



Minutes of the Meeting of the COUNCIL OF GOVERNORS
held on Tuesday 5th September 2017
Undergraduate Common Room, Northern General Hospital

PRESENT: Tony Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Barbara Bell	Peter Hewkin	Joyce Justice	Sue Taylor
Jennifer Booth	Martin Hodgson	Ian Merriman	Enid Wadsworth
Wendy Bradley	Jacquie Kirk	Kath Parker	Nev Wheeler
Sally Craig	Steve Jones	Harold Sharpe	Michael Warner

STAFF GOVERNORS

Dylan Caffell	Irene Mabbott	Karen Smith
Cath Hemingway	Cressida Ridge	John West

PARTNER GOVERNORS

Paul Corcoran

IN ATTENDANCE

Tony Buckham	Non-Executive Director
Sandi Carman	Assistant Chief Executive
Hilary Chapman	Chief Nurse
Sue Coulson	Business Manager, Board of Directors (Minutes)
Mark Gwilliam	Director of Human Resources
Kirsten Major	Deputy Chief Executive
Jane Pellegrina	Foundation Membership Manager
Julie Phelan	Communications Director
Neil Priestley	Director of Finance
David Throssell	Medical Director

Michael Harper Chief Operating Officer (Items COG/17/27 and COG/17/29)

APOLOGIES - GOVERNORS

Michelle Cook	Amanda Forrest	Mary Lea	Spencer Pitfield
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APOLOGIES - BOARD MEMBERS

Andrew Cash	Chief Executive
Annette Laban	Non-Executive Director

OBSERVER

One member of the public

The Chairman welcomed everyone to the meeting especially all the new Governors who were attending the Council for the first time.

COG/17/22

Declarations of Interest

There were no declarations of interest.

The Chairman left the meeting at this point and Tony Buckham, Non-Executive Director, took the Chair while the following item was discussed.

COG/17/23

Update from Council of Governors' (COG) Nominations and Remuneration Committee - Outcome of Chair Appraisal 2016-17

Jacquie Kirk presented the outcome of the Chair Appraisal 2016-17 and the process undertaken.

She explained that appraisal of the Chair was undertaken annually and was led by the COG Nominations and Remuneration Committee and supported by the Senior Independent Director(SID)/Vice Chair of the Board of Directors. She explained that the appraisal was an evidence based assessment which included feedback on performance over the previous twelve months. Feedback was obtained from members of the COG Nominations and Remuneration Committee, Executive and Non-Executive Directors via a questionnaire.

A total of 21 questionnaires were distributed of which 18 were returned. The responses were analysed and consolidated into a report which was discussed in detail by the Acting Vice-Chair of the COG Nominations and Remuneration Committee and the SID on 13th July 2017. The outcome was communicated to the Chair on 19th July 2017.

The outcome was discussed at a meeting of the COG Nominations and Remuneration Committee on 19th July 2017. It was agreed that the Chair had an all-round excellent performance in all aspects of the role. Some recommendations were discussed and agreed with the Chairman.

Peter Hewkin asked at what point in the process were Governors, who were not members of the COG Nominations and Remuneration Committee, involved in the process. Jacquie Kirk explained that the Governors who sit on the COG Nominations and Remuneration Committee represented the COG for the purposes of the Chair's appraisal. He pointed out that there was a statement in the Statutory Guidance which stated that the "COG took the lead on the process to evaluate the Chair" and he asked if the current process could be reviewed at a future date Governors' Time Out.

Action: Kath Parker and Sandi Carman

The Chairman returned to the meeting and took back the Chair.

COG/17/24

Minutes of the Meeting of the Council of Governors (COG) held on 27th June 2017

The Minutes of the Meeting held on 27th June 2017 were agreed and signed by the Chairman as a correct record subject to one minor typographical amendment.

COG/17/25

Matters arising

(a) Cyber-Attack

(COG/17/16) The Medical Director reported that on the day of the last COG meeting there had been another cyber-attack which had affected some organisations.

He referred to the DAN process which had been discussed in the past and explained that a questionnaire relating to Cyber security had been distributed to staff. The aim of the questionnaire was to provide assurance on staff awareness but also as an educational resource. The questionnaire contained 8/9 questions setting out different scenarios and asking staff to think about how they would respond to those varying situations. There had been a very good response and 1200 staff had participated. A number of Executive Directors were also interviewed and were found to have a good degree of awareness. Internal Audit was surprised at the level of response and it provided the Trust with some overall assurance about staff awareness of Cyber security but also highlighted some minor areas for development.

During the discussion Cath Hemingway asked whether the Trust needed to revise its policies on staff accessing social media on Trust devices. The Medical Director reported that most of the relevant policies had been updated in the last six months. However he pointed out that staff were allowed to access private web sites on Trust premises but this had to be during their own time. The Deputy Chief Executive also pointed out that some staff legitimately used social media and private sites as part of their work.

(b) Appointed Governors

The Chairman reported he had taken forward the matter about the long standing vacancies for Appointed Governors with the Sheffield City Council, Sheffield Hallam University and University of Sheffield. The University of Sheffield had put forward two nominees and the Medical Director and Assistant Chief Executive were following up those nominations.

In terms of the Sheffield City Council, Mary Lea had responded to note that she was still a member of COG although she had not attended a meeting for quite some time.

The Chairman stated that he had not contacted Sheffield Hallam University given that there was shortly to be a new Pro Vice Chancellor. He would, therefore, follow this up once the new Pro Vice Chancellor was in post.

(c) Delayed Transfers of Care (DTC)

(COG/17/13/(c)) The Chairman reported that the Trust had received an extremely complimentary letter from the Secretary of State for Health in which he extended his personal congratulations on the improvement made by the Trust to reduce the number of patients experiencing DTC in the three months to June 2017. He asked that those congratulations be passed on to the staff.

STH was the provider with the biggest improvement which was a remarkable achievement.

The Chairman reported that the improvement was the result of the tremendous efforts made by the Team and partners.

(d) MOU - Sheffield Accountable Care Partnership

(COG/17/18) The Chairman reported that this was still work in progress and he had attended a meeting with the Sheffield City Council the previous week. He stated that a small Sub Committee of the Board had been set up to scrutinise the various documents and was due to meet on Thursday 7th September 2017. It was hoped by then that the latest version of the Partnership documentation would be available. He stated that once the agreement had been finalised it would be presented to COG.

In addition, the Chairman reported that there was an event on 27th October 2017 on the Accountable Care System at the New York Stadium in Rotherham to which Governors from all across the region were invited to attend. Governors wishing to attend should notify Jane Pellegrina.

Action: All to note/Jane Pellegrina

(e) Workforce Race Equality Scheme (WRES)

(COG/17/18) The Chairman reported that it had not been possible for Yvonne Coghill to attend today's meeting to give a presentation on WRES but she had agreed to attend at the December meeting.

Action: Jane Pellegrina

COG/17/26

Governors' Matters

(a) Notes of Governors' Forum Meeting held on 8th August 2017

Sally Craig presented the notes of the Governors' Forum meeting held on 8th August 2017 and highlighted the following points:

- Sue Butler, Head of Patient and Healthcare Governance, had given a presentation on the Draft Quality Strategy.
- Car parking issues had been raised again and following the meeting Peter Hewkin had emailed Kevin O'Regan outlining the issues.
- Governors extended their thanks to Irene Mabbott for all her hard work in arranging the Best Practice Festival.
- Martin Hodgson reported on the work in progress to review the Code of Conduct for Governors and the Governor Role Description.
- Communication between Governors and their constituents was discussed and consideration was being given on ways to improve that.

The Chairman commented on the discussion about the interaction between Governors and Non-Executive Directors and reported that he had asked the Assistant Chief Executive to look at the timing of COG meetings to see if that may improve matters. The Chairman pointed out that Governors had the opportunity to observe Non-Executive Directors carrying out their duties at Board of Directors meetings and at Board Committee meetings.

Action: Sandi Carman

Wendy Bradley felt that the notes of the discussion regarding the Elections to Council of Governors 2017 had not been appropriately captured and she had wanted to see some action as a result. Jane Pellegrina reported that action was underway. She had requested that Electoral Reform Services provide details of the actions they had taken regarding the Constituency boundaries. The Trust would consider those findings and if it was not satisfied with the outcome consideration would be given to what further action should be taken.

Action: Sandi Carman and Jane Pellegrina

(c) Update on arrangements for Annual Members' Meeting (AMM)

Kath Parker updated members on the arrangements for the AMM on 21st September 2017 to be held in the Lecture Theatre at the Medical Education Centre, Northern General Hospital. The timetable for the meeting was:

1030	Registration and Coffee
	There would be a range of information stalls by various organisations for guests to visit.
1200	Formal proceedings including Question and Answer Time
1400	Guests would be invited to hear more about the innovative work taking place within the Trust by selecting two half hour sessions from the following topics: <ul style="list-style-type: none">➤ <i>Perfect Patient Testbed</i> – using technology to support new ways to help patients manage their long term health conditions.➤ <i>Dementia matters</i> – exploring the work being undertaken in partnership with patients on dementia care and facilities➤ <i>Life in a Trauma Centre</i> – an insight into the work of our Trauma Centre

Kath Parker hoped that as many Governors as possible would attend. It was noted that notifications of the meeting had gone out in Good Health, by email, by post and via social media.

There was a general discussion on whether holding the meeting in an offsite venue might encourage more members of the public to attend. The Chairman commented that that had been looked at in previous years and had been found to be expensive and he was conscious not to incur such level of expense. Julie Phelan also stated that there had to be a balance between making it possible for staff to attend and help out on the stalls etc. as well as encouraging the public to attend.

The other key issues which were thought to affect attendance numbers were car parking and the timing of the meeting.

In answer to a query about rotating the meeting on different hospital sites, the Chairman stated that there was not a suitable venue on the Royal Hallamshire Hospital which could house a meeting of this size.

Julie Phelan stated that she would be happy to look again at the possibility of holding the AMM off site but shared the concern about the cost involved.

Action: Julie Phelan

COG/17/27

Governors' Open Forum Discussion

(a) Emergency Planning and Business Continuity

Michael Harper, Chief Operating Officer, was in attendance for this item. The Deputy Chief Executive introduced the item and explained that the presentation to be given by Michael Harper was to assure Governors that the Trust had learned lessons from the recent tragic events in Manchester, London, Paris and Barcelona.

The key points to note from the presentation were:

- Kirsten Major, Deputy Chief Executive, was the Accountable Emergency Officer
- Emergency Planning and Business Continuity was led by Michael Harper as Chief Operating Officer
- The Trust had a central Emergency Planning Team and Business Continuity Leads across all clinical and non-clinical areas
- The Trust had asked all departments to provide a statement of readiness. The results of that exercise had identified that 80 areas were green (compliant), 34 areas were amber (non-compliant but action was being taken) and 5 areas were red (non-complaint and no action taken). Since that time all red areas now had plans in place. A further update on the Trust's state of readiness would be presented to the Trust Executive Group in December 2017.
- All associated Trust policies and plans (Bomb Hoax, Non Fire Evacuation Plan, Lockdown, Management of Elective Activity, Mutual Aid, Management of Paediatrics) and action cards were being reviewed and refreshed as necessary. The review of the Major Accident Plan would be completed by December 2017.
- A Mass Casualty Task and Finish Team had been established, chaired by Jennifer Hill, Deputy Medical Director, to develop a Mass Casualty Plan which would be an Annex of the Major Incident Plan.
- The Trust continued to train staff and to learn from internal and external events.

In conclusion Michael Harper assured Governors that the Trust could continue to provide safe and effective services in the light of any unplanned event.

Following the presentation there was a general discussion on the provision of psychological support for both staff and patients involved in such events and whether the Trust had any links with the Social Care Trust.

Michael Harper reported that the Trust had processes in place which included the details of who to contact for various matters and that included psychological support. The Deputy Chief Executive also pointed out that the Trust already provided a psychological support service specifically for staff.

John West stressed the importance of ensuring that staff mental health needs were taken into account in the planning for managing such incidents.

COG/17/28

Feedback from Governors - Freedom to Speak Up (FTSU) Guardians

Irene Mabbott and Cath Hemingway gave a presentation on their appointment as FTSU Guardians (copy attached to the minutes). The key points to note were:

- As a result of the Sir Robert Francis Report, the role of FTSU Guardian was developed and all NHS organisations were required to have a FTSU Guardian role in place.
- The role of FTSU Guardian was designed to be genuinely independent and provide capacity to support the creation of an open culture based upon listening and learning, and to empower and encourage staff to speak up safely.
- Following publication of the Francis Report the Trust revised its Raising Concerns at Work Policy and Procedure to include the role of the FTSU Guardian.
- Mark Gwilliam, Director of Human Resources, was the Executive Lead and Annette Laban was the Non-Executive Director Lead for FTSU.

- Reporting concerns could be raised through a myriad of ways i.e. general complaints, anonymous letters, FTSU Guardians and Advocates, HR processes and through Staff Side. However Mark Gwilliam stressed that concerns raised by staff should be dealt with at a local level if at all possible through dialogue between staff and managers. The FTSU Advocates role was to direct staff to the appropriate channel for their concern to be addressed.
- FTSU Guardians and Advocates would receive training and attend peer support forums and regular meetings of the team.
- The Trust was currently advertising and recruiting to the role of FTSU Advocates within Directorates.

The following points were made during discussion:

- Peter Hewkin asked whether the remit of the FTSU Guardian was solely for Trust employees or did it extend to volunteers and if so was that group of people aware of it? Irene and Cath stated that the FTSU Guardian's remit was not narrowed down to any group of people and they would not refuse to hear concerns from volunteers.
- The Chairman emphasised that it was important that there was total transparency.
- Harold Sharpe asked if any trends had been identified from the concerns raised. Irene and Cath stated that it was too early in the process as there was no data available yet. However in a year's time that would be possible as data would be available which could be analysed to identify any trends in a particular group or directorate.
- Barbara Bell asked how the Trust would make patients aware of the FTSU Guardians and Advocates? The Chief Nurse explained that there were many mechanisms for patients to raise concerns and FTSU Guardians provided another route.

COG/17/29

Winter Planning

Michael Harper, Chief Operating Officer, was in attendance for this item.

The Deputy Chief Executive introduced the item and explained that the presentation to be given by Michael Harper was to provide Governors with a quick update on last year's winter plan including what went well and what did not go so well together with an update on the Plan for the forthcoming winter period.

The key points to note were:

- The 2016/17 Plan built on the previous year's plan and was put together across the following seven core themes:
 - Reducing elective demand on beds
 - Reducing emergency demand on beds
 - Managing and maintaining flow
 - Escalation and Operational Management
 - Bed Capacity
 - Nurse Capacity
 - External and Partner Agencies
- The following measures were implemented by the Trust last year and all had had an impact on the success of dealing with the winter pressures:

- Rapid response to pressures through the instigation of Silver Command (three times)
 - Daily system (Sheffield)-wide teleconferences
 - Daily Delayed Transfer of Care Task Team (system-wide) meeting
 - Recovery Command (and Easter/Bank Holiday Commands)
 - Transfer pathways from Northern General Hospital to Royal Hallamshire Hospital (Respiratory; Gastroenterology; Diabetes and Endocrinology; Infectious Diseases (Flu); General Surgery and Musculoskeletal)
 - Winter Ward
 - Robert Hadfield 6
 - Flu vaccination
 - Analysis and action
- The Winter Plan for the forthcoming winter period was underway and was being developed on last year's success. It plans for two specific elements:
- Seasonal element (cold weather)
 - Flu

The Plan was about maintaining elective activity as well as responding to emergency surges. The Trust and colleagues across the city (including the Sheffield City Council) all had a role to play and the Delayed Transfer of Care (DTC) Plan would be part of the solution. The Trust had also started its Flu Jab Campaign earlier than in previous years.

COG/17/30

Chief Executive's Report

The Deputy Chief Executive presented the Chief Executive's Report (Enclosure C) and highlighted the following points:

- Accountable Care System (formerly known as Sustainability and Transformation Plan (STP)) – South Yorkshire and Bassetlaw had been named as one of the first areas in the country to be an Accountable Care System – putting the region at the forefront of nationwide action to provide joined up, better co-ordinated care breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.

Every STP had been scored against a range of metrics and the South Yorkshire and Bassetlaw had been awarded "outstanding".

The Deputy Chief Executive pointed out that there was huge amount of work to be undertaken including how to incorporate Working Together and Commissioners.

- Delayed Transfers of Care (DTC) – The Trust had seen a very significant reduction over the last few months in DTC. Arrangements were working well across the city and currently the Local Authority were working on plans on how to spend the increase in funding made available nationally through the Better Care Fund
- Integrated Performance Report – The Deputy Chief Executive highlighted the following points:
- The Trust continued to do well on the 18 week target and was fourth top in the country.

- Accident and Emergency activity was on target.
- At the end of June 2017 the number of patients waiting more than six weeks for their diagnostic test was slightly below target and work was underway to improve that performance.

COG/17/31

Policy for Non-Audit Work by External Auditors

The Director of Finance referred to the Policy for Non-Audit Work by External Auditors (Enclosure D) circulated with the agenda papers and explained that it had been circulated for information as the Council of Governors appoint the Trust's External Auditors.

He explained that the policy was required as a result of national guidance issued to NHS Foundation Trusts with regard to Governance over Audit, Assurance and Accountability. The guidance was issued as an accompaniment to the Monitor Risk Assurance Framework, but was still extant under the NHS Improvement Single Oversight Framework.

He explained that the aim of the policy was to ensure the External Auditors remained independent whilst enabling the Trust to access relevant advice and expertise when required but pointed out that such occasions were very rare.

COG/17/32

Any Other Business

(a) Accountable Care System

Martin Hodgson asked how the award of "outstanding" was determined. The Deputy Chief Executive reported that it was based on a range of metrics which she would circulate to Governors.

Action: Kirsten Major

(b) Integrated Performance Report

Peter Hewkin commented that the Trust was "red" for the "Percentage of appointments booked through e-Referral" and asked whether that had an impact on the number of outpatient appointments cancelled by patients.

The Deputy Chief Executive explained that the two were not specifically related. She reported that the Trust had done a huge amount of work to encourage General Practitioners to book patients through the e-Referral system and pointed out that as of March 2018 the Trust would not be allowed to accept paper referrals.

(c) Non-Executive Directors Attendance at Council of Governors Meetings

Peter Hewkin asked for the issue of Non-Executive Director attendance at COG meetings to be discussed in a formal setting either at a Governor Time Out or a Forum meeting.

The Chairman said he would like to meet with Governors and the Assistant Chief Executive to discuss the matter and suggested that the Lead Governor make contact with his office to make the necessary arrangements. As mentioned earlier in the meeting the Chairman reported that he had asked the Assistant Chief Executive to look at whether changing the timing or format of COG meetings would make a difference.

(d) Governor Code of Conduct

Peter Hewkin reported that unfortunately he had missed the opportunity to contribute to the ongoing review of the Code of Conduct for Governors.

Martin Hodgson explained that, as agreed at the Governors' Time Out earlier in the year, a sub-group of Governors was taking forward the issues highlighted by Governors on the Code of Conduct. Kath Parker reported that this was still work in progress and had been discussed with Clare Reynolds, the Trust's Senior Employment Lawyer

The next step was for the re-drafted Code of Conduct to be taken back to the Governors' Forum for further discussion by all Governors. It was noted that any amendments to the Code of Conduct would not be approved without a discussion taking place with the Chairman.

COG/17/33

Date of next Meeting:

The next Meeting of the Council of Governors would be held at 5.00 pm on **Wednesday** 6th December 2017 in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital.

Signed:
Chairman

Date:.....