

**BOARD OF DIRECTORS**

**Minutes of the meeting of the Trust's Board of Directors held in Public on  
Wednesday 25 October 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 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
- In attendance:** Ms S Rudd, Foundation Trust Secretary  
Mrs G Maiden, Deputy Corporate Secretary  
Mrs S Turner-Saint, Head of Communications  
Mr J Williams, Assistant Director of Finance  
Head of Midwifery (item BD173/17 only)  
Kerry (item BD173/17 only)
- Observers:** Mr D Pipes, Chair of RPC1 PPG  
Ms N Sadler, HR Partner
- Apologies:** Mr L Outhwaite, Director of Finance & Contracting  
Mr D Urpeth, Non-Executive Director

**ACTION**

- BD171/17**      **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.
- BD172/17**      **Declaration of Interests (Enclosure A)**
- The following new declarations were noted and had been added to the Register of Interests:
- Mrs Alison McKinna, NED noted the change in spouse' employment from Derbyshire Community Health Services to Community Health Partnerships (CHP), a company wholly owned by the Department of Health.
  - Dr Helen Philips, Chair, noted that she has been appointed as a Director of The HR Doctors Ltd, replacing her previous Satori Holdings interest

**The Board:**

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

**BD173/17**

**A Patient Story (Verbal)**

The Director of Nursing and Patient Care introduced Kerry who was a patient of the Women's Health Unit and required tests to investigate an ongoing issue. Kerry is also a member of staff and had to make a decision as to whether to have the tests in her workplace or to go elsewhere.

Kerry particularly highlighted:

- That despite her concerns, the lovely and reassuring approach of the Health Care Assistants and other health care professionals, put her at ease. They treated her as a patient and did not make any assumptions about prior knowledge;
- The waiting room. She had particularly been asked to provide feedback and had commented on its size, that it seemed dated and cluttered and was too close to a staff base;
- That the equipment failed during her procedure and how the situation was resolved quickly and she was treated with dignity and respect whilst the equipment was replaced.

Kerry has been able to feed back to the team on the Women's Health Unit about her experience and how the interactions with staff make a difference to patients. It is important to provide positive feedback to staff to support improvements in patient experience.

Issues with the waiting area are acknowledged and staff have tried to make it as pleasant and comfortable as possible. Equipment is routinely checked before each clinic and the equipment failure was unfortunate. However, staff were pleased to hear that the situation had been dealt with appropriately.

Members thanked Kerry for attending the meeting and discussing her experience and asked about the impact on her working relationships since the procedure. Kerry reported that there had been no impact with all staff continuing to be extremely professional.

**The Board:**

- ***Thanked Kerry and the Head of Midwifery for attending the meeting and sharing the ongoing patient journey in the Women's Health Unit.***

**BD174/17**

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

The Board approved the minutes of the Board meeting held on 27 September 2017.

**The Board:**

- ***Received and approved the minutes of the Board meeting held in public session on 27 September 2017.***

**BD175/17      Action Log and Matters Arising (Enclosure C)**

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

***The Board:***

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

**BD176/17      Chief Executive's Briefing (Enclosure D)**

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

**BD176/17(i)      Staff Survey**

As at 19 October 2017 more than 1200 staff (33.3%) had completed and returned their NHS staff survey. This almost matches the 2016 survey return rate and is an encouraging response. There are six weeks left to participate and all leaders are being asked to discuss the survey with their teams and reinforce the importance of 'having their say'. Staff have protected time available to complete their survey.

**BD176/17(ii)      Flu Vaccination Programme**

At 19 October 2017 almost 70% of front-line staff had been vaccinated, which is not far from last year's total and thanks go out to the teams running vaccination sessions. It is an excellent response and the target is to beat last year's response rate of 79%.

***The Board:***

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

**BD177/17      Patient Experience Report (Enclosure E)**

The Board received the patient experience report providing an overview of patient experience in paediatric services, reviewing data from quarter 2 (2016/17) to Quarter 2 (2017/18). The report provides details of the mechanisms in place to seek the views of child and adolescent patients and their parents and carers.

The majority of Friends and Family (FFT) feedback for paediatric inpatient services (Nightingale Ward and the Neonatal Unit) is positive, meeting the Trust target and national averages throughout the year. The exception was Q2 (17/18) where 2 negative comments were received.

Paediatric outpatient and community services response rates, that recommended the service, had remained below the Trust target. Communication concerns remained a constant theme across the Trust and numbers of clinical concerns raised were higher than with adults. The paper described activity to address this; focusing on improving patient experience and how the Trust listens.

A pilot was undertaken in Nightingale Ward during July to September to assess the introduction of a dedicated Paediatric Assessment Unit (PAU). A key part of the pilot was to gather feedback from children, young people and their parents/carers. The majority of feedback was positive with a rate of 88% from adolescents and 95% from children. 100% of parents/carers recommended the PAU and were very supportive of the service and felt involved with their child's care. A business case will now be developed in a bid to establish a permanent PAU.

Non-executive members highlighted a recent visit to the Orthodontic ward where parents had not been allowed to remain with their children during treatment. The Medical Director highlighted the work that has been done across the Trust to ensure parents were allowed to remain with their children and will make enquiries about the particular case.

Members suggested working with other hospitals with good response rates to see if there was anything the Trust could learn. Conversations were already taking place and the Chief Executive confirmed that a visit to the Sheffield Children's Hospital could be arranged.

The Board highlighted the very positive news from the Nightingale Ward and thanked the Director of Nursing & Patient Care for the detailed report and very helpful update.

***The Board:***

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

**BD178/17**

**Nursing and Midwifery Council - Revalidation Report (Enclosure E)**

The Board received the Revalidation Report. In April 2016, the Nursing and Midwifery Council (NMC) introduced revalidation, a new process for nurses and midwives to renew their statutory professional registration. The Trust had supported nurses and midwives to achieve revalidation introducing measures including; an initial training programme; an 'in house' process to monitor the quality and consistency; and communication by developing a web page and a newsletter.

The Director of Nursing and Patient Care outlined the progress made, with 549 out of 550 nurses and midwives successfully achieving revalidation.

Members were encouraged by the report highlighting that earlier anxieties about revalidation had been supported to good outcome.

The Board wished to recognise the good work. They noted the process was now embedded in the organisation which would give confidence not only to the public but also to staff themselves. The Chair confirmed she would write on behalf of the Board to recognise and thank the Nursing and Midwifery community.

**HP**

**The Board:**

- ***Received and noted the report, recognising the positive work to embed revalidation into the organisation.***

**BD179/17**

**Guardian for Safe Working Hours Q3 Report (Enclosure F)**

The Board received the Q3 Guardian for safe working hours report which provides assurance to the Board that doctors in training are safely rostered and that their working hours are compliant with the terms and conditions of the new contract. The Medical Director, on behalf of the Guardian for Safe Working Hours, summarised the Trust's experience to date:

- 140 doctors have now transferred onto the new contract
- Exception reporting - Process in place to monitor hours and escalate any that exceed the new contracted hours. Any issues raised had been satisfactorily addressed. Feedback from Junior Doctors had been positive.
- The report highlights delays in educational supervisors responding to exception reports and these matters have now been resolved. An improvement in responsiveness is expected in the next quarter.

Members queried:

- Exception reporting rate and areas of concern - noting that most exception reports had been weighted to the beginning of the quarter with very few since
- Fines – no fines have yet been levied, however any fines made would stay within the Trust and be directed towards supporting the junior doctor experience and their development;
- National networks – at both regional and national level;
- Junior doctor support and morale - Generally a positive attitude however there was a clear difference between the most junior doctors and those more senior. Morale seemed much improved on last year with more visible support in staff survey conversations;
- Plans to publish report – The Medical Director would arrange to publish key findings.

**GC**

The Board noted that the Guardian of Safe Working Hours is satisfied that highlighted problems are being tackled and will report back to the Board if they are not appropriately resolved.

**The Board:**

- ***Received and were assured by the Guardian of Safe Working Hours report.***

**BD180/17**

**Royal Primary Care Update (Enclosure H)**

The Board received the Royal Primary Care Update Report and members were asked to note the recent focus on recruitment and stabilisation of current services.

A recent recruitment open day has been held and attended by c.50 people. There were a number of appointments made that would be in post imminently. Further interviews are also taking place in the next few days. The paper summarised preparations in advance of a proposed CQC visit in January or February 2018.

Members focused questions on:

- Communications and the need for a Communications plan – work is in progress and additional resource has been allocated to support;
- Council of Governors communications – regular updates are to be provided with the first briefing issued this week. It would include details of organisational structure;

TC

The Board noted the hard work that was taking place and emphasised that there was still work to do. The Board stressed the need to focus on initiatives to improve the patient and staff experience take priority. They reiterated its support for actions and any additional resources required.

**The Board:**

- **Received and noted the Royal Primary Care update and;**
- **Reiterated the importance of supporting recruitment and resource allocation**

BD181/17

**Board Strategic Plan 2016-19 and Annual Business Plan 2017-18 (Enclosure I)**

The Board received the Board Strategic Plan 2016-19 and Annual Business Plan 2017-18. Following the agreement of the Strategic Plan's revised critical success factors in July, the annual and quarterly objectives had now been developed and the Annual Business Plan updated. The majority of objectives were on track for delivery and exceptions had been highlighted in the enclosure. The Board was asked to note the good progress made and to agree the plan.

Members highlighted the omission of Royal Primary Care particularly against objectives 1 and 2 and noted this had also been highlighted by Governors.

TC

Members also considered whether the objectives were still the right ones going forward and activity around the Trust being 'well-led' and challenged if enough was being done for the Trust to reach a rating of 'outstanding'.

It was agreed the Board would have a focused workshop on what 'outstanding' would look like and work together to understand and identify any gaps.

LA

**The Board:**

- **Received the Strategic and business plans noting the good progress made**
- **Agreed to hold a Board workshop to consider future strategy.**

**BD182/17**      **A & E Performance Update (Enclosure J1)**

The Board received an update on accident and emergency performance. The Chief Operating Officer was pleased to report that the Trust had achieved compliance against the national A&E 4 hour performance standard in August and September. The October performance to date was also on plan. With robust processes and close working with partners this positive performance should continue.

Members commended teams on the extent of their efforts and wished to thank all those involved including partners. The Chief Operating Officer undertook to convey the Board's congratulations.

***The Board:***

- ***Received the A&E performance update noting the positive results***

**BD183/17**      **Cancer Performance Update (Enclosure J2)**

The Board received an update on the Trust's performance against the Cancer standards. The 2 week waiting standard has been achieved and reflects the positive recovery activity, particularly in the Breast unit, since February 2017. The effect on the 31 and 62 day standards is still moving through and it is anticipated compliance will be achieved in December 2017. Progress towards achievement of standards in endoscopy and dermatology had also improved.

The Chief Executive also noted the Trust's good performance against the 18 week standard relative to other NHS Trusts.

***The Board:***

- ***Received and noted the cancer performance update.***

**BD184/17**      **Staff Survey (Enclosure K)**

The Board received the staff survey update and heard that, as of that morning, the return rate of staff surveys was at 39.7%. The positive actions being taken include:

- Leading the Chesterfield Way – joint Board and Governor session held. In addition work has been undertaken to develop a dashboard to triangulate data on key people metrics at a department/ward level to build a picture of each care unit. The dashboard will provide information to improve oversight and support where needed.
- Listening into Action – a number of engagement events were held in September, with attendance by a diverse range of staff groups and departments. Work on 'quick wins' continues and include a patient apology pack for patients experiencing a cancelled elective operation, changes to procurement processes and streamlining of the vacancy authorisation process.
- Engagement – the first 'Applause' event has been held and has been well received.

Members discussed how the Leading the Chesterfield Way activity would feed into their own development and the Board's effectiveness.

The Board were pleased with the improved return rate for the staff survey and encouraged actions to continue the momentum.

***The Board:***

- ***Received and noted the staff survey update***
- ***Encouraged actions to continue the momentum.***

**BD185/17**      **EPRR Core Standards Assessment (Enclosure L)**

The Board received the Emergency Preparedness, Resilience and Response (EPRR) core standards assessment. The Chief Operating Officer explained that the Trust had been robust in its self-assessment and, on sharing the assessment with the Commissioners; the score had been revised to place the Trust in a better position.

Members discussed the need to nominate a Non-executive lead to be involved in the overall governance arrangements of this work. Mrs McKinna was nominated and accepted the role.

***The Board:***

- ***Received and noted the assessment***
- ***Nominated Mrs McKinna as the EPRR lead non-executive.***

**BD186/17**      **Board Assurance Framework (Enclosure M)**

The Board received the Board Assurance Framework (BAF) noting that it has been reviewed and refreshed since the September meeting. It was noted that the BAF risk in connection with Royal Primary Care was currently being scoped and also highlighted two risks for discussion:

- 1.1 – An inability to meet regulatory core quality and safety standards impacting on patients care and regulatory CQC compliance
- 1.2 – Failure to ensure the Trust learns from incidents and patient experience impacting on quality of patient care.

Members agreed that the new summary table was a welcome addition. It was noted that Objective 6 requires further work. The Audit and Risk Committee Chair noted that each of the Board's committees now needed to be continually scanning across the risks identified in the BAF to ensure gaps were being addressed. He would discuss this with each of the Committee Chairs.

PS

***The Board:***

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

**BD187/17**      **High Level Risk Report (Enclosure N)**

The Board received the High Level Risk (HLR) report noting each of the risks. The Chief Executive updated the Board on a useful

discussion at the Finance and Performance Committee where an action had been taken to illustrate the relationship between the BAF and the HLR reports.

The Board queried:

- The position of the Trust in relation to the General Data Protection Regulation (GDPR) – oversight is being undertaken by the Audit and Risk Committee with the Information Governance Group taking an operational lead. Further guidance is expected from NHS Digital on implementation. The Trust is required to have a clear plan in place by April 2018 and any residual risks would need to be clearly articulated by the Board. An update will be provided to the Board at an appropriate future date, agreed with the Internal Auditors.

SR

***The Board:***

- ***Received and noted the High Level Risk Report***
- ***Agreed to consider the GDPR plans and associated risks at a future meeting***

BD188/17

**Assurance Reports (Enclosures O)**

The Board received updates and assurance from the following Committees:

Finance and Performance Committee (17 October)

The Chair of the Finance and Performance Committee (F&PC) gave a verbal update of the assurances gained.

The F&PC had not been assured by the Surgical Division's presentation covering plans to improve elective performance without regard for the wider Trust. Members discussed the benefits of the Committee's focus on specific areas and highlighted the ongoing support needed in the Division.

Audit and Risk Committee (17 October) (Enclosure O)

The Chair of the Audit and Risk Committee highlighted that the Committee had not been assured with regards to cyber security, appraisals audit, or the General Data Protection Regulations update.

Cyber Security requires Board ownership and to understand that it is not just an IT issue.

The appraisal audit had highlighted concerns around:

- ITrent and local system reconciliation of data
- Demonstration of objective achievement in order for staff to receive increments.

Members were concerned that positive evidence was not available. The initial focus should be on ensuring that all staff completed appraisals and follow through with the quality of those appraisals. The People Committee would be focusing on audit findings and

JW

actions to address.

***The Board:***

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

**BD189/17**      **Board Annual Cycle of Business (Enclosure P)**

The Board noted the annual cycle of Business.

**BD190/17**      **Items for Information: (Enclosures Q1- Q6)**

***The Board:***

- ***Noted the items for information:***

- Chair's and NED's engagements (Enclosure Q1);
- Quality Assurance Committee minutes – 25 September 2017 (Enclosure Q2);
- Audit Committee minutes – 18 July 2017 (Enclosure Q3)
- People Committee minutes – 6 September 2017 (Enclosure Q4)
- Corporate Citizenship Committee minutes – 25 September 17 (Enclosure Q5)
- South Yorkshire and Bassetlaw Sustainability and Transformation Partnership: Collaborative Partnership Board minutes – 8 September 2017 (Enclosure Q6)

**BD191/17**      **Any Other Business**

**Pay Cap**

The Board wished to understand the potential challenge to be faced following reports of the lifting of the NHS pay cap. No decisions had yet been made on how this might be resourced and if it could be linked to efficiency and productivity. Once further information was available an update would be provided.

**ZL**

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

**BD192/17**      **Next Meeting**

Wednesday 29 November 2017  
11.00am Board room, Chesterfield Royal Hospital