

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 26 September 2018 at 11.12 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Dr H Phillips, Chair
Mr S Morrith, Chief Executive
Ms L Andrews, Director of Nursing and Patient Care
Mr T Campbell, Chief Operating Officer
Mrs L Challis, Non-Executive Director, Senior Independent Director /Deputy Chair
Dr G Collins, Medical Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mr L Outhwaite, Director of Finance & Contracting
Mr M Killick, Non-Executive Director, Audit and Risk Committee Chair
Mrs A McKinna, Non-Executive Director, Finance and Performance Committee Chair
Mrs J Stringfellow, Non-Executive Director
Mr D Urpeth, Non-Executive Director, Quality Assurance Committee Chair
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director, People Committee Chair
- Observer:** Dr Anthony Darby, Consultant Acute and Respiratory Physician / Clinical Director for General Medicine
Zoe Notley, Service Manager, Integrated Surgery, Surgical Services Division
Dr Bola Owolabi, Deputy Medical Director, DCHS
Ms J Preston, E-rostering Project Manager
Mr B Parson Public Governor
Mr D Selwyn (member of the public)
Mr T Hillsley (member of the public)
- In attendance:** Kate (Patient story) (Item BD146/18 only)
Ms Julie Dack, Matron Chesterfield Birth Centre (Item BD146/18 only)
Ms R Pearce, Service Improvement Lead – Medicine (Item BD151/18 only)
Dr J Cort, LIA Lead (Item BD151/18 only)
Dr U Anoop, Divisional Director, Integrated Care (Item BD160/18 only)
Mr J Thorpe, Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications

ACTION**BD144/18 Chair's welcome and note of apologies (verbal)**

Introductions were made in support of the national #HelloMyNameIs campaign.

The Chair welcomed board members and observers and additionally welcomed Mrs Jayne Stringfellow as this was her first meeting as non-executive director since her appointment.

There were no apologies for absence.

BD145/18 Register and declaration of interests (Enclosure A)

Dr Phillips stated that she had recently accepted a place on the Board of Social Work England and is now chairing the Governing Body of Mount St

Marys College.

Mrs Stringfellow stated that she her husband was a trustee of EM Carers.

The Board:

- ***Noted the Declaration of Interests pursuant to Section 6 of Standing Orders.***

BD146/18 A Patient Story

Kate explained to the Board that following a diagnosis of eclampsia she had been moved from Chesterfield Royal to Calderdale for the birth of her baby. This was to ensure she and her baby could be monitored at birth. CRH had no neonatal beds at this time. Following the birth, her baby had then been transferred to Doncaster for neonatal care without her which had resulted in a period of separation from her baby which had a severe lasting emotional impact upon her. Kate had sought help after becoming aware of the Birth Trauma service during Birth Trauma Awareness week on the hospital's Twitter feed and stated that her sessions with Julie Clark had been an enormous help right from the first session and that she was now much better.

Julie explained that that she had been the first midwife in the region to undertake additional training to become a Birth Trauma Resolution Practitioner training in April 2017 and that there were many links between birth trauma and Post Traumatic Stress Disorder. Since accreditation Julie had seen increasing referrals and felt there was a great need for the service which could sometimes be seen through behaviours such as mothers to be seeking a caesarean section where there was no direct medical need however previous birth experience had led them to consider this.

Ms Andrews explained that on completion of her training Julie had been one of only 5 trained practitioners in the country and noted the impact on patients of using non-local beds.

The Board:

Thanked Kate for attending the meeting and sharing her experience.

Letter of
thanks to
be sent to
Kate

BD147/18 Minutes of previous meeting (enclosure A)

The Board approved the minutes of the Board meeting held on 25 July 2018.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 25 July 2018.***

BD148/18 Action log and matters arising (enclosure B)

The Board noted the action log and matters arising and the update against

each item.

The Board:

- ***Noted the action log and matters arising.***

BD149/18

Strategic Outline Case on Hospital Services (enclosure C)

The Board received the Strategic Outline Case (SOC) for the South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire (SYBMYND) Hospital Services Programme which gave a statement of intent of how the recommendations of the Hospital Services Review would be taken forward. It was explained that the CCG Governing Bodies had been formally invited to sign-off the SOC and agree to its publication in line with their statutory responsibilities and that there was no cost to the hospital in terms of paying for the review.

It was understood that the Derbyshire CCGs were due to consider the SOC on 27 September with the others due to consider early in October. It was stated that quality of care would be a priority and that there would be no impact on patients of the hospital who normally travelled for care outside of the SYBMYND area.

The Board:

Confirmed its agreement to the publication of the Strategic Outline Case.

BD150/18

Prevention Strategy: delivery plan update (enclosure D)

The Board received an update on progress with the delivery of the hospital's Prevention Strategy which had been developed following the Public Health England paper 'From Evidence to Action'.

The Board noted the success of public health and highlighted the need to co-ordinate messages with partners to avoid the risk of mixed messages. The need to link to patient data and activity from a range of sources including ambulance usage, local authority data, GP out of hours usage and staff data was also highlighted together with the need to link to on-going work by the Derbyshire STP to share data and link to social demographics. It was felt that the Board should seek to help drive the work and a presentation to a future meeting building on that presented to the recent Joined Up Care Derbyshire Board meeting was requested.

The Board:

Noted the update.

BD151/18

Quality Improvement Strategy (enclosure D1 presentation)

The Board received a presentation from the Chief Operating Officer which gave details of a proposed quality methodology for use by the hospital. It was explained that Quality Service Improvement and Redesign (QSIR) was a system supported and recognised by NHSI and designed by and for the NHS. It was felt that it offered a better approach than competing systems as it met the CQC perspectives for a quality improvement approach, maintained and

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developed the approaches successfully used in Listening into Action (LiA) and gave a devolved approach to building local improvement capability.

In response to questions about use in other Trusts it was stated that QSIR was a tried and tested model used in 35 Trusts for a wide range of projects with its own website and conference sharing best practice and experience. Board members indicated support for the approach and standardised methodology but highlighted the need to not displace the work on LiA by being clear about its benefits in managing more complex projects and emphasising QSIR's specific role by describing it as a service improvement strategy. In terms of sustainability it was felt that there need to be some central support to get started and that it would quickly demonstrate change and build practitioners and graduates to develop local capability. It was explained that the aim was not to force staff to use a single methodology if they had skills in another but felt that clear advice on usage was needed for staff.

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The Board:

- ***Expressed its support for the adoption of the Quality Service Improvement and Redesign (QSIR) approach as the hospital's improvement methodology***
- ***Supported the proposed strategy to develop an academy that supports a devolved approach of building local improvement capability***
- ***Note that the approach compliments the Listening into Action approach***
- ***Request that to avoid confusion and help build understanding of its role it be described as a service improvement strategy***
- ***In order to illustrate its commitment request a further report on progress towards implementation which also set out the advice on usage to be given to staff***

BD152/18

Chief Executive's report (enclosure E)

The Board received the Chief Executive's report and the following points were highlighted:

Wholly Owned Subsidiary (WOS) It was stated that a weekly bulletin from NHSI had indicated that Trusts which were in the planning stages of a move to a WOS should pause whilst a consultation took place but noted that following the Board decision in July the hospital was in the implementation phase. Clarification was being urgently sought from NHSI and an update would be sent to staff.

Senior Independent Director / Deputy Chair A suggested process was outlined for the appointment to the combined role that:

- Applicants would be interviewed by the Chair of the Board of Governors and the lead Governor
- A formal recommendation would be brought to Board on 28 November
- Support sought from the Council of Governors at its meeting on 12 December.

Urgent care Village It was requested that delegated authority be granted to the Chief Executive to commit the necessary funds for the submission of the OBC/FBC business case in June 2019 to allow the project to proceed.

It was explained that it would not be possible to submit the OBC/FBC to the original deadline of January 2019 but it was considered that this would be acceptable and that clarification on this was being sought. It was detailed that if the spend was made but the overall project not finally agreed then the cost would have to be taken against 2019 revenue funds though this was only considered to be a slight risk. Executive directors were not aware of any potential changes on the horizon which would increase this risk.

Ms Webster stated that the external project management resource appointed to the project had made a very positive impact.

NHS Staff Survey 2018

It was stated that the 2018 survey would be distributed to staff in time for the commencement of the survey on 8 October 2018.

Of the further items the details of the visit of the HRH Duke of Gloucester to the NGS Macmillan Unit on Tuesday 9 October were noted together with an update that Chris Clayton Chair of Joined up Care Derbyshire would be attending a further meeting of the Derbyshire Improvement & Scrutiny Committee.

The Board:

- **Agreed the process for the appointment of a Senior Independent Director / Deputy Chair**
- **Agreed delegated authority to the Chief Executive to commit £1,357,545 to allow the completion of a robust OBC/FBC business case for the Urgent Care Village**
- **Received and noted the further updates in relation to the remaining items in the Chief Executive's briefing.**

BD153/18

Quarterly Quality Report (enclosure F)

The Board received a report which set out progress against the key domains of quality using the available intelligence. Attention was drawn to the high patient experience scores and improvements made in relation to incident management and duty of candour though further work was being undertaken to embed these together with work relating to resuscitation and mental capacity.

It was noted that the Quality Assurance Committee had been assured by the report and had particularly praised the work done on near misses and stated that it was felt that the quality strategy currently under review had sufficient flexibility to build in inputs from the clinical strategy and themes emerging from the CQC inspection.

The Board:

- **Noted the progress in all three areas of patient safety, experience and effectiveness and were assured in relation to patient experience and partially assured for safety and clinical effectiveness.**

BD154/18

Infection Prevention & Control Annual Report (Enclosure G)

The Board received a report which outlined progress against the infection

control annual programme 2017/18 and demonstrating the clear commitment to the infection control and prevention agenda. As designated Director of Prevention and Infection Control the Director of Nursing and Patient Care was assured that systems and process were in place and adequately robust to provide the Board with assurance that good Infection, Prevention and Control processes were in place.

The Board thanked the Director and the Infection Control team for the report and work undertaken and asked their thanks be conveyed to the team. Tribute was also paid to the wider team across the health economy.

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The Board:

- *Received the report and accepted the assurance provided.*

BD155/18

Guardian of safe working hours Q1 Report (enclosure H)

The Board received the Quarter 1 report from the Guardian of Safe Working Hours as required by the 2016 junior doctor contract. It was reported that all trainees had now been transferred to the new contract and that there had been a significant reduction in exception reports with factors including an expansion in GPST numbers and increased focus on improving working environments and redesign of staffing structures. To demonstrate recognition and gratitude for their hard work a new recognition event for junior doctors had been held and was planned to be an annual event.

It was stated that the Guardian of Safe Working had not expressed any concerns about the reduction in reporting and had felt that this was possibly due to the increase in opportunity for juniors to raise issues before formal reporting and that trainees were due to rotate to their next posts. Confirmation was given that attendance at the Trust Trainee Forum held on 31 August had improved. It was pointed out that 20 exception reports had been received from 9 trainees but explained that reports were used to plan for change and that reporting was encouraged where there were workload issues. It was queried whether there was more the Board could do to highlight their commitment and suggested that attendance by a non-executive director at Trust Trainee Forums could assist.

The Board:

- *Received the Q1 report and accepted the assurance that processes to ensure safe working rotas are in place and being appropriately monitored.*
- *Agreed that in future on a rota a non-executive director would attend the quarterly Trust Trainee Forum.*

GC/NEDs

BD156/18

NHSI and National Guardian Freedom to speak up self-assessment (enclosure I)

The Board received a report which gave details of guidance received from NHSI which set out eight standards where effective speaking up arrangements would help to protect patients and improve the experience of staff. Board members and the Freedom to Speak Up Guardian independently undertook a self-assessment against best practice to provide insight into key areas of focus followed by a joint 'confirm and challenge' session. Following this key actions were identified which were summarised in the report which included measures to embed the priorities in the organisational culture,

review policies and expand the use of social media to build awareness.

It was noted that good progress had been made in the two years since the adoption of Freedom to Speak Up and felt to be reassuring that the Board had been harder on themselves in the self-assessment than the Freedom to Speak Up Guardian had been. Though it was accepted that there was more work to do and suggested that any areas where it was felt that the Board could do more could be highlighted.

The Board:

- **Note the self-assessment**
- **take assurance from the key actions identified which will further develop a supportive culture in which senior leaders further support the Freedom to Speak Up vision and sharing learning**
- **Request that any areas where the Board could do more be highlighted.**

SM/FTSUG

Adjourned 12.47pm
Recommenced 1pm

BD157/18

Staff survey update (enclosure J)

The Board received an update on progress on the three strategic staff engagement themes Leading the Chesterfield Way, Listening into Action and the Engagement Framework together with an overview of the engagement and plans for the 2018 staff survey. Details were given of good practice identified at other Trusts along with details of initiatives already put into place.

Key current work included actions looking to address concerns in relation to violence and abuse from patients, relatives and the public and the continuing roll out of the leadership development programme. In terms of concerns in relation to violence and abuse it was noted that whilst the concern had been fed through from staff feedback sessions rather than a statistical return it appeared that the key source was patients without capacity where the management of situations was critical with opportunities for training being explored.

It was explained that staff survey forms would be going out soon and that following the high response rate last year it was hoped that there would be a similarly high response rate this year with similar approaches planned and possible additional initiatives such as a raffle.

It was noted that the Chair of the Board and the Chief Executive would be undertaking informal visits after their weekly meetings. Board members fed back on visits they had undertaken with a need to include support services, less often visited areas including community based sites, encourage informal visits, include out-patient areas and be more systematic highlighted. It was felt that there could be greater co-ordination of visits to ensure that non-executive directors were present and visits potentially re-arranged if this was not possible.

SM

The Board:

- **Received the report and accepted the assurance concerning the work being undertaken to meet the strategic themes.**
- **Requested the work be undertaken to explore possibilities to ensure**

a more systematic approach to visits.

BD158/18

Equality, Diversity and Inclusion Annual Report (enclosure K)

The Board received the annual Equality, Diversity and Inclusion report highlighting achievements over the past year together with future target milestones.

Details were also given of the draft narrative of the 2018 Workforce Race Equality Standard (WRES) for the hospital with the outcomes detailed in appendix 2 to the report. It was noted that the WRES did not include training data as this was managed by a third party supplier who had been unable to provide the data but that an internally managed platform would be introduced meaning that the data would be available for the 2019 report. The report and content was welcomed and it was suggested that a dedicated resource might be needed to drive the work forward. It was suggested that this option could be included in the work preparing 2019/20 budgets.

The Board:

- ***Noted the progress made and the future target milestones in pursuit of the Hospital's strategic vision on equality, diversity and inclusion for its workforce***
- ***Approved the Workforce Race Equality Standard 2018 narrative included at appendix 2 to the report.***
- ***Request that consideration be given to including a provision for a dedicated resource in 2019/20 budgets.***

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BD159/18

Annual Medical Revalidation

The Board received the annual Medical Appraisal and Revalidation report which gave details of the systems, processes and governance in place to ensure appraisal and revalidation was delivered in a meaningful, reliable and robust manner. Details were given of the numbers of appraisals and revalidations completed together with reasons where this had not happened. Reflecting the national trend there had been a significant increase in complaints to the GMC with 14 complaints as against 4 last year with 8 complaints closed at triage without investigation and 1 referred for employer local investigation of the remaining 5, two were closed without a hearing, 1 with no action, 1 with advice only and 3 still open. Details of Annual Organisational Audit were also made available.

In terms of the 14 doctors where no reason had been given for not completing an appraisal they had stated that it had been overlooked with the meeting informed that work was being undertaken to address this. It was explained that there had been an interruption in administrative support to the process that had had an impact and had now been addressed. In addition issues could occur where new doctors came into the Trust and action was being taken to address more quickly when staff join the Trust.

The Board:

- ***Received the report and accept the assurance noting that it will be shared along with the annual audit with the higher level responsible officer.***

- ***Support the proposed actions to be taken forward in the action plan.***

BD160/18

Easy Path Proposal

The Board received details of the proposed formal sign off of the contract and lease agreement between the hospital and the Sheffield Teaching Hospitals Trust (STH) following earlier approval of the EASYPATH Histology Network partnership based on both sites but with STH as the legal host entity.

The 5 year contract was based on the NHS standard with a value of £1.8m and linked to the lease agreement to use the premises. Formal sign off of the contract and lease agreement was a legal requirement before TUPE transfer of staff and the go live date of 1 October. There had been a high degree of staff engagement with no issues highlighted.

The Board:

Agree to the signing of the network agreement and lease agreement between Chesterfield Royal Hospital Foundation Trust and Sheffield Teaching Hospitals to join the EasyPath histology network.

BD161/18

Integrated Performance Report (enclosure N and N1)

The Board received the Integrated Performance Report (IPR) for August 2018 with the following updates given.

It was explained that 6 out of the 11 standards had been met in August. For ED performance the year to date national A&E 4 hour access standard remained above target and compliant at 95.1% and despite a challenging period July-September the Q2 position was 94.07% which was within the top quarter of all NHS England Level 1 provider Trusts. In terms of referral to treatment within 18 weeks it was explained that performance had been impacted upon by the diversion of resources to support cancer performance but expected that the waiting list would return to the March position by the end of the week.

Cancer performance - the position remained challenging but the position was recovering well with figures compliant in 5 out of 7 standards. Improvement action was in place including the successful agreement of the implementation of the optimal published pathway for transfer of Urology patients to Sheffield Teaching Hospitals from 7 January 2019 though outstanding actions included CCG action to implement the e-referral proforma.

Royal Primary Care - continued to experience operational challenges in terms of patient access with further GPs successfully recruited but a similar number taking retirement. Further administrative resources had been recruited and were currently being trained. System 1 was to go-live in October.

Finance – the position was on plan at month 5 but it was explained that the Cost Improvement Programme savings plan profile significantly increased in the second half of the year.

It was noted that the Chief Executives note to Board Members in August SM

giving a performance update had been helpful and requested that a similar note be sent in December.

It was suggested that the figures might indicate on-going increasing pressures on cancer services including breast / urology services and that further work might be needed to look at the position over the next 5 years. It was suggested that this topic might be appropriate for a 'deep dive' study by the Board.

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The Board:

- **Received and noted the integrated performance report.**
- **Notes the sustained increase in cancers referrals which is placing pressure on compliance with all cancer treatment standards**
- **Notes the positive progress made in agreeing a date for implementation of the optimal 62d Urology pathway with Sheffield Teaching Hospitals from 7 January 2019 and improvement action being taken on the front end diagnostic phase of the pathway to support compliance with the day 38 IPT target from January 2019**
- **Agree that a 'deep dive' be planned in terms of cancer treatment.**

BD162/18

Information Flow and Assurance Committees Terms of Reference (Enclosure O)

The Board received an update on progress in relation to action point BD110/18. Work had been undertaken to review assurance committee terms of reference, the Trust's assurance strategy, the Assurance Committee agenda template, and the flow of meetings with a timetable suggested for 2019.

It was noted that subsequent to the publication of the report it had been agreed that Dr Wight would not sit on the Audit and Risk Committee but that the Board were confident that direct links through to the Audit and Risk Committee would occur via the Board Assurance Framework and specific updates where necessary.

The Board:

- **Approve the terms of reference for the**
 - **Audit and Risk Committee**
 - **Quality Assurance Committee**
 - **Finance and Performance Committee**
 - **People Committee**
- **Agree the Board sub-committee membership outlined in the report with the amendment that Dr Wight not sit on the Audit and Risk Committee.**
- **Agree the suggested information flow, 2019 meeting schedule and assurance committee agenda template.**

BD163/18

Board Assurance Framework and Assurance Reports (enclosure P & Q1-Q3)

The Board received the board assurance framework (BAF). Board members

were content with the report and the progress on risks 2.1 and 2.2 which were reserved to the Board.

Finance and Performance Committee – 21/08/18

It was noted that the Derbyshire System Update would be presented to the Board in October and quarterly updates.

People Committee 19/09/18

The work around the 'team around the patient' was highlighted together with work to support newly recruited nurses and reduce vacancies.

Quality Assurance Committee - 24/09/18

The work on-going to improve recording in relation to duty of candour was referred to. Mr Urpeth stated that as the IPR was consistently not available at the Committee he felt that it was most properly reviewed by the Board. It was noted that the IPR was primarily for the Board but suggested that detailed assurance committee review was needed and proposed that with minor amendment to the 2019 meeting schedule this assurance could be provided by the Finance and Performance Assurance Committee.

SM

The Board:

- ***Noted the Board Assurance Framework and the progress on the risks reserved to the Board***
- ***Noted the change to Finance and Performance meeting dates in 2019 to facilitate consideration of the IPR.***

BD164/18 Board Annual Cycle of Business (Enclosure N)

The Board

Noted the annual cycle of Business.

BD 165/18 Any Other Business

No other items of business were identified.

BD166/18 Items for Information: (Enclosures S1- 7)

The Board:

- ***Noted the following items for information:***
 - Chairs and NEDs engagements
 - High Level Risk Report
 - Audit and Risk Committee (12/09/18)
 - Council of Governors (07/06/18)
 - People Committee (18/07/18)
 - Quality Assurance Committee (23/07/18)
 - Patient and Public Involvement Committee (15/08/18)

BD167/18 **Next Meeting**

The Board:

Noted that the next meeting would take place on Wednesday 31 October 2018 at 11.00am in the Board Room at Chesterfield Royal Hospital

BD168/18 **Review of the meeting**

In the Context of Leading the Chesterfield Way

In reviewing the public and private meetings the Chair invited comments from observers and Board members.

What went well?

Feedback included that:

- the meeting experience had been positive
- there had been an increased strategic focus
- there was less a formal approach than many encouraging open discussion
- executive summaries were proving useful

What could have been more effective?

Feedback included that

- the agenda may be too large
- there had been limited time to consider the patient story in the meeting.

The Chair declared the meeting closed at 2.04pm