

**Minutes of the meeting in public of the Council of Governors held on
Thursday 14 March 2019 at 1.30pm in Lecture Rooms A & B,
Education Centre, Chesterfield Hospital**

Present:**Chairman**

Dr Helen Phillips, Chair

Public Governors

Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover Constituency
Mr F Bennison, Public Governor, Chesterfield constituency
Dr L Clarke, Public Governor, High Peak constituency
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
Mrs A Marget, Public Governor, Chesterfield constituency
Mr D Millington, Public Governor, North East Derbyshire 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

Staff Governors

Miss E Bradley, Staff Governor, All Other Staff
Dr R Bentley, Staff Governor, Community and Primary Care
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 M Brown, Appointed Governor, Education 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

Mrs L Challis, Non-Executive Director
Ms S Glew, Non-Executive Director
Mrs A McKinna, Non-Executive Director
Mrs J Stringfellow, Non-Executive Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director
Mr S Morritt, Chief Executive
Mr T Campbell, Chief Operating Officer
Mr L Outhwaite, Director of Finance and Contracting
Mrs B O'Hagan, Deputy Director of Nursing and Patient Care
Ms J Smith, Deputy Director of Workforce & Organisational Development
Mr J Thorpe, Foundation Trust Secretary

Governor apologies

Dr D Lyon, Public Governor, Chesterfield
Councillor K Caulfield, Appointed Governor, Local Authority
Mr N Shaw, Public Governor, Chesterfield constituency
Mrs P Boyle, Public Governor, North East Derbyshire
Mr B Parsons, Public Governor, Chesterfield constituency

Attendee apologies

Mr M Killick, Non-Executive Director
Ms L Andrews, Director of Nursing and Patient Care
Mrs Z Lintin, Director of Workforce and Organisational Development
Dr H Spencer, Medical Director

CG18/19 **Chairman's welcome and note of any apologies (verbal)**

Dr Phillips welcomed Governors and attendees to the meeting.

The Chair noted that this was the last Council of Governors meeting that Mrs Challis would be attending before she left the Trust and that there would be a small thank you reception at the end of the meeting to which all were welcome to stay for.

The apologies for absence were received and noted.

CG19/19 **Declaration of interests (enclosure A)**

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

There were no other declarations of interest.

CG20/19 **Verbal questions and comments from the public (verbal)**

Mr Wheatcroft asked if the hospital was equipped to treat patients with mesothelioma / lung cancer / asbestosis or if they would be referred to another hospital.

Mr Ball enquired about delays in his wife's treatment regarding her hearing aid and delays in his GP referring him for treatment regarding a musco-skeletal issue.

It was agreed that full responses would be given to Mr Wheatcroft and Mr Ball outside of the meeting.

There were no further questions from the public.

CG21/19 **Minutes of the meeting held on 6 February 2019 (enclosure B)**

It was stated that the apologies from Mr Boulton and Mr Lyon had not been recorded, that in the appendix the response on page 9 had been repeated and that Dr R Bentley had been incorrectly listed as Mrs R Bentley.

With these amendments the Council received and approved the minutes from the meeting held in public on 6 February 2019.

As an update to the appendix it was stated that:

- following concerns raised by the Council of Governors the Chief Executive had agreed to waive the fee levied for the use of the gym by Peak Hearthrobs on the grounds that it was a group of outpatients and ex-outpatients undertaking recommended activities to support their continued rehabilitation rather than purely an external charity using hospital facilities.
- That a meeting had been held in relation to fire safety with a follow up meeting arranged.

CG22/19 **Review of the draft of the Council section of the annual report**

Members of the Council received details of the draft contents of the Council sections of the Trust Annual report. Details were distributed of the Council section of the relevant sections.

Governors were requested to send any comments or updates through to the Foundation Trust Secretary.

CG 23/19

Changes to the Fit & Proper Persons Test and Managing Conflicts of Interest

Conflicts of interest policy – it was explained that a presentation had been received at the Nominations Committee on 5 March where it had been requested that an update be given at this meeting. Following national guidance a new Trust policy had been put in place. In future a single register for all interests declared by staff and governors would be kept centrally with declarations made on-line and a new webpage explaining what was required and giving simple guidelines for each type of declaration. Further communications were planned with the aim of increasing raising awareness of the new approach.

Fit and Proper test – an update was given of recent guidance issued following the Kark review of the Fit & Proper Persons Test. It was explained that the review conducted following concerns in relation to Liverpool Community Health NHS Trust in February 2018 had made 7 recommendations of which 2 had been immediately accepted by the Secretary of State for Health and 5 being reviewed by Baroness Dido Harding Chair of NHS Improvement (NHSI). The 2 recommendations accepted were that:

- in consultation with key bodies NHSI define high level core competencies to be met by persons holding or aspiring to director posts.
- NHSI creates and retains a database containing information about each director with Trusts being required to provide the relevant information.

Information and a commencement date for the 2 accepted recommendations was awaited.

The Council of Governors noted the updates.

CG24/19

Council of Governors Committee Governance Review

At the request of the Chair and Lead Governor, Claire Lea of Charis Consultants had been invited to conduct a governance review to consider the effectiveness of the existing Council of Governors' structure of committees and working groups. The review had involved a desk top review and observations of Council committee/working group meetings and Council minutes together with an interactive workshop held jointly with governors and non-executive directors (NEDs) to build and develop understanding of the assurance and accountability of board by the Council.

In the report Claire highlighted the 2 key roles of governors which were to hold Non-executive directors to account and represent public / or staff. Claire suggested that in certain instances the current committee structure and practice blurred the separations between the role of Governors and NEDs.

Other aspects highlighted included:

- Whilst themes and trends of governor visits were reviewed by the Patient and Public Involvement Committee (PPI) they were not directly fed into the assurance processes of the Quality

Assurance Committee. This had been specifically questioned by CQC inspectors as part of the recent Trust inspection.

- That Governors and NEDs both sat as members of Corporate Citizenship Committee.
- Whilst the minutes of PPI and Member Engagement Committee (MEC) were received by the Council there was no evidence in the minutes that issues were directly escalated or that the Council referred matters to these committees for a deeper or more detailed review.
- Council minutes showed that the Council (and the pre-meeting) focused much of its attention on operational details.

To address this Claire had recommended that:

- The current committees with the exception of the Nominations committee be dissolved.
- That a new committee be established "Hearing from Members and Patients" to allow Governors to triangulate the themes and trends they were aware of through their own contacts or through direct feedback from members and patients.
- Board consider membership engagement in order to support the production of a membership strategy which was a trust-wide and Board owned initiative, with the Council being committed to playing its part in the delivery of that strategy.
- The use of time limited task and finish groups be considered for areas where the Council would like a specific area holding to account or representing members to be dealt with but with clear reporting lines back to Council.
- The work of the Board in corporate citizenship should be reported directly to Council by way of an annual report led by the NED Chair of whichever board committee is responsible for gaining assurance on the Board's work in this area.

To further assist Claire indicated that she would be willing to review any amended terms of reference if required.

Members welcomed the report and made the following observations:

- that committee working gave more time to deepen understanding of the Trust and receive information that could be used to triangulate information received through the Council of Governors or other sources.
- That committees could provide a more open and less daunting environment allowing fuller discussion.
- That there was a potentially difficult balance as a risk was that a single committee could become too big and be too much like a Council meeting or too narrow and miss key aspects.
- There was a risk that some aspects of committee work might be duplicating other groups.
- That key priorities and areas where Governors could assist could be identified at the start of the year to feed into the creation of Task & Finish groups.
- There was a need to avoid groups becoming too operational which had happened in the past.
- The wide scope of the Membership Engagement committee was noted though it was emphasised that responsibility for the strategy fell with the Board with it suggested that the key role was to assess and hold performance against a strategy to account rather than to oversee the creation of strategy and so to 'lift eyes up'. The well led framework explained by Claire at the recent

session was thought to be a useful tool.

- The Governor representative role was a wide one and whilst personal and family experience was a useful measure it was important to bring in wider voices.
- That the forthcoming strategy day may give an opportunity to further consider the issues.

The Council of Governors

- **Noted the report and thanked Ms Lea for her work**
- **Welcomed the report and requested that a further report be brought to the next Council meeting.**

CG25/19

Issues from the Governors' pre-meeting

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

CG26/19

Review of Car Parking Charges

Governors received details of the recommended increases in parking charges for staff and visitors from 1 May 2019 as part of the Site Access Strategy which sought to improve access to parking and create opportunities and incentives to move away from single occupancy car travel to the hospital site. The recommendation was that visitor parking charges increase by 10p across all tariffs from 1 May 2019 giving an average increase of 3.3% and increased income of £52,000pa. For staff the recommendation was for a 2.7% increase in line with the Trust National Tariff inflation index for 2018 from 1 May 2019 giving increased income of £11,000pa. Details of the impact on each visitor tariff and staff pay scale were included with the report. A process was in place for patients and visitors to claim back the cost if they could not afford the fee.

It was explained that benchmarking was difficult as not many hospitals had the same combination of size and location from the town as Chesterfield does but in comparison with Derby and Sheffield charges were less. Fees received were counted as part of the Trust's income and helped to meet savings requirements.

From the staff perspective it was suggested that whilst the rationale for charging was clear it gave mixed messages when staff were being thanked for their efforts and that this should be considered when the decision was made. It was additionally suggested that it was a source of frustration to staff that they paid monthly for parking but on occasion could not find a space though it was explained that that it was hoped that the wider site access work would ease this issue.

It was confirmed that hospital volunteers were not charged but confirmation was sought in relation to whether students were charged and plans to move to card payment options.

Governors welcomed the decision to bring the issue to the Council meeting first to allow discussion before a decision was made.

The Council of Governors noted the recommended car parking charges increase.

Staff Survey Results

The Council received details of the final outcome of the 2018 national staff survey together with benchmarking data and the approach being taken to engage staff. It was explained that the survey response of 71% was the highest the Trust had achieved with Trusts in the same peer group achieving return rates of between 33.2% and 71.6% with an average return of 44.4%.

For the Trust 59% of questions showed improvement from last year. Of the theme areas 7 showed significant improvement, 2 were similar to last year and for one, which was new, the Trust was within 0.1% of the national average. Leaders had also been provided with a more detailed breakdown of results and work was now underway to meet with teams and continue the improvements made. A presentation to Board in February from Quality Health had highlighted the impressive achievement but had also noted that in some areas whilst the Trust compared well against other parts of the NHS in some areas the NHS overall compared less well against the wider economy. In terms of the definition of safety culture it was explained that this covered aspects such as the reporting of incidents and errors.

The Council of Governors

- **welcomed the national survey results and positive year on year progress and**
- **passed on their thanks to the Director of Workforce and Organisational Development and her team.**

STP update (verbal)

Joined Up Care Derbyshire - it was stated that work was on-going to bring the provider and commissioner sides together to agree a single approach to deliver the system saving challenge. Progress was being made but more needed to be done to reach an agreed position before the start of the next financial year in April.

South Yorkshire and Bassetlaw – it was reported that Kirsten Major had been appointed Chief Executive of Sheffield Teaching Hospitals

The Council of Governors noted the update.

Chief Executives briefing (enclosure D)

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

Staff Survey / Flu Vaccinations – the excellent staff survey results as explained earlier in the agenda were highlighted together with details of the Flu Fighters campaign which had been the most successful ever and the work undertaken to achieve 100% next time. NHSI required the Trust to publically report on performance in 4 key areas of flu vaccination policy including take up rates, actions taken to deliver 100% and the numbers of staff declining the vaccine with reasons and details were given in the Chief Executives report.

CQC – thank you to staff – Following the rating as 'Good' with 'Outstanding' ratings in end of life care and Child and Adolescent Mental Health Services and a reduction in 'Requires Improvement' areas from 12 to 3, work had been undertaken to address improvement actions and

thank staff for their efforts. The 'thank you' to staff had included a tea party on 14 February and to thank staff in relation to the staff survey, the flu fighters campaign and in relation to winter pressures the Charity had funded Costa voucher for all staff and volunteers.

Medical Devices and Decontamination – it was explained that a paper had been submitted to the Hospital Leadership Team (HLT) considering how the services should be delivered in the future as it was no longer sustainable to deliver in-house and with consideration given to transfer to the Wholly Owned Subsidiary or an outside company. It was planned to update staff following consideration by HLT.

Further items included an updates on the introduction of patient and public Wi-Fi, the commencement of the 2019 appraisal season, the East Midlands Radiology Consortium, the progress regarding a Wholly Owned Subsidiary, Trust strategies and partnership working.

CG30/19 **Feedback from Joint Non-Executive Director and Governor meeting held on 5 March 2019**

It was reported that the session had received a presentation from James Creaghan, Public Health Derbyshire with the next session in May scheduled to concentrate on drug and alcohol abuse led by David Henstock including details of how work is undertaken across the system.

CG31/19 **Wholly Owned Subsidiary**

It was explained that feedback had been received from NHSI on 8 March requesting further information with all the information requested provided on the same day. NHSI had subsequently indicated that it was anticipated that a final response would be received on 22 March. It was explained that in spite of the tight timing it was still hoped to achieve a 'go-live' date of 30 March and that there were strong financial pressures on the Trust to achieve this. Briefings to brief staff on the current position had been arranged. It was accepted that the delay in the process meant that there was now limited notice if the 'go-live' date was to be achieved but also noted that the process and subsequent staff briefings had been going on for a year.

The NHSI response and updated position was due to be considered at the Board meeting scheduled for 27 March.

The Council of Governors noted the update

CG32/19 **Quality Accounts 2018/19 (enclosure H)**

Details were given of the Quality Accounts statement considered by the Patient and Public Involvement Committee to be included in the Annual Report.

It was suggested that it might be useful to include details of the work done to support Peak Heart Throbs and suggested that in future it would be appropriate to indicate where work had been undertaken by a Committee.

The Council of Governors noted the update.

CG33/19

Governor Feedback

It was noted that:

- a supplier had now been found and was in place to supply gluten free bread.
- The University of Derby nursing programmes had been re-validated and would be expanded.
- Miss Bradley had recently attended a NHS Providers Membership and Engagement course which had been useful and would provide an update to the next Membership and Engagement Committee.

CG34/19

Items for information (enclosures I - K)

The Council received and noted the following items:

- Integrated Performance Report (enclosure I)
- Trust Risk Report (enclosure J)
- Council of Governors work programme (enclosure K)

It was suggested that details of the 'did not attend' rate for heart attack patients and the bed occupancy rates by division would be helpful with it noted that these comments would be noted and taken away to raise at a Board meeting if appropriate by Non-Executive Directors.

CG35/19

Date and Time of Next Meeting

The next meeting of the Council was scheduled for:

Date: Wednesday 8 May 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.

CG36/19

Review of the Meeting

It was suggested that the meeting:

- had been managed well and had 'stayed on track'
- that Clare Lea's input had been helpful
- that in future some informal time be allowed prior to the start of the meeting.

CG37/19

Collation of Written Questions from Members of the Public

There were no written questions from members of the public.

CG38/19

Close of Meeting

The meeting closed at 3.25pm.

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

Issue	Response
<p>Ward visits – the impact of norovirus</p> <p>At the meeting it was suggested that whilst it would not be appropriate to visits wards during a norovirus outbreak visits could be made to non-patient ‘back office’ areas.</p>	<p>The norovirus restrictions have now been lifted and the normal programme of visits to patient areas can resume.</p> <p>Simon Morrith Chief Executive</p>
<p>The progress in relation to the decontamination unit was queried.</p> <p>It was stated that Mr Gibbons and Mr Millington had been originally invited to become involved and had contributed but then had heard nothing more. In response at the meeting an apology was given to Mr Gibbons and Mr Millington and explained that this was due to an oversight rather than any decision to not involve governors.</p> <p>It was explained at the meeting that if the unit was managed through the wholly owned subsidiary or an outside contractor staff were still</p>	<p>A growing number of Trusts have moved to managing decontamination services through a contracted model in order to mitigate risks which locally include:</p> <ul style="list-style-type: none"> - anticipated retirements and succession challenges in a highly competitive market, increasingly complex accreditation, - the impact on theatre and endoscopy and income of downtime or accreditation issues, - high capital replacement costs and - technological gaps to the commercial sector and most efficient Trusts on equipment tracking and enabling of theatre efficiency. <p>Following a rigorous tendering exercise by a Steering Group including competitive dialogue with potential suppliers and an options appraisal examining quality and finance, involving managers from the services in the scoring, the Steering Group had recommended an external supplier. This approach was approved by the Board at its meeting on 27 March and discussions with potential partner approved to take place.</p> <p>Lee Outhwaite, Director of Finance & Contracting</p>

<p>eligible to be members / governors as a change had been made to the Constitution in 2018 to cover staff members not employed by but carrying out functions on behalf of the Trust.</p>	
<p>In relation to car parking it was queried whether:</p> <ul style="list-style-type: none"> - benchmarking had been conducted - whether volunteers and students were liable for the charges - whether there was a plan to offer card payment - 	<p>Precise benchmarking is difficult as not many hospitals have the same combination of size and location from the town as Chesterfield does but in comparison with Derby and Sheffield charges were less.</p> <p>It can be confirmed that hospital volunteers are not charged.</p> <p>Staff car parking charges are already on a variable scale linked to pay scales ie lower paid staff pay less. No additional discounts are provided for student nurses.</p> <p>We are looking at long term plans to upgrade the barrier system and pay stations which would include card payment options.</p> <p>Lee Outhwaite, Director of Finance & Contracting</p>
<p>In relation to links between the hospital and community care the delay in the receipt of letters from the hospital was raised with it suggested that further electronic links were needed.</p>	<p>Work is on-going to develop an IT strategy to develop systems further with it anticipated that systems relating to out-patients and the Emergency Department would be rolled out in the next financial year with discussions taking place with primary care providers to ensure compatibility. Work is also being undertaken to explore the use of voice recognition technologies and approaches to standardise letters to speed up turnaround times.</p> <p>Lee Outhwaite, Director of Finance & Contracting</p>