

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 28 February 2018 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Dr H Phillips, Chair
Mr S Morrith, Chief Executive
Mrs B O'Hagan for Director of Nursing and Patient Care
Mr T Campbell, Chief Operating Officer
Dr G Collins, Medical Director
Miss J Smith for the Director of Workforce and Organisational Development
Mr L Outhwaite, Director of Finance & Contracting
Mrs L Challis, Non-Executive Director, Senior Independent Director (by telephone)
Mr P Severs, Non-Executive Director, Audit and Risk Committee Chair (by telephone)
Mrs A McKinna, Non-Executive Director, Finance and Performance Committee Chair (by telephone)
Dr J Wight, Non-Executive Director, People Committee Chair
Dr D Pickworth, Non-Executive Director
Ms B Webster, Non-Executive Director (by telephone)
- Observer:** Mr K Ravi, Clinical Director, Integrated Surgery
Ms F Gannon, NHS Graduate
- In attendance:** Mrs G Maiden, Acting Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
- Apologies:** Ms L Andrews, Director of Nursing and Patient Care
Mrs Z Lintin, Director of Workforce and Organisational Development
Mr D Urpeth, Non-Executive Director, Quality Assurance Committee Chair

BD21/18

Chair's welcome and note of apologies (Verbal)

Dr Phillips welcomed the Members and attendees and introductions were made in support of the national #HelloMyNameIs campaign.

Due to the bad weather and travel difficulties some Members had exceptionally joined the meeting by telephone.

BD22/18

Declaration of interests

There were no declarations of interest.

The Board:

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

BD23/18

A patient story

Due to the bad weather and travel difficulties this item was not possible and was deferred to the March meeting.

ACTION

BD24/18 **Minutes of previous meeting (Enclosure A)**

Dr Wight felt that the Board's appreciation to Mr Everitt who had attended for the staff story has been under stated however Dr Phillips assured him that she had written to him personally with their thanks. Additionally Mr Campbell had met with him following the meeting.

The Board approved the minutes of the Board meeting held on 31 January 2018.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 31 January 2018.***

BD25/18 **Action log and matters arising (Enclosure B)**

The Board noted the Action Log and Matters arising and the update against each item.

Mrs Maiden updated as follows:

BD186/17: Assurance Chair's meeting. A discussion note had now been circulated by Mr Severs in advance of the meeting on 28 March;

BD05/18: Trust staff with applied settled status impacted by Brexit. This was being progressed. Members offered support if needed.

BD07/18: Guardian of safe working. Mrs Maiden would speak to Dr Phillips outside of the meeting about the Junior Doctor attending for the April report also being the staff story item.

The Board:

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

BD26/18 **Chief Executive's briefing (Enclosure C)**

The Board received the Chief Executive's Briefing and the following points were briefly highlighted and commented on:

- The appraisal season had been approved at the January Board meeting and information for staff had now been produced in readiness.
- Emergency Department development. Building work had been picking up pace and the next phase which included the 'front door' element was due to start.
- Proposals for a negotiated tender process for medical device management and Decontamination Services environmental impact assessment. The intention was not to re-visit previous issues but to move forward from the current situation ensuring staff engaged fully in the proposals and any plans going forward.

The Board:

- ***Received and noted the Chief Executive's briefing.***

Quarterly quality report (Enclosure D)

The Board received the quarterly quality report which gave an overview of progress against the key domains of quality. Mrs O'Hagan presented this item on behalf of Ms Andrews the Director of Nursing and Patient Care and highlighted the:

- Patient experience section: friends and family test results were encouraging with the percentage of patients who would recommend the Trust remaining above the local target. The Emergency Department continued to score below the national average and the local target. The sentiment analysis did not yield any reason for deterioration. With efficiency and staff behaviour remaining both the key opportunities for improvement and the top positive themes across Q2 and Q3;
- End of life care section: recently bereaved survey results are positive, with nine of the eleven questions indicating improvement since the previous survey undertaken between January and June 2017.
- Patient safety section: the incident reporting system, Datix, had been reviewed and a number of proposed changes identified to simplify the reporting process and improve the feedback to staff.
- Clinical effectiveness section: the Trust had strengthened processes in this complex area ensuring that National Institute for Health and Clinical Excellence (NICE) guidance was responded to effectively with Divisions now being asked to consider risk assessments on compliance.

There was a wide ranging discussion which covered duty of candour, patient experiences and the visibility of patient experience feedback. Members noted the focused effort made in resolving issues when negative feedback was received. One of the measures put in place to support the palliative care team included a submission to Macmillan to support the development and implementation of a 'Supportive Care' team. There was also a discussion around the rotation of staff into the hospice to build confidence and experience in end of life care. The End of Life (EOL) Strategy Group, as part of the improvement plan would review the use of a EOL symbol on the wards to improve communication with all staff.

It was agreed that the Quarterly Quality Report in May would focus on patient experience, covering the strategic direction to cover 'what has gone well' and 'next steps'. This would include, progressing the work around ensuring greater patient experience visibility across the Trust, with some targets around what improvements would be seen by when (this updates action BD06/18).

The Board:

- ***Received and noted the quarterly quality report.***

Mortality Q3 dashboard (Enclosure E)

The Board received the mortality dashboard for Q3 which sets out the number of deaths which had occurred in the Trust over this period, the percentage screened for care delivery concerns and the proportion of all deaths which had been subject to more in-depth investigations. The paper described the learning themes identified from the investigations

A particular theme was the importance of ensuring that 'end of life' patients were identified early on in their pathway of care so that there could be effective communication with the patient and their carers.

The board noted that the learning outcome of the investigation in the case where the care provided had contributed the patient's death would be discussed in a future report.

The Board:

- ***Received and noted the mortality Q3 dashboard.***

BD29/18

Board strategy and business plan 2017-18 Q3 progress report (Enclosure F)

The Chief Executive presented the board strategy and business plan 2017-18 Q3 progress report highlighting that the majority of objectives were on track. Updates against the exceptions and the action being taken had been drawn out on the front page of the paper.

The Board:

Received and noted the board strategy and business plan 2017-18 Q3 progress report.

BD30/18

Integrated Performance Report (Enclosure G and G1)

The Board received the Integrated Performance Report (IPR).

One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance (Enclosure G1). Mr Campbell was very pleased to confirm that compliance across all the cancer pathway standards had been achieved. The Board expressed their thanks and gave credit to Mr Campbell and all staff involved.

Members also discussed the winter plan and received an update on the impact of that day's severe snow fall. The exceptional management through the urgent pathway had been above and beyond all expectations. When asked what support the Board could give to Mr Campbell, the Chief Operating Officer asked the Board to have faith and confidence in the daily operational decisions that were being made in exceptional circumstances.

The Director of Finance and Contracting was pleased to report that the Trust had remained on plan at Month 10. Members acknowledged the work being undertaken across the executive to achieve financial balance. Mr Outhwaite stressed that considerable risk remained between now and the year end for the Trust to achieve its financial plan and all opportunities were being explored.

The Board:

- ***Received and noted the integrated performance report***

BD31/18

Financial Plan 2018 progress update (paper handed out at meeting)

The Board received the financial plan 2018 progress update.

The Director of Finance and Contracting highlighted the clarity on the planning timelines and regulatory financial framework now available including a revised control total offer and a sustainability and transformation funding opportunity which were described in the paper along with an update on the key planning assumptions for the 18-19 financial plan.

Members discussed the Derbyshire Health economy, which remained a significant challenge, in order to gain an understanding of the potential impact on the Trust of the deficit faced by the commissioners. Mr Outhwaite was fully engaged in the Derbyshire systems planning.

The final plan would come to the Board for approval in April having been considered in more detail at the March Finance and Performance Committee.

The Board:

- ***Received and noted the financial plan 2018-19 progress update***

BD32/18

Staff survey and flexible working update (Enclosure H)

The Board received the staff survey and flexible working update. Miss Smith presented this item on behalf of the Director of Workforce and Organisational Development highlighting:

- The staff survey results and findings were embargoed until the 6 March 2018 but plans were already in place to engage with staff. The Trust-wide action plan covered three themes of: Leading the Chesterfield Way; Listening into Action; and, Engagement;
- The establishment of the Flexible Working Group which reports into the Workforce Delivery Group and the People Committee. The group has identified and become involved with a range of activities aimed at increasing opportunities for staff to work flexibly, develop the associated flexible organisation culture and to promote and celebrate good practice. It has also identified clear measures of success.

In discussion the members highlighted the need to keep on track with the current people priorities. Members also felt that the traction on engagement around flexible working had been slow but were encouraged by activity now taking place.

The Board asked that the People Committee to consider the measures and targets being developed and requested that they include measures and targets covering the percentage of staff working flexibly, retirees working flexibly and nurse returners.

The Board:

- ***Received and noted the staff survey and flexible working update.***

JW

BD33/18 **Board Assurance Framework (Enclosure I)**

The Board received the Board Assurance Framework (BAF) noting that it has been reviewed and refreshed since the January meeting.

Mr Severs had started a conversation amongst the Assurance Committee Chairs to consider how sub committees could improve the consistency of assurance levels between committees.

The Board requested that as the objectives were revised for the coming year that consideration be given to an environmental risk and greater recognition of commissioner affordability. Mrs McKinna would support Mr Outhwaite to develop this.

The Board:

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

BD34/18 **High Level Risk Report (Enclosure J)**

The Board received the High Level Risk (HLR) report noting each of the risks.

The Board:

- ***Received and noted the High Level Risk Report.***

BD35/18 **Quality Assurance Committee annual evaluation action plan (Enclosure K)**

The Board received the Quality Assurance Committee annual evaluation action plan. Dr Pickworth and Mrs Challis highlighted the key themes from the evaluation that had resulted in the actions identified in the paper.

The conversations commenced by Mr Severs with the assurance committee chairs as noted at BD33/18 would further support improvement.

The Board:

- ***Received and noted the Quality Assurance Committee annual evaluation action plan.***

BD36/18 **CRH FT constitution amendment recommendations (Enclosure L)**

The Board received the Trust's constitution for the approval of four changes which had been approved by the Council of Governors (CoG) on 7 February 2018.

Following discussion the Board approved the Constitution amendments as recommended.

The Board agreed that the minimum number of members for the Rest of England and Wales constituency and the trigger for an election for the new constituency should be made by CoG in April. It was noted that the Nominations Committee had also recommended that CoG consider allowing a designated deputy for partner governors for a trial period of one year.

LO

The Board:

Received and approved the Trust's Constitution amendment recommendations to:

- **Establish a 'Rest of England and Wales' constituency.**
- **Establish a staff governor constituency for Trust staff in the community and primary care.**
- **Extend the membership to include representation for joint ventures and wholly owned subsidiaries of the Trust; and for a,**
- **Single CCG Partner representative on the Council of Governors and authorised the Chief Executive to approach the Single Accountable Officer of the CCGs.**

BD37/18 Board Annual Cycle of Business (Enclosure M)

The Board noted the annual cycle of business.

BD38/18 Items for Information: (Enclosures N1- 9)

The Board:

- **Noted the items for information:**
 - Chair and NEDs engagements
 - Audit and Risk Committee minutes – 16 January 2018
 - Quality Assurance Committee minutes – 29 January 2018
 - People Committee minutes – 3 January 2018
 - Council of Governors minutes – 6 December 2017
 - Corporate Citizenship Committee minutes – 24 January 2018
 - Patient and Public Involvement Committee minutes – 6 February 2018
 - STP minutes – 12 January 2018
 - Working Together Partnership Vanguard – Committees in Common Briefing - February

BD39/18 Any Other Business

The Patient and Public Involvement Committee wished to raise a few issues for the attention of the Board (Enclosure O). Following a brief discussion it was agreed that Mr Outhwaite would investigate the Holywell Ward concerns and report back to the PPI Committee.

The Board requested that any items being raised from the Council of Governors sub-committees be included under the Risk and Assurance section of the agenda in future. This was noted by the Secretary.

There was no other further business and the meeting closed at 1.30 pm.

BD40/18 Next Meeting

Wednesday 28 March 2018,
11.00am Board room, Chesterfield Royal Hospital.

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