Chesterfield Royal Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS

Minutes of the meeting of the trust's board of directors on Wednesday 29 June at 12.00 pm in the board room, Royal Hospital

Present:
Mr M R Hall, Non Executive Director (in the chair)
Mr T J Alty, Executive Director - Corporate Secretary
Mrs J Birkin, Non Executive Director
Ms D Fern, Non Executive Director
Dr I Gell, Executive Medical Director
Mrs P Liversidge, Non Executive Director
Mr E J Morton, Chief Executive
Mr A Tramontano, Executive Director - Chief Nurse
Mr D Whitney, Non Executive Director

In attendance:
Dr C Day, Public Governor/Chair of the Patient and Public Involvement Committee (for item BD130/11)
Mr J A Jones, Corporate Director - Allied Clinical and Facilities Services
Mrs N Tucker, Corporate Director - Planning and Performance
Mrs S Turner-Saint, Head of Communications
Mrs E Watts, Executive Assistant to the Chief Executive (minutes)

Apologies:
Mr R Gregory, Chairman
Mr P Briddock, Executive Director – Finance and Contracting

ACTION

130/11 Patient and Public Involvement

Mr Hall welcomed Dr Day, public governor/chair of the patient and public involvement (PPI) committee of the council of governors to the meeting. It was noted that Dr Day had been re-elected as chairman of the PPI committee for the next twelve months.

Dr Day explained that the forthcoming ward visit dates had been circulated to the non executive directors. He asked to leave open 8 July and 17 August as two new members were undertaking visits on those days but if anyone was interested in joining the other dates to let Mrs Watts know. **NEDs**

Post meeting note: *Mr Hall to join the visit on 12 July.*

Dr Day referred to the various reports from the ward visits in 2011 that had been circulated with the agenda and opened up the presentation by asking for questions on issues arising from the visits.

Mrs Liversidge commented how interested she was in the summary of the findings from the ward visits which she felt gave the board a snapshot of the patient's experience. She enquired whether the subject of food was raised by the patients or by the governors during the visit. Dr Day replied that one of the areas the governors like to cover is food – how it is delivered, how it is ordered and if help was available, adding that the governors talked around the subject rather than ask direct questions and had now adopted a "conversational" style interview which worked well.

Mrs Liversidge commented on the issues highlighted for example "no hooks, shelves in the bathrooms" and queried how these issues were picked up by the executives. Dr Day explained that feedback was given immediately after the visit to the matron/ward sister in charge on that particular shift so that any important issues can be raised and actioned accordingly. He added that feedback was also provided to Mr Tramontano or the principal matron. Mr Jones explained that in terms of issues with hooks, shelves in bathrooms there was a programme in place to address this.

Mrs Birkin also welcomed the summary following the visits. She felt that addressing issues such as hooks in bathrooms was somewhat easy but queried how the trust addressed more of the behavioural issues. Dr Day commented that the customer care aspect – the welcome received by patients by the nurses and the medical staff - was an ongoing theme that he felt the trust had not resolved yet.

Mr Tramontano addressed this. He acknowledged the way the governors conducted the interviews and the feedback which was immediate and allowed the trust to deal with issues on the day - from a comment made by an individual member of staff or a broad comment with no detail – all were discussed with the matron/ward sister in charge on that shift. In terms of personalisation of care Mr Tramontano explained that pieces of work were currently being undertaken to raise awareness and set some standards for communication.

Mr Whitney reaffirmed the importance of the work undertaken by the PPI committee and the wealth of information received on the visits which he felt fed well into the system. He referred members to the Parliamentary and Health Services Ombudsman's document "Care and Compassion" – which detailed a powerful set of case studies which had been discussed by the clinical governance committee at its meeting yesterday and felt it worthy of sharing with the board. He added that one of the issues that came out of the debate was building on the work that was being undertaken by the trust to define what the culture is in this organisation, how we do things here and what we expect.

Mr Tramontano referred to the document and agreed to circulate a copy to board members. He commented on the big focus on caring for patients with dementia and with learning disabilities, falls, communication and customer care in general and the links with various external organisations to help staff and raise awareness to ensure personalisation of care. He explained that one approach will be to pull together a document to take through clinical governance committee which links all the work undertaken - training our workforce and raising awareness, coupled with having clarity for staff on what is expected of them when working in this organisation. **AT**

Mrs Birkin fully understood what Mr Whitney had said about the culture but felt that the trust was already working on this via the tripartite committee and the work undertaken by Manchester Business School so far. She added that staff should adhere to a certain set of standards but was unsure the trust had established all these yet.

A general discussion took place with regard to communication with patients and a general lack of common courtesy provided by some nursing and medical staff. Dr Gell commented that this issue had also been discussed at clinical management team meeting last week where it was stressed that the general lack of common courtesy was not an acceptable practice.

Mr Morton added that as a society we are producing very highly trained competent people but we may have lost some of the empathy and not placed a high enough priority on customer care. Clearly this would take some time to address and turn around.

With regard to the culture, Mr Morton referred the board to the piece of work started at the joint board and council meeting in April which had been out to consultation that closed this week. He added that work will now commence pulling together the feedback, identifying what the clear messages are and how to take these forward. He also added that as part of the strategy the trust will need to review and refocus its customer care strategy.

Mr Morton provided an update on ophthalmology. He advised that the project board had met last Thursday and by Friday lunchtime the directorate had agreed all the plans with the brief now up and running. Mr Jones commented on the change to the entrance that had been agreed. Dr Day reflected that from a governors' point of view the fact that the trust had built in a 50% expansion which in reality will be a 20% or 25% expansion on the present workload, gives the trust room to expand and attract business from other neighbouring hospitals.

Mr Morton advised that the formal business case would be presented to the board in July for consideration. **EM**

Mr Whitney queried whether the team had visited other units. It was confirmed that the team had. He suggested a visit to the new Moorfields Eye Hospital. Mr Morton felt that it could be useful to look at this in terms of working practices. It was noted that consultants have been made aware that they must change their working practices and the directorate was currently looking at how they will deliver this service. It was also noted that the plans for the new development also incorporated a designated area for Sight Derbyshire.

Mr Hall thanked Dr Day for his attendance and the care shown on behalf of the board and governors to our patients.

BD131/11 **<u>Attendance of the corporate directors</u>**

It was noted that Mr Jones, Mrs Tucker and Mrs Turner-Saint were in attendance in an advisory capacity.

BD132/11 Declaration of interests

The board **received** the declaration of interests pursuant to section 6 of Standing Orders.

BD133/11 Fire – main entrance

Mr Hall introduced this additional item to the agenda and then handed over to Mr Morton who explained that this presentation would cover five areas – sequence of events, service continuity arrangements, media and communications, multi agency de-brief feedback and rebuilding project plan.

Sequence of events and service continuity arrangements

Mr Morton summarised the sequence of events.

Saturday 25 June

- Switchboard called 999 at 21.21hrs when alarms triggered and reports received of smoke in the newsagents.
- Mr Morton was the executive on call, a major incident was called and a control room set up with other key personnel who came in.
- By 22.00 hrs ten fire vehicles were on site.
- A&E was evacuated when alarm triggered – this was undertaken in three minutes (15 stretcher patients taken to hospitals elsewhere), walking wounded treated in other clinics on site.
- A&E closed – patient transfers in partnership with EMAS/other local hospitals. Life threatening cases unfit for transfer brought to the trust's day case ward.
- Minor injuries unit established off site with EMAS, A&E staff in attendance to support.
- Fire fighters worked on the fire for over four hours.
- Fire spread through main entrance, fracture clinic/orthopaedics and A&E reception area.
- Fire declared out at around 2.00 am.

Sunday 26 June

- Estates team on site to risk assess, structural engineers called in.
- Fire service confirmed cause of blaze was a faulty drinks fridge in the newsagents.
- Domestics/estates/porters begin clean up.
- Main entrance more or less destroyed/smoke damaged.

- Fracture clinic and orthopaedics severely damaged.

- A&E reception damaged, but department cleaned and ready to re-open by 13.30 hrs.

- CT scanner down at Kings Mill Hospital – the trust agreed to accept their referrals on Sunday afternoon.

- Orthopaedic/fracture clinic established on Staveley ward ready for patients Monday morning.

- Reception facilities set up in suite 1 ready for Monday.

Monday 27 June/Tuesday 28 June

- A&E operating as usual.

- No appointments or operations cancelled.

- Patients registered for text messaging sent texts to confirm hospital was open as usual.

- Main entrance services – Ambuline, security, advice centre, patient accounts all relocated temporarily.

- Back office for booked admission - operational contingency plans in place to book patients in for surgery after clinic visits.

- Relax@theroyal opened to patients and visitors.

- Security, reception and escort staff based at temporary entrance.

Mr Morton thanked all the staff involved for their outstanding efforts. He made particular reference to the excellent response by the night matrons and A&E staff to evacuate the department in three minutes which he commended as remarkable. He also commended the domestic staff for the enormous efforts they made to get A&E operational again so soon after the major fire. He felt proud to be part of the organisation and acknowledged the excellence, commitment and dedication of the staff involved.

<u>Media and communications</u>

Mr Morton handed over to Mrs Turner-Saint to provide an update on the media and communication coverage. She highlighted the following areas:-

- From 25 June to 28 June there had been more than 150 media requests for information, interviews and statements, with extensive newspaper, TV and radio coverage.

- On Sunday 26 June there was a 490% increase in traffic to the trust's website.

- Video blogs on YouTube have been produced to tell patients about temporary arrangements.

- More than 2000 comments have been noted on the trust's Facebook profile.

She acknowledged that the media coverage had been very supportive in promoting what the trust had done to keep open and running. She added that banners had been produced and displayed outside the main entrance containing pictures of the damaged areas, information regarding directions as to where patients need to go and a thank you message for the Fire and Rescue service, Police Authority and staff involved.

Mr Morton thanked Mrs Turner-Saint for her support adding that communication with the media and the information posted on YouTube and Facebook was excellent. He acknowledged the effective use of YouTube and Facebook stressing the importance of ensuring that the correct information, and as up to date as possible was in the public domain.

Multi agency de-briefing

Mr Morton handed over to Mrs Tucker to provide an update on the events that took place within the control room and the multi agency de-briefing feedback. Mrs Tucker highlighted the following areas:-

- Control room was established in the planning and performance meeting room as the usual control room was unable to be utilised due to its proximity to the fire.

- Liaison and communication was quickly established with other agencies.

- Fire and Rescue service superb.

- Fire service very complimentary of the fire restraints fitted in the roof.

- Interesting liaison with other hospitals.

- The trust quickly established resus on Holywell ward – password protected to allow only appropriate traffic on site.

- Fire service very complimentary of our communication with the media – excellent response.

Mrs Tucker commented that there would be some lessons to learn and these would be added to the trust's major incident plan. There would also be some learning for the wider NHS and it had been agreed that there will be a health community opportunity for us to share our experiences.

She provided an update on the debrief that took place earlier advising that the feedback was outstanding with all agencies working well together. During the debrief particular comment was made on the evacuation of A&E which was exceptional. Mrs Tucker added her compliments to all the staff involved in managing the situation in a remarkable way. She also felt proud to be part of the organisation.

Rebuilding project plan

Mr Morton handed over to Mr Jones to provide an update on the rebuilding project.

Mr Jones firstly commented on the media enquiry on how the call was made – the call was a 999 call to get the fire service on site. He explained that due to changes implemented by the fire service a couple of years ago whereby a response was not immediate to an unwanted fire alarm, direct contact needed to be made to confirm it was an actual fire.

In terms of the insurance, Mr Jones advised that when we became an FT we had insurance through NHSLA for buildings and contents which has an excess of £20,000 and a cap of £1m. The trust took a decision then that £1m was not sufficient in terms of what happens beyond £1m, so the trust took out a commercial insurance policy which has an excess of £1m and the cover is unlimited.

He advised that there were a number of loss adjusters and insurance people currently on site. He hoped the shop would be boarded up tomorrow (30 June) and explained the reasons for the delay.

He provided the following update on the latest position:-

- Loss adjusters and structural engineers on site. Structural engineers report states the need to knock down the newsagents and the corridor around it.

- The trust was working today (29 June) with contractors to produce a safe system for demolition, then intend to repair ceiling above the fracture clinic and suite 8.

- It was hoped to have an overall plan early in the following week sub-divided into a series of about seven workstreams to bring everything else back into operation.

- Big area of concern surrounds the electrical supply – IT not affected.

- Project board had been established and it will co-ordinate the work of all the individual groups moving forward.

- Two over-arching issues – whatever we do has to be safe, and - we get the services back up and running as quickly as possible.

- Workstreams looking at innovative solutions – a “pop up restaurant” as the trust has no hot food at the moment.

- Looking at cabin type accommodation for some facilities.

- Looking at learning points such as no back-up for security systems – something to address.

Mr Jones also extended his thanks to staff on an excellent and outstanding response.

Mr Morton advised that there had been some media reports with regard to no sprinklers. He added that sprinklers would not have helped in this situation as this was an electrical fire but the area was up to fire regulation standards.

Mr Jones commented that building control were on site to do an assessment to feed into the work that the fire authority were undertaking to produce their report. He added that feedback from building control was that all systems were up to standard and in some cases beyond the legal requirements.

Non executive directors extended their thanks and commended all staff involved for their support and acknowledged the tremendous achievement.

Mr Morton advised that the trust needed to move swiftly to re-commission services safely and as quickly as possible to restore services to patients. He asked for delegation of authority to commission whatever work was necessary to waive standing orders and competitive tendering in view of the urgency of the work required. If the amount exceeds the delegated authority of the chief executive, Mr Morton would seek the agreement of the chairman of the board. This was **approved** by the board.

A detailed report would be brought back to the board in July. **EM**

Mr Hall extended his thanks (and those of Mr Gregory) for the way in which all staff involved addressed the crisis and the remarkable achievement to get the trust back up and running. He queried how the board could thank everyone involved.

Mr Morton explained that he had sent out thank you letters to key people involved internally and all external agencies naming specific people involved. He felt that it was important to address this as soon as possible after the event. Mr Morton suggested to wait until we receive the multi-agency report then for Mr Gregory to write to chairs of trusts that have supported us and chairs of agencies ie. Fire and Rescue, Police Authority. Mr Hall asked for this to be minuted as Mr Gregory was keen to show the board's appreciation. **RG**

Mrs Birkin acknowledged the tremendous achievement and also felt proud to be part of this organisation. She commended Mr Morton on writing to external agencies but felt that there needed to be something from the board. She added that as the board had met and had received a full debrief she felt that staff involved needed to know how impressed and appreciative the board members were with them going above and beyond their duties. It was agreed that this would be addressed via the team briefing. **STS**

In response to a question from Mr Whitney, it was confirmed that the Department of Health had received all updates with regard to the incident and that a number of calls for other external organisations had been received.

Mrs Liversidge suggested whether there would be an opportunity at the STARS awards ceremony to commend staff. She also commented on the timescale for the temporary arrangements and it was acknowledged that if the timescale for the temporary arrangements exceeded four weeks alternative options would be sought.

Mr Hall thanked everyone for the update.

BD134/11 Minutes of the meetings held on 25 May 2011 and 3 June 2011

The board **received** and **approved** the minutes of the meetings of the board of directors held on 25 May and 3 June 2011

BD135/11 Matters arising from the minutes held on 25 May

BD103/11, BD54/11, BD29/11, BD05/11 – appraisal process – it was noted that this was still work in progress.

BD103/11, BD59/11 – end of life care pathway – it was noted that the audit was still in hand.

BD103/11, BD80/11 – updated risk management strategy – Mr Morton confirmed that a 'clean' copy of the updated strategy had been circulated to board members.

BD104/11 – FTN governance conference – Mr Hall reminded the non executive directors to let Mr Gregory know if they were able to attend the FTN governance conference on 12 October.

***Post meeting note**:- non executive directors were unavailable to attend the conference.*

BD110/11 – quality report – maternity services indicators – Dr Gell advised that the trust's policy was due to be reviewed and would be updated as part of the CNST process by the end of the year.

BD111/11 – quality accounts 2010/11 – it was confirmed that the internal process and timetable for compiling future quality accounts had been discussed at the clinical governance committee meeting yesterday. A paper was also received outlining the process and the content for the quality report for the coming year and as part of that, plans for developing the quality accounts would be received during the year.

BD115/11 – Report of the Chief Executive

Darley Birth Centre – Mrs Turner-Saint advised that there had been media coverage via the Matlock Mercury. Mr Morton reiterated that this issue was a commissioning-led review being undertaken by the PCT.

Strategy development – Mr Morton provided an update explaining that RAD Consultancy Ltd had been commissioned to undertake the piece of work. A meeting had taken place on 24 June and a programme of work had been agreed. Dates had been diaried during July and August with the directorate management teams to pull the plans together.

BD118/11 - PEAT report – 2011 – Mr Jones advised that the trust had received the PEAT report scores for 2011 – which were 'good' in all three categories.

BD119/11 – Advice centre report - in response to a question Mrs Turner-Saint explained that the increase in level three formal complaints had occurred because of increases in medicine and surgery.

BD103/11, BD85/11 - National inpatient survey – Mr Tramontano addressed this item explaining that following the national inpatient survey published in April, it was agreed that the trust would change its inpatient survey questions to mirror those in the national inpatient survey. The trust was also going to change the process of how we distribute the questionnaires by placing them in the bags with "to take out" drugs by staff in pharmacy in the hope that this would increase uptake and response rates. This commenced in May and would continue to enable the trust to look at the results, gauge any areas for action to try and identify any areas of concern to allow the trust to be better prepared for the forthcoming survey which occurs in August.

Mr Tramontano referred to the briefing paper and the results circulated with the agenda and highlighted the following areas:-

- Approximately 600 questionnaires had been given out and in total 131 responses were received, which represented a 22 % response rate.

- Results of the internal survey for May 2011 suggest that the trust has made improvements moving some ambers to greens however the reds have remained static. This was based on a smaller size than the national survey and the methodology for distribution of these surveys was different. The information was for month one in the process and from this the trust would begin looking at trends.

- Areas of concern – five areas that stood out are A&E, Pearson, Murphy, Robinson and Barnes. The main themes included food quality, noise at night on the wards, knowing how to complain and information on discharge, information following operation or procedure, ability to talk to doctors and nurses, information given in A&E.

Mr Tramontano outlined the areas of concern and discussed the planned actions to address them.

He advised that the results of the surveys have been shared and discussed with the matrons for these wards, senior matrons and clinical directors of the specific directorates and the actions they will be putting in place to improve performance.

He confirmed that the results of the surveys had also been shared with all directorate management teams to address the areas highlighted. He added that communication with patients and the ultimate knock on effect this had on the patient's perception of the trust was still an area of concern and directorate management teams were encouraged to drive through the standards that are required.

He explained that the trust was looking at producing posters for patients and relatives outlining the procedure with regard to speaking with doctors, matrons or sisters in charge.

He explained that Mrs Turner-Saint was looking at re-launching a campaign to publicise the trust's internal processes informing patients how to express their concerns.

In terms of noise at night on the wards, the importance of keeping noise to a minimum at night had also been stressed to staff. Further planned actions agreed were that magnetic locks would be put on all ward doors to reduce noise and to act as an infection control measure. Mr Jones added that silent casters had been fitted to trolleys administering injections. Positive feedback had been received in this respect and measures were currently being addressed to roll this out for all trolleys used at night.

Mr Tramontano summed up by advising that another report would be produced for June and because in some areas the returns were low the results for May would be amalgamated with June. He hoped that a true picture would evolve over time. He added that matrons in these low response areas had been encouraged to speak with the patients encouraging them to complete the questionnaires.

Mr Hall shared Mr Tramontano's views on the low responses. He queried whether the internal survey would be a good indicator of what the national survey will tell us or would the national survey be prepared in a different way and therefore will never be indicative. Mr Tramontano advised that the questions could change in the next survey and therefore the trust may not be comparing like with like.

Mr Morton felt that the trust needed to look at these results in context adding that they were not a measure they were an indicator and were views given at that point in time. He acknowledged that the trust could not disregard them but equally the trust should not be measured against them but focus on any trends emerging and action accordingly using this as an early warning system.

Ms Fern commented how disappointed she was with the food quality as she felt this was an area the trust had sorted out but it had now dropped down again quite dramatically. Mr Jones explained that as the survey had pinpointed a specific area – the food quality on the orthopaedic wards - the facilities matron would address the issues with the matron on these wards to assess the situation and find out in more detail what the issues are and put a plan in place to rectify them.

The board **noted** the results of the first internal inpatient questionnaire returns and the actions taken to address areas of concern.

BD136/11 Chairman's items

Foundation Trust Network – Mr Hall advised that a reception to launch the newly independent Foundation Trust Network took place on 21 June. The reception was an opportunity for the Foundation Trust sector to talk to national stakeholders and partner organisations, MPs and peers about the key opportunities and challenges facing foundation trusts and to celebrate the FTN's new independence.

He also advised of the launch of the FTN's membership consultation on the future role and governance of the FTN.

Dementia Strategy Group – Mr Hall explained that a non executive director representative on the dementia strategy group was being sought. Ms Fern expressed her interest and would liaise with Mr Tramontano outside the meeting. **DF/AT**

BD137/11 Risk committee

Mr Hall introduced the draft minutes of the risk committee held on 15 June 2011. Although there were only two members of the risk committee present and the meeting was not quorate in line with the committee's own terms of reference, it was felt that members should meet in order to ensure the regularity of the routine updates of risks etc. He referred to two issues, high level residual risks and residual risks that had been discussed adding that further detail had been requested and updates would be provided to the next risk committee to be held in July.

The board **received** the minutes.

BD138/11 Corporate risk register

Mr Morton presented the corporate risk register, which documented the high level risks affecting the trust.

The board **received** the update.

BD139/11 Clinical governance committee

Mr Whitney presented the minutes of the meeting of the clinical governance committee held on 24 May 2011. The following items were highlighted:

Major Incident update – a good update and practical demonstration received on how the trust was planning to deal with chemical, biological, radiological and nuclear major incidents.

Care Quality Commission (CQC) – the committee welcomed the positive feedback received from the unannounced visits by the CQC on 17/18 May. Mr Tramontano advised that an initial verbal report had been received, the final report would be presented to the board once received.

The board **received** the minutes.

Mr Whitney gave an oral update from the meeting of clinical governance committee held 28 June, adding that the minutes from this meeting will be presented to the July board meeting. He drew the board's attention to the following items:

Women's and children's directorate team – the directorate team joined the committee and discussed a number of issues. Details will be covered in the formal minutes presented in July.

Quality report – good discussion took place on the plans for the quality report for the coming year.

Claims report – good discussion surrounding the quarterly claims report. Mr Whitney suggested this report could be presented to the board on a rolling basis. He also felt that more time needed to be spent on clinical negligence claims.

Mortality – June – the committee acknowledged the positive report for June recognising that the trust's figures were improving year on year.

Medicine management annual report – the committee welcomed this report acknowledging the good and informative content.

The board **received** the update.

BD140/11 Infection control annual report

Mr Tramontano introduced the infection control annual report for 2010/11 which provided a summary of the key initiatives and activities together with an assessment of performance against national targets during 2010/11. He added that 2010/11 had been a busy year for infection prevention and control with a continued local and national focus on reducing hospital acquired infections.

In terms of C Difficile the trust reported 51 hospital acquired cases – achieving the Care Quality Commission standard but failing - albeit by only one - the local contract target. Mr Tramontano commented on the tight and very challenging local target adding that the trust continued to strive to reduce infection. Overall the trust has demonstrated a clear commitment to the infection prevention and control agenda and has made considerable progress which was still on going.

The board **received** the report.

BD141/11 Monitor's quality governance action plan

Dr Gell presented the updated action plan which had been developed following the trust's pilot assessment of Monitor's quality governance framework. He added that the trust had completed all but four actions within the plan – these were in hand and within the timescale.

The board **received** the update.

BD142/11 Report of the chief executive

Mr Morton presented the report of the chief executive. The following items were discussed:

Monitor Q4 report
Mr Morton confirmed the ratings for the trust - 5 for financial risk and a governance risk rating of green. He added that overall there appeared to be a poorer performance across the whole sector with only 12 organisations rated 5 for finance and green for governance.

DH Transition letter
Mr Morton made reference to the letter from David Nicholson, chief executive of the NHS (attached at Appendix 2 of his report) which sets out in summary the outcome from the "listening exercise". He outlined the direction of travel and the timetable for the changes planned within the revised legislation. He added that he would keep board members updated on further information as it was released.

Reducing violence and aggression in A&E by design

Mr Jones reported that the Design Council had now appointed Pearson Lloyd as the design agency to work on this project. He added that the process for appointing the consultants received 47 expressions of interest and at the end of the process there was a hope that three agencies could be appointed, however a request to the DH for more money for the project wasn't supported and only the single agency has been commissioned.

Mr Jones added that the trust was still waiting to hear whether it had been chosen to work with the design agency and hoped this would be early July. **AJ**

Stars 2011

Mr Morton advised that nominations for the STARS for 2011 has now closed with the awards proving more popular than ever with over 350 individuals and teams put forward from across all areas of the trust. The process to agree the shortlist of finalists was due to commence. It was noted that Ms Fern was the non executive representative on the STARS judging panel.

Mrs Liversidge suggested that a separate feature on the fire could be included as part of the awards ceremony.

The board **received** the chief executive's report and **noted** the contents.

BD143/11 Report of the corporate director of planning and performance

Mrs Tucker presented the performance management report for the period to 31 May 2011. The board's attention was drawn to the following:

Mrs Tucker referred members to page 8 of the report – Monitor's compliance framework assessment against targets and stressed her disappointment on reporting an amber-red rating for the period. She summarised the background to the two standards which had not been achieved – C Difficile and the 62 day wait for cancer screening service referral.

In terms of the 62 day wait for cancer screening service referral, Mrs Tucker informed the board that discussions were currently on going with Sheffield Teaching Hospitals to determine what the final figures will be. She added that from the trust's point of view the performance had deteriorated, there had been an increase in patient referrals and the patient pathways were not as slick as they could be. Actions were in place to address this and she was hopeful that the trust would be back on course within the next couple of months.

Mrs Tucker referred members to the A&E standards which become applicable from July 2011 with three out of the four standards off plan adding that she was not confident that the Emergency Department had the mechanisms in place to address this.

She was not unduly concerned with the "4 hour wait standard" and the standard "left A&E without being seen" but remained concerned about the others – "time to initial assessment in A&E", " time to treatment decision in A&E" and "unplanned re-attendance rate in A&E" which if not achieved would place the trust in the amber/red section.

She commented how difficult it was for the department to control the unplanned re-attendance rate in A&E. She advised that there was a relatively quick potential solution to the time to initial assessment in A/E but at the current time there was no quick solution to reduce the time to treatment decision in A&E. She explained that the executive directors were due to meet the directorate management team next week to agree a way forward.

Dr Gell explained that he and Mr Tramontano had spent time in the Emergency Department to understand the issues and look at temporary and long term measures.

A discussion took place with regard to the "unrealistic" measures surrounding the unplanned re-attendance rates which affected all trusts not just the Royal. It was noted that the trust needed to look at doing things differently without compromising patient care.

Mr Tramontano provided an update on C Difficile advising that arrangements had been made for the Health Protection Agency, PCT medical director, infection control nurses from the community and the trust's microbiologist to carry out a joint root cause analysis on all C Difficile cases. He added that some issues had been raised around GP prescribing and these were being followed up but overall the group were pleased with the actions that the trust had put in place.

Mrs Tucker raised her ongoing concerns regarding the delayed transfer of care which had increased again. A meeting had been arranged with Adult Care to try and address and hopefully improve this situation.

The board **received** the report and **noted** the performance.

BD144/11 Finance and contracting report

Mr Morton presented the finance and activity monitoring report for the period to 31 May 2011. The board's attention was drawn to the following:

- The income and expenditure position was showing an adverse variance of £72k compared to the planned surplus of £1,117k.
- Activity and income levels in April and May have been impacted on by the number of bank holidays. It was anticipated that the under recovery of £1,034k after two months will be pulled back as the year progresses.
- There are expenditure pressure points in a small number of directorates, for which recovery plans are being firmed up. Efficiency plans continue to be closely monitored.
- Within the overall pay expenditure is £1,430k on agency staff, which equates to 7.3% of the total pay cost. Work is currently being undertaken with procurement to contain some locum costs to control some of the costs.

In conclusion the under-performance on income, together with pressure points in a few directorates is being contained within the activity and contingency reserves. The position will continue to be proactively managed. The forecast outturn for the year is still on plan.

The board **received** the report and **noted** the contents.

BD145/11 Audit committee

The board **received** the minutes of the audit committee held on 1 June 2011 which related to the approval of the annual accounting information.

BD146/11 Charitable funds committee

Ms Fern presented the minutes of the charitable funds committee held on 8 June 2011. She drew the board attention to the downward trend with regard to donations. Mrs Turner-Saint commented that the trust was due to sign a contract with MMG - a company who specialise in donations by text - adding that this would be promoted from July.

Ms Fern also added that there were currently no legacies in the pipeline and this was being monitored.

The board **received** the minutes.

BD147/11 Information governance

Dr Gell introduced this item highlighting the following key areas:-

- Information governance (IG) remains a high profile subject with national interest in the performance of NHS organisations against the emerging agenda.

- The trust is continuing to develop structures and processes to meet the significant challenges presented by this increasingly dynamic and demanding agenda.

- Information governance toolkit – comprises of 45 standards, self assessed on a scale of 0-3 – 22 of those standards are designated as 'key' standards. The trust achieved a level '2' for all key standards except 112 – training procedures. The trust has procedures in place to deliver appropriate training in year which satisfies Monitor's requirements and progress is being carefully monitored against these.

- The 2011/12 IG toolkit requirements have been further strengthened by the requirement to achieve level 2 performance in all 45 areas. Previously it was only a Monitor requirement to achieve level 2 in the 22 key targets. As the main focus to date was on achieving the key standards, additional work will be required in many of the formerly non-key areas to develop the necessary evidence base.

Dr Gell summarised by adding that the trust continues to make good progress in developing a strong information governance approach. Engagement with key staff throughout the trust remained good, and internal audit reviews have confirmed that fundamental structures are in place and are fit for purpose.

The board **received** the update.

BD148/11 Corporate citizenship committee

Mr Jones presented the draft minutes of the corporate citizenship committee held on 15 June 2011. He drew the board's attention to the studies on wind turbines adding that the environmental feasibility studies which had been undertaken on our land identified that the noise generated from a turbine meant that the size of any turbine constructed would be too small to generate significant electricity for us to utilise. However the borough council had undertaken similar studies on their land adjacent to the hospital and had identified that it was possible to locate a significant wind turbine which would provide a considerable amount of electricity. Discussions were ongoing in this respect with a number of issues to explore and address.

The board **received** the minutes.

BD149/11 Employment indicators report

Mr Alty presented this item and outlined the following areas:-

Agency costs - there had been an increase in agency costs as a result of the downward trend in staff turnover.

Sickness absence – the board noted and welcomed the significant drop in sickness absence.

Gender and work pattern – the board noted that there had been a shift from part-time to full-time since 2008.

The board **received** the employment indicators report for June 2011.

BD150/11 Date and time of next meeting

The members noted the date and time of the next meeting –

Tuesday 26 July 2011
12.00 noon – 4.30 pm (with lunch available from 12.00 noon)
Board room, Chesterfield Royal Hospital

BD151/11 Any other business

In response to a question from Mrs Birkin regarding a Panorama programme reporting on inappropriate surgical instruments in the NHS, Mr Jones replied that the trust's decontamination unit were looking into this but advised that the trust's supplies were acquired via the NHS logistics route.

BD152/11 Open discussion

No items were discussed.