

**Minutes of the meeting in public of the Council of Governors held on
Wednesday 6 December 2017 at 1.30pm in Lecture rooms A and B, Education Centre,
Chesterfield Royal Hospital**

Present:**Chairman**

Dr H Phillips, Chair

Public Governors

Mrs S Bean, Public Governor, Chesterfield constituency
Dr L Clarke, Public Governor, High Peak constituency
Mr A Crow, Public Governor, Chesterfield 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 J Kirby, Public Governor, North East Derbyshire constituency
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 Rigarsford, 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, Deputy Chairman and Public Governor, Bolsover constituency
Mr B Whittleston, Public Governor, Bolsover constituency

Staff Governors

Miss E Bradley, Staff Governor, All Other Staff
Mrs J Smith, Staff Governor, Nursing and Midwifery
Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists

**Appointed
Governors**

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
Mr T Campbell, Chief Operating Officer
Mrs L Challis, Non-Executive Director
Mrs G Collins, Medical Director
Mrs Z Lintin, Director of Workforce and Organisational Effectiveness
Mr S Morritt, Chief Executive
Mr L Outhwaite, Director of Finance and Contracting
Dr D Pickworth, Non-Executive Director
Mrs S Rudd, Foundation Trust Secretary
Mr P Severs, Non-Executive Director
Mrs N Smith, Governor and Membership Officer
Mr D Urpeth, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director

Member apologies

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
Cllr K Caulfield, Appointed Governor, Local Authority Partners
Dr M Luscombe, Staff Governor, Medical and Dental
Cllr J Ritchie, Appointed Governor, Local Authority Partners
Mrs J Stringfellow, Appointed Governor, North Derbyshire CCG

Attendee apologies

Mrs A McKinna, Non-Executive Director

- CG94/17** **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.
- CG95/17** **Declaration of Interests (Enclosure A)**
- The Council received the register of Governors' interests for December 2017.
- CG96/17** **Verbal Questions and Comments from the Public (Verbal)**
- No questions were raised by the members of the public in attendance.
- CG97/17** **Minutes of the Meeting held on 20 September 2017 (Enclosure B)**
- The Council received and approved the minutes from the meeting held in public on 20 September 2017.
- CG98/17** **Matters Arising from the Minutes (Enclosure C)**
- The Council received and noted the report on matters arising from previous meetings.
- CG99/17** **Proposed Amendments to the Constitution (Verbal)**
- The Council of Governors had held an initial discussion on proposed amendments to the Constitution in its earlier private meeting. It has been agreed that further work to develop the proposals would take place, for discussion at the next meeting.
- CG100/17** **Integrated Performance Report (Enclosure E)**
- The Council received the report to 31 October 2017. Mr Morrill highlighted the following points as being of particular note:
- The Trust revised its ED improvement trajectory for 2017/18, in line with the national recovery trajectory of 90% by September 2017 and 95% by March 2018. The department has seen good performance with 95.3% and 95.6% respectively. Performance was also compliant for the quarter at 93.07%. The Trust's current 4 hour performance has regularly been in the top 10 England A&E performers. The team continue to make good progress against the actions on the recovery plan.
 - The Trust is reporting compliance in October against the 2 Week Wait Cancer standard with actions in place to continue to improve performance, including a review of 2 week wait capacity and demand.

- Cancer 62 day from GP Referral performance continues to be challenging the Trust is reporting non-compliance in October, 83.1% against a target of 85% and NHS Improvement have requested a recovery plan. Improvements have been made and the plan is to achieve compliance by the end of the quarter.
- It was noted that the Trust continues to be compliant with the 18 week referral to treatment standard.

CG55/17(i)

Quality

- The Director of Nursing and Patient Care noted that progress has been made in reducing the number of outstanding Complaints. Work continues within the divisions and a governance lead has been appointed to help develop systems and processes to address complaints in a timely manner.
- The Medical Director noted that there had been a reduction in performance relating to time to treatment for Sepsis during August, at 75%. This reduction was linked to the intake of new doctors, action was quickly taken and performance improved in September to 87%. Sepsis training has now been included in induction for all new medical staff.
- It has also been agreed that a Surgical Junior will always join the sepsis call to share the workload.

Governors commented on the rates of bed occupancy and the need to be vigilant in finding a way forward to maintain national target levels of 87%.

CG55/17(ii)

Workforce

The Director of Workforce and OD reported that the national Staff Survey recently closed with an unverified response rate of c.62%. The response rate for the previous year's survey was 34% so significant increase has been seen. There was a focused strategy put in place to facilitate staff to complete the survey.

As part of the Listening into Action (LiA) initiative a 'pass it on' event was held which was an opportunity for teams to showcase the work they have been doing. It was an excellent, very successful event with over 700 people in attendance.

Appraisal rates have seen some slight improvement and Internal Audit have conducted a review of compliance with systems and processes and also the quality of appraisals. A number of recommendations have been made to improve and an action plan is in place.

Discussions have commenced to see if appraisals can be carried out in a slightly different way to improve the quality of the conversation. The organisation is engaging with other Trusts to look at options and also engaging with Divisions to about the timing of appraisals.

The Chair highlighted that appraisal completion rates and quality of appraisals is also an area of concern for the Board. The People Committee are scrutinising this area and also reviewing a set of measures to identify where teams and areas of the Trust may need targeted support.

Governors pointed to areas of the Trust where compliance is consistently low and were pleased to hear about the additional support. They reiterated their concern and the importance for staff to have an annual appraisal and the opportunity to participate in valuable discussions.

CG55/17(iii)

Finance

The Director of Finance & Contracting noted the financial position for month 7, the year to date planned financial control total has not been achieved. The Trust is £595k behind its control total trajectory, a deterioration of £602k from month 6. This is driven by under delivery of CIP with the phasing of the savings plan increasing significantly in the second half of the year. The off-plan position has led to lost Sustainability and Transformation Funding (ST&F) of £606k.

A total of £1.467m contingency has been released at month 7 and Commissioner affordability of the 2017/18 signed contract remains a significant risk.

There is also significant risk associated with delivery of the current CIP programme. A number of additional schemes are being worked up to mitigate the risk.

The Trust is currently forecast with NHSI to achieve its control total however there is an adverse risk of £4m attached to this.

CG101/17

Financial Plan Update (Enclosure F)

The Director of Finance and Contracting provided a financial plan update and noted the context that the Trust agreed a financial control total of break-even for 2017/18 prior to the application of the Sustainability and Transformation Funds with an embedded cost improvement plan requirement of £10.3m (4.5% of turnover) to deliver this plan. The CIP requirement has subsequently increased to £10.9m as a consequence of the arbitration outcome in quarter 1.

The current position for the Trust is outlined above and the CIP position at month 7 is £252k behind plan with savings of £3.675m achieved against a phased plan of £3.927m. Full year this equates to £5.017m against the revised target of £10.9m. However within the achieved full year savings, £1.947m is non-recurrent.

The savings plan profile significantly increases in the second half of the year and our current cost improvement programme has a significant risk attached to delivery. The Director of Finance also discussed the complex dynamic between the Trust's finances and those of the system, which is overspent by £70m.

Given the high risk associated with achievement of the financial control total a range of further opportunities were discussed by the Hospital Leadership Team (HLT) to improve the financial control environment and these are outlined in the report.

The NHSI Regional Productivity Manager attended the Trust in September and met with a number of Executives and Divisional Directors to share and discuss the latest information available from the Model Hospital. A number of initial opportunities were identified for follow up, with latest progress included in the report.

Governors were concerned that the same discussions as last year are being held this year i.e. under recovery of activity and under achievement of CIP. They were assured that the work on the Model Hospital and being as efficient as possible is helping to mitigate the risks but that the national position remains a challenge.

Winter planning is well advanced but the financial impact of winter pressures is currently unknown.

The Governors thanked the Director of Finance & Contracting for the very useful and detailed presentation.

CG102/17

Clinical Services Strategy Update (Enclosure G)

The Medical Director provided an update on the Clinical Services Strategy 2017 to 2020. Within the strategy, priorities for 2017/18 were clearly set out and the report provides an update on each priority within the 2017/18 project plan and indicates where progress is off plan and any remedial actions in progress.

Urgent Care Village – the project has been divided into phases and the first two phases have moved forward. Building work is underway to improve the physical environment and is on track for the revised completion date of May 2018.

A dedicated area for GP streaming within the Emergency Department is progressing well and will be completed early in the new year.

Ambulatory Care – this work stream has completed with capital upgrade works completed on schedule in November.

Cardiology – a business case is being developed for additional capacity to support seven day service compliance and rapid access to pathways for timely intervention. This will provide a better patient experience by setting out a new pathway for the management of outpatient cardiology referrals.

Sustainable Hospital Services review – there are five services being reviewed and the Trust is fully engaged with South Yorkshire and Bassetlaw ACS. Public engagement has commenced together with clinical working groups and the review is on track to report in April 2018.

Excellence in Cancer services – the Trust continues to work with both Sustainability and Transformation Partnerships to improve the efficiency and timeliness of cancer pathways. The Trust is working to support the development of a refreshed and redesigned referral pathway.

Place based care – a refreshed approach to the delivery of the frailty service has taken place with the introduction of assessment chairs and arrangements for enhanced in-reach to ED.

Primary Care - A review of the clinical and business models has been undertaken and a recruitment strategy developed (September 2017). Recruitment of a Divisional Director for primary care is in progress.

Prevention of future ill-health – this area is a priority for the NHS as the NHS will become unsustainable if progress is not made and there are many opportunities for improvement. The Trust has been invited to bid for monies to have a smoking cessation service on site.

The Council thanked the Medical Director for the comprehensive update.

CG103/17

Reducing Avoidable harm in Maternity Services: Focus on Stillbirths (Enclosure H)

Linda Gustard, Head of Midwifery attended the meeting to provide an update on reducing avoidable harm in maternity with a focus on stillbirths. In November 2015 the Secretary of State announced a national ambition to halve the rates of still birth by 2030, with a 20% reduction by 2020. The Saving Babies' Lives care bundle was published in March 2016 to support maternity services providers to take action to reduce stillbirths.

There are four elements:

- Reducing smoking in pregnancy – rates in North Derbyshire are higher than the national rate
- Risk assessment and surveillance for fetal growth restriction
- Raising awareness of reduced foetal movement
- Effective fetal monitoring during labour

The Trust has consistently had a still birth rate below the national average however there was a slight increase in 2016 and the division undertook an aggregate RCA analysis of all the cases during this period which demonstrated a number of the cases had elements of the savings babies lives care bundle. For 2017 the Trust position has now improved and so far there has been a reduction in the still birth rate to 2.2 per thousand total births as a result of raising awareness of reduced fetal movement and the way these cases are now managed.

One of the most challenging elements will be the implementation of the gross assessment protocol (GAP) to identify babies at risk of growth restriction during pregnancy. The division will implement this early next year and intelligence from organisations where GAP has been implemented confirms that there is a significant increase in induction rates. The division is currently reviewing where induction of labour can be managed and the resources available to manage this.

Still births and Neonatal deaths are recommended to be subject to an independent review and the Trust is fully supportive of this. The East Midlands Maternity Network is establishing a multi professional group to undertake these reviews.

The Governors thanked Linda Gustard and asked about how staff involved in cases of stillbirth are supported and encouraged to talk about how they are feeling and what has happened. Linda was pleased to report the Trust has improved in this area, particularly for the community midwives, and they are involved in the investigation process as they have been part of the care leading up to the stillbirth. Equally, it is important to involve the family in the investigation by asking if there were elements of care that they would like to be included in during the investigation.

The Maternity Services at CRH remain fully committed to achieving the aspiration to reduce avoidable stillbirths and believes the reduction in these tragic events is achievable.

CG104/17 **Governors Success Criteria against Trust priorities (Enclosure I)**

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:

CG104/17(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**

The Quality Assurance Committee continues to monitor progress against the CQC action plan and receives regular updates against the implementation of the Quality Strategy, Patient Safety and Patient Experience actions.

The Quality Assurance Committee discussed Royal Primary Care (RPC) and was assured by the progress of the action plan following the CQC's inspection of RPC 1. However, the committee did not feel assured by the overall position of RPC 1, and requested that an update on the overall position be provided to the next meeting.

CG104/17(ii) **1.2 Prioritise capital and revenue funding to support delivery of the Quality Strategy**

The Quality Assurance Committee (QAC) has approved the Learning from Incidents Strategy and a further update against delivery of the milestones is expected at the Quality Assurance Committee meeting in January.

The Quality Assurance Committee has also received a progress report against the 2017/18 CQUIN schemes with three areas of risk highlighted Improving Staff Health and Wellbeing; Advice and Guidance; and Discharge. The Quality Assurance committee was partially assured by the CQUIN update, due to the lack of confidence, at that time, in seeing staff survey improvements.

- CG104/17(iii)** 2.1 Transform and build efficiency within the portfolio of core services based on business modelling and analysis
- The Council received an update to the Hospital Services Review at its last meeting with some Governors attending the conference at the end of October held in Rotherham. Clinical working groups have been established to progress the review.
- All actions prioritised with the Clinical Services Strategy, which was published in August 2017 and planned for quarter two, have been progressed to plan and an update was received earlier in the meeting.
- CG104/17(iv)** 2.2 Maximise opportunities to implement integrated care models that a) reduce inappropriate admissions; and b) streamline pathways
- Urgent Care Village - phase 1 Work has commenced as discussed earlier with GP streaming accommodation scheduled for completion in Quarter 3. The Urgent Care Village Project Group has governor representation through Mike Grundman.
- 7 Day Services - the Trust has identified 4 priority standards with a gap analysis undertaken that has identified that investment funding is required and further liaison with Commissioners is taking place. The business case development is to be progressed in Quarter 3.
- CG104/17(v)** 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
- The Board received a draft Partnership Strategy for discussion in July and will receive a further iteration at its public meeting on 29th November 2017. The Board has also received a proposal that was being considered at all Board meetings in the South Yorkshire and North Derbyshire Working Together Partnership regarding the establishment of a Committee in Common framework. The Board supported this in principle requesting for reporting arrangements to be extended to include public reporting to enable reporting to the Council of Governors, membership, staff and wider public.
- CG104/17(vi)** 3.2 Establish a clear sense of the 'shape' of the Trust as a consequence of partnership choices
- The Board has formalised relationships with both STPs through Memorandum's of Understanding (MOU) and continues to maintain its focus on partnership strategy. Trust leads have been established to progress work stream planning within the Derbyshire STP.
- CG104/17(vii)** 4.3 Ensure leaders live our values and actively prioritise staff engagement and involvement
- The People Committee continues to support embedding the behaviours of the 'Leading the Chesterfield Way' framework and the People Strategy priorities. At its November meeting the People Committee was partially assured on receiving information on recent 'Leading the Chesterfield Way' activities including workshops with Board/Governors and other leaders and in discussing a paper on emerging thoughts on

transformation.

CG104/17(viii) 5.1 Retain organisational independence

A full financial update was provided earlier in the meeting.

CG104/17(ix) 5.3 Establish organisational arrangements which satisfy the criteria for being deemed 'Well-led'

The action plan arising from the Trust's self-assessment against the Well-Led action plan continues to be monitored. The self-assessment using the newly issued guidance is currently being carried out with the Board due to receive an update in January 2018.

Governors thanked the Non-Executive Directors for the update and it was suggested that the paper be taken earlier in the agenda to enable richer discussion.

NS

CG105/17 Issues From Governors' pre-meeting (Verbal)

All issues discussed at the pre-meeting had been dealt with during the course of the meeting.

CG106/17 Finance & Performance Committee Assurance Report (Enclosure J)

The Chair of the Finance & Performance Committee discussed the Committee assurance report noting that the committee was not assured with regard to the financial performance report. In line with previous discussions in the meeting the Trust has not achieved its control total and achievement of CIP is at risk.

CG107/17 Quality Assurance Committee Update (Enclosure K)

The Chair of the Quality Assurance Committee discussed the committee assurance report and noted in particular that the committee had not been assured by the overall position of Royal Primary Care, although it had been assured by the progress made against the CQC action plan.

CG108/17 Audit & Risk Committee Update (Enclosure L)

The Chair of the Audit & Risk Committee discussed the committee assurance report noted it had not been assured by the Cyber Security update, the internal audit report on appraisals and had requested a further update on plans for implementation of the General Data Protection Regulations.

CG109/17 People Committee Update (Enclosure M)

The Chair of the People Committee discussed the committee assurance report and noted that it has been assured by the progress against the staff survey update, the Engagement Framework and the People Strategy priorities for 2017/18.

CG110/17 **Chief Executives' Briefing (Enclosure N & N1)**

The Council noted the Chief Executive's briefing and in particular progress against the Sustainability and Transformation plans for South Yorkshire & Bassetlaw and the Hospital Services Review. Governors were invited to contribute their views using the information provided.

Royal Primary Care

Discussions on progress against the Royal Primary Care action plans will remain on the agenda for discussion. It is anticipated that there will be a further visit to RPC by the CQC early in 2018 and a report will be provided at the appropriate time. A focus on how RPC can achieve financial balance was requested.

TC

CG111/17 **Governor Feedback (Verbal)**

The Council received and noted the feedback from Governors.

CG112/17 **Items for information (Enclosures O – Q)**

CG112/17(i) **High level risk report (Enclosure O)**

The Council received and noted the high level risk report for information.

CG112/17(ii) **Minutes of the PPI Committee (Enclosures P)**

The Council received the minutes of the PPI Committee, 4th October 2017.

CG112/17(iii) **Work Programme (Enclosure Q)**

The Council received and noted the programme for information.

CG113/17 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Wednesday 7 February 2018
Time: *12.30pm – 4.00pm
Venue: Lecture Rooms A and B, Education Centre

*The open session would commence at 1.30pm.

CG114/17 **Any Other Business (Verbal)**

There was no further business

CG115/17 **Review of the Meeting (Verbal)**

A review of frequency of meetings was requested.

CG116/17 **Collation of Written Questions from Members of the Public**

There were no written questions from members of the public.

CG117/17 **Close of Meeting**

The meeting closed at 4.00pm.