

DRAFT

BOARD OF DIRECTORS**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 31 October 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
Mrs L Challis, Non-Executive Director, Senior Independent Director /Deputy Chair
Dr G Collins, Medical Director
Mr M Killick, Non-Executive Director, Audit and Risk Committee Chair
Mrs Z Lintin, Director of Workforce and Organisational Development
Mrs J Stringfellow, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director, People Committee Chair
- Apologies:** Mrs A McKinna, Non-Executive Director, Finance and Performance Committee Chair
Mr L Outhwaite, Director of Finance & Contracting
- Observers:** Mr R Fraser, Performance and Information Operations Manager
Mr J Jameson (member of the public)
- In attendance:** Mr H Spencer, Director Medicine and Emergency Care(item BD 181/18 only)
Ms K Smedley, Matron Medicine and Emergency Care (item BD 181/18 only)
Ms B Sutton, Divisional General Manager, Medicine and Emergency Care
(item BD 172/18 only)
Ms B Dunks, Union representative (item BD 172/18 only)
Mr J Williams, Deputy Director of Finance & Contracting
Mrs S Turner-Saint, Head of Communications
Mr J Thorpe, Foundation Trust Secretary

ACTION**BD169/18 Chair's welcome and note of apologies (verbal)**

Introductions were made in support of the national #HelloMyNameIs campaign.

The Chair welcomed board members and observers.

The Chair welcomed John Williams, Deputy Director of Finance & Contracting who was attending the meeting in Lee Outhwaite's absence.

Apologies for absence had been received from Mrs McKinna and Mr Outhwaite.

BD170/18 Register and declaration of interests (Enclosure A)

No further declarations were made.

The Board:

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

BD171/18 Chief Executive's report (enclosure B)

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

Wholly Owned Subsidiary (WOS). It was explained that, as the Trust had been in the implementation phase of its decision to create a WOS, clarification had been sought from NHS Improvement (NHSI) following the request that Trusts pause plans to allow a consultation period on national guidance. This clarification had been received from NHSI and through negotiation agreement reached that the Trust could conclude its consultation with staff together with a guarantee that the Trust's proposal would be the first to be considered once the new guidance was in place. It had therefore been decided to put back the 'go-live' date. In addition the Trust had opted to extend the staff consultation period for a further four weeks to give additional time for staff to come forward and ensure that all questions and concerns had been fully responded to.

The NHSI consultation was due to conclude on 16 November with guidance expected to be issued in December. It was noted that the Trust would be responding to the consultation with comments circulated to Board members prior to submission.

SM

Care Quality Commission (CQC) inspection / Well Led Inspection It was explained that following the unannounced visit in September the CQC held a series of staff focus groups together with a review of randomly selected personnel files and interviews with key staff. Feedback from focus groups had been received and was detailed in the report. A Well Led inspection would take place over 3 days at the beginning of November during which time inspectors would be reviewing evidence provided by the Trust and interviewing and talking to Board members, governors and staff.

Issues highlighted under the core services review regarding information governance, staff appearance and infection control had been addressed at the time with spot checks undertaken since which had shown improvement. In response to issues raised regarding appearance the Trust policy is currently being reviewed.

Listening into Action (LiA) Team Launch It was explained that a further 30 LiA projects had commenced.

It was felt the current branding approach was proving successful but that the position going forward would be considered at the end of the current contract.

Staff Recognition Congratulations were given to the pharmacy team which had been announced as a finalist for the HSJ Improving Care with Technology award with the winner to be announced on 21 November and the carers service which had been announced as a finalist for the Derbyshire Times Business Innovation award with the winner to be announced on 15 November.

Further items included the implementation of the Quality, Service Improvement and Redesign programme, the progress of the Flu Fighters programme, activities held as part of the 'Work for Us' week, work to support

and promote and address issues arising from the NHS Staff Survey, an update on the continuing success of the Staff Lottery and work undertaken as part of the Council of Governor elections.

The Board:

Received and noted the updates in the Chief Executive's briefing.

BD172/18

Staff Story

It was explained that the item would be presented to the Board by Bridget Dunks who had represented the staff involved and Becky Sutton who had led on work to identify the lessons learnt.

Bridget explained that staff had been asked to attend a staff meeting at short notice. At the meeting the closure of Elizabeth ward was explained and staff asked for their first or second preference on where to move to. All wards were different and some staff had been moved to wards that couldn't accommodate their pattern of work. Staff members had been upset and concerned at the process with some deeply affected by the change.

Lessons learnt had included the need to ensure quality impact assessments took place in advance of the change, the need for communications planning and identification of people who need to be involved if change is needed, the involvement of staff side partners earlier, even in informal change situations, and ensuring that transformation plans were in place and that staff side partners had been involved in these.

It was explained that a range of activities which had supported the change had been well received including the undertaking of 1-2-1s with staff affected, the seeking of preferences, cross divisional support to find an appropriate role with some staff choosing to change role, a thank you event for the team on the last day of the ward and on-going support to staff settling into new teams.

In response to questions about the approach and process it was explained that the communications approach had been affected by a leak before plans were fully ready and that the need to involve staff side partners who could help to identify and address any potential difficulties was accepted. Additionally the need to be open and honest about feedback and plans from commissioners was highlighted with it also noted that the lessons learnt had been applied to the Winter Plan preparations.

The Board:

Noted the lessons learnt and thanked Bridget for attending the meeting and sharing the experiences of staff colleagues.

BD173/18

Minutes of previous meeting (enclosure C)

The Board:

- ***Received and approved the minutes of the Board meeting held***

BD174/18 **Action log and matters arising (enclosure D)**

The Board:

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

BD175/18 **Board Business Plan 2018 – 19 - Quarter 2 Progress Report (enclosure E)**

The Board received an update on progress toward the quarterly milestones defined in the agreed Business Plan at the end of quarter 2. It was stated that for each item the status reflected performance against the specific objective and that the majority of objectives were on target with the exceptions highlighted within the report.

In terms of objective 6.1 IMT strategy and 6.2 Environmental Strategy the status of green was queried as it was suggested that more work was needed to build the IMT approach and develop action plans relating to the carbon impact of transport and procurement. It was also suggested that there may be variance in application of the status measures and some areas where the targets needed further definition. It was suggested that the IMT strategy which would be coming to the next meeting would allow a wider consideration of IMT issues and requested that consideration be given to how the Board could be assured that there was consistent application of the approach and Executive Director oversight.

TC

The Board:

Noted the progress at the end of Q2 in delivering its 2018/19 Business Plan.

BD176/18 **National Cancer Patient Experience Survey 2017 (enclosure F1)**

The Board received an overview of the National Cancer Patient Experience Survey 2017 which had been undertaken annually since 2010 and updates on action following the 2016 report. The work of the Cancer Steering Group was also highlighted which sought to embed the cancer strategy and highlight any gaps with a presentation planned for the next Board meeting which would examine the patient experience in a specific pathway.

The Board drew attention to the delay in the publication of survey results and that there was no in year 'pulse check' which meant that the impact of the Macmillan Cancer unit was not reflected in the figures. The positive feedback and work done was noted but it was suggested that the data, time lag and positioning of the report made it difficult for the Board to add value to the process. It was felt that it would be helpful and aid in the triangulation of such data against IPR data if in future such reports included more detail of the expectations / aspiration and what was needed so that the Board could more effectively seek to define the resource need or manage the risk.

The Board:

- ***Noted the report and supported improvement work that addressed the opportunities of improvement identified within the Survey.***
- ***Requested that consideration be given to introduction of a regular 'pulse check' to give more up to date data.***
- ***Requested that consideration be given to how future papers could be positioned to add value to Board discussion.***

LA

SM/LA

BD177/18

National GP Survey 2018 and Royal Primary Care Patient Experience Report Quality Improvement Strategy (enclosure F2)

The Board received a report on the results of the National GP Survey alongside an overview of patient experience using the Friends and Family Test and local survey data. The report identified key areas of good practice including understanding the mental health needs of patients together with opportunities for improvement with an on-going plan in place to deliver improvements in patient experience.

It was explained that it was considered that the decline in Q2 18/19 FFT results reflected difficulties in accessing GPs but that solutions had been put in place with improvement in results expected. System One was now in place though there had been some delays caused by its implementation.

In terms of targets it was explained that the Trust target had been aligned to the then national target but that the national target had moved up. The aim was to meet the Trust target by the end of the year and then the national target with the improvement plan scrutinised through the quality meeting and assurance meetings with Executive directors. It was explained that the delays in meeting the targets had been caused by staff shortages and whilst Executive Directors were not content with the current position the reasoning behind the current position and future approach was understood.

It was suggested that to aid consideration of similar reports in the future the Board would find it useful for there to be a clearer explanation within reports of the assurance measures and approaches in place.

The Board:

- ***Noted the patient experience feedback and actions being taken within Royal Primary Care.***
- ***Received assurance that the Trust has the mechanisms in place to seek the views of patients and carers and that the service acts on feedback and puts ideas into practice to support a positive patient experience.***

SM

BD178/18

Quality Strategy and Implementation Plan (enclosure G)

It was noted that the draft Quality Strategy had been considered by the Quality Assurance Committee and agreed that the paper would be considered at Board. The Chair noted that the item had not been included in the Board papers and confirmed with the Board that they were in position to make a decision on the paper.

The Board received details of the strategy which set out the ambitions for the

next three years to support the aim to provide outstanding care and treatment using the 3 domains of quality as defined by the National Quality Board: Positive experience, Effective and Safe. The Strategy had been considered by and was recommended to the Board by the Quality Delivery Group.

In terms of the targets it was explained that some of the targets had been strengthened from an earlier version of the report following Board discussion and it was felt that the targets included within the report were adequately stretching and realistic.

The Board:

- ***Approved the Strategy and the targets identified.***

BD179/18

Guardian for Safe Working Hours: Quarter 2 Report (enclosure H)

The Board received a report a report of the Guardian of Safe Working Hours which sought to give assurance to the Board that doctors in training were safely rostered with their working hours compliant with the 2016 Junior Doctor Contract. The report set out that there had been a sustained reduction in the number of exception reports this quarter with 18 exception reports against 63 in the same quarter last year. A range of approaches had been introduced to address concerns raised by orthopaedic junior staff during the last quarter including changes to rotas and more senior support including at the 8am handover meetings. Details of the safety concerns raised were highlighted within the report.

Whilst it was thought there would always be some reporting and this was being encouraged as a means of highlighting problems to be resolved, it was felt that a more positive culture was now in place.

The Board:

- ***Received the report and endorsed the actions being taken in response to escalated concerns.***

BD180/18

Winter Plan Update (Enclosure I)

The Board received a report which provided an overview of the bed escalation plans covering the winter period. Details were given of the arrangements for operational co-ordination, the stages of escalation, the approach to expediting discharges, resource plans and funding and the balance of risk.

It was stated that work would be undertaken to include maternity, paediatric and Royal Primary Care planning to create a holistic plan and that to ensure lessons learnt were taken on board consideration had already been given to Quality Impact Assessments. It was further stated that work was underway to identify the additional funding highlighted within the report as being required.

The Board:

- ***Noted the work in progress***
- ***Supported the Winter Plan and escalation approach***
- ***Noted the additional tactics that might be adopted and cost***

incurred to manage risk

- ***Noted that a Quality Impact Assessment for the Plan had been presented to the Quality Development Group***

BD181/18

Staff Engagement (enclosure J)

The Board received an update on progress regarding the 3 strategic staff engagement themes including work on the Leading the Chesterfield Way programme, the Listening into Action teams which included a proposal for a weekly no meetings day, the 2018 national staff survey with it stated that the response rate had risen to 45%, the appraisal season where completion stood at 87% which was the highest so far achieved at the Trust, and details of Executive Director sponsor roles.

It was requested that the identified priority teams were considered by the Executive team in the light of more recent metrics and 'soft intelligence' to consider whether these are still the most relevant and that updates are given in next month's paper for each priority team for Executive sponsors.

ZL/
Executive
team

A presentation was received on staff engagement in the Emergency Department where the work had been undertaken to address low Friends and Family Tests scores, in spite of the unit being one of the best performing in the country for the 4 hour wait target. The actions taken in defining and implementing an improvement plan were explained with it stated that the score had improved from 68% in July to 84% in October with work still remaining.

It was reported that staff felt involved with the development of the Urgent Care Village and that things had changed however many challenges remained including the pressures of winter which would require a continuing focus. In terms of the targets it was explained that the national average had been identified as a starting target but the ambition was to go beyond that. The Board was encouraged by the progress being made and thanked Dr Spencer and Ms Smedley for their presentation.

The Board:

- ***Noted the progress report on staff engagement themes together with the current response rate for the 2018 survey, updates on Executive sponsor roles and engagement in the Emergency Department.***
- ***Requested that updates be brought for each priority team.***

BD182/18

Nursing and Midwifery Revalidation Report (enclosure K)

The Board received a report which sought to provide assurance around the support provided to nursing and midwifery staff on revalidation and the systems and processes in place. To fulfil its responsibility to support staff the Trust provided a range of support including workshops and bespoke training on a one to one basis. Since October 2017 of the 369 nurses and midwives due to revalidate 368 had successfully completed. One registered nurse had not revalidated in the timeframe due to maternity leave but was being supported through the review process. A Quality Assurance process had been put in place which had highlighted the positive impact of revalidation and was now being devolved to divisions supported by clinical

educators to encourage greater involvement of staff nurses and midwives.

It was explained that as reporting to Board on this matter was not a statutory requirement and that assurances of compliance were strong on process with it intended to report by exception in future years.

The Board:

- ***Received the report and the assurance that through the work done the Trust is satisfying its responsibility as an employer.***
- ***Noted that 99.7% of registrants have successfully revalidated between September 2017 to October 2018.***

BD183/18

Laboratory Information Management System (LIMS) Replacement (enclosure L)

The Board received details of the proposed LIMS replacement system which was seen as a key enabler to support the 5 year strategic objectives of Derbyshire Pathology. A detailed options appraisal had been conducted for the 3 identified options with details given in the report. The matter had been considered by the Derbyshire Pathology Oversight Group with option 3 to select a network LIMS solution through the purchase and implementation of the CliniSys Enterprise solution for Derbyshire Pathology recommended to the Board.

In accordance with the Derbyshire Pathology financial governance process the business case was also being considered through University Hospitals of Derby and Burton governance processes.

In terms of the financial figures within the report it was explained that the costs identified related to cumulative revenue expenditure (not capital) and represented a 70/30 investment split between University Hospitals of Derby & Burton (UHDB) and Chesterfield, as previously agreed within the terms of the joint venture. As a result of Chesterfield being on a more cost advantageous contract prior to the replacement UHDB therefore receive a disproportionate amount of the savings within the model, but in keeping with the agreed approach to cost sharing.

It was stated that there had been awareness of the need for the system when the Pathology approach had been agreed and that there was confidence that the new system would deliver savings.

Board members suggested that due to the timelines for the approval process there would have been limited scope for further consideration if the Board had felt it necessary and asked that this be taken into account when planning in future processes.

The Board:

- Approved the recommendation of the Derbyshire Pathology Oversight Group to support the business case for option 3, the purchase and implementation of CliniSys Enterprise.
- Agree the proportionate investment of £1.53 million outlined within the financial case.

BD184/18

Integrated Performance Report (enclosure M and M1)

The Board received the Integrated Performance Report (IPR) for September

2018. It was explained that 6 out of the 11 standards had been met in September with the Emergency Department percentage of patients treated in less than 4 hours non-compliant though still within the top quarter of NHS England Level 1 Provider Trusts and a decline in 62 day Cancer targets. There had also been a decline in compliance with the 18 week Referral to Treatment target with discussions being undertaken with commissioners to seek to address.

Cancer Performance – it was explained that the implementation of the pathway for the transfer of urology patients to Sheffield Teaching Hospitals would be in place from 7 January 2019 with a second MRI scanner and additional consultant cover coming into place in Sheffield.

The patient pathways over 104 days were considered with the impact of the one week holiday for a patient queried with it noted that this had been just one factor in what had been a very complex patient journey. The need to avoid the risk of complacency was highlighted.

The Board:

- ***Noted the sustained increase in referrals which continued to place pressure on compliance with all cancer treatment standards.***
- ***Noted the positive working towards implementation of the optimal 62d Urology pathway with Sheffield Teaching Hospitals from 7 January 2019 and improvement action being taken on the front end diagnostic phase of the pathway to support compliance with the day 38 IPT target from January 2019.***

BD185/18 Environmental Performance Report (enclosure N)

The Board received an update on progress in meeting carbon reduction targets and summarised the planned and implemented improvement schemes.

It was agreed that further information would be provided to Dr Wight regarding the results showing the relationship between electricity usage and CO₂ emissions. It was further requested that it be considered how the carbon impact of transport and procurement be monitored and electric cycle usage investigated.

JW

The Board:

- ***Received the report and accept the assurance noting that it will be shared along with the annual audit with the higher level responsible officer.***
- ***Support the proposed actions to be taken forward in the action plan.***

BD186/18 Board Assurance Framework and Assurance Reports (enclosure O1-Q3)

The Board received a summary of the Quarter 2 risks together with details of assurance reports and revised assurance rating levels agreed by the Audit and Risk Committee.

Audit & Risk Committee – 31/10/18

Conflicts of Interest - Executive Directors were supporting with the appropriate representatives to ensure implementation of the policy.
Cyber security – the matter would be considered as part of a forthcoming report to Board and was being progressed through the Director of Finance and Contracting and internal auditors.

Finance and Performance Committee – 16/10/18
No further updates were given.

The Board:

- ***Noted the assurance provided through the assurance committees in respect of the Trust's strategic risks.***
- ***Noted the revised committee assurance rating levels agreed by the Audit and Risk Committee on 16 October 2018 which would be used in reports from November 2018.***

BD187/18 Board Annual Cycle of Business (Enclosure P)

The Board

Noted the annual cycle of Business.

BD 188/18 Any Other Business

No other items of business were identified.

BD189/18 Items for Information: (Enclosures Q1- 9)

The Board:

- ***Noted the following items for information:***
 - Chairs and NEDs engagements
 - High Level Risk Report
 - Audit and Risk Committee (16/10/18)
 - Council of Governors (26/07/18)
 - People Committee (19/09/18)
 - Quality Assurance Committee (24/09/18)
 - Charitable Funds Committee (25/09/18)
 - Collaborative Partnership board (11/08/18, 14/09/18)

BD190/18 Next Meeting

The Board:

- ***Noted that the next meeting would take place on Wednesday 28 November 2018 at 11.00am in the Board Room at Chesterfield Royal Hospital***

BD191/18 Review of the meeting

In the Context of Leading the Chesterfield Way

In reviewing the public and private meetings the Chair invited comments from observers and Board members.

What went well?

Feedback included that:

- the agenda had felt less pressured and allowed more time for discussion
- that the forthcoming well-led inspection had helped to inform the discussion
- the staff story discussion had been open and given assurance and hopefully was a signal to the organisation of the Board's openness
- the presentation of Applause nominations in the room was positive and helped to encourage the right approach

The Chair declared the meeting closed at 2.00pm.