



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday 30th April, 2013, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

Richard Barrass	John Laxton	Shirley Smith
Georgina Bishop	Andrew Manasse	Graham Thompson
George Clark	Kaye Meegan	Paul Wainwright
Anne Eckford	Kathleen Parker	John Warner
Caroline Irving	Hetta Phipps	Michael Warner
Joyce Justice		

STAFF GOVERNORS

Frank Edenborough (part)	Chris Monk	Claudia Westby
Christina Herbert (part)	Craig Stevenson	

PARTNER GOVERNORS

Nicola Smith	Leigh Sorsbie	Jeremy Wight
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APOLOGIES

John Donnelly	David Owens	Tony Weetman
Shirley Harrison		

IN ATTENDANCE

Sir Andrew Cash	Mark Gwilliam	Neil Priestley
Andy Challands	Kirsten Major	Neil Riley
Hilary Chapman	Jane Pellegrina	David Throssell
Sue Coulson (Minutes)	Julie Phelan	

OBSERVERS

Saira Ghafur, Service Improvement Fellow
No members of the public were present

COG/13/09

Declaration of Interests

Michael Warner declared that he had recently been elected as Director of the Broomhill Forum which was chaired by Professor Ian Cook.

COG/13/10

Minutes of the Council of Governors Meeting held on Tuesday 29th January 2013

The Minutes of the Meeting held on Tuesday 29th January, 2013, were agreed and signed as a correct record by the Chairman. It was noted that the Extraordinary Meeting scheduled for 18th March, 2013, had been cancelled.

Nicola Smith felt that the Minute GC13/03(a) Involving Governors in Capital Projects had not perhaps made it clear that Governors wished at least two Governors to be involved in capital projects in order to share the responsibility. The Director of Strategy and Planning explained that the new procedure set out to increase lay involvement in the design and development of capital schemes.

COG/13/11

Matters Arising

(a) **Sustainability Update Report**

(GC/13/03b) The Director of Strategy and Planning explained that, further to discussions at the previous meeting and as agreed, she had specifically sought the views of the Sustainable Development Strategy Group on the future of the post of Sustainable Development Manager (SDM). She referred to Enclosure B circulated with the agenda papers which set out those views together with an update on waste and travel management which was also requested.

She highlighted the following points:

- the consensus of views seemed to suggest there was may be need for such a position but that it needed to be cross cutting across clinical front line services and as such Estates was probably not the most effective host for such a role.
- Given the largest emissions related to procurement (pharmaceuticals and medical equipment) it would seem that procurement may provide a more logical directorate to host such a post. However, it was front line clinical services that procure supplies and services; as such it was questionable how a SDM could effectively contribute given the range of specialities.
- Sustainability in the areas of energy, travel and waste were already well embedded in the Hotel Services and Estates Directorates and an incoming SDM would add no value to the current established arrangements. Given the austere financial environment it was difficult to justify such a position on the grounds of affordability.
- She explained that the recommendation was not to appoint a replacement SDM at the current time. However, the situation would be kept under review should the position change and in any event the position would be reviewed in 12 months' time.

In answer to a question, the Director of Strategy and Planning confirmed that progress on sustainability would be monitored through the Trust's Business Planning process and discussions with Directorates on their 5-year Strategies.

Concern was expressed whether Directorates had the necessary expertise to take the sustainability agenda forwards. The Director of Strategy and Planning emphasised that embedding sustainability within Directorates was the right way forward but acknowledged that it would require a fundamental change in how services were delivered and that would take time. Further discussions on the issue would be required.

It was **AGREED** that the Director of Strategy and Development would report back in 12 months' time and that in the mean time the Board of Directors would keep the matter under review.

Action: Kirsten Major/Neil Riley

(b) Major Trauma Centre (MTC)

(GC/13/03c) The Director of Strategy and Planning referred to the update on the MTC (Enclosure C) circulated with the agenda papers and highlighted the following points:

- The Board of Directors had given its support to the full opening of the MTC on 2nd April, 2013.
- A further review of the development plans for Major Trauma had taken place, taking into account the publication of the national specification in December 2012, and further analysis on potential activity changes undertaken in conjunction with the Yorkshire and Humber Public Health Observatory. This had increased the previous activity assumptions and would suggest that an additional 147 cases could be estimated during 2013/14 in addition to existing direct admissions and existing Priority 1 transfers in.
- Plans were in place for Consultant presence in Accident and Emergency to be increased to 16 hours per day 7 days per week, requiring an additional 4 WTE consultant posts and recruitment plans were progressing for a Consultant in Rehabilitation Medicine and a Band 7 Rehabilitation and Trauma Allied Health Professional to address the national specification requirements.

Concern was expressed whether the Trust felt it would be successful in recruiting the additional staff. The Medical Director acknowledged that it would be challenging but reiterated the views expressed by the Director of Strategy and Planning that having a MTC at the Trust made the posts more attractive to potential candidates. He also reported that there were some trainees coming through the system who may be interested.

- A peer review process for Regional Trauma Networks had been undertaken on 11th March 2013. The initial feedback received was positive and highlighted the enthusiasm and engagement of the clinical staff and senior management at the Trust. The final written report was still awaited.
- Since being designated a MTC on 2nd April, 2013, the Trust had received 11 bypass cases (non Sheffield residents) 4 of which arrived by helicopter and had initiated the Trauma Team on 13 occasions.

The Council of Governors **NOTED** the update on the MTC.

(c) Annual Plan for Monitor 2013-14

(GC/13/06(e)) The Director of Strategy and Planning reported that, further to her presentation at the January 2013 meeting, the Trust was required to submit its Annual Plan to Monitor in the coming weeks. A draft of the plan was being discussed by the Trust Executive Group on Wednesday 1st May, 2013 and therefore timing did not allow for it to be submitted to a meeting of the Council of Governors prior to it being submitted to the Regulator.

It was noted, however, that the presentation in January, 2013, had covered all the issues but if any Governors wished to have sight of the Plan before it was submitted to Monitor they should inform Jane Pellegrina, Foundation Trust Manager.

The final version of the Plan would be circulated to Governors for information in due course.

Action: Kirsten Major

COG/13/12

Operational Pressures

The Chief Executive briefed Governors on the significant operational pressures that the Trust had been under since October 2012. He explained that in terms of effects, the Trust had experienced an 11% rise in medical emergency admissions and a 1% rise in surgical emergency admissions which equated to an overall rise of just under 7%. It was important that the Trust understood the reasons behind that situation and therefore the Trust had commissioned SchARR to undertake a piece of research into the reasons for the increase in admissions.

The Chief Executive stated that he had never experienced such a sustained period of pressure and one which was continuing through April 2013. He pointed out that the majority of other Foundation Trusts and GPs were also experiencing similar pressures.

The Chief Nurse/Chief Operating Officer gave a brief presentation (a copy of which is attached to these Minutes) which included the Trust's performance on achieving the A & E target and details of the actions being taken to ease the pressure on the Trust.

She emphasised that staff were working exceptionally hard to meet the demand in difficult circumstances and thanked them all for their efforts. She also asked Staff Governors to pass on those thanks and appreciation to staff throughout their areas.

The Chief Executive emphasised that it was important to get the system back into balance and the two immediate priorities were:

- re-establish operational equilibrium
- finalise the model for urgent care next Winter with GPs (a service which patients can access for minor injuries and illnesses)

There would be a close collaboration between the Trust, Clinical Commissioning Group and GPs with regard to agreeing the service model of the Urgent Care Centre.

The Council of Governors **NOTED** the position and the action being taken.

COG/13/13

Friends and Family Test (FFT) – Trust Position

Hilary Chapman, Chief Nurse/Chief Operating Officer referred to the progress report on the FFT (Enclosure D) circulated with the agenda papers. The report contained details of the initial results and the key points to note were:

- FFT had been implemented across all inpatient wards with the exception of Maternity, where it was due to commence on 1st October 2013
- The initial scores for February were good. However the response rate was disappointing and the Trust was not achieving the 15% response rate required for CQUIN from 1st April, 2013. The Trust had achieved an overall response rate of 6.7%.
- FFT results were being shared internally during the 'test' period up to 1st April, 2013. Results from 1st April, 2013, would be published nationally each month commencing in July 2013. Results would be published at Trust and ward level nationally and locally
- Reporting process and format had been agreed and were now being finalised

- Next steps included targeted actions to improve response rates, implementation in Maternity and establishing a clear process for action planning following FFT scores.

The Council of Governors **NOTED** the contents of the report.

COG/13/14

Patient Experience and Involvement Annual Report 2012

The Chief Nurse/Chief Operating Officer referred to the Patient Experience and Involvement Annual Report 2012 (Enclosure E) circulated with the agenda papers. The report provided an overview of the key achievements during 2012 and the key objectives for 2013 as listed below:

- Key achievements during 2012 included:
 - Successfully completing the ongoing programme of national and local patient surveys.
 - Developing Patient Experience Reports at group, directorate and ward levels.
 - Promoting excellence in customer care through targeted staff training programmes.
 - Supporting environmental improvements including A Floor outpatients and Brearley 7.
- Key objectives for 2013 included:
 - Implementation of the new Friends and Family Test by 1st April 2013
 - Implementation of telephone interpreting in Community Services
 - Implementation of the new Interlagos patient information management system

It was noted that the format of the report would be changed slightly following comments received at the Board of Directors Meeting in April 2013.

Governors raised the following concerns:

- The Trust's low participation rate of 65.3% for hip replacement compared to the England average of 81.6% (Page 10 of the report). It was noted that the matter was being investigated.
- Mystery Shopping (Page 18 of the report) and the poor telephone response to callers. The Chief Nurse/Chief Operational Officer acknowledged that the response rate was unacceptable and feedback was being passed to the department concerned so that improvements could be made.

The Council of Governors **RECEIVED** and **NOTED** the Patient Experience and Involvement Annual Report 2012.

COG/13/15

Francis Report – Update on Trust Position

The Trust Secretary reported that it was now clear that the Trust needed to use the Francis Report to escalate key aspects of the delivery of the Trust's current Corporate Strategy.

The first stage would be to set up a process for meeting with various staff groups, partners and Governors to gain people's views on where the Trust should put its energies and help determine its priorities. There also needed to be a process for tracking what was happening nationally.

The Trust Secretary reported that he would bring further updates to the Board of Directors and the Council of Governors in the early Autumn which was within the national timetable. However, it was noted that in the interim period further statements from the Government would be received.

A discussion took place regarding the Government's statement that prospective young nurses spend 12 months working on wards before commencing their formal nurse training. It was noted that some Trusts were piloting that initiative. However the Chief Nurse/Chief Operating Officer reported that she had spoken with local education providers and emphasised that there were also other ways of developing caring skills besides working on wards and it was important that the Trust, working with local Higher Education Institutions, recruited a variety of staff in nurse training. She reported that Sheffield would be looking more broadly at the issue and pointed out that every Healthcare Assistant working in the Trust had to go through the "Prepare to Care Course" following recruitment.

COG/13/16

2012 National Staff Survey Results

The Director of Human Resources referred to Enclosure F circulated with the agenda papers which set out the results of the 2012 NHS Staff Survey. Overall the results were pleasing but there was room for improvement. He highlighted the following key points:

- The response rate was 52% which was above the NHS average of 50%.
- The majority of staff working in our hospitals or the community (70%) would be happy to recommend the Trust as a place to be treated, or work to a friend or family member which was above the NHS average.
- The majority of staff also said they were satisfied with the quality of work and patient care they delivered
- More members of staff felt able to contribute toward improvements at work
- Less members of staff are working extra unpaid hours than the national average
- More staff had a performance appraisal
- Fewer staff experienced harassment, abuse or bullying from other staff relative to the national average
- The overall staff engagement score for the Trust has been maintained at 3.61.
- More members of staff said hand washing materials were always available than the national average

The survey also highlights areas where the Trust needed to continue its work to support staff with a few key findings showing a year on year deterioration. However a number of actions were already being undertaken to address those.

The survey findings, together with a report on the larger staff survey sample prepared by Capita, would be discussed by the Staff Engagement Executive and the Trust staff engagement action plan revised accordingly. It was noted that Chris Monk and Frank Edenbrough had been invited to be members of the Staff Engagement Executive to represent staff.

The Director of Human Resources reported that he had set up a session on 19th June, 2013, to provide an opportunity for Governors to have a more in depth discussion on the survey results and also that he could deal with any concerns Governors may have.

The Council of Governors **NOTED** the NHS 2012 benchmarked staff survey findings.

COG/13/17

Governors' Matters

(a) Council of Governors' Nominations and Remuneration Committee

(i) Ratification of re-appointment of Ms Vickie Ferres as a Non-Executive Director for a one year term of office

The Chairman reported that the Remuneration and Nomination Committee had ratified the decision to the reappointment of Vickie Ferres as a Non Executive Director.

(ii) Appointment of a Non-Executive Director

The Chairman reported that there had been a good response to the advertisement for the post of Non Executive Director to replace Rhiannon Billingsley. The Remuneration and Nomination Committee had met twice and had gone through the candidates and had shortlisted 5 candidates. Interviews were being held on 13th May 2013.

The review of the Trust's Constitution was discussed at the April, 2013, Board of Directors Meeting. It was noted that the number of Non Executive Director posts had been reduced from 7 to 6. However the Chairman wished to retain 7 Non Executive Directors for the foreseeable future which reflected the workload of the Non Executive Directors and also for succession planning purposes.

Therefore if there were 2 good candidates among the 5 shortlisted the Trust could look to recruit 2 Non Executive Directors.

(b) Notes of Governors' Forum Meeting held on 21st March 2013

Andrew Manasse, referred to the Notes of the Governors' Forum held on 21st March 2013, (Enclosure G) circulated with the agenda papers. He highlighted the following points:

- Francis Report and the 7 recommendations relating to Governors
- The Trust's relationship with Healthwatch (formerly LINK) - The Chief Nurse/Chief Operating Officer stated that the Trust had a positive relationship with LINK and hoped that would continue with Healthwatch.
- Governors' visits and presentations - one/two Governors would take the lead on setting up the programme of visits and presentations.

COG/13/18

Trust Operations

(a) Chief Executive's Report

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

- Performance - the overall results for 2012/13 were very good. With the exception of the emergency services target the Trust had met all its official targets.

➤ Working Together - The Board of Directors had supported the Working Together initiative. The next stage, over the next three months, was to work up some detailed business cases on the areas that the seven organisations would work together on.

➤ Infection Control

- MRSA - the Trust was set different thresholds for MRSA by different organisations as set out below:
 - National (Department of Health): 1
 - Monitor (de-minimus): 6
 - Contract (penalties apply): 12

In March, 2013, there had been 1 case of MRSA bacteraemia. However, it was not Trust attributable. The full year performance was 3 cases of MRSA and therefore the Trust had breached its MRSA bacteraemia Department of Health threshold for 2012/2013.

- C.Difficile - The Trust had recorded 10 positive samples in March 2013. The full year performance for 2012/13 was 104 cases against a contract threshold of 134. However the Trust had been set a contract threshold of 77 for 2013/14 which would be extremely challenging.
- MSSA - The full year performance was 74 cases.
- Norovirus - The Trust had experienced minimal levels during February 2013 and there had been minimal impact on service delivery.

➤ Clinical Director Appointments

- Dr. Andrea Galimberti had been appointed as the new Clinical Director for Obstetrics, Gynaecology and Neonatology with effect from 1st April, 2013. Dr. Galimberti has been a Consultant Obstetrician and Gynaecologist at the Trust for 12 years and has been Lead Obstetrician and Labour Ward Lead for 5 years.
- Dr. Branko Perunovic had been appointed as the new Clinical Director for Laboratory Medicine with effect from 2nd April, 2013. Dr. Perunovic has been a Consultant Histopathologist at the Trust for almost 7 years and has been Lead Clinician for Histopathology since 2009.
- Mr. Stephen Winder had been appointed Clinical Director for the Ophthalmology Directorate with effect from 1st May 2013.
- Dr. Christine Bowman had been appointed Clinical Director of the newly merged Directorate of Communicable Diseases and Specialised Medicine with effect from 1st April, 2013.

In answer to a question regarding the Trust's performance on 'never events', the Medical Director explained that the Trust had reported events both internally and externally relating to retained swabs and the prescribing of methotrexate. He emphasised that the Trust took these matter very seriously and action plans had been drawn up to prevent such events occurring again. The action plans had been approved by the Healthcare Governance Committee and the CQC were satisfied with the action plans put in place.

(i) Community Nursing Review

The Chief Nurse/Chief Operating Officer gave a brief presentation on the Community Nursing Review (a copy attached to these Minutes).

The Chief Nurse/Chief Operating Officer explained that in 2012 Professor Pat Cantrill led an independent review of community nursing. The key findings of the review were:

- Fragmented and over complicated service with lack of clarity about roles
- Inconsistent service delivery across the city
- Repetition of assessment leading to administrative overload
- Information systems not fit for purpose
- Reactive demand led service versus proactive case management of long term conditions
- Lack of connectivity with other services ie CICS
- Lack of confidence of some professionals leading to inappropriate referrals
- Inequitable distribution of staff and skill mix.
- Increasing demands on the service to meet needs of city population
- Patients evaluation positive - excellent experience, high trust and confidence
- Loyal committed motivated professional hardworking workforce who are willing to support change

In addressing the above findings and recommendations, the Trust had developed a proposed model for community nursing with the full engagement of front line staff and other stakeholders, including GPs. She had been impressed by the staff involved and their acknowledgement that the service had to be organised and run differently as they recognised that the current service was not meeting patients' needs. It was noted that the new service would cover longer core hours (8.00 am to 10.00 pm).

A joint Provider and Commissioner Management Board would oversee the development and agreement of the new model of care for community nursing.

The following action was being taken:

- Interim nurse team leader roles had been appointed to ensure consistency and reconfigure smaller teams to increase resilience
- Regular communication would be sent out to staff and GP practices to keep them updated of progress
- The HR department was working on speeding up recruitment process to fill vacancies
- Work was ongoing with IT department to support effective mobile working
- The Estates team were to look at suitable premises and working conditions
- Additional investment secured to recruit relief teams

The challenge was designing a city wide service which met the differing requirements of 83 GP practices and 404 individual GPs across the City.

Dr. Sorsbie expressed her concerns, as a GP, about the new model and the fact that it had taken over a year to reach the current position.

The Chairman emphasised that this was a significant issue and it was vital that the Trust gets it right and develops a robust service with well trained and well staffed teams of community nurses.

The Chief Nurse stated that a more detailed discussion would be held at a Council of Governors' seminar in July, 2013, and Penny Brooks, Clinical Director, Primary and Community Care Group, would also be present.

Action: Professor Hilary Chapman

(b) Trust Constitution Review

The Trust Secretary referred to Review of the Trust's Constitution (Enclosure I) circulated with the agenda papers. The review process had been overseen by a task and finish Committee of the Board (The Trust Constitution Review Steering Group) and the Trust Secretary thanked the Governors who sat on the Committee for their time and contribution to the process.

It had been a complex and time consuming exercise which had culminated in the production of Version 3.1 of the Trust's Constitution. Version 3.1 was set out in the format of Monitor's Core Constitution and was compliant with the provisions of the Health and Social Care Act that came into force from 1st October 2012 under Commencement Order 2 and also with the fourth Commencement Order which came into effect on 1st April, 2013.

The main changes to the Constitution were set out on pages 3 and 4 of the briefing paper circulated with the agenda papers.

The Trust Secretary explained that at the Board of Directors Meeting in April 2013, the Chairman asked whether it would be possible, to provide additional flexibility to the Trust and to ensure effective succession planning, to state that the Board could have 7 Non Executive Directors for a period of time. The Trust Secretary reported following discussions with the Trust's lawyers, it was proposed to amend section 24 as set out below:

24. Board of Directors – composition

24.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

24.2 The Board of Directors is to comprise:

24.2.1 a Non-Executive Chairman

24.2.2 up to 7 other Non-Executive Directors; and

24.2.3 6 Executive Directors.

24.3 The Board of Directors shall at all times be constituted so that the number of Non-Executive Directors (excluding the Chairman) equals or exceeds the number of Executive Directors.

The Council of Governors **APPROVED** Version 3.1 of the Trust's Constitution and the above amendment to Section 24, subject to ratification by members at the Annual Members Meeting (to be arranged).

COG/13/19

To Receive and Note

- (a) 2013 Elections to Council of Governors – update

The Council of Governors **NOTED** the election process, timetable and seats to be elected to as set out in Enclosure J circulated with the agenda papers.

COG/13/20

Date of Next Meeting

The Chairman asked Governors to note that the date of the next meeting had been changed from Tuesday 30th July, 2013, to 5.00 pm on Tuesday 6th August, 2013, in a venue to be arranged.

Postmeeting note: The meeting will be held in the Undergraduate Common Room at the Northern General Hospital