

**Minutes of the meeting in public of the Council of Governors held on
Wednesday 7 February 2018 at 1.30pm in Lecture rooms A and B, Education Centre,
Chesterfield Royal Hospital**

Present:

Chairman	Dr Helen Phillips, Chair
Public Governors	Mrs P Boyle, Public Governor, North East Derbyshire Dr L Clarke, Public Governor, High Peak constituency Mr M Gibbons, Public Governor, North East Derbyshire constituency Mrs R Grice, Public Governor, Chesterfield constituency Dr M Grundman, Public Governor, Derbyshire Dales and North Amber valley constituency Mr R Jackson, Public Governor, South Sheffield & Rotherham Mrs R Ludford, Public Governor, Chesterfield constituency Dr D Lyon, Public Governor, Chesterfield constituency Mr D Millington, Public Governor, North East Derbyshire constituency Dr J Reece, Public Governor, North East Derbyshire constituency Mr J Rigarfsford, Public Governor, Derbyshire Dales and North Amber valley constituency Mrs M Rotchell, Public Governor, Chesterfield constituency Mr B Parsons, Public Governor, Chesterfield constituency Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency
Staff Governors	Miss E Bradley, Staff Governor, All Other Staff Dr M Luscombe, Staff Governor, Medical and Dental Mrs J Smith, Staff Governor, Nursing and Midwifery
Appointed Governors	Cllr K Caulfield, Appointed Governor, Local Authority Partners Mrs T Moore, Appointed Governor, Education Partners Mrs A Parnell, Appointed Governor, Voluntary Sector Partners Mrs L Tory, Appointed Governor, Voluntary Sector Partners
In attendance	Mr S Morrirt, Chief Executive Mr L Outhwaite, Director of Finance and Contracting Ms L Andrews, Director of Nursing and Patient Care Mr T Campbell, Chief Operating Officer Mrs L Challis, Non-Executive Director Mrs Z Lintin, Director of Workforce and Organisational Development Dr D Pickworth, Non-Executive Director Mr D Urpeth, Non-Executive Director Dr J Wight, Non-Executive Director Mrs G Maiden, Acting Foundation Trust Secretary Mrs N Smith, Governor and Membership Officer Miss L Almond, Administrative Assistant, CE's Office Dr Scriven, Interim Divisional Director, Royal Primary Care (RPC) (For item CG08/18) Mrs J Lacey, Interim General Manager, RPC (For item CG08/18)
Member apologies	Mrs S Bean, Public Governor, Chesterfield constituency Cllr J Boulton, Appointed Governor, Local Authority Partners Mrs M Brown, Appointed Governor, Education Partners Mr J Burton, Public Governor, Southern Derbyshire and West Nottinghamshire constituency Mr A Craw, Public Governor, Chesterfield constituency Cllr J Ritchie, Appointed Governor, Local Authority Partners Mrs J Stringfellow, Appointed Governor, North Derbyshire CCG Mrs H Ward, Public Governor, Bolsover Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists
Attendee apologies	Mrs G Collins, Medical Director Mrs A McKinna, Non-Executive Director Mr P Severs, Non-Executive Director Ms B Webster, Non-Executive Director

CG01/18 **Chairman's Welcome and Note of any Apologies (Verbal)**

Dr Phillips welcomed the members and attendees to the meeting introducing newly elected governors Mrs P Boyle and Mr R Jackson.

The apologies for absence were received and noted. This included the third new governor Mrs H Ward who had been unable to attend due to illness.

Sadly Mr R Holmes, public governor, Bolsover had stepped down from office due to illness. An election would take place in due course.

CG02/18 **Declaration of Interests (Enclosure A)**

The Council received the register of Governors' interests for February 2018. Mrs L Tory and Mrs A Parnell declared their involvement with Derbyshire Voluntary Action.

CG03/18 **Verbal Questions and Comments from the Public (Verbal)**

David Pipes, RPC PPG Chair highlighted the difficulties in parking on the day of the last board meeting (31 January 2018) which had prevented him from attending. He asked if it was possible to explore introducing a live update feed to the Trust's website about the car park status. Mr Morrill said the Trust would look into this as part of the wider access to site work. There was a later agenda item on car parking.

LO

CG04/18 **Minutes of the Meeting held on 6 December 2017 (Enclosure B)**

The Council received and approved the minutes from the meeting held in public on 6 December 2017.

CG05/18 **Matters Arising from the Minutes (Enclosure C)**

The Council received and noted the report on matters arising from previous meetings.

CG05/18(i) **Sepsis update**

The Director of Nursing and Patient Care gave the Council a verbal update on position relating to screening for Sepsis and treatment with antibiotics within the hour. The trust is achieving good screening compliance for emergency and inpatients who 'red flag' with sepsis indicators. There has however been a decrease in the percentage of patients receiving antibiotics within 60 minutes following sepsis identification. This is resulting in the failure to meet the Q2 and Q3 CQUIN targets. It had been felt important to update the Council of Governors on the position and the work that had been taken forward to address the position.

While the emergency pathway is below compliance the main area of note is within in-patient areas. An audit is undertaken of all patients who are screened for Sepsis and key learning from this identified areas for

improvement centres on two key areas; training and education of nursing and medical staff and prompt administration of antibiotics. Ongoing education through junior doctors training and key medical staff meetings is in place and additional leadership in these sessions is being addressed by the two leading Consultants who sit within the Sepsis group and trust consultant staff. The importance of ongoing awareness raising and knowledge on the management of sepsis is also being emphasised. In addition to the education sessions this is being undertaken by a particular focus on communicating to staff the importance of administering the first dose of the antibiotic promptly when sepsis is identified. As each patient's case is audited direct feedback from the audit is provided to Consultants and individual staff on where lessons can be learnt and improvements made as well as through quality governance forums.

The Sepsis Matron has now been agreed as a substantive post and will form part of the IPC team to increase capacity to undertake training, audit and share lessons learnt. The post holder will also be undertaking additional '10 @ 10' training sessions and raising awareness through ward team huddles. A training video is also in development to supplement training for Sepsis.

It was anticipated that CQUIN improvement measurements of 90% would be achieved by the end of March 2018.

Mr Urpeth stressed the unacceptability of the current performance. Mr Luscombe said that the clinicians were taking the issue seriously and working to identify the multiple reasons behind the issue.

The Council questioned about:

- The inclusion of Critical Care Outreach Team to provide critical care 24/7. Long term Mr Luscombe felt that the hospital required a dedicated sepsis team;
- Operational issues – electronic prescribing system - it was noted that the audit identified that while patient may be reviewed and seen, the antibiotic is not always prescribed for administration;
- The benefits of the East Midlands Ambulance Service (EMAS) approach of being able to administer antibiotics en-route. The EMAS approach had not yet been rolled out to CRH.
- The availability of antibiotics at the point of need. The Trust's sepsis boxes have the anti-biotic within and are brought to the bedside.
- The availability of prescribers out of hours. The trust indicated they would look into the issues of nurse prescribing during the night if this would assist as a solution.

The Council thanked the Director of Nursing and Patient Care for the update and expressed its continued interest.

LA

NS (for CoG
work
programme)

Proposed amendments to the constitution (Enclosure D)

The Chief Executive introduced the proposed amendments to the Trust's constitution. The four proposed changes had been developed through discussions at previous council meetings and those of the Nominations Committee and were intended to reflect organisational changes and to widen the catchment area from which to seek future non-executives of calibre. It was noted that on paragraph 1.5 on page 3 should have been deleted and that this was the full paper for consideration and approval.

The Council discussed the four proposed changes in detail:

- Establishment of a new 'Rest of England and Wales' public constituency

The need for the change had been triggered by Mr Severs' imminent departure following a move out of the area and the need to recruit a non-executive with the financial expertise required at Board and as an Audit and Risk Committee Chair. Mr Severs had agreed to remain in post until his successor was in place to provide continuity.

The Constitution and the supporting statutory regulations were clear that a non-executive director had to be a member of the public constituency of the Trust. To enable the Trust to recruit from the best possible talent pool various options were considered to extend the public constituency:

- i) Establishment of a 'Rest of England & Wales' constituency;
- ii) Establishment of a 'Rest of England' constituency;
- iii) Establishment of a 'Surrounding Areas' constituency that would include named neighbouring counties e.g. Nottinghamshire, Cheshire, Leicestershire etc.;
- iv) Establishment of a 'Rest of Midlands' constituency.

The minimum number of members in the constituency was within the gift of the Trust to decide. The Council could also decide at what point a governor to represent that membership was needed.

The Council discussed the options considering the need for affinity to the area, cost of 'reasonable expenses', the current 360 'affiliated' members of the Trust (this was mainly people who had moved outside the current public constituency), examples of 'wider' and listening to advice from the non-executive directors present about the wealth of talent and commitment this could open the Trust up to.

The Council were assured that the Nominations Committee would ensure that any recommended candidate would be committed to the Trust and be available to both attend meetings and be involved in Trust activities as required.

The Council approved the establishment of a 'Rest of England and Wales' constituency.

- Consideration of the establishment of a staff governor constituency for Trust staff in the community and primary care

This change reflected the number of staff employed by the Trust who did not actually work on the CRH site. Royal Primary Care was a prime example however this also included groups such as community midwifery and children's services. The change would allow a governor to be elected and give them a voice.

The Council fully supported this change and approved the establishment of a staff governor constituency for Trust staff in the community and primary care.

- Discussion regarding extending the Council of Governors membership to include representation for joint ventures/subsidiaries of the Trust

The change would allow staff employed by a Trust joint venture entity or by a Trust wholly owned subsidiary to be members of the Staff Constituency extending the membership allowed to stand for and to vote for staff governors.

The Council supported the involvement of staff raising the need to be aware of any conflicts of interest. These would need to be declared and considered as with any governor.

The extension of the membership to include representation for joint ventures and wholly owned subsidiaries of the Trust was approved by the Council

- Review of CCG representation following the creation of a single management team for the four Clinical Commissioning Groups (CCGs) in Derbyshire

Following the creation of a single management team for the four CCGs in Derbyshire it was proposed that the Constitution was amended to one Partnership Governor representative from the single management team on behalf of the four CCGs.

The Council approved a single CCG Partner representative on the Council of Governors and authorised the Chief Executive to approach the Single Accountable Officer of the CCGs.

CG07/18

Governors Success Criteria against Trust priorities (Enclosure E)

The Council received a paper highlighting the governors' success criteria against Trust priorities.

Non-Executive Directors highlighted the following points against each of the success criteria:

CG07/18(i)

1.1 To provide excellent quality of care and improve the experience of patients and to implement improvements which would lead to outstanding care and 1.2 Prioritise capital and revenue funding to support delivery of the Quality Strategy

The Quality Assurance Committee had been assured by continuing good progress being made against the quality of care priorities with the exception of Sepsis.

CG07/18(ii) 2.1 Transform and build efficiency within the portfolio of core services based on business modelling and analysis

The Trust had been visited by the Hospital Services Review team on 23rd January and there would be an event on 1st March 2018 at which potential non-site specific options would be put forward.

CG07/18(iii) 2.2 Maximise opportunities to implement integrated care models that a) reduce inappropriate admissions; and b) streamline pathways

Urgent Care Village – the performance of the Emergency Department had been remarkable over the winter period during the building work.

7 Day Services - The associated risk was discussed at the Audit and Risk, Finance and Performance and the Quality Assurance Committees and raised to the Board for consideration. The Commissioner had now confirmed that no additional funding would be available meaning that compliance was not possible. The Trust was not expecting consequences because of this.

Royal Primary Care – a detailed presentation was given during the Council meeting (See CG08/18).

CG07/18(iv) 3.1 Establish an agreement with all partners over the objectives to be delivered within the local partnerships and work within the Derbyshire and South Yorkshire STP's to shape and deliver system objectives and 3.2 Establish a clear sense of the 'shape' of the Trust as a consequence of partnership choices

Vicky Taylor had been appointed as the new Senior Responsible Officer for the Derbyshire STP footprint.

CG07/18(v) 4.3 Ensure leaders live our values and actively prioritise staff engagement and involvement

A 'Leading the Chesterfield Way' update would be considered at the March People Committee.

CG07/18(vi) 4.5 Build a healthy workforce with strong personal resilience

In addition to Junior medical staff there was also a lot progressing for other staff. There has been a particular focus on appraisals at the Board and an appraisal 'season' was being introduced. The Health and Well-being Committee continues to meet regularly bringing forward ideas to support staff.

CG07/18(vii)	<u>5.1 Retain organisational independence</u>
	A financial update would be given later in the meeting (see CG09/18).
CG07/18(viii)	<u>5.3 Establish organisational arrangements which satisfy the criteria for being deemed 'Well-led'</u>
	The Board had agreed a proposed Board Development Programme with sessions scheduled in up to October 2018.
	Governors thanked the Non-Executive Directors for the update questioning about the green status given for Royal Primary Care. It was felt it should be amber as plans were in place and progressing well. The non-executive assurance committee Chairs would be reviewing consistency of the assurance ratings over the coming months.
CG08/18	<u>Royal Primary Care (Presentation)</u>
	The Chief Operating Officer introduced Dr Scriven and Mrs Lacey from Royal Primary Care (RPC), thanking them for their work in support of the CQC visit and for leading the RPC recovery.
	Dr Scriven gave a comprehensive presentation taking into account recent challenges and comments and included an overview of RPC, its leadership model and structure, and updated on the challenges faced, progress against the recovery plan and the CQC visit.
	The Council appreciated the open and honest presentation, asked about the provision of GP funding and gained assurance that there would be access to RPC appointments from the new 24/7 appointment booking system being introduced in September 2018.
	Mrs Weremczuk, the Lead Governor explained that the Council had held an informal meeting earlier that day and the governors had agreed to form a small working party and planned to make some informal visits to RPC.
	The Council thanked Dr Scriven and Mrs Lacey appreciating the work done to date.
CG09/18	<u>Integrated Performance Report (Enclosure F)</u>
	The Council received and noted the report to 31 December 2017.
	The Director of Finance and Contracting highlighted that the Trust had delivered to plan at the end of Q3. The recognition of winter funding had helped support the delivery. Looking to period 10 the Trust was £300k off plan which was better than expected.
CG09/18(i)	<u>Winter plan update (Enclosure G)</u>
	The Chief Operating Officer updated the Council on the winter operational performance and resilience plans. He explained that compared to previous years, and despite some pressured times (odd

days compared to weeks), the environment was much calmer. The resilience plan had worked well, including in working with partners. The previous week had been the most challenging and the Trust was now focusing on de-escalation, learning for next year and planning for Easter pressures. Mr Campbell also highlighted the well-received, regular communications that had been issued to keep both the staff and the public up to date.

Governors asked about:

- The re-scheduling of cancelled operations and were assured that the Trust had only cancelled 77 non-urgent operations and the re-scheduling of these was in hand;
- How the executives and non-executives had communicated thanks to staff – the whole hospital had been collectively thanked in the regular briefings and additional notes about the winter pressures. The executives were out and about a great deal of time across the Trust and the community, including RPC, both formally and informally, thanking staff verbally but also in other small ways. Governors reflected that they had spoken to staff who had personally been thanked;
- Bed occupancy standards. Governors noted the increase standard from 85% to 87%. This was a nationally mandated figure.
- Financial impact of RPC on the Trust. The £700k off plan had been accommodated in other services. The consequences for RPC had the Trust not stepped in were acknowledged.

The Council requested that the numbers of outpatient appointments cancelled at short notice be considered for addition to the IPR as part of its annual refresh.

CG10/18

Issues from the Governor's pre-meeting

The Chair had spoken with the Chief Executive prior to the public Council meeting and was able to update against the issues raised by governors in their pre-meeting:

Capita

The news headlines concerning Carillion and Capita and Private Finance Initiatives (PFI). It was confirmed that the Trust did not have any arrangements with these companies.

Cyber Security

Two hundred out of two hundred and thirty-six Trusts had failed to pass the NHS Digital cyber security framework assessment. Chesterfield Royal Hospital was amongst the two hundred and an IMT strategy was now in place and work being taken forward to address the situation.

Security passes

Staff members were being charged to replace lost or stolen security passes which was leading to the adverse behaviour of not reporting the loss or theft of passes. The Chief Executive agreed he would look into

TC

not charging for the first time around but the emphasis must be on it being mandatory to report any loss or theft of security passes.

SM

Locum accountability

The Trust's ability to recall a locum when mistakes occur; to ensure accountability and also that learning takes place. The powers of the General Medical Council to track locum whereabouts and that of Coroners to summons individuals were discussed. The Council's concern was noted.

Life expectancy

The Public Health Report published on 12 February 2016 highlighted a local drop in life expectancy for men. Mr Wight highlighted the need to better understand the local demographics to help the Trust play its part in engaging areas of lower resilience.

Dementia

The governors were pleased to note that the Trust had signed the 'Dying to work' charter on 20th December 2017 in support of terminally ill employees and wondered if there was a similar one for dementia and working. The Chief Executive agreed to look into it.

SM

Holywell Day Ward

Issues had been raised at the Patient and Public Involvement Committee regarding the space available. The Committee would take it onto their agenda to track action being taken and it would be brought to the attention of the Board.

JW

Implications of the Leicester SEPSIS case inquest

Governors raised the junior staff rotas shortages and gaps identified as part of the Leicester inquest and requested that the Trust consider the inquest findings to understand if there were lessons that the Trust could also learn from it.

GC

Nurses

Governors were concerned by reports of declining numbers of nurses. Mrs Moore agreed to consider the frontline perspective of this and the Health Education England (HEE) Strategy to address and bring an item to the Council at a future meeting.

TM

CG11/18

Finance and Performance Committee (FPC) assurance update (Enclosure H)

Mr Urpeth highlighted three areas of concern from the FPC including the deteriorating financial position across Derbyshire; further action required with regards the capital scheme following the internal audit review; and, lack of assurance from the surgical division.

CG12/18

Quality Assurance Committee (QAC) assurance update (Enclosure I)

Mr Urpeth highlighted four areas for the Council to be aware of including the huge steps towards the cancer standard compliance recovery; his concern about the timing of the Integrated assurance report; Sepsis

which had been covered earlier in the meeting (see CG05/18(i)); and, the fantastic and continuing improvement shown by maternity services.

CG13/18 **Audit and Risk Committee (ARC) assurance update (Enclosure J)**

Mrs Challis had not been at the ARC meeting however had been updated by Mr Severs, the Chair, and highlighted the difficulties in prioritising risk within the agenda; the importance of identifying clear measures of benefits within business cases and the need for tighter processes around the control of activity to address audit recommendations.

The internal audit cyber security review had been commissioned as an advisory item only and had not been with the intention of formal recommendation.

CG14/18 **People Committee (PC) assurance update (Enclosure k)**

Mr Wight highlighted the Board Assurance Framework risks considered by the People Committee including the workforce plan and staff engagement. It had also considered 'Leading the Chesterfield Way' noting there was still work to progress in this area.

CG15/18 **Chief Executive's briefing and Sustainability Transformation Programme (STP) update (Enclosure L)**

The STP update had been covered earlier in the meeting as part of the governors' success criteria against Trust priorities (see CG07/18).

The Chief Executive emphasised the high staff flu vaccination rate which had been at 86%, one of the highest in the country. He also re-emphasised the excellent preparations for the winter pressures which, had been covered earlier at item CG09/18(i), and the recent Trust commitment to a 2nd year of Listening into Action.

Governors asked about the benefits of the four organisations working together. The Director of Workforce and Organisational Design highlighted the joint procurement activity offering better value for money and also offering a larger pool of bank staff.

CG16/18 **Governor Feedback**

CG16/18(i) **Governors recommendation to approve the chosen quality indicators (Enclosure M)**

Mrs Rotchell explained that each year the Council of Governors was required to choose a performance indicator for the external auditors to consider in the annual audit of the Quality Accounts. On the request of the Council the Patient and Public Involvement (PPI) Committee had considered a range of possible indicators and had recommended Readmissions - The percentage of patients readmitted as an emergency within 28 days of being discharged.

The Council approved 'Readmissions' as the chosen quality indicator.

CG16/18(ii)

Car parking update

Mr Millington highlighted that the increase in car parking fees had been raised at the Corporate Citizens Committee. A lengthy on line conversation had occurred following the announcement.

The Director of Finance and Contracting apologised about not informing the Council prior to the announcement. He explained the requirement for visibility of the fees in the Car Parking Trading Account.

He also explained about the wider work that had been commissioned with regards to site access which he would bring back to the Council at a future meeting.

The Governors highlighted a number of concerns including churning up of grass, impact on neighbours and signage.

It was agreed that this should be entitled 'Access to Site' as opposed to Car Parking and that although the report would be available in 2-3 months; mitigations should be progressed in the meantime.

LO

CG17/18

Items for information (Enclosures N-Q)

The Council received and noted the following items:

- Board Assurance Framework (BAF) (Enclosure N)
- High Level Risk report (Enclosure O)
- Draft Minutes of the PPI committee – 13 December 2017 (Enclosure P)
- Council of Governors work programme (Enclosure Q)

CG18/18

Date and Time of Next Meeting

The next meeting of the Council was scheduled for:

Date: Wednesday 4 April 2018
Time: *12.30pm – 4.00pm
Venue: Lecture Rooms A and B, Education Centre

*The open session would commence at 1.30pm.

CG19/18

Any Other Business (Verbal)

There was no further business

CG20/18

Review of the Meeting (Verbal)

A review of frequency of meetings was requested.

CG21/18

Collation of Written Questions from Members of the Public

There were no written questions from members of the public.

CG22/18

Close of Meeting

The meeting closed at 4.10pm.