

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 25 April 2018 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

- Present:** Dr H Phillips, Chair
Mr S Morritt, 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
Mrs L Challis, Non-Executive Director, Senior Independent Director
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 (Until 12:00)
Dr J Wight, Non-Executive Director, People Committee Chair
- Observer:** Claire Carson, Associate Director of Information
Jane Walker, Senior Matron, Surgical Services
Ruth Grice, Governor
- In attendance:** Mrs G Maiden, Acting Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
Dr Jason Southern, Medical Trainee in General Medicine
Dr Pauline Fraser, Consultant GU Medicine, Guardian for safe working hours
Chris Clayton,
- Apologies:** Mr P Severs, Non-Executive Director, Audit and Risk Committee Chair

BD62/18 **Chair's welcome and note of apologies (Verbal)**

Dr Phillips welcomed the Members and attendees, and introductions were made in support of the national #HelloMyNameIs campaign.

Apologies were noted from Mr Severs.

BD63/18 **Register and declaration of interests (Enclosure A)**

Dr Wight was now the Interim Chair at Medact.

Mr Morritt had been re-appointed for a further three year term to the Independent Reconfiguration Panel.

Ms Webster asked for the register to be amended to show her as a Trustee and the Chair of the CRH Charitable Trust Funds.

There were no other declarations of interest.

ACTION

The Board:

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

BD64/18

A staff story

There had been much concern about low morale, sustained pressure and burnout in the medical workforce and the impact of this on operational performance and patient outcomes. The Board received regular updates regarding activity in this area from the Guardian for safe working hours and had invited Dr Southern to hear of his experiences.

Dr Southern, currently a Core Medical Trainee in General Medicine at the Trust briefly outlined his career background and experience. He completed his F1 year in Derby hospitals and then came to Chesterfield as an F2. Following his foundation years, he spent a year as a teaching fellow with Nottingham University before returning to Chesterfield as a CMT.

He explained that he had spoken with other colleagues to identify common experiences. He described the Trust as very friendly; with approachable staff and supportive consultants. However, the wider challenges of an increasingly ageing population and the lack of financial investment were impacting greatly on junior doctors resulting in burn out and fatigue which he and many of his colleagues had experienced. Their motivation and morale was driven by the hope of tomorrow being better than today and with that in mind he offered the Board two insights that would contribute to a better tomorrow:

- The University of Nottingham had embarked on an exciting collaboration with the University of Lincoln to offer first class medical education in Lincolnshire. This offered the Trust an opportunity to transition to a modern teaching hospital by employing clinical teaching fellows. Funding would also come with this; and,
- Following two foundation years, junior doctors have an optional one year break (known as the F3 year) before choosing the specialism they wish to study from their 4th year. Junior doctors choose several paths during their F3 year including taking locum work, travel, gaining qualifications to diversify (such as teaching or management) and taking time out for reflection.

The Board thanked Dr Southern for his very practical proposals which had highlighted a need for the Board to reinvigorate its thinking about the offer for junior doctors and prompted discussion about capturing good ideas. In further discussion the Board took an action to explore further some of Dr Southern's suggestions including:

- Explore new roles including Clinical Fellows and F3 doctors
- The Trust as a Royal College examination function
- Using specialist nurses to teach doctors
- Considering what junior doctors scored points on for future specialist applications to focus the offer on gaining that experience.

GC

The Board:

- ***Thanked Dr Southern for attending the meeting and sharing his experience and resolved to explore further some of his suggestions.***

BD65/18 **Minutes of previous meeting (Enclosure B)**

The Board approved the minutes of the Board meeting held on 28 March 2018.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 28 March 2018.***

BD66/18 **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.***

BD67/18 **Chief Executive's report (Enclosure D)**

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

Wholly owned subsidiary – an engagement programme had begun to ensure staff were aware that the Trust was exploring the concept of a wholly-owned subsidiary. Communication focused on the open sharing of information and inviting staff opinions and contributions. Governors and other interested parties were also being engaged. The communication and engagement with staff, governors, trade unions and others was taking place in advance of a decision to be made by the Board about whether to proceed.

Derbyshire Pathology – the decision made by the Hospital Leadership Team regarding the microbiologists and the Transfusion Nursing team. The variance had not been significant in terms of the business case and retaining microbiologists and the Transfusion Nursing Team following consultation did not materially impact on the establishment of the Derbyshire Pathology service.

Community Rehabilitation – several design options had been developed to support the specifications from Derbyshire Community Health Services NHS Foundation Trust (DCHS) to provide a 24 bed specialist rehabilitation ward on the Chesterfield Royal Hospital (CRH) site. To date none of these options fulfilled the requirements defined by DCHS. A paper was presented to the Better Care Closer to Home (BCCTH) Steering group seeking permission, which was given, to explore alternative options on the CRH site or other sites. These options will be assessed over the next few weeks and further updates provided to the Board at future meetings.

An action was taken to clarify when the decision regarding the 24 beds had been made at Board and for a copy of the letter sent to be re-circulated.

The Board:

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

GM

BD68/18

Guardian for safe working hours: annual report (Enclosure E)

The Board received the annual report from the Guardian for safe working hours. Dr Fraser highlighted the introduction during the year of Allocate, the electronic system for exception reporting. Reports had been received concerning working over hours, missed educational opportunities, rota patterns and safety. The Trust trainee forum discusses all concerns and decides who is best placed to take action. The forum was well engaged and constructive and she assured the Board that it had been working very well to resolve any issues.

The Board discussed differing rota arrangements, the importance of personal reflection and considered where additional resources and support were needed.

Access to workstations in ward areas was discussed with difficulties caused by a combination of workstation availability and reliability. Mr Outhwaite took an action to look into this highlighting it could be evidenced and resolved quickly.

LO

The Board:

- ***Received and noted the Guardian for safe working hours annual report and was assured by the action being taken.***

BD69/18

Patient experience report (Enclosure F)

The Board received the report which used data from the Friends and Family Test (FTT) and concerns and complaints to give an overview of patient experience within outpatient services. The Director of Nursing and Patient Care highlighted the overall improving picture for outpatient services and the response rates which were increasing in contrast to the national trend. Action was being monitored through the Outpatient Improvement Project Board.

The Board discussed the positive action taken in connection with SMS text messages and letters and suggested there was an opportunity to consider further the signage in the hospital.

LA

The Board:

- ***Received and noted the patient experience feedback and the actions being taken in outpatient services.***

BD70/18

Board strategy and business plan (Enclosure G)

The Board received the Board strategy and business plan 2018-19.

It was noted that Objective 4.4 in relation to diversity and inclusion would evolve following discussions at the Board development day in the previous week. The staff survey update was a later agenda item. And it was requested that at 6.4 'car parking' be amended to 'site access'.

TC

The Board:

- ***Reviewed and approved the board strategy and business plan.***

BD71/18

Finance update

The Director of Finance and Contracting referred to the Integrated Performance report for the finance update. He updated the Board on the year end position which prior to Sustainability and Transformation Fund (STF) was £2.4m off plan. The pre-audit financial position including STF was a £4m surplus.

The financial plan for 2018-19 would be submitted on the 30th April 2018.

The Board:

- ***Received the financial update.***

BD72/18

Derbyshire Clinical Commissioning Group(CCG) Vision

Dr Clayton, Chief Executive Officer, Derbyshire CCG, was welcomed to the meeting. He gave a brief overview of the work to align the strategy of the Derbyshire CCGs into one noting the difficulties faced due to legislation, the history behind original boundary decisions, previous strong NHS England messages about not merging and the resultant staff turnover caused by uncertainty. With the new single management structure he was aiming to achieve a balance between strategic; focusing on outcomes for the Derbyshire population in bringing the system together; and local commissioning; not losing or disengaging from localities. Highlighting the unprecedented place Derbyshire was in financially he acknowledged the delay in agreeing the financial position.

With regards to the CCGs engagement with the South Yorkshire Hospital Services Review. The CCG had not engaged enough with the review nor across all its borders. He was meeting with the Integrated Care System in Sheffield that afternoon.

The Board thanked Mr Clayton for attending the meeting and for his candid and helpful overview.

BD73/18

Integrated Performance Report (Enclosure I)

The Board received the Integrated Performance Report (IPR).

One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance (Enclosure I1).

The Director of Nursing and Patient Care highlighted the progress made in treating patients with Sepsis reporting that April figures to date demonstrate a further improvement from the IPR report.

The Board:

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

BD74/18

Royal Primary Care CQC report and action plan (Enclosure J)

The Board received the Royal Primary Care CQC update report and action plan. The Board noted that the improvements made since the first CQC review had taken RPC1 out of special measures and an inadequate rating to

a CQC Overall rating of Requires Improvement. The CQC report demonstrates RPC was Good in the safe and effective domains.

The report identifies one regulatory breach, Regulation 17 – Good Governance which requires the practice to continue to work towards improving patient experience assessing and monitoring access to appointments and ensuring that information on making a complaint is displayed, accurate and consistent. The RPC improvement plan demonstrated clear actions to meet CQC regulations and achieve good across all domains.

The Board:

- ***Received and noted the Royal Primary Care CQC report and action plan to meet CQC regulations.***

BD75/18 **Staff survey update (Enclosure K)**

The Board received the staff survey update which, following the discussion at Board at its March meeting, gave a revised action plan, updated on other associated activity and proposed targets for the Board's approval.

The Executives updated the Board on a range of shared learning from other high performing Trusts. High performance seemed to be the result of long term and consistent activity. Examples included: in Sheffield, the micro systems approach and in Derby; Leadership development and monitoring of communication depth within the organisation.

In discussion members were concerned at setting standards below the national average particularly in terms of the engagement score. The Board reflected on its leadership style and if it was genuinely Leading the Chesterfield Way, giving enough prominence at Board and considering the levers within its gift. The Board was genuinely committed to making a difference and focusing action and talked about concentrating on fewer targets to focus improvement actions, noting that the staff engagement score was a key measure and consisted of the 3 key responses in the staff survey. A further in depth conversation would be held in May.

ZL/SM

The Board:

- **Received and noted the staff survey update requesting a further discussion at the May Board meeting.**

BD76/18 **Committee assurance (Enclosure L)**

The assurance committee Chairs had met in March and gained some clarification with regards to risk assurance ratings. However, there was still a question of Board expectations of the assurance committees and it was resolved for each assurance committee to consider terms of reference to develop a consistent approach across all assurance committees.

GM

The Board also discussed the risks identified in the Board Assurance Framework (BAF) and considered the needs of the Board. The BAF had been reset for the coming year 2018-19 and the risks reviewed. It was agreed that these would be further discussed in the assurance committees over the following period.

GM

The Board:

- **Received and noted the committee assurance paper and agreed that the assurance committees would review the 2018-19 BAF risks and the respective committee terms of reference.**

BD77/18

Board Assurance Framework: 2017-18 closure report (Enclosure M)

The Board received the closure report and agreed that the assurance committees would reconcile the reviewed risk for 2018-19 with the committee terms of reference as noted in BD77/17 above.

The Board:

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

BD78/18

High Level Risk Report (Enclosure N)

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

The Board:

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

BD79/18

Assurance reports (Enclosure O)

The Board received the following assurance reports:

Audit and Risk Committee, 17 April 2018 (Enclosure O)

The volume of work going through the Audit and Risk Committee was noted and the position regarding the IT Strategy and 3rd party review was considered. The IT Strategy was now planned to be considered by the Board in June. Mr Outhwaite had taken an action in the Private Board meeting to work with Ming Tang, Director, Data, Analysis and Intelligence Service, NHS England for a presentation at the May Board meeting which would relate to and lead onto the June IT Strategy discussion.

The Board:

- **Received and noted the Audit and Risk Committee assurance report.**

BD80/18

Board Annual Cycle of Business (Enclosure P)

The Board noted the annual cycle of Business.

BD81/18

Compliance with the NHS Foundation Trust code of governance (Enclosure Q)

The Board received the compliance with the NHS Foundation Trust code of governance report. The two exceptions to compliance of B6.6 and B7.1 were approved for inclusion in the annual report.

The Board:

Received the compliance with the NHS Foundation Trust code of governance report and approved the two exceptions to compliance of B6.6 and B7.1 for inclusion in the annual report.

BD82/18 **Items for Information: (Enclosures R1-6)**

The Board:

- ***Noted the following items for information:***
 - Chairs and NEDs engagements
 - Charitable funds committee – 13 March 2018
 - Corporate citizen committee – 13 March 2018
 - People committee – 21 March 2018
 - Quality assurance committee – 26 March 2018
 - Council of Governors – 7 February 2018

BD83/18 **Any Other Business**

There was no other further business and the meeting closed at 2:00 pm.

BD84/18 **Next Meeting**

Wednesday 23 May 2018,
11.00am Board room, Chesterfield Royal Hospital.