

**Minutes of the meeting in public of the Council of Governors held on
Tuesday 10 December 2019 at 1.30pm in Lecture Rooms A & B,
Education Centre, Chesterfield Hospital**

Present:

Chairman	Dr H Phillips, Chair
Public Governors	Mr F Bennison, Public Governor, Chesterfield constituency Mr M Gibbons, Public Governor, North East Derbyshire constituency Dr M Grundman, Public Governor, Derbyshire Dales & North Amber Valley constituency Dr D Lyon, Public Governor, Chesterfield 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 Rigarlford, Public Governor, Derbyshire Dales and North Amber valley constituency Mr M Rose, Public Governor for the Bolsover Constituency Mrs M Rotchell, Public Governor, Chesterfield constituency Mr N Shaw, Public Governor, Chesterfield constituency
Staff Governors	Miss E Bradley, Staff Governor, All Other Staff Mrs J Smith, Staff Governor, Nursing and Midwifery Mr P Whitehouse, Staff Governor, Allied Health Professionals, Pharmacists and Scientists
Appointed Governors	Dr R Bentley, Staff Governor, Community and Primary Care Mrs T Moore, Appointed Governor, Education Partners Mrs A Parnell, Appointed Governor, Voluntary Sector Partners Dr Greg Strachan, Appointed governor, NHS Derby and Derbyshire CCG Mrs L Tory, Appointed Governor, Voluntary Sector Partners
In attendance	Ms A Smithson, Chief Executive Ms L Andrews, Director of Nursing and Patient Care Mr T Campbell, Chief Operating Officer Ms S Glew, Non-Executive Director Mrs Z Lintin, Director of Workforce and Organisational Development Mr K Nurcombe, Non-Executive Director Mr L Outhwaite, Director of Finance and Contracting Dr H Spencer, Medical Director Mrs J Stringfellow, Non-Executive Director Dr J Wight, Non-Executive Director Mr C Clayton, Chief Executive Officer, Derby and Derbyshire CCG (for min no 123/19) Ms N Smith, Governor and Membership Officer Mr J Thorpe, Foundation Trust Secretary Dr C Clayton Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group (for minute no 123/19)
Governor apologies	Councillor J Boulton, Appointed Governor, Local Authority Mrs M Brown, Appointed Governor, Education Partners Mrs P Boyle, Public Governor, North East Derbyshire constituency Dr L Clarke, Public Governor, High Peak constituency Councillor K Caulfield, Appointed Governor, Local Authority Mrs D M Weremczuk, Lead Governor and Public Governor, Bolsover constituency
Attendee apologies	Mr M Killick, Non-Executive Director Mrs A McKinna, Non-Executive Director Mr A Patel, Non-Executive Director Ms B Webster, Senior Independent Director
Observer	Ms G Bartle - Public Governor designate, Bolsover constituency

CG118/19 **Chairman's welcome and note of any apologies (verbal)**

Dr Phillips welcomed Governors and attendees to the meeting.

Dr Phillips welcomed back Ms Bartle, who had previously served as a Governor and had stood unopposed for the Bolsover constituency and so would be re-joining the Council in the new year.

The apologies for absence were received and noted.

CG119/19 **Declaration of interests (enclosure A)**

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

There were no other declarations of interest.

CG120/19 **Verbal questions and comments from the public (verbal)**

There were no verbal questions from the public

CG121/19 **Care Quality Commission Update (enclosure B)**

Governors received details of the action taken and required in terms of the unannounced Care Quality Commission (CQC) inspection of the Emergency Department (ED) and the Provider Information Request (PIR). It was explained that the PIR was required as part of the anticipated well-led inspection and indicated the start of the inspection process which would also include the unannounced inspection of 1-5 core services. Details were also given of the Trust's core services self-assessment ratings.

Concerns were highlighted following a report from a member of the public that the movement of vital breathing equipment through the corridor had been impeded by cleaning equipment. In response it was reported that the issues were being addressed but difficulties were sometimes caused when staff were urgently called away and must quickly find somewhere to safely leave equipment.

Concern was expressed that basic procedures were not being followed and that in spite of the work done by the Council and others Sepsis had been highlighted as an issue in the CQC report. In response it was stated the findings had come as a blow to the teams but they had responded very well working as a team across disciplines with most of the issues addressed very quickly. In terms of Sepsis it was explained that following the CQC inspection every patient had been reviewed to check if the Sepsis process had been followed with none identified where it hadn't been. Additionally a recent visit by the Chair had found that every member of staff had been issued with the Sepsis details. Significant work had been done to support ED through additional volunteer support, additional resource to support winter pressures and on-going pressures, and on processes to address underlying issues.

It was suggested that a key aspect to improving patient experience would be to increase communication especially where there were delays and that this aspect had also been highlighted in Friends and Family Test feedback.

In terms of concerns related to health and safety issues presented by overcrowding it was explained that there was a process of escalation for concerns and that the Health and Safety Committee was very active in supporting and providing advice where required. The extra resource agreed by Board for ED workforce would also assist to mitigate issues, together with the development of the Urgent Care Village, now referred to as the new Emergency Department.

In relation to the future plans for the new Emergency Department it was explained that a final decision was still awaited from the Department of Health and Social Care in spite of a number of prompts and the delay being raised with the Secretary of State for Health.

The work being done across the Trust in relation to the forthcoming CQC inspection was detailed with it explained that particular focus was being given to services where issues had been highlighted in previous CQC reports to confirm that agreed actions were in place.

The Council of Governors noted the actions taken following the CQC unannounced Emergency Department inspection and the actions the Trust Board is taking in its preparedness for the CQC Acute Trust inspection.

CG122/19

Feedback from the joint non-executive and director and governor meeting – 13 November 2019

It was explained that a presentation had been received from Macmillan with it noted that a wig loan service was now in place.

It was further reported that a number of governors had attended the Joined Up Care Derbyshire governors session on 4 November regarding the Joined Up Care Derbyshire Sustainability and Transformation Partnership refresh prior to its final submission.

CG123/19

Derbyshire System Update

The Council received a presentation from Dr Chris Clayton Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group (CCG) updating the Council on the steps to create strategic commissioning.

Details were given of:

- the determinants of health with it highlighted that only 20% related to clinical care received, with socio economic factors contributing 40%, health behaviours 30% and the built environment 10%.
- The benefits of strategic commissioning.
- How the strategic commissioning architecture would look in Derbyshire bringing commissioning together over four key geographic areas.
- The role of an Integrated Care System (ICS).

- The functions of a strategic commissioner.
- Functions in relation to commissioning and provision in an Integrated Care System / Integrated Care Partnerships.
- Progress made in Derbyshire which included the merger of the four former CCGs, work with NHS England and Local Authorities towards joint commissioning, and the introduction of the shadow ICS from April 2020.

It was explained that strategic commissioning would be a departure from the current state for both the NHS and Local Authorities. Rather than a focus on detailed contract specification, negotiation and monitoring or the routine use of tendering there would instead be a shift to defining and measuring outcomes, putting in place capitated budgets, assigning appropriate incentives for providers and using longer term contracts extending over five to ten year timelines.

In terms of record sharing it was explained that it was critical to protect personal data but a key aim was to improve record sharing and a single summary care record had been developed as a first stage bringing together key data. The scale of the challenge of this aim was emphasised with it suggested that there was currently not the funds available to deliver the ambition. In response, whilst the size of the challenge was acknowledged and that there was a finite resource, it was felt that the work was essential to address the challenges in the system and improve patient care.

It was suggested that the aim was made more difficult by the recent review of voluntary sector funding which had meant that much capacity to assist and many strong working relationships that had been in place had been lost. In response it was explained that the CCG had to work within its available budget and had been forced to make a number of difficult decisions to address a £95m funding shortfall. It however remained committed to working with voluntary sector partners and continued to provide significant funding. At a local level it was explained that some Primary Care Networks had employed link workers to work with the voluntary sector.

On behalf of the Council the Chair thanked Dr Clayton for his presentation and asked all to consider what they could do to break down any barriers to the success of the work.

The Council of Governors welcomed the presentation and supported the principles explained.

CG124/19 **Minutes of the meeting held on 18 October 2019 (enclosure C)**

The Council received and approved the minutes from the meeting held in public on 18 October 2019.

CG125/19 **Election Update**

It was explained that polling closed on 17 December with it anticipated that results would be circulated on the 18 December.

Performance Information (enclosure D)

The Council received information prepared for the most recent Board of Directors meeting on 27 November 2019 to aid the Governors in their key roles of representing members and holding Non-Executive Directors to account for the performance of the Board.

The Information shared included:

- Integrated Performance Report (IPR) for October 2019;
- Trust Risk Report for November 2019; and the
- Board Assurance Framework summary.

The report also included details of how regulation anticipated that the Board of Directors and the Council of Governors would use such information in different ways which reflected their respective roles.

In relation to bed occupancy it was explained that whilst the figures were positive this partially reflected that more beds had been opened at this point than the winter plan had anticipated. In terms of the presentation of the figures it was anticipated that the move to Statistical Process Control techniques to present the IPR would allow better representation of outliers within statistics.

In terms of finance it was noted that the impact of the blended tariff and increased demand together with the consequent loss of Provider Sustainability Funding would mean that the Trust would not be able to meet its Control Total for the year but it was still expected that the Trust would break even.

Concern was expressed regarding the recent closures of Royal Primary Care (RPC) surgeries due to GP illness and the consequent impact on patients. In response it was explained that where GP illness occurred RPC was required to ensure it made the best use of its resources and so was forced to consider temporary closures, though it was suggested that ways of providing continuity of care such as sharing doctor time or providing transport should be considered.

Concern was expressed that a number of the core standards in the IPR had not been met. In terms of the 18 week waits the position had improved in October though compliance had not been reached. There were no 52 week waits. In relation to cancer standards there had been a significant increase in referrals and, in addition, the Trust was now seeking to meet a faster diagnosis standard and were on track with the improvement trajectory.

In terms of the Emergency Department there was significant demand reflected across the whole system. As a result it was unlikely that the Trust could meet the four hour standard and was working hard to avoid 12 hour breaches, though there had been some recent occurrences.

Feedback from NHSI was that the Trust had good system working in place including with social care and commissioners. As such it was felt that the inability to meet the standard currently reflected the pressures across the whole system. This pressure also included incidence of flu and Norovirus and the difficulty East Midlands Ambulance Service faced in reaching all its calls.

See update in
Appendix

In terms of essential training compliance whilst there had been a small improvement to 76% it was acknowledged that more needed to be done and it continued to be a focus of the People Assurance Committee with a range of actions in place to seek to address.

The Council of Governors noted the performance information and the updates received.

CG127/19 **Issues from the Governors pre-meeting**

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

See appendix

CG128/19 **System Update (STP & ICS)**

It was reported that the South Yorkshire and Bassetlaw Integrated Care System plan had now been submitted.

CG129/19 **Chief Executive's Briefing (enclosure E)**

The Council received the Chief Executives Report which highlighted:

- the pressures on the Emergency Department and additional support given including additional financial support from the Board. It was emphasised that the focus remained on patient safety and whilst there were pressures across the system the Trust remained committed to supporting staff to maintain patient safety;
- the opening of the Surgical Assessment Unit;
- visits undertaken as part of Angie's 100 Day plan and desire to meet every member of staff;
- staff support for Trust wide foodbank donation points;
- the visit of Baroness Dido Harding, Chair of NHSI, along with senior colleagues to the Trust;
- the achievement of the e-rostering team in winning a national award together with partners in South Yorkshire and Bassetlaw Integrated Care;
- the return rate performance of the Trust for the National Staff Survey;
- the roll out of the E-observations project following the successful pilot;
- the implementation of a Royal Primary Care telephone order line for repeat prescriptions with the prescription sent electronically;
- the success of the Flu Fighters programme which had covered 80% of the Trust's frontline staff so far;
- national discussions planned following the general election to take forward the NHS Long Term Plan;
- appointment of Zoe Notley as General Manager in the Surgical Division.

The Council of Governors noted the update.

CG130/19

Governor Feedback

Norman gave details of the recent NHS Providers course he had attended. The course had given a good introduction including explanations of the financial aspects and guidance in relation to questioning and was recommended to other governors though it was suggested that it might be more useful earlier in a governor's first term.

Governors were reminded of details of forthcoming courses which included a session designed to help governors question and challenge directors to hold the board to account and asked to contact Ms Smith if they wished to attend.

CG131/19

Corporate Citizenship Update (enclosure F)

The Council received the annual Corporate Citizenship report which described the current position in relation to:

- volunteering with news expected soon in relation to the application of Investors in Volunteers status,
- opportunities for local people to enter employment with the Trust;
- work to reduce and eliminate smoking around the hospital and;
- work to reduce the Trust's environmental impact. It was explained that whilst current Trust targets had been met much more work was needed nationally to reach legislative requirements of net zero by 2050. It was reported that many scientists felt that this target may not be enough with targets of 7% carbon emission reduction and 15% energy usage cuts per year highlighted. It was also reported that NHSE had invited Trusts to sign a pledge to reduce the use of plastics. Details were given of the work many organisations were doing to review procurement to cut embedded carbon (i.e. energy use) and felt that this work would be a major push across the NHS and the country in the coming year.

In terms of plastic usage it was explained that the recycling manager was reviewing waste streams to increase recycling.

In terms of employment it was suggested that sponsorship be sought from local healthcare businesses.

In relation to smoking it was stated that a Listening into Action 'Big Conversation' was planned for the new year to include all stakeholders including governors. In terms of the press reports of health concerns regarding vaping it was explained that Public Health England advice had been that the issues highlighted in the USA had related to unregulated sales and that vaping was significantly safer than smoking.

The Council of Governors noted the report and asked that progress in relation to Corporate Citizenship be reported to the Council twice yearly.

CG132/19

Items for information (enclosures G - H)

The Council received and noted the following items:

- Meeting dates - 2020 (enclosure G)
- Work Programme (enclosure H)

See update in Appendix

CG133/19

Date and Time of Next Meeting

The next meeting of the Council was scheduled for:

Date: Wednesday 5 February 2020

Time: *12.30pm – 4.00pm

Venue: Lecture Rooms A and B, Education Centre,
Chesterfield Royal Hospital

*The open session would commence at 1.30pm.

CG134/19

Review of the Meeting

Comments included that the meeting had been well chaired and thanks given to Ms Smith for the extra organisation for this meeting.

CG135/19

Collation of Written Questions from Members of the Public

No written questions had been received.

CG136/19

Close of Meeting

The meeting closed at 4.15pm.

Responses to queries noted and feedback on actions arising from the Council of Governors held on 10 December 2019

Issue	Response
<p>News outlets had reported an 87% fall in EU nurses over two years. An update was requested regarding how the Trust was managing this pressure.</p>	<p>It was reported at the meeting that the Trust had not been as badly affected as many and at one point in time had no establishment band 5 vacancies, with all nurses that had been trained through the Trust receiving timely offers which had included the offer of flexible working.</p> <p>However, there are now a higher number of vacancies in the Trust due to the Board decision to invest in additional nurse staffing (particularly on nights) and due to ongoing operational pressures leading to additional bed capacity being required, with the original 'winter ward' now being confirmed as a ward all year round. An international recruitment exercise with partners in South Yorkshire & Bassetlaw ICS had been explored to help to address these vacancies, and at their meeting on 13 December the Hospital Leadership Team agreed to recruit 20 nurses initially from India through NHS Professionals.</p> <p>Zoe Lintin, Director of Human Resources and OD</p>
<p>The Trust continued to use plastic milk cartons which couldn't be recycled. It was enquired if other options could be explored</p>	<p>In terms of plastic usage it was explained at the meeting that the recycling manager was reviewing waste streams to increase recycling.</p>
<p>The approach followed when receiving complaints was queried and enquired as to whether training in complaints was appropriate /available for Governors</p>	<p>It was suggested at the meeting that a suitable approach might be to explain the escalation process with it explained that some governors kept some complaints forms at home in case needed. It was agreed that current practice would be considered.</p> <p>A session was included as part of Governor training – January 2020. Further training to be scheduled as required.</p> <p>Lynn Andrews, Director of Nursing and Patient Care</p>

<p>A recent ward visit had highlighted that a ward manager had not been able to issue TV access to a patient with physical and mental health difficulties who had no access to money. Is there any means to allow such discretion to ward managers?</p>	<p>It was stated at the meeting that this issue had also been flagged as part of a ward report and would be addressed through that process.</p> <p>Ward Matrons can access petty cash (which is part of their budget) for issues such as this and would be at the discretion of the Matron depending on individual circumstances and appropriateness of application for patients.</p> <p>Lynn Andrews, Director of Nursing and Patient Care</p>
<p>It was suggested that there was significant delays in letters containing details of x-rays and scans to get to GPs and enquired what action was being taken. Particular problems were faced in relation to feedback from Western Park. It was suggested that some Trusts used emails rather than letters which had speeded things up.</p>	<p>It was stated at the meeting that the delays in relation to Western Park had been flagged as an issue. In relation to delays from services at the Trust it was explained that there had been an approach to prioritise certain services to ease backlogs but this had now ceased.</p> <p>Communications to GPs (re. X-rays etc) are going to be done electronically rather than by standard post, hopefully starting in February which will increase the speed of the process. In addition the Trust has recently purchased a large number of voice recognition licenses so that typing delays should be significantly reduced going forwards.</p> <p>Hal Spencer, Medical Director</p>
<p>An update in relation to the progress regarding DSFS was requested for a future meeting.</p>	<p>An update will be scheduled for a forthcoming meeting.</p> <p>Angie Smithson, Chief Executive</p>
<p>Following newspaper reports an update in relation to decontamination services was requested</p>	<p>It was reported at the meeting that following the Board decision, due to the exceptionally specialised nature of the service, to award the contract to STERIS negotiations had been continuing with the intention to confirm the go live date in January. Once in place the contract would fall under DSFS and receive Trust oversight through the DSFS Oversight Committee.</p>

<p>In response to concerns regarding the closure of GP surgeries due to GP illness. It was stated that RPC was required to ensure it made the best use of its resources and so was forced to consider temporary closures, though it was suggested that ways of providing continuity of care such as sharing doctor time or providing transport should be considered.</p>	<p>Whilst part of contingency planning the team will always to seek to avoid such temporary closures and instead utilise the multidisciplinary team to provide access and help.</p> <p>In relation to Royal Primary Care there has been no recently report incident of a temporary site closure.</p> <p>Tony Campbell Chief Operating Officer.</p>
<p>In terms of employment it was suggested that sponsorship be sought from local healthcare businesses.</p>	<p>The Trust doesn't currently contact local businesses in this way, however, we have supported individuals in approaching charities who may be able to support specific training e.g. ophthalmology and charities for the blind. We make best use of the apprenticeship levy in relation to training opportunities so we are often able to fund training courses in this way.</p> <p>The Trust has representation (CEO) on Destination Chesterfield and are using this forum and contacts to discuss opportunities with local businesses.</p> <p>Zoe Lintin, Director of Human Resources and OD</p>