

**Minutes of the meeting in public of the Council of Governors held on
Wednesday 8 May 2019 at 1.30pm in Lecture Rooms A & B,
Education Centre, Chesterfield Hospital**

Present:**Chairman**

Dr Helen Phillips, Chair

Public Governors

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
Mr R Jackson, Public Governor, South Sheffield & Rotherham constituency
Mrs R Ludford, Public Governor, Chesterfield constituency
Dr D Lyon, Public Governor, Chesterfield
Mrs A Marget, Public Governor, Chesterfield constituency
Mr D Millington, Public Governor, North East Derbyshire constituency
Mr B Parsons, 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

Miss E Bradley, Staff Governor, All Other Staff
Dr R Bentley, Staff Governor, Community and Primary Care
Dr M Luscombe, Staff Governor, Medical and Dental
Mrs J Smith, Staff Governor, Nursing and Midwifery
Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists

Appointed Governors

Councillor J Boulton, Appointed Governor, Local Authority
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 M Killick, Non-Executive Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mr S Morrill, Chief Executive
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
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director
Mr J Thorpe, Foundation Trust Secretary

Governor apologies

Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency
Mr F Bennison, Public Governor, Chesterfield constituency
Mrs M Brown, Appointed Governor, Education Partners
Dr L Clarke, Public Governor, High Peak constituency
Mrs T Moore, Appointed Governor, Education Partners

Attendee apologies

Mr T Campbell, Chief Operating Officer
Ms S Glew, Non-Executive Director
Mrs A McKinna, Non-Executive Director

CG39/19

Chairman's welcome and note of any apologies (verbal)

Dr Phillips welcomed Governors and attendees to the meeting.

On behalf of the meeting the Chair welcomed Mr Nurcombe and Mr Patel to their first meeting as Non-Executive Directors.

Governors noted that the sound system in the room was now working but suggested that it did not provide sufficient support for those with hearing difficulties and that the on desk system was preferable.

SM/JT

The apologies for absence were received and noted.

CG40/19

Declaration of interests (enclosure A)

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

There were no other declarations of interest.

CG41/19

Verbal questions and comments from the public (verbal)

There were no verbal questions from the public. It was explained that a written question had been received and would be taken at the appropriate item on the agenda.

CG42/19

Minutes of the meeting held on 14 March 2019 (enclosure B)

The Council received and approved the minutes from the meeting held in public on 14 March 2019.

CG43/19

Issues from the Governors' pre-meeting

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

CG44/19

Governance Review (enclosure C)

Governors received an update on the work undertaken since the last meeting.

Details were given of the key aspects arising from the review undertaken by Claire Lea of Charis Consultants regarding the effectiveness of the existing Council of Governors' structure of committees which included:

- the importance of avoiding approaches which blurred the separations between the role of Governors and NEDs and the 2 key roles of governors which were to hold Non-executive directors to account and represent public / or staff.
- The importance of ensuring that governor ward visit reports directly fed into to the Board Assurance process - this had also been raised by CQC inspectors.
- The need for stronger links between the Council and the committees.

Following consideration at the Council of Governors in March, the Governors Strategy and Development Session on 4 April and the Nominations Committee on 9 April the following options had been put

forward for consideration:

- The current structure replaced with a Nominations Committee and an Involvement and Engagement Committee. The Involvement and Engagement Committee to meet on the same cycle as the Council to allow it to directly feed in and allowing the chair to make a verbal report at each Council meeting.
- As part of the process to define a Terms of Reference for an Involvement and Engagement Committee work undertaken to assess any areas of overlap between existing committee functions and work in other parts of the Trust.
- Governor ward reports submitted directly to the Quality Assurance Committee (QAC) with the Chair of QAC requested to report back to the Council of Governors on progress and actions of a quarterly basis.
- Council of Governors to receive an annual report regarding corporate citizenship led by the appropriate NED Champion / Lead.
- Exploration of opportunities for further development of the training and development approach for Governors and more informal sessions.
- The agenda for Council of Governors meetings to follow the well-led framework.

In relation to Corporate Citizenship it was confirmed that under the proposals Dr Wight as the lead Non-Executive Director for Corporate Citizenship would bring an annual report to the Council of Governors on the work undertaken.

In considering the proposals it was suggested that ward visits were a vital part of ensuring that Governors had sufficient understanding of issues to hold Non-Executive Directors to account and that it was important to keep the link between the Patient & Public Involvement Committee and the ward visits even if they then were fed into Board Assurance processes. In terms of the feedback from ward visits it was suggested that, whilst it was important to be consistent, part of the value was to reflect an individual's background and what they saw on the day. Regarding where ward reports were considered it was queried whether that they might be more appropriately considered at Quality Delivery Group but suggested that consideration through Quality Assurance Committee would ensure direct accountability to the Council of Governors via Non-Executive Directors.

Whilst Governors indicated that they were content to support the changes proposed in the report it was suggested that there was a feeling that Governors had not been fully involved in the process and had some misgivings, including whether any key points of focus would be lost, and so it would be important to consider proposed Terms of Reference at a future meeting. It was confirmed that in the meantime committees would continue to meet on their current cycle and that there would be an opportunity for the Patient and Public Involvement Committee to consider the changes more fully at its forthcoming meeting.

The Council of Governors supported the changes proposed in the report and requested that proposed Terms of Reference be brought to a future meeting.

Governor Measures of Success (enclosure D)

It was explained that as part of the key aspect of holding non-executive directors to account each year Governors identified a number of Board priorities to focus on and assess progress throughout the year. The overall board priorities had been considered at the Governors Strategy & Development session on 4 April and the Nominations Committee on 9 April with the following priorities chosen:

- 1.1 Deliver an outstanding experience of care for our patients, families and carers through our continued drive to learn from patient experience feedback and recognising great care.
- 2.2 Establish an Improvement Academy that develops the capability of staff to successfully lead and get involved in implementing changes
- 3.4 Seek to develop and closer align clinical pathways between Royal Primary Care and the hospital
- 4.1 Mature and strengthen our approaches for recruitment, retention, training and workforce development to limit the need for temporary workforce solutions
- 5.3 Design and develop innovative service delivery models working through place structures
- 5.4 Deliver responsive plans to the Procurement future operating model and define our approach to partnership working
- 6.1 Realise the benefits and improvement impact of our IM&T strategy.

The Strategy and Development session had also highlighted the opportunity, also identified in the recent Governance review, to review priorities through the 'lens' of the CQC Well Led framework to make the maximum impact on patient care and support for staff and assist the Trust in its desire to achieve a CQC rating of 'outstanding'. Whilst the priorities chosen and the Well Led framework did not directly align appendices to the report included a template by which the relevant Non-Executive Director could report on progress together with definitions of outstanding used in the Well Led Framework and key questions which could be used by Governors as a means to hold the Non-Executive Director to account.

Whilst the report had suggested that, in line with previous years, progress against priorities be reported twice a year in the light of earlier discussions it was suggested that this interval be increased. In terms of the interval it was thought that to report at each meeting may be too frequent but suggested that there could be quarterly reporting with 'deep dives' on key issues in between.

The Council of Governors:

- **supported the priorities identified at the Strategy & Development session and Nominations committee.**
- **Requested that quarterly reports be brought to its meetings giving an update of progress for each priority with a commentary from the Non-Executive Director and 'deep dives' at other meetings.**
- **Supported the use of the Well Led framework as means to hold Non-executive Directors to account for progress against objectives.**

Staff Engagement (Enclosure E)

The Council received an update on work towards the Engage theme within the People Strategy including details of the launch of the flexible

working guide and associated publicity, local engagement work with teams developing action plans arising from the staff survey with the consequent improvement plans reported to the People Committee, and in relation to rewards and recognition, details of the Applause event held on 17 April which had been the biggest so far with 444 nominations since the previous Applause event in October 2018.

Details were also given of a recent review of the teams highlighted to receive focussed support from Executive directors. Details had been shared with staff governors, Board members, and staff partner representatives. Executive Directors were making contact with the relevant teams with regular updates on progress reported to the Board of Directors.

In terms of flexible working it was explained that a key focus was for teams to have a conversation to ensure the needs of the service, the individual and team were properly balanced.

The Council of Governors noted the update

CG47/19

STP update (verbal)

Joined Up Care Derbyshire - It was stated that the Trust had now signed a contract with the Derbyshire CCG for the coming year and that work was being undertaken to collectively share the systems saving challenge and ensure in balance over the County.

Work was on-going with NHS England to develop an Integrated Care System and update the 2016 Local Sustainability and Transformation Plan in line with the aims of the Long Term Plan with it explained that there would be opportunities for Non-Executive Directors and Governors to get involved with this. It was acknowledged that there were big challenges to ensure a joined up approach across all partners.

Work was also taking place to seek an independent Chair for Joined Up Care Derbyshire with interviews to be held in June.

South Yorkshire and Bassetlaw – it was explained that the ICS had formally established executive arrangements and that the Trust had a seat on the executive. Non-Executive Director governance arrangements were in place through Chairs but work was on-going in relation to wider Non-Executive Director / Governor engagement.

The Council of Governors noted the update.

CG48/19

Chief Executive's briefing (enclosure F)

The Council received the Chief Executive's report and the following points were highlighted:

Wholly Owned Subsidiary - The company had been incorporated on Saturday 30 March 2019 with 730 staff transferred on 1 April but who still remained very much a part of the Trust 'family'.

Royal Primary Care – Primary Care Network Discussions – it was explained that as from 1 April a national contract for primary care services had required practices to join together in Primary Care Networks serving 30 - 50,000 patients which would bring benefits for clinicians and patients. These changes were requiring a range of discussions across

different practices to create strong alliances.

Medical Devices and Decontamination – it was explained that a thorough and lengthy process to determine how services should be managed had taken place with Steris identified as a preferred supplier. Steris, as a major business in a very specialised area, offered the best option in terms of resilience, quality of service and cost effectiveness. The service would be contractually bound to remain on site and would protect valuable support services and jobs for staff with staff transferred under TUPE regulations.

Information Governance – it was explained that the Trust had achieved the 95% target for compliance with IG Data Security Training and had submitted its first Data Security & Protection Toolkit submission with standards met for the 100 mandatory items.

Patient Experience Award – it was explained that Maria Leadbeater who had worked in the NGS Macmillan Cancer Information and Support Service Centre since 2017 had won the Fiona Littledale Award at the National Patient Experience Awards. Congratulations were passed to Maria for her award which had recognised her work in transforming the support and information available to patients, especially those with dependent children.

Further items included updates on Site Access – Car Parking, the Pathology Transformation Programme and partnership working.

CG49/19

Team around the patient

The Board received a presentation from Maxine Simmons Head of Practice Professional Development detailing the work undertaken and explaining the drivers, the aspiration from the People and Quality strategies for a multi professional team around the patient practicing at the top of their licence and the steps undertaken to achieve it.

Impacts had included a more stable workforce celebrating and sharing best practice with reductions in vacancies and agency spend, a reduction in slips, trips and falls and opportunities including to extend and consolidate the approach to improve the patient experience and create efficiencies in the system. Suggestions of next steps included strengthening of multi professional corporate leadership, development of workforce and integrated planning and implementation of NHSI Developing Workforce Safeguards recommendations. The work had received recognition from NHS Employers which had funded local research and had been identified as best practice with the team invited to present their work.

It was explained that the initial resistance referred to in the presentation related to concerns that roles could be replaced or where staff only did tasks that required someone with their accredited skills (top of their licence) they would lose patient contact. However staff had been open about concerns and work had been undertaken to address and answer.

The Council of Governors welcomed the presentation and thanked Maxine and the staff for the work done.

CG50/19

Sepsis Update

Dr Luscombe gave an update on the work undertaken to improve and

speed up the treatment of sepsis since April 2017 when it had been identified that only 50% of patients were treated within the 1 hour deadline. It was explained that the reasons why targets were not being met had been analysed with as a result sepsis treated as a medical emergency and a range of measures put into place. Following these actions compliance rates had increased from 75% in March 2017 to 97.2% in March 2019 with 100% being the aim.

It was explained that the numbers of sepsis calls had risen and whilst the reason was unclear it was preferable for instances to be over diagnosed than under. It was thought that the high rate of out of hours calls may reflect reduced staffing necessitating escalation.

The Council of Governors welcomed the presentation and thanked Mark and the team for the work done which had undoubtedly saved many lives.

CG51/19

DSFS Update

Mr Killick, as the Chair of the Oversight Committee reported that the first meeting of the Oversight Committee had been held.

It was confirmed that in the light of the Managing Director accepting a post as the Director of Finance with another Trust the job description was currently being reviewed but in the meantime Mr Killick expressed his confidence in the other directors and systems in place.

CG52/19

2018/19 Quality Account – Draft (enclosure G)

The Council received details of the draft Quality Account for 2018 / 19. The Account which had been considered by the Quality Assurance Committee would be submitted to the Board meeting scheduled for 22 May prior to final submission on 29 May.

Following consideration of the statement from the Council of Governors at the last meeting an update had been included regarding the decision to waive the charge for the use of hospital facilities by Peak Heart Throbs.

The Council of Governors noted the progress made on the production of the report.

CG53/19

Governor Feedback

It was noted that

- Peak Heart Throbs had been delighted at the decision to waive the charge for the group for the use of hospital facilities and had estimated that they had paid over £30,000 over the years of use
- That the 'Introducing Our Hospital' information sheet available on the Trust's website <https://www.chesterfieldroyal.nhs.uk/about-us/introducing-our-hospital> was thought to be an excellent visual introduction to the work of the Trust.
- An internal recruitment process was under way to appoint a new Freedom to Speak Up Guardian as the current post holder was leaving the Trust to take up another post.

CG54/19 **Items for information (enclosures H - M)**

The Council received and noted the following items:

- BAF year-end 2018-19 (enclosure H)
- Integrated Performance Report (enclosure I)
- Trust Risk Report (enclosure J)
- Minutes of the corporate citizenship committee (6 March 2019) (enclosure K)
- Council of Governors work programme (enclosure L)
- NHS Long Term Plan – engagement (enclosure M)

In relation to the Integrated Performance Report it was confirmed that the 70 band 5 vacancies identified in the report related to the total including all vacancies and maternity whilst the figure used in the earlier presentation was against establishment.

CG55/19 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Tuesday 11 June 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.

CG56/19 **Review of the Meeting**

It was suggested that the meeting had been managed well in spite of having two presentations and that in the light of this presentations could be considered for future meetings though perhaps in short slots.

CG57/19 **Collation of Written Questions from Members of the Public**

A question had been received from Ms J Portman

“I am aware that N.H.S.I. has given the go ahead for the Wholly owned Subsidiary but with an Amber not a Green status. Would you please explain what Amber means in relation to this.”

“In response Mr Outhwaite replied that on receipt of submissions NHS Improvement had the option of applying a red, amber or green status where red would be a decision not to proceed and green would be to proceed with no need for any further information or discussions. In this case the amber status had been applied which meant that approval to proceed was given but that further conversations and details were required which had been taking place.”

CG58/19 **Close of Meeting**

The meeting closed at 3.30pm.

Responses to queries noted at the meeting of the Council of Governors held on 14 March 2019

Issue	Response
<p>It was reported that a patient had highlighted that he had been asked to attend the hospital to have a heart monitor for a 24 hour test. Each appointment had been short but had involved a drive from his home in Matlock and queuing to find a car park space.</p> <p>It was asked if there was an alternate way to manage such processes perhaps including an option to conduct the test more local to the patient or to return the monitor to a patient's local GP practice.</p>	<p>If a patient is frail or dependant on transport then arrangements can be put in place for EMAS patient transport to collect the 24 hour monitor so the patient does not have to make the second visit. Sheffield catchment patients are required to attend both times as per Sheffield guidelines.</p> <p>Currently patients could use drop of zones for the return visit. Relatives can also bring the monitor in at the end of the 24 hour period. The Department lead will look into the possibility of returning the monitors to the GP practice and collection processes to bring them back to the organisation.</p> <p>All 24 hour heart monitoring is currently undertaken via CRH and as service redesign is taken forward this will be considered as a patient experience improvement and how this could be accommodated closer to home.</p> <p>Ms L Andrews, Director of Nursing and Patient Care</p>
<p>It was reported that a patient had attended the Macmillan unit on two successive Fridays (26/4 & 3/5) and had found staff to be very busy. Staff had said to the patient that they had not been able to take a break.</p> <p>It was queried whether the unit was facing particular pressures as Friday had previously been a quieter day.</p>	<p>Undertaking staff breaks in the chemotherapy unit and outpatient area of NGS is not normally an issue however there are occasions where they may be unexpected emergencies (reactions to chemo etc) where this can impact on staff taking timely breaks. The area Matron has agreed to raise this feedback with the staff and to monitor the position to ensure circumstances do not hinder staff from taking their breaks unduly.</p> <p>Ms L Andrews, Director of Nursing and Patient Care</p>

<p>It was reported that a digital vacancy tracker for availability for Care Home placements was now available and suggested that this was something that the hospital explore.</p> <p>At the meeting it was noted that the Derbyshire CCG had signed up to the system.</p>	<p>The Care Home Capacity Tracker is a web based portal designed to support minimising delayed transfers of care by enabling Care Homes to instantly share their live bed state and enable hospital discharge teams and other stakeholders to rapidly find available nursing and residential beds which significantly improves the speed and efficiency of finding capacity at the time it's needed. It can also help dispel some of the myths about what care home bed capacity is and isn't available.</p> <p>To help discharge teams and others make more informed choices when finding and selecting a Care Home, search results are displayed based on increasing distance from the user-defined postcode. The results also incorporate updated Care Home CQC ratings and contact details for each of the Care Homes that meet the search criteria.</p> <p>Care Homes are in complete control over what capacity they declare and also how often they update their bed state in the Portal although</p> <p>The systems is utilised by Derbyshire Community Healthcare Services to inform the trust and adult social care services of vacant beds and to share with families who are looking for the bed of choice for their relative. This assists the trust with discharge planning and operational flow.</p> <p>Ms L Andrews, Director of Nursing and Patient Care</p>
<p>In the light of the car parking charges review it was queried whether the fruit and vegetable stall was charged for what was a prime pitch.</p> <p>It was noted in the meeting that the stall performed an important well-being function and so a careful balance needed to be struck between maximising income and ensuring continuity of the offer but that an answer to the question would be sought.</p>	<p>The success of the fruit and vegetable stall – and its popularity with staff, patients and visitors – is far above initial expectations and has now expanded to three-days per week. The idea, which came from staff through health and wellbeing and Listening into Action, was designed to promote healthier lifestyle choices to everyone using the hospital, support work-life balance and partner with a local business as part of our corporate citizenship responsibilities. The stallholder invested in their fixtures and fittings specifically for this on-site venture. They also support the Trust's charitable endeavours – for example donating fruit and vegetable baskets for prize draws and providing strawberries free of charge for this year's Summer Fayre. On this basis the Executive Team feel charging for the 'pitch' would negate the positives the stall achieves, in support of the Trust's aim of offering an outstanding patient and staff experience.</p> <p>Zoe Lintin, Director of Workforce and Organisational Development</p>

<p>IPR – it was suggested that the IPR needed to be considered as a formal agenda item in the light of its role in helping Governors understand the performance of the Trust</p>	<p>The IPR's prime role is as a Board document by which Non-executive directors held executive directors to account at Board meetings for the performance of the Trust whereas the Governors hold the Non-executive directors to account for the performance of the Board. It is therefore brought to the Council of Governors meeting as context and to assist Governors understand the overall picture of performance rather than for specific scrutiny which happens at Board. By inclusion as an information item on the public agenda it is open to all and specifically brought to Governors attention.</p> <p>If it would help Governors I would be happy to give a brief update on performance as part of my report to each meeting.</p> <p>Simon Morritt, Chief Executive</p>
<p>In relation to the IPR and BAF as the document showed some items were not meeting targets it was queried whether this should be an item for concern.</p>	<p>At the meeting Mr Killick, Non-Executive Director Chair of the Audit and Risk Committee stated that where targets were not being met Governors were right to be concerned and to seek to hold Non-Executive Directors to account for it but that he was confident that the Trust had a robust process in place to assess and manage risk with key staff and controls in place to help the process.</p> <p>Mrs Stringfellow, Non-Executive Chair of the Quality Assurance Committee sought to give assurance that in addition to consideration at Board Non-Executive Directors sought to review the IPR through the lens of both quality via consideration at the Quality Assurance Committee and performance /cost through the Finance and Performance Assurance Committee. An example was given of the work done to address pressure ulcers. Through Assurance Committees Non-Executive Directors also sought to check that the issues that were highlighted by managers and staff coincided with the topics reviewed by the Committees and the Board and highlighted through the IPR. Recent exercises where staff had been asked to highlight their 'hot topics' had given assurance that this link was in place.</p>