

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 27 September 2017 at 11.00 am in the Board Room, Chesterfield Royal Hospital**

Present: Dr H Phillips, Chair
Mrs L Challis, Non-Executive Director
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 L Outhwaite, Director of Finance & Contracting
Dr D Pickworth, Non-Executive Director (part meeting)
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: Ms S Rudd, Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
Jackie Fisher, Matron (item BD152/17 only)

Observers: Leanne Morgan, Assistant Practitioner (item BD152/17 only)

Mr B Parsons, Public Governor
Mrs R Ludford, Public Governor
Mr D Pipes, Chair of RPC1 PPG
Mrs R Edwards, General Manager – Medical Director's Office
Mrs C Butler, Management Accountant

Apologies: Mr S Morritt, Chief Executive

ACTION

BD150/17 **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.

BD151/17 **Declaration of Interests (Verbal)**

The following new declarations were noted and added to the Register of Interests:

- Jeremy Wight, NED – appointed a Trustee of Medact
- Beverley Webster, NED – appointed a Trustee of Sheffield Hospitals Charity

- David Urpeth, NED – appointed Chair of the Maternity Transformation Board, part of the North Derbyshire STP governance structure
- Dr David Pickworth, NED – in line with previous discussions has now agreed a contract with Royal Primary Care to act as a salaried GP
- Lee Outhwaite, Director of Finance – Trustee of Women’s Work and a Trustee of HFMA

The Board:

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

BD152/17

A Staff Story (Verbal)

Leanne Morgan, Assistant Practitioner and Jackie Fisher, Matron, attended the Board to present the staff story.

Leanne Morgan spoke to the Board about her experience and thoughts on her progression from a Healthcare Assistant role through support received from the Trust, to completion of her Assistant Practitioner qualification.

Leanne has worked for the Trust for 10 years, and with the support of her matron, has completed her HEE certificate and she then applied for a place as an Assistant Practitioner. The role was not widely understood but Leanne and Jackie have worked to communicate the role and how it is incorporated into ward.

Leanne has learnt many new skills and thanked the Trust and in particular Jackie, for the support received and the ability to work whilst studying. She is very happy in her role and enjoys being part of a fresh and new role.

The Board congratulated Leanne on her achievements and enthusiasm and thanked her for sharing her story with the Board.

Members agreed that it is important to communicate these initiatives and provide the example of leadership.

The Board:

- ***Thanked Leanne and Jackie for attending the meeting and sharing the journey from HCA to Assistant Practitioner.***

BD153/17

Minutes of Previous Meeting (Enclosure A)

The Board approved the minutes of the Board meeting held on 26th July 2017.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 26 July 2017***

BD154/17 **Action Log and Matters Arising (Enclosure B)**

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

The Board:

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

BD155/17 **Chief Executive's Briefing (Enclosure C)**

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

BD155/17(i) **Listening into Action**

The Trust held its first five Listening into Action (LiA) Crowdfixing events during the first three weeks of September. Many frontline staff attended the sessions and the discussions focused on 'what gets in your way' and how they would resolve problems with the backing of senior leaders. The events set the scene for the next range of projects.

The Board agreed that leadership is key and heard that a separate LiA event has been held with leaders to talk about empowering staff and how they will enable this.

The next step in the process is the holding of a 'pass it on' event, which is an opportunity to showcase work and how it has been achieved, again emphasising the importance of leadership.

Council of Governors

The Board noted the request that progress in Royal Primary Care be added to the reporting against the Governors' Success Criteria.

TC/SR

BD155/17(ii) **Senior Information Risk Owner**

NHS organisations appoint a Senior Information Risk Owner (SIRO) as part of measures to strengthen information assurance controls. The SIRO is a member of the Trust Board and, following a review of executive director responsibilities the SIRO role has been moved from the Director of Nursing & Patient Care to the Director of Finance and Contracting. This move reflects the leadership of IT and Information Governance within the Trust. The change is effective from 27th September 2017.

BD155/17(iii) **Governor Elections 2017**

Members noted that elections to the Council of Governors are taking place, with a closing date for nominations of 26th October and voting taking place in November. There are four public governor seats and a staff seat in Nursing & Midwifery to be elected.

The Board:

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

BD156/17 **Patient Experience Report (Enclosure D)**

Quarterly Quality Report (Enclosure D1)

The Board received the quarterly Quality report which reports on patient experience, safety and effectiveness and provides assurance on progress in these three areas. The report has been discussed in detail at the Quality Assurance Committee (QAC).

BD156/17(i) **Patient Experience**

The percentage of patients who would recommend the Trust is above the local target and remains the same as the previous quarter. Response rates however remain low and there has been a focus to improve the rate within maternity. There are a number of improvement actions in place in the areas of staff behaviour and communication, efficiency and appointments, service and environment.

Real time patient experience feedback is displayed on television screens in the main foyer and further options for streaming more widely across the site have been submitted for funding approval.

BD156/17(ii) **Patient Safety**

Incident reporting rates remain below the Trust trajectory and feedback from staff suggests that under-reporting is linked to limited feedback on incidents. A number of changes to reporting through the Learning from Incidents Strategy are being tested and should lead to increased reporting.

BD156/17(iii) **Quality and Safety**

Compliance with NICE guidance was discussed together with the plans to achieve compliance with the standard for providing a response within the timescale set with the Trust's NICE guidance policy. There is a process in place for receiving and reviewing NICE compliance at the Quality Delivery Group which receives detailed reporting and risk assessment.

Members enquired about complaints and the attitude of medical staff and heard that not all complaints were upheld. Individuals receive feedback where there has been a concern regarding their learning and any development needs identified. It was noted that Medical Staff are required to include all complaints in their appraisal documentation and are encouraged to provide a piece of reflection.

The Board thanked the Director of Nursing & Patient Care for the detailed report.

The Board:

- Received and noted the Quarterly Quality report

BD156/17(iv) National GP Patient Experience Survey (Enclosure D2)

The 2017 National GP Patient Survey was undertaken during January to March 2017. Questionnaires are sent out to patients who are randomly selected from all adult patients registered with a GP in England.

Both RPC1 and RPC2 achieved a response rate above national average. The responses identified areas where the practices were performing well and also detailed areas where lower than expected results were achieved. Each of these are known issues and include access by telephone, the ability to see or speak to a preferred GP and experience of making an appointment. There are already plans in place to address each of the areas identified.

The Board discussed the continuity of access to same GP. It is important to shape the public's understanding of this as we move forward in line with the 5 Year Forward View.

Members expressed disappointment at the target of telephone waits not going beyond 10 minutes and this should be a shorter time period. Members heard that the technical issues associated with the telephone system have been resolved but that increased resource is required to achieve the standards. Focus is on recruitment and training for staff.

The Board requested that the content of the CQC action plan be shared with the PPG members.

LA

The Board:

- Received and noted the National GP Patient Experience Survey

BD156/17(v) National Cancer Patient Experience Survey (Enclosure D3)

The National Cancer Patient Experience Survey 2016 results were received by the Board.

The survey is undertaken annually and includes all adult NHS patients with a confirmed primary diagnosis of cancer, discharged from an NHS Trust. The national response rate is 67% The response rate for the Trust was 66%, overall a good response and comparative to other hospitals.

The Trust received lower than expected results relating to availability of Clinical Nurse Specialists and patients being given the name of a key worker who would support them through treatment and for support for people with cancer and also for provision of information on the financial help available. Opportunities for improvement have been identified and each site has an improvement plan in place based on the Quality Surveillance self-assessment and survey findings. The top three priority areas for improvement are detailed within the report.

Members expressed their desire to be top quartile in outcomes and for the service offered to match the outstanding environment. QAC are to receive additional reporting on staffing issues and limited capacity in the cancer nurse specialist team.

Mrs Andrews agreed to bring a progress report on the improvement action to QAC in January 2018.

LA

The Board:

- ***Noted the National Cancer Patient Experience Survey and the improvement actions in place***

BD157/17

Infection Control Annual Report (Enclosure E)

Board received the Infection Prevention and Control Annual Report, compiled by the Lead Nurse/Deputy Director for Infection Prevention and Control. The report is very detailed and contains assurances in each area of infection prevention.

Members found the report to be very encouraging as it highlights the work of the team in each area and supports excellent outcomes. Sepsis has been a notable area of achievement with the team rising to the challenge of meeting the 1 hour target. The Sepsis pilot has been extended to continue to assess the resource requirement.

The Board expressed its thanks to the Deputy Director of Infection Prevention and her team and requested that the Chair pass on their congratulations.

HP

The Board:

- ***Noted the report and;***
- ***Thanked the Deputy Director of Infection Prevention and Control and her team for their work***

BD158/17

STP Update (Enclosure F)

Working Together Partnership – Committees in Common

The Board received a proposal that is being considered at all Board meetings in the South Yorkshire and North Derbyshire Working Together Partnership regarding the establishment of a Committee in Common framework.

Members considered the Joint Working Agreement and the Terms of Reference and requested that the following points be considered:

- Reporting arrangements should be extended to include public reporting to enable reporting to the Council of Governors, membership, staff and wider public
- Confidentiality requirements are too widely drawn and should not preclude reporting in public
- The proposal is that the exit strategy is to be agreed within three months of the agreement – a request to agree prior to the agreement will be submitted

- The WTP is to be incorporated into the STP and consideration should be given to the agreement being made with the STP.

The Board supported the arrangements in principle subject to the above comments and requested that the Chair write to the Working Together Partnership.

HP

The Board also requested that the Chair write to the Chairs of the Derbyshire STP enclosing the response to the WTP and suggesting that this is a helpful starting point for arrangements in Derbyshire.

HP

The Board:

- ***Supported the Joint Working Agreement and Terms of Reference in principle subject to the comments above***

BD159/17

Sustainable Development Management Plan (Enclosure G)

The Board received the Sustainable Development Management Plan which details the environmental and carbon reduction strategy and includes progress and future action plans.

The Trust has made good progress in its carbon reduction programme, achieving a reduction of 30% using energy and waste data only. The report outlined the initiatives to achieve this reduction including light replacement programme, replacement of environmental control systems and strategies to delivery energy carbon savings. Waste management has been introduced to segregate different waste streams.

The Trust is to become a member of the Carbon and Energy Fund which will provide access to a procurement framework of companies specialising in energy and carbon reduction schemes.

The Board agreed that development of an improved mechanism to monitor the management of embedded carbon on procurement items is required and that there is the opportunity to become a leader in this area.

The Board requested a review of opportunities including review of fleet cars and electric charging stations.

LO

The Board:

- ***Received the Sustainable Development Management plan and requested quarterly updates on the progress of the plan;***
- ***Requested further review of potential energy saving opportunities***

LO

BD160/17

Integrated Performance Report (Enclosure H)

The Board received the Integrated Performance Report for August 2017. Royal Primary Care is now included in the report and the first assurance meeting is being held in October as part of the integration of RPC.

ED performance in August 2017 was 92.1% against the standard of 95%, and ahead of the agreed trajectory. Performance for September to date is also above trajectory. The Emergency Care Improvement Team has visited the Trust and their report has just been received. This will now be reviewed.

Winter plans are currently being refined and addressing issues of reducing bed occupancy and better management of discharge flow internally and with partners in the community.

The Cancer standard 2 week wait performance in Breast has now been recovered however Dermatology are non-compliant. Recovery plans are in place and the Board noted that the non-compliant position continues to affect overall cancer standard compliance as recovery plans are implemented. The Board will continue to receive monthly exception reports on the recovery plan for 2 week wait and 62 days.

TC

During September the Trust has introduced e-referrals with GPs which will standardise the referral and improve the consistency of conversation with the patient. In addition, upon receipt of the referral the administration process has been improved which will reduce the number of days in the pathway and support return to compliance.

BD160/17(i) Quality

The number of slips, trips and falls remain consistent however there has been an increase in the number of patients suffering harm. Full root cause analyses are carried out and a theme of self-mobilising patients has been identified.

There is also an increasing trend in the number of pressure ulcers being seen but not in the severity of the pressure ulcer.

The Board noted that the IPR contained inaccurate reporting on antibiotics with the correct figures being 96% for July and 100% for August and that this would be corrected for publication of the report.

BD160/17(ii) Finance

The Trust has not achieved its planned year to date control total and is £571k behind plan, an improvement of £17k from month 4. There is continued focus on achievement of the control total and CIP plans by the year end. A further £167k contingency has been released to the August position, with the total released year to date of £1,233k of £2m.

Workforce

Appraisal completion rates of 75% demonstrate a sustained improvement but is below the target of 90%. An internal audit has recently been carried out reviewing both the quality of appraisals and the completion rates. This will be reported to the next Audit & Risk Committee.

The Board:

- ***Received the Integrated Performance Report for August 2017***

BD161/17

Staff Survey Update: Leading the Chesterfield Way (Enclosure I)

The Board received an update on the progress to date in the implementation of the Leading the Chesterfield Way (LCW) framework. There is a delivery plan in place to support the embedding of LCW and there have been a number of activities to date to support the implementation.

A structured LCW workshop is to be developed and cascaded to the leadership to continue to embed. The implementation plan is discussed in detail at the People Committee.

The Board noted that the national staff survey is now live and there is a focus on increasing the response rates. The survey is 100% paper based and there is more visible leadership around completion of the survey. Protected time to complete the survey at work has been put in place together with the offer of a coffee voucher.

The Board emphasised that the communications approach should highlight issues that have been addressed as a result of the previous survey to encourage participation. Reports are received on completion rates and areas with low response rates can be targeted. A higher response rate will provide a more accurate picture of the Trust.

The Board supported the recommended proposals but commented that there is insufficient intelligence in local areas.

Members discussed receiving a view on the triangulation of leadership and the individual areas within the organisation that require support.

ZL

The Board requested that the Executive Team review this data at a local level and apply judgement about progress being made and actions that can be taken to support specific areas.

Execs

The Board:

- ***Received and supported the Leading the Chesterfield Way proposals***
- ***Requested triangulation of People metrics***
- ***Requested that the Executive Team consider local areas with low response rates and actions to be taken***

BD162/17

Your Voice Survey results: Annual Report (Enclosure J)

The Your Voice staff engagement survey incorporates the mandatory Friends and Family Test questions and is held on a quarterly basis. The annual report provides an overview of the results and themes in the last year, together with ideas for improving staff engagement in these surveys.

The Board noted its disappointment in the response rates and discussed survey fatigue. The results correlate with the national survey but it needs to be made more appealing for staff to complete. There are two mandated questions but beyond that the Trust can choose the focus and be more creative about how the questions are asked and to not impede the staff survey. Further ideas on increasing response rate and attractiveness of the survey are to be discussed at the People Committee.

ZL

The Board noted that the nurse staffing recruitment difficulties will continue to impact the outcome of the survey as staff work in very challenging circumstances.

The Board:

- **Received and noted the Your Voice Survey Annual report;**
- **Requested that the People Committee receive ideas on improving the response rate and attractiveness of the survey.**

BD163/17

Workforce Race Equality Standard (WRES) (Enclosure K)

The Board received the Workforce Race Equality Standard (WRES) report in relation to the completion of mandatory standards relating to Equality, Diversity and Inclusion. The report has been discussed at People Committee and noted that the percentage of BME staff employed at the Trust has increased from 6% to 6.5%. The BME population within Chesterfield is approximately 5%.

The report does show an improvement on 5 key indicators but there remain differences in comparison to how our BME employees feel compared to non-BME colleagues, particularly around bullying and harassment from managers/team leaders or colleagues. These areas still require further development.

A BME focus group is to be formed to hear from people affected about additional actions that can be taken.

The Board discussed the idea of external facilitation of a workshop as part of the Board development programme. The Director of Workforce and OD agreed to explore options. In addition, the Trust has signed up to the 'Developing the Next Generation of Non-Executive Directors' initiative.

ZL

The Board emphasised the importance in responding to concerns.

The Board:

- **Received the WRES for 2017 and noted the actions being taken to improve compliance against standards**

BD164/17

Board Assurance Framework (Enclosure L)

The Board received the Board Assurance Framework noting that it has been reviewed and refreshed for 2017/18. The Critical Success Factors have been updated and the content improved to ensure controls and assurances, together with actions are appropriately recorded.

The Board noted the direction of travel and that this is an iterative process. Each Board sub-committee is reviewing their risks and a final updated report will be submitted to the October Board meeting.

The Board:

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

SR

BD165/17

High Level Risk Report (Enclosure M)

The Board received the High Level Risk Report noting each of the risks.

The Board discussed the preparation for the introduction of the General Data Protection Regulations in March 2018 and noted that the Audit & Risk Committee are to review the action plans and a gap analysis for implementation and will report to the Board.

The Board:

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

Audit
& Risk

BD166/17

Assurance Reports (Enclosures N)

Quality Assurance Committee (25th September)

The Chair of the Quality Assurance Committee noted that the Committee had received an update on the further work done to progress a reduction in slips, trips and falls.

The Committee was not assured in relation to RPC1. Assurance against the CQC action plan was received and the overall work to improve RPC is to be included in a broader report.

People Committee (6th September)

The Chair of the People Committee reported that the Committee is cognisant of the actions to improve the staff survey response rate and to resolving issues. The Committee was partially assured against the WRES standard and the embedding of the LCW.

The Board discussed the seeking of assurance at each committee and noted that the Audit & Risk Committee had requested development of an assurance strategy.

SR

BD167/17

Board Annual Cycle of Business (Enclosure O)

The Board noted the annual cycle of Business

BD168/17 **Items for Information: (Enclosures P1-P5)**

The Board:

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

- Chair's and NED's engagements (enclosure P1);
- Meeting schedule for 2018 (enclosure P2);
- Council of Governors minutes – 12 July 2017 (enclosure P3);
- Quality Assurance Committee minutes – 18 July 2017 (enclosure P4);
- PPI minutes – 16 August 2017 (enclosure P6)
- People Committee minutes – 12 July 2017 (enclosure P7)
- STP minutes – 14 July (enclosure P8)

BD169/17 **Any Other Business**

It was noted that a detailed discussion had been held in the private board session regarding a proposal to create a joint pathology service between Chesterfield Royal Hospital NHS FT and Derby Teaching Hospitals NHS FT. Following that discussion the Board had agreed to proceed with the Derbyshire Pathology proposal.

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

BD170/17 **Next Meeting**

Wednesday 25th October 2017
11.00am Board room, Chesterfield Royal Hospital