

**Minutes of the meeting of the Board of Directors
Held on Tuesday 22 May 2018
In the Boardroom, Doncaster Royal Infirmary**

Present:	Suzy Brain England OBE	Chair of the Board
	Alan Armstrong	Non-executive Director
	Karen Barnard	Director of People and Organisational Development
	Pat Drake	Non-executive Director
	Moira Hardy	Director of Nursing, Midwifery and Allied Health Professionals
	Richard Parker	Chief Executive
	Linn Phipps	Non-executive Director
	David Purdue	Chief Operating Officer
	Neil Rhodes	Non-executive Director
	Jon Sargeant	Director of Finance
	Philippe Serna	Non-executive Director
	Sewa Singh	Medical Director
	Kath Smart	Non-executive Director
	In attendance:	Kirsty Edmondson-Jones
Matthew Kane		Trust Board Secretary
Simon Marsh		Chief Information Officer
Adam Tingle		Acting Head of Communications and Engagement
Peter Abell		Governor
Karen Lanaghan		End of Life Coordinator (part)
Stacey Nutt		End of Life Coordinator (part)

ACTION

Welcome and apologies for absence

- 18/5/1** Apologies were presented on behalf of Marie Purdue, Director of Strategy and Transformation.

Declarations of Interest

- 18/5/2** No interests were declared.

Actions from the previous minutes

- 18/5/3** The list of actions from previous meetings was noted and updated.
- 18/5/4** Action 3 would be discharged on 11 June when non-executives would be attending Management Board to observe the presentations on CIP and ICS capital proposals.
- 18/5/5** Action 4 – meeting involving the Director of Finance and Kath Smart to discuss CIP – was also scheduled to take place.

Presentation slot – Butterfly Volunteers

- 18/5/6** The Board considered a presentation from Karen Lanaghan and Stacey Nutt, members of the End of Life team at the Trust, on the work of the Butterfly Volunteers.
- 18/5/7** The Butterfly Volunteers was a voluntary project created to offer comfort and support to dying patients. The service commenced in July 2017 following a recruitment programme.
- 18/5/8** The vision for the service was as follows:
- To provide one-to-one support by listening, comforting and showing companionship to the dying person and those important to them.
 - Target those with few or no visitors or those with psychological burden.
 - Help with food and drink, mouth care, gentle hand massage or touch.
 - Give family and friends a break from the bedside vigil.
 - Run errands to the hospital shop and make refreshments for family.
- 18/5/9** Feedback had been very positive with families thankful that the project provided companionship to their loved ones as well as welcome relief so that they could run errands.
- 18/5/10** In the nine months that the service had been running, 112 patients had been visited, 230 visits had been made, with each visit lasting approximately 100 minutes. Further recruitment and training was planned with the project having recently recruited its first male member. New 'Butterfly Bags' allowed staff to identify bereaved families as well as offering a useful resource in which to store information about their loved one.
- 18/5/11** Following consideration of the presentation, Board asked questions and the following points were noted:
- The Volunteers worked closely with the Chaplaincy Team and met as a team as well as having an email group to offer one another mutual support.
 - Whilst there were no national statistics for the number of patients who died alone, the Board was advised that it may be something that the Trust looked to record in future.

- The Volunteers were seeking investment for small items through the charitable funds process.

18/5/12 The presentation on the Butterfly Volunteers was NOTED.

Bassetlaw ACP Memorandum of Understanding

18/5/13 The Board considered a report of the Chief Executive which sought approval for the Bassetlaw Accountable Care Partnership (ACP) Memorandum of Understanding (MoU).

18/5/14 The MOU set out the process for collaborative working in Bassetlaw and created a framework for achieving the delegation of health and social care to a collaborative framework of the Bassetlaw Commissioners and Providers within a Bassetlaw transformation governance structure. This would be overseen by an ACP Board.

18/5/15 The MoU focused on the elements of governance and shared commitment to achieving common goals through the joint design, transformation and delivery of services. It also set out the ambition for the transformation of health and social care across Bassetlaw.

18/5/16 Within the Bassetlaw Accountable Care Partnership members of the ACP would develop a strategic plan for the integration of health and social care across Bassetlaw, making best use of existing resources to transform outcomes for local communities, including reducing avoidable activity in A&E and avoidable hospital admissions.

18/5/17 In presenting the document to Board, the Chief Executive emphasised that the existing format was a framework that would be built on. Any key decisions relating to the framework would, of course, return to Board. The document was complimentary to the South Yorkshire and Bassetlaw Integrated Care System.

18/5/18 The Board APPROVED the Bassetlaw ACP Memorandum of Understanding.

Annual Accounts – Going Concern Basis

18/5/19 The Board considered a report of the Director of Finance which sought approval that the 2017/18 accounts be presented on a ‘going concern’ basis.

18/5/20 International Accounting Standard 1 required the management of entities to assess, as part of the accounts preparation process, the bodies’ ability to continue as a going concern. This was further enforced by Department of Health requirements to review the Trust’s going concern basis on an annual basis. The going concern principle was the assumption that an entity would remain in business for the foreseeable future.

18/5/21 In assessing the Trust's status as a going concern entity, the Director of Finance had regard to the following issues:

- Continuing support from local commissioners - the Trust currently had a contract in place to 31st March 2019.
- The Trust ended the year with c. £12m cash in the bank.
- Within the proposals for the local ICS the Trust was expecting to become the second major emergency centre in South Yorkshire and Bassetlaw with inward investment to support the additional services once final decisions were made e.g. the successful bid for additional CT facilities to support this showed the intent to support the sites going forward.
- The Trust was in discussion with CCGs to repatriate work to its sites.
- Whilst no formal undertaking had been received from NHSI to continue to provide additional liquidity on an ongoing basis, all planning assumptions that the Trust operated under implied this would be forthcoming.
- The Trust had delivered a year-end financial outcome ahead of its agreed control total for 2017/18 and plans to achieve the lower target were assigned for 2018/19.
- The NHSI Board had agreed to lift all licence conditions on the Trust following the second year of financial delivery ahead of plan.

18/5/22 It was therefore considered appropriate for the Trust to continue to prepare its financial statements on a going concern basis and to make the necessary declarations as part of its annual report and annual accounts. However, the continuing risks would be clearly stated in the 2017/18 annual report; chief amongst these being that, should NHSI refuse to provide further liquidity, the Trust would cease to operate due to its ongoing deficit.

18/5/23 The Board AGREED:

- (1) The Trust should be considered a going concern for accounts preparation purposes.
- (2) The Trust should prepare its annual accounts for the year 2017/18 and balance sheet as at 31st March 2018 on that basis.
- (3) The annual report should clearly state this assessment whilst also outlining the risks facing the Trust.

NHSI Self-certification

- 18/5/24** The Board considered a report of the Trust Board Secretary that sought sign off of documentation as part of the Trust's self-certification for 2017/18.
- 18/5/25** The purpose of self-certification was to carry out assurance that the Trust continued to comply with its licence conditions. There were three licence conditions against which the Trust was required to self-certify. Relevant documentation supplied by NHSI had been completed showing how the Trust complied with the relevant licence conditions and the risks that were required to be managed. The documents had been signed off by Executive Team and considered by Governors.
- 18/5/26** While the Trust was no longer required to submit the documentation to NHSI, trusts would be audited in July to ascertain that they had complied.
- 18/5/27** The Board APPROVED the self-certification documents attached as appendices to the reports.

Trust Seal

- 18/5/28** The Board considered a report of the Trust Board Secretary which gave details of two recent land sales:
- Licence to assign in relation to premises at DRI involving DBTH, Bestway Panacea Healthcare and Bestway National Chemists Limited.
 - Contract for sale of residential freehold land with vacant possession at 5 Highland Grove, Worksop.
- 18/5/29** The Use of the Seal in the above cases was APPROVED.

Removal of Conditions on Provider Licence

- 18/5/30** The Board considered a report of the Trust Board Secretary which advised of the removal of conditions from the Trust's Provider Licence. Further details were given at the meeting by the Trust's Chief Executive.
- 18/5/31** The Board was advised that, on 2 May 2018, the Trust had received notification that, following consideration by NHS Improvement's national regulation committee, it was no longer in breach of its Licence and the additional condition added to its Licence in 2016 would be removed.
- 18/5/32** As a result it was expected that the Trust would transition from being in Segment 3 (mandated support) to Segment 2 (targeted support) under NHSI's regulatory framework known as the 'Single Oversight Framework'.

18/5/33 The removal of the conditions on the Trust's Provider Licence was welcomed and NOTED.

Chair's Assurance Log for Board Committees

18/5/34 The Board considered an assurance report of the chair of Finance and Performance Committee following the meeting held 21 May 2018.

18/5/35 The Chair began by congratulating the Procurement team on achieving the Level 2 award. The Board was advised that the Committee had taken some time to tackle governance and strategy issues in more detail at this meeting and had provided comments on the strategy monitoring process and risk register.

18/5/36 In response to a question from Alan Armstrong, the Board were advised that approximately £4.3m CIP was unidentified and an equivalent amount remained at risk. Work was ongoing to ensure agency costs were kept under control. Board was advised that the new divisional director structure would address some of the issues to do with agency.

18/5/37 A new at a glance dashboard had been developed for workforce performance and this was commended. Finally, the Committee had proposed some amendments to its terms of reference which would be taken through the Board as part of planned changes to committee memberships.

18/5/38 Board NOTED the updates.

Finance Report – April 2018

18/5/39 The Board considered a report of the Director of Finance that set out the Trust's financial position at month 1 and showed a small favourable variance of £10k.

18/5/40 Key risks to the plan remained around the following:

- Delivery of CIP which had been back-loaded in the plan and significant savings were still required to be identified and delivered.
- There was still a significant variance on income growth assumptions of £3.5m between the Trust's financial plan and commissioner assumptions and contract values. Also, the financial plan assumed £2m of Commissioner QIPP plans were not delivered.
- Control of agency spend, especially in medical.
- The capital plan assumed the Trust was able to use £3m of previous years STF to fund the capital programme, however this had not been signed off by NHS Improvement.

18/5/41 Referencing the CIP programme that showed that the majority of programmes were back-loaded, Linn Phipps sought clarity that the risk register adequately captured this risk.

18/5/42 Further to a question from Suzy Brain England, the Board was advised of the work the Trust was doing to generate future CIP including Model Hospital, LEAN and Getting It Right First Time as well as the Integrated Care System work.

18/5/43 The report also sought a delegation to deal with the annual accounts through the Audit and Non-clinical Risk Committee (ANCR).

18/5/44 The Board:

- (1) NOTED that the in-month I&E position was a deficit of £2.9m, which was slightly favourable to plan by £10k;
- (2) NOTED the risks set out in the paper.
- (3) DELEGATED power to the ANCR to approve the 2017/18 annual accounts and financial statements.

18/5/45 *The meeting adjourned at 10.25am and reconvened at 10.35am.*

Performance Report as at 30 April 2018

18/5/46 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 1, 2017/18.

18/5/47 Performance against key metrics included:

- 4 hour access - In April the Trust achieved 92.32% against the 95% standard (93.1 including alternative pathways). With increased attendances, this had been a particularly positive achievement.
- RTT – In April, the Trust performed below the standard of 92% achieving 89.1%, the same as the previous month.
- Cancer targets – The 62-day performance achieved the 85% standard, coming in at 88.6% and 86.7% for the quarter.
- HSMR – The Trust's rolling 12 month HSMR remained better than expected at 87.6.

- C.Diff – Remained below trajectory for month, and for April last year.
- Nursing Workforce - The Trust's overall planned versus actual hours worked in April was 100%.
- Appraisal rate – The Trust's appraisal completion rate had seen a slight decrease to 67.35%.
- SET training – There had been an increase in compliance with Statutory and Essential Training (SET) and at the end of April the rate was 79.85%.
- Sickness absence – April's rate was 4.05%, a decrease from last month.

18/5/48 The Board were advised of new accountability arrangements which included new PTL (Patient Treatment List) meetings. Current issues with the Prison service were relayed together with pressure on the Emergency Department at Bassetlaw Hospital which had seen three diversions in the past week.

18/5/49 In response to a question from Linn Phipps about certain age groups being higher attendees at A&E than others, the Board was advised that some work had been undertaken with younger people who seemed to favour ED attendance over going to their GP. The CCG were doing further work on this as their plans predicted fewer A&E attendances moving forward.

18/5/50 Following the national case around breast screening, the Board were furnished with details about the Trust's own performance that represented comparatively low numbers. Full costs would be recovered for any weekend working involved.

18/5/51 Further to a question from Kath Smart, Board was advised that the Sign Up to Safety project was now in its final year but targets were in place to address the same issues including around pressure ulcers.

18/5/52 Board were advised that no wards were 'red' in April. Pat Drake had been involved in a recent quality summit and had felt the process 'added value'. Some issues relating to data collection for Friends and Family Test were explored.

18/5/53 The workforce report highlighted a continued reduction in relation to sickness absence.

18/5/54 The Board NOTED the Performance Report.

Emergency Planning – Policies and Plans

- 18/5/55** The Board considered a report of the Chief Operating Officer which provided details of policies and plans relating to emergency planning.
- 18/5/56** Board was advised that as a 'category 1' responder under the Civil Contingencies Act (2004), it had a statutory duty to assess the risk of emergencies occurring and to put in place emergency and business continuity plans to reduce, control and mitigate the effects of an emergency.
- 18/5/57** Key policies were outlined in the report together with progress against them. A review of policies had been undertaken by the Emergency Planning Officer in line with NHS England's *Core Standards for Emergency Planning, Resilience and Response*.
- 18/5/58** Training was taking place and key documents had been uploaded on to the Intranet and Internet. Neil Rhodes had joined some of the training and reported assurance back to the Board.
- 18/5/59** Board NOTED the update on emergency planning.

Reports for Information

- 18/5/60** The following items were NOTED:
- Chair and NEDS' report
 - Chief Executive's report
 - Minutes of Finance and Performance Committee, 24 April 2018
 - Minutes of Management Board, 16 April 2018
 - Board of Directors Agenda Calendar
- 18/5/61** Reflecting on her report, the Chair passed on her sincere condolences to the family of Jeannette Watkins, of the Cancer Detection Trust, following Jeannette's recent death.
- 18/5/62** The Chief Executive shared the outcome of the recent interviews to divisional director posts as part of the restructure of care groups into four clinical divisions:
- Jochen Seidel, Divisional Director for Clinical Specialists
 - Nick Mallaband, Divisional Director for Medicine
 - Antonia Durham-Hall, Divisional Director for Surgery and Cancer
 - Eki Emovon, Divisional Director for Women and Children

18/5/63 Board requested details via a structure chart.

MK

Items escalated from Sub-Committees

18/5/64 None.

Minutes

18/5/65 The minutes of the meeting of the Board of Directors on 30 April 2018 were APPROVED as a correct record.

Any other business

18/5/66 None.

Governors questions regarding business of the meeting

18/5/67 Following the Board's approval of Bassetlaw ACP MoU and increased pressures on Bassetlaw's A&E facility, Peter Abell asked what the strategic impact of the Bassetlaw Accountable Care Partnership would be on Bassetlaw's A&E department?

18/5/68 The Board was advised that work was ongoing to understand flows and why they had increased in A&E. The Trust's strategy would be kept under constant refresh to ensure it mirrored demand. There was a difference of view between the CCG, whose plan included reduction in activity, and the Trust who were seeing more activity despite a year where there had been no flu nor Norovirus pandemic.

18/5/69 The ACP was complimentary to the Trust's own strategic direction.

Date and time of next meeting

18/5/70 9.00am on Monday 26 June 2018 in the Boardroom, Montagu Hospital.

Exclusion of Press and Public

18/5/71 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