

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 28 June 2017 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Mrs L Challis, Non-Executive Director (Chair of Meeting)
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
Mrs A McKinna, Non-Executive Director
Mr S Morrith, Chief Executive
Dr D Pickworth, Non-Executive Director
Mr P Severs, Non-Executive Director
Mr D Urpeth, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director
- In attendance:** Mr Ken Godber, Assistant Director of Finance
Ms S Rudd, Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
- Mr Steve Cullen, Clinical Specialist Radiographer (for item BD109/17)
Ms Leanne Featherstone, Assistant HR Business Partner (for item BD109/17)
Mr Brian Parsons, Public Governor
- Apologies:** Dr H Phillips, Chair
Mr J Williams, Acting Director of Finance

ACTION

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| BD107/17 | <p><u>Chair's Welcome and Note of Apologies (Verbal)</u></p> <p>Mrs Challis welcomed the Members and attendees and introductions were made in support of the national #HelloMyNameIs campaign.</p> | |
| BD108/17 | <p><u>Declaration of Interests (Verbal)</u></p> <p>Mr David Urpeth, Non-Executive Director, declared that he has been appointed as Legally Qualified Chair of the Medical Practitioners Tribunal Service.</p> <p>No further new declarations were noted.</p> <p><i>The Board:</i></p> <p><i>Noted the Declaration of Interests pursuant to Section 6 of Standing Orders</i></p> | |

BD109/17

A Staff Story (Verbal)

Mr Steve Cullen, Clinical Specialist Radiographer, and Ms Leanne Featherstone, Assistant HR Partner) attended the meeting to discuss the 'know your numbers' event that was set up by the Imaging team, with support from the Trust's Health and Wellbeing lead.

The suggestion to hold the event originally came from the division's Progressive Improvement Group.

The event was arranged with Derbyshire Healthy Workplaces and slots for staff to have their blood pressure, height, weight and BMI checked have taken place throughout May and June. Sixty five members of the Imaging team from every level have attended and there has been very positive feedback from the department in relation to the benefits provided.

The opportunity for individual discussion with a healthy lifestyle expert was valued and discounted gym membership and regular weight checks were offered to those who felt this would be motivational. Signposting to external methods of support was also discussed.

Other areas, such as Pharmacy are now arranging to book sessions in their areas. The ability to speak to advisors on site, with time made available, was seen as very supportive and the feedback is that more sessions would be helpful along with widening the advice that can be offered. An educational stand on alcohol awareness was available at the same time with the opportunity for drop in discussion.

Members enquired about what happens with the results of the screening and heard that individuals were offered external support.

It was agreed that it was a good initiative and enquired how it was evaluated i.e. request for formal feedback afterwards.

This might be something we want to expand and is a good opportunity to potentially identify a risk that might need further evaluation by a GP.

Hearing about an initiative that makes staff feel valued is very encouraging and it gives staff an opportunity to engage with health promotion. It was noted that this should not be classed as a screening programme but be an initiative that allows people to engage with health promotion. The main challenge is engaging and reaching people, particularly those who would not usually choose to take part in health and well-being initiatives at the Trust.

The Board:

- ***Thanked Steve and Leanne for attending the meeting and sharing the 'know your numbers' initiative.***

BD110/17

Minutes of Previous Meeting (Enclosure A)

The Board approved the minutes of the Board meeting held on 24th May 2017.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 24 May 2017***

BD111/17

Action Log and Matters Arising (Enclosure B)

The Board noted the Action Log and Matters arising and that the action owner for BD85/17 - overview of discharge pathways is now the Chief Operating Officer.

The Board:

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

BD112/17

Chief Executive's Briefing (Enclosure D)

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

BD112/17(i)

CQC 'Celebrations' – Afternoon Tea

All wards, services and departments have been invited to take part in an afternoon tea to mark the hospital's achievement of a 'good' rating by the CQC. The event takes place across the hospital on July 4th, including the main entrance, where patients and visitors will also be able to join the celebrations. All staff are being encouraged to get involved

BD112/17(ii)

Listening Into Action

As part of the ongoing 'Listening into Action' activities, the launch of the core teams that will focus on specific transformation projects is taking place on 29 June. There are 14 projects looking at a variety of improvement actions, each led by clinicians.

BD112/17(iii)

Precautionary Patient Recall Complete

The patient recall exercise to invite patients for a precautionary HIV test was carried out in May, with a total of 117 patients identified for recall. A total of 99 patients to date have been tested and confirmed negative results. This is an extremely good response rate, and a second offer of support will be made to those patients who have not been in touch. The exercise will then close at the end of the month.

BD112/17(iv)

NGS Macmillan Unit

Services started to move into the NGS Macmillan Unit on 19th June, and begin treatment in this new world class facility.

BD112/17(v)

Fire Safety Inspections

NHS Improvement have written to all Trusts requesting that they liaise with their local fire service for an immediate inspection of all their premises, following the fire at Grenfell Tower in London. The Trust had completed a risk assessment of all buildings on site with a conclusion of low risk. The Trust has liaised with Derbyshire Fire Service, who have confirmed that the Trust is categorised as low risk and will undertake their inspection on 7th July. Members requested a

report to the Board providing an overview and assessment of fire safety within the organisation. JW

The Board:

- **Received and noted the Chief Executive's Briefing;**
- **requested an overview and assessment of fire safety within the organisation.**

BD113/17

Patient Experience Update (Enclosure D)

The Director of Nursing and Patient Care presented the report, which focuses on patient experience in Inpatients and Daycase and in Maternity services during March and April 2017.

The report shows that themes remain consistent, with positive feedback highlighting caring and professional staff, with similar comments from Maternity referring to staff that put patients at ease. Negative opinions indicate perceptions of poor staff attitude and lack of bedside manner. Discharge planning and timely discharge are also highlighted and it is anticipated the work on improving operational processes should have a positive impact on patient experience.

Comments received also reveal patients' perception of staffing levels as poor at 58% and involving carers and families rated as fair at 66%.

The Board have previously discussed the perception of confidence and trust in doctors and improvement was noted as a result of raising awareness and providing guidance on improving communication with patients.

There has been an improvement in response rates since January 2017 but some areas remain below target. Not all areas are covered by the response methods utilised and an evaluation of tablet use continues. The SMS channel is not part of the contract for inpatients and this is currently being scoped. Ongoing work includes engaging with volunteers to assist in the process, the sharing of good practice across wards and a renewed focus on patient experience feedback.

Streaming of patient feedback data is now displayed on the Trust website but work to deliver the feed to the main TV screens on the concourse has been impacted by the NHS cyber-attack. The dashboard for complaints and themes is displayed in the main entrance and work will continue to install the live 'ticker' information.

The Board reviewed the benchmarking information, noting high performing organisations and agreed that the learning from other organisations is very helpful. There will be ongoing updates in this area within the patient experience report.

The Board:

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

BD114/17

National Inpatient Survey 2016 results (Enclosure E)

The national adult inpatient survey is undertaken in acute provider hospitals over the summer period each year, with the results now available. There are 149 organisations involved with an overall response rate of 44%. For Chesterfield Royal Hospital there were 1171 patients that were eligible to receive a survey with 493 returns, a response rate of 42%.

Overall, compared to last year, the Trust has demonstrated significant improvement since the 2015 survey for 7 questions, is significantly worse for 2 questions and is performing 'about the same' as other trusts for 64 questions.

The Quality Strategy focuses on the main areas for improvement and work is progressing. The Trust continues to strive to achieve upper quartile performance.

The Board:

- ***Noted the report and;***
- ***Supported the improvement work underway to achieve upper quartile performance.***

BD115/17

Medical Staffing Establishment (Enclosure F)

The Medical Director presented the report describing the current establishments for medical staff across the Trust, which underpins the delivery of clinical services.

There is no nationally recognised tool for setting and adjusting medical staff establishments outside of the contractual requirements for doctors in training.

Trainee doctors are a significant component of the medical workforce and the vacancies during the period of reporting were around 17%, gaps in training rotas are a consistent challenge for the Trust and for other organisations. There is a lower level of staffing at weekend and reflects that there is no elective activity or outpatient clinics. The Trust continues to review the levels provided to cover unplanned care. A key factor in recruiting high quality trainees is maintaining a good learning experience and there is good feedback of support from senior staff and support for junior staff.

Alternative models are being developed and designed to provide SAS posts which are attractive to those not wishing to progress straight through into substantive consultant posts and development of ACPs to replace some traditionally medical posts.

The introduction of an electronic task management system is being considered, particularly for the Hospital at Night team. This will track tasks and allow review of work load on an individual basis to be able to provide the appropriate staff concentration and skill mix in each area.

Feedback received from a NED department visit regarding a high percentage of prescriptions on discharge is not as comprehensive as

would be expected at the point of reaching pharmacy. This issue requires further exploration and the Director of Nursing and Patient Care agreed to take forward the action and report to QAC.

The provision of facilities for work breaks for doctors in training was discussed, in particular the need for a doctor's mess. This is currently being progressed through discussions with the Charitable Funds Committee.

The Medical Director is satisfied that the establishments are within acceptable levels at present and that active monitoring arrangements are in place to detect emerging pressures.

Members requested that the next iteration include details of Royal Primary Care and benchmarking information where available.

The Board:

- ***Noted and were assured by the medical staffing establishment;***
- ***Requested inclusion of Royal Primary Care in the next iteration***

BD116/17

IM&T Strategy (Enclosure G)

The Chief Operating Officer presented the latest draft IM&T Strategy, which incorporates the Trust's Digital Vision and takes us to 2022. The current strategy has been developed based on previous discussions with the Board.

The strategy describes the background, and the historic underinvestment in ICT. This meant significant upgrades to infrastructure and managing obsolescence was required, as was the ability to integrate systems, both acute and within community.

The position as at June 2017 demonstrates an improved position, but still further to go. The vision is to support the organisation's objectives to be rated as outstanding by the CQC and to have an IM&T capability that is fit for purpose for 2018 and beyond.

The critical success factors include process improvement, stakeholder reference groups and service level agreements in place. In addition, the appointment of a clinically qualified person to act as liaison between the disciplines of clinical medicine and IM&T. Ensuring security of data and appropriate licencing is also critical to provide staff with the ability to work in an agile way.

The implementation plan is described in the strategy and reflects the funding status of each item. Implementation of the strategy is an additional expenditure of £2.4m capital with a £1m revenue element and £400k recurrent spend.

Members discussed the strategy and agreed that provision of ICT services should be Simple, Robust and Accurate and that all actions should flow from that. It was agreed that external assurance on the strategy would be sought, to ensure that the strategy will achieve the aims of the organisation. The Board also noted that the IM&T

DoF

portfolio has now moved from the Chief Operating Officer to the Director of Finance and Contracting. The new Director of Finance and Contracting commences in post in August and he will review the Strategy and funding and provide a report to the Board in October 2017. DoF

Board members also noted that digital maturity will be an element of the CQC assessment process.

Alignment of the strategy with STP plans, including the ability to integrate systems, is a core element of the strategy. Partnership working is critical and the Trust participates in regional discussions to ensure joined up decisions are taken.

Concern was expressed that there is the potential to underestimate the cost of improving the IM&T systems and that the external validators would need to have the required expertise. DoF

The environmental impact of the strategy was discussed and the next iteration will have more sophisticated thinking and data.

The Board:

- ***Received and noted the IM&T Strategy update***
- ***Noted that the Board will receive a further update in October 2017 following Director of Finance & Contracting Review***
- ***Agreed that an external assurance process will be undertaken***
- ***Will incorporate data on carbon footprint***

BD117/17

Integrated Performance Report (Enclosure H)

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

The Board was reminded that the Trust had revised its improvement trajectory for ED for 2017-18 in line with the national recovery trajectory of 90% by September 2017 and 95% by March 2018. For May 2017 the Trust did not achieve the standard, with performance at 89.2%. Commissioners have requested a remedial action plan and will be further discussed at the ED Delivery Board to ensure an agreed system approach.

The Trust failed to achieve compliance with three Cancer standards in April 2017. There is a significant gap in capacity within the Breast Service, compounded with increased referrals. A recovery plan is in place however the position is not expected to be recovered until July 2017.

Endoscopy capacity has also been at risk and has had an impact on the achievement of the 31 day standard as well as the 62 day standard. The position remains challenging.

Detailed root cause analysis has been completed for all patients on the 62 day cancer pathway for more than 104 days. There are four patients' pathways over 104 days in April 2017 and the table

provided details the reasons for breach. Actions are being implemented on a collaborative basis through the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance.

Financial Position

The Trust achieved a Use of Resources metric score of 2, against a plan of 1. This is mainly driven by the loss in Sustainability and Transformation Funding (S&TF) funding for month 2 through failure to achieve the ED trajectory.

The year to date planned control has been achieved, with income £951K behind plan, offset by unplanned activity which £485k ahead of plan. Pay expenditure is on budget and there is an escalating risk around commissioner affordability.

The Board noted and approved the position, underpinned by release of contingency.

Meridian Consultants are now working with the Trust on CIP work streams, with Divisional activity recovery plans being refined.

Workforce

The Board noted the nursing recruitment activity trust-wide and the ideas being put forward.

Quality

There is oversight on the increase in the number of patient falls and further work on identification of the cause i.e. patients who are able to mobilise independently.

The Board

- ***Received and noted the Integrated Performance Report update***

BD118/17

Staff Survey (Enclosure I)

The Director of Workforce and Organisational Development provided an update on the trust-wide staff survey action planning. Good progress has been made against the divisional and directorate level action plans and detailed reporting is provided to the People Committee.

Progress has been made against the three key themes in the trust-wide action plan:

Leading the Chesterfield Way (LCW) has now been launched across the organisation and discussed at the Leadership Assembly. There continues to be a lot of work around cascade and embedding. The LCW has been used as part of the current divisional review in development discussions.

Listening into Action – Jon Cort, the LiA lead, has presented to the Council of Governors and to the Leadership Assembly. A ‘Pulse Check’ survey is currently underway with significant activity to

promote it.

Members discussed the importance of the projects identified and to not add other projects or work streams in order to maintain focus.

The Board asked for more information on the use of 'other agency staff' as reported in the IPR. The Director of Workforce and OD advised she would focus on this in the next Workforce Delivery Group meeting.

The Board:

- ***Received and noted the Staff Survey update***

BD119/17 Board Assurance Framework (Enclosure J)

The Board reviewed the Board Assurance Framework, noting that each of the risks had been updated by the Executive lead. There were four risks recommended for a reduction in risk score, BAF 1.1, 1.2, 1.4, and 6.2. Following discussion the Board agreed the risk reductions.

The Board:

- ***Received and approved the Board Assurance Framework***

BD120/17 High Level Risk Report (Enclosure K)

The Board received and discussed the High Level Risk Report and requested that the risk relating to achievement of CIP be reviewed. In addition, a further risk is to be scoped relating to the current arbitration discussions.

The Board:

- ***Received and approved the High Level Risk Report***

BD121/17 Board Annual Cycle of Business (Enclosure T)

The Board:

Noted the Cycle for Public Board meetings in 2017.

BD122/17 Items for Information (Enclosures M1-M6)

The Board:

- ***Noted the items for information:***
 - Chair's engagements (enclosure M1);
 - Hospital Leadership Team draft minutes – 16 June 2017 (enclosure O2);
 - Quality Assurance Committee draft minutes – 22 May 2017 (enclosure O3);
 - PPI minutes – 10 May 2017 (enclosure O4);
 - People Committee minutes – 3 May 2017 (enclosure O5)
 - STP minutes – 12 May 2017 (enclosure O6);

BD123/17 **Any Other Business (Verbal)**

There was no further business.

BD124/17 **Next Meeting (Verbal)**

Wednesday 26 July 2017

11.00am

Board Room, Chesterfield Royal

BD125/17 **Close of Meeting**

The meeting closed at 13.20