



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Wednesday 1st June 2016, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop	Joyce Justice	Spencer Pitfield
George Clark	Jacquie Kirk	Sue Taylor
Anne Eckford	Kaye Meegan	John Warner
Dorothy Hallatt	Kath Parker	Michael Warner
Caroline Irving	Hetta Phipps	Dick Williams

STAFF GOVERNORS

Irene Mabbott	Craig Stevenson	John West
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PARTNER GOVERNORS

Amanda Forrest	Nicola Smith
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APOLOGIES

Tony Buckham	Sally Craig	Lewis Noble
Dylan Caffell	Cath Hemingway	Graham Thompson
Sir Andrew Cash	Ian Merriman	Neil Priestley
Paul Corcoran		

IN ATTENDANCE

Hilary Chapman	Annette Laban	Neil Riley
Mark Gwilliam	Kirsten Major	Martin Temple
David Hughes	Jane Pellegrina (Minutes)	Rob Wilson

OBSERVERS

3 members of the public

COG/16/10

Declarations of Interest

There were no declarations of interest.

COG/16/11

Minutes of the Meeting of the Council of Governors held on 9th March 2016

The Minutes of the Meeting held on 9th March 2016, were agreed and signed by the Chairman as a correct record.

COG/16/12

Matters arising

(a) Feedback following CQC Inspection

(COG/15/43) The Chairman reported that the outcome of the inspection would be published next week. Internal and external communications were being prepared and, if at all possible, in advance of this going into the public domain Governors would be briefed.

(b) Cancer Waiting Times

(COG/15/48) The Chairman said that the Trust was continuing to work closely with the District General Hospitals but late referrals were still an issue. The Director of Strategy and Operations reported that from October 2016 the system for reporting target breaches would be changing and the new rules were much more patient-centred.

(c) Junior Doctors' Contract

(COG/16/05) The Director of HR reported that the BMA would be balloting junior doctors on the revised contract between 17 June and 1 July 2016.

(d) (COG/16/06) Working Together/Sustainability and Transformation Plan (STP) The Chairman referred Governors to the previously circulated report (attached to these Minutes) and said that Sir Andrew Cash was leading the South Yorkshire and Bassetlaw STP. Clarification of the governance process was still required and a place-based Sheffield STP had to be considered alongside the South Yorkshire and Bassetlaw plan. The STP would be submitted to NHS England on 30th June 2016.

(e) Delayed Transfers of Care

(COG/16/07) The Director of Strategy and Operations reported that the Trust continued to experience significant operational pressures as a consequence of changes in the capacity of the Short Term Intervention Team (STIT) which were causing delayed transfers of care. She said the situation remains very challenging for both patients in hospital and intermediate care services with delays of up to 17 days being experienced. Currently 150 patients are affected and 62 patients who did not need to be admitted had been admitted due to lack of capacity for same day discharge.

A Governor spoke of her observations on the impact of delayed discharges on carers and patients whilst her own relative was an inpatient, and of her observations of the interface between hospital, community and social care services. The care on the ward had been outstanding. However there was apparent confusion as to the responsibilities of different parts of the NHS and the impact of delays and this confusion over an eight week period had been terrible for the patient and the carers too. The Director of Strategy and Operations said she would welcome feedback from the Governor about the experience outside the meeting.

The Chairman said the Trust continued to work closely with Sheffield City Council on a recovery plan to ensure that patients can be discharged within 24-48 hours and pressure was being exercised at a senior level in the Council to ensure that a recovery plan was completed by August 2016. An update would be provided at the next Council of Governors' Meeting.

(f) Annual Members' Meeting – clash of dates with Sheffield CCG Annual Meeting

(COG/16/04) Amanda Forrest reported that the Clinical Commissioning Group had now changed the date of its Annual Meeting and this would be taking place on 13th September 2016. She said that the CCG hoped that Governors would now be able to attend.

(g) Locum Payments

(COG/16/07) The Director of HR said that following the introduction of the cap on payments to locums from 1st April 2016 Trusts have to report any breaches of the cap. For STH the cap will only be breached should patient safety be compromised and he reported that discussions are taking place to adopt this practice locally which would help to control rates of locum pay.

A Governor asked whether the revised Junior Doctors Contract permits junior doctors to undertake locum work outside their 'host' Trust? The Director of HR agreed to check and report back to the next Meeting.

ACTION: Mark Gwilliam

COG/16/13

Governors' Matters

(a) Notes of Governors' Forum Meeting held on 16th May 2016

Kath Parker referred to the Notes of Governors' Forum Meeting held on 16th May 2016 and highlighted the following points:

- Sandi Carman had provided an informative update on the CQC inspection.
- Neil Riley had led a helpful discussion on the role of the Council of Governors in a crisis.
- Kevin O'Regan had presented information to Governors about transport and car parking arrangements at STH and Governors who attended were preparing a report for wider circulation.
- Governor visits are planned to the Hospital Relics project and to the Cystic Fibrosis Unit at NGH.
- A second meeting with the Clinical Commissioning Group had been arranged for 12 September.
- Further joint training for Governors from STH and the Health and Social Care Trust was being planned for later in the year. Governors are involved in discussions on the content of the training.

(b) Update from Council of Governors' Nominations and Remuneration Committee

- George Clark reported that Professor Tony Weetman had retired as a Non-Executive Director and the Nominations and Remuneration Committee had

approved the appointment of Dame Professor Pamela Shaw as his successor on the Board of Directors.

- The appraisal of the Chairman was underway and members of the Committee were involved in the process. The outcome of the appraisal would be reported at the next Council of Governors Meeting.
- The Nominations and Remuneration Committee meets again on 6th July 2016.

COG/16/14

Governors' Open Forum Time

(a) Emergency Department

The Director of Strategy and Operations said that although it had been agreed to deploy the full electronic patient record when Lorenzo was implemented in the Emergency Department in September 2015, this had presented enormous challenges for the Department over the winter months and it had been agreed with the relevant bodies that the Trust suspend reporting on the 4 hour waiting target due to data quality issues. Patient safety had not been affected, however, the extended time that patients were in the Department had affected the patient experience. Over the period work had continued on resolving the issues but spring 2016 had also been very demanding.

An A&E Improvement Group had been set up to address improving the patient experience in the Department including resolving the Lorenzo issues and good progress was being made. National reporting of the 4 hour waiting target had resumed on 1st May 2016, performance had been variable during the month, the 95% target was achieved on one third of the days with 89% achieved overall. Work was underway to secure a sustainable position particularly on patient flow. She said that the Trust was working with the CCG to establish better clinical pathways between the Board Lane Walk in Centre and the Northern General Hospital.

She reported on plans to improve the front door experience. The Estates Department were working with the Emergency Department on a scheme to redesign aspects of the layout of the Department.

She also said that improvements to acute assessment pathways are moving forward and that the new Clinical Director had appointed three new Clinical Leads who had brought a great deal of enthusiasm for the challenge.

During discussion the following questions were raised by Governors:

- How is staff morale in the Department? The staff engagement results in the National Staff Survey were not good but we are working extremely hard to improve things and the Department staff do recognise this. The influence of the new Clinical Leads is also having a positive impact on morale.
- What is the position with the new helipad? The Yorkshire Air Ambulance has undertaken a successful test flight. It has been recognised that signage or other alert system needs to be put in place to warn nearby staff/patients of their close proximity to the arrival/departure of helicopters. Following a further test flight it was hoped that the helipad will be operational from mid-June 2016.
- Will we receive more major trauma cases when the helipad is open? It is highly likely that there will be an increase.

(b) 7-day Working

The Deputy Medical Director gave a short presentation on 7-day services (attached to these Minutes). He said that 7-day services provision was a manifesto commitment of the Government and referred to the ten Keogh standards drawn up by Sir Bruce Keogh as part of the 7-Day Service Forum:

1. The patient experience
2. Time to consultant review – all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at least within 14 hours of arrival in hospital
3. MDT review
4. High quality handover
5. Consultant delivered diagnostics
6. Consultant directed interventions (“directed” may be delegated)
7. Timely psychiatry liaison
8. On-going consultant review either once or twice daily
9. Transfer to community, primary and social care
10. Commitment to drive care quality improvement

He highlighted that standards 2, 5, 6 and 8 were national priorities and had to be implemented across all providers by 2020. He said that the standards would be implemented in four phases each of a year’s duration. He reported that the Trust had mostly implemented standards 5 and 6 and would therefore be focussing on standards 2 and 8. Standard 8 will be the most challenging for the Trust, particularly the second daily consultant ward round in high dependency areas. He reported local progress on these two standards as follows:

Standard 2 – all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival in hospital.

Standard 8 – all patients on the AMU, SAC, ICU and other high-dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care, consultants should be working multiple day blocks. Once transferred to a general ward, patients should be reviewed by a consultant-delivered ward round at least once every 24 hours, unless it has been determined that this will not affect a patient’s care pathway.

He said that the next steps were

- work was underway on a major redesign of admissions and assessment
- Assess to Admit (A2A) rather than Admit to Assess
- Move to daily senior review within Job Plans
- A local audit of 280 case notes 31st March to 11th April that was part of a national audit which all Trusts were requested to undertake
- Modification of Early Warning Scores

During discussion Governors posed the following questions:

- Is it necessary for patients in Critical Care to be reviewed twice daily? It was also noted that the Trust intended to prioritise what is clinically appropriate for patients. It was noted that twice daily reviews will create a distinct challenge for the Trust. However as the implementation proceeds the national standards may be refined.

- Standard 9 is important locally as well as being a nationally identified priority.
- Many of the standards involve consultants – will the Trust need additional consultants? It is likely that more consultant medical staff will be required although the Trust also needs to be clear about the tasks which can only be undertaken by consultants and which tasks can be delegated.
- There is a need to clarify public expectations about what is intended by 7-day services, i.e. at this stage 7-day services are not intended to include routine elective care.

Unrelated issues raised by Governors:

- Concern was raised about the absence of notes when a patient attended a dermatology clinic. The patient was told that the notes had been sent to Manchester for shredding. The Director of Strategy and Operations apologised and explained that this related to documents being scanned for conversion of notes to electronic records. This had been an issue with dermatology and gastro clinics but was now resolved.
- The Chairman said that a further individual and personal issue relating to a patient being discharged whilst investigations were outstanding would be addressed by the Director of Strategy and Operations outside the meeting.

COG/16/15

Delivering the Trust's Corporate Strategy

2016/17 Operational Plan to NHS Improvement

The Director of Strategy and Operations reported that the Final version of the Operational Plan had been submitted to NHS Improvement with no major changes from the draft presented at the last Council of Governors Meeting.

COG/16/16

2015/16 Outturn Financial Position and 2016/17 Financial Plan

The Deputy Director of Finance reported as follows on the 2015/16 final position:

- The Annual Accounts showed a deficit of £7.7m compared to the Financial Plan deficit of £11m. This was better than plan but was aided by £3.2m of non-cash technical items not included in the Financial Plan.
- £3.9m of the deficit related to planned IT Project Costs funded from the Capital Programme.
- The final activity under-performance against plan was £15.9m and there was a £4.9m under-delivery on efficiency plans which were offset by various contingencies and other non-recurrent gains.
- The Trust invested around £34m in capital assets and had a relatively strong working capital position at the year-end.

He said this was the first time that the Trust had reported a deficit but this has to be seen in the context of the major aggregate deficit seen across the NHS Acute Provider sector in 2015/16. In this context, a position where the Trust maintained services and avoided a significant financial problem could be viewed as relative success. However, the underlying pressures which were offset by one-off gains in 2015/15 continue to be a major issue for 2016/17.

The Deputy Director of Finance then reported as follows on the 2016/17 Financial Plan:

- There has been considerable focus on addressing the NHS Acute Provider deficits for 2016/17 including a reduction from 4% to 2% in the national efficiency requirement and the national allocation of £1.8bn of Sustainability and Transformation (S&T) funding.
- The Trust has provisionally been allocated £19.3m of S&T funding but there are conditions in terms of delivery of a financial “Control Total” (a surplus), achievement of Performance Trajectories (A&E 4 hour target, RTT, Cancer 62 Days and Diagnostic Waits) and not exceeding agency staffing costs “ceiling” (£18.4m). Clarity is still awaited about the rules.
- The Trust believes that the Control Total proposed by NHS Improvement (NHSI) is undeliverable and incorrectly assumes significant gains in the moves from 2015/16 tariffs and payment arrangements to 2016/17. Discussions were continuing with NHSI about this matter.
- Assuming a satisfactory outcome on the control total issue, the Trust need to deliver a £6.9m surplus for 2016/17. Given the underlying position brought forward from 2015/16 this will be challenging and requires around £20m of efficiency savings and a further £3m of gains to be identified in-year.
- There are three major risks to achieving this position:
 - Delivery of activity, efficiency and financial plans across the organisation
 - Achieving a position of neutrality in terms of baseline contract income
 - Securing all of the S&T funding, i.e. meeting all the conditions.

He said this will be a very challenging year given the various pressures.

COG/16/17

Trust Operations

The Chief Nurse referred Governors to the Chief Executive’s Report previously circulated. She highlighted:

- Hillsborough inquests – these had concluded on 26th April and in delivering their findings the jury made no comment either directly or indirectly in relation to the role and contribution of the Northern General and Royal Hallamshire Hospitals. She reminded Governors that at the time of the incident the two Trusts had been separate organisations.
- Caterer of the Year – Liz Hawkshaw, catering manager at the Trust, had been named ‘Caterer of the Year’ for her contribution to patient wellbeing. The prestigious award recognises and celebrates the significant contribution that the Hospital Catering Manager makes to the wellbeing and recovery of the patient, the patient experience and to the staff and visitors who use the services.

COG/16/18

2015 National Staff Survey Results

The Director of HR updated Governors on the 2015 National Staff Survey results. He referred Governors to his previously circulated paper and said that in 2015 the Trust participated in the annual NHS staff survey with the random CQC sample of 850 staff completing the survey in the traditional paper method and a full census survey with the majority of the Trusts 16,000 completing the survey online with the exception of certain staff groups without access to email. The following points were highlighted:

- Response to the CQC paper sample was 51% (419 replies) above the national average of 41%. The census response rate was 41% (5914 replies) compared to a 36% response rate in 2014.
- The overall benchmarked sample staff engagement score was 3.74 which is below average and is also down from 3.82 in 2014.

- The staff engagement score for the full census data is 3.80 which is the same as last year and compares favourably with the NHS national average of 3.78
- Despite the Trust and its staff facing significant pressures the overall the key findings do not show any significant change year on year.
- A staff engagement score has been calculated for each directorate and directorate staff engagement action plans will be updated in light of the survey results, these will be monitored via the trust Executive Group performance review process. An updated Staff Engagement Trust action plan would be reported to governors in due course.
- The Director of HR would have a more detailed discussion with Governors about the results at a dedicated session to be arranged a little later in the year.

ACTION: Jane Pellegrina

COG/16/19

To Receive and Note:

(a) 2016 Results to Elections to Council of Governors

The results of the Elections were noted as follows:

PATIENT		
Number of eligible voters:		4,242
Total number of votes cast:		978
Turnout:		23%
Number of votes found to be invalid:		10
Blank or Spoilt	10	
No declaration form received	0	
Total number of valid votes to be counted		968
Result (2 to elect): Elected: Jennifer Booth and Peter Hewkin		

PUBLIC: SHEFFIELD SOUTH EAST		
Number of eligible voters:		2,126
Total number of votes cast:		369
Turnout:		17.4%
Number of votes found to be invalid:		4
Blank or Spoilt	4	
No declaration form received	0	
Total number of valid votes to be counted		365
Result (1 to elect) Elected: Nev Wheeler		

PUBLIC: SHEFFIELD SOUTH WEST		
Result (1 to elect) Re-elected Unopposed: Susan Taylor		

PUBLIC: SHEFFIELD WEST		
Result (1 to elect) Elected Unopposed: Martin Hodgson		

PUBLIC: SHEFFIELD NORTH		
Result (1 to elect) Elected Unopposed: Mick Ashman		

(b) Quarterly Complaints and Feedback Report for the period October to December 2015

The Quarterly Complaints and Feedback Report was noted.

A Governor referred to complaints upheld by the Parliamentary and Health Service Ombudsman and asked about the increase from 13% to 24%. The Chief Nurse said that the increase is due to the fact that the Ombudsman is undertaking more

investigations and is also looking at complaints procedures as well as the complaints and their resolution.

COG/16/20

Any Other Business

Anne Eckford said that this had been her last Council of Governors Meeting as at the end of June she would complete her final term of office as a Governor. She said that during the nine years she had been a Governor she had witnessed great progress towards an open and transparent relationship with the Board and other managers and she wanted to thank the Trust for the way it had accepted and embraced the role of the Council of Governors and individual governors and she also wanted to particularly thank Jane Pellegrina for her help and support.

The Chairman said that it was also the last Meeting for Caroline Irvine, Kaye Meegan, Hetta Phipps and Nicola Smith thanked them for all their hard work.

The Chairman also said Neil Riley's was retiring and this was his last meeting; he said that Neil had been extremely approachable and very supportive and he wanted to thank him for his contribution.

COG/16/21

Date and time of next meeting

The next meeting would be held at 5.00 pm on Tuesday 13th September 2016, in the Chatsworth Suite, at the Rivermead Training Centre at the Northern General Hospital

Signed: Date:
Chairman