



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday, 1st December 2015, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop	Jacquie Kirk	Spencer Pitfield
George Clark	Kaye Meegan	Sue Taylor
Sally Craig	Lewis Noble	Graham Thompson
Anne Eckford	Kath Parker	John Warner
Caroline Irving	Nick Payne	Dick Williams
Joyce Justice	Hetta Phipps	

STAFF GOVERNORS

Dylan Caffell	Chris Monk	John West
Irene Mabbott	Craig Stevenson	

PARTNER GOVERNORS

Paul Corcoran	Amanda Forrest	Nicola Smith
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APOLOGIES

Hilary Chapman	Mary Lea	Michael Warner
Dorothy Hallatt	John O'Kane	Tony Weetman
Cath Hemingway	Dawn Moore	

IN ATTENDANCE

Tony Buckham	Annette Laban	Neil Priestley
Sir Andrew Cash	Kirsten Major	Neil Riley
Sue Coulson (Minutes)	Chris Morley	Martin Temple
Mark Gwilliam	Jane Pellegrina	David Throssell

Sandi Carman (item COG/15/43)

OBSERVER

1 member of the public

COG/15/41

Declarations of Interest

There were no declarations of interest.

COG/15/42

Minutes of the Meeting of the Council of Governors held on 1st September 2015

The Minutes of the Meeting held on 1st September 2015, were agreed and signed by the Chairman as a correct record.

COG/15/43

Governors' Open Forum Time:

(a) CQC Preparedness

Sandi Carman, Head of Patient and Healthcare Governance, was in attendance for this item and gave a brief presentation (copy attached to the minutes) on the Trust's preparedness for the forthcoming CQC inspection.

In summary, preparations were going very well and the Trust had met all the Inspectors' requirements and they were happy with the information provided.

The key points to note were:

- Multiple focus groups, including one for Governors, had been held on 1st December and others would be held on 2nd December 2015. The informal feedback from the focus groups held that day was mostly positive with a few concerns but nothing that was unexpected.
- A community liaison event was being held at 6.00 pm at St. Mary's that evening. Sandi Carman would be in attendance to support the event.
- The main inspection commenced on Monday 7th December 2015 at 3.00 pm with a presentation from the Board of Directors followed by a focus group for Non Executive Directors. The number of inspectors attending the Trust on each day was:
 - Tuesday 8th December Central site (50) & Northern site (10)
 - Wednesday 9th December Central site (10) & Northern site (50)
 - Thursday 10th December Central site (30) & Northern site (30)
 - Friday 11th December Various
 - Community locations would be inspected during the week
- At 3.00 pm on Friday 11th December 2015, 4-6 Executive Directors of the Trust would be asked to attend a feedback session.
- 10 working days after the main visit the CQC would make unannounced visits to the Trust.
- Information packs had been provided to the CQC prior to the visit and included the following corporate documents:
 - Management Arrangements
 - Quality Report

- Corporate Strategy – Making a Difference
- Evidence Portfolios (Location based)
- Core Service Summaries (CQC Core Services)

Governors expressed their sincere thanks to Sandi Carman and her team for all the hard work, which included the collation of a huge amount of information in preparing the Trust for the forthcoming inspection. Governors expressed their best wishes to everyone for the inspection week and looked forward to a good outcome.

The Chief Executive explained that providing detailed feedback to Governors after the inspection could be a little difficult as the CQC tended not to go into any great detail at the feedback session to Executive Directors on the final day of the inspection. He stated that the Trust was not expecting to have the formal feedback summit for quite a few months after the inspection as organisations which had been inspected a few weeks ago were not due to have their feedback summits until February 2016. However, the Chief Executive would send out a communication to Governors as soon as possible after the inspection.

The Chief Executive reported that staff were extremely positive about the inspection and were the CQC to suggest ways of improvement the Trust would be keen to hear them.

The message to staff was to relax and be themselves and in that way the Trust would come across well.

COG/15/44

Minutes of the Meeting of the Council of Governors held on 1st September 2015

The Minutes of the Meeting held on 1st September 2015, were agreed and signed by the Chairman as a correct record.

COG/15/45

Matters arising

There were no matters arising.

COG/15/46

Governors' Matters

(a) **Evaluation of Annual Members' Meeting held on 23rd September 2015**

Kath Parker referred to the paper (Enclosure B) setting out the evaluation of the Annual Members' Meeting held on 23rd September, 2015 circulated with the agenda papers.

She reported that overall the comments received were positive. However, most of the negative comments received related to the venue and the audio system in the room e.g. lack of accessibility for disabled people, unable to hear speakers and difficulty in finding the venue.

The following action was **AGREED**:

- Chris Morley, Deputy Chief Nurse, would raise the access and signage problems with the Chief Nurse and the Estates Department.

Action: Chris Morley/Hilary Chapman

- The Trust would ensure that the appropriate audio equipment was available and working on the day for next year's meeting.
- The Trust would look to see if there was an alternative on site venue in which to hold the meeting.

(b) Notes of Governors' Forum Meeting held on 3rd November 2015

Kath Parker presented the Notes of the Governors' Forum Meeting held on 3rd November 2015 (Enclosure C) circulated with the agenda papers. She highlighted the following points:

- Governors were now linked to Directorates and the arrangement was working reasonably well.
- Governors were extremely impressed with Sandi Carman's presentation on the CQC Inspection and thanked her and her team for all their hard work.
- Governors were planning a Time Out in early 2016 in order to discuss their agenda for the coming year.

The Chairman stated that if Governors required any help or input from the Trust for their Time Out they should contact him.

(c) Report on Governors' visits to Central Production Unit (CPU) on 9th and 12th June 2015

John Warner referred to the Governors' Report (Enclosure D) circulated with the agenda papers on their visit to the CPU on 9th and 12th June 2015. He reported that, as always, Governors were impressed by the dedication of the staff in that area and the work that goes into the selection and preparation of the food provided to patients. The working environment in the CPU was challenging but the staff coped well and had a lot of pride in their work.

John Warner also mentioned that a competition was being held to find a more appropriate name for Unit which more appropriately reflected the work carried out there.

COG/15/47

Report from Council of Governors Nominations and Remuneration Committee

(a) Update on Chair and Non-Executive Director appraisals

The Assistant Chief Executive reported that Non Executive Director appraisals were last undertaken in December 2014 and the Chairman's appraisal in June 2015.

A proposal had been to the Council of Governors Nomination and Remuneration Committee that, as December 2015 had become a particularly busy month, the appraisals of Non Executive Directors should be rescheduled until April/May 2016. The Committee endorsed the proposal and thought it was important that the decision was brought to the attention of the Council of Governors.

The Assistant Chief Executive also pointed out that the Chairman's appraisal would be carried out at the same time.

(b) To note the appointments to the Committee

The Council of Governors noted the membership of the Council of Governors Nominations and Remuneration Committee as set out in Enclosure E circulated with the agenda papers.

COG/15/48

Trust Operations including

The Chief Executive referred to his report (Enclosure F) circulated with the agenda papers and the following points were highlighted:

- Winter Plans - The Director of Strategy and Operations confirmed that plans were in place for the Christmas and New Year period and the Trust was working closely with its partners.
- Flu Vaccination - work was continuing to improve the staff uptake of flu vaccination.
- Emergency Services Pathway – the Pathway has been under considerable pressure since the beginning of October 2015. The CEO led review of Emergency Care had now reported and its recommendations were being implemented. A new single Medical Assessment Centre (MAC) opened on 23rd November 2015 and revised pathways had been introduced so that patients referred from their GPs now went direct to the MAC without going through the Emergency Department which was previously the case. Those were significant changes and would need to be carefully managed through the implementation phase but early indications were that the new processes were working well.

In addition to the above the Trust needed to ensure that the discharge pathway from the Trust was also well managed. Transport was a significant issue and the Trust was working closely with its partners to improve the response time and new contractual arrangements for the winter had been agreed (90 minutes standard response time for discharges).

In the New Year the Trust would be implementing, on a phased basis, systems whereby GP referred patients would go direct to the specialty referred to and that would be a major change to current practices.

Governors expressed concern about where Directorates/Specialties were going to find the space within their departments to assess GP referred patients. The Director of Strategy and Operations explained that as external reviews demonstrated the Trust's current length of stay (LOS) was longer than it was expected to be, and, therefore, if the LOS was reduced it would create the capacity. She emphasised that Directorates would not be seeing extra patients. She explained that in creating the MAC the Trust had 9 fewer patient stations and at no point to date had it run out of capacity.

The Medical Director explained that the plan was that Specialties would move away from just having beds to having an area where patients could be assessed. It was important that patients referred were aware that they were coming to hospital for assessment and not necessarily for admission. It may be that some patients would be allowed to go home at the end of the day and asked to return the following morning if further tests needed to be carried out. Previously patients would have been admitted to a bed. It was really important to address patient expectations.

- Lorenzo - Medical Director reported that as Governors were aware the implementation of Lorenzo went live on 27th September 2015 as planned. He pointed out that Lorenzo was the platform for the Electronic Patient Record. In the post 'go live' period the Trust had expected to experience teething problems as had all other Trusts who had implemented Lorenzo or other similar systems.. Those teething problems fell into the following areas.
 - Technical (operation of the system - The great majority of those issues related to the smart cards that staff required to use the system and their permission levels. There was good engagement with the CSC (supplier) and high level discussions were taking place on a regular basis to resolve those issues. Initially there were 150 issues but to date 30-40 remained and were being addressed.
 - Systems and Processes - a number of processes were taking longer post implementation and therefore they were being analysed to ascertain whether the processes in the departments concerned needed to be changed or whether modifications to Lorenzo were required.

The Trust was now carrying out a number of administrative and other processes far more comprehensively than previously and as a consequence those tasks were taking more time. For example patients were now discharged from the Emergency Department with a proper printed discharge note for their information and their GP. In the past patients were given a hand written note of which GPs complained about the quality.

Overall the implementation went well but there were still issues which were being addressed.

The Medical Director reported that in the last couple of days there had been 2 periods of outage nationally of Lorenzo which was unprecedented.

The Medical Director emphasised that the majority of staff had engaged with the system and were finding it good but there were still people for whom the process would take longer.

The Chief Executive reported that a particular issue had been ensuring data quality for those patients attending the Accident and Emergency department at the Northern General Hospital. He emphasised that at all times patient safety had been maintained nevertheless the accuracy of the data, particularly re the time of discharge for the department, had been problematic. The issue had been discussed with Monitor and it had been agreed that data submissions be suspended from 26 September 2015. The Trust was working towards being in a position to commence reporting again on 1st January 2016.

- Vanguard Bid/Working Together – The South Yorkshire and North Derbyshire bid had been successful. The next step would be to look at the governance arrangements and moving Working Together into a federation model which may involve some legal implications with the Trust taking more of a lead role.
- Finance Position – The Director of Finance reported that the Trust's financial position was challenging. After six months, the Trust was overspent by £9.4m against allocated budget/financial plan which equated 2% of turnover. That represented a deterioration of £892,000 from the equivalent value at month 5 which was a below average deterioration compared with the previous five months.

In month 6 delivery against the activity plan targets was an under performance of £7.7m (£5.2m underperformance in month 5). It was anticipated that there would be a catch up of missing activity in the remaining months of the year, nevertheless this was a major explanation of the Trust's year to date performance.

In summary, therefore, the year-to-date position constituted an extremely worrying operating deficit of £9.4m (2.1%) against budgets. Although the Trust had uncommitted contingencies which could be added into the position the deficit still remained at £4.4m. It would be critical, therefore, that tight financial control of performance management was reinforced on an ongoing basis and significant risk managed to ensure that the Trust was able to meet its year end targets. At this stage in the year, and based on the recovery plans submitted by Directorates, the Trust remained reasonably confident that it would be able to meet its year end targets.

The Director of Finance emphasised that the Trust had always met its financial duties and it aimed to do the same again this year.

Nationally the NHS was looking at a total deficit of £1.8 billion.

In response to a question of how the Trust compares financially with other Trusts, the Director of Finance reported that 90% of Trusts were in worse financial positions and out of the 10 Shelford organisations Sheffield and Newcastle had the best financial positions. However he reported that some District General Hospitals were having difficulty in paying their bills and that included some of the local District General Hospitals not settling their bills with STH.

In response to a question regarding the level of bad debts, the Director of Finance confirmed that the Trust was owed £5-7 million by local Trusts and that position had been raised with Monitor.

- 31 Day Cancer – The Director of Strategy and Operations reported that the Trust had achieved the 31 day cancer target but, for the first time in 4½ years, had failed to achieve the 62 day referral to treatment target. That performance was due to the large number of late referrals (35) received by the Trust from District General Hospitals after day 62 and therefore after action could be taken by the Trust to provide the patient's care within the target timeline. The Trust had asked for a number of the breaches to be reallocated to the District General Hospitals. The position had been raised with Monitor and a national meeting was to be held in December 2015 to review the rules.

During discussion the following points were made:

- In response to a question about why the DGHs were referring patients late the Director of Strategy and Operations explained that the feeling was that the diagnostic part of a patient's treatment was not working as efficiently as it should and there was no target set for completion of diagnostic investigations. It was crucial to improve the clinical management of patients in order that they were referred to STH as early as possible.
- In response to a question about where clinical networks fitted in the Director of Strategy and Operations explained that the Cancer Network needed to take a more prominent role on this matter. However, she reported that the Sheffield Clinical Commissioning Group had been excellent in supporting the Trust in this matter.
- Annette Laban, Non Executive Director, reassured Governors that this matter had been discussed at length by the Board of Directors and the key point was that Sheffield patients received a great service but some District General Hospital

patients were not and she felt that Governors from the District General Hospitals should be raising the matter at their Board/Council of Governors meetings.

- Safer Staffing - Chris Morley, Deputy Chief Nurse, reported that the shortage of registered nurses was a national issue and the Trust was working hard to maintain its position whereas the position in other organisations had worsened. The performance for Quarter 2 was very similar to Quarter 1. The Trust continued worked hard to recruit nurses and 16 posts had been offered to EU Spanish nurses and 9 Spanish nurses had already commenced working for the Trust. Further recruitment overseas was planned in the New Year.

The Trust had not experienced any problems recruiting Clinical Support Workers.

Overall the Trust's position was stable but it continued to work hard to maintain its nurse staffing levels. The position was managed daily and ward by ward.

During discussion the following point was raised.

- Would the new finance arrangements and the removal of bursaries for student nurses affect the number of students coming through? Chris Morley reported that the outcome of the changes was not known as yet but clearly it was a fundamental shift. It was early days but there were potential opportunities to be exploited as well as risks.

COG/15/49

Delivering the Trust's Corporate Strategy – Strategy Refresh

The Chief Executive reported that the Board of Directors agreed to refresh the Trust's Corporate Strategy 'Making a Difference' during 2015 to enable the organisation to be sustainable clinically, financially and operationally for the foreseeable future. He pointed out that "Excellence as Standard" had been target driven and did not necessarily engage staff. Therefore the Trust was taking a different approach with "Making a Difference" which would be focussed on staff engagement as well as the 5 key strategic aims.

The Chief Executive reported that now was the time to take stock about the next five years. The forthcoming visit by the Care Quality Commission in December 2015 would no doubt provide the Trust with some indicators.

The Director of Strategy and Operations reported that over 500 responses had been received from views sought and over 94% of responders had confirmed that they still supported the Trust's 5 key strategic aims. Having reviewed all the feedback from the views sought it had been decided to keep the Trust's Vision, Mission and Proud Values and five key strategic aims for the organisation. However as a result of specific comments received modest amendments had been made to the strategic objectives.

The Director of Strategy and Operations reported that in the early part of 2016 the Trust would be engaging with its partners regarding what Sheffield might look like in the future and also considering what the Trust needed to do differently.

The following points were raised during discussion:

- How was the lack of funding for social care arrangements impacting on the Trust? The Chair and Chief Executive had discussed the matter with the Leader of Sheffield City The Chief Executive also reported that Sheffield City Council had commissioned Deloitte to undertake a piece of work about the next steps for the Sheffield health and

social care economy and how the various organisations could work together to create a Sheffield Health and Social Care System.

Governors felt that the work the Trust was engaged in with its partners was extremely positive.

- Governors felt that engaging staff was the key to success and therefore the language used in the strategy was extremely important. For instance staff saw the term of “increasing efficiency” as a criticism and an indication that they were inefficient.
- Governors also suggested using the term “value for money” rather than efficiency savings.

The next step was to publish the final corporate strategy along with a set of specific priorities for the organisation to deliver in 2016/17, linked to the Trust’s updated objectives, in the spring of 2016.

COG/15/50

Revalidation for Nurses and Midwives

The Deputy Chief Nurse referred to Enclosure H circulated with the agenda papers which set out the progress regarding implementing the revalidation model for nurses and midwives at STH, described the areas of work completed to date and outlined the project plans between now and the implementation of the validation.

He emphasised that it was crucial that nurses and midwives engaged with the new requirements as failure to revalidate would mean that they would not be able to work for the Trust. It was acknowledged that some staff may choose to retire rather than go through the revalidation process.

In order to be able to revalidate every three years, each registered nurse and midwife would need to confirm on line the following criteria:

- Practiced for 450 hours during the last three years (2 x 450 hrs. for dually-registered professionals, e.g. a practicing registered nurse who is also a practicing registered midwife)
- Met the requirements for Continuous Professional Development (CPD)
- Obtained confirmation from a third party that they have met the agreed requirements.
- Reflected on practice-related feedback, their CPD and their compliance with ‘The Code (2015)’
- Have a professional indemnity arrangement in place
- Have maintained a level of health required for their professional role.

Communications were being disseminated to raise staff awareness of the importance of revalidation and also to raise the awareness of nurses and midwives working outside the Trust (i.e. Care Homes etc).

COG/15/51

Complaints

The Council of Governors **RECEIVED** and **NOTED** the following reports:

- Annual Complaints and Feedback Report 2014/15 (Enclosure I)
- Quarterly Complaints and Feedback Report: April - June 2015 (Enclosure J)

COG/15/52

Any Other Business

There were no additional items of business

COG/15/53

Dates of Meetings in 2016

Meetings of the Council of Governors in 2016 would be held on the following dates at 5.00 pm in venues to be confirmed:

- Wednesday 9th March
- Wednesday 1st June
- Tuesday 13th September
- Tuesday 6th December

Signed: Date:
Chairman