

**Minutes of the meeting in public of the Council of Governors held on
Thursday 4 October 2018 at 1.30pm in Casa Hotel, Chesterfield****Present:****Chairman**

Dr Helen Phillips, Chair

Public Governors

Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency
Mrs P Boyle, Public Governor, North East Derbyshire
Dr L Clarke, Public Governor, High Peak constituency
Mr A Craw, Public Governor, Chesterfield constituency
Mr M Gibbons, Public Governor, North East Derbyshire constituency
Mr D Millington, Public Governor, North East Derbyshire constituency
Mr B Parsons, Public Governor, Chesterfield constituency
Mrs M Rotchell, Public Governor, Chesterfield constituency
Mrs S Bean, Public Governor, Chesterfield 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 J Reece, Public Governor, North East Derbyshire constituency
Mr J Rigarfsford, Public Governor, Derbyshire Dales and North Amber valley 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 J Boulton, 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

Ms L Andrews, Director of Nursing and Patient Care
Mrs L Challis, Non-Executive Director
Mrs J Stringfellow, Non-Executive Director
Mrs A McKinna, Non-Executive Director
Mr D Urpeth, Non-Executive Director
Mr S Morrith, Chief Executive
Mr T Campbell, Chief Operating Officer
Mr L Outhwaite, Director of Finance and Contracting
Miss J Smith, Deputy Director of Workforce and Organisational Development
Dr J Wight, Non-Executive Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mr M Killick, Non-Executive Director
Mr John Thorpe, Foundation Trust Secretary
Mrs G Maiden, Deputy Foundation Trust Secretary
Mrs N Smith, Governor and Membership Officer

Member apologies

Mrs M Brown, Appointed Governor, Education Partners
Cllr K Caulfield, Appointed Governor, Local Authority Partners
Ms L Moore, Appointed Governor, North Derbyshire CCG
Cllr J Ritchie, Appointed Governor, Local Authority Partners
Mr J Burton, Public Governor, Southern Derbyshire and West Nottinghamshire constituency
Dr D Lyon, Public Governor, Chesterfield constituency
Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists

Attendee apologies

Dr G Collins, Medical Director
Ms B Webster, Non-Executive Director

CG93/18 **Chairman’s welcome and note of any apologies (verbal)**

Dr Phillips welcomed the members and attendees to the meeting.

The apologies for absence were received and noted.

CG94/18 **Declaration of interests (enclosure A)**

The Council received the register of Governors’ interests for October 2018.

Dr Phillips stated that she had recently accepted a place on the Board of Social Work England and also become the Chair for the governing body of Mount St Marys College.

CG95/18 **Verbal questions and comments from the public (verbal)**

It was agreed to take questions from the public regarding the Wholly-Owned Subsidiary as part of the related agenda item later on the agenda.

There were no other questions from the public.

CG96/19 **Minutes of the meeting held on 26 July 2018 (enclosure B)**

The Council received and approved the minutes from the meeting held in public on 26 July 2018.

CG97/18 **Matters Arising from the Minutes (Enclosure C)**

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

CG83/18: Joined Up Care Derbyshire monthly engagement meetings - Mr Morritt had discussed the issue of governor engagement with Vicki Taylor, the STP Director. A task and finish group had been set up and Lead Governors would be contacted about future engagement.

CG76/18: Head of Health and Safety (HSS) – An appointment had now been made from the 3rd week in November. NHS ‘fire’ experience was difficult to find however, the new HSS, from the private sector, did have ‘fire’ experience and was currently booked on a training course to convert to NHS fire. In the meantime, and agreed with his new employer in perpetuity if required, the Trust would be able to call on the expertise of Mr Morrow. The difficulties lay in the short supply of the appropriate fire expertise.

Mr Parsons wished the Council to note that he was not entirely happy with the arrangement. Mr Morritt asserted he was assured that the Trust was able to secure the advice when needed and was supported in this broader approach by Mrs Challis.

Governor measures of success against Trust priorities (enclosure D)

The governor measures of success paper had been re-developed to include relevant information from the Integrated Performance Report (IPR) and the Board Assurance Framework (BAF) and the Hospital Leadership Team. Governors were content with the new format and timing however found the status box colour coding confusing and too much jargon in the status language. The Council requested more of a narrative status description.

GM

Mrs Challis acknowledged the management 'speak' in this latest version explaining that the Board had been working hard at its own governance and getting the right rationale behind the Board Assurance Framework which she felt was beginning to now be more accessible.

Mr Urpeth spoke to strategic priorities 1.3, 2.1 and 2.5:

1.3: Strengthen our approach to sustainable delivery of standards and guidance to deliver good health outcomes

The Quality Strategy had been considered by the Quality Assurance Committee and he was pleased to say it was a very good document.

2.1: Clearly articulate our Clinical Services Strategy aligned with the Hospital Services Review and Joined Up Care Derbyshire STP

The partial assurance given to the clinical effectiveness report was due to the variability in how audit actions were managed.

2.5: Deliver the full range of access standards for acute and primary care

Accident and Emergency performance had been good however Referral To Treatment (RTT) performance had fallen. Dr Phillips highlighted that her greatest concern now was that the commissioners would no longer be able to help financially, with restoring this position.

Mrs McKinna spoke to strategic priorities 3.1 and 3.2:

3.1: Build capacity and capability to secure success within the Joined Up Care Derbyshire STP and define the approach to North Derbyshire PLACE work

Updates from the system meetings were regularly on the Board and the Finance and Performance Committee agendas. Governance arrangements had been consolidated.

3.2: Work in partnership via the Hospital Services Review and emerging Integrated Care System (ICS), whilst exploring other opportunities for service reconfiguration

Governors were aware through the joint Council and Non-executive Director meeting presentation on 6 September 2018.

Dr Wight spoke to strategic priority 4.2 and 4.3:

4.2: Improve staff engagement mechanisms including staff survey response to health and well-being approach and appraisals

The 2018 staff survey had just begun. The People Committee

acknowledge that this was amongst great uncertainty however were pleased to note the energy and relentless pace and commitment of the Executives in engaging staff to take part.

4.3: Embed leadership development and capability via Leading the Chesterfield Way (LCW) framework

The latest cohort of the Leading the Chesterfield Way (LCW) development programme had now started.

Mrs McKinna also spoke to strategic priorities 5.1 and 5.2:

5.1: Delivery clarity over accountability for delivery of our finance and improvement plans

Performance to date was on track. The Cost Improvement Plan (CIP) would be reviewed at the October Finance and Performance meeting.

5.2: Improve engagement with budget setting and monitoring

The Finance and Performance Committee were pleased to note there were no significant variations at the moment.

Mr Killick spoke to strategic priorities 5.4 and 6.1:

5.4: Develop a responsive plan to procurement future operating

Mr Killick had taken a lead on procurement at the last Board meeting.

6.1: Clarify the pace of delivery and improvement impact of our IM&T Strategy

This would be coming to the Board in the near future for review.

Governors had raised questions regarding equity of access to primary care and the impact of the cost of Royal Primary Care (RPC) on other services. Acknowledging the strength of feeling Dr Phillips highlighted the improvements already made in patient experience and the ongoing improvement journey the Trust were on in respect of RPC. Mrs Stringfellow highlighted the transformational model that had been needed reminding governors of the position RPC had been in and the great risk that Chesterfield Royal Hospital had helped mitigate. System 1 was about to 'go live' which would ease pathways between RPC 1 and 2 and secondary care. Governor visits were also about to start at RPC.

Governors asked about the quality of appraisals. Mrs Lintin explained that the end of the appraisal season was now approaching and this would be followed by a full review and quality assurance would be being built in.

Governors also asked about the impact the national breast screening notification issue had on the Trust. Mr Campbell explained that a host of additional clinics had been arranged a few months ago and the Trust was now in a position where it had caught up. Although some individuals impacted by the missed notifications still did not attend the clinics for one individual this meant an early screening opportunity which led to an early identification. Lessons had been learned by this on a national level and steps put in place to prevent a recurrence. An action was taken to circulate the lessons learned report once it had been published.

TC

CG99/18

Wholly owned subsidiary (verbal)

Members of the public asked a number of questions relating to the recent NHSI circular, which requested any Trusts considering establishing wholly owned subsidiaries to pause pending further guidance, and if the Trust would now pause in its establishment of Derbyshire Support and Facilities Services (DSFS).

Mr Morritt acknowledged the strength of feeling demonstrated in the questions and explained that a letter had been sent earlier that week to NHSI requesting clarity on the specific impact on the Trust and its statutory rights as a Foundation Trust. No response had yet been received.

Mr Urpeth raised a point of governance in that it was not the decision of the Council of Governors but of the Board of Directors. The next Board meeting was on 31st October 2018.

Mr Outhwaite explained that, at its September meeting, the Board had agreed the establishment of DSFS was in the 'implementation stage' and that to 'pause' the TUPE consultation was not possible. The consultation, which focused on the impact on staff as individuals of the implementation, would close at the end of October as planned. Plans were in place to keep staff informed and the Trust was continually working with the unions and other key stakeholders to minimise uncertainty. Additional briefing to the Council of Governors as soon as more clarity was available was requested.

Governors had also asked about the future of the Chaplaincy. Mr Outhwaite explained that although Chaplaincy was currently in the management of other areas moving into DSFS it was not actually under consideration for the move. Although no final decision had been made about where responsibility would move to, it was likely to be under the portfolio of the Director of Nursing and Patient Care going forward.

The Council of Governors thanked Mr Outhwaite for his answers to the governor and public concerns.

LO

CG100/18

Issues from the Governors' pre-meeting

A number of issues had been raised by governors in their pre-meeting and some covered in other meeting items:

Mrs Bean wished to ensure governors were aware of the new orthopaedic triage assessment and pathway;

Mrs Ludford and Mrs Grice raised the difficulties faced by the frail elderly due to the lack of local doctor appointments in Inkersall and other areas. Given the increase of new housing development in the area this issue was unlikely to get better. It was noted that primary care in Matlock had extended appointment hours to meet demand. Mrs Stringfellow explained that planning and patient increase was considered at commissioning level and then it was the responsibility of primary care to address. She recommended raising the issue to local Patient

Participation Groups;

More vulnerable patients such as the frail elderly and children were also at the heart of issues raised by other governors in connection with the Emergency Department:

- Ensuring patients kept up to date with progress during long waits following admittance – it was importance to give them reassurance and to manage their expectations. This was linked to communications more widely and an action was taken for a future item covering the 'Team around the patient' (for timing see CG105/18);
- 'Red flagging' of children with pre-existing conditions – in discussion the issue had been brought following an inquest report. Lessons had been learned nationally and action put in place;

LA

Dr Clarke asked about the lack of data about complaints in the Integrated Performance Report (IPR). Ms Andrews explained that that complaints data was not needed within the IPR as it was reviewed at Quality Delivery Group (QDG) and Quality Assurance Committee (QAC) level with the quarterly quality report taking this information to Board level.

Governors additionally noted the special recognition award made to Mr John Wardle at the Voluntary Sector Award Ceremony.

CG101/18

Staff Survey update (enclosure E)

Mrs Lintin presented the staff survey update informing governors that the staff survey for 2018 was now 'live' and summarising the activity under the three strategic themes:

- Listening into Action (LiA) – 30 new LiA teams had been launched that morning;
- Leadership/Leading the Chesterfield Way (LCW) – LCW Language was being adapted to reach all levels of the organisation; the new infographic for LCW 'We can all lead the Chesterfield way' would be shared with governors.
- Engagement Framework – anti-violence work which got beneath the previous year's staff survey results to understand the issues.

ZL

Additionally the Trust was learning from others for ideas about what worked in terms of good staff survey results.

Governors asked questions in relation to violence against staff members from patients and the public:

Mrs Lintin explained that through the staff engagement sessions it became apparent that these incidents included those related to patients without capacity. Ideas being taken forward included activity co-ordinators and music therapy were being taken forward.

Miss Bradley said that the LCW did not seem to be hitting the lower levels yet and although training was now in place regarding defusing issues, time had not been allowed for individuals to attend due to the length of the course. A recent incidence of physical violence from a

supervisor was brought to the attention of the Non-executive Directors to which they requested assurance that the appropriate disciplinary action had been taken. It was confirmed that it had.

In discussion it was agreed that some positive activity was taking place in terms of consistent management behaviours with cultural change moving in the right direction. It still needed embedding and sharing across the Trust and to all levels, with some pockets of suboptimal lower management behaviours. Dr Phillips called upon the staff governors to continue raising examples and evidence to the senior leadership to ensure concerted effort is made in the right places.

Governors also asked about the LiA projects that needed 'on-going' funding – one of the principles of LiA was not to spend money the Trust didn't have. However, there was a certain amount of money available for proof of concept work. In reality staff had not been asking for very much and work was progressing to work with LiA teams to encourage them to make use of this funding.

Governors also suggested some ideas the Trust might like to take forward including 'A day in the life of' – enabling staff to shadow an executive for the day and also felt that a 'no meeting day' was a good idea.

CG102/18

Procurement activity forward look (verbal)

Mr Outhwaite explained that the procurement function was made of 30 posts which, it was planned, would move over to DSFS. The function was already providing services for Chesterfield College and some other organisations beyond the Trust.

In discussion, it was noted that nationally the Department of Health and Social Care were trying to leverage the NHS spending power and a new operating model was being introduced which had 12 towers or categories where NHS wide purchasing contracts were in place. Drugs were already procured nationally. There were benefits in the provision of items that every hospital needs however, it was important to be clear where local purchasing would be important for urgent or specialist items, where particular quality was required or for environmental reasons. Local responsiveness and supply on demand were crucial and work was on going to understand fully the impact on local procurement. Mr Killick was taking a Non-executive role to support this work. A forward look on procurement would be taken to a future Board meeting.

CG103/18

Sepsis update (presentation)

Dr Luscombe gave a presentation to update the Council of Governors on the work taken forward by the Trust in improving its response to sepsis including the introduction of the Education and Sepsis Approach Team. He highlighted that most calls for the response team came out of hours for the team and some analysis was being undertaken to understand why this was. Dr Luscombe highlighted that the introduction of electronic observation and procalcitonin testing would further improve success in this area.

Governors noted that this was high up on the Quality Assurance Committee's agenda and thanked Dr Luscombe for his presentation and for his visible leadership and his team's hard work in this area.

CG104/18 **Quality assurance committee (QAC) assurance report (enclosure F)**

Some of the QAC assurance report had been covered in the earlier governor measures of success paper and item.

Mr Urpeth highlighted the committee's particular assurance of compliance with the duty of candour standard and the adequacy of steps being taken to ensure safe staffing levels on the wards. Governors noted that if there were issues with complaints it would feature in this report.

CG105/18 **People committee (PC) assurance report (enclosure G)**

Some of the PC assurance report had been covered in the earlier governor measures of success paper and item.

As Dr Wight had not been at the 18 September PC meeting Mrs Challis highlighted the committee's particular assurance of progress shown by the 'team around the patient' report and recommended that the earlier action with regard to this (see CG100/18) should come to the May 2019 meeting.

Governors were interested in the bid that had been made to the Charitable Funds Committee (CFC) in respect of health and well-being. Governors were assured that the CFC followed clear decision making guidelines relating to quality for both staff and patients. Benefits for staff had related to fast track self-referral for physiotherapy treatment, which in turn benefited patients through improved attendance and quality of care.

CG106/18 **STP update (verbal)**

There had been no change to the financial position across Derbyshire with an estimated financial gap of £80m this year. A briefing paper, circulated with the Council meeting papers, prepared for the September meeting of the Derbyshire Improvement & Scrutiny Committee was discussed.

Dr Phillips highlighted the difficult decisions that were having to be made and that Dr Chris Clayton, Chief Executive Officer, Derbyshire CCG was working to address these on the public and Trust's behalf and should be supported in that role.

Mrs Parnell thanked Mr Morritt and Mr Outhwaite for their advocacy of the Voluntary Sector in the decisions being made.

The Council of Governors noted the Scrutiny Committee as the right place for the discussions to now take place in that they had the power to raise any issues to the Secretary of State if required.

CG107/18 **Chief Executives briefing (enclosure H)**

The council received the Chief Executive's report which covered most items previously discussed on the agenda.

Mr Morritt particularly highlighted the revised timeline for the development of the Urgent Care Village business case to June 2019.

The council noted the briefing and had no further questions.

CG108/18 **Feedback from the joint meeting of the Board of Directors and Council of Governors on 6 September 2018**

The joint meeting had welcomed Alexandra Norrish, the Programme Director for the South Yorkshire and Bassetlaw Hospital Services Review receiving from her a clear explanation of the review and the outline case. The meeting also received an update from Royal Primary Care and was attended by Kevin Sargen the Deputy Medical Director.

Other topics discussed included Smoking policy and Elizabeth Ward

CG109/18 **Governor feedback**

Governors had given feedback throughout the meeting and due to the time taken with other agenda items had nothing further to add.

CG110/18 **Items for information (enclosures I - M)**

The Council received and noted the following items:

- Integrated Performance Report (enclosure I)
- Board Assurance Framework (BAF) (enclosure J)
- High Level Risk report (enclosure K)
- Minutes of the PPI committee 15 August 2018 draft (enclosure L)
- Council of Governors work programme (enclosure M)

CG111/18 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Thursday 12 December 2018
Time: *12.30pm – 4.00pm
Venue: Lecture Rooms A and B, Education Centre,
 Chesterfield Royal Hospital

*The open session would commence at 1.30pm.

CG112/18 **Any Other Business (Verbal)**

A request was made for a list of acronyms to be circulated to governors.

NS

CG113/18 **Review of the Meeting (Verbal)**

The meeting had over run slightly due to a full agenda.

CG114/18 **Collation of Written Questions from Members of the Public**

There were no written questions from members of the public.

CG115/18 **Close of Meeting**

The meeting closed at 4.10pm.