

**Minutes of the meeting in public of the Council of Governors held on
Wednesday 20 September 2017 at 1.30pm in Lecture rooms A and B, Education Centre,
Chesterfield Royal Hospital**

Present:

Chairman	Mrs D M Weremczuk, Deputy Chairman and Public Governor, Bolsover constituency (Chair of meeting)
Public Governors	Dr L Clarke, Public Governor, High Peak constituency Mr A Crow, Public Governor, Chesterfield constituency Mr M Gibbons, Public Governor, North East Derbyshire constituency Mrs R Grice, Public Governor, Chesterfield constituency Dr M Grundman, Public Governor, Derbyshire Dales and North Amber valley constituency Mr J Kirby, Public Governor, North East Derbyshire constituency Dr D Lyon, Public Governor, Chesterfield constituency Mr D Millington, Public Governor, North East Derbyshire constituency Mrs M Rotchell, Public Governor, Chesterfield constituency Mr B Parsons, Public Governor, Chesterfield constituency Mr B Whittleston, Public Governor, Bolsover constituency
Staff Governors	Dr M Luscombe, Staff Governor, Medical and Dental
Appointed Governors	Mrs M Brown, Appointed Governor, Education Partners Cllr K Caulfield, Appointed Governor, Local Authority Partners Mrs T Moore, Appointed Governor, Education Partners Mrs L Tory, Appointed Governor, Voluntary Sector Partners
In attendance	Ms L Andrews, Director of Nursing and Patient Care Mrs G Collins, Medical Director Mr M Hayward, Deputy Chief Operating Officer Mrs C Lambie-Fryer, Head of Operations (item CG77/17) Mrs Z Lintin, Director of Workforce and Organisational Effectiveness Mr S Morritt, Chief Executive Mr L Outhwaite, Director of Finance and Contracting Dr D Pickworth, Non-Executive Director Mrs S Rudd, Foundation Trust Secretary Mr P Severs, Non-Executive Director Mr D Urpeth, Non-Executive Director Ms B Webster, Non-Executive Director Dr J Wight, Non-Executive Director
Member apologies	Mrs G Bartle, Public Governor, Bolsover constituency Mrs S Bean, Public Governor, Chesterfield constituency Miss E Bradley, Staff Governor, All Other Staff Cllr S Brittain, Appointed Governor, Local Authority Partners Mr J Burton, Public Governor, Southern Derbyshire and West Nottinghamshire constituency Mr S Green, Public Governor, South Sheffield and Rotherham constituency Mrs R Ludford, Public Governor, Chesterfield constituency Mrs A Parnell, Appointed Governor, Voluntary Sector Partners Dr J Reece, Public Governor, North East Derbyshire constituency Mr J Rigarsford, Public Governor, Derbyshire Dales and North Amber valley constituency Cllr J Ritchie, Appointed Governor, Local Authority Partners Mrs J Smith, Staff Governor, Nursing and Midwifery Mrs J Stringfellow, Appointed Governor, North Derbyshire CCG Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists
Attendee apologies	Dr H Phillips, Chair Mr T Campbell, Chief Operating Officer Mrs L Challis, Non-Executive Director Mrs A McKinna, Non-Executive Director Mrs N Smith, Governor and Membership Officer

CG71/17 **Chairman's Welcome and Note of any Apologies (Verbal)**

Mrs Weremczuk welcomed the members and attendees to the meeting.

The apologies for absence were received and noted.

CG72/17 **Declaration of Interests (Enclosure A)**

The Council received the register of Governors' interests for September 2017 and no further declarations of interest were made.

CG73/17 **Verbal Questions and Comments from the Public (Verbal)**

No questions were raised by the members of the public in attendance.

CG74/17 **Minutes of the Meeting held on 12 July 2017 (Enclosure B)**

The Council received and approved the minutes from the meeting held in public on 12 July 2017.

CG75/17 **Matters Arising from the Minutes (Enclosure C)**

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

Dr Collins provided an update regarding ongoing work in relation to Royal Primary Care. Meetings had been held with other GP practices to strengthen partnership working around the Chesterfield locality. Discussions had been held around the development of a model for providing the extended hours service that will be in place in primary care next year. A workshop was also planned for early October with clinical staff to develop workstreams, particularly around long term conditions and elderly medicine in order to look at the opportunity for integration across primary care.

CG76/17 **Integrated Performance Report (Enclosure D)**

The Chief Executive presented the integrated performance report and reported that ED performance had shown steady improvement in the 2017-18 financial year, and was performing better compared to this time last year. The national trajectory remained at achievement of 90% compliance against the 4-hour standard in September, rising to 95% compliance by March 2018. The Trust achieved 91.9% in July 2017.

Cancer targets – 2 week wait and 62 day standards had not yet returned to compliance and all areas had action plans in place. The position was improving with compliance anticipated towards the end of the calendar year.

RTT – 18 weeks, remained compliant although significant work was taking place to maintain the position.

Quality

The work being carried out on Sepsis, as a medical emergency, was progressing well.

Slip, trips and falls continued to be monitored with further work on sustainability taking place.

Governors enquired about complaints noting that the response rates within the agreed timescale had been improving but that the compliance rate had reduced in July, particularly within the Medicine division. Governors heard that regular meetings were held with divisions and that complaints within the Medicine division were quite complex, potentially involving a number of specialities. It was important to revert to the complainant and agree a realistic timescale for response. The capacity within the team had been improved through training; the involvement of the Divisional Director; and, the governance manager supporting individuals to develop their skills. The recent divisional restructure had meant that not all service managers were in post. Governors recognised the improvement but concern remained.

Finance

Performance at Month 4 was £600k behind plan with a number of contributing factors. These included under-performance against planned care income and the impact of the arbitration outcome in Q1. Contingency had been released into the Month 4 position, taking the total contingency released year to date to £1,066k.

Governors enquired about surgical activity being behind schedule and heard that the cause was multi-factorial and included consultant vacancies and long-term sickness. The Surgical division had put in place recovery plans for both the elective and day case position and were continuing to monitor.

Governors also noted the high bed occupancy rates and it was agreed that this rate was a contributory factor to the surgical performance in May. There had been significant work over the last few months around efficiency and bed occupancy rates were reducing to below the national standard. There were no outliers and some beds had been closed which would help with the position as the Trust moved into winter.

The prospective forecasting for the cost improvement programme (CIP) was being reviewed to assess the likely year end position. It was important to achieve the planned CIP as part of the release of the STF funding. Detailed scrutiny took place at the Finance and Performance Committee and at the Board of Directors. The Council of Governors requested an update on the financial position at the next meeting.

LO

Workforce

The national staff survey had just been launched and there had been a considerable amount of work within the Trust following the disappointing results from the previous year. Local and trust-wide action plans had been put in place to address issues.

The current year's survey was purely paper-based, rather than on-line, to encourage and enable as many people as possible to take part in the survey. Protected time had been put in place to allow staff to complete the survey.

Governors enquired about staff appraisal rates, particularly consultant appraisal. The Medical Director responded that medical appraisals were completed however the process, including all paperwork, checking and signing-off was not necessarily recorded in a timely way. To address this, an additional 9 appraisers had been recruited to increase capacity, and would undergo their training in the next week. This should then lead to an improvement in the position.

Staff appraisal rates were below the target of 90%. The position was monitored through divisional assurance meetings where detailed compliance information was available. A number of changes had been made to the documentation to make it easier and more straightforward. Feedback received had been positive. Discussions had also been held with organisations that had high compliance rates to share organisational learning. The People Committee reviewed the rates and actions at each meeting and the Audit and Risk Committee were also due to receive an internal audit report.

CG77/17

Patient Pathway – Discharge to Assess (Enclosure E)

The Head of Operations attended the meeting to discuss the discharge to assess pathways and the work that has been carried out within the Trust and with partner organisations.

Nationally mandated discharge pathways were being rolled out across the NHS and the aim of these pathways was to get people home where appropriate. There were 3 pathways:

- Pathway 1: Assessment, recovery and rehabilitation at home – able to return home with initial support from a rapid response team and may require ongoing assessment of needs;
- Pathway 2: Assessment and rehabilitation in a residential setting – home is not an option at point of discharge from acute care and patient needs can be met in a residential setting. Aim to step down into pathway 1 or home without support;
- Pathway 3: Assessment and rehabilitation in a nursing setting – home is not an option at point of discharge from acute care and patient has 24 hour a day complex nursing needs.

The Trust was working closely with partners and a Discharge to Assess Executive Board was well established with multi agency group meetings taking place monthly. There was improved partnership working and an increasing reach into the Trust.

Pathway 1 had been available to all patients since August 2017 and challenges seen included community care capacity, to meet demand, stretched and an agreed escalation and feedback process for delays required developing.

Pathway 2 was currently operational utilising community hospital beds and specialist residential beds.

Pathway 3 had been run as a proof of concept from March 2017 with a formal go live date of 1st July 2017.

Challenges for Pathways 2 and 3 included demand for the same beds,

dementia/mental health beds not available, possible increased length of process and increased winter demand.

Governors discussed the programme of bed closures in the community and heard that, as you embed the pathways, there was a shift for patients closer to home. This had been recognised in areas where the pathways are more established.

Governors enquired about resource to support and discussed the Derbyshire County Council published offer. The Trust was in regular dialogue around this new way of working and currently there were no operational difficulties with identification mechanisms in place on a daily and weekly basis.

Commissioners had agreed that an additional 24 beds would be provided at CRH and discussions on the practicalities had yet to take place. There were concerns which would require review.

Governors highlighted that discharge processes were often identified as an area of concern during ward visits. A review of internal processes was underway. There was work and discussions with family, on thinking about discharge, to facilitate a timely and supportive discharge from hospital. The Trust had refreshed and relaunched 'Red to Green' days and the 4 key questions that patients and relatives were encouraged to ask about their stay in hospital. The integrated discharge hub was being refocused to review internal delays and a discharge task and finish group met twice weekly to look at common themes and solutions e.g. transport.

The Council thanked the Head of Operations for her presentation.

CG78/17

Clinical Services Strategy (Enclosure F)

The Medical Director outlined the clinical services strategy which set out the Trust's vision for the services it wanted to provide for the patients it serves, over the next three years. The strategy was influenced by the NHS landscape and the feedback from stakeholders. Greater integration of primary and secondary care would maximise efficiencies and seamlessness of clinical pathways of care for the benefit of patients. Every opportunity to promote positive health and well-being providing information, advice and signposting would be taken.

This would be a challenging strategy to deliver, particularly in the context of CCG financial pressures and national and local workforce shortages. Building effective partnerships in the local health community was key as the strategy could not be achieved in isolation.

Governors enquired about achievements to date, including the recruitment of a multi-skilled team of volunteers. The volunteers would be able to help patients with meals, provide the trolley of magazines etc. and there were additional volunteers who were currently being recruited to help with talking to patients and engaging with patient's for feedback.

The priorities and actions were set out at the end of the strategy and the Medical Director was the lead director for delivery. Depending on the specific action there was a lot clinical ownership. Updates would be provided periodically with a progress update to the next meeting.

GC

Governors success criteria against Trust priorities (Enclosure G)**1.1 Discharge all actions under the 2015 CQC improvement plan and maintain compliance with the CQC fundamental standards**

As highlighted at the previous meeting the Board was extremely pleased to note the outcome of the CQC well-led assessment and the overall CQC rating of the Trust as 'Good'. This was in recognition of the hard work undertaken by staff over a long period of time. The Quality Assurance Committee (QAC) monitors progress against the CQC action plan and updated details had been received against the acute priorities in the Quality Strategy. The work on Sepsis had been particularly pleasing with good improvements seen during the pilot scheme.

1.2 Prioritise capital and revenue funding to support the delivery of the Quality Strategy

Aligned to the above objective was objective 1.2, which was to ensure that there was sufficient revenue and capital funding to deliver the strategy. At its July meeting QAC received a report providing significant assurance that there were action plans in place to deliver the 17/18 CQUINs. Each of the schemes had an identified executive director and quarterly updates in line with the milestones would continue to be received.

2.1 Transform and build efficiency within the portfolio of core services based on business modelling and analysis.

The Council had received an update on the Hospital Services review, which would focus on five clinical services whose future sustainability was deemed to be at particular risk. The Council would continue to receive updates at each of its meetings. In addition the Board received and approved the Clinical Services Strategy at its July meeting.

Work had commenced on the incremental changes to the ED, funded as part of the Trust's capital programme. Discussions continued as to the proposals submitted via the STP for Urgent Care Village funding.

Work continued on compliance with the 4 priority standards for 7 day services with a self-assessment survey taking place in September and October for reporting in November 2017.

3.1 Establish an agreement with all partners over the objectives to be delivered within local partnerships and work within Derbyshire and South Yorkshire STP's to shape and deliver system objectives

Governors had received detailed briefings on the progress of the STPs and noted that the Memorandum of Understanding (MOU) for South Yorkshire and Bassetlaw was approved by the Board at its public meeting in July. South Yorkshire and Bassetlaw STP had been nationally confirmed as one of 8 forerunner systems with progress being classed as outstanding. The Governors had been invited to an event in October.

The Board also received the STP governance arrangements for Derbyshire.

4.3 Ensure leaders live our values and actively prioritise staff

engagement and involvement

The People Committee had considered all these issues and the People Strategy priorities for 2017/18 had been approved. 'Leading the Chesterfield Way (LCW) continued to be embedded and updates regularly received. The Board discussed the Workforce and Race Equality Standard (WRES) results with further actions being undertaken to develop.

4.5 Build a healthy Workforce with strong personal resilience

The Health & Wellbeing Committee continued to take forward work on 'building personal resilience' and a 'Know your Numbers' initiative (a staff wellbeing check) and they had been welcomed by staff. A health needs assessment had been undertaken with an action plan approved by the People Committee.

4.8 Engage and work with staff to deliver organisational objectives

The Board continued to receive updates on staff survey action planning and had also considered proposals for a flexible organisation. Flexible working patterns could be an important incentive and attraction tool.

5.1 Retain organisational independence

As at Month 4 the Trust was £588k behind its control trajectory and the Finance & Performance Committee continued to scrutinise. Concerns remained around achievement of CIP and there was much work to do.

CG80/17 Issues from Governors pre-meeting

A detailed discussion about Royal Primary Care was held with Dr Pickworth providing an update. Further discussion would take place at the Board/Council strategy session.

Governors enquired about still births and requested an update report. It was agreed to invite the Head of Midwifery to the next meeting to provide an update.

SR

CG81/17 Finance and Performance Committee Update (Enclosure H)

The Chair of the Finance and Performance Committee provided an update noting that the Board Assurance Framework (BAF) had been discussed. The Committee was content with the format and the Executive Directors had been working on streamlining the content. It was an encouraging piece of work.

The Committee noted its concern around affordability of contracts and would continue to monitor. In addition, the senior leadership team from the divisions had been invited to meetings to discuss their performance.

CG82/17 Quality Assurance Committee Update (Enclosure I)

The Chair of the Quality Assurance Committee (QAC) provided an update highlighting that the Safeguarding Annual Report had been received. It was an excellent piece of work and provided significant assurance. The Committee had been partially assured by the High Level Risk Report, but

not in relation to Royal Primary Care. The Quality Strategy priorities were presented and the Committee was assured as to progress against the 5 quality ambitions.

Dr Mark Luscombe provided an update on the 3 month pilot of sepsis being a medical emergency. The results had been very good with 85 calls received and 72 genuine sepsis calls, of which 6 did not receive antibiotics within the hour. 77 of the 85 calls were out of hours demonstrating the need for that support. The pilot had been extended and there were some challenges to be addressed e.g. sepsis nurse funding and blood gas analysis. Dr Luscombe extended his thanks to all who have supported the initiative and worked hard on making it better. Governors suggested that Dr Luscombe publish the work and he agreed to consider.

Audit and Risk Committee Assurance Update (Enclosure J)

CG83/17

The Chair of the Audit and Risk Committee provided an update and noted the following:

- Cyber security – the Committee was not assured by the internal audit report. There was an action plan in place however it was important that the Board demonstrated ownership in this area.
- Data Quality – the Committee was not assured by the internal audit report and there was concern around the number of manual processes, together with capacity within the team. A follow-up report would be received.
- Policy management framework – the internal audit report highlighted the difficulties in accessing policies. A follow-up report had been requested for October.
- GDPR – the Committee was also focusing on the requirements for the upcoming implementation of the General Data Protection Regulations (GDPR).

CG84/17

People Committee Assurance Update (Enclosure K)

The Chair of the People Committee provided an update and noted that the Committee was partially assured on progress of the introduction of Leading the Chesterfield Way and the continuing embedding of the ethos.

CG85/17

Chair's Items (Enclosure L)

The Council noted the Chair's and Non-Executive Director engagements.

CG86/17

Chief Executive's Briefing (Enclosure M)

The Council noted the Chief Executive's briefing and that a Memorandum of Understanding had been agreed in both South Yorkshire and Bassetlaw and Derbyshire STP. A new single Accountable Officer for Derbyshire clinical commissioning groups had been appointed and was likely to commence in post early autumn. South Yorkshire and Bassetlaw would 'go live' in the developmental phase of an Accountable Care System from 1st October, built on five Accountable Care Partnerships(ACP). The ACS would take on additional accountabilities from NHSI and NHS England and would look at new models of accountability for providers.

Listening into Action (LiA) work continued and a series of 'crowd-fixing' events had taken place which had generated lots of practical ideas and suggestions for improvement.

CG87/17 **Governor Feedback**

NHS Hardwick CCG commissioning group

The Council received and noted the update from the Hardwick CCG Commissioning Delivery Group.

CG88/17 **Items for information (Enclosures O – V)**

CG88/17(i) Council of Governor meeting dates (Enclosure O)

The Council received and noted the proposed meeting dates.

CG88/17(ii) High level risk report (Enclosure P)

The Council received and noted the High Level Risk Report Accounts for 2016/17.

CG88/17(iii) Minutes of the PPI Committee (Enclosures Q)

The Council received and noted the minutes of the PPI Committee.

CG88/17(vii) Work Programme (Enclosure R)

The Council received and noted the programme for information.

CG89/17 **Date and Time of Next Meeting**

The next meeting of the Council was scheduled for:

Date: Wednesday 6 December 2017
Time: *12.30pm – 4.00pm
Venue: Lecture Rooms A and B, Education Centre

*The open session would commence at 1.30pm.

CG90/17 **Any Other Business (Verbal)**

There was no further business.

CG91/17 **Review of the Meeting (Verbal)**

The meeting had gone well.

CG92/17 **Collation of Written Questions from Members of the Public**

There were no written questions from members of the public.

CG93/17 **Close of Meeting**

The meeting closed at 4.00pm.