

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 23 May 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
 Mr P Severs, Non-Executive Director, Audit and Risk Committee Chair
 Dr D Pickworth, Non-Executive Director
 Mr D Urpeth, Non-Executive Director, Quality Assurance Committee Chair
 Ms B Webster, Non-Executive Director
 Dr J Wight, Non-Executive Director, People Committee Chair

Observer: Mrs L Howlett, Acting Head of Clinical Governance
 Mr M Killick

In attendance: Martin Shepherd, Clinical Director/Head of Medicines Management, Integrated Care Division
 (Item BD86/18 only)
 Mrs J Fellows, Freedom to speak up guardian (Items BD86/18 and 87/18 only)
 Mrs G Maiden, Acting Foundation Trust Secretary
 Mrs S Turner-Saint, Head of Communications

BD84/18

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.

Dr Phillips introduced Mike Killick who was being recommended as the new Non-executive Director and Audit and Risk Committee Chair. His appointment was subject to Council of Governor approval.

Mr Severs was stepping down from his appointment as Non-executive Director from 31 May 2018 and this would be his last formal meeting.

Dr Phillips thanked Mr Severs on behalf of the Board saying he had been a much appreciated and outstanding colleague who had been relied on in his role as Audit and Risk Committee Chair. The Council of Governors had said to Dr Phillips that Mr Severs was much more than the Audit and Risk Committee Chair and he had engaged on the whole agenda of the Trust from a wide perspective.

BD85/18

Register and declaration of interests (Enclosure A)

There were no declarations of interest.

ACTION

The Board:

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

BD86/18

A staff story

Mrs Fellows, the Freedom to Speak UP guardian had been approached by some staff from the Pharmacy Dispensing Team who felt they were increasingly being asked to do work they hadn't been trained sufficiently to do and were concerned about a potential increase in incidents. She raised it with their Head of department, Mr Shepherd. This was his story about how he dealt with the situation and the lessons he learned.

Mr Shepherd explained that this had come at a time when he was on leave, and although some issues raised were known to him, this had challenged his own awareness of what the issues were. A large scale project was at a difficult point and resources had been impacted. Consequently induction had been compromised along with adequate support and training.

Mr Shepherd's style was open with staff and he had found it difficult to learn that staff had not felt they could talk to him about the situation. He had reflected well on the situation and been willing to deal with the situation rather than be defensive about it. The members of staff involved later agreed to talk confidentially to Mr Shepherd and had found him very helpful. Mrs Fellows was complimentary about the manner in which Mr Shepherd had handled this situation and the staff members felt that had been a positive outcome.

The Board was pleased to know that the Freedom to Speak Up system was working and thanked Mr Shepherd for being prepared to attend the Board meeting to discuss the issue openly.

The Board:

- ***Thanked Mr Shepherd for attending the meeting and sharing his experience.***

BD87/18

Freedom to speak up guardian bi-annual update (Enclosure A)

The Board received the freedom to speak up guardian bi-annual update.

The Board discussed levels of contacts, how learning was being shared with leaders across the Trust and the adequacy of the Board's response and contribution. Mrs Fellows gave assurance that she felt well supported by executive and non-executive colleagues when issues were being raised.

Thematic issues were being shared across the organisation with focused time being spent working with the Leadership Assembly. In addition, a video was available for all staff to help raise awareness of Freedom to speak up. Mrs Fellows was also involved in discussions around learning from incidents which focus on what went well and how learning is shared across the organisation.

Mrs Fellows highlighted the new national guardian self-review tool (Appendix 1) and it was agreed that a small group of the Board led by Mrs Challis

would populate the tool and bring it back to a future Board meeting.

LC

The Board:

- **Received and noted the Freedom to speak up guardian bi-annual update.**

BD88/18 **Minutes of previous meeting (Enclosure B)**

The Board approved the minutes of the Board meeting held on 25 April 2018.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 25 April 2018.***

BD89/18 **Action log and matters arising (Enclosure C)**

The Board noted the Action Log and Matters arising and the update against each item. Although not noted in the paper the first two actions: *BD06/18: greater patient experience visibility* and *BD08/19: Integrated Performance Report improvements* were cleared by agenda items.

The Board:

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

BD90/18 **Chief Executive's report (Enclosure D)**

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

Listening into Action (LiA)

The pulse check was to go live on 25 May. Everyone was encouraged to participate. A more detailed update about LiA would be brought to the July Board meeting and the findings from the pulse check to the September meeting.

NHS 70th Birthday

Celebrations including tea parties were being organised for the 5th July 2018. Board members were being involved in various activities. The Trust's flag had also been changed in honour.

The Board:

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

BD91/18 **Finance update (Enclosure D1)**

The Board received the finance update and the recommended Capital Expenditure programme.

The Director of Finance and Contracting highlighted the final 2017-18 year end position as £4m surplus prior to impairments. The final operational plan

GM (for the work programme)

for £1.1m deficit for 2018-19 had been submitted to NHS Improvement on the 30th April 2018. The plan had included the Trust Capital programme for £11m which the Board were being asked to discuss and approve. Financial performance in Month 1 was £250k off plan due to unplanned care activity.

The Board noted the financial position and discussed the operational plan, the contingency position and the 'bottom up' CIP approach taken. It had been considered by the Finance and Performance Committee and in comparison to the year before the approach for 2018-19 was more considered and better planned.

The Board discussed the Trust's Capital Programme and the actions required to improve capital project management. Some concern was raised about the findings in the report in relation to the Cancer Unit. The business case had been agreed at Board and a decision properly made with the understanding that the build would primarily be a qualitative development and not necessarily enhance income but would in fact, incur revenue costs. Additionally recognition of the substantial contribution made by Macmillan was a critical factor in the Trust deciding to proceed with the project.

The Board agreed there would be an annual review of the delivery of the capital programme with particular emphasis on assurance that the lessons learned from previous projects have been embedded into delivery.

It was also agreed that a long term site development plan should be presented to the Board with regular reporting against it.

The Board:

- ***Received and noted the financial update; and,***
- ***Approved the Trust's Capital Programme.***

GM (for the work programme)

LO

BD92/18

Annual Report and Accounts 2017-18 (Enclosure F)

The Board received the Annual Report and Accounts (ARA) 2017-18 which included the Quality Accounts and the Annual Governance Statement.

Mr Severs, as Chair of the Audit and Risk Committee recommended that the Board approve the ARA including the Quality Accounts and the Annual Governance Statement. In reaching this recommendation the Committee had taken into account the opinions of Internal and External audit and Counter Fraud based on information received and scrutinised at committee and board throughout the year.

The Committee held an early review of the financial accounts on 1 May 2018. All Board members had been invited to attend that meeting. The final draft of the ARA had been considered on 15 May 2018, with the Chief Executive in attendance. Items received and accepted in support of the annual accounts process, amendments made to update individual papers and recommendations made to the board of directors were highlighted.

Board members expressed their disappointment in not reaching the Control Total however agreed the Trust was in a much better position than many others moving into 2018-19. The Board wished to add it's thanks to everyone involved and to also find a way to make maximum use of the

information in the ARA to ensure good value was made of the time spent in its collation.

STS

A large number of people across the Trust had contributed to the Annual Report and Accounts and the Chair would write to them to thank them for their hard work.

HP

The Board:

- **Reviewed and approved the Annual Report and Accounts 2018-19 and the appropriate required signatures to five copies.**

BD93/18

Quarterly Quality Report (Enclosure F)

The Board received the Quarterly Quality Report. The Director of Nursing and Patient Care highlighted a number of points from the report including the recent response rate improvement in patient experience and Appendix 1 which focused on communications, a core Trust action for improvement.

The Board discussed various aspects of the report including national audits and the low post-operative infection rate. The Quality Assurance Committee had been impressed by the good progress and the Board concurred. The progress was a good news story and, recognising there was still work to do, the Board acknowledged that patient experience was improving at Chesterfield Royal Hospital.

The Board:

- **Received the Quarterly Quality Report and,**
- **Noted the progress made in all three areas of patient safety, experience and effectiveness.**

BD94/18

Learning from deaths dashboard – quarter 4 2017-18 (Enclosure G)

The Board received the learning from deaths dashboard quarter 4 2017-18 report. The Medical Director highlighted points of key learning in respect of missed opportunities in identifying earlier those coming to the end of life and the developments in progress to strengthen the Trust's palliative care service.

Members questioned how issues concerning palliative care and the related communications with patients and relatives were being escalated and the lessons learned were being exposed throughout the Trust to Board level. The Board discussed the role of the Quality Delivery Group and Quality Assurance Committee and how data might be drawn up through the organisation to the Board. An action was taken to ask the new Risk Manager to consider how this might be made clearer and to report back to the July meeting.

LA

Dr Collins reported that the rotation of staff from the new Supportive Care team to Ashgate Hospice to gain valuable experience in palliative care had proved difficult due to limited hospice staffing. An action was taken to contact St Luke's to explore possibilities.

GC

BD95/18

Staff Survey update (Enclosure H)

The Board received the Staff Survey update which focused on proposed targets and Trust-wide and local action planning.

The Board discussed in depth the ambition of the targets particularly that of overall staff engagement and key finding (KF) 1, considering: achievability, attitude, how the targets impacted on other objectives and assumptions made about possible pace of change. It was agreed that the Director of Workforce and Organisational Development would research the top 20% performance of acute trusts nationally in relation to KF1 and from there the Board would agree clear and ambitious targets immediately following the meeting by correspondence. The Board agreed the proposed target in relation to the overall staff engagement score.

ZL

In the meantime actions from the staff survey would continue to progress.

The Board also agreed to consider the experience of other Trusts who had achieved a fast paced improvement to their staff survey results. The Leeds Teaching Hospital was one such Trust.

ZL

The Board:

- **Received the Staff Survey update; and**
- **Resolved to set clear and ambitious targets in relation to key finding (KF)1: staff recommendation of the trust as a place to work or receive treatment.**

BD96/18

Annual nurse and midwifery staffing establishment review (Enclosure I)

The Board received the annual nurse and midwifery staffing establishment review. The Director of Nursing and Patient Care was satisfied that the establishments were within accepted levels, recognising further work being undertaken to review nurse staffing levels on four wards. She highlighted some key points of the review including:

- Additional investment agreed at the Transformation Group enabling resource increases for the Manvers and Eastgate wards' night shifts and emergency nurse practitioners in the Emergency department; and,
- Mandatory Training and development

The Board discussed:

- Improved additional unpaid hours highlighted in the staff survey results;
- Care hours per patient and how this is agreed; and
- Neonatal care staffing levels and the positive peer review feedback and points recommended for consideration.

The Chair requested that a costing proposal be considered for the Nurse in Charge (Band 6) to have no caseload in the morning as well as in the afternoon.

LA

The Board:

- **Received the annual nurse and midwifery staffing establishment review; and,**

- **Noted that the establishments were within accepted levels subject to reviews on four wards being completed.**

BD97/18

Integrated Performance Report (Enclosure J)

The Board received the Integrated Performance Report (IPR). The Chief Operating Officer introduced the new simplified and user friendly format.

The Board welcomed the new more transparent format and discussed various points of detail to be taken forward into future versions, the overall improving Trust performance and specific items of performance including: cost of not attending appointments and Sepsis.

The Board requested that the agency nursing data be expressed in a consistent way (either monthly or annually) and that the information be linked to the strategic objectives more explicitly.

One exception paper was introduced by the Chief Operating Officer: Cancer pathway non-compliance (Enclosure J1). Positive progress had been made in sustaining compliance against five of the cancer standards. A positive outcome for urology had come through the Cancer Alliance Forum where it had been agreed that urology patients could be referred to a Sheffield Teaching Hospital (STH) clinic to prevent any delays where the consultant is unable to attend Trust clinics in Chesterfield. Resolving the urology pathway with STH would contribute significantly to the sustainable delivery of the 62 day cancer target.

The Board:

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

BD98/18

Board Assurance Framework: 2017-18 closure report (verbal)

The Acting Trust Secretary updated the Board on the progress of the Board Assurance Framework (BAF) risks through the Board's assurance committees (Action BD76/18). Two risks: 2.1 (*Clinical Services Strategy*) and 2.2 (*Royal Primary Care*) had been escalated for Board level monitoring going forward with planned items already on the work programme. Work was on going to populate of the detail and actions to mitigate the risks and the full BAF would be presented to the next meeting with a view to agreeing a quarterly review with deep dive items as appropriate going forward.

The Board:

- ***Noted the verbal update on the Board Assurance Framework***

BD99/18

High Level Risk Report (Enclosure K)

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

The Board:

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

TC

BD100/18 **Assurance reports (Enclosure L1-4)**

The Board received the following assurance reports:

Audit and Risk Committee: 15 May 2018 (Enclosure L1)

This had been covered in the earlier item BD92/18.

Finance and Performance Committee: 15 May 2018 (Enclosure L2)

Items highlighted were the committee's consideration of: the BAF risks it monitored and its confidence in relation to the Financial Operating plan noting the change to the CIP total.

People Committee: 16 May 2018 (Enclosure L3)

Items highlighted were the committee's consideration of: the BAF risks it monitored; staff engagement and Leading the Chesterfield Way. The Education Annual report would be shared with the Board in June.

Quality Assurance Committee: 21 May 2018 (Enclosure L4)

Items highlighted were the committee's consideration of: the BAF risks it monitored; General Data Protection regulations (GDPR) and the timing of the Integrated Performance Report.

The Board:

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

BD101/18 **Board certifications under the NHS provider licence (Enclosure M)**

The board considered the paper in support of the Trust's certification against:

- Condition G6 (3) - The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution.
- Condition FT 4(8) - The provider has complied with required governance arrangements
- Condition CoS 7 (3) –The provider has a reasonable expectation that required resources will be available to deliver commissioner requested services
- Training of governors – The necessary training has been provided for the Trust's governors, as required in s151 (5) of the health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

The Board approved the proposed certification in respect of:

- ***Provider licence conditions G6 (3) and FT 4(8);***
- ***Provider licence condition Cos 7 (3)confirming the two risks***

identified in relation to the delivery of the Clinical Services Strategy and ability to influence commissioning decisions; and for,

- *Training of governors.*

BD102/18 **Board Annual Cycle of Business (Enclosure N)**

The Board noted the annual cycle of Business.

BD103/18 **Items for Information: (Enclosures O1- 2)**

The Board:

- ***Noted the following items for information:***
 - Chairs and NEDs engagements
 - Audit and Risk Committee minutes – 17 April 2018

BD104/18 **Any Other Business**

There was no other further business.

In the context of 'Leading the Chesterfield Way' the meeting was reviewed considering:

- What went well
- What could have been more effective.

The meeting closed at 1:45 pm.

BD105/18 **Next Meeting**

Wednesday 27 June 2018,
11.00am Board room, Chesterfield Royal Hospital.