

COUNCIL OF GOVERNORS

TUESDAY 18 SEPTEMBER, 2018

5.00PM UNTIL 7.00PM

Please Note:

- *A Governor only Pre-meet will be held 4.00pm until 4.45pm*

**BOARDROOMS, LEVEL 5, TRUST HQ, ROYAL
DERBY HOSPITAL**

AGENDA AND PAPERS

		15.05.18	17.07.18	18.09.18	20.11.18	22.01.19	19.03.19
Public Governor Amber Valley	Mr P Garrud	✓	✓	A			
Public Governor Amber Valley	Ms J Ireland	✓	✓	A			
Public Governor Amber Valley	Mr A Loades	✓	✓				
Public Governor Amber Valley	Mrs M Teager	✓	✓				
Public Governor Dales & Sth Derbys	Mrs C Devonport	✓	✓				
Public Governor Dales & Sth Derbys	Mr N Seed	A	A	A			
Public Governor Derby City	Mrs V Haylett	✓	✓				
Public Governor Derby City	Miss A Johnson	A	✓				
Public Governor Derby City	Mr B MacDonald	-	-	-	-	-	-
Public Governor Derby City	Miss B Martin	✓	-	-	-	-	-
Public Governor Derby City	Mrs R Merrison	A	✓				
Public Governor Derby City	Mrs S O'Sullivan	✓	✓				
Public Governor Derby City	Mr D Sicé	✓	✓				
Public Governor Derby City	Mr R Singh-Dhanda	✓	✓				
Public Governor Erewash	Mr M Flude	A	✓				
Public Governor Erewash	Mr N Horridge	✓	A				
Appointed Governor University of Nottingham	Prof J Alcolado	A	A				
Appointed Governor Community Action Derby	Ms Kath Cawdell	✓	✓				
Appointed Governor Derbyshire County Council	Cllr L Chilton	✓	A				
Appointed Governor Southern Derbyshire CCG	Ms K McGowan	A	✓				
Appointed Governor Derby City Council	Cllr J West	A	A	A			

Appointed Governor University of Derby	Dr B Whitehead	✓	A				
Staff Governor Rheumatology Research Nurse	Mrs Alison Booth	✓	✓				
Staff Governor Registered Nurse	Mr R Bradley	✓	✓				
Staff Governor Endoscopy Matron	Ms L Horobin	✓	✓				
Staff Governor General Manager	Mr A March	✓	A	A			
Staff Governor Specialist Physiotherapist	Mr B Smith	✓	A				
Staff Governor Information & Records Governance Manager	Ms A Woodhouse	✓	✓				
Staff Governor Professional Development Advisor	Mrs E Norton	✓	✓				

Key: ✓ Attended,
A Apologies tendered,
X Not Attended, no apologies tendered
- Not in post for that meeting

COUNCIL OF GOVERNORS

**Tuesday 18 September, 2018 (5.00PM - 7.00PM)
Boardroom A/B, Trust Headquarters, Level 5, Royal Derby Hospital**

**** PLEASE NOTE THAT THERE WILL BE A PRE-MEET FOR GOVERNORS 4 – 4.45PM****

A G E N D A

<u>Time</u>	<u>Agenda Number</u>	<u>Item</u> <u>Discussion/Decision</u>	<u>Lead</u>
5.00pm	CG46/18	Welcome and Apologies	John Rivers, Chairman
5.00pm	CG47/18	Declarations of Interest – please notify the Governance Team (RO) of any changes	All
5.05pm	CG48/18	Minutes of the Meeting held on 17 July 2018 and actions list	ENCLOSURE A & B - John Rivers,
5.10pm	CG49/18	Chief Executive's Brief	ENCLOSURE C – Gavin Boyle
5.50pm	CG50/18	Governor Observations & Questions	All
6.00pm	CG51/18	Estates Plan	ENCLOSURE D – To follow Paul Brooks, Director of Patient Experience and Facilities Management
6.30pm	CG52/18	Update on Governor Elections	ENCLOSURE E – Justine Fitzjohn, Deputy Director of Governance
6.35pm	CG53/18	Update from the Appointments and Remuneration Committee <ul style="list-style-type: none"> - Re-appointment of NED - Chairman and NEDs objectives - Revised Terms of Reference 	ENCLOSURE F – Maura Teager for ARC and John Rivers
<u>General Items – for Information</u>			
6.45pm	CG54/18	Key issues from the Membership Group Meeting held on 2 August 2018	ENCLOSURE G - Rita Merrison, Acting Committee Chair
6.45pm	CG55/18	Key issues from the Core Regulations Working Group held on 2 August 2018	ENCLOSURE H - Anne Johnson, Committee Chair
6.50pm	CG56/18	Any Other Business	All

Confidential Part II Meeting follows

**Date of Next Meeting: Tuesday 20 November, 2018, 5pm till 7pm,
Queen's Hospital, Burton – (venue to be confirmed)**

**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON
17 JULY 2018, BOARDROOMS, TRUST HEADQUARTERS, LEVEL 5,
ROYAL DERBY HOSPITAL**

Present:

John Rivers - Chairman

Public and Staff Governors:

Paul Garrud	Amber Valley	Douglas Sicé	Derby City
Jenny Ireland	Amber Valley	Ranjit Singh Dhanda	Derby City
Andrew Loades	Amber Valley	Michael Flude	Erewash
Maura Teager	Amber Valley	Alison Booth	Staff Governor
Catherine Devonport	Dales and South Derbyshire	Rob Bradley	Staff Governor
Val Haylett	Derby City	Lorraine Horobin	Staff Governor
Anne Johnson	Derby City	Elaine Norton	Staff Governor
Rita Merrison	Derby City	Anne Woodhouse	Staff Governor
Shirley O'Sullivan	Derby City		

Appointed Governors:

Cllr Linda Chilton	Derbyshire County Council
Kath Cawdell	Community Action Derby
Karen McGowan	Southern Derbyshire CCG

Contributing Observers

Denise Baker	Denise Baker
Cathy Brown	Graham Lamb
Elaine Day	David Rogers
Pam Dhanda	Amanda Scott
David Hanson	Susan Williams - Jones
	Cllr Bernard Peters (Staffs County Council)

In Attendance:

Gavin Boyle	Chief Executive
Graham Bragg	Non-Executive Director
Dr John Davies	Non-Executive Director
Paul Doona	Non-Executive Director
Prof Avril Drummond	Non-Executive Director
Steve Jarratt	Non-Executive Director
Sir Stephen Moss	Non-Executive Director
Joy Street	Non-Executive Director
Duncan Bedford	Executive Managing Director (Burton)
Dr Magnus Harrison	Executive Medical Director
Sharon Martin	Executive Chief Operating Officer
Dr Neil Pease	Director of Workforce and Organisational Development
Cathy Winfield	Executive Chief Nurse
Tosca Fairchild	Director of Governance and Communications
Steve Fowkes	Deputy Director Of Finance (ITEM 36/18)
Justine Fitzjohn	Deputy Director of Governance
Scott Jarvis	Director of Operational Finance (ITEM 36/18)
Rachel Orton	Membership Development Officer
Alison Breadon	Partner PwC (ITEM 36/18)
Mark Stocks	Audit Partner Grant Thornton (ITEM 36/18)

ITEM**ACTION****CG32/18 WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were received from Prof. John Alcolado, Cllr Linda Chilton, Nigel Horridge, Andy March, Nick Seed, Ben Smith, Cllr Joanna West, Dr Bill Whitehead, David Dundas and John Anderson

CG33/18 DECLARATIONS OF INTEREST

No declarations were received. Any amendments or queries should be directed to the Trust Secretariat.

CG34/18 MINUTES OF MEETING HELD ON 15 MAY 2018 AND BHFT MINUTES FROM 17 MAY 2018 AND COMBINED ACTIONS LIST

The minutes of the last meeting held on 15 May 2018 were accepted as an accurate record and the BHFT Minutes from 17 May 2018 were noted. No additional items were raised on the action list.

CG35/18 CHAIRMAN'S INTRODUCTION

John Rivers, welcomed Maura Teager as the new Lead Governor and all attending, particularly the Contributing Observers. He thanked everyone for their patience with the merger. As this was the first Council of Governors meeting of the newly merged Trust, introductions were given.

CG36/18 INDEPENDENT AUDITORS REPORTS – PRESENTATION OF ACCOUNTS (DTHFT AND BHFT)

Mark Stocks, Audit Partner to Grant Thornton gave a comprehensive report on the Burton Hospitals (BHFT) Annual Report and Accounts (including the Quality Report) 2017/18 and Alison Breadon, Partner PwC, reported on the same for Derby Teaching Hospitals (DTHFT). Both reminded Governors of what their roles as independent auditors involved and informed Governors that they could contact External Audit if they had any concerns or issues.

Paul Garrud, Governor, queried the item in the BHFT regarding an outstanding debt. Gavin Boyle, Chief Executive responded this was a dispute carried over from last year which was being investigated.

Cathy Brown, Contributing Observer, asked for an explanation on a comment made in the Annual Audit Letter for DTHFT regarding them finding 'evidence of weakness regarding the proper arrangements for planning finances effectively'. Alison Breadon explained the technical implications of this comment, which required them to report in this way due to the deficit and that all other Trusts with a deficit would have the same comment in their accounts.

Ranjit Singh-Dhanda, Governor, asked about A&E and the recording of ambulance waiting times mentioned in the DTHFT audit and asked if BHFT also had the same issue, asking too if this had also been raised in the previous year. Sharon Martin, Chief Operating Officer, responded that most Acute Trusts had similar issues in that it was a National problem due to the way the target was written.

It was noted that the ambulance service and hospitals were working very closely together to ensure the patients were handed over as quickly and safely as possible.

Gavin Boyle suggested that the Auditors put this challenge back to the Regulator as it was making Trusts look worse than was happening in reality.

Dr Magnus Harrison, Executive Medical Director, explained that a variety of systems had been used to track ambulances including remote systems. He gave assurance that both A&E units had robust arrangements and that ambulances were not unnecessarily queuing outside of A&E.

Karen McGowan, Appointed Governor, gave her assurance this was something CCG would check and, if there was a problem, they would look in to it straight away.

The Council of Governors **NOTED** the update.

CG35/18 CHIEF EXECUTIVES BRIEF

Gavin Boyle opened his presentation by thanking all Colleagues who had worked so hard over the last two years bringing the merger together. The Trust is fully committed to retaining services at Burton, further developing specialised clinical services and making best use of the three Community Hospitals. He added the real work starts now on the Patient Benefit Case (PBC) and the Full Business Case (FBC) and implementation, noting that that the Trust was fully committed to working with the two STP's.

Governors noted some useful facts on the new Trust such as:

- Every day the five Hospitals see more than 4,000 outpatients
- More Trauma & Orthopaedic outpatients are seen than any other Trust –over 3,300 per week
- 3rd largest for Urology attendances – around 1050 each week
- 7th largest for Dermatology attendances – around 1490 per week
- Employing 12,000 staff across the 5 hospital sites

The rest of the Governor briefing covered the following areas:

PUTTING PATIENTS FIRST

Celebrating NHS 70

The Trust marked the NHS 70th Birthday by taking part with hosting a series of tea parties across all five hospital sites, which involved patients, visitors and staff. BBC Radio Derby broadcasted a series of programmes live from the Royal Derby Hospital on 5 July to celebrate.

Improved Minor Injuries Department at Burton

The ED Minor Injuries area at Queen's Hospital had undergone an extensive £1.2m improvement programme. The work would help to ensure emergency patients are stream-lined to the right service as quickly as possible.

Community Hospital Developments

Duncan Bedford, Executive Managing Director (Burton), updated the Governors on the specialist rehabilitation services which had now been brought together under

one roof at London Road, Derby. This brand new facility would offer a full range of rehabilitation therapies and services in a specialist centre. There were several new developments which would improve services locally for patients in Tamworth and Lichfield. A second Endoscopy room and new Decontamination Unit were now operational at Sir Robert Peel Hospital.

Cathy Winfield, Executive Chief Nurse, added there would be a new service for Dementia Care at the Queens Hospital Campus.

RIGHT FIRST TIME

Derby and Burton among Top 40 Hospitals in UK

Governors noted both Derby and Burton Hospitals had been named in a list of the 'CHKS Top Hospitals' in the UK. Derby had also been named as one of the top 40 Hospitals in the Country, 5 times since 2013. A total of 22 key performance indicators were considered including safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. For the first time ever, this year's award considered all Trusts in England, Wales and Northern Ireland, as opposed to previous years, when only Trusts that were CHKS clients were eligible.

Operational

Cathy Winfield gave an update on C Difficile (CDif) which had been more challenging in the previous year. The Burton campus had rising rates, the objective for C.diff cases in 2018/19 was for no more than 19 cases, with 6 recorded since April. Isolation at Burton was very minimal, all areas were working together to put best practice in place. The objective for Derby was for no more than 52 cases, with 5 seen since April.

Sharon Martin, Executive Chief Operating Officer provided the latest performance for the 4 hour ED wait, both Emergency Departments had seen increased attendance in May, June, July. Reporting performance as one organisation from 1 July, the Trust were compliant with the combined trajectory to date, with Q1 at 90.68%

Referral to Treatment (RTT) Derby's RTT position had been significantly impacted by winter cancellations of electives. Commissioners were not supporting the Trust financially to recover the RTT target. The Trust was also impacted as Derby continued to help both Nottingham and Leicester with specific cancer pathways. Burton continued to be RTT compliant.

Sharon Martin mentioned there had been an improvement with Cancer Waiting Times – In May, Derby was non-compliant against 3 standards, 62 and 31 day standards had not been met. In Burton, two standards were not achieved, 62 day and two week breast symptoms.

Ranjit Singh Dhanda asked if the Cancer waiting times were getting better. Sharon Martin responded there had been a significant improvement, Burton and Derby had hit all 9 Cancer targets.

INVESTING OUR RESOURCES WISELY

Our Financial Position

Governors noted that the Trust was in a position to accept its Control Total, which had put the financial position on track, giving the best possible start to the merger.

The Trust had identified CIP (Cost improvement Programme) to the value of £20.25m, against the target of £21.6m for the year. With CIP on track, the Trust could focus on closing the additional gap, with a deadline for 31st July to meet with NHSI.

Derbyshire Pathology

The Pathology Departments at Chesterfield and Derby had been working together to create a Derbyshire wide Pathology Service (Derbyshire Pathology). This would be in line with Carter recommendations, STP plans and NHSI's view on the development of Pathology networks. The new network came into being on 1 July 2018 and would provide a high quality and cost effective pathology service to patients across Derbyshire. Gavin Boyle and Duncan Bedford had both visited the Pathology Department in Burton, currently managed by a different organisation.

DEVELOPING OUR PEOPLE

Equality & Diversity

The Trust had organised a range of activities to celebrate the Trusts diverse community. The end of the Muslim festival of Ramadan was celebrated with an after-Eid event with all staff invited to share food. The event recognised the importance of Ramadan for Muslim staff and it gave other staff an opportunity to learn more about Ramadan and Eid in a relaxed social setting.

The Inclusion Committee was planning more events to establish new Trust traditions that recognises and showcases staff from a wide range of faiths and cultures.

Neil Pease, Executive Director of Workforce and Organisational Development, commented that, working with Cathy Winfield and himself, there would be a push forward with the cultural calendar. Cathy added there was a need for Executive support as this group was not well represented with it being a new group.

Congratulations to our Award Winners

The Governors noted the impressive list of awards to staff including the GEM Award Winners and Pride of Derby Award Winners.

ENSURING VALUE THROUGH PARTNERSHIPS

Sustainability and Transformation Partnerships (STP)

It was noted that the Trust would be a full partner in the Staffordshire STP. Duncan Bedford would attend the Health and Care Transformation Board, in his role as Managing Director, Burton; this is the most senior decision making meeting of the Staffordshire STP and is chaired by Sir Neil McKay. Duncan would also attend the Executive Forum which was chaired by Simon Whitehouse who is the STP Lead Director and other members of the Executive Directors would also contribute as required.

The Trust would be included in regular meetings with the leaders of both Staffordshire and Derbyshire STPs to ensure its work with both was aligned and co-ordinated across all five sites.

Pam Dhanda, Contributing Observer, asked if the Governors could have sight of any of the plans relating to the further use and development of the Community Hospitals, particularly Samuel Johnson and Sir Robert Peel. Gavin Boyle

DB

responded there would be engagement with the Governors on this, including a presentation of the Estates plan.

Graham Lamb, Contributing Observer, reported that Trust Members had not been notified of the merger happening on 1 July and that this was a missed opportunity to keep members informed. Tosca Fairchild, Director of Governance and Communications, added that Members had been kept regularly informed on progress of the merger, via Newsletters and events but unfortunately there had been a period from 1 July when the membership information had not been available due to a rebuild of the public database. This had now been rectified and regular updates would be sent to members, particularly around the Council of Governors Election.

Elaine Day, Contributing Observer, reported that the meeting dates for the Burton Hospitals Council of Governors Meeting were still showing on the Burton Website. Tosca Fairchild responded the website was currently being updated and would ensure this was corrected.

Joined Up Care (Derbyshire STP)

The Joined Up Care Board had met in June to review progress. Key highlights were:

- PLACE – 8 PLACE Alliances had been established and are focussed on developing integrated care for their communities.
- Primary Care – roll out of extended access County wide by October 2018.
- Urgent Care – a comprehensive demand and capacity analysis is underway to support the development of future care pathways and to support the development of an improved response to winter pressures
- Estates – a local estates strategy was being developed to maximise the use of facilities to support the aims of Joined Up Care, which also reviewed 'Wave 4' STP capital bids.

The Council of Governors **NOTED** the update.

CG38/18 GOVERNORS' FEEDBACK AND ISSUES

Maura Teager, Governor, explained there had not been time for a Governor Pre-meet as the Governors had forfeited their time for the Public Board Meeting which had run over schedule. This meant that the questioning had not been formulated in advance but she felt that the information given at Public Board and in the Council of Governors papers was very comprehensive and useful to Governors. On a personal note, Maura explained how she had managed Community Hospitals as part of her Chief Nurse Portfolio and added how enthusiastic and excited she was about the plans to make greater use of the Trust's Community Hospitals, as they can make a huge difference to the care and support of patients and families.

Graham Lamb asked when the next Board to Ward (B2W) schedules were out. Justine Fitzjohn, Deputy Director of Governance responded it was being worked on now.

JF

Graham Lamb asked if any sessions would be held after Confidential Board meetings, as this was a chance to talk to Governors. Tosca Fairchild added this had been a practice at Burton, not at Derby. John Rivers also added that closed Council of Governors meetings would only be held by exception when there were

confidential matters to discuss as the Council of Governor meetings should be open to the public.

Catherine Devonport, Governor, asked if the integration plans, particularly on the Trust Estate could be shared with the Council of Governors. Gavin Boyle responded that Paul Brooks, Director of Patient Experience and Facilities Management, would be invited to give an outline at the next meeting, including the Outwoods Developments.

PB

CG39/18 BOARD COMMITTEE CHAIRS – FOCUS ON COMMITTEE PRIORITIES IN NEXT 12 MONTHS

The Board Committee Chairs introduced themselves and went through their top 3 Committee priorities for the forthcoming year:-

Audit Committee

Steve Jarratt, Non-Executive Director and Chair of Audit Committee talked about the priorities which had to be fit for purpose to ensure there was no loss of Quality Performance across the new organisation, to review and assess BAF and to look at the Operational Risks on a regular basis. In support of the first assurance mechanisms the Audit Committee would fully integrate quality strategy, quality priorities and risk management.

Quality Committee

Dr John Davies, Non-Executive Director and Chair of Quality Committee expressed both Trusts had been on the same projection and had used the same culture to 'do well' for patients. The Quality Committee want to improve the status from 'Good' to 'Outstanding'. He concluded the Quality Committee liked evidence based intelligence to ensure quality performance and promote evidence based quality improvement.

People Committee

Sir Stephen Moss, Non-Executive Director and Chair of People Committee reported they had already had their first meeting as a new Trust committee. As the Trust had now become a University Hospital, it was expected to attract high quality staff, which the Trust could develop and keep.

Cllr Bernard Peters, Contributing Observer, asked if the Trust had linked with other merged organisations as part of the culture work and asked if it a summary of this work could be reported to the Council in due course. Sir Stephen Moss responded the Trust had learnt from other organisations, often in a merger an attempt was made to bring in a new culture whereas the new Trust would want to celebrate cultural differences from both Trusts.

Dr Neil Pease added as a prospective Board, the Board was aware of the impact of the merger on culture. It was now time to celebrate the organisational identity and look at future direction of the Trust. In the Autumn the Trust would look carrying out a comprehensive staff engagement exercise on matters such as values and merger benefits.

Cllr Bernard Peters asked if in 6 months' time the Governors could have a look at how the Trust had progressed. Neil Pease replied he would report back at Public Board in January.

NP

Finance, Investment and Performance Committee

Graham Bragg, Non-Executive and Chair of Finance, Investment and Performance Committee reported that the Trust had a deadline of 31 July, to deliver Transformation, Integration and CIP programmes in line with the Trust's Final Business Case and the commitments made to NHSI. Graham reported with the help of a strong team, the Trust was capable of delivering on time, and in budget, by watching and monitoring, both the large and smaller schemes.

Cathy Brown, Contributing Observer, asked about overall performance, which Graham responded it was essential to have a plan to deliver the targets.

Charitable Funds Committee

Joy Street, Non-Executive and Chair of the Charitable Funds Committee stated that it was important to assure people who gave to the charity that it was being spent. The Committee would invest a greater percentage of available funds and then actively replenish with major fundraising by getting staff engaged.

The Governors thanked all Non-Executives for the updates.

CG40/18 ELECTION UPDATE

Justine Fitzjohn, Deputy Director of Governance informed the Governors this was a short report on the forthcoming Governor Elections to be taken as read. Key deadlines were repeated.

The Council of Governors **NOTED** the content of the report.

CG41/18 KEY ISSUES FROM THE MEMBERSHIP GROUP MEETING HELD ON 7 JUNE 2018

Rita Merrison, Acting Committee Chair of the above group, was happy there were no items that needed to be escalated but expressed she was looking forward to working with the wider membership and engaging members in future events. All are welcome to attend and bring ideas to the Membership Group as it is a key role of the Governors to represent the members.

CG42/18 KEY ISSUES FROM THE CORE REGULATIONS WORKING GROUP MEETING HELD ON 14 JUNE 2018

Anne Johnson, Chair of the above group gave an update on the key issues discussed at the Core Regulations Group on 14 June. Anne gave an update that the visit to Specialist Rehabilitation at London Road Community Hospital had been deferred due to the department just having moved in, but they had been very keen to rearrange the visit as it was important that they felt part of the Trust and not isolated due to their location.

CG43/18 WORKPLAN

Justine Fitzjohn discussed the Work Plan which was effectively an advanced agenda plan for the year. Ad hoc items would be added throughout the year, generally via the Lead Governor following workshop meetings.

CG44/18 ROUND UP OF DISCUSSION

No additional items.

CG45/18 ANY OTHER BUSINESS

Rob Bradley enquired with regards to the new car park, which seemed as though work had not been continued, would it be ready for October. Cathy Winfield responded she would get a full update from Paul Brooks for the next meeting, but was not aware of any delays at present.

CW

Elaine Norton, Governor enquired what was happening with the old DRI site and would there be any chance of having something similar to what would be provided at the Outwoods site in Burton. Gavin Boyle replied the site had now been sold, but added that options would be explored as part of the estates work and it would be interesting to do something at Tamworth possibly.

John Rivers thanked everyone in attendance. There being no further business the meeting was closed.

**Date of next meeting – Tuesday 18 September 2018, 5pm – 7pm,
Boardrooms, Level 5, Royal Derby Hospital**

COUNCIL OF GOVERNORS - ACTIONS LIST – 18 September, 2018

MEETING DATE	REF	ACTION AGREED	LEAD	ACTION STATUS
17 July, 2018	CG38/18	Update of Board to Ward Schedules (B2W)	JF	Completed
		To look at integration plans, particularly on the Trust Estate.	PB	Paul Brooks to provide an outline, including the Outwoods Developments at the next CoG Meeting. Booked for September
	CG39/18	To look at how the Trust had progressed since merging.	NP	Neil Pease to report back to Public Board in January 2019. Karen Carpenter added to forward plan.
	CG45/18	Work update on the new car park.	CW	Paul Brooks - Delayed opening until November.

ITEM CG49/18

ENC C

CHIEF EXECUTIVE'S BRIEF

Council of Governors



September 2018

Post Transaction Implementation Plans (PTIPs)

- PTIPs are in place for 19 services - 13 'back office' and 6 Clinical (***Stroke, Cardiology, Renal, Radiology, Urology Cancer and T&O***).
- These plans have contained both the pre-day 1 and post day 1 actions, the former of which have been closed. Good progress being made in the initial stages of the post day 1 actions.
- Integration Team resource now in post. Each team member is assigned a cohort of PTIPS and will work closely with the service to support delivery.
- Sub-Groups for the six clinical areas are due to commence in the next month (where not already established). Clinical and patient representation identified.
- New trust wide governance arrangements are now in place, to support scrutiny and oversight of plans. All associated Integration meetings will feed into the Transformation and Integration Group (TIG) chaired by Chief Exec, which in turn reports to the Trust Board.

Post Transaction Implementation Plans (PTIPs)

Plans are being reviewed in detail by Integration team and Service leads to ensure;

- All timelines, actions and owners are accurate (given changes to management structures)
- Actions contained within the plans are clearly linked to the benefits intended (quality, patient experience, financial etc.)
- Clear KPIs are identified to measure impact and success
- Key risks and Interdependencies with other services, clinical or otherwise, are clearly identifiable
- Pertinent links with existing transformation programmes are recognised i.e. T&O and Theatre Transformation

Plans are inputted into the Transformation workbook format to ensure a standardised approach across Trust.

Improving ambulatory care

- The Ambulatory Care Centre (ACC) at Royal Derby has expanded to provide an improved service to patients who do not require a hospital admission
- ACC has relocated to the Rehab Block on Level 1 next to ED, which has increased capacity

PLACE scores

- Annual PLACE scores have been returned – these assess the quality of the hospital environment across our five sites
- This year this has seen us drop points for the food and dementia scores across all sites
- At Derby campus we were above the national standards for cleanliness, privacy dignity and wellbeing, condition appearance and maintenance, and disability
- At Burton campus we were above the national standards for cleanliness, organisational food, condition appearance and maintenance, and disability

Launch of ImpACT+ support service - a UK first

- We have launched ImpACT+ support service to provide comprehensive support to help prevent and treat all types of lung conditions
- It's the first service of its kind in the UK and identifies those most at risk of lung disease, runs support groups and works closely with GPs to develop the best treatment of complex patients

Frailty Pilot in South East Staffordshire

- A frailty pilot will commence mid-September at both Sir Robert Peel Hospital and Samuel Johnson Hospital
- This pilot will be led by two local GPs bringing an integrated approach to frailty in a hub concept, with the hub base being at both Community hospitals
- Two GP practices have identified 55 patients between them, using the frailty risk assessment tool, to pilot this way of working in order to focus on elements of prevention and ultimately reduce unnecessary admissions

Infection prevention

- One case of MRSA identified at the Burton campus. Initial investigation has not identified any lapse in care
- Reduction in C-Diff cases at the Derby campus – well done and thank you to everyone involved in helping to tackle this

Trust performance

- A&E performance for July was 89.94% - performance for the year so far is 90.5%
- Increase in demand compared to last year. There were 27,483 attendances across all emergency portals in July!
- RTT performance was 91.78% against the national standard of 92%
- We were compliant in 8 out of 9 national cancer targets at the end of this quarter at both the Burton and Derby campus

Winter plan

- We submitted our draft winter plans for Staffordshire and Derbyshire to NHS England at the end of August
- Current modelling suggests that there will be a bed deficit for winter
- Plans are in place to bridge this gap including the capital build programme and the opening and staffing of escalation beds
- Both counties have also been awarded additional funding to help with winter – this has still to be allocated

Capital build projects at UHDB

- As you are aware, the Trust has received outline planning permission to develop a healthcare village on the Outwoods site at Queen's Hospital, Burton
- To enable this, the Trust has agreed the first step to building a multi-storey car park on the QHB site to increase staff, patient and visitor car parking
- Other projects which are currently ongoing include:
 - Additional 110 beds at RDH to help manage winter demand
 - Work has started on the extension to the Manor Car Park at RDH
 - Acute Front Door redesign at RDH
 - Medical equipment replacement

Our financial position

- We were £0.9m off plan for month 4 (July) – largely due to a reduction in income
- CIP target for the year is £37.1m. Currently delivered £6.5m against the year to date target of £6.7m – a shortfall of £200k



Developing our people

NHS

University Hospitals of
Derby and Burton
NHS Foundation Trust

The Big Conversation

- First event took place this week with senior leaders across the Trust – around 200 people in attendance
- The aim is to engage and involve as many staff as possible in the formation of our new Trust. Four more events planned this month and into October
- Partnered with ‘Clever Together’ who will be providing the technology to support the involvement of all our 12,500 staff. Get involved!

Staff awards nights

- Celebrating Success is next week - Friday 14 September. This event recognises the achievements of staff based on the Derby campus
- PRIDE Awards, the event for Burton campus staff, will take place on Friday 26 October. Nominations have now closed and judging is underway



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



Sir Robert Peel
TAMWORTH



London Road
DERBY



Developing our people

NHS

University Hospitals of
Derby and Burton
NHS Foundation Trust

Dying to Work Charter

- We have agreed to become a signatory to the Trade Union Congress (TUC) Dying to Work Charter
- The Charter requires that signatories make a commitment about the way in which they will support employees with a terminal diagnosis
 - Reviews its sickness absence policies, including making a specific statement that they will not dismiss an employee with a terminal diagnosis because of their condition
 - Ensures that there is an adequate Employee Assistance Programme (EAP) in place
 - Provides training to line managers and Human Resources about dealing with terminal illness
 - Adopts the ‘Dying to Work Charter’ and notifies all employees of this



Royal Derby
DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



Sir Robert Peel
TAMWORTH



London Road
DERBY



*Ensuring value
through partnership*



University Hospitals of
Derby and Burton
NHS Foundation Trust

Sustainability & Transformation Partnerships

- We are an active member of both STPs on our patch – Staffordshire and Derbyshire
- Both have significant challenges, mainly around finances and bed capacity

Tertiary services

- In the spirit of partnership, we are continuing to explore how we can work with nearby Trusts to deliver specialised services for patients
- More updates on this as those conversations progress



COUNCIL OF GOVERNORS – 18 SEPTEMBER 2018

Lead: Justine Fitzjohn
Designation: Deputy Director of Governance

UNIVERSITY HOSPITALS OF DERBY AND BURTON (UHDB) ELECTIONS 2018

The Council of Governors is asked to note the following:

Purpose of the paper presented:

To update the Council of Governors on Governor elections

Outcomes required:

The Council of Governors is asked to **NOTE** the content of the report

Time required: 5 minutes

Summary of the Key Points:

Following the close of nominations on 17 August, congratulations go to the following people who have been elected on an uncontested basis :-

Ben Smith – Staff Governor for London Road Community Hospital
Pam Dhanda – Public Governor for Lichfield and Tamworth
Denise Baker – Public Governor for Lichfield and Tamworth
Barry Appleby – Public Governor for Dales and South Derbyshire

Unfortunately no nominations were received for following seats:

- Staff - Sir Robert Peel /Samuel Johnson
- Public - Rest of England
- Public - third seat for Lichfield and Tamworth and the
- Public - second seat for Dales and South Derbyshire

Voting is currently taking place for:

- Staff – Royal Derby Hospital – 9 candidates for the 5 seats
- Staff – Queens Hospital – 4 candidates for the 3 seats
- East Staffordshire – 7 candidates for the 4 seats
- Derby City – 4 candidates for the 2 seats

Voting closes at 5pm on 27 September, with the results announced on 28 September. All new terms of office start 1 October and there is a Governor induction/refresher session planned in the afternoon of the 4 October.

In relation to the Appointed Governor vacancies, Councillor Bernard Peters has been confirmed as Staffordshire County Council's representative. An election process is currently taking place for the Staffordshire Voluntary Sector seat. We are currently waiting for a response from East Staffordshire CCG. The confirmed appointments will be from 1 October to ensure the Public Governors remain the majority group.

Equality Impact Risk Assessment Completed? No – N/A for this

Key Risks (if yes explain risk and proposed management)

Clinical Risks , Business Risks , Environmental risks , Finance & Performance risks ,
Reputation risks Governance risks NHSI risks

Resources required: N/A

Prior Discussion: N/A

To be made available for wider circulation: Yes

COUNCIL OF GOVERNORS – 18 SEPTEMBER 2018

Lead: Maura Teager on behalf of the Appointments and Remuneration Committee

REPORT OF THE APPOINTMENTS AND REMUNERATION COMMITTEE

The **Council of Governors** is asked to note the following:

Purpose of the paper presented: To present recommendations for the:

- acceptance of the nomination from the University of Nottingham for Professor Avril Drummond to be their nominated Non-Executive Director (NED) for a further 15 months (from 1 November 2018).
- approval of the Chairman's and Non-Executive Directors Objectives up to March 2020 and noting of the Executive Directors' objectives.
- approval of the ARC Terms of Reference.

Outcomes required:

- To accept the nomination from the University of Nottingham for Professor Drummond to be their nominated NED for a further 12 months, up until 31 January 2020.
- To receive and accept the Chairman's and Non-Executive Directors' Objectives and note the Executive Directors' objectives.
- To approve the ARC Terms of Reference.

Summary of the Key Points:

The Committee met on 3 September 2018 and presents its recommendations around the nomination of Professor Drummond, the Chairman's and Non-Executive Directors' Objectives and the ARC Terms of Reference. .

Time required: 10 minutes

Key Risks (if yes explain risk and proposed management)

Clinical Risks , Business Risks , Environmental risks , Finance & Performance risks , Reputation risks Governance risks NHSI risks

Resources required: None

Prior Discussion: With Appointments and Remuneration Committee members and the Trust Chairman.

UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING – 18 SEPTEMBER 2018

REPORT FROM THE APPOINTMENTS AND REMUNERATION COMMITTEE

The Appointments and Remuneration Committee (ARC) met on 3 September 2018. Apologies were received from the ARC Chair, Nick Seed, so Maura Teager chaired the meeting, other ARC members present were Shirley O'Sullivan, Bill Whitehead and Andy March. Councillor Bernard Peters (Contributing Observer), John Rivers, Dr Neil Pease (Executive Director of Workforce), Tosca Fairchild (Director of Governance & Communications and Justine Fitzjohn (Deputy Director of Governance) were in attendance.

The following matters are presented to the Council of Governors for agreement/approval:

1. **RE-APPOINTMENT OF A NON-EXECUTIVE DIRECTOR (NED)**

Professor Avril Drummond is the NED nominated by the University of Nottingham. Avril was first nominated for three years from 1 November 2014. The Council of Governors supported the University's re-nomination last year for a further 12 months with her current term of office expiring on 30 October 2018.

The Chairman wrote to the new Vice Chancellor asking for Avril to be re-nominated and a 15 month term has been agreed, up to 31 January 2020.

This period will allow the Trust to maintain Avril's knowledge and experience on the Board but also allow the Mr Rivers' successor to be involved in discussions with the University for any future nominations.

The Chairman re-iterated to the Committee that Avril continues to make a significant contribution as a member of the Board.

Recommendation:

- Acceptance of the nomination from the University of Nottingham for Professor Avril Drummond to be their nominated NED for a further 15 months (from 1 November 2018).

2. **CHAIRMAN'S AND NON-EXECUTIVE DIRECTORS' OBJECTIVES**

The Chairman presented the following documents to the ARC:

- Chairman's objectives
- Each NED's objectives

The Chairman informed the Committee that the objectives covered an 18 month period to March 2020. This period has been set in light of the merger and although set over this longer period, an interim review would be carried out in April 2019. In April the format of the objectives will be further revised in line with the PRIDE objectives and will also be linked into the Executive Director objectives.

The Committee supported the objectives in principle, noting that they would be further refined at a Board Away Day on 6 September. Attached at Appendix 1 and 2 are the revised objectives for the Chairman and NEDs. A summary of the Executive Directors' objectives is attached at Appendix 2A.

The view is that, presenting the objectives for the whole Board demonstrates to Governors the scope and scale of the Board commitment and the collective and individual contributions. It also demonstrates how well personal objectives are connected to Strategy and to each other's' objectives.

Recommendation:

- To receive and accept the Chairman's and Non-Executive Directors' Objectives and note the Executive Directors' objectives.

3. REVISED ARC TERMS OF REFERENCE

The Committee also reviewed its Terms of Reference for approval by the Council of Governors.

Recommendation:

- To approve the ARC Terms of Reference as presented at Appendix 3.

Appendix 1

CHAIRMAN'S OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

A. TRUST GOVERNANCE

1. Ensure that the Board and its subcommittees continue to provide proper and effective governance of the newly created Trust and at all times act to strengthen the reputation of the Trust by demonstrating that:
 - The Board maintains continuity of sound governance whatever the difficulty.
 - The Board provides leadership of risk and reputation management through its particular responsibility for the Board Assurance Framework
 - The Finance, Investment and Performance Committee effectively monitors and assesses financial and operational performance and investment plans and recommends any appropriate action.
 - The Quality Committee effectively monitors performance against the Quality Strategy and recommends any appropriate action.
 - The People Committee effectively monitors workforce activities performance and well-being and recommends any appropriate action.
 - The Charitable Trust Committee acts properly on behalf of the CT and seeks to appropriately align charitable donations to the clinical strategies of the Trust.
 - The Audit Committee supports the Board by reviewing control processes for governance and assurance and recommends any appropriate action.
2. Ensure arrangements for the Public Board demonstrate public accountability in all the localities where the Trust provides health care.
3. Ensure the effectiveness of arrangements for communication and consultation with Governors given the establishment of a new Council of Governors on 1 October 2018.
4. Support the Governors in the delivery of the membership strategy of the newly created Trust.

B. STRATEGY

5. Ensure that the Trust develops and delivers strategies relevant and appropriate to the newly created Trust which reflect the demands of national and local health policy.
6. Ensure that the Trust enhances its services and business performance by:

- Better understanding the roles of service commissioners and their intentions on primary, secondary and tertiary care provision.
 - Better understanding the roles of the Health and Wellbeing Boards and the care policies of Local Councils.
 - Exploiting opportunities for more effective service provision, whether in competition or in partnership with other providers.
7. Ensure that the Trust's developing Strategies are fully understood and promoted within the organisation and that resources are progressively allocated in terms of investment in capital and people skills taking into account what is affordable.
 8. Ensure that the Trust does all it can to achieve a financially sustainable organisation which continues to provide the required patient services at an acceptable standard.
 9. Ensure that the Trust develops collaborative working arrangement within the Derbyshire and Staffordshire STPs so far as is reasonably practicable within its statutory obligations and the prevailing financial and operating constraints.

C. QUALITY OF SERVICE AND CLINICAL STRATEGY

10. Ensure the Trust's arrangements for Quality Assurance operate effectively and in particular:
 - Define and monitor acceptable standards in all clinical and patient related activities.
 - Assess the areas of substantial risk to the reputation of the Trust and make them visible to the Board and Governors so that they are properly managed in the community.
11. Ensure the Trust defines and develops a clinical strategy appropriate to the population it serves.

D. RELATIONSHIPS WITH OTHER HEALTH INTEREST GROUPS AND THE COMMUNITY

12. Continue to build the relationships with the STPs, Health and Wellbeing Boards, Local Councils and CCGs, to achieve a sustainable basis for our commissioned services and deal with all issues arising in the interest of patient care and the sustainability of the Trust.
13. Develop relationships with the Chair and Boards of other local service providers to both better understand competitive pressures and to support collaborative ventures.

14. Understand the policies of the government and regulators and how they might affect the Trust and the environment in which it operates.
15. Develop sound relationships within our community sharing our strategies and enhancing confidence in the Trust in the minds of the public, our patients, and their families at this time of change and development.
16. Maintain the sound relationships with constituency MPs and seek their support for the Trust's Strategies.

John Rivers
Chair UHDB

31 August 2018

Appendix 2

GRAHAM BRAGG – NON EXECUTIVE DIRECTOR **OBJECTIVES: SEPTEMBER 2018 – MARCH 2020**

1. Ensuring that I become familiar with all five hospitals in the new merged organisation in order to carry out my NED role effectively.
2. Maintain a strong focus on the Trust's activity and financial performance during the year.
3. Ensure FI&PC meets its terms of reference and agree a committee work plan that focuses on the following keys areas:
 - Delivery of the Transformation, Integration and CIP programmes in accordance with the Trust's Final Business Case and the commitments made to NHSI.
 - Delivery of the Capital programme with a focus on the larger schemes already submitted to the STPs for funding to provide additional patient care capacity at RDH and redesigned services via the Outwoods project at QHB.
 - Assurance that the Trust is managing within its Control Total without adversely affecting the quality of care provided to our patients.
4. Fulfil other roles of a Non-Executive Director of the Trust Board by:
 - Chairing Consultant Interview Panels
 - Carrying out Board to Ward visits
 - Carrying out visits with Governors
 - Attending Governors meetings
 - Attending appropriate external meetings/courses
5. Carrying out duties as a NED member on the Charitable Funds and Stride Committees.

Graham Bragg
Non-Executive Director UHDB

31 August 2018

JOHN DAVIES – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. Chair the Quality Committee to facilitate continuing Trust wide quality improvement, with harmonisation of quality standards and outcomes across the new Trust and to work through and with the Board to promote the Quality Agenda.
2. Work with the Governors on the Quality Agenda via the Quality Committee, the Core Regs Committee and the B2W programme.
3. Gain a better understanding of the unfamiliar areas of the new Trust through formal and informal routes.
4. Work with colleagues to seek assurance that internal and external Quality Programmes are appropriately aligned.
5. Use the opportunity afforded by the Lean program to assure that the Quality Agenda and Quality Improvement Programmes are evidence based.

John Davies
Non-Executive Director UHDB

31 August 2018

PAUL DOONA – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. To establish myself as a fully integrated and established member of the new Board and familiarise myself with those parts of the new Trust I know least, e.g. through Board to Wards, site visits
2. To get results out of STRIDE:
 - The Car Park to be completed at Burton
 - Start on site at Outwoods

within a comprehensive Estates Plan for our hospital sites.

3. To use my expertise on the Finance, Investment and Performance Committee to ensure that we are working our assets and managing our liabilities as effectively as possible. One of the issues which surprises me about the NHS is the apparent lack of Balance Sheet management and over-emphasis on the Control Total, with little attention to working capital, liquidity and Fixed Asset management.
4. As a member of the Audit Committee, and in the absence of a Board Risk Committee, to ensure that the Risk Framework is properly understood and embedded; the latter being the important element.
5. To bring the Sustainability agenda to the Board through FIPC. There will be a number of opportunities to drive through, which can be cost effective as well as environmentally friendly, e.g. the use of conferencing facilities, travel policies, carbon footprint.

Paul Doona
Non-Executive Director UHDB

31 August 2018

AVRIL DRUMMOND – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. To continue to be actively engaged in Board activities, particularly on patient and people issues and research projects for the Trust.
2. To focus on my contribution to the Quality Committee specifically around patient safety and clinical standards.
3. To continue to engage and advise on the development of research projects within the Trust and helping research staff.
4. To help sustain the relationship with the University of Nottingham and also other Universities which could support relevant research projects.
5. To use my professional knowledge to promote the interests and development of Allied Health Care staff.

Avril Drummond
Non-Executive Director UHDB

31 August 2018

STEPHEN GOODE – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. To act in Chair role in absence of Chair on all aspects of Trust business, governance and stakeholder or partnership responsibilities, in capacity of Vice Chair.
2. To provide advice and support to the Chair on all matters as required on a formal and informal basis. In addition, to oversee Committee structures and systems in conjunction with the NED Chairs of People, Quality, Finance, Investment and Performance, and Audit Committees and agree proposals to improve functioning and reduce duplication.
3. To represent the Chair at Staffordshire STP in conjunction with the Managing Director Burton Hospitals particularly as regards to any Health service reconfiguration and associated system changes.
4. To provide NED oversight and challenge on all aspects of finance and performance within the Trust as Vice Chair of the Finance, Investment and Performance Committee. In particular, to ensure areas of concern have identifiable action plans and associated reporting.
5. To provide NED oversight and challenge on all aspects of quality and safety with particular attention to ensuring the realisation of the Trust's clinical strategy and associated aspects of Trust wide integration and service and workforce improvement.
6. To provide specific oversight on Trust issues of Performance and Safeguarding as required

Stephen Goode
Non-Executive Director UHDB

31 August 2018

STEPHEN JARRATT – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. Lead the Audit Committee to ensure it continually reviews the relevance and rigour of the assurance framework, ensuring there is an effective system of governance, risk management and internal control over the clinical, financial and operational activities operating throughout the Trust.
2. Ensure the development of a three-year internal audit and counter fraud programme for UHDB, with specific focus over this period on assurance around integration plans and their delivery.
3. Through the Audit Committee maintain an oversight and review of the annual disclosure statements* and the part year statements for the Burton sovereign organisation to 30 June 2018 (*i.e. annual report and accounts, annual quality report, annual governance statement).
4. Continue to promote and support, through the vehicle of D-Hive, commercial opportunities that improve both the Trust's financial position and its operational performance in quality and safety.
5. Support the Trust Board generally but specifically in its deliberations to determine and establish a clear strategy in the areas of estates, IMT and R&D for the next three years and beyond.
 - Active participant in the main Committees supporting the Trust Board, i.e. People, Finance, Investment and Performance and Nominations and Remuneration and Chairs group.
 - Support the Trust through other activities such as Consultant interviews, attendance at events, etc.

Stephen Jarratt
Non-Executive Director UHDB

31 August 2018

STEPHEN MOSS – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. Provide assurance to the Board on the delivery of the People Committee's annual work programme, in particular the three priorities already identified
 - a The development of a Workforce Strategy
 - b Delivery of the OD plan, including the Staff Engagement project
 - c Development and implementation of the Trust wide Inclusion Strategy
2. As the Senior Independent Director, identify ways to strengthen relationships with the new Council of Governors (CoG) and support the Chairman to strengthen the links between CoG and the Board.
3. As NED Lead for Supporting Staff to Speak Out, develop a closer, more structured relationship with the Freedom to Speak Up Guardian, and together identify a wider range of opportunities for staff across the Trust access to express their concerns.
4. As the NED Lead for Volunteers, together with the Chief Nurse, develop a strong framework to encourage, value and support those that volunteer in each of the hospitals, and build on the current arrangements to ensure sound governance arrangements for recruiting, training and managing the volunteers
5. As a Board member, continue to develop my contribution to both assurance and the development of strategy; and to be visible to staff, challenging and supportive to Executive Director colleagues; and to support the Chairs of the Quality Committee and Audit Committee, using my clinical and professional experience to ensure effective clinical and quality governance is in place.

Stephen Moss
Non-Executive Director UHDB

31 August 2018

JOY STREET – NON EXECUTIVE DIRECTOR
OBJECTIVES: SEPTEMBER 2018 – MARCH 2020

1. Strategy

- To support the development of Trust strategy by challenging short-termism, supporting innovation and the early adoption of best practice. Underpinning this with maintaining personal awareness of relevant international health agendas.
- To actively stimulate discussion on research and development across the organisation in order to develop centres of excellence and transferable skills within the organisation.
- To champion lean performance, developed within the Trust so as to maintain consistent standards but not to straitjacket innovation and essential and timely change.

2. People

- To ensure that the people agenda is seen as important rather than a last consideration after finance and performance. To particularly focus on inclusion as a means of enhancing Trust resilience, flexibility and patient focus.

3. Finance and Performance

- To take an overview of finance and performance and try to ensure that the strong management of financial performance supports, rather than drives the business. To challenge sluggish pace and encourage use of best practice from any sector to support delivery of objectives.

4. Charitable Funds

- To raise the profile of funds such that a greater percentage of funds are invested each year.
- To develop a major corporate fundraising campaign.
- To use funds to pump prime Trust developments.

5. Other

- To contribute effectively to all board and committee discussions and decisions by solid preparation, advance clarification and timely, necessary comment.

Joy Street
Non-Executive Director UHDB

31 August 2018

	P	R	I	D	E
Gavin Boyle	<ul style="list-style-type: none"> Support the development and implementation of an integrated quality strategy for the new Trust working with the Chief Nurse and the Medical Director. Lead the Executive Team to make tangible progress from 'good' to 'outstanding' ensuring that the Trust is well prepared for its next CQC inspection. 	<ul style="list-style-type: none"> Personally champion the adoption of LEAN and the 'NHSI Improvement Practice' approach. Ensure the delivery of the Post Transaction Implementation Plan (PTIP) following the merger. Work with the Director of Strategy and Integration to develop a clearly articulated overarching strategy for UHDB. Support the COO to maintain and improve performance against the key national access standards. 	<ul style="list-style-type: none"> Deliver the Trusts financial plan ensuring that the financial benefits described in the FBC are delivered. 	<ul style="list-style-type: none"> Role model the Trusts CARE values Play a leading role in the post-merger engagement programme which will use a combination of face to face interactions and virtual crowd sourcing approaches. Continue to support the development of the Executive team ensuring that there is a structured programme in place to assist this. Continue to personally promote staff engagement and ensure that all 5 sites are included within this. Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> Together with the Director of Strategy and Integration, the Medical Director and COO develop a clearly articulated plan to develop our tertiary services Support the Medical Director in developing our research and development strategy for the integrated Trust. Continue to play a full part in the STPs in Derbyshire and Staffordshire. With regard to the latter work closely to support the Executive Managing Director in Burton to particularly develop this partnership.
Sharon Martin	<ul style="list-style-type: none"> Ensure that our approach to transformation is underpinned by the principals of improving quality and efficiency together. Ensure that the LEAN approach helps to improve patient safety, quality as well as efficiency. Ensure that transformation plans are supported by a robust QIA process. 	<ul style="list-style-type: none"> Work with the Director of Strategy and Integration and the Executive Medical Director to develop a comprehensive clinical strategy for the Trust. Develop a plan for our specialist tertiary services together with the Executive Medical Director and Director of Strategy and Integration. Deliver the transformation programme and associated efficiencies savings. Improve our operational performance against national standards. Deliver those elements of the PTIP that are within your portfolio. Lead the implementation of the LEAN programme Work closely with the Managing Director Burton to ensure that services are delivered in a coherent way at QHB and SJH and SRPH 	<ul style="list-style-type: none"> Deliver your contribution to the CIP programme Hold to account the clinical divisions for their financial performance as well as operational. Ensure that the Transformation Programme supports the delivery of the CIP. 	<ul style="list-style-type: none"> Role model the Trusts CARE values Ensure the new divisional and operational structure works effectively. Ensure that arrangements are in place to support divisional leaders in their new roles and ways of working. Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> Work with other Directors to contribute to the work of the STPs in both Derbyshire and Staffordshire. Work with the Director of Strategy and Integration to develop our relationships with other tertiary providers as part of our strategy to grow our specialised services
Magnus Harrison	<ul style="list-style-type: none"> Together with the Chief Nurse develop an integrated Quality Strategy for UHDB to improve our CQC rating – initially achieving 'good' at QHB and then moving onto 'outstanding' for the organisation as a whole. Patient safety – take the lead in eliminating 	<ul style="list-style-type: none"> Work with the Chief Operating Officer and Director of Strategy and Integration to ensure that the new models of care underpinning our Patient Benefits Case are delivered. Take the lead working with the Director of Strategy and Integration to develop the Clinical 	<ul style="list-style-type: none"> Work with the Finance Director and Director of Strategy and Integration to ensure that the long term plans for clinical services drives the direction for our estates strategy and capital programme. Support the COO and Finance Director in 	<ul style="list-style-type: none"> Role model the Trusts CARE values. Establish and support the development of the new Medical Directors team. Work with the Director of Workforce to sig- 	<ul style="list-style-type: none"> Work with the Director of Strategy and Integration and the MD Burton to contribute fully to the developing STPs in Derbyshire and Staffordshire. Work with the Director of Strategy and Integration to develop our relationships

	<p>avoidable harm for patients. Work with the Director of Finance to roll out the application of barcoding technology to reduce incidents and never events as part of our Scan 4 Safety programme.</p> <ul style="list-style-type: none"> • HMSR/SHMI – ensure that there is an effective process for monitoring mortality in the Trust and responding to concerns. • Ensure effective arrangements for national reporting of preventability and LeDeR reviews. 	<p>Strategy for the organisation and particularly to deliver the NHSI December 2018 deadline</p> <ul style="list-style-type: none"> • Develop a clear plan with the Director of Strategy and Integration for the development of our specialist services with the aim to develop this aspect of our portfolio either independently or as part of collaborative networks with other tertiary providers. • Support the COO in the implementation of the LEAN programme providing leadership to ensure the engagement of clinicians and alignment with the GIRFT reviews. • Ensure that the PTIP requirements for IM&T are implemented and that a longer term strategy for integrated information systems which support the improvement of patient care is developed for the new Trust. • R&D – lead the integration of the R&D effort across UHDB and the development of a strategy to deliver this aspect of our ‘University Hospital’ ambition. • Refresh and implement the Trusts IM&T Strategy. 	<p>ensuring that there is medical engagement in the delivery of the Trusts financial and transformation objectives.</p> <ul style="list-style-type: none"> • Deliver those elements of the CIP and integration savings that have been identified for the Executive Medical Director particularly the reduction in spend on temporary medical staff. • Work with the Director of Finance to establish a mechanism for the consideration, exploration and exploitation of new innovations and technologies. 	<p>nificantly reduce the numbers of medical vacancies across the Trust.</p> <ul style="list-style-type: none"> • Work with the Chief Operating Officer to ensure that there is alignment between consultant job plans and operational capacity and delivery. • Engage in the development of the Executive team and the establishment of effective working relationships 	<p>with other tertiary providers as part of our strategy to grow our specialised services.</p> <ul style="list-style-type: none"> • Develop our partnerships with the Universities particularly Nottingham and Derby in relation to the R&D agenda. • Work with the Executive Director of Workforce and OD to develop our partnerships with HEE and the Universities particularly Nottingham to develop our role as a provider of first class medical education.
<p>Cathy Winfield</p>	<ul style="list-style-type: none"> • Working in partnership with the Medical Director develop an ambitious integrated quality strategy for UHDB to move us towards best in class nationally • Take the lead in establishing a programme to prepare the organization for CQC inspection, moving the organization to a CQC rating of “Good “ across all sites in the first 12 months and ambition of “Outstanding” within 3 years. • Develop an ambitious Safety Programme for our Maternity Service building on the excellent progress already made as part of the National Maternity Safety Programme in the Derby and Burton Units • Working with the NED lead for volunteers to develop a Trust wide strategy to grow our volunteer workforce whilst retaining hospital site ser- 	<ul style="list-style-type: none"> • Deliver the integration plans across the breadth of the Chief Nurse Portfolio ensuring an integrated service for the organisation • Support the COO, Medical Director and Director of Strategy to develop and implement new clinical pathways and models of care post-merger ensuring the delivery of the Trust Patient Benefits Case • Support the Medical Director in the integration and development of an UHDB R&D strategy ensuring non-medical clinical research is a key component to support our “University Hospital Status” • Support the COO in the development and implementation of the LEAN programme as a vehicle to support the delivery of the Quality Strategy in improving safety and patient experience outcomes. 	<ul style="list-style-type: none"> • Deliver those elements of the Trust CIP and Integration programme savings that have been assigned to the Chief Nurse Portfolio • Continue to drive down spend on temporary nursing, midwifery and AHP staffing whilst maintaining safe care implementing a consistent approach across the 5 hospital sites 	<ul style="list-style-type: none"> • Be a role model for the Trusts CARE values, demonstrating Inclusive and Compassionate Leadership • Work with the Executive Director of Workforce to develop and implement an ambitious coherent Trust wide approach to attracting, maintaining and developing the Nursing, Midwifery and AHP Workforce including: <ul style="list-style-type: none"> - A clear retention and recruitment approach - Development, implementation and integration of new roles • Support AHPs to develop a greater professional voice within the organisation • Engage in the development of the Executive team and the establishment of effective working relationships • Support the Executive Director of Workforce to deliver the Trust Inclusion Framework as 	<ul style="list-style-type: none"> • Seek to develop a greater clinical influence in the STPs both in Derbyshire and Staffordshire coordinating these efforts with other members of the Executive Team • Work with the Executive Director of Workforce and medical to develop our partnerships with HEE and the Universities creating a strategy to develop our role as a provider of first class clinical education.

	vice individuality.			part of the broader workforce Strategy. <ul style="list-style-type: none"> • Work with the Director of Workforce to develop and deliver a plan to improve inclusivity for our workforce. • Continue to support and develop volunteering within the new Trust. 	
Duncan Bedford	<ul style="list-style-type: none"> • Work with the Chief Nurse and Medical Director to promote the aims of the Trusts Quality Strategy particularly at QHB, SRP and SJH. • Work with both the Chief Nurse and Medical Director to ensure that Burton Hospital, Sir Robert Peel and Samuel Johnson Hospitals staff understand the requirements of the CQC domains and are fully prepared for a CQC visit. 	<ul style="list-style-type: none"> • To contribute fully to the LEAN programme working with the COO and Divisional teams to enable its implementation at QHB and the Community Hospitals. • Work closely with the COO to ensure that clinical services are delivered in a co-ordinated way by the clinical divisions at QHB and the Community Hospitals. • Work the Director of Strategy and Integration to develop a future plan for the Community Hospitals particularly in Lichfield and Tamworth enabling the development of 'Place based' models of care as part of Staffordshire STP and also supporting our 'University Hospital' ambition to develop our tertiary service and to repatriate activity from the West Midlands. • Coordinate and produce an integrated strategy for the organisation working with other Directors to ensure it reflects a clear path to delivering our University Hospitals ambition of high quality services, research and education. 	<ul style="list-style-type: none"> • Work the Finance Director to ensure that the service strategies for QHB and the Community Hospitals in Lichfield and Tamworth are driving the development of the estates and capitals plans for those hospitals. • Work with STRIDE and the Finance Director to ensure the appropriate development and delivery of all aspects of the Outwoods site. 	<ul style="list-style-type: none"> • Role model the Trusts CARE values. • Provide personal and visible leadership at QHB and the Community Hospitals in Lichfield and Tamworth. • Work with the COO to ensure that colleagues from each of the Trusts integrated clinical divisions work together coherently at Burton, Lichfield and Tamworth. • Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> • On behalf of the Chief Executive take the lead role in developing our relationship with the Staffordshire STP. • Be the ambassador for UHDB in the wider local communities in Burton, Lichfield and Tamworth. • Take the lead in developing our relationships with all relevant stakeholders in East and Southern Staffordshire.
Peter Moore	<ul style="list-style-type: none"> • Ensuring through the implementation of our PTIP that the benefits described in our Patient Benefits Case are delivered. • In developing our longer term plans for the Trust ensure that improving patient care is the organising principle. 	<ul style="list-style-type: none"> • Lead the implementation of the PTIP. • Work with the Medical Director, COO and MD (Burton) to ensure there is a clear plan for the future role of our Community Hospitals and the development of tertiary services. • Ensure that the benefits described in our Patient Benefits Case are delivered. • Support the implementation of the LEAN programme ensuring that its ethos is reflected in our long term planning. 	<ul style="list-style-type: none"> • Use service line and patient level costing data to ensure that our clinical strategy provides a balanced financial portfolio of services. • Deliver the merger specific savings set out in the FBC 	<ul style="list-style-type: none"> • Role model the Trusts CARE values. • Support the establishment and development of your new team • Participate fully in the Executive and Board development programme • Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> • Lead the development and co-ordination of our external relationships particularly commissioners, STP partners and neighbouring tertiary centres. • STPs – maintain an overview of our relationship with both STPs and coordinate the contribution of the Executive team and others. Particularly support the development of our understanding of the Staffordshire STP and work closely with the MD Burton in this regard. • Work with the FD, Medical Director and MD Burton to explore and develop potential partnership opportunities within Primary Care.
Neil Pease	<ul style="list-style-type: none"> • Work with the Chief Nurse and MD to link our OD 	<ul style="list-style-type: none"> • Support the implementation of the LEAN programme and apply these principles to our 	<ul style="list-style-type: none"> • Deliver the CIP agreed for the HRD 	<ul style="list-style-type: none"> • Role model the Trusts CARE values. 	<ul style="list-style-type: none"> • Work with the Medical Director and Chief Nurse to strengthen relationships with

	<p>plans to delivering better care for patients.</p> <ul style="list-style-type: none"> • Ensure that our CARE values are embedded in our development and people management processes eg leadership development, recruitment, appraisal etc. • Promote the principles of compassionate leadership through our leadership development programme. • Work with the Chief Nurse, Medical Director and Director of Corporate Affairs to ensure that the Trust makes progress towards 'outstanding' in the 'well-led' domain of the CQC framework. 	<p>transactional HR processes to make them more efficient.</p> <ul style="list-style-type: none"> • Link the OD work to the LEAN programme so that they are complementary 	<ul style="list-style-type: none"> • Implement new bank arrangements at Derby and develop plans for whole organisation roll-out. • Work with the Director of Finance and other colleagues to ensure that our pay controls are robust and effective. 	<ul style="list-style-type: none"> • Refresh the People Strategy for the new enlarged organisation. Ensure that this underpins our overarching Trust strategy working with the Director of Strategy and Integration. • Lead the OD plan for UHDB – built on the principles of 'compassionate leadership' including the successful delivery of the 'big conversation' being launched in September. • Work with the Chief Nurse and Medical Director to significantly reduce vacancies. • Work with the Chief Nurse to develop and deliver a plan to improve inclusivity for our workforce. • Support the integration and effective working of the new organisational structure. Including the provision of comprehensive leadership development and other support to enable this. • Develop a comprehensive and trust wide approach to improving the health and well-being of our people. • Support the Chief Executive in the development and delivery of the Executive team development programme. • Engage in the development of the Executive team and the establishment of effective working relationships 	<p>HEE and partner higher and further education institutions to develop our role as a 'University Hospitals' provider of education and training.</p> <ul style="list-style-type: none"> • Contribute fully to the development of the system workforce in Staffordshire and Derbyshire as part of the STPs.
<p>Kevin Downs</p>	<ul style="list-style-type: none"> • Continue to develop the scan for safety approach particularly focussed on reducing clinical variation and improving patient care. • Improve data analysis on patient frequent attendees to support clinical teams to better meet their needs. • Work with the Medical Director to implement Scan 4 safety across the whole organisation with a particular focus on eliminating never events and human errors. 	<ul style="list-style-type: none"> • Work with the Director of Strategy and Integration to use PLiCS to inform the development of a financially balanced clinical strategy. • Improve use of technology across the hospital to transform the delivery of clinical services. • Support the COO and the Director of Strategy and Integration to deliver the CIP and integration savings. • Play a leading role in the implementation of LEAN • Continue to play a leading role in ensuring that 	<ul style="list-style-type: none"> • Continue to pursue a solution to addressing the structural deficit associated with the PFI • Implement the capital programme – notwithstanding the difficulty in accessing funds • Deliver the Trust's financial plan including the additional £4.3m stretch CIP • Deliver the financial objectives of the merger. • Develop a Trust wide capital and estates 	<ul style="list-style-type: none"> • Role model the Trusts CARE values. • Continue to develop and support the finance team • Support the effective establishment of the new finance function across UHDB. • Work with the HRD to ensure effective controls on pay spend. • Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> • Contribute to the Derbyshire and Staffordshire Sustainability and Transformation partnerships particularly regarding the development of a shared financial strategy and the integration of back office functions and estates rationalisation. • Continue to support with the COO and the Divisional Director in the introduction of the integrated pathology services with Chesterfield Royal Hospital. • STPs – continue to work with the Derbyshire STP and develop our relationship and

		<p>Derbyshire Pathology is successfully implemented.</p> <ul style="list-style-type: none"> • Develop a commercial strategy to maximise alternative income streams for the new organisation. 	<p>strategy</p> <ul style="list-style-type: none"> • Implement effective financial controls across the new organisation. • Work with the Medical Director to establish a mechanism for the consideration, exploration and exploitation of new innovations and technologies. 		<p>contribution in Staffordshire.</p> <ul style="list-style-type: none"> • Continue to develop key commercial relationships eg proton beam therapy, universities etc. • Work with Chesterfield Royal Hospital and other local providers to explore opportunities for integrating shared services.
<p>Tosca Fairchild</p>	<ul style="list-style-type: none"> • Work with the Chief Nurse and Director of Workforce to ensure that the current CQC well-led rating is improved upon. Ensure that the actions from the previous well-led reviews at Burton and Derby have been implemented and that the Trust delivers a strong performance of 'Good' or better in response to a CQC well-led review. • Work with the Chief Nurse to further strengthen and develop our risk management arrangements within the Trust. • Prioritise the promotion of the aims of the Quality Strategy as part of our communications and engagement work. 	<ul style="list-style-type: none"> • Ensure that the Board and its Committees including the Trust Operational Group and the Transformation and Integration Group work effectively. Put in place arrangements to review their effectiveness and make further improvements. • Establish effective arrangements for the delivery of our Communications and Legal Services for the organisation supporting all aspects of our business. • Put in place effective arrangements for the support and development of our Council of Governors. • Ensure that BAF risks are assigned to assurance committees to ensure they are maintained and proposed mitigations delivered. • Triangulate the BAF with the objectives of the Executive Team to ensure that the mitigation of key risks is prioritised. 	<ul style="list-style-type: none"> • Deliver the CIP projects agreed for the Director of Corporate Affairs. • Work with the Finance Director to develop and maintain a process to ensure that business case scrutiny and approval runs efficiently. 	<ul style="list-style-type: none"> • Role model the Trusts CARE values. • Establish and develop the new Corporate Affairs Directorate including Governance, Communications and Legal Services. • Ensure that the Communications function fully supports the Director of Workforce in delivery of the people engagement element of our OD strategy. • Engage in the development of the Executive team and the establishment of effective working relationships 	<ul style="list-style-type: none"> • Support the Chair and Chief Executive in managing key external relationships eg MPs, local government etc. • Develop and enhance the dialogue between the Trust and its membership.

Appendix 3

UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

APPOINTMENTS AND REMUNERATION COMMITTEE

TERMS OF REFERENCE

TITLE
Council of Governors – Appointments and Remuneration Committee
FOUNDATION AND PURPOSE
<p>Under the provisions of the Trust's Constitution (paragraph 20) and the NHS Foundation Trust Code of Governance (Section D), the Council of Governors is required to establish a Committee to be responsible for recommending to the Council of Governors, suitable and appropriate candidates for the appointment of:</p> <ul style="list-style-type: none">a) The Trust Chairb) The Non-Executive Directors of the Trust Board. <p>In addition, the Committee is responsible for:</p> <ul style="list-style-type: none">• Reviewing the remuneration packages of the Trust Chair and the Non-Executive Directors, taking account of such details as market forces and any other relevant facts and information, and to make recommendations to the Council of Governors for their approval.• Agreeing the annual objectives of the Chair and make recommendations to the Council of Governors for their approval.• Reviewing the annual performance of the Chair taking into account the Senior Independent Director's report on the matter and make recommendations to the Council of Governors for their approval.• Receiving the annual performance of Non-Executive Directors based on the performance reviews undertaken by the Chair and supporting the Chair's conclusions in a report to the Council of Governors.• Undertaking formal reviews of allegations of any breach of the Governors' Code of Conduct as instructed by the Chair.
MEMBERSHIP OF THE COMMITTEE
<p>The membership of the Committee shall comprise of 5 members self-nominated in a process agreed by the Council of Governors and made up of: One Staff Governor</p>

One Appointed Governor Three Public Governors (one of which will be the Lead Governor)
QUORUM
A quorum shall be 3 members
ACCOUNTABILITY
The Committee shall be accountable to the Council of Governors
ADMINISTRATIVE SUPPORT
Support for the Committee will be provided by the Corporate Governance Team.
FREQUENCY OF MEETINGS
At least once a year to consider the appraisals of the Trust Chair and Non-Executive Directors. For the appointment of the Trust Chair and/or Non-Executive Directors – as and when necessary.
REVIEW DATE
2019

(Latest Version - September 2018)

COUNCIL OF GOVERNORS MEETING – 18 September 2018

Lead: Rita Merrison
Designation: Interim Membership Group Chair

The Council of Governors is asked to note the following:

Purpose of the paper presented:

To present the key issues from the Membership Group meeting held on 2 August, 2018.

Outcomes required: To note the update.

Time required: 5 Minutes

Summary of the Key Points discussed at the meeting:

- The Terms of reference were agreed and NOTED by the Governors.
- The Patient and Public Engagement Team gave an update on changes within their team and recent engagement events which included the Derby Youth Forum who had invited the Burton Youth Forum members to an extremely beneficial meeting, where new ideas and initiatives had been shared.
- An update was provided from the Communications Team (COMMS) including the successful celebrations that had been held for NHS 70.
- UHDB Membership Development Strategy which had been agreed at JCRG and ratified as part of the merger documents was discussed by the group. The strategy would outline the Trust's vision for membership and detail how the Trust recruits, retains, manages and communicates with its members who would assist in ensuring that the Trust was fit for its future in the changing NHS environment.
- An update on Annual Members Meeting on Thursday 27 September was provided.
- Next Membership Group meeting: Thursday, 17 October, 2018 – 10.30 – 11.30 - all Governors welcome.

Key Risks

Clinical Risks , Business Risks , Environmental risks , Finance & Performance risks ,
Reputation risks Governance risks NHSI risks

Resources required: Not applicable

Prior Discussion: Not applicable

COUNCIL OF GOVERNORS MEETING – 18 SEPTEMBER 2018

Lead: Anne Johnson
 Designation: Core Regulations Working Group Chair

KEY ISSUES FROM THE GOVERNORS CORE REGULATIONS GROUP

The Council of Governors is asked to note the following:

Purpose of the paper presented: To present the key issues from the Core Regulations Working Group meeting held on 2 August, 2018

Outcomes required: To note the update.
Time required: 5 Minutes

Summary of the Key Points discussed at the meeting:

- Forward programme of Inspections – Due to the recent merger a temporary hold has been put on audits until after the Quality Committee and Core Regs time out in October. Discussions will take place around how to bring together governors from across the UHDB to ensure consistency across the new Trust.
- Board to Ward Feedback – an update on 15 Steps was provided, which had been revamped in all areas including Maternity and Out-Patients. There would be 5 key domains, with prompts for people to look for. All paperwork would be revamped.
- The next Group meeting will be held in October, 2018.

Key Risks
 Clinical Risks , Business Risks , Environmental risks , Finance & Performance risks ,
 Reputation risks Governance risks NHSI risks

Resources required: Not applicable

Prior Discussion: Not applicable