

**Minutes of the meeting in public of the Council of Governors held on
Wednesday 11 June 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
Mr R Jackson, Public Governor, South Sheffield & Rotherham constituency
Mrs R Ludford, Public Governor, Chesterfield constituency
Mrs A Margett, 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

Staff Governors

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

Mr J Boulton, Appointed Governor, Local Authority
Mrs M Brown, Appointed Governor, Education Partners
Mrs A Parnell, Appointed Governor, Voluntary Sector Partners
Mrs L Tory, Appointed Governor, Voluntary Sector Partners

In attendance

Ms S Glew, Non-Executive Director
Mr M Killick, Non-Executive Director
Mrs Z Lintin, Director of Workforce and Organisational Development
Mrs A McKinna, Non-Executive Director
Mr K Nurcombe, Non-Executive Director
Mr L Outhwaite, Director of Finance and Contracting
Mrs J Stringfellow, Non-Executive Director
Mrs G Maiden, Deputy Foundation Trust Secretary

Governor apologies

Dr R Bentley, Staff Governor, Community and Primary Care
Mrs P Boyle, Public Governor, North East Derbyshire
Miss E Bradley, Staff Governor, All Other Staff
Cllr K Caulfield, Appointed Governor, Local Authority Partners
Dr M Grundman, Public Governor, Derbyshire Dales and North Amber valley constituency
Dr D Lyon, Public Governor, Chesterfield
Mrs T Moore, Appointed Governor, Education Partners
Mr N Shaw, Public Governor, Chesterfield constituency

Attendee apologies

Ms L Andrews, Director of Nursing and Patient Care
Mr T Campbell, Chief Operating Officer
Mr S Morritt, Chief Executive
Mr A Patel, Non-Executive Director
Dr H Spencer, Medical Director
Ms B Webster, Non-Executive Director
Dr J Wight, Non-Executive Director
Mr J Thorpe, Foundation Trust Secretary

CG59/19 Chairman's welcome and note of any apologies (verbal)

Dr Phillips welcomed Governors and attendees to the meeting.

The apologies for absence were received and noted.

CG60/19 Declaration of interests (enclosure A)

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

Mrs Ludford requested that the type of loyalty interest she had be amended to 'Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.'

There were no other declarations of interest.

CG61/19 Verbal questions and comments from the public (verbal)

Mr Pipes asked about charitable funds available for Royal Primary Care (RPC).

Mr Outhwaite, Director of Finance and contracting, explained that although a charitable fund had not been actively set up for RPC the Trust-wide general fund was available for use by them. This had funded work in connection with opioid drug withdrawal which had been based from RPC. However he agreed he would speak with Dr Scriven, Divisional Director for RPC Services with a view to setting up a specific RPC charitable fund.

CG62/19 Success measures – well-led focus towards outstanding (enclosure B)

Dr Phillips introduced this item and the new approach to both the agenda and this report to bring a renewed focus through 'well-led'. Each of the priorities that had been chosen by the Council of Governors had been assigned to one of the Trust's non-executive directors and each given an executive lead.

1.1 Deliver an outstanding experience of care for our patients, families and carers through our continued drive to learning from patient experience feedback and recognising great care

Mrs Stringfellow highlighted:

- Quality aspects of the Integrated Performance report were now being scrutinised by the Quality Assurance Committee (QAC). These had been reviewed in depth at its May meeting
- Directly relating to patient experience; QAC meeting dates had been adjusted to enable the committee to gain assurance on the action to address the breaches identified prior to reporting back to the Care Quality Commission (CQC)
- Significant progress had been made by the end of life team
- Ward visit reporting by the governors would now go directly to the QAC and would feature in future updates.

2.2 Establish an Improvement Academy that develops the capability of staff to successfully lead and get involved in implementing changes

Ms Glew highlighted:

- That the Trust now had three associate members of the Royal's Academy of Improvement Quality Service Improvement and Redesign (QSIR) teaching faculty: Maria Riley, Pam Rumbell and Becci Pearce
- Links between QSIR and Listening into Action (LiA) had been made very clear. LiA had been very good in mobilising staff into making changes and QSIR now gave the clear and recognised methodology and common language for change. This dovetailed well with the Leadership development work across the Trust.

Ms Glew had attended the Staff Forum in the Innovation Centre and in her experience could see the good quality of work being taken forward. Going forward she would be watching the staff take up of the QSIR offer and in time the impact this had. She would also be spending some time with the LiA lead, Dr Cort.

Governors were keen to see specific examples going forward and it was agreed that the excellent example of the Cancer Pathway Transformation Programme, which had recently been presented to the Board would be arranged for a future meeting.

3.4 Seek to develop and closer align clinical pathways between Royal primary Care and the hospital

Mr Nurcombe highlighted:

- Royal Primary Care's 'good' rating by CQC. There was more to be done in terms of recruitment however the last GP recruitment had been successful and the rating will help in that going forward
- Primary Care Network (PCN) and strategy with the long term vision for primary and secondary care; ensuring seamless pathways between. RPC aims to be a big player in the Chesterfield network. The Board would need to support them in this and more information about the PCN would be brought to a future Council meeting.

4.1 Mature and strengthen our approaches for recruitment, retention, training and workforce development to limit the need for temporary workforce solutions

Ms Glew, in Dr Wight's absence, highlighted:

- Items noted by Jeremy from the Integrated Performance Report agreeing that the ones relating to appraisal would not be expected to be achieved at the end of April
- Staff Forum which had included a constructive discussion about staffing and the feeling amongst staff compared to what the data was saying. Although the issue of nights was visible impacts at other times were not. Ms Glew would be following up the discussion with Ms Andrews, Director of Nursing and Patient Care to better understand the position regarding 'red flags' and staff being moved around at short notice.

Mrs Stringfellow explained that the QAC also considered staffing and received assurance regarding 'red flags' and safety. The perception of the care given and safety were equally important and care hours were not where the Trust would like them to be.

Ms Glew highlighted good news in the shape of the recent 2019 Healthcare People Management Association (HPMA) awards. Mrs Lintin, Director of

Workforce and Organisational Development explained that Claire Davies the Nursing Workforce Lead had been part of the South Yorkshire and Bassetlaw ICS Project Team given the award for collaborative workforce contribution in Health and Social care systems. It has been highlighted as a 'good example of partnership working across acute trusts' regarding the joint agency work non-medical staff bank collaboration.

5.3 Design and develop innovative service delivery models working through Place structures

Dr Phillips, in Mr Patel and Ms Webster's absence, highlighted:

- Place based resource consumption and high resourcing consuming patient analysis, a first rate decision making tool which had taken perseverance on the part of Mr Outhwaite in gaining data sharing across the system. Mr Outhwaite agreed to bring a demonstration to a future meeting

In discussion governors asked about the potential impact of the green paper on Social Care; it was felt that the power of this tool, the approach to data sharing and the data it provided would still be useful. It was also clarified that IQvia were a large software processing house and software provider.

5.4 Deliver responsive plans to the procurement future operating model and define our approach to partnership working

Mr Killick highlighted:

- The new Head of procurement appointment
- His own role as the Chair of the Oversight Committee. The committee had oversight of DSFS and had its next meeting in July when it was expected key performance indicators would be reported enabling more of an update in the next report.

6.1 Realise the benefits and improvement impact of our IM&T strategy

Mrs McKinna highlighted:

- PWC assurance report which had given more focus for future investment to the Board. The strategy was now funded and ready to go once clear about its alignment with the Derbyshire digital strategy which was expected in the autumn. The Finance and Performance Committee and the Board would then consider the position and enable further reporting back to the Council at that time.

The Council of Governors noted the updates against each of their chosen priorities and were content that the narrative. Dr Phillips suggested that the non-executive directors built their narrative around the well-led framework headings where possible for future reports and Mrs Parnell asked that the lead Executive names be brought up to the headings.

CG63/19 Feedback from the joint non-executive director and governor meeting – 21 May 2019

The meeting had been discussed during the governor's pre-meeting as a separate summary of questions raised and responses had been circulated to all governors. However the Lead Governor, Mrs Weremczuk particularly highlighted the response in relation to the discharge of people to homeless situations coupled with training and support given to staff dealing with

mental health issues.

Dr Phillips suggested that the two issues together needed to be discussed at the STP level and more done. She would discuss with Dr Spencer, Medical Director, about staff getting more involved with the transformational changes and once the new Chief Executive was in post to consider reviewing the approach taken.

CG64/19 Minutes of the meeting held on 8 May 2019 (enclosure C)

The Council received the minutes from the meeting held in public on 8 May 2019. The minutes were approved with the following changes:

- Page 5, Patient Experience Award, line 5. Replace 'Fiona' with 'Maria'
- Page 10, Response to queries raised - Digital Vacancy Tracker. To be expanded on to clarify the tracker is for availability for Care Home placements.

CG65/19 Council of Governors committee governance review (enclosure D)

Governors received a summary of agreed direction to date and an update on the further consideration and informal consultation undertaken since the last meeting.

An indicative agenda would now be drawn up, with a view to allowing a more dynamic approach and considered prior to the structure going forward. The membership of the new Involvement and Engagement Committee would be smaller however meetings were to be held with Heads of Nursing and the Patient Experience team to ensure the appropriate attendance and to consider opportunities for governor attendance at other related forums. It was anticipated the new structure would be possible from September 2019; this would be confirmed in due course. Space and time on the Council of Governor meeting agendas would then be made for feedback from the committees and other forums attended by governors to ensure the whole of the Council of Governors were kept informed.

It was confirmed that the proposal meant that the Corporate Citizenship Committee would no longer meet. However Dr Wight would take a lead on Corporate Citizenship and provide an annual report on associated activity to the Board and the Council of Governors.

The proposal also suggested that governors be formally invited to observe Board meetings and that arrangements be put in place to support governor requests to observe Board's assurance committees.

The 2020 evaluation would be timed for a year after the new structure came into being to review the new arrangements.

The Council of Governors supported the proposal and approved the terms of reference for the new committee.

CG66/19 Chief Executive appointment

The Council had ratified the appointment of Angie Smithson as the new Chief Executive in their private meeting.

CG67/19 Issues from the governor's pre-meeting

The issues and questions raised during the pre-meeting had been largely resolved through discussion only two issues remained:

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

CG68/19 **STP update (verbal)**

Joined Up Care Derbyshire – Interviews for the STP Chair were taking place on 1 July 2019. Information for decisions and discussion was coming to the Board in a timely way. The impact of the Derbyshire Clinical Commissioning Group merger was beginning to be apparent with a paper coming to the Board in June asking the Board to sign up to financial risk sharing, finding ways to balance the system control totals. The approach had not yet been fully tested should any one Trust be disproportionately disadvantaged by any decisions made however the direction was clear. Although no statutory powers to make Trusts work together in this way, with the merger of the NHS England and Improvement there were other levers to merge Trusts that could be used.

South Yorkshire and Bassetlaw – An Integrated Care System executive was beginning to take shape along with an oversight body and an acute provider body. The Medical Director, Mr Spencer was keeping the Trust involved through various groups and the Trust would continue to feel its way into the new governance arrangements.

The Council of Governors noted the update.

CG69/19 **Chief Executive's briefing (enclosure E)**

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

Wholly Owned Subsidiary – There had been a good and high quality response to the advert for the Employee Associate Directors for Derbyshire Support and Facilities Services (DSFS) with interest from all areas of the subsidiary. The four successful candidates were:

Diane DuQuemin (Facilities)
Mike Stockton (Portering)
James Gray (Finance)
Matt Castledine (Clinical Engineering)

The point was made that this representation did not happen in the Trust itself. It was thought that this was due to the prescribed governance of foundation trusts and the fact that it had staff governors. Dr Phillips agreed to give this more thought.

Interviews for the new Managing Director were to be held on 27 June 2019.

New Mums to be service – a pilot of a new service to ensure a named midwife and buddy midwife for any mum to be with a history of mental health illness had been launched.

CG70/19 **Governor Feedback – NHS Providers – governor provider focus conference (enclosure F)**

Mrs Janice Smith and Mrs Angela Parnell had attended the Governor Provider Focus conference in May 2019. Dr Phillips thanked them both for the summary paper provided.

Although it was felt that there had been a missed ministerial opportunity to attend the day had been valuable for the sharing of ideas and information between Trusts and additional information about engagement had been shared with the Governor and Membership Officer, Mrs Smith. A key point about the importance that Boards and Council membership needing to reflect the users of the service had been made such as the inclusion of a carer governor.

It was agreed that it was good that different governors had been able to take up the opportunity to attend the conference to give a different perspective. Other governors were encouraged to do the same as opportunities arose.

CG71/19 **KPMG – external audit (enclosure G)**

Mr Andrew Bostock, KPMG Engagement Partner, explained the annual opinions that KPMG as the Trust's external auditor were required to give about the Trust's financial statements, Use of resources and the Quality report.

Financial Statements 2018-19 – an unqualified opinion had been given with regards to the state of the Trust's financial affairs. This had included the set-up and accounting treatment of the wholly owned subsidiary (DSFS).

Use of Resources – this included a review of the governance statement and an assessment of any significant risks. It also included value for money and financial sustainability. An unqualified conclusion was given on the Trust's arrangements. In terms of value for money over 50% NHS Trusts did not receive this in the year before so this reflected very well on Chesterfield Royal Hospital NHS Foundation Trust.

Quality report 2018-19 – included the audit of two mandated and one local (chosen by the Council of Governors) indicator. The local indicator had been the Summary Hospital-level Mortality Indicator (SHMI). A clean report had been given.

Mr Bostock was asked about:

- The scale of the audit for each of the indicators. The indicators are tested with the audit taking place on a sample of 30
- Annual stocktake. Assets were audited in terms of existent buildings and a sample of assets.
- Appreciation - The Trust employs valuers and a valuation of property done every 5 years during the intervening years an index was used to establish the value. KPMG test the information provider to the surveyor on which the valuation is made.
- Rebuild value – on a modern equivalent basis. He trust also applies alternative rebuild. This is a common approach across the NHS.

Dr Phillips thanked Mr Bostock and his colleagues for the annual work and the advice and guidance given throughout the year.

Mr Killick, Audit and Risk Assurance Committee Chair, in summary, explained to the Governors that his own view of public sector finance on taking up post had not been good and over the year he had become more and more impressed by what he had seen at the Trust. The finance team were strong and diligent and all involved in the Annual Report and Accounts worked to incredibly tight deadlines set by government.

CG72/19 **Any other business**

There was no other business raised.

CG73/19 **Items for information (enclosures H - L)**

The Council received and noted the following items:

- BAF 2019-20 (enclosure H)
- Integrated Performance Report (enclosure I)
- Trust Risk Report (enclosure J)
- Minutes of the PPI committee (13 May 2019) (enclosure K)
- Council of Governors work programme (enclosure L)

CG74/19 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Wednesday 24 July 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.

CG75/19 **Review of the Meeting**

The meeting had flowed well with plenty of time given to discussions. There would have been room for an additional presentation given that the meeting finished earlier than planned however it was agreed that it was good not to have rushed.

CG76/19 **Collation of Written Questions from Members of the Public**

No written questions had been received.

CG77/19 **Close of Meeting**

The meeting closed at 3.20pm.

Responses to queries noted at the meeting of the Council of Governors held on 11 June 2019

Issue	Response
<p>In connection with the length of time between consultations and letters arriving with GPs. It was clarified that consultants used a transcription service. In discussion it seemed there was inconsistency and a question about being able to use email was also raised. Assurance was requested on the scale of the issue in terms of continuity of care and a synopsis requested cover what the Trust currently does, what it doesn't and what the future intentions are.</p>	<p>All inpatient discharge letters are sent electronically to the GP at the point of discharge. This means they should receive it within 24 hours.</p> <p>Outpatient clinical letters unfortunately are not sent electronically at present although this is something that should be happening within the next 12 months. There is a national standard which is that we should send out letters within five days. This happens in some clinical areas, but unfortunately in some areas (for example in medicine at present), there is a typing backlog and as a result letters can take up to 10 days to be typed. There can then be a few more days before the letter is (electronically) approved and sent out by paper to the GP.</p> <p>In medicine in particular, there is a WorkStream and typing efficiency program which is ongoing and which has seen some improvements. This is monitored through the divisional assurance meetings. In addition the trust is about to start piloting voice recognition technology for clinic letters which should expedite matters. In the medium term however, sending the letters electronically would shave several days of the process and hopefully that should happen fairly soon.</p> <p>Dr H Spencer, Medical Director</p>
<p>Following the recent outbreak of listeria governors wished to know about the adequacy of testing regimes for catering arrangements for food at Chesterfield Royal Hospital.</p>	<p>We have been asked by NHSI to ensure we do not use the company that supplied the infected sandwiches or use any of the meat suppliers in their supply chain. I can confirm this is the case at CRH.</p> <p>We have also met with Sodexo and ensured all our suppliers and procedures meet with all relevant food hygiene standards and I can confirm that both the external Environmental Health Officer who audits Sodexo and the EHO which independently inspects us have rated all of our patient and retail food supplies as 5 stars in food hygiene (Top rating).</p> <p>We are waiting for NHS England to finalise the review of the outbreak and food provision in hospitals to see if there will be any revised food standard guidance. Once we have this we will form an action plan as required.</p> <p>Mr L Outhwaite, Director of Finance and Contracting</p>