

BOARD OF DIRECTORS

**Minutes of the meeting of the Trust's Board of Directors held in Public on
Wednesday 26 July 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
Mr S Morritt, Chief Executive
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
Mr J Williams, Acting Director of Finance

In attendance: Ms S Rudd, Foundation Trust Secretary
Mrs S Turner-Saint, Head of Communications

Observers: Ms J Woodcock, CQC
Ms Bridget Hill, CQC

Apologies: Mrs A McKinna, Non-Executive Director

ACTION

BD126/17 **Chair's Welcome and Note of Apologies (Verbal)**

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

BD127/17 **Declaration of Interests (Verbal)**

No further new declarations were noted.

The Board:

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

BD128/17 **A Patient Story (Verbal)**

Lynne attended the Board to share her story of the challenges that she and her husband Bryan faced as patients of Royal Primary Care (RPC).

Lynne wished to highlight to the Board that she felt that some of the communication and administration processes could be improved. Lynne faced difficulties in obtaining an appointment for Bryan, despite him clearly being unwell. Lynn detailed the challenges faced at each stage, stating that she felt unsupported by the surgery, highlighting the difficulties in getting urgent or pre-bookable appointments, little continuity and opportunity to see the same GP, communication between the practice and local pharmacies.

RPC extended their apologies to Lynn for the difficulties she and Bryan experienced. Actions are being implemented to improve access via the telephone and an increase in the available appointments. A formal training package for staff will be implemented as will a clear communications strategy. To address continuity of care concerns, the model used is to be communicated. i.e. you are signposted to a professional, not necessarily a G.P. and need to educate the public on that.

Members agreed that actions need to be implemented at pace and progress reported regularly. Members extended their heartfelt thanks to Lynne for attending the meeting and the importance of hearing the stories behind the statistics.

The Board:

- ***Thanked Lynne for attending the meeting and sharing the challenges that she and Bryan had faced at Royal Primary Care.***

BD129/17 **Minutes of Previous Meeting (Enclosure A)**

The Board approved the minutes of the Board meeting held on 28th June 2017.

The Board:

- ***Received and approved the minutes of the Board meeting held in public session on 28 June 2017***

BD130/17 **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.***

BD131/17 **Chief Executive's Briefing (Enclosure C)**

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

BD131/17(i) Divisional Structure Consultation Phase 2
The Care Unit structure within the divisions will commence operation on 1st August 2017. Appointments to divisional teams and care units have been made, and a recruitment process for vacant service manager posts is underway.

The new Care Units are designed to ensure CRH is a clinically-led hospital with an infrastructure that is robust enough to lead and manage diverse challenges and issues.

BD131/17(ii) CQC 'Good' Rating Staff Celebration
CRH held a tea-party, with staff from more than 140 wards, clinics, services and departments taking part. Feedback from the event has been very positive and more activities are planned.

BD131/17(iii) Listening into Action
All staff in the organisation were invited to complete a Listening into Action (LiA) 'pulse' check, providing an opportunity for staff to have their say. There has been an extremely good response with clear areas for improvement via 'quick wins.'

The Board:

- ***Received and noted the Chief Executive's Briefing;***

BD132/17 Patient Experience Update (Enclosure D)

The Director of Nursing and Patient Care presented the report, which highlights areas of good practice and examples of where services are contributing to a positive patient/visitor experience.

One such service is the hospital pharmacy, which is registered as a Community Pharmacy, allowing it to sell a range of over the counter medicines. This service is valued highly by patients and has also been of benefit to the GP service provided in the ED by Derbyshire Health United and links to our Royal Primary Care strategy.

In May 2017 the hospital became the first hospital in the region to offer new Mums 'Baby Boxes' for their new-born baby. They are part of an educational package to encourage safer sleeping with a secure mattress, waterproof mattress cover, baby grows and nappies to give babies a safe start in life. Patient feedback on social media has been extremely positive.

The report highlights further examples of initiatives being implemented to improve patient experience.

Although changes have been made to improve patient experience, there are areas that can be further improved. Future projects include plans for improving the patient experience and flow in ED, consistent approach to communication within clinics and publication of information about wait times.

The Board noted and were assured that patient feedback in the form of Friends and Family Test, concerns, complaints etc. are acted on with changes being made to further improve patient experience.

The Board:

- ***Noted and was assured by the update on patient experience***

BD133/17

Safeguarding Reports (Enclosure E)

The Board received the first joint Safeguarding Adults and Children annual report (year end March 2017) following the integration of the Children's and Adults Safeguarding Teams in November 2016. The Board heard how the integration has facilitated improved communication, enables easier discussion around shared cases and supports better learning between the teams.

The team were increased in July in 2016 with a Head of Safeguarding post and an increase in administrative support. The format of the report has been well received.

The Trust made an investment in the safeguarding team in July 2016, which included a Head of Safeguarding post and an increase in administrative support. Members heard how the Safeguarding team members have access to internal and external training opportunities at level 3 and 4 and have appropriate supervision.

The report describes the domains that fall under safeguarding, the clear overlap between the Children's and Adults teams and the benefits of bringing the teams together. A detailed presentation on the report was delivered to the Quality Assurance Committee with the learning and development opportunities and the effectiveness of the team clearly outlined. The report provided appropriate assurance to the Committee.

360 Assurance have conducted an internal audit on the Safeguarding processes being strengthened within the organisation, and provided significant assurance on improvements made.

Members discussed the challenges of increasing activity and maintaining the safeguarding training and development plan and heard that training is continuing to be embedded by empowering and educating staff.

The Board agreed that good progress has been made and conveyed their thanks to the Head of Safeguarding and her team.

The Board:

- ***Noted the report and;***
- ***Thanked the Head of Safeguarding and her team for their work***

BD134/17

Annual Medical Appraisal Report (Enclosure F)

The Medical Director presented the annual medical appraisal report noting that 90% of doctors have completed an appraisal during the previous 12 months.

An audit of incomplete appraisals has been undertaken and an action plan prepared in relation to the issues identified.

A portfolio of evidence for each individual doctor underpins the annual medical appraisal and meets the requirements set by the GMC for enhanced medical appraisal. Clinical outcome publications must now be included where relevant.

The quality of the appraisals is assured through appraiser training, audit of appraisal outputs and feedback to ensure that the appraisal process is effective in providing supporting evidence of continuing fitness to practice. There is a system in place for monitoring fitness to practice and there are Trust policies for responding to concerns and to support the remediation in place.

An external peer review of appraisal system is in process.

Members enquired about how the Trust performance compares with peers and heard that recently released comparator data shows favourable comparison.

Dr David Pickworth joined the meeting.

Each appraisal requires individuals to have a personal development plan in place and for the plan for the previous year to be reviewed. The focus of development plans is communication and forms part of the discussion along with a training needs analysis.

The Board thanked the Medical Director for her report and enquired about the opportunity to maximise the insights gained from medical appraisals. It was agreed that a further report would be submitted to the Board in September 2017 highlighting additional insights.

The Board:

- ***Noted and were assured by the annual medical appraisal report;***
- ***Requested a report detailing insights from the medical appraisal process***

BD135/17

CQC Statement of Purpose (Enclosure G)

The Board reviewed the Statement of Purpose, which forms part of the Trust's registration with the Care Quality Commission.

Following review the Board approved the Statement of Purpose

The Board:

- ***Approved the CQC Statement of Purpose***

BD136/17

Clinical Services Strategy (Enclosure H)

The 2017-20 Clinical Services Strategy takes account of the guiding principles of the Board strategic objectives, Derbyshire and South Yorkshire STP ambitions and the importance of maintaining a balanced portfolio of services.

The Strategy sets out the core clinical services and describes their interdependencies for the delivery of acute hospital care. A combined portfolio of core, supporting and standalone clinical services aligned with local system priorities and compliance with seven day service standards by 2020 is required to deliver our ambitions.

The Clinical Services Strategy priorities for 2017-18 have been reviewed and agreed by the Hospital Leadership Assembly and the Hospital Leadership Team. Work streams are now being put in place to agree actions and to deliver progress against the priority objectives.

Members discussed Royal Primary Care, that it is a core part of the vision and strategy and agreed that the strategy should be updated to contain further detail on integration of services.

The Board approved the Clinical Services Strategy subject to the addition of contextual information regarding the Sustainability and Transformation Partnership (STP) and Royal Primary Care being a core element.

The Board:

- ***Received and approved the Clinical Services Strategy subject to the addition of contextual information***

BD137/17

STP Update (Enclosure I and J)

The Board received the south Yorkshire and Bassetlaw Accountable Care System Memorandum of Understanding 'Agreement'. The final version of the document takes into account comments and feedback from all parties.

The cover letter from Sir Andrew Cash, ACS Lead highlights that the Trust is a core partner and is a 'party' to the agreement. Signing the agreement means that the Trust will be part of the emerging Accountable Care System in South Yorkshire and Bassetlaw. The Trust is a core member based on the history of strong clinical networks within and across South Yorkshire and Bassetlaw.

It is recognised that the Trust sits within a neighbouring STP (Derbyshire). The ACS is still in negotiation with NHS England and NHS Improvement the documents therefore reflect a point in time.

Support is sought for the direction of travel and the shared commitment.

The Board discussed that the agreement does not inappropriately fetter the Trust's discretion as a statutory organisation. It would be helpful if the five Places were described within the document and this feedback would be provided.

The Board:

- **Approved the Memorandum of Understanding 'Agreement' and the delegation of authority for Chair and Chief Executive to sign the Memorandum**

Derbyshire Sustainability and Transformation Partnership (STP) – STP Governance Arrangements

The Board received the paper which set out the STP development and implementation governance structure and includes a Memorandum of Understanding for System Governance between each of the organisations. The Derbyshire STP has set out its aspiration to become an Accountable Care System.

The Memorandum sets out agreed principles, obligations and benefits and is not intended to affect the Trust's individual accountability as an independent organisation.

The governance arrangements describe where the STP programme delivery and system development will be managed and the functions of each of the groups.

Following discussion the Board approved the signing of the Memorandum of Understanding for System Governance and delegated authority to the Chair and Chief Executive to do so.

The Board:

- **Approved the Governance arrangement as set out in the paper;**
- **Approved the signing of the Derbyshire STP Memorandum of Understanding for System Governance and delegated the authority to the Chair and Chief Executive to sign the Memorandum**

BD138/17

Integrated Performance Report (Enclosure K)

The Chief Executive provided a summary of current performance noting that ED performance is 92% for the month, which is below the national standard of 95% but in line with the agreed trajectory to March 2018.

The Trust failed to achieve compliance in month for the 62 day Cancer standard. There is a national requirement for Trusts to be compliant by September 2017 and improvement plans are in place for Breast, Colorectal and Endoscopy to recover performance.

18 week Referral to Treatment is non-compliant in month with overall performance remaining challenging in most specialities.

Quality

The Director of Nursing and Patient Care referred members to slips, trips and falls, noting that an improvement has been seen in June. A review of the incidents in May suggests that the increase was due to the number of self-mobilising patients who are falling.

The number of overdue complaints in month has increased, with all now closed within the exception of two. There is an improving position in terms of quality of response and focus remains on responding to complaints within the agreed timescale.

Workforce

Total spend on agency staff increased slightly in June – staffing and recruitment remain areas of focus for the People Committee.

Finance

Performance in Q1 is on plan with achievement of the control total and the corresponding Q1 Sustainability and Transformation fund.

Income is behind plan, particularly within Planned Care and Outpatients and a recovery plan is being discussed at the next meeting of the Finance and Performance Committee.

The outcome of the arbitration process with North Derbyshire CCG and Hardwick CCG has now been confirmed and has resulted in a £572k adverse impact in month. An additional contingency has been released and takes the total year to date to £900k.

Members noted that Commissioner affordability of the 2017/18 contract remains a significant risk.

The CIP target to support delivery of our control total is £10.3m and a plan is in place for the full amount with a detailed trajectory on a month by month basis. Three key projects are Imaging, Out-Patients and Theatres and there has been clinical engagement throughout each of these work streams.

Members expressed concern about the achievement of the CIP target and further detail will be provided to the next meeting.

The Board:

- ***Received and noted the Integrated Performance update***

BD139/17

Overview of discharge pathways (Enclosure L1 and L2)

Discharge to Assess and Manage

There has been increased focus on patient flow, particularly in relation to reductions in waiting times for emergency and elective care. A system redesign of the patient's journey to discharge home has taken place.

Traditionally, NHS hospitals assess a frail elderly patient's needs when acute care is complete and the complexity of on-going health and social care often causes delay.

The 'Discharge to Assess' model is divided into three pathways

- To home with support
- To a community hospital or specialist commissioned bed in residential home facility with rehabilitation and re enablement
- To a community hospital with recovery and complex assessment.

There are many benefits of 'Discharge to Assess' including improving the service user experience and receipt of the right care at the right time in the right place.

There remain challenges with the lack of pathway 3 capacity being commissioned by the CCG. This has now been commissioned through DCHS and the Trust is currently working with them for the additional capacity.

TC

The Board requested that the Council of Governors receive an update on the 'Discharge to Assess' process and challenges.

Urgent Care Pathway Review and Update

The Board received an update on the Urgent Care Pathway review and the ED recovery plan. It is acknowledged that the issues affecting ED performance are complex, multifactorial and system wide. Twelve key influencers have been identified as areas where improvement action needs to be targeted.

The paper outlines the refreshed ED recovery plan with a programme of work to improve flow through the hospital, reduce length of stay and resolve issues that cause a slowing of patient flow.

The Board discussed each of the actions to address performance issues, the challenges and the solutions. The Board noted the update and requested continuing reporting.

The Board:

- **Received and noted the 'Discharge to Assess' model**
- ***Received and noted the Urgent Care Pathway Review and Update***

BD140/17

Staff Survey Update: Proposals for a flexible organisation (Enclosure M)

Members noted the progress with the Staff Survey action planning, with People Committee having received and discussed a detailed update against the three themes of the plan.

Given the disappointing response rate for the 2016 Staff Survey, plans are in place to support a higher response rate for 2017. These include the use of paper based surveys only, rather than on-line, the use of trust-wide post boxes for survey responses and the availability of protected time for staff to complete the survey.

The Board has committed to improve staff satisfaction and an element of this has been a review of the Trust's approach towards flexible working. The goal is to create a dynamic and flexible organisation and the drivers for change were outlined.

There are a number of benefits being a flexible organisation and feedback from colleagues shows improved morale, reduced absenteeism and can be an important incentive.

The Board reviewed and supported the principles for a flexible organisation and the actions for further development.

The Board:

- ***Received and supported the principles for a flexible organisation.***

BD141/17

Equality and Diversity Annual Report (Enclosures N)

The report provided an annual overview of the actions and completed plans against the Public Sector Equality Duty Standards (E&D), Trust objectives and key developments since the report to the Board in October 2016.

Equality and Diversity formed part of the CQC 'Well-Led' domain assessed in February 2017 and contributed towards the overall 'Good' rating with no concerns with the Trust's approach to E&D.

The actions and progress to date in developing the Trust's strategic approach was discussed and the next steps to achieving the strategic vision to 'achieve equality and value diversity'.

The Board noted and supported the progress to date and next steps.

The Board:

- ***Noted and supported the Equality and Diversity strategic vision and next steps.***

BD142/17

Fire Safety Report (Enclosure O)

The Board received the feedback from the recent Fire Safety inspection conducted by an Officer from the Derbyshire Fire and Rescue Service on 6th July 2017. The inspection was in response to the Fire Safety Assurance process requirement from NHS England and the Cabinet Office following the Grenfell Tower incident.

The Trust was identified as 'low risk' with the visit focusing attention on the Theatre unit. As part of the visit, the Officer questioned staff about their role in fire safety and how it is maintained in the theatre environment. The Officer also interrogated documentation offered as part of the inspection.

Feedback on the day was positive with the Officer stating his satisfaction at the Trust's commitment to fire safety and on-going awareness.

The Board:

- ***Received and noted the outcome of the Fire Safety Inspection***

BD143/17 **Board Assurance Framework (Enclosure P)**

The Board received the Board Assurance Framework noting that each of the risks had been reviewed and updated by the Executive Lead.

The addition of a risk relating to Royal Primary Care is being reviewed at the Project Board and will be escalated as appropriate.

The Board:

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

BD144/17 **High Level Risk Report (Enclosure Q)**

The Board received and noted the High Level Risk Report and discussed the risk relating to the East Midlands Radiology (EMRAD) solution deployment. Discussions continue as to the proposed 'go live' date.

BD145/17 **Assurance Reports (Enclosure R)**

Audit Committee (18th July)

The Chair of the Audit Committee reported on discussions at the recent meeting which included a report on the MRI Scanner/ Cancer build overspend and the lessons learned.

Cyber security was discussed in detail and it is important that it remains a Board responsibility.

The Committee received the Policy Management Framework audit report and were not assured by the outcome. Staff are unable to find policies easily and a follow up report has been requested for October.

Quality Assurance Committee (24 July)

The Chair of the Quality Assurance Committee highlighted the Safeguarding Annual Report to members and that the Committee had been significantly assured by the presentation.

People Committee (12 July)

The Committee had received reports on Listening into Action and the progress being made and an update against the 'Leading the Chesterfield Way' leadership framework. The Committee had been partially assured as to progress.

BD146/17 **Board Annual Cycle of Business (Enclosure S)**

The Board noted the annual cycle of Business

BD147/17 **Items for Information: (Enclosures T1-T5)**

The Board:

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

- Chair's engagements (enclosure M1);
- Hospital Leadership Team draft minutes – 16 June 2017 (enclosure O2);
- Quality Assurance Committee draft minutes – 22 May 2017 (enclosure O3);
- PPI minutes – 10 May 2017 (enclosure O4);
- People Committee minutes – 3 May 2017 (enclosure O5)
- STP minutes – 12 May 2017 (enclosure O6)

BD148/17 **Any Other Business**

There was no further business.

BD149/17 **Next Meeting**

Wednesday 27th September 2017
11.00am Board room, Chesterfield Royal Hospital