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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, 2nd December 2014, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop
Sally Craig
Anne Eckford
Caroline Irving
Joyce Justice
Jacquie Kirk

Andrew Manasse
Kaye Meegan
David Owens
Kath Parker
Nick Payne

Hetta Phipps
Sue Taylor
Graham Thompson
Paul Wainwright
Michael Warner

STAFF GOVERNORS

Frank Edenborough
Christina Herbert

Chris Monk (part)

Craig Stevenson

PARTNER GOVERNORS

Nicola Smith

APOLOGIES

George Clark
Jayne Dunn
Mark Gwilliam
Dorothy Hallatt
Shirley Harrison

Annette Laban
Heather MacDonald
Dawn Moore
Shirley Smith
Leigh Sorsbie

Martin Temple
John Warner
Tony Weetman
Jeremy Wight

IN ATTENDANCE

Karen Barnard
Sir Andrew Cash
Andy Challands
Hilary Chapman

Sue Coulson (Minutes)
Kirsten Major
Jane Pellegrina
Neil Priestley

Neil Riley
David Throssell

Penny Brooks } (item COG/14/45)
Jaki Lowe }

OBSERVERS

Michael Harper (staff)
1 Member of the Public

COG/14/38

Welcome and Apologies

The Chairman welcomed everyone to the meeting.

The Chairman thanked Governors for their feedback, set out in the notes of the Governors Forum, on the structure of the Council of Governors meetings and would take the comments away and consider how best to take those matters forwards.

COG/14/39

Declarations of Interest

No declarations of interest were made.

COG/14/40

Minutes of the Council of Governors Meeting held on 2nd September 2014

The Minutes of the Meeting held on 2nd September 2014 were agreed and signed by the Chairman as a correct record.

COG/14/41

Matters arising

- (a) Discussion with a Governor outside the Council of Governors regarding Code of Conduct for Governors

(COG/14/28) The Assistant Chief Executive reported that he had discussed the issue regarding the minute (COG/14/16) relating to the Code of Conduct raised at the May 2014 meeting with the Governor concerned immediately after the meeting and the matter was resolved in terms of the minute.

- (b) Update on Developments at Weston Park Hospital

(COG/14/30 (b)) The Director of Strategy and Operations reported that the business case for the redevelopment of the inpatient facilities at Weston Park Hospital had been approved and the Trust was currently engaged with the architects on the design and nature of the refurbishment. She also reported that the Trust was examining the potential of changing some inpatient pathways of care to see if they could be delivered on an outpatient basis.

COG/14/42

Planning for Winter: presentation

The Director of Strategy and Operations gave a detailed presentation on the Trust's planning for the forthcoming Winter. She explained that planning was particularly difficult as the nature of winter was uncertain. However in terms of funding the total investment for Winter 2014/15 was £4.88 million which had been provided in 2 tranches. In August 2014 (Tranche 1) £1.6 million was allocated against bids submitted of £3 million. In November 2014 (Tranche 2) a further £3.28 million had been allocated to support A&E delivery. She emphasised that it was important that the Trust spent the Tranche 2 money wisely. Receiving the funding late caused difficulties in itself.

She reported that the Trust had increased its "Winter Capacity" as below:

- Increased Activity Recovery packages from 115 in 2013/14 to 184 in 2014/15.
- Winter bed capacity for emergency medical activity had been identified as 33 beds on Huntsman 4 at the Northern General Hospital

- Winter bed capacity for Care of the Elderly emergency activity had been identified as 13 beds on Vickers 1 at the Northern General Hospital.

The other planned bed changes for Winter 2014/15 included:

- One Care of the Elderly Ward on Robert Hadfield Wing had been closed based on length of stay reductions.
- The transfer of the Gastroenterology Ward from the Royal Hallamshire Hospital to the Robert Hadfield Wing at the Northern General Hospital in December 2014.
- The transfer of Elective Orthopaedics from Huntsman 2 at the Northern General Hospital back to Ward F1 at the Royal Hallamshire Hospital once the refurbished Operating Theatres had opened in December 2014.
- Ward Huntsman 2 at the Northern General Hospital would become the decant facility for the deep-cleaning programme
- TAU (12 beds) to be closed at the end of December

The Director of Strategy and Operations also outlined the current winter challenges already being experienced by the Trust in terms of the demand on Accident and Emergency and the subsequent increase in emergency admissions and the increased demand placed on the South Yorkshire Ambulance Service. The Trusts A&E 4-hour performance had deteriorated significantly in recent weeks and its year to date performance as at 30th November 2014 stood as 94.6% against a target of 95%.

As a result of the recent demand on Monday 10th November, 2014, the Trust declared a significant internal incident and instigated its Business Continuity Plan and set up a "Silver Command" structure which ran for one week. The actions taken to return the Trust to more normal levels included increased patient transfers to the Royal Hallamshire Hospital, improved discharge processes within the Northern General Hospital which resulted in beds being available much earlier in the day.

The next steps were:

- The Tranche 2 funding needed to be allocated and schemes implemented to support the delivery of flow and improve A&E 4-hour performance.
- The actions taken during the "Silver Command" structure needed to be maintained and become core business day-to-day.
- Bed capacity must be made available earlier in the day and "outlying" patients must be minimised.
- Fundamental to the Trust's future success was the adherence to the principles agreed for the management of patient transfers between the Northern and Central sites, consultant referrals to specialties from A&E and escalation processes to deal with flow issues within A&E.

During discussion the following points were made.

- Michael Warner asked if doctors could be moved from other areas of the Trust to A&E to help during the exceptionally busy times. The Medical Director responded and stated that the Trust had already explored that suggestion and there were only two groups of doctors who could work in A&E (those who had worked in A&E previously and doctors from specialities who could be brought down to see their patients). He explained that most of the pressure times were experienced out of hours.
- Nick Payne queried how much of the £4.8 million (Tranche 2 funding) the Trust would be able to usefully spend in time to do anything useful with it for this winter. The Director of Strategy and Operations acknowledged that the funding had been received late and stated that only time would tell on how quickly and usefully the Trust could spend it.

- It was agreed that the Medical Director and Frank Edenborough would have a discussion outside the meeting regarding operational issues relating to the transfer of patients between sites.

Action: David Throssell/Frank Edenborough

- Anne Eckford was concerned about the opening of the Discharge Lounge 7 days a week as the Trust already experienced problems with patients waiting a long time for an ambulance to take them home.

Kirsten Major emphasised that the Trust was not increasing the number of ambulance discharges but the aim was to bring forward the time patients were discharged. She reported that discussions had been held with the Ambulance Service which felt that it would be able to respond better to demand if the Trust was able to discharge patients early in the morning. Currently the majority of patients were discharged late in the afternoon and that caused particular problems for the Ambulance Service. The Trust was also looking at other forms of transport which could be used to transfer patients home as not all patients required an ambulance.

The Chairman thanked Kirsten Major for her detailed presentation which was entirely appropriate given that Winter was now here.

COG/14/43

Trust Operations

The Chief Executive referred to his written report (Enclosure B) circulated with the agenda papers. The following topics were highlighted:

- 18 Week Wait Performance Target – The Director of Strategy and Operations gave a short presentation (copy attached to the Minutes) on the Trust's performance against the 18 week referral to treatment targets in support of the written update circulated with the agenda papers (Appendix 2 of the Enclosure B).

In answer to a question, the Medical Director reported that there was a complex set of reasons for the increase in the number of referrals though explained that in some cases it did reflect changes in clinical practice.

Andrew Manasse commented that the number of operations cancelled on the day was increasing and Governors would welcome a presentation of what the issues were. The Chairman agreed that the matter would be included on the agenda for the next meeting.

Action: Kirsten Major/Neil Riley

- Right First Time was now moving into Phase 3 which was looking at Primary Care and General Practitioners.
- Working Together was progressing at a pace and achieving some real benefits for patient care, use of resources and sharing good practice. The first E-Auction for examination gloves had recently been completed which had resulted in a saving of £400,000. There were a number of other joint procurements on medical and consumable products in the pipeline.

COG/14/44

Combined Community and Acute Care Group

Penny Brooks was in attendance for this item.

The Director of Strategy and Operations reported that from 1st October 2014 the Trust had brought together Geriatric Stroke Medicine, Primary and Community Services and

Professional Services into one Clinical Care Group named Combined Community and Acute Care Group. It was a substantial Care Group with 2000 staff and a budget of £80 million. Penny Brooks, Clinical Director, Ruth Brown, Operations Director and Mandy Yates Nurse Director of the new Care Group had met and agreed a number of priorities for the Group i.e. winter/transformation and innovation programme.

She reported that a huge amount of work had been done around developments and she was overseeing a piece of work on key clinical pathways including Stroke, Falls, Parkinson's Disease and Musculoskeletal.

She explained that she would be able to provide Governors with a more comprehensive update in March 2015.

Action: Kirsten Major

Nicola Smith asked how the new Care Group fitted in with the Better Care Fund. Penny Brooks explained that the new Care Group was made up of the services covered by the Better Care Fund. She was in contact with the Clinical Commissioning Group about developing the services.

Caroline Irving asked whether the focus of the Trust working more closely with primary and social care may lead to a change in the structure of the Board of Directors. The Chief Executive stated that it was not necessary to change current structure of the Board of Directors now but that may be necessary at some point in the future. The Chairman also stated that he was comfortable with the current structure of the Board of Directors and that as times changed in the future the Board of Directors would change.

In answer to a question from Frank Edenborough, Penny Brooks confirmed that there was someone interested in the post of Staff Governor for Community Services. She also stated that Governors were welcome to visit any of the Community Services and staff would be happy to show them around.

COG/14/45

Staff Engagement/Listening into Action: Presentation

Penny Brooks, Clinical Director (Primary and Community Services) and Jaki Lowe, LIA Lead) were in attendance for this item.

The Chief Executive introduced the item. He introduced Jaki Lowe who had been appointed as LiA Lead and informed colleagues that he had asked Penny Brooks, Clinical Director (Primary and Community Services), to support him on leading this piece of work. Jaki Lowe explained that she had worked for many years as an Interim Human Resource Director both for the NHS and other organisations.

He explained that one of the five key pillars of the Trust's Strategy was "Employ caring and cared for staff" and emphasised that staff engagement was one of the most important parts of that. The Trust was facing difficult times and a huge agenda including the T3 project and staff engagement was a critical part to the success of such projects. It was important to make sure that the Trust's 16000 staff were fully engaged.

Penny Brooks also emphasised that when times were hard and finances tight what actually made a difference was that staff felt involved. The Big Conversations hosted by the Chief Executive were events where the Trust could reach out to staff to find out their views and frustrations. The energy and motivation shown by staff at the first of those events was fantastic and invaluable.

Jaki Lowe gave a presentation, (copy attached to the Minutes) and highlighted the following points:

- LiA was not an 'initiative' but a shift in the way the Trust worked.
- It was about staff coming together and solving problems in a bureaucratic light process.
- LiA was about unlocking the potential for transformation
- LiA worked on the premise of giving "permission to act" and providing a simple process to help.
- Cutting out time-wasting and unblocking the way
- It was evidenced based.
- LiA had its own impact measure – The Pulse Check which had been circulated to all staff and the Journey Scorecard which had been circulated to senior managers for completion. Approximately 3000 staff had responded to date.
- The Chief Executive was holding 10 Big Conversations with staff. The first of which was held on 28th November, 2014, and the others were on 5th and 12th December 2014 at "The Edge". Three two-hour sessions with 100 staff at each session would be held on each day.
- The Trust would look at the themes emerging from the Big Conversations and would identify some "Quick Wins"
- Staff attending the first of the Big Conversations had rated it either 4 or 5 (5 being the highest score). Staff had commented that "they felt that they were really being listened to" and "it was good that the little people can have a say in the changes that can happen".
- Over the course of the next 12 months there would be teams (24) in every directorate linked to the themes arising out of the Big Conversations. Those teams would be supported by Penny Brooks and Jaki Lowe.
- The Trust Executive Group had identified a number of areas on which they want LiA to impact.
- A high impact communications campaign would be required to ensure that the messages were spread across the organisation and also create an appetite for involvement

During discussion the following matters were raised:

- Caroline Irving stated that she had attended the event held on 28th November 2014 and had enjoyed it. However she was concerned about how the Trust would handle not being able to manage staff expectation. The Chief Executive explained that he recognised that it would not be possible for the Trust to action all the themes emerging from the events and therefore it was important to identify the most popular themes and action them.
- Frank Edenborough asked how LiA fitted in with Service Improvement and Microsystems. Jaki Lowe explained that she had considered that fact and had discussed it with Becky Joyce, Service Improvement Director. She stated that both LiA and Microsystems were very close concepts and had some of the same principles, LiA was different in that it was much more about getting staff together over a short period of time (20 weeks) to solve a problem.
- Nick Payne asked whether there was any measure of feasibility. Jaki Lowe explained that it was the role of the sponsor group looking at which schemes could be successful.
- Paul Wainwright commented that 3000 responses to the Pulse Check was particularly low and would the Trust expect that to rise going forwards. Jaki Lowe explained that in her experience the level of responses would increase as LiA moved forwards. It was important that time was set aside for staff to get involved and Managers were trying to be as creative as possible in order to release staff. She also pointed out that herself and Penny Brooks would also be visiting staff in their working areas.

- The Chief Executive stated that the Big Conversation events would be repeated in 6 months time in order to reach more staff.
- Andrew Manasse reported that he had attended the event on 28th November, 2014 and was very impressed by the process and what had come out of it and how the staff had spoken with great commitment.

The Chairman thanked Penny Brooks and Jaki Lowe for their presentation.

COG/14/46

NHS England Five Year Forward View

The Chairman explained that the NHS England Five Year Forward View had been circulated for information. He explained that he did not want to spend a lot of time on it at the moment as the position was very fluid in the light of the forthcoming General Election and until some further clarity was announced.

COG/14/47

Governors' Matters

(a) Notes of Governors' Forum Meeting held on 11th November 2014

Andrew Manasse referred to the Notes of the Governors' Forum meeting held on 11th November, 2014 and highlighted the following points:

- He had spoken to the Medical Director about arranging a presentation for Governors on the subject of medical staffing numbers.
- It was important that the Trust set the date of the 2015 Annual Members Meeting so that planning could commence.
- There was a good discussion about the Council of Governors meetings in terms of what was good and not so good about them and where improvements could be made. It was hoped that a few Governors could arrange to meet with the Chairman to discuss the outcome of that discussion.
- Holding Non Executive Directors to account - This was a very important statutory duty of Governors and it was important that Governors understood what it meant and how to do it. Discussions about this were ongoing with the Chairman and the Assistant Chief Executive.
- Work on linking Governors to Directorates was ongoing. Governors would attend meetings in order to provide them with a better understanding of the activities going on throughout the Trust.
- GoodHealth - Governors felt that the content of Good Health should be more balanced between good news and the challenges facing the Trust.
- Staff Governors - Staff Governors had met to discuss the possibility of having more Staff Governors given the size of the organisation and that it was split over two campuses. Staff Governors would arrange a meeting with the Chairman to discuss the matter further.
- Non Executive Directors - Governors felt that they did not see enough of the Non Executive Directors and extended an invitation to them to come and join Governors at their Christmas Tea Party on Wednesday 10th December, 2014, in the Board Room, Northern General Hospital at 3.00 pm.

The Chairman stated that he would pick up and consider all of the above issues.

(b) Review of Council of Governors' Terms of Reference and the Council of Governors' Nominations and Remuneration Committee Terms of Reference

The Assistant Chief Executive referred to the Terms of Reference for both the Council of Governors and the Nominations and Remuneration Committee, copies of which were circulated with the agenda papers. He explained that the Terms of Reference had been reviewed and some non contentious changes had been made.

In answer to a question the Assistant Chief Executive acknowledged that the TOR for the Nominations and Remuneration Committee were silent on the mechanism to deal with a situation whereby a Governor was off sick for a length of time. He explained that the situation would be dealt with as it arose.

The Council of Governors **APPROVED** both sets of Terms of Reference.

COG/14/48

Dates of 2015 Meetings

Council of Governors meetings would be held on the following dates in 2015:

- Tuesday 10th March
- Tuesday 2nd June
- Tuesday 1st September
- Tuesday 1st December

Meetings would be held in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital.