

<b>BOARD OF DIRECTORS</b>
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**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Wednesday 29 November 2017 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

**Present:** Dr H Phillips, Chair  
 Mrs L Challis, Non-Executive Director, Senior Independent Director  
 Mr P Severs, Non-Executive Director, Audit and Risk Committee Chair  
 Mrs A McKinna, Non-Executive Director, Finance and Performance Committee Chair  
 Dr D Pickworth, Non-Executive Director  
 Ms B Webster, Non-Executive Director  
 Dr J Wight, Non-Executive Director  
 Mr D Urpeth, Non-Executive Director, Quality Assurance Committee chair  
 Mr S Morrith, Chief Executive  
 Mr L Outhwaite, Director of Finance and Contracting  
 Mrs L Andrews, Director of Nursing and Patient Care  
 Dr G Collins, Medical Director  
 Mr Mike Hayward, Deputy Chief Operating Officer  
 Mrs Z Lintin, Director of Workforce and Organisational Development

**Observer:** Mrs R Grice, Public Governor, Chesterfield Borough

**In attendance:** Ms S Rudd, Foundation Trust Secretary  
 Mrs G Maiden, Deputy Corporate Secretary  
 Mrs S Turner-Saint, Head of Communications  
 Mrs A Staley, Senior Matron (for item BD195/17)  
 Mrs J Fellows, Freedom to Speak up Guardian (for item BD202/17)

**Apologies:** Mr T Campbell, Chief Operating Officer

**BD193/17**

**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.

The Partnership Strategy agenda item had been withdrawn and would be considered at the January 2018 Board meeting.

**BD194/17**

**Declaration of Interests (Enclosure A)**

The Register of Interests was up to date and no new declarations were made.

***The Board:***

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

**ACTION**

BD195/17

**A Staff Story (Verbal)**

Andrea Staley, Senior Matron was welcomed to the meeting. The Board heard that in 2016 the Surgical Services had a final Staff Survey response of 23% across the Division. They wanted to significantly improve engagement with the 2017 survey.

One matron innovatively decorated her Staff Survey response box to encourage completion starting conversations amongst the matrons and inspiring a competition with a prize for “the best decorated box”. This was an opportunity to engage with staff, to make them smile and to have a bit of fun at the same time, around the Staff Survey. Matrons across Surgery rose to the challenge and every one of them produced eye catching, innovatively designed boxes which the staff really liked.

At the same time matrons engaged the staff providing protected time to complete the survey and offering the drink vouchers which were well received. The matrons also spoke to all the staff personally reassuring them on confidentiality and the importance of gaining the view of every staff member. The activity generated excitement and fun across all levels.

The latest Surgical Services response rate was 62% which was already more than twice the final response rate from last year.

Members asked about staff expectations beyond the survey. The message was that the staff had had their say and now needed to be listened to. As the Staff Survey results would not be made visible until March 2018, it was asked how other sources of feedback and information was being used to respond to staff and harness the current positive energy. The progressing quick wins and Listening into Action (LiA) activity was highlighted.

The Board commented that the response had been outstanding and were pleased to see the demonstration of lateral thought in leadership that had tapped into something that interested staff. It was also highlighted that individuals needed to be valued every day.

***The Board:***

- ***Thanked Andrea for attending the meeting and sharing the Surgical Staff Survey experience.***

BD196/17

**Minutes of Previous Meeting (Enclosure A)**

The Board approved the minutes of the Board meeting held on 25 October 2017.

***The Board:***

- ***Received and approved the minutes of the Board meeting held in public session on 25 October 2017.***

**BD197/17**      **Action Log and Matters Arising (Enclosure B)**

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

The new Chief Clinical Information Officer was John Cort.

***The Board:***

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

**BD198/17**      **Chief Executive's Briefing (Enclosure C)**

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

BD198/17(i)      Pass it On event

On 28 November over 700 staff attended the Pass it On event held in Relax@TheRoyal where staff from across the hospital's clinical teams came together to showcase their achievements and share what they've done using the principles of Listening into Action (LiA) to improve the quality and safety of patient care, change services and systems, or make the workplace even better for colleagues.

BD 198/17(ii)      Staff Survey

The latest overall response rate was at 61.7% with still a few days to go.

BD 198/17(iii)      Budget

A successful bid for the fuller phase of the Emergency Care Village had been made, however, the Trust was still awaiting formal notification from the Department of Health and NHS Improvement.

BD198/17(iv)      Flu Vaccination Programme

At 22 November 2017 83% of the Trust's frontline staff had been vaccinated. This was 1% above last year's total and the second best vaccination rate in the country.

BD198/17(v)      South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review

The first public briefing had been made available in the papers of the meeting. Other communications were in place for staff although it was acknowledged they were not as yet systematic.

***The Board:***

- ***Received and noted the Chief Executive's briefing;***
- ***Steered on the need for integrated and compatible Hospital Service Review communications.***

**BD199/17**      **Patient Experience Report (Enclosure D)**

The Board received the Emergency Department patient experience report which reviewed Friends and Family Test (FFT) data from quarter 3 (2016/17) to Quarter 2 (2017/18), data from the 2016 National ED Survey, We Want To Be Survey and complaints and concerns.

GC

It also provided details of the mechanisms in place to seek the views of Emergency Department patients, their carers and loved ones.

Overall comments were very positive. However, although the percentage of family and friends who would recommend the Trust had risen since quarter 2 2016/17, the Trust target of 87% had not yet been met and plans for further improvement were set out in the enclosure provided. The impact of the ED refurbishment had not yet been seen in the results.

Members questioned waiting time data for the different stages of the patient journey and on clinical communications and how they were tailored to the individual. They welcomed some of the innovations taking place and being shared such as; the outpatient pledge and the magnetic board for patient waiting times updated every 15 minutes.

The Board were encouraged by the overall results and progress being made and wished to add consistency of clinical communications across the Trust to the Board's forward look. The Trust Secretary would agree an appropriate future date.

SR

***The Board:***

- ***Received and noted the Emergency Department Patient Experience Report;***
- ***Wished to consider the consistency of clinical communications at a future meeting.***

BD200/17

**Quality Report (Enclosure E)**

The Board received the Quality Report. Progress was highlighted in the three key domains defined by the National Quality Board in 2016: patient experience, patient safety and clinical effectiveness.

Significant assurance was highlighted in patient experience with the FFT recommend rates for the overall Trust exceeding the local target and national average. As heard in the previous item ED continues to score below the Trust target but plans to improve the environment were progressing. Concerns had raised a key theme around appointment cancellation which was being addressed through a Listening into Action event which led to three improvement actions being taken forward by staff.

The report highlighted that there was partial assurance for patient safety and clinical effectiveness. Members were concerned about the continuing backlog of overdue incidents however, they were assured any serious incidents in relation to patient safety were picked up and dealt with immediately.

Members also highlighted the need to make a specific connection between this report and the Quality Strategy. It was agreed this could be made more explicit in future Quality reports.

LA

The Board recognised the positive work taking place to improve quality.

***The Board:***

- ***Received and noted the report, recognising the positive work to improve quality across the organisation.***

BD201/17

**Safe- Nurse Staffing Levels in Adult In-patient Wards and Children's and midwifery inpatient services (Enclosure F)**

The Board received the update on the annual nurse staffing establishment review which was presented to the Board in May 2017. The National Quality Board recommended acuity tool, the Safer Nursing Care Tool (SNCT) had been used identifying three wards where acuity was noticeably below establishment for those types of wards: Eastwood, Manvers and Emergency Management Unit (EMU)/Clinical Decisions Unit (CDU).

Members questioned on:

- Care hours per patient day totals – to clarify how this was measured;
- Benchmarking – the differences in comparative wards at other Trusts meant that other methods of measurement to the SNCT were required;
- Recruitment and retention – taking exit feedback to improve intelligence about factors impacting on recruitment and retention.

The Board gave credit to the staff in ensuring patient safety despite the continuing workforce issues. The Board also thanked the Director of Nursing and Patient Care, who they fully supported and acknowledged the risk and judgement required to take decisions to ensure patient safety.

***The Board:***

- ***Received and noted the Safe Staffing Level update fully supporting the Director of Nursing and Patient Care.***

BD202/17

**Care Quality Commission(CQC) Update Report – Acute Services (Enclosure G)**

The Board received the CQC Update Report providing assurance about the progress against the CQC recommendations following their inspections in July 2016 and February 2017.

The training programmes required for the two remaining 'must do' recommendations covering safeguarding and the Mental Capacity Act 2005 were on track. The safeguarding training was expected to be completed by the end of December 2017.

The Trust's Quality Assessment SOP and supporting self-assessment toolkit had been reviewed in line with the new CQC key lines of enquiry (KLOEs) and revisions planned which looking forward would support the Trust's move towards 'outstanding'.

The Board noted the continuing progress, thanking the Director of Nursing and Patient Care and giving her their vote of confidence.

***The Board:***

- ***Received and noted the Care Quality Commission update.***

BD202/17

**Freedom to Speak up Guardian update (Enclosure H)**

The Board welcomed the Freedom to Speak Up Guardian who was introduced by the Chief Executive.

A copy of the National Guardian's Office Annual Report 2017 which highlighted not only the Senior Independent Director's role in this area of work but also that of the Non-executive Directors, was distributed at the meeting.

The exceptional progress made in raising the profile of the Freedom to Speak up Guardian role over the last year was highlighted. Numbers of staff approaching the Guardian had increased and the network of voluntary Freedom to Speak Champions was increasing and helping to spread the word. Individuals had been publicly thanked for raising concerns and it was a positive to see videos of individuals who had shared their personal stories raising awareness.

Feedback had been continually sought throughout the year however the Staff Survey would also measure the impact made already as well as informing future action. Further training to support staff covering attitudes and behaviours was being considered building on the positive Leadership the Chesterfield Way.

Members considered the culture of the Trust and how the Board could further support the Guardian role as role models themselves. LiA had also had a positive impact and the Board agreed this needed to be built into the fabric of how the Trust did things.

***The Board:***

- ***Received the Freedom to Speak up Guardian update, noting the good progress made.***

**BD203/17**

**Learning From Deaths Dashboard (Enclosure I)**

The Board received the quarter 2 Learning From Deaths Dashboard. The quarterly report to the Board was a National Quality Board requirement. The Structured Judgement Review (SJR) was a tool that had been rolled out nationally and the capacity of clinical staff trained in using the tool was continuing to increase. No deaths reviewed in the quarter had been due to a problem in care.

Members questioned about:

- Avoidable deaths – the range was wide and covered known allergy to a drug to a series of opportunities where practice could have been better. The SJR tool helped to identify what the opportunities were;
- Local and whole system analysis – the local analysis would inform future national thematic conversations. A still birth study had just been announced. Appropriate resources should be prioritised for this in advance;
- How deaths for the review were chosen – all deaths were systematically screened and incident reports, where investigations or complaints had occurred, were also reviewed. The Mortality: Responding to and Learning from Deaths policy was published on the Trust's website.

***The Board:***

- ***Received and noted the Learning from Deaths Dashboard.***

BD204/17

**Partnership Strategy (Enclosure J)**

The Board received a proposed Partnership Strategy and criteria for discussion.

The Board requested that the paper be retracted from the Trust's website and that a revised paper be presented to the next Board meeting in January. The paper should address the following:

- It should be described as a framework to inform the Trust's approach to partnership rather than a strategy;
- Paragraph 4 - bullet point 2 to be deleted and worded to bring out the importance of retaining sustainable services;
- Details of the Trusts risk appetite to be added;
- Voluntary sector and Local Authority partners to be included.

***The Board:***

***Received the Partnership Strategy and requested a revised paper be presented to the January Board meeting.***

TC

BD205/17

**Quality Strategy (Enclosure K)**

The Board received the Quality Strategy progress report which gave an overview of work undertaken over the previous 2 years and reviewed the impact of that work. Three areas were highlighted that needed further consideration and these gaps had been incorporated into the Board Assessment Framework:

- The benefit of dedicated resources in achieving progress – time and support needs to be given to those staff identified to lead and participate in delivery activity;
- Difficulty in embedding change and sustaining improvements – clarity needed from the outset;
- The need to broaden the scope to include children's, community and primary care services.

The report had also been considered and assured by the Quality Assurance Committee.

The Board expressed their appreciation for the work that been taken forward and that provided a firm foundation for the future.

***The Board:***

- ***Received and noted the Quality Strategy progress report.***

BD206/17

**Integrated Performance Report (Enclosure L)**

The Board received the Integrated Performance Report (IPR). The Chief Executive Officer highlighted that the Trust were now one of England's top performers with regards to the Emergency Department (ED).

The two exception papers were introduced and Members discussed:

- Accident and Emergency (A&E) – significant progress had been made and the Trust's performance was now ahead of the trajectory. NHS Improvement was no longer monitoring weekly and the CCG had removed the contract performance notice. The Finance and Performance Committee had received this report and were assured;
- Cancer – although remaining non-compliant performance was improving. The 2 week target would be compliant for November. The 31 and 62 day targets were expected to be compliant in December. The Urology pathway represented the key compliance risk preventing the sustainable delivery of the 62 day pathway. Discussions were on going with Sheffield Teaching Hospitals regarding the transfer of part of the Urology pathway to resolve this.

Members also discussed:

- Complaints – good improvement;
- Appraisals – Internal Audit recommendations work progressing;
- Staff restroom facilities – refurbishment of Relax@theroyal and other staffrooms. The importance of considering opinions night staff as well as day staff was raised;
- Financial - At month 7 the financial position was £607k off plan. The Director of Finance and Contracting would provide another update on the position before Christmas. The second half of the year was always going to be challenging. One of the issues for 2017-18 was how budgets had been set. Early work would be done on the baseline setting for 2018-19.

The Board noted the good position of the Trust and agreed that an A&E exception report was no longer necessary and it could be monitored via the IPR.

***The Board:***

- ***Received and noted the integrated performance report***
- ***Agreed that A&E could now be reported through the integrated performance report.***

**BD207/17**

**Royal Primary Care (Enclosure M)**

The Board received an update regarding Royal Primary Care's performance and progress. Significant progress had been made on recruitment.

Actions had been agreed previously to produce a forward plan for RPC and a conversation on this would be held well before the next Board meeting.

The members highlighted the need for the plan to be costed and timed outlining clear accountabilities. The plan would need to be discussed at Board in January and then taken to the Council of Governors in February. This would be added to the respective work programmes.

**SR/GM**

***The Board:***

- ***Received and noted the progress report;***
- ***Agreed to consider the plan at the January meeting.***

**BD208/17**      **Staff Survey Update (Enclosure N)**

The Board received an update on the Staff Survey. The response rate was 62% with still a few days to go which, was a significant improvement on the final response rate in 2016.

The members congratulated the Trust on the excellent response rate.

***The Board:***

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

**BD 209/17**      **EASYpath (Enclosure O)**

The Board received a presentation on the EASYpath histology network proposal.

The case for change was outlined particularly focusing on the national shortage of consultants, the need to transition to digital and highlighting the benefits of linking up with Sheffield Teaching Hospitals NHS Foundation Trust. Cancer pathways of CRHFT patients meant that partnering with Sheffield was the preferred option and offered an integrated histology network on an equal partnership basis as opposed to the NHS Improvement (NHSi) push for Midlands and East 2.

The financial implications and consultation progress to date was also explained.

The members questioned about:

- Digitalisation – the risk of the implementation cost;
- Savings and the confidence in the financial figures following previous ophthalmology experience. All tariffs would go into a single 'pot' with joint and several liability.

Further representations would be made to NHS Improvement during December

The Board agreed the proposal on the basis that the implementation would not have a negative impact on tariff structures, which was confirmed in the meeting.

***The Board:***

- ***Received the EASYpath proposal;***
- ***Accepted the proposal on the basis that the implementation would not have a negative impact on tariff structures.***

**BD210/17**      **Board Assurance Framework (Enclosure P)**

The Board received the Board Assurance Framework (BAF) noting that it has been reviewed and refreshed since the October meeting. The Trust Secretary highlighted two risks:

- 1.3 – Poor patient experience, poor patient outcomes for patients, reputational damage and negative staff moral – an increased risk rating since the October meeting. Being monitored through the Quality Assurance Committee;
- 2.3 – Risk that Royal Primary Care is not able to offer the appropriate range of services to patients in a sustainable way – a new risk for the BAF which had been discussed in detail by the Health Leadership Team.

Members thanked the Trust Secretary for all the work that had gone into developing the BAF content.

***The Board:***

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

**BD211/17**

**High Level Risk Report (Enclosure Q)**

The Board received the High Level Risk (HLR) report noting each of the risks. The Chief Executive explained that he was content that the appropriate work was progressing across the Trust's risk profile. The ratings of three risks had reduced. No new risks had been raised and no ratings had increased.

***The Board:***

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

**BD212/17**

**Assurance Reports (Enclosures R1 - 3)**

The Board received updates and assurance from the following Committees:

**Finance and Performance Committee** (15 November) (Enclosure R1)

The Chair of the Finance and Performance Committee (F&PC) highlighted that the Committee had not been assured in two areas:

- Financial Performance Report - the content of the financial performance report and the prospective CIP achievement. Grip and control was discussed. An update on the CIP work streams had been requested together with detail of the national context;
- Meridian Update - by the detailed update provided. The programme had been extended and challenges remained with embedding utilisation of data at divisional level. Continuing assurances had been requested.

**Quality Assurance Committee** (27 November) (Enclosure R2)

The Chair of the Quality Assurance Committee highlighted that the Committee would be considering Royal Primary Care in more detail in January and raised a concern over the inconsistency in risk rating across different assurance areas. It was agreed that a session on assurance consistency would be useful. (*Action BD186/17 from 25 October 2017 - PS*)

People Committee (8 November) ( Enclosure R3)

The Chair of the People Committee highlighted that the assurance reports were also inconsistent as the People Committee's had aligned its assurances against the BAF.

***The Board:***

- ***Received the assurance reports.***

**BD213/17**      **Board Annual Cycle of Business (Enclosure S)**

The Board noted the annual cycle of Business.

**BD214/17**      **Items for Information: (Enclosures T1- T6)**

***The Board:***

- ***Noted the items for information:***
  - Chair's and NED's engagements (Enclosure T1);
  - Quality Assurance Committee minutes – 25 September 2017 (Enclosure T2);
  - Audit Committee minutes – 17 October 2017 (Apologies received. To be presented at the next meeting );
  - Charitable Funds Corporate Trustee minutes – 25 October 2017 (Enclosure T4);
  - Patient and Public Involvement Committee minutes – 4 October 2017 (Enclosure T5);
  - South Yorkshire and Bassetlaw Sustainability and Transformation Partnership: Collaborative Partnership Board minutes – 13 October 2017 (Enclosure T6).

**BD215/17**      **Any Other Business**

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

**BD216/17**      **Next Meeting**

Wednesday 31 January 2018,  
11.00am Board room, Chesterfield Royal Hospital.