous month, but still significantly behind plan;
- Income £500k behind plan for the month – relating mainly to elective and day case activity which was £600k behind plan;
- CIPs were behind plan but were as per the revised forecast;
- A strong cash position of £29.4m;
- A capital spend of £2.3m against a target of £2.7m for the month - £3.6m behind for the year (mainly on estates expenditure);
- The position had an adverse impact of £200k against the forecast variance to plan of £7.7m which had been estimated at month six.

Key issues identified were that activity needed to be increased to meet the elective and day case targets, in addition changes in outpatients from the joint work with DCCG needed to start delivering the expected changes. The Board noted that slots created by the cancellation of procedures of limited value had been filled with less complex work (this

was being investigated further). Recovery plans were in place to address each of these issues and the achievement of RTT at 92% was vital to both the financial position and the ICS's view of the Trust.

Divisional Financial recovery meetings had started straight after the previous Finance and Performance Committee meeting and were being run fortnightly. The staffing grip and control meetings were now being chaired by the Efficiency Director and were picking up a number of issues that would require further investigation, but there appeared to be opportunities to reduce cost. Recovery plan meetings had identified £200k to £300k of additional savings to date.

Monies from compliance with the CNST Maternity Scheme for Trusts were anticipated.

The Board was also advised that both revenue and capital monies had appeared in the system:

- £700k to pay for additional private sector work (to help with RTT);
- £680k for winter pressures;
- An offer of £900k to be spent on ED capital schemes in the year.

A submission had been made for funding to support the Bassetlaw ED scheme. The bid had received positive informal feedback. The total bid had come to £18.6m – including the relocation of the GPs out of hours' service which was anticipated to be paid for out of ICS Phase two monies. If received these funds would be for spending in 2020/21.

Emergency capital bids for theatres and fire work had been placed. There had initially been concerns that the latter may not be categorised as emergency work but it was hoped that both bids would now be seen in a favourable light. The Board was reminded of the £3m provided by the Trust to pump prime the theatre work in the current year and that this would be reallocated if the funding for future years was not received.

The Trust was behind on capital expenditure due to delays on Estates projects. If necessary there were a number of equipment purchases that could be pulled forward to meet the spend. The Board was advised of a possible further delay in spending the £7m allocation for fire improvement work – with the recent insolvency of the main contractor. NHSI had been notified of this position with a view to brokering the monies into 2020 and a letter from the receiver had confirmed an intention to novate the contract at the same rate.

The Board:

- ***Received and noted the Finance Report and Cost Improvement position for November 2019;***
- ***Received and noted the forecast financial position and risks;***
- ***Noted the achievement towards the Cost Improvement Plan.***

P19/12/G1 Chairs Assurance Logs for Board Committees (Enclosure G1)

P19/12/G1(i) Quality and Effectiveness Committee – 11 December 2019 (G1)

Pat Drake highlighted the key points considered by the Committee:

- No risks for escalation to the Board;
- A deep dive on complaints;

- New framework for Divisional reports to QEC;
- Clear alignment of the agenda to Breakthrough Objectives;
- Review of work plan;
- A requirement to clarify where enabling strategies would be reported to in future;
- The positive work of the Patient Safety Team.

A deep dive on Serious Incidents would be provided to the next Committee meeting. Kath Smart commented that this aligned to Audit and Risk Committee's work – with the Audit and Risk Committee have recently received Internal Audit reports on complaints and Serious Incidents.

In respect of radiation safety (page 4) the Board was assured that there were no adverse impacts on staff.

The Board:

- ***Noted the update from the Quality Effectiveness Committee held on 11 December 2019.***

P19/12/G1(ii) Finance and Performance Committee – 16 December 2019 (Verbal)

Neil Rhodes confirmed, as reported and captured during the Board meeting, that detailed reviews of the Quality and Performance Report (P19/12/D1) and Finance Report (P19/12/F1) had been undertaken by the Committee.

No other matters were highlighted for the Board's attention.

The Board:

- ***Noted the update from the Finance and Performance Committee meeting held on 16 December 2019.***

P19/12/G2 Use of the Trust Seal (G2)

The Trust seal had been applied once on 12 December 2019, on a deed of surrender for the lease of the Building to the 'Well Pharmacy' (Bestway Panacea Healthcare Ltd).

The Board:

- ***Approved the use of the Trust's seal – 116.***

P19/12/H1 Information Items (Enclosures H1 – H7)
-H7

The Board:

- ***Noted the Chair and NED's Report;***
- ***Noted the Chief Executive's Report;***
- ***Noted the Minutes of the Quality and Effectiveness Committee, 23 October 2019;***
- ***Note the Minutes of the Finance and Performance Committee, 22 November 2019;***
- ***Noted the Meeting Schedule for 2020;***
- ***Noted the Board Work Plan.***

P19/12/11 Minutes of the Meeting held on 26 November 2019 (Enclosure 11)

The staff survey response rate had been misquoted as 59.9% with one week remaining. This would be corrected to 55.9%.

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 26 November 2019, subject to the amendment above.***

P19/12/12 Any Other Business (Verbal)

P19/12/12(i) 'The Boy Who Lost His Burp'

The father of a baby who had been treated at the hospital, having been born with a rare condition had written a book 'The Boy Who Lost His Burp'. This was intended as a thank you for the care that had been provided by the Trust, and proceeds were to be donated to the Trust's Charitable Funds.

The book had been publicised on Trust's Facebook page.

The Board:

- ***Noted the positive news story.***

P19/12/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P19/12/13(i) Peter Abell

Was pleased to note the meeting's focus on workforce and retention matters.

Karen Barnard confirmed that the Trust kept data on the reasons for staff leaving the organisation – including where they were moving on to (whether nurses were staying in the profession). Some organisations took proactive action to query current staff on whether they were considering a move and, if so, what action might be taken to retain them. This was a step that the Trust may consider implementing – especially in light of DBTH's aging nurse workforce.

P19/12/13(ii) Clive Tattley

Noted that HSMR had been on the rise since October 2018 and was currently at 120 on elective.

He urged the Board to continue to monitor and analyse this, and to consider what a crisis point (score) may be. Executive colleague highlighted that work had taken place on the cleansing of data (coding etc) and that investigations were now being undertaken in real time – to provide a second level of assurance.

P19/12/13(iii) Hazel Brand

Highlighted the Trust's 200+ volunteers - most of whom had a lot of life experience and generations in the family.

The volunteers were seen to be ambassadors of the Trust but they were not always included in communications to update them on staff activity and news.

Emma Shaheen advised that work to communicate with volunteers was in train.

The Board:

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

P19/12/14 Date and Time of Next meeting (Verbal)

The Board:

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

Tuesday 14 January 2020

9:15am

The Board Room, Doncaster Royal Infirmary

Prior apologies were noted from Pat Drake.

P19/12/15 Withdrawal of Press and Public (Verbal)

The Board:

- ***Resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***

P19/12/J Close of meeting (Verbal)

The meeting closed at 11.30am.



**Suzy Brain England
Chair of the Board**

**Date
14 January 2020**