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Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday 22nd October 2013, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

Richard Barrass
George Clark
Roz Davies
Joyce Justice
John Laxton

Andrew Manasse
Kaye Meegan
David Owens
Kathleen Parker
Hetta Phipps

Sue Taylor
Graham Thompson
Paul Wainwright
John Warner
Michael Warner

STAFF GOVERNORS

Frank Edenborough
Christina Herbert

Craig Stevenson

Claudia Westby

PARTNER GOVERNORS

Leigh Sorsbie

Jeremy Wight

APOLOGIES

Georgina Bishop
George Clark
Anne Eckford
Caroline Irving

Heather MacDonald
Kirsten Major
Chris Monk
Julie Phelan

Neil Riley
Nicola Smith
Shirley Smith

IN ATTENDANCE

Karen Barnard
Sir Andrew Cash
Andy Challands
Hilary Chapman

John Donnelly
Mark Gwilliam
Annette Laban
Jane Pellegrina

Neil Priestley
Martin Temple
David Throssell

COG/13/34

Welcome

The Chairman welcomed Annette Laban to her first Council of Governors Meeting. It was noted that Paul Buckley, Deputy Director of Strategy and Operations was deputising for the Director of Strategy and Operations.

COG/13/35

Declaration of Interests

There were no declarations of interest.

COG/13/36

Minutes of the Council of Governors Meeting held on Tuesday 6 August 2013

The Minutes of the Meeting held on Tuesday 6th August 2013, were agreed and signed as a correct record by the Chairman.

COG/13/37

Thank You Awards

The Chairman congratulated Kaye Meegan and Jo Bishop on attaining a highly commended position in the Gift of Time award and Claudia Westby on achieving a highly commended award in the Health and Wellbeing category. He also thanked Joyce Justice for presenting the Governors' Leadership Award to Dr Fionuala Creagh, Diabetes Consultant.

COG/13/38

Matters Arising

(a) **Operational Pressures – Winter 2013/14 (CoG/13/27)**

Paul Buckley said that developing a system-wide plan to manage operational pressures in the coming months had entailed a significant amount of work across the organisation and had involved partners across the city. The plan had been presented at a Trust-wide multidisciplinary meeting on 21st October. The importance of maintaining patient flow and appropriate length of stay across the whole system was highlighted as crucial to the winter plan's success and to maintaining quality of care.

Following assessment of potential additional demand on admissions based on a 10% increase on actual admissions in winter 2012/13 additional capacity was being made available with up to 61 extra beds being phased in through winter in primary care settings. Additional inpatient capacity would also be made available as follows:

Acute and Elderly Medicine – 32 beds in Huntsman 5 would remain open throughout the period and 13 beds on Vickers 1 would be available to Acute and Emergency Medicine from the beginning of January 2014.

Surgical Specialties – 18 beds on Huntsman 2 will transfer to Acute and Elderly Medicine from 2 December.

South Yorkshire Regional Services – 6 beds on Firth 2 would transfer to Acute and Elderly Medicine from 2 December.

Unallocated/unstaffed beds – 19 Beds would be available across Chesterman 2, 3 and 4 and Renal F. Also following the transfer of orthopaedic arthroplasty to RHH at the beginning of November 16 additional beds would be released to maintain elective activity or manage demand for outlying beds at peak times.

The Chief Executive said that to manage the key challenges the STH Winter Planning meeting and the Health Community Winter Planning meeting would be held on a monthly basis and there would be a bi-monthly meeting of the Urgent Care Board, additionally weekly meetings would be held as follows:

- Monday - Nurse Directors length of stay meeting
- Tuesday – Health Community delayed transfers of care meeting
- Wednesday – Right First Time Programme Delivery

The following points were raised:

- Jeremy Wight asked how the anticipated 10% increase on actual 2011/12 admissions had been calculated? The Chief Executive said this was a desk top model based on a year on year increase in demand.
- Frank Edenborough said that appropriate staffing levels were key to delivering many of the specific actions such as seven day working, board rounds and morning ward rounds. The Medical Director said this was recognised.
- Andrew Manasse asked if the additional capacity in the community was based on availability or actual requirements. Paul Buckley said that modelled on last year's need it had been assessed that 61 additional beds were required.
- Annette Laban asked if any agreement had been reached for additional support from GPs etc? The Chief Executive said the success of the plan relied on a city-wide approach and discussions with the CCG were ongoing.

The Chief Executive said that in health and social care there must be a move to different and improved working practices and Sheffield had applied to be an early adopter city for seven day working.

(b) Safer Nursing Care

The Chief Nurse said that following its review of the Francis Report, the Parliamentary Health Select Committee recommended that on a daily basis hospitals should publish the ratio of staff to patients on each ward. Salford Royal Hospital had adopted this practice with information displayed outside each ward indicating the number of nurses and healthcare assistants who should be on duty on the ward and how many were actually at work. We were assessing the feasibility of implementing the recommendation taking account of numerous shift patterns, skill mixes and solutions adopted to close gaps created by sickness and other absences while ensuring that we present meaningful information to patients, the public and our staff.

COG/13/39

Peer Support for United Lincolnshire Hospitals NHS Trust and North Lincolnshire and Goole Hospitals NHS FT

The Chief Executive said that following Prof Sir Bruce Keogh's review into the standard of care at 14 NHS hospitals with the worst death rates the Health Secretary had put 11 Trusts, including 5 Foundation Trusts, into special measures; the failing organisations were to be offered support from managers at high performing Trusts. STH had been asked to support ULHT and NLAG with long and short term measures.

He reported that he had had a meeting with Chief Executive of ULHT and a number of areas had been identified where STH could offer support. He also reported that he had attended a meeting with the Chief Executive of NLAG and Monitor's Implementation Manager.

Roz Davies asked whether there would be any benefits for STH? The Chairman said there may be areas where we could learn from the organisations we were mentoring and the relationship could also provide additional development opportunities for STH leaders.

David Owens asked if the Council of Governors could be assured that STH would not be disadvantaged? The Chairman said that the Board was satisfied that the Trust could work through the process without distracting its senior team from the job in hand at STH and the Trust should feel a sense of pride that it have been asked to support the two organisations. However he assured Governors that the Board would be closely monitoring the situation.

COG/13/40

Unannounced Care Quality Commission Visit

The Chief Executive reported on a routine visit to the Trust by the CQC. Between 9th and 20th September, 2013, the Royal Hallamshire, Northern General, Weston Park and the Jessop Wing were inspected. Very positive initial feedback was received followed by notification that the Trust was compliant against all the inspected areas. Only two issues were highlighted for further action, patient record keeping and staff appraisals. The Chairman extended the thanks of the Council of Governors to all staff involved in the visit.

COG/13/41

Presentation on Professor Sir Bruce Keogh's Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England

The Chief Nurse gave a presentation (copy attached to these Minutes) on the Keogh Review. She said that in February 2013 the Prime Minister and the Health Secretary had requested the review of 14 Trusts with persistently high mortality rates. The following key points were noted:

- Significant consideration had been given to the methodology to ensure the review was transparent and comprehensive
- Views were sought from patients, staff and the public via focus groups
- Some common themes and barriers emerged:
 - A spectrum of mediocrity
 - Patient and staff engagement
 - Board and leader capability
 - Fragmented data
 - Complexity around mortality measures
 - Geographical, professional and academic isolation creating recruitment challenges
 - Lack of value and support to junior doctors and nurses
 - Transparency – accountability and blame vs. support and improvement?
 - Data – reassurance or the forensic pursuit of improvement?

The Review identified eight achievable ambitions:

1. Demonstrate progress towards reducing avoidable deaths vs. debating what mortality statistics can and cannot tell us about quality.
2. Confident and competent data/intelligence utilisation for the forensic pursuit of quality improvement. Rapid access to accurate, insightful and easy to use data for boards, leaders, patients and the public.
3. Patients, carers and the public should feel that they are vital and equal partners in design and assessment, confident that feedback is listened to and acted upon.
4. Patients and clinicians have confidence in CQC assessments including through active participation.
5. No hospital should be professionally, academically or managerially isolated.
6. Nurse staffing levels and skill mix will appropriately reflect caseload and severity of illness of patients and will be transparently reported to boards.
7. Junior doctors will be seen as clinical leaders of today, harnessing their energy and creativity.
8. Understand the positive impact that happy and engaged staff will have on patient outcomes including mortality rates and make this a key part of the quality improvement strategy.

The following points were highlighted during discussion:

David Owens asked how the Trust was reacting to the Review? The Chief Nurse said that through linking the Review's ambitions to its organisational strategy the Trust was well advanced on many of the issues.

Roz Davies said that many patients were embracing digital technology and asked if the Trust was investigating how it collected patient feedback? The Chief Nurse said the guidance would be reviewed and acted on appropriately.

John Laxton asked whether staff felt enabled by the culture of the organisation? The Director of HR said the organisation had supported and continued to provide a variety of staff engagement activities and recognised the positive impact that engaged staff had on patient experience and outcomes.

COG/13/42

Governors' Matters

(a) **Council of Governors' Nominations and Remuneration Committee – Chair Appraisal**

Jane Pellegrina reported that an appraisal of the Chair commenced in September 2013. The current process incorporated feedback from Governors, through the Nominations and Remuneration Committee, Non-Executive Directors and Executive Directors. Results of the appraisal would be reported at the next Council of Governors Meeting. The appraisal process would be evaluated in 2014.

(b) **Notes of Governors' Forum Meeting held on 18th September 2013**

Andrew Manasse summarised the Meeting and highlighted the following issues:

- Appropriate inclusion of Governors in capital projects was still work in progress and a meeting between Governors and the Director of Estates had been arranged.
- Arrangements to include Governors in discussions about the Annual Plan to Monitor were still to be confirmed.
- Two Governor working groups had been established to :
 - Identify a meaningful role/job description for Governors
 - Encourage the Governor/NED relationship
- Governors attending the public session of the Board Meeting had found this to be very valuable and were encouraged others to attend future Meetings.
- Shirley Harrison (NED) had joined Governors on a recent visit to the Frailty Unit at NGH and this was welcomed by Governors.

(c) **Annual Members' Meeting held on 10th September 2013**

Jane Pellegrina said that all Members had received an invitation to the Trust's first Annual Members' Meeting and visit to the new laboratories on the Northern Campus. 125 Members attended the Meeting and 59 people had completed an evaluation form which would be used to plan next year's Meeting.

COG/13/43

Trust Operations

(a) **Chief Executive's Report and Trust's Response to Never Events**

The Chief Executive referred to his written report and said that overall a good start to the year had been made in the first five months and highlighted the following points:

- Following an increase in the number of Never Events involving retained items the improvement action plan had been refreshed and an external review had been jointly commissioned with the Sheffield CCG
- The financial position at month five was challenging with a £5.7m deficit compared to a £4m deficit this time last year. The Trust was behind on its efficiency plans but every effort was being made to rectify the position. With the deployment of contingencies, however, the Trust anticipated being able to meet its year end requirements.
- Infection Control – C.diff: with 10 positive samples recorded in September bringing the year to date figure to 55 the Trust was ahead of its target. In order to rectify the position deep cleaning was essential; to accommodate deep cleaning on the Northern Campus 12 beds must be kept free throughout the winter. The recording of C.diff was currently the focus of a national debate and the Chief Executive said he would report further on this at the next meeting.
- Each year 850 staff were selected randomly to participate in the NHS national staff survey and this year all STH staff would have the opportunity to participate in the survey. The results of the survey would be available early in 2014

Governors commented as follows:

Leigh Sorsbie said that recurring Never Events were a concern to the CCG. A review of all Never Events was carried out benchmarked against national data. The Medical Director said there had been an issue with retained items in Obstetrics but that this had now been resolved. The Chairman said the Board took Never Events extremely seriously and was satisfied that the Trust's policies created an open and transparent culture for managing Never Events.

Jeremy Wight asked for clarification about the percentage of patients screened for MRSA. The Medical Director said the reported figure of 118% arose due to some patients being screened twice.

David Owens asked if participation in the staff survey was mandatory? The Director of HR said that staff were encouraged to take part in the survey but participation was voluntary.

COG/13/44

To Receive and Note

(a) Complaints Annual Report 2012/13

The Chief Nurse presented the Annual Complaints Report. She said that the Trust aimed to learn from complaints and in the year 134 actions had been agreed with Directorates with the Report highlighting some of the improvements carried out. Although some Care Groups had been unable to respond to 85% of complaints within the 25 working day target, the Trust had achieved its overall complaints handling performance targets. In light of recommendations in a review of NHS Complaints Handling undertaken by Ann Clwyd MP as a priority the Trust would be reviewing its Complaints Policy.

The Chief Nurse highlighted the following key points in the Annual Report:

- The 1444 complaints received represented a slight increase on the previous year (1352).
- The increase had been mainly towards the end of the year.
- The main issues of concern related to staff attitude, communication and the appropriateness of care received.

The following comments were noted:

Jeremy Wight asked if the Trust would prefer to receive fewer or more complaints? The Chief Nurse said the Trust values complaints and views them as a source of patient feedback.

Graham Thompson said the Report should present a balanced view by incorporating compliments received by the Trust. The Chief Nurse said innovative methods to do this which do not require significant additional work for nurses are being investigated.

COG/13/45

Any Other Business

There was no further relevant business.

COG/13/46

Dates of Meetings in 2014

- Tuesday 11th February in the Undergraduate Common Room in the Medical Education Centre at the Northern General Hospital
- Tuesday 6th May – venue to be confirmed
- Tuesday 2nd September – venue to be confirmed
- Tuesday 2nd December – venue to be confirmed

Signed: Date:
Chairman