

**Minutes of the meeting of the Board of Directors
Held on Tuesday 27 February 2018
In the Boardroom, Bassetlaw Hospital**

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	John Parker	Non-executive Director
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Sewa Singh	Medical Director
In attendance:	Kirsty Edmondson-Jones	Director of Estates and Facilities
	Matthew Kane	Trust Board Secretary
	Marie Purdue	Director of Strategy and Transformation
	Emma Shaheen	Head of Communications and Engagement
	Clive Tattley	Governor
	Emma Challans	Deputy Chief Operating Officer (part)
	Dr Jayant Duggar	Guardian for Safe Working (part)
	Deborah Hilditch	Healthwatch Doncaster (part)

ACTION

Welcome and apologies for absence

18/2/1 Apologies for absence were submitted on behalf of Philippe Serna, Simon Marsh and Ruth Allarton.

Declarations of Interest

18/2/2 Board was reminded of the need to keep their interests up-to-date.

Actions from the previous minutes

18/2/3 The list of actions from previous meetings was noted and updated.

18/2/4 In relation to 17/12/21, the Board requested a definitive date by which IT risks would be included on the Datix system. **SM/MK**

Getting It Right First Time

18/2/5 The Board considered a presentation from the Trust's Medical Director into the Getting It Right First Time (GIRFT) project.

- 18/2/6** GIRFT was set up as a pilot in 2012 to remove unwarranted variation around a number of clinical services including prosthetic use (hips and knees). In 2014/15, £30m of savings were delivered by 70 trusts.
- 18/2/7** In November 2016, the Secretary of State for Health announced £60m investment into GIRFT. The project was extended to 35 specialties with the objectives of improving patient care as well as obtaining significant savings. Details of the methodology underpinning the project was provided.
- 18/2/8** The Trust's Trauma and Orthopaedics Team was the subject of a GIRFT visit in 2014 where a number of areas were assessed. The work found the surgeons were often doing too few procedures, there was a need to streamline trauma and elective as well as rationalise use of the site. The Trust was also benchmarked in respect of a number of areas in relation to its claims within a number of specialties.
- 18/2/9** Action plans were in place following visits and further work by way of efficiency programmes were in place for a suite of services including procurement, length of stay and readmissions, theatre productivity, quality and legal and elective care.
- 18/2/10** In response to a question from the Chair, the Board was advised that efficiency work was ongoing into urology, vascular and gynaecology. Commenting on spinal injury work, where the Trust was less efficient than its comparators, Alan Armstrong asked what was required to improve productivity. The Board was advised that there was a need to plan the service more coherently across the South Yorkshire and Bassetlaw patch.
- 18/2/11** In response to a question from Neil Rhodes, noting that the Trust was in the fourth quartile for obstetrics and gynaecology work, the Board was advised that the statistics given in the presentation were at a point in time and over the past five years the Trust's performance was much better.
- 18/2/12** In relation to claims and litigation, Linn Phipps advised the Board that she had met with the Medical Director and Acting Deputy Director for Nursing, Midwifery and Quality the previous week and it had been agreed to bring an annual report on the matter to Quality and Effectiveness Committee and also include relevant data within the quality dashboard.
- 18/2/13** It was agreed that a presentation from the Trust's solicitors, covering issues such as claims and other services, may be beneficial at a future Board meeting. **KB/MK**
- 18/2/14** The presentation on GIRFT was NOTED.

The Chair, with the agreement of the meeting, agreed to take items 7 and 8 as the next items.

Missed Hospital Appointments

18/2/15 The Board considered a report and presentation of the Deputy Chief Operating Officer and Healthwatch into missed appointments. Emma Challans, Deputy Chief Operating Officer, was joined by Deborah Hilditch, of Healthwatch Doncaster, who gave the presentation.

18/2/16 The aim of the study was to work with people across primary and secondary care to understand why hospital appointments were missed. It was estimated that 130 appointments were missed every day at the Trust which amounted to roughly 50,000 a year.

18/2/17 The background to the project and the methodology was provided. As part of the study's evidence gathering, approximately 800 people were interviewed in addition to gathering views via a social media survey. Work was also done with hard to reach groups (e.g. the Polish community in Doncaster), as well as with Doncaster College and the Partially Sighted Society. The work found:

- One quarter of people interviewed had missed an appointment.
- 36% of people did not rearrange their appointment.
- The main reasons for missing an appointment were that the date was not convenient and there were no repercussions for non-attendance.
- Some felt that the Trust could do more to ensure they attended their appointment such as send an email or text reminder.
- Some people interviewed were frustrated at the cost of missed appointments and their inability to get an appointment themselves.

18/2/18 A half of those interviewed provided ideas for how to improve the current rate of missed appointments. These included:

- Communicate with patients more clearly about consequences of not attending.
- Improvements to the administrative process and quality of correspondence.
- Provide maps of the sites, especially for car parking, transport and Outpatients and improve signs.
- Provide information in different formats, Easy Read, different language, Plain English.

- 18/2/19** The recommendations and next steps from the report were set out.
- 18/2/20** There was a discussion about the methods used by the Trust to communicate appointments and the importance of keeping up with modern ways of working. There was also a discussion about Trust signage within its buildings which needed to be kept up-to-date as services changed.
- 18/2/21** The Board SUPPORTED the report's recommendations and SUPPORTED that the Task and Finish group continue for a further 12 months to develop an action plan based on the agreed recommendations and monitor implementation, supported by the joint planned care programme board.

Guardian for Safe Working Annual Report

- 18/2/22** The Board considered the annual report of the Guardian of Safe Working (supported by the Director of People and Organisational Development) as part of the 2016 Terms and Conditions for Junior Doctors to assure the Board of safe working for junior doctors.
- 18/2/23** Board was advised that the Guardian was assured that all trainee rotas were legal under the 2016 contract. This was also borne out by exception reporting. There were two areas in medicine that had workload issues and were being addressed. The Guardian urged investment in an e-rostering system to allow safe rostering and identify gaps on a real-time basis. The Guardian assured the Board that the junior doctors generally had a safe working and learning environment.
- 18/2/24** The report from the Guardian of Safe Working was NOTED.

South Yorkshire and Bassetlaw Pathology Network MoU

- 18/2/25** The Board considered a report of the Chief Executive that sought approval for the Memorandum of Understanding for a new Pathology network covering South Yorkshire and Bassetlaw. The Network in South Yorkshire and Bassetlaw was one of 29 proposed for the NHS.
- 18/2/26** They would provide high quality, rapid and comprehensive diagnostic services for patients delivered in the most efficient manner; and which would facilitate the introduction of, and widest access to, new investigations and diagnostic systems, and improve future training and career development for scientific and technical staff.
- 18/2/27** The networks would run as a hub and spoke model and the proposal for South Yorkshire and Bassetlaw (SY&B) was centred on Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) as the hub for the surrounding Trusts in Barnsley, Doncaster and Bassetlaw. Progress and key milestones were set out in the report.

18/2/28 Further to a question from the Chair, the Board was advised of engagement undertaken with relevant staff. It was noted that the Working Together Partnership brand would cease from 1 April 2018.

18/2/29 The Board APPROVED the Memorandum of Understanding for the South Yorkshire and Bassetlaw Pathology Network.

Use of Trust Seal

18/2/30 The use of the seal in relation to fire safety improvement work in the Women's and Children's Block, at Doncaster Royal Infirmary was APPROVED.

Chair's Assurance Log for Board Committees

18/2/31 Board RECEIVED the Chairs' Logs for assurance.

Finance Report – January 2018

18/2/32 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 9, 2017/18. The month 10 position was a deficit of £15.534 million, £397k behind our forecasted plan-to-date.

18/2/33 Whilst elective income was over £1 million less than plan, income from Emergency HAD improved this position, with total income in January being the highest recorded all year at around £30 million. Underlying expenditure rate continued to be lower than expected, however, due to opening additional capacity. Spend on nursing increased slightly by around £180k and that was covered by increased Emergency income.

18/2/34 Approximately £600k of Tranche 1 funding had been utilised to ensure Sustainability and Transformation Funding. NHS Improvement had been advised that the Trust was not able to meet the revised control total. In order to hit the original control total of £16.1m the Trust could only overspend by a further £1m so it would require a concerted effort by all concerned since the Trust had been overspending at a rate higher than this in previous months. Cost improvement plans (CIP) of £1.7m had been generated in the month although £450k of this was non-recurrent. The cash position was positive.

18/2/35 Commenting on the CIP position, Alan Armstrong asked what impact being £2m short would have in this year. He also asked about the scale of the challenge in the following year. The Board was advised that further work with the CCG on income would help with the CIP challenge. Approximately £17.5m of schemes had been drawn up for next year and there was also likely to be some positive reduction in the Trust's premiums as well as full realisation of the savings from the clinical admin review.

18/2/36 In response to a further question from Alan Armstrong, the Board was advised that the Efficiency Director role was fixed-term pending further work with the Integrated Care System. In response to a question from Linn Phipps, the Board was advised that the consequences of missing the original control total were significant as it could result in loss of Sustainability and Transformation Funding which would increase the gap between the Trust's control total and its final position. For next year, there was a wider consideration relating to the regional system's finances.

18/2/37 The Board was advised that discussions with the clinical commissioning groups regarding the purchase of growth were ongoing. The Board was also advised that phasing of next year's CIP might be undertaken differently.

18/2/38 The Board NOTED:

(1) The month 10 2017/18 financial position of £15.53 million deficit, £104k unfavourable against plan after removal of the 16/17 STF funding and any variance related to donated asset income.

(2) The risks to the Trust's financial position particularly those relating to:

- A proportion of the stock take and winter pressures monies were in the position.
- The continuing under booking of elective activity.
- The back loaded CIP and significant savings that still need to come in the next few months.
- The Trust's cash balance which had reverted to being ahead of plan due to the receipt of the quarter two Sustainability Transformation Funding (STF) and over-performance income received from the CCG and NHS England last month.
- In month the Trust was £105k adverse against plan despite the need to break even over the last quarter to hit its forecast. While there was still a significant improvement on run rate (excluding winter pressure costs) it was likely that the Trust would need to earn the winter pressures funding and be allowed to count it towards its original control total in order to deliver the target. It was therefore imperative that the Trust's cost base was minimised in the final weeks of the financial year to support this outcome.

The Board adjourned at 11.00am and reconvened at 11.10am.

Kirsty Edmondson-Jones joined the meeting.

Performance Report as at 31 January 2018

18/2/39 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 clinical and workforce performance in month 10, 2017/18.

18/2/40 Performance against key metrics included:

- 4 hour access - In January the Trust achieved 89.2% against the 95% standard (including GP access). In total, over 13,500 patients were seen. System Perfect (launched 27 February) would focus on ED performance amongst other things.
- RTT – In January, the Trust performed below the standard of 92% achieving 90%, an improvement over the previous month.
- Cancer targets – In December the 62-day performance achieved the 85% standard, coming in at 87.8%.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.24, a very minor increase from last month but mirroring last year's performance.
- C.Diff – Remained below trajectory for the month, however still above last year's performance.
- Nursing Workforce - The Trust's overall planned versus actual hours worked in January was 99% (this does not include supernumerary newly qualified midwives). There were no wards that were red in the month.
- Appraisal rate – The Trust's appraisal completion rate saw a further rise to 63.97%. The Trust goal was to get to 90% with the introduction of Appraisal Season in April 2018.
- SET training - There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of January the rate was 78.03%.

- Sickness absence – January had seen a further increase in monthly sickness levels to 5.01%. Coughs, colds and flu had seen an increase in the proportion of absence to 11.42% of all sickness absence during the month.

18/2/41 There was a brief discussion about performance trends and the upcoming System Perfect work. In response to a question from John Parker, Board were advised that there was no sign of the 95% being ‘scaled down’. In response to a question from Linn Phipps, the Board was advised that a lot of work was being carried out on complaints resolution and monitoring.

18/2/42 The Board NOTED the Performance Report.

NHS Improvement Undertakings Tracker

18/2/43 The Board NOTED the assurance from the NHSI Undertakings Tracker.

Reports for Information

18/2/44 The following items were NOTED:

- Chair and NEDS’ report
- Chief Executive’s report including corporate objectives
- Minutes of Finance and Performance Committee, 28 January 2018
- Minutes of Quality and Effectiveness Committee, 14 December and 4 January 2018
- Minutes of Management Board, 15 January 2018
- Working Together Partnership briefing
- Board of Directors’ Calendar

Items escalated from Sub-Committees

18/2/45 None.

Minutes

18/2/46 The minutes of the meeting of the Board of Directors on 30 January 2018 were APPROVED as a correct record.

Any other business

18/2/47 The Board wished Emma Shaheen, Head of Communications and Engagement, best wishes prior to her maternity leave.

Governors questions regarding business of the meeting

18/2/48 Clive Tattley made a request that the Missed Appointments work comes under Quality and Effectiveness Committee.

Date and time of next meeting

18/2/49 9.00am on Tuesday 27 March 2018 in the Boardroom, Montagu Hospital.

Exclusion of Press and Public

18/2/50 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