

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 28 March 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 Z Lintin, Director of Workforce and Organisational Development
Mr L Outhwaite, Director of Finance & Contracting
Mr P Severs, Non-Executive Director, Audit and Risk Committee Chair
Mrs A McKinna, Non-Executive Director, Finance and Performance Committee Chair
Dr J Wight, Non-Executive Director, People Committee Chair
Ms B Webster, Non-Executive Director
Mr D Urpeth, Non-Executive Director, Quality Assurance Committee Chair

Observer: Mr S Heppinstall, Head of Management Accounts
Ms E Stokes, Member of the Public
Dr R Matthew, Clinical Director, Paediatrics and CAMHS

In attendance: Mrs G Maiden, Acting Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications
Mr Naylor, Patient relative
Matron S Foster, Medicine/General Care Unit
Matron J Fisher, Markham Ward
Ms D Wildman, Assistance and Complaints Service

Apologies: Dr G Collins, Medical Director
Mrs L Challis, Non-Executive Director, Senior Independent Director
Dr D Pickworth, Non-Executive Director

BD41/18

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 Dr Collins, Mrs Challis and Dr Pickworth.

Dr Collins and Dr Pickworth were attending the memorial service of Mr John Wardle and representing the Board. Mr Wardle had been a respected member of the Council of Governors as a partner governor representing the Voluntary Association. The Chair led those present at the meeting in a minute's silence in his memory at 11:30am.

BD42/18

Declaration of interests

Mr Urpeth declared that he had stepped down from his role as the chair for the Derby Maternity Transformation Board. There were no other declarations of interest.

The Board:**ACTION**

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

BD43/18

A patient story

The Board heard from Mr David Naylor who wished to share the experience of his father, Mr John Naylor and that of his family to ensure improvements were made for others.

Mr John Naylor was admitted onto the Coronary Care Unit (CCU) on Manvers Ward on 21 October 2017, where he required monitoring and ongoing treatment for his heart problem. On 23 October 2017 it became evident that, sadly, his condition had continued to deteriorate and this was discussed with his family. The family knew that he was end of life and wanted him to be at ease and calm; however, the family felt he remained agitated throughout the night before he passed away. They felt he did not get the appropriate attention during this period nor the dignified death he deserved.

Further to Mr David Naylor submitting a complaint to the Trust and has received a formal written response wherein condolences and an apology were offered. Mr Naylor has also since met with the Head of Nursing for Medicine and Emergency Care and staff from the ward to discuss the response to his complaint and to seek reassurance with regard to the actions being taken.

Whilst he felt the nurses on the ward were fantastic and did their best to care for his father, Mr Naylor felt that the redeployment of night staff from Manvers ward to support another area impacted on his father's care and dignity in the last stage of his life, particularly in relation to pain relief. He hoped that staff would find the confidence to shout up and say something.

The Board heard in detail about the care delivery problems identified, the lessons which were learnt and the actions taken.

Senior Matron Wain explained to the Board that the Division were working with staff to ensure they felt confident to escalate when they had staffing concerns. The staffing escalation process has been re-circulated to all matrons and is being discussed at the Care Unit Governance Meetings. Mr Naylor's experience was also shared with the clinical operations team, so they could consider how they follow up and monitor the impact of staffing moves and their role in ensuring areas are supported.

The Board extended its condolences and a further apology, thanking Mr Naylor for attending to talk to the Board so it could ensure action was taken.

The Board:

- ***Thanked Mr Naylor, Matron Fisher and Senior Matron Wain for attending the meeting and sharing the experience of Mr John Naylor.***

BD44/18 **Minutes of previous meeting (Enclosure A)**

BD27/18: Final paragraph: The next Quarterly Quality Report was due in May.

The Board approved the minutes of the Board meeting held on 28 February 2018 subject to the amendment noted above.

The Board:

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

BD45/18 **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.***

BD46/18 **Chief Executive's briefing (Enclosure C)**

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

- The new appraisal season had now been launched.
- Staff Forum concerns raised led to: uniforms issues being addressed; an option appraisal for car parking developed; and, a better support system for apprentices introduced.
- Constitution. Following the previous month's approval of changes to the constitution the Council of Governors was being asked to agree a minimum number for the new 'rest of England and Wales' constituency at its April meeting.

The Board:

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

BD47/18 **Patient experience report (Enclosure D)**

The Board received the patient experience report for the Maternity and Gynaecology Care Unit which gave an overview of results from the national Maternity Survey 2017, alongside a comparison of local feedback from maternity and gynaecology services in quarter 3 (2016-17) and quarter 3 (2017-18). Dr Wight highlighted that the Quality Assurance Committee had considered the report in detail and overall had considered it a very good report.

The Director of Nursing and Patient Care, Ms Andrews, highlighted the work to improve maternity services during 2017 including the additional training undertaken by the Matron of the Birth Centre to become a Birth Trauma Resolution practitioner.

She also highlighted the Derbyshire Maternity Transformation Programme indicating that the work within the Choice and Personalisation work streams should help improve patient experience and survey scores within antenatal sections.

Numbers of babies born at the Trust had been slightly down during the year. This was a national picture however, the Trust wished to continue being attractive to new mothers. The Board requested making the data in the report, which was already publicly available, more user-friendly and accessible to help influence choice.

LA

The Board offered congratulations to all involved noting the report of concrete evidence of all the hard work.

The Board:

- ***Received and noted the patient experience report.***

BD48/18

Integrated Care Systems

The Chief Executive gave a brief presentation on the development of Integrated Care Systems (ICS).

He explained that ICS had previously been known as Accountable Care Systems (ACS). There were currently eight ICS pilots and two devolved regions with the aim of delivering integrated systems of care.

Members wished to understand the potential impacts to enable the Board to be in a strategic position to influence the future governance of the Trust. Further discussions would take place at the Board development session on 18th April 2018.

The Board:

- ***Noted the Integrated Care System presentation.***

BD49/18

Integrated Performance Report (Enclosure E and E1)

The Board received the Integrated Performance Report (IPR).

One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance (Enclosure G1). Mr Campbell was very pleased to report that, now the cancer data collection had been published on 5 March, he could confirm that compliance across all the seven cancer pathway standards had been achieved in January 2018. All indications were that February would be the same and although March had been a difficult month he remained positive for compliance overall for quarter 4.

There remained an unresolved issue with Sheffield Teaching Hospitals in respect of Urology with an ongoing conversation about where best to site the clinics. Mr Campbell also alerted the Board to a difficult to mitigate surgical staffing issue within Breast Cancer.

Mr Campbell updated against the winter plan noting that March had been more challenging than December, January or February. The plan was holding up well but the hospital was continually operating at full capacity. Work to discharge where appropriate was progressing before the Easter bank holiday weekend particularly as care homes would not accept over the bank holiday, and 'what if' scenarios were being explored in readiness. Challenged on how the plan could be improved Mr Campbell said that the plan was robust allowed flexibility. Staff across the hospital had worked exceptionally well together however, following a very testing 4 months staff were tired and sickness rates were beginning to increase.

For the attention of the Public Board, the Director of Workforce and Organisational Development, Mrs Lintin, highlighted that the Workforce Investment Plan had been approved in the February Private Board.

The Board:

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

BD50/18

Royal Primary Care (Enclosure F)

The Chief Operating Officer highlighted that Royal Primary Care (RPC) had been under comparative winter pressures to the hospital resulting on occasions to only being able to offer patients emergency appointments only. Although still awaiting the CQC final report the RPC Improvement plan was ahead of its trajectory. There had been some movement in staffing however mitigations were in place. A baseline review of IT equipment had been carried out and the outcome of the review was awaited which would determine the priority and timing of equipment replacement.

Mr Severs asked about the status of the target to have no locums by August. Mr Campbell explained that even though the challenge had recently doubled the target was still in place and being aimed for. They were working within the new pay structure to attract new people.

The Board:

- ***Received and noted the Royal Primary Care update.***

BD51/18

Staff survey results (Enclosure G)

The Board received the staff survey results. The embargo had now been lifted. The Director of Workforce and Organisational Development, Ms Lintin, highlighted that the results had not been the ones she wanted and in discussion with the Board it shared her view. Going forward there was a commitment to keep going as planned but to go more quickly with clear targets. A Trust wide action plan had been put in place focusing around three themes: Leadership/Leading the Chesterfield Way (LCW), Listening into Action (LiA) and Engagement Framework including the new work stream on flexible working.

In discussion Members highlighted where LiA activities had already begun to make a difference:

- Mr Campbell noted that the staff survey was taking place just as LiA was being launched. He highlighted the good LiA work in theatres where all the staff had been involved and felt that would make a positive difference to future staff survey results.
- Ms Andrews highlighted the Working Together quest sessions with RPC and that elements in Maternity were also benefitting from LiA.
- Mrs Webster noted the unprecedented number of applications to Charitable Funds as a result of LiA.

Mr Urpeth suggested that a proposal with targets, focusing on the key issues and how success could be measured, now needed to be developed to drive the improvements forward. Mrs Mckinna and Mrs Webster agreed that the activity to address the staff survey issues needed more energy.

Dr Phillips emphasised that only by addressing the concerns of the staff would the Trust's other objectives be achieved.

The Chief Executive, Mr Morritt said that any targets needed to be realistic but also demonstrate sufficient ambition. The national context could not be ignored.

The Board agreed that new targets for future years would be agreed at the April Board meeting.

ZL

The Board:

- **Received and noted the staff survey results.**

BD52/18

Finance update (Enclosure H)

The Board received the finance update. The Director of Finance and Contracting, Mr Outhwaite, highlighted that at month 11, prior to the application of any mitigating items; the Trust was £1.3M off plan. This was in line with the previously reported unmitigated outturn year end forecast of £3.5m. Mr Outhwaite summarised the adjustments that had been made due to under delivery of CIP, repaid CQUIN income and a non-recurrent which led to the reported month 11 financial being £0.6m off plan.

A range of opportunities were being considered as part of a strategy for year-end Control Total compliance. These would be considered in detail by the Audit and Risk Committee on 17th April and by the Board at its development day on the 18th April 2018.

Members were keen to understand the detail of the financial opportunities being considered and the impact on the end of year accounts. Mr Severs extended an invitation to Members to attend the Audit and Risk Committee's informal pre-look at the accounts at the beginning of May. An invitation would be sent out.

GM

The Board:

- **Received and noted the finance update.**

BD53/18

Board Assurance Framework (Enclosure I)

The Board received the Board Assurance Framework (BAF) noting that it has been reviewed and refreshed since the February meeting and that it would now be closed off for the financial year 2017-18 and re-stated for the coming year.

Members discussed risk 2.2 and the re-stating of the Urgent Care Village project board. Mrs Webster expressed an interest in being a non-executive member of that project board.

The Board:

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

BD54/18

High Level Risk Report (Enclosure J)

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

Members discussed the governance of *risk 2396: Trust readiness to comply with GDPR legislation*, particularly as compliance needed to be demonstrated from May. This risk was being actively reviewed on a monthly basis through the Information Governance Group and would be considered in detail at the Audit and Risk Committee on 17 April 2018.

The Board:

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

BD55/18

Finance and Performance Committee annual evaluation action plan (Enclosure K)

The Board received the Finance and Performance Committee annual evaluation action plan. Mrs McKinna explained that, given that the committee had been recently formed, the evaluation had been positive. The issues raised concerned the timing of the meetings and the timing and quality of papers. The meeting timing had already been actioned and the Corporate Governance team would be continuing to work with contributors to improve quality and timing of papers.

The Board:

- ***Received and noted the Finance and Performance Committee annual evaluation action plan.***

BD56/18

Assurance reports (Enclosure L1-L3)

The Board received the following assurance reports:

Finance and Performance Committee, 20 March 2018 (Enclosure L1)

The difficult decisions regarding the Financial Plan 2018-19 had been discussed during the private Board meeting. Feedback had been offered regarding the operational plan and CIP was of particular concern.

GC

Quality Assurance Committee, 26 March 2018 (Enclosure L2)

The failure to meet the SEPSIS standards in the Quality Strategy had raised concern. Improvement action had been noted and would be reviewed at the committee's May meeting.

The timing of the Integrated Performance Report (IPR) was raised as an on-going issue for the assurance committees. The IPR had originally been developed and timed for the Board and the timing aligned to data availability to ensure the most up to date information was included. A review of the IPR was still progressing and would take into consideration the timing of the report. The timing of the assurance committee and Board meetings would also be reviewed going forward into the new financial year.

GM

People Committee, 21 March 2018 (Enclosure L3)

The Leading the Chesterfield Way plan would be reviewed at its May meeting.

The Board:

- ***Received and noted the Assurance reports.***

BD57/18 **Board Annual Cycle of Business (Enclosure M)**

The Board noted the annual cycle of Business.

BD58/18 **NHS Constitution compliance report (Enclosure N)**

The Board received the NHS Constitution compliance report which was approved.

The Board:

- ***Received and approved the NHS Constitution compliance report.***

BD59/18 **Items for Information: (Enclosures O1-2)**

The Board:

- ***Noted the following items for information:***
 - Chairs and NEDs engagements
 - Working Together Partnership Vanguard – Committees in Common Briefing - March

BD60/18 **Any Other Business**

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

BD61/18 **Next Meeting**

Wednesday 25 April 2018,
11.00am Board room, Chesterfield Royal Hospital.