

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 24 May 2017 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

Present: Dr H Phillips, Chair
Ms L Andrews, Director of Nursing and Patient Care
Mr T Campbell, Chief Operating Officer
Mrs L Challis, Non-Executive Director
Dr G Collins, Medical Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mrs A McKinna, Non-Executive Director
Mr S Morritt, Chief Executive
Dr D Pickworth, Non-Executive Director
Mr P Severs, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director

In attendance: Mrs S Rudd, Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
Mr J Williams, Assistant Director of Finance
Sagheer Hanif (F1 doctor)(shadowing Dr H Phillips)
Jayne Tague, Senior Matron (BD85/17)
Wendy, Patient's relative (for BD85/17)

Public in attendance: Hannah Cave, member of public

Apologies: Mr D Urpeth, Non-Executive Director

ACTION

BD83/17 **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.

BD84/17 **Declaration of Interests (Enclosure A)**

No new declarations were noted.

The Board:

Noted the Declaration of Interests pursuant to Section 6 of Standing Orders

BD85/17 **A Patient Story (Verbal)**

Wendy attended the meeting to discuss the patient experience of her

mother, who was admitted to the hospital between December 2016 and April 2017. The initial admittance was elective, with surgery on her leg and a stay on Devonshire ward for on-going management. Unfortunately the patient was in a confused state for a while, due to delirium and Wendy praised the staff extremely highly for the care provided to her mother and also the support provided to the family.

However, once discharge planning commenced there were a number of difficulties experienced. It was agreed that Wendy's mother would be unable to manage independently, a suitable care home was identified by the family and plans put in place for discharge. However, a change in the social worker on the case, and the completion of a revised assessment resulted in a change to the discharge plan. Wendy's mother was to be discharged to her own home with 2 hours support per day. This change caused the family anxiety and a lack of communication also meant that the ward staff were not informed.

This breakdown in communication with other agencies impacted upon timely discharge, the need for a care package and a staggered discharge to re-orientate Wendy's mother to home. Delays in progressing the care package also impacted on discharge.

Despite the challenges Wendy was very happy with the care her mother received and the communication between ward staff and her family. Wendy was kept involved in her mother's care and included in the decision making process.

Work is now being taken forward to improve the multi-disciplinary meetings held with social care and to ensure nursing staff are as involved as they can be when decisions to change the social worker are made. A revised discharge process is being developed, with check points along the way for review.

In addition, work to strengthen the relationship of the community matrons and the wards is ongoing.

Board members agreed that the story highlighted the challenges to integration of services and colleagues in social care have also taken learnings from the case.

The Board requested an overview of discharge pathways and an update on discharge to assess management and improvement in communications.

LA

The Board:

- ***Thanked Wendy for attending the meeting and sharing her and her mother's experience;***
- ***Requested an overview of discharge pathways and discharge to assess management and improvement in communications***

BD86/17

Minutes of Previous Meeting (Enclosure B)

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 26 April 2017 subject to BD71/17, penultimate paragraph 'underestimated' changed to 'overestimated'.***

BD87/17 **Action Log and Matters Arising (Enclosure C)**

The Board noted the Action Log and Matters arising – it was agreed that the Flexible Working policy would now be submitted to the meeting being held in July.

The Board:

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

BD88/17 **Chief Executive's Briefing (Enclosure D)**

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

BD88/17(i) **CQC Announce 'Good' Rating**

The CQC announced that, following two additional inspections since their initial visit in 2015, that they had awarded the Trust a 'good' rating. The Chief Executive thanked all staff for their hard work and commitment into improving how we care for patients and run our services. A series of events to thank staff are planned over the next few months.

BD88/17(ii) **Listening Into Action (LiA)**

The Trust is adopting 'Listening into Action' and to encourage staff to find out more a LiA Discovery Drop-in is being held with the Chief Executive, Simon Morritt, and the LiA lead, consultant Dr Jon Cort on June 7th.

BD88/17(iii) **NGS Macmillan Unit Commissioning**

The NGS Macmillan unit was handed over to the Trust at the beginning of May to enable end stage commissioning of the facility. More than 200 Foundation Trust members viewed the new facility together with more than 200 Macmillan fundraisers. Staff are being provided with the opportunity to visit the unit during the week commencing 22 May.

BD88/17(iv) **#ROYALRCT update**

The Trust launched its Randomised Coffee Trial programme in April 2017 and all staff are offered the opportunity to be paired up with a colleague to have a chat over a cup of coffee. Board members have participated and reported positively on the conversations. Members discussed how feedback from these conversations can be provided in a variety of ways and the Director of Workforce and Organisational Development was asked to consider feedback mechanisms for the next round of the trials.

The Board:

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

ZL

Annual Report and Accounts for 2016/17 (Enclosure D, separate portfolio)

Mr Severs, Chair of the Audit Committee, took the Board through the matters considered by the Committee at its meeting on 17 May 2017, emphasising that members consideration of each item was based on information received and scrutinised at Committee and Board throughout the year and on an early review of the financial accounts which had taken place on 5 May 2017. The meeting had included the input of the internal and external auditors and the Audit Committee recommended that the Board of Directors approve the annual report and accounts for submission to NHS Improvement. Members noted that the annual report and accounts comprises the annual report, the annual quality account and the annual financial accounts and statements.

Items received and accepted in support of the annual accounts process, amendments made to update individual papers and recommendations made to the board of directors were highlighted.

- The internal audit annual report for 2016/17 including the head of internal audit opinion;
- The board assurance framework;
- The high level risk report;
- External Audit report on the financial accounts 2016/17 ISA 260 (including proposed audit opinion);
- Independent auditors report on the quality report (including limited assurance statement);
- The Trust's reference costs submission process and recommended that the Board should confirm its satisfaction with the Trust's costing processes and systems;

Mr Severs highlighted that the internal auditor had provided a significant assurance opinion to the Trust and that the ISA 260 was a clean report. The audit committee considered this to be an extremely good outcome.

The Board:

- ***Noted the items accepted by the audit committee in support of the annual accounts process;***
- ***Confirmed its satisfaction with the costing processes and systems, and noted that the return would be submitted in accordance with reference cost guidance***

The Audit Committee had also considered the content of the annual report and accounts and that it had recommended that the board approve the signatures required to finalise each of the documents.

The Board:

- ***Approved the letter of representation for the financial accounts for signing by the Acting Director of Finance and Contracting;***
- ***Approved the letter of representation for the Quality***

- *Account for signing by the Chief Executive;*
- *Approved the Chair and Chief Executive's statement for signing by the Chair and Chief Executive;*
- *Approved the performance report for signing by the Chief Executive;*
- *Approved the remuneration report for signing by the Chief Executive;*
- *Approved the accountability report for signing by the Chief Executive;*
- *Approved the statement of the Chief Executive's responsibilities as the Accounting Officer for signing by the Chief Executive;*
- *Approved the Annual Governance Statement for signature by the Chief Executive;*
- *Approved the Statement on Quality from the Chief Executive of the NHS Foundation Trust for signing by the Chief Executive;*
- *Approved the Statement of directors' responsibilities in respect of the Quality Report for signing by the Chief Executive;*
- *Approved the Foreword to the Accounts for signing by the Chief Executive;*
- *Approved the Statement of Financial Position for signing by the Chief Executive;*
- *Approved the Statement on Going Concern for signing by the Acting Director of Finance and Contracting;*
- *Adopted the FTCs and approved the signing of the document by the Acting Director of Finance and Contracting and the Chief Executive.*

Board members recorded their appreciation of the efforts of staff in the finance and governance teams throughout the year to enable the Trust's year-end position and reporting.

A letter of thanks would be provided to staff involved in the annual report and accounts in recognition of their work throughout the year and at year-end.

Signatures

- Four copies of the Trust's annual report and accounts and the supporting documents were signed as approved at the meeting by the Chair, Chief Executive and the Acting Director of Finance and Contracting.

Dr Phillips also thanked Mr Severs and the Audit Committee for its work on year-end matters and commended the process of reporting as being a sound discharge of governance.

BD90/17

Patient Experience Update (Enclosure F)

The Director of Nursing and Patient Care presented the Patient Experience update with a focus on patient experience in the Emergency Department (ED), an update on the Caring ambitions within the Quality Strategy and progress and plans for increasing response rates and streaming live patient feedback.

Key themes from complaints and Friends and Family Test (FFT)

HP

feedback have remained consistent with previous quarter themes, with a new theme of pain during Quarter four. Further analysis of comments has suggested that patients are anxious about the level of lack of pain relief, particularly whilst waiting. ED staff have focused on communicating with patients to discuss and manage expectations and anticipate an improvement in this area.

There are five Quality Strategy ambitions relating to caring and there has been progress within each ambition, although there is still work to be done. Within the Carers ambition, there has been progress however pace is now increasing and there are resources in place to train staff on a wider scale, with a staff training video to help recognition and support for patient's carers and how to involve them in the patient's care and care planning.

As a result of all the work undertaken, the Carers project has been put forward for both a Nursing Times award and a Health Service Journal Award.

The Patient Experience Team have been evaluating the use of tablets for gathering patient feedback on the wards and initial feedback indicates that tablets are not well used. To overcome this barrier, volunteers are being trained to support the process and this is likely to have a positive impact on the number of responses received. This will also underpin the emotional support ambition, as patients who spend time with volunteers often report a positive experience as there is the opportunity to escalate any concerns.

The Trust continues to work on live patient feedback and it is anticipated that feedback will be streamed live on the Trust's website by June 2017. The feed will then be delivered to TV screens in the main concourse.

Board members noted that the planned investment in the ED may have a detrimental effect on feedback during the period of works.

Board members were keen to understand the numbers of patients being asked for feedback and the proportions within each service. An analysis of the SMS channel may provide insight and it was requested that this information be included in a future report.

LA

The importance of the provision of both qualitative and quantitative data to the Board was discussed and this monthly report is designed to provide detailed qualitative information, themed around key areas. A quarterly report will be submitted to the meeting that will provide a more quantitative review, including patient safety. The detail in each area will continue to be discussed at the Quality Assurance Committee.

The Board:

- ***Noted and was assured by the update on patient experience***

BD91/17

Annual Staffing Establishment Review (Enclosure G1 and G2)

The Director of Nursing and Patient Care presented the annual report

on safe staffing levels for the adult in-patient wards including Children's and Midwifery in-patient services. There are two elements of the report to provide the Board with assurance regarding nursing establishment and also the national recommendation that Trusts review non-nursing establishment.

Nursing Establishment

A nationally recognised acuity tool is utilised across the adult wards, with different processes used across paediatrics and maternity. The recommendation to the Board, using this tool and professional judgement, is to maintain current establishments.

Three wards have been identified where the acuity is above establishment and there is further work in progress to inform the workforce requirements.

Feedback from staff highlights the feeling of pressure and the lack of available staff to work in these areas leading to vacancies and higher sickness rates. Actions to resolve this include moving staff to support, increased recruitment and review of use of NHS Professionals and agency staff, however this does remain a concern.

There are a number of quality outcome measures that are monitored and are reviewed in conjunction with nurse staffing levels; these include hospital acquired c.difficile infections, rate of inpatient falls per 1,000 bed days and rate of hospital acquired pressure ulcers. Each of these has shown a reduction over the past year. However, comments within the friends and family test observe nursing staff to be busy and the potential need for more staff, which aligns with staff feedback of feeling under pressure.

The Quality Assurance Committee has discussed vacancy levels and is concerned about the number of vacancies that are not filled and the impact this has on staff. There has been a significant amount of work on skill mix to better support staff.

The Board approved the nursing establishment whilst recognising the challenges relating to vacancies.

Non-Nursing Establishment

Allied Health Professionals (AHP's) and Pharmacists have a key role in delivering services for our patients, including avoiding admission to the acute Trust when possible and expediting safe discharge. There are currently no nationally agreed safe staffing levels for Dieticians, Radiographers, Occupational Therapists, Pharmacists, Physiotherapists or Speech and Language Therapists working across adult in-patient areas in acute hospitals. The Board received the position paper outlining the areas that have guidance and those that do not. All services participate in national benchmarking to provide services with comparative data.

Triangulating data on staff capacity, capability and safety indicators are taken into account to produce realistic staffing levels. In the absence of nationally set staffing levels the Heads of Service and specialty lead clinicians are responsible for ensuring, within available resources,

there are sufficient staff with appropriate competencies available to deliver the services required.

Board members discussed the national stroke audit and, once guidance is received, work will be undertaken to review workforce models against national policy and reported to the Board.

The Board noted the significant efforts to recruit staff, particularly in line with the national context.

It was reported that the Quality Assurance Committee had received a very detailed annual medicines management report and that the high proportion of pharmacy prescribing supports the Junior Doctors. This excellent work should be included in the next iteration of this report.

LA

The Board:

- ***Approved the annual nurse staffing establishment report, recognising the challenges relating to vacancies;***
- ***Requested review of the metrics to ensure measurement***
Noted the non-clinical staffing recommendations

BD92/17

Freedom to Speak Up Guardian – six month update (Enclosure H)

Jenni Fellowes, Freedom to Speak Up Guardian attended the meeting to provide an update on the first six months of her role. The role reports directly to the Chief Executive and works closely with HR and Communications. A communication strategy and engagement plan was launched in December, and the role was introduced through staff briefings, posters, pay slip inserts and inclusion on corporate induction. Jenni also attends key organisational meetings, including Royal Primary Care staff.

Since December there have been 12 individuals who have raised concerns. Some individuals do not feel confident to speak to their line manager and this is in line with national experience. There has been no anonymous reporting.

It is important the Guardian asks “would you speak up again” and the response to date has been ‘yes’. This feedback will continue to help to change the culture of reporting.

A summary of the concerns is provided in the report with detailed numbers, themes and staffing areas.

During the next six months Jenni plans to utilise the staff survey as a baseline for staff attitudes and focus areas of work, continue to develop the network of FTSU champions and produce a training video for all staff.

The Board were pleased to hear about the work that has been undertaken in the last six months and asked about the Whistleblowing Helpline. Jenni was asked to ensure that all calls to this line had been properly actioned.

JF

The Board:

- ***Noted the six monthly update on the work of the Freedom to Speak Up Guardian;***
- ***Thanked Jenni for her detailed work to date;***
- ***Requested a further update to the Board in six months' time***
- ***Requested that Jenni review the cases reported to the Whistleblowing Line***

JF

BD93/17

Guardian for Safe Working (Enclosure I)

Dr Pauline Fraser attended the meeting to discuss the new role of Guardian for Safe Working and her appointment.

The new Junior Doctor contract in 2016 introduced the post of Guardian For Safe Working to provide a link to management that the concerns of Junior Doctors are addressed and that the Board can be assured that junior medical staff are safe and able to work.

The contract makes provision for Junior Doctors to escalate concerns about work roster and work pressures through exception reporting. 37 exception reports have been submitted to date with emerging themes of additional work beyond the end of the scheduled day and generation of jobs for same day completion following later ward rounds.

Recompense for additional hours worked is managed at specialty level and there have been no instances requiring fines (fair distribution of financial penalty income is within the remit of the Guardian).

The Trust has introduced an electronic reporting system for completion of exception reports.

A trust-wide Junior Doctor forum has been established, chaired by the Guardian for Safe Working. Attendance has been low to date therefore divisions have been tasked to ensure that at least one trainee can attend to represent their colleagues.

The work being undertaken also involves educational and clinical supervisors, with training sessions held.

Board members discussed that safe working is about conditions as well as hours worked and opportunities to take a break away from the ward is important. Plans are currently being developed to provide a more pleasant environment in which staff can take a break and this initiative is being supported by the Charitable Funds Committee.

Board members requested an update to the meeting in six months and, within that report, sought information on the number of shifts that have been worked compared to the number of exception reports.

PF

Board members thanked Dr Fraser for her report and work to date.

The Board:

- ***Received and noted the Guardian for Safe Working six month update***
- ***Requested a further update in six months' time***

BD94/17

Staff Survey: Listening Into Action (Enclosure J)

Following approval of the trust-wide staff survey action plan, members received an update on progress. It was noted that the local divisional/corporate area action plans were presented and discussed at the recent People Committee meeting, to provide assurance on the activities underway and the progress being made across the Trust.

The Trust has commenced its Listening into Action (LiA) journey and a LiA lead has been appointed following an interview process, Jon Cort, a Consultant in Anaesthesia and Intensive Care.

A Sponsor Group has been established and 10 areas for improvement have been identified and associated teams of 3 people. The 10 areas are based on improving patient outcomes.

The Board:

- ***Received and noted the progress on the Staff Survey action planning and the introduction of Listening into Action at the Trust***

BD95/17

Board Strategy and Business Plan (Enclosure K)

The Board approved its Business Plan for 2016-17 in July 2016 with defined quarterly objectives that will lead to the delivery of the critical success factors within the three year Strategic Plan.

Members noted the update and enquired about Objective 3, development of a Partnership Strategy. Development has been impacted by the delayed STP submission however members requested that a draft strategy be presented to the Board, outlining the assumptions that have been made in the current context.

Objective 1, Learning and Review Strategy – a draft strategy has been discussed and agreed at Quality Assurance Committee. The next stage is an implementation plan and the Learning and Review Group are making good progress. Members requested sight of the draft strategy.

Objective 6, Environmental strategy - members agreed that this should be rated as red rather than amber and that this should be discussed at a future meeting of the Board, timing to be agreed.

The Board:

- ***Received and noted progress against the Board Strategy and Business Plan.***

BD96/17

People Priorities (Enclosure L)

The Director of Workforce and Organisational Development presented the People Strategy priorities for 2017/18, which have been developed following engagement with a diverse range of staff groups across the organisation, the Council of Governors and the Staff Forum.

TC

LA

SR

The intention has been to focus on fewer actions, which will have the greatest impact on staff experience. There are seven broad priority themes and, following People Committee discussion, the 'how will we know the impact' column has been enhanced.

Board members discussed the approach to completion of Appraisals and this will be further discussed by People Committee.

The Board:

- ***Noted and was assured by the update on the People Priorities for 2017/18.***

BD97/17

Leading the Chesterfield Way – Leadership Expectations Framework (Enclosure M)

The Director of Workforce and Organisational Development presented the delivery plan and leadership and culture dashboard to support implementation of the Leading the Chesterfield Way framework.

Following approval of the framework by the Board, an implementation plan has been developed to ensure it becomes embedded at all levels of the organisation. The delivery plan outlines the drivers for change and the key principles for successful implementation together with the leadership and culture dashboard – a tool for highlighting leadership strengths and areas for development.

Members reiterated the importance of the framework being the standard for leadership for all leaders in the organisation and that the Board are visible advocates and seen to role model behaviours.

It was agreed that the delivery plan would align with the Board Code of Conduct.

ZL/SR

The Board:

- ***Received and approved the delivery plan for Leading the Chesterfield Way and the leadership and culture dashboard;***
- ***Agreed to align the framework with the Board Code of Conduct***

BD98/17

Integrated Performance Report (Enclosure N)

The report on performance for April 2017 was provided to the Board. Further detail was provided on the following points:

BD98/17 (i)

Financial Position (Verbal)

The I&E control total position at Month 1 is a £299k surplus, a favourable variance of £43k against the control total trajectory.

The annual value of the sustainability and transformation fund (STF) available to the Trust is £6.066m. Members were reminded that access criteria to the fund is weighted against achievement of the financial control total (70%) and achievement against the planned Emergency Department (ED) performance (30%), however the 30% element can only be accessed if the financial control total is met. At M1 the Trust is

on track to access all available STF monies.

Board members noted that:

- Income is £166k behind plan
- Pay expenditure is £77k above budget, which includes £288k undelivered CIP
- The CIP target to support delivery of the control total is £10.3m and £28k of planned £360k savings was achieved in month.
- There is significant risk associated with delivery of the CIP plan and is recorded on the Trust risk register.
- Total agency spend in month is £965k, against a phased trajectory of £1.248m. This is £238k better than trajectory.
- Capital expenditure to date is £549k against a plan of £1.977m and will be recovered during Quarter 1 2017/18.

BD98/17(ii) ED Performance Update (Enclosure O)

The Chief Operating Officer presented the ED performance update, noting that the Trust had achieved 91% ED performance in April 2017, maintaining de-escalation of the North Derbyshire/Chesterfield system from NHSE/NHSI review. In addition, the 30% target of the Sustainability and Transformation fund target has been achieved.

BD98/17(iii) Cancer Standard 62 Day Update (Enclosure P)

Board members received an update against on Trust performance against all national cancer standards. The Trust failed to achieve compliance with three Cancer standards in March 2017.

There is a significant gap in capacity with the Breast Service, contributing to the failure to comply with 2 week wait standards. Despite additional capacity being made available, this has been insufficient to meet demand. This will also impact on compliance in April and May. Actions to retrieve the position include extra clinics, ensuring that available capacity is fully utilised and an action plan to readdress capacity issues.

Performance against the 62 day standard was 75.3%, against a target of 85%. Breaches relate to diagnostic pathway delays, patient choice and capacity. Actions within the previously agreed action plan are on track for delivery and there has been investment in additional staff in the cancer pathway team.

Detailed root cause analysis is completed for all patients on the 62 day cancer pathway for more than 104 days and there are currently eight patients over 104 days. The reasons for breach are detailed within the report.

The Board:

- **Received and approved the Integrated Performance Report for the period to April 2017;**
- **Noted and approved the actions highlighted to recover on areas off plan.**

BD99/17

Board Assurance Framework (Enclosure P)

Members received the Board Assurance Framework, noting that each risk and associated actions had been updated by Executive Directors. There were no new risks proposed and no recommendations for risk rating changes.

The Audit Committee had recently discussed the BAF in detail, recommending a review of the length of the document and the controls and assurances. This work is ongoing and will be reported to the Audit Committee in July.

The Board:

- Received and approved the BAF

BD100/17

High Level Risk Report (Enclosure R)

The Board received the High Level Risk Report, noting the top risks. Risk 2272 relates to the Trust being a potential target for a cyber attack and members heard that the Trust had not been infected during the recent national cyber attack. The IT teams had worked hard to protect Trust systems. Members discussed the risk rating increase and, in view of the measures that have been put in place to increase security, requested a review of the risk.

The Board:

- Received and approved the High Level Risk Report.

BD101/17

Assurance Report (Enclosure S1-S4)

Audit Committee Assurance Report

Members noted the Audit Committee assurance report and referenced discussions earlier in the meeting.

PPI Committee Feedback

Members noted the updates to the PPI Committee feedback.

People Committee Assurance Report

Members noted the People Committee Assurance Report.

Quality Assurance Committee Assurance Report

Members noted the areas of additional focus to embed the Quality Strategy. Focus on 5 key areas is proving successful. The Committee received a report on learnings from the CQC inspection and had also received a good annual report on Medicines Management.

BD102/17

Board Annual Cycle of Business (Enclosure T)

The Board:

Noted the Cycle for Public Board meetings in 2017.

BD103/17

Items for Information (Enclosures U1-U4)

TC

The Board:

- **Noted the items for information:**

- Chairs engagements (enclosure U1)
- Hospital Leadership Team draft minutes – 12 May 2017 (enclosure U2)
- Audit Committee minutes – 21 April 2017 (enclosure U3)
- STP minutes – 7 April (enclosure U4)

BD104/17 **Any Other Business (Verbal)**

BD105/17 **Next Meeting (Verbal)**

Wednesday 28 June 2017
11.00am
Board Room, Chesterfield Royal

BD106/17 **Close of Meeting**
The meeting closed at 13.40