

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 31 January 2018 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Dr H Phillips, Chair
Mr S Morrill, Chief Executive
Mrs L Andrews, Director of Nursing and Patient Care
Mr T Campbell, Chief Operating Officer
Dr G Collins, Medical Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mr L Outhwaite, Director of Finance and Contracting
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 J Wight, Non-Executive Director, People Committee Chair
Dr D Pickworth, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr P Scriven, Royal Primary Care, Interim Divisional Director (Item
Ms J Lacey, Royal Primary Care, Interim General Manager (Item
Mr N Everitt, Consultant
- Observer:** Dr J Cort, LiA Lead/Chief Clinical Information Officer(CCIO) and Consultant Anaesthetist
Ms F Gannon, NHS graduate trainee
Mr M Morris, Orthopaedic Consultant
- In attendance:** Mrs G Maiden, Deputy Corporate Secretary
Mrs S Turner-Saint, Head of Communications
- Apologies:** Mr D Urpeth, Non-Executive Director, Quality Assurance Committee Chair

BD01/18

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.

Dr Phillips formally thanked Susan Rudd for her contribution, notably with regards to the development of the Board Assurance Framework and wished her well in her new role at Barnsley Hospital NHS Foundation Trust.

BD02/18

Declaration of Interests (Enclosure A)

Mr Campbell declared his new non-executive role with the East Midlands Leadership Academy.

There were no other declarations of interest.

The Board:

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

ACTION

BD03/18 **Minutes of Previous Meeting (Enclosure A)**

The Board approved the minutes of the Board meeting held on 29 November 2017.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 29 November 2017.***

BD04/18 **Action Log and Matters Arising (Enclosure B)**

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

Action BD159/17: Sustainable Development Management Plan (SDMP)

The proposal to close the action was agreed. The SDMP would be tracked by Environmental Strategy Group with an annual SDMP Update to Board, starting in September 2018.

The Board:

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

BD05/18 **Chief Executive's Briefing (Enclosure C)**

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

BD05/18(i) **Winter**

The Trust had already instigated the recommendations made by the National Emergency Pressures Panel at its January meeting with all staff working incredibly hard to maintain patient flow. Routine surgery had been deferred until January 26 (with the exception of routine orthopaedic surgery, urgent and cancer surgery).

BD 05/18(ii) **Listening into Action (LiA)**

A second year of LiA had been agreed and would focus on areas highlighted in the staff survey. Dr Cort would continue to take the lead in this area.

BD 05/18(iii) **Flu Vaccination Programme**

86% of the Trust's frontline staff had been vaccinated. This was the highest the Trust had ever had and the second best vaccination rate in the country.

BD05/18(iv) **Appointments**

Dr P Scriven had been appointed as the Interim Divisional Director for Royal Primary Care and a member of the Hospital Leadership Team.

BD05/18(v) **South Yorkshire and Bassetlaw Accountable Care System: Hospital Services Review**

The Trust had joined forces with Sheffield Teaching Hospitals, Sheffield Children's Hospital and Doncaster & Bassetlaw to begin a combined procurement exercise seeking to offer a new approach to non-medical bank provision.

Referring to the letter from the Home Secretary, highlighted in the Chief

Executive's report, explaining that EU citizens living lawfully in the UK before the UK's exit from the EU would be able to stay, Members requested the numbers of Trust staff with applied settled status that might be impacted.

ZL

Members asked about the progress of the Emergency Department (ED) building which was confirmed as 'on plan'. Work flow had not been impacted by the building work; with the ED team and Clinical teams meeting on a weekly basis to manage any potential issues.

The Board:

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

BD06/18

Patient Experience Report (Enclosure D)

The Board received the Paediatric Services patient experience report which gave an overview of results from the National Children and Young People's Survey 2016, alongside Friends and Family Test data, concerns and complaints from paediatric services in quarter 3 (2016/17).

The response rate had been very good and comments were very positive about the care received. Communications was highlighted as an area that would benefit from improvement action. Similar results were being shown in adult patient experience. Improvement actions to address the amount and standard of written and verbal information had been planned for and included information given to patients about surgical procedures, ward facilities and discharge.

The Board were encouraged by the overall results and progress being made and requested that the Trust continues to use a 'customer lens' and consider practices used elsewhere particularly regarding the visibility of feedback.

LA

The Board:

- ***Received and noted the Paediatric Services Patient Experience Report.***

BD07/18

Guardian of Safe Working Report (Enclosure E)

The Board received the Guardian of Safe Working Q3 update Report. Pauline Fraser would present the Annual report at the April meeting. The Medical Director highlighted the positive development regarding Junior Doctor engagement across the Trust noting that Chesterfield compared well to other Trusts on the safe working agenda.

There had been good attendance at the Junior Doctor's Forum with concerns openly raised and acted upon. Some of the challenges caused by the transient nature of junior doctors was emphasised particularly in terms of training and development. However, work was progressing in terms of sustainable solutions to the issues raised with a focus on strengthening induction and providing more support at the beginning of a rotation. Members suggested that LiA would be a good vehicle for progressing many of the issues raised. Dr Collins agreed to discuss with Dr Cort.

GC

Members highlighted the importance of being clear about what 'safe' looks and feels like, so that a junior doctor would know when they needed to

escalate an issue. The Medical Director agreed to give some thought to how this could be best progressed.

GC

The board requested for Members requested that longitudinal data be presented to the April Board meeting and that Pauline Fraser brought Iain Dods (Director of Medical Education) and a junior doctor to report on feeding back actions to juniors.

PF

Members also discussed staff rewards and requested that charitable funds be considered as a future source of funds for addressing this.

GC

The Board:

- ***Received and noted the report, recognising the positive work to support the junior doctors.***

BD08/18 Partnership Framework (Enclosure F)

The Chief Operating Officer presented the Partnership Framework which had incorporated the feedback given at the November Board meeting.

Members discussed the Trust's appetite for risk and considered if it reflected Trust behaviours. It was agreed to consider this as part of the Board development programme.

ZL

The Board requested that the wording associated with the Trust's independence be removed. Mr Morrill stated the clear objective was around maintaining safe and sustainable services for the people of North Derbyshire which had been well reflected in the rest of the document.

TC

The Board:

Received and approved the Partnership Framework highlighting that it provided the principles to explore new models of working.

BD09/18 Integrated Performance Report (Enclosure G)

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

One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance. Positive progress had been made in recovering compliance with the 2WW and 31D standards. The 62 day standard remained the only element of non-compliance, with the urology pathway representing the key compliance risk. A urology pathway agreement with Sheffield Teaching Hospitals was now in place to begin on 1 February and compliance was anticipated by March 2018.

Mrs Challis explained that the Quality Assurance Committee had received an overview of the additional governance arrangements put in place in relation to 62 day cancer breaches at its January meeting, the day before, and were now more assured in this area. Sight of the cancer pathway flow chart had been requested. The Board requested additional information about the trigger points for escalation within the cancer policy.

TC

Members also discussed:

- Sepsis performance against the standard to give anti-biotics within an hour – Dr Collins acknowledged that the impact of winter pressures and training for junior doctors had impacted on performance. The Quality Assurance Committee were monitoring the situation closely and the Board requested an update on the Trust's approach to the management of Sepsis before the next CoG meeting;
- The focus of the cohort of the second year's Listening into Action projects;
- Financial year to date position – control totals had been met for Q3 however the risks associated with achieving Q4 were significant.

GC

The IPR is reviewed annually in February and the Board requested it should be part of a wider review to address the appropriateness and timeliness of information for the Board and its sub-committees.

TC

The Board:

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

BD10/18

Royal Primary Care (Enclosure H)

The Chief Operating Officer introduced Dr Scriven and Mrs Lacey from Royal Primary Care (RPC). Dr Scriven gave a comprehensive presentation including an overview of RPC, its leadership model and structure and an update on the challenges faced and progress against the recovery plan.

In discussion the Board considered:

- RPC governance and how it aligned with that of the Trust in practice; It was agreed to invite Dr Scriven to observe each of the assurance committees;
- The Board discussed on-going access issues and wished to know how this was impacting wider services and requested comparative data over time on attendance at Accident & Emergency and calls to 111 from RPC patients against other practices in the area.

GM

TC

The Board thanked Dr Scriven for an excellent presentation and it was acknowledged that a lot of work had been done and progress made. It was noted that the scope for closer working between primary and secondary care had enormous potential and arrangements were in hand to meet with the Royal Wolverhampton NHS Foundation Trust who had nine GP Practices as part of its organisation. It would be arranged for Dr Scriven and Mrs Lacey to be invited to join the meeting.

GM

The Board:

- ***Received and noted the Royal Primary Care plan and update.***

BD11/18

Staff - Survey Update and Appraisal Season (Enclosure I)

The Board received an update on the Staff Survey from the Director of Workforce and Organisational Design noting the National Staff Survey results were under embargo. A final report would be available in late February and the embargo lifted on 6th March 2018.

Mrs Linton recommended the introduction an appraisal 'season' in 2018 for non-medical staff at the Trust. This approach had proved to be successful in raising both the quality and the number completed in other Trusts. It was

proposed that the season would run from April to June and be introduced in 2018-19.

The members noted the good practice in some areas of the Trust that had achieved a 100% appraisal completion rate by already using an appraisal 'season'. They discussed appraiser burden, training and the need for appraisal not to be just a once a year activity.

The Board:

- ***Received and noted the staff survey update***
- ***Supported the move towards an appraisal season.***

BD12/18 Board Assurance Framework (Enclosure J)

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

The Chief Executive highlighted one risk which had been recommended for a risk score increase from 9 to 20 – *2.2 Failure to maximise opportunities to implement integrated care models that: a. Reduce inappropriate admissions; and, b. Streamline pathways.* The Medical Director explained that the risk rating increase had been proposed to bring to the Board's attention the Trust not being able to achieve compliance with 4 priority 7-day services standards without further investment. The CCG had made it clear that in the current climate there were no further resources available. Both the CCG and NHS Improvement were sighted on the issue and there were no financial consequences to the Trust. It was agreed that the risk score could be increased to 15.

The Director of Nursing and Patient Care highlighted that discussions had taken place with Dr Pickworth regarding the target risk scores for Risks 1.2 and 1.3. These would be raised to a more realistic target for the next iteration of the BAF.

The Board:

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

BD13/18 High Level Risk Report (Enclosure K)

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

The Board:

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

BD14/18 Audit and Risk Committee Annual Evaluation (Enclosure L)

The Audit and Risk Committee Chair introduced this item. The overall evaluation results had been good however Mr Severs was concerned about Committee's ability to devote sufficient time to the risk agenda.

The Board:

Received and noted the Audit and Risk Committee Annual Evaluation.

Assurance Reports (Enclosures M1 - 4)

The Board received updates and assurance from the following Committees:

Finance and Performance Committee (16 January 2018) (Enclosure M1)

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

- Finance - This was particularly due to *BAF risk 3.1: the continuing financial position across Derbyshire*.
- Capital Schemes update responding to the Internal Audit report '*Management of projects and business cases*' however, the further action required had been planned for.
- The Surgical Division update and detailed recovery plan had not been completed and was deferred to a future meeting.

Audit and Risk Committee (16 January 2018) (Enclosure M2)

The Chair of the Audit and Risk Committee highlighted the need for executives to ensure that any movement of the timing of audit actions be raised with him.

He also brought the Internal Audit's Governance, Risk Management and Culture Survey to the Board's attention. The draft report was awaiting management response. However the report highlighted a need for the Board's risk appetite to be made clearer (see also BD08/18) and this would feed into the Board Development Programme.

Quality Assurance Committee (29 January 2018) (Enclosure M3)

The Chair of the Quality Assurance Committee (QAC) focused on assurance gained and particularly highlighted:

- Delivery of safer maternity services - The Trust's ambition to improve performance and the assurance gained about the current level of compliance and the plans to improve performance against the ten criteria agreed by the national Maternity Champions.
- Breast screening service - The committee had received a summary of the Breast Screening Service Quality Assurance Visit which took place in June 2017 by SQAS (Screening Quality Assurance Service).

The QAC had been partially assured by the National cancer patient experience report which included details of improvements made through the introduction of a welfare and benefits service for patients and families diagnosed with cancer.

The Chair of QAC also raised her concern about the time given on the Board agenda to review the Assurance Reports. This would be considered at the planned Assurance Chair's meeting. It was agreed that the Director of Nursing and Patient care would also be invited to the meeting.

People Committee (3 January 2018) (Enclosure M4)

The Chair of the People Committee was content with assurance gained.

The Board:

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

GM (To add to action BD186/17)

BD16/18

Staff Story

The Chair introduced Mr Nick Everitt, Consultant General Surgeon, who had been working at the Trust since 1999. In addition to his clinical commitments, he had an ongoing involvement in clinical governance and is lead clinician for GI cancers.

Mr Everitt gave a frank, honest and open presentation offering his experience and reflections on engagement and communication with the medical workforce. He particularly highlighted his views on :

- Leadership - Staff needed to have confidence in leaders and to believe they would be there when needed. Leadership by example was important but intentions to change were not always filtering through to the clinical workforce. A creative tension between management and clinicians allowing healthy dialogue and challenge each way was essential. Some staff were still not feeling safe to make candid comments in the staff survey or otherwise;
- Pressure on staff – the pressure medical staff were under was not always appreciated. There was a huge amount of stress in the work place which was not fully understood with some staff potentially being pushed breaking point;
- Ways of working – No account had been taken of the changes to junior staff being less resilient and the consequences of the new contract meant that there were expectations on a particular generation of consultants to pick up the work not covered – this was not a sustainable position. The number of emails was overwhelming if in a clinical role. NHS workforce challenges that rely on the use of a transient workforce and agency staff places an additional burden on permanent staff;
- Effectiveness of time – there was a general feeling that there were too many meetings and as a consequence attendance was poor. There was a need to rationalise the meeting structure and change behaviours.
- Bureaucracy – The bureaucracy of targets has meant that too little time is spent discussing clinical incidents. Risk registers were a means to an end and sufficient time needed to be set aside for discussion and learning from incidents;
- IT – a number of issues still need resolving. Clinicians were wasting a lot of time using systems that were slow or not fit for purpose.

The Board thanked Mr Everitt for his candour and requested that Board members allow Mr Everitt's comments to resonate across all the work they do.

BD17/18

Board Annual Cycle of Business (Enclosure N)

The Board noted the annual cycle of Business.

BD18/18

Items for Information: (Enclosures O1- 12)

The Board:

- ***Noted the items for information:***
 - Chairs and NEDs engagements
 - Quality Assurance Committee minutes – 27 November 2017
 - Audit and Risk Committee minutes – 17 October 2017
 - Charitable Funds Committee minutes – 6 December 2017

- Patient and Public Involvement Committee minutes – 4 October 2017, 13 December 2017
- Council of Governors minutes – 20 September 2017
- Council of Governors evaluation 2017
- People Committee minutes– 8 November 2017
- STP minutes – 10 November 2017, 8 December 2017
- Working Together Partnership Vanguard – Committees in Common Briefing - January

BD19/18 **Any Other Business**

There was no further business and the meeting closed at 1.45 pm.

BD20/18 **Next Meeting**

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