Chesterfield Royal Hospital NHS
NHS Foundation Trust

Minutes of the meeting in public of the Council of Governors held on Wednesday 24 July 2019 at 1.30pm in Lecture Rooms A & B, Education Centre, Chesterfield Hospital

Present:

Chairman	Dr Helen Phillips, Chair
Public Governors	Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency Mr F Bennison, Public Governor, Chesterfield constituency Mrs P Boyle, Public Governor, North East Derbyshire Mr M Gibbons, Public Governor, North East Derbyshire constituency Dr M Grundman, Public Governor, Derbyshire Dales and North Amber valley constituency Dr D Lyon, Public Governor, Chesterfield Mrs A Margett, Public Governor, Chesterfield constituency Dr J Reece, Public Governor, North East Derbyshire constituency Mr J Rigarlsford, Public Governor, Derbyshire Dales and North Amber valley constituency Mrs M Rotchell, Public Governor, Chesterfield constituency Mr N Shaw, Public Governor, Chesterfield constituency
Staff Governors	Dr R Bentley, Staff Governor, Community and Primary Care Mrs J Smith, Staff Governor, Nursing and Midwifery
Appointed Governors	Mr J Boult, Appointed Governor, Local Authority Mr S Collis *(for Mrs M Brown)* 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 T Campbell, Chief Operating Officer and acting Chief Executive Ms L Andrews, Director of Nursing and Patient Care Ms S Glew, Non-Executive Director Mrs R Ludford, Public Governor, Chesterfield constituency Mrs G Maiden, Deputy Foundation Trust Secretary Mr K Nurcombe, Non-Executive Director Mr L Outhwaite, Director of Finance and Contracting Mr A Patel, Non-Executive Director Dr H Spencer, Medical Director Mrs J Stringfellow, Non-Executive Director Mrs N Smith, Governor and Membership Officer Ms B Webster, Non-Executive Director Dr J Wight, Non-Executive Director Mrs S Ward, Deputy Director of Nursing and Patient Care Mrs R Wyman, Head of Nursing for Medicine and Emergency Care
Governor apologies	Miss E Bradley, Staff Governor, All Other Staff Mrs M Brown, Appointed Governor, Education Partners Dr L Clarke, Public Governor, High Peak constituency Cllr K Caulfield, Appointed Governor, Local Authority Partners Dr M Luscombe, Staff Governor, Medical and Dental Mr D Millington, Public Governor, Mr B Parsons, Public Governor, Chesterfield constituency North East Derbyshire constituency Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists
Attendee apologies	Mr M Killick, Non-Executive Director Mrs Z Lintin, Director of Workforce and Organisational Development Mrs A McKinna, Non-Executive Director Mr S Morritt, Chief Executive Mr J Thorpe, Foundation Trust Secretary

CG78/19 **Chairman's welcome and note of any apologies (verbal)**

Dr Phillips welcomed Governors and attendees to the meeting.

The Council held a minute's silence in remembrance of Mr Robert Jackson, Public Governor South Sheffield and Rotherham and in recognition of his contribution to the work of the Council and the Trust. Details of the funeral service were shared, to which all were welcomed to attend.

The apologies for absence were received and noted. This included Mr Morritt. The Council of Governors had attended a presentation for Mr Morritt to thank him for his contribution to the Trust earlier in the day. Mr Campbell would be the Interim Chief Executive until Mrs Smithson took up the substantive role in September.

CG79/19 **Declaration of interests (enclosure A)**

The Council received the register of Governors' interests for July 2019.

There were no other declarations of interest.

CG80/19 **Verbal questions and comments from the public (verbal)**

No members of the public were present.

CG81/19 **Minutes of the meeting held on 11 June 2019 (enclosure B)**

The Council received the minutes from the meeting held in public on 11 June 2019. The minutes were approved subject to removing part of a sentence on page 3 and correcting Dr J Cort's title.

CG82/19 **Care accreditation scheme (presentation)**

The Director of Nursing and Patient Care, her Deputy Director and the Head of Nursing for Medicine and Emergency Care gave a presentation about the new care accreditation scheme that had been introduced at the Trust, how it had been developed, communicated about and piloted. A number of actions had been put in place to support the journey to a 'good' CQC rating with this scheme intending to help make the next steps to 'outstanding'.

Ten standards had been agreed focusing on improvements needed by the Trust and which would be reviewed to ensure they continued to meet those needs at a future point. Visits to the wards were focused on helping them to evidence their improvements and to celebrate success. Following the initial visit accreditations would move from white through to gold as the scheme progressed. Outcomes from each division would be monitored through the Divisional Governance Team's and with the collective picture considered by the Quality Development Group (QDG).

The Council felt this scheme was a positive initiative which they would be able to ask more about during their ward visits.

CG83/19 **Involvement and Engagement Committee (enclosure C)**

Governors received the indicative agenda for the new Involvement and Engagement Committee which had been drawn up in consultation with the Lead Governor and current committee Chairs.

The Council supported the approach for drawing future agendas together and the cycle suggested. Comment was made regarding the importance of timely support for the new committee including producing draft minutes in time to share with the Council at its meetings.

It was agreed that the new committee structure would start from September 2019 and that in terms of membership nominations would now be sought.

The 2020 committee structure evaluation would be timed for a year after the new structure came into being to review the new arrangements.

The Council of Governors supported the proposal.

CG84/19 **Annual report and accounts 2018-19 (enclosure D)**

The Annual report and accounts had now been laid before Parliament and published on the Trust's website. Hard copies were available for any Governor wishing one on request.

The Council felt that it was a good quality product and thanked everyone who had been involved in its production.

CG85/19 **Site access and sustainable transport (enclosure E)**

The Council received the update regarding the approach being taken to reduce the pressures on the access to the Hospital site.

A contract to introduce additional car parking space on the site of the previous Chesterfield Cycle Centre had been entered into; it was anticipated that this would be in place by November.

New staff changing and shower facilities and a secure cycle facility were being progressed to help change people's travelling mode. Number plate recognition (ANR) was also being explored through 3 companies working with the Trust with a view to increasing car sharing or to move to alternative modes o transport. More detail about this would be available in November.

Governors raised concerns with respect to the potential impacts of the changes being suggested on; people with caring responsibilities restricting the hours they were available to work; those staff who needs to come on and of the site during the day and those working extra hours to cover workloads. It was also highlighted that to change behaviour it was key to work with public transport to arrange subsidised bus passes, find ways to encourage walking by clearly sign posting paths and to do more to encourage the use of cycles. Use of community transport was also suggested.

Secure cycle facilities and cycle repairs on site might be something the Charitable Funds could support and additional conversations would be arranged with Stage Coach before November to see if improvements could be made with bus timetables and stop facilities.

The Council supported a secure cycle storage facility and noted the update report.

CG86/19 **Issues from the governor's pre-meeting**

A number of issues and questions had been raised during the pre-meeting and meetings.

A summary of responses to the issues raised is attached to these minutes as an appendix.

CG87/19 **Integrated Care System (ICS) update (verbal)**

The STP update item was to be renamed as the Integrated Care System (ICS) update going forward.

Joined Up Care Derbyshire – A new Chair had now been appointed. John MacDonald previously of Derby Teaching Hospital and more recently of Kings Mill. He had stepped down from being Chair of the Mid Nottinghamshire Integrated Care Provider to take up the role. Paul Woods, the Interim Chair now steps down after 18 months in the role having brought great structure and discipline to the role.

At the previous week's meeting an excellent presentation on 'Place' had been given. It was noted that the next joint Council of Governors and Non-executive meeting would be focusing on this subject.

Financially NHSImprovement/England(NHSI/E) had taken a significant step to begin focusing on the system level finances rather that at individual provider level. This would mean that the Trust would no longer need to have regulatory meetings with NHSI/E. It was commented on that this aligned with the risk sharing agreement and the need to maximise finances for the system. This had been done informally in previous years but now would be more crucial.

South Yorkshire and Bassetlaw ICS – The position remained that the Trust remained involved through various groups. There was nothing new to report to the Council.

The Council of Governors noted the update.

CG88/19 **Chief Executive's briefing (enclosure F)**

The Council received the Chief Executive's report which included several items which had been covered in the meeting by more substantive agenda items. Mr Campbell particularly highlighted:

Work Stream Delivery plans – Transformation plans for the 8 JUCD STP work streams were being updated. This involved all providers and also included a review of resources

Listening into Action (LIA) – The response rate for the pulse check was down compared with previous years. Feedback was being sought to understand why this was.

International Child and Adolescent Knee Conference – recognition of the leading work in patient care being pioneered by consultants from the Trust. Patient Care.

The Council of Governors noted the update.

CG89/19 **Urgent Care Village (UCV) update (verbal)**

Mr Campbell wished to thank the governors for their support and involvement on the designs and proposals for the UCV. The full business case had been approved by Board at its June meeting and since had been submitted to NHS Improvement (NHSI) who was currently reviewing it. It was likely to be October before any decision was made. In the meantime the Trust was in conversation with the Clinical Commissioning Group and across the Derbyshire system to provide additional evidence of their support.

The Council noted the update and thanked Mrs B Webster for her non-executive involvement in the UCV Project and Governors Dr L Clarke and Dr M Grundman.

CG90/19 **Governor Feedback**

SY&B ICS stakeholder event (Mrs T Moore)
Several Governors had attended this event which brought together stakeholders of the SY&B ICS in developing the long term plan. Progress made and the ICS pressures faced, which included vacancies and digital transformation, were shared. There was a big challenge ahead with prevention playing into the picture.

In discussion it was noted that although a good range of stakeholders were present it was felt that more involvement with the education and social care sectors was needed, with liaison into schools to engage young people. A good example of involving the Local Authority in planning was in the data being brought together for the high intensity service users. The need for the Trust's own agendas to be more externally facing was discussed, and the current strategic objective refresh would be the vehicle to widen its strategy.

The Council agreed that it was a positive acknowledgement that stakeholder involvement was needed to progress the plans.

Lay Patient Reference Group (Mrs L Tory)
The group meets monthly with membership from the CCG, JUCD and Patient group representatives aiming to improve representation of the patients view across the Derbyshire system. Through this group a Citizen's Panel has been set up to give views on particular issues and to review patient documentation to ensure the level of language is correct. An Engagement Panel Group has also been set up which aims to be a forward thinking forum to discuss levels of assurance on any service change.

Patient and Public Involvement (PPI) Committee (Mrs M Rotchell)
The minutes of the latest meeting would be shared in due course however the following was highlighted:

- Mr M Shepherd had given a good presentation about discharge medication and findings from a 3 month pilot scheme that had just completed. The Committee wished to know when this would be coming to Board. It was confirmed that this was a subject matter raised by Mrs Webster last year and it was confirmed that it was on the Board's July agenda.
- The PPI Committee had been made aware of errors in relation to diabetes management primarily in relation to in-patients but also in relation to discharge into the community. The issues were not significant

however errors that were repeated and had been identified following a review of incidents recorded on Datix. The Committee wished to understand the governance in respect of diabetes risk management. Dr Spencer agreed to provide a post meeting note.

CG91/19 **Any other business**

There was no other business raised.

CG92/19 **Items for information (enclosures H - L)**

The Council received and noted the following items:

- Integrated Performance Report (enclosure G)
- Trust Risk Report (enclosure H)
- Council of Governors work programme (enclosure I)

The following annual reports would be added to the work programme:
Charitable Funds Committee – October
Corporate Citizenship – December.

CG93/19 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Friday 18 October 2019
Time: *12.30pm – 4.00pm
Venue: Lecture Rooms A and B, Education Centre, Chesterfield Royal Hospital
*The open session would commence at 1.30pm.

CG94/19 **Review of the Meeting**

Despite the heat the meeting had progressed well with valuable discussion and the meeting had finished slightly early. Two presentations, one in the private and one in the public meeting had worked well. The presentation to the private meeting had been a useful advanced consideration on an issue being presented to Board later in the month.

CG95/19 **Collation of Written Questions from Members of the Public**

No written questions had been received.

CG96/19 **Close of Meeting**

The meeting closed at 3.45pm.

Responses to queries noted at the meeting of the Council of Governors held on 11 June 2019

Issue	Response
The revised tax treatment of travel expenses was causing governors concern in terms of the handling of the matter and also the substance: A letter had been sent out to governors only after the new treatment had taken effect. The definition of 'office holder' was being reviewed to establish if governors should actually be classed under that label or rather as volunteers who are not taxed on expenses. The mileage rate used by the Trust and its impact would also be considered. Mrs Webster and Mr Outhwaite were actively following up this issue and Mr Outhwaite would be writing out to Governors. (Mr L Outhwaite)	We are appraising the best way to deal with Governor expenses and will write on Governors on our proposed approach prior to effecting a change to ensure they are in agreement with the proposed approach. Mr L Outhwaite, Director of Finance and Contracting
Does the Trust perform routine Strep B tests for new Mothers? (Ms L Andrews)	NICE do not recommend universal screening for Group B Strep in pregnancy which the Trust currently complies with. The rationale for this is that a woman could have a negative result at one point in pregnancy and a positive result at a later time. If a women presents during pregnancy with signs and symptoms of infection and/or abdominal pain and requires a high vaginal swab, we would test for Group B Strep at that point. Women who are known to be Group B Strep positive in pregnancy receive prophylactic intravenous antibiotics in labour to protect the baby. The Trust does not currently routinely re-screened in a subsequent pregnancy because of the transient nature of the infection. However, we would re-screen if the baby had been infected with Group B Strep. However, the RCOG do recommend re-screening in the next pregnancy for all women who were Group B Strep positive in a previous pregnancy. This should be done between 32 and 34 weeks for a multiple pregnancy and between 35 and 37 weeks for a singleton. We are amending our current guidance to reflect

	this recommendation – thank you. Ms L Andrews, Director of Nursing and Patient Care
A fire safety issue was raised through a governor ward visit where zero rated corridors did not have clear access. Director of Finance and Contracting and Mr S Marsh to meet with Mr B Parsons, Mr N Shaw to discuss: Fire safety audits and fire risk assessments. (Mr L Outhwaite)	Meeting being arranged between Director of Finance and Contracting and Mr S Marsh, Mr B Parsons, Mr N Shaw to discuss fire safety approach. Mr L Outhwaite, Director of Finance and Contracting
How is the Frailty pathway resourced? Mr Campbell to take a fuller look into this and bring to Board in September and back to CoG in November Mrs K Shakespeare to be involved. (Mr T Campbell)	Feedback programmed as detailed.
To provide an evidenced overview of the pattern of complaints and what is done to learn from them to improve future performance. (Ms L Andrews)	Within the Divisions the Quality Governance Matrons review all complaint responses and identify the lessons learnt and any actions required; this is shared with complainants via the response letter. This is shared with staff through newsletters, ward huddles and team meetings. Where there is significant learning we offer complainants the opportunity to share their experience so that learning is more widely disseminated. In addition, learning summaries are generated which are cascaded via Quality Delivery Group. Each of the Divisions look at the themes and trends arising from complaints via their monthly Quality Governance meetings and key themes for the Trust are reported to the Board and Quality Assurance

Committee via the regular patient experience and quality reports; see example below

Themes and trends from complaints are also fed into transformation workstreams e.g. the recent move to partial booking for outpatients was informed by the themes identified from patient concerns, as well as other feedback mechanisms, such as Friends and Family.

In addition to monitoring the timeliness of responses, the Board also receives information on the number of complaints re-opened via the IPR as an indicator of the quality of complaint responses.

Extract from the Quality report:

Key Themes from Complaints and Concerns for May and June 2019	
Complaints	**Concerns**
1. Clinical Treatment – Accident and Emergency (9)	1. Appointments (39)
2. Communication (8)	2. Values and Behaviours – Staff (18)
3. Values and Behaviours – Staff (7)	3. Communication (13)

The themes identified from complaints and concerns reflect other sources of patient feedback; therefore, it is anticipated that actions contained within patient experience improvement plans and projects will impact on patient experience.

The work on communication is also anticipated to impact on the theme of values and behaviours of staff; the Trust's communication training strategy aims to embed timely, compassionate, caring and meaningful communication, including an objective to 'Support our staff to develop and maintain their personal resilience to maintain their compassion and understanding in emotionally challenging roles'. In addition, the Trust's Be Yourself Group has been established to open up conversations around equality, diversity and inclusivity, recently launching rainbow badges and raising a rainbow flag to promote inclusion and demonstrate support for our LGBT+ patients and staff. Similarly, the Trust's Respect and Civility Working

	Group is developing aims, objectives and training related to tackling bullying and harassment. Ms L Andrews, Director of Nursing and Patient Care
The PPI Committee had been made aware of errors in relation to diabetes management primarily in relation to in-patients but also in relation to discharge into the community. The issues were not significant however errors that were repeated and had been identified following a review of incidents recorded on Datix. The Committee wished to understand the governance in respect of diabetes risk management.)	Andrew Hardy, Senior Pharmacist, presents a report (the "Medication Incident Summary") to the Medicine and Emergency Care Divisional Governance meeting each month. An increase in incidents at the end of last year / beginning of this was noted. The Hulland ward pharmacist has started linking with wards rounds with Dr Robinson, one of our diabetes consultants, to look at patients with high risk insulins. Clinical alerts about insulin management have also been sent to clinical teams to raise awareness. The division will continue to monitor the situation. An example alerts of an alert circulated following the insulin medication incidents is attached as an appendix. Dr H Spencer, Medical Director

Appendix

HIGH BLOOD SUGARS IN ADULTS WITH DIABETES – DO'S & DON'TS (Part 1)

IV INSULIN TO SC INSULIN SWTICH [1,3]

Don't stop variable rate insulin (VRII) until SC insulin has been initiated– without this overlap the patient is at risk of developing hyperglycaemia.

After starting SC Insulin at a **MEAL TIME**, continue VRII for 30-60 minutes **(CHECK PROTOCOL)**

LONG-ACTING SC INSULINS [1,2,3]

Do give at usual dose and time alongside IV insulin regardless of whether they are eating or drinking.

-Lantus® (Glargine)	-Levemir® (Detemir)
-Toujeo ® (Glargine)	-Tresiba® (Degludec)
-Semglee® (Glargine)	

Short-acting & Intermediate acting SC insulin should be WITHHELD whilst on IV Insulin

STAT DOSES

Usually avoid SC insulin stat doses In Type 2 Diabetes!

If required use **NOVORAPID®** and not **ACTRAPID® under specialist advice[5]**

IS THE IV ACTRAPID DOSE CORRECT?

DKA/VRII [1,2,3]	50 units Actrapid in 50ml Sodium Chloride as IV infusion
Hyper-kalaemia	10 units Actrapid in 50 ml Glucose 5% IV over 10 minutes

ALWAYS GIVE IV FLUIDS WITH IV INSULIN[1,2,3,4] (EXCEPT IF ON TPN)

Ensure that the right fluid has been selected **ALONGSIDE IV** insulin

(usually normal Saline 0.9% or 0.45 %, Dex 4% Saline 0.18% or Glucose 5%) according to protocol.

This can be with or without potassium.

MONITORING

VRII– Hourly but reduce to 2-hourly if glucose stable for 3 hours
DKA /HHS— Hourly then as per guidelines depending on blood ketones

For more information please refer to specific drug cards available on the ward and following policies:

1. **Pathway of Care for Diabetic Ketoacidosis (DKA) In Adults**
2. **Emergency Management of Hyperosmolar, Hyperglycemic State (HSS) in Diabetes**
3. **IV Variable Rate Insulin Infusion Chart**
4. **Diabetes Monitoring and Treatment Chart**
5. **Guidelines for the management of the adult patient with diabetes mellitus undergoing elective surgery**

INSULINS IN DIABETES (Part 2)

KNOW YOUR INSULINS

TYPE	USUAL REGIMEN	BRANDS
Rapid-acting	Given at meal times– once or twice daily alongside Intermediate-acting , long-acting or ultra-long acting insulins	Apidra® Novorapid® Humalog® Fiasp®
Short-acting		Humulin S® Actrapid® Hypurin Neutral®
Intermediate-acting	Once or twice daily, usually at bedtime and/or breakfast. As monotherapy or with pre-meal rapid-acting insulins	Humulin I® Insulatard® Hypurin Isophane®
Long-acting		Levemir® Lantus® Tresiba®
Ultra-long acting	Once-daily anytime alongside rapid/short acting insulins	Toujeo®
Mixed Insulins	Twice daily (pre-breakfast and tea. Rarely once daily. **NEVER** at bed-	Novomix 30® Humulin M3 Humalog Mix 25® Humalog Mix 50®

DOES YOUR PATIENT NEED IV INSULIN?

- Urgent ***Fixed Rate Insulin Infusion*** (FRII) required in Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycaemic Stage (HHS) - see protocols
- ***Variable Rate Insulin Infusion*** (VRII) required in patients who are nil by mouth and on insulin and who will miss more than one meal e.g in surgery or in with severe illness e.g. sepsis, who need to achieve good glycaemic control.

BEWARE OF HIGH CONCENTRATION INSULINS!

Double-check with patient's own device where possible AND document strength.

Use original pen device .

TOUJEO®	TRESIBA®	HUMALOG®
Glargine	Degludec	Lispro
-	100 units/ml	100 units/ml
300 units/ml	200 units/ml	200 units/ml

Patients on **Variable Rate Insulin Infusion (VRII)** or **Fixed Rate Insulin Infusion (FRII)** need regular monitoring (1-2 hourly) & appropriate handover—SEE DKA/HHS/VRII PROTOCOLS

Further information available on specific drug cards on ward and following policies:

1. **Pathway of Care for Diabetic Ketoacidosis (DKA) In Adults**
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