

**Minutes of the meeting in public of the Council of Governors held on  
Wednesday 12 December 2018 at 1.30pm in Lecture Rooms A & B,  
Education Centre, Chesterfield Hospital**

**Present:**

<b>Chairman</b>	Dr Helen Phillips, Chair
<b>Public Governors</b>	Mrs P Boyle, Public Governor, North East Derbyshire Dr L Clarke, Public Governor, High Peak constituency Mr A Crow, 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 Dr D Lyon, Public Governor, Chesterfield constituency Mrs R Grice, Public Governor, Chesterfield 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
<b>Staff Governors</b>	Miss E Bradley, Staff Governor, All Other Staff Dr M Luscombe, Staff Governor, Medical and Dental Mrs J Smith, Staff Governor, Nursing and Midwifery
<b>Appointed Governors</b>	Cllr J Boulton, Appointed Governor, Local Authority Partners Mr S Collis (for Mrs M Brown, Appointed Governor, Education Partners) Mrs A Parnell, Appointed Governor, Voluntary Sector Partners Mrs L Tory, Appointed Governor, Voluntary Sector Partners
<b>In attendance</b>	Ms L Andrews, Director of Nursing and Patient Care Mr T Campbell, Chief Operating Officer Mrs L Challis, Non-Executive Director Dr G Collins, Medical Director Mrs Z Lintin, Director of Workforce and Organisational Development Mr S Morrill, Chief Executive Mr L Outhwaite, Director of Finance and Contracting Mrs N Smith, Governor and Membership Officer Mrs J Stringfellow, Non-Executive Director Mr J Thorpe, Foundation Trust Secretary Dr J Wight, Non-Executive Director
<b>Member apologies</b>	Mrs S Bean, Public Governor, Chesterfield constituency Cllr K Caulfield, Appointed Governor, Local Authority Partners Dr M Grundman, Public Governor, Derbyshire Dales and North Amber valley constituency Mrs T Moore, Appointed Governor, Education Partners Mr J Rigarlsford, Public Governor, Derbyshire Dales and North Amber valley constituency Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists
<b>Attendee apologies</b>	Ms B Webster, Non-Executive Director Mr M Killick, Non-Executive Director Mrs A McKinna, Non-Executive Director

**CG116/18**      **Chairman’s welcome and note of any apologies (verbal)**

Dr Phillips welcomed Governors and attendees to the meeting.

The Chair noted the absence of Maureen and Ron Froggatt from the meeting and passed on the best wishes of all present.

The apologies for absence were received and noted.

**CG117/18**      **Declaration of interests (enclosure A)**

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

Dr Phillips stated that she was no longer a director of ‘The HR Doctors Ltd’ as the company had been dissolved.

There were no other declarations of interest.

**CG118/18**      **Verbal questions and comments from the public (verbal)**

Members of the public raised questions concerning the following:

- that Royal Primary Care had not been represented at the recent Patient Experience Improvement Framework meeting with it queried whether invites had been sent. It was confirmed that all divisions had received invitations but due to other commitments it had not been possible for representatives from Royal Primary Care to attend this meeting though feedback had been given.
- That there had been no nominations for governor positions in two areas as part of the recent elections with the next steps queried. In response it was explained that the regulations required that a further process be held and that this was being arranged with elections to be held in March /April.

There were no other questions from the public.

**CG119/18**      **Minutes of the meeting held on 4 October 2018 (enclosure B)**

An error was highlighted in relation to minute CH99/18 with it confirmed that the Board meeting held been held on 31 October 2018 and not 2014 as stated in the minute.

With this amendment the Council received and approved the minutes from the meeting held in public on 4 October 2018.

**CG120/18**      **Matters Arising from the Minutes (Enclosure C)**

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

CG76/18 / CG97/18 : Head of Health and Safety – It was noted that the due to pressure of work in his new employment the Trust had not gone

ahead with the previous proposal of continuing to access the experience of the previous post holder and had instead had arranged the appropriate training for the new post holder.

Mrs Challis informed the meeting that she had discussed the matter with the Estates Manager and had been assured. Following a query, Mrs Challis stated that she would request the Estates Manager to inform the Trust's insurers regarding the approach if this was necessary.

Feedback noted in the appendix to the minutes

CG121/18

**Governor measures of success against Trust priorities (enclosure D)**

It was explained that following feedback at the last meeting the report had been further developed to reduce jargon and give greater explanation of the position.

Mrs Challis explained that she had taken on the Chair of the Quality Assurance Committee on an interim basis and would carry on the work of the Committee in seeking continued improvement and improved data. Mrs Challis noted that risk areas the Committee were looking at included pressure ulcers and complaints.

Dr Wight noted recent work of the People Committee in helping to shape the new People Strategy and in supporting work to achieve increased appraisal completion which had reached 87% and national staff survey completion which had reached 71%.

The Chair reported on performance regarding

- Accident and Emergency – it was noted that whilst the service remained one of the top performing in the country performance in quarter 3 had dipped below target to 93%. Work was in place to rectify this. It was explained that this was especially important as the release of Sustainability and Transformation monies was reliant on meeting the targets.
- Staff flu immunisation – the Trust rate currently stood at 82.75% which was one of the highest in the country. This figure included staff who had reported that they had received the vaccination elsewhere.
- Cancer targets – whilst some targets were being met pressures remained in relation to staffing shortages and increased demand. It was explained that the position was reflected across the wider system and that staffing shortages were not due to a lack of funding. Work was in place to increase capacity so it was hoped that performance would improve in the new year.
- 7 day services – it was explained that the Trust were currently not meeting 2 of the required standards though work was continuing to address this and that the Board was planned to look again at the approach, focus and application of resource.

The Council noted the progress updates, welcomed the achievements against strategic priorities and the activity in place to monitor and gain additional assurance.

**CG122/18**

### **Site Development Update**

A presentation was given which highlighted how the site had developed since 2013, the schemes in progress and potential future developments. The presentation included details of future Board decision making milestones and highlighted the potential impact of ward refurbishments on bed numbers. It was reported that the presentation had also been considered at Board which had highlighted the need for upgrade of non-patient facing areas, the need to ensure a corporate approach in the look and feel of upgrades, the need for upgrade plans for areas with a limited lifespan and for the development of a site strategy to facilitate strategic consideration.

The Chair noted that by being able to deliver financial surpluses the Trust had been able to exercise freedom of choice of where to undertake investment and invited Governors to highlight possible future priority areas.

Areas highlighted included investment to support day care.

Other areas identified as requiring investment included work to the CT scan area to remove the need to wait in the thoroughfare and the need for staff changing / showering facilities to support staff who cycled to work.

The need to include clinician input of changes was highlighted with it explained that clinician and patient involvement was always sought for example in plans for the Urgent Care Village though in some circumstances a balance had to be made between differing views.

An update on the chaplaincy service was requested with it explained that following a consultation interviews were taking place with a new service in place soon.

In terms of discharge units the issue of prescribing errors was highlighted with collaboration between junior doctors and pharmacists identified as key.

The inclusion of upgrading of Relax@The Royal as a priority was welcomed.

The Council of Governors noted the update on existing and developing site strategy.

**CG123/18**

### **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. A summary of responses is attached to these minutes as an appendix.

Feedback noted in the appendix to the minutes

**CG124/18**

**Staff Engagement (enclosure F)**

Mrs Lintin presented a progress report on staff engagement, work undertaken as part of executive team sponsor roles and staff survey completion. Details were given of the work being undertaken to examine and further improve the quality of the conversation as part of the appraisal season through focus groups.

The importance of the executive sponsor roles was highlighted with it explained that information from a range of areas including sickness, retention, appraisals and survey results was triangulated to ensure focussed support with feedback given to Board on progress made.

**CG125/18**

**STP update (verbal)**

In terms of the wider system it was explained that the 4 Derbyshire CCGs (not including Glossop) would be merging in April 2019 with interviews to be held for a single Chair. It was anticipated that savings of £51m would be needed but that an authorised deficit plan of £44m had been approved with commissioner and control total figures for the next financial year currently awaited.

In terms of the hospital challenges included a need to improve coding and some further 'belt tightening' to meet the yearly control total. The detailed position was being clarified and would be reported to Board following consideration by the Hospital Leadership Team.

It was noted that the NHS long term plan was still expected but was unlikely now to be released in December. In the meantime work was being undertaken on a CCG medium term plan but consideration of STP leadership would need to wait until after the release of the NHS long term plan.

The Chair reported that at a recent NHS Providers event it had been indicated that Foundation Trusts would remain sovereign but would be required to take part in an ICS with a key aim of increasing collaboration in 'back office' and 'clinical back office' services. A single executive team for NHS England and NHS Improvement had been announced and details would be circulated to Board members.

**CG126/18**

**Chief Executives briefing (enclosure G)**

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

**Care Quality Commission – Well Led Inspection**

It was expected that a confidential draft would be available in the coming weeks following which there would be 10 days to review the factual accuracy with the final report published in January.

The Chair and Council thanked Ms Andrews and those involved in the inspection for their work.

### Listening into Action

It was explained that there were now over 30 teams across the Trust working to bring a range of ideas into action which included a 'no meetings day' each Thursday for Executive Directors and divisional leadership team members to free up leaders to spend more time with their teams.

### Wholly Owned Subsidiary

Guidance had now been received which required Trusts to submit a business case to NHS Improvement. Work was taking place to define the detailed requirements and how to progress.

**CG127/18**

### **Feedback from the joint meeting of the Board of Directors and Council of Governors**

It was noted that feedback on actions had been distributed following the joint meeting and that topics to be considered by the joint meeting in the coming year would include a deep dive of Care Quality Commission frameworks and consideration of progress towards environmental objectives.

**CG128/18**

### **Governor Feedback**

The need to ensure that ward signing was dementia friendly was highlighted with it explained that changes were being undertaken in a phased approach linked to a branding approach under the site strategy.

Details were given of an issue identified on a ward visit where 'keep shut' doors had been propped open. The matter had been included in a ward visit report and would be considered through Patient and Public Involvement Committee.

**CG129/18**

### **Items for information (enclosures H - L)**

The Council received and noted the following items:

- Integrated Performance Report (enclosure H)
- High Level Risk report (enclosure I)
- Minutes of the PPI committee 9 October 2018 draft (enclosure J)
- Council of Governors meeting dates – 2019 (enclosure K)
- Council of Governors work programme (enclosure L)

**CG130/18**

### **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Wednesday 6 February 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.

**CG131/18**

### **Any Other Business (Verbal)**

The Chair noted that this would be the last Council of Governors meeting attended by Dr Collins as Medical Director and on behalf of the Governors thanked Gail for her service and inspiration to staff.

**CG132/18**      **Review of the Meeting (Verbal)**

The revised meeting layout and sound system approach was noted and suggested that this had aided the meeting.

It was requested that that in discussion of items it would be helpful to refer to the enclosure letter to allow members to refer back to papers more easily.

It was suggested that it had been a good meeting and that the achievements in relation to the flu immunisation programme and staff survey completion had been a very positive way to end the year.

**CG133/18**      **Collation of Written Questions from Members of the Public**

There were no written questions from members of the public.

**CG134/18**      **Close of Meeting**

The meeting closed at 3.40pm.

**Responses to queries noted at the meeting of the Council of Governors held on 12 December 2018**

<b>Item</b>	<b>Issue</b>	<b>Response</b>
<b>Matters Arising from Minutes</b>	Head of Health and Safety – insurance requirements	<p>As we already have a trained fire risk assessor in our Health &amp; Safety team and buy in specialist fire advice for technical fire design issues (eg urgent care village designs) we are not left exposed from a fire compliance perspective and therefore have no requirement to inform our insurers.</p> <p>The new Head of Health and Safety is now in post and is reviewing our long term fire requirements but please assure our governors we have access to the necessary technical fire expertise and resource.</p> <p>Head of Estates</p>
<b>Site Development Update</b>	Waiting in CT scan area thoroughfare.	<p>The relocation of the CT scanners has provided the opportunity to provide 3 waiting areas, none of which are thoroughfares - 1 screened area designated for cannulated patients. 2 screened area for patients on trolleys and the third area for general outpatients.</p> <p>Chief Operating Officer</p>
	Request for staff changing / showering facilities to facilitate cycling.	<p>We have designed and are costing a changing/shower facility to be located at the visitors entrance (opposite Education Centre). This is to be put forward as part of the 2019/20 capital review.</p> <p>Head of Estates</p>
<b>Issues from the Governors' pre-meeting</b>	Veterans with previous traumatic experiences of coming into hospital or PTSD - need to ensure that flagged on their notes and appropriate support given. Similar support also needed for those with PTSD triggered by abuse etc.	<p>If a patient is a war veteran and the condition they are referred / admitted with is related to their military service, they will be entitled to priority treatment. It is the referring GPs responsibility to clearly indicate on the referral that the patient is a war veteran and whether or not the condition they are referring for is related to the patient's military service.</p> <p>It is the responsibility of the trust clinician to prioritise the patient's treatment over other patients with the same level of clinical need.</p> <p>The Trust would consider a personal and specific management plan including any necessary change to the care environment where support was needed and indicated.</p> <p>NHS long term plan proposes a new dedicated crisis service to provide support to vulnerable veterans battling alcohol, drugs and mental health problems as part of a series</p>

		<p>of measures to ramp up bespoke services for veterans to ensure that specialist health support for veterans is available across the country.</p> <p>The NHS will expand the new 'Transition, Intervention and Liaison Service' (TILS) and roll out veteran-friendly GP surgeries and hospitals as part of efforts to make sure those who have served their country get specialist help they deserve in every part of the health service.</p> <p>TILS is designed to help tackle early signs of mental health difficulties and also includes help with alcohol and drug abuse along with social support such as help with employment, housing, relationships and finances.</p> <p>If not a veteran the Trust would access specialist support as required and link back through the GP as necessary.</p> <p>Director of Nursing &amp; Patient Care</p>
	<p>Staff overflow car park concerns raised that staff concerned re security especially as open ground on one side and very dark. Also questioned whether the area was covered by security patrols. Noted at the meeting that it had been discussed at Corporate Citizenship Committee and lights ordered but Governors felt that a quicker response than that the 'few weeks' stated at Corporate Citizenship was needed.</p>	<p>The overflow car park has now had additional lighting fitted so this should, I trust, no longer be an outstanding issue.</p> <p>Director of Finance &amp; Contracting</p>
	<p>Peak Heart Throbs charged £1300pa to use gym. Felt no charge should be made as supporting health needs of recovering heart patients. Noted at the meeting that the</p>	<p>The Trust has an excellent relationship with the group which has used the gym for a number of years. A charge is made to the group of £27.50 per session which is below the market rate for gym use. However we are unable to waive the fee as we have an obligation to not make what would be a charitable donation, as a Trust, we're not allowed to give to charity.</p> <p>Simon Morrirt Chief Executive</p>

	request had been raised before and was being investigated.	
	Do we use NHS I procurement comparator tool or other price comparison sites as part of procurement.	Yes, we do. But it's further use will be one of the areas that will be key to the success of the appointment of a new Head of Procurement. Director of Finance & Contracting
	Noted that one Trust had instituted a separate A&E for older people. Should we consider? Noted at the meeting that a frailty pathway was in place.	Norfolk and Norwich University Hospital has opened what it refers to as the accident and emergency unit for elderly patients, which provides a service to patients older than 80. We have the equivalent approach using our frailty service which works across the boundaries of an acute setting, our ED, community and GP practices.  Chief Operating Officer
	Concern that patients and visitors were smoking in the courtyard near the main entrance. Noted at the meeting that messages were given over the tannoy and but that smokers did not always stop.	We have an ongoing battle with a number of patients and visitors, which we attempt to tackle directly, via staff and tannoy challenge; and, via the issuing of the smoking cessation cards that are at a number of entrances, including the Main Entrance. Director of Finance & Contracting
	Staff survey - suggested that some areas offered sandwiches as well as coffee.	Corporately, we have arranged for all staff members who complete the staff survey to have a free coffee voucher as a token of our thanks. In addition to this, as part of their approach towards team engagement, some local leaders have chosen to make additional arrangements in their own areas e.g. 'staff survey parties' with sandwiches or cake where the team use the protected time to complete the survey. Director of Workforce & Organisational Development
	Suggested that lots of areas of the hospital were still using plastic cups etc.  Noted at the meeting that the issue had been considered at Corporate Citizenship Committee.	We are trying to review how we limit our overall waste environmental impact. We are reviewing whether there is an alternative to plastic cups we could use. Director of Finance & Contracting
	3 cases referred to where the patients had been prescribed medicines on discharge which the	In order to manage the entry of new medicines into the system the Derbyshire Joint Area Prescribing Committee has a traffic light system in place to categorise medicines according to their suitability for prescribing in primary care based on defined criteria. Medicines

	<p>GP had then declined to issue.</p> <p>Noted at the meeting that could be about GP receiving correct information. Also noted that Board looking at the wider issue of medicine management and some instances of errors in discharge paperwork.</p>	<p>categorised as RED are deemed suitable only for prescribing by consultants or specialists, usually within secondary care, and it tends to be where our Consultants have been unaware of this that confusion can arise and so GPs refer prescribing requests back. It can also be the case that GPs on occasion misinterpret the list and refuse requests inappropriately. In addition NHS England has also extended the number of items that are judged inappropriate for GP / NHS prescribing, and sometimes hospital prescribers have been caught out by changes to this list.</p> <p>Where an issue does arise patients are asked to raise it with their GP in the first instance so the matter can be examined and a way forward put in place as quickly as possible. The GP will and do contact the Trust Pharmacy department to clarify the position</p> <p>As noted at the meeting work is on-going regarding the wider issue of medicine management and to reduce the incidence of errors in discharge paperwork.</p> <p>Director of Nursing and Patient Care</p>
	<p>Concern that the 350 extra homes approved in Inkersall would have a detrimental impact on GP access. The issue had been raised with Jo Lacey at RPC who was reported to have been positive about the increase. Concerns expressed that even if approval given to employ an extra GP would not be able to recruit.</p>	<p>Part of the sustainable future of Royal Primary Care is that it serves a population that provides sufficient volume of activity and associated income to support investment in the service. Instead of a concern this a welcome development.</p> <p>Recruitment of GPs has been very successful, but compromised by an equivalent number of leavers. That said the team have opportunities for further recruitment identified which they are progressing.</p> <p>Chief Operating Officer</p>
	<p>Fruit and vegetable stall – Governors noted the success of the approach and asked that it continue to be supported.</p>	<p>The fruit and vegetable stall is proving to be very popular and will continue as long as people keep using it. The Trust is happy to keep supporting and promoting the stall as an aspect of our health and wellbeing offer.</p> <p>Director of Workforce &amp; Organisational Development</p>