

BOARD OF DIRECTORS – PUBLIC MEETING

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Tuesday 18 February 2020 at 09.15 in the Board Room, Bassetlaw Hospital**

- Present:** Suzy Brain England OBE - Chair of the Board (In the Chair)
 Mark Bailey – Non-Executive Director
 Karen Barnard - Director of People and Organisational Development
 Pat Drake - Non-Executive Director
 Sheena McDonnell – Non-Executive Director
 Richard Parker OBE – Chief Executive
 David Purdue – Deputy CE and Director of Nursing and Allied Clinical Health Professionals
 Neil Rhodes – Non-Executive Director and Deputy Chair
 Jon Sargeant – Director of Finance
 Sewa Singh - Medical Director
- In attendance:** Ken Anderson – Acting Chief Information Officer (P20/02/B1)
 Katie Dowson – Director of Digital, Doncaster CCG and PLACE (P20/02/B1)
 Claire Jenkinson – Deputy Chief Operating Officer (for Becky Joyce)
 Graham Moore – Clinical Lead, Orthotics (P20/02/B2)
 Marie Purdue – Director of Strategy and Transformation
 Jeannette Reay – Head of Corporate Assurance / Company Secretary
 Emma Shaheen – Head of Communications and Engagement
- Public in attendance:** Peter Abell – Public Governor
 Hazel Brand – Public Governor
 David Cuckson – Public Governor
 Gina Holmes – Staff Side Chair
 Lux Lynn – Molnlycke Healthcare
 Steve Marsh – Public Governor
 James McHale – Molnlycke Healthcare
 Sheila Walsh – Public Governor
- Apologies:** Becky Joyce – Chief Operating Officer
 Kath Smart – Non-Executive Director

Suzy Brain England welcomed Mark Bailey to his first meeting of the Board of Directors' , as a Non-Executive Director of the Trust.

ACTION**P20/02/A2 Declaration of Interests (Verbal)**

Mark Bailey had provided his interests to the Trust Board Office.

No additional declarations were noted.

The Board:

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

P20/02/A3 Actions from Previous Meetings (Enclosure A3)

The following updates were provided:

Action 1 – Virtual Meetings / Business Case for IT – An update would be provided to the March 2020 meeting of the Board of Directors’.

Action 2 – Perfect Week – On the basis that an update would be provided at item D2, this action could be closed.

Action 3 – FTSU – An update would be provided to the March 2020 meeting of the Board of Directors’.

Action 4 – Mexborough Theatres and Day Case Income – Jon Sargeant provided information on the number of cases at Mexborough between months one to ten: there had been 8360 cases including pain cases, 152 laser procedures and 37 elective cases. On the basis that any follow up information would be provided to the Finance and Performance Committee, this action could be closed.

Action 5 – Psychological Services – On the basis that information would be provided to the March 2020 Quality and Effectiveness Committee meeting, this action could be closed.

Actions 6 and 7 – Workforce Plan and Climate and Biodiversity – These items were not due until July 2020 and May 2020.

Action 8 – Climate and Biodiversity – On the basis that an update had been provided to the Council of Governors on 30 January 2020, this action could be closed.

The Board:

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

P20/02/B1 Doncaster Place Digital Strategy (B1 + Presentation)

Katie Dowson, Director of Digital and Doncaster CCG and PLACE, provided information on:

- The Doncaster Digital Place Strategy (circulated with agenda);
- The Digital Work Stream;
- Working together – examples of work to date;
- The Place plan vision and digital vision collaboration principles;
- The ability for Doncaster people to maximise their own health and well-being;
- Ambition for one digital front door;
- Digital programmes – connected digital services, sharing records, access and engagement and intelligence and analytics;

- A request for DBTH support to target key action areas;
- Supporting Doncaster People – better, faster information, choice, empowerment, control and experience;
- Supporting health and care professionals – right information, right place, right time, better communications between providers, time saving, empowerment, reduction of duplication and access to WIFI;
- Funding (strategy not yet funded).

Members noted the aspiration that digital would be an integral part of health care work in the future, getting the simple things right (including WIFI and connectivity) so that a focus could be placed on digital innovation within three years. Digital would be an enabler to changing healthcare provision and change processes would need supporting with staff communications to explain the benefits.

The size of the task and resource limitations were acknowledged – with conflicting programmes, access to the right people at partner organisations, and a lack of capital funding being cited as challenges. The Board noted that investment may be requested in the short term, which may show benefits in the longer term.

Patient concerns on confidentiality of care records were noted and the Board was advised that consent models and sharing agreements were in place – supported by continued communications to assure the public on these systems. The way forward for patients to access their records was still being determined.

Ken Anderson commented that the scope of the strategy was right – with a focus on digital (people and patient focused), rather than IT Data sharing – that would be crucial in moving forward and the next step would be to agree the top priorities for action.

The Board:

- ***Received and noted the presentation on the Doncaster Place Digital Strategy;***
- ***Supported the partnership working in this area to improve the patient experience.***

P20/02/B2 Orthotic NHS England Survey Results (Presentation)

Graham Moore, Clinical Lead for Orthotics, provided information on:

- The process for obtaining and benchmarking data;
- NHSE/NHSI national led programme including 18 Trusts;
- Information from a patient survey based on eight questions - shared between the Trusts;
- The data for DBTH – based on 300 patients;
- Difficulties with follow up with patients who had experienced waits;
- Some staff shortages during the survey period;
- A positive response overall, with high percentages rating the service four, or five stars;
- The improvement plan arising from the exercise;
- The current position, including a financial saving;
- Currently at 20 weeks wait, with an ambition to reduce this to six weeks;
- Links with Derby University on 2 April 2020, Wirral University Teaching hospital on Masters and Coventry University on a degree programme, with students matching the 2:1 Physiotherapy programme.

Members welcomed the presentation, acknowledging the services' positive response to the workforce challenge and the support that it provided to patients.

The Board:

- ***Received and noted the presentation on Orthotic NHS England Survey Results.***

P20/02/C1 ICS Update (Enclosure C1)

The Board noted the performance report from the ICS – based on October and November 2019's data.

The ICS continued to perform well – being the top performing ICS reported.

No system was currently achieving the National ED standard and there continued to be challenges on the RTT position.

The Board:

- ***Noted the update from the ICS.***

P20/02/C2 South Yorkshire and Bassetlaw Five Year Strategy Plan (Enclosure C2)

The Board were reminded that the Trust had contributed to the development of the Strategy Plan throughout 2019 and the paper described the priorities and the final strategic plan to be submitted at the beginning of April 2020.

The Trust's annual plan for submission would need to be consistent with the Strategy.

A detailed query regarding individual organisations achievements) was raised – as it suggested that work was still being undertaken in isolation. It was noted that the ambition was for joint work to develop future programmes for adoption by all partners going forward.

The Board:

- ***Noted the South Yorkshire and Bassetlaw Five Year Strategy Plan.***

P20/02/D1 Quality and Performance Report (Enclosure D1)

The December 2019 data (enclosure D1) had been considered by the Finance and Performance Committee, and by the Quality and Effectiveness Committee at the meetings on 28 January 2020.

The following points were highlighted to the Board:

Performance

- Four hour access performance was at 82.3%. EDs had continued to be challenged by increased attendances and high levels of acuity.
- The national picture also looked challenged, with DBTH still performing above average.

- The provision at Montagu Hospital's front door had changed to an Urgent Treatment Centre – resulting in a significant increase in cases seen. This had been managed well.
- A full recovery plan has been developed which had the support of the CCG. Themes were around leadership and operational grip, patient pathways and cohorts of patients, a review of workforce and roles, and an increase in streaming at Bassetlaw Hospital.
- RTT there was an ambitious RTT recovery plan and December's position had fallen short which had been disappointing. Significant recovery planning had subsequently taken place.
- For January 2020, the revised target of 88.4% had been met with a performance of 88.8%.
- There remained a risk to achieving 92% by the end of March 2020 but recovery plans for divisions were understood and were being well led by clinicians, supported by clear governance.
- An improved approach to the administration of patient lists was being undertaken – to ensure that patients were treated in chronological order, an understanding of the bottlenecks in performance had been gained, and work was taking place with partners (including the independent sector) to reduce waiting times.
- NHSI/E's Intensive Support Team had examined the plans for some of the Trust's specialities and had provided assurance that the recovery plans were sound.
- Some specialities were above 92%
- Daily monitoring was showing improvements.
- The patient treatment list had fallen substantially which was affecting performance.
- Diagnostic performance was at 96% against a 99% target.
- A full recovery plan was in place for Urodynamics – showing a 17% Improvement since December 2019.
- The number of patients being provided with MRIs had greatly increased (by 3000), providing challenges on workload.
- All National Cancer targets were being achieved.

The Board commended the achievement on cancer targets.

The continued challenges with ED activity and the required improvement in RTT performance were noted and Neil Rhodes advised that the Finance and Performance Committee had been assured by the improvement plans in place for these areas. Neil Rhodes was to meet with senior clinicians in Trauma and Orthopaedics and Ophthalmology to gain a detailed understanding of their plans.

The Trust would continue to look at RTT and waiting lists in future planning. The number of attendances was likely to continue to rise and there was a need for the Trust to understand future impacts of this. Alongside the blended tariff (which meant that increased activity would not result in increased income) there would be a need for system working and a continued focus on cost reduction.

Quality and Safety

- The HSMR figure for September 2019 showed an improvement (83.6%). Elective HSMR, which had been rising was now reducing.
- The work undertaken in late 2019 was showing results – the Trust continued to scrutinise all elective deaths.
- There had been no lapses in care.
- A full report on HSMR had been provided to the January 2020 Quality and Effectiveness Committee meeting.

The Board concluded that HSMR has stabilised and there was an expectation that this would continue to drop.

- A lot of work undertaken with the CCG on Hospital acquired pressure ulcers.
- Work was focused on learning and training.
- Audits highlighting where mattresses were unavailable were undertaken and the Trust now had sufficient mattresses to meet demand.

Members noted that a lot of work had been undertaken on the complaints processes and improving reporting/actions. A full report on this was to be provided to the Quality and Effectiveness Committee in March 2020.

ACTION – Information on weekend discharges would be provided to the Finance and Performance Committee. DP

Workforce

- SET training was at 86%.
- Preparations for the 2020 appraisal season were in place.
- A detailed update on resuscitation training would be provided to the Quality and Effectiveness Committee.
- An unusual spike in staff sickness during December 2019 (particularly long term sickness) – on which detailed analysis was taking place.
- Low numbers of appraisals in maternity – for which action plans had been developed.
- The new SET training booklet was being finalised.

ACTION – Board members would be advised on how to complete their SET training electronically. JR

The Board:

- ***Received and noted the Quality Performance Report for December 2019;***
- ***Noted the verbal update on January 2020's performance;***
- ***Recognised the maintenance of quality services during times of increased activity and pressure;***
- ***Recorded thanks to staff for their continued support during times of increased activity and pressure.***

P20/02/D2 Perfect Week Update / Where Best Next? (Enclosure D2)

The Board noted that the Trust had undertaken the 'Where Best Next' initiative during the week of 14 January to 21 January 2020.

The principles previously used in the 'Perfect Week' initiatives had been adopted:

- Plan for discharge from the start.
- Involve patients and families in discharge decisions.
- Establish systems and processes for frail people.
- Embed multidisciplinary team reviews.
- Encourage a supported 'Home First' approach.

Staff had been tasked to ask themselves the underpinning question 'Where Best Next?' for the Trust's patients, in everything that they did during the week.

David Purdue took the Board through the paper, highlighting the preparations undertaken, the approach, findings, and recommendations for the future.

Staff and departments had been given permission to do things differently and, where issues had been encountered during the week, responses had been immediate with staff working to develop real time resolutions.

Members welcomed the culture provided – noting that staff could often be constrained by a highly regulated environment – so it was important to provide a culture of freedom Within manageable risk wherever possible. Work to capture new rules/ways of working would be undertaken.

One of the key findings was that discharges before noon (rather than 10am) should perhaps be a Trust aim. Medicines dispensing from the discharge lounge had been trialled during the week and this had worked well, so the system had been adopted. 'At a Glance' boards were now in place throughout Bassetlaw Hospital.

There had been some issues with discharges as the Trust had been unable to discharge to three local care homes. Members noted the crucial part that the Trust's partners played in flow and discharges.

The initiative would be run every Tuesday going forward, with a full week undertaken each quarter. The Trust would look to run the 'Where Best Next' initiative for front door services in the coming months. A focused piece of work on theatre capacity for dealing with emergencies would also be undertaken.

The Board:

- ***Noted the update on Perfect Week.***

P20/02/D3 Best Practice Guidance for Flu Vaccinations – Compliance (Enclosure D3)

In March 2019 new guidelines for flu vaccinations were published and all Trusts were requested to complete the Healthcare Worker Flu Vaccination Best Practice Management Checklist and publish it at Board.

The Checklist showed what the Trust had done, and what it would do next. The processes had been subject to Qi.

Members noted that the Trust had historically performed well in flu vaccination rates, with the 2018/19 outturn being 75% of frontline workers (against a national update of 70.3%). The 2019/20 performance currently stood at 78.7% for the Trust.

Members noted that colleagues who had received the vaccination outside of the Trust should advise Karen Barnard so that they could be accounted for in the figures.

The Board:

- ***Noted the Trust's compliance with Flu vaccination requirements.***

P20/02/E1 Annual Plan – National Guidance, Progress on ICS Control Total, Internal Work (Verbal)

The Board noted that the technical guidance for the annual planning round had recently been published.

A submission was required which included system wide, rather than just organisational performance. 50% of Financial Recovery Funding would be dependent on system performance going forward.

The operational instructions in the guidance included an improvement in winter flow, 92% bed occupancy, and that the peak number of beds for winter should become the norm for the year. There was currently debate on the practicalities of the latter requirement and this could change going forward.

No specific target for RTT was provided in the guidance but the cancer targets remained the same. For finance there was absolute confirmation that revenue cash loans would be converted to PDC and the Board was advised that this would result in a cost pressure t.

The Trust was fully engaged with, and working to agree final contracts with its CCGs – to allow for submission of the initial plan on 27 February 2020 (prior to final submission at the end of April 2020). The ICS had requested that DBTH work be completed early in April 2020, but this may not be possible due to contracting negotiations.

Specific things to work through included the altered cost base and control total (formally announced to the ICS as £6.3m), that the CNST funding benefit had been taken by the centre creating a difference in actual staff cost increases to that provided for (a national issue) and shared CIPs – which it was agreed must benefit the whole system and share risks equally.

A detailed update on the annual plan data for submission would be provided to the Finance and Performance Committee meeting on 25 February 2020.

The Board:

- ***Noted the update on preparations for the Annual Plan – 2020/21.***

P20/02/E2 National Staff Survey Benchmarking Results (Presentation)

The embargo had been lifted on the staff survey results at 10am on 18 February 2020.

Karen Barnard presented the results, highlighting:

- A high response rate (59% against 54% for prior year / 47% national average).
- A significant improvement in 65 of the survey questions (24 unchanged).
- Just 1 with a declining score (hours worked).
- 7% increase in colleagues recommending the Trust as a place to work.
- 5% increase in colleagues happy to recommend the Trust to friends and family for treatment.
- 76% of colleagues recognising care of patients to be the organisation's top priority.
- The most improved Trust (from the league table of 38 comparator organisations).

A small number of areas for redress would be targeted for focused improvement:

- Patient voice.
- Staff voice.
- Team working.
- Staff wellness and mental wellbeing.
- Adjustments for staff with a disability.

Further work on Divisional data and individual (anonymised) comments would take place.

The Board recognised this great news story and the hard work supporting its achievement. The importance of the positive culture shift that this captured was highlighted, and all agreed that this must be harnessed in order to continue to move forward with even greater improvement ambitions.

The Board recorded its thanks to staff. The Trust's Communications team would lead on publicising the results and on ensuring that the Board's thanks were disseminated to teams throughout the organisation.

ACTION - The results of the staff survey would be shared with Governors.

JR / KB

The Board:

- ***Noted the National Staff Survey Benchmarking Results.***

P20/02/F1 Finance Report – 31 January 2020 (Enclosure F1)

The Board noted that,

At the end of month ten:

- The cumulative position was slightly ahead by £123k.
- The Trust was on plan for the year-end.
- Income for Emergency care was slightly above plan.
- CIP was behind plan by £660k although significant amounts had been delivered in the month and there was an expectation that the year-end target would be met.

Cash and capital:

- The cash position was strong.
- Payments from the centre had been received earlier than anticipated.
- The capital forecast had been changed to reflect an underspend on fire improvement works – which would be carried forward into 2020/21.
- The remaining capital should be spent within the year.

Key Risks:

The key remaining risks are:

- RTT - £1m of funding from the CCG was contingent on meeting the 92% target – a recovery plan was in place to achieve this.
- A 91% achievement would provide the bulk of the monies.
- £600k worth of funding from NHSE for outsourcing work had been provided to Bassetlaw CCG but the DBTH work related to Doncaster residents so there was a risk that this would not be received.

The Board concluded that the forecast was to deliver the 2019/20 financial plan by the year-end.

The Board:

- ***Received and noted the Finance Report for January 2020;***
- ***Received and noted the forecast financial position and risks to the delivery of the control total;***
- ***Noted the achievement towards the Cost Improvement Plan.***

P20/02/G1 Chairs' Assurance Logs for Board Committees (Enclosure G1)

P19/02/G1(i) Finance and Performance Committee – 28 January 2020

Neil Rhodes confirmed, as reported and captured during the Board meeting, that a detailed review of the Quality and Performance Report (P19/12/D1) and detailed discussions on the Trust's finances and action plans (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 28 January 2020.***

P19/02/G1(ii) Quality and Effectiveness Committee – 28 January 2020

The Board noted and welcomed the new reporting format.

Pat Drake confirmed, as reported and captured during the Board meeting, that a detailed review of the Quality and Performance Report (P19/12/D1) had been undertaken by the Committee.

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

The Board:

- ***Noted the update from the Quality and Effectiveness Committee held on 28 January 2020.***

P19/02/G1(iii) **Audit and Risk Committee – 5 February 2020**

Sheena McDonnell highlighted the key points considered by the Committee:

- Committee confidence on the progress of actions from the two audit reports which had been provided with partial assurance.
- A requirement for senior staff throughout the Trust to provide information on their declarations of interest – the processes for which would need the support of Divisions.

The Board:

- ***Noted the update from the Audit and Risk Committee held on 5 February 2020.***

P20/02/G2 **Corporate Risk Register (Enclosure G2)**

The Board noted the register dated 31 January 2020 – which had been considered by the January and February meetings of Board Committees and had been approved by the Management Board at its meeting on 10 February 2020.

A new risk relating to end of life support for multiple software systems used by the Trust had been added to the register.

The Board noted the intention for future registers to be created directly from the electronic Risk Management system (Datix).

The Board:

- ***Received and noted the Corporate Risk Register dated 31 January 2020.***

P20/02/G3 **Board Assurance Framework (Enclosure G3)**

The Board noted the framework dated 31 January 2020 – which had been considered by the January and February meetings of Board Committees and had been noted by the Management Board at its meeting on 10 February 2020.

The Board noted that a Board workshop would take place in April 2020 to refresh the style and content of the Board Assurance Framework – and to align to the Trust's updated Strategic Objectives.

The Board:

- ***Received and noted the Board Assurance Framework;***

The Board:

- ***Noted the Chair and NED's Report;***
- ***Noted the Chief Executive's Report.***
- ***Noted the minutes of the Quality and Effectiveness Committee meeting held on 11 December 2019.***
- ***Noted the minutes of the Finance and Performance Committee meeting held on 16 December 2019.***
- ***Noted the meeting schedule for 2020.***
- ***Noted the Board work plan.***

Board Appointments

The Board noted the new Board appointments – Mark Bailey as Non-Executive Director and Dr Tim Noble as Medical Director.

Sewa Singh

The Board thanked Sewa Singh for his contribution to the Trust, noting that he had been a great colleague to work with and that all would be sad to see him leave. A small gift was provided from members of the Board and all wished him the very best in his retirement.

Sewa Singh responded that it had been a privilege to work for the Trust, with Board colleagues and with staff throughout the organisation. He recalled being interviewed by David Cuckson and was pleased that he had been able to fulfil the pledges that he had made when taking up the post of Medical Director. He felt content to leave now as he considered the Board to be 'in good hands' and the Trust to be 'in good hands'. Sewa Singh wished the Board and the Trust the very best going forward.

Meeting Schedule

Due to the annual leave of the Chair and Deputy Chair there was a requirement to move the October 2020 meeting date. It was likely that this would move to the week commencing 26 October 2020.

ACTION – ***The Board work plan would be updated to include year-end items from JR / JS finance.***

P20/02/I1 Minutes of the Meeting held on 17 December 2019 (Enclosure I1)

The following amendments to wording were requested (changes in bold italics):

- Hospital acquired pressure ulcers: 69 ~~above a~~ grade 2, ***3 or 4*** had been reported to date.
- Falls: Serious Incident reports had not yet been ~~undertaken~~ ***completed.***
- Safer Nursing Tool: ~~The~~ ***This*** looked at ***nursing*** care hours ~~per patient day~~ ***recorded.***
- The results showed that the Trust had 30 more nurses than ***predicted as being*** required to run its wards effectively during the assessment period.

The Board:

- ***Received and Approved the Minutes of the Public Meeting held on 14 January 2020, subject to the amendments above.***

P20/02/12 Any Other Business (Verbal)

No other items of business were raised.

P20/02/13 Governor Questions Regarding the Business of the Meeting (Verbal)

P20/02/13(i) Hazel Brand

Reference P20/02/B1 – Hazel Brand welcomed the presentation but raised concerns that the work on the digital strategy did not feel particularly patient focused and did not appear to account for wider determinants of health, or work with external partners (eg Councils and the Police).

There was a request that presenters spell out acronyms when first used at future meetings.

ACTION – Upon invite, future Board guests would be asked to steer clear of the use of acronyms – or be requested to provide an explanation of any included in their presentations. JR

P20/02/13(ii) Peter Abell

Peter Abell concurred with the comments on the digital transformation presentation and raised further concerns that, being led by Doncaster CCG and PLACE could lead to the exclusion of Bassetlaw Hospital and would not maximise the use of internal expertise – which had been evidenced as effective in leading local initiatives (eg E Observations).

Richard Parker commented that organisational initiatives would continue to be led internally but that there also a need for system level work. The future alignment of CCGs to the ICS was likely to clarify the leadership of system projects.

There was a plea for a simple message to be given out for the Public.

ACTION – Information on digital transformation would be considered for a future Governor Briefing session. JR / KA

P20/02/13(iii) Sheila Walsh

In response to a detailed query, it was confirmed that the clock started on trolley waits when the patient was referred to a speciality, and was accepted by the speciality. Any time waiting in an ambulance was not included in the data.

P20/02/13(iv) David Cuckson

David Cuckson thanked Sewa Singh for his work with the Governors – noting his regular presence at Governor meetings and responses to Governor questions.

The Board:

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

P20/02/14 Date and Time of Next meeting (Verbal)

The Board:

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

Tuesday 17 March 2020

9:15am

The Fred and Ann Green Board Room, Montagu Hospital

P20/02/15 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.***

P20/02/1 Close of meeting (Verbal)

The meeting closed at 12.30.