

<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 27 June 2018 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Dr H Phillips, Chair  
Mr S Morrill, Chief Executive  
Ms 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 & Contracting  
Mr M Killick, 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  
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:** Mr S Towers, Communications Advisor  
Ms C Davies, Senior Matron, Nursing Workforce Co-ordinator  
Dr J Reece, Governor  
Mr J Thorpe, Foundation Trust Secretary (designate)
- In attendance:** Mr and Mrs R Clarke, (Item BD108 only)  
Senior Matron A Staley, Senior Matron, Surgical (Item BD108 only)  
Senior Matron L Sanderson, Arthroplasty Nurse Specialist (Item BD108 only)  
Dr P Scriven, Divisional Director, Royal Primary Care (Item BD112/18 only)  
Dr U Anoop, Divisional Director, Integrated Care (Item BD113/18 only)  
Mr A Loveridge, General Manager, Integrated Care (Item BD113/18 only)  
Dr H Spencer, Divisional Director, Medicine and Emergency Care  
Mrs G Maiden, Acting Foundation Trust Secretary  
Mrs S Turner-Saint, Head of Communications
- Apologies:** Mrs L Challis, Non-Executive Director, Senior Independent Director

**ACTION****BD106/18 Chair's welcome and note of apologies (verbal)**

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

Dr Phillips welcomed Mr Mike Killick whose appointment, for three years starting on 18 June 2018 as non-executive Director and Audit and Risk Committee Chair, had been approved by the Council of Governors at its meeting on 7 June 2018. The Council of Governors had also approved the appointment, for two years starting on 24 September 2018 as non-executive director, of Mrs Jayne Stringfellow.

Dr Phillips also welcomed Mr John Thorpe who would be joining the Trust as the new Foundation Trust Secretary in August 2018. Mr Thorpe was observing this meeting.

Mr Towers was observing the meeting with a view to covering Mrs Turner-Saint's role at the next meeting, when she would be covering for Mrs Maiden, Acting Foundation Trust Secretary who would be on leave.

**BD107/18**     **Register and declaration of interests (Enclosure A)**

There were no declarations of interest.

***The Board:***

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

**BD108/18**     **A patient story**

The Director of Nursing and Patient Care introduced this item highlighting the importance for the Board to hear from patients about their experiences, good or bad. The story for the meeting was an example of a quality process being introduced resulting in positive outcomes for the patient.

Senior Matron Staley explained that post-operative delirium is a recognised complication of hip or knee surgery and Senior Matron Sanderson's role help to reduce this complication and reduce the length of stay for these types of patients. Senior Matron Sanderson introduced Mr and Mrs Clarke to tell their story.

Senior Matron Sanderson explained that Mr Clarke had a history of post-traumatic stress disorder as a consequence of his role in the armed forces. He was in need of a hip replacement and had been identified as high-risk for post-operative delirium. Mrs Clarke explained the time spent by Senior Matron Sanderson to explain the whole procedure and to understand her husband's needs. She described the detailed adjustments made for his operation and stay in hospital, which had minimised her husband's stress and taken away her own worry, allowing her to stay with him. Mr and Mrs Clarke expressed their thanks saying what a brilliant experience it had been, how well they had been listened to and stressing the importance of Senior Matron Sanderson's role. Her role involves discussing all patients in advance with respective matrons giving time to understand and put in place any adjustments necessary. Allowing carer's to stay with patients had a wider positive impact in that it also relieved pressures on staff. The role had now been funded through demonstrating the benefits of the role.

Members were very pleased to hear about the positive impact of the approach taken.

***The Board:***

- ***Thanked Robert and Maureen for attending the meeting and sharing their experience.***

**BD109/18**     **Minutes of previous meeting (enclosure A)**

The Board approved the minutes of the Board meeting held on 23 May 2018.

***The Board:***

- ***Received and approved the minutes of the Board meeting held in public session on 23 May 2018.***

**BD110/18**      **Action log and matters arising (enclosure B)**

The Board noted the action log and matters arising and the update against each item.

The Board agreed to merge actions BD56/18 and BD76/18 in relation to information flow, the role of the assurance committee and meeting timings, noting the Chair and Chief Executive would be meeting with the Assurance Chairs to progress during the following week.

***The Board:***

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

**BD111/18**      **Chief Executive's report (enclosures C, C1 & 2)**

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

Listening into Action (LiA) Changes had been made in terms of LiA governance with the Hospital Leadership Team (HLT) becoming the main sponsor group for LiA. Mr Cort had been invited to join HLT.

South Yorkshire Integrated Care System and the Hospital Services Review (HSR) (enclosure C1) The Trust had been given the option to make further comments on the review by 12 July. Dr Collins had discussed with all clinical leaders who were very positive. Some concerns were raised about out of hours transfers and these would be included within the response along with any additional Board comments. An action was taken for all Board members to share comments with the Chief Executive by Friday 29 June 2018.

***The Board:***

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

**BD112/18**      **Royal Primary Care and the Wolverhampton approach (enclosure G: presentation)**

The Chief Operating Officer introduced this item which followed on from a presentation by the Royal Wolverhampton NHS Trust to the joint governor and non-executive meeting. Dr Scriven presented the item comparing approaches taken by Wolverhampton, Northumberland and Chesterfield. He introduced the new branding for Royal Primary Care (RPC) moving away from RPC1 and RPC2 to RPC Chesterfield/Clay cross. The branding had been well received by both patients and staff.

The presentation covered key themes that were common to all three approaches and compared the depth of implementation. Some gaps were identified and these were reflected in the 5 year strategy for RPC and consolidated in the business plans.

**All Board**

Members found the vision and strategy inspiring and encouraged the use of charitable funds to support ideas to advance the use of technology and encourage dialogue with public health.

**The Board:**

- **Received and noted the Royal Primary Care approach and vision.**

**BD113/18**

**Derbyshire Pathology (Enclosure E and presentation)**

The Board received the executive summary of the contractual arrangements relating to Derbyshire Pathology. Introduced by the Chief Operating Officer, Dr Anoop and Mr Loveridge gave a presentation reminding the Board of the background and journey taken to date from the recommendation of the Carter report in 2008.

The Board has had significant involvement to this project at many 'gateways' through its lifecycle and were content with the robust governance and the contract management arrangements in place. The Board thanked Dr Anoop and Mr Loveridge and approved the contract and signatures and seals to the documents as outlined below.

**The Board:**

- **Approved the Derbyshire Pathology contract; and,**
- **Authorised signatures and seals on the following documents:**
  - o **Derbyshire Pathology Joint venture Agreement**
  - o **Pathology Services Agreement**
  - o **Support Services Agreement**
  - o **Equipment Hire Agreement**
  - o **Memorandum of Occupation.**

**BD114/18**

**National inpatient survey results annual report including the patient experience report (enclosures F & G)**

The Board received the national inpatient survey results annual report and the patient experience report.

The results from the national inpatient survey had been positive for the Trust with 4 of the 29 questions showing significant improvement. The Trust was in a good position being within the expected range for patient experience. Improvement plans had been put in place following the preliminary results and these were progressing. Communication and improvements to safe discharge would be directly feeding into the refreshment of the Trust's Quality Strategy. The Director of Nursing and Patient Care explained that the comparisons with other Trusts would follow along to a future meeting; with a benchmarking with similar size and type of Trusts and those which were the best.

Dr Wight commented on the distinction between 'better than expected' as highlighted in the national inpatient survey results and upper quartile in terms of the friends and family test (FFT). The Director of Nursing and Patient Care agreed to pick this up with Dr Wight for consideration in a future report.

LA

LA

The patient experience report focused on the emergency department (ED). The friends and family test (FFT) and We Want To Be scores had declined in quarter 4 (Jan – Mar 2018) however, comments refer to the friendly, helpful, professional, reassuring and compassionate staff.

In discussion members appreciated the degree of significance ED scores had on the overall Trust score and asked how the Board could help. Dr Spencer said that the ED staff were beginning to engage with the improvements needed and were involved in some initiatives through Listening into Action. He agreed to return to a future meeting to update on progress and outline where additional help would be of value.

HS

**The Board:**

- **Received and noted the national inpatient survey results annual report and the patient experience report.**

BD115/18

**Safeguarding children and adults annual report (enclosure H)**

The Board received the safeguarding children and adults annual report about how its statutory duties and functions were discharged across the Trust. The Director of Nursing and Patient Care recommended that the Board be assured by the significant and extensive work that had progressed over the year highlighting particular achievements in induction training and the paediatrics policy change from 'Did not attend' to 'Was not brought' as a result of learning from a recent case review.

**The Board:**

- **Received and noted the annual report, accepting the assurance the report and the Director of Nursing and Patient Care provided.**

BD116/18

**Staff survey and divisional progress in delivery of the action plan (enclosure I)**

The Board received the staff survey report. The Director of Workforce and Organisational Development highlighted the particular effort that had gone into achieving the Listening into Action pulse check response of 43%. The low return rate was indicative of the current mood across the Trust. The results would be fully analysed and a further update would be given in July.

ZL

Following up on an earlier action point the enclosure outlined suggested non-executive director involvement in supporting the executive director's monthly communication cascade. It was agreed that non-executive directors would share their availability to attend the Leadership Assembly on a rota basis to support.

**All non-executive directors**

The Director of Workforce and Organisational Development introduced Dr Spencer who presented on the experiences of the emergency department division in relation to their staff survey action planning. Disappointing results in 2016 featured negative comment relating to managers, appraisal and engagement. This prompted action with full divisional leadership involvement to set-up focus groups and a feedback mechanism and newsletter were introduced.

The 2017 results had shown some improvement however work was still required and action taken through focus groups, ward walks, social media and a 'smart survey' to identify main themes and any quick wins. The three main themes were to:

- Increase visibility of the divisional leadership;
- Promote a culture of flexible working; and,
- Increase support to staff with aggressive behaviour from patients and staff.

Quick wins included team away days, communication skills courses, toolbox talks and IT action progression.

The Board thanked Dr Spencer for his presentation.

A wider discussion about staff engagement across different areas of the organisation followed and the Executive team was asked to consider the teams which may require further support and focus at an Executive level. It was discussed that this judgement could be based on triangulating workforce data on appraisal completion, turnover, sickness and staff engagement scores together with relevant 'soft intelligence'. The Board sought assurance that the key focus areas were understood and it was noted that the 'Exec Sponsor' roles could also support this approach.

**The Board:**

- **Received and noted the staff survey report and the presentation from the Medicine and Emergency Care division**
- **Requested that the Executive team identify the teams which may require further support and focus at an Executive level and agree the appropriate approach.**

Executive  
Directors

BD117/18

**Approach to transformation (enclosure J)**

The Board received the approach to transformation enclosure. The Chief Operating Officer explained that the approach to quality improvement focused on consolidating Listening into Action (LiA) to engage staff and implement change at pace. This would need to be facilitated and Diagram 1 outlined the leadership development action to improve LiA capability. The Chief Executive emphasised the need to know what was going on without over controlling the staff initiatives for improvement.

Highlighting the importance of making the right decision regarding the approach and the overall plan for improvement, the Board agreed to take more time to reflect on the recommendation and would re-consider the item at the September meeting.

TC

**The Board:**

- **Received the approach to transformation enclosure, agreeing to consider it further at the September meeting.**

BD118/18

**Integrated Performance Report (enclosure K and K1)**

The Board received the Integrated Performance Report (IPR) for May 2018.

The Chief Operating Officer highlighted that the 18 week referral to treatment (RTT) had returned to compliance. He commended accident and emergency performance with the percentage of emergency department patients treated in less than 4 hours remaining compliant.

The Medical Director highlighted a slight increase in mortality during the period noting that it remained within the expected range. Dr Collins also highlighted a strengthened incident reporting culture which was contributing to the safety of services.

The Director of Finance and Contracting explained that the year to date (Month 2) planned control total had not been met. This was primarily due to a staff personal injury liability payment of £400k on an incident dating back to 2008. It was expected that this would be mitigated during month 3.

BD118/18(i) One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance (Enclosure K1). March's increase in 2 week wait referrals, previously reported to the Board, had been sustained into April and the impact was now being seen putting pressure on the 62 day standard during May and June.

***The Board:***

- ***Received and noted the integrated performance report***
- ***Expressed thanks to the Accident and Emergency department.***

BD119/18 **Board Assurance Framework (enclosure L)**

The Board received the board assurance framework (BAF). The Chief Executive highlighted discussions by the Hospital Leadership Team (HLT) which had led to the redefinition of BAF risk 5.1 to reflect a clearer focus on the access standards. Other aspects of the wider operational plan were covered through other BAF risks.

Members discussed the possibility of merging the three BAF risks relating to strategic objective 1 (provide high quality, safe and person-centred care) into one wider risk. It was agreed they should remain as three separate risks.

The board agreed to review the BAF less frequently at board meetings. This would be replaced by deep dives into individual BAF risks and with ongoing assurance challenge by the assurance committees. The change would be subject to internal audit confirmation and assurance in terms of well-led. LO

It was agreed that BAF risk 5.3 (Poor service commissioning decision made which leads to poor care due to the inability to influence the Derbyshire STP savings plan requirements due to poor plans, regulatory oversight or engagement) would be the first deep dive at the July meeting. LO

***The Board:***

- ***Noted the Board Assurance Framework***
- ***Agreed in principal to less frequent review at Board, subject to Internal Audit confirmation***
- ***Agreed to hold a deep-dive on BAF risk 5.3 at the July meeting.***

**BD120/18**      **High Level Risk Report (Enclosure M)**

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

The Board also discussed whether it was necessary to receive the HLR at every Board meeting. This could also be considered on a less frequent basis subject to the above action relating to the BAF.

***The Board:***

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

**BD121/18**      **Board Annual Cycle of Business (Enclosure N)**

The Board noted the annual cycle of Business.

**BD122/18**      **Items for Information: (Enclosures O1- 7)**

***The Board:***

- ***Noted the following items for information:***
  - Chairs and NEDs engagements
  - Audit and Risk Committee (15/05/18)
  - Council of Governors (14/04/18)
  - People Committee (16/05/18)
  - Quality Assurance Committee (21/05/18)
  - Education Annual Report
  - Collaborative Partnership Board (13/04/18)

**BD123/18**      **Any Other Business**

There was no other further business.

In the context of 'Leading the Chesterfield Way' the meeting was reviewed considering:

- What went well?
- What could have been more effective?

The meeting closed at 1:45 pm.

**BD124/18**      **Next Meeting**

Wednesday 25 July 2018,  
Venue: Lecture Rooms A&B, Education Centre