



**UNADOPTED Minutes of a meeting of the COUNCIL OF GOVERNORS**  
**held on Tuesday 17 December 2019**  
**Undergraduate Common Room, Northern General Hospital**

**PRESENT:** Tony Pedder (Chair)

**PATIENT AND PUBLIC GOVERNORS**

Steve Barks	David Foster	Brendan Molloy	Chris Sterry
George Chia	Martin Hodgson	Harold Sharpe	Sue Taylor
Sally Craig	Ian Merriman		

**STAFF GOVERNORS**

Irene Mabbott	Cressida Ridge	Karen Smith
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**PARTNER GOVERNORS**

Angela Foulkes	Luc de Witte
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**IN ATTENDANCE**

Tony Buckham	Non-Executive Director
Sandi Carman	Assistant Chief Executive
Anne Gibbs	Director of Strategy and Planning
Judith Green	Corporate Governance Manager
Mark Gwilliam	Director of Human Resources and Organisational Development
Michael Harper	Chief Operating Officer
David Hughes	Medical Director
Annette Laban	Non-Executive Director
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Chris Newman	Non-Executive Director
John O'Kane	Non-Executive Director
Jane Pellegrina	Membership Manager
Julie Phelan	Communications and Marketing Director
Neil Priestley	Director of Finance
Rosamond Roughton	Non-Executive Director
Martin Temple	Non-Executive Director
Shiella Wright	Non-Executive Director

**APOLOGIES - GOVERNORS**

Barbara Bell	Amanda Forrest	Joyce Justice	Pete Tanker
Wendy Bradley	Tim Furness	Kath Parker	Fiona Tatton
Michelle Cook	Steve Jones	Joe Saverimoutou	

**APOLOGIES - BOARD MEMBERS**

None

## **MEMBERS OF THE PUBLIC/OBSERVERS**

There was one observer.

### **COG/19/88**

#### **Welcome and Apologies**

Mr Pedder welcomed everyone to the meeting.

He also congratulated Ms Rosamond Roughton on her appointment as a Non-Executive Director and welcomed Ms Roughton to her first Council of Governors meeting.

The above apologies were noted.

### **COG/19/89**

#### **Declarations of Interest**

There were no declarations of interest.

### **COG/19/90**

#### **Reflection and Feedback Session Following the Board of Directors**

Mr Pedder invited the meeting to take the opportunity to reflect together on the discussions which had taken place earlier that day at the meeting of the Board of Directors. Following the discussion Mr Pedder said that he would take feedback from the individual tables.

There had been wide-ranging discussion including:

- The financial position
- Winter pressures:
  - resource constraints for the Trust and for local authorities
  - patient flow
  - length of stay and pressure on beds
- Progress on the Hadfield building
- Cancer pathways – transfer of patients to the Trust from District General Hospitals
- Information Technology
  - Lorenzo versus a new system
  - electronic patient records
  - IT systems across the NHS that can be connected
- Cancellation of patients for surgery on the day:
  - reasons for cancellation
  - effect on patients and their families
- Uptake by staff of flu vaccinations
- Workforce:
  - should there be a review of 'traditional' jobs
  - international recruitment
  - access routes to NHS careers
- Care and treatment of patients with dementia

### **COG/19/91**

#### **Minutes of Council of Governors meetings held on 25 June 2019 and 24 September 2019**

The Minutes of the meetings of the Council of Governors held on 25 June 2019 and 24 September 2019 (informal) were **AGREED** as a correct record of the meetings and signed by the Chairman.

## **COG/19/92**

### **Matters Arising**

#### COG/19/77

Mr Pedder said that Mrs Carman had emailed all Council members to establish whether the Council of Governors considered it was necessary, or appropriate, to look at the position retrospectively. Governors who responded agreed unanimously that it was unnecessary to take a retrospective view on the position.

There were no further matters arising.

## **COG/19/93**

### **Review Trust Constitution**

Mrs Carman referred the Paper C (circulated with the Agenda). Mrs Carman thanked Governors for their involvement in the review and said that, as the Constitution Review Panel had not proposed any changes to the powers or duties of Governors, the amendments did not require the approval of Members at the Annual Members' Meeting.

The Council of Governors **NOTED** the changes to the Trust Constitution recommended by the Constitution Review Panel and **APPROVED** the amended version of the Trust Constitution (version 7.0).

The amended Constitution would be presented to the Board of Directors in January 2020 for their approval and then published and a copy emailed to NHS England/Improvement.

## **COG/19/94**

### **Annual Review of Council of Governors' Terms of Reference**

Mrs Carman referred to Paper D (circulated with the Agenda).

The Council of Governors **APPROVED** the updated Terms of Reference for the Council of Governors.

## **COG/19/95**

### **Governors' Matters**

#### (a) Notes of Governors' Forum meeting held on 18 November 2019

Mrs Craig said that prior to the formal Forum meeting Governors had enjoyed a discussion with Mr Pedder and Mrs Wright who had been appointed as a Non-Executive Director of the Trust from 1 April 2019. Governors had been interested to hear about Mrs Wright's background in the Probation Service and of her involvement with mental health services over a number of years.

Mr Pedder had discussed arrangements for Governors observing at meetings of the Board Committees, e.g. Finance and Performance, HR and Organisational Development and Healthcare Governance. He had reminded Governors that observing at these meetings was an opportunity to see the Non-Executive Directors working either as Committee members or as Chair of a Committee. Mr Pedder had suggested an alteration to the Protocol for Governors observing at the meetings. He said he recognised that some Governors found it difficult to commit in advance to attend meetings so, to provide some flexibility, he had proposed that Governors

could contact the Membership Office close to or on the day of the meeting and, if there were places available, every effort would be made to enable them to attend the meeting. Governors had agreed to this addition to the Protocol.

Since the last meeting a small number of Governors had welcomed the opportunity to attend some careers events in the local community and at the Trust where students were considering a career in the NHS. Governors had been encouraged that many of the students had been keen to sign up as Members of the Trust. Governors had also been on some interesting visits; to the Patients' Booking Hub at RHH, the Central Production Unit at NGH and to PhysioWorks at Norton.

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

i) Appointment of a Non-Executive Director

Mr Hodgson reported that the Nominations and Remuneration Committee had undertaken a selection and recruitment process to appoint a new Non-Executive Director. An appointments panel had interviewed four excellent candidates on 18 October 2019 and had unanimously agreed to recommend to the Council of Governors that Ms Rosamond Roughton be appointed as a Non-Executive Director of the Trust for a four year term of office from 1 December 2019. At a private meeting on 30 October 2019 the Council of Governors had approved the recommendation and Ms Roughton's appointment had been confirmed.

ii) Chair appointment process

Mr Hodgson said that Mr Pedder's final term of office as Chair of the Trust would conclude on 31 December 2020 and the Nominations and Remuneration Committee had met for the first time to begin discussions about the selection and recruitment process to appoint Mr Pedder's successor.

Mr Hodgson said that throughout the Chair selection and appointment process Mr Pedder would step aside as Chair of the Council of Governors' Nominations and Remuneration Committee and, as Vice-Chair of the Committee, he would Chair the discussions. However, Mr Pedder would continue as Chair of the Committee for all other business. Mr Pedder had offered to be available for advice as appropriate. Mrs Carman would also be involved in the process.

At a meeting on 3 December 2019 the Nominations and Remuneration Committee had discussed a paper outlining a draft Chair succession process and had agreed that, when the draft of the process and job description/person specification was finalised, it would be presented to the Governors' Forum for consideration before implementing the process.

Mr Hodgson said that he would keep the Council of Governors informed of progress.

(c) Transparency and the Governors

Mr Pedder referred to Paper F (circulated with the Agenda). He reported that the Trust had received notice from Ms Bradley, Public Governor, for this motion to be included on the Agenda for today's meeting. The request was in line with the Standing Orders for the Practice and Procedure of the Council of Governors.

However, before taking this forward he wanted to comment. He believed that matters of this nature were more appropriately raised in the first instance with the Trust's Assistant Chief Executive, followed by consideration, and hopefully resolution, at a meeting of the Governors' Forum. He considered this prior consultation process to be more sensible and suggested that it would allow Council of Governors meetings to continue to devote time primarily to patient and performance issues.

He said if the Governors' Forum was unable to reach an agreed conclusion on an issue it remained open to any Governor(s) to give notice to move a motion to a Council of Governors meeting.

Mr Pedder proposed that working to a prior consultation approach which could be formalised and incorporated into the Standing Orders, if Governors considered that to be necessary, would allow for more efficient, better informed and more effective decision-making by the Council of Governors.

Mr Pedder then asked the Council how they wished to proceed.

Mr Hodgson thanked Mr Pedder for his comments. Referring to Paper F he considered that if Governors made a habit of bringing forward issues in this way it debased the currency of the value of formal motions and as such he proposed that the motion be referred to the Governors' Forum for resolution. Following discussion at the Governors' Forum, if appropriate, the issue could then be brought back to the Council of Governors.

Mr Sharpe thanked Mr Hodgson for his summary. He said he believed that the Trust was transparent, open and honest in all its dealings with Governors and that the level of involvement in the organisation offered to Governors was ahead of other NHS organisations. He considered that the relationship between Governors and the Board of Directors was something that both bodies should be proud of. Mr Sharpe said that he seconded Mr Hodgson's proposal.

Mr Foster said that as Ms Bradley was not in attendance at the meeting he considered this to be the correct approach.

Mr Pedder asked Governors whether they were in agreement that the issue be referred to the Governors' Forum. Governors unanimously **AGREED** that the matter should be referred to the Governors' Forum.

## **COG/19/96**

### **Chief Executive's Report**

Ms Major presented her report, the following points were highlighted:

- Mr Pedder and Ms Major were to attend a national event on 18 December where the implications for the NHS following the outcome of the General Election would be discussed. It had been confirmed that the Rt Hon Matt Hancock would continue as Secretary of State for Health and Social Care.
- The responses to the Staff Survey were being analysed and the outcome would be shared with Governors.
- Almost 11,000 staff had now received the flu vaccination. The peak period for flu was predicted to be during the week after Christmas but the Trust was already experiencing a high level of patients presenting with flu.
- The Trust had recruited nurses from India. 35 nurses had recently arrived in Sheffield from Kerala and it was hoped that a further 80 nurses would be joining the STH workforce in the near future.

- On 14 November there had been a presentation of long service awards with three members of staff receiving awards for 50 or more years' service. The annual Thank You Awards ceremony had been held on the same day.
- Ian Scott would be chairing the Equality Diversity and Inclusion Board. Also chairs had been appointed to all three of the EDI networks.

Ms Major reported the following Trust appointments:

- Rosamond Roughton, Non-Executive Director
- Dr Jennifer Hill, Medical Director (Operations)
- Victoria Leckie, Deputy Chief Operating Officer
- Dr Ben Cooper, Clinical Director, Acute Emergency Medicine
- Dr Paul Whiting, Chief Clinical Information Officer
- Andrew Jones, Facilities Director

She also offered congratulations to:

- Reg Ramsden, Linen Services Manager, on winning the Operational Services Support Worker category at the national Our Health Heroes Awards
- Chris Morley, Chief Nurse, on becoming a Visiting Professor in the Faculty of Health and Wellbeing by Sheffield Hallam University
- The Microsystem Coaching Academy Programme Cohort 13 graduates
- Institute of Leadership and Management Award graduates

She also said that:

- Dr Terry Hudson had been appointed Chair of NHS Sheffield Clinical Commissioning Group
- John Mothersole was stepping down after 11 years as Chief Executive of Sheffield City Council
- Jan Ditheridge had been appointed as Chief Executive at Sheffield Health and Social Care NHS FT
- Dr Richard Jenkins, Chief Executive of Barnsley NHS FT, had also been appointed interim Chief Executive of Rotherham NHS FT on a part-time basis

Ms Major then reported on operational performance:

- A&E 4 hour standard: In October 82.95% of patients attending A&E had been seen within 4 hours. This compared to a local target of 90% and the national target of 95%. Previous performance had been 84.36% in August and 85.71% in September.
- 18 week planned care: STH performance remained strong; there had been no 52 week breaches since February 2017. At the end of October the percentage of patients who had been waiting less than 18 weeks for their treatment was 92.87%, this was better than the national target of 92%. Previous performance had been 92.91% in August and 92.82% in September.
- Cancer waiting times: There had been a variable performance across the targets. July – September (Q2) STH had been compliant for the Two Week Wait, Breast Symptomatic; 31 Day Subsequent Treatment (Anti-cancer Drug) and 62 Day Screening. Performance for the GP 62 day pathways had been:

85% Standard	Quarter 2	October	November*
62 Day Standard	73.4%	70.1%	75.1%
62 Day (STH only pathways)	78.6%	77.4%	80.9%

\* still to be validated

She said that improvement work was underway across directorates with a particular focus in Urology and Head and Neck cancers.

- Diagnostic Waits within 6 weeks: The target was 99%, the Trust had achieved 99.73% for August; 99.68% for September and 99.94% for October.

On financial performance Ms Major reported that the Month 7 position showed a £2.9m (0.5%) deficit against the Financial Plan, this presented a challenging position but the Trust still expected to meet plan. No concerns were identified regarding the working capital position; balance sheet or capital programme. Ms Major reported that a concern for 2020/21 was the confirmation that the £13m Provider sustainability funding would be removed and replaced with a Financial Improvement Trajectory and Financial Recovery Fund process, she said that this was likely to create a further financial challenge for STH.

Ms Major also reported that NHS England/Improvement proposals for legislative change were awaited. The Healthcare infrastructure plan may see some of the freedoms of Foundation Trusts reduced. The Trust was taking part in the 26 week choice pilot.

In response to a request from the Governors' Forum Ms Major then provided some information about Never Events. She said that Never Events were a type of serious incident and they were considered to be entirely avoidable if appropriate safety measures were in place. There were 15 categories of Never Events, examples were:

- Retained swab following an operation
- Implantation of the wrong prosthesis
- Carrying out an operation or other procedure on the wrong part of the body
- Administration of a medicine by the wrong route
- Transfusion of blood of the wrong ABO blood group

Ms Major then described examples of Never Events that had occurred at STH. She said that Never Events are not common and that the STH data had been benchmarked with data from similar organisations. She said that the Trust's Serious Incident Group had established a programme of work to address the situation.

## **COG/19/96**

### **Winter Planning 2019/20**

Mr Harper said that, as requested by the Governors' Forum, he would update the Council on the Trust's winter planning arrangements for 2019/20. He reminded Governors that in planning for winter 2019/20 ten key themes had been established:

1. Key risks to the delivery of patient centred services across the winter period
2. Reducing elective demand on beds
3. Reducing emergency demand on beds
4. Managing and maintaining flows
5. Bed capacity and clinical capacity
6. Influenza
7. Escalation and operational management
8. Our staff
9. External and partner organisations
10. Care Group plans, identify key risks and mitigating actions being carried out

He emphasised the importance of theme 8 'Our staff' and said that the Trust was putting in place a range of support mechanisms for staff in our Hospitals and in the Community.

Mr Harper also reported progress associated with themes 3, 4 and 5 as follows:

- Theme 3 – reducing emergency demand on beds: Same Day Emergency Care (SDEC) had been introduced
- Theme 4 – Managing and maintaining flow: the number of senior clinical decision makers had been increased; winter flow command had been instigated and additional pharmacy, therapy and radiology services had been introduced
- Theme 5 – bed capacity and clinical capacity: some winter beds had already been opened, at NGH the surge ward has 28 beds and at RHH 21 beds and offsite there are 28 community beds in a nursing home.

Mr Harper then outlined specific plans for Community Services. He reported from mid-December 2019 to the end of January 2020 capacity would be increased for the Active Recovery service, with additional resources for Clinical Support Workers increasing capacity from 240 to 280 care hours per day. He also reported that there would be an increase in capacity for the GP Collaborative with additional locum GP resources to support the service over busier winter weekends allowing the GP Collaborative to continue to undertake home visits in a timely manner.

## COG/19/97

### Trust Corporate Strategy

Mrs Gibbs reminded the Council that following significant consultation and wide engagement with over 4,500 responses the current Corporate Strategy, *Making a Difference*, had been launched in 2012 this piece of work had also established the PROUD values. She said following further consultation with around 450 responses *Making a Difference* had been refreshed in 2017. At that time confirmation had been gained that PROUD still resonated with the Trust's workforce.

Mrs Gibbs said that over the ensuing years since the introduction of the strategy the strategic environment that the Trust operated in had altered for example, in line with regulation and policy, the role and purpose of FTs had changed; a Long Term Plan for the NHS had been developed and there had been legislative change. Locally and regionally there had been reform of commissioners, ICS and ACPs had emerged and change had occurred in leadership. In provision, integration of care had been introduced and there had been service developments for example the Hyper Acute Stroke Unit and the Major Trauma service.

Mrs Gibbs considered that it was now appropriate for the Trust to undertake a significant refresh of the Strategy. She proposed that the work would create behaviours around the PROUD values and should provide an opportunity for stakeholder involvement. She said that the Trust's PROUD values were well known and supported by staff but that there was evidence that the values are not yet fully 'lived' in the behaviours of leaders throughout the organisation.

A framework of behaviours would be developed that clearly identifies the behaviours patients and staff could expect to see in all parts and levels of the.

Mrs Gibbs said that some initial thoughts had been developed on the content of the Strategy; these required further refinement but included:

- The Trust's role as an anchor institution
- Workforce – recruitment, retention, diversity
- Technology
- Sustainability and climate emergency
- Population health, health promotion and prevention
- Integrating care – mental and physical health
- Simplifying the provider landscape



- Equalities and inequalities
- Research, innovation and education
- Commissioning reform – outcome based, provider led
- Participative leadership and collaboration
- Maintaining and growing reputation

Mrs Gibbs then set out a timetable for the next steps:

- December 2019 – launch of strategy refresh at Board of Directors, Council of Governors and Management Board
- January – February 2020 - Board and TEG time to develop a draft strategy
- February – April 2020 – period of engagement with
  - Council of Governors
  - Workforce
  - Stakeholders
- July 2020 – Finalise strategy

Mrs Gibbs said that she would keep the Council of Governors updated with progress.

**COG/19/98**

**Any Other Business**

There was no further business to discuss.

**COG/19/99**

**Date and Time of Meetings in 2020**

31 March; 30 June; 29 September and 15 December 2020. Meetings will be at 3:00 pm in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital.

Signed: .....  
Chairman

Date:.....